

**DOCUMENTING GEOGRAPHY FOR COMMUNICABLE DISEASE  
INVESTIGATIONS IN THE PUBLIC HEALTH INFORMATION  
MANAGEMENT SYSTEM  
2019**



HEALTHY MANITOBIANS THROUGH AN APPROPRIATE BALANCE OF PREVENTION AND CARE.

**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

**COMMUNICABLE DISEASE CONTROL**

Population and Public Health

Manitoba Health, Seniors and Active Living

**Epidemiology & Surveillance**

Information Management and Analytics

Manitoba Health, Seniors and Active Living

Publication date: April 2019

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## PURPOSE

The purpose of this document is to assist Public Health Organizations and Public Health Information Management System (PHIMS) users in documenting Communicable Disease (CD) investigations to:

1. Provide guidelines for geographic attribution of CD case and contact investigations for surveillance (i.e., where is the case and or contact counted) and for reporting purposes (i.e., who is the responsible organization(s) accountable for public health management of the case and/or contact)?
2. Support sharing of records between organizations when required for case management.

Geographic variables in PHIMS may represent different things, including where the client lives, where the client received services, who is reporting the case, or who is providing the services. Geographic assignment for surveillance purposes, or 'who counts a CD case', is determined by the client's residential address. However, clients sometimes have multiple addresses (e.g. in the case of commuters, temporary workers) or unknown addresses making geographic assignment difficult. This document provides guidance with respect to how specific fields on the surveillance forms and in PHIMS – (i.e., Client Home Address at Time of Initial Investigation, Client Health Region, Responsible Organization, and Responsible Investigator) should be documented in various scenarios.

Appropriate documentation on surveillance forms and in PHIMS is important and supports the above two objectives, however communication between public health care providers outside of PHIMS (e.g. fax, phone) is necessary to ensure that providers are aware when records are transferred or are appropriately notified when public health actions are required (e.g. contact prophylaxis). **In general, regional organizations are responsible for communications between organizations in Manitoba to ensure investigations are completed and assigned appropriately. Manitoba Health Surveillance Unit should be involved when referral to federal corrections or out of province organizations is required.**

## GENERAL PRINCIPLES

- In general, CD investigations are reported by the jurisdiction corresponding to the client's residential address (permanent residence) at the time of the investigation (i.e., where the case is counted for surveillance purposes). This applies even if the individual was traveling within or outside the jurisdiction when they became infected, and if their workplace address or mailing address is in an area different from their residential address.
- Visitors are excluded from a jurisdiction's surveillance counts (i.e., a case is allocated to a specific jurisdiction and counted only once within a given time frame). This includes travelers visiting temporarily for holiday, business or family reasons (e.g. summer vacation, summer camp, adventure hiking/ fishing, one-time business trip). Investigation details should be notified back to the case's jurisdiction of residence for reporting purposes. Please refer back to the Surveillance Unit for referral out of province.
- Apart from being used to document the Organizations involved in the care and follow-up of a client, the Responsible Organization field in PHIMS is also used to determine who can view the record in standard reports. In order to support client-centric care, all organizations involved in the public health management of cases should be documented as Responsible Organizations. Operationally, this will support sharing of care by enabling users from all documented Responsible Organizations to access the investigation record in reports.

If a case is diagnosed in another jurisdiction, but moves to Manitoba and comes to the attention of public health, the case will be counted as a "previous diagnosis" in the stage of disease or assigned to an "out of province" responsible organization as the primary investigator. The applicable investigation form for the reportable disease will define the documentation required for an out-of-province case. In some situations, chronic cases that are new residents in Manitoba may be included in surveillance reports (e.g. HIV).

## DEFINITION OF GEOGRAPHIC VARIABLES IN PHIMS

### CLIENT HOME ADDRESS AT TIME OF INITIAL INVESTIGATION

This is the address associated with the investigation at the time the case was diagnosed, or at the time the contact investigation occurred. On occasion, a client's temporary address rather than permanent address should be documented as the "**Client Home Address at Time of Initial Investigation**". Please refer to the specific cases in Section 4 below.

"**Client Home Address at Time of Initial Investigation**" is selected and associated to the investigation within the investigations module. It does not get updated when the client's address is updated or changed in the demographics module. Any address for the client entered in PHIMS will display for selection in the list of values for "**Client Home Address at Time of Initial Investigation**". The address selected should correspond with the **Investigator Organization** selected as the initial "**Primary Investigator**" in PHIMS (see below description of Investigator Organization).

### CLIENT HEALTH REGION

This is the Health Region associated with the Client's official registry address, based on a mapping algorithm applied to their postal code. The Health Region is automatically changed when the client changes their Manitoba Health registry address. The surveillance unit will base an initial referral on the health region associated with the official client registry address in PHIMS, or if there is a more recent MHSU address documented (see below address definitions for further information). Note that this may or may not correspond with the client home address at time of initial investigation.

### CLIENT SERVICE DELIVERY LOCATION (SDL)

This is the public health office service delivery location associated to the client's official registry address, based on a mapping algorithm applied to their postal code.

### RESPONSIBLE ORGANIZATION

The Organization(s) providing care and follow-up for a client investigation and/or responsible for case and/or contact management and for reporting the case through to MHSU.

### INVESTIGATOR ORGANIZATION

Each investigation must have one **Primary Investigator** organization, which may include assignment to a specific person. This is the organization ultimately responsible for care and follow-up, and should be the investigator organization initially associated with the **Client Home Address at Time of Initial Investigation**. This organization will be geographically assigned the case for surveillance, and will 'count this case'.

An investigation may have several secondary investigators and/or 'other' investigators. All investigator organizations involved in the client investigation should be documented.

If a client moves during the follow-up of an investigation, the primary investigator/investigator organization may change. The initial primary investigator organization should correspond to the **Client Home Address at Time of Initial Investigation**. When the primary investigator organization changes, the initial primary investigator organization should be end dated, and a new primary investigator organization created with a start date corresponding to the date of change.

## OFFICIAL REGISTRY ADDRESS IN PHIMS

PHIMS has an interface to the Manitoba Health registry source of the Provincial Client Registry, and is updated with daily feeds. The official registry address in PHIMS corresponds to the address on the Manitoba Health registration card. PHIMS does not use the composite view of the Provincial client registry, which may contain updated addresses from other sources. If the official registry address is incorrect, Public health providers should encourage the client to update their address, which can be done online through an eForm at <https://www.gov.mb.ca/health/mhsip/forms.html>.

## MHSU ADDRESS IN PHIMS

The MHSU address was added to PHIMS as an address type to allow public health practitioners to record the most recent address for a client if the official registry address is not the correct address for the client at the time of the communicable disease investigation. Public health units are updating this address in PHIMS when referring investigations to other regions. This allows the Surveillance Unit to determine where a lab result has been referred, and where to refer subsequent results. If there is an active MHSU address that is no longer correct, that address should be end dated.

## COMMUNICABLE DISEASE REFERRALS IN PHIMS

The Manitoba Health Surveillance unit will refer all communicable disease investigations (lab results and clinical notifications) to the most recent and active MHSU or official registry address as recorded in PHIMS.

## DOCUMENTING GEOGRAPHY IN CD INVESTIGATIONS WHERE A CLIENT HAS MULTIPLE ADDRESSES

There may be circumstances where geographic determination for reporting purposes is not clear cut. The following describe common scenarios encountered and the jurisdiction to which such cases should be assigned.

### VISITORS AND COMMUTERS

**Visitor:** This includes travelers visiting temporarily (usually less than one month) for holiday, business or family reasons (e.g. summer vacation, summer camp, adventure hiking/ fishing, one-time business trip).

**Commuter:** This is an individual that may or may not have multiple addresses documented (e.g. a permanent address in one jurisdiction and temporary address(es) in another jurisdiction where they reside for the work requirement). The commuter has not established a permanent residency in the location where they are working but has a regular requirement to be in that jurisdiction.

In general, Address at Time of Case and Health Region should be documented based on their permanent address, not the address they are visiting or where they are working. *Investigation details should be referred back to the case's jurisdiction of residence (e.g. Health Region)* for reporting purposes and should not be included in the counts of the jurisdiction that is being visited. The region of the client's permanent address is responsible for the investigation. The region of the visit may or may not be involved in a shared investigation.

Example: Client lives permanently in Winnipeg, but commutes to Thompson for work every 2 weeks.

- Responsible organization and Investigator Organization with primary investigator = WRHA
- Other responsible organization = +/- Northern RHA (may or may not be required)
- Case is allocated to Winnipeg and for surveillance purposes, the case is counted in Winnipeg.

### TEMPORARY WORKERS, SNOWBIRDS, STUDENTS ATTENDING EDUCATIONAL INSTITUTIONS

These are individuals with multiple addresses (e.g. a permanent address in one jurisdiction and a temporary address where they reside while working, visiting or



attending school). These individuals have relocated for an extended period of time (more than one month) and have established residency in the temporary location.

*These cases should be reported by the jurisdiction where they have established temporary residence at the time of diagnosis. This jurisdiction should be identified as the responsible organization and primary investigator. The organization of their permanent residence may or may not be a responsible organization as part of a shared investigation. In this scenario, the case is allocated to the region of the temporary residence for surveillance purposes (i.e, case counting).*

In PHIMS, temporary workers, snowbirds, students attending educational institutions should have their Address at Time of Case documented as their temporary address. However, their official registry address (and Client Health Region and SDL) will reflect their permanent address.

## STAFF / RESIDENTS OF INSTITUTIONAL FACILITIES

This refers to those individuals that reside in an institution (e.g. correctional facilities, long term care facilities, hospitals or other institutions). These individuals may have two addresses (e.g. one where they resided before entering the institution, and one associated with the institution).

*These cases should be reported by the jurisdiction where the individual lives and sleeps most of the time at the time of diagnosis/initial investigation. This jurisdiction should be identified as the responsible organization and primary investigator. The organization of their other residence may or may not be a responsible organization as part of a shared investigation.*

In PHIMS, record Address at Time of Case as the address where the individual lives and sleeps most of the time **at the time of diagnosis/initial investigation**.

Examples:

Client with WRHA address; positive lab **before** admission to provincial correctional facility in Southern:

- Responsible organization with primary investigator = WRHA
- Other responsible organization = Southern
- Case is allocated to WRHA for surveillance counts

Client with WRHA address; positive lab from provincial correctional facility in Southern where client resides at the time of the lab

- Responsible organization with primary investigator = Southern
- Other responsible organization = +/- WRHA (may not be required)
- Case is allocated to Southern for surveillance counts

Client with WRHA address; positive lab from provincial correctional facility in Southern where client resides at the time of the lab; now released and living temporarily in Interlake Eastern

- Responsible organization with primary investigator = Southern
- Other responsible organization = Interlake Eastern
- WRHA may or may not have a role in this investigation (could be added as an additional responsible organization)
- Case is allocated to Southern for surveillance counts.

## DOCUMENTING GEOGRAPHY IN CD INVESTIGATIONS WHERE ADDRESS IS UNKNOWN

When the specific address is unknown or the client has no fixed address, but the general location of the client is known, the Address at Time of Case should reflect an address where they were living or most likely to be found at the time of diagnosis/investigation, e.g. a shelter or park.

If the client cannot be located and where they live is unknown, the case is attributed to the jurisdiction of the diagnosing provider. In PHIMS, document Address at Time of Case as the location of the diagnosing provider.

*Document adapted from BCCDC's "Documenting Geography for CD Investigations in Panorama" <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%206%20-%20SCD/Documenting%20Geography%20for%20CD%20cases%20in%20Panorama%20-%20v6.pdf>*