Fédhmeannacht na Seirbhise Stänne Health Service Baccuthe	National Tuberculosis Notification Form v2.5 Page 1 of 4			
A. PATIENT DETAILS		-		
CIDR EVENT ID	<u> </u>			
HSE area County	CCA		DED name/code	
Patient forename		Patient surname		
		Phone		
Patient address		Hospital name		
		Hospital number		
School/		Treating Physician	n	
college address		First notified by:	Laboratory	Occupational Health GP
Work			Public Health	Hospital clinician Other
address		If other notification	n source, please specify:	
B. SOCIODEMOGRAPHIC DETA	ILS			
Sex: Male Female	Current living status		Country of birth	
			Ireland Of	ther (please specify):
Date of Birth	Home (private/rented)			
Age (years)	B&B/hotel	Prison	If born outside Ireland, ye	ear of entry into Ireland:
Current employment status	Homeless	Institution		-
Paid employment Retired	Other (please specify):		Race or ethnic group	
Housewife/husband Student			Black	South Asian descent
Unemployed Other			White	East/south east Asian descent
Other (please specify):			Irish Traveller	Other (please specify)
	Country of birth of pare guardian	ent/	Roma	
Current/most recent occupation				
(within last 2 years)	Ireland	ther (please specify):	Poługoo / acylum cockor	Yes No Unk
			Refugee / asylum seeker	
C. CLINICAL DETAILS				
C. CLINICAL DETAILS Symptomatic Yes No		Did this case pro	viously undergo TB scree	ning in Ireland?
Symptomotio		Did this case pre	viously undergo TB scree	
Symptomatic Yes No			viously undergo TB scree	ning in Ireland?
Symptomatic Yes No Date of onset of symptoms		If yes, please	viously undergo TB scree	
Symptomatic Yes No Date of onset of symptoms Date diagnosed		If yes,	viously undergo TB scree	
Symptomatic Yes No Date of onset of symptoms		If yes, please specify:	viously undergo TB scree of TB (specify below)	
Symptomatic Yes No Date of onset of symptoms		If yes, please specify:	of TB (specify below)	Yes No Unk
Symptomatic Yes No Date of onset of symptoms Image: Symptoms Image: Symptoms Date diagnosed Image: Symptoms Image: Symptoms Date of notification Image: Symptoms Image: Symptoms Date of notification Image: Symptoms Image: Symptoms Date treatment commenced Image: Symptoms Image: Symptoms Date contact tracing commenced Image: Symptoms Image: Symptoms		If yes, please specify: Previous history (a) Previous yea	of TB (specify below)	Yes No Unk
Symptomatic Yes No Date of onset of symptoms Image: Symptoms Image: Symptoms Date diagnosed Image: Symptoms Image: Symptoms Date diagnosed Image: Symptoms Image: Symptoms Date of notification Image: Symptoms Image: Symptoms Date treatment commenced Image: Symptoms Image: Symptoms Date contact tracing commenced Image: Symptoms Image: Symptoms Diagnosis (tick one only) Image: Symptoms Image: Symptoms		If yes, please specify: Previous history (a) Previous yes (b) Previous tree	of TB (specify below) ar of diagnosis	Yes No Unk
Symptomatic Yes No Date of onset of symptoms I Date diagnosed I Date of notification I Date treatment commenced I Date contact tracing commenced I Diagnosis (tick one only) I Pulmonary Extrapulmonary	└	If yes, please specify: Previous history (a) Previous yes (b) Previous tree	of TB (specify below) ar of diagnosis eatment (>1 month) eatment completed	Yes No Unk
Symptomatic Yes No Date of onset of symptoms Image: Symptoms Image: Symptoms Date diagnosed Image: Symptoms Image: Symptoms Date of notification Image: Symptoms Image: Symptoms Date of notification Image: Symptoms Image: Symptoms Date of notification Image: Symptoms Image: Symptoms Date treatment commenced Image: Symptoms Image: Symptoms Date contact tracing commenced Image: Symptoms Image: Symptoms Diagnosis (tick one only) Image: Symptom Symp	└	If yes, please specify: Previous history (a) Previous yes (b) Previous tre (c) Previous tre History of BCG va	of TB (specify below) ar of diagnosis eatment (>1 month) eatment completed	Yes No Unk
Symptomatic Yes No Date of onset of symptoms	└	If yes, please specify: Previous history (a) Previous yes (b) Previous tre (c) Previous tre History of BCG va	of TB (specify below) ar of diagnosis eatment (>1 month) eatment completed accination F BCG vaccination	Yes No Unk
Symptomatic Yes No Date of onset of symptoms Image: Symptoms Image: Symptoms Date of notification Image: Symptoms Image: Symptoms Date contact tracing commenced Image: Symptoms Image: Symptoms Diagnosis (tick one only) Image: Symptomary Extrapulmonary Pulmonary Image: Symptomary Extrapulmonary Pulmonary & Extrapulmonary (P+E) If Extrapulmonary or P+E, please specify state If EP site 1 Image: Symptoms Image: Symptoms EP site 2 Image: Symptoms Image: Symptoms Chest x-ray Image: Symptoms Image: Symptoms		If yes, please specify: Previous history (a) Previous yes (b) Previous tre (c) Previous tre (c) Previous tre History of BCG va If yes, year of BCG scar presen	of TB (specify below) ar of diagnosis eatment (>1 month) eatment completed accination BCG vaccination t	Yes No Unk
Symptomatic Yes No Date of onset of symptoms Image: Symptoms Image: Symptoms Date of notification Image: Symptoms Image: Symptoms Date contact tracing commenced Image: Symptoms Image: Symptoms Date contact tracing commenced Image: Symptoms Image: Symptoms Diagnosis (tick one only) Image: Symptomary Symptoms Image: Symptomary Symptoms Pulmonary Image: Symptomary Symptomary Symptoms Image: Symptomary Symptoms Pulmonary & Extrapulmonary (P+E) If Extrapulmonary or P+E, please specify symptoms If Extrapulmonary or P+E, please specify symptoms Image: Symptoms EP site 1 Image: Symptoms Image: Symptoms EP site 2 Image: Symptoms Image: Symptoms Active Cavitary TB Image: Pleural Pleural	Normal	If yes, please specify: Previous history (a) Previous yes (b) Previous tre (c) Previous tre History of BCG va If yes, year of BCG scar presen Risk factors pres	of TB (specify below) ar of diagnosis eatment (>1 month) eatment completed accination FBCG vaccination t t eent (specify below)	Yes No Unk
Symptomatic Yes No Date of onset of symptoms Image: Symptoms Date of notification Image: Symptoms Date contact tracing commenced Image: Symptomax Date contact tracing commenced Image: Symptomax Pulmonary Extrapulmonary Pulmonary & Extrapulmonary (P+E) If Extrapulmonary or P+E, please specify symptomax If Extrapulmonary or P+E, please specify symptomax EP site 1 EP site 1 Image: Symptomax Active Cavitary TB Pleural Active Non-cavitary TB Pleural	Normal	If yes, please specify: Previous history (a) Previous yea (b) Previous tre (c) Previous tre History of BCG va If yes, year of BCG scar presen Risk factors press Anti-TNF treatmer	of TB (specify below) ar of diagnosis eatment (>1 month) eatment completed accination FBCG vaccination t eent (specify below) nt	Yes No Unk
Symptomatic Yes No Date of onset of symptoms Image: Symptoms Image: Symptoms Date of notification Image: Symptoms Image: Symptoms Date contact tracing commenced Image: Symptoms Image: Symptoms Date contact tracing commenced Image: Symptoms Image: Symptoms Diagnosis (tick one only) Image: Symptomary Extrapulmonary Pulmonary Extrapulmonary (P+E) If Extrapulmonary or P+E, please specify symptoms If Extrapulmonary or P+E, please specify symptoms Image: Symptoms Image: Symptoms Active Cavitary TB Pleural Inactive/ Other Other Image: Symptoms Image: Symptoms	Normal	If yes, please specify: Previous history (a) Previous yes (b) Previous tre (c) Previous tre (c) Previous tre History of BCG va If yes, year of BCG scar presen Risk factors pres Anti-TNF treatmer Other immunosup	of TB (specify below) ar of diagnosis eatment (>1 month) eatment completed accination f BCG vaccination t eent (specify below) nt ppressive medication	Yes No Unk
Symptomatic Yes No Date of onset of symptoms Image: Symptoms Image: Symptoms Date of notification Image: Symptoms Image: Symptoms Date contact tracing commenced Image: Symptoms Image: Symptoms Diagnosis (tick one only) Image: Symptomary Extrapulmonary Pulmonary Extrapulmonary (P+E) If Extrapulmonary (P+E) If Extrapulmonary or P+E, please specify strap Image: Symptoms EP site 1 Image: Symptoms Image: Symptoms Date 2 Image: Symptoms Image: Symptoms Image: Symptoms Active Cavitary TB Image: Symptomary Pleural Image: Symptomary Other Image: Symptomary Image: Symptomary Image: Symptomary If other X-ray result, please specify: Image: Symptomary Image: Symptomary If other X-ray result, please specify: Image: Symptomary Image: Symptomary	/Old TB Normal	If yes, please specify: Previous history (a) Previous yes (b) Previous tre (c) Previous tre History of BCG va If yes, year of BCG scar presen Risk factors press Anti-TNF treatmer Other immunosup	of TB (specify below) ar of diagnosis eatment (>1 month) eatment completed accination f BCG vaccination t eent (specify below) nt ppressive medication	Yes No Unk
Symptomatic Yes No Date of onset of symptoms Image: Symptoms Image: Symptoms Date of notification Image: Symptoms Image: Symptoms Date contact tracing commenced Image: Symptoms Image: Symptoms Pulmonary Extrapulmonary Extrapulmonary Image: Symptoms Pulmonary Extrapulmonary or P+E, please specify strapulmonary Image: Symptoms Image: Symptoms If Extrapulmonary Active Cavitary TB Pleural Imactive/ Other Inactive/ Imactive/ Imactive/ If other X-ray result, please specify: Imactive/ Norm Abnormal with cavitation No	/Old TB Normal Not done	If yes, please specify: Previous history (a) Previous yes (b) Previous tre (c) Previous tre (c) Previous tre History of BCG va If yes, year of BCG scar presen Risk factors prese Anti-TNF treatmer Other immunosup Immunosuppression Diabetes	of TB (specify below) ar of diagnosis eatment (>1 month) eatment completed accination FBCG vaccination t eent (specify below) nt pressive medication we illness	Yes No Unk
Symptomatic Yes No Date of onset of symptoms Image: Symptoms Image: Symptoms Date of notification Image: Symptoms Image: Symptoms Date contact tracing commenced Image: Symptoms Image: Symptoms Pulmonary Extrapulmonary Extrapulmonary Image: Symptoms Pulmonary Extrapulmonary or P+E, please specify symptoms Image: Symptoms Image: Symptoms If Extrapulmonary Pleural Inactive/ Image: Symptoms Image: Symptoms Active Non-cavitary TB Pleural Image: Symptoms Image: Symptoms	/Old TB Normal Not done	If yes, please specify: Previous history (a) Previous yes (b) Previous tre (c) Previous tre (c) Previous tre History of BCG va If yes, year of BCG scar presen Risk factors presen Anti-TNF treatmer Other immunosup Immunosuppressin Diabetes Born in country of	of TB (specify below) ar of diagnosis eatment (>1 month) eatment completed accination f BCG vaccination t eent (specify below) nt opressive medication we illness	Yes No Unk Yes No Unk
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Symptomatic Yes No Date of onset of symptoms	/Old TB Normal Not done	If yes, please specify: Previous history (a) Previous yes (b) Previous tre (c) Previous tre (c) Previous tre (c) Previous tre (c) Previous tre BCG scar presen Risk factors presen Risk factors presen Anti-TNF treatmer Other immunosup Immunosuppressin Diabetes Born in country of Residence in coun Contact of case	of TB (specify below) ar of diagnosis eatment (>1 month) eatment completed accination f BCG vaccination t eent (specify below) nt opressive medication we illness	Yes No Unk Yes No Unk
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Symptomatic Yes No Date of onset of symptoms	/Old TB Normal Not done Not done Not done Not done Not done Not done Not done Not done Not done Not done	If yes, please specify: Previous history (a) Previous yes (b) Previous tre (c) Previous tre (c) Previous tre (c) Previous tre (c) Previous tre BCG scar presen Risk factors presen Risk factors presen Anti-TNF treatmer Other immunosup Immunosuppressin Diabetes Born in country of Residence in coun Contact of case k Alcohol misuse Drug misuse If other/additional	of TB (specify below) ar of diagnosis eatment (>1 month) eatment completed accination f BCG vaccination t eent (specify below) nt opressive medication we illness	Yes No Unk Yes No Unk
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Symptomatic Yes No Date of onset of symptoms Image: Consection of the symptom of the sympto	/Old TB Normal Not done Not done Not done Not done Not done Not done Not done Not done Not done Not done	If yes, please specify: Previous history (a) Previous yes (b) Previous tre (c) Previous tre (c) Previous tre History of BCG va If yes, year of BCG scar presen Risk factors press Anti-TNF treatmer Other immunosup Immunosuppressiv Diabetes Born in country of Residence in coun Contact of case k Alcohol misuse k If other/additional k	of TB (specify below) ar of diagnosis eatment (>1 month) eatment completed accination BCG vaccination t BCG vaccination t eent (specify below) nt opressive medication ve illness high endemicity try of high endemicity	Yes No Unk Yes No Unk
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Symptomatic Yes No Date of onset of symptoms	/Old TB Normal Not done Not done Not done Not done Not done Not done Not done Not done Not done	If yes, please specify: Previous history (a) Previous yes (b) Previous tre (c) Previous tre (c) Previous tre (c) Previous tre (c) Previous tre BCG scar presen Risk factors presen Risk factors presen Anti-TNF treatmer Other immunosup Immunosuppressin Diabetes Born in country of Residence in coun Contact of case Alcohol misuse h Drug misuse If other/additional k Immune code Is this case curre	of TB (specify below) ar of diagnosis eatment (>1 month) eatment completed accination f BCG vaccination t eent (specify below) nt pressive medication ve illness high endemicity try of high endemicity I risk factors present (please spectrum) ently on ARV* treatment? d to an outbreak?	Yes No Unk Yes No Unk <

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D. DIAGNOSTIC DETAIL	S			
Direct sputum microscopy (DSM) <u>(a) 1st DSM result</u>	(b) 2 nd DSM result	Yes No Unk Mycobacterium tuberculosis complex (MTC) isolated?		
Positive Negative Not done 1 st DSM date:	Positive Negative Not done 2 nd DSM date:	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		
Microscopy of other specimens (e. (a) 1 st microscopy result Positive Negative	g. BAL, gastric washings etc) (b) 2 nd microscopy result Positive Negative	Isoniazid Rifampicin Ethambutol Pyrazinamide Streptomycin		
Not done 1 st microscopy date: 1 st microscopy specimen type 1 st microscopy specimen type Histology	Not done 2 nd microscopy date: 2 nd microscopy specimen type 2 nd microscopy specimen type Not done	Sensitivity/ resistance pattern (tick 1 only) Yes No Parasensitive MDR-TB XDR-TB RR-TB Poly resistant non-MDR Pre XDR-TB		
Histology specimen site Culture results Culture positive Culture negative Not done 1 st Culture specimen type 1 st Culture specimen site	· · · · · · · · · · · · · · · · · · ·	Nucleic acid amplification test (e.g. PCR) Positive for MTC Negative for MTC If positive, were genetic resistance determinants to the following drugs detected: Isoniazid Detected Not detected Inferred Not tested Rifampicin Detected Not detected Inferred Not tested Benotyping Yes No Unk		
E. OUTCOME DETAILS Laboratory results : (Pulmonary ca		outum microscopy Culture		
	Pos Neg ment (at least 2 months)	Not done Sputum N/A Pos Neg Not done Sputum N/A Diological Interrupted Transferred Treatment not started		
clearance demonsi Treatment Outcome for MDR TB (at 24 months) Cor Comp cleara	trated Still on treatment mpleted-Microbiological arance demonstrated eleted-No microbiological still on treatment Still on treatment Still on treatment	microbiological Interrupted Transferred Treatment not started		
(at 36 months)	npleted-Microbiological arance demonstrated pleted-No microbiological still on treatm rance demonstrated			
Did drug resistance develop during t If other resistance, please specify:		Ink If YES: MDR XDR Other resistance		
DOTS recommended?	DOTS commenced?	Yes No Unk DOTS successful?		
Case denotified (i.e. was diagnosis c If YES, please specify new diagnosi Case classification (tick 1 only):		Unk		

National Tuberculosis Notification Form v2.5	npsc				
Feillmeannach na Seithlier Släine Page 3 of 4	_				
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 Other 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	ı.				
Signature 1 Date 1 Image: A indicating the section completed: A indicating the section completed: D indicating the section completed: Image: A indindicating the section completed: Image	E				
COMMENTS					



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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

 $\circ A$ 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