

**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**

<b>Reporting jurisdiction</b>	
<b>Contact name</b> <i>(person completing form)</i>	
<b>Contact phone number</b> <i>(xxx-xxx-xxxx)</i>	
<b>Contact email address</b>	
<b>Additional contact name(s)</b> <i>(if applicable)</i>	
<b>Additional contact phone number(s)</b> <i>(xxx-xxx-xxxx)</i>	
<b>Additional contact email address(es)</b>	
<b>Date of report submission</b> <i>(MM/DD/YYYY)</i>	
<b>Reporting Period</b> <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

<b>Outbreak type</b>	<b>Plan status</b>	<b>Topics covered</b> <i>(select all that apply)</i>	<b>Date plan was last reviewed</b> <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 <sup>1</sup>	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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<sup>1</sup> 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

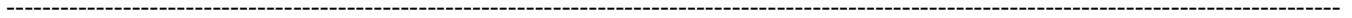
<b>For the purposes of this form, is 'Case investigation start date' being used?</b>	Select one <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If not, please indicate what your health department is using.</b>	

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):
>	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):
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<b>Use this space if needed to provide additional information related to Section 1.1</b>	
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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

<b>Are negative hepatitis B surface antigen (sAg) results currently reportable in your jurisdiction?</b>	<p><i>Select one</i></p> <input type="checkbox"/> Yes, <b><u>all</u></b> negative lab results are reportable <input type="checkbox"/> Yes, <b><u>some</u></b> negative lab results are reportable Specify: <input type="checkbox"/> No
<b>Are negative hepatitis B sAg results currently received by your health department?</b>	<p><i>Select one</i></p> <input type="checkbox"/> Yes, <b><u>all</u></b> negative lab results are received by the health department (complete reporting) <input type="checkbox"/> Yes, <b><u>some</u></b> negative lab results are received by the health department (incomplete reporting) Specify: <input type="checkbox"/> No
<b>If “Yes, all....” what was the first <u>full</u> reporting year that <u>all</u> negative hepatitis B sAg results were available in your jurisdiction?</b>	Year:
<b>Are negative HBV DNA results currently reportable in your jurisdiction?</b>	<p><i>Select one</i></p> <input type="checkbox"/> Yes, <b><u>all</u></b> negative lab results are reportable <input type="checkbox"/> Yes, <b><u>some</u></b> negative lab results are reportable Specify: <input type="checkbox"/> No
<b>Are negative HBV DNA results currently received by your health department?</b>	<p><i>Select one</i></p> <input type="checkbox"/> Yes, <b><u>all</u></b> negative lab results are received by the health department (complete reporting) <input type="checkbox"/> Yes, <b><u>some</u></b> negative lab results are received by the health department (incomplete reporting) Specify: <input type="checkbox"/> No
<b>If “Yes, all....,” what was the first <u>full</u> reporting year that <u>all</u> negative HBV DNA results were available in your jurisdiction?</b>	Year:

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<p><b>Are negative hepatitis C antibody (anti-HCV) results currently reportable in your jurisdiction?</b></p>	<p><i>Select one</i></p> <p><input type="checkbox"/> Yes, <b>all</b> negative lab results are reportable</p> <p><input type="checkbox"/> Yes, <b>some</b> negative lab results are reportable</p> <p style="padding-left: 40px;">Specify:</p> <p><input type="checkbox"/> No</p>
<p><b>Are negative anti-HCV results currently received by your health department?</b></p>	<p><i>Select one</i></p> <p><input type="checkbox"/> Yes, <b>all</b> negative lab results are received by the health department (complete reporting)</p> <p><input type="checkbox"/> Yes, <b>some</b> negative lab results are received by the health department (incomplete reporting)</p> <p style="padding-left: 40px;">Specify:</p> <p><input type="checkbox"/> No</p>
<p><b>If “Yes, all...,” what was the first <u>full</u> reporting year that <u>all</u> negative anti-HCV results were available in your jurisdiction?</b></p>	<p>Year:</p>
<p><b>Are negative / undetectable HCV RNA results currently reportable in your jurisdiction?</b></p>	<p><i>Select one</i></p> <p><input type="checkbox"/> Yes, <b>all</b> negative lab results are reportable</p> <p><input type="checkbox"/> Yes, <b>some</b> negative lab results are reportable</p> <p style="padding-left: 40px;">Specify:</p> <p><input type="checkbox"/> No</p>
<p><b>Are negative / undetectable HCV RNA results currently received by your health department?</b></p>	<p><i>Select one</i></p> <p><input type="checkbox"/> Yes, <b>all</b> negative lab results are received by the health department (complete reporting)</p> <p><input type="checkbox"/> Yes, <b>some</b> negative lab results are received by the health department (incomplete reporting)</p> <p style="padding-left: 40px;">Specify:</p> <p><input type="checkbox"/> No</p>
<p><b>If “Yes, all...,” what was the first <u>full</u> reporting year that <u>all</u> negative HCV RNA results were available in your jurisdiction?</b></p>	<p>Year:</p>

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**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

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

<b>During this reporting period:</b>	
<b>What percent of your viral hepatitis lab results were entered into your viral hepatitis surveillance database within 60 days of specimen collection date?</b>	Number: Total: %: <input type="checkbox"/> Unknown
<b>What percent of your <u>hepatitis A</u> case reports were submitted to CDC within 90 days of case investigation start date?</b>	Number: Total: %: <input type="checkbox"/> Unknown
<b>What percent of your <u>acute hepatitis B</u> case reports were submitted to CDC within 90 days of case investigation start date?</b>	Number: Total: %: <input type="checkbox"/> Unknown
<b>What percent of your <u>acute hepatitis C</u> case reports were submitted to CDC within 90 days of case investigation start date?</b>	Number: Total: %: <input type="checkbox"/> Unknown
<b>What percent of your <u>chronic hepatitis C</u> case reports were submitted to CDC within 90 days of case investigation start date?</b>	Number: Total: %: <input type="checkbox"/> Unknown

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**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

	<b>Age</b>	<b>Gender</b>	<b>Race and/or ethnicity</b>	<b>County of residence</b>	<b>Outbreak status</b>
<b>Hepatitis A</b>	Number: Total: %:	Number: Total: %:	Number: Total: %:	Number: Total: %:	Number: Total: %:
<b>Acute hepatitis B</b>	Number: Total: %:	Number: Total: %:	Number: Total: %:	Number: Total: %:	Number: Total: %:
<b>Acute hepatitis C</b>	Number: Total: %:	Number: Total: %:	Number: Total: %:	Number: Total: %:	Number: Total: %:
<b>Chronic hepatitis C</b>	Number: Total: %:	Number: Total: %:	Number: Total: %:	Number: Total: %:	

**Measure 1.2.2.e**

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

<b>Risk behaviors and exposures</b>		
<b>Hepatitis A</b>	<b>Acute hepatitis B</b>	<b>Acute hepatitis C</b>
<p><b><u>Injection drug use</u></b></p> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)	<p><b><u>Injection drug use</u></b></p> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)	<p><b><u>Injection drug use</u></b></p> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)
<p><b><u>Sexual contact</u></b></p> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)	<p><b><u>Sexual contact</u></b></p> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)	<p><b><u>Sexual contact</u></b></p> Number: Total: % complete: <input type="checkbox"/> N/A (not reported)



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<p><b><u>Household contact (non-sexual)</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Household contact (non-sexual)</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Household contact (non-sexual)</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
<p><b><u>Other contact</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Multiple sex partners</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Multiple sex partners</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
<p><b><u>Men who have sex with men</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Men who have sex with men</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Men who have sex with men</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
<p><b><u>International travel</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Surgery</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Surgery</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
<p><b><u>Homelessness/unstable housing</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Dialysis patient</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Dialysis patient</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
<p><b><u>Incarceration</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Transfusion (tissue or organ)</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Transfusion (tissue or organ)</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
<p><b><u>Non-injection drug use</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Needlestick</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Needlestick</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
<p><b><u>Drug sharing partner</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Occupational exposure to blood</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Occupational exposure to blood</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>

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	<p><b><u>Drug sharing partner</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Drug sharing partner</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
	<p><b><u>Homelessness/unstable housing</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Homelessness/unstable housing</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
	<p><b><u>Incarceration</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Incarceration</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
	<p><b><u>Non-injection drug use</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Non-injection drug use</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
	<p><b><u>Tattoo receipt</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	<p><b><u>Tattoo receipt</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>
	<p><b><u>International travel</u></b></p> <p>Number: Total: % complete: <input type="checkbox"/> N/A (not reported)</p>	

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**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

<b>Have you developed a longitudinal surveillance registry for chronic hepatitis C?</b>	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress
<b>What percent of your chronic hepatitis C case reports are included in your registry?</b>	Number: <input type="checkbox"/> Unknown Total: <input type="checkbox"/> N/A (registry not started) %:
<b>Does your registry include longitudinal detectable and undetectable HCV RNA test results for the chronic hepatitis C cases?</b>	<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 A, acute hepatitis B, and acute and chronic hepatitis C to support prevention programs and policies

<b>Have you developed a hepatitis C viral clearance cascade?</b>	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress
<b>If hepatitis C viral clearance cascade “Completed,” please indicate when the most recent cascade was completed and provide the URL for—or a copy of—the cascade.</b>	<input type="checkbox"/> Date completed (MM/DD/YYYY): <input type="checkbox"/> Please provide URL for cascade, if available:  If URL not available, please submit a copy of the cascade with the APR.  <i>Select one</i> <input type="checkbox"/> Submitted <input type="checkbox"/> Not submitted
<b>Have you developed a viral hepatitis surveillance report?</b>	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress
<b>If viral hepatitis surveillance report “Completed,” please indicate when the most recent report was completed and provide the URL for—or a copy of—the report.</b>	<input type="checkbox"/> Date completed (MM/DD/YYYY): <input type="checkbox"/> Please provide URL for report, if available:  If URL not available, please submit a copy of the report with the APR.  <i>Select one</i> <input type="checkbox"/> Submitted <input type="checkbox"/> Not submitted

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



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<b>Was Section 1.3 funded?</b>	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

<b>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?</b>	Select one <input type="checkbox"/> Yes, all <input type="checkbox"/> Yes, some <input type="checkbox"/> No, none
<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?</b>	Number: Total: %: <input type="checkbox"/> Unknown
<b>During this reporting period, what percent of your perinatal hepatitis C case reports were linked with a maternal report?</b>	Number: Total: %: <input type="checkbox"/> Unknown
<b>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?</b>	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

	<b>Age</b>	<b>Gender</b>	<b>Race and/or ethnicity</b>	<b>County of residence</b>
<b>Perinatal hepatitis C</b>	Number: Total:	Number: Total:	Number: Total:	Number: Total:

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	%:	%:	%:	%:
<b>Chronic hepatitis B</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

<b>Have you developed a longitudinal surveillance registry for chronic hepatitis B?</b>	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	
<b>What percent of your chronic hepatitis B case reports are included in your registry?</b>	Number: Total: %:	<input type="checkbox"/> Unknown <input type="checkbox"/> N/A (registry not started)
<b>Does your registry include longitudinal detectable and undetectable HBV DNA test results for the chronic hepatitis B cases?</b>	<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

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

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

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