INSTRUCTIONS FOR SURVEILLANCE FORM

MHSU-6780 – HEPATITIS B AND C, HIV, AND SYPHILIS CASE 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 LONG-TERM CARE

Epidemiology & Surveillance
Provincial Information Management and Analytics
Manitoba Health, Seniors and Long-Term 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 form please send an email to: +WPG1244 - PHSurveillanceMB <PHSurveillanceMB@gov.mb.ca>.

BACKGROUND

These instructions are intended to be used by Public Health providers as a reference for the **MHSU-6780 – HEPATITIS B AND C, HIV, AND SYPHILIS CASE INVESTIGATION FORM**. This form contains the key **public health investigation** elements and entry guidance for Public Health Information Management System (PHIMS) for cases of: **Hepatitis B, Hepatitis C, Syphilis and HIV.**

Public health providers are required to complete the form if direct entry into PHIMS is not possible; otherwise, the form is to be documented directly in PHIMS. Non-public health providers should report STBBI cases, contacts, and publicly funded STI treatment using the Provider Report Form for Sexually Transmitted and Blood Borne Infections and STI treatment, available at: https://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_6781.pdf

For all contacts of HIV and syphilis identified by name, the key public health investigation elements are identified on the **MHSU-6782 - STBBI CONTACT INVESTIGATION FORM (FOR CONTACTS TO CHLAMYDIA, GONORRHEA, CHANCROID, LGV, HEPATITIS B/C, HIV, AND SYPHILIS INFECTIONS)**, available at http://www.gov.mb.ca/health/publichealth/surveillance/forms.html

Contacts that require referral to another jurisdiction outside of Manitoba, or to Correctional Services Canada, should be reported to the Manitoba Health Surveillance Unit.

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 CASE (MHSU-6780) AND CONTACT (MHSU-6782) 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 OR CONTACT.

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. 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).

Critical or required fields are marked with *

SECTION I – CASE IDENTIFICATION

Data Element	Instructions on Use
Boxes 1-23 Names, alternate names, date of birth, registration number, health number (PHIN), alternate ID, gender identity, and racial/ethnic/ Indigenous identity	All cases reached directly are offered the option to provide their self-identified racial, ethnic, or Indigenous identity. https://sharedhealthmb.ca/about/racism-disrupted/rei-data/ Ensure that a postal code is completed for the address at time of case, which is required for geographic analysis.

SECTION II - INVESTIGATION INFORMATION

Data Element	Instructions on Use
Boxes 24-26 Primary Investigator Organization and Investigation Disposition	The primary investigator organization should align with the address of the client at time of investigation. Ensure the correct primary investigator organization is documented at 30 days post report date. PHIMS front-end reports will use the primary investigator organization assigned at 30 days post report date to allocate cases to organizations. Other organizations who are involved with the investigation should be added.

SECTION III AND IV- INFECTION AND DISEASE SPECIFIC INFORMATION

Data Element	Instructions on Use
Section III Boxes 27 to 33 Select which infection(s) is/are Being Reported	All cases of Hepatitis B or C, HIV, and syphilis must be lab confirmed. Updating the classification from "Person Under Investigation" to "lab confirmed" should generally occur within 3 working days, but may take up to 4 weeks to finalize. Refer to the disease-specific protocols for additional information on case definitions and recommendations for case and contact management at: http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html If known to be previously infected for other diseases not part of the current investigation, document in Section IV and/or VI. The following should be reported on this form: New cases of Hepatitis B, Hepatitis C, HIV, and syphilis. Cases that are re-infections should also be reported and a new investigation completed (i.e. infection has been previously documented to be cleared or non-infectious, and this case now represents a new infection). Chronic cases that have been previously diagnosed in other jurisdictions, but are new to Manitoba must also be reported. However, symptoms and risk factor information relevant to acquisition is not required to be completed. Use the MHSU-2667–CONGENITAL SYPHILIS INVESTIGATION -CASE FORM to document cases of congenital syphilis.
Section IV Boxes 34 to 44 Staging and additional presentations	Enter the stage of the disease based on lab results or symptoms, according to the disease-specific protocol. For syphilis, add any additional presentations (e.g., neurosyphilis). Staging should be consistent with the client's condition **at the time of the initial test** and should be documented by 4 weeks from report date. **The stage should not be updated, unless the stage is incorrect** (e.g., re-staged after MOH/coordinator review, re-staged with additional information submitted to PH). If unable to confirm staging by 4 weeks, **unknown or undetermined staging** may be applied as an interim stage, or if there is insufficient information to update staging from "unknown or undetermined" prior to investigation closure (e.g. disposition = lost to follow-up). If a previous investigation exists in PHIMS, follow-up labs should be linked to the previous investigation, **but the classification and stage should not be updated**. If a case meets the protocol definition for a reinfection, ensure a new case investigation is created and staged accordingly. The new lab should be unlinked from the previous investigation and linked to the new investigation.

Data Element	Instructions on Use
	For hepatitis C: If a previously staged (e.g. acute, chronic, or unknown/undetermined) hepatitis C case subsequently becomes resolved and known to public health, do not update the initial staging. Add Outcome "Recovered" with the date of the indicative laboratory result, and a comment describing the laboratory result. If a previously staged "acute" case later meets the definition for "chronic" – do not document any stage change or Outcome as this is a natural progression of infection. **For syphilis:** Note that newly presenting previously treated cases of syphilis with ongoing reactive serology that do NOT have a previous investigation in PHIMS and do not currently meet any case definitions for syphilis (treated with no evidence of relapse/reinfection), should be classified as **"not a case"** - no stage is required. If treatment records are available, they should be entered into PHIMS to allow other providers to view the treatment. If only a client history of treatment is available, it can be documented in notes. The following table provides guidance for staging and classification for chronic STBBI.

STAGING AND CLASSIFICATION GUIDANCE FOR CHRONIC STBBI CASES

Disease	Stage	Classification	Scenario Description
Hepatitis B	Acute	Lab confirmed	Follow protocol case definition – new diagnosis
Hepatitis B	Chronic	Lab confirmed	Follow protocol case definition – new diagnosis
Hepatitis B	Previous diagnosis - chronic	Lab confirmed	Previously diagnosed case – no existing investigation in PHIMS. If previous PHIMS investigation exists – lab should be associated with that investigation. Follow protocol.
Hepatitis B	Perinatal	Lab confirmed	See Manitoba Hepatitis B protocol, specifically section 8.2.1. Includes new laboratory confirmed cases in children $\leq$ 36 months where acquisition may have occurred during pregnancy, childbirth, or from breastfeeding. Exact mode of acquisition does not need to be confirmed.
Hepatitis B	Unknown or undetermined	Lab confirmed	Interim stage – should be updated on closure based on available information if available.

Hepatitis B	Blank	Lab confirmed or PUI	Requires update to stage
Hepatitis B	Blank	Not a case	Doesn't meet case definition
Hepatitis C	Acute*	Lab confirmed	Follow protocol case definition - new Diagnosis (active disease only, include re-infections)
Hepatitis C	Chronic*	Lab confirmed	Follow protocol case definition - new Diagnosis (active disease only, include reinfections –)
Hepatitis C	Previous diagnosis - resolved	Not a case	Previously diagnosed – resolved case – no existing investigation in PHIMS. No f/u necessary. If previous PHIMS investigation exists – lab should be associated with that investigation.
Hepatitis C	Previous diagnosis – chronic*	Lab confirmed	Previously diagnosed – active disease – no existing investigation in PHIMS. Follow protocol. If previous PHIMS investigation exists – lab should be associated with that investigation.
Hepatitis C	Perinatal*	Lab confirmed	Follow protocol case definition for new laboratory confirmed cases in children $\leq$ 36 months where acquisition may have occurred during pregnancy, childbirth, or from breastfeeding. Exact mode of acquisition does not need to be confirmed.
Hepatitis C	Resolved	Lab confirmed	New cases that are HCV AB positive – RNA negative (one test result sufficient) - no active disease
Hepatitis C	Unknown or undetermined	Lab confirmed	Interim stage – should be updated on closure based on available information. E.g. New HCV AB positive, HCV RNA test result not available. Can also include previous diagnosed cases without antigen/RNA results.
Hepatitis C	Blank	Lab confirmed or PUI	Requires update to stage
HIV	New diagnosis	Lab confirmed	Follow protocol – new diagnosis

HIV	Old case - previously Diagnosed/ known in MB	Lab-confirmed Classification date should indicate date of initial diagnosis. If exact date not known, document year of diagnosis, January 1.	Previously reported in Manitoba
HIV	Previous diagnosis - new to MB	Lab confirmed	Follow protocol – new diagnosis
HIV	Unknown/ undetermined	Lab confirmed	Includes new laboratory confirmed cases where investigation to stage was not possible
HIV	Perinatal	Lab confirmed An interim classification of *Case -Suspect* may be used while awaiting confirmatory laboratory results for a perinatal case investigation	Includes new laboratory confirmed cases where acquisition may have occurred during pregnancy, childbirth, or from breastfeeding. Exact mode of acquisition does not need to be confirmed. See section 5.3 and 6.5 of the MB HIV Protocol for further guidance.
HIV	Blank	Lab confirmed or PUI	Requires update to stage
Syphilis	Primary	Lab confirmed	Follow protocol – new diagnosis
Syphilis	Secondary	Lab confirmed	Follow protocol – new diagnosis
Syphilis	Early Latent	Lab confirmed	Follow protocol – new diagnosis
Syphilis	Late Latent	Lab confirmed	Non-infectious
Syphilis	Tertiary	Lab confirmed	Non-infectious
Syphilis	Blank or Previous diagnosis	Not a case	Previous case – no longer infectious (regardless of whether diagnosed in Manitoba or elsewhere)
Syphilis	Unknown or undetermined	Lab confirmed	Interim stage – should be updated on closure based on available information.
Syphilis	Blank	Lab confirmed or PUI	Pending assessment

SECTION V – SIGNS AND SYMPTOMS

Boxes 45 – 49. Symptoms are listed on the form to facilitate case management. For cases of hepatitis B, C, and syphilis, check all symptoms that apply if symptomatic.

For acute cases, signs and symptoms associated with the infection since the onset date should be recorded. Symptoms that were **pre-existing to the illness and unrelated should not** be recorded.

If the case is chronic with a remote onset date, document the **earliest symptom onset** date if known.

For HIV:

For newly diagnosed HIV cases (excluding perinatally acquired cases), if first absolute CD4 Count is available in eChart prior to investigation completion/closure, document as follows:

Add Symptom: CD4 Count, First Absolute (CD3+CD4+ cells/mm3)

- Present: Yes, or No, based on availability of CD4 count lab in eChart

If present, once symptom added, locate in Row Action Table and select "Details Exist"

- Add Observation Details: Observation Date = Date of CD4 Count specimen collection
- Add Observation Value: Add the whole number, e.g. 110

  It is not necessary to enter the units (cells/$mm^{3)}$.

  In eChart the absolute CD4 Count appears in Row 4 of the immunology table, expressed as CD3+CD4+ in units of cells/mm^3 Example:

Immunology Test	Date: November 2, 2023
% CD3+	80%
CD3+	1023 cells/mm^3
%CD3+CD4+	7%
CD3+CD4+	110 cells/mm^3 (represents absolute CD4 count)
%CD3+CD8+	
CD3+CD8+	

- Observed by: Other health care provider

Otherwise specific symptoms are not routinely collected for HIV surveillance.

SECTION VI –RISK FACTOR INFORMATION

Box 50. For risk factors that are marked * as critical fields, a response must be documented (yes, no, unknown, declined to answer, not asked), with the exception of perinatal HIV cases, see note below

.If a required risk factor is not applicable to an individual (i.e. pregnancy risk factor for a person without a uterus) please enter "No". If client declines to disclose any risk factors, check box for "declined to answer" for all required risk factors.

Note that required risk factors are not coded as required in PHIMS, but are **program mandatory**. Explore non-required risk factors relevant to the disease and document positive responses only. Focus on non-required risk factors is important if none of the required risk factors are identified as risks for the client.

If no risk factors are identified, document "no identifiable risk factor".

Perinatal HIV: Some risk factors configured for HIV cases will not all apply to an infant case. For perinatal **lab-confirmed** HIV cases, the required risk factors are detailed below and some will need to be added in PHIMS by the investigator. The category the risk factor is configured under is added below to assist navigation.

The following risk factors are required for the INFANT CASE INVESTIGATION:

- BORN TO INFECTED MOTHER/BIRTH PARENT – (in Additional Information, include mode of delivery and whether instrumentation was used during delivery)

And the following risk factors which would pertain the mother/birthing parent's history but are added to the INFANT CASE INVESTIGATION to assist with case review.

- HOUSING UNSTABLE – already configured – document in reference to mother/birthing parent's housing situation
- Category HISTORY OF EXPOSURE – Risk Factor MATERNAL DIAGNOSIS DATE (DURING PREGNANCY) Specify date of diagnosis of mother/birthing parent including if diagnosis occurred prior to pregnancy
- Category MEDICAL - Risk Factor PRENATAL CARE RECEIVED (AT LEAST ONE VISIT FOR PREGNANCY-RELATED CARE) SPECIFY TRIMESTER OF FIRST VISIT
- Category MEDICAL - Risk Factor PRENATAL CARE – NUMBER OF VISITS (FOR ANY PREGNANCY-RELATED CARE) SPECIFY NUMBER OF VISITS
- Category MEDICAL – Risk Factor PREVIOUS ANTI-RETROVIRAL THERAPY (specify if ART received during pregnancy, date initiated or discontinued. If initiated prior to pregnancy and no interruptions during pregnancy, specify as "initiated prior to pregnancy" and date is not necessary.)
- Category MEDICAL – Risk Factor LABORATORY TESTING – NUMBER OF TIMES TESTED DURING PREGNANCY (In Additional Information – briefly summarize HIV viral load testing during pregnancy – include if HIV viral load testing was done during pregnancy, if mother/birthing parent ever attained undetectable viral load and when, if rise in viral load occurred during pregnancy after undetectable viral load and dates)
- Category SOCIAL BEHAVIOURAL - Risk Factor SUBSTANCE USE DURING PREGNANCY (SELF DECLARED) SPECIFY SUBSTANCE(S) AND METHOD OF USE

Additional definition is provided for the risk factors below:

HOUSING UNSTABLE (IN THE PAST 12 MONTHS): Client is unsheltered, emergency sheltered, or provisionally accommodated as defined by https://www.homelesshub.ca/sites/default/files/COHhomelessdefinition-1pager.pdf

MENTAL HEALTH ISSUE (UNDERLYING): Current, recurrent, or lifelong mental health or intellectual disability (or undiagnosed symptoms), that may impact the service and care of an individual.

SHARED NEEDLES OR OTHER INJECTION EQUIPMENT (ONLY REQUIRED IF "YES" FOR INJECTION DRUG USE): Defined as shared needles/syringes or other injection or preparation equipment that is potentially exposed to blood, including needles/syringes, cookers, filters, rinse water or wash.

SUBSTANCE USE- NON-INJECTION DRUG USE DURING SEXUAL EXPOSURE: Defined as drug use that shapes, facilitates, or enhances sexual practices such chem sex or "party and play", or transactional sex for drug, either during or impacting sexual practice. Example: methamphetamine, alkyl nitrates/poppers, mephedrone, GHB. Use Add info to describe and add drug name. Frequency not required.

SEXUAL PARTNER AT RISK: The case's sexual partner is a person who injects drugs, MSM, sex worker, or anonymous sexual contact and is a likely or possible source of sexual infection acquisition.

For acute symptomatic cases, exposure risks are relevant during the maximum incubation period for the infection (e.g., acute hepatitis B – 6 months) based on symptom onset. However, many blood-borne infections are asymptomatic or have mild symptoms, requiring a longer time period to inquire about exposure risks, especially if no risks are identified in the incubation period timeframe from date of diagnosis. Document any exposure risks that may be relevant to this infection based on clinical judgment.

SECTION VII – OUTCOMES

Box 51 Fatal: Any clients known to have experienced a fatality during the investigation period may be documented as a fatal outcome, even if the cause of the fatality is not related to the communicable disease. Documentation of a fatality can be helpful to other partner investigators using PHIMS as a fatality may take several months to become documented across health registry systems.

Box 51 Recovered: For hepatitis C only. If a previously staged (e.g. acute, chronic, or unknown/undetermined) hepatitis C case subsequently becomes resolved and known to public health, do not update the initial staging. Add Outcome "Recovered" with the date of the indicative laboratory result, and a comment describing the laboratory result.

SECTION VIII – TREATMENT INFORMATION

Boxes 53-55. Complete treatment information only for syphilis cases.

SECTION IX – EVIDENCE-BASED INTERVENTIONS

Boxes 56-57. Common definitions for PHIMS Interventions are described in the table below

Intervention	Definition or Recommended Use
Prevention education/counselling per disease protocol	Indicates that the client has been reached and notified of the potential exposure, or recommendations for follow up for lab-confirmed cases. Includes basic information about the infection, transmission, testing, treatment, general immunization information as applicable. Enter only if occurred in direct service encounter (phone or in person), **not** by letter or other form of attempted notification.
Interview for contacts	Not required but may be used by the investigator when a TE is not created on a case investigation but the contact interview is no longer pending, e.g. when disposition is Case to notify, Declined, Unable to locate. Outcome: e.g. Completed, or Lost to follow up.
Immunization Recommended (specify: HBV HAV HPV MPOX)	Administered vaccines related to STBBI are displayed in the immunization summary of the investigation in PHIMS, and should be reviewed for all cases to identify eligible/overdue doses. Indicate that a specific recommendation for vaccination(s) has been made based on an assessment of the client's immunization history and eligibility if information from forecaster about a specific vaccine provided this intervention may be documented. If general information about vaccines provided, do not document.
Public health support to engage with care (HIV/HCV)	For use with HIV cases if a *Public Health Referral: HIV Engagement Request Form* is received. Upload the form to the investigation as a context document. Indicate the date the referral was received as "start date". Outcome = pending, until connection with care established or efforts by PH discontinued (outcome = attended or completed). Comment: add intervention comment such as the source of referral and the client engagement status.

	Note that the intervention start date, outcome, and most recent comment will populate on the HIV Connection to Care Report to support care engagement monitoring Documentation may also include: Intervention follow up dates to support monitoring connection to HIV care, or the intervention may be documented when additional public health support is provided to assist client with HCV care engagement, or expediated allergy assessment for syphilis cases.
Referral/notification to Canadian Blood Services	Per protocol for HIV, hepatitis C, or hepatitis B Start date: date that notification was sent or confirmed. Outcome: completed
Referral to hepatitis care provider	Recommended for HCV cases with active infection. Start date: Date referral to hepatitis care provider was sent or confirmed to be underway or sent by another provider. Use "pending" outcome. When attendance has been confirmed (recommended only for those who experience barriers to care engagement), update outcome to "attended" and add End Date.
Referral to Manitoba HIV Program	**Required for HIV** Start date: Date the referral to Manitoba HIV Program (or other HIV treatment provider) was sent or confirmed sent. Use "pending" outcome. When attendance has been confirmed (required for all), update outcome to "attended" and add End Date. For new cases referred and accepted to PATHS, outcome should be left "pending" until client has had a viral load test completed, **or** ART dispensed, **or** attended an in-clinic appointment. Comments: add the HIV care or PATHS site client was referred to.
Referral to Infectious Disease Specialist	Not required. Start date: Date referral to Infectious Disease Specialist was sent or confirmed to be sent by another provider. Use "pending" outcome. When attendance has been confirmed, update outcome to "attended" and add End Date.
Referral for treatment	A specific arrangement is made with a care provider for treatment. This can refer to treatment for a communicable disease/infection, or for care to facilitate treatment such as allergy testing, penicillin desensitization.

Newborn prophylaxis for hepatitis B	Document when neonates born to a birth parent who is HBsAg-positive receive hepatitis B immune globulin and hepatitis B vaccine.
STBBI testing recommended (CT/GC, syphilis, HBV, HCV, HIV)	Recommendation for all relevant STBBI testing is made to the client, which may include specific information regarding where and how to access testing services.
Syphilis serology recommended as per protocol	May be used to communicate that the client has been advised regarding follow up syphilis serology.
Additional treatment recommended	For syphilis lab-confirmed cases staged as "early latent" but are recommended to have 3 doses of benzathine penicillin G due to uncertain history of exposure, add Intervention for treatment: Subtype – Additional Treatment Recommended. May be used in other circumstances where treatment beyond what was received by the client, or beyond standard treatment (as indicated in the relevant protocol) is recommended by the investigator.
Treatment recommended	Recommendation for treatment specific to exposure or infection is made to the client, which may include specific information regarding where and how to access treatment services. If client states they have received treatment already but not confirmed by the provider – enter treatment recommended intervention with outcome "attended".
Treatment not recommended	May document when it is helpful to communicate that the standard treatment per protocol is not recommended for the case.
Other (specify)	May include referrals to other providers such as Indigenous health or cultural services, primary care, substance services, social work, or provision of other care such as wound care.

SECTION X. HEPATITIS B IMMUNIZATION HISTORY INTERPRETATION

Data Element	Critical Field	Instructions on Use
Box 58 Interpretation of Hepatitis B immunity prior to investigation		Required for hepatitis B cases only. Important for hepatitis B cases to assess for vaccine failure. Document if the client has had previous laboratory evidence of hepatitis B immunity through serology results. If serology was not done, or if the client has been immunized since serology was done, document if hepatitis B immunization has been received in the past (fully immunized,

Data Element	Critical Field	Instructions on Use
		partially immunized, or unimmunized). If the client is immunocompromised and immunity cannot be determined, document as unknown/not determined.
Box 59 Reason (evidence) for interpretation		Document how the interpretation of immunity in Box 58 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 58 Hepatitis B vaccines and dates		If doses are missing in PHIMS, either document directly in PHIMS, or list all missing doses in Box 58. 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. CONTACTS

Data Element	Critical Field	Instructions on Use
Boxes 60-62. Number of Contacts Identified by Name, Number of Anonymous Contacts, and Exposure start date	*	List the number of contacts identified by name and the number of anonymous contacts. Please identify the earliest exposure start date for anonymous contacts in Box **62**. For all contacts of HIV and syphilis identified by name, please complete the **MHSU-6782 STBBI CONTACT INVESTIGATION FORM (FOR CONTACTS TO CHLAMYDIA, GONORRHEA, CHANCROID, LGV, HEPATITIS B/C, HIV, AND SYPHILIS INFECTIONS)** for each contact, or document directly in PHIMS. Contacts that require referral to another jurisdiction or Corrections Services Canada should be reported to the Manitoba Health Surveillance Unit directly in PHIMS. Non-public health providers should report STBBI contacts using the Provider Report Form for Sexually Transmitted and Blood Borne Infections and STI treatment, available at: https://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_6781.pdf