



Hepatitis B enhanced surveillance form



Please complete this form for the first notification of a case of hepatitis B. The fields in red are key reporting fields

| | |
|---|-------------------------------|
| CIDR event ID <input type="text"/> | Local ID <input type="text"/> |
|---|-------------------------------|

Patient Details

| | |
|---|--|
| Forename <input type="text"/> | Surname <input type="text"/> |
| Address <input type="text"/> | Eircode <input type="text"/> |
| County <input type="text"/> | HSE region <input type="text"/> Tel. <input type="text"/> |
| Date of birth <input type="text"/> | Occupation <input type="text"/> |
| Sex (at birth) Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> | |
| Gender identity Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> | Trans male <input type="checkbox"/> Trans female <input type="checkbox"/> Unknown <input type="checkbox"/> |

| | |
|--|---|
| Country of birth <input type="text"/> | Duration residence Ireland <input type="text"/> |
| International Protection Applicant or BoTP? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> | |
| Resident in a congregate setting? ¹ Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> | |
| If yes, please specify location <input type="text"/> | |
| Was this infection likely to have been acquired outside Ireland? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> | |
| If yes, please specify likely country of infection <input type="text"/> | |

Ethnicity

| | |
|---|--|
| White Irish <input type="checkbox"/> | Asian or Asian Irish - Chinese <input type="checkbox"/> |
| White Irish traveller <input type="checkbox"/> | Asian or Asian Irish - Indian/Pakistani/Bangladeshi <input type="checkbox"/> |
| White – Any other white background <input type="checkbox"/> | Asian or Asian Irish – Any other Asian background <input type="checkbox"/> |
| Black or Black Irish - African <input type="checkbox"/> | Arabic <input type="checkbox"/> |
| Black or Black Irish - Any <input type="checkbox"/> | Roma <input type="checkbox"/> |
| Mixed background <input type="checkbox"/> | Other <input type="text"/> Not known <input type="checkbox"/> |

Reason for testing

| | | |
|---|---|---|
| Symptomatic <input type="checkbox"/> | Person who injects drugs <input type="checkbox"/> | Blood donor <input type="checkbox"/> |
| Antenatal screening <input type="checkbox"/> | Person who uses drugs, but does not inject <input type="checkbox"/> | Organ donor <input type="checkbox"/> |
| Baby of known case <input type="checkbox"/> | Prison inmate <input type="checkbox"/> | Recipient of blood/blood products <input type="checkbox"/> |
| Asymptomatic contact <input type="checkbox"/> | Homeless <input type="checkbox"/> | Emergency Department viral screening <input type="checkbox"/> |
| International Protection Applicant or BoTP <input type="checkbox"/> | gbMSM <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"/> | Healthcare worker <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| Other reason, please specify <input type="text"/> | | |

¹ Congregate settings refer to a range of facilities where people (most or all of whom are not related) live or stay overnight and use shared spaces (e.g., common sleeping areas, bathrooms, kitchens) such as: shelters, group homes and emergency accommodation including International Protection Accommodation Services (IPAS).

Risk exposure/mode of transmission For *acute* cases please confine time period of exposure to 6 months before onset.
Please tick all risk factors that apply **and** enter the most likely risk factor

Please indicate most likely risk exposure No known risk exposure

Yes No Unk

Known or possible sexual acquisition **Prompt: Do you know if any of your current/past sexual partners have hepatitis B**

Sexual contact with HBsAg +ve case **If sexual contact with case or possible sexual exposure**

Possible sexual exposure (multiple, new or high-risk partners) Sex between men (gbMSM)

Heterosexual sex

Works as a sex worker Sex between women (WSW)

Details of sexual exposure

Household (non-sexual) contact with HBsAg +ve case **Prompt: Do you know if your parents, siblings or other close household contacts have hepatitis B?**

Mother to child (vertical) transmission Risk group mother

Person who injects drugs Ex-PWID Current PWID

Person who uses drug, but does not inject Details of drug use

Renal dialysis patient Dialysis details

Recipient of blood/blood products Blood date/year

Blood product

Hospital/location

Occupational needlestick, blood or body fluid exposure Details

Non-occupational needlestick, other injury involving blood or body fluid exposure Details

Prompt: non-occupations exposures could include contact with needles used for injecting drugs, human bites, fights or skin being accidentally broken in barbershops, beauty salons or other settings

Tattooing Details

Body piercing (except ear lobe) Details

Acupuncture Details

Intellectual disability setting Details

Born in endemic country (HBsAg $\geq 2\%$)

If other exposure, please specify

Possible nosocomial exposures Nosocomial exposures outruled

Surgical procedures
Please provide details of 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 is unknown

Hospital attendances
For acute cases only: even if no surgery, please provide details of hospital attendances in the 6 months before onset

Dental procedures
For acute cases only: please provide details of any dental procedures carried out in the 6 months before onset

Diabetes: Does the patient have diabetes? Yes No Unknown

| Laboratory details | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|----------------------------|---|--------------------------|--------------------------|--------------------------|----------------------------|
| Laboratory name | <input type="text"/> | | | Date of first positive | <input type="text"/> | | | | |
| Test and results | Positive | Negative | Weak positive | Indeterminate | Unknown | | | | |
| HBsAg (surface antigen) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| HBeAg (e antigen) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Anti-HBe (e antibody) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Anti-HBcIgM (core IgM antibody) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Anti-HBc (core total antibody) | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | | | | |
| Hepatitis B viral load | <input type="text"/> | | | | | | | | |
| Hepatitis B genotype | A | B | C | D | E | F | G | H | Further genotyping details |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Hepatitis B acute/chronic status (See case definition page 5. Note: not all laboratory markers may be available for all cases, please use judgement) | | | | | | | | | |
| Status at diagnosis Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Unknown <input type="checkbox"/> | | | | | | | | | |
| Clinical details | | Yes | No | Unk | Symptoms prompt: Do you remember being symptomatic with hepatitis (e.g. jaundice, digestive issues, dark urine, pale stools) | | | | |
| Symptomatic? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If symptomatic, date onset | | <input type="text"/> | | | |
| Hospitalised? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| 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"/> | | | |
| Is the patient living with HIV? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Hepatitis B immunisation history | | | | | | | | | |
| Fully immunised (3 doses) <input type="checkbox"/> Partial (1 or 2 doses) <input type="checkbox"/> No vaccination <input type="checkbox"/> Unknown <input type="checkbox"/> | | | | | | | | | |
| If vaccinated, what year did vaccination commence? <input type="text"/> | | | | | | | | | |
| Blood donation – Acute cases only | | | | | | | | | |
| Has the case donated blood recently? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> | | | | | | | | | |
| If yes, date of blood donation <input type="text"/> | | | | | | | | | |
| Contacts: Number of current household contacts <input type="text"/> Number of recent sexual contacts <input type="text"/> | | | | | | | | | |
| Notification details | | | | | | | | | |
| ESF completed <input type="checkbox"/> Completed by: <input type="text"/> Date: <input type="text"/> | | | | | | | | | |
| Comments | | | | | | | | | |
| <input type="text"/> | | | | | | | | | |

Additional questions for acute hepatitis B cases reporting sexual contact or drug use as a potential mode of transmission and suspected to be part of a cluster

Thank you for agreeing to be interviewed. To help prevent hepatitis B, we are keen to try and obtain as much information as possible on the way this infection is currently spreading between people. We would like to ask you some further questions; some of them will be quite personal, but if there is anything you do not want to answer, please just say so; we would appreciate it if you could be as honest as possible. This interview will be completely confidential.

Sexual health questions

How many sexual partners have you had in the past 6 months?

How many were female?

How many were male?

What type of sexual partners were they? Regular Casual Commercial sex worker Other

How did you meet them? Dating app Bar/club Sauna Social networking site Other

Please provide details e.g. name of dating app, bar, club, social networking site, sauna, other

Have you had sex in another country in the past 6 months? Yes No Unknown

If yes, please provide details of the country and setting

In the past 6 months, where have you met partners for sex? (tick all that apply)

Gay club/bar Saunas Name of venues

Straight club/bar Private sex parties

Public toilets Cruising grounds

Sex on premises venues/blackrooms Other

Do you attend sexual health services? Yes No Unknown Details

Recreational drugs

Have you used any recreational drugs in the past 6 months? Yes No Unknown

If yes, which drug have you used (tick all that apply)

Amphetamines Cannabis Cocaine

Crack Crystal meth Ecstasy

GHB/GBL Heroin Ketamine

Mephedrone (M-Cat) Methadone Benzodiazepines (non-prescription)

Poppers Other, please specify

Have you used drugs during or before sex? Yes No Unknown

Have you ever injected any drugs (recreational or body building)? Yes No Unknown

If yes, please give details of the drugs injected

If yes, have you ever shared needles or syringes? Yes No Unknown

Have you ever shared other drug taking equipment e.g. tooters? Yes No Unknown

Do you attend drug services? Yes No Details

Case definition for hepatitis B (acute or 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 should 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

Case definition for acute hepatitis B cluster monitored in 2024

A cluster of acute hepatitis B cases was identified in males in 2024, most of whom were gbMSM and some of whom used cocaine. Additional questions on sexual health and drug use were asked for acute cases of hepatitis B in males or trans females between October 2024 and September 2024. No ongoing transmission was detected.

The additional enhanced questions on page 4 of this form are very detailed and are only intended to be used when investigating clusters or unexpected changes in the epidemiology of acute cases.

Thank you for completing this form

Please return the completed form to your local Area of Public Health.

See <http://www.hpsc.ie/NotifiableDiseases/Whotonotify/> for names and contact details. If sending by post, please place form in a sealed envelope marked "Private and Confidential".