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MINISTRY OF HEALTH-ETHIOPIA

# Hospital/Clinic Hepatitis B Screening and Treatment Register

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Region

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Zone/Subcity/Woreda

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Health Facility Name

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Begin Date

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End Date



# Instruction how to complete Hepatitis B Screening and Treatment Register

The register is kept in OPD and completed by Health care providers  
Information to be completed at front of the register  
Write cohort month and year (EC) at top of each page.

<b>Region</b>	Write the region where the service is located
<b>City/Town</b>	Write the town/city where the service is located
<b>Health facilities</b>	Write the name of Health facilities

Registration		
S.N	Datum	Comments
1	Patient's name	Write the full name of patient's
2	Date enrolled	Write date patient enrolled into Hepatitis B treatment, written as (EC) Day/ Month/ Year (DD/ MM/YY)
3	Patient MRN	Write unique individual identifier used on medical information folder.
4	Age	Write age of the patients in years: Specify if not in years
5	Sex	Write sex M= Male or F= Female
6	HBVL at Baseline	Write patient's Hepatitis Viral load count at baseline
7	HBVL at start of Rx	Write patient's Hepatitis Viral load count at the start of treatment
8	Status of HBeAg (+Ve/-Ve/ unknown)	Write the status of Hepatitis-e antigen status either positive, negative or unknown
9	co-infection (code)	Write the code for the co-infection found at the bottom of the Hepatitis B register
10	if HIV pos code of ART regimen	Write the code of ART regimen from patient chart if the patient is HIV Positive
11	clinical Status(Code)	Write the code for the clinical status of the patient. This is found at the bottom of the HBV register.
12	eligible for treatment (Y/N)	Write "Yes" if the patient is eligible for treatment or "NO" if not
13	indication for treatment	Write the code for indication for treatment found at the bottom of the Hepatitis B register
14	Date treatment initiated (D/m/Y)	Write the date patient started treatment as (EC) Day / Month /Year (DD/ MM/YY)
15	code for treatment	Write the code of the treatment at the bottom of the register
16	Follow up status (M0-m66)	Write the code for the follow up status at bottom of the register from month 0 to Month 66 for column16-28
29	Reason for Discontinuation (Code)	Write the code for Reason for discontinuation at the bottom of register
30	Remark	Use this section for recording additional information



# Hepatitis B Screening and Treatment Register

Cohort month \_\_\_\_\_ Cohort year \_\_\_\_\_

Region:_____																														
Name of Health facility : _____															Health facility type _____															
S.No	Patient’s name	Date enrolled (DD/MM/YY)	MRN	Age	Sex (F/M)	HBVL at Baseline (No)	HBVL at start of Rx (No)	Status of HBeAg (+Ve/-Ve/ un- known)	Co -infection (code)	if HIV pos code of ART regimen	Clinical Stat- us(Code)	Eligible for treatment (Y/N)	Indication for treatment (Code)	Date treat- ment initiated (D/m/Y)	Code for treatment	Follow up status												Reason for Discon- tinuation (Code)	Remark	
																m0	m3	m6	m12	m18	m24	m30	m36	m42	m48	m54	m60			m66
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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Co-infection Code: (Col. 9)

1.HIV  
2.HCV  
3.HIV & HCV  
4.Others

Phase of progression Code:

1.Immune Tolerant  
2.Immune Clearance  
3.Inactive Carrier state  
4.Reactivation

Clinical Status Code: (Col. 11)

1.No Cirrhosis  
2.Non-Dec Cirrhosis  
3.Dec Cirrhosis  
4.HCC with or without Cirrhosis

Indication for Treatment Code: (Col. 13)

1 Clinical evidence of Cirrhosis  
2 Detectable HBV DNA and Apri-score > 2  
3 Adult >30yrs with persistent ALT above limit and HBV DNA >2000 Iu/ml regardless of HBeAg  
4 HBeAg negative and HBeAb positive  
5 Patients under immunosuppressive Therapy like Chemotherapy  
6 Co-infection with HIV

Treatment Code: (Col. 15)

1.Tenofovir  
2.Entecavir  
3.Telbivudine  
4.Lamivudine  
5.Adefovir  
6.Peg-Interferon

Follow UP status Code: (Col. 16-28)

1.Active (on Treatment)  
2.Dead  
3.LTFu  
4.Stopped Treatment  
5.Halted progression (specify)  
6.Progression not Halted (specify)  
7.Dropped

Reason for Rx discontinuation Code: (Col. 29)

1. Side effect  
2. Drug to Drug interaction  
3. Out of Stock

LTFU: Lost follow up for the 1st, 2nd and 3rd visits

Dropped: patient lost follow up for more than three times