



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Enhanced Surveillance Form for Hepatitis C



Please complete this form for the first notification of a case of hepatitis C

Patient Details	CIDR ID <input type="text"/>	Local ID <input type="text"/>
Forename <input type="text"/>	Surname <input type="text"/>	
Address <input type="text"/>	Tel. <input type="text"/>	
HSE area <input type="text"/>	County <input type="text"/>	CCA/LHO <input type="text"/>
Date of birth <input type="text"/>	Age (years) <input type="text"/>	
Sex Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>	Occupation <input type="text"/>	
Country of birth <input type="text"/>	If not Ireland, duration of residence in Ireland (years) <input type="text"/>	

Risk group (please answer all)

	Yes	No	Unknown	
Injecting drug user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual contact with known case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Possible sexual exposure (e.g. multiple, new, or high risk partner(s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details <input type="text"/>
Is the case a man who has sex with a man (MSM)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vertical transmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Risk group of mother <input type="text"/>
Occupational needlestick, blood or body fluid exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-occupational needlestick or other injury involving blood or body fluid exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tattooing/body piercing (excl. ear lobes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Renal dialysis patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recipient of blood/blood products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Product <input type="text"/> Year <input type="text"/>
Recipient of organ or tissue transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details <input type="text"/>
Born in endemic country or asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relevant surgical or dental procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details <input type="text"/>

If other exposure, please specify

Please indicate most likely risk group

Is the patient co-infected with HIV? ☐ ☐ ☐

Infection likely to have been acquired abroad? ☐ ☐ ☐ Country

Laboratory Details Laboratory Date of first confirmed HCV positive result

Did the case previously test negative? Yes ☐ No ☐ Unknown ☐ Date last negative

Test	Positive	Negative	Indeterminate	Weak positive	Result
HCV EIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HCV Immunoblot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HCV antibody-antigen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HCV antigen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HCV PCR/RNA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Acute ☐ Chronic ☐ Unknown ☐

HCV viral load

Please circle HCV genotype (if available) 1 2 3 4 5 6

Further genotyping details

Newly diagnosed case ☐ Or Case was previously diagnosed, but not notified ☐

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

If yes, date of blood donation

Notification details

Form completed by

Date of completion Date of notification

Case definition for hepatitis C

Clinical criteria Not relevant for surveillance purposes. *Epidemiological criteria* Not relevant for surveillance purposes.

Laboratory criteria for diagnosis

Hepatitis C (acute)

At least one of the following two:

- Recent HCV seroconversion (prior negative test for hepatitis C in last 12 months)
- Detection of hepatitis C virus nucleic acid (HCV RNA) or hepatitis C virus core antigen (HCV-core) in serum/plasma AND no detection of hepatitis C virus antibody (negative result)

Hepatitis C (chronic)

- Detection of hepatitis C virus nucleic acid (HCV RNA) or hepatitis C core antigen (HCV-core) in serum/plasma in two samples taken at least 12 months apart

Hepatitis C (unknown status)

Any case which cannot be classified according to the above description of acute or chronic infection and having at least one of the following three:

- Detection of hepatitis C virus nucleic acid (HCV RNA)
- Detection of hepatitis C virus core antigen (HCV-core)
- Hepatitis C virus specific antibody (anti-HCV) response confirmed by a confirmatory (e.g. immunoblot) antibody test in persons older than 18 months without evidence of resolved infection*

Case classification

Possible: N/A

Probable: N/A

Confirmed: Any person meeting the laboratory criteria

Note: Resolved infection should not be notified

*Resolved infection: Detection of hepatitis C virus antibody and no detection of hepatitis C virus nucleic acid (HCV RNA negative result) or hepatitis C virus core antigen (HCV-core negative result) in serum/plasma

Hepatitis C test details

Test name	Manufacturer	Type of test
HCV Antibody Architect	Abbott	HCV antibody test, first line screening
HCV Antigen Architect	Abbott	HCV antigen test, first line screening
INNO-LIA immunoblot	Innogenetics	HCV antibody test, second line screening
HCV Antibody	Vidas	HCV antibody test, second line screening
HCV PCR	Abbott	HCV RNA test

Comments

Thank you for completing this form