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)

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: February 12, 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-6684 (2020-02-19) – 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 document for additional information on contact definitions, timeframes for investigation, and contact management recommendations for COVID-19.

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.

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).
INSTRUCTIONS FOR COMPLETION OF SURVEILLANCE FORM MHSU-6684

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.


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. For the most up to date provincial public health guidance relating to COVID-19, refer to the Interim Public Health Measures document.

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.

<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 unique identifying number from the case’s positive laboratory report to identify the case that named this contact. 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.</td>
</tr>
<tr>
<td>Case specimen collection date</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Transmission Event ID</td>
<td></td>
<td>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 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</td>
</tr>
</tbody>
</table>
contact identifiers on the header of page 2 and 3 to ensure the correct investigation and person is identified if pages of the form are separated. If the client cannot be identified, or if the investigation cannot be identified, the client may exist as an “UNKNOWN” contact in a case transmission event in PHIMS, where some identifying information was recorded.

SECTION III - INFECTION INFORMATION

<table>
<thead>
<tr>
<th>Data Element</th>
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<th>Instructions on Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box 19</td>
<td>*</td>
<td></td>
</tr>
</tbody>
</table>
| Contact to COVID-19 case |               | • For PHIMS users, at the present time prior to the PHIMS upgrade, when creating the investigation, enter the disease as “Severe acute respiratory infection (SARI)”. Leave the Causative Agent field blank.  
• PHIMS will be configured with disease-specific presets after the upgrade in spring 2020. |

| Box 20 | Sensitive environment/occupation and details | Indicate if the contact 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. |

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.

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Box 22</td>
<td>*</td>
<td>In the case of a travel related exposure, please provide as much detail as possible, including destination/origin, carrier, flight number, seat number, and dates of travel.</td>
</tr>
<tr>
<td>Box 23</td>
<td>*</td>
<td>Currently, only close contacts and travelers on self-isolation (due to travel to Hubei province) are being monitored. In this form, both “close – non-household” and “household” contacts are considered to be close contacts. Should this situation change, the option of “other” contacts</td>
</tr>
</tbody>
</table>
remains on the form. In the event a contact is later found to not actually be a contact, the option of “not a contact” is available.

All close contacts/travelers should be reported to MHSAL. The definition of close contact and traveler on self-isolation can be found in the Interim Public Health Measures document.

- For PHIMS users, to specify the contact, in the Exposure Setting Type field select “Type of Community Contact” and in the Exposure Setting field select “Close non-household”, “Household”, or “Travel”.

### 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.

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<th>Instructions on Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Box 24 Interventions</strong></td>
<td>*</td>
<td>Indicate which interventions were put into place. Include start date and end dates.</td>
</tr>
</tbody>
</table>

**Exclusion** from work/school/daycare refers to instances where a well person does not go to these sensitive settings during the incubation period.

**Quarantine (self-isolation)** refers to the activity restriction of well persons who have been exposed to a case during the period of communicability. This is done in order to prevent disease transmission during the incubation period, if disease occurs.

- For PHIMS users, active daily monitoring follow-up events can be documented for quarantine. Once the intervention type (e.g., quarantine) is selected, users can add follow-up events, such as daily symptom checks by public health. For each event, users can select the outcome – e.g., no symptoms, symptoms – and keep a record of each event.