

Supplementary File S1: Participant Demographic Questions

<b>PARTICIPANT INFORMATION</b>	<b>Participant Consent Date:</b> _____ <b>Participant Study ID:</b> _____
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**PRIMARY LANGUAGE:** ☐ English ☐ Spanish

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLACE OF BIRTH:** ☐ USA ☐ Other: \_\_\_\_\_

**RACE:** ☐ Black ☐ White ☐ Asian – Country of Origin : \_\_\_\_\_ ☐ African ☐ Pacific Islander ☐ Native American ☐ Other \_\_\_\_\_

**HISPANIC** ☐ Yes ☐ No ☐ Unk

**GENDER:** ☐ Female ☐ Male ☐ Transgender ☐ FTM ☐ MTF

**WHAT SERVICES ARE YOU SEEKING AT PPP:** ☐ Exchange ☐ Drug Treatment ☐ HIV/HCV Testing ☐ Counselor ☐ Medical Care ☐ None (here to hang out/rest) ☐ Other \_\_\_\_\_

### TESTING HISTORY

**Have you ever tested positive for:**

Hepatitis A Virus (HAV) ☐ Yes ☐ No ☐ Unk If yes, when? \_\_\_\_\_  
 Hepatitis B Virus (HBV) ☐ Yes ☐ No ☐ Unk If yes, when? \_\_\_\_\_  
 Hepatitis C Virus (HCV) ☐ Yes ☐ No ☐ Unk If yes, when? \_\_\_\_\_  
 Hepatitis D Virus (HDV) ☐ Yes ☐ No ☐ Unk If yes, when? \_\_\_\_\_

**Have you ever been vaccinated for:**

HAV ☐ Yes ☐ No ☐ Unk If yes, when? \_\_\_\_\_  
 HBV ☐ Yes ☐ No ☐ Unk If yes, when? \_\_\_\_\_

### CLINICAL & RISK FACTORS

<table style="width: 100%;"> <tr> <th style="text-align: left;">Have you ever:</th> <th style="text-align: center;"><u>Yes</u></th> <th style="text-align: center;"><u>No</u></th> <th style="text-align: center;"><u>Unk</u></th> </tr> <tr> <td>Been incarcerated?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>  If yes, in the last 6 months?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Gotten a tattoo?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>  If yes, where: <input type="checkbox"/> Tattoo parlor/shop <input type="checkbox"/> Tattoo party</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Injected drugs?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>  If yes, in the last 6 months?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>  If yes, shared needles/works?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Had unprotected sex?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>  If yes, in the last 6 months?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Had sex for money or drugs?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Have you ever:	<u>Yes</u>	<u>No</u>	<u>Unk</u>	Been incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gotten a tattoo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, where: <input type="checkbox"/> Tattoo parlor/shop <input type="checkbox"/> Tattoo party				<input type="checkbox"/> Jail/Prison <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other _____				Injected drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, in the last 6 months?				If yes, shared needles/works?				Had unprotected sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Had sex for money or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>How old were you when you started injecting? _____  <input type="checkbox"/> I don't inject drugs</p> <p>What is your preferred method of drug consumption?  <input type="checkbox"/> Injection <input type="checkbox"/> Smoke <input type="checkbox"/> Oral <input type="checkbox"/> Sniff  <input type="checkbox"/> Other _____ <input type="checkbox"/> I don't consume drugs</p> <p>Have your sexual partners in your lifetime been:  <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both</p> <p>Are you currently homeless, living on the streets, or living in a shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><b>Notes:</b> _____        _____        _____        _____        _____</p>
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**Table S1.** Self-reported previous viral hepatitis A, B, C and D positive test results and association with active hepatitis B and delta infection

Category	HBsAg +		HBsAg -		Total		p-value	OR
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		
HepA Previous Positive							1	-
Yes	0	-	17	3.5	17	3.4		
No	10	100	451	92.4	461	92.6		
Unkown	0		20	4.1	20	4.0		
HepA Vaccine							1	0.87
Yes	2	20	109	22.3	111	22.3		
No	5	50	235	48.2	240	48.2		
Unknown	3	30	144	29.5	147	29.5		
HepB Previous Positive							1	-
Yes	0	-	17	3.5	17	3.4		
No	10	100	447	91.6	457	91.8		
Unknown	0	-	24	4.9	24	4.8		
HepB Vaccine							.843	-
Yes	2	20	107	21.9	109	21.9		
No	4	40	238	48.8	242	48.6		
Unknown	4	40	143	29.3	147	29.5		
HepC Previous Positive							1	1.13
Yes	5	50	222	45.5	227	45.6		
No	5	50	251	51.4	256	51.4		
Unkown	0	-	15	3.1	15	3.0		
HepD Previous Positive							0.018	57.2
Positive	1	10	0	-	1	0.2		
Negative	8	80	488	100	496	99.6		
Unknown	1	10	0	-	1	0.2		

**Table S2.** Self-reported setting of receiving a tattoo and association with active hepatitis B infection

Category	HBsAg+		HBsAg -		Total		p-value	OR
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		

Shop							0.69	0.68
Yes	5	0.6	281	70.8	286	70.6		
No	3	0.4	116	29.2	119	29.4		
Party				-			1	0
Yes	0	-	41	10.3	41	10.1		
No	8	100	356	89.7	364	89.9		
Jail							0.68	0.41
Yes	1	0.1	102	25.7	103	25.4		
No	7	0.9	295	74.3	302	74.6		
Friend/Family							0.71	1.6
Yes	4	50	155	39	159	39.3		
No	4	50	242	61	246	60.7		
Other							1	0
Yes	0	-	19	4.8	19	4.7		
No	8	100	378	95.2	386	95.3		

Note: OR & p-values reported based on those that have tattoos (n = 405).

**Table S3.** Self-reported risk factor variables and odds ratios for the study sample, and association with HBcAb

Category	HBcAb+ †		HBcAb-		Total		P-value	OR
	n	%	n	%	n	%		
Unhoused*								
Yes	65	61.3	287	73.2	352	70.7	0.04	-
No	40	37.7	103	26.3	143	28.7		
Unreported	1	0.9	2	0.5	3	0.6		
Transactional sex								
Yes	41	38.7	107	27.3	148	29.7	0.08	-
No	65	61.3	278	70.9	343	68.9		
Unreported	0	-	7	1.8	7	1.4		

† Includes six individuals who also tested positive for HBsAg

\*Indicates significance