



Hepatitis C enhanced surveillance form



Please complete this form for the first notification of a case of hepatitis C. The fields in red are key reporting fields

CIDR event ID Local ID

Patient Details

Forename Surname

Address Eircode

County HSE region Tel.

Date of birth Occupation

Sex (at birth) Male Female Unknown

Gender identity Male Female Non-binary Trans male Trans female Unknown

Country of birth Duration residence Ireland

International Protection Applicant or BoTP? Yes No Unknown

Resident in a congregate setting?¹ Yes No Unknown

If yes, please specify location

Was this infection likely to have been acquired outside Ireland? Yes No Unknown

If yes, please specify likely country of infection

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 Emergency Department viral screening

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

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 factor/mode of transmission <i>Please tick all risk factors that apply and enter the most likely risk factor</i>							
Please indicate most likely risk factor			<input type="text"/>		No known risk exposure <input type="checkbox"/>		
	Yes	No	Unk				
Person who injects drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ex-PWID	<input type="checkbox"/>	Current PWID <input type="checkbox"/>	
Person who uses drug, but does not inject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details of drug use	<input type="text"/>		
Known or possible sexual acquisition			Prompt: Do you know if any of your current/past sexual partners have hepatitis C				
Sexual contact with known case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If sexual contact with case or possible sexual exposure:			
Possible sexual exposure (multiple, new or high-risk partners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sex between men (gbMSM)	<input type="checkbox"/>		
Works as a sex worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual sex	<input type="checkbox"/>		
Details of sexual exposure	<input type="text"/>			Sex between women (WSW)	<input type="checkbox"/>		
Mother to child (vertical) transmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Risk group mother	<input type="text"/>		
Renal dialysis patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dialysis details	<input type="text"/>		
Recipient of blood/blood products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood date/year	<input type="text"/>		
				Blood product	<input type="text"/>		
				Hospital/location	<input type="text"/>		
Recipient of organ or tissue transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details	<input type="text"/>		
Relevant surgical procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details	<input type="text"/>		
Relevant dental procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details	<input type="text"/>		
Occupational needlestick, blood or body fluid exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details	<input type="text"/>		
Non-occupational needlestick, other injury involving blood or body fluid exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details	<input type="text"/>		
Prompt: this could include contact with needles used for injecting drugs, human bites, fights or skin being accidentally broken in barbershops, beauty salons or other settings							
Tattooing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details	<input type="text"/>		
Body piercing (except ear lobe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details	<input type="text"/>		
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details	<input type="text"/>		
Born in endemic country (anti-HCV $\geq 2\%$)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
If other exposure, please specify			<input type="text"/>				
Laboratory details		Lab name	<input type="text"/>		Date confirmed positive	<input type="text"/>	
Did the case previously test negative?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, date last negative		<input type="text"/>	
Test and results	Positive	Negative	Weak positive	Indeterminate	Unknown		
HCV EIA (antibody)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
HCV Immunoblot (antibody)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>		
HCV antigen	<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"/>		
RDT and GeneXpert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hepatitis C viral load	<input type="text"/>						
	1	2	3	4	5	6	
Hepatitis C genotype	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Further genotyping details <input type="text"/>						
Newly diagnosed case	<input type="checkbox"/>					Case was previously diagnosed, but not notified	<input type="checkbox"/>

Status: Acute/recent or chronic (see case definition)				Acute	<input type="checkbox"/>	Chronic	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	
Antiviral HCV treatment		Yes	No	Unk						
Has the patient been treated?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Year/date treatment started		<input type="text"/>			
Antivirals used for treatment		<input type="text"/>								
Treatment outcome	Sustained virological response	<input type="checkbox"/>			Still on treatment	<input type="checkbox"/>				
	Treatment failed/relapse	<input type="checkbox"/>			Unknown	<input type="checkbox"/>				
Reinfection	Yes, post treatment SVR	<input type="checkbox"/>			Yes, post spontaneous resolution	<input type="checkbox"/>				
	Yes, treatment status unknown	<input type="checkbox"/>			No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>		
Clinical details		Yes	No	Unk						
Has the patient died?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date of death		<input type="text"/>			
Is the patient living with HIV?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Blood donation										
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"/>								
Notification details										
ESF completed	<input type="checkbox"/>	Completed by:		<input type="text"/>			Date	<input type="text"/>		
Comments		<input type="text"/>								

Case definition for confirmed hepatitis C virus infection – Acute or recent case

Laboratory definitive evidence for acute or recent hepatitis C infection

At least one of the following:

- **New infection:** Detection of hepatitis C antibody (anti-HCV positive), RNA (PCR positive) or antigen (core antigen positive) in a person who has had a negative antibody test recorded within the past 24 months
- **Reinfection/new infection:** Detection of hepatitis C RNA or antigen in a person with a documented negative RNA or antigen test within the preceding 24 months (excluding those who are known to have been treated, but did not achieve a sustained virological response)
- **Evidence of very early infection:** Detection of hepatitis C RNA or antigen **AND** no detection of hepatitis C antibody (negative result)

Laboratory suggestive evidence and clinical criteria for acute or recent hepatitis C infection

Newly diagnosed case with symptoms: Detection of hepatitis C RNA or antigen in a person with no previous hepatitis C test results **AND** clinical hepatitis (peak ALT >200 IU/L) within the past 24 months

Case definition for confirmed hepatitis C virus infection – Chronic case

- Does not meet the criteria for acute or recent hepatitis C infection **AND**
- Detection of hepatitis C RNA or antigen

Case definition for confirmed hepatitis C virus infection – Unknown status

- Does not meet criteria for acute/recent or chronic hepatitis C infection **AND**
- Detection of hepatitis C antibody using a confirmatory test in persons older than 18 months without evidence of resolved infection*

Case classification: <https://www.hpsc.ie/a-z/hepatitis/hepatitisc/casedefinitions/>

Confirmed case: Please notify any person meeting the criteria for confirmed hepatitis C infection – Acute/recent, chronic or unknown status

***Resolved infection** should not be notified: Detection of hepatitis C antibody in a person who was also tested for hepatitis C RNA or core antigen and found to have an undetectable/negative result

Thank you for completing this form

Please return the completed form to your local Area of Public Health: <http://www.hpsc.ie/NotifiableDiseases/Whotonotify/>.
If sending by post, please place form in a sealed envelope marked "Private and Confidential"