PS21-2103 Component 1 Combined Evaluation and Work Plan Template

This template is provided as an aid to applicants in preparing the evaluation and work plan for PS21-2103; however, its use is optional.

* Space is provided for brief narrative descriptions of the 5-year plan and Year 1 plan for each strategy, with a suggested limit of 100 words each.
* The title and sections headers in this file are formatted to support accessibility of the document online.
* Applicants may change all text to any 12-point font single spaced to meet requirements stated in the NOFO.
* Text in green can be deleted to reduce the length.

The tables in this template include only the required short-term activities and expected (bolded) outcomes from the PS21-2103 Logic Model.

* Short-term activities listed in this template are required and should not be edited.
* Short term outcomes may be achieved during Years 1–3 of funding; applicants should review and edit these outcomes as needed to indicate what outcomes are expected to be achieved in Year 1.
* Applicants planning to address the intermediate expected (bolded) or remaining (non-bolded) short- or intermediate-term activities/outcomes in Year 1 may copy sections of the template and edit them accordingly.
* Example process measures (example: not required) are shown for required short-term activities with no required process measure in the evaluation and performance section of the NOFO.

# Component 1: Core Viral Hepatitis Outbreak Response and Surveillance Activities

## Strategy 1.1: Develop, implement, and maintain plan to rapidly detect and respond to outbreaks of hepatitis A, acute hepatitis B, and acute hepatitis C

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| **Overall 5-year plan** (100 words): |

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| **Detailed Year 1 plan** (100 words): |

### Outcome 1.1.1: Established jurisdictional framework for outbreak detection and response

| **Year 1 Activities** | **Process Measure(s)** | **Responsible Party/Person** | **Completion Date** |
| --- | --- | --- | --- |
| 1. Engage surveillance stakeholders at the state and local levels and collaborate with CDC DVH epidemiologists to develop a plan to rapidly detect and respond to outbreaks. | (example: not required) Engaged stakeholders and met \_\_\_ times (remotely) to develop a plan to rapidly detect and respond to outbreaks |  |  |
| 2. Develop a plan to respond to outbreaks of viral hepatitis. | 1.1.1.a. A documented plan for responding to hepatitis A, hepatitis B, and hepatitis C infection outbreaks1.1.1.b. CDC is notified of outbreaks within 5 business days of identifying the outbreak1.1.1.c. CDC is notified of all cases associated with an outbreak within 30 days of case investigation start date |  |  |

## Strategy 1.2: Systematically collect, analyze, interpret, and disseminate data to characterize trends and implement public health interventions for hepatitis A, acute hepatitis B, and acute and chronic hepatitis C

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| **Overall 5-year plan** (100 words): |

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| **Detailed Year 1 plan** (100 words): |

### Outcome 1.2.1: Increased public health reporting of chronic and perinatal HCV and chronic HBV infection and of undetectable HCV RNA and HBV DNA laboratory results.

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| **Year 1 Activities** | **Process Measure(s)** | **Responsible Party/Person** | **Completion Date** |
| 1. Collaboration with jurisdictional public health staff and leaders, as appropriate, to identify and address gaps in surveillance for chronic and perinatal HCV and chronic HBV infection and for undetectable HCV RNA and HBV DNA laboratory results. | 1.2.1.a. Jurisdiction receives all HCV RNA and HBV DNA results (positive/detectable, negative/undetectable) |  |  |
| 2. Inform laboratories that conduct hepatitis testing of reporting requirements and establish a mechanism for reporting to the appropriate local or state health department. | 1.2.2.a. Laboratories that perform viral hepatitis-related testing report ≥ \_\_\_% [Y1](95% Y3) of viral hepatitis related test results to state or local health department |  |  |

### Outcome 1.2.2: Improved monitoring of burden of disease and trends in hepatitis A, acute hepatitis B, and acute hepatitis C

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| **Year 1 Activities** | **Process Measure(s)** | **Responsible Party/Person** | **Completion Date** |
| 1. Develop and implement a plan to improve completeness of case reports for hepatitis A, acute hepatitis B, and acute and chronic hepatitis C. | 1.2.2.d. ≥ \_\_\_% [Y1] (90% Y3) of case reports are complete for age, gender, race/ethnicity, county of residence, and outbreak status. |  |  |
| 2. Follow-up with health care providers and/or case patients to improve completeness of risk factor information for all cases of hepatitis A, acute hepatitis B and acute hepatitis C. | 1.2.2.e. ≥ \_\_\_% [Y1] (90% Y3) of case reports are complete for risk factors. |  |  |
| 3. Notify CDC of all cases of hepatitis A, acute hepatitis B, and acute hepatitis C that meet the CSTE case definition. | 1.2.2.b. ≥ \_\_\_% [Y1](85% Y3) of lab results are entered into the jurisdiction’s viral hepatitis surveillance database within 60 days of specimen collection date.1.2.2.c. ≥ \_\_\_% [Y1] (90% Y3) of case reports are submitted to CDC by the health department within 90 days of case investigation start date. |  |  |

### Outcome 1.2.3: Improved monitoring of burden of disease and trends chronic hepatitis C

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| **Year 1 Activities** | **Process Measure(s)** | **Responsible Party/Person** | **Completion Date** |
| 1. Create (and maintain) a hepatitis C registry to avoid duplication of cases and to monitor continuum of cure.  | 1.2.3.c. ≥ \_\_\_% [Y1] (90% Y3) of case reports are included in a longitudinal surveillance registry, including longitudinal detectable and undetectable HCV-RNA test results. |  |  |
| 2. Notify CDC of all cases of chronic hepatitis C that meet the CSTE case definition. | 1.2.3.a. ≥ \_\_\_% [Y1] (90% Y3) of case reports submitted to CDC within 90 days of case investigation start date.1.2.3.b. ≥ \_\_\_% [Y1] (90% Y3) of case reports submitted to CDC are complete for age, gender, race/ethnicity, and county of residence. |  |  |

## Strategy 1.3: Systematically collect, analyze, interpret, and disseminate data to characterize trends and implement public health interventions for chronic hepatitis B and perinatal hepatitis C (required for application, but contingent on funding)

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| **Overall 5-year plan** (100 words): |

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| **Detailed Year 1 plan** (100 words): |

### Outcome 1.3.1: Improved monitoring of burden of disease and trends in perinatal hepatitis C

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| **Year 1 Activities** | **Process Measure(s)** | **Responsible Party/Person** | **Completion Date** |
| 1. Develop and implement a plan to improve completeness of case reports for perinatal hepatitis C. | (example: not required) Documented plan and implemented steps \_\_, \_\_\_, and \_\_\_, to improve perinatal HCV case report completeness. |  |  |
| 2. Follow-up with health-care providers and/or case patients to improve completeness of demographic information for all cases of perinatal hepatitis C. | 1.3.1.a. By 12/31 of each year, \_\_\_% [Y1] (100% Y3) known births from prior year are linked to mothers found in viral hepatitis surveillance data base.1.3.1.d. ≥ \_\_\_% [Y1] (90% Y3) of perinatal (infant) case reports are linked with a maternal report.1.3.1.c. ≥ \_\_\_% [Y1] (90% Y3) of case reports submitted to CDC are complete for age, gender, race/ethnicity, and county of residence. |  |  |
| 4. Notify CDC of all cases of perinatal hepatitis C that meet the CSTE case definition.  | 1.3.1.b. ≥ \_\_\_% [Y1] (90% Y3) of case reports submitted to CDC within 90 days of case investigation start date. |  |  |