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| A logo with a red and grey design  Description automatically generatedA green letter with a white background  Description automatically generated **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** |  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 |
| County |  Click to enter text. | HSE region | HSE | Telephone | 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 |  [ ]  |  Unk |[ ]
| **Country of birth** | Click to enter text. | Duration residence Ireland |  Click 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 factor/mode of transmission** *Please tick all risk factors that apply* ***and enter the most likely risk factor*** |
| **Please indicate most likely risk factor** | Enter 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 | Click to enter text. |
| Sexual contact with known 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. |
| Mother to child (vertical) transmission |[ ] [ ] [ ]  Risk group mother | 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. |
| Recipient of organ or tissue transplant |[ ] [ ] [ ]  Details | Click to enter text. |
| Relevant surgical or dental procedures |[ ] [ ] [ ]  Details | 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. |
| Born in endemic country (anti-HCV >2%)  |[ ] [ ] [ ]   |
| **If other exposure, please specify** | Click to enter text. |
| **Laboratory details** | Lab name | Click to enter text. | Date confirmed positive | Click to enter date |
| Did the case previously test negative? | Yes | [ ]  | No | [ ]  | If yes, date last negative | Click to enter date |
| **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 | Click to enter text. |
|  | **1** | **2** | **3** | **4** | **5** | **6** | Further genotyping details |
| Hepatitis C genotype | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Click to enter text. |
| Newly diagnosed case | [ ]  |  | Case was previously diagnosed, but not notified | [ ]  |
| **Acute/chronic status** (see case definition page 3) | **Acute** | [ ]  | **Chronic** | [ ]  | Unknown |  [ ]  |
| **Reinfection** | Yes, post treatment SVR | [ ]  | Yes, post spontaneous resolution | [ ]  |  |  |
|  | Yes, treatment status unknown | [ ]  | No |[ ]  Unknown |[ ]
| **Clinical details** | **Yes** | **No** | **Unk** |  |  |
| Has the patient died? |[ ] [ ] [ ]  If yes, date of death | Click to enter a date. |
| Is the patient living with HIV? |[ ] [ ] [ ]   |  |
| **Blood donation**  |  |  |  |  |  |  |
| 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. |
| **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

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| **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)