

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

Form Approved
 OMB No. 0920-1353
 Expiration Date: 11/30/2024

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1353)

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>	<i>Select one</i> <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**

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

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?	<i>Select one</i> <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	
During this reporting period, how many times did the committee (or coalition) meet?	Number of meetings= <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 copies of all meeting agendas.	<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)

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

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? <i>(select all that apply)</i>	<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

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

Measure 2.1.4.a

- The jurisdictional viral hepatitis elimination plan addresses provider training in prescribing hepatitis C and hepatitis B treatment

<p>During the reporting period, what trainings and/or resources were shared with <u>primary care providers</u> related to increasing their capacity to prescribe hepatitis B or hepatitis C treatment?</p>	<p><i>(Select all that apply)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Trainings sponsored by the health department that were conducted with primary care providers (in person or virtually) to increase their capacity to prescribe hepatitis treatment <input type="checkbox"/> A repository of existing hepatitis B and/or hepatitis C training resources, with links to this information, provided on health department website <input type="checkbox"/> Guidelines or recommendations related to prescribing hepatitis B or hepatitis C treatment <input type="checkbox"/> Information related to reducing the administrative burden of hepatitis C treatment (e.g., getting prior authorization, using patient assistant programs) <input type="checkbox"/> A provider resource directory, identifying both private and public provider resources for treatment of hepatitis B and/or hepatitis C <input type="checkbox"/> Protocols for primary care provider training and consultation for various audiences in culturally sensitive/culturally appropriate formats <input type="checkbox"/> Worksheets, job aids, or other tools intended to improve provider capacity to prescribe hepatitis B or hepatitis C treatment <input type="checkbox"/> Other type of resources for primary care providers (please describe):
<p>(If trainings were conducted with primary care providers):</p> <p>Which of the following best describes these trainings?</p> <p>Number of trainings conducted that focused on increasing primary care provider capacity for prescribing hepatitis treatment:</p>	<p><i>(Select one)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Newly developed trainings as part of PS21-2103 funding <input type="checkbox"/> Training programs/curricula developed outside of PS21-2103 (e.g., Project ECHO) <input type="checkbox"/> Combination of both <input type="checkbox"/> Other type of primary care provider training (please describe): <p>Enter total number of trainings that covered:</p> <p style="padding-left: 40px;">Prescribing hepatitis C treatment=</p> <p style="padding-left: 40px;">Prescribing hepatitis B treatment</p>

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

Number of primary care providers who attended these trainings:	Enter total number of primary care providers in attendance: For trainings on prescribing hepatitis C treatment= For trainings on prescribing hepatitis B treatment=
---	---

Question below relates to required NOFO activity (2.1.c. Disseminate materials regarding evidence-based practices for access to hepatitis C treatment and viral hepatitis prevention). There is no relevant required measure described in the NOFO.

During the reporting period, have you disseminated any of the following regarding evidence-based practices for prevention and access to treatment?	<i>(Select all that apply)</i> <input type="checkbox"/> Information on hepatitis C treatment recommendations for public and private insurance payors <input type="checkbox"/> Information on harm reduction for law enforcement and other emergency responders <input type="checkbox"/> Information on recommended viral hepatitis prevention and treatment services for PWID, their family, and friends <input type="checkbox"/> Information on recommended viral hepatitis prevention and treatment services for high-impact settings <input type="checkbox"/> Prioritized materials matched to target audiences (e.g., plans for developing, adapting, or identifying materials regarding evidence-based practices; plans for dissemination of materials) <input type="checkbox"/> Other materials shared related to evidence-based prevention services for persons at risk for viral hepatitis (please describe):
---	---

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
Of the CLIA-certified laboratories you have identified that report hepatitis C antibody testing results, have you selected the subset	<i>Select one</i>

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

that reports at least 80% of the hepatitis C antibody testing results in your jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In progress <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"/> No	<input type="checkbox"/> In progress <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"/> No	<input type="checkbox"/> In progress <input type="checkbox"/> N/A (labs not assessed)
How else were the results of the needs assessments used to increase HCV RNA reflex testing?	Describe: <input type="checkbox"/> N/A (the results were not used for anything except developing recommendations related to increasing testing)	

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
---	--

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

		<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)	
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)	
How else were the results of the needs assessments used to promote routine HCV and/or HBV testing?	Describe: <input type="checkbox"/> N/A (the results were not used for anything except developing recommendations related to routine testing)	

Please use this space	
------------------------------	--

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

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.

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

<p>Did you use PS21-2103 funds to conduct Strategy 2.2 activities (i.e., hepatitis C and/or hepatitis B testing and referral to care in high-impact settings) during the reporting period?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

List all types of settings serving PWID
<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

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

<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 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?

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

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.

During the reporting period, were component 2 activities conducted at a third other type of setting?

Yes, specify: _____

No

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

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
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	> <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	> <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	> <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	> <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	> <input type="checkbox"/> Unknown
STI clinics <i>questions will be skipped if not applicable</i>	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Select one</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	> <input type="checkbox"/> Unknown

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

	<input type="checkbox"/> In progress	<input type="checkbox"/> In progress	
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 <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
Other type of setting described above, first <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
Other type of setting described above, second <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
Other type of setting described above, third <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

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

	<input type="checkbox"/> No <input type="checkbox"/> In progress	<input type="checkbox"/> No <input type="checkbox"/> In progress	
--	---	---	--

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	>	>	>	>	>

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

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

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

<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				

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

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

- 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	>	>	>

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

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

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

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.

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

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

	During this reporting period, number of:			
Setting type	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, <u>non-hospital based</u> <i>questions will be skipped if not applicable</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown
SUD treatment programs, <u>hospital-based</u> <i>questions will be skipped if not</i>	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown	> <input type="checkbox"/> Unknown

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

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

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

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

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

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

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

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

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=
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:	>	>	>	Mean=

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

>	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	
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	>	>	>	Mean=

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

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

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

Name: >	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	
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=
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=

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

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

Annual Performance Report—PS21-2103 Component 2
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

>	<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 2.3 activities. Include additional contextual information that would help us interpret your annual performance data.</p>	
---	--