



Human Immunodeficiency Virus (HIV) Enhanced Surveillance Form

Version 1.1 2024

CONFIDENTIAL



If the patient is not attending your service, please tick one of the options below and return form to the Area Director of Public Health where the patient resides.

CIDR ID:

- ☐ Patient referred to a HIV treatment centre. If yes, please complete as much as possible and provide name of doctor and HIV treatment centre: _____
- ☐ Patient on holidays in Ireland at time of HIV diagnosis and/or attends for HIV care in another country (to be de-notified)

A. Case Details

Lab specimen ID

Reporting doctor

Forename

Date of birth

Sex (at birth)

Gender identity

☐ Male

☐ Female

☐ Unknown

☐ Male

☐ Female

☐ Non-binary

☐ Unknown

☐ Trans male

☐ Trans female

Please complete sex (assigned at birth) and gender identity for all cases. See notes on sex and gender identity on Page 3.

Country of birth

County of residence

If born abroad, year of arrival in Ireland

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

Pregnant at time of HIV diagnosis

☐ Yes

☐ No

☐ Unknown

Is the case a healthcare worker?

☐ Yes

☐ No

☐ Unknown

B. Routes of HIV infection

Please indicate all possible routes of HIV infection:

☐ Gay, bisexual and other men who have sex with men (gbMSM)

☐ Injection Drug Use (IDU) (ever injected drugs)

☐ Heterosexual contact (if yes, please choose subcategory)

☐ From a country with a generalised HIV epidemic

☐ Sex with a haemophiliac/transfusion recipient

☐ Sex with a person from a country with a generalised HIV epidemic

☐ Sex with a bisexual male/MSM

☐ Sex with a person who injects drugs

☒ Sex with a person known to be HIV infected

☐ Infected through heterosexual transmission, no further information

☐ Mother to Child Transmission (MTCT) (If yes, please choose subcategory)

☐ Injection Drug Use (IDU)

☐ Transfusion recipient

☐ From a country with a generalised HIV epidemic

☐ Other/undetermined

☐ Infected through heterosexual transmission, no further information

☐ Other (If other, please specify)

☐ Unknown

Please indicate probable route of transmission

C. Laboratory Information (Note – at time of this HIV diagnosis in Ireland)

CD4 count at this diagnosis (cells/microlitre)

Date of CD4 test:

Viral load at this diagnosis (copies/ml):

Date of viral load:

D. Testing History (Note – Prior to this diagnosis)

Previously diagnosed with HIV in Ireland? ☐ Yes ☐ No ☐ Unknown

If yes, year of previous diagnosis

Previously diagnosed with HIV abroad? ☐ Yes ☐ No ☐ Unknown

If yes, year of previous diagnosis

If yes, country of previous diagnosis

Previously tested negative for HIV? ☐ Yes ☐ No ☐ Unknown

If yes, year of negative test

E. Setting of first positive HIV test (please tick one): Not required for those previously diagnosed HIV positive

- | | | |
|--|--|---|
| <input type="checkbox"/> Antenatal screening | <input type="checkbox"/> Primary health care | <input type="checkbox"/> Tested abroad prior to arrival |
| <input type="checkbox"/> Blood donation screening | <input type="checkbox"/> Prison or remand services | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Community-based testing programme | <input type="checkbox"/> Infectious disease clinic | <input type="checkbox"/> Other hospital setting |
| <input type="checkbox"/> Accident and emergency department | <input type="checkbox"/> Self-sampling | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Harm reduction site/drug services | <input type="checkbox"/> Self-testing | |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Sexual health or STI clinic | |

F. Other infections

At the time of this HIV diagnosis, is the patient co-infected with any of:

- | | | | |
|--------------|---|------------------------------|---|
| 1) TB | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | 3) Early infectious syphilis | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 2) Chlamydia | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | 4) Gonorrhoea | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

At the time of this HIV diagnosis, is the person known to be:

- | | | | |
|-------------------------|---|-------------------------|---|
| 5) Hepatitis B positive | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | 6) Hepatitis C positive | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|-------------------------|---|-------------------------|---|

G. Treatment Information

When did the patient start anti-retroviral therapy (ART)?

- | | |
|---|---|
| <input type="checkbox"/> ART started at this diagnosis | If yes, please state date started (or year if date not known): <input type="text"/> |
| <input type="checkbox"/> Patient previously on ART in another country | If yes, please state year started: <input type="text"/> |
| <input type="checkbox"/> ART not started | |
| <input type="checkbox"/> Referred for treatment initiation | |

Has this person transferred their HIV care from a clinical service in another country to Ireland? ☐ Yes ☐ No ☐ Unk

If yes, please state the country

Did the patient receive post exposure prophylaxis (PEP) and/or pre-exposure prophylaxis (PrEP) in the 12 months prior to this HIV diagnosis in Ireland? ☐ Yes - PEP and PrEP ☐ No
☐ Yes - PEP ☐ Unknown
☐ Yes - PrEP

Was the patient on PrEP at the time of this HIV diagnosis in Ireland? ☐ Yes ☐ No ☐ Unknown

If yes, was PrEP being taken correctly at the time of HIV diagnosis? ☐ Yes ☐ No ☐ Unknown

H. Clinical Stage and AIDS (Note – At time of this HIV diagnosis in Ireland)

Clinical presentation at time of this HIV diagnosis (please tick one)

- | | | |
|--|--|---|
| <input type="checkbox"/> Acute, seroconversion illness | <input type="checkbox"/> Symptomatic, non-AIDS | <input type="checkbox"/> AIDS defining (indicate AIDS defining illness below) |
| <input type="checkbox"/> Asymptomatic | <input type="checkbox"/> Unknown | <input type="checkbox"/> Non-AIDS, not further specified |

If AIDS at time of this diagnosis, please give the date of AIDS diagnosis

If AIDS, please indicate at least one AIDS defining illness (see list on page 4)

AIDS defining illness 1

AIDS defining illness 3

AIDS defining illness 2

AIDS defining illness 4

I. Deaths

Has the patient died? ☐ Yes ☐ No ☐ Unknown

If yes, date of death:

If yes, cause of death:

☐ AIDS ☐ Non-AIDS ☐ Unknown

J. Form completed by

Name (in block capitals):

Clinic/service

Signature

Date completed

K. Comments

Please return the completed form to your local Department of Public Health. If you have referred this patient to a HIV treatment centre, please complete what you can and return indicating the doctor and hospital/clinic they have been referred to. 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". See <https://www.hpsc.ie/a-z/hivandaids/casedefinitions/> for HIV case definition.



Guidelines for completing the HIV Enhanced Surveillance Form

Section A: Case details

Laboratory specimen ID will be completed by the laboratory at time of confirmatory HIV diagnosis. This will be used as an identifier on the paper form

Sex (assigned at birth) and gender identity should be completed for all cases. Gender identity refers to a person's internal sense of themselves (how they feel inside) as being male, female, transgender, or something else. A trans male refers to person who identifies as male and was assigned female at birth. A trans female refers to a person who identifies as female and was assigned male at birth. Non-binary refers to a person who does not identify as being exclusively female or male.

Ethnicity should be self-reported and refers to how the individual case identifies themselves.

Section B: Probable Route of HIV Infection

Please tick all relevant routes of transmission and then provide the most likely route of transmission for this patient, in your opinion. IDU should be ticked if the patient ever injected drugs. Heterosexual contact is used for cases for which heterosexual transmission is highly probable and do not fit into another category. It is important that the source of infection for heterosexual cases is provided.

Section C: Laboratory Information

CD4 count and Viral load should be provided at the time of this diagnosis in Ireland.

Section D: Testing History

This seeks where possible to define the period during which infection occurred and whether or not the person was previously diagnosed HIV positive abroad.

Section E: Setting of First Positive HIV Test

This seeks to determine the setting where the individual first tested positive for HIV.

Section F: Other Infections

This seeks to determine if the patient is co-infected with TB or an acute STI at the time of HIV diagnosis. It also seeks to determine if the patient has hepatitis B or C.

Section G: Treatment Information

This seeks to determine if the patient was on ART in another country, or is starting ART for the first time in Ireland. Also, if the person has transferred their HIV care to Ireland from another country and whether the person was on PrEP in the 12 months prior and at the time of diagnosis. For PrEP to be maximally effective, it should be taken as prescribed by a healthcare provider. For more information on PrEP guidance please visit <https://www.sexualwellbeing.ie/prep/>

Section H: Clinical Stage and AIDS

This information asked for in this section will be used to establish the stage of disease progression at which the HIV diagnosis has been made. In the case of an AIDS defining illness, at least one (and a maximum of four) AIDS Defining illnesses should be stated. A full list of AIDS defining illnesses is shown on page 4.

List of AIDS Defining Illnesses

1. Bacterial infections, multiple or recurrent in a child under 13 years of age
2. Candidiasis of bronchi, trachea, or lungs
3. Candidiasis, oesophageal
4. Coccidioidomycosis, disseminated or extrapulmonary
5. Cryptococcosis, extrapulmonary
6. Cryptosporidiosis, intestinal with diarrhoea (>1 months duration)
7. Cytomegalovirus disease (other than liver, spleen, or nodes) in a patient over one month of age
8. Cytomegalovirus retinitis (with loss of vision)
9. Herpes simplex: chronic ulcer(s) (>1 months duration); or bronchitis, pneumonitis, or oesophagitis in a patient over one month of age
10. Histoplasmosis, disseminated or extrapulmonary
11. Isosporiasis, intestinal with diarrhoea (>1 months duration)
12. Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary
13. Mycobacterium tuberculosis, pulmonary in an adult or an adolescent (aged 13 years or over)
14. Mycobacterium tuberculosis, extrapulmonary
15. Mycobacterium, other species or unidentified species, disseminated or extrapulmonary
16. Pneumocystis carinii pneumonia
17. Pneumonia, recurrent in an adult or an adolescent (aged 13 years or over)
18. Progressive multifocal leukoencephalopathy
19. Salmonella (non typhoid) septicaemia, recurrent
20. Toxoplasmosis of brain in a patient over one month of age
21. Cervical cancer, invasive in an adult or an adolescent (aged 13 years or over)
22. Encephalopathy, HIV-related
23. Kaposi's sarcoma
24. Lymphoid interstitial pneumonia in a child under 13 years of age
25. Lymphoma, Burkitt's (or equivalent term)
26. Lymphoma, immunoblastic (or equivalent term)
27. Lymphoma, primary, of brain
28. Wasting syndrome due to HIV
30. Opportunistic infection(s), not specified
31. Lymphoma(s), not specified