



# USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES

**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**

Information Management and Analytics Branch  
Resources and Performance 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 on any aspects of this new report please send an email to: [outbreak@gov.mb.ca](mailto:outbreak@gov.mb.ca).

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## BACKGROUND

This User Guide should be used as an overall reference for Manitoba providers completing surveillance forms for reportable diseases. All new surveillance forms created since 2017 for reportable diseases will follow a similar overall structure, referenced in this document. Appendix A contains a listing of all the forms and which diseases should be reported on each form. Each form also has form-specific instructions to guide completion.

The Public Health Branch Surveillance Unit systematically receives and manages reportable communicable disease data as prescribed by the [Reporting of Diseases and Conditions Regulation](#) under [The Public Health Act](#). The Unit is involved in notifying public health offices across Manitoba of cases of communicable diseases, and managing the flow of information to and from these offices in support of regional public health investigations.

The [Reporting of Diseases and Conditions Regulation](#) requires that reports of diseases and conditions must be submitted in a form approved by the Minister of Health, Seniors and Active Living. All data elements collected by the surveillance forms are considered the minimum amount of information required for surveillance and case management of these infections in the Province of Manitoba. The information in the forms provides valuable epidemiologic information used to inform program and policy. Please encourage accurate reporting by clients.

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>.

## INSTRUCTIONS ON THE USE OF THIS USER GUIDE

Sections in this User Guide are ordered based on section headers in the forms. Data elements are ordered alphabetically in each section. If further clarifications are needed, one may contact the appropriate health region or MHSAL.

### LIST OF SYMBOLS

**CRITICAL FIELD:** \* on the form identifies a critical field or a critical section to be completed. If this data is missing, it may be difficult to identify clients or manage case and contact investigations appropriately. **If this data is missing, the form will be returned.**



**PUBLIC HEALTH INFORMATION MANAGEMENT SYSTEM (PHIMS) USER INSTRUCTIONS:** The User Guide may also contain specific instructions for documenting the information in the Public Health Information Management System (PHIMS), formerly referred to as Panorama. PHIMS users should consult the applicable quick reference cards (QRC's) for further guidance on data entry. "Breadcrumbs" (located at the top right hand corner of sections on the form) provide guidance on where to navigate in PHIMS to enter the information. E.g. subject>client details>personal information.

- ">" indicates the flow of navigation to find the relevant section to document in PHIMS.
- ">>" indicates when the user should already be within the context of an investigation.
- "=" indicates where a value needs to be selected to populate values in another data field.

### SUBMISSION OF FORMS TO THE SURVEILLANCE UNIT

**INVESTIGATION CASE FORMS AND CONTACT FORMS SHOULD BE COMPLETED AND FAXED TO THE SURVEILLANCE UNIT (MHSU) CONFIDENTIAL FAX 204-948-3044.**

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).**

## MHSU PROCESSES

### MHSU PROCESS FOR FORMS RECEIVED DIRECTLY FROM HEALTH CARE PROVIDERS (NON-PUBLIC HEALTH)

Forms completed by Health Care Providers should be sent directly to the Surveillance Unit (MHSU). The MHSU will forward all forms received from Health Care Providers to the Responsible Public Health Organization for review based on the client address. Once received from MHSU, the Responsible Public Health Organization should review the form, complete any additional information, sign the form, and send to the MHSU for data entry. **The form will not be data entered in PHIMS until public health review is completed.**

#### FOR PUBLIC HEALTH ORGANIZATIONS THAT DOCUMENT IN PHIMS DIRECTLY:

If additional information is documented in PHIMS by public health, or if the form contains corrections/revisions, the regional organization should document the entire investigation form in PHIMS, including information provided by the Health Care Provider. If the Responsible Public Health Organization has elected to complete data entry, the form does not need to be returned to the MHSU. If no changes are made to the form completed by the Health Care Provider (or if very minor changes are clearly documented and do not conflict with data entered in PHIMS), and the region does not have capacity to enter the form, the form can be returned to the MHSU for data entry. Data entry will not be real-time for this process. When entering the form, if there is any conflict between information on the form and that documented in PHIMS, or if further clinical clarification is required, the form will be returned to the region with a request for the region to complete data entry.

When more than one investigator organization is involved, and more than one surveillance form or a combination of surveillance forms and PHIMS documentation is received, clarification with the investigator organizations may be required if the information is overlapping or conflicting. Organizations should attempt to submit only one investigation form if possible, or clearly indicate the information that should be updated if already submitted.

### REFERRAL / REASSIGNMENT PROCESSES

#### FOR PUBLIC HEALTH ORGANIZATIONS THAT ARE NOT USING PHIMS:

All requests to reassign to an out of province organization or Correctional Service Canada should be faxed individually to the MHSU, with the fax cover indicating OUT OF PROVINCE REFERRAL OR CORRECTIONAL SERVICE CANADA (CSC) REFERRAL. Do not include the form to be referred with other completed forms for data entry, as there is potential for the referral to be missed and not forwarded in a timely manner.

Internal reassignments to other Manitoba regions should be managed by the originating region, and should have similar fax notification.

#### FOR PUBLIC HEALTH ORGANIZATIONS THAT ARE USING PHIMS:

Reassigning to the MHSU (for out of province or CSC) or another organization deployed on PHIMS can be managed within the application:

- For investigations (case and contact (known) investigations):
- The new organization should be added as a responsible organization/investigator organization. The primary investigator organization should be updated to the new organization. The assigned date should correspond to the current date. (Follow QRC 7.5d Investigations: Responsible Organization/Investigator – Page 2 workflow)
- For referral out of province, select org=out of province
- For referral to CSC, select org= Correctional Service Canada
- For referral to another PHIMS deployed organization, select appropriate org
- The disposition of the investigation should be updated to “pending – referral out of region”.
- The MHSU address should be updated. End-date any previous MHSU addresses.
- Add any notes on the investigation that will assist the receiving organization.
- The new organization will be able to identify the referral on their daily MB2701C investigation search report for newly referred investigations.
  
- For unknown contacts:
- Update the case investigation transmission event (TE). The new organization should be the responsible organization unit on the TE. The assigned date should correspond to the current date.
- For referral out of province, select org=out of province
- For referral to CSC, select org= Correctional Service Canada
- For referral to another PHIMS deployed organization, select appropriate org
- The disposition of the unknown contact should be updated to “pending – referral out of region”.
- Add any additional information that will assist the receiving organization in the unknown contact disposition details, including any instructions on the referral if sending to the MHSU.
  - Do not document any details on the unknown contact in the source case notes, as this information will not be viewable if the unknown contact is referred to another organization.
- The new organization will be able to identify the referral on their daily MB23000 unknown contacts report for newly referred contacts.

## **MHSU PROCESS FOR ASSIGNING LABORATORY RESULTS TO INVESTIGATIONS IN PHIMS**

New lab results are assigned to investigations in PHIMS using the following processes:

- New investigations are created for new communicable disease cases when there are no previous investigations in PHIMS or the historical surveillance databases (for chronic infections).
- If a previous investigation with the same disease exists:

For chronic infections (i.e. HIV, Hepatitis B, Hepatitis C and Syphilis):

- If an investigation exists in PHIMS, the laboratory result is associated with the most recent investigation for that disease.
- If there is no previous investigation in PHIMS but a historical investigation exists in the MHSU historical databases, a historical investigation is created in PHIMS.
  - The classification date should reflect the date recorded in the data base. The Responsible Organization should reflect the region entered in the database.
  - If the investigation determines that the lab result represents a new infection, the lab result can be unlinked from the previous investigation and a new investigation created (follow QRC 7.3b).

For Non-Chronic Infections:

- If an investigation exists in PHIMS with the previous lab (or clinical report) reported within 30 days of the current lab report, the laboratory result is associated with the most recent investigation for that disease.
  - If the investigation determines that the lab result represents a new infection, the lab result can be unlinked from the previous investigation and a new investigation created (follow QRC 7.3b).
- If the previous lab result (or clinical report) is greater than 30 days prior, a new investigation is created.
  - If the investigation determines that the lab result is associated with a previous infection, the lab result can be unlinked from the new investigation and linked to the previous investigation (follow QRC 7.3b). The new investigation should be deleted if no other associated information exists within the investigation. If it cannot be deleted, the classification can be changed to “not a case” so it is not counted as a new case.

The above processes have been put in place to allow PHIMS surveillance reports to provide a more accurate assessment of the number of cases under investigation. Many investigations have more than one associated laboratory result, and a count of laboratory results would not correspond with the number of cases.

## DATA ELEMENTS BY SECTION

### FORM HEADER

| Data Element                                           | Critical Field | Form Type | Instructions on Use                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------|----------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Case Accession number;<br>Additional accession numbers | *              |           | The unique identifying number assigned by the laboratory to identify a specific laboratory report. Different laboratories refer to this number by different names, such as Requisition Number, Lab Number, or Reference Number.                                                                                                                                                                                         |
|                                                        |                | Case      | The Accession Number for the first positive laboratory result associated with this investigation should be written in the investigation header.<br>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. |
|                                                        |                | Contact   | The accession number from the case's positive laboratory report will link the contact to the case that named this contact. It is important to identify the case where possible, as critical epidemiologic information and case management information from the case's record may be missing if the contact is not associated to the case.                                                                               |
| Case investigation ID                                  |                | Contact   | If the case investigation ID from PHIMS is known, it may be written on the investigation form when referred. This allows easy identification of the investigation record for the case.                                                                                                                                                                                                                                  |
| Case name or initials                                  |                | Case      | The name of the case or initials is an additional identifier 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.                                                                                                                      |
| Case not identified                                    |                | Contact   | Ideally, all contacts should be associated with the case that identified the contact. This box should be checked if a contact presents for care and the identity of the case is unknown. For example, this may occur in partner-initiated notification of sexually transmitted infections.                                                                                                                              |
| Case PHIN                                              |                | Case      | The Case PHIN is an additional identifier 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.                                                                                                                                         |
| Case specimen collection date                          |                | Contact   | The specimen collection date of the first positive specimen from the case. This provides information on when the case's infection was diagnosed. This is particularly important if the contact investigator does not have access to case information.                                                                                                                                                                   |



| Data Element             | Critical Field | Form Type | Instructions on Use                                                                                                                                                                                                                                                                                                                      |
|--------------------------|----------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Contact name or initials |                | Contact   | Additional identifier listed on header on second and subsequent pages to meet documentation standards for client identification on forms. Ensures all pages can be identified and associated to the correct client should they become separated.                                                                                         |
| Transmission event ID    |                | Contact   | If the contact has already been reported to Manitoba Health but the investigation was not complete (i.e. only the first half of the form was completed), the transmission event ID from PHIMS may be written on the investigation form when referred. This allows easy identification of the transmission event record for this contact. |

## CLIENT IDENTIFICATION

| Data Element                                          | Critical Field | Form Type | Instructions on Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------|----------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address at time of diagnosis or investigation/testing | *              | All       | <p>Required to geographically identify risks and trends. Document where the client was living at the time of the diagnosis/testing. For contacts, document the address at the time of the investigation or when the contact presented for testing/treatment.</p> <p>In general, communicable disease investigations are reported by the jurisdiction corresponding to the client's residential address (permanent residence) at the time of the investigation.</p> <p>Additional information on geographic assignment of cases is available at: <a href="http://www.gov.mb.ca/health/publichealth/surveillance/cds/docs/documenting_geography_20180129.pdf">http://www.gov.mb.ca/health/publichealth/surveillance/cds/docs/documenting_geography_20180129.pdf</a></p> <p>If the client is now living at another location, document in "Alternate Location Information".</p> <p>When entering in <b>PHIMS, ENSURE THE POSTAL CODE (AND ADDRESS) DOCUMENTED ON THE FORM IS LISTED AS THE CURRENT ADDRESS IN PHIMS.</b> If not, add the address as the MHSU address. Do not update the official registry address, as this is the official Manitoba Health Registry address which is auto-populated from the Client Registry in PHIMS. If the official registry address is incorrect, encourage the client to update their address with Manitoba Health.</p> <p><a href="https://www.gov.mb.ca/health/mhsip/change.html">https://www.gov.mb.ca/health/mhsip/change.html</a></p> |
| Address in First Nation Community                     |                | All       | Indicate if the client is living in a First Nation Community. This will ensure the referral is directed to the appropriate organization for follow-up.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Age                                                   |                | All       | Age should be completed only if reporting non-nominal (e.g. HIV) and DOB is not completed, or if DOB unknown – e.g. contacts identified by cases.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| Data Element                   | Critical Field              | Form Type | Instructions on Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------|-----------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Alternate First name           |                             | All       | List any alternate names the client uses. This will facilitate identifying the client if named as a contact for other investigations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Alternate ID                   |                             | All       | Specify the type of ID and number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Alternate last name            |                             | All       | List any alternate names the client uses. This will facilitate identifying the client if named as a contact for other investigations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Alternate location information |                             | All       | Document if the client is now living at a different location from the address at time of investigation, or if there are other locations that the client may be found.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| City/ Town/ Village            |                             | All       | Document according to the <b>Address at time of investigation</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Date of Birth                  | *                           | All       | Complete as documented on the Manitoba Health Registration card, or health card from another jurisdiction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Racial/Ethnic Identity         | (* for COVID-19 cases only) | All       | <p>Voluntary - complete if client self-reports racial/ethnic identity (they have the right to refuse to answer). The standardized collection of these data is important for understanding and taking action on racial and ethnic disparities in health.</p> <p>In May 2020, revised Racial/Ethnic identifiers were configured within PHIMS, and updated on all existing case forms to replace the previous “Ethnic Origin” field. As of May 1, 2020, this became a critical data collection field for COVID-19 cases. A training video on the collection of this information has been developed for COVID-19:</p> <p><a href="https://www.youtube.com/watch?v=CqvH7NyARSc&amp;feature=youtu.be">https://www.youtube.com/watch?v=CqvH7NyARSc&amp;feature=youtu.be</a></p> <p>In PHIMS, if a person provides multiple responses, they should be classified as “Other” and their responses noted in the “Other Racial/Ethnic Identity” field.</p> |
| First Name                     | *                           | All       | Complete as documented on the Manitoba Health Registration card, or health card from another jurisdiction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| First Nations Status           | (* for COVID-19 cases only) | All       | <p>Voluntary - complete if client self-reports First Nations identity (they have the right to refuse to answer).</p> <p>It is important to collect data on whether or not someone is Status or non-Status as it may enable access to services not provided as a universal provincial benefit (example: Indigenous Services Canada Non-Insured Health Benefits for prescription medications).</p> <p>As of April 3, 2020, this became a critical data collection field for COVID-19 cases.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

| Data Element                                                                                | Critical Field              | Form Type | Instructions on Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------|-----------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Gender Identity                                                                             |                             | All       | <p>Voluntary, not mandatory to complete - complete if client self-reports a different gender identity than listed on their registration. Consistent with 2018 definitions from Statistics Canada: Gender identity refers to the gender that a person internally feels and/or the gender a person publicly expresses ('gender expression') in their daily life, including at work, while shopping or accessing other services, in their housing environment or in the broader community. A person's current gender may differ from the sex a person was assigned at birth (male or female) and may differ from what is indicated on their current legal documents. A person's gender may change over time.</p> <p><b>Cisgender:</b> This category includes persons who have reported that their sex assigned at birth is the same as their current gender.</p> <p><b>Transgender man:</b> This category includes persons whose sex assigned at birth was reported as female and whose current gender was reported as male. It also includes persons whose current gender was indicated as transman.</p> <p><b>Transgender woman:</b> This category includes persons whose sex assigned at birth was reported as male and whose current gender was reported as female. It also includes persons whose current gender was indicated as transwoman.</p> <p><b>Transgender person:</b> This category includes persons whose current gender was not reported exclusively as male or female. It includes persons who were reported as being unsure of their gender, persons who were reported as both male and female, or neither male nor female.</p> |
| Health number                                                                               | *                           | All       | Complete as documented on the Manitoba Health Registration card. If client does not have Manitoba Health registration – list the client's personal health number and jurisdiction it is from.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Immigration status at time of arrival;<br>Date arrived in Canada;<br>Country emigrated from |                             | All       | Voluntary - identify if client is Canadian born, an immigrant to Canada, or non-permanent resident of Canada (student, work permit, refugee, or other). The collection of immigration status may help to identify a differential disease burden in recently arrived migrants or refugees. If born outside Canada, document the date arrived in Canada and the country emigrated from.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Indigenous identity declaration                                                             | (* for COVID-19 cases only) | All       | Voluntary - complete if client self-reports Indigenous identity (they have the right to refuse to answer). Tracking the health outcomes of Indigenous people is important in order to measure progress on closing the health gaps that exist between Indigenous people and other Manitobans. Having access to First Nation, Métis, and Inuit identifiers will not only allow for analyses based on “community” in a way that is historically meaningful and relevant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| Data Element | Critical Field | Form Type | Instructions on Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------|----------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              |                |           | <p>but it will also provide baseline data relevant in times like outbreaks. To date, data on these populations has been unreliable making evidence-based program and policy decisions difficult.</p> <p>Manitoba Health, Seniors and Active Living (MHSAL) was guided by partners from Nanaandawewigamig (First Nations Health and Social Secretariat of Manitoba) and First Nations Inuit Health Branch (FNIHB) in establishing the Indigenous identity variables.</p> <p>Both the Personal Health Information Act (PHIA) and consideration of First Nation Ownership, Control, Access and Possession (OCAP) principles around First Nations health information guide the process of collection and use of this data, with Manitoba Health as the trustee of the data collected. The following script can be used as a guide in collecting the information.</p> <div data-bbox="649 798 1477 1638" data-label="Diagram"> <pre> graph TD     Start([Start]) --&gt; Intro[<b>Introduction Script:</b><br/>We would like to collect accurate information to identify any gaps in health care services for First Nation, Métis Nation, and Inuit people. This is voluntary. If you choose not to answer the following questions, your access to health care will not be affected. Thank you.]     Intro --&gt; Q1[1. Do you identify yourself as First Nation, Métis or Inuit?]     Q1 --&gt; FN[First Nation]     Q1 --&gt; Metis[Métis]     Q1 --&gt; Inuit[Inuit]     Q1 --&gt; Decl1[Client Declines to Answer or Provides Any Other Response<br/>[FNMI Identity in Panorama Remains as-Is]]     Q1 --&gt; Req1[Client requests that their self-identification information be removed from their record.<br/>[FNMI Identity in Panorama is Updated = Blank]]     Q1 --&gt; NoIdent[Client does not self-identify]          FN --&gt; Q2[2. Are you Status First Nation or Non-Status First Nation?]     Metis --&gt; End1([End Script])     Inuit --&gt; End1     Decl1 --&gt; End1     Req1 --&gt; End1     NoIdent --&gt; End1          Q2 --&gt; Status[Status First Nation]     Q2 --&gt; NonStatus[Non-Status First Nation]     Q2 --&gt; Decl2[Client Declines to Answer or Provides Any Other Response<br/>[First Nation Status in Panorama Remains as-Is]]     Q2 --&gt; Req2[Client requests that their Status information be removed from their record.<br/>[First Nation Status in Panorama is Updated = Blank]]          Decl2 --&gt; End2([End Script])     Req2 --&gt; End2          End1 --&gt; End2     </pre> </div> <p>As of April 3, 2020, this became a critical data collection field for COVID-19 cases.</p> |
| Last name    | *              | All       | Complete as documented on the Manitoba Health Registration card, or health card from another jurisdiction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| <b>Data Element</b>                               | <b>Critical Field</b> | <b>Form Type</b> | <b>Instructions on Use</b>                                                                                                                                              |
|---------------------------------------------------|-----------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Phone number                                      |                       | All              | List the current phone number(s) that can be used to contact the client.                                                                                                |
| Physical description if unable to identify client |                       | Contact          | Complete only if the identity of the client cannot be properly confirmed, i.e. missing PHIN, DOB or other essential identifiers.                                        |
| Postal code                                       | *                     | All              | Document according to the <b>Address at time of investigation</b> . The postal code is essential to include, as this is used to geographically allocate investigations. |
| Province/territory                                |                       | All              | Document according to the <b>Address at time of investigation</b> .                                                                                                     |
| Registration Number                               |                       | All              | Complete as documented on the Manitoba Health Registration card. Formerly called the MHSC number, or Family Registration Number.                                        |
| Sex                                               | *                     | All              | Complete as documented on the Health Registration card.                                                                                                                 |

### INVESTIGATION INFORMATION

| Data Element                                       | Critical Field                                                                                                                | Form Type | Instructions on Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |            |                     |                                                                                                                               |                                           |                                        |                                            |                                                                                                                             |                    |                                                     |                       |                                                            |                                 |                                                       |                           |                                                                |                            |                                     |                                   |                                                                       |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------|-----------------------|------------------------------------------------------------|---------------------------------|-------------------------------------------------------|---------------------------|----------------------------------------------------------------|----------------------------|-------------------------------------|-----------------------------------|-----------------------------------------------------------------------|
| Contact to a Case of                               | *                                                                                                                             | Contact   | Indicate which confirmed infection(s) the contact has been exposed to.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |            |                     |                                                                                                                               |                                           |                                        |                                            |                                                                                                                             |                    |                                                     |                       |                                                            |                                 |                                                       |                           |                                                                |                            |                                     |                                   |                                                                       |
| Does Case Plan to Notify this Contact Him/Herself? | *                                                                                                                             | Contact   | Case initiated contact notification may be an option for contacts not considered to be at higher risk, when the case is willing and able to notify contacts. If this option is chosen, the health professional diagnosing the case will need to complete this information so that Public Health does not initiate contact notification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |            |                     |                                                                                                                               |                                           |                                        |                                            |                                                                                                                             |                    |                                                     |                       |                                                            |                                 |                                                       |                           |                                                                |                            |                                     |                                   |                                                                       |
| Investigation Disposition                          | *                                                                                                                             | All       | <p>Indicate if the investigation is complete on this client. If no disposition is provided, investigation will be flagged as pending.</p> <p>In PHIMS, a number of additional dispositions are available. The below guide may be used as a reference to select the most applicable disposition. Note that dispositions can be post-dated (may be applicable for hold or review related dispositions). A history of dispositions can be viewed in the investigation information screen by clicking on the investigation history link on the top right. The disposition of the investigation can be changed to document the progression of the investigation, but only the current disposition will display on reports.</p> <table border="1"> <thead> <tr> <th>Disposition</th> <th>Definition</th> </tr> </thead> <tbody> <tr> <td>Contact turned case</td> <td>Client has become a case. Contact investigation should be closed with this disposition, and a new case investigation created.</td> </tr> <tr> <td>Declined follow up - no further follow up</td> <td>Client declined public health contact.</td> </tr> <tr> <td>Declined intervention no further follow up</td> <td>Client declined to follow up with Public health's recommended interventions, investigation information gathered and closed.</td> </tr> <tr> <td>Follow up complete</td> <td>Investigation completed as per provincial protocol.</td> </tr> <tr> <td>Follow up in progress</td> <td>Investigation is underway, investigator has been assigned.</td> </tr> <tr> <td>Hold for appointment attendance</td> <td>Awaiting more information at next clinic appointment.</td> </tr> <tr> <td>Hold for clinic call back</td> <td>Clinic has been contacted for information. Awaiting call back.</td> </tr> <tr> <td>Hold for contact follow-up</td> <td>Contact follow-up not yet complete.</td> </tr> <tr> <td>Hold for HCP MB Surveillance form</td> <td>Clinic has been contacted. Awaiting receipt of HCP surveillance form.</td> </tr> </tbody> </table> | Disposition | Definition | Contact turned case | Client has become a case. Contact investigation should be closed with this disposition, and a new case investigation created. | Declined follow up - no further follow up | Client declined public health contact. | Declined intervention no further follow up | Client declined to follow up with Public health's recommended interventions, investigation information gathered and closed. | Follow up complete | Investigation completed as per provincial protocol. | Follow up in progress | Investigation is underway, investigator has been assigned. | Hold for appointment attendance | Awaiting more information at next clinic appointment. | Hold for clinic call back | Clinic has been contacted for information. Awaiting call back. | Hold for contact follow-up | Contact follow-up not yet complete. | Hold for HCP MB Surveillance form | Clinic has been contacted. Awaiting receipt of HCP surveillance form. |
| Disposition                                        | Definition                                                                                                                    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |            |                     |                                                                                                                               |                                           |                                        |                                            |                                                                                                                             |                    |                                                     |                       |                                                            |                                 |                                                       |                           |                                                                |                            |                                     |                                   |                                                                       |
| Contact turned case                                | Client has become a case. Contact investigation should be closed with this disposition, and a new case investigation created. |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |            |                     |                                                                                                                               |                                           |                                        |                                            |                                                                                                                             |                    |                                                     |                       |                                                            |                                 |                                                       |                           |                                                                |                            |                                     |                                   |                                                                       |
| Declined follow up - no further follow up          | Client declined public health contact.                                                                                        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |            |                     |                                                                                                                               |                                           |                                        |                                            |                                                                                                                             |                    |                                                     |                       |                                                            |                                 |                                                       |                           |                                                                |                            |                                     |                                   |                                                                       |
| Declined intervention no further follow up         | Client declined to follow up with Public health's recommended interventions, investigation information gathered and closed.   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |            |                     |                                                                                                                               |                                           |                                        |                                            |                                                                                                                             |                    |                                                     |                       |                                                            |                                 |                                                       |                           |                                                                |                            |                                     |                                   |                                                                       |
| Follow up complete                                 | Investigation completed as per provincial protocol.                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |            |                     |                                                                                                                               |                                           |                                        |                                            |                                                                                                                             |                    |                                                     |                       |                                                            |                                 |                                                       |                           |                                                                |                            |                                     |                                   |                                                                       |
| Follow up in progress                              | Investigation is underway, investigator has been assigned.                                                                    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |            |                     |                                                                                                                               |                                           |                                        |                                            |                                                                                                                             |                    |                                                     |                       |                                                            |                                 |                                                       |                           |                                                                |                            |                                     |                                   |                                                                       |
| Hold for appointment attendance                    | Awaiting more information at next clinic appointment.                                                                         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |            |                     |                                                                                                                               |                                           |                                        |                                            |                                                                                                                             |                    |                                                     |                       |                                                            |                                 |                                                       |                           |                                                                |                            |                                     |                                   |                                                                       |
| Hold for clinic call back                          | Clinic has been contacted for information. Awaiting call back.                                                                |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |            |                     |                                                                                                                               |                                           |                                        |                                            |                                                                                                                             |                    |                                                     |                       |                                                            |                                 |                                                       |                           |                                                                |                            |                                     |                                   |                                                                       |
| Hold for contact follow-up                         | Contact follow-up not yet complete.                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |            |                     |                                                                                                                               |                                           |                                        |                                            |                                                                                                                             |                    |                                                     |                       |                                                            |                                 |                                                       |                           |                                                                |                            |                                     |                                   |                                                                       |
| Hold for HCP MB Surveillance form                  | Clinic has been contacted. Awaiting receipt of HCP surveillance form.                                                         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |            |                     |                                                                                                                               |                                           |                                        |                                            |                                                                                                                             |                    |                                                     |                       |                                                            |                                 |                                                       |                           |                                                                |                            |                                     |                                   |                                                                       |

|  |  |  |                                                          |                                                                                                                                                                  |
|--|--|--|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  |  | Hold for test results                                    | Awaiting test results.                                                                                                                                           |
|  |  |  | Hold for treatment completion                            | Awaiting treatment to be completed.                                                                                                                              |
|  |  |  | Immigration surveillance                                 | Referral was a result of immigration surveillance. May follow alternate protocol for this purpose.                                                               |
|  |  |  | Lab results reviewed                                     | Lab results reviewed by investigator.                                                                                                                            |
|  |  |  | Lab results to be reviewed                               | Lab results require review by investigator                                                                                                                       |
|  |  |  | Lost to follow-up                                        | Investigation began, but unable to locate client to complete investigation.                                                                                      |
|  |  |  | MOH assigned for review                                  | MOH requested to review case.                                                                                                                                    |
|  |  |  | MOH review complete                                      | MOH review is complete.                                                                                                                                          |
|  |  |  | No evidence of disease or infection no further follow up | Current active disease is not present, no risk of transmission, or case was found to not be a case.                                                              |
|  |  |  | Pending                                                  | Default disposition assigned when case created. Follow up has not yet started.                                                                                   |
|  |  |  | Pending referral out of region (for regional use)        | Client has moved to another jurisdiction, referral to other organization is in process.                                                                          |
|  |  |  | Previously treated/immunized no further follow up        | Previous case, or previously infected contact that has been adequately investigated in the past, no further follow up needed for this investigation episode.     |
|  |  |  | Referred to clinician for further follow up              | Client referred to a clinician                                                                                                                                   |
|  |  |  | Referred to external jurisdiction (for MHSU use only)    | Client has moved out of province. Referral to external jurisdiction has occurred. This disposition is assigned by the MHSU once the referral has been completed. |
|  |  |  | Risk assessment indicates no need for follow-up          | Does not meet case definition for case or contact follow-up.                                                                                                     |
|  |  |  | Unable to complete                                       | Investigation has started but could not complete due to inability to locate client or information required to complete investigation.                            |
|  |  |  | Unable to locate                                         | Unable to locate client to initiate or complete investigation.                                                                                                   |

|                              |   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------|---|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Responsible Organization     | * | All | <p>Select the organization/region who is responsible for the investigation based on the client's address at the time of the diagnosis. Note that a client may be tested in your region but may live in a different one. If unknown, leave blank and the Surveillance Unit will assign it accordingly.</p> <p>For the chronic infections of Hepatitis B, C, HIV, and syphilis, cases will be entered in PHIMS with the classification date based on the date first documented in Manitoba (in either the historical Access databases or PHIMS). The Responsible Organization at initial presentation will be entered as the Responsible Organization.</p> <p>For all investigations, if the client moves, and subsequent lab results are received, the lab results will be sent to the Organization corresponding to the client's most recent official registry address or MHSU address in PHIMS. The new organization will be added as a secondary investigator. The lab result will appear on the both the primary and secondary investigator's lab result report. If the initial primary organization no longer wishes to receive lab reports in PHIMS for the investigation, the initial primary investigator organization can be end dated, and the new secondary organization can be updated to become the primary investigator.</p> <ul style="list-style-type: none"> <li>- WRHA – Winnipeg Regional Health Authority including Churchill</li> <li>- NRHA – Northern Regional Health Authority</li> <li>- PMH – Prairie Mountain Health</li> <li>- SH-SS – Southern Health – Santé Sud</li> <li>- IERHA – Interlake Eastern Regional Health Authority</li> <li>- FNIHB – First Nations and Inuit Health Branch</li> <li>- CSC- Correctional Services Canada</li> <li>- Out of Province</li> </ul> |
| Other Organizations Involved |   | All | <p>Select only if it is a shared investigation and other public health organizations are also involved. This may occur if client was tested in another region and local public health providers were involved, or if the client is now residing in another region.</p> <p>Organizations acronyms are the same as listed in Responsible Organization, with the addition of:</p> <ul style="list-style-type: none"> <li>- DND – Department of National Defence</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |



## INFECTION INFORMATION/STAGING

| Data Element                                                                                       | Critical Field | Form Type | Instructions on Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------|----------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Classification                                                                                     | *              | Case      | <p>All cases must be classified (e.g. lab confirmed, clinically confirmed, probable, not a case). Refer to the disease-specific protocols for additional information on case definitions.</p> <p><a href="http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html">http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Date of first diagnosis if previously diagnosed;<br>Location of first diagnosis if not in Manitoba |                | Case      | <p>If previously diagnosed with the infection under investigation, enter the date (year and month) of the first ever diagnosis, and where diagnosed (country or province). If the specific date is unknown, enter the approximate date. This assists identification of previous investigations.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Infection                                                                                          | *              | Case      | <p>Select the current reportable disease(s) under investigation.</p> <p><b>Completion of forms for co-infections:</b></p> <p>If the co-infection case investigation requires completion of more than one form (e.g. STI case form and Hep B, C, HIV, and syphilis form), consider the following approach. Document as much as possible on the form with the most information requirements. On the other form, complete only the data elements that have a “*” and are unique to that disease, and indicate on the second form that the disease was co-investigated with the first form (indicate accession #(s)). Documentation of other elements on the additional form is optional at the provider’s discretion.</p> <p><b>PHIMS process for co-infections:</b></p> <p>In PHIMS, additional diseases can be added to an investigation. Follow QRC 7.5a Add Additional Disease to an Investigation. The following criteria should be considered when adding additional diseases:</p> <ol style="list-style-type: none"> <li>1. Disease must be in same encounter group</li> <li>2. Disease must be a new investigation (i.e. not a previously known chronic disease for a case).</li> <li>3. The initial lab report identifying the infection has the same accession number OR specimen collection date.</li> <li>4. Regional staff may optionally choose to add diseases identified within one month of the initial investigation for ease of documentation. Ensure all individual disease classifications and classification dates are representative of when the disease has been identified, and any duplicate investigations in PHIMS have</li> </ol> |

|                          |   |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------|---|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          |   | Contact | <p>been deleted. If information has already been documented in the new investigation other than the laboratory result, the disease investigations should be kept separate.</p> <p>The PHIMS process for co-infections for contacts is the same as above for cases, with the exception of the following:</p> <p>If the case is an acute infection investigation (e.g. chlamydia), but also has other chronic investigations relevant for the contact investigation (e.g. hepatitis B), when the contact investigation is created through the transmission event, the chronic disease may be added to the contact investigation following QRC 7.5a.</p>                                        |
| Presentation/ Site       | * | Case    | Enter the site or presentation of the disease based on lab results or symptoms, according to the disease-specific protocol.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Specimen Collection Date | * | Case    | Enter the specimen collection date on the earliest lab result confirming the infection selected for the current investigation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Staging                  | * | Case    | <p>Enter the stage of the disease based on lab results or symptoms, according to the disease-specific protocol. For chronic conditions, stage can be updated as the disease progresses from infectious to non-infectious stages, or acute to chronic stages. However, if the stage changes from non-infectious to infectious, a new investigation form should be completed.</p> <p>If the stage was previously reported incorrectly, please notify the Manitoba Health Surveillance Unit of the error, as incorrect staging may impact case counts. In PHIMS, a new disease event including staging must be re-entered, and the disease event with the error in stage should be deleted.</p> |

## METHOD OF DETECTION

| Data Element                                  | Critical Field | Form Type | Instructions on Use                                                                                                                                        |
|-----------------------------------------------|----------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Method of detection for current investigation |                | Case      | Document the reason the client presented for testing. If presented as a result of being named as a contact to another case, check “contact investigation”. |

## SIGNS AND SYMPTOMS

| Data Element                   | Critical Field | Form Type | Instructions on Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------|----------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signs and symptoms; onset date |                | All       | <p>Symptoms are listed on the form to facilitate case management. Check all symptoms that apply. Documentation of specific symptoms varies by type of infection.</p> <ul style="list-style-type: none"> <li>- For <b>acute cases</b>, 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. Incubation and communicability of the infection are usually based on symptom onset and duration.</li> <li>- For <b>chronic cases</b> with a remote or unknown onset date, document the earliest symptom onset date if known. Current symptoms may be more relevant for chronic infections. If the onset date is unknown, follow guidance from the disease-specific protocol on timeframes for identification of contacts and interventions.</li> </ul> |

## RISK FACTOR INFORMATION

| Data Element                                            | Critical Field | Form Type | Instructions on Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------|----------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk factors; Additional details; Date range; Frequency |                | All       | <p>This information is valuable epidemiologic information used to inform program and policy. Please encourage accurate reporting by clients. Please refer to the disease-specific protocols for guidance on timeframes and applicability to the infection under investigation, available at: <a href="http://www.gov.mb.ca/health/publichealth/cdc/protocol">http://www.gov.mb.ca/health/publichealth/cdc/protocol</a></p> <p>For acute symptomatic cases, exposure risks are relevant during the maximum incubation period for the infection based on symptom onset. If asymptomatic, a longer time period may be required 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. Best practice is to inquire about all risks. Document the response as yes/no/unknown/declined to answer if this option is available on the form. If not asked, ensure this is documented. These responses provide a better estimation of the frequency of exposure risks in confirmed cases. If no response is provided, it is unclear whether the client denies having the risk, or whether the question was not asked.</p> <p>Document additional details related to the risk factor as requested on the form. This may also include the date range or frequency if applicable to the risk factor</p> |

**TREATMENT**

| <b>Data Element</b> | <b>Critical Field</b> | <b>Form Type</b> | <b>Instructions on Use</b>                                                                                                                                                                                                            |
|---------------------|-----------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Allergies           |                       | All              | Document any allergies relevant for case management.                                                                                                                                                                                  |
| Prescriber name     |                       | All              | The provider responsible for the prescription/treatment.                                                                                                                                                                              |
| Treatment facility  |                       | All              | The facility where the prescription/treatment was provided.                                                                                                                                                                           |
| Treatment regimens  |                       | All              | Standard regimens are listed on the form for specific diseases. Select the treatment provided, and document the date of the prescription or treatment. If another treatment regimen is used, document in "other - specify treatment". |

**OUTCOMES**

| <b>Data Element</b> | <b>Critical Field</b> | <b>Form Type</b> | <b>Instructions on Use</b>                                                                                                                       |
|---------------------|-----------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Outcomes;<br>Date   |                       | Case             | Document any relevant outcomes known at the time of investigation, such as death, hospital/ICU admission, or sequelae, and any applicable dates. |

**EVIDENCE-BASED INTERVENTIONS**

| <b>Data Element</b> | <b>Critical Field</b> | <b>Form Type</b> | <b>Instructions on Use</b>                                                                                      |
|---------------------|-----------------------|------------------|-----------------------------------------------------------------------------------------------------------------|
| Interventions       |                       | All              | Recommended interventions are listed on the form as a guide and reminder of best practices for case management. |

**IMMUNIZATION HISTORY INTERPRETATION**

| <b>Data Element</b>        | <b>Critical Field</b> | <b>Form Type</b> | <b>Instructions on Use</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------|-----------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interpretation of immunity |                       | All              | This is an assessment of immunity to the disease under investigation at the time of this investigation, or just prior to the exposure to this disease. For vaccine-preventable diseases, this is important to assess for vaccine failure.<br>Document if the client has had previous laboratory evidence of immunity through serology results. If previous serology has not been done, or if the client has been immunized since serology was done, 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. |

| Data Element                         | Critical Field | Form Type | Instructions on Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------|----------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reason (evidence) for interpretation |                | All       | <p>Document how the interpretation of immunity was determined.</p> <p>If based on laboratory results or fully immunized, document the source of the information:</p> <p>If based on lab report, electronic records, or a report from the health care provider, document as “health record/healthcare provider”.</p> <p>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.</p> <p>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.</p> |
| Vaccine; Dates                       |                | All       | <p>If not already recorded in the Manitoba Immunization Registry (accessible in PHIMS and eChart), document all vaccine doses received, regardless of which formulation of vaccine administered. If doses are missing in the registry, either document directly in PHIMS, or list all missing doses. 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).</p>                                                                                                                                                                       |

## CONTACTS

| Data Element                           | Critical Field | Form Type | Instructions on Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------|----------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Number of Contacts Identified by Name  | *              | Case      | <p>List the total number of contacts identified by name. The applicable contact investigation form should be completed for each contact. Listing the total number of contacts identified by name on the form provides an indication on how many contact investigation forms should be completed.</p> <p>Contacts to chlamydia, gonorrhoea, chancroid, LGV, HIV, and syphilis are required to be reported to the Manitoba Health Surveillance Unit.</p> <p>Contacts to other reportable diseases are managed by regional public health according to the disease-specific protocol. Any contact for any reportable disease that requires referral to another jurisdiction, should be reported to the Manitoba Health Surveillance Unit using the applicable contact investigation form.</p> |
| Number of Anonymous Contacts           | *              | Case      | List the number of anonymous contacts that cannot be identified by name.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Earliest anonymous exposure start date | *              | Case      | List the earliest anonymous exposure start date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

## EXPOSURE DETAILS

| Data Element                       | Critical Field | Form Type | Instructions on Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------|----------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mode of transmission               | *              | Contact   | Document the type of contact during the period of investigation/communicability, based on information from the case.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Exposure start date                | *              | Contact   | This is important information to guide the contact investigation. Enter the date of first exposure during the period of investigation. If exposure pre-dates the period of investigation, enter start date of period of investigation/communicability, based on the disease protocol.<br><br><b>This field is required in PHIMS.</b>                                                                                                                                                                                                                                                                                                                                                              |
| Exposure end date                  |                | Contact   | Enter the date of the last exposure during the period of investigation. If exposure is ongoing, leave date blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Sexual relationship                |                | Contact   | Indicate the type of relationship with the case. Select only one.<br><br><b>Regular partner:</b> someone who the case has sex with regularly or often; may be a boy/girlfriend, spouse, common-in-law partner, etc.<br><br><b>Casual partner:</b> someone who the case knows and has had sex with only once or a few times.<br><br><b>Have given/received goods in exchange for sex:</b> someone who the case has agreed to have sex with in exchange for goods. If this is a regular partner, select has given/received goods in exchange for sex, and indicate the frequency of sexual contact to reflect more frequent contact.<br><br>In PHIMS, enter the relationship in “transmitter role”. |
| Type of sexual exposure            |                | Contact   | Document each type of sexual exposure for this contact during the period of investigation/communicability. Select all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Frequency of sexual contact events |                | Contact   | Document the frequency of events where the case has met with the contact and had sexual exposure (one or more times) during the period of investigation/communicability.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Blood and percutaneous exposures   |                | Contact   | For any blood or percutaneous exposures, select all modes of transmission applicable to this investigation, including drug paraphernalia sharing, significant blood-mucous membrane contact, shared tattoo/piercing/scarification equipment. If other type of exposure, please specify details of the exposure.                                                                                                                                                                                                                                                                                                                                                                                   |
| Exposure setting location          |                | Contact   | For STBBI contact exposures, document for <b>new contacts</b> only during the period of investigation. This does not require completion if the case has a pre-existing relationship before the period of investigation. Only the mechanism where the case <b>FIRST</b> met this contact should be identified.                                                                                                                                                                                                                                                                                                                                                                                     |

**REPORTER INFORMATION (IF NOT RESPONSIBLE REGIONAL PUBLIC HEALTH OFFICE)**

| Data Element                                      | Critical Field | Form Type | Instructions on Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------|----------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form completed by; Facility name; Completion date | *              | All       | <p><b>Either this section, or the Responsible Regional Public Health Authority Use Only section must be completed. If both are missing, the form will be returned.</b></p> <p>Document the provider responsible for completion of the form, the facility name, and date of completion. A box is available (REPORTER USE ONLY) to document other information such as clinic number to facilitate locating form if contacted by public health, or to use a Health Care Provider’s stamp if it contains the information required.</p> <p>Please use only the box REPORTER USE ONLY for HCP's stamp - do not stamp in a place that may obfuscate other parts of the form.</p> <p><b>REASSIGNING INVESTIGATIONS TO OTHER REGIONS:</b> This section may be used by a Regional Public Health Office if reporting on a client that is responsibility of a different region; i.e. the regional office is "wearing the hat of a reporter, but not investigator". Example: At the time of the interview you find out the client lives in a different region. Please document which is the responsible organization and which are the other responsible organizations.</p> |

**RESPONSIBLE REGIONAL PUBLIC HEALTH AUTHORITY USE ONLY**

| Data Element                                                                      | Critical Field | Form Type | Instructions on Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------|----------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form completed by; Form completion date; Form reviewed by; and Form reviewed date | *              | All       | <p><b>Either this section, or the Reporter Information (If not Responsible Regional Public Health Authority) section must be completed. If both are missing, the form will be returned.</b></p> <p>Document the public health provider(s) responsible for the investigation, the date of completion, and the organization. Follow organizational practices for form review and completion. Some organizations have coordinators that review all forms; others are submitted directly by the public health nurse who completed the investigation. The form should identify the person in the region that should be contacted in case there are questions about the investigation. A signature is not required, but available for use based on regional organizational practice. A box is available (RHA USE ONLY) and can be used by the Public Health office stamp if it contains the information required or any other uses that the Public Health Office sees fit. Please use only the box RHA USE ONLY for the stamp - do not stamp the form in a place that may obfuscate other parts of the form.</p> |

| <b>Data Element</b>  | <b>Critical Field</b> | <b>Form Type</b> | <b>Instructions on Use</b>                                                                                                                                                                                                    |
|----------------------|-----------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Investigation Status | *                     | All              | Indicate if the investigation is closed to the region or ongoing. Ongoing investigations imply that a more complete and updated version of the form will be sent to the Surveillance Unit as soon as follow up is complete.   |
| Organization         | *                     | All              | Identify the responsible organization that performed the public health investigation, i.e. the RHA who is leading the investigation based on geographic assignment of investigations, and is the <b>PRIMARY</b> investigator. |



## APPENDIX A – REPORTABLE DISEASES AND ASSOCIATED INVESTIGATION FORMS

| <b>REPORTABLE INFECTIOUS DISEASE</b>                 | <b>INVESTIGATION FORMS</b>                                                                                                                                                          |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AIDS - Acquired Immunodeficiency Syndrome            | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (REPORT WITHIN 5 DAYS)</b><br><b>MHSU-2437 - HIV/AIDS CASE REPORT – USE FOR REPORTING AIDS CASES ONLY</b> |
| Amebiasis                                            | <b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>                                                                                                                   |
| Anaplasmosis (human granulocytic anaplasmosis)       | <b>MHSU-8232- TICK-BORNE DISEASE REPORT FORM – FOR USE WITH ANAPLASMOSIS, BABESIOSIS, AND LYME DISEASE INFECTIONS</b>                                                               |
| Anthrax                                              | <b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>                                                                                                                   |
| Babesiosis                                           | <b>MHSU-8232- TICK-BORNE DISEASE REPORT FORM – FOR USE WITH ANAPLASMOSIS, BABESIOSIS, AND LYME DISEASE INFECTIONS</b>                                                               |
| Blastomycosis                                        | <b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>                                                                                                                   |
| Botulism                                             | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)</b><br><b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>             |
| Brucellosis                                          | <b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>                                                                                                                   |
| Campylobacteriosis                                   | <b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>                                                                                                                   |
| Chancroid                                            | <b>MHSU-6784– STI CASE INVESTIGATION FORM FOR CHLAMYDIA, GONORRHEA, CHANCROID AND LGV INFECTIONS</b>                                                                                |
| Chlamydia (including Lymphogranuloma Venereum (LGV)) | <b>MHSU-6784– STI CASE INVESTIGATION FORM FOR CHLAMYDIA, GONORRHEA, CHANCROID AND LGV INFECTIONS</b>                                                                                |
| Cholera                                              | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)</b><br><b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>             |
| Clostridium difficile associated diarrhea            | <b>LAB SURVEILLANCE ONLY</b>                                                                                                                                                        |
| Congenital Rubella Infection/Syndrome                | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (REPORT WITHIN 5 DAYS)</b>                                                                                |

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|                                         | <b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>                                                                                                         |
| Creutzfeldt-Jakob Disease               | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (REPORT WITHIN 5 DAYS)</b><br><b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b> |
| Cryptosporidiosis                       | <b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>                                                                                                         |
| Cyclosporiasis                          | <b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>                                                                                                         |
| Diphtheria                              | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)</b><br><b>MHSU-8733-VACCINE PREVENTABLE DISEASE INVESTIGATION FORM</b>     |
| Giardiasis                              | <b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>                                                                                                         |
| Gonorrhea                               | <b>MHSU-6784- STI CASE INVESTIGATION FORM FOR CHLAMYDIA, GONORRHEA, CHANCROID AND LGV INFECTIONS</b>                                                                      |
| Haemophilus influenzae Invasive Disease | <b>MHSU-8733-VACCINE PREVENTABLE DISEASE INVESTIGATION FORM</b>                                                                                                           |
| Hantavirus Pulmonary Syndrome           | <b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>                                                                                                         |
| Hepatitis A                             | <b>MHSU-4372 – HEPATITIS A QUESTIONNAIRE</b>                                                                                                                              |
| Hepatitis B                             | <b>MHSU-6780- HEPATITIS B, C, HIV, AND SYPHILIS INVESTIGATION - CASE FORM</b>                                                                                             |
| Hepatitis C                             | <b>MHSU-6780- HEPATITIS B, C, HIV, AND SYPHILIS INVESTIGATION - CASE FORM</b>                                                                                             |
| HIV                                     | <b>MHSU-6780- HEPATITIS B, C, HIV, AND SYPHILIS INVESTIGATION - CASE FORM</b>                                                                                             |
| Influenza, Laboratory-Confirmed         | <b>LAB SURVEILLANCE</b><br><b>WEEKLY REPORTING FOR HOSPITALIZATIONS, ICU ADMISSIONS, AND DEATHS</b>                                                                       |
| Legionellosis                           | <b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>                                                                                                         |
| Leprosy                                 | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (REPORT WITHIN 5 DAYS)</b><br><b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b> |
| Listeriosis, invasive disease           | <b>MHSU-5478 – INVASIVE LISTERIOSIS QUESTIONNAIRE</b>                                                                                                                     |
| Lyme Disease                            | <b>MHSU-8232- TICK-BORNE DISEASE REPORT FORM – FOR USE WITH ANAPLASMOSIS, BABESIOSIS, AND LYME DISEASE INFECTIONS</b>                                                     |

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| Malaria                        | <b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>                                                                                                                                                                                         |
| Measles                        | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)</b><br><b>MHSU-8733-VACCINE PREVENTABLE DISEASE INVESTIGATION FORM</b>                                                                                     |
| Meningococcal Invasive Disease | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)</b><br><b>MHSU-8733-VACCINE PREVENTABLE DISEASE INVESTIGATION FORM</b>                                                                                     |
| Mumps                          | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)</b><br><b>MHSU-8733-VACCINE PREVENTABLE DISEASE INVESTIGATION FORM</b>                                                                                     |
| Pertussis                      | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)</b><br><b>MHSU-8733-VACCINE PREVENTABLE DISEASE INVESTIGATION FORM</b>                                                                                     |
| Plague                         | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)</b><br><b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>                                                                                   |
| Pneumococcal Disease, Invasive | <b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>                                                                                                                                                                                         |
| Poliomyelitis                  | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)</b><br><b>MHSU-8733-VACCINE PREVENTABLE DISEASE INVESTIGATION FORM</b>                                                                                     |
| Q fever                        | <b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>                                                                                                                                                                                         |
| Rabies                         | <b>CASES: MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)</b><br><b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b><br><b>HUMAN EXPOSURES: MHSU- 7224 -REPORT OF SUSPECTED RABIES EXPOSURE</b> |
| Rubella                        | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)</b><br><b>MHSU-8733-VACCINE PREVENTABLE DISEASE INVESTIGATION FORM</b>                                                                                     |

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| Salmonellosis                                                               | <b>MHSU 7256 – SALMONELLA QUESTIONNAIRE - GENERAL</b>                                                                                                                                                                     |
| Severe Acute Respiratory Infection (SARI)                                   | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)</b><br><b>MHSU- 7274 – SEVERE ACUTE RESPIRATORY INFECTION (SARI) AND EMERGING RESPIRATORY PATHOGENS – CASE REPORT FORM</b> |
| Shigellosis                                                                 | <b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>                                                                                                                                                         |
| Smallpox                                                                    | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)</b><br><b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>                                                   |
| Streptococcal Invasive Disease (Group A)                                    | <b>LAB SURVEILLANCE ONLY</b>                                                                                                                                                                                              |
| Streptococcal Invasive Disease of the Newborn (Group B)                     | <b>LAB SURVEILLANCE ONLY</b>                                                                                                                                                                                              |
| Syphilis                                                                    | <b>MHSU-6780– HEPATITIS B, C, HIV, AND SYPHILIS INVESTIGATION - CASE FORM</b>                                                                                                                                             |
| Syphilis, Congenital                                                        | <b>MHSU-2667 – CONGENITAL SYPHILIS INVESTIGATION - CASE FORM</b>                                                                                                                                                          |
| Tetanus                                                                     | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (REPORT WITHIN 5 DAYS)</b><br><b>MHSU-8733-VACCINE PREVENTABLE DISEASE INVESTIGATION FORM</b>                                                   |
| Tuberculosis                                                                | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (REPORT WITHIN 5 DAYS) REFER TO MB TUBERCULOSIS PROTOCOL</b>                                                                                    |
| Tularemia                                                                   | <b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>                                                                                                                                                         |
| Typhoid Fever                                                               | <b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b>                                                                                                                                                         |
| Verotoxigenic Escherichia coli                                              | <b>MHSU – 3265 – ENHANCED SURVEILLANCE E. COLI 0157:H7 QUESTIONNAIRE</b>                                                                                                                                                  |
| Viral Hemorrhagic Fever - Crimean Congo, Lassa, Ebola, Marburg, Rift Valley | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)</b><br><b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b><br><b>- OUTBREAK-SPECIFIC FORMS</b>               |
| West Nile virus                                                             | <b>MHSU-9684 WEST NILE VIRUS HUMAN CASE INVESTIGATION FORM</b>                                                                                                                                                            |

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| Yellow Fever | <b>MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (REPORT WITHIN 5 DAYS)</b><br><b>MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM</b> |
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