

**Annual Performance Report—Supplement Component 2--Form Instructions
Reporting Period (6/1/23-9/30/23)**

Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

Supplemental Viral Hepatitis Prevention Activities

The Annual Performance Report (APR) for CDC-RFA-PS21-2103 is required for all award recipients. The online Component 2 APR form includes performance measures required by PS21-2103 (core viral hepatitis prevention activities) as well as performance measures required for the Supplement (CDC-RFA-PS21-21030301SUPP23) (supplemental viral hepatitis prevention activities). See pages 16-18 in the Supplement NOFO for more information about evaluation and performance measures. Please review that information, along with Strategies and Activities starting on page 9, before entering data into the online APR form.

The instructions in this document should be used when submitting APR data for Supplement activities (if funded). Data submitted through the online form will be reviewed by CDC and analyzed for future reports (e.g., recipient feedback report).

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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

Setting types

- In this section, specify the settings where services were provided during the reporting period: syringe services programs (SSP), substance use disorder (SUD) treatment programs (hospital and non-hospital based), other hospital-based programs, health centers, sexually transmitted infections (STI) clinics, mobile clinics, emergency departments, correctional facilities, homeless services, other.
- Use the "other" fields to specify setting types that are not listed.
- Where there are multiple sites associated with a single setting type, summarize data across all those sites and submit those data once for that setting type. For example, if there are three different SSP sites providing services, summarize data across all three sites and enter the information once for the SSP setting type.
- See NOFO page 9 for more information.

Measures 2.1.1.a-c

Report by setting type:

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

Developed and documented plan with partners in high-impact settings to increase HCV and/or HBV testing

Number of clients seen (all clients and PWID clients)

- The purpose of these measures is to collect information about 1) establishing relationships with key partners in high-impact settings to expand HCV and/or HBV testing and 2) developing plans to conduct testing activities in this type of setting.
- All data should be reported for each collaborating setting type applicable to the reporting period.
- **Relationships established** — Report the status of relationship(s) with partners needed to expand testing in this setting type (separately for HCV and HBV testing).
- **Testing and linkage plans** — Report the status of developing a plan to expand testing and linkage to treatment services in this setting type (separately for HCV and HBV services).
- **Clients seen** — Report unduplicated count of all clients seen at least once during the reporting period in this setting type. *Data entered for all clients (first table on the screen) should represent the overall number of clients including the persons who inject drugs (PWID) clients.*
- **PWID clients seen** — PWID are defined as persons reporting current (typically within 12 months) use of non-prescription drugs by injection. Report unduplicated count of PWID clients seen at least once during the reporting period in the setting type.
- If number is unknown enter, **"-999"**. If number is 0, enter **"0"**.

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- See NOFO page 10 for more information.

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

Report by setting type:

Number of clients screened for hepatitis C (anti-HCV) (all clients and PWID clients)

Number of clients positive for anti-HCV (all clients and PWID clients)

Number of clients positive for anti-HCV who are tested for HCV RNA (all clients and PWID clients)

Number of clients positive for HCV RNA (all clients and PWID clients)

Number of clients positive for HCV RNA who are linked to hepatitis C treatment (all clients and PWID clients)

- The purpose of this section is to collect information about clients tested and/or linked to treatment for hepatitis C out of the number of clients entered for 2.1.1.c (separately for all clients and for PWID clients).
- *Data entered for all clients (first table on the screen) should represent the overall number of clients (including the PWID clients).*
- All data should be reported for each collaborating setting type applicable to the reporting period.
- **Tested for anti-HCV** — Of clients seen (from 2.1.1.c), report the number of clients who were tested for anti-HCV antibody. Anti-HCV tests may include rapid point-of-care tests.
- **Positive for anti-HCV** — Of clients who tested for anti-HCV antibody (from 2.2.1.d), report the number of clients who were positive for anti-HCV antibody.
- **Positive for anti-HCV and tested for HCV RNA** — Of clients who tested positive for anti-HCV antibody (from 2.2.1.e), report the number of clients who were tested for HCV RNA.
- **Positive for HCV RNA** — Of clients who were tested for HCV RNA (from 2.1.2.a), report the number of clients who had a positive result for HCV RNA. This includes test results that are detectable but not quantifiable.
- **Positive for HCV RNA and linked to treatment** — Of clients who had a positive HCV RNA result (from Measure 2.1.2.b), report the number who were linked to hepatitis C treatment. **Linkage** is defined as persons with HCV infection (e.g., HCV RNA positive) who attended a medical appointment with a health care provider who is prepared to provide hepatitis C treatment. “Referral” could have a variety of meanings and does not count as “linkage.” Successful linkage can be documented by review of records or direct report by a peer navigator or other reliable means.
- If number is unknown enter, “-999”. If number is 0, enter “0”.
- See NOFO pages 9-11 for more information.

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

Report by setting type:

Number of clients screened for hepatitis B (HBsAg) (all clients and PWID clients)

Number of clients positive for HBsAg (all clients and PWID clients)

Number of clients positive for HBsAg who are linked to hepatitis B care or treatment (all clients and PWID clients)

- The purpose of this section is to collect information about clients screened and/or linked to treatment for hepatitis B out of the overall number of clients seen (from

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- 2.1.1.c) (separately for all clients and PWID clients).
- *Data entered for all clients (first table on the screen) should represent overall number of clients (including the PWID clients).*
- All data should be reported for each collaborating setting type applicable to the reporting period.
- **Screened for HBV (HBsAg)** — Report the total number of clients who were screened for anti-HBV (HBsAg) (i.e., hepatitis B surface antigen, antibody to hepatitis B core antigen, and antibody to hepatitis B surface antigen).
- **Positive for HBV** — Of clients who tested for HBV (from 2.1.1.f), report the number of clients who were positive for HBV (HBsAg).
- **Positive for HBV and linked to treatment** — Of clients who tested positive for HBV (HBsAg) (from 2.1.2.c), report the number of clients who were linked to hepatitis B care. **Linkage** is defined as provision of medical care at the facility or attendance at the initial visit to evaluate for medical treatment for hepatitis B. “Referral” could have a variety of meanings and does not count as “linkage.” Successful linkage can be documented by review of records or direct report by a peer navigator or other reliable means.
- If number is unknown enter, “-999”. If number is 0, enter “0”.
- See NOFO pages 9-11 for more information.

Measure 2.2.1.c

Report by setting type:

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) for that setting to highlight accomplishments and identify areas of improvement

- The purpose of this section is to collect information about how you are systematically compiling and highlighting setting-specific findings related to HCV and HBV testing and linkage activities to partners in each setting type. These reports should highlight accomplishments and practices and identify areas for improvement.
- All data should be reported for each collaborating setting type applicable to the reporting period.
- **Quarterly reports dissemination** — Report whether a quarterly report summarizing HCV and HBV testing and linkage to care/treatment data was disseminated to partner-specific partners during the reporting period. Combine all reports into a single file and upload into the APR form. If no reports were disseminated, please explain why quarterly reports were not disseminated for this setting type.
- See NOFO page 11 for more information.

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Measures 2.2.2.a-f

Report by setting type:

Number of PWID clients who are referred to SUD treatment

Number of PWID clients who are referred to other prevention services (other than SUD treatment)

Number of PWID clients diagnosed with HCV who are referred to SUD treatment

Number of PWID clients diagnosed with HCV who are referred to other prevention services (other than SUD treatment)

Number of PWID clients diagnosed with HBV who are referred to SUD treatment

Number of PWID clients diagnosed with HBV who are referred to other prevention services (other than SUD treatment)

- The purpose of this section is to collect data on the number of all PWID clients who received different referrals for treatment and prevention services at the setting type. These data should be entered separately for all PWID clients, PWID clients diagnosed with HCV, and PWID clients diagnosed with HBV.
- All data should be reported for each collaborating setting type applicable to the reporting period.
- **Substance use disorder treatment referrals** — Referrals to treatment for substance use disorder (e.g., Medication Assisted Treatment or MAT) may include scheduling medical appointments or appointments with treatment providers and/or coordinating efforts with the client's care team to ensure first treatment visit is scheduled and occurs.
- **Referrals to other prevention services** — Referrals may include scheduling hepatitis B or hepatitis C-related medical appointments and/or coordinating efforts with the client's care team to ensure the first visit is scheduled and occurs.
- If number is unknown enter, "-999". If number is 0, enter "0".
- See NOFO page 11 for more information.

Additional information (challenges and successes)

Recipients must describe challenges and successes experienced when implementing NOFO activities. Report challenges and successes separately for: Strategy 2.1 activities (establishing partnerships, developing plans for service implementation, and providing hepatitis B and hepatitis C testing) and Strategy 2.2 activities (providing counseling, linkage to treatment, and referral to prevention services to PWID clients).

- This information should be reported in the APR form. Please do not develop a separate document to submit with your jurisdiction's non-competing continuation application.
- When describing challenges, please indicate how CDC could provide support to your jurisdiction to complete activities in the work plan and achieve the short and intermediate outcomes.
- Also include any contextual information that would help us interpret your annual performance data.
- See page 68 of the PS21-2103 NOFO for more information.

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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 (minimum two stories per year)

- The purpose of this section is to collect detailed information about specific linkage to HCV treatment models and practices that resulted in an increased number of clients engaging in treatment. This information will allow CDC to identify strategies that show promise in high-impact settings for linking and retaining clients diagnosed with HCV in treatment and care. Success stories can be powerful tools for communicating program accomplishments and emphasizing program activities that have the greatest impact.
- Success stories may focus on successes related to:
 - Programmatic activities and implementation
 - Partnerships or collaborative efforts
 - Data collection, management, analysis, or use
 - Reporting or dissemination of findings or lessons learned
 - Administrative or organizational factors
 - Challenges experienced and the solutions developed to address them (which led to success)
- **Success stories** — Upload two stories into the APR form. Each story should include the following elements:
 - **Model or practice**- Describe the model, strategy, or practice that was used successfully to link people diagnosed with HCV to treatment (or engage them or retain them in treatment)
 - **Setting(s)**- Describe type of setting(s) where the model/strategy/practice was implemented
 - **Evidence of success**- Provide supporting data that demonstrate that the model/strategy/practice was a success (e.g., number of people linked to treatment before it was implemented and number of people linked to treatment after implementation).
 - **Data sources**- Describe the data sources used to gather the data above (e.g., data system used to track and monitor client services).
- Two success stories should be reported in the APR every year.
- See NOFO page 17 for more information.

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2.3 Build public health laboratory capacity for HCV and/or HBV testing (optional)

Measures 2.3.1.a-2.3.1.c

Number of anti-HCV tests conducted at state and/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 and/or local public health laboratories (for all clients and for PWID clients)

Number of HBV tests conducted at state and/or local public health laboratories (for all clients and for PWID clients)

- The purpose of this section is to collect information about anti-HCV testing, HCV RNA reflex testing, and HBV testing at state and/or local public health laboratories (separately for all clients and for PWID clients). **Enter number of tests** (NOT number of clients).
- **Anti-HCV tests** — Report the number of anti-HCV tests during the reporting period.
- **HCV RNA reflex tests** — Of test results that were positive for anti-HCV antibody (from 2.3.1.a), report the number of test results that were tested for HCV RNA.
- **HBV tests**— Report the total number of HBV tests (i.e., hepatitis B surface antigen, antibody to hepatitis B core antigen, and antibody to hepatitis B surface antigen).
- If number is unknown enter, **"-999"**. If number is 0, enter **"0"**.

Measure 2.3.1.d

Success story that describes how recipient improved public health laboratory capacity to conduct HCV RNA reflex testing, including evidence that the improved capacity resulted in increased number of clients linked to treatment (minimum one story per year)

- The purpose of this section is to collect detailed information about specific strategies or approaches for improving laboratory capacity to conduct HCV RNA reflex testing that led to an increase in number of clients diagnosed with HCV who were linked to treatment. This information will allow CDC to identify strategies that show promise for increasing clients linked to treatment and care.
- The success story may focus on successes related to:
 - Laboratory-related activities and implementation
 - Partnerships or collaborative efforts
 - Data collection, management, analysis, or use
 - Reporting or dissemination of findings or lessons learned
 - Administrative or organizational factors
 - Challenges experienced and the solutions developed to address them (which led to success)
- **Success story** — Upload a success story that includes the following elements:
 - **Strategy or approach**- Describe the strategy or approach that was used successfully to improve public health laboratory capacity to conduct HCV RNA reflex testing
 - **Evidence of success**- Provide supporting data that demonstrate that

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the strategy/approach was successful at increasing people linked to treatment (e.g., number of people linked to treatment before it was implemented and number of people linked to treatment after implementation).

- **Data sources-** Describe the data sources used to gather the data above (e.g., data system used to track and monitor HCV RNA reflex testing).
- See NOFO page 18 for more information.

Additional information (challenges and successes)

Recipients must describe challenges and successes experienced when implementing Strategy 2.3 activities.

- This information should be reported in the APR form. Please do not develop a separate document to submit with your jurisdiction's non-competing continuation application.
- When describing challenges, please indicate how CDC could provide support to your jurisdiction to complete activities in the work plan and achieve the short and intermediate outcomes.
- Also include any contextual information that would help us interpret your annual performance data.
- See page 68 of the PS21-2103 NOFO for more information.