

Annual Performance Report—CDC-RFA-PS21-21030301SUPP23
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments Supplement

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Increasing Access to Hepatitis C and/or Hepatitis B Testing and Linkage to Care in High-Impact Settings

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>	<i>Select one</i> <input type="checkbox"/> Year 1 (6/1/23-9/30/23) <input type="checkbox"/> Year 2 (10/1/23-9/30/24) <input type="checkbox"/> Year 3 (10/1/24-9/30/25)

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2.1—Increase routine HCV and/or HBV testing in high-impact settings

2.2—Provide counseling, linkage to treatment, and referral to prevention services in high-impact settings

Measures 2.1.1.a- 2.1.1.c

- Status of jurisdiction-established relationships 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
- Developed and documented plan with partners in high-impact settings to increase HCV and/or HBV testing, by setting type
- Number of clients seen (all clients and PWID clients), by setting type

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

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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 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

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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?

Yes, specify: _____

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.

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Setting type	Was relationship established to expand HCV testing?	Was relationship established to expand HBV testing?	Status of plan developed to expand HCV testing and linkage services	Status of plan developed to expand HBV testing and linkage services	Number of all clients seen at this setting during reporting period	Number of PWID clients seen at this setting during reporting period
SSPs <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	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
SUD treatment programs, non-hospital based <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	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
SUD treatment programs, hospital-based <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	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	> <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>	<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	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Health centers (non-hospital based) <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	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
STI clinics <i>questions will be skipped if not applicable</i>	<i>Select one</i> <input type="checkbox"/> Yes	<i>Select one</i> <input type="checkbox"/> Yes	<i>Select one</i> <input type="checkbox"/> Completed	<i>Select one</i> <input type="checkbox"/> Completed	> <input type="checkbox"/> Unknown	> <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	<input type="checkbox"/> Not started <input type="checkbox"/> In progress	<input type="checkbox"/> Not started <input type="checkbox"/> In progress		
Mobile clinics <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	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Emergency departments <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	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Correctional facilities <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	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Homeless services <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	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
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	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown	> <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	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	<i>Select one</i> <input type="checkbox"/> Completed <input type="checkbox"/> Not started <input type="checkbox"/> In progress	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Other type of setting described above, third	<i>Select one</i> <input type="checkbox"/> Yes	<i>Select one</i> <input type="checkbox"/> Yes	<i>Select one</i> <input type="checkbox"/> Completed	<i>Select one</i> <input type="checkbox"/> Completed	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown

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<i>questions will be skipped if not applicable</i>	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Not started	<input type="checkbox"/> Not started		
	<input type="checkbox"/> In progress					

Measures 2.1.1.d, 2.1.2.a, 2.1.1.e, 2.1.2.b, 2.2.1.a

- Number of clients screened for hepatitis C (anti-HCV) (all clients and PWID clients), by setting type
- Number of clients positive for anti-HCV (all clients and PWID clients), by setting type
- Number of clients positive for anti-HCV who are tested for HCV RNA (all clients and PWID clients), by setting type
- Number of clients positive for HCV RNA (all clients and PWID clients), by setting type
- Number of clients positive for HCV RNA who are linked to hepatitis C treatment (all clients and PWID clients), by setting type

Setting type	Number of clients:									
	Clients screened for anti-HCV		Clients positive for anti-HCV		Clients positive for anti-HCV who are tested for HCV RNA		Clients positive for HCV RNA		Clients positive for HCV RNA who are linked to hepatitis C treatment	
	All clients	PWID clients	All clients	PWID clients	All clients	PWID clients	All clients	PWID clients	All clients	PWID clients
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	> <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	> <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	> <input type="checkbox"/> Unknown				
Hospital-based programs (excluding SUD treatment programs which are	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown				

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

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

Measures 2.1.1.f, 2.1.2.c, 2.2.1.b

- Number of clients screened for hepatitis B (HBsAg) (all clients and PWID clients), by setting type
- Number of clients positive for HBsAg (all clients and PWID clients), by setting type
- Number of clients positive for HBsAg who are linked to hepatitis B care or treatment (all clients and PWID clients), by setting type

Setting type	Number of clients:					
	Clients screened for HBV (HBsAg)		Clients positive for hepatitis B		Clients positive for hepatitis B who are linked to hepatitis B care and treatment	
	All clients	PWID clients	All clients	PWID clients	All clients	PWID clients
SSPs <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown				
SUD treatment programs, <u>non-hospital-based</u> <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown				

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

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

Measures 2.2.1.c

- Disseminate to setting-specific partners a quarterly report that summarizes testing and linkage to care data (i.e., HCV and HBV client-level cascade data) (all clients and PWID clients) for that setting to highlight accomplishments and identify areas of improvement

Did you disseminate a quarterly report summarizing HCV and HBV testing and linkage to care/treatment data to setting-specific partners during the reporting period?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe why not):
Please upload all reports disseminated:	(upload files)

Measures 2.2.1.d

- Success stories that describe how specific linkage to treatment models or practices resulted in increased number of clients engaging in HCV treatment (including data sources used to track client-level HCV cascade data), by setting type (minimum two stories per year)

Please upload two success stories:	(upload files)
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Measures 2.2.2.a-2.2.2.f

- Number of PWID clients who are referred to SUD treatment, by setting type
- Number of PWID clients who are referred to other prevention services (other than SUD treatment), by setting type
- Number of PWID clients diagnosed with HCV who are referred to SUD treatment, by setting type
- Number of PWID clients diagnosed with HCV who are referred to other prevention services (other than SUD treatment), by setting type
- Number of PWID clients diagnosed with HBV who are referred to SUD treatment, by setting type
- Number of PWID clients diagnosed with HBV who are referred to other prevention services (other than SUD treatment), by setting type

Setting type	Number of PWID clients:					
	Referred to substance use disorder treatment	Referred to other prevention services	Diagnosed with HCV and referred to substance use disorder treatment	Diagnosed with HCV and referred to other prevention services	Diagnosed with HBV and referred to substance use disorder treatment	Diagnosed with HBV and referred to other prevention services
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	> <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	> <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	> <input type="checkbox"/> Unknown
Hospital-based programs (excluding SUD treatment programs which are included separately above) <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
Health centers (non-hospital based)	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown

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

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2.3—Build public health laboratory capacity for HCV and/or HBV testing

Measures 2.3.1.a-2.3.1.c

- Number of anti-HCV tests conducted at state or local public health laboratories (for all clients and for PWID clients)
- Number of positive anti-HCV test results that were tested for HCV RNA at state or local public health laboratories (for all clients and for PWID clients)
- Number of HBV tests conducted at state or local public health laboratories (for all clients and for PWID clients)

Setting type	Number of tests conducted at state or local public health laboratories:					
	Anti-HCV tests		HCV RNA tests (among positive anti-HCV test results)		HBV tests	
	All clients	PWID clients	All clients	PWID clients	All clients	PWID clients
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	> <input type="checkbox"/> Unknown
SUD treatment programs, <u>non</u>-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	> <input type="checkbox"/> Unknown
SUD treatment programs, <u>hospital</u>-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	> <input type="checkbox"/> Unknown
Hospital-based programs (excluding SUD treatment programs which are included separately above) <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <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	> <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	> <input type="checkbox"/> Unknown

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

Measures 2.3.1.d

- Success stories that describe how recipients improved public health laboratory capacity to conduct HCV RNA reflex testing, including evidence that improved capacity resulted in increased number of clients linked to treatment: minimum one story per year

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Please upload two success stories:

(upload files)