

A. PATIENT DETAILS

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

B. SOCIODEMOGRAPHIC DETAILS

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Current living status	Country of birth
Date of Birth	<input type="checkbox"/> Home (private/rented) <input type="checkbox"/> Hostel	<input type="checkbox"/> Ireland <input type="checkbox"/> Other (please specify):
Age (years)	<input type="checkbox"/> B&B/hotel <input type="checkbox"/> Prison	If born outside Ireland, year of entry into Ireland:
Current employment status	<input type="checkbox"/> Homeless <input type="checkbox"/> Institution	
<input type="checkbox"/> Paid employment <input type="checkbox"/> Retired	Other (please specify):	Race or ethnic group
<input type="checkbox"/> Housewife/husband <input type="checkbox"/> Student		<input type="checkbox"/> Black <input type="checkbox"/> South Asian descent
<input type="checkbox"/> Unemployed <input type="checkbox"/> Other	Country of birth of parent/guardian	<input type="checkbox"/> White <input type="checkbox"/> East/south east Asian descent
Other (please specify):	<input type="checkbox"/> Ireland <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Irish Traveller <input type="checkbox"/> Other (please specify):
Current/most recent occupation (within last 2 years)		<input type="checkbox"/> Roma
		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	
Date treatment commenced	Previous history of TB (specify below)
Date contact tracing commenced	(a) Previous year of diagnosis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Diagnosis (tick one only)	(b) Previous treatment (>1 month) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
<input type="checkbox"/> Pulmonary <input type="checkbox"/> Extrapulmonary	(c) Previous treatment completed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
<input type="checkbox"/> Pulmonary & Extrapulmonary (P+E)	History of BCG vaccination
If Extrapulmonary or P+E, please specify site(s):	If yes, year of BCG vaccination
EP site 1	BCG scar present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
EP site 2	Risk factors present (specify below)
Chest x-ray	Anti-TNF treatment <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	Other immunosuppressive medication <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	Immunosuppressive illness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Other <input type="checkbox"/>	Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
If other X-ray result, please specify:	Born in country of high endemicity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
CT thorax	Residence in country of high endemicity <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	Contact of case <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	Alcohol misuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
If other CT result, please specify:	Drug misuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Was this case hospitalised due to TB? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If other/additional risk factors present (please specify):
Treated with bedaquiline <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Treated with delamanid <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Immune code <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unk
Treated with pretomanid <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Is this case currently on ARV* treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Treated with shorter MDR-TB treatment regimens <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Is this case linked to an outbreak? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
This case was found by	If YES, please specify outbreak code:
<input type="checkbox"/> Presenting as case <input type="checkbox"/> Post-mortem diagnosis	
<input type="checkbox"/> Contact tracing <input type="checkbox"/> Pre-employment screening	
<input type="checkbox"/> Immigrant screening <input type="checkbox"/> Other (please specify):	

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. 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
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:

- Isoniazid Detected Not detected Inferred Not tested
Rifampicin Detected Not detected Inferred Not tested

Genotyping

- Yes No Unk

MTC sub-lineage

Cluster identifier

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-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

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