

Criteria Grid
Hepatitis C Research Studies, Tools, and Surveillance Systems

Best Practice/Intervention:	Khan, S. et al. (2011). Molecular epidemiology of HCV among health care workers of Khyber Pakhtunkhwa, <i>Virology Journal</i> . Jun 6;8(1):275.			
Date of Review:	April 16, 2011			
Reviewer(s):	Alison Marshall			
Part A				
Category:	Basic Science <input type="checkbox"/> Clinical Science <input type="checkbox"/> Public Health/Epidemiology <input checked="" type="checkbox"/> Social Science <input type="checkbox"/> Programmatic Review <input type="checkbox"/>			
Best Practice/Intervention:	Focus: Hepatitis C <input checked="" type="checkbox"/> Hepatitis C/HIV <input type="checkbox"/> Other: _____ Level: Group <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other: _____ Target Population: <u>829 Health Care Workers (HCW) in Peshawar, Pakistan</u> Setting: Health care setting/Clinic <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other: <u>3 Hospitals in Peshawar region</u> Country of Origin: <u>Pakistan</u> Language: English <input checked="" type="checkbox"/> French <input type="checkbox"/> Other: _____			
Part B				
	YES	NO	N/A	COMMENTS
<i>Is the best practice/intervention a meta-analysis or primary research?</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary Research
<i>Has the data/information been used for decision-making (e.g. program funding developments, policies, treatment guidelines, defining research priorities and funding)?</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Data could be used to inform safety educational training programs for HCWs. However, no mention by authors whether data has been or will be used in this matter
<i>Do the methodology/results described allow the reviewer(s) to assess the generalizability of the results?</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCV rate of 4.13% found in this study is lower than 6% found in general population in Pakistan; however, regions of Khyber Pakhtunkhwa province have shown rates as high as 36%
<i>Are the best practices/methodology/results described applicable in developed countries?</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	N/A	COMMENTS
Are the best practices/methodology/results described applicable in developing countries?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The research study/tool/data dictionary is easily accessed/available electronically	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Virology Journal, 2011, 8: 105. http://www.virologyj.com/content/pdf/1743-422X-8-105.pdf
Is there evidence of cost effective analysis with regard to interventions, diagnosis, treatment, or surveillance methodologies? If so, what does the evidence say? Please go to Comments section	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No cost-effective analysis was conducted
Are there increased costs (infrastructure, manpower, skills/training, analysis of data) to using the research study/tool/data dictionary?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Costs for blood samples
How is the research study/tool funded? Please go to Comments section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not mentioned
Is the best practice/intervention dependent on external funds?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other relevant criteria: <u>Notable Findings</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Limitations: More discussion was needed on the limitations of this article. More information was also needed regarding the sample. It is not clear how representative the sample is of populations in the region and thus, whether the results can be generalized to surrounding populations • 6% of Pakistan's population has HCV • 4.13% of HCWs were positive for HCV antibodies • 52.9% of HCV infected HCWs had history of dental treatment; one individual was an intravenous drug user • Professionally, 15/34 positive persons with HCV were nurses (44.1%) • 2.79% were detected with HCV RNA • Most common HCV genotype was 3a

				<p>(73.91) and 2a (13.04)</p> <ul style="list-style-type: none"> • Of the study total (829) study participants, only 24.5% were aware of their viral status; 6 knew that they were HCV carriers • Major contributing factors towards HCV prevalence were unchecked blood transfusions and reuse of injection syringes and contaminated equipment
WITHIN THE SURVEILLANCE SYSTEM FOR REVIEW				
<i>Are these data regularly collected?</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A few studies have been conducted on the epidemiology of HCV in HCWs in Pakistan. The epidemiology of HCV in Khyber Pakhtunkhwa (north-west province) region had not been previously been investigated
<i>Are these data regularly collected at and/or below a national level?</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<i>Are these data collected manually or electronically?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manually
RESEARCH REPORTS				
<i>Has this research been published in a juried journal?</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Does the evidence utilize the existing data/surveillance information or has it generated new data and/or information?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New data/surveillance information