



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## Enhanced Surveillance Form for Hepatitis B



Please complete this form for the first notification of a case of hepatitis B

**Patient Details**

CIDR ID  Local ID

Forename  Surname

Address  Tel.

HSE area  County  CCA/LHO

Date of birth  Age (years)

Sex Male  Female  Unknown  Occupation

Country of birth  If **not Ireland**, duration of residence in Ireland (years)

Is the patient an asylum seeker? Yes  No  Unknown

Was this infection likely to have been acquired outside Ireland? Yes  No  Unknown

If yes, please specify country

**Acute/chronic status**

**Diagnosis:** Acute  Chronic  Unknown  Date of Diagnosis

*(see case definition overleaf. Note: not all laboratory markers may be available for all cases. Please use judgement based on clinical and laboratory information to assign acute or chronic status)*

**Reason for testing**

Antenatal screening <input type="checkbox"/>	Injecting drug user <input type="checkbox"/>	Healthcare worker <input type="checkbox"/>
Baby of known case <input type="checkbox"/>	Prison inmate <input type="checkbox"/>	Blood/organ donor <input type="checkbox"/>
Asymptomatic contact <input type="checkbox"/>	Homeless <input type="checkbox"/>	Life assurance/insurance/mortgage <input type="checkbox"/>
Asylum seeker <input type="checkbox"/>	MSM <input type="checkbox"/>	Routine health screening <input type="checkbox"/>
Born in endemic country <input type="checkbox"/>	STI Screening <input type="checkbox"/>	Known case <input type="checkbox"/>
Adopted from endemic country <input type="checkbox"/>	Symptomatic <input type="checkbox"/>	Unknown <input type="checkbox"/>
Other <input type="checkbox"/> Please specify <input type="text"/>		

**Risk exposure (please answer all):** *For acute cases please confine time period of exposure to 6 wks - 6 months before onset.*

**Please indicate most likely risk exposure** \_\_\_\_\_ **No known risk exposure**

	Yes	No	Unknown	
Sexual contact with HBsAg +ve case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual <input type="checkbox"/> Sex between men <input type="checkbox"/>
Possible sexual exposure (e.g. multiple, new, or high risk partner(s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details: _____
MSM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works as a sex worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Household (non sexual) contact with HBsAg +ve case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Risk group of mother <input type="text"/>
Vertical transmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injecting drug user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date <input type="text"/>
Renal dialysis patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Product <input type="text"/>
Recipient of blood/blood products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hospital <input type="text"/>
Occupational needlestick, blood or body fluid exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-occupational needlestick or other injury involving blood or body fluid exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tattooing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Body piercing (except ear lobe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intellectual disability setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Born in endemic country (HBsAg ≥2%) or asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**If other exposure, please specify**

## Potential nosocomial exposures

Please detail hospital, procedure and date of any **surgical procedures** (including endoscopy) carried out on this case in the 6 months before onset (if acute hepatitis B) or ever if risk exposure unknown:

**For acute cases only** - even if no surgery, please detail any **hospital attendance** in the 6 months before onset (including date and hospital attended):

**For acute cases only** - please detail procedure and date of any **dental procedures** carried out in the 6 months before onset:

### Clinical Details

	Yes	No	Unknown		
If acute, symptomatic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If symptomatic, date of onset of symptoms	<input type="text"/>
If acute, hospitalised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>All cases:</b>					
Has the patient died?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date of death	<input type="text"/>
Is the patient pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, due date	<input type="text"/>
Does the patient have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the patient co-infected with HIV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

### Laboratory details

Laboratory details	Test	Result			
		Positive	Negative	Not Tested	Unknown
Laboratory name <input type="text"/>	HBsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HBeAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Anti-HBe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Anti-HBcIgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of first positive result <input type="text"/>	Anti-HBc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PCR / nucleic acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Viral load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please circle hepatitis B genotype (if available)    A   B   C   D   E   F   G   H					
				Further genotyping details	<input type="text"/>

**Hepatitis B immunisation history** Full (3 doses)  Partial (1 or 2 doses)  No vaccination  Unknown   
If vaccinated, what year did vaccination commence?

### Blood donation:

**For acute cases only:** has the case donated blood recently? Yes  No  Unknown  If yes, date donation

### Notification details

Form completed by   
Date of completion  Date of notification

### Comments

#### Case definition for hepatitis B (acute and chronic)

*Clinical criteria* Not relevant for surveillance purposes. *Epidemiological criteria* Not relevant for surveillance purposes.

#### Laboratory criteria for diagnosis

##### Hepatitis B (acute)

At least one of the following three:

- Detection of hepatitis B core IgM (anti-HBc IgM)
- Detection of hepatitis B surface antigen (HBsAg) AND previous negative HBV markers less than 6 months ago
- Detection of hepatitis B nucleic acid (HBV DNA) AND previous negative HBV markers less than 6 months ago

##### Hepatitis B (chronic)

At least one of the following two:

- Detection of HBsAg or HBV DNA AND no detection of anti-HBc IgM (negative result)
- Detection of HBsAg or HBV DNA on two occasions that are 6 months apart

##### Hepatitis B (unknown status)

Any case which cannot be classified according to the above description of acute or chronic infection and having positive results of at least one of the following tests:

- Hepatitis B surface antigen (HBsAg)
- Hepatitis B e antigen (HBeAg)
- Hepatitis B nucleic acid (HBV DNA)

##### Case classification

Possible: N/A  
Probable: N/A  
Confirmed: Any person meeting the laboratory criteria

**Note:** The following combination of lab tests shall not be included or notified

- Resolved hepatitis - hepatitis B total core antibody (anti-HBc) positive and hepatitis B surface antigen (HBsAg) negative
- Immunity following vaccination - Hepatitis B total core antibody (anti-HBc) negative and hepatitis B surface antibody (anti-HBs) positive

**Note:** elevated levels of IgM in some chronic cases may result in misclassification which could over-estimate the number of acute cases

Thank you for completing this form