INSTRUCTIONS FOR SURVEILLANCE FORM

MHSU-2667– CONGENITAL SYPHILIS 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 AND SENIORS CARE

Epidemiology & Surveillance
Information Management and Analytics Branch
Resources and Performance Division
Manitoba Health and Seniors Care

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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-2667 – CONGENITAL SYPHILIS 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 MANITOBA HEALTH SURVEILLANCE UNIT (MHSU)

INVESTIGATION (MHSU-2667) 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.

MHSU 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 > client demographics.

PHIMS GUIDANCE FOR CREATING CONGENITAL SYPHILIS INVESTIGATIONS

Organizations should follow the below procedure to ensure accurate case counting and linkages to the mother.

Prenatal infection in mother:

- Regions may wish to create a Transmission Event (TE) with an unknown contact (unborn child) in the mother's syphilis investigation. This is an optional step that may assist with case management.
- Exposure name can be "infant". Exposure start date can be estimated based on pregnancy timeframe and symptom onset/diagnosis dates.

Once infant is born:

- Create a congenital syphilis case investigation for the infant with a classification of "person under investigation". (Most are created by the MHSU from laboratory results on infant). Note that the infant may need to be created in PHIMS if not yet registered with Manitoba Health. This will result in a duplicate client record when the infant is registered. Documentation should be limited to one record (the first record created) where possible to facilitate the merge process. A client merge request should be submitted as soon as the duplicate is identified.
- Create (or update if already done) the TE in mother's syphilis investigation. The TE should be completed for all confirmed or probable cases of congenital syphilis. It is optional to create a TE in the mother's investigation if the infant is determined to be "not a case".
    - In mother's syphilis investigation TE – search for infant as a known contact, which automatically creates a syphilis contact investigation for the infant. The **contact** investigation for the infant can be closed – all documentation should occur in the infant's congenital syphilis **case** investigation.
    - Update unknown contact disposition (if TE previously created during prenatal period) to "converted to client".
- **DO NOT** create an acquisition event from the infant congenital syphilis case to the mother. This will automatically create a congenital syphilis investigation for the mother, which is not required. The link to the infant (as a contact investigation) should be from the mother's syphilis investigation.

- Based on the case definitions in the protocol, update the infant's case classification and stage once further testing and clinical evaluation is completed. If not a case, the classification can be updated to "not a case".

PHIMS GUIDANCE FOR DOCUMENTING STILLBIRTHS OR NEONATAL DEATHS

In mother's case investigation:

- Laboratory results from the placenta are usually associated first with the mother's case investigation, as the mother's name is usually on the lab result.
- Add an outcome:
    - select "other" and add "stillbirth" or "neonatal death" as applicable in the text box
- If an infant is stillborn, the infant will not be registered with Manitoba Health. The infant must be created in PHIMS.
    - First name: infant Last Name: Mother's last name
    - DOB – enter birth date
    - DOD – enter date of death (same as birth date) so client isn't active in PHIMS
    - Address should be the same as the mother at time of birth
- Create a transmission event from the mother's case investigation to the infant. The transmission event will establish the link between the mother and infant. Exposure name can be "infant". Exposure start date can be estimated based on pregnancy timeframe and symptom onset/diagnosis dates.
  The transmission event will automatically create a contact investigation for the infant.
    - The **contact** investigation status should be "closed" - all documentation should occur in the infant's congenital **case** investigation.
    - Disposition - If the infant case is classified as confirmed (lab or clinical) or probable according to the disease protocol case definition, the disposition on the contact should be updated to "contact turned case".
    - Reporting source – select how the case was identified (e.g. by mother (choose "other" - add "mother" in text box and type of reporting source = contact) or appropriate lab (autopsy report, lab, pathology report).

Create a new case investigation for congenital syphilis for the stillborn infant:

- If there are laboratory/pathology information related to the infant (e.g. placenta laboratory results), the lab should be re-entered so it is associated with both the mother and infant case investigations (results from the placenta are relevant for mother and infant). If required, a request can be submitted to the MHSU to re-enter the lab.
- Update the infant's case classification and associated information as available.
- The risk factor "born to infected mother" should be selected
- Two outcomes should be added:
    - select "other" and add "stillbirth" or "neonatal death" as applicable in the text box

- select “fatal” and enter outcome date as date of death. When fatal is selected, the user must also select cause of death (other, pending, or unknown). If known, select “other” and enter the cause in the text box for “other cause of death”.

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 II – TRANSMISSION EXPOSURE DETAILS (MATERNAL CLIENT INFORMATION)

Data Element	Critical Field	Instructions on Use
Box 19-24 Mother’s Last Name, First Name, DOB, Registration #, PHIN	*	Document identifiers for the mother of the infant to allow their records to be linked through an acquisition event (source of the infection). If the mother is unknown, indicate in box 25.

SECTION IV- INFECTION INFORMATION

Data Element	Critical Field	Instructions on Use
Box 29, 30 Stage Case Classification	*	Document the stage and classification of the case.

		Refer to the disease-specific protocol for additional information on case definitions: http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html
Box 31. Case Classification Notes		Document the rationale for the case classification and ensure the components of the infant and maternal criteria are documented in the appropriate following sections to confirm the case classifications (e.g. symptoms, risk factors). Document all clinicians consulted to confirm the case classification (e.g. Peds ID). In PHIMS, this documentation should be done in a clinical note on the investigation.

SECTION V – SIGNS AND SYMPTOMS

Data Element	Critical Field	Instructions on Use
Box 32 Signs and symptoms	*	Indicate whether the infant is symptomatic or asymptomatic, and check off the associated signs or symptoms if present. Other symptoms or complications can also be listed. Indicate the gestational age at birth, and the birth weight.

SECTION VI – TREATMENT INFORMATION

List all known treatment for syphilis that the infant has received. Do not include treatment provided to the mother during pregnancy. The mother's treatment during pregnancy should be documented in risk factors, indicating the date, as well as whether it was considered adequate treatment.

SECTION VII – OUTCOMES

Indicate if the case was assessed/treated in hospital (hospital admission and discharge, and/or ICU admission and discharge) and the associated dates. List any known outcomes or sequelae from the infection. If deceased, specify the date of death.

SECTION VIII – RISK FACTOR INFORMATION

Complete risk factors for the infant, as well as maternal risk factors during the time period of the pregnancy. Although some of the maternal risk factors may have been documented in the mother's case investigation, the maternal risks recorded in the infant's case investigation are specific to the period of time during the pregnancy, and thus may not be the same as that recorded on the mother's investigation.