

Annual Performance Report—Component 1
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

Component 1: Core Viral Hepatitis Outbreak Response and Surveillance Activities

Reporting Agency

Reporting jurisdiction	
Contact name <i>(person completing form)</i>	
Contact phone number <i>(xxx-xxx-xxxx)</i>	
Contact email address	
Additional contact name(s) <i>(if applicable)</i>	
Additional contact phone number(s) <i>(xxx-xxx-xxxx)</i>	
Additional contact email address(es)	
Date of report submission <i>(MM/DD/YYYY)</i>	
Reporting Period <i>(Complete this form with information from Reporting Period selected)</i>	<p align="center"><i>Select one</i></p> <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> 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

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

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	<input type="checkbox"/> Completed <input type="checkbox"/> In progress <input type="checkbox"/> Not started	<input type="checkbox"/> Healthcare-associated <input type="checkbox"/> Other, specify:	> >
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Measure 1.1.1.b

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

Jurisdiction- assigned outbreak ID ¹	Outbreak type <i>(select all that apply)</i>	Date outbreak was confirmed <i>(MM/DD/YYYY)</i>	The outbreak was reported to CDC	The outbreak was reported to CDC but later determined not to be an outbreak
>	<input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Other, specify: >	>	<i>Select one</i> <input type="checkbox"/> ≤ 5 business days after confirming outbreak <input type="checkbox"/> > 5 business days after confirming outbreak <input type="checkbox"/> Was not reported to CDC	<i>Select one</i> <input type="checkbox"/> True (this was not an outbreak) <input type="checkbox"/> False (this was a confirmed outbreak)
>	<input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Other, specify: >	>	<i>Select one</i> <input type="checkbox"/> ≤ 5 business days after confirming outbreak <input type="checkbox"/> > 5 business days after confirming outbreak <input type="checkbox"/> Was not reported to CDC	<i>Select one</i> <input type="checkbox"/> True (this was not an outbreak) <input type="checkbox"/> False (this was a confirmed outbreak)
>	<input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Other, specify: >	>	<i>Select one</i> <input type="checkbox"/> ≤ 5 business days after confirming outbreak <input type="checkbox"/> > 5 business days after confirming outbreak <input type="checkbox"/> Was not reported to CDC	<i>Select one</i> <input type="checkbox"/> True (this was not an outbreak) <input type="checkbox"/> False (this was a confirmed outbreak)
>	<input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Other, specify: >	>	<i>Select one</i> <input type="checkbox"/> ≤ 5 business days after confirming outbreak <input type="checkbox"/> > 5 business days after confirming outbreak <input type="checkbox"/> Was not reported to CDC	<i>Select one</i> <input type="checkbox"/> True (this was not an outbreak) <input type="checkbox"/> False (this was a confirmed outbreak)
>	<input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Other, specify: >	>	<i>Select one</i> <input type="checkbox"/> ≤ 5 business days after confirming outbreak <input type="checkbox"/> > 5 business days after confirming outbreak <input type="checkbox"/> Was not reported to CDC	<i>Select one</i> <input type="checkbox"/> True (this was not an outbreak) <input type="checkbox"/> False (this was a confirmed outbreak)

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>	<input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Other, specify: >	>	Select one <input type="checkbox"/> ≤ 5 business days after confirming outbreak <input type="checkbox"/> > 5 business days after confirming outbreak <input type="checkbox"/> Was not reported to CDC	Select one <input type="checkbox"/> True (this was not an outbreak) <input type="checkbox"/> False (this was a confirmed outbreak)
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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

For the purposes of this form, is 'Case investigation start date' being used?	Select one <input type="checkbox"/> Yes <input type="checkbox"/> No
If not, please indicate what your health department is using.	

Jurisdiction-assigned outbreak ID <i>(corresponding to IDs from 1.1.1.b)</i>	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):

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>	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):

<p>Use this space if needed to provide additional information related to Section 1.1</p>	
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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

Are HBV DNA results reportable in your jurisdiction?	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No
Does your health department receive reports of negative HBV DNA results?	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No
Are HCV RNA results reportable in your jurisdiction?	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No
Does your health department receive reports of negative HCV RNA results?	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No

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

Have you identified all laboratories that perform viral hepatitis-related testing for your jurisdiction?	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> In progress <input type="checkbox"/> Not started
If yes, what percent of these laboratories reported viral hepatitis-related test results during this reporting period?	Number: Total: %: <input type="checkbox"/> Unknown

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: %: <input type="checkbox"/> Unknown

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What percent of your <u>hepatitis A</u> case reports were submitted to CDC within 90 days of case investigation start date?	Number: Total: %: <input type="checkbox"/> Unknown
What percent of your <u>acute hepatitis B</u> case reports were submitted to CDC within 90 days of case investigation start date?	Number: Total: %: <input type="checkbox"/> Unknown
What percent of your <u>acute hepatitis C</u> case reports were submitted to CDC within 90 days of case investigation start date?	Number: Total: %: <input type="checkbox"/> Unknown
What percent of your <u>chronic hepatitis C</u> case reports were submitted to CDC within 90 days of case investigation start date?	Number: Total: %: <input type="checkbox"/> 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: %:	

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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

Risk behaviors and exposures		
Hepatitis A	Acute hepatitis B	Acute hepatitis C
<p><u>Injection drug use</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Injection drug use</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Injection drug use</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
<p><u>Sexual contact</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Sexual contact</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Sexual contact</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
<p><u>Household contact (non-sexual)</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Household contact (non-sexual)</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Household contact (non-sexual)</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
<p><u>Other contact</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Multiple sex partners</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Multiple sex partners</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
<p><u>Men who have sex with men</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Men who have sex with men</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Men who have sex with men</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
<p><u>International travel</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Surgery</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Surgery</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
<p><u>Homelessness/unstable housing</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Dialysis patient</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Dialysis patient</u></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>

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<p><u>Incarceration</u> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Transfusion (tissue or organ)</u> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Transfusion (tissue or organ)</u> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
<p><u>Non-injection drug use</u> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Needlestick</u> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Needlestick</u> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
<p><u>Drug sharing partner</u> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Occupational exposure to blood</u> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Occupational exposure to blood</u> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
	<p><u>Drug sharing partner</u> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Drug sharing partner</u> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
	<p><u>Homelessness/unstable housing</u> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Homelessness/unstable housing</u> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
	<p><u>Incarceration</u> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Incarceration</u> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
	<p><u>Non-injection drug use</u> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Non-injection drug use</u> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
	<p><u>Tattoo receipt</u> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><u>Tattoo receipt</u> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>

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	<u>International travel</u>	
	Number:	
	Total:	
	% complete:	
	<input type="checkbox"/> 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

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

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?	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you prepared and disseminated an annual viral hepatitis surveillance report that includes hepatitis C surveillance data?	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress
Does your annual viral hepatitis surveillance report include hepatitis C viral clearance cascade data?	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> N/A (report not started) <input type="checkbox"/> No
Please provide URL for report, if available	
Date report was posted, if applicable (MM/DD/YYYY)	

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<p>Use this space if needed to provide additional information related to Section 1.2</p>	
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Was Section 1.3 funded?	Select one <input type="checkbox"/> No <i>NOTE: Stop here if not funded</i> <input type="checkbox"/> 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

By December 31, were mother and child matches ascertained from health department vital records by linking all known births from <u>the prior calendar year</u> to mothers found in your viral hepatitis surveillance data base?	Select one <input type="checkbox"/> Yes, all <input type="checkbox"/> Yes, some <input type="checkbox"/> 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: %: <input type="checkbox"/> Unknown
During this reporting period, what percent of your perinatal hepatitis C case reports were linked with a maternal report?	Number: Total: %: <input type="checkbox"/> 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: %: <input type="checkbox"/> 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:

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	%:	%:	%:	%:
Chronic hepatitis B	Number:	Number:	Number:	Number:
	Total:	Total:	Total:	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

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

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

Are you reporting hepatitis B continuum of care data?	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your annual viral hepatitis surveillance report include chronic hepatitis B data?	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> N/A (report not started) <input type="checkbox"/> No	
Does your annual viral hepatitis surveillance report include hepatitis B continuum of care data?	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> N/A (report not started) <input type="checkbox"/> No	

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<p>Use this space if needed to provide additional information related to Section 1.3</p>	
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