INSTRUCTIONS FOR SURVEILLANCE FORM

MHSU-6683 -
CORONAVIRUS DISEASE 2019 (COVID-19)
CASE INVESTIGATION FORM

TO MEET THE HEALTH NEEDS OF INDIVIDUALS, FAMILIES AND THEIR COMMUNITIES BY LEADING A SUSTAINABLE, PUBLICLY ADMINISTERED HEALTH SYSTEM THAT PROMOTES WELL-BEING AND PROVIDES THE RIGHT CARE, IN THE RIGHT PLACE, AT THE RIGHT TIME.
— MANITOBA HEALTH, SENIORS AND ACTIVE LIVING

Epidemiology & Surveillance
Public Health Branch
Public Health and Primary Health Care Division
Manitoba Health, Seniors and Active Living

Publication date: March 31, 2020

Let us know what you think. We appreciate your feedback! If you would like to comment of any aspects of this document please send an email to: outbreak@gov.mb.ca.
BACKGROUND

These instructions are intended to be used as a reference for Manitoba providers completing the MHSU-6683 (2020-04-03) – COVID-19 Case Investigation Form.

This document provides form-specific instructions for completion, including some guidance for documentation in the Public Health Information Management System (PHIMS). Overall guidance on completion of surveillance forms is provided in the User Guide for Completion of Surveillance Forms for Reportable Diseases, available at http://www.gov.mb.ca/health/publichealth/surveillance/forms.html.

Please refer to Interim Public Health Measures document for additional information on case definitions, timeframes for investigation, and case management recommendations for COVID-19.

SUBMISSION OF FORMS TO THE SURVEILLANCE UNIT

Investigation (MHSU-6683) Case Forms should be completed and faxed to the Surveillance Unit Confidential Fax 204-948-3044 within 24 hours of the interview with the case.

Forms can also be mailed to:

   Surveillance Unit
   Manitoba Health, Seniors and Active Living
   4th floor – 300 Carlton Street
   Winnipeg, Manitoba R3B 3M9

Surveillance Unit’s General Line: 204-788-6736

If you have any questions or concerns about the reportable diseases or conditions or you need to speak with a Medical Officer of Health, please call 204-788-8666 anytime (24/7).
FORM-SPECIFIC GUIDANCE

Overall guidance on completion of surveillance forms is provided in the USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES, which contains definitions and guidance for all data elements. https://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_ug.pdf

The following tables provide instructions of specific relevance to this form.

For users of the Public Health Information Management System (PHIMS), “breadcrumbs” (located at the top right hand corner of sections) provide guidance on where to navigate in PHIMS to enter the information. E.g. subject>client details>personal information.

As COVID-19 is an emerging pathogen, several characteristics of the infection are still not completely understood (e.g., period of communicability), and guidance on how to define and manage these aspects may change as new information becomes available. For the most up to date provincial public health guidance refer to the Interim Public Health Measures document.

Forms should be re-submitted if significant new information emerges after the initial investigation (e.g., outcomes change – see Section V).

COVID-19 allows for an Investigation Quick Entry (IQE) option. IQE allows users to enter relevant case information on one main screen, and provides links to the full information and features for any particular section. Note that IQE is used for the first input of investigation information. Once it is saved, users will need to navigate to the full features of sections in order to make changes (e.g., you can no longer make changes to Signs and Symptoms once the IQE page is saved; to make changes, you must access the full features section through the link in IQE or left-hand navigation).

FORM HEADER

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Critical Field</th>
<th>Instructions on Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Accession number;</td>
<td>*</td>
<td>The Accession Number for the first positive laboratory result associated with this investigation should be written in the investigation header. Accession numbers for all additional positive laboratory results that are relevant to the investigation should be written in the &quot;additional accession numbers&quot; box. All positive laboratory results for reportable diseases must be associated to an investigation.</td>
</tr>
<tr>
<td>Additional accession numbers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigation ID</td>
<td></td>
<td>The investigation ID may also be written in the investigation header. Clinical cases may not have laboratory accession numbers, and the investigation ID provides quick identification of the associated investigation in the absence of an accession number.</td>
</tr>
<tr>
<td>Case Name or Initials;</td>
<td></td>
<td>The name of the case or initials, and the case PHIN are additional identifiers listed on the header on the second and subsequent pages of the form to meet documentation standards for client identification.</td>
</tr>
</tbody>
</table>
## Case PHIN

Ensures all pages can be identified and associated to the correct client should they become separated.

## SECTION I CASE IDENTIFICATION

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Critical Field</th>
<th>Instructions on Use</th>
</tr>
</thead>
</table>
| Box 16, 17   | Indigenous Identity Declaration First Nations Status | Public Health Nurses are **required** to ask clients about Indigenous Identity and First Nation Status (as applicable) as part of the public health response for COVID-19 in Manitoba.  
The client is asked to answer the question. **Responding is voluntary** – and the client is encouraged to respond. If the client does not wish to answer the question it should be documented as “Declined” on the COVID-19 Reporting form.  
PHIMS data entry:  
- “Effective From” date should be date of interview or form completion  
- If a client has already answered this question, or selects multiple responses, the user will not be able to make these changes in IQE. Go to full features.  
- If multiple responses are applicable, enter these in full features.  
- The option of “declined” cannot be captured in PHIMS. The field should be left blank. |
### SECTION III - INFECTION INFORMATION

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Critical Field</th>
<th>Instructions on Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box 22 / 23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disease</td>
<td></td>
<td>Document the current classification of the investigation – i.e. whether the case definition is lab confirmed, probable, a person under investigation or not a case. Refer to the Interim Public Health Measures document for information on case definitions.</td>
</tr>
<tr>
<td>Case Classification</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PHIMS data entry:**
- Encounter Group = Outbreak Response
- Disease = COVID-19
- Microorganism = Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Critical Field</th>
<th>Instructions on Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box 24</td>
<td></td>
<td>Select the most probable way that the infection was acquired based on case investigation.</td>
</tr>
</tbody>
</table>
| Most likely acquisition type | | - Travel acquired = case most likely acquired infection during travel
- Acquired from known close contact = case most likely acquired infection from a known close contact
- Unknown acquisition = no clear acquisition event can be associated to case |

**PHIMS data entry:**
- Use “Staging” to select appropriate response

### SECTION IV – SIGNS AND SYMPTOMS

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Critical Field</th>
<th>Instructions on Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box 25</td>
<td></td>
<td>Select if case is symptomatic or asymptomatic. Only one option should be selected. If symptomatic, the onset date of first symptom should be completed.</td>
</tr>
<tr>
<td>Symptom onset</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PHIMS data entry:**
- In Signs and Symptoms:
- Select “Symptomatic”
- Response = Yes
- Onset Symptom = check
- Onset date = Enter date of onset for first symptom
**Box 26**
Signs and Symptoms

If symptomatic, select relevant symptoms or complications from the list. Other symptoms or complications not on the list should be recorded as well for this emerging pathogen, under “other”.

PHIMS data entry:
- All signs and symptoms on form are available in Investigation Quick Entry.
- For Other signs and symptoms, navigate to full-feature “Signs & Symptoms”
- If Sign or Symptom is not found in drop down list, use Sign or Symptom = Other
- Other Sign or Symptom = specify other symptom (free-text)

Please note for surveillance reporting purposes, timeliness is prioritized over a full clinical picture which may require additional inquiry.

---

**SECTION V – RISK FACTOR INFORMATION**

Complete risk factors that are applicable to the disease under investigation. Note that “Additional Information” is a required field when the Response = Yes, and PHIMS will not allow the user to save until something is in that space. Provide relevant details here. If no details exist, use “N/A”.

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Critical Field</th>
<th>Instructions on Use</th>
</tr>
</thead>
</table>
| **Box 27** Animal or animal waste contact | * | Indicate if the person has visited any live animal markets during travel to affected areas of transmission in the 14 days prior to symptom onset. Specify if travel related and include details of travel and date range of exposure in “Additional Information”.

- For PHIMS users, this field will appear as “Animal or animal waste contact (domestic pets, farm animals, wildlife, etc.)” in the risk factors section of the investigation, however this does not apply to exposure to domestic pets.

More details can be provided in Section VI Acquisition Exposures. |
| **Box 28** Contact of a new or previously diagnosed case | * | Indicate if the person is a contact of a new or previously diagnosed COVID-19 case within 14 days prior to symptom onset. Refer to the Interim Public Health Measures document for information on contact definitions.

Include details under “Additional Information”. More details can be provided in Section VI Acquisition Exposures. |
### Box 29
Contact with someone with similar illness

*Indicate if the person has been in contact with someone with a similar illness who has potentially been exposed through travel or contact with another case in the 14 days prior to symptom onset.

This may be useful if they have been in contact with a potential COVID-19 case, who has not interacted with the healthcare system or who not have not been tested, or who may be under investigation in another country.

Include details under “Additional Information”. More details can be provided in Section VI Acquisition Exposures.

### Box 30 / 31
Exposure setting: outside Canada or outside province

*Indicate if the person has travelled outside of Canada or outside Manitoba in the 14 days before symptom onset.

More specific travel information should be provided in Section VI – Acquisition Exposure.

### Box 33
Sensitive Environment

*Indicate if the case has any of the listed occupations/roles or has been present in any of the listed environments during the period of investigation, such as institutions or child care facilities. Specify details.

**PHIMS data entry:**
- Set risk factor to “Yes”
- In Additional Information, enter same wording of option that is listed on form, followed by a semi-colon and any additional information specified
- E.g., “Health Care Facility (Work/Volunteer); Nurse at HSC”

### Box 34
Underlying illness

*Indicate if the person has any underlying illnesses.

**PHIMS data entry:**
- Set risk factor to “Yes”
- In Additional Information, enter same wording of option that is listed on form, followed by a semi-colon and any additional information specified
- E.g., “Diabetes; type 2”

### SECTION VI– ACQUISITION EXPOSURE (THE POTENTIAL SOURCE OF THE INFECTION)

Indicate the setting where the case most likely acquired the illness during the incubation period, based on likely exposure to other cases in the incubation period. Indicate if unknown. The exposure start date is required, based on the earliest incubation date and when the exposure to this setting occurred.
<table>
<thead>
<tr>
<th>Data Element</th>
<th>Critical Field</th>
<th>Instructions on Use</th>
</tr>
</thead>
</table>
| **Box 36 - 40** | Setting Type, Exposure Setting Details, Exposure Start Date, Exposure End Date, | Indicate if exposure is through:  
  - Travel or Community contact setting  
  - If community contact setting, indicate if this is a household contact setting or other close non-household contact setting (e.g., workplace)  

**PHIMS data entry for travel-related exposures:**  
  - Exposure name = Transportation Type (Cruise, Plane, Conference/Event, Accommodation)  
  - e.g. “Plane”  
  - Acquisition start date = exposure start date  
  - Acquisition end date = exposure end date  
  - Location Name = Remaining information, as per form, dividing field with semi-colon (;)  
  - e.g., “Air Canada AC492; Toronto; Winnipeg; 12D, 2020-03-10; 2020-03-10; Sat next to sick person”  
  - Setting Type = Travel  
  - Setting = Choose applicable option  

**PHIMS data entry for household-related exposures:**  
  - Exposure name = Household  
  - Acquisition start date = exposure start date  
  - Acquisition end date = exposure end date  
  - Location Name = Remaining information, as per form, dividing field with semi-colon (;)  
  - e.g., “Home; 300 Carlton Street”  
  - Setting Type = Community Contact  
  - Setting = Household  

**PHIMS data entry for close, non-household exposures:**  
  - Exposure name = Specify as appropriate  
  - e.g., “Church”  
  - Acquisition start date = exposure start date  
  - Acquisition end date = exposure end date  
  - Location Name = Remaining information, as per form, dividing field was semi-colon (;)  
  - e.g., “Church supper; 2020-03-04; St. Patrick’s Church Winnipeg”  
  - Setting Type = Type of Community Contact
• Setting = Close non-household

In the case of a travel related exposure, use table below to provide details on travel. Please fill in all fields, as information will be used for further contact tracing purposes. Regions are responsible for ensuring information is verified (i.e., flight numbers, routes).

**VII – INTERVENTIONS**

Indicate which interventions were put into place for the case.

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Critical Field</th>
<th>Instructions on Use</th>
</tr>
</thead>
</table>
| Box 41, 42 Interventions, Intervention Sub-type | Isolation | Provide details of isolation intervention. Include intervention start date and end dates if known (or leave end dates until investigation is finished). Select the type of isolation:  
• Facility isolation = isolation in hospital, long-term care facility or other  
• Home isolation = isolation at place of residence  
• Self isolation (other location) = isolation at alternate location (e.g., hotel) |

For PHIMS users, active daily monitoring follow-up events can be documented for isolation. Once the intervention type is selected, users can add follow-up events. For each event, users can select the outcome – e.g., no symptoms, symptoms – and keep a record of each event.

**Status Assessment**

This intervention replaces Outcomes seen in previous forms. PHIMS users can update the status of the case as the investigation progresses (e.g., hospitalized, recovered) and track start and end dates of each event.

PHIMS data entry:

• The Isolation and Status Assessment interventions are available in the IQE.  
  • **For Outcome, use “Pending” or “Completed” only.**  
• To add the intervention end date, users must go to the full features of Interventions and add it there.  
• Follow-up Events seen in IQE are not used.
SECTION VIII – TRANSMISSION EXPOSURES (THE POTENTIAL SPREAD OF THE INFECTION TO CONTACTS)

List all exposure settings where the case may have transmitted the infection to other contacts during the communicability period, and list the contacts by exposure setting. These pages of the form can be copied for additional settings. For example, if contacts were exposed at a school, in the home, and at a common gathering (private function), three transmission settings should be identified, with the total number of contacts listed for each setting.

The period of communicability is currently unknown for COVID-19, but can be approximately defined as the period extending from the day of onset of symptoms in the case until the case is classified as no longer infectious (usually 24 hours after the resolution of symptoms or two negative lab tests). Refer to the Interim Public Health Measures document for latest guidance.

Data entry is same as for Section VI – Acquisition Events.

SECTION IX– CONTACTS

Only close contacts of the case who reside in the same region should be entered in this section. Use the MSHU-6684 COVID-19 Contact Investigation Form for:

- Out-of-region contacts (within MB): refer to correct region
- The correct region should complete form and submit to MSHU if non-PHIMS region.
- **Out-of-province contacts: refer to MSHU**
- Case unknown (i.e., contact is not linked to a known case, but perhaps an exposure setting such as a cruise ship): submit to MSHU if non-PHIMS user
- PHIMS users: follow process for an “unlinked” contact in PHIMS

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Critical Field</th>
<th>Instructions on Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box 51 Setting #</td>
<td>*</td>
<td>Each contact should be associated with an exposure setting number, as defined in Section IX – Transmission Events.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PHIMS data entry:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Within each transmission event, link associated contacts to case investigation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Click hyperlink into transmission event, and go to “Known Contact Search” to add each individual.</td>
</tr>
<tr>
<td>Box 52 Contact personal</td>
<td>*</td>
<td>This information must be completed after client has been initially contacted. The integrity and accuracy of this information is important so that clients can be found in PHIMS, and the call centre performing daily symptom monitoring is able to start and continue follow-up.</td>
</tr>
<tr>
<td>information</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Ensure phone contact information is available so call centre can reach the person.

PHIMS data entry:
- **Phone numbers can be entered HERE**

<table>
<thead>
<tr>
<th>Box 53 Exposure start and end dates</th>
<th>Document exposure start and end dates.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Box 54 Intervention, Disposition</th>
<th><strong>Isolation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provide details of isolation intervention. Include intervention start date and end dates. This is crucial so users and call centre staff know when to end symptom monitoring daily calls.</td>
</tr>
<tr>
<td></td>
<td>Select the type of isolation:</td>
</tr>
<tr>
<td></td>
<td>- Facility isolation = isolation in hospital, long-term care facility or other</td>
</tr>
<tr>
<td></td>
<td>- Home isolation = isolation at place of residence</td>
</tr>
<tr>
<td></td>
<td>- Self isolation (other location) = isolation at alternate location (e.g., hotel)</td>
</tr>
</tbody>
</table>

For PHIMS users, active daily monitoring follow-up events can be documented for isolation. Once the intervention type is selected, users can add follow-up events. For each event, users can select the outcome – e.g., no symptoms, symptoms – and keep a record of each event.

**Disposition**
This indicates if the region will continue to do daily monitoring of the client, or if they would like this transferred to the call centre (after the initial call).

PHIMS data entry:
- User must go to Contact Investigation of newly linked contacts.
- The Disposition is found in “Investigation Information”. It should be documented in the overall disposition of the investigation, not the disposition of the Isolation intervention.
- The Intervention should be added under “Treatment and Intervention”.

* For the purposes of PHIMS standardization and to match commonly used language in this response, the Isolation intervention is used. However, this is not true “isolation” as the person is not sick.
<table>
<thead>
<tr>
<th>Box 56</th>
<th>Intervention start and end dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Document intervention start and end dates.</td>
</tr>
</tbody>
</table>