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| **Enhanced Surveillance Form for Hepatitis C** |
| Please complete this form for the first notification of a case of hepatitis C |
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| **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) |  |  |

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| **Risk group (please answer all)** | **Yes** | **No** | **Unknown** |  |
| Injecting drug user | [ ]  | [ ]  | [ ]  |  |
| Sexual contact with known case | [ ]  | [ ]  | [ ]  |  |
| Possible sexual exposure (e.g. multiple, new, or high risk partner(s)) | [ ]  | [ ]  | [ ]  | Details: |  |
| Is the case a man who has sex with a man (MSM)? | [ ]  | [ ]   | [ ]  |  |
| Vertical transmission | [ ]  | [ ]  | [ ]  | Risk group of mother: |  |
| Occupational needle stick, blood or body fluid exposure | [ ]  | [ ]  | [ ]  |  |
| Non-occupational needlestick or other injury involving bloodor body fluid exposure | [ ]  | [ ]  | [ ]  |  |
| Tattooing | [ ]  | [ ]  | [ ]  | Details: |  |
| Body piercing (except ear lobe) | [ ]  | [ ]  | [ ]  |  |
| Acupuncture | [ ]  | [ ]  | [ ]  |  |
| Renal dialysis patient | [ ]  | [ ]  | [ ]  |  |
| Recipient of blood/blood products | [ ]  | [ ]  | [ ]  | Product |  | Year |  |
| Recipient of organ or tissue transplant | [ ]  | [ ]  | [ ]  | Details: |  |
| Born in endemic country or asylum seeker | [ ]  | [ ]  | [ ]  |  |
| Relevant surgical or dental procedures | [ ]  | [ ]  | [ ]  | Details: |  |
| **If other exposure, please specify** |  |
| **Please indicate most likely risk group** |  |

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| **Is the patient co-infected with HIV?** | [ ]  | [ ]  | [ ]  |  |

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| **Infection likely to have been acquired abroad?** | [ ]  | [ ]  | [ ]  | Country |  |

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| **Laboratory Details** | Laboratory |  | Date of first confirmed HCV positive result |  |  |  |  |  |  |
| Did the case previously test negative? | Yes [ ]  | No [ ]  | Unknown [ ]  | Date last negative |  |  |  |  |  |  |
|  | **Result** |  |
| **Test** | Positive | Negative | Indeterminate | Weak positive |  |
| HCV EIA | [ ]  | [ ]  | [ ]  | [ ]  | **Acute** [ ]  **Chronic** [ ]  **Unknown** [ ]  |
| HCV Immunoblot | [ ]  | [ ]  | [ ]  | [ ]  | HCV viral load |  |
| HCV antibody-antigen | [ ]  | [ ]  | [ ]  | [ ]  | Please mark HCV genotype |  1 2 3 4 5 6 |
| HCV antigen | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| HCV PCR/RNA | [ ]  | [ ]  | [ ]  | [ ]  | Further genotyping details |  |

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| Newly diagnosed case | [ ]  | Or | Case was previously diagnosed, but not notified | [ ]  |

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| Has the case donated blood recently? | Yes[ ]  | No [ ]  | Unknown[ ]  |
| If yes, date of blood donation |  |  |  |  |  |  |  |

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| **Notification Details** |
| Form completed by |  |
| Date of completion |  |  |  |  |  |  |  | Date of notification |  |  |  |  |  |  |  |

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| **Case definition for hepatitis C***Clinical criteria Not relevant for surveillance purposes. Epidemiological criteria Not relevant for surveillance purposes.****Laboratory criteria for diagnosis*****Hepatitis C (acute)**At least one of the following two:* Recent HCV seroconversion (prior negative test for hepatitis C in last 12 months)
* Detection of hepatitis C virus nucleic acid (HCV RNA) or hepatitis C virus core antigen (HCV-core) in serum/plasma AND no detection of hepatitis C virus antibody (negative result)

**Hepatitis C (chronic)*** Detection of hepatitis C virus nucleic acid (HCV RNA) or hepatitis C core antigen (HCV-core) in serum/plasma in two samples taken at least 12 months apart

**Hepatitis C (unknown status)**Any case which cannot be classified according to the above description of acute or chronic infection and having at least one of the following three:* Detection of hepatitis C virus nucleic acid (HCV RNA)
* Detection of hepatitis C virus core antigen (HCV-core)
* Hepatitis C virus specific antibody (anti-HCV) response confirmed by a confirmatory (e.g. immunoblot) antibody test in persons older than 18 months without evidence of resolved infection\*

***Case classification***Possible: N/AProbable: N/AConfirmed: Any person meeting the laboratory criteria**Note:** Resolved infection should not be notified\*Resolved infection: Detection of hepatitis C virus antibody and no detection of hepatitis C virus nucleic acid (HCV RNA negative result) or hepatitis C virus core antigen (HCV-core negative result) in serum/plasma |
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| **Hepatitis C test details** |
| **Test name** | **Manufacturer** | **Type of test** |
| HCV Antibody Architect | Abbott | HCV antibody test, first line screening |
| HCV Antigen Architect | Abbott | HCV antigen test, first line screening |
| INNO-LIA immunoblot | Innogenetics | HCV antibody test, second line screening |
| HCV Antibody | Vidas | HCV antibody test, second line screening |
| HCV PCR | Abbott | HCV RNA test |

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| **Comments** |
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| **Thank you for completing this form** |