

Component 1: Core Viral Hepatitis Outbreak Response and Surveillance Activities

The Annual Performance Report (APR) is required.

Recipients must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. Please visit the Notice of Funding Opportunity (CDC-RFA-PS21-2103) starting on page 68 for additional information.

Evaluation and Performance Measures are listed in the Notice of Funding Opportunity (CDC-RFA-PS21-2103) starting on page 29. Please review this section, along with Strategies and Activities starting on page 11, before completing your APR.

Complete this form with information from the Reporting Period selected.

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

- For the purpose of this section, an outbreak is defined as an increase in cases of disease clustered in person, place, and time over and above the expected number of cases.

Measure 1.1.1.a

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

- This is short-term outcome (years 1–3). Jurisdictions will vary when they are able to complete plans for responding to outbreaks of viral hepatitis within years 1–3. After plans are completed, jurisdictions should continue to report on the progress of annual reviews and outbreak response plan updates through the end of the reporting period.
- **Plan status** — Report the status of plan completion as of the close of the reporting period.
- **Topics covered (select all that apply)** — Report topics covered by the jurisdictional outbreak response plan. Community/person-to-person outbreaks may include outbreaks spread by fecal-oral transmission, sexual transmission, transmission in association with injection or non-injection drug use, and other mechanisms. Outbreak response plans may be stand-alone plans or integrated with other jurisdictional health department outbreak response plans. For example, foodborne hepatitis A outbreak investigation and response plans may be integrated with jurisdictional foodborne outbreak plans, and healthcare-associated hepatitis B and C investigation and response plans may be integrated with jurisdictional healthcare-associated outbreak plans. Healthcare-associated investigations encompass a broad range of health care settings, including but not limited to hospitals, ambulatory surgical centers, dialysis centers, dental clinics, complementary and alternative medicine clinics, and long-term care facilities. Plans to respond to hepatitis B and C for persons who inject drugs may be integrated with jurisdictional plans to respond to HIV outbreaks or overdose prevention in persons who inject drugs.
- **Date plan was last reviewed (MM/DD/YYYY)** — Enter the date the plan was last reviewed. Enter “N/A” if the plan has not yet been completed. If the plan was completed during the

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

current reporting period, the date the plan was last reviewed will correspond to the date that the plan was completed. If different topics (in the preceding column) were reviewed at different times, please separately report the date each topic was last reviewed in the corresponding space.

- See page 12 in the Notice of Funding Opportunity (CDC-RFA-PS21-2103) for more information.

Measures 1.1.1.b and 1.1.1.c

CDC is notified of outbreaks within 5 business days of identifying the outbreak (table)

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

- These are short-term outcomes (years 1–3). This means that the jurisdiction should begin to report these data as soon as feasible within the first three years of funding and continue reporting these data throughout the life cycle of the cooperative agreement.
- During the Reporting Period, one Initial Outbreak Report Form should be submitted per outbreak within 5 business days of confirming that the outbreak is occurring. The entries in this table should correspond with the Initial Outbreak Report Forms submitted during this Reporting Period.
- Outbreaks that were reported or identified prior to the reporting period do not have to be reported on this form, even if cooperative agreement funding was used to respond to these outbreaks. Outbreaks reported on this form in a previous reporting period do not need to be reported again even if investigation has continued into this reporting period. The Outbreak Summary Report should be completed and submitted to CDC at the end of the investigation.
- **Jurisdiction-assigned outbreak ID** — 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.
- **Outbreak type (select all that apply)** — Report the type(s) of viral hepatitis identified in association with the outbreak at the time of this report. This should include all types of viral hepatitis in the current outbreak case definition. For example, if cases of hepatitis B and hepatitis C are both identified in an outbreak related to injection drug use (or healthcare-associated infection) then both types of viral hepatitis should be checked. If viral hepatitis coinfection is incidentally noted in association with the outbreak, then do not indicate the coinfection in this field. For example, if hepatitis C coinfection is noted among case-patients in an outbreak of hepatitis A spread person-to-person in association with injection or non-injection drug use or homelessness, but hepatitis C status is not part of the outbreak case definition, then check only “hepatitis A.” If chronic hepatitis C infection is incidentally noted among some case-patients in an outbreak of hepatitis B related to injection drug use (or sexual transmission or healthcare-associated transmission) and hepatitis C infection is not included in the outbreak case definition, check only “hepatitis B.”
- **Date outbreak was confirmed (MM/DD/YYYY)** — Case investigation is usually required to collect person, place, and time data; additional time may be required to review or analyze data. “Date outbreak was confirmed” refers to the date that the jurisdiction had accumulated sufficient person, place, and time data during preliminary investigation to reasonably conclude that an outbreak exists.
- **The outbreak was reported to CDC** — Select the appropriate option.
- **Outbreak status at close of the reporting period** — Report the outbreak status from the options available. For the purposes of this report, an outbreak is confirmed if the outbreak has been sufficiently investigated by the jurisdiction so that the jurisdiction can confirm that the number

Annual Performance Report—Component 1: Form Instructions

Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

of cases meeting the outbreak case definition are in excess of the expected number of cases in person, place, and time. An outbreak might be considered to be a confirmed outbreak before investigation is completed. Here are two hypothetical examples of situations where an outbreak was initially suspected by the jurisdiction, but was not confirmed to be an outbreak:

- Two dialysis patients in the same unit seroconverted from anti-HCV negative to anti-HCV positive over a three-month period. This was reported to CDC as an outbreak and CDC consultation was requested. HCV quasispecies analysis of RNA from all chronic and acute hepatitis C cases in the unit was performed and quasispecies from both acute cases were unrelated to each other and any other HCV RNA patient specimens from patients in the dialysis unit. On further questioning, one of the patients with acute hepatitis C admitted to sharing injection paraphernalia and heroin with a family member. Investigators concluded that this was not an outbreak.
- A county health department identified a cluster of 9 cases of acute hepatitis B infection in people engaging in male-to-male sexual contact and/or methamphetamine injection during a one-month period and the possible outbreak was reported to CDC. A vaccination campaign was undertaken in collaboration with providers serving the population impacted by the outbreak. On further investigation, two cases were determined to have false-positive anti-HBc IgM because anti-HBc total and anti-HBs were both negative during follow-up, and one case was determined to have chronic HBV infection after old laboratory results were identified in medical records. None of the remaining cases had sexual or needle-sharing partners in common and HBV DNA from four available patient specimens tested in the DVH laboratory were not closely related. By the end of the calendar year, reported cases of HBV were not significantly elevated over reported cases in the county from the previous two years. The health department concluded that the transient rise in HBV incidence did not represent a true outbreak.
- **Case investigation start date** — The term “case investigation start date” is used for several measures to calculate and report time intervals for key surveillance activities. For the purposes of this form, jurisdictions may use ‘case investigation start date’ or elect to use a different date, such as “date first reported to public health department,” but should report which date they will be using. For the purposes of this form, is ‘case investigation start date’ being used? Select the appropriate option. If not, please report what your health department is using (complete as indicated, otherwise enter “N/A”).
- **Number of outbreak-associated cases** — This measure is the number of cases that met the current outbreak case definition and the surveillance case definition as of the close of the reporting period. NOTE: These totals may be different from the totals recorded on the Outbreak Summary Report form depending on the differences between the final outbreak case definition compared to the surveillance case definition.
 - **Surveillance case definitions** are found at: [Surveillance Case Definitions for Current and Historical Conditions | NNDSS \(cdc.gov\)](#)
 - **Outbreak case definitions** are developed by the outbreak investigation team for each outbreak and specify case definition criteria in person, place, and time for cases that are included in the outbreak. Cases meeting the outbreak case definition often also meet the surveillance case definition; however, there are many exceptions. For example, for some outbreaks, asymptomatic cases of hepatitis B or C might be included as outbreak cases based on molecular or epidemiological evidence whereas they might not meet the surveillance case definition. In some outbreaks of hepatitis B, case patients with isolated

Annual Performance Report—Component 1: Form Instructions

Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

positive IgM anti-HBc might be included during the initial phase of the investigation based on a broad outbreak case definition; these patients would not meet a surveillance case definition and might not meet a final more narrow outbreak case definition.

- **Number of outbreak-associated cases reported to CDC within 30 days of case investigation start date (as determined for each case)** — This measure applies to all cases of disease that met both the outbreak case definition and the surveillance case definition. Of these cases, record the number of cases reported to CDC within 30 days after (investigation start date) or the date the outbreak was reported to CDC, whichever date was later. Viral hepatitis coinfections noted incidentally during outbreak and case investigation (but not included in the outbreak case definition) do not need to be included in this count. For example, in an outbreak of person-to-person spread of hepatitis A, report time for chronic hepatitis C among case-patients with chronic hepatitis C coinfection should not be included in this measure because chronic hepatitis C is not part of the outbreak case definition.

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

Are **HBV DNA** results reportable in your jurisdiction?

Does your health department receive reports of negative **HBV DNA** results?

Are **HCV RNA** results reportable in your jurisdiction?

Does your health department receive reports of negative **HCV RNA** results?

- These are short-term outcomes (years 1–3).
- The goal is to reach 100% reporting of negative HBV DNA and HVC RNA results by year 3. Recipient can define year 1 goal, and year 2 goal should be determined based on interim activities.

Measure 1.2.2.a

Have you identified all of the laboratories that perform viral hepatitis-related testing for your jurisdiction? (yes, in progress, no)
If yes, what percent these laboratories are reporting viral hepatitis-related test results to your health department?

- This is a short-term outcome (years 1–3).
- The goal is for at least 95% of laboratories that perform viral hepatitis-related testing for the jurisdiction to report viral hepatitis-related test results to the health department by year 3. Recipient can define year 1 goal, and year 2 goal should be determined based on interim activities.
- Divide the number of laboratories from which viral hepatitis-related test results were received by your health department ('Number') by the total number laboratories that perform viral hepatitis-related testing for your jurisdiction ('Total') to determine the percent (%).

Measure 1.2.2.b

What percent of your viral hepatitis lab results were entered into your viral hepatitis surveillance database within 60 days of specimen collection date?

- This is a short-term outcome (years 1–3).
- The goal is for at least 85% of viral hepatitis lab results to be entered into jurisdiction's viral hepatitis surveillance database within 60 days of specimen collection date by year 3. Recipient can define year 1 goal, and year 2 goal should be determined based on interim activities.
- For each viral hepatitis lab result received, calculate the number of days between specimen collection date and the date entered into the viral hepatitis surveillance database. Then, categorize the lab results by those entered into the surveillance database more than 60 days from the specimen collection date and those entered on or before the 60th day. For example, a lab result entered into the surveillance database on May 30, 2021, for a specimen collected on March 31, 2021, would be counted as having been entered within 60 days of the specimen collection date. If the same lab result had been entered into the database on May 31, 2021, it would not be considered to have been entered within 60 days of the specimen collection date. Divide the number of lab results entered into the database within 60 days of the specimen date within the reporting period ('Number') by the total number of lab results entered into the database within the reporting period ('Total') to determine the percent (%).

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

Measure 1.2.2.c

What percent of your **hepatitis A** case reports were submitted to CDC within 90 days of case investigation start date?

What percent of your **acute hepatitis B** case reports were submitted to CDC within 90 days of case investigation start date?

What percent of your **acute hepatitis C** case reports were submitted to CDC within 90 days of case investigation start date?

- These are short-term outcomes (years 1–3).
- The goal is for at least 90% of hepatitis A, acute hepatitis B, and acute hepatitis C case reports to be submitted to CDC within 90 days of case investigation start date by year 3. Recipient can define year 1 goal, and year 2 goal should be determined based on interim activities.
- Example: For a hepatitis A (or acute hepatitis B, or acute hepatitis C) case for which the investigation start date was May 4, 2021, and the jurisdiction (or city recipient's state partner) submitted the case to CDC on August 2, 2021 — this would be counted as having been submitted to CDC within 90 days of case investigation start date. Divide the number of cases submitted to CDC within 90 days of case investigation start date during the reporting period ('Number') by the total number of hepatitis A (or acute hepatitis B, or acute hepatitis C) cases submitted to CDC within the reporting period ('Total') to determine the percent (%).
- See page 12 in the Notice of Funding Opportunity (CDC-RFA-PS21-2103) for more information.

Measure 1.2.3.a

What percent of your **chronic hepatitis C** case reports were submitted to CDC within 90 days of case investigation start date?

- This is a short-term outcome (years 1–3).
- The goal is for at least 90% of chronic hepatitis C case reports to be submitted to CDC within 90 days of case investigation start date by year 3. Recipient can define year 1 goal, and year 2 goal should be determined based on interim activities.
- Example: For a chronic hepatitis C case for which the investigation start date was May 4, 2021, and the jurisdiction (or city recipient's state partner) submitted it to CDC on August 2, 2021 — this would be counted as having been submitted to CDC within 90 days of case investigation start date. Divide the number of chronic hepatitis C cases submitted to CDC within 90 days of case investigation start date during the reporting period ('Number') by the total number of chronic hepatitis C cases submitted to CDC within the reporting period ('Total') to determine the percent (%).
- See page 12 in the Notice of Funding Opportunity (CDC-RFA-PS21-2103) for more information.

Measure 1.2.2.d and 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 (table)

Case reports of **chronic hepatitis C** submitted to CDC by health departments are at least 90% complete for age, gender, race/ethnicity, county of residence, and outbreak status (table)

- These are short-term outcomes (years 1–3).
- The goal is for hepatitis A, acute hepatitis B, and acute hepatitis C case reports and chronic hepatitis C case reports to be at least 90% complete for age, gender, race/ethnicity, county of residence, and outbreak status by year 3. Recipient can define year 1 goal, and year 2 goal should be determined based on interim activities.

Annual Performance Report—Component 1: Form Instructions

Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

- A case with Hispanic ethnicity recorded but missing data for race may be considered as complete for race/ethnicity.
- Example: Classify cases by combined race and ethnicity. If race and ethnicity are both missing, classify the case as incomplete for race/ethnicity. If Hispanic or Latino/a/x ethnicity is reported, classify the case as Hispanic/Latino/a/x. If not Hispanic, classify those reporting only one race as that race alone, non-Hispanic. If not Hispanic and more than one race is reported, classify the case as multiple race, non-Hispanic. If not Hispanic and race is missing, classify the case as non-Hispanic, unknown race and count as incomplete. If ethnicity is missing and race is present, classify as one race alone or multiple race, unknown ethnicity and count as incomplete for race/ethnicity. Divide the number of cases classified as Hispanic or non-Hispanic with race (one race alone or multiple race) ('Number') by the total number of cases ('Total') to determine the percent (%).

	Hispanic	Not Hispanic	Ethnicity missing	Row totals
One race	complete	complete	<i>incomplete</i>	
Multiple race	complete	complete	<i>incomplete</i>	
Race missing	complete	<i>incomplete</i>	<i>incomplete</i>	
Column totals				Total number of cases

- Divide the number of cases complete for age, gender, county of residence, and outbreak status (where relevant) ('Number') by the total number of cases ('Total') to determine each percent (%).

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 behaviors and exposures (table)

- This is a short-term outcome (years 1-3).
- The goal is for hepatitis A, acute hepatitis B, and acute hepatitis C case reports to be at least 70% complete (reported as Yes or No) for each of the risk behaviors or exposures questions by year 3. Recipient can define year 1 goal, and year 2 goal should be determined based on interim activities.
- Completeness for each risk behavior or exposure is defined as the number of cases with the risk behavior or exposure reported (Yes and No) ('Number') divided by the total number of cases reported (Yes and No and Unknown/Missing) ('Total') to determine the percent (%).

Risk behaviors and exposures		
Hepatitis A	Acute hepatitis B	Acute hepatitis C
Injection drug use	Injection drug use	Injection drug use
Sexual contact	Sexual contact	Sexual contact
Household contact (non-sexual)	Household contact (non-sexual)	Household contact (non-sexual)
Other contact	Multiple sex partners	Multiple sex partners
Men who have sex with men	Men who have sex with men	Men who have sex with men
International travel	Surgery	Surgery
Homelessness/unstable housing*	Dialysis patient	Dialysis patient
Incarceration*	Transfusion (tissue or organ*)	Transfusion (tissue or organ*)
Non-injection drug use*	Needlestick	Needlestick

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

Drug sharing partner*	Occupational exposure to blood	Occupational exposure to blood
	Drug sharing partner*	Drug sharing partner*
	Homelessness/unstable housing*	Homelessness/unstable housing*
	Incarceration*	Incarceration*
	Non-injection drug use*	Non-injection drug use*
	Tattoo receipt	Tattoo receipt
	International travel	
* Risk behaviors and exposures included in the new viral hepatitis surveillance case report form (CRF) may not be available to report on until the new CRF is in use; for these jurisdictions, may enter “N/A.”		

Measure 1.2.3.c

Have you developed a longitudinal surveillance registry for **chronic hepatitis C**?

What percent of your **chronic hepatitis C** case reports are included in your registry?

Does your registry include longitudinal detectable and undetectable **HCV RNA** test results for the **chronic hepatitis C** cases?

- These are short-term outcomes (years 1–3).
- The goal is for at least 90% of chronic hepatitis C case reports to be included in a longitudinal surveillance registry, including longitudinal detectable and undetectable HCV RNA test results, by year 3. Recipient can define year 1 goal, and year 2 goal should be determined based on interim activities.
- Example: What percent of your chronic hepatitis C case reports are included in your registry? Divide the number of chronic hepatitis C case reports received from May 1, 2021 to the end of the reporting period that have been added to the registry as of the end of the reporting period ('Number'), by the total number of chronic hepatitis C case reports received from May 1, 2021, to the end of the reporting period ('Total') to determine the percent.

Measure 1.2.4.a

Are you reporting **hepatitis C** viral clearance cascade data?

- This is an intermediate outcome (years 3–5).
- Beginning in year 3, use jurisdiction-specific data, including undetectable HCV RNA, mortality data, and other data as available to monitor the hepatitis C viral clearance cascade.
- Additional guidance on preparing and reporting hepatitis C viral clearance cascade data will be shared by CDC.

Measure 1.2.5.a

Have you prepared and disseminated an annual viral hepatitis surveillance report that includes the most recent year of available data?

Does your annual viral hepatitis surveillance report include **hepatitis C** viral clearance cascade data?

- This is an intermediate outcome (years 3–5).
- Beginning in year 3, produce and disseminate an annual surveillance report that includes hepatitis A, acute hepatitis B, and acute and chronic hepatitis C surveillance data, as well as hepatitis C viral clearance cascade data.
- **URL** — Please provide the URL for the most recent surveillance report, if available.
- **Date report was posted (MM/DD/YYYY)** — Enter the date the most recent surveillance report was posted.

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

Was Section 1.3 funded?

- If your jurisdiction was not funded for activities described under 1.3, check No and stop here. Do not complete measures beginning 1.3.
- If your jurisdiction was funded for activities described under 1.3, check Yes and complete the rest of this form.

Measure 1.3.1.a

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?

- This is a short-term outcome (years 1–3).
- The goal is for a complete match to be performed by year 3. Recipient can define year 1 goal, and year 2 goal should be determined based on interim activities.
- Example: the match for calendar year 2020 should be completed by December 31, 2021.
- The match should be completed within each year of the project period, by December 31, 2021 for year 1, 2022 for year 2, 2023 for year 3, 2024 for year 4, and 2025 for year 5.

Measure 1.3.1.b

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?

- This is a short-term outcome (years 1–3).
- The goal is for at least 90% of perinatal hepatitis C case reports to be submitted to CDC within 90 days of case investigation start date by year 3. Recipient can define year 1 goal, and year 2 goal should be determined based on interim activities.
- Example: For a perinatal hepatitis C case for which the investigation start date was May 4, 2021, and the jurisdiction (or city recipient’s state partner) submitted it to CDC on August 2, 2021 — this would be counted as having been submitted to CDC within 90 days of case investigation start date. Divide the number of perinatal hepatitis C cases submitted to CDC within 90 days of case investigation start date during the reporting period (‘Number’) by the total number of perinatal hepatitis C cases submitted to CDC within the reporting period (‘Total’) to determine the percent (%).
- See page 13 in the Notice of Funding Opportunity (CDC-RFA-PS21-2103) for more information.

Measure 1.3.1.d

During this reporting period, what percent of your **perinatal hepatitis C** case reports were linked with a maternal report?

- This is a short-term outcome (years 1–3).
- The goal is for at least 90% of perinatal hepatitis C case reports to be linked with a maternal report by year 3. Recipient can define year 1 goal, and year 2 goal should be determined based on interim activities.

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

- Example: Divide the number of perinatal hepatitis C case reports received by the jurisdiction from May 1, 2021, through the end of the reporting period that were linked with a maternal report by the number of perinatal hepatitis C case reports received by the jurisdiction from May 1, 2021, through the end of the reporting period.

Measure 1.3.2.a

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?

- This is an intermediate outcome (Years 3–5).
- The goal is for at least 90% of chronic hepatitis B case reports to be submitted to CDC within 90 days of case investigation start date by year 5. Recipient can define year 3 goal, and year 4 goal should be determined based on interim activities.
- Example: For a chronic hepatitis B case for which the investigation start date was May 4, 2021, and the jurisdiction (or city recipient's state partner) submitted it to CDC on August 2, 2021 — this would be counted as having been submitted to CDC within 90 days of case investigation start date. Divide the number of chronic hepatitis B cases submitted to CDC within 90 days of case investigation start date during the reporting period ('Number') by the total number of chronic hepatitis B cases submitted to CDC within the reporting period ('Total') to determine the percent (%).
- See page 13 in the Notice of Funding Opportunity (CDC-RFA-PS21-2103) for more information.

Measure 1.3.1.c and Measure 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 (table)

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

- These are short-term outcomes (years 1–3).
- The goal is for perinatal hepatitis C case reports and chronic hepatitis B case reports to be at least 90% complete for age, gender, race/ethnicity, and county of residence by year 3. Recipient can define year 1 goal, and year 2 goal should be determined based on interim activities.
- See the instructions above for Measures 1.2.2.d and 1.2.3.b.

Measure 1.3.3.a

Have you developed a longitudinal surveillance registry for **chronic hepatitis B**?

What percent of your **chronic hepatitis B** case reports are included in your registry?

Does your registry include longitudinal detectable and undetectable **HBV DNA** test results for the **chronic hepatitis B** cases?

- These are intermediate outcomes (years 3–5).
- The goal is for at least 90% of chronic hepatitis B case reports to be included in a longitudinal surveillance registry, including longitudinal detectable and undetectable HBV DNA test results, by year 5. Recipient can define year 3 goal, and year 4 goal should be determined based on interim activities.
- Example: What percent of your chronic hepatitis B case reports are included in your registry? Divide the number of chronic hepatitis B case reports received from May 1, 2023 to the end of the reporting period that have been added to the registry as of the end of the reporting period

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

'(Number)', by the total number of chronic hepatitis B case reports received from May 1, 2023, to the end of the reporting period ('Total') to determine the percent (%).

Measure 1.3.3.b

Are you reporting **hepatitis B** continuum of care data?

- This is an intermediate outcome (years 3–5).
- Beginning in year 3, use jurisdiction specific data including undetectable HBV DNA, mortality data, and other data as available to monitor the continuum of care for hepatitis B.
- Additional guidance on preparing hepatitis B continuum of care data will be shared by CDC.

Measure 1.3.3.c

Have you prepared and disseminated an annual viral hepatitis surveillance report that includes the most recent year of available data? Does the annual viral hepatitis surveillance report include **chronic hepatitis B** data?

Does the annual viral hepatitis surveillance report include **hepatitis B** continuum of care data?

- This is an intermediate outcome (years 3–5).
- Beginning in year 3, produce an annual surveillance report that includes chronic hepatitis B and hepatitis B continuum of care data.