

Annual Performance Report—Component 3
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

Component 3: Special Projects—Prevention, Diagnosis, and Treatment Related to the Infectious Disease Consequences of Drug Use

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 (5/1/21-9/30/21) <input type="checkbox"/> Year 2 (10/1/21-9/30/22) <input type="checkbox"/> Year 3 (10/1/22-9/30/23) <input type="checkbox"/> Year 4 (10/1/23-9/30/24) <input type="checkbox"/> Year 5 (10/1/24-4/30/26)

Was Component 3 funded?	<p align="center"><i>Select one</i> <input type="checkbox"/> No <i>NOTE: Stop here if not funded</i> <input type="checkbox"/> Yes</p>
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3.1—Improve access to services for people who inject drugs (PWID) in settings disproportionately affected by drug use

List all types of settings serving PWID
<p>During the reporting period were component 3 activities conducted at one or more syringe services programs (SSPs)?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>During the reporting period were component 3 activities conducted at one or substance use disorder (SUD) treatment programs (<u>non</u>-hospital based)?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No

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During the reporting period were component 3 activities conducted at one or <u>hospital-based</u> substance use disorder (SUD) treatment programs? <input type="checkbox"/> Yes <input type="checkbox"/> No
During the reporting period were component 3 activities conducted at one or more hospital-based programs (<u>excluding</u> SUD treatment programs which are included separately above)? <input type="checkbox"/> Yes <input type="checkbox"/> No
During the reporting period were component 3 activities conducted at one or more health centers (<u>non</u> -hospital based)? <input type="checkbox"/> Yes <input type="checkbox"/> No
During the reporting period were component 3 activities conducted at one or more sexually transmitted infections (STI) clinics? <input type="checkbox"/> Yes <input type="checkbox"/> No
During the reporting period were component 3 activities conducted at one or more mobile clinics? <input type="checkbox"/> Yes <input type="checkbox"/> No
During the reporting period were component 3 activities conducted at one or more emergency departments? <input type="checkbox"/> Yes <input type="checkbox"/> No
During the reporting period were component 3 activities conducted at one or more correctional facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
During the reporting period were component 3 activities conducted at one or more homeless services? <input type="checkbox"/> Yes <input type="checkbox"/> No
During the reporting period were component 3 activities conducted at another type of setting? <input type="checkbox"/> Yes, specify: _____ <input type="checkbox"/> No Note: If more than one other type of setting, list the first other type here and describe the additional other type(s) individually in the following questions.
During the reporting period were component 3 activities conducted at a second other type of setting? <input type="checkbox"/> Yes, specify: _____

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<input type="checkbox"/> No Note: If more than two other types of settings, list the second other type here and describe the additional other type(s) individually in the following questions.
During the reporting period were component 3 activities conducted at a third other type of setting? <input type="checkbox"/> Yes, specify: _____ <input type="checkbox"/> No

Measures 3.1.1.a - 3.1.1.b

- Number of PWID served, by setting serving PWID (syringe services programs, substance use disorder treatment programs, correctional facilities, emergency departments, hospital-based programs, sexually transmitted disease clinics, homeless services, health centers, other)
- Syringes distributed, by setting serving PWID

Setting type serving PWID	During this reporting period, number of:		
	Clients served	PWID served	Syringes distributed
SSPs <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
SUD treatment programs, <u>non-hospital-based</u> <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
SUD treatment programs, <u>hospital-based</u> <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Hospital-based programs (excluding SUD treatment programs which are included separately above) <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Health centers (non-hospital based) <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
STI clinics <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown

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Mobile clinics <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Emergency departments <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Correctional facilities <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Homeless services <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Other type of setting described above, first <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Other type of setting described above, second <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Other type of setting described above, third <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown

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Measures 3.1.2.a - 3.1.2.d

- Number of PWID who are linked to substance use disorder treatment, by setting serving PWID
- Number of PWID assessed for opioid use disorder, by setting serving PWID
- Number of PWID with opioid use disorder, by setting serving PWID
- Number of PWID with opioid use disorder who are linked to medication for opioid use disorder, by setting serving PWID

	During this reporting period, number of:			
Setting serving PWID	PWID linked to substance use disorder treatment	PWID assessed for opioid use disorder	PWID with opioid use disorder	PWID with opioid use disorder who were linked to medication for opioid use disorder
SSPs <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
SUD treatment programs, <u>non-hospital-based</u> <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
SUD treatment programs, <u>hospital-based</u> <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Hospital-based programs (excluding SUD treatment programs which are included separately above) <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Health centers (non-hospital based) <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
STI clinics <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Mobile clinics <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Emergency departments <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown

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Correctional facilities <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Homeless services <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Other type of setting described above, first <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Other type of setting described above, second <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Other type of setting described above, third <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown

Measures 3.1.3.a, 3.1.4.a - 3.1.4.d

- Number of clients tested for anti-HCV, by setting serving PWID
- Number of clients testing positive for anti-HCV, by setting serving PWID
- Number of clients positive for anti-HCV tested for HCV RNA, by setting serving PWID
- Number of clients testing positive for HCV RNA, by setting serving PWID
- Number of HCV RNA (+) clients linked to hepatitis C treatment, by setting serving PWID

	During this reporting period, number of:				
Setting serving PWID	Clients tested for anti-HCV	Clients testing positive for anti-HCV	Clients positive for anti-HCV tested for HCV RNA	Clients testing positive for HCV RNA	HCV RNA (+) clients linked to hepatitis C treatment
SSPs <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
SUD treatment programs, non-hospital-based <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
SUD treatment programs,	>	>	>	>	>

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hospital-based <i>questions will be skipped if not applicable</i>	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
Hospital-based programs (excluding SUD treatment programs which are included separately above) <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Health centers (non-hospital based) <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
STI clinics <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Mobile clinics <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Emergency departments <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Correctional facilities <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Homeless services <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Other type of setting described above, first <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Other type of setting described above, second <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Other type of setting described above, third <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown

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Measures 3.1.3.b, 3.1.4.e – 3.1.4.f

- Number of clients screened (anti-HBc, HBsAg, anti-HBs) for HBV, by setting serving PWID
- Number of clients testing positive for HBsAg, by setting serving PWID
- Number of HBV (+) clients linked to hepatitis B care, by setting serving PWID

Setting serving PWID	During this reporting period, number of:		
	Clients screened for HBV (anti-HBc, HBsAg, anti-HBs)	Clients testing positive for HBsAg	HBV (+) clients linked to hepatitis B care
SSPs <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
SUD treatment programs, non-hospital-based <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
SUD treatment programs, hospital-based <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Hospital-based programs (excluding SUD treatment programs which are included separately above) <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Health centers (non-hospital based) <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
STI clinics <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Mobile clinics <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Emergency departments <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Correctional facilities <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Homeless services	>	>	>

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<i>questions will be skipped if not applicable</i>	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
Other type of setting described above, first <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Other type of setting described above, second <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Other type of setting described above, third <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown

Measures 3.1.3.c, 3.1.4.g – 3.1.4.h

- Number of clients screened for HIV, by setting serving PWID
- Number of clients testing positive for HIV, by setting serving PWID
- Number of HIV (+) clients linked to HIV treatment, by setting serving PWID

Setting serving PWID	During this reporting period, number of:		
	Clients screened for HIV	Clients testing positive for HIV	HIV (+) clients linked to HIV treatment
SSPs <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
SUD treatment programs, <u>non-hospital-based</u> <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
SUD treatment programs, <u>hospital-based</u> <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Hospital-based programs (excluding SUD treatment programs which are included separately above) <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Health centers (non-hospital	>	>	>

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based) <i>questions will be skipped if not applicable</i>	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
STI clinics <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Mobile clinics <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Emergency departments <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Correctional facilities <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Homeless services <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Other type of setting described above, first <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Other type of setting described above, second <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Other type of setting described above, third <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown

Measure 3.1.4.i

- Number of clients referred for treatment for bacterial or fungal infections, by setting serving PWID

	During this reporting period, number of:
Setting serving PWID	Clients treated or referred for treatment of bacterial or fungal infections

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SSPs <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown
SUD treatment programs, <u>non-hospital-based</u> <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown
SUD treatment programs, <u>hospital-based</u> <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown
Hospital-based programs (excluding SUD treatment programs which are included separately above) <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown
Health centers (non-hospital based) <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown
STI clinics <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown
Mobile clinics <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown
Emergency departments <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown
Correctional facilities <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown
Homeless services <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown
Other type of setting described above, first <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown
Other type of setting described	>

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above, second <i>questions will be skipped if not applicable</i>	<input type="checkbox"/> Unknown
Other type of setting described above, third <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown

Measures 3.1.5.a - 3.1.5.d

- Number of hepatitis A vaccination doses administered to clients, by setting serving PWID
- Number of clients who completed hepatitis A vaccination series, by setting serving PWID
- Number of hepatitis B vaccination doses administered to clients, by setting serving PWID
- Number of clients who completed hepatitis B vaccination series, by setting serving PWID

Setting serving PWID	During this reporting period, number of:			
	Hepatitis A vaccination doses administered	Clients who completed hepatitis A vaccination series	Hepatitis B vaccination doses administered	Clients who completed hepatitis B vaccination series
SSPs <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
SUD treatment programs, non-hospital-based <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
SUD treatment programs, hospital-based <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Hospital-based programs (excluding SUD treatment programs which are included separately above) <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Health centers (non-hospital based) <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
STI clinics <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown

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<i>applicable</i>				
Mobile clinics <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Emergency departments <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Correctional facilities <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Homeless services <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Other type of setting described above, first <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Other type of setting described above, second <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Other type of setting described above, third <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown

Measures 3.1.6.a - 3.1.6.c, 3.1.7.a

- Number of new confirmed acute hepatitis B cases reported among PWID in the jurisdiction
- Number of new confirmed acute hepatitis C cases reported among PWID in the jurisdiction
- Number of new confirmed HIV cases reported among PWID in the jurisdiction
- Jurisdiction reports data on hepatitis C continuum of care for PWID in the jurisdiction, consistent with CDC guidance

How many new confirmed acute hepatitis B cases were reported among	>
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people reporting a history of injection drug use in your jurisdiction during this reporting period?	<input type="checkbox"/> Unknown
How many new confirmed acute hepatitis C cases were reported among people reporting a history of injection drug use in your jurisdiction during this reporting period?	> <input type="checkbox"/> Unknown
How many new confirmed HIV cases were reported among people reporting a history of injection drug use in your jurisdiction during this reporting period?	> <input type="checkbox"/> Unknown
Do you report hepatitis C viral clearance cascade data for reported cases among people reporting a history of injection drug use in your jurisdiction?	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>Please use this space to provide information about challenges and successes experienced when implementing Strategy 3.1 activities. Include additional contextual information that would help us interpret your annual performance data.</p> <p><i>For example, the number of locations associated with each setting type, or other explanatory notation, could be listed here if needed.</i></p>	
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