INSTRUCTIONS FOR SURVEILLANCE FORM

MHSU-9684 – WEST NILE VIRUS INFECTION 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-9684 – WEST NILE VIRUS INFECTION 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-9684) 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 -30 WNV Site (Presentation) Case Classification Lab Criteria Clinical Criteria	*	Document the site/presentation and classification of the case. The WNV site/presentation and case classification should be determined by the regional MOH. Refer to the WNV disease-specific protocol for additional information on case definitions: http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html The lab criteria and clinical criteria for each presentation/case classification are listed on the form only to guide selection of the appropriate case classification. Ensure the components of the criteria are documented in the appropriate following sections to confirm the case classifications (e.g. symptoms, risk factors).

SECTION IV – SIGNS AND SYMPTOMS

Data Element	Critical Field	Instructions on Use
Box 31-32 Signs and symptoms	*	List the onset date for the earliest symptom and select the applicable symptoms. Other relevant symptoms can also be documented if required. Refer to the disease-specific protocol for further information.

SECTION V – *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 34-35 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 VI – *IMMUNIZATION HISTORY

Document previous immunizations received for Japanese Encephalitis or Yellow Fever. This will assist in assessment of potential cross reactivity in test results with other flaviviruses incuding Japanese Encephalitis, Yellow Fever (including vaccination), Dengue and St Louis Encephalitis. Ensure all doses are documented in the client immunization record in PHIMS.

SECTION VII – RISK FACTOR INFORMATION

Complete all risk factors.

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 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.