Global reporting system for hepatitis (GRSH) – data entry manual

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Acknowledgement
The WHO Global Hepatitis Programme contracted EyeSeeTea Ltd to develop the DHIS2 module for global reporting for viral hepatitis, including the data entry forms and dashboards.
General information

The Global Reporting System for Hepatitis (GRSH) is using the District Health Information System Version 2 (DHIS2). DHIS2 is a platform for reporting, analysing and disseminating data for health programmes. To use this platform, the person entering the data accesses a web browser and logs in. Two data entry interfaces are being used because of the different nature of the database.

1. **Aggregated numbers (cascade and sequelae)** are entered through the **DATA ENTRY** application (app).
2. **Qualitative data (policy uptake)** are entered through the **EVENT CAPTURE** app.

The data entry field work in the same way throughout the data entry pages.

Data fields appear like this:

![Data Field Example](image)

To use data entry fields, click on them and introduce the appropriate value. If the value is accepted, the field will turn green:

![Accepted Value](image)

Some data entry field include drop-down menus. When clicked, they present several options. The answer is recorded automatically by simply clicking on the appropriate option.

![Drop-down Menu Example](image)

Drop-down menus look like this:

![Drop-down Menu](image)

When all the data has been filled in, the system runs a validation process. If all the data have been entered correctly, a message similar to the one on the right appears.

![Validation Success](image)

In case any inconsistency is found, a warning appears such as pictured on the right. This warning prompts the person entering the data if inconsistencies are found. This warning will not block the data entry. If the person entering data feels that this is the right value, the data can be saved despite the warning.

![Validation Warning](image)
1. Logging in

Users log in through the WHO DHIS2 website at https://extranet.who.int/dhis2/dhis-web-commons/security/login.action

Enter the user name and password to identify yourself within the system. This user name and password is unique to each user.

After logging in, the user is directed to the dashboard. The dashboard displays the data using various visuals. However, the information presented may vary for different users. People entering data from a country will see only their country data.

2. Entering aggregated numbers in the DATA ENTRY app

Aggregated numbers (cascade and sequelae) are entered through the DATA ENTRY app. From the dashboard, the user clicks on the upper-right field (a small box comprising several smaller boxes). This box provides access to the suite of apps available in this server. To enter the aggregated data on cascade and sequelae, select the DATA ENTRY app.
2.1 Selecting the country and the dataset

1. Within the DATA ENTRY app, select the country for which you want to enter data from the ORGANIZATION UNIT tree on the left. Within DHIS2, the organization unit is a country.

2. Select one of the datasets related to hepatitis from the drop-down menu on the right. Of the datasets present in the dropdown menu, select HEPATITIS – CASCADE OF CURE AND CARE to enter data.

   The hepatitis – Global AIDS Monitoring (GAM) reporting dataset contains prepopulated data specific to the country extracted from the Global AIDS Monitoring system. These data are relevant to viral hepatitis and are provided for information to the country; they cannot be edited.

   The WHO estimation contains the denominators of the people with HBV and HCV infection. They cannot be edited.

3. Select HEPATITIS – CASCADE OF CURE AND CARE and the period (year) for which the data are about to be entered. For example, the reporting taking place in 2018 will have the year 2017 as a reference period.

4. Once selected, the page will show a data entry form with several data elements ready to be filled in. There are four sections separated in four tabs. The sections include TESTING AND DIAGNOSIS (C6), TREATMENT INITIATION AND CONTINUATION (C7), MONITORING OF TREATMENT EFFECTIVENESS (C8) and MORTALITY FROM SEQUELAE (C10).
2.2 Entering data on testing and diagnosis (C6)

Introduce the following data for both HBV and HCV:

- the number of infected people already identified before the selected year (treated or not);
- the number of people tested with serology (HBsAg or anti-HCV) in the selected year (including rapid tests\(^1\)); and
- Number of infected people newly diagnosed with infection in selected year (HBsAg positive or HCV RNA or HCV core antigen positive, treated or not).

2.3 Entering data on treatment initiation and continuation (C7)

Introduce the following data for HBV and/or HCV, as applicable:

- the number of people continuing a treatment started before the year of reporting (only for HBV);
- the total number of people newly starting treatment;\(^2\)
- the number of people newly starting treatment among people who injected drugs in the past 12 months (among the total above); and
- the number of people completing treatment (only for HCV).

\textbf{Note: In some cases, the question is only relevant to either HBV or HCV, and some fields are therefore disabled.}

\(^1\) Needs to include testing activities conducted with rapid diagnostic tests.
\(^2\) Regardless of eligibility (HBV infection).
2.4 Entering data on treatment effectiveness (C8)

Introduce the following data:

- the number of people assessed for treatment effectiveness; and
- the number of people with effective treatment.

2.5 Entering data on mortality from sequelae (C10)

Introduce the following data:

- the proportion of people dying from cirrhosis who were positive for viral hepatitis infection; and
- the proportion of people dying from hepatocellular carcinoma who were positive for viral hepatitis infection.

2.6 Completing data entry

Once all the data have been entered, press the COMPLETE button at the bottom, a simple validation will be run and the data will be marked as complete.

This checks the data for inconsistencies, and them the data are ready for approval. The user with data approval login credentials can now access the platform to approve the data. In accordance with the process agreed with WHO, the data must be approved at the national level after entry for the data to be transmitted to WHO.

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3 Tested for viral suppression with ALT or HBV DNA (HBV) or tested for sustained viral response using HCV RNA or HCV core antigen (HCV).
4 Normal ALT or viral suppression (HBV) or sustained viral response (HCV).
3. Entering data for the policy uptake indicators using the **EVENT CAPTURE** app

Unlike the data on the cascade that are aggregated, the data on the policy uptake are individual. Thus, they are managed through a different app in the DHIS2 platform. From the data entry page, or dashboard, click on the upper-right field and access the app to enter data related to policies: **EVENT CAPTURE**. Most of the interface of this app is similar to the **DATA ENTRY** app used to report data on the cascade. However, there are a few differences.

3.1 Selecting the country and the programme

Similar to the **DATA ENTRY** app, select the appropriate country from the **ORGANIZATIONAL UNIT** option on the left if it is not already selected.

Then, select the programme from the drop-down menu on the right.

Then select the year (2017 in this case) and finally click on the **REGISTER EVENT** button to start entering the data.

The app will ask for a date related to the event with a dialogue similar to the one on the right. Simply select the current date and the data entry form will appear.
3.2 Reporter data
The first section identifies the person who enters the data.

Enter the information in the requested fields:
- Name of the respondent
- Email address of the respondent
- Institution reporting

3.3 Policy framework
The second section gathers information about the established policies on hepatitis.

Answer the following questions using the drop-down buttons:
- In your country, is there a national plan or strategy that covers the national response to viral hepatitis?
- In your country, is a civil society representative involved in advising the government on its response to viral hepatitis?
- In your country, are there policies or laws that address stigma and/or discrimination against people with hepatitis B or C?
- In your country, are funds allocated from the national budget to implement the national plan?

3.4 National guidelines
The last section refers to the national guidelines on hepatitis.

Answer the following questions using the drop-down buttons:
- In your country, is there official guidance on which test to use for diagnosing HBV and/or HCV?
- In your country, are there official guidelines or protocols recommending that all people diagnosed with HBV and/or HCV be routinely referred for treatment and care?
- In your country, is tenofovir or entecavir considered the first line of treatment for people with chronic hepatitis B (not coinfected with HDV)?
- In your country, are interferon-free direct-acting antiviral (DAAs) regimens considered the first line of treatment for people with chronic hepatitis C?
3.5 Completing the reporting

Once the policy uptake indicators have been entered, the event must be marked as completed so that the person responsible for approving the data will be notified. To complete entering the data, click on the EVENT COMPLETED? checkbox and then the SAVE AND GO BACK button.

This will take you to the original window and show that there is one event recorded. This will mark the end of the data entry.