

A. PATIENT DETAILS

CIDR EVENT ID		HSE ID	
HSE area	County	CCA	DED name/code
Patient forename		Patient surname	
Patient address		Hospital name	
Phone		Hospital number	
School/college address		Treating Physician	
Work address		First notified by:	
		<input type="checkbox"/> Laboratory	<input type="checkbox"/> Occupational Health
		<input type="checkbox"/> Public Health	<input type="checkbox"/> Hospital clinician
		<input type="checkbox"/> GP	<input type="checkbox"/> Other
If other notification source, please specify:			

B. SOCIODEMOGRAPHIC DETAILS

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Current/most recent occupation (within last 2 years)	Country of birth
Date of Birth		<input type="checkbox"/> Ireland <input type="checkbox"/> Other (please specify):
Age (years)	Current living status	If born outside Ireland, year of entry into Ireland:
Current employment status	<input type="checkbox"/> Home (private/rented) <input type="checkbox"/> Hostel	
<input type="checkbox"/> Paid employment <input type="checkbox"/> Retired	<input type="checkbox"/> B&B/hotel <input type="checkbox"/> Prison	Race or ethnic group
<input type="checkbox"/> Housewife/husband <input type="checkbox"/> Student	<input type="checkbox"/> Homeless <input type="checkbox"/> Institution	<input type="checkbox"/> Black <input type="checkbox"/> South Asian descent
<input type="checkbox"/> Unemployed <input type="checkbox"/> Other	Other (please specify):	<input type="checkbox"/> White <input type="checkbox"/> East/south east Asian descent
Other (please specify):		<input type="checkbox"/> Irish Traveller <input type="checkbox"/> Other (please specify):
		Refugee / asylum seeker <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk

C. CLINICAL DETAILS

Symptomatic <input type="checkbox"/> Yes <input type="checkbox"/> No	Did this case previously undergo TB screening in Ireland?
Date of onset of symptoms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Date diagnosed	If yes, please specify:
Date of notification	Previous history of TB (specify below)
Date treatment commenced	(a) Previous year of diagnosis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Date contact tracing commenced	(b) Previous treatment (>1 month) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Diagnosis (tick one only)	(c.) Previous treatment completed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
<input type="checkbox"/> Pulmonary <input type="checkbox"/> Extrapulmonary	History of BCG vaccination
<input type="checkbox"/> Pulmonary & Extrapulmonary (P+E)	If yes, year of BCG vaccination
If Extrapulmonary or P+E, please specify site(s):	BCG scar present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
EP site 1	Risk factors present (specify below)
EP site 2	Anti-TNF treatment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Chest x-ray	Other immunosuppressive medication <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
<input type="checkbox"/> Active Cavitory TB <input type="checkbox"/> Pleural <input type="checkbox"/> Normal	Immunosuppressive illness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
<input type="checkbox"/> Active Non-cavitory TB <input type="checkbox"/> Inactive/Old TB <input type="checkbox"/> Not done	Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
<input type="checkbox"/> Other	Born in country of high endemicity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
If other X-ray result, please specify:	Residence in country of high endemicity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
CT thorax	Contact of case <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
<input type="checkbox"/> Abnormal with cavitation <input type="checkbox"/> Normal <input type="checkbox"/> Other CT result	Alcohol misuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
<input type="checkbox"/> Abnormal without cavitation <input type="checkbox"/> Not done <input type="checkbox"/> Unknown	Drug misuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
If other CT result, please specify:	If other/additional risk factors present (please specify):
Was this case hospitalised due to TB? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
This case was found by	Immune code <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unk
<input type="checkbox"/> Presenting as case <input type="checkbox"/> Post-mortem diagnosis	Is this case currently on ARV* treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
<input type="checkbox"/> Contact tracing <input type="checkbox"/> Pre-employment screening	Is this case linked to an outbreak? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
<input type="checkbox"/> Immigrant screening <input type="checkbox"/> Other (please specify):	If YES, please specify outbreak code:

D. DIAGNOSTIC DETAILS

Direct sputum microscopy (DSM)

(a) 1st DSM result

Positive
 Negative
 Not done

(b) 2nd DSM result

Positive
 Negative
 Not done

1st DSM date:

2nd DSM date:

Microscopy of other specimens (e.g. BAL, gastric washings etc)

(a) 1st microscopy result

Positive
 Negative
 Not done

(b) 2nd microscopy result

Positive
 Negative
 Not done

1st microscopy date:

2nd microscopy date:

1st microscopy specimen type

2nd microscopy specimen type

Histology Positive Negative Not done

Histology specimen site

Culture results

(a) 1st Culture result

Culture positive
Culture negative
Not done

(b) 2nd Culture result

Culture positive
Culture negative
Not done

1st Culture specimen type

2nd Culture specimen type

1st Culture specimen site

2nd Culture specimen site

Mycobacterium tuberculosis complex (MTC) isolated?

Yes No Unk

If YES, please tick species identified (1 species only)

M. tuberculosis *M. africanum* *M. caprae*
 M. bovis *M. canetti* *M. microti*

**Drug sensitivities (R= res, S = sens, ND = not done)
(Please fill for each drug used)**

1 st line drugs	S	R	ND	2 nd line drugs	S	R	ND
Isoniazid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amikacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rifampicin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Capreomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethambutol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ciprofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pyrazinamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ethionamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Streptomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kanamycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Moxifloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Ofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Para-amino salicylic acid (PAS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Prothionamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Rifabutin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sensitivity / resistance pattern (tick 1 only)

Yes No Unk
A) Pansensitive
B) MDR-TB
C) XDR-TB

Nucleic acid amplification test (e.g. PCR)

Positive for MTC Negative for MTC PCR not done

If positive, were genetic resistance determinants to the following drugs detected:

Isoniazid Yes No Unk
Rifampicin Yes No Unk

Genotyping

MIRU done? Yes No Unk

MTC lineage

MIRU-VNTR

E. OUTCOME DETAILS

Laboratory results : (Pulmonary cases ONLY):

Direct Sputum microscopy

Culture

	Pos	Neg	Not done	Sputum N/A	Pos	Neg	Not done	Sputum n/a
During treatment (at least 2 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Treatment Outcome (at 12 months)

Completed - cured	<input type="checkbox"/>	Completed - status unknown	<input type="checkbox"/>	Interrupted	<input type="checkbox"/>	Transferred	<input type="checkbox"/>
Completed - failed	<input type="checkbox"/>	Still on treatment	<input type="checkbox"/>	Lost to follow up	<input type="checkbox"/>	Died	<input type="checkbox"/>

Treatment Outcome for MDR TB (at 24 months)

Completed - cured	<input type="checkbox"/>	Completed - status unknown	<input type="checkbox"/>	Interrupted	<input type="checkbox"/>	Transferred	<input type="checkbox"/>
Completed - failed	<input type="checkbox"/>	Still on treatment	<input type="checkbox"/>	Lost to follow up	<input type="checkbox"/>	Died	<input type="checkbox"/>

Treatment Outcome for XDR TB (at 36 months)

Completed - cured	<input type="checkbox"/>	Completed - status unknown	<input type="checkbox"/>	Interrupted	<input type="checkbox"/>	Transferred	<input type="checkbox"/>
Completed - failed	<input type="checkbox"/>	Still on treatment	<input type="checkbox"/>	Lost to follow up	<input type="checkbox"/>	Died	<input type="checkbox"/>

Did drug resistance develop during treatment? Yes No Unk

If YES: MDR XDR Other resistance

If other resistance, please specify: _____

DOTS recommended? Yes No Unk

DOTS commenced? Yes No Unk

DOTS successful? Yes No Unk

If treatment completed, date of completion _____

If deceased, was TB the direct cause? Yes No Unk

If deceased, date of death _____

Case denotified (i.e. was diagnosis changed?) Yes No Unk

If YES, please specify new diagnosis _____

Case classification (tick 1 only): Possible Probable Confirmed

F. CONTACT TRACING DETAILS

Is this case: Index case **OR** Contact of another case (*please tick one*)

If this case is a contact of another case, please complete the following questions:

Nature of contact:

Family Healthcare setting Work Other
School/college Longstay care facility Prison
If other, please specify:

Did this case comply with contact tracing? Yes No

Name of index case

Date of notification of index case

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIDR Event ID of index case

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

COMPLETING DOCTOR SIGNATURE

Tick section(s) completed:

	A	B	C	D	E
Signature 1 <input style="width: 210px; height: 25px;" type="text"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>
Signature 2 <input style="width: 210px; height: 25px;" type="text"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>
Signature 3 <input style="width: 210px; height: 25px;" type="text"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>
Signature 4 <input style="width: 210px; height: 25px;" type="text"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>
Signature 5 <input style="width: 210px; height: 25px;" type="text"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>	Section completed: <input type="checkbox"/>

COMMENTS

EU Case Definition for TB

Irish standardised case definitions for notification of a TB case:

under S.I. No. 452/2011 Infectious Diseases (Amendment) Regulations 2011

Tuberculosis (*Mycobacterium tuberculosis* complex including; *M. africanum*, *M. bovis*, *M. canetti*, *M. caprae*, *M. microti*, *M. pinnipedii* and *M. tuberculosis*)

Clinical Criteria - Any person with:

- ◆ Signs, symptoms and/or radiological findings consistent with active tuberculosis in any site
AND
- ◆ A clinician's decision to treat the person with a full course of anti-tuberculosis therapy

OR

- ◆ A case discovered post-mortem with pathological findings consistent with active tuberculosis that would have indicated anti-tuberculosis antibiotic treatment had the patient been diagnosed before dying

Possible case - A person meeting the clinical criteria without laboratory confirmation

Probable case - A person meeting the clinical criteria with at least one of the following:

- ◆ Microscopy positive for acid-fast bacilli or equivalent fluorescent staining bacilli on light microscopy

OR

- ◆ Detection of *Mycobacterium tuberculosis* complex nucleic acid in a clinical specimen

OR

- ◆ Histological appearance of granulomata

Confirmed case - A person meeting the clinical criteria with:

- ◆ Detection of *M. tuberculosis* complex nucleic acid in a clinical specimen
AND
- ◆ Positive microscopy for acid-fast bacilli or equivalent fluorescent staining bacilli on light microscopy

OR

- ◆ Isolation of *M. tuberculosis* complex (excluding *M. bovis*-BCG) from a clinical specimen

Abbreviations:

***ARV treatment:** Anti-retroviral treatment