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|  | **Lymphogranuloma Venereum (LGV)****Enhanced Surveillance Form** Version 4.0CONFIDENTIAL |  |
| CIDR ID: | Click or tap here to enter text. |
| **A. Case Details** |
|  | Patient Clinic ID | Click or tap here to enter text. |  | Clinic/Practice Name | Click or tap here to enter text. |  |
|  | Lab specimen ID | Click or tap here to enter text. |  | Laboratory name | Click or tap here to enter text. |  |
|  | Forename | Click or tap here to enter text. |  | Surname | Click or tap here to enter text. |  |
|  | Date of birth | Click or tap to enter a date. |  |  |
|  | Sex (at birth) | [ ]  Male | [ ]  Female | [ ]  Unknown |  |  |
|  | Gender identity | [ ]  Male | [ ]  Female | [ ]  Nonbinary | [ ]  Unknown |  |
|  |  | [ ]  Trans male | [ ]  Trans female |  |  |  |  |
|  | **Note: please complete sex (at birth) and gender identity for all cases. A trans male refers to person who identifies as male and was assigned female at birth. A trans female refers to a person who identifies as female and was assigned male at birth. Non-binary refers to a person who does not identify as being exclusively female or male.** |  |
|  |  |  |  |  |  |
|  | Country of birth | Choose an item. | County of residence | Choose an item. |  |
|  | Ethnicity | [ ]  White – Irish  | [ ]  Asian or Asian Irish - Chinese |
|  |  | [ ]  White – Irish Traveller | [ ]  Asian or Asian Irish – Indian/Pakistani/Bangladeshi |  |
|  |  | [ ]  White – Any other white background | [ ]  Asian or Asian Irish – Any other Asian background |  |
|  |  | [ ]  Black or Black Irish - African | [ ]  Arabic |  |
|  |  | [ ]  Black or Black Irish – Any  | [ ]  Roma |  |
|  |  | [ ]  Mixed background | [ ]  Other |  |
|  |  | [ ]  Not known |  |  |
|  | **Note: ethnicity should be self-reported and refers to how the individual case identifies themselves.** |  |
|  | **B. Clinical Details** |
|  | Mode of transmission | [ ]  Heterosexual  | [ ]  gbMSM | [ ]  Unknown |
|  |  | [ ]  Other. If other mode of transmission, please specify | Click or tap here to enter text. |  |
|  | Country of infection | Choose an item. |  |
|  | Site of infection | [ ]  Rectal | [ ]  Urethral | [ ]  Lymph node |  |
|  |  | [ ]  Other. If other site of infection, please specify | Click or tap here to enter text. |  |
|  | HIV status?  | [ ]  Positive [ ]  Negative [ ]  Unknown  |
|  | If HIV negative, was the patient taking HIV pre-exposure prophylaxis at the time of LGV diagnosis? | [ ]  Yes [ ]  No [ ]  Unknown |
|  | Does the patient have symptoms of LGV? |  | [ ]  Yes [ ]  No [ ]  Unknown |
|  | Is the patient a commercial sex worker (CSW)? |  | [ ]  Yes [ ]  No [ ]  Unknown |
|  | Did the patient have contact with a CSW? |  | [ ]  Yes [ ]  No [ ]  Unknown |
|  | **C. Comments** |
|  | Click or tap here to enter text. |
|  |
|  | **D. Form Completed By**  |
|  | Completed by  | Click or tap here to enter text. |  |  |  Date | Click or tap to enter a date. |  |  |
|  |  |  |

Please return the completed form to your local Department of Public Health.

See <http://www.hpsc.ie/NotifiableDiseases/Whotonotify/> for names and contact details. If sending by post, please place form in a sealed envelope marked “Private and Confidential”.

See <https://www.hpsc.ie/a-z/sexuallytransmittedinfections/chlamydia/casedefinitions/> for LGV case definition.