Form Approved

OMB No. 0920-xxxx

Expiration Date 00/00/0000

**Hepatitis Testing and Linkage to Care (HEPTLC) Monitoring & Evaluation System**

**Minimum Test-Level Data Variables Monthly**

**Attachment 4**

Public reporting burden of this collection of information is estimated to average 12 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-xxxx)

|  |  |
| --- | --- |
| **Data Element:** | **Comments:** |
| **Test Site Information** | |
| Name of test site |  |
| Type of test site | (IDU, CHC, Other) |
| Contact information of test site | Address, Phone #, Fax # |
| **Demographic Information** | |
| Patient ID |  |
| Patient's state of residence |  |
| Country of origin/county of birth |  |
| Date of Birth/Age | 00/00/0000, Age (month, year) |
| Gender (Current Gender Identity) | Male, Female, Transgender |
| Race | AA, W, Asn, NH/PI, AI/AN, Oth |
| Ethnicity | Hsp, Non-Hsp, Oth |
| **Vaccination History** | |
| Hep A vaccine | Ever, # of dose |
| Hep B vaccine | Ever, # of dose |
| **Lab Information** | |
| Lab Name (The lab that performed the test) |  |
| Patient ID |  |
| Date of test |  |
| Test Technology |  |
| **Test Results** | |
| Hep C |  |
| Hepatitis C antibody (HCV Ab) | Date, Positive, Negative, Indeterminate, Invalid |
| Hepatitis C RNA (HCV-RNA) | Date, Positive, Negative, Indeterminate, Invalid |
| Quantitative HCV RNA | Result, Date (Category B - ECHO option) |
| HCV Genotype | Result, Date (Category B - ECHO option) |
| Hep B |  |
| Hepatitis B core antibody | Data, Positive, Negative, Indeterminate, Invalid |
| Hepatitis B surface antigen | Data, Positive, Negative, Indeterminate, Invalid |
| Diagnosis | Chronic HBV, Chronic HCV |

|  |  |
| --- | --- |
| **Post-Test Follow -Up** | |
| Test results provided | yes, no. If yes, date. If no, why? |
| post-test counseling provided | yes, no. If yes, date. If no, why? |
| Linkage to care | yes, no, date\* |
| Antiviral Therapy (AVT) | Regimen, Date (Category B - ECHO option) |
| Reported to surveillance | yes, no, date\* |
| **Risk Factors** | |
| Hep C |  |
| Persons Who Inject Drugs (PWIDs) and persons who use non-injection drugs | |
| Persons born from 1945 through 1965 | |
| HIV-positive [Self-Report Positive (SRP)] | |
| Hep B |  |
| Persons born in countries with intermediate or high prevalence of HBV infection | |
| Other at-risk populations, including PWID and MSM | |
| Contacts of hepatitis B positive person | |
| HIV-positive (SRP) | |
| **If female, is client pregnant?** | yes, no, don't know, declined, not asked |
|  | |
| **\*NOTE\*** | |
| All personal identifying information, such as Name (FN, LN, MN), SSN, Address at Diagnosis and/or Current Address, Phone # should NOT be submitted to CDC | |