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MINISTRY OF HEALTH-ETHIOPIA

# Health Center/Clinic / Hospital HCV 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 C Register

The register is kept in OPD and completed by Health care providers

Information to be completed at front of the register

Region	Write the region where the service is located
City/Town	Write the town/city where the service is located
Health facilities	Write the name of Health facilities
Health Type	Write the Type of Health facilities (Hospital/Health Center/Private/NGO)

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 C care, 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.	VI quantitative (number)	Write the patient's Viral Load count at the start of the treatment
7.	co-infection (code)	Write the code for the co-infection found at the bottom of the Hepatitis C register
8.	Initial ALT	Write the initial Alanine Amino transaminase count
9.	APRI Score	Write the APRI Score. (APRI Score refers to the ratio of Liver enzyme AST (Aspartate amino transaminase) to Platelet
		A formula for calculating the APRI is given: $APRI = (AST/ULN) \times 100 / \text{platelet count } (10^9 / L)$ .
10.	initial liver Status (code)	Write the code for "Initial liver status" at the bottom of the register
11.	if HIV pos code of ART regimen	Write the ART regimen code from the patient Chart if positive
12.	History of prior treatment for HCV (Yes/No)	Write "Yes" if the patient had previous history of treatment for Hepatitis C or "NO" if no history of treatment
13.	Genotype	Write the Genotype of Hepatitis C
14.	HCV treatment (code)	Write the code of the treatment at the bottom of the register
15.	Date treatment initiated (DD/ mm/YYYY)	Write the date patient started treatment for Hepatitis C as (EC) Day / Month /Year (DD/MM/YY)
16.	Follow up status (Wk0-Wk 24)	Write the code for the follow up status at bottom of the register from week 0 to Week 24 (for Column 16-20)
21.	treatment completed (Y/n)	Write "Yes" if treatment completed and "NO" if not
22.	SVR 12 weeks Viral load (VI No)	Write the viral load count at 12 weeks of treatment
23.	treatment Stopped (Y/n)	Write "Yes" if the patient and clinician discussed and decided to stop the treatment
24.	Dropped (Y/n)	Write "Yes" if the patient is Lost to follow up more than 3 months
25.	Died (Y/N)	Write "Yes" if the patient died
26.	Remark	Use this section for recording additional information



# HCV Treatment Register

Region: \_\_\_\_\_

Name of Health facility : \_\_\_\_\_ Type of Health facility \_\_\_\_\_

[illegible]

## Definitions

Treatment Outcome refers to status of patients after the supposed HCV treatment period (12, 24 or so weeks)

**Dropped:** Refers to patients lost to follow up after the supposed HCV treatment period (12, 24 or so weeks as planned by the physician and patient)

**LTFU:** Lost to follow up

**Co-infection Code: (Col. 7)**

- 1.HIV
- 2.HBV
- 3.HIV & HBV
- 4.others

## Initial liver status Code: (Col. 10)

- 1.No Cirrhosis
- 2.Non Dec Cirrhosis
- 3.Dec Cirrhosis
- 4.HCC with Cirrhosis

## Treatment Code: (Col. 14)

- 1.Sof/DCV
- 2.Sof/VEL
- 3.Sof/LDV
- 4.Sof/RBV
- 5.Sof/VEL/Voxilaprevir
- 6.Other

## Follow up status Code: (Col. 16-20)

- 1.Active on Treatment
- 2.LTFU
- 3.Stopped
- 4.Died