**Component 1: Core Viral Hepatitis Outbreak Response and Surveillance Activities**

**Reporting Agency**

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| --- | --- |
| **Reporting jurisdiction** |  |
| **Contact name** (*person completing form*) |  |
| **Contact phone number** (*xxx-xxx-xxxx*) |  |
| **Contact email address** |  |
| **Additional contact name(s)** (*if applicable*) |  |
| **Additional contact phone number(s)**  **(*xxx-xxx-xxxx*)** |  |
| **Additional contact email address(es)** |  |
| **Date of report submission** (*MM/DD/YYYY*) |  |
| **Reporting Period**  (*Complete this form with information from Reporting Period selected*) | *Select one*  □ Year 1  □ Year 2  □ Year 3  □ Year 4  □ Year 5 |

**1.1—Develop, implement, and maintain plan to rapidly detect and respond to outbreaks of hepatitis A, hepatitis B, and hepatitis C**

**Measure 1.1.1.a**

* A documented plan for responding to outbreaks of hepatitis A, hepatitis B, and hepatitis C infections

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| --- | --- | --- | --- |
| **Outbreak type** | **Plan status** | **Topics covered**  (*select all that apply*) | **Date plan was last reviewed**  (*MM/DD/YYYY*) |
| Hepatitis A | *Select one*  □ Completed  □ In progress  □ Not started | □ Community/person-to-person  □ Foodborne — associated with an infected food handler  □ Foodborne — associated with contaminated food  □ Waterborne  □ Other, specify: | >  >  >  >  > |
| Hepatitis B | *Select one*  □ Completed  □ In progress  □ Not started | □ Community/person-to-person  □ Healthcare-associated  □ Other, specify: | >  >  > |
| Hepatitis C | *Select one*  □ Completed  □ In progress  □ Not started | □ Community/person-to-person  □ Healthcare-associated  □ Other, specify: | >  >  > |

**Measure 1.1.1.b**

* CDC is notified of outbreaks within 5 business days of identifying the outbreak

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| **Jurisdiction-assigned outbreak ID1** | **Outbreak type**  (*select all that apply*) | **Date outbreak was confirmed** (*MM/DD/YYYY*) | **The outbreak was reported to CDC** | **The outbreak was reported to CDC but later determined not to be an outbreak** |
| > | □ Hepatitis A  □ Hepatitis B  □ Hepatitis C  □ Other, specify:  > | > | *Select one*  □ < 5 business days after  confirming outbreak  □ > 5 business days after  confirming outbreak  □ Was not reported to CDC | *Select one*  □ True (this was not an  outbreak)  □ False (this was a  confirmed outbreak) |
| > | □ Hepatitis A  □ Hepatitis B  □ Hepatitis C  □ Other, specify:  > | > | *Select one*  □ < 5 business days after  confirming outbreak  □ > 5 business days after  confirming outbreak  □ Was not reported to CDC | *Select one*  □ True (this was not an  outbreak)  □ False (this was a  confirmed outbreak) |
| > | □ Hepatitis A  □ Hepatitis B  □ Hepatitis C  □ Other, specify:  > | > | *Select one*  □ < 5 business days after  confirming outbreak  □ > 5 business days after  confirming outbreak  □ Was not reported to CDC | *Select one*  □ True (this was not an  outbreak)  □ False (this was a  confirmed outbreak) |
| > | □ Hepatitis A  □ Hepatitis B  □ Hepatitis C  □ Other, specify:  > | > | *Select one*  □ < 5 business days after  confirming outbreak  □ > 5 business days after  confirming outbreak  □ Was not reported to CDC | *Select one*  □ True (this was not an  outbreak)  □ False (this was a  confirmed outbreak) |
| > | □ Hepatitis A  □ Hepatitis B  □ Hepatitis C  □ Other, specify:  > | > | *Select one*  □ < 5 business days after  confirming outbreak  □ > 5 business days after  confirming outbreak  □ Was not reported to CDC | *Select one*  □ True (this was not an  outbreak)  □ False (this was a  confirmed outbreak) |
| > | □ Hepatitis A  □ Hepatitis B  □ Hepatitis C  □ Other, specify:  > | > | *Select one*  □ < 5 business days after  confirming outbreak  □ > 5 business days after  confirming outbreak  □ Was not reported to CDC | *Select one*  □ True (this was not an  outbreak)  □ False (this was a  confirmed outbreak) |

1 *A jurisdiction-assigned unique name or identifier for an identified outbreak. For jurisdictions reporting via HL7, this is PHIN variable code=INV151 and data element identifier=77981-9.*

**Measure 1.1.1.c**

* CDC is notified of all cases associated with an outbreak within 30 days of case investigation start date

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| **For the purposes of this form, is ‘Case investigation start date’ being used?** | | *Select one*  □ Yes  □ No |
| **If not, please indicate what your health department is using.** |  | |

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| **Jurisdiction-assigned outbreak ID**  (*corresponding to IDs from 1.1.1.b*) | **Number of outbreak-associated cases** | **Number of outbreak-associated cases reported to CDC within 30 days of case investigation start date**  **(as determined for each case)** |
| > | Hepatitis A:  Hepatitis B:  Hepatitis C:  Other (specified above): | Hepatitis A:  Hepatitis B:  Hepatitis C:  Other (specified above): |
| > | Hepatitis A:  Hepatitis B:  Hepatitis C:  Other (specified above): | Hepatitis A:  Hepatitis B:  Hepatitis C:  Other (specified above): |
| > | Hepatitis A:  Hepatitis B:  Hepatitis C:  Other (specified above): | Hepatitis A:  Hepatitis B:  Hepatitis C:  Other (specified above): |
| > | Hepatitis A:  Hepatitis B:  Hepatitis C:  Other (specified above): | Hepatitis A:  Hepatitis B:  Hepatitis C:  Other (specified above): |
| > | Hepatitis A:  Hepatitis B:  Hepatitis C:  Other (specified above): | Hepatitis A:  Hepatitis B:  Hepatitis C:  Other (specified above): |
| > | Hepatitis A:  Hepatitis B:  Hepatitis C:  Other (specified above): | Hepatitis A:  Hepatitis B:  Hepatitis C:  Other (specified above): |

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| **Use this space if needed**  **to provide additional information related to Section 1.1** |  |

**1.2—Systematically collect, analyze, interpret, and disseminate data to characterize trends and implement public health interventions for hepatitis A,**

**acute hepatitis B, and acute and chronic hepatitis C**

**Measure 1.2.1.a**

* Jurisdiction receives reporting of all (positive/detectable, negative/undetectable) HBV DNA and HCV RNA results at the state or local health department

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| **Are HBV DNA results reportable in your jurisdiction?** | *Select one*  □ Yes  □ No | □ Unknown |
| **Does your health department receive reports of negative HBV DNA results?** | *Select one*  □ Yes  □ No | □ Unknown |
| **Are HCV RNA results reportable in your jurisdiction?** | *Select one*  □ Yes  □ No | □ Unknown |
| **Does your health department receive reports of negative HCV RNA results?** | *Select one*  □ Yes  □ No | □ Unknown |

**Measures 1.2.2.a – 1.2.2.c, 1.2.3.a**

* Laboratories that perform viral hepatitis-related testing for the jurisdiction report a minimum of 95% of viral hepatitis-related test results to the state or local health department
* A minimum of 85% of viral hepatitis lab results are entered into the jurisdiction’s viral hepatitis surveillance database within 60 days of specimen collection date
* A minimum of 90% of case reports of hepatitis A, acute hepatitis B, and acute hepatitis C are submitted to CDC by the health department within 90 days of case investigation start date
* A minimum of 90% of case reports of chronic hepatitis C are submitted to CDC by the health department within 90 days of case investigation start date

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| **Have you identified all laboratories that perform viral hepatitis-related testing for your jurisdiction?** | *Select one*  □ Completed  □ In progress  □ Not started |
| **If yes, what percent of these laboratories reported viral hepatitis-related test results during this reporting period?** | Number:  Total:  %:  □ Unknown |

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| **During this reporting period:** | |
| **What percent of your viral hepatitis lab results were entered into your viral hepatitis surveillance database within 60 days of specimen collection date?** | Number:  Total:  %:  □ Unknown |
| **What percent of your hepatitis A case reports were submitted to CDC within 90 days of case investigation start date?** | Number:  Total:  %:  □ Unknown |
| **What percent of your acute hepatitis B case reports were submitted to CDC within 90 days of case investigation start date?** | Number:  Total:  %:  □ Unknown |
| **What percent of your acute hepatitis C case reports were submitted to CDC within 90 days of case investigation start date?** | Number:  Total:  %:  □ Unknown |
| **What percent of your chronic hepatitis C case reports were submitted to CDC within 90 days of case investigation start date?** | Number:  Total:  %:  □ Unknown |

**Measures 1.2.2.d, 1.2.3.b**

* Case reports of hepatitis A, acute hepatitis B, and acute hepatitis C submitted to CDC by health departments are at least 90% complete for age, gender, race/ethnicity, county of residence, and outbreak status
* A minimum of 90% of case reports of chronic hepatitis C submitted to CDC are complete for age, gender, race/ethnicity, and county of residence

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Age** | **Gender** | **Race and/or ethnicity** | **County of residence** | **Outbreak status** |
| **Hepatitis A** | Number:  Total:  %: | Number:  Total:  %: | Number:  Total:  %: | Number:  Total:  %: | Number:  Total:  %: |
| **Acute hepatitis B** | Number:  Total:  %: | Number:  Total:  %: | Number:  Total:  %: | Number:  Total:  %: | Number:  Total:  %: |
| **Acute hepatitis C** | Number:  Total:  %: | Number:  Total:  %: | Number:  Total:  %: | Number:  Total:  %: | Number:  Total:  %: |
| **Chronic hepatitis C** | Number:  Total:  %: | Number:  Total:  %: | Number:  Total:  %: | Number:  Total:  %: |  |

**Measure 1.2.2.e**

* Case reports of hepatitis A, acute hepatitis B, and acute hepatitis C submitted to CDC by health departments are at least 70% complete for risk factors

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| **Risk behaviors and exposures** | | |
| **Hepatitis A** | **Acute hepatitis B** | **Acute hepatitis C** |
| **Injection drug use**  Number:  Total:  % complete:  □ N/A (not reported) | **Injection drug use**  Number:  Total:  % complete:  □ N/A (not reported) | **Injection drug use**  Number:  Total:  % complete:  □ N/A (not reported) |
| **Sexual contact**  Number:  Total:  % complete:  □ N/A (not reported) | **Sexual contact**  Number:  Total:  % complete:  □ N/A (not reported) | **Sexual contact**  Number:  Total:  % complete:  □ N/A (not reported) |
| **Household contact (non-sexual)**  Number:  Total:  % complete:  □ N/A (not reported) | **Household contact (non-sexual)**  Number:  Total:  % complete:  □ N/A (not reported) | **Household contact (non-sexual)**  Number:  Total:  % complete:  □ N/A (not reported) |
| **Other contact**  Number:  Total:  % complete:  □ N/A (not reported) | **Multiple sex partners**  Number:  Total:  % complete:  □ N/A (not reported) | **Multiple sex partners**  Number:  Total:  % complete:  □ N/A (not reported) |
| **Men who have sex with men**  Number:  Total:  % complete:  □ N/A (not reported) | **Men who have sex with men**  Number:  Total:  % complete:  □ N/A (not reported) | **Men who have sex with men**  Number:  Total:  % complete:  □ N/A (not reported) |
| **International travel**  Number:  Total:  % complete:  □ N/A (not reported) | **Surgery**  Number:  Total:  % complete:  □ N/A (not reported) | **Surgery**  Number:  Total:  % complete:  □ N/A (not reported) |
| **Homelessness/unstable housing**  Number:  Total:  % complete:  □ N/A (not reported) | **Dialysis patient**  Number:  Total:  % complete:  □ N/A (not reported) | **Dialysis patient**  Number:  Total:  % complete:  □ N/A (not reported) |
| **Incarceration**  Number:  Total:  % complete:  □ N/A (not reported) | **Transfusion (tissue or organ)**  Number:  Total:  % complete:  □ N/A (not reported) | **Transfusion (tissue or organ)**  Number:  Total:  % complete:  □ N/A (not reported) |
| **Non-injection drug use**  Number:  Total:  % complete:  □ N/A (not reported) | **Needlestick**  Number:  Total:  % complete:  □ N/A (not reported) | **Needlestick**  Number:  Total:  % complete:  □ N/A (not reported) |
| **Drug sharing partner**  Number:  Total:  % complete:  □ N/A (not reported) | **Occupational exposure to blood**  Number:  Total:  % complete:  □ N/A (not reported) | **Occupational exposure to blood**  Number:  Total:  % complete:  □ N/A (not reported) |
|  | **Drug sharing partner**  Number:  Total:  % complete:  □ N/A (not reported) | **Drug sharing partner**  Number:  Total:  % complete:  □ N/A (not reported) |
|  | **Homelessness/unstable housing**  Number:  Total:  % complete:  □ N/A (not reported) | **Homelessness/unstable housing**  Number:  Total:  % complete:  □ N/A (not reported) |
|  | **Incarceration**  Number:  Total:  % complete:  □ N/A (not reported) | **Incarceration**  Number:  Total:  % complete:  □ N/A (not reported) |
|  | **Non-injection drug use**  Number:  Total:  % complete:  □ N/A (not reported) | **Non-injection drug use**  Number:  Total:  % complete:  □ N/A (not reported) |
|  | **Tattoo receipt**  Number:  Total:  % complete:  □ N/A (not reported) | **Tattoo receipt**  Number:  Total:  % complete:  □ N/A (not reported) |
|  | **International travel**  Number:  Total:  % complete:  □ N/A (not reported) |  |

**Measure 1.2.3.c**

* A minimum of 90% of case reports of chronic hepatitis C are included in a longitudinal surveillance registry, including longitudinal detectable and undetectable HCV RNA test results

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| **Have you developed a longitudinal surveillance registry for chronic hepatitis C?** | *Select one*  □ Completed  □ In progress | □ Not started |
| **What percent of your chronic hepatitis C case reports are included in your registry?** | Number:  Total:  %: | □ Unknown  □ N/A (registry not started) |
| **Does your registry include longitudinal detectable and undetectable HCV RNA test results for the chronic hepatitis C cases?** | *Select one*  □ Yes  □ No | □ N/A (registry not started) |

**Measures 1.2.4.a, 1.2.5.a**

* Jurisdiction reports data on hepatitis C viral clearance cascade, consistent with CDC guidance
* Prepare and disseminate an annual viral hepatitis surveillance report, including data on hepatitis C viral clearance cascade, to support prevention programs and policies

|  |  |  |
| --- | --- | --- |
| **Are you reporting hepatitis C viral clearance cascade data?** | *Select one*  □ Yes | □ No |
| **Have you prepared and disseminated an annual viral hepatitis surveillance report that includes hepatitis C surveillance data?** | *Select one*  □ Completed  □ In progress | □ Not started |
| **Does your annual viral hepatitis surveillance report include hepatitis C viral clearance cascade data?** | *Select one*  □ Yes  □ No | □ N/A (report not started) |
| **Please provide URL for report, if available** |  |  |
| **Date report was posted, if applicable** (*MM/DD/YYYY*) |  |  |

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| **Use this space if needed**  **to provide additional information related to Section 1.2** |  |

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| **Was Section 1.3 funded?** | *Select one* | □ No *NOTE: Stop here if not funded* | □ Yes |

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**1.3—Systematically collect, analyze, interpret, and disseminate data to**

**characterize trends and implement public health interventions for**

**chronic hepatitis B and perinatal hepatitis C**

**Measures 1.3.1.a – 1.3.1.b, 1.3.1.d, 1.3.2.a**

* By December 31st of each year, mother and child matches are ascertained from local/state health department vital records through the end of the prior year by linking all known births to mothers found in viral hepatitis surveillance data base
* A minimum of 90% of case reports of perinatal hepatitis C submitted to CDC within 90 days of case investigation start date
* A minimum of 90% of perinatal infant hepatitis C case reports are linked with a maternal report
* A minimum of 90% of case reports of chronic hepatitis B submitted to CDC within 90 days of case investigation start date

|  |  |
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| **By December 31, were mother and child matches ascertained from health department vital records by linking all known births from the prior calendar year to mothers found in your viral hepatitis surveillance data base?** | *Select one*  □ Yes, all  □ Yes, some  □ No, none |
| **During this reporting period, what percent of your perinatal hepatitis C case reports were submitted to CDC within 90 days of case investigation start date?** | Number:  Total:  %:  □ Unknown |
| **During this reporting period, what percent of your perinatal hepatitis C case reports were linked with a maternal report?** | Number:  Total:  %:  □ Unknown |
| **During this reporting period, what percent of your chronic hepatitis B case reports were submitted to CDC within 90 days of case investigation start date?** | Number:  Total:  %:  □ Unknown |

**Measures 1.3.1.c, 1.3.2.b**

* A minimum of 90% of case reports of perinatal hepatitis C submitted to CDC are complete for age, gender, race/ethnicity, county of residence
* A minimum of 90% of case reports of chronic hepatitis B submitted to CDC are complete for age, gender, race/ethnicity, county of residence

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Age** | **Gender** | **Race and/or ethnicity** | **County of residence** |
| **Perinatal hepatitis C** | Number:  Total:  %: | Number:  Total:  %: | Number:  Total:  %: | Number:  Total:  %: |
| **Chronic hepatitis B** | Number:  Total:  %: | Number:  Total:  %: | Number:  Total:  %: | Number:  Total:  %: |

**Measure 1.3.3.a**

* A minimum of 90% of case reports of chronic hepatitis B are included in a longitudinal surveillance registry, including longitudinal detectable and undetectable HBV DNA test results

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| --- | --- | --- |
| **Have you developed a longitudinal surveillance registry for chronic hepatitis B?** | *Select one*  □ Completed  □ In progress | □ Not started |
| **What percent of your chronic hepatitis B case reports are included in your registry?** | Number:  Total:  %: | □ Unknown  □ N/A (registry not started) |
| **Does your registry include longitudinal detectable and undetectable HBV DNA test results for the chronic hepatitis B cases?** | *Select one*  □ Yes  □ No | □ N/A (registry not started) |

**Measures 1.3.3.b – 1.3.3.c**

* Jurisdiction reports data on hepatitis B continuum of care, consistent with CDC guidance
* Chronic hepatitis B data and hepatitis B continuum of care data are included in the annual summary of surveillance data

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| **Are you reporting hepatitis B continuum of care data?** | *Select one*  □ Yes | □ No |
| **Does your annual viral hepatitis surveillance report include chronic hepatitis B data?** | *Select one*  □ Yes  □ No | □ N/A (report not started) |
| **Does your annual viral hepatitis surveillance report include hepatitis B continuum of care data?** | *Select one*  □ Yes  □ No | □ N/A (report not started) |

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| **Use this space if needed**  **to provide additional information related to Section 1.3** |  |