

Weekly Infectious Disease Notification Dataset	Other Details
Identification Number	Assigned by medical officer.
CCA	
County	Only required if not implicit from CCA provided.
Health Board	
Date of Onset	
Date of Notification	
Week Number	Epidemiological week number of notification made to medical officer of health.
Date of Birth	
Age	
Sex	
Disease	As per Infectious Disease (Amendment) (No.3) Regulations 2003. For Hepatitis B please specify whether acute or chronic.
Causative Pathogen	Organism Details (Genus/Species/Type/Other Details).
Specimen Type	e.g. Blood/CSF/Stool
Lab Diagnosis Date	Date of test result/Date laboratory diagnosis was made.
Notification Source	GP (Yes/No), Hospital Clinician (Yes/No), Public Health Doctor (Yes/No) or Laboratory (Yes/No)
Case Classification	Confirmed, Probable, Possible or Unknown
Vaccination Status	Complete, Incomplete, Unvaccinated or Unknown
Country of Birth	Report if provided on notification form