

Program Element #24: Multnomah County Hepatitis C Surveillance (MCHS)

1. **Purpose of MCHS.** Funds provided under the Agreement for this Program Element may only be used, in accordance with and subject to the requirements and limitations set forth below, to establish and conduct a population-based surveillance of persons in Multnomah County diagnosed with the hepatitis C virus (“HCV”), as reported to LPHA by medical laboratories in Multnomah County, to:
 - a. Describe the demographic and socioeconomic characteristics of persons with HCV infection in Multnomah County;
 - b. Estimate the burden of the disease among persons newly-identified with HCV;
 - c. Assess the need for medical and personal preventive services (e.g., health insurance status, access to primary and specialty care, history of vaccination against hepatitis A and B virus, current alcohol/drug use) in the subset of patients aged 18-30 years;
2. **Definitions Specific to MCHS:**
 - a. **Hepatitis C Registry:** a database maintained by LPHA containing data on individuals with HCV, as reported to LPHA by medical laboratories in Multnomah County.
 - b. **CD2000:** a database developed and maintained by LPHA to report cases of communicable diseases electronically to the Department. Other LPHAs in Oregon also utilize CD2000.
3. **Procedural and Operational Requirements.** LPHA’s MCHS must be conducted in accordance with the following procedural and operational requirements:
 - a. LPHA must assign adequate staff to conduct the study. The assigned staff must include the following:
 - i. Research and Evaluation Analyst 1 (1.00 FTE) who must be assigned to conduct interviews of individuals diagnosed with HCV,
 - ii. Data Manager (0.35 FTE), and
 - iii. Program Manager (0.05 FTE) who must supervise the MCHS activities.
 - iv. Infection control professional (as needed) with certification in infection control (CIC) who must be available to assist with investigations into possible cases of viral hepatitis acquired in healthcare settings.
 - b. LPHA must establish and maintain a general surveillance system for individuals in Multnomah County newly-identified with HCV, by:
 - i. Maintaining the Hepatitis C Registry.



Multnomah County Health Department

TO:		FROM:	Date:	# of pages	Request	REPLY NEEDED	URGENT
FAX #:		<input checked="" type="checkbox"/> Grace Van Ness	04/08/2009	1		X	
RE:		(503) 988-5090 x 24828	Multnomah County Health Department received a report on the referenced individual regarding Hepatitis C (HCV), as required by Oregon State Reporting laws. In accordance with Communicable Disease ordinances we are requesting additional information on the referenced client. You are being contacted as the ordering provider/facility listed by the reporting lab. PLEASE REVIEW THIS REQUEST FOR INFORMATION, COMPLETE AND RETURN TO OUR OFFICE IN A TIMELY MANNER. THANK YOU.				
DOB:							
Date of report:							
DX:	HEPATITIS C	FAX # 503-988-3407					

Are you the primary care provider for the above referenced individual? <input type="checkbox"/> Yes <input type="checkbox"/> No Provider: _____ Phone: _____ Specialty: <input type="checkbox"/> IM <input type="checkbox"/> FP <input type="checkbox"/> GI <input type="checkbox"/> Ob/Gyn <input type="checkbox"/> ID <input type="checkbox"/> Other (specify) _____ Has this client been notified of lab results? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK Your diagnosis of HCV infection? <input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Resolved <input type="checkbox"/> False + <input type="checkbox"/> Unknown Has this client been referred to a GI or Hepatologist? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK Currently or previously received tx?	REASON FOR TESTING (please check all that apply)	Risk Factors for HCV Infection
	<input type="checkbox"/> History of HCV infection <input type="checkbox"/> Symptoms of liver disease/hepatitis <input type="checkbox"/> Evaluation of abnormal liver enzyme test <input type="checkbox"/> Screening (asymptomatic) <input type="checkbox"/> Client requested testing <input type="checkbox"/> Client has risk factors for HCV infection <input type="checkbox"/> Other risk factor _____ (please see risk factor section)	<input type="checkbox"/> Hx of IVDU <input type="checkbox"/> Hx of incarceration <input type="checkbox"/> Received transfusion or transplant prior to 1992 <input type="checkbox"/> Received clotting factor prior to 1987 <input type="checkbox"/> Hx of dialysis <input type="checkbox"/> Hx of multiple sexual partners <input type="checkbox"/> Public safety worker <input type="checkbox"/> Medical/Dental worker Was this an occupational exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/> Other risk factor _____
Has client been provided education/literature or counseling regarding		

<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK</p> <p>Recommended for tx?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Under evaluation</p> <p>Does this client have cirrhosis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Under evaluation</p> <p>Patient contact information:</p> <p>Address:</p> <p>_____</p> <p>_____</p> <p>Phone:</p> <p>_____</p>	<p>HCV?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK</p> <p>Hep A and Hep B vaccination status</p> <p>Rcvd Hep A vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK</p> <p>Hx of HAV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK</p> <p>Rcvd Hep B vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK</p> <p>Hx of HBV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK</p> <p>Is client insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK</p>	<p>DEMOGRAPHICS</p> <p>THIS INFORMATION IS REQUESTED BY OREGON HEALTH DIVISION AND CENTERS FOR DISEASE CONTROL AND PREVENTION :</p> <p>Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p>Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander</p> <p><input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> UNK</p> <p>Other: _____</p> <p>_____</p> <p>Country of Origin: <input type="checkbox"/> US <input type="checkbox"/> Other: _____</p> <p>Language: <input type="checkbox"/> ENG <input type="checkbox"/> Other: _____</p> <p>Occupation: _____</p> <p>_____</p>
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Attachment 2-Consent Form

Revised consent form: Approved by DHS IRB 4/30/2008

Multnomah County Health Department In Collaboration with the Centers for Disease Control & Prevention and Oregon Health Services

Adult Consent form (18 years of age and older)

PURPOSE

This is a research study being done by the Multnomah County Health Department, Oregon DHS-Public Health Division and the Centers for Disease Control and Prevention. We are doing this study to learn more about hepatitis C. Hepatitis C is caused by a virus. It infects the liver. It can damage your liver. It can cause serious illness and death. We want to learn more about how hepatitis C is passed from person to person. We also want to learn more about the health problems that people with hepatitis C have and what kind of services they need.

Health department records show that you tested positive for hepatitis C. You may be able to be in our study. We will interview each person who takes part in this study. The interview will last about 45 minutes. About 20-25 people will take part in this study each month.

CONFIDENTIALITY

All answers that you give will be kept private. This is so because this study has been given a Certificate of Confidentiality. This means anything you tell us will not have to be given out to anyone, even if a court orders us to do so, unless you say it's okay. But under the law, we must report to the state suspected cases of child abuse or if you tell us you are planning to cause serious harm to yourself or others."

To protect your privacy, we will not put your name on any study records. We will use a study ID number instead of your name on all study records. All study records will be stored in locked files. Only study staff will be allowed to look at them. Study forms will not have your name on them. Your name will NOT be in any publication of the study results.

We will not share any information about you with your insurance company, your employer or anyone else. We will do everything we can to protect your privacy. If someone outside the study were to see your study records, it is possible that your answers to some of the interview questions could affect your ability to get a job or health insurance.

PROCEDURES

If you decide to be in the study, we will do an interview. In the interview, we will ask you about your illnesses, medicines, health insurance, medical services you use, mental health treatment, work, alcohol and drug use, and sexual health. Some of the questions are sensitive. You may refuse to answer any question for any reason. We can do the interview in person, by phone, or by mail. Also, it is routine for the Multnomah County Health Department to contact the doctor of every person who tests positive for hepatitis C in order to get information about their treatment for hepatitis. We would like to use that information as part of this research study, too.

You will have the chance to ask our staff about all types of hepatitis. You will be given information about hepatitis C and hepatitis C services.

RISKS AND BENEFITS

Risks: The questions will take about 45 minutes. Some of them may seem very personal or embarrassing. They may upset you. You do not have to answer any of the questions that you do not wish to answer. We will do everything we can to protect your privacy. However, if someone outside the study were to see your study records, it is possible that your answers to some of the questions could affect you ability to get a job or health insurance.

Benefits: Being in the study will not help you directly.

Being in the study will provide more information about hepatitis C to doctors and may help other people with hepatitis C in Multnomah County.

IN THE EVENT OF HARM/INJURY

If you feel that you have been harmed by taking part in this study or if you have any questions about your rights as research subject, you can call Mellony Bernal, DHS-Public Health Division /Multnomah County Public Health IRB Coordinator at 971-673-1221.

COMPENSATION

You will receive \$25 for taking the time to do the interview, either in person, by phone, or complete and mail a written questionnaire to MCHD. If you do the interview in person, you will receive an additional \$25. Reimbursements can be mailed to your mailing address, or you can arrange to pick it up at the Multnomah County Health Department. There are no costs to you for being in the study.

STATEMENT OF PARTICIPATION

I have been told what will be done as part of this study. I have been told the possible good and bad (benefits and risks) that could happen if I am in this study. I have been told that I do not have to be in the study and I will still get the usual services from the County. I agree to be in this study. I have been told that I can stop being in the study at any time, and I will still get the usual services from the County.

I may contact Grace Van Ness at 503-988-5090 x 24828 at any time if I have questions about the study.

I have read the above and choose to join the study

Signature **Date**

Print Name

FOR PATIENTS WHO DO NOT WANT TO PARTICIPATE IN THE RESEARCH INTERVIEW BUT WHO ARE WILLING TO HAVE THEIR SURVEILLANCE DATA USED AS PART OF THE RESEARCH STUDY

I am willing for the information obtained from my doctor to be used for this research study.

Patient Name **Date**

Signature of Study Staff

Attachment 3-Questionnaire

Multnomah County Hepatitis C Virus Registry Study Interview Form

Patient ID: **RG3-** _____

Interview Date: / /
 M M / D D / Y Y Y Y

Qualifying HCV Test Date: / /
 M M / D D / Y Y Y Y

1. Where did you get tested for hepatitis C on _____(HCV test date)?

- Doctor's office 1 ___
- Hospital/ER 2 ___
- Health Department 3 ___
- HIV/STD clinic 4 ___
- Needle exchange program 5 ___
- Correctional facility 6 ___
- Alcohol/drug treatment program 10 ___
- Specify Other: _____ 8 ___
- Don't know 9 ___
- Refused 7 ___

2. What were you told about the results of the hepatitis C test that you had on ___/___/___ (HCV test date)?

- Positive 1 ___
- Negative 2 ___
- Told I needed confirmatory testing 3 ___
- Don't remember 4 ___
- Specify Other: _____ 5 ___
- Don't know 9 ___
- Refused 7 ___

3. Were you ever tested for hepatitis C before this test? 1___ Yes 2___ No 9___ Don't Know 7___ Refused



if No, Don't Know, or Refused go to question 6.

4. In what year were you first tested for hepatitis C? / / (9s if unknown)
 Y Y / Y Y

5. What were the results of your previous HCV test? .. 1___ Positive 2___ Negative 9___ Don't know 7___ Refused

Interviewer: Now I am going to ask you some questions about your medical care.

6. Do you have one place where you usually go for your routine medical care?

- Yes, Doctor's Office 1 ___
- Yes, Health Department 2 ___
- Yes, Emergency Room 3 ___
- Yes, Naturopath's Office 4 ___
- Other: _____ 5 ___
- No 6 ___
- Don't know 9 ___
- Refused 7 ___

7. Are you medically insured by:

- Private insurance/HMO/Military ___1
- Medicaid ___2
- Medicare ___3
- Uninsured ___4
- Other: _____ 5 ___
- Don't know ___9
- Refused ___7

8. Since you got your hepatitis C test results, have you seen a health care provider about your hepatitis C diagnosis or about your liver?

- 1 ___ Yes 2 ___ No 3 ___ No, but I have an appointment scheduled 9 ___ Don't know 7 ___ Refused



if No, Don't Know, or Refused, go to question 11.



if "No, but has appointment scheduled", go to question 12.

9. What kinds of providers have you seen for your hepatitis C diagnosis?

(Check all that apply)

- General Internist/Family Practice Doctor/Primary Care Provider 1 ___
- Gastroenterologist/Hepatologist (or liver specialist) 2 ___
- Infectious Disease Specialist 3 ___
- Naturopath 4 ___
- Other: _____ 5 ___
- Don't know 9 ___
- Refused 7 ___

10. What were you told about your hepatitis C infection?

- That I need further evaluation 1 ___
- That I need treatment for hepatitis C 2 ___
- That I don't need any further evaluation or treatment 3 ___
- I don't remember 4 ___
- Nothing 6 ___
- Don't know 9 ___
- Other: _____ 5 ___
- Refused 7 ___



Go to question 12.

11. Why haven't you seen a health care provider about your Hepatitis C?

- (Check all that apply)
- Haven't felt sick from hepatitis C 1 ___
 - Can't afford a doctor's visit 2 ___
 - Don't have a regular doctor 3 ___
 - Didn't know/think that hepatitis C could be treated 4 ___
 - Don't feel that treatment is needed 5 ___
 - Didn't know that I had hepatitis C 6 ___
 - Other: _____ 8 ___
 - Don't know 9 ___
 - Refused 7 ___

12. Have you ever had a liver biopsy, that is, removal of a piece of liver tissue? 1 ___ Yes 2 ___ No 9 ___ Don't know 7 ___ Refused

13. Have you ever received medication such as interferon shots or ribavarin pills from a healthcare provider for hepatitis C?

- 1 ___ Yes 2 ___ No 9 ___ Don't know 10 ___ Refused



If patient responds "No," go to question 14, otherwise go to question 15.

14. What was the reason for not receiving treatment from a healthcare provider for your hepatitis C? (pick one)

- I didn't know that I had hepatitis C 1 ___
- I haven't seen a healthcare provider about my hepatitis C 2 ___
- I didn't know there was treatment for hepatitis C 3 ___
- My physician says I do not need treatment because my disease is too mild 4 ___
- My physician says I do not need treatment (reason unknown) 5 ___
- I am concerned/worried about the side effects of the treatment 6 ___
- The treatment is too expensive/can't afford 7 ___
- I was told that I have/had a low chance of response 8 ___
- My disease is too advanced and treatment is not safe/recommended 9 ___
- I have a health condition that prevents/makes treatment too risky 10 ___
- My physician says I am not a candidate for treatment because of drug use 11 ___
- My physician says I am not a candidate for treatment because of alcohol use 12 ___
- I am awaiting new treatments 13 ___
- I am scheduled for treatment 14 ___
- Other: _____ 15 ___
- Don't know 9 ___
- Refused 7 ___

15. Has a healthcare provider made any recommendations to you about drinking alcohol?

- 1 ___ Yes
 2 ___ No
 3 ___ Haven't discussed my hepatitis C diagnosis with a healthcare provider
 9 ___ Don't Know
 7 ___ Refused

16. Have you decreased or stopped drinking alcohol because of your hepatitis C diagnosis?

- 1 ___ Yes 2 ___ No 9 ___ don't know 7 ___ Refused

17. How many times have you been hospitalized overnight for a condition related to your liver? _____ times

..... (enter 9s if unknown, 7s if refused)

18. The hepatitis A vaccine first became available in 1995 and is given in a two dose series. Have you ever received this vaccine? (Check one) 1 ___ Yes 2 ___ No 9 ___ don't know 7 ___ Refused

19. The hepatitis B vaccine has been available for over 10 years and is given in a three dose series. Have you ever received this vaccine?
(Check one)..... 1 ___ Yes 2 ___ No 9 ___ don't know 7 ___ Refused

Interviewer: Now we'll talk about health-related issues other than your liver disease.

20. In the past 5 years have you had any of the following conditions?
(Read list, check one response per condition)

1. High blood pressure (<i>Hypertension</i>)	1 ___ Yes	2 ___ No	9 ___ don't know	7 ___ Refused
2. High Cholesterol or Triglycerides (<i>Hyperlipidemia</i>)	1 ___ Yes	2 ___ No	9 ___ don't know	7 ___ Refused
3. Diabetes	1 ___ Yes	2 ___ No	9 ___ don't know	7 ___ Refused
4. HIV/AIDS	1 ___ Yes	2 ___ No	9 ___ don't know	7 ___ Refused

21. Have you ever been diagnosed by a medical provider or treated for depression or any other mental health illness?
(Check one) 1 ___ Yes 2 ___ No 9 ___ don't know 7 ___ Refused

General Information

22. What is your gender?
(Check one) 1 ___ Male 2 ___ Female 3 ___ Transgender 9 ___ don't know 7 ___ Refused

23. What is the month and year of your date of birth?..... / /
(enter 9s if unknown, 7s if refused) M M / Y Y Y Y

24. Are you of Hispanic or Latino origin?
(Check one) 1 ___ Yes 2 ___ No 9 ___ don't know 7 ___ Refused

25. Please select one or more of the following categories to describe your race:
(Check all that apply)..... White 1 ___
Black or African American 2 ___
American Indian or Alaska Native 3 ___
Asian 4 ___
Native Hawaiian or other Pacific Islander 5 ___
Other: _____ 6 ___
Don't know 9 ___
Refused 7 ___

26. What is your height? ___ feet ___ inches (9s if unknown, 7s if refused)

27. What is your current weight? ___ ___ ___ pounds (9s if unknown, 7s if refused)

28. What is the highest grade or year of school you completed?

- (Read if necessary and check one) Never attended school or only attended kindergarten 1 ___
 Grades 1 through 8 (Elementary) 2 ___
 Grades 9 through 11 (Some high school) 3 ___
 Grade 12 or GED (High school graduate) 4 ___
 College 1 year to 3 years (Some college or technical school) 5 ___
 College 4 years or more (College graduate) 6 ___
 Don't know 9 ___
 Refused 7 ___

29. What was your total combined household income during the past 12 months from all sources of income, including wages, salaries, pensions, and insurance payments? (Check one)

- \$15,000 or less 1 ___
 At least \$30,000, but less than \$50,000 3 ___
 Don't know 9 ___

30. How many people live off of this combined income? _____ (9s if unknown, 7s if refused)

31. Are you currently or have you been homeless in the last year? 1 ___ Yes 2 ___ No 9 ___ don't know 7 ___ Refused

32. What is your current housing situation?



- (Read if necessary and check one) Own home 1 ___
 Live in apartment 2 ___
 Transitional housing 3 ___
 Staying with friends/relatives 4 ___
 Car 5 ___
 Other: _____ 6 ___
 Don't know 9 ___
 Refused 7 ___

33. How many months in the last year have you lived there? ___ (number of months) (9s if unknown, 7s if refused)

RISK FACTOR SECTION

Interviewer: In this section, I am going to ask you about possible exposures to blood.

<p>34. Have you ever received a transfusion of blood or blood products (e.g. platelets, plasma)?</p> <p>If yes, please answer 35</p> <p>35. What year was it when you first received a transfusion of blood or blood products?</p>	<p>1__Yes 2__No 9__don't know 7__ Refused</p> <p>____ or <i>Don't know</i> <input type="checkbox"/></p> <p>Y Y Y Y (Enter 7s if refused)</p>
<p>36. Have you ever received clotting factor for a disorder such as hemophilia?</p> <p>If yes, please answer 37</p> <p>37. What year was it when you first received clotting factor?</p>	<p>1__Yes 2__No 9__don't know 7__ Refused</p> <p>____ or <i>Don't know</i> <input type="checkbox"/></p> <p>Y Y Y Y (Enter 7s if refused)</p>
<p>38. Have you ever undergone hemodialysis for kidney failure?</p> <p>If yes, please answer 39</p> <p>39. What year was it when you first had hemodialysis?</p>	<p>1__Yes 2__No 9__don't know 7__ Refused</p> <p>____ or <i>Don't know</i> <input type="checkbox"/></p> <p>Y Y Y Y (Enter 7s if refused)</p>
<p>40. Have you ever been employed in a medical or dental position involving contact with human blood?</p> <p>If yes, 41-43.</p> <p>41. What kinds of medical or dental jobs have you held?</p> <p>42. What year was it when you were first employed in a position involving contact with blood?</p> <p>43. Have you ever had an unintentional needle stick injury while on the job?</p> <p>If yes, 44.</p> <p>44. What year was it the first time that you had an unintentional needle stick?</p>	<p>1__Yes 2__No 9__don't know 7__ Refused</p> <p>(Check all that apply)</p> <p>Doctor __ Nurse __ Phlebotomist __ EMT __</p> <p>Dentist __ Dental Hygienist __</p> <p>Laboratory worker __ Dialysis Center employee __</p> <p>Other: _____</p> <p>____ or <i>Don't know</i> <input type="checkbox"/></p> <p>Y Y Y Y (Enter 7s if refused)</p> <p>1__Yes 2__No 9__ Don't Know 7__ Refused</p> <p>____ or <i>Don't know</i> <input type="checkbox"/></p> <p>Y Y Y Y (Enter 7s if refused)</p>
<p>45. Have you ever been employed as a public safety officer (e.g. fire fighter, police, prison guard)?</p> <p>If yes 46.</p> <p>46. What was the first year that you were employed as a public safety officer?</p>	<p>1__Yes 2__No 9__don't know 7__ Refused</p> <p>____ or <i>Don't know</i> <input type="checkbox"/></p> <p>Y Y Y Y (Enter 7s if refused)</p>
<p>47. Were you ever confined in a jail or prison for at least one week?</p> <p>If yes, 48.</p> <p>48. What was the first year that you were detained in a jail or prison?</p>	<p>1__Yes 2__No 9__don't know 7__ Refused</p> <p>____ or <i>Don't know</i> <input type="checkbox"/></p> <p>Y Y Y Y (Enter 7s if refused)</p>
<p>49. Did you ever have household contact with someone who had hepatitis C before or during the time that you had contact with</p>	<p>1__Yes 2__No 9__don't know 7__ Refused</p>

<p>them?</p> <p>If yes, 50.</p> <p>50. In what year did you first have contact with this person?</p>	<p>____ _ or <i>Don't know</i> <input type="checkbox"/></p> <p>Y Y Y Y (Enter 7s if refused)</p>
<p>51. Did you ever have household contact with someone who used needles to inject street drugs before or during the time that you had contact with them?</p> <p>If yes, 52.</p> <p>52. In what year did you first have contact with this person?</p>	<p>1__ Yes 2__ No 9__ don't know 7__ Refused</p> <p>____ _ or <i>Don't know</i> <input type="checkbox"/></p> <p>Y Y Y Y (Enter 7s if refused)</p>
<p>53. Do you smoke marijuana?</p> <p>If yes, 54</p> <p>54. Do you smoke it daily?</p>	<p>1__ Yes 2__ No 9__ don't know 7__ Refused</p> <p>1__ Yes 2__ No 9__ Don't Know 7__ Refused</p>
<p>55. Other than marijuana, have you ever used any recreational or "street" drugs in your lifetime?</p> <p>(Check one).....</p> <p> if No, Don't Know, or Refused go to question 65.</p>	<p>1__ Yes 2__ No 9__ don't know 7__ Refused</p>
<p>56. When was the first time that you used a recreational drug? (Other than marijuana)</p>	<p>____ _ or <i>Don't know</i> <input type="checkbox"/></p> <p>Y Y Y Y (Enter 7s if refused)</p>
<p>57. Have you used a recreational drug in the last 12 months? (Other than marijuana)</p>	<p>1__ Yes 2__ No 9__ don't know 7__ Refused</p>
<p>58. Have you ever injected or "shot up" a recreational drug? (Check one).....</p> <p>59. What is (was) your predominant drug of choice to inject? (Check all that apply)</p>	<p>1__ Yes 2__ No 9__ don't know 7__ Refused</p> <p>1__ Ecstasy (X, rolling) 2__ Methamphetamine (Ice, meth, crank) 3__ Heroin 4__ Cocaine 5__ Buprenorphine (Bup) 6__ Crack Cocaine (rock) 12__ Cocaine & Heroin together (speedball) 8__ Ketamine (special K, GHB) 11__ Prescription drugs/painkillers (i.e. fentanyl) 10__ Other: _____ 9__ Don't know 7__ Refused</p> <p>1__ Yes 2__ No 9__ Don't know 7__ Refused</p>
<p>60. Do (Did) you combine drugs to inject?</p> <p> If yes, go to question 61. If No, go to question 62.</p> <p>61. Which drugs do you combine to inject? (Check all that apply)</p>	<p>1__ Yes 2__ No 9__ Don't know 7__ Refused</p> <p>1__ Heroin and Cocaine 2__ Heroin and Methamphetamine 3__ Heroin and Fentanyl 4__ Other: _____ 9__ Don't know 7__ Refused</p>

62. What was the most important factor that influenced your decision to inject?

(Check all that apply)

- 1 ___ Family members introduced me
- 2 ___ Intimate relationship
- 3 ___ Wanted a better high
- 4 ___ Other: _____
- 9 ___ Don't know
- 7 ___ Refused

63. In the last 12 months, in what area of town did you inject drugs?

(Check all that apply)

- 1 ___ Inner eastside
- 2 ___ Downtown/Old Town area
- 3 ___ Gresham/East county area
- 4 ___ North Portland
- 5 ___ 82nd Avenue area
- 6 ___ Other: _____
- 8 ___ Have not injected in last 12 months
- 9 ___ Don't know
- 7 ___ Refused

64. In what year did you first inject a recreational drug?

___ ___ ___ ___ or *Don't know*

Y Y Y Y (*Enter 7s if refused*)

65. In what year did you last inject a recreational drug?

___ ___ ___ ___ or *Don't know*

Y Y Y Y (*Enter 7s if refused*)

66. Have you ever used a needle that was used by someone else (including your significant other) **before** you used it? (Check one)

1 ___ Yes 2 ___ No 9 ___ don't know 7 ___ Refused

67. Have you ever let someone use your needle (including your significant other) **after** you used it?

1 ___ Yes 2 ___ No 9 ___ don't know 7 ___ Refused

68. Have you ever participated in a needle exchange program? (Check one)

1 ___ Yes 2 ___ No 9 ___ don't know 7 ___ Refused

69. If No, Why not?

- 1. ___ Didn't know there one
- 2. ___ Didn't have transportation to get there
- 3. ___ I was afraid of the cops
- 4. ___ I prefer to purchase syringes at a pharmacy
- 5. ___ Don't want to be seen at an exchange site
- 6. ___ Other: _____
- 7. ___ Refused
- 9. ___ Don't Know

70. How did you dispose of syringes?

(Check all that apply)

- 1 ___ Break tops and put in trash
- 2 ___ Put in puncture proof container and put in trash
- 3 ___ Flush down toilet
- 4 ___ dispose of them in a biohazard container and return to medical clinic or health department
- 5 ___ I give them to a friend who is a diabetic
- 6 ___ Other: _____
- 7. ___ Refused
- 8 ___ I used a needle exchange program
- 9. ___ Don't Know

71. How often have you purchased syringes at a pharmacy?

- 1 ___ Once a week
- 2 ___ Twice a month
- 3 ___ Once every 2-3 months
- 4 ___ Once every 6 months
- 5 ___ Once a year
- 6 ___ Other: _____
- 7. ___ Refused
- 9. ___ Don't Know

Interviewer: The next few questions are about how much wine, beer, and liquor you drink.

72. Are you currently drinking alcohol?

(Check one).....1 ___ Yes 2 ___ No 9 ___ Don't know 10 ___ Refused



If no, don't know, or refused, go to question 82

73. **Men:** Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? _____ or *Don't know*

(Enter 7s if refused)

OR

74. **Women:** Considering all types of alcoholic beverages, how many times during the past month did you have 4 or more drinks on an occasion? _____ or *Don't know*

(Enter 7s if refused)

75. How many times did you drive after drinking during the past 30 days? _____ or *Don't know*

(Enter 7s if refused)

76. Have you ever been arrested for driving under the influence of alcohol?

(Check one).....1___Yes 2___No 9___ Don't know 10___Refused

A. 77. Have you ever participated in an alcohol abuse treatment program?

(Check one).....1___Yes 2___No 9___ Don't know 10___Refused

78. Have you felt that you should cut down on your drinking?

(Check one)..... 1___Yes 2___No 9___ Don't know 10___Refused

79. Have people annoyed you by criticizing your drinking?

(Check one)..... 1___Yes 2___No 9___ Don't know 10___Refused

80. Have you felt bad or guilty by your drinking?

(Check one)..... 1___Yes 2___No 9___ Don't know 10___Refused


81. Have you had a morning eye-opener?

(Check one)..... 1___Yes 2___No 9___ Don't know 10___Refused

The next section asks a few questions about sexual behaviors

82. Have you ever had sexual intercourse with a person of the opposite sex?

(Check one) 1 ___Yes 2 ___No 9___ Don't know 10___Refused

 **if No, go to question 84.**

83. What is your best estimate of the total number of persons of the opposite sex that you've had sexual intercourse with in your lifetime?


_____ number of persons

 **if patient is FEMALE, go to question 86.**

Refused or Don't know

84. Have you ever had sexual intercourse with a person of the same sex? (MEN ONLY)

(Check one) 1 ___Yes 2 ___No 9___ Don't know 10___Refused

 **if No, go to question 86.**

85. What is your best estimate of the total number of persons of the same sex with whom you've had sexual intercourse in your lifetime?

_____ number of persons

(Enter 998s if persons >1000)

Refused or Don't know

86. Before you were diagnosed with hepatitis C, did you ever have sex with someone who had ever used needles to inject recreational street drugs? 1 ___Yes 2 ___No 9___ Don't know 10___Refused

87. Before you were diagnosed with hepatitis C, did you ever have sex with someone who had hepatitis C?
..... 1 ___Yes 2 ___No 9___ Don't know 10___Refused

88. Have you ever been diagnosed by a doctor with any sexually transmitted disease, such as gonorrhea, syphilis, chlamydia or genital herpes?
1 ___ Yes 2 ___No 9___ Don't know 10___Refused

Closing Statement: Okay, that's the last question of the survey. Thank you very much for your time.

1. Are there any questions you would like to ask?
2. Would you like any educational materials about the liver?

(Check one) 1 ___Yes 2 ___No

3. May we contact you in the future about participating in other research projects related to hepatitis C?

(Record answer and contact information on detachable cover sheet.)

Notes

The following 2 questionnaires will be handed out to subjects, who will be asked to complete them on their own.

Subject ID: RG3- _ _ _ _

Beck Depression Inventory

Choose one statement from among the group of four statements in each question that best describes how you have been feeling during the **past few days**. Circle the number beside your choice.

1	<p>0 I do not feel sad.</p> <p>1 I feel sad.</p> <p>2 I am sad all the time and I can't snap out of it.</p> <p>3 I am so sad or unhappy that I can't stand it.</p>	8	<p>0 I don't feel I am any worse than anybody else.</p> <p>1 I am critical of myself for my weaknesses or mistakes.</p> <p>2 I blame myself all the time for my faults.</p> <p>3 I blame myself for everything bad that happens.</p>
2	<p>0 I am not particularly discouraged about the future.</p> <p>1 I feel discouraged about the future.</p> <p>2 I feel I have nothing to look forward to.</p> <p>3 I feel that the future is hopeless and that things cannot improve.</p>	9	<p>0 I don't have any thoughts of killing myself.</p> <p>1 I have thoughts of killing myself, but I would not carry them out.</p> <p>2 I would like to kill myself.</p> <p>3 I would kill myself if I had the chance.</p>
3	<p>0 I do not feel like a failure.</p> <p>1 I feel I have failed more than the average person.</p> <p>2 As I look back on my life, all I can see is a lot of failure.</p> <p>3 I feel I am a complete failure as a person.</p>	10	<p>0 I don't cry any more than usual.</p> <p>1 I cry more now than I used to.</p> <p>2 I cry all the time now.</p> <p>3 I used to be able to cry, but now I can't cry even though I want to.</p>
4	<p>0 I get as much satisfaction out of things as I used to.</p> <p>1 I don't enjoy things the way I used to.</p> <p>2 I don't get any real satisfaction out of anything anymore.</p> <p>3 I am dissatisfied or bored with everything.</p>	11	<p>0 I am no more irritated by things than I ever am.</p> <p>1 I am slightly more irritated now than usual.</p> <p>2 I am quite annoyed or irritated a good deal of the time.</p> <p>3 I feel irritated all the time now.</p>
5	<p>0 I don't feel particularly guilty.</p> <p>1 I feel guilty a good part of the time.</p> <p>2 I feel quite guilty most of the time.</p> <p>3 I feel guilty all of the time.</p>	12	<p>0 I have not lost interest in other people.</p> <p>1 I am less interested in other people than I used to be.</p> <p>2 I have lost most of my interest in other people.</p> <p>3 I have lost all of my interest in other people.</p>
6	<p>0 I don't feel I am being punished.</p> <p>1 I feel I may be punished.</p> <p>2 I expect to be punished.</p> <p>3 I feel I am being punished.</p>	13	<p>0 I make decisions about as well as I ever could.</p> <p>1 I put off making decisions more than I used to.</p> <p>2 I have greater difficulty in making decisions than before.</p> <p>3 I can't make decisions at all anymore.</p>
7	<p>0 I don't feel disappointed in myself.</p> <p>1 I am disappointed in myself.</p> <p>2 I am disgusted with myself.</p> <p>3 I hate myself.</p>	14	<p>0 I don't feel that I look any worse than I used to.</p> <p>1 I am worried that I am looking old or unattractive.</p> <p>2 I feel that there are permanent changes in my appearance that make me look unattractive.</p> <p>3 I believe that I look ugly.</p>

15	<p>0 I can work about as well as before.</p> <p>1 It takes an extra effort to get started at doing something.</p> <p>2 I have to push myself very hard to do anything.</p> <p>3 I can't do any work at all.</p>	19	<p>0 I haven't lost much weight, if any, lately.</p> <p>1 I have lost more than five pounds.</p> <p>2 I have lost more than ten pounds.</p> <p>3 I have lost more than fifteen pounds.</p> <p>(Score 0 if you have been purposely trying to lose weight.)</p>
16	<p>0 I can sleep as well as usual.</p> <p>1 I don't sleep as well as I used to.</p> <p>2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.</p> <p>3 I wake up several hours earlier than I used to and cannot get back to sleep.</p>	20	<p>0 I am no more worried about my health than usual.</p> <p>1 I am worried about physical problems such as aches and pains, or upset stomach, or constipation.</p> <p>2 I am very worried about physical problems, and it's hard to think of much else.</p> <p>3 I am so worried about my physical problems that I cannot think about anything else.</p>
17	<p>0 I don't get more tired than usual.</p> <p>1 I get tired more easily than I used to.</p> <p>2 I get tired from doing almost anything.</p> <p>3 I am too tired to do anything.</p>	21	<p>0 I have not noticed any recent change in my interest in sex.</p> <p>1 I am less interested in sex than I used to be.</p> <p>2 I am much less interested in sex now.</p> <p>3 I have lost interest in sex completely.</p>
18	<p>0 My appetite is no worse than usual.</p> <p>1 My appetite is not as good as it used to be.</p> <p>2 My appetite is much worse now.</p> <p>3 I have no appetite at all anymore.</p>		

Primary Care Mood Disorders Questionnaire

1. Has there ever been a period of time when you were not your usual self and (while not using drugs or alcohol)		
...you felt so good or so hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble? (please circle yes or no for each line)	Yes	No
...you were so irritable that you shouted at people or started fights or arguments?	Yes	No
...you felt much more self-confident than usual?	Yes	No
...you got much less sleep than usual and found you didn't really miss it?	Yes	No
...you were much more talkative or spoke faster than usual:	Yes	No
...thoughts raced through your head or you couldn't slow your mind down?	Yes	No
...you had much more energy than usual?	Yes	No
...you were much more active or did many more things than usual?	Yes	No
...you were much more social or outgoing than usual; for example, you telephoned friends in the middle of the night?	Yes	No
...you were much more interested in sex than usual?	Yes	No
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	Yes	No
...spending money got you or your family into trouble	Yes	No

2. If you checked YES to more than one of the above, have several of these ever happened during the <i>same period of time</i> ?	Yes	No
3. How much of a problem did any of these cause you—like being unable to work; having family, money or legal troubles; getting into arguments or fights? No problem Minor problem Moderate problem Serious problem		
4. Draw a line connecting any blood relative to any problem (this doesn't have to be neat): Grandparents Parents Aunts/Uncles Brothers/sisters Children Suicide Alcohol/drug problems Mental Hospital Depression Problems Manic/bipolar		
5. Has a health professional ever told you that you have manic – depressive illness or bipolar disorder?	Yes	No

How to investigate a reported/suspected case of a HBV or HCV infection that might be associated with delivery of healthcare

Step 1 - Verify the diagnosis to determine if index case is indeed acute

- Review clinical presentation to verify that case is consistent with being an incident infection or acute case
- Collect a history of previous relevant testing or other clinical history (e.g. ALT/AST for acute hepatitis C; CD4 count and viral load for HIV)
 - History of recent blood donation
 - Save/collect existing serologic specimens for possible future testing
 - If collecting new samples, aliquot into multiple 0.5mL aliquots and store frozen
 - Serum and plasma are generally acceptable, avoid heparinized (purple top) tubes

Step 2 - Assess community exposures during the incubation period

- If more than one potentially healthcare-related case identified, then rule out common exposures between patients outside healthcare setting
- Examine in depth all relevant community exposures that occurred during the incubation period to rule out other exposures (use Sentinel Counties/other questionnaires)
 - Consider serologic testing of sexual/household contacts

Step 3 - Assess in depth all healthcare exposures during the incubation period

- Identify all possible places that patient had percutaneous exposures or endoscopic procedures (including any injections, phlebotomy, and glucose monitoring, dialysis, invasive diagnostic procedures, or administration of parenteral medications)
 - Determine the nature and type of procedures performed for each healthcare encounter and what if any multiple dose vials were used (especially for narcotics) and if any equipment/devices could be shared between patients
 - If there are multiple potential exposures reported, consider prioritizing investigation based on their timing and nature; for example, exposures that occurred close to the median incubation period prior to onset or that involved repeated parenteral exposure (e.g., periodic injections or infusions) would get higher priority
 - Conduct review of infection control practices related to index patient's procedures especially those related to appropriate use of aseptic technique in the use of multiple dose vials/saline bags
 - Review practices related to handling and use of medications in multiple dose vials/saline bags that could have been used in other procedures prior to index patient procedures
 - Review available medical/surgical/occupational health records to determine if any incidents were reported during patient procedures
 - Consider having healthcare workers conduct mock procedures
 - Review records to identify patients who may have preceded the index case and could be possible sources of infection (especially those that might have had common multiple dose vial/saline bags or shared equipment/devices)
 - Are any patients preceding the index case known to be chronically infected?
 - Cross match State/Local health department chronic disease registries (if available) to see if any patients preceding the index case are in the registry
 - If in-patient setting, are there any known infected roommates/contacts? (Do not collect serologic samples for testing at this point, just review records to determine infection status)
 - Identify staff involved in any percutaneous procedures.

- Are any staff members known to be HBV/HCV infected? Any evidence of recent infection (e.g., jaundice episodes) among staff members? Any recent performance related staff turnover?
 - Do not collect serologic samples for testing at this point. While maintaining healthcare worker personnel's confidentiality, review records to determine infection status (and vaccination status for HBV investigations)

Step 4 - Look for additional cases that may be healthcare related

- Review hospital/healthcare provider records for other acute cases in the previous several months
- Review State/Local health department acute disease reports for past several months

If no additional cases are identified that are potentially healthcare related or no source patient is identified that is likely related (based on temporal association and results of viral genetic testing)

- If lapses in infection control practice are identified:
 - Depending on nature and severity of infection control lapse, consider doing targeted lookback/epidemiologic study (especially if potential source patients identified) or general patient notification
- If no lapses in infection control practices are identified and no potential source patients identified:
 - End investigation, but continue to monitor state/local health department surveillance data for next several months to ensure no additional cases identified
- If no lapses in infection control practices are identified and potential source patient(s) are identified:
 - Consider collecting serologic sample and examining genetic relatedness of virus between potential source and index case
 - For HCV, compare genotype/subtype and, possibly, relatedness in NS5B region especially for genotype 1a/1b matches since these are very common
 - For HBV, compare subtype and, possibly, genetic sequences
 - For HIV, compare genetic sequences
 - Depending on results of genetic relatedness of between potential source and index case, consider doing targeted lookback/epidemiologic study

If additional cases are identified that are potentially healthcare related or a source patient(s) is identified that is likely related (based on temporal association and results of viral genetic testing)

- Evaluate relationship between cases considering temporal and geographic factors and use of medications in multiple dose vials/saline bags that could have been used between cases and any potential source patients
- If lapses in infection control practice are identified,
 - Conduct targeted lookback or general patient notification depending on nature and severity of infection control lapse
 - Conduct targeted lookback/epidemiologic study
 - Collect serologic samples to perform diagnostic testing and examine genetic relatedness of virus between potential source(s) and case(s)
 - For HCV, compare genotype/subtype and, possibly, relatedness in NS5B region especially for genotype 1a/1b matches since these are very common
 - Depending on results, consider examining relatedness of HCV quasispecies (HVR1)
 - For HBV, compare subtype and, possibly, genetic sequences
 - For HIV, For HIV, compare genetic sequences

Considerations in conducting a targeted lookback/epidemiologic investigation to determine if healthcare-related transmission of HCV/HBV/HIV has occurred

The purpose of a targeted lookback is to identify additional acute cases or source patients and examine potential factors associated with transmission. This should be done in the context of an epidemiologic investigation and results of this study should be used to determine if a general patient notification should be done. Targeted lookbacks should be highly focused with efforts to ensure high participation rates among targeted patients. For example, limiting follow-up to patients seen within several days of the index case(s) and occurring in the same operating room. A staged approach that permits expansion of the targeted patient population may be warranted.

- Which type of study design do you use (cohort/case-control/several cohorts)?
 - What exposure period do you use/how do you match in case-control study
 - How many days/hours to you go on either side of index cases (it is important to include patients seen after the index case in order to identify any “downstream” infections)
 - Establish case definitions (e.g. known/suspected acute or chronic HBV/HCV infection)
- What data do you collect?
 - Examples of data collection forms are available
 - For HBV, what about history of vaccination?
- Example letters to notify patients for serologic testing
- Lab considerations
 - Need for subtyping/genotyping vs. sequencing genome
 - How to store/ship specimens

Appropriate public health follow-up/intervention when evidence of healthcare related transmission or serious lapse in infection control practice is discovered (i.e. general patient notification)

The purpose of a general notification to inform patients deemed to be at some risk of infection due to delivery of healthcare. While data from a notification of patients can be used to examine the nature and extent of transmission, it is often best viewed as a separate undertaking from a lookback conducted as part of an epidemiologic study. This is primarily due to issues related to incomplete serologic testing of patients in the identified cohort (lack of complete denominator data) and the length of time it takes to complete general lookbacks.

- Provide example letters of patient notifications
- Assess the need to inform licensing authorities