

Annual Performance Report—Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

Component 2: Core Viral Hepatitis Prevention Activities

Reporting Agency

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

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)

Have you established a viral hepatitis elimination technical advisory committee (or coalition) to support viral hepatitis elimination planning?	<p align="center"><i>Select one</i></p> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress
Identify the stakeholder groups that are (or will be) represented on this committee (or coalition). <i>(select all that apply)</i>	<input type="checkbox"/> Public health <input type="checkbox"/> Laboratories <input type="checkbox"/> Corrections <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Criminal justice, law enforcement <input type="checkbox"/> Local harm reduction coalition members <input type="checkbox"/> Medicaid <input type="checkbox"/> Non-profit/advocacy groups <input type="checkbox"/> Injury prevention services <input type="checkbox"/> People with viral hepatitis lived experience <input type="checkbox"/> Substance use and mental health services <input type="checkbox"/> Other, specify: <input type="checkbox"/> Healthcare providers >> <input type="checkbox"/> HIV care providers <input type="checkbox"/> N/A (committee not established) <input type="checkbox"/> Hospitals

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During this reporting period, when did the committee (or coalition) meet? (MM/DD/YYYY)	> > > > <input type="checkbox"/> No meetings held during reporting period <input type="checkbox"/> 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.	<i>Select one</i> <input type="checkbox"/> Submitted <input type="checkbox"/> Not submitted <input type="checkbox"/> 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)

Have you developed a viral hepatitis elimination plan?	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress
Does it contain plans for elimination of hepatitis C and/or hepatitis B? (select all that apply)	<input type="checkbox"/> Hepatitis C <input type="checkbox"/> N/A (plan not started) <input type="checkbox"/> Hepatitis B
If the viral hepatitis elimination plan is completed, please submit a copy with the APR.	<i>Select one</i> <input type="checkbox"/> Submitted <input type="checkbox"/> Not submitted <input type="checkbox"/> 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

Does your viral hepatitis elimination plan address recommendations for increasing HCV RNA reflex testing?	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> N/A (plan not started) <input type="checkbox"/> No
Does your viral hepatitis elimination plan address provider training in prescribing hepatitis C treatment?	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> N/A (plan not started) <input type="checkbox"/> No
Does your viral hepatitis elimination plan address provider training in prescribing hepatitis B treatment?	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> N/A (plan not started) <input type="checkbox"/> No

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

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?	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress
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Of the CLIA-certified laboratories you have identified that report hepatitis C antibody testing results, have you selected the subset that reports at least 80% of the hepatitis C antibody testing results in your jurisdiction?	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> In progress <input type="checkbox"/> No <input type="checkbox"/> N/A (labs not identified)
Of this subset, have you performed a needs assessment to identify key barriers and challenges to increasing HCV RNA reflex testing?	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> In progress <input type="checkbox"/> No <input type="checkbox"/> N/A (labs not identified)
What proportion of the subset is conducting HCV RNA reflex testing?	<i>Select one</i> %: <input type="checkbox"/> In progress <input type="checkbox"/> N/A (labs not identified)
Have you provided recommendations to increase HCV RNA reflex testing?	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> In progress <input type="checkbox"/> No <input type="checkbox"/> 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

What are the top 5 highest volume health systems in your jurisdiction?	1. 2. 3. 4. 5. <input type="checkbox"/> In progress <input type="checkbox"/> Not started
Have you assessed how many of these health systems are promoting routine HCV testing?	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> N/A (health systems not assessed)
If so, what percent of health systems are promoting routine HCV testing?	%: <input type="checkbox"/> In progress <input type="checkbox"/> N/A (health systems not assessed)
Have you assessed how many of these health systems are promoting routine HBV testing?	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> N/A (health systems not assessed)
If so, what percent of health systems are promoting routine HBV testing?	%: <input type="checkbox"/> In progress <input type="checkbox"/> N/A (health systems not assessed)

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Have you provided feedback to the top 5 highest volume health systems with recommendations on promoting routine HCV and/or HBV testing?	<i>Select one</i> <input type="checkbox"/> Yes, to all 5 <input type="checkbox"/> Yes, to some but not all <input type="checkbox"/> No, have not provided feedback to any of them <input type="checkbox"/> N/A (health systems not assessed)
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Please use this space to provide information about challenges and successes experienced when implementing Strategy 2.1 activities. Include additional contextual information that would help us interpret your annual performance data.	
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Was Section 2.2 funded?	Select one <input type="checkbox"/> No <i>NOTE: Stop here if not funded</i> <input type="checkbox"/> 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

During the reporting period, were component 2 activities conducted at one or more syringe services programs (SSPs)? <input type="checkbox"/> Yes <input type="checkbox"/> No
During the reporting period, were component 2 activities conducted at one or more substance use disorder (SUD) treatment programs (<u>non-hospital based</u>)? <input type="checkbox"/> Yes <input type="checkbox"/> No
During the reporting period, were component 2 activities conducted at one or more <u>hospital-based</u> substance use disorder (SUD) treatment programs? <input type="checkbox"/> Yes <input type="checkbox"/> No
During the reporting period, were component 2 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 2 activities conducted at one or more health centers (<u>non-hospital based</u>)? <input type="checkbox"/> Yes <input type="checkbox"/> No
During the reporting period, were component 2 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 2 activities conducted at one or more mobile

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clinics? <input type="checkbox"/> Yes <input type="checkbox"/> No
During the reporting period, were component 2 activities conducted at one or more emergency departments? <input type="checkbox"/> Yes <input type="checkbox"/> No
During the reporting period were component 2 activities conducted at one or more correctional facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
During the reporting period were component 2 activities conducted at one or more homeless services? <input type="checkbox"/> Yes <input type="checkbox"/> No
During the reporting period, were component 2 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 2 activities conducted at a second other type of setting? <input type="checkbox"/> Yes, specify: _____ <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 2 activities conducted at a third other type of setting? <input type="checkbox"/> Yes, specify: _____ <input type="checkbox"/> No

Setting type	Was relationship established to expand HCV testing?	Was relationship established to expand HBV testing?	Number of clients seen at this setting during reporting period
	<i>Select one</i> <input type="checkbox"/> Yes	<i>Select one</i> <input type="checkbox"/> Yes	> <input type="checkbox"/> Unknown

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SSPs <i>questions will be skipped if not applicable</i>	<input type="checkbox"/> No <input type="checkbox"/> In progress	<input type="checkbox"/> No <input type="checkbox"/> In progress	
SUD treatment programs, <u>non-hospital based</u> <i>questions will be skipped if not applicable</i>	Select one <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	Select one <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown
SUD treatment programs, <u>hospital-based</u> <i>questions will be skipped if not applicable</i>	Select one <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	Select one <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	> <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>	Select one <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	Select one <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown
Health centers (non-hospital based) <i>questions will be skipped if not applicable</i>	Select one <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	Select one <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown
STI clinics <i>questions will be skipped if not applicable</i>	Select one <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	Select one <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown
Mobile clinics <i>questions will be skipped if not applicable</i>	Select one <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	Select one <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown
Emergency departments <i>questions will be skipped if not applicable</i>	Select one <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	Select one <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown
Correctional facilities <i>questions will be skipped if not applicable</i>	Select one <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	Select one <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown
Homeless services <i>questions will be skipped if not applicable</i>	Select one <input type="checkbox"/> Yes	Select one <input type="checkbox"/> Yes	> <input type="checkbox"/> Unknown

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	<input type="checkbox"/> No <input type="checkbox"/> In progress	<input type="checkbox"/> No <input type="checkbox"/> In progress	
Other type of setting described above, first <i>questions will be skipped if not applicable</i>	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown
Other type of setting described above, second <i>questions will be skipped if not applicable</i>	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown
Other type of setting described above, third <i>questions will be skipped if not applicable</i>	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown

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

Setting type	During this reporting period, number of:				
	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
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, 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	>	>	>	>	>

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(<u>excluding</u> 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

Measures 2.2.2.g - 2.2.2.h, 2.2.3.b

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- 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

Setting type	During this reporting period, number of:		
	Clients screened for hepatitis B	Clients positive for HBsAg	Clients positive for HBsAg 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

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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

<p>Please use this space to provide information about challenges and successes experienced when implementing Strategy 2.2 activities. Include additional contextual information that would help us interpret your annual performance data.</p>	
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Was Section 2.3 funded?	Select one <input type="checkbox"/> No <i>NOTE: Stop here if not funded</i> <input type="checkbox"/> 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

Setting type	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	>	>	>	>

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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	<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
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 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

	During this reporting period, number of:			
Syringe services programs (SSPs) in jurisdiction	Total client visits	Unduplicated SSP clients	Clients linked to substance use disorder treatment	Mean syringe coverage rates during this reporting period

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SSP 1 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 2 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 3 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 4 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 5 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 6 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 7 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 8 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 9 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 10 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 11 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 12 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=

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SSP 13 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 14 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 15 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 16 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 17 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 18 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 19 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 20 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 21 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 22 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 23 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 24 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=

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Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

SSP 25 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 26 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 27 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 28 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 29 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 30 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 31 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 32 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 33 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 34 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 35 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 36 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=

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SSP 37 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 38 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 39 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 40 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 41 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 42 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 43 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 44 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 45 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 46 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 47 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 48 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=

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Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

SSP 49 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=
SSP 50 Name: >	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	Mean=

<p>Please use this space to provide information about challenges and successes experienced when implementing Strategy 2.3 activities. Include additional contextual information that would help us interpret your annual performance data.</p>	
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