

National Tuberculosis Notification Form v3.1

hpsc

A. PATIENT DETAILS CIDR EVENT ID HSE ID HSE area County CCA Patient surname Phone Hospital name Hospital number School/ college address Work address B. SOCIODEMOGRAPHIC DETAILS	GP Other
HSE area County CCA DED name/code Patient forename Phone Hospital name Hospital number Treating Physician College address Work address Hospital name Hospital number Treating Physician First notified by: Laboratory Public Health Hospital clinician If other notification source, please specify: B. SOCIODEMOGRAPHIC DETAILS	-
HSE area County CCA DED name/code Patient forename Phone Hospital name Hospital number Treating Physician College address Work address Hospital name Hospital number Treating Physician First notified by: Laboratory Public Health Hospital clinician If other notification source, please specify: B. SOCIODEMOGRAPHIC DETAILS	-
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School/ college address Work address B. SOCIODEMOGRAPHIC DETAILS Hospital number Treating Physician First notified by: Laboratory Public Health Hospital clinician If other notification source, please specify:	-
School/ college address Work address B. SOCIODEMOGRAPHIC DETAILS Treating Physician First notified by: Laboratory Public Health Hospital clinician If other notification source, please specify:	-
College address Work address B. SOCIODEMOGRAPHIC DETAILS First notified by: Laboratory Public Health Hospital clinician If other notification source, please specify:	-
Work address B. SOCIODEMOGRAPHIC DETAILS Public Health Hospital clinician If other notification source, please specify:	-
address If other notification source, please specify: B. SOCIODEMOGRAPHIC DETAILS	Other
B. SOCIODEMOGRAPHIC DETAILS	
<u> </u>	
• — —	
Sex: Male Female Current living status Country of birth	
Ireland Other (please specify):	
Date of Birth Home (private/rented) Hostel	
Age (years) B&B/hotel Prison If born outside Ireland, year of entry into Ireland:	
Current employment status 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 descen	nt
Other (please specify): Other (please specify)	
Country of birth of parent/ guardian Roma	
Current/most recent occupation (within last 2 years) Other (please specify): Particle / poylum poeter	
Refugee / asylum seeker Yes No	Unk
C. CLINICAL DETAILS	
Symptomatic Yes No	
Date of onset of symptoms Did this case previously undergo TB screening in Ireland?	7
Date diagnosed Yes No	Unk
II yes,	
Date of notification please	
Date of notification please specify:	Unk
Date of notification please specify: Date treatment commenced	
Date of notification Date treatment commenced Date contact tracing commenced Previous history of TB (specify below) Yes No	
Date of notification Date treatment commenced Date contact tracing commenced Diagnosis (tick one only) Diagnosis (tick one only) Diagnosis (tick one only) Diagnosis (tick one only) (a) Previous year of diagnosis	Unk
Date of notification Date treatment commenced Date contact tracing commenced Diagnosis (tick one only) Pulmonary Pulmonary Extrapulmonary Pulmonary & Extrapulmonary (P+E) (c) Previous treatment completed	Unk
Date of notification Date treatment commenced Date contact tracing commenced Diagnosis (tick one only) Pulmonary Pulmonary & Extrapulmonary Pulmonary & Extrapulmonary (P+E) If Extrapulmonary or P+E, please specify site(s): please specify: Previous history of TB (specify below) Yes No Yes No Yes No Yes No Yes No History of BCG vaccination Yes No	Unk Unk Unk
Date of notification Date treatment commenced Date contact tracing commenced Previous history of TB (specify below) 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 Date of notification Please specify: Previous history of TB (specify below) Yes No Yes No Yes No If specify below) Yes No If yes, year of BCG vaccination BCG scar present No No No No No No No No No N	Unk Unk Unk Unk
Date of notification Date treatment commenced Date contact tracing commenced Diagnosis (tick one only) Pulmonary Pulmonary & Extrapulmonary Pulmonary & Extrapulmonary (P+E) If Extrapulmonary or P+E, please specify site(s): EP site 1 EP site 2 Chest x-ray Please specify: Previous history of TB (specify below) Yes No Yes No Yes No If (c) Previous treatment completed History of BCG vaccination If yes, year of BCG vaccination BCG scar present Yes No Yes No No If yes, year of BCG vaccination BCG scar present Yes No	Unk Unk Unk
Date of notification Date treatment commenced Date contact tracing commenced Diagnosis (tick one only) Pulmonary Pulmonary Extrapulmonary (P+E) If Extrapulmonary or P+E, please specify site(s): EP site 1 EP site 2 Chest x-ray Pleural Pleural Previous history of TB (specify below) Yes No Yes No Yes No Yes No If specify below) Yes No If specify below) Yes No Risk factors present (specify below) Yes No Risk factors present (specify below)	Unk Unk Unk Unk
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Date treatment commenced Date contact tracing commenced Diagnosis (tick one only) Pulmonary Extrapulmonary (P+E) If Extrapulmonary or P+E, please specify site(s): EP site 1 EP site 2 Chest x-ray Please specify: Previous history of TB (specify below) (a) Previous year of diagnosis (b) Previous treatment (>1 month) Yes No (c) Previous treatment completed Yes No If yes, year of BCG vaccination If yes, year of BCG vaccination BCG scar present Risk factors present (specify below) Anti-TNF treatment Yes No Anti-TNF treatment Yes No Anti-TNF treatment	Unk Unk Unk Unk Unk Unk Unk
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 Active Cavitary TB Other Pleural Inactive/Old TB Normal Normal Not done Peleural Inactive/Old TB Normal Not done Previous history of TB (specify below) Yes No Yes No (a) Previous treatment (>1 month) (b) Previous treatment completed Yes No If yes, year of BCG vaccination Fyes No Risk factors present (specify below) Anti-TNF treatment Other immunosuppressive medication Yes No Immunosuppressive illness Yes No Immunosuppressive illness	Unk Unk Unk Unk Unk Unk Unk Unk
Date of notification Date treatment commenced Date contact tracing commenced Diagnosis (tick one only) Pulmonary Extrapulmonary (P+E) Previous history of TB (specify below) (a) Previous year of diagnosis (b) Previous treatment (>1 month) Pulmonary & Extrapulmonary (P+E) (c) Previous treatment completed Yes No If Extrapulmonary or P+E, please specify site(s): EP site 1 EP site 2 Chest x-ray Active Cavitary TB Active Cavitary TB Other If other X-ray result, please specify: Diabetes Previous history of TB (specify below) Yes No No Risk factors present (specify below) Anti-TNF treatment Other immunosuppressive medication Pleural No No No No No Diagnosis No No Pleural Normal Not done Not done Other immunosuppressive medication Previous history of TB (specify below) Yes No No No No No Diagnosis No No No No No Diagnosis No No No No No Diagnosis No No No No No No Diagnosis No No No No No Diagnosis No No No No No Diagnosis No No No No No No Diagnosis No No No No No Diagnosis No No No No No No Diagnosis No No No No No No No Diagnosis No No No No No No No Diagnosis No	Unk Unk Unk Unk Unk Unk Unk Unk Unk
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Date treatment commenced Date contact tracing commenced Diagnosis (tick one only) Pulmonary Extrapulmonary (b) Previous treatment (>1 month) Pulmonary & Extrapulmonary (P+E) If Extrapulmonary or P+E, please specify site(s): Previous treatment (>1 month) Pulmonary & Extrapulmonary (P+E) If Extrapulmonary or P+E, please specify site(s): Previous treatment completed Yes No If yes, year of BCG vaccination If yes, year of BCG vaccination If yes, year of BCG vaccination Previous treatment completed Yes No If yes, year of BCG vaccination Previous treatment completed Yes No If yes, year of BCG vaccination If yes, year of BCG vaccination Previous treatment completed Yes No If yes, year of BCG vaccination Previous treatment completed Yes No If yes, year of BCG vaccination If yes, year of BCG vaccination Previous treatment completed Yes No If yes, year of BCG vaccination If yes, year of BCG vaccination If yes, year of BCG vaccination If yes No Active Cavitary TB Active Cavitary TB Pleural Inactive/Old TB Normal Not done Not done Normal Other Tresult Diabetes Previous history of TB (specify below) Yes No No If yes No Normal Other Tresult Diabetes Previous history of TB (specify below) Yes No Normal Other Tresult Diabetes Previous treatment (>1 month) Yes No Normal Other Tresult Diabetes Previous treatment (>1 month) Yes No Normal Other Tresult Normal Normal Not done Normal Other CT result Normal Normal with cavitation Normal Other CT result Normal Normal without cavitation Normal Normal Normal other country of high endemicity Yes No Normal Normal without cavitation Normal Normal Normal other country of high endemicity Yes No	Unk
Date treatment commenced Date contact tracing commenced Diagnosis (tick one only) 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 Active Non-cavitary TB Other Other Active Non-cavitary TB Other Active Non-cavitary TB Other Active Non-cavitary TB Other Normal Active Non-cavitary TB Other Normal Active Non-cavitary TB Other Normal Normal Normal Normal Not done Normal Abnormal with cavitation Abnormal without cavitation If other CT result, please specify: Previous history of TB (specify below) (a) Previous history of TB (specify below) (b) Previous treatment (>1 month) Yes No No If starpulmonary or P+E, please specify site(s): History of BCG vaccination If yes, year of BCG vaccination If yes, year of BCG vaccination If yes, year of BCG vaccination If yes No Anti-TNF treatment Other immunosuppressive medication Other immunosuppressive medication Normal Other CT result Normal Other CT result Not done No	Unk
Date treatment commenced Date contact tracing commenced Diagnosis (tick one only) Pulmonary Extrapulmonary (P+E) Pulmonary Extrapulmonary (P+E) (c) Previous treatment completed Previous treatment (>1 month) (c) Previous treatment completed Previous treatment (>1 month) (d) Previous treatment (>1 month) (e) Previous treatment completed Previous treatment completed Previous treatment completed Previous treatment (>1 month) (f) Previous treatment (>1 month) (g) Previous treatment (>1 month) Previous treatment	Unk
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Date treatment commenced Date contact tracing commenced Diagnosis (tick one only) 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 Active Non-cavitary TB Inactive/Old TB Other If other X-ray result, please specify: Abnormal with cavitation Abnormal without cavitation Abnormal without cavitation If other CT result, please specify: Was this case hospitalised due to TB? Treated with beda quiline Previous history of TB (specify below) Yes No Yes No Yes No If specify below) Yes No If specify below) Yes No If specify below) Yes No If yes, year of BCG vaccination If yes No Anti-TNF treatment Other Other Other immunosuppressive medication Immunosuppressive illness Yes No Contact of case Ves No Contact of case Ves No Ver No Contact of case Ves No Contact of case No Contact of case Ves No Contact of case No	Unk
Date treatment commenced Date contact tracing commenced Diagnosis (tick one only) Pulmonary	Unk
Date treatment commenced Date contact tracing commenced Diagnosis (tick one only) 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 Active Non-cavitary TB Abnormal with cavitation Normal Active Cavitary TB Abnormal with cavitation Abnormal with cavitation Abnormal with cavitation Normal Abnormal without cavitation Normal Abnormal without cavitation Normal Other CT result Diabetes Born in country of high endemicity Yes No Contact of case Yes No Treated with beda quiline Treated with beda quiline Treated with beda quiline Treated with borter MDR-TB treatment regimens Treated with sorter MDR-TB treatment regimens Treated was found by Treated with sorter MDR-TB treatment regimens Tre	Unk
Date of notification Date treatment commenced Date contact tracing commenced Diagnosis (tick one only) 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 Active Non-cavitary TB Inactive/Old TB Normal Anti-TNF treatment Other If other X-ray result, please specify: Tothorax Abnormal with cavitation Abnormal with cavitation If other CT result, please specify: Was this case hospitalised dute ot TB? Treated with pedaguiline Treated with pretomanid Treated with sorter MDR-TB treatment regimens Post-mortem diagnosis Pleural Normal No	Unk
Date freatment commenced Date contact tracing commenced Diagnosis (tick one only) Pulmonary Extrapulmonary (P+E) If Extrapulmonary or P+E, please specify site(s): Psite 1 Epsite 2 Chest x-ray Active Cavitary TB Active Non-cavitary TB Other Other If other X-ray result, please specify. Abnormal with cavitation Abnormal with cavitation Abnormal with cavitation Abnormal without cavitation If other CT result, please specify: Was this case hospitalised due to TB? Treated with beda quiline Treated with petomanid Treated with pretomanid Treated with p	Unk



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D. DIAGNOSTIC DETAIL	.S	
		Yes No Unk
Direct sputum microscopy (DSM)		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	
1 st DSM date:	2 nd DSM date:	Drug sensitivities (R= res, S = sens, ND = not done) (Please fill for each drug used)
		1 st line drugs S R ND
		Isoniazid
Microscopy of other specimens (e	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		Streptomycin
H -	Negative	
Not done	Not done	Sensitivity/ resistance pattern (tick 1 only)
1 st microscopy date:	2 nd microscopy date:	Yes No Unk
		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) 1 st Culture result	(b) 2 nd Culture result	Positive for MTC Negative for MTC PCR not done
Culture positive	Culture positive	If positive, were genetic resistance determinants to the following drugs 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 M	TC sub-lineage
		luster identifier
E. OUTCOME DETAILS	Direct C	Outure microscopy.
Laboratory results : (Pulmonary c	ases ONLY): Direct S Pos Neg	Sputum microscopy <u>Culture</u> Not done Sputum N/A Pos Neg Not done Sputum N/A
During trea	tment (at least 2 months)	
Treatment	end	
Treatment Outcome Completed-Micro	biological Completed-No micro	hiological
(at 12 months) clearance demons	strated evidence available	Interrupted Transferred Treatment not started
Completed-No mi clearance demons		Lost to follow up Died
Treatment Outcome for MDR TB	mpleted-Microbiological Completed-No	o microbiological Interrupted Transferred Treatment not started
(at 24 months) Cle	pleted-No microbiological evidence avail	lable — — — — — — — — — — — — — — — — — — —
	ance demonstrated	LOST TO TOHOW UP DIEG
Treatment Outcome for XDR TB	mpleted-Microbiological Completed-Narance demonstrated evidence ava	lo microbiological Interrupted Transferred Treatment not started
	npleted-No microbiological Still on treat	
Cl ea	arance demonstrated	
Did drug resistance develop during	treatment? Yes No I	Unk If YES: MDR XDR Other resistance
If other resistance, please specify:		
Yes	No Unk	Yes No Unk
DOTS recommended?	DOTS commenced?	DOTS successful?
		f deceased, was TB the direct cause? Yes No Unk
If treatment completed, date of comp		
		If deceased, date of death
Case denotified (i.e. was diagnosis of	changed?) Yes No	Unk Unk
If YES, please specify new diagnos		
Case classification (tick 1 only):	Possible Probable	Confirmed



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F. CONTACT TRACING DETAILS				
1. 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? 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 Signature 2 Signature 3 Signature 4 Signature 5 Date 1 Section completed:				
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:

- oSigns, symptoms and/or radiological findings consistent with active tuberculosis in any site
- 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

Histological appearance of granulomata

Confirmed case - A person meeting the clinical criteria with:

- oDetection 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: