

hpsc

Feidhmeannacht na Seirbhíse Sláinte Health Service Executive	Page 1 of 4		
A. PATIENT DETAILS			
CIDR EVENT ID HSE ID			
HSE area County CCA	DED name/code		
Patient forename	Patient surname		
	Phone		
Patient	Hospital name		
address	Hospital number		
School/	Treating Physician		
college	First notified by: Laboratory Occupational Health	GP	
address	Public Health Hospital clinician	Other	
Work address	If other notification source, please specify:	Other	
	nother nouncation source, please specify.		
B. SOCIODEMOGRAPHIC DETAILS	Country of hirth		
Sex: Male Female Current living status Country of birth			
Date of Birth Home (private/rented	d) Hostel Ireland Other (please specify):		
Age (years) B&B/hotel	Prison If how partial haland was af antiquintal hal		
Homeless	If born outside Ireland, year of entry into Irel	ana:	
Current employment status Other (please specify)): Book or otheric arrows		
Paid employment Retired "	Kace of ethinic group		
Housewife/husband Student			
Unemployed Other	White East/south east Asian		
Other (please specify): Country of birth of par	rent/ Irish Traveller Other (please specify)	
guardian	Roma		
Current/most recent occupation Ireland O	Other (please specify):		
(within last 2 years)	Refugee / asylum seeker Yes	No Unk	
C. CLINICAL DETAILS			
Sumptomatic			
	Did this case previously undergo TB screening in Ireland?		
Date of onset of symptoms	Yes N	o Unk	
Date diagnosed	If yes,		
Date of notification	please specify:		
Date treatment commenced			
Date contact tracing commenced	Previous history of TB (specify below)	Unk	
Diagnosis (tick one only)	(a) Previous year of diagnosis		
Pulmonary Extrapulmonary	(b) Previous treatment (>1 month)	Unk	
Pulmonary & Extrapulmonary (P+E)	(c) Previous treatment completed Yes No	Unk	
If Extrapulmonary or P+E, please specify site(s):	History of BCG vaccination Yes No	Unk	
EP site 1	If yes, year of BCG vaccination		
EP site 2 Chest x-ray	BCG scar present Yes No	Unk	
Active Cavitary TB	Risk factors present (specify below)	Unk	
Active Non-cavitary TB Pleural Normal	Anti-TNF treatment Yes No		
Other Inactive/Old TB Not done	Other immunosuppressive medication Yes No	H	
If other X-ray result, please specify:	Immunosuppressive illness Yes No	H	
<u>CT</u> thorax	Diabetes Yes No	\mathbf{H}^{-}	
Abnormal with cavitation Normal Other CT result		H ****	
Abnormal without cavitation Not done Unknown	Born in country of high endemicity Yes No	H	
If other CT result, please specify:	Residence in country of high endemicity Yes No	\vdash	
Was this case hospitalised due to TB?	Contact of case Yes No	H ****	
	Ink Yes I No	H ****	
	Ink Drug misuse Yes No	Unk	
	Ink If other/additional risk factors present (please specify)		
Treated with shorter MDR-TB treatment regimens Yes No Ur This case was found by	ink		
Presenting as case Post-mortem diagnosis	Immune code Positive Nega	├	
Contact tracing Pre-employment screening	Is this case currently on ARV* treatment? Yes No	Unk	
Immigrant screening Other (please specify):	Is this case linked to an outbreak?	Unk	
Training and so certaing Totaler (please specify).	If YES, please specify outbreak code:		





D. DIAGNOSTIC DETA	AILS	
		Yes No Unk
Direct sputum microscopy (DS	M)	Mycobacterium tuberculosis complex (MTC) isolated?
(a) 1 st DSM result	(b) 2 nd DSM result	If YES, please tick species identified (1 species only)
Positive	Positive	M. tuberculosis M. africanum M. caprae
Negative	Negative	M. bovis M. canetti M. microti
Not done	Not done	Drug sensitivities (R=res, S = sens, ND = not done)
1 st DSM date:	2 nd DSM date:	(Please fill for each drug used)
		1 st line drugs S R ND
		Isoniazid
Microscopy of other specimens	s (e.g. BAL, gastric washings etc)	Rifampicin
(a) 1 st microscopy result	(b) 2 nd microscopy result	Ethambutol
Positive	Positive	Pyrazina mide Pyrazina mide
Negative	Negative	Streptomycin
Not done	Not done	Sensitivity/ resistance pattern (tick 1 only)
1 st microscopy date:	2 nd microscopy date:	Yes No Unk
		Paras ensitive Paras ensitive
1 st microscopy specimen type	2 nd microscopy specimen type	MDR-TB
		XDR-TB
		RR-TB
Histology Positive	Negative Not done	Poly resistant non-MDR
Histology specimen site		Pre XDR-TB
		
Culture results		Nucleic acid amplification test (e.g. PCR)
(a) 1st Culture result	(b) 2 nd Culture result	Positive for MTC Negative for MTC PCR not done If positive, were genetic resistance determinants to the following drugs
Culture positive	Culture positive	detected:
Culture negative	Culture negative	Isoniazid Detected Not detected Inferred Not tested
Not done	Not done	Rifampicin Detected Not detected Inferred Not tested
1 st Culture specimen type	2 nd Culture specimen type	
		Genotyping Yes No Unk
1 st Culture specimen site	2 nd Culture specimen site	MTC sub- lineage
		Cluster identifier
E. OUTCOME DETAIL	S	
Laboratory results : (Pulmonary		ct Sputum microscopy Culture
D : .		Neg Notdone Sputum N/A Pos Neg Notdone Sputum N/A
During t Treatme	reatment (at least 2 months)	
Treatine		
Treatment Outcome (at 12 months) Completed-Miclearance dem	•	I I I I I I I I I I I I I I I I I I I
	microbiological Still on treatment	Last to following Diad
		d-No microbiological
Treatment Outcome for MDR TB (at 24 months)	clearance demonstrated evidence	available Interrupted Iransferred Ireatment not started
	earance demonstrated Still Office	eatment Lost to follow up Died
Treatment Outcome for XDR TB	alas as a sa alas as as as as a sa al	ed-No microbiological Interrupted Transferred Treatment not started
	Completed-No microbiological Still on to	reatment Lost to follow up Died
(clearance demonstrated	
Did drug resistance develop durin		Unk If YES: MDR XDR Other resistance
If other resistance, please specify	r:	
Yes		Yes No Unk
DOTS recommended?	DOTS commenced?	DOTS successful?
		If deceased, was TB the direct cause? Yes No Unk
If treatment completed, date of co	mpletion	If deceased, date of death
Case denotified (i.e. was diagnos	· /	o Unk Unk
If YES, please specify new diagr	Possible Probable	Confirmed
LASE CIASSIFICATION (fick 1 only).	FUSSIDIE I PIODADIE I	Committee



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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
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:
Signature 1
COMMENTS



Page 4 of 4



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:

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

OR

oA 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:

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

OR

ODetection of Mycobacterium tuberculosis complex nucleic acid in a clinical specimen

OR

OHistological appearance of granulomata

Confirmed case - A person meeting the clinical criteria with:

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

OR

olsolation of M. tuberculosis complex (excluding M. bovis-BCG) from a clinical specimen

Abbreviations:

*ARV treatment: Anti-retroviral treatment