National Tuberculosis Notification Form v2.4

A. PATIENT DETAILS

CIDR EVENT ID | HSE ID

HSE area | County | CCA | DED name/code

Patient forename | Patient surname

Patient address | Hospital name | Hospital number | Treating Physician

Phone

First notified by: Laboratory | Occupational Health | GP | Public Health | Hospital clinician | Other

If other notification source, please specify:

School/ college address

Work address

B. SOCIODEMOGRAPHIC DETAILS

1. Sex: Male Female

2. Date of Birth

3. Age (years)

4. Current employment status

Paid employment | Retired
Housewife/husband | Student
Unemployed | Other

Other (please specify):

5. Current/most recent occupation (within last 2 years)

6. Current living status

Home (private/rented) | Hostel
B&B/hotel | Prison
Homeless | Institution
Other (please specify):

7. Country of birth

Ireland | Other (please specify):

8. If born outside Ireland, year of entry into Ireland:

9. Race or ethnic group

Black | South Asian descent
White | East/south east Asian descent
Irish Traveller | Other (please specify):

10. Refugee / asylum seeker Yes No Unk

C. CLINICAL DETAILS

11. Symptomatic Yes No

12. Date of onset of symptoms

13. Date diagnosed

14. Date of notification

15. Date treatment commenced

16. Date contact tracing commenced

17. Diagnosis (tick one only)

Pulmonary | Extrapulmonary
Pulmonary & Extrapulmonary (P+E)

If Extrapulmonary or P+E, please specify site(s):

EP site 1

EP site 2

18. Chest x-ray

Active Cavitary TB | Normal | Not done
Active Non-cavitary TB | Inactive/Old TB | Other

If Other, please specify:

19. Was this case hospitalised due to TB? Yes No Unk

20. This case was found by

Presenting as case | Post-mortem diagnosis
Contact tracing | Pre-employment screening
Immigrant screening | Other (please specify):

21. Did this case previously undergo TB screening in Ireland?

Yes No Unk

If yes, please specify:

22. Previous history of TB disease Yes No Unk

If yes, please specify

(a) Previous year of diagnosis

(b) Previous treatment (>1 month) Yes No Unk

(c.) Previous treatment completed Yes No Unk

23. History of BCG vaccination Yes No Unk

If yes, year of BCG vaccination

24. BCG scar present Yes No Unk

25. Risk factors present Yes No Unk

If yes, please tick

Risk factor			
Anti-TNF treatment	Yes	No	Unk
Other immunosuppressive medication	Yes	No	Unk
Immunosuppressive illness	Yes	No	Unk
Diabetes	Yes	No	Unk
Born in country of high endemicity	Yes	No	Unk
Residence in country of high endemicity	Yes	No	Unk
Contact of case	Yes	No	Unk
Alcohol misuse	Yes	No	Unk
Drug misuse	Yes	No	Unk

If other/additional risk factors present (please specify)

26. Immune code Positive Negative Unk

27. Is this case linked to an outbreak? Yes No Unk

If YES, please specify outbreak code:

D. DIAGNOSTIC DETAILS

28. Direct sputum microscopy (DSM)

(a) 1st DSM result
- Positive
- Negative
- Not done

1st DSM date:

(b) 2nd DSM result
- Positive
- Negative
- Not done

2nd DSM date:

29. Microscopy of other specimens (e.g. BAL, gastric washings etc)

(a) 1st microscopy result
- Positive
- Negative
- Not done

1st microscopy date:

1st microscopy specimen type

(b) 2nd microscopy result
- Positive
- Negative
- Not done

2nd microscopy date:

2nd microscopy specimen type

30. Histology Positive Negative Not done

Histology specimen site

31. Culture results

(a) 1st Culture result
- Culture positive
- Culture negative
- Not done

1st Culture specimen type

1st Culture specimen site

(b) 2nd Culture result
- Culture positive
- Culture negative
- Not done

2nd Culture specimen type

2nd Culture specimen site

32. *Mycobacterium tuberculosis* complex (MTC) isolated? Yes No Unk

If YES, please tick species identified (1 species only)

M. tuberculosis	*M. africanum*	*M. caprae*
M. bovis	*M. canetti*	*M. microti*

33. Drug sensitivities (R= res, S = sens, ND = not done)
(Please fill for each drug used)

1st line drugs	**S**	**R**	**ND**
Isoniazid			
Rifampicin			
Ethambutol			
Pyrazinamide			
Streptomycin			

2nd line drugs	**S**	**R**	**ND**
Amikacin			
Capreomycin			
Ciprofloxacin			
Ethionamide			
Kanamycin			
Moxifloxacin			
Ofloxacin			
Para-amino salicylic acid (PAS)			
Prothionamide			
Rifabutin			

Sensitivity / resistance pattern (tick 1 only)	Yes	No	Unk
A) Pansensitive			
B) MDR-TB			
C) XDR-TB			

34. Nucleic acid amplification test (e.g. PCR)

Positive for MTC　Negative for MTC　PCR not done

If positive, were genetic resistance determinants to the following drugs detected:

Isoniazid	Yes	No	Unk
Rifampicin	Yes	No	Unk

35. Genotyping MIRU done? Yes No Unk

MTC lineage

MIRU-VNTR

E. OUTCOME DETAILS

(Q36a and 36b apply to sputum smear positive cases ONLY):

	Direct Sputum microscopy				**Culture**			
	Pos	Neg	Not done	Sputum N/A	Pos	Neg	Not done	Sputum N/A
36. (a) During treatment (at least 2 months)								
(b) Treatment end								

37. Treatment Outcome (at 12 months)	Completed - cured	Completed - status unknown	Interrupted	Transferred
	Completed - failed	Still on treatment	Lost to follow up	Died
38. Treatment Outcome for MDR TB (at 24 months)	Completed - cured	Completed - status unknown	Interrupted	Transferred
	Completed - failed	Still on treatment	Lost to follow up	Died
39. Treatment Outcome for XDR TB (at 36 months)	Completed - cured	Completed - status unknown	Interrupted	Transferred
	Completed - failed	Still on treatment	Lost to follow up	Died

40. Did drug resistance develop during treatment? Yes No Unk **If YES:** MDR XDR Other resistance

If other resistance, please specify:　**If treatment completed, date of completion**

41. DOTS recommended? Yes No Unk　**42. DOTS commenced?** Yes No Unk　**43. DOTS successful?** Yes No Unk

44. If deceased, date of death　**45. If deceased, was TB the direct cause?** Yes No Unk

46. Case denotified (i.e. was diagnosis changed?) Yes No Unk

If YES, please specify new diagnosis

47. Case classification (tick 1 only): Possible Probable Confirmed

F. CONTACT TRACING DETAILS

Is this case: Index case ☐ **OR** Contact of another case ☐ *(please tick one)*

If this case is a contact of another case, please complete the following questions:

Nature of contact:

Family ☐		Healthcare setting ☐		Work ☐		Other ☐
School/college ☐		Longstay care facility ☐		Prison ☐		

If other, please specify:

Did this case comply with contact tracing? **Yes** ☐ **No** ☐

Name of index case

Date of notification of index case

CIDR Event ID of index case

COMPLETING DOCTOR SIGNATURE

Tick section(s) completed:

				A	B	C	D	E
Signature 1		**Date 1**	Section completed:	☐	☐	☐	☐	☐
Signature 2		**Date 2**	Section completed:	☐	☐	☐	☐	☐
Signature 3		**Date 3**	Section completed:	☐	☐	☐	☐	☐
Signature 4		**Date 4**	Section completed:	☐	☐	☐	☐	☐
Signature 5		**Date 5**	Section completed:	☐	☐	☐	☐	☐

COMMENTS

EU Case Definition for TB

Irish standardised case definitions for notification of a TB case:

under S.I. No. 452/2011 Infectious Diseases (Amendment) Regulations 2011

Tuberculosis (*Mycobacterium tuberculosis* complex including; *M. africanum*, *M. bovis*, *M. canetti*, *M. caprae*, *M. microti*, *M. pinnipedii* and *M. tuberculosis*)

Clinical Criteria - Any person with:

- Signs, symptoms and/or radiological findings consistent with active tuberculosis in any site
  AND
- A clinician's decision to treat the person with a full course of anti-tuberculosis therapy

OR

- A case discovered post-mortem with pathological findings consistent with active tuberculosis that would have indicated anti-tuberculosis antibiotic treatment had the patient been diagnosed before dying

Possible case - A person meeting the clinical criteria without laboratory confirmation

Probable case - A person meeting the clinical criteria with at least one of the following:

- Microscopy positive for acid-fast bacilli or equivalent fluorescent staining bacilli on light microscopy

OR

- Detection of *Mycobacterium tuberculosis* complex nucleic acid in a clinical specimen

OR

- Histological appearance of granulomata

Confirmed case - A person meeting the clinical criteria with:

- Detection of *M. tuberculosis* complex nucleic acid in a clinical specimen
  AND
- Positive microscopy for acid-fast bacilli or equivalent fluorescent staining bacilli on light microscopy

OR

- Isolation of *M. tuberculosis* complex (excluding *M. bovis*-BCG) from a clinical specimen