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| A logo with a red and grey design  Description automatically generated  A green letter with a white background  Description automatically generated **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** | Click to enter text. | | | | | | | | | | | | Local ID | | | | Click to enter text. | | | | | | | | | |
| **Patient Details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Forename | Click to enter text. | | | | | | | | | | | | Surname | | | | Click to enter text. | | | | | | | | | |
| Address | Click to enter text. | | | | | | | | | | | | | | | | Eircode | | Click to enter text. | | | | | | | |
| County | Click to enter text. | | | | | | | | | | | | HSE region | | | | HSE | | Tel. | | | | | Mobile | | |
| Date of birth | Click to enter text. | | | | | | | | | | | | Occupation | | | Click to enter text. | | | | | | | | | | |
| Sex (at birth) | | Male | |  | Female | | |  | | Unknown | |  |  | | | | | | | | | | | | | |
| Gender identity | | Male | |  | Female | | |  | | Non-binary | |  | Trans male | |  | | | Trans female | | | |  | | | Unknown |  |
| **Country of birth** | | | Click to enter text. | | | | | | | | | | Duration residence Ireland | | | | | | | Click here to enter text. | | | | | | |
| International Protection Applicant or BoTP? | | | | | | | | | | | | | Yes | |  | | | No | | |  | | Unknown | | |  |
| Resident in a congregate setting?[[1]](#footnote-1) | | | | | | | | | | | | | Yes | |  | | | No | | |  | | Unknown | | |  |
| If yes, please specify location | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | |
| Was this infection likely to have been acquired outside Ireland? | | | | | | | | | | | | | Yes | |  | | | No | | |  | | Unknown | | |  |
| If yes, please specify likely country of infection | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | |
| **Ethnicity** | | | | | | | | |  | |  | | | | | | | | | | | | | | |  |
| White Irish | | | | | | | | |  | | Asian or Asian Irish - Chinese | | | | | | | | | | | | | | |  |
| White Irish traveller | | | | | | | | |  | | Asian or Asian Irish - Indian/Pakistani/Bangladeshi | | | | | | | | | | | | | | |  |
| White – Any other white background | | | | | | | | |  | | Asian or Asian Irish – Any other Asian background | | | | | | | | | | | | | | |  |
| Black or Black Irish - African | | | | | | | | |  | | Arabic | | | | | | | | | | | | | | |  |
| Black or Black Irish - Any | | | | | | | | |  | | Roma | | | | | | | | | | | | | | |  |
| Mixed background | | | | | | | | |  | | Other | |  | | | | | | Not known | | | | | | |  |
| **Reason for testing** | | | | | |  |  | | | | | |  | | | | | | | | | | | | | |
| Symptomatic | | | | | |  | Person who injects drugs | | | | | |  | Blood donor | | | | | | | | | | | |  |
| Antenatal screening | | | | | |  | Person who uses drugs, but does not inject | | | | | |  | Organ donor | | | | | | | | | | | |  |
| Baby of known case | | | | | |  | Prison inmate | | | | | |  | Recipient of blood/blood products | | | | | | | | | | | |  |
| Asymptomatic contact | | | | | |  | Homeless | | | | | |  | Life assurance/insurance/mortgage | | | | | | | | | | | |  |
| International Protection Applicant or BoTP | | | | | |  | gbMSM | | | | | |  | Routine health screening | | | | | | | | | | | |  |
| Born in endemic country | | | | | |  | STI screening | | | | | |  | Known case | | | | | | | | | | | |  |
| Adopted from endemic country | | | | | |  | Healthcare worker | | | | | |  | Unknown | | | | | | | | | | | |  |
| Other reason, please specify | | | | | | Click to enter text. | | | | | | | | | | | | | | | | | | | | |

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| **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** | | Click to enter text. | | | | | | | | **No known risk exposure** | | | | | | |  |
|  | **Yes** | **No** | **Unk** |  | | | |  | | | | | | | | | |
| 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) | | | | | | | |  | | |  | | |
| gbMSM |  |  |  | Heterosexual sex | | | | | | | |  | | |  | | |
| Works as a sex worker |  |  |  | Sex between women (WSW) | | | | | | | |  | | |  | | |
| Details of sexual exposure | Click to enter text. | | | | | | | | | | | | | | | | |
| Household (non-sexual) contact with HBsAg +ve case |  |  |  |  | | | | | | | | | | | | | |
| Mother to child (vertical) transmission |  |  |  | Risk group mother | | | | Click to enter text. | | | | | | | | | |
| Person who injects drugs |  |  |  | Ex-PWID | | |  | Current PWID | | | | | |  | | | |
| Person who uses drug, but does not inject |  |  |  | Details of drug use | | | | Click to enter text. | | | | | | | | | |
| Renal dialysis patient |  |  |  | Dialysis details | | | | Click to enter text. | | | | | | | | | |
| Recipient of blood/blood products |  |  |  | Blood date/year | | | | Click to enter text. | | | | | | | | | |
|  |  |  |  | Blood product | | | | Click to enter text. | | | | | | | | | |
|  |  |  |  | Hospital/location | | | | Click to enter text. | | | | | | | | | |
| Occupational needlestick, blood or body fluid exposure |  |  |  | Details | | Click to enter text. | | | | | | | | | | | |
| Non-occupational needlestick, other injury involving blood or body fluid exposure |  |  |  | Details | | Click to enter text. | | | | | | | | | | | |
| Tattooing |  |  |  | Details | | Click to enter text. | | | | | | | | | | | |
| Body piercing (except ear lobe) |  |  |  | Details | | Click to enter text. | | | | | | | | | | | |
| Acupuncture |  |  |  | Details | | Click to enter text. | | | | | | | | | | | |
| Intellectual disability setting |  |  |  | Details | | Click to enter text. | | | | | | | | | | | |
| Born in endemic country (HBsAg >2%) |  |  |  |  | | | | | | | | | | | | | |
| **If other exposure, please specify** | Click to enter text. | | | | | | | | | | | | | | | | |
| **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 | | | | | Click to enter text. | | | | | | | | | | | | |
| **Hospital attendances**  For acute cases only: even if no surgery, please provide details of hospital attendances in the 6 months before onset | | | | | Click to enter text. | | | | | | | | | | | | |
| **Dental procedures**  For acute cases only: please provide details of any dental procedures carried out in the 6 months before onset | | | | | Click to enter text. | | | | | | | | | | | | |
| **Diabetes:** Does the patient have diabetes? | | | | | Yes | |  | | No | |  | | Unknown | | |  | |

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| **Laboratory details** |  | | | | | | |  | | | | | | | | | | | | | | | |
| Laboratory name | Click to enter text. | | | | | | | Date of first positive | | | | | | | | | | Click to enter date | | | | | |
| **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 | Click to enter text. | | | | | | | | | | | |  | | | | |  | | |  | | |
| Hepatitis B genotype | **A** | | **B** | **C** | | | **D** | | **E** | | | **F** | | **G** | | **H** | | Further genotyping details | | | | | |
|  |  | |  |  | | |  | |  | | |  | |  | |  | | Click to enter 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** | | | |  | | | **Chronic** | | | | | | |  | | | **Unknown** | | | | |  |
| **Clinical details** | **Yes** | **No** | | | **Unk** | | |  | | | | | | | | | |  | | | | | |
| **If acute**, symptomatic? |  |  | | |  | | | If symptomatic, date onset | | | | | | | | | | Click to enter a date. | | | | | |
| **If acute**, hospitalised? |  |  | | |  | | |  | | | | | | | | | |  | | | | | |
| **All cases:** |  |  | | |  | | |  | | | | | | | | | |  | | | | | |
| Has the patient died? |  |  | | |  | | | If yes, date of death | | | | | | | | | | Click to enter a date. | | | | | |
| Is the patient pregnant? |  |  | | |  | | | If yes, due date | | | | | | | | | | Click to enter a 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? | | | | | | | | | |  | Click to enter text. | | | | | | | | | | | | |
| **Blood donation – Acute cases only** | |  | | | | | | | |  |  | | | | | |  | |  | | |  | |
| Has the case donated blood recently? | | Yes | | | | | | | |  | No | | | | | |  | | Unknown | | |  | |
| If yes, date of blood donation | | Click to enter a date. | | | | | | | | | | | | | | | | | | | | | |
| **Notification details** | | | | | | | | | |  | | | | | | | | | | | | | |
| Form completed by: | | Click to enter text. | | | | | | | | | | | | | | | Date: | | | Click to enter a date. | | | |
| **Comments** | |  | | | | | | | | | | | | | | |  | | |  | | | |
| Click to enter text. | | | | | | | | | | | | | | | | | | | | | | | |

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| **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? | | | | | | | | | | | | | | | | | | | | | | | Click to enter text. | | | | | | | | | | | | | | |
| How many were female? | | | | | | | | | | | | | | | | | | | | | | | Click to enter text. | | | | | | | | | | | | | | |
| How many were male? | | | | | | | | | | | | | | | | | | | | | | | Click to enter text. | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Click to enter text. | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | Click to enter text. | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | |  | | | Click to enter text. | | | | | | | | | | | | | | |
| Public toilets | | |  | | | | Cruising grounds | | | | | | | | | | | | |  | | |
| Sex on premises venues/blackrooms | | |  | | | | Other | | | | | | | | | | | | |  | | |
| Do you attend sexual health services? | | | Yes | | | |  | | | No | |  | | | | Unknown | | | |  | | | Details | | | Click to enter text. | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | | Click to enter text. | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | Click to enter text. | | | | | | | | | | | | | | | | | | |
| 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 | | | | Click to enter text. | | | | | | | | | | | | | | |

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| **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”. |

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). [↑](#footnote-ref-1)