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 ☐

Other - self identify | Prefer not to answer ☐

Country of birth | Duration residence Ireland

Refugee or applicant seeking protection (RASP) 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 Not stated ☐

White Irish	☐	Asian Irish	☐
Irish traveller	☐	Asian Indian	☐
Roma	☐	Chinese	☐
Any other white background	☐	Any other Asian background	☐
Black Irish	☐	Arab	☐
Black African	☐	Mixed group/background	☐
Any other black background	☐	Other group/background	☐
Prefer not to answer	☐	Other	

Reason for testing

Antenatal screening	☐	Recipient of blood/blood products	☐	Person who uses drugs but does not inject	☐
Contact of a case	☐	Fertility clinic screening	☐	STI screening	☐
Symptomatic	☐	Born in endemic country	☐	Emergency Department viral screening	☐
Occupational health screening (e.g. healthcare worker)	☐	Person experiencing homelessness	☐	Routine health screening	☐
Baby of known case	☐	Refugee or applicant seeking protection (RASP)	☐	Known case	☐
Blood donor	☐	Person who is incarcerated	☐	Outbreak	☐
Organ donor	☐	Person who injects drugs	☐	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 *Please tick all risk factors that apply* ***and enter the most likely risk factor***

Please indicate most likely risk factor ☐ **No known risk exposure** ☐

	Yes	No	Unk		
Person who injects drugs	☐	☐	☐	Ex-PWID ☐	Current PWID ☐
Person who uses drug, but does not inject	☐	☐	☐	Details of drug use	

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	☐	☐	☐	**If sexual contact with case or possible sexual exposure:**
Possible sexual exposure (multiple, new or high-risk partners)	☐	☐	☐	Gay, bisexual & other men who have sex with men ☐ Heterosexual (sex with opposite sex) ☐
Works as a sex worker	☐	☐	☐	Women who have sex with women ☐

Details of sexual exposure

Mother to child (vertical) transmission	☐	☐	☐	Risk group mother
Renal dialysis patient	☐	☐	☐	Dialysis details
Recipient of blood/blood products	☐	☐	☐	Blood date/year Blood product Hospital/location
Recipient of organ or tissue transplant	☐	☐	☐	Details
Relevant surgical procedures	☐	☐	☐	Details
Relevant dental procedures	☐	☐	☐	Details
Occupational needlestick, blood or body fluid exposure	☐	☐	☐	Details
Non-occupational needlestick, other injury involving blood or body fluid exposure	☐	☐	☐	Details

Prompt: ***Non-occupational exposure could include contact with needles used by other people for injecting drugs, receiving Botox or filler in unregulated settings, human bites, fights or skin being accidentally broken in barbershops, beauty salons or other settings***

Tattooing (incl. eyebrows/permanent makeup)	☐	☐	☐	Details
Body piercing (except ear lobe)	☐	☐	☐	Details
Acupuncture	☐	☐	☐	Details
Born in endemic country (anti-HCV ≥2%)	☐	☐	☐	

If other exposure, please specify

Laboratory details Lab name Date confirmed positive

Did the case previously test negative? Yes ☐ No ☐ If yes, date last negative

Test and results	Positive	Negative	Weak positive	Indeterminate	Unknown
HCV EIA (antibody)	☐	☐	☐	☐	☐
HCV Immunoblot (antibody)	☐	☐	☐	☐	☐
HCV antibody-antigen	☐	☐	☐	☐	☐
HCV antigen	☐	☐	☐	☐	☐
PCR/nucleic acid	☐	☐	☐	☐	☐
RDT and GeneXpert	☐	☐	☐	☐	☐
Hepatitis C viral load					

	1	2	3	4	5	6	Further genotyping details
Hepatitis C genotype	☐	☐	☐	☐	☐	☐	

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

Status: Acute/recent or chronic (see case definition) **Acute** ☐ **Chronic** ☐ Unknown ☐

Antiviral HCV treatment	**Yes**	**No**	**Unk**	
Has the patient been treated?	☐	☐	☐	Year/date treatment started
Antivirals used for treatment				

Treatment outcome				
	Sustained virological response	☐	Still on treatment	☐
	Treatment failed/relapse	☐	Unknown	☐

Reinfection					
	Yes, post treatment SVR	☐	Yes, post spontaneous resolution	☐	
	Yes, treatment status unknown	☐	No	☐	Unknown ☐

Clinical details	**Yes**	**No**	**Unk**		
Symptomatic	☐	☐	☐	Date onset	
Elevated aminotransferase levels	☐	☐	☐	If yes, details	
Details of signs or symptoms (incl. cirrhosis/decompensated cirrhosis/HCC)					
Hospitalised due to hepatitis	☐	☐	☐		
Has the patient died	☐	☐	☐	Date of death	
Is the patient living with HIV	☐	☐	☐		

Blood donation

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

If yes, date of blood donation

Notification details

ESF completed ☐ Completed by: Date

Clinician and service details if case referred to another service

Comments

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 Dept. of Public Health: http://www.hpsc.ie/NotifiableDiseases/Whotonotify/.

If sending by post, please place form in a sealed envelope marked "Private and Confidential"