

FEASIBILITY SURVEY

The purpose of this brief questionnaire is to inform the forthcoming WHO hepatitis B and C testing guidelines meeting at the end of September and planned WHO testing guidelines.

We are seeking to gather experiences of hepatitis B and/or C testing from as many different settings and populations in low and middle income countries. The settings include primary care, antenatal clinics, drug dependency services, HIV clinics, and populations – MSMs, injecting drug users, prisoners, pregnant women, HIV positive persons.

The questionnaire has four main components:

PART A: Background demographics of interviewee

PART B: Details of programme, including xxxx

PART C: Protocol for hepatitis care and treatment

PART D: Summary of perceived barriers and challenges, and potential solutions/strategies

PART E: Provision of relevant epidemiological data

The questionnaire will be interviewer administered and take approximately 30 to 40 minutes to complete.

We appreciate your time to complete this survey.

PART A - DETAIL OF INTERVIEW

INTERVIEWER

Date of completion dd /mm / 2015
Name of interviewer _____
Contact (Tel, email) _____

RESPONDANT

Name _____

Professional profile (tick all that apply)

Medical doctor /clinical officer
Medical assistant
Laboratory expert
National program administrator
Employee of an international organization (e.g., WHO)
Researcher
Employee/Consultant of a national or international NGO
Primary care provider
Programme implementer
Policy maker
Other

Contact (Tel, email) _____

Organisation _____

City _____

Country _____

Your role in hepatitis testing program _____

specify/give details , _____

Working experience in Hepatitis testing program

Less than 1 year
1-2 years
3-5 years
5-10 years
More than 10 years

PART B - DETAILS OF PROGRAMME

B1 GENERAL INFORMATION

B1.1 Do you do HCV, HBV, or both testing at your site?

Yes HCV HBV
No

B1.2 Give a brief description of your programme:

National context, date of beginning, principal and specific objectives, main activities

B1.3 Country _____

B1.4 Site (tick all that apply)

National level
Regional level (Province or State)
Site-specific (only at the program you work)
Other

specify/give details , _____

B1.5 How many site are you working for?

1
2-5
More than 5

B1.6 When did the testing activity start?

dd /mm / yyyy

B2 DESCRIPTION OF HEPATITIS TESTING SERVICE

B2.1 Where is the testing is done?
(tick all that apply)

	HCV	HBV
Primary health care	<input type="checkbox"/>	<input type="checkbox"/>
Obstetric service	<input type="checkbox"/>	<input type="checkbox"/>
HIV service	<input type="checkbox"/>	<input type="checkbox"/>
Harm reduction service	<input type="checkbox"/>	<input type="checkbox"/>
Outreach	<input type="checkbox"/>	<input type="checkbox"/>
Prison	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Specialized center	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

specify/give details, _____

B2.2 Who are the target populations for hepatitis screening in your programme?

	HCV	HBV
General population	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>
Person who have chronic ill	<input type="checkbox"/>	<input type="checkbox"/>
Blood donors	<input type="checkbox"/>	<input type="checkbox"/>
Health care workers	<input type="checkbox"/>	<input type="checkbox"/>
Migrant	<input type="checkbox"/>	<input type="checkbox"/>
Injecting drug user	<input type="checkbox"/>	<input type="checkbox"/>
Sex worker	<input type="checkbox"/>	<input type="checkbox"/>
Men having sex with men	<input type="checkbox"/>	<input type="checkbox"/>
Prisoners	<input type="checkbox"/>	<input type="checkbox"/>
HIV positive people	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

specify/give details, _____

B2.3 Is there integrated testing with other diseases?

Yes for HCV	<input type="checkbox"/>	specify/give details, _____
Yes for HBV	<input type="checkbox"/>	specify/give details, _____
No	<input type="checkbox"/>	

B2.4 Is there dual testing (HBV+HCV)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

B2.5 Specify / give details on indication/criteria for testing.

For instance:

First antenatal visit, ART initiation, immunization, secondary prevention, national policies, national treatment program community mobilization through demand creation etc.

HCV	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>
HBV	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>

B2.6 What assays are used for HCV and HBV testing at your programme?
(tick all that apply)

	HCV	HBV
RDT (rapid diagnostic test)	<input type="checkbox"/>	
EIA (Enzyme immunoassay)	<input type="checkbox"/>	
HCV core antigen test (HCV cAg)	<input type="checkbox"/>	
HCV RNA test	<input type="checkbox"/>	
Not sure	<input type="checkbox"/>	
RDT (rapid diagnostic test)		<input type="checkbox"/>
EIA (Enzyme immunoassay)		<input type="checkbox"/>
HBV DNA test		<input type="checkbox"/>
Not sure		<input type="checkbox"/>

Please give details of the testing kit names

Please give details of the testing kit names

B2.7 What testing algorithm is used at your programme?

	HCV	HBV
One test strategy: RDT	<input type="checkbox"/>	
One test strategy: EIA	<input type="checkbox"/>	
One test strategy: HCV core Ag	<input type="checkbox"/>	
One test strategy: HCV RNA	<input type="checkbox"/>	
Two tests strategy: RDT/EIA + HCV cAg	<input type="checkbox"/>	
Two test strategy: RDT/EIA + HCV RNA	<input type="checkbox"/>	
Others	<input type="checkbox"/>	
Not sure	<input type="checkbox"/>	
One test strategy: RDT		<input type="checkbox"/>
One test strategy: EIA		<input type="checkbox"/>
One test strategy: HBV DNA		<input type="checkbox"/>
Two test strategy: RDT/EIA + HBV DNA		<input type="checkbox"/>
Others		<input type="checkbox"/>
Not sure		<input type="checkbox"/>

specify/give details, _____

specify/give details, _____

B2.8 Which test is used for liver assessment?

	HCV	HBV
Not routinely done	<input type="checkbox"/>	<input type="checkbox"/>
APRI	<input type="checkbox"/>	<input type="checkbox"/>
Fib4	<input type="checkbox"/>	<input type="checkbox"/>
Other biomarkers	<input type="checkbox"/>	<input type="checkbox"/>
Fibro scan	<input type="checkbox"/>	<input type="checkbox"/>
Liver biopsy	<input type="checkbox"/>	<input type="checkbox"/>

Specify other biomarkers

B2.9 Who delivers the testing pathway?
(tick all that apply)

	HCV	HBV
Counsellor	<input type="checkbox"/>	<input type="checkbox"/>
Physician	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory technician	<input type="checkbox"/>	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Midwife	<input type="checkbox"/>	<input type="checkbox"/>
Health care worker	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

specify/give details, _____

B2.10 Is the testing provider- or client-initiated?

	HCV	HBV
Provider initiated	<input type="checkbox"/>	<input type="checkbox"/>
Client initiated	<input type="checkbox"/>	<input type="checkbox"/>

B2.11.1 Which counselling and information is provided? (tick all that apply)

	HCV	HBV
No counselling	<input type="checkbox"/>	<input type="checkbox"/>
Pre-test counselling	<input type="checkbox"/>	<input type="checkbox"/>
Post-test counselling	<input type="checkbox"/>	<input type="checkbox"/>
Not Sure	<input type="checkbox"/>	<input type="checkbox"/>

If Counselling is provided, please answer the following question. If Not, please skip to B3

B2.11.2. Is specific guidance/document available for the person in charge of testing?

	HCV	HBV
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

B2.11.3 What training have these persons received

Briefly describe here the modality of training (individual vs. collective - formal vs. mentoring - # of days)

B3 COSTS, BUDGET AND FUNDING

B3.1 Who pays for testing?

	HCV	HBV
Patient (self-payment)	<input type="checkbox"/>	<input type="checkbox"/>
Government (Public sector)	<input type="checkbox"/>	<input type="checkbox"/>
Private insurance	<input type="checkbox"/>	<input type="checkbox"/>
NGO	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

specify/give details, _____

B3.2.1 Do you have an allocated budget for this testing and/or treatment programme for HCV/HBV?

	HCV	HBV
For testing Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
For treatment Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please answer B3.2.2, if not please answer B3.2.3

B3.2.2. What is the source of funding?

HCV	<div style="border: 1px solid black; height: 70px;"></div>
HBV	<div style="border: 1px solid black; height: 70px;"></div>

B3.3 Please provide estimated costs per year for the following.

If exact costs are unknown please provide estimates or proportions of overall costs

HCV Testing		Currency
Personnel	Personnel costs	
	Training	
Capital	Transport	
	Equipment	
	Infrastructure	
Recurrent	Test kits	
	Other	

HBV Testing		Currency
Personnel	Personnel costs	
	Training	
Capital	Transport	
	Equipment	
	Infrastructure	
Recurrent	Test kits	
	Other	

PART C - FOLLOW UP AND LINKAGE TO CARE

C.1 What is the protocol for care and management in the following :

**People HCV Ab positive
(with or without RNA positive)**

	Yes	No
Specific counselling	<input type="checkbox"/>	<input type="checkbox"/>
Secondary investigations	<input type="checkbox"/>	<input type="checkbox"/>
Specific medical follow up	<input type="checkbox"/>	<input type="checkbox"/>
ARV for those HIV+	<input type="checkbox"/>	<input type="checkbox"/>
Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Patients group	<input type="checkbox"/>	<input type="checkbox"/>
Offer HBV test	<input type="checkbox"/>	<input type="checkbox"/>
HBV immunization	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

specify/give details, _____

Brief description (type of investigation or follow-up / setting / funding, etc.)

People HCV Ab negative

	Yes	No
Offer HBV test	<input type="checkbox"/>	<input type="checkbox"/>
HBV immunization	<input type="checkbox"/>	<input type="checkbox"/>

Describe the conditions (setting, funding, etc.)

People HB surface antigen (HBsAg) positive

	Yes	No
Specific counselling	<input type="checkbox"/>	<input type="checkbox"/>
Secondary investigations	<input type="checkbox"/>	<input type="checkbox"/>
Specific medical follow up	<input type="checkbox"/>	<input type="checkbox"/>
ARV for those HIV+	<input type="checkbox"/>	<input type="checkbox"/>
Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Patients group	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

specify/give details, _____

Brief description (type of investigation or follow-up / setting / funding, etc.)

People HBsAg Negative

	Yes	No
Offer HBV immunization	<input type="checkbox"/>	<input type="checkbox"/>

Describe the conditions (setting, funding, etc.)

C.2 Where is treatment provided?

Same site	<input type="checkbox"/>
Different site	<input type="checkbox"/>
Treatnet not available	<input type="checkbox"/>

specify/give details, _____

C.3 How are you approaching testing in the absence of treatment?

