

INSTRUCTIONS FOR SURVEILLANCE FORM

MHSU-6784 – STI CASE INVESTIGATION FORM FOR CHLAMYDIA, GONORRHEA, CHANCROID AND LGV INFECTIONS

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 on any aspects of this new report 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-6784 - STI CASE INVESTIGATION FORM FOR CHLAMYDIA, GONORRHEA, CHANCROID, AND LGV INFECTIONS**. This form should be used to report cases of:

- Chlamydia
- Chancroid
- Gonorrhea
- Lymphogranuloma venereum (LGV) serovars of Chlamydia trachomatis

For all contacts of the above infections identified by name, please complete for each contact the **MHSU-6782 - STBBI CONTACT INVESTIGATION FORM (FOR CONTACTS TO CHLAMYDIA, GONORRHEA, CHANCROID, LGV, HEPATITIS B/C, HIV, AND SYPHILIS INFECTIONS)**, available at <http://www.gov.mb.ca/health/publichealth/surveillance/forms.html>.

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 Communicable Disease Control's disease-specific protocols for additional information on case definitions, timeframes for investigation, and case management recommendations available at <http://www.gov.mb.ca/health/publichealth/cdc/protocol>.

SUBMISSION OF FORMS TO THE SURVEILLANCE UNIT INVESTIGATION (MHSU-6784) CASE FORMS AND STBBI (MHSU-6782) CONTACT FORMS SHOULD BE COMPLETED AND FAXED TO THE SURVEILLANCE UNIT CONFIDENTIAL FAX 204-948-3044 WITHIN 5 BUSINESS DAYS OF THE INTERVIEW WITH THE CASE OR 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).

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`.

FORM HEADER

| Data Element | Critical Field | Instructions on Use |
|--|----------------|---|
| Case Accession number; Additional accession numbers | * | 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 "additional accession numbers" box. All positive laboratory results for reportable diseases must be associated to an investigation. |
| Case Name or Initials; Case PHIN | | 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. Ensures all pages can be identified and associated to the correct client should they become separated. |

SECTION III - INFECTION INFORMATION

| Data Element | Critical Field | Instructions on Use |
|---------------------------------------|----------------|---|
| Box 24. Case Classification | * | All cases of Chlamydia, Gonorrhea, or Chancroid must be lab confirmed. For LGV, there is an additional case definition for probable cases. Select lab confirmed if a positive lab report exists for this client. Only select “not a case” if a previous positive lab report exists but the conclusion of the investigation indicates that the lab result does not reflect client's condition, and is a false positive or error. |

| | | |
|---|--|---|
| Box 25. Presentation (sites) | | Enter all sites or systems involved in the infection based on lab results (specimen site) or symptoms. If site not listed, document in box 26. OTHER (SPECIFY) . Note: OTHER GENITAL ORGANS refers to other male reproductive organs such as the testes or prostate. |
|---|--|---|

SECTION V – EXPOSURE INFORMATION

This information is valuable epidemiologic information used to inform program and policy. Please encourage accurate reporting by clients. Please refer to the disease-specific protocols for guidance on timeframes and applicability to the infection under investigation, available at <http://www.gov.mb.ca/health/publichealth/cdc/protocol>

This section is a summary of all sexual exposures with all partners during the timeframe of this infection.

SUBSECTION A – EXPOSURE FACTORS

For sexual risk factors, document only if relevant during the timeframe of investigation.

SUBSECTION B - CONTACT SETTING LOCATION

| Data Element | Critical Field | Instructions on Use |
|--|----------------|---|
| Box 29. Where/How did you first meet your partner(s) over the last 3 months? | | Select all locations or mechanisms that have been used to first meet new sexual partners in the last 3 months, and specify name and location where possible. |
| Box 30 – 32. Internet Websites/Apps/Chat; Where/How did you first meet your partner(s) over the last 3 months? | | Specify if any websites or apps were used to meet sexual partners in the past 3 months. Document additional details for: Other: if a different website/app was reported. Box 31. Online Name(s): document user name(s) used by the case when accessing these websites/apps. Box 32. Location of First Physical Meeting: the location of the first physical meeting if contacts were met online. |

SECTION VIII. CONTACTS

| Data Element | Critical Field | Instructions on Use |
|---|----------------|---|
| BOXES 37-39. Number of Contacts Identified by Name; Number of Anonymous Contacts; Exposure start date | | List the number of contacts identified by name and the number of anonymous contacts. For all contacts identified by name, please complete the MHSU-6782 - STBBI CONTACT INVESTIGATION FORM (FOR CONTACTS TO CHLAMYDIA, GONORRHEA, CHANCROID, LGV, HEPATITIS B/C, HIV, AND SYPHILIS INFECTIONS) for each contact. For anonymous contacts, please identify the earliest anonymous exposure start date in Box 39. |