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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **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: Enter text here | | | | | | | | | | | | | | | |
| Patient referred to a HIV treatment centre. If yes, please complete as much as possible and provide name of doctor and HIV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| treatment centre: | | | | | Enter text here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 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 | | | | | Enter text here | | | | | | | | | | | | |  | | | Date confirmatory test | | | | | | | | | | | Click to enter a date. | | | | | | | | | | | | | | | | |  | |
|  | Reporting doctor | | | | | Enter text here | | | | | | | | | | | | |  | | | Hospital/clinic | | | | | | | | | | | Enter text here | | | | | | | | | | | | | | | | |  | |
|  | Forename | | | | | Enter text here | | | | | | | | | | | | |  | | | Surname | | | | | | | | | | | Enter text here | | | | | | | | | | | | | | | | |  | |
|  | Date of birth | | | | | Click to enter a date. | | | | | | | | | | | | |  | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
|  | Sex (at birth) | | | | | Male | | | | | | | Female | | | | | | | | | | | | Unknown | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Gender identity | | | | | 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 | | | | | Choose an item. | | | | | | | | | | | | | County of residence | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | | | | | | | |  | |
|  | If born abroad, year of arrival in Ireland | | | | | | | | | | | Enter text here | | | | | | | Country of infection | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | 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) | | | | | | | | | | | | | | | | Enter text here | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | Unknown | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | **Please indicate probable route of transmission** | | | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | **C. Laboratory Information (Note – at time of this HIV diagnosis in Ireland)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | CD4 count at this diagnosis (cells/microlitre) | | | | | | | | | | | | | | Enter text here | | | | | | | | | | | | Date of CD4 test: | | | | | | | | | | Click to enter a date. | | | | | | | | | | | |  |
|  | | Viral load at this diagnosis (copies/ml): | | | | | | | | | | | | | | Enter text here | | | | | | | | | | | | Date of viral load: | | | | | | | | | | Click to enter a date. | | | | | | | | | | | |  |
|  | |  | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |  |
|  | | **D. Testing History (Note – Prior to this diagnosis)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Previously diagnosed with HIV in Ireland? | | | | | | | | | | | | | | Yes  No  Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | If yes, year of previous diagnosis | | | | | | | | Enter text here | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Previously diagnosed with HIV abroad? | | | | | | | | | | | | | | Yes  No  Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | If yes, year of previous diagnosis | | | | | | | | Enter text here | | | | | | | | | | | If yes, country of previous diagnosis | | | | | | | | | | | | | | | | | | | | | Choose an item. | | | | | | | |  |
|  | | Previously tested negative for HIV? | | | | | | | | | | | | | | Yes  No  Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | If yes, year of negative test | | | | | | | | Enter text here | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
|  | |  | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |  |
| **E. Setting of first positive HIV test (please tick one): Not required for those previously diagnosed HIV positive** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Antenatal screening | | | | | | | | | | | | Primary health care | | | | | | | | | | | | | | | | Tested abroad prior to arrival | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Blood donation screening | | | | | | | | | | | | Prison or remand services | | | | | | | | | | | | | | | | Other | | | | | | | | | Enter text here | | | | | | | | | | |  | | |
|  | | Community-based testing programme | | | | | | | | | | | | Infectious disease clinic | | | | | | | | | | | | | | | | Other hospital setting | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Accident and emergency department | | | | | | | | | | | | Self-sampling | | | | | | | | | | | | | | | | Unknown | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Harm reduction site/drug services | | | | | | | | | | | | Self-testing | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Pharmacy | | | | | | | | | | | | 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 | | | | Yes  No  Unknown | | | | | | | | | | | | | | | | | 3) Early infectious syphilis | | | | | | | | | | | | Yes  No  Unknown | | | | | | | | | | | | | |  | | |
|  | |  | 2) Chlamydia | | | | Yes  No  Unknown | | | | | | | | | | | | | | | | | 4) Gonorrhoea | | | | | | | | | | | | Yes  No  Unknown | | | | | | | | | | | | | |  | | |
|  | | At the time of this HIV diagnosis, is the person known to be: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | |  | 5) Hepatitis B positive | | | | Yes  No  Unknown | | | | | | | | | | | | | | | | | 6) Hepatitis C positive | | | | | | | | | | | | Yes  No  Unknown | | | | | | | | | | | | | |  | | |
|  | | **G. Treatment Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | When did the patient start anti-retroviral therapy (ART)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | ART started at this diagnosis | | | | | | | | | | | | | If yes, please state date started (or year if date not known): | | | | | | | | | | | | | | | | | | | | | | | | | | | | Enter text here | | | | | |  | | | |
|  | | Patient previously on ART in another country | | | | | | | | | | | | | If yes, please state year started: | | | | | | | | | | | | | | | | | | | | | | | | | | | | Enter text here | | | | |  | |  | | |
|  | | ART not started | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | 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 | | | | | | | | Choose an item. | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Did the patient receive post exposure prophylaxis (PEP) and/or pre-exposure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes - PEP and PrEP | | | | | | | | | | | | | | No | | | | | | | |
|  | | prophylaxis (PrEP) in the 12 months prior to this HIV diagnosis in Ireland? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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) | | | | | | | | | | | | | | | | | | | |  | |  |  | | Acute, seroconversion illness | | | | | Symptomatic, non-AIDS | | | | | AIDS defining (indicate AIDS defining illness below) | | | | | | | |  | |  |  | | Asymptomatic | | | | | Unknown | | | | | Non-AIDS, not further specified | | | | | | | |  | |  | If AIDS at time of this diagnosis, please give the date of AIDS diagnosis | | | | | | | | | | | | | Click to enter a date. | | | | |  | |  | |  | If AIDS, please indicate at least one AIDS defining illness (see list on page 4) | | | | | | | | | | | | |  | | | | |  | |  | |  | | AIDS defining illness 1 | | | Choose an item. | | | | | AIDS defining illness 3 | | | | | Choose an item. | | | |  | |  | |  | | AIDS defining illness 2 | | | Choose an item. | | | | | AIDS defining illness 4 | | | | | Choose an item. | | | |  | |  | |  |  | | | | |  | | |  | | | |  | | | |  | | | |  | |  | **I. Deaths** | | | | | | | | | | | | | | | | | | | |  | |  | Has the patient died? | | | Yes  No  Unknown | | | | | | | | | | | | | | | | |  | |  |  | | If yes, date of death: | | | | Click to enter a date. | | | | |  | | | | |  | | | |  | |  |  | | If yes, cause of death: | | | | AIDS  Non-AIDS  Unknown | | | | | | | | | | | | | |  | |  | **J. Form completed by** | | | | | | | | | | | | | | | | | | | |  | |  | Name (in block capitals): | | | | | Enter text here | | | | | Clinic/service | | | | | Enter text here | | | |  |  | |  | Signature | | | | | Enter text here | | | | | Date completed | | | | | Click to enter a date. | | | |  |  | |  |  | | | | |  | | | | |  | | | | |  | |  | | |  | |  | **K. Comments** | | | | | | | | | | | | | | | | | | | |  | |  | Enter text here | | | | | | | | | | | | | | | | | | | |  | |  |  | | | | |  | | | | |  | | | | |  | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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