**Component 2: Core Viral Hepatitis Prevention Activities**

**Reporting Agency**

|  |  |
| --- | --- |
| **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 |

**2.1—Support viral hepatitis elimination planning and surveillance,**

**and maximize access to testing, treatment, and prevention**

**Measures 2.1.1.a – 2.1.1.b**

* Establishment and maintenance of a viral hepatitis elimination technical advisory committee (or coalition) with membership to support jurisdictional viral hepatitis elimination planning
* Conduct at least two meetings per year of the viral hepatitis elimination technical advisory committee (or coalition)

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| **Have you established a viral hepatitis elimination technical advisory committee (or coalition) to support viral hepatitis elimination planning?** |  *Select one* □ Completed □ In progress | □ Not started |
| **Identify the stakeholder groups represented on this committee (or coalition).**(*select all that apply*) | □ Public health□ Corrections□ Criminal justice, law enforcement□ Medicaid□ Injury prevention services□ Substance use and mental health services□ Healthcare providers □ HIV care providers□ Hospitals | □ Laboratories□ Community-based organizations□ Local harm reduction coalition members □ Non-profit/advocacy groups □ People with viral hepatitis lived experience□ Other, specify: >>□ N/A (committee not established)  |
| **Does the committee (or coalition) plan to support elimination planning for hepatitis C and/or hepatitis B?** (*select all that apply*) | □ Hepatitis C□ Hepatitis B | □ N/A (committee not established)  |
| **During this reporting period, when did the committee (or coalition) meet?** (*MM/DD/YYYY*) | >> | >> |
| □ N/A (committee not established)  |
| **If the committee (or coalition) met during this reporting period, please submit** **a copy of meeting agenda(s) with the APR.**  |  *Select one* □ Submitted □ Not submitted□ N/A (committee not established)  |

**Measure 2.1.1.c**

* Development and maintenance of a viral hepatitis elimination plan with support from the technical advisory committee (or coalition)

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| **Have you developed a viral hepatitis elimination plan as part of this cooperative agreement?** |  *Select one* □ Completed □ In progress | □ Not started |
| **Does it contain plans for elimination of hepatitis C and/or hepatitis B?**(*select all that apply*) | □ Hepatitis C□ Hepatitis B | □ N/A (plan not started)  |
| **If the viral hepatitis elimination plan is completed, please submit a copy with the APR.** |  *Select one* □ Submitted □ Not submitted□ N/A (plan not started)  |

**Measures 2.1.2.c, 2.1.4.a**

* The jurisdictional viral hepatitis elimination plan addresses recommendations for increasing HCV RNA reflex testing
* The jurisdictional viral hepatitis elimination plan addresses provider training in prescribing hepatitis C and hepatitis B treatment

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| **Does your viral hepatitis elimination plan address recommendations for increasing HCV RNA reflex testing?**  |  *Select one* □ Yes □ No | □ N/A (plan not started)  |
| **Does your viral hepatitis elimination plan address provider training in prescribing hepatitis C treatment?** |  *Select one* □ Yes □ No | □ N/A (plan not started)  |
| **Does your viral hepatitis elimination plan address provider training in prescribing hepatitis B treatment?** |  *Select one* □ Yes □ No |  □ N/A (plan not started)  |

**Measures 2.1.2.a – 2.1.2.b**

* CLIA-certified laboratories that conduct testing for at least 80% of all anti-HCV results identified in the jurisdiction
* The proportion conducting HCV RNA reflex testing was assessed; feedback with recommendations conducted

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| **Have you worked with your surveillance and/or epidemiology teams to identify the total number of CLIA-certified laboratories in your jurisdiction that report hepatitis C antibody testing results?** |  *Select one* □ Yes □ No |
| **Of those, have you selected the subset that reports at least 80% of the hepatitis C antibody testing results in your jurisdiction?** |  *Select one* □ Yes □ No | □ N/A (labs not identified) |
| **Of the subset, have you performed a needs assessment to identify key barriers and challenges to increasing HCV RNA reflex testing?** |  *Select one* □ Yes □ No | □ N/A (labs not identified) |
| **What proportion of the subset is conducting HCV RNA reflex testing?** |  *Select one* %:□ Unknown | □ N/A (labs not identified) |
| **Have you provided recommendations to increase HCV RNA reflex testing?** |  *Select one* □ Yes □ No |  □ N/A (labs not assessed) |

**Measures 2.1.3.a – 2.1.3.b**

* The top 5 highest volume health systems in the jurisdiction identified
* The proportion of health systems promoting routine HCV and HBV testing assessed; feedback with recommendations was conducted

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| **What are the top 5 highest volume health systems in your jurisdiction?** | 1.2.3.4.5.□ Unknown |
| **Have you assessed how many of these health systems are promoting routine HCV testing?** |  *Select one* □ Completed □ In progress  |  □ Not started |
| **If so, what percent of health systems are promoting routine HCV testing?** | %:□ Unknown | □ N/A (health systems not assessed) |
| **Have you assessed how many of these health systems are promoting routine HBV testing?** |  *Select one* □ Completed □ In progress | □ Not started |
| **If so, what percent of health systems are promoting routine HBV testing?** | %:□ Unknown | □ N/A (health systems not assessed) |
| **Have you provided feedback to the top 5 highest volume health systems with recommendations on promoting routine HCV and/ or HBV testing?** |  *Select one* □ Yes □ No | □ N/A (health systems not assessed) |

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| **Use this space if needed** **to provide additional information related to Section 2.1** |  |

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| **Was Section 2.2 funded?** |  *Select one* | □ No *NOTE: Stop here if not funded* | □ Yes |

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**2.2—Increase access to hepatitis C and/or hepatitis B testing and referral to care**

 **in high-impact settings**

**Measures 2.2.2.a – 2.2.2.b**

* Jurisdiction established relationship with partners in high-impact settings to identify high priority facilities for expansion of testing for HCV and/or HBV in high-impact settings, by setting type (syringe services programs, substance use disorder treatment programs, correctional facilities, emergency departments, hospital-based programs, sexually transmitted disease clinics, homeless services, health centers, other)
* Number of clients seen, by setting

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| **Setting** | **Relationship established to expand HCV testing** | **Relationship established to expand HBV testing** | **Number of clients seen during this reporting period**  |
| **Setting 1****Type:** >**If other, specify:**>**Name:** > |  *Select one* □ Yes □ No  |  *Select one* □ Yes □ No  | >□ Unknown □ N/A  |
| **Setting 2****Type:** >**If other, specify:**>**Name:** > |  *Select one* □ Yes □ No  |  *Select one* □ Yes □ No  | >□ Unknown □ N/A  |
| **Setting 3****Type:** >**If other, specify:**>**Name:** > |  *Select one* □ Yes □ No  |  *Select one* □ Yes □ No  | >□ Unknown □ N/A  |
| **Setting 4****Type:** >**If other, specify:**>**Name:** > |  *Select one* □ Yes □ No  |  *Select one* □ Yes □ No  | >□ Unknown □ N/A  |
| **Setting 5****Type:** >**If other, specify:**>**Name:** > |  *Select one* □ Yes □ No  |  *Select one* □ Yes □ No  | >□ Unknown □ N/A  |
| **Setting 6****Type:** >**If other, specify:**>**Name:** > |  *Select one* □ Yes □ No  |  *Select one* □ Yes □ No  | >□ Unknown □ N/A  |
| **Setting 7****Type:** >**If other, specify:**>**Name:** > |  *Select one* □ Yes □ No  |  *Select one* □ Yes □ No  | >□ Unknown □ N/A  |
| **Setting 8****Type:** >**If other, specify:**>**Name:** > |  *Select one* □ Yes □ No  |  *Select one* □ Yes □ No  | >□ Unknown □ N/A  |
| **Total number of settings:**> |  |  | **TOTAL:** > |

**Measures 2.2.2.c – 2.2.2.f, 2.2.3.a**

* Number of clients screened for hepatitis C (anti-HCV), by setting
* Number of clients positive for anti-HCV, by setting
* Number of clients tested for HCV RNA, by setting
* Number of clients positive for HCV RNA, by setting
* Number of clients positive for HCV RNA linked to treatment, by setting

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|  | **During this reporting period, number of:** |
| **Setting** | **Clients screened for hepatitis C (anti-HCV)**  | **Clients positive for anti-HCV**  | **Clients tested for HCV RNA**  | **Clients positive for HCV RNA**  | **Clients positive for HCV RNA linked to hepatitis C treatment**  |
| **Setting 1****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 2****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 3****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 4****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 5****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 6****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 7****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 8****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Total number of settings:**> | **TOTAL:** > | **TOTAL:** > | **TOTAL:** > | **TOTAL:** > | **TOTAL:** > |

**Measures 2.2.2.g – 2.2.2.h, 2.2.3.b**

* Number of clients screened for hepatitis B, by setting
* Number of clients positive for HBsAg, by setting
* Number of clients positive for HBsAg linked to care, by setting

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|  | **During this reporting period, number of:** |
| **Setting** | **Clients screened for hepatitis B**  | **Clients positive for HBsAg**  | **Clients positive for HBsAg linked to hepatitis B care** |
| **Setting 1****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 2****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 3****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 4****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 5****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 6****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 7****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 8****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Total number of settings:**> | **TOTAL:** > | **TOTAL:** > | **TOTAL:** > |

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| **Use this space if needed** **to provide additional information related to Section 2.2** |  |

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| **Was Section 2.3 funded?** |  *Select one* | □ No *NOTE: Stop here if not funded* | □ Yes |

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**2.3—Improve access to services preventing viral hepatitis**

**and other bloodborne infections among people who inject drugs (PWID)**

**Measures 2.3.3.a – 2.3.3.d**

* Number of hepatitis A vaccination doses administered to clients in the high-impact settings, by setting
* Number of clients in the high-impact settings who completed hepatitis A vaccination series, by setting
* Number of hepatitis B vaccination doses administered to clients in the high-impact settings, by setting
* Number of clients in the high-impact settings who completed hepatitis B vaccination series, by setting

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|  | **During this reporting period, number of:** |
| **Setting** | **Hepatitis A vaccination doses administered**  | **Clients who completed hepatitis A vaccination series**  | **Hepatitis B vaccination doses administered**  | **Clients who completed hepatitis B vaccination series**  |
| **Setting 1****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 2****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 3****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 4****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 5****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 6****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 7****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Setting 8****Type:** >**If other, specify:**>**Name:** > | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  |
| **Total number of settings:**> | **TOTAL:** > | **TOTAL:** > | **TOTAL:** > | **TOTAL:** > |

**Measures 2.3.1.a – 2.3.1.d, 2.3.2.a**

* Number of syringe services programs (SSPs) in the jurisdiction
* Number of visits in the jurisdiction, by SSP
* Number of unduplicated SSP clients in the jurisdiction, by SSP
* Mean (median) syringe coverage rates, by SSP
* Number of clients linked to substance use disorder treatment by SSPs in the jurisdiction, by SSP

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|  | **During this reporting period, number of:** |  |
| **Syringe services programs (SSPs) in jurisdiction** | **Client visits**  | **Unduplicated SSP clients**  | **Clients linked to substance use disorder treatment**  | **Mean (median) syringe coverage rates during this reporting period** |
| **SSP 1****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 2****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >  |
| **SSP 3****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 4****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 5****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 6****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 7****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 8****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 9****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 10****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >  |
| **SSP 11****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 12****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 13****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 14****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 15****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 16****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 17****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
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| **SSP 20****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 21****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >  |
| **SSP 22****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 23****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 24****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 25****Name:**> | >□ Unknown □ N/A  | □ Unknown □ N/A  | □ Unknown □ N/A  | > |
| **SSP 26****Name:**> | >□ Unknown □ N/A  | □ Unknown □ N/A  | □ Unknown □ N/A  | > |
| **SSP 27****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 28****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 29****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 30****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 31****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
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| **SSP 35****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
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| **SSP 37****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 38****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 39****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
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| **SSP 41****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 42****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
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| **SSP 44****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 45****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 46****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 47****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 48****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 49****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **SSP 50****Name:**> | >□ Unknown □ N/A  | >□ Unknown □ N/A  | >□ Unknown □ N/A  | > |
| **Total number of SSPs:**> | **TOTAL:** > | **TOTAL:** > | **TOTAL:** > | **Overall mean (median):** > |

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| **Use this space if needed** **to provide additional information related to Section 2.3** |  |