



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"/>
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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"/>	
Other - self identify <input type="text"/>	Prefer not to answer <input type="checkbox"/>

Country of birth <input type="text"/>	Duration residence Ireland <input type="text"/>
Refugee or applicant seeking protection (RASP) 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

Not stated

White Irish <input type="checkbox"/>	Asian Irish <input type="checkbox"/>
Irish traveller <input type="checkbox"/>	Asian Indian <input type="checkbox"/>
Roma <input type="checkbox"/>	Chinese <input type="checkbox"/>
Any other white background <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>
Black Irish <input type="checkbox"/>	Arab <input type="checkbox"/>
Black African <input type="checkbox"/>	Mixed group/background <input type="checkbox"/>
Any other black background <input type="checkbox"/>	Other group/background <input type="checkbox"/>
Prefer not to answer <input type="checkbox"/>	Other <input type="text"/>

Reason for testing

Antenatal screening <input type="checkbox"/>	Recipient of blood/blood products <input type="checkbox"/>	Person who uses drugs but does not inject <input type="checkbox"/>
Contact of a case <input type="checkbox"/>	Fertility clinic screening <input type="checkbox"/>	STI screening <input type="checkbox"/>
Symptomatic <input type="checkbox"/>	Born in endemic country <input type="checkbox"/>	Emergency Department viral screening <input type="checkbox"/>
Occupational health screening (e.g. healthcare worker) <input type="checkbox"/>	Person experiencing homelessness <input type="checkbox"/>	Routine health screening <input type="checkbox"/>
Baby of known case <input type="checkbox"/>	Refugee or applicant seeking protection (RASP) <input type="checkbox"/>	Known case <input type="checkbox"/>
Blood donor <input type="checkbox"/>	Person who is incarcerated <input type="checkbox"/>	Outbreak <input type="checkbox"/>
Organ donor <input type="checkbox"/>	Person who injects drugs <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) Gay, bisexual & other men who have sex with men

Works as a sex worker Heterosexual (sex with opposite sex)

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	<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. <i>Note: not all laboratory markers may be available for all cases, please use judgement</i>)											
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"/>	Date onset	<input type="text"/>						
Elevated aminotransferase levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, details	<input type="text"/>						
Details of signs or symptoms (incl. cirrhosis/decompensated cirrhosis/HCC)				<input type="text"/>							
Hospitalised due to hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Has the patient died	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of death	<input type="text"/>						
Is the patient pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>											

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".