Beyond the test: hepatitis B and the equity gap in England
A reflective policy piece from BHA for Equality

Hepatitis B: Know the Gap, Close the Gap

The challenge of hepatitis B and the equity gap in England

Hepatitis B is one of the clearest health equity challenges we face, and also one of the most solvable. England has built remarkable systems to stop the virus being passed on. The task ahead of us is to make sure the people already living with it are found, supported and cared for with the same commitment.

The progress worth celebrating

There is real success to build on. The systems designed to prevent transmission are among the best in the world. Almost every pregnant woman is screened, almost every at-risk baby receives a timely birth dose, and mother to child transmission has been brought close to zero. England already meets the World Health Organization targets on new infections and on deaths.

99.8%	98%	0.06%
of pregnant women screened	of at-risk babies given a timely birth dose	mother to child transmission rate

The gap we need to close

The harder work lies in the next step: reaching the people already living with the virus. UKHSA estimates that more than a quarter of a million people in England are living with chronic hepatitis B, and fewer than half have been diagnosed. We also have no national picture of who is receiving treatment, which makes the gap harder to see and harder to act on. To reach the 2030 goal, diagnoses would need to rise sharply and steadily for the rest of the decade.

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268,767

people living with chronic hepatitis B

43.6%

diagnosed, against a target of 90%

25,000

new diagnoses needed each year to 2030

A question of equity, not blame

These numbers describe communities, not culprits. Around nineteen in twenty people newly diagnosed with chronic hepatitis B in England acquired the virus overseas, almost always at birth or in early childhood. That pattern simply reflects where the world's vaccination programmes reached early and where they arrived late. It is an accident of geography and timing.

We think it matters to say this plainly. Hepatitis B can be misunderstood, or misrepresented, as an immigrant disease — a framing that risks being picked up and weaponised in wider arguments about migration. The virus recognises no borders.

Blaming the communities most affected does nothing to reduce the virus. It deepens the fear and shame that keep people away from testing and care, making elimination harder to reach for everyone affected.

95%

acquired the virus early in life, usually at birth

62.3%

of new diagnoses are in the most deprived communities

If we want people to come forward, we have to meet them with accuracy and warmth rather than suspicion. That begins with replacing myth with fact.

The myth	The reality
You can catch hepatitis B from sharing food, cups or utensils, or from a hug.	You cannot. Hepatitis B is carried in blood, not in everyday contact. Sharing a meal, a cup or an embrace carries no risk at all.
Hepatitis B is an immigrant disease.	It is not. The virus recognises no borders or nationality. Most people living with it acquired it at birth, often where vaccination arrived late.
A diagnosis means you did something wrong, or is something to be ashamed of.	No one chooses hepatitis B. It says nothing about a person's character, behaviour or worth. It is a virus, and it is manageable.
The vaccine is unreliable, or a single dose is enough.	Babies and children need the full course of vaccinations for protection. Those born from mothers living with hepatitis B should have a couple of extra doses and a blood test to confirm that they were born without hepatitis B. Vaccine offers around 90% protection.

When the story we tell is honest, people can step out of the shadows. When it is not, they stay hidden, and so does the virus.

Learning from HIV and hepatitis C

We already know what good looks like. For HIV and hepatitis C, the NHS, Local Authorities and the voluntary sector have built peer support, proactive re-engagement and trusted community networks that keep people connected to care. Hepatitis B is left behind, and has not received the same level of investment, even though opt-out blood-borne virus (BBV) testing in hospital emergency departments has diagnosed hepatitis B more often than hepatitis C and HIV. Closing that gap is well within our reach.

What our communities told us

Through our Hep B Voices project we listened to people living with hepatitis B across Greater Manchester. What we heard was both reassuring and challenging. The clinical care people receive is genuinely valued and trusted. But three things stood out about the support around that care: not having enough clear information, not knowing how to find their way through the system, and not having the emotional follow-up that stops people feeling alone. This is where people need more from us.

90.9%

are satisfied with their clinical care

71%

knew little or nothing about hep B before diagnosis

60%

were never offered any emotional support

> I feel alone with this. There is no one to talk to who really understands what it is like.
>
> Hep B Voices interview participant

Many also told us they simply didn't know how the system worked — who to contact after diagnosis, what happened next, or where to turn with a question between appointments. Peer support matters, but so does a system that is easy to find your way through.

People told us there is no hepatitis B peer support in Greater Manchester at all. Partners often carry the emotional weight alone, and some people stay away from the NHS entirely for fear it could affect their immigration status. A cautious estimate suggests that fear alone could leave hundreds of people in our region without any care whatsoever.

67%

rely on a partner as their main source of support

800–1,600

in GM may avoid care over immigration fears

0

hepatitis B peer support programmes in GM

Understanding stigma in our communities

Stigma here often works quietly. Around the world, people living with hepatitis B face open discrimination at work, in education and in immigration systems. In our communities the heavier burden is usually the stigma people anticipate and carry inside. Many manage carefully who knows, step back from social life and shoulder their diagnosis privately.

> In my family, you deal with it quietly, privately. You don't burden others or bring shame.
>
> Individual living with hepatitis B

That understanding points clearly to what helps most: accurate information, trusted confidentiality and the chance to connect with others who truly understand.

What we are calling for

Invest in community and peer support, matching HIV

Fund culturally and language-matched hepatitis B peer support, embedded in clinics and available online, so that no one faces a lifelong diagnosis alone.

Build a national picture of treatment and care

Bring together linked data on who is diagnosed, linked, retained and treated, broken down by ethnicity, deprivation and region, so support can be directed where it is needed.

Reassure people that their care is confidential

Separate NHS hepatitis B care from immigration data sharing and say so clearly in community languages, so that fear never stands between someone and their treatment.

Offer information and emotional support from day one

Give every newly diagnosed person clear, translated information and a warm, genuine offer of emotional or counselling support.

Fund dedicated linkage and re-engagement work

Resource the proactive follow-up already in place for HIV and hepatitis C, so that people who fall out of contact are gently brought back into care.

Make the system easier to navigate

Create direct GP to specialist routes, automatic household and contact testing and appointment reminders in people's preferred languages.

Tell a hopeful, accurate story

Build on the success of the HIV undetectable equals untransmittable message, support healthcare professionals with good education and keep the voices of people living with hepatitis B at the centre.

Elimination by 2030 is within our grasp, but it will take more than clinical excellence. It will take the same belief, investment and partnership with communities that we have already shown for other conditions. The people carrying this virus have always known

what they need. The missing link has always been community, and together we can build it.

References

1. UKHSA, Hepatitis B in England 2025 — prevalence, diagnosis rate, diagnoses needed to 2030, proportion acquired overseas, and deprivation breakdown. https://www.gov.uk/government/publications/hepatitis-b-in-england/hepatitis-b-in-england-2025
2. UKHSA/NHS, ISOSS Hepatitis B outcome report — antenatal screening coverage, timely birth-dose vaccination and mother-to-child transmission data. https://www.gov.uk/government/publications/idps-isoss-hepatitis-b-outcome-report-2023/isoss-hepatitis-b-report-for-pregnancies-between-1-april-2022-to-31-march-2023
3. GOV.UK news, Mother to child transmission of hepatitis B eliminated in England — confirms England has met the WHO criteria for eliminating mother-to-child transmission. https://www.gov.uk/government/news/mother-to-child-transmission-of-hepatitis-b-eliminated-in-england
4. WHO, Combating hepatitis B and C to reach elimination by 2030 — the global elimination targets referenced throughout. https://www.who.int/publications/i/item/combating-hepatitis-b-and-c-to-reach-elimination-by-2030
5. NHS England, Emergency department opt-out testing for HIV, hepatitis B and hepatitis C: the first 100 days — source for hepatitis B being diagnosed more often than hepatitis C and HIV through opt-out BBV testing. https://www.england.nhs.uk/long-read/emergency-department-opt-out-testing-for-hiv-hepatitis-b-and-hepatitis-c-the-first-100-days/
6. The Green Book, Chapter 18: Hepatitis B — vaccination course and post-vaccination testing recommendations referenced in the myth/reality table. https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book
7. BHA For Equality, Hep B Voices — source for all Greater Manchester community survey figures and interview quotes (clinical care satisfaction, information gap, emotional support, peer support and immigration-fear estimates). https://thebha.org.uk/hep-b-voices/