



National Tuberculosis Notification Form v3.2

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A. PATIENT DETAILS

CIDR EVENT ID

HSE ID

HSE area

County

CCA

DED name/code

Patient forename

Patient surname

Phone

Hospital name

Hospital number

Treating Physician

First notified by:

☐ Laboratory

☐ Occupational Health

☐ GP

☐ Public Health

☐ Hospital clinician

☐ Other

If other notification source, please specify:

B. SOCIODEMOGRAPHIC DETAILS

Sex: ☐ Male ☐ Female

Current living status

☐ Home (private/rented)

☐ Hostel

☐ B&B/hotel

☐ Prison

☐ Homeless

☐ Institution

☐ Other (please specify):

Country of birth

☐ Ireland

☐ Other (please specify):

Date of Birth

Age (years)

Current employment status

☐ Paid employment

☐ Retired

☐ Housewife/husband

☐ Student

☐ Unemployed

☐ Other

Other (please specify):

Country of birth of parent/
guardian

☐ Ireland

☐ Other (please specify):

Current/most recent occupation
(within last 2 years)

If born outside Ireland, year of entry into Ireland:

Race or ethnic group

☐ Black

☐ South Asian descent

☐ White

☐ East/south east Asian descent

☐ Irish Traveller

☐ Other (please specify):

☐ Roma

Refugee / asylum seeker

☐ Yes

☐ No

☐ Unk

C. CLINICAL DETAILS

Symptomatic ☐ Yes ☐ No

Date of onset of symptoms

Date diagnosed

Date of notification

Date treatment commenced

Date contact tracing commenced

Diagnosis (tick one only)

☐ Pulmonary

☐ Extrapulmonary

☐ Pulmonary & Extrapulmonary (P+E)

If Extrapulmonary or P+E, please specify site(s):

EP site 1

EP site 2

Chest x-ray

☐ Active Cavitary TB

☐ Pleural

☐ Normal

☐ Active Non-cavitary TB

☐ Inactive/Old TB

☐ Not done

☐ Other

If other X-ray result, please specify:

CT thorax

☐ Abnormal with cavitation

☐ Normal

☐ Other CT result

☐ Abnormal without cavitation

☐ Not done

☐ Unknown

If other CT result, please specify:

Was this case hospitalised due to TB?

☐ Yes

☐ No

☐ Unk

Treated with bedaquiline

☐ Yes

☐ No

☐ Unk

Treated with delamanid

☐ Yes

☐ No

☐ Unk

Treated with pretomanid

☐ Yes

☐ No

☐ Unk

Treated with shorter MDR-TB treatment regimens

☐ Yes

☐ No

☐ Unk

This case was found by

☐ Presenting as case

☐ Post-mortem diagnosis

☐ Contact tracing

☐ Pre-employment screening

☐ Immigrant screening

☐ Other (please specify):

Did this case previously undergo TB screening in Ireland?

☐ Yes

☐ No

☐ Unk

If yes,
please
specify:

Previous history of TB (specify below)

(a) Previous year of diagnosis

(b) Previous treatment (>1 month)

(c) Previous treatment completed

History of BCG vaccination

If yes, year of BCG vaccination

BCG scar present

Risk factors present (specify below)

Anti-TNF treatment

Other immunosuppressive medication

Immunosuppressive illness

Diabetes

Born in country of high endemicity

Residence in country of high endemicity

Contact of case

Alcohol misuse

Drug misuse

If other/additional risk factors present (please specify)

Immune code

Is this case currently on ARV* treatment?

Is this case linked to an outbreak?

If YES, please specify outbreak code:

☐ Positive

☐ Negative

☐ Unk

☐ Yes

☐ No

☐ Unk

☐ Yes

☐ No

☐ Unk

D. DIAGNOSTIC DETAILS

Direct sputum microscopy (DSM)

(a) 1st DSM result

☐ Positive
☐ Negative
☐ Not done

1st DSM date:

(b) 2nd DSM result

☐ Positive
☐ Negative
☐ Not done

2nd DSM date:

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

(a) 1st microscopy result

☐ Positive
☐ Negative
☐ Not done

1st microscopy date:

1st microscopy specimen type

(b) 2nd microscopy result

☐ Positive
☐ Negative
☐ Not done

2nd microscopy date:

2nd microscopy specimen type

Histology

☐ Positive

☐ Negative

☐ Not done

Histology specimen site

Culture results

(a) 1st Culture result

☐ Culture positive
☐ Culture negative
☐ Not done

1st Culture specimen type

1st Culture specimen site

(b) 2nd Culture result

☐ Culture positive
☐ Culture negative
☐ Not done

2nd Culture specimen type

2nd Culture specimen site

Mycobacterium tuberculosis complex (MTC) isolated?

Yes ☐ No ☐ Unk ☐

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

☐ *M. tuberculosis*
☐ *M. bovis*
☐ *M. africanum*
☐ *M. canettii*
☐ *M. caprae*
☐ *M. microti*

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

1st line drugs

	S	R	ND
Isoniazid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rifampicin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethambutol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pyrazinamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Streptomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sensitivity/ resistance pattern (tick 1 only)

	Yes	No	Unk
Parasensitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MDR-TB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XDR-TB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RR-TB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poly resistant non-MDR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre XDR-TB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

Drug	Detected	Not detected	Inferred	Not tested
Isoniazid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rifampicin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Genotyping

☐ Yes ☐ No ☐ Unk

MTC sub- lineage

Cluster identifier

E. OUTCOME DETAILS

Laboratory results : (Pulmonary cases ONLY):

Direct Sputum microscopy

Pos Neg Not done Sputum N/A

During treatment (at least 2 months)

☐☐☐☐

Treatment end

☐☐☐☐

Culture

Pos Neg Not done Sputum N/A

☐☐☐☐

Treatment Outcome
(at 12 months)

Completed-Microbiological
clearance demonstrated
Completed-No microbiological
clearance demonstrated

☐
☐

Completed-No microbiological
evidence available
Still on treatment

☐
☐

Interrupted
Lost to follow up

☐
☐

Transferred
Died

☐
☐

Treatment not started

☐

Treatment Outcome for MDR TB
(at 24 months)

Completed-Microbiological
clearance demonstrated
Completed-No microbiological
clearance demonstrated

☐
☐

Completed-No microbiological
evidence available
Still on treatment

☐
☐

Interrupted
Lost to follow up

☐
☐

Transferred
Died

☐
☐

Treatment not started

☐

Treatment Outcome for XDR TB
(at 36 months)

Completed-Microbiological
clearance demonstrated
Completed-No microbiological
clearance demonstrated

☐
☐

Completed-No microbiological
evidence available
Still on treatment

☐
☐

Interrupted
Lost to follow up

☐
☐

Transferred
Died

☐
☐

Treatment not started

☐

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 ☐

E

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