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 | Local ID

Patient Details

Forename | Surname

Address | Eircode

County | HSE region | Tel.

Date of birth | Occupation

Sex (at birth) Male ☐ Female ☐ Unknown ☐

Gender identity Male ☐ Female ☐ Non-binary ☐ Trans male ☐ Trans female ☐ Unknown ☐

Other - self identify | Prefer not to answer ☐

Country of birth | Duration residence Ireland

Refugee or applicant seeking protection (RASP) Yes ☐ No ☐ Unknown ☐

Resident in a congregate setting?[1] Yes ☐ No ☐ Unknown ☐

If yes, please specify location

Was this infection likely to have been acquired outside Ireland? Yes ☐ No ☐ Unknown ☐

If yes, please specify **likely country of infection**

Ethnicity Not stated ☐

White Irish	☐	Asian Irish	☐
Irish traveller	☐	Asian Indian	☐
Roma	☐	Chinese	☐
Any other white background	☐	Any other Asian background	☐
Black Irish	☐	Arab	☐
Black African	☐	Mixed group/background	☐
Any other black background	☐	Other group/background	☐
Prefer not to answer	☐	Other	

Reason for testing

Antenatal screening	☐	Recipient of blood/blood products	☐	Person who uses drugs but does not inject	☐
Contact of a case	☐	Fertility clinic screening	☐	STI screening	☐
Symptomatic	☐	Born in endemic country	☐	Emergency Department viral screening	☐
Occupational health screening (e.g. healthcare worker)	☐	Person experiencing homelessness	☐	Routine health screening	☐
Baby of known case	☐	Refugee or applicant seeking protection (RASP)	☐	Known case	☐
Blood donor	☐	Person who is incarcerated	☐	Outbreak	☐
Organ donor	☐	Person who injects drugs	☐	Unknown	☐

Other reason, please specify

[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)	☐	☐	☐	Gay, bisexual & other men who have sex with men ☐
				Heterosexual (sex with opposite sex) ☐
Works as a sex worker	☐	☐	☐	Women who have sex with women ☐
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-occupational exposure could include contact with needles used by other people for injecting drugs, receiving Botox or filler in unregulated settings, human bites, fights or skin being accidentally broken in barbershops, beauty salons or other settings***

Tattooing (incl. eyebrows/permanent makeup)	☐	☐	☐	Details
Body piercing (except ear lobe)	☐	☐	☐	Details
Acupuncture	☐	☐	☐	Details
Intellectual disability setting	☐	☐	☐	Details
Born in endemic country (HBsAg ≥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			Date of first positive		
Test and results	**Positive**	**Negative**	**Weak positive**	**Indeterminate**	**Unknown**
HBsAg (surface antigen)	☐	☐	☐	☐	☐
HBeAg (e antigen)	☐	☐	☐	☐	☐
Anti-HBe (e antibody)	☐	☐	☐	☐	☐
Anti-HBcIgM (core IgM antibody)	☐	☐	☐	☐	☐
Anti-HBc (core total antibody)	☐	☐	☐	☐	☐
PCR/nucleic acid	☐	☐	☐	☐	☐
Hepatitis B viral load					

Hepatitis B genotype	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	Further genotyping details
	☐	☐	☐	☐	☐	☐	☐	☐	

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** ☐ **Chronic** ☐ **Unknown** ☐

Clinical details	**Yes**	**No**	**Unk**	**Symptoms prompt: *Do you remember being symptomatic with hepatitis (e.g. jaundice, digestive issues, dark urine, pale stools)***	
Symptomatic	☐	☐	☐	Date onset	
Elevated aminotransferase levels	☐	☐	☐	If yes, details	
Details of signs or symptoms (incl. cirrhosis/decompensated cirrhosis/HCC)					
Hospitalised due to hepatitis	☐	☐	☐		
Has the patient died	☐	☐	☐	Date of death	
Is the patient pregnant	☐	☐	☐	Due date	
Is the patient living with HIV	☐	☐	☐		

Hepatitis B immunisation history

Fully immunised (3 doses) ☐ Partial (1 or 2 doses) ☐ No vaccination ☐ Unknown ☐

If vaccinated, what year did vaccination commence?

Blood donation – Acute cases only

Has the case donated blood recently? Yes ☐ No ☐ Unknown ☐

If yes, date of blood donation 09/07/2026

Contacts: Number of current household contacts Number of recent sexual contacts

Notification and referral details

ESF completed ☐ Completed by: Date:

Clinician and service details if case referred to another service

Comments

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”.