

Manitoba Health HIV Contact Notification Form



Index Case Name/HIV Code _____

Contact Surname _____ Contact Given Name _____

Alternate Name _____ Sex M F

Birth Date/Age (YYYY/MM/DD) _____ If female, pregnant Yes No

Street Address _____ City/Town _____ Province _____ Postal Code _____

Alternate Locating Information _____ Telephone (home/work/cell) _____

Occupation/Places of Employment _____ E-mail _____

Preferred language _____

Height	Build	Eyes	Hair	Other features
<input type="checkbox"/> Tall	<input type="checkbox"/> Heavy	<input type="checkbox"/> Blue	<input type="checkbox"/> Long <input type="checkbox"/> Black	<input type="checkbox"/> Facial hair _____ <input type="checkbox"/> Tattoo _____
<input type="checkbox"/> Medium	<input type="checkbox"/> Medium	<input type="checkbox"/> Brown	<input type="checkbox"/> Medium <input type="checkbox"/> Blonde	<input type="checkbox"/> Glasses <input type="checkbox"/> Other _____
<input type="checkbox"/> Short	<input type="checkbox"/> Thin	<input type="checkbox"/> Green	<input type="checkbox"/> Short <input type="checkbox"/> Brown	<input type="checkbox"/> Piercing _____
		<input type="checkbox"/> Hazel	<input type="checkbox"/> Bald <input type="checkbox"/> Other _____	<input type="checkbox"/> Scars _____

Ethnicity

Caucasian Asian (i.e., Chinese, Filipino, Japanese, etc.) Latin American

Black (i.e., African) South Asian (i.e., East Indian, Pakistani, Sri Lankan, etc.) Aboriginal

Haitian, Jamaican, etc.) Arab/West Asian (i.e., Armenian, Egyptian, Iranian, etc.) Other

Place of Meeting

Internet/Chat line _____ Bar/Hotel _____ Street _____

Home Bathhouse _____ Other _____

Risk Factors (refers to exposure between case and contact)

Type of exposure: sexual injection drug use (IDU) both

Sexual relationship: regular partner casual sex trade client of sex trade anonymous N/A

Type of sexual contact (check all that apply): vaginal anal oral N/A

Date of last sexual exposure (LSE) (YYYY/MM/DD) _____

Condom used during LSE: yes no don't recall N/A

Drug use during LSE (check all that apply): alcohol IDU methamphetamine other _____ N/A

Date of last IDU exposure (YYYY/MM/DD) _____ N/A

Shared injection equipment during last IDU exposure: yes no don't recall N/A

Disease Reporting and Clinical Standards Information

As per Manitoba Health protocol, individuals exposed to HIV should be tested for associated STI and BBP:

Type	Tests Performed on Contact	Treatment Given to Contact	Date (YYYY/MM/DD)
GC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> N/A	
CT	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> N/A	
Syphilis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> N/A	
HBV	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Immune <input type="checkbox"/> Vaccinated	
HCV	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> N/A	
HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> N/A	

Contact notification completed by: Public Health Health Practitioner Client

Form completed by (print name) _____ **Telephone Number** _____

Signature _____ **Form completion date (YYYY/MM/DD)** _____

Contact status: Follow-up complete Referred back to Manitoba Health Follow-up incomplete

**Manitoba Health HIV Contact Notification Form
Instructions and Public Health Notes**

A SEPARATE CONTACT FORM MUST BE COMPLETED FOR EACH CONTACT

- Address: Please ensure that the contact's primary permanent address is completed; if it differs from that provided on the lab report, provincial records will be updated.
- Ethnicity: Ethnicity information may be useful in locating the contact.
- Risk Factors: This is valuable epidemiological information used to inform programme and policy. Please encourage accurate reporting by cases for *all* activities that they have engaged in with the contact.
- Relationship: Regular partner – someone who the case has sex with regularly or often; may be a boy/girl friend, spouse, lover, etc.
Casual partner – someone who the case knows and has had sex with only a few times.
Anonymous – someone who the case does not know and has had sex with (e.g., one night stand).
Sex trade – case has been given money or other goods (e.g., food, shelter, drugs) in exchange for sex.
Client of sex trade – case has exchanged money or other goods for sex.
- Contact Status: If the contact has been located and informed of his/her exposure (even if he/she refuses further public health intervention), then contact follow-up is considered complete. If the contact resides in another regional health authority (or outside Manitoba), the contact is then to be referred back to Manitoba Health. If the contact cannot be located then follow-up is considered incomplete.

Additional Public Health Information (not for Manitoba Health purposes)

Additional locating information: _____

Treatment information: _____

Provider information: _____

Other: _____

Signature: _____

ONLY THE FIRST PAGE (the notification information) should be sent to Manitoba Health:

The Communicable Disease Control Unit
Manitoba Health
4th floor – 300 Carlton Street
Winnipeg, Manitoba R3B 3M9
CONFIDENTIAL FAX (204) 948-3044