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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 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. | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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   |  | | --- | | **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)