

Please complete this form and return to your local Director of Public Health. If you have referred this patient to a HIV treatment centre, please complete what you can and indicate the doctor and hospital/clinic they have been referred to and return the form to your local Director of Public Health (see page 4)

A. NVRL Details

NVRL Laboratory Specimen ID Reporting Doctor

Date of confirmatory test Hospital/Clinic

Avidity (recency) test carried out Yes No Avidity result

B. Patient Details

DOB Sex (at birth) M F Irish county of residence

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

Pregnant at time of HIV diagnosis? Yes No Unk

Ethnic Group (see note on page 3)

White Irish Irish Traveller Any other white background

Black or Black Irish African Any other black background

Asian or Asian Irish Chinese Any other Asian background

Roma Other, including mixed background (please specify) _____

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

- Men who have sex with men (MSM)
- Injecting Drug Use (IDU) (ever injected drugs)
- Heterosexual contact (if yes, please choose subcategory)
 - From a country with a generalised HIV epidemic
 - Had sex with a person from a country with a generalised HIV epidemic
 - Had sex with an person who injects drugs
 - Infected through heterosexual transmission, no further information
 - Had sex with a haemophiliac/transfusion recipient
 - Had sex with a bisexual male/MSM
 - Had sex with a person known to be HIV infected
- Mother to Child Transmission (MTCT) (if yes, please choose subcategory)
 - Injecting Drug Use
 - From a country with a generalised HIV epidemic
 - Transfusion recipient
 - Infected through heterosexual transmission, no further information
 - Other / undetermined
- Other (if other, please specify) _____
- Unknown

Please indicate probable route of transmission

D: Laboratory Information (at time of this diagnosis in Ireland)

CD4 count at time of this diagnosis in Ireland (cells/microlitre) Date of CD4 test

Viral load at time of this diagnosis in Ireland (copies/ml) Date of viral load

E: Testing History (prior to this diagnosis)

Previously diagnosed HIV positive abroad Yes No Unk

If yes, Country of previous positive test Year of previous positive test

Previously tested negative for HIV Yes No Unk If yes, year of negative test

F. Other Infections

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

	Yes	No	Unk
TB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early (infectious) Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia (including LGV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Hepatitis B positive Yes No Unk Hepatitis C positive Yes No Unk

G. Treatment Information

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

ART started at this diagnosis, If yes, please state date started (or if date not known, please state year)

Patient previously on ART in another country, If yes please state year started

ART not started

Referred for treatment initiation

Has this person transferred their HIV care to Ireland from another country? Yes No Unk

Did the patient receive post exposure prophylaxis (PEP) and/or pre-exposure prophylaxis (PrEP) in the 6 months prior to this HIV diagnosis in Ireland?

No Yes- PEP and PREP
 Yes - PEP Unknown
 Yes - PREP

Was the patient on PrEP at the time of this HIV diagnosis in Ireland Yes No Unk

H. Clinical Stage and AIDS (at the time of this HIV diagnosis in Ireland)

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

Acute, seroconversion illness AIDS defining (please indicate AIDS defining illnesses below)
 Asymptomatic Non-AIDS, not further specified
 Symptomatic, non-AIDS 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 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 Unk

If yes, Date of Death

If yes, Cause of Death AIDS Non-AIDS Unk

If the patient subsequently dies, please inform your local Department of Public Health

J: Form Completed By

Name (in block capitals)
Signature
Clinic/Service
Date completed

Comment: Please give relevant details not covered elsewhere

HIV Surveillance Report Form

Guidelines for completing the HIV Surveillance form

Please complete this form and return to your local Director of Public Health. If you have referred this patient to a HIV treatment centre, please complete what you can and indicate the doctor and hospital/clinic they have been referred to and return the form to your local Director of Public Health (see page 4)

For a list of who to notify, please see <http://www.hpsc.ie/notifiablediseases/whotonotify/>

Section A: NVRL details

This section will be completed by the NVRL at time of confirmatory HIV diagnosis. The NVRL laboratory ID will be used to 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)

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/](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: 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.

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.

Section I: Deaths

This section should be completed for all cases. If a patient subsequently dies, please inform your local Department of Public Health

Section J: Form completion details

Thank you very much for completing this form.
Further information on HIV surveillance can be obtained from www.hpsc.ie

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

Who to Notify: Directors of Public Health

HSE – East

Dr. Deirdre Mulholland
Director of Public Health
Department of Public Health
HSE – Eastern Region
Dr. Steeven's Hospital
Dublin 8

HSE – West

Dr. Diarmuid O'Donovan
Director of Public Health
Department of Public Health
HSE – Western Area
Merlin Park Regional Hospital
Co Galway

HSE – North West

Dr. Peter Wright
Department of Public Health Medicine
HSE North West Area
Health Campus
An Clochar
College Street
Ballyshannon
Co Donegal

HSE – Midlands

Dr. Phil Jennings
Director of Public Health
Department of Public Health
HSE – Midlands Area
Arden Rd
Tullamore
Co Offaly

HSE – North East

Dr. Caroline Mason-Mohan
Director of Public Health
Department of Public Health
HSE – North Eastern Area
Railway St
Navan
Co Meath

HSE – Mid West

Dr. Mai Mannox
Department of Public Health
HSE – Mid Western Area
2nd Floor, Mount Kennett House
Henry St
Limerick

HSE - South East

Dr. Sarah Doyle
Consultant in Public Health Medicine
Department of Public Health
HSE – South Eastern Area
St Canice's Hospital
Lacken
Dublin Rd
Co Kilkenny

HSE – South

Dr. Augustine Pereira
Director of Public Health
Department of Public Health
HSE – Southern Area
Floor 2, Block 8
St Finbar's Hospital,
Douglas Rd
Cork