

INSTRUCTIONS FOR SURVEILLANCE FORM

MHSU-6684 - CORONAVIRUS DISEASE 2019 (COVID-19)

CONTACT INVESTIGATION FORM (FOR CONTACTS TO OUT-OF-PROVINCE CASES OR CASE UNKNOWN, OR FOR CONTACT REFERRALS BETWEEN REGIONS OR OUTSIDE PROVINCE)

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

— MANITOBA HEALTH, SENIORS AND ACTIVE LIVING

Epidemiology & Surveillance

Public Health Branch

Public Health and Primary Health Care Division

Manitoba Health, Seniors and Active Living

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Let us know what you think. We appreciate your feedback! If you would like to comment of any aspects of this 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-6684 (2021-01-13) – COVID-19 Contact 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 Guidance document for additional information on contact definitions, timeframes for investigation, and contact management recommendations for COVID-19.

<https://sharedhealthmb.ca/covid19/providers/public-health-resources/>

SUBMISSION OF FORMS TO THE SURVEILLANCE UNIT

INVESTIGATION (MHSU-6684) CONTACT FORMS SHOULD BE COMPLETED AND FAXED TO THE SURVEILLANCE UNIT CONFIDENTIAL FAX (204-948-3044) WITHIN 2 BUSINESS DAYS OF THE INTERVIEW WITH THE CONTACT.

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.

This form should be used for contacts to out-of-province cases or case unknown, or for contact referrals between regions. If follow-up in in Manitoba, it should be submitted once the client has been contacted, educated, and the contact details are confirmed (by the responsible region). For the most up to date provincial public health guidance relating to COVID-19, refer to the Interim Public Health Measures Guidance document.

<https://sharedhealthmb.ca/covid19/providers/public-health-resources/>

FORM HEADER

For contacts to out-of-province cases, or cases unknown, the following identifying information will not be available (check off: “Case not identified”). The fields remain on the form in the event contact forms are used in cases where regions are transferring contacts between one another.

Data Element	Critical Field	Instructions on Use
Case Accession number; Additional accession numbers	*	The unique identifying number from the case’s positive laboratory report to identify the case that named this contact (i.e. to identify the “source case”). The case accession number cannot belong to the client named on the contact form. The case accession number can be found on the header of the case investigation form. If the case has already been reported, the case investigation ID may be written on the contact form when referred out for investigation. If the identity of the case is unknown, please check “case not identified”. 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 specimen collection date		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.

Transmission Event ID; Transmission Setting Number	*	If the contact has already been reported to Manitoba Health but the investigation was not complete, the transmission event ID will be written on the investigation form when referred to allow easy identification of the investigation record. Please complete either the case accession number/case investigation ID or the transmission event ID, as well as contact identifiers on the header of page 2 to ensure the correct investigation and person is identified if pages of the form are separated.
Form Updates		If the form is re-submitted, please indicate that this is an updated form, and the applicable update date. Please CIRCLE in pen/pencil any updates, and initial beside the change. Note that highlighted areas cannot be seen after fax transmission, so please do not use this method. If filling out electronically, please note changes on fax cover page.

SECTION I CONTACT IDENTIFICATION

Data Element	Critical Field	Instructions on use
Box 1-15 Personal contact details	*	This information must be completed and accurate after client has been initially contacted, educated, and their contact information has been confirmed (if appropriate). The integrity of this information is important so that clients can be found in PHIMS and daily symptom monitoring can occur. Ensure phone contact information is available.

SECTION V– ACQUISITION EXPOSURE (EXPOSURE TO INFECTION)

Indicate the setting where the contact was most likely exposed to the case during the period of communicability. Indicate if unknown.

Data Element	Critical Field	Instructions on Use
Box 20 Setting # or Transmission Event ID	*	If the contact is linked to a known case, provide which setting # the contact is associated with (found in section X of Case Form) or provide the Transmission Event ID if known. This will allow the correct Transmission Event to be referenced in PHIMS.
Box 21-24		Indicate if exposure is through: <ul style="list-style-type: none"> Travel or Community contact setting

<p>Exposure setting type, Exposure setting details, Exposure start date, Exposure end date</p>		<ul style="list-style-type: none"> • If community contact setting, indicate if this is a household contact setting or other close non-household contact setting (e.g., workplace) <p>PHIMS data entry for travel-related exposures:</p> <ul style="list-style-type: none"> • Exposure name = Transportation Type (Cruise, Plane, Conference/Event, Accommodation) <ul style="list-style-type: none"> ○ 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 (;) <ul style="list-style-type: none"> ○ 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 <p>PHIMS data entry for household-related exposures:</p> <ul style="list-style-type: none"> • 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 (;) <ul style="list-style-type: none"> ○ e.g., “Home; 300 Carlton Street” • Setting Type = Community Contact • Setting = Household <p>PHIMS data entry for close, non-household exposures:</p> <ul style="list-style-type: none"> • Exposure name = Specify as appropriate <ul style="list-style-type: none"> ○ e.g., “Workplace” • Acquisition start date = exposure start date • Acquisition end date = exposure end date • Location Name = Remaining information, as per form, dividing field was semi-colon (;) <ul style="list-style-type: none"> ○ e.g., “Workplace; 2020-03-04; Manitoba Health; 300 Carlton” • Setting Type = Type of Community Contact • Setting = Close non-household
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VI – INTERVENTIONS

Indicate which interventions have been put into place for the contact. When interventions overlap, such as quarantine and active symptom monitoring – include start and end dates for both interventions.

Data Element	Critical Field	Instructions on Use
<p>Box 25 Intervention</p>	<p>*</p>	<p>Isolation*</p> <p>Provide details of isolation intervention. Include intervention start date and end dates. This is crucial so users know when to end symptom monitoring daily calls.</p> <p>Select the type of isolation:</p> <ul style="list-style-type: none"> • 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) <p>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.</p> <p>* 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.</p> <p>App</p> <p>Provide details of COVID Alert App usage. Include intervention start dates as indicated on the case investigation form. Do not enter end dates. The client’s app usage should be evaluated at the time of interview. Fields related to app usage should not be modified after interview, even if the client calls back for unique one-time key.</p> <p>Information should be collected for both:</p> <ul style="list-style-type: none"> • COVID Alert App - Positive key entry, and • COVID Alert App – Exposure notification <p>PHIMS data entry</p> <ul style="list-style-type: none"> • The Intervention should be added under “Treatment and Intervention”.

Box 26 Disposition	*	<p>Disposition of Symptom Monitoring</p> <p>This indicates that the region will continue to do daily monitoring of the client. If the client has already completed their intervention, and the region is providing information for reporting purposes, select “follow up complete”. The client will be documented in PHIMS but their investigation will be closed immediately.</p> <p>PHIMS data entry:</p> <ul style="list-style-type: none"> 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. 												
Box 27 Address during isolation	*	<p>If client is staying at an alternate address during isolation, include this address.</p> <p>PHIMS data entry: For “Address during isolation”, add this as a Temporary address. The effective dates should be the same as the isolation start and end dates.</p>												
Box 28, 29 Intervention start date, intervention end date	*	<p>Document intervention start and end dates.</p> <ul style="list-style-type: none"> The Isolation intervention is available in the IQE, but users must go to the full features of Intervention to add the Intervention End Date. 												
Box 30 Outcome	*	<p>Provide outcome information for the COVID Alert App Intervention Sub-type “COVID Alert App - Exposure Notification” <u>only</u>.</p> <p>COVID Alert App – Exposure notification</p> <table border="1" data-bbox="618 1398 1409 1831"> <thead> <tr> <th>Case Form</th> <th>PHIMS Outcome</th> <th>Definition</th> </tr> </thead> <tbody> <tr> <td>Completed - Received notification</td> <td>Completed</td> <td>Client received an exposure notification through the app</td> </tr> <tr> <td>Not Completed - Did not receive notification</td> <td>Not Completed</td> <td>Client did not receive an exposure notification through the app</td> </tr> <tr> <td>Not Applicable - App not downloaded</td> <td>Not applicable</td> <td>Client did not download the app prior to the interview</td> </tr> </tbody> </table>	Case Form	PHIMS Outcome	Definition	Completed - Received notification	Completed	Client received an exposure notification through the app	Not Completed - Did not receive notification	Not Completed	Client did not receive an exposure notification through the app	Not Applicable - App not downloaded	Not applicable	Client did not download the app prior to the interview
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		Unknown - Not asked	Unknown	Client not asked if they received an exposure notification through the app
<p>PHIMS data entry:</p> <ul style="list-style-type: none"> • The COVID Alert App interventions are available in the IQE. • Leave Disposition blank. • Follow-up Event field in IQE is not used. 				

VII – REPORTER INFORMATION (IF NOT RESPONSIBLE PUBLIC HEALTH OFFICE)

This section should be used if the reporter is not a regional health authority.

Data Element	Critical Field	Instructions on Use
Box 31-36	*	<p>PHIMS data entry:</p> <ul style="list-style-type: none"> • The Responsible Organization is still assigned to a RHA based on regular surveillance processes. • To document the alternate reporter type, use “Reporting Notifications”. <ul style="list-style-type: none"> ○ Reporting Source = “Other”. Provide the organization and location of the reporter. ○ E.g. “Personal Care Home; Home X” ○ Type of Reporting Source = Surveillance Form ○ Report Date (Received) = Date form was received