

## Inventory of implemented services for the prevention of hepatitis C among drug users

Please tick those answers that apply in your facility

<b>Date</b>	(DD/MM/JJ)
<b>City</b>	
<b>Name of facility</b>	

<b>Type of Service</b>	
<input type="checkbox"/> Low threshold <input type="checkbox"/> Substitution maintenance treatment <input type="checkbox"/> Outpatient psychosocial treatment <input type="checkbox"/> Prisons <input type="checkbox"/> Other type of service, which	<input type="checkbox"/> Consumption rooms <input type="checkbox"/> Detoxification <input type="checkbox"/> Inpatient psychosocial treatment

<b>Which of the interventions are implemented in your facility?</b>	<b>Is the service offered on a regular basis</b>	
<input type="checkbox"/> Vaccination for hepatitis B and A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Pre- and post-test counselling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Syringe exchange	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, does the exchange procedure include the provision of		
<input type="checkbox"/> sterile alcohol swabs		
<input type="checkbox"/> sterile filters		
<input type="checkbox"/> sterile water		
<input type="checkbox"/> Testing for hepatitis C	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Advice on safer use and safer sex	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Education for hygiene as regards for e.g. hand washing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Information on risks through tattoo and piercing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Strengthen blood awareness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Education in the correct handling of alcohol sponges and other drug use equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Prevention messages addressing specific settings such as prisons	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Inventory

<b>Which of the interventions are implemented in your facility?</b>	<b>Is the service offered on a regular basis</b>
<input type="checkbox"/> Written information on risks and prevention of infections with HCV	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Is this written information available in different languages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes which languages	
<input type="checkbox"/> Other media on risks and prevention of infections with HCV (i.e. board game, DVD, external outreach workers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Are these media available in different languages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes which languages	
<input type="checkbox"/> Are there any other services provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes which other services	
<input type="checkbox"/> Training for employees	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Are there any information missing	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes which ones	

<b>Does your facility have a specific strategy or procedure for HCV prevention?</b>	
<input type="checkbox"/> Strategy on Hepatitis C prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Strategy on Hepatitis C screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Strategy on Hepatitis C treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Are there specific activities to reach new injectors (under 25 years or less than two years of injecting)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Do you refer HCV positive clients regularly to specialised HCV treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Which client groups are served?</b>
<input type="checkbox"/> Opiate addicts
<input type="checkbox"/> IDUs
<input type="checkbox"/> Cannabis users
<input type="checkbox"/> Crack, cocaine and /or amphetamine users
<input type="checkbox"/> Young drug users
<input type="checkbox"/> Women
<input type="checkbox"/> Migrants

## Inventory

### Utilisation of the programs

How many clients make use of you services?                      per month or                      per year

How many individual clients have been tested for blood-borne diseases in 2009?

How many individual clients have been tested for hepatitis C in 2009?

What proportion of you clients is infected with HCV?                      %  on basis of data or  estimated

How many HCV positive clients have been referred to HCV treatment in 2009?