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| **Enhanced Surveillance Form for Hepatitis B** |
| Please complete this form for the first notification of a case of hepatitis B |
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| **Patient Details** | CIDR ID |  | Local ID |  |
| Forename |  | Surname |  |
| Address |  | Tel. |  |
| HSE area |  | County |  | CCA/LHO |  |
| Date of birth |  |  |  |  |  |  |  | Age (years) |  |  |  |  |
| Sex | Male [ ]  | Female [ ]  | Unknown [ ]  | Occupation |  |
| Country of birth |  | If not Ireland, duration of residence in Ireland (years) |  |  |
| Is the patient an asylum seeker? | Yes [ ]  | No [ ]  | Unknown [ ]  |
| Was this infection likely to have been acquired outside Ireland? | Yes [ ]  | No [ ]  | Unknown [ ]  |
| If yes, please specify country |  |

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| **Acute/chronic status** |
| **Diagnosis**: | Acute [ ]  | Chronic [ ]  | Unknown [ ]  | Date of Diagnosis |  |  |  |  |  |  |  |
| (See case definition overleaf. *Note: not all laboratory markers may be available for all cases. Please use judgement based on clinical and laboratory information to assign acute or chronic status*) |

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| **Reason for testing** |
| Antenatal screeningBaby of known caseAsymptomatic contactAsylum seekerBorn in endemic countryAdopted from endemic country | [ ] [ ] [ ] [ ] [ ] [ ]  | Injecting drug userPrison inmateHomelessMSMSTI ScreeningSymptomatic | [ ] [ ] [ ] [ ] [ ] [ ]  | Healthcare workerBlood/organ donorLife assurance/insurance/mortgageRoutine health screeningKnown caseUnknown | [ ]  |
| [ ]  |
| [ ] [ ] [ ]  |
| [ ]  |
| Other | [ ]  | Please specify |  |

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| **Risk exposure (please answer all):** | *For acute cases please confine time period of exposure to 6 wks - 6 months before onset.* |
| **Please indicate most likely risk exposure** |  | **No known risk exposure** | [ ]  |
|  | **Yes** | **No** | **Unknown** |  |
| Sexual contact with HBsAg +ve case | [ ]  | [ ]  | [ ]  | Heterosexual [ ]  Sex between men [ ]  |
| Possible sexual exposure *(e.g. multiple, new, or high risk partner(s))* | [ ]  | [ ]  | [ ]  | Details: |  |
| MSM | [ ]  | [ ]  | [ ]  |  |
| Works as a sex worker | [ ]  | [ ]  | [ ]  |  |
| Household (non-sexual) contact with HBsAg +ve case | [ ]  | [ ]  | [ ]  |  |
| Vertical transmission | [ ]  | [ ]  | [ ]  | Risk group of mother |  |
| Injecting drug user | [ ]  | [ ]  | [ ]  |  |
| Renal dialysis patient | [ ]  | [ ]  | [ ]  | Date |  |  |  |  |  |  |  |
| Recipient of blood/blood products | [ ]  | [ ]  | [ ]  | Product |  |  |
|  | Hospital |  |
| Occupational needle stick, blood or body fluid exposure | [ ]  | [ ]  | [ ]  |  |
| Non-occupational needle stick or other injury involvingblood or body fluid exposure | [ ]  | [ ]  | [ ]  | **If other exposure, please specify** |
| Tattooing | [ ]  | [ ]  | [ ]  |  |
| Body piercing (except ear lobe) | [ ]  | [ ]  | [ ]  |
| Acupuncture | [ ]  | [ ]  | [ ]  |
| Intellectual disability setting | [ ]  | [ ]  | [ ]  |
| Born in endemic country (HBsAg >2%) or asylum seeker | [ ]  | [ ]  | [ ]  |  |

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| **Potential nosocomial exposures** |
| Please detail hospital, procedure and date of any **surgical procedures** (including endoscopy) carried out on thiscase in the 6 months before onset (if acute hepatitis B) or ever if risk exposure unknown: |
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| **For acute cases only** - even if no surgery, please detail any **hospital attendance** in the 6 months before onset(including date and hospital attended): |
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| **For acute cases only** - please detail procedure and date of any **dental procedures** carried out in the 6 monthsbefore onset: |
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| **Clinical Details** | Yes | No | Unknown |  |
| **If acute**, symptomatic? | [ ]  | [ ]  | [ ]  | If symptomatic, dateof onset of symptoms |  |  |  |  |  |  |
| **If acute**, hospitalised? | [ ]  | [ ]  | [ ]  |  |
| **All cases:** |  |  |  |  |
| Has the patient died? | [ ]  | [ ]  | [ ]  | If yes, date of death |  |  |  |  |  |  |
| Is the patient pregnant? | [ ]  | [ ]  | [ ]  | If yes, due date |  |  |  |  |  |  |
| Does the patient have diabetes? | [ ]  | [ ]  | [ ]  |  |
| Is the patient co-infected with HIV? | [ ]  | [ ]  | [ ]  |  |

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| **Laboratory details** |  |  | **Result** |  |
| Laboratory name |  | **Test** | Positive | Negative | Not Tested | Unknown |
|  | HBsAg | [ ]  | [ ]  | [ ]  | [ ]  |
|  | HBeAg | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Anti-HBe | [ ]  | [ ]  | [ ]  | [ ]  |
| Date of firstpositive result |  |  |  |  |  |  | Anti-HBcIgM | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Anti-HBc | [ ]  | [ ]  | [ ]  | [ ]  |
|  | PCR / nucleic acid | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Viral load: |  |
| Please X hepatitis Bgenotype (if available) |  A B C D E F G H[ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  | Further genotyping details: |  |
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| **Hepatitis B immunisation history** | Full (3 doses) [ ]  | Partial (1 or 2 doses) [ ]  | No vaccination [ ]  | Unknown [ ]  |
| If vaccinated, **what year did vaccination commence?** |  |  |  |  |  |

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| **Blood donation** | Yes | No | Unknown | If yes, date  |  |
| **For acute cases only**: has the case donated blood recently? | [ ]  | [ ]  | [ ]  | donation |  |  |  |  |  |  |

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| **Notification details** |
| Form completed by |  |
| Date of completion |  |  |  |  |  |  |  | Date of notification |  |  |  |  |  |  |  |

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| **Comments** |
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| **Case definition for hepatitis B (acute and 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/AProbable: N/AConfirmed: Any person meeting the laboratory criteria**Note:** The following combination of lab tests shall not be included or notifiedResolved hepatitis - hepatitis B total core antibody (anti-HBc) positive and hepatitis B surface antigen (HBsAg) negativeImmunity 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 |
| **Thank you for completing this form** |