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| **Enhanced Surveillance Form for Hepatitis C** |
| Please complete this form for the first notification of a case of hepatitis C |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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) | | | | | | |  |  | |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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 blood  or 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** |  | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Is the patient co-infected with HIV?** |  |  |  |  | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Infection likely to have been acquired abroad?** |  |  |  | Country |  | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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 | | | | | |  | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Newly diagnosed case |  | Or | Case was previously diagnosed, but not notified |  | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Has the case donated blood recently? | | | Yes | | | | No | | | Unknown | | If yes, date of blood donation |  |  | |  |  |  | |  |  | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Notification Details** | | | | | | | | | | | | | | | | | Form completed by |  | | | | | | | | | | | | | | | | Date of completion |  |  |  |  |  |  |  | Date of notification |  |  |  |  |  |  |  | |
| **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/A  Probable: N/A  Confirmed: 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 |
| |  |  |  | | --- | --- | --- | | **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 | |
| |  | | --- | | **Comments** | |  | |
| **Thank you for completing this form** |