INSTRUCTIONS FOR SURVEILLANCE FORM

MHSU-002 – GENERAL COMMUNICABLE DISEASE INVESTIGATION FORM

TO MEET THE HEALTH NEEDS OF INDIVIDUALS, FAMILIES AND THEIR COMMUNITIES BY LEADING A SUSTAINABLE, PUBLICLY ADMINISTERED HEALTH SYSTEM THAT PROMOTES WELL-BEING AND PROVIDES THE RIGHT CARE, IN THE RIGHT PLACE, AT THE RIGHT TIME.

— MANITOBA HEALTH, SENIORS AND ACTIVE LIVING

Epidemiology & Surveillance
Public Health Branch
Public Health and Primary Health Care Division
Manitoba Health, Seniors and Active Living

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Let us know what you think. We appreciate your feedback! If you would like to comment of any aspects of this new report please send an email to: outbreak@gov.mb.ca**.**

BACKGROUND

These instructions are intended to be used as a reference for Manitoba providers completing the **MHSU-002 – General Communicable Disease Investigation Form.**

This document provides form-specific instructions for completion, including some guidance for documentation in the Public Health Information Management System (PHIMS). Overall guidance on completion of surveillance forms is provided in the **USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES**, available at http://www.gov.mb.ca/health/publichealth/surveillance/forms.html.

Please refer to Communicable Disease Control's disease-specific protocols for additional information on case definitions, timeframes for investigation, and case management recommendations available at http://www.gov.mb.ca/health/publichealth/cdc/protocol.

SUBMISSION OF FORMS TO THE SURVEILLANCE UNIT

INVESTIGATION (MHSU-002) CASE FORMS SHOULD BE COMPLETED AND FAXED TO THE SURVEILLANCE UNIT CONFIDENTIAL FAX 204-948-3044 WITHIN 5 BUSINESS DAYS OF THE INTERVIEW WITH THE CASE.

Forms can also be mailed to:

Surveillance Unit

Manitoba Health, Seniors and Active Living

4th floor – 300 Carlton Street

Winnipeg, Manitoba R3B 3M9

Surveillance Unit's General Line: 204-788-6736

If you have any questions or concerns about the reportable diseases or conditions or you need to speak with a Medical Officer of Health, please call 204-788-8666 anytime (24/7).

FORM-SPECIFIC GUIDANCE

Overall guidance on completion of surveillance forms is provided in the **USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES**, which contains definitions and guidance for all data elements.
https://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_ug.pdf

The following tables provide instructions of specific relevance to this form.

For users of the Public Health Information Management System (PHIMS), "breadcrumbs" (located at the top right hand corner of sections) provide guidance on where to navigate in PHIMS to enter the information. E.g. subject>client details>personal information.

FORM HEADER

Data Element	Critical Field	Instructions on Use
Case Accession number; Additional accession numbers	*	The Accession Number for the first positive laboratory result associated with this investigation should be written in the investigation header. Accession numbers for all additional positive laboratory results that are relevant to the investigation should be written in the "additional accession numbers" box. All positive laboratory results for reportable diseases must be associated to an investigation.
Investigation ID		The investigation ID may also be written in the investigation header. Clinical cases may not have laboratory accession numbers, and the investigation ID provides quick identification of the associated investigation in the absence of an accession number.
Case Name or Initials; Case PHIN		The name of the case or initials, and the case PHIN are additional identifiers listed on the header on the second and subsequent pages of the form to meet documentation standards for client identification. Ensures all pages can be identified and associated to the correct client should they become separated.

SECTION III - INFECTION INFORMATION

Data Element	Critical Field	Instructions on Use
Box 27, 28 Disease Case Classification	*	Document the current disease(s) under investigation, and the classification of the investigation – i.e. whether the case definition is lab confirmed, clinically confirmed, probable or not a case. Refer to the disease-specific protocols for additional information on case definitions: http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html This form should be used for the infections listed in Box 27. For influenza, please follow disease-specific protocols for severe outcomes reporting.
Box 29 Specimen collection date for current investigation	*	List the specimen collection date for the earliest positive laboratory result for this investigation.
Box 30. Sensitive environment/occupation and details	*	Indicate if the case has any of the listed occupations/roles or has been present in any of the listed environments during the period of investigation, such as institutions or child care facilities. Specify details.

SECTION IV – DISEASE-SPECIFIC INFORMATION

Data Element	Critical Field	Instructions on Use
Box 30-41 Stage, Site/presentation	*	Several infections require additional characterization information as indicated on the form.

SECTION V – INVESTIGATION INFORMATION

Data Element	Critical Field	Instructions on Use
Box 42 Sensitive environment/occupation and details	*	Indicate if the case has any of the listed occupations/roles or has been present in any of the listed environments during the period of investigation, such as institutions or child care facilities. Specify details.

SECTION VI – SIGNS AND SYMPTOMS

Data Element	Critical Field	Instructions on Use
Box 43-44 Signs and symptoms	*	List the onset date for the earliest symptom related to the disease under investigation. In addition, some diseases have specific symptoms that define the incubation and communicability – e.g. jaundice onset for hepatitis A cases. Other symptoms or complications can be listed as required for case management. Refer to the disease-specific protocol for further information.

SECTION VII – *OUTCOMES

Indicate if the case was assessed/treated in hospital (ER, hospital admission and discharge, and/or ICU admission and discharge) and the associated dates.

Data Element	Critical Field	Instructions on Use
Box 39-40 Outcome of Illness	*	List any known outcomes of the illness. If there were known sequelae from the infection, specify in Box 40. If deceased, specify the date of death.

SECTION VIII – RISK FACTOR INFORMATION

Complete risk factors that are applicable to the disease under investigation. Indicate if there is an epidemiologic link to other cases (*Contact to a new or previously diagnosed case).

SECTION IX– *ACQUISITION EXPOSURES (THE POTENTIAL SOURCE OF THE INFECTION)

Indicate the setting where the case most likely acquired the illness during the incubation period, based on likely exposure to other cases or sources of infection in the incubation period. Indicate if unknown. The exposure start date is required, based on the earliest incubation date and when the exposure to this setting occurred.

SECTION X – IMMUNIZATION

Data Element	Critical Field	Instructions on Use
Box 41. Interpretation of immunity for disease prior to investigation	*	For the specific vaccine-preventable diseases (non-routine immunizations), this is important to assess for vaccine failure. Document if immunization has been received in the past (fully immunized, partially immunized, or unimmunized). If the client is immunocompromised and immunity cannot be determined, document as unknown/not determined.

Box 42. Reason (evidence) for immunity/ immunization interpretation	*	Document how the interpretation of immunity was determined. If based on laboratory results or fully immunized, document the source of the information: • If based on lab report, electronic records, or a report from the health care provider, document as "health record/healthcare provider". • If the report was from the client/parent/guardian, document if the immunization record was an official record, or based on client/guardian verbal report. If the client was not fully immunized, or the immune status was unknown, document the reason. If the client is immunocompromised and immunity cannot be determined, document as immunocompromised.
Box 43. Total Number of Doses of Vaccine for Disease Under Investigation	*	List the total number of doses of vaccines containing the antigen for the disease under investigation. If not already recorded in the Manitoba Immunization Registry (accessible in PHIMS and eChart), document all vaccine doses received in PHIMS, regardless of which formulation of vaccine administered. If based on verbal report, and vaccine type and dates are unknown, record the interpretation of disease immunity only (providers should not document doses in the immunization registry that are not verified).

SECTION XI – TREATMENT INFORMATION

List any treatment provided applicable to the disease under investigation.

PAGE 6 AND 7 OF THE FORM IS FOR REGIONAL PUBLIC HEALTH USE ONLY IF REQUIRED TO SUPPORT CASE MANAGEMENT AND DOCUMENTATION, EITHER IN PHIMS OR IN REGIONAL DOCUMENTATION SYSTEMS. DO NOT SUBMIT TO THE MANITOBA HEALTH SURVEILLANCE UNIT.

SECTION XV– TRANSMISSION EXPOSURES (THE POTENTIAL SPREAD OF THE INFECTION TO CONTACTS)

List all exposure settings where the case may have transmitted the infection to other contacts during the communicability period, and list the contacts by exposure setting. These pages of the form can

be copied for additional settings. For example, if contacts were exposed at a school, in the home, and at a common gathering (private function), three transmission settings should be identified, with the total number of contacts listed for each setting.