

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

Component 2: Core Viral Hepatitis Prevention Activities

Reporting Agency

| | |
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| 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)

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| 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)

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| 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

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| 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

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| Have you worked with your surveillance and/or epidemiology teams to identify the total number of CLIA-certified laboratories in your jurisdiction that report hepatitis C antibody testing results? | <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

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| 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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| <p>Have you provided feedback to the top 5 highest volume health systems with recommendations on promoting routine HCV and/or HBV testing?</p> | <p><i>Select one</i></p> <p><input type="checkbox"/> Yes, to all 5 <input type="checkbox"/> Yes, to some but not all</p> <p><input type="checkbox"/> No, have not provided feedback to any of them <input type="checkbox"/> N/A (health systems not assessed)</p> |
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| <p>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.</p> | |
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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 |
|--------------------------------|--|

2.2—Increase access to hepatitis C and/or hepatitis B testing and referral to care in high-impact settings

Measures 2.2.2.a - 2.2.2.b

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

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

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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 |

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| <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 |
|--------------------------------|--|

**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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|-----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-------|
| 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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|-----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-------|
| 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> | Empty space for providing information |
|---|---------------------------------------|