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| **Enhanced Surveillance Form for Hepatitis B** |
| Please complete this form for the first notification of a case of hepatitis B |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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 | | | | |  | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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*) | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Reason for testing** | | | | | | | | | | | Antenatal screening  Baby of known case  Asymptomatic contact  Asylum seeker  Born in endemic country  Adopted from endemic country | | |  | | Injecting drug user  Prison inmate  Homeless  MSM  STI Screening  Symptomatic |  | Healthcare worker  Blood/organ donor  Life assurance/insurance/mortgage  Routine health screening  Known case  Unknown |  | | |  | |  | | |  | | Other |  | Please specify | |  | | | | | |  |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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 involving  blood 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 | | |  | |  | |  |  | | | | | | | | | | | | | |  |
| |  | | --- | | **Potential nosocomial exposures** | | Please detail 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 unknown: | |  | | **For acute cases only** - even if no surgery, please detail any **hospital attendance** in the 6 months before onset  (including date and hospital attended): | |  | | **For acute cases only** - please detail procedure and date of any **dental procedures** carried out in the 6 months  before onset: | |  | |  |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Clinical Details** | Yes | No | Unknown |  | | | | | | | | | | | | | | | **If acute**, symptomatic? |  |  |  | | If symptomatic, date  of 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? |  |  |  | |  | | | | | | | | | | | | | |  |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Laboratory details** | | | | | | | |  | | |  | **Result** | | |  | | Laboratory name |  | | | | | | | **Test** | | | Positive | Negative | Not Tested | | Unknown | |  | HBsAg | | |  |  |  | |  | |  | HBeAg | | |  |  |  | |  | |  | | | | | | | | Anti-HBe | | |  |  |  | |  | | Date of first  positive result | |  |  |  |  |  |  | Anti-HBcIgM | | |  |  |  | |  | |  | | | | | | Anti-HBc | | |  |  |  | |  | |  | | | | | | | | PCR / nucleic acid | | |  |  |  | |  | |  | | | | | | | | Viral load: |  | | | | | | | | Please X hepatitis B  genotype (if available) | | | | A B C D E F G H | | | | | | Further genotyping details: | | | |  | | |  | | | | | | |  |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Hepatitis B immunisation history** | Full (3 doses) | Partial (1 or 2 doses) | | | | | No vaccination | Unknown | | If vaccinated, **what year did vaccination commence?** | |  |  |  |  |  | | | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Blood donation** | Yes | No | Unknown | If yes, date |  | | | | | | | **For acute cases only**: has the case donated blood recently? |  |  |  | donation |  |  |  |  |  |  | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Notification details** | | | | | | | | | | | | | | | | | Form completed by |  | | | | | | | | | | | | | | | | Date of completion |  |  |  |  |  |  |  | Date of notification |  |  |  |  |  |  |  |  |  | | --- | | **Comments** | |  | | | | |
| **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/A  Probable: N/A  Confirmed: Any person meeting the laboratory criteria  **Note:** The following combination of lab tests shall 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 |
| **Thank you for completing this form** |