

# HIV Enhanced Surveillance Form

## Completing and Returning the HIV Enhanced Surveillance Form

Please complete this form and return to the Area Director of Public Health where the patient resides (see page 4 for details)

CIDR Event ID

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 (see page 4 for details)

- 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. Laboratory Details

Laboratory Specimen ID: \_\_\_\_\_ Reporting Doctor: \_\_\_\_\_  
 Date of confirmatory test: \_\_\_\_\_ Hospital/Clinic: \_\_\_\_\_

### B. Patient Details

Sex (at birth): Male  Female  DOB: \_\_\_\_\_

Gender identity (see note on page 3): Male  Female  Trans male  Trans female  Other

Pregnant at time of HIV diagnosis: Yes  No  Unknown  Irish county of residence: \_\_\_\_\_

Ethnic Group (see note on page 3):

White	Black or Black Irish	Asian or Asian Irish		
<input type="checkbox"/> Irish	<input type="checkbox"/> African	<input type="checkbox"/> Chinese	<input type="checkbox"/> Arabic	<input type="checkbox"/> Other
<input type="checkbox"/> Irish Traveller	<input type="checkbox"/> Any other black background	<input type="checkbox"/> Indian/Pakistani/Bangladeshi	<input type="checkbox"/> Roma	<input type="checkbox"/> Not known
<input type="checkbox"/> Any other white background		<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> Mixed Background	

Country of birth: \_\_\_\_\_ If born abroad, year of arrival in Ireland: \_\_\_\_\_

Probable country of infection: \_\_\_\_\_

### C. 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)

<input type="checkbox"/> From a country with a generalised HIV epidemic	<input type="checkbox"/> Sex with a haemophiliac/transfusion recipient
<input type="checkbox"/> Sex with a person from a country with a generalised HIV epidemic	<input type="checkbox"/> Sex with a bisexual male/MSM
<input type="checkbox"/> Sex with a person who injects drugs	<input type="checkbox"/> Sex with a person known to be HIV infected
<input type="checkbox"/> Infected through heterosexual transmission, no further information	

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

<input type="checkbox"/> Injection Drug Use (IDU)	<input type="checkbox"/> Infected through heterosexual transmission, no further information
<input type="checkbox"/> From a country with a generalised HIV epidemic	<input type="checkbox"/> Other/undetermined
<input type="checkbox"/> Transfusion recipient	

Other (If other, please specify): \_\_\_\_\_

Unknown

Please indicate probable route of transmission: \_\_\_\_\_

### D. 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: \_\_\_\_\_

### E. 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, country of previous diagnosis: \_\_\_\_\_  
 If yes, year of previous diagnosis: \_\_\_\_\_

Previously tested negative for HIV? Yes  No  Unknown  If yes, year of negative test: \_\_\_\_\_

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## F. 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"/> Testing abroad prior to arrival to reporting country |
| <input type="checkbox"/> Blood donation screening          | <input type="checkbox"/> Prison or remand services         | <input type="checkbox"/> Other setting _____                                  |
| <input type="checkbox"/> Community-based testing programme | <input type="checkbox"/> Harm reduction site/drug services | <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"/> Infectious disease clinic         | <input type="checkbox"/> Self-testing                      |   |
| <input type="checkbox"/> Pharmacy                          | <input type="checkbox"/> Sexual health or STI clinic       |   |

## G. Other infections

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

- |                           |   |                           |   |
|---------------------------|---|---------------------------|---|
| TB                        | Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> | Early Infectious Syphilis | Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> |
| Chlamydia (including LGV) | Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> | Gonorrhoea                | Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> |

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

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

## H. 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 unknown): _____ |
| <input type="checkbox"/> Patient previously on ART in another country | If yes, please state year started: _____                           |
| <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  Unknown

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

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

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 5): \_\_\_\_\_

## J. Deaths

Has the patient died? Yes  No  Unknown  If yes, date of death: \_\_\_\_\_

If yes, cause of Death: AIDS  Non-AIDS  Unknown

## K. Form Completed By

Name (in block capitals): \_\_\_\_\_ Clinic/Service: \_\_\_\_\_

Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_

Comments (Please give relevant details not covered elsewhere):

Please return this form in strictest medical confidence to the Area Director of Public Health where the patient resides (for who to notify, see page 4 of this form)

# HIV Enhanced Surveillance Form

## Guidelines for completing the HIV Enhanced Surveillance Form

Please complete this form and to the Area Director of Public Health where the patient resides (see page 4 for details). 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.

For more information on who to notify, please see <http://www.hpsc.ie/notifiablediseases/whotonotify/>

### Section A: Laboratory details

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

### Section B: Patient details

- Sex Refers to a person's sex at birth.
- Gender identity Refers to a person's internal sense of themselves (how they feel inside) as being male, female, transgender or something else. This may be different or the same as a person's assigned sex at birth. Further information and resources can be found at the website of Transgender Equality Network Ireland ([www.teni.ie](http://www.teni.ie))
- Ethnic group This should be self-reported and is that to which the individual case identifies him or herself. It should not be 'given' by investigator. Categories used as per Census 2016 with the addition of Roma. Further information and resources on collecting ethnic information can be found at <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/intercultural-health/ethnic-equality-monitoring/>

### Section C: 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 D: Laboratory Information

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

### Section E: 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 F: Setting of First Positive HIV Test

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

### Section G: 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 H: 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 I: 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 5.

**Thank you very much for completing this form.**  
Further information on HIV surveillance can be obtained from [www.hpsc.ie](http://www.hpsc.ie)

# HIV Enhanced Surveillance Form

## Who to Notify: Area Directors of Public Health

<p><b>HSE Dublin and North East</b> Dr Deirdre Mulholland Area Director of Public Health</p> <p><i>Dublin North Central/North West Dublin/North Dublin/ Cavan/Louth/Meath/Monaghan:</i> Public Health Area A Health Service Executive Kells Business Park Kells Co. Meath A82 W2P3 <a href="mailto:PublicHealth.AreaA@hse.ie">PublicHealth.AreaA@hse.ie</a></p>	<p><b>HSE Dublin and Midlands</b> Dr Fionnuala Cooney Area Director of Public Health</p> <p><i>Dublin South City/Dublin South West/Dublin West/Kildare/Wicklow (West)/Laois/Offaly/Longford/Westmeath:</i> Public Health Area B Health Service Executive Dr. Steevens' Hospital Dublin 8 D08 W2A8 <a href="mailto:PublicHealth.AreaB@hse.ie">PublicHealth.AreaB@hse.ie</a></p>	<p><b>HSE Dublin and South East</b> Dr Carmel Mullaney Area Director of Public Health</p> <p><i>Dublin (South East)/Dun Laoghaire/Carlow/Kilkenny/South Tipperary/Waterford/Wexford/Wicklow (East):</i> Public Health Area C Health Service Executive Dublin Road Lacken Killkenny <a href="mailto:PublicHealth.AreaC@hse.ie">PublicHealth.AreaC@hse.ie</a></p>
<p><b>HSE South West</b> Dr Anne Sheahan Area Director of Public Health</p> <p><i>Cork and Kerry:</i> Public Health Area D Health Service Executive Floor 2 - Block 8 Zone B2, St. Finbarr's Hospital Douglas Road Cork T12 XH60 <a href="mailto:PublicHealth.AreaD@hse.ie">PublicHealth.AreaD@hse.ie</a></p>	<p><b>HSE Midwest</b> Dr Mai Mannix Area Director of Public Health</p> <p><i>Limerick/Clare/North Tipperary:</i> Public Health Area E Health Service Executive Mount Kennett House Henry Street Limerick V94 KN3N</p>	<p><b>HSE West and North West</b> Dr Áine McNamara Area Director of Public Health</p> <p><i>Galway/Mayo/Roscommon:</i> Public Health Area F Health Service Executive Merlin Park Galway H91 N973 <a href="mailto:public.health@hse.ie">public.health@hse.ie</a></p> <p><i>Donegal/Sligo/Leitrim:</i> Public Health Area F Health Service Executive An Clochar Health Campus College Street Ballyshannon Co Donegal F94 TPX4 <a href="mailto:info@hse.ie">info@hse.ie</a></p>

## 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