

# USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES

**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 LONG-TERM CARE

**Communicable Disease  
Population and Public Health Branch  
Public Health Division  
Manitoba Health, Seniors and Long-Term Care**

**Epidemiology & Surveillance**  
Provincial Information Management and Analytics  
Health Programs and Policy Division  
Manitoba Health, Seniors and Long-Term Care

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If you would like to comment on any aspects of this user guide, please send an email to:  
[epiMB@gov.mb.ca](mailto:epiMB@gov.mb.ca).

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## BACKGROUND/PURPOSE

This user guide is intended for public health staff (PH organizations) involved in communicable disease investigations and outlines important and required elements for documentation of reportable communicable disease investigations in the **Public Health Information Management System (PHIMS)**. A subset of data documented in PHIMS is used for surveillance and epidemiological analysis. The quality and completeness of information documented in PHIMS impacts surveillance data.

## INSTRUCTIONS ON THE USE OF THIS GUIDE

This document provides overall general guidance on documentation of communicable disease investigation data elements in PHIMS.

Surveillance forms and corresponding instruction guides are also available on the [Manitoba Health website](#). The forms and instructions provide disease-specific information that guides public health follow-up and documentation. Guidance included in this document is generally not repeated in the form instructions. Mandatory fields on the form are marked with a red asterisk \*.

The forms and instruction guides are available at:

[Forms - Epidemiology and Surveillance | Health | Province of Manitoba \(gov.mb.ca\)](#)

Communicable disease protocols are accessible at:

[Communicable Disease Management Protocols | Health | Province of Manitoba \(gov.mb.ca\)](#)

**Minimum** data requirements for PHIMS documentation provide the **necessary information** needed to:

- Identify potential sources or high-risk exposures for use to prevent or control the risk of disease transmission.
- Evaluate the effectiveness of public health management.
- Detect/confirm disease clusters and/or outbreaks.
- Characterize trends and burden of disease in Manitoba for use in planning, implementation and evaluation of public health programs.

### **Reference material for PHIMS CD Investigations and data entry:**

- ♦ **Province of Manitoba Public Health A-Z Index** provides tools and resources in an alphabetized directory [Diseases & Conditions A - Z Site Index | Health | Province of Manitoba \(gov.mb.ca\)](#)

- ◆ **Manitoba Communicable Disease Management Protocols** provide disease specific guides to management of communicable diseases within Manitoba  
<https://www.gov.mb.ca/health/publichealth/cdc/protocol/>
- ◆ **Province of Manitoba Epidemiology and Surveillance Forms** – there are two types.  
<https://www.gov.mb.ca/health/publichealth/surveillance/forms.html>
  - i. **Report forms:** For health providers to notify Public Health providers and organizations of communicable disease cases. Information from providers is used to inform case and contact investigations.
  - ii. **Investigation forms:** Guide the collection of case and contact information for Public Health providers and organizations within Manitoba that should be documented in PHIMS and used for case and contact management and surveillance.
- ◆ **Shared Health PHIMS Training and Support** website contains tools including reference documents, videos, FAQ's and Quick Reference Cards (QRCs). **The QRCs** provide information to support all aspects of PHIMS data entry. <https://phimsmb.ca/>

## MANITOBA HEALTH SURVEILLANCE UNIT (MHSU) PROCESSES

**New case investigations are created** in PHIMS **when there are no previous case investigations**. For investigations referred for public health investigation, case classification is *Case – Person Under Investigation*. For COVID and Influenza (surveillance only), case classification is set to Case—Laboratory Confirmed.

**New/subsequent lab results** for clients are reviewed to determine whether a new investigation should be created or assigned to existing case investigations in PHIMS, following the process outlined below.

When new lab results are added to existing investigations, MHSU **does not change the status** (open/closed) of the investigation **nor amend the case classification**.

### Acute diseases:

Classification	Lab Results	MHSU Process	Additional Considerations
Existing Case Investigation	<p>New lab report <b>≤ 30 days</b> from report date</p> <p>COVID - New lab report <b>≤90 days</b> from report date</p>	<ul style="list-style-type: none"> <li>New lab results added to existing case investigation</li> <li>If client's current PH organization (from lab report) is not found in investigation, add as secondary investigator organization</li> </ul>	<ul style="list-style-type: none"> <li>PH can unlink and create a new investigation if determined to be a new infection</li> </ul>

Classification	Lab Results	MHSU Process	Additional Considerations
Existing <b>Lab Confirmed</b> Case Investigation	<p>New lab report <b>≥ 31 days</b> from report date</p> <p>COVID - New lab report <b>&gt; 90 days</b> from report date</p>	<ul style="list-style-type: none"> <li>New investigation created</li> </ul>	<ul style="list-style-type: none"> <li>PH can unlink and link to previous investigation if determined to be connected</li> <li>If not a new case, the new case investigation should be reset to Case Classification = Not a Case”</li> </ul>

**Investigations with Extended Timeframes/Chronic Diseases - STBBIs (Syphilis, HIV, Hepatitis B, Hepatitis C) and Tick-borne diseases (Lyme, Anaplasmosis and Babesiosis):**

Classification	Lab Results	MHSU Process	Additional Considerations
No existing case investigation	New lab report	<ul style="list-style-type: none"> <li>New investigation created and lab linked</li> </ul>	<ul style="list-style-type: none"> <li>Case Classification=Case-Person Under Investigation</li> </ul>
Existing case investigation (Open or Closed)	New lab report	<ul style="list-style-type: none"> <li>Lab is linked to existing investigation for same disease</li> <li>Open/Closed status of the investigation is <b>not</b> updated</li> </ul>	<ul style="list-style-type: none"> <li>PH may unlink and create a new investigation if determined to be a new infection</li> </ul>

**Co-infections:**

Classification	Lab Results	MHSU Process	Additional Considerations
No existing <b>Case</b> investigation	<ul style="list-style-type: none"> <li>New lab report</li> <li>Diseases from same encounter group (CD, STBBI)</li> <li>Same lab accession number or specimen collection date</li> </ul>	<ul style="list-style-type: none"> <li>New coinfection case investigation created</li> <li>(one investigation created with two or more diseases)</li> </ul>	<ul style="list-style-type: none"> <li>PH may add diseases identified within one month of the initial investigation for easier documentation</li> <li>PH is responsible for unlinking/linking labs as may be required</li> <li>Duplicate investigations should have the case classification re-set to “Case -Not a Case”.</li> <li>If documentation has already occurred, keep investigations separate</li> </ul>

Classification	Lab Results	MHSU Process	Additional Considerations
			<ul style="list-style-type: none"> <li>Ensure all individual disease classifications and classification dates are representative of when the disease has been identified</li> </ul>
Existing <b>Case</b> investigation for chronic disease	<ul style="list-style-type: none"> <li>New lab report</li> </ul>	<ul style="list-style-type: none"> <li>Lab will be linked to the most current existing case investigation</li> </ul>	
Existing <b>Contact</b> investigation for same disease	<ul style="list-style-type: none"> <li>New lab report</li> </ul>	<ul style="list-style-type: none"> <li>New investigation created and lab linked</li> </ul>	<ul style="list-style-type: none"> <li>PH should update classification in index contact investigation to "Contact-Contact turned to Case"</li> </ul>

MHSU prioritizes the processing of labs as outlined in *Appendix A*.

## REGIONAL REFERRAL/REDIRECT PROCESSES

Organizations are responsible to confirm and update the MHSU address in PHIMS. Additional MHSU addresses can remain within the client demographic information. The Official Registry Address should not be changed by Regional Public Health and SDL. If an investigation requires referral or redirection to another organization, follow the below procedure. The new organization will be able to identify the referral on their daily *MB2701C Investigation Search Report* for newly referred investigations.

For all investigations, if the client moves, and subsequent lab results are received, the lab results will also be sent to the Organization corresponding to the client's most recent official registry address or MHSU address in PHIMS.

Additional information regarding referrals and redirections can be found in the [Documenting Geography in PHIMS](#) document.

Investigations (case and known contact investigations):

Redirecting Organization	Address	Resp Org/Investigator Org	Disposition
Between regions (including First Nations communities)	Add MHSU address where client resides. End date previous MHSU address (if any).	<ul style="list-style-type: none"> <li>Add new Responsible Org/Investigator Org</li> <li>Add Primary Investigator Org</li> </ul>	Pending - Referral out of region

Redirecting Organization	Address	Resp Org/Investigator Org	Disposition
		to new Investigator Org with date coinciding with current date	
Out of Province	Add Out of Province MHSU address. End date previous MHSU address (if any).	<p>Out of Province</p> <ul style="list-style-type: none"> <li>For residents out of province (i.e. border community) but received care and being managed by a provider in Manitoba, re-assign the <b>Primary Investigator</b> Organization to the responsible RHA or SDL.</li> </ul> <p><b>For Priority 1, 2 and 3 labs only:</b></p> <ul style="list-style-type: none"> <li>Out of Province assigned as <b>Primary Investigator</b>, testing region assigned as <b>Secondary</b>.</li> <li>Testing region to determine if client remains in MB and requires follow-up</li> </ul>	Pending – Referral out of region
CSC	Add Corrections MHSU address. End date previous MHSU address (if any).	<p>Correctional Service Canada</p> <ul style="list-style-type: none"> <li>If the client is an inmate of the Federal Correctional facility, end date</li> </ul>	Pending – Referral out of region



Redirecting Organization	Address	Resp Org/Investigator Org	Disposition
		<p>the RHA/SDL Primary Investigator Organization and assign CSC as <b>Primary</b>.</p> <p><b>For Priority 1, 2 and 3 labs only:</b></p> <ul style="list-style-type: none"> <li>CSC assigned as <b>Primary Investigator</b>, associated region of the correctional facility assigned as <b>Secondary</b>.</li> </ul>	
Receiving Organization	Add MHSU address where client resides. End date previous MHSU address (if any).	<p>If assigned as <b>Primary</b> Investigator:</p> <ul style="list-style-type: none"> <li>Complete investigation and/or document additional updates to data elements</li> </ul> <p>If assigned as <b>Secondary</b> Investigator:</p> <ul style="list-style-type: none"> <li>Connect with the testing practitioner (or Primary Responsible Organization) to determine where the individual resides and where care is being provided.</li> </ul>	Follow up in Progress
MHSU		Out of Province Correctional Service Canada	Referred to External Jurisdiction

Referral/redirection of unknown contacts:

- Assign the new responsible organization to the associated transmission event in the source case
- The new organization will be able to identify the referral of unknown contacts using *MB23000 Unknown Contacts Report*,
- Consider defining a role-based routine business cycle to run this report to identify any unknown contacts requiring follow-up. In addition, the report can be used to ensure all unknown contact TE's associated with your source case organization are assigned.

MHSU monitors for investigations and unknown contacts that have been referred/redirected to CSC or Out of Province through primary investigator organization assignment and disposition of *pending referral out of region* using the following daily reports:

- Investigation Search Report MB2701C
- Unknown Contacts Report MB23000

Once the investigation or unknown contact referral/redirect has been completed, MHSU will update the disposition to *referred to external jurisdiction*.

Redirecting Organization	Address	Resp Org/Investigator Org	Disposition
Between regions (including First Nations communities)		<ul style="list-style-type: none"> <li>• Add new Responsible Org/Investigator Org to the index case Transmission event</li> <li>• Update assigned date to the current date</li> <li>• Provide additional information in the unknown contact disposition details including instructions if referring to MHSU</li> </ul>	Pending-referral out of region
Out of Province		Out of Province	Pending-referral out of region
CSC		Correctional Service Canada	Pending-referral out of region

Receiving Organization	Update MHSU address where client resides. End date previous MHSU address (if any).	Convert Unknown to Known Contact: <ul style="list-style-type: none"> <li>• Update disposition in TE of index case</li> <li>• Add new Responsible Org/Investigator Org</li> <li>• Add Primary Investigator Org to new Investigator Org with date coinciding with current date</li> </ul>	Converted to Client  Contact- Person under investigation
MHSU		Out of Province Correctional Service Canada	Refer to External Jurisdiction

## DATA ELEMENTS

### CLIENT IDENTIFICATION

**Client identification is needed for:**

- Public and community health follow up
- Assigning and redirecting investigations in PHIMS
- Allocating and counting cases based on standardized geography in PHIMS

**Postal codes are a vital part of address information;** they are needed to assign and redirect investigations and for case counts based on geography. Please **prioritize documentation of postal codes** with **all addresses** entered in PHIMS.

In some rural and northern areas, the Postal Code on the client's Manitoba Health registered address may correspond with neighboring rural post office location versus the geographic area in which the community is found.

**Required elements** for surveillance investigations completion are marked with a **red asterisk \*** on the disease specific form. **Investigation Quick Entry functions** are configured to align with forms, such that the order of information facilitates data entry.

#### A. Addresses

- **Postal codes** - key pieces of demographic information in PHIMS for epidemiology and to geographically allocate investigations.

- Having up to date client addresses is integral to assigning future investigations and contacting clients for current investigation follow-up. If the client's current address in PHIMS is not up to date, PH should:
    - a) Add a MHSU address, including Postal code to client demographics
    - b) Encourage/assist client to update address with Manitoba Health
  - Visit the Documenting Geography document for additional information related to assigning Organizations to investigations.  
[https://www.gov.mb.ca/health/publichealth/surveillance/cds/docs/documenting\\_geography.pdf](https://www.gov.mb.ca/health/publichealth/surveillance/cds/docs/documenting_geography.pdf)
- B. Ethnicity and Indigenous Identity Information (REI information)**
- Ethnicity and Indigenous Identity information should be asked by PH; however, the information is voluntary and should be self-reported.
  - Complete **Indigenous Information** under the **Client Details** section
  - Support for how to ask these questions is available:
    - a) A **script** to guide the collection of Racial, Ethnic and Indigenous Identifiers can be found at <https://sharedhealthmb.ca/files/covid-19-rei-script.pdf>
    - b) A **training video** on the collection of Racial, Ethnic and Indigenous Identifiers can be found at <https://www.youtube.com/watch?v=CqvH7NyARSc&feature=youtu.be>

**C. Gender and Names**

- **Gender** is updated in PHIMS along with other client demographic information from Manitoba Health's Client Registry, aligning gender in PHIMS with the gender marker on their Manitoba Health Card. An X on a Manitoba Health Card will translate to Undifferentiated in the PHIMS menu.
- **Gender Identity** provides an opportunity to collect voluntary gender identity information that provides a more accurate description of a person's self-reported identity. Additional identity information should be entered by the PH investigator using the words clients use to self-describe.
- A client's primary name in PHIMS comes from the MB Health Client Registry, typically aligning with their legal name. Additional names such as **preferred/chosen name** is important information to provide respectful client care and interactions.
  - a) Add additional or alternate names under the **Alternate Names** section in the PHIMS **Client Demographics** under the **Client Details** tab.
  - b) If an additional name is the client's preferred name by, click on the radio dial beside that name then select **Set Preferred** to have that name show in their top demographics bar.

## INVESTIGATION/DISEASE DETAILS

Identification and documentation of the investigation and disease details is primarily the role of PH.

## Disease Summary

### (i) Case and Contact Classifications

Case classifications correspond with case definitions in the disease-specific protocols. Accuracy in case classification is essential for counting cases. Investigations are created as *Person Under Investigation* (exceptions include surveillance only diseases - COVID and influenza - where case classification is Case-Lab Confirmed) and must be updated per the disease-specific protocols.

<u>Case Classifications:</u>	<u>Contact Classifications:</u>
Case – Clinical	Contact – Contact
Case – Clinically Confirmed	Contact – History of Previous Disease
Case – Lab Confirmed	Contact – Not a Contact
Case – Not a Case	Contact – Person Under Investigation
Case – Person Under Investigation	
Case – Probable	
Case – Suspect	

### (ii) Staging and Site (Presentation)

Staging and site may also be included in case definitions in the disease-specific protocols. The disease-specific forms and PHIMS quick entry provide guidance on whether or not this information is required for a specific disease/infection. Documentation directions are specified in the protocols. This information, if required, is also essential for case counting.

For STBBI's, these elements should be consistent with the client's **condition at the time of the initial test** and *should only be updated if the information was entered incorrectly*.

For some communicable diseases, the stage may be updated if a case becomes chronic or a carrier (e.g. brucellosis, Q fever, salmonellosis).

## Investigation Information

### (i) Disposition

Dispositions are useful to track investigation progress. Updating dispositions throughout an investigation can help assigned investigators, people assisting with coverage or workload coordination.

Closing investigations with a disposition representing the status at closing can help identify barriers to connecting with clients or engaging with clients to complete investigations.

See *Appendix B* for a list of dispositions with their recommended uses. Investigations created in the past may have dispositions that no longer exist in PHIMS as some have been retired or updated.

**(ii) Sensitive Environment/Occupation**

This section identifies high-risk settings that may be relevant for the investigation . This may be relevant for case management and return to work. See list of examples in *Appendix C*.

**(iii) Address at time of initial investigation**

Guidance related to the importance of updating client address for surveillance purposes can be found in the [Documenting Geography in PHIMS document](#).

**Responsible Organization and Investigator Organization**

The Responsible Organization must be selected in PHIMS in order to allow investigator organizations to be added to the investigation. The investigator organization allows PHIMS users in that organization the ability to view and access the investigation record for follow-up, surveillance and reporting purposes. Select the organization/region based on the client's address at the time of the investigation. Responsible and Investigator Organizations include:

- WRHA – Winnipeg Regional Health Authority including Churchill
- NRHA – Northern Regional Health Authority
- PMH – Prairie Mountain Health
- SH-SS – Southern Health – Santé Sud
- IERHA – Interlake Eastern Regional Health Authority
- FNIHB – First Nations and Inuit Health Branch
- CSC- Correctional Services Canada
- Out of Province

Refer to the following document for additional guidance: [Documenting Geography for Communicable Disease Investigations in the Public Health Information Management System: 2019 \(gov.mb.ca\)](#)

**Investigator Organization Type**

Type	Definition/Use
<b>Primary</b>	<p><b>Investigator responsible for the Investigation</b></p> <p>There can be only one active primary investigator organization/investigator for each investigation. The primary investigator <b>*MUST*</b> correspond to Client Home Address at Time of Initial Investigation. PHIMS surveillance reports will count cases based on the primary organization assigned at 30 days post investigation creation date, which should align with the Client Home Address at Time of Initial Investigation. A timeframe of 30 days is allowed to provide time to locate the client and confirm the correct address. A new Primary Investigator Organization can only be added when the current, active Primary is end-dated. A new primary should be added if the previous primary organization/address was incorrect, ensuring the correct primary is assigned at 30 days after the investigation creation date to allow it to be allocated to the correct geography. If there is a transfer in public health and further follow-up required <b>31 days after the</b></p>

	<b>investigation created date</b> , the primary investigator organization can be changed.
<b>Secondary</b>	<b>Other organization involved</b> Supporting organization(s)/person(s). Does not necessarily correspond with Home Address at Time of Investigation
<b>Nurse Coordinator Other</b>	<b>Other person involved</b> Supporting role outside of primary/secondary roles Should be used if primary/secondary roles are already assigned or are inappropriate for role of the user

## SIGNS AND SYMPTOMS

For **acute cases**, document signs and symptoms associated with the infection; onset date should be recorded. Symptoms that were pre-existing to the illness and unrelated should not be recorded. Incubation and communicability of the infection are usually based on symptom onset and duration.

For **chronic cases** with a remote or unknown onset date, document the earliest symptom onset date if known. Current symptoms may be more relevant for chronic infections. If the onset date is unknown, follow guidance from the disease-specific protocol on timeframes for identification of contacts and interventions.

## OUTCOMES

Document any relevant outcomes known at the time of investigation, such as recovery, death, hospital/ICU admission, or sequelae, and any applicable dates. This may not be included on all forms, but please document information if known. For fatalities, please document how the death was related to the communicable disease under investigation.

## RISK FACTORS

This valuable epidemiologic information is used to inform program and policy. Sharing the importance of this with the client can encourage accurate reporting. 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>

For risk factors that are marked \* as critical fields, a response must be documented (yes, no, unknown, declined to answer, not asked). Note that required risk factors are not coded as required in PHIMS, but are program mandatory as outlined within disease-specific protocols/forms. Non-required risk factors relevant to the disease should also be explored and document positive responses. Documentation of “no” and “not asked” is encouraged for non-required risk factors as feasible. Focusing on non-required risk factors is important if none of the required risk factors are identified as risks for the client. If no risk

factors are identified, document “no identifiable risk factor”. If client declines to disclose any risk factors, check box for “declined to answer” for all risk factors.

## INCUBATION AND COMMUNICABILITY

Data Element	Definition	Instructions on Use
Incubation	The period of time between acquisition of the infection and the onset of symptoms. Used to identify the period of time when exposure to the potential source of the infection occurred (i.e. acquisition exposures during the period between the maximum and minimum incubation periods).	Usually based on symptom onset. See disease specific protocols for the range in days/hours. For asymptomatic cases, test date may be used to calculate incubation in some diseases.
Communicability	The time during which an infectious agent may be transferred from an infected person to another person. Used to identify transmission exposures.	Can be based on symptom onset, treatment, disease presentation, etc. See disease specific protocols for range in days/hours.

## EXPOSURE SETTING – ACQUISITION AND TRANSMISSION

### Acquisition events (AE):

Use **the known incubation period** to determine the acquisition period where the case may have acquired the illness. Assess exposures based on likely exposure to other cases, other sources (e.g. food, water, vectors), or higher risk environments (e.g. occupation) for exposures in that time. Or indicate if unknown. The exposure **start date is required**, based on when the exposure to this setting/person occurred. The acquisition end date should also be entered if the exposure was during a specific timeframe. If possible, select the AE that is assessed to be the “most likely source”.

### Transmission events (TE):

Document the exposures during the communicability period where the case may have transmitted the illness to other people. The exposure start date is required, based on when the exposure to these individuals occurred. The transmission end date should also be entered if the exposure was during a specific timeframe.



The type of setting/location for both acquisition and transmission event is important to include. See table [Appendix D] for guidance in selecting the setting.

In some situations, information on exposures may also be documented as a sensitive environment/occupation or risk factor. For example, if a case is a health care worker, this should be documented as a sensitive environment/occupation. In addition, there may be a relevant risk factor to document (e.g. “occupational exposure”). However, specific transmission or acquisition events, if relevant, should be created if they may have acquired or transmitted the disease at work, with more details on dates/setting/location documented in the AE or TE.

Data Element	Definition	Instructions on Use
<b>Acquisition</b>	Acquisition events are created to identify potential sources of infection. It is the event leading to an individual acquiring an infection.	Indicate the setting where the case most likely acquired the illness during the incubation period. Exposure start date and address are required.
<b>Transmission</b>	An exposure event where an individual exposes others to the disease while infectious.	Address is required on all Transmission Events where applicable to a defined setting – at a minimum, record street Name and number (if available), City and Province.

## CONTEXT DOCUMENTS

Supplemental information to the investigation. **Not to be used as a replacement for entering minimum data elements.** eg. [Salmonella food recall questionnaire, letters](#).

## IMMUNIZATION HISTORY INTERPRETATION

Required for vaccine preventable diseases to identify interpretation of immunity to the disease prior to the acquisition of the infection. This is an assessment of immunity to the disease under investigation at the time of the investigation, or just prior to the exposure to this disease. For vaccine preventable diseases, this is important to assess for vaccine failure. Document if the client has had previous laboratory evidence of immunity through serology results. If previous serology has not been done, or if the client has been immunized since serology was done, document if immunization has been received in the past (fully immunized, partially immunized, or unimmunized). If the client is immunocompromised and immunity cannot be determined, document as unknown/not determined.

Immunization history interpretation can also be used for investigations which require assessment of immunity to vaccines that may be recommended related to the disease being investigated. For example, Hepatitis B immunization history interpretation as part of a syphilis investigation or Hepatitis A immunization history interpretation for a Hepatitis B investigation.

## TREATMENT

Standard regimens are listed for specific diseases. Select the treatment provided and document the date of the prescription or treatment. If another treatment regimen is used, document in "other - specify treatment". Treatment and effective date documented in PHIMS for STIs (chlamydia, gonorrhea, and syphilis) will carry over to eChart and is viewable by health care providers. As such, this date should represent the date the treatment was administered or provided to the client.

## STILL BIRTHS AND NEONATAL DEATHS

### In mother's case investigation:

- Laboratory results from the placenta are usually associated first with the mother's case investigation, as the mother's name is usually on the lab result
- Add an outcome to the mother's case investigation:
  - select "other" and add "stillbirth" or "neonatal death" as applicable in the text box
- If an infant is stillborn, the infant will not be registered with Manitoba Health. The infant must be created in PHIMS.
  - First name: infant; Last Name: Mother's last name
  - DOB – enter birth date
  - DOD – enter date of death (same as birth date) so client isn't active in PHIMS
  - Address should be the same as the mother at time of birth
- Create a transmission event from the mother's case investigation to the infant. The transmission event will establish the link between the mother and infant. Exposure name can be "infant". Exposure start date can be estimated based on pregnancy timeframe and symptom onset/diagnosis dates. The transmission event will automatically create a contact investigation for the infant.
  - The **contact** investigation status should be "closed" - all documentation should occur in the infant's congenital **case** investigation.
  - **Disposition** - If the infant case is classified as confirmed (lab or clinical) or probable according to the disease protocol case definition, the disposition on the contact should be updated to "contact turned case".
  - **Reporting source** – select how the case was identified (e.g. by mother (choose "other" - add "mother" in text box and type of reporting source = contact) or appropriate lab (autopsy report, lab, pathology report).

### Create a new case investigation for the stillborn infant:

- If there is laboratory/pathology information related to the infant (e.g. placenta laboratory results), the lab should be re-entered so it is associated with both the mother and infant case investigations (results from the placenta are relevant for mother and infant). If required, a request can be submitted to the MHSU to re-enter the lab.
- Update the infant's case classification and associated information as available.
- The risk factor "born to infected mother" should be selected

- Two outcomes should be added:
  - select “other” and add “stillbirth” or “neonatal death” as applicable in the text box
  - select “fatal” and enter outcome date as date of death. When fatal is selected, the user must also select cause of death (other, pending, or unknown). If known, select “other” and enter the cause in the text box for “other cause of death”.

## Appendix A

### MHSU: Current Laboratory and Clinical Notification Reports Priority Processing

Priority	Category	Encounter Group in PHIMS	Diseases Included
0	Emerging Disease	Outbreak Response	Vaping-associated lung illness (VAPI) COVID-19
1	Urgent Diseases	Communicable Diseases	Anthrax Avian Influenza Botulism Cholera Diphtheria Hantavirus Pulmonary Syndrome virus Measles Meningococcal Invasive Disease Monkeypox Mumps Pertussis Plague Poliomyelitis Rabies (human) Rubella Severe Acute Respiratory Infection (SARI) includes MersCoV Smallpox Viral Hemorrhagic Fever
2	Acute CDs with contact management and STBBIs	Communicable Diseases	Campylobacteriosis Cryptosporidiosis Cyclosporiasis Giardiasis Hepatitis A Haemophilus influenza Serotype B Invasive Disease Salmonellosis Shigellosis Streptococcal invasive Disease (Group A) Typhoid Fever Verotoxigenic Escherichia coli

Priority	Category	Encounter Group in PHIMS	Diseases Included
		Sexually Transmitted and Bloodborne Infections (STBBIs)	AIDS Hepatitis B/C HIV Syphilis (includes congenital Syphilis)
3	STI's	Sexually Transmitted and Bloodborne Infections (STBBIs)	Chancroid Chlamydia Gonorrhea Lymphogranuloma venereum (LGV)
4	Non-urgent CD, Enteric, VPD, or Zoonotic	Communicable Diseases	Amebiasis Anaplasmosis Babesiosis Blastomycosis Brucellosis Clostridium difficile associated diarrhea Congenital Rubella Infection/ Syndrome Creutzfeldt-Jakob Disease Haemophilus influenzae non-serotype B non-invasive disease Legionellosis Leprosy Listeriosis, invasive disease Lyme Disease Malaria Pneumococcal Disease Invasive Q Fever Streptococcal Invasive Disease of the newborn (Group B) Tetanus Tularemia West Nile Virus (WNV) Yellow Fever
5	CD-Respiratory Illnesses	Communicable Diseases	Influenza A/B

## Appendix B

### Dispositions and Suggested Uses

<b>Concurrent contact investigation</b>	Client has more than one open contact investigation. Contact investigation with this disposition should be closed.
<b>Contact turned case</b>	Client has become a case. Contact investigation should be closed with this disposition, and a new case investigation created.
<b>Declined follow up - no further follow up</b>	Client declined public health contact. Investigation can be closed with this disposition.
<b>Declined intervention no further follow up</b>	Client declined to follow up with recommended interventions, other investigation information gathered and entered. Investigation can be closed with this disposition.
<b>Follow up complete</b>	Investigation completed as per provincial protocol and is ready to be closed. Close investigations with this disposition.
<b>Follow up complete by other provider, no PH follow up</b>	Investigation completed by non-public health provider, or provider with no PHIMS access. Investigations can be closed with this disposition.
<b>Follow up in progress</b>	Assigned investigator has looked at the investigation in PHIMS and their investigation is underway.
<b>Follow up performed by First Nations Community</b>	Investigation has been assigned by region/FNIHB to a First Nations Community within their health service delivery area. Not to be used by other regions to assign directly to First Nations communities, other regions should assign investigations directly to NRHA or FNIHB to assign to communities based on regional processes.
<b>Follow up performed by Partner Case Investigator</b>	Case investigation is being completed by CD tech. They are assigned as an additional investigator to the primary and secondary investigator.
<b>Follow up performed by region</b>	Investigation is underway, and an investigator has been assigned.
<b>Hold for appointment attendance</b>	Awaiting more information from next clinic appointment. Investigation is still in progress/incomplete.
<b>Hold for clinic call back</b>	Clinic has been contacted for information. Awaiting call back.
<b>Hold for contact follow-up</b>	Contact follow-up not yet complete. Can use for case investigations if keeping open during contact follow up.
<b>Hold for HCP MB Surveillance form</b>	Testing practitioner has been contacted. Awaiting receipt of HCP surveillance form.
<b>Hold for test results</b>	Awaiting test results.
<b>Hold for treatment completion</b>	Awaiting completion of inpatient or outpatient treatments if applicable to be followed until discharge or treatment is finished.
<b>Immigration surveillance</b>	Referral was a result of immigration surveillance. May follow alternate protocol for this purpose.
<b>Laboratory results reviewed</b>	Lab results reviewed by investigator.
<b>Laboratory results to be reviewed</b>	Lab results require review by investigator.
<b>Laboratory results to be reviewed by First Nations Community</b>	For use by regions or regional offices with investigations assigned to a First Nations community public health unit, to flag for them labs were added that need to be reviewed.
<b>Lost to follow-up</b>	Investigation began, but unable to locate client to complete investigation.

<b>MOH assigned for review</b>	MOH requested to review case.
<b>MOH review complete</b>	MOH review is complete.
<b>No evidence of disease or infection – no further follow up</b>	Current active disease is not present, no risk of transmission, or case was found to not be a case.
<b>Pending</b>	Default disposition assigned when case created. Follow up has not yet started.
<b>Pending – referral out of region</b>	(For Regional Use) Client has moved to another jurisdiction, referral to other organization is in process.
<b>Pending – referred back to region for follow up</b>	(For Regional Use) Client needs to be followed by the primary responsible investigator organization.
<b>Previously infected/treated/immunized - no further follow up</b>	Previous cases, or contacts that have been adequately investigated in the past, no further follow-up is needed for this investigation. Investigation can be closed with this disposition.
<b>Referred to clinician for further follow up</b>	Client referred to a clinician, awaiting information from follow up (testing, staging, other information, treatment).
<b>Referred to external jurisdiction (for MHSU use only)</b>	Client has moved out of province. Referral to external jurisdiction has occurred. MHSU uses this disposition once the referral is completed.
<b>Risk assessment indicates no need for follow up</b>	Does not meet case definition for case or contact follow-up. Investigation can be closed with this disposition.
<b>Unable to complete</b>	Investigation is started but could not be completed due to inability to locate client or information required to complete investigation.
<b>Unable to locate</b>	Unable to locate client to initiate investigation. Investigation can be closed with this disposition.

## Appendix C

### Sensitive Environment/Occupation

Sensitive Environment/Occupation	Scenario	Sensitive Environment/Occupation Details
Animal handler (abattoir, veterinarian, farmer, etc.)	Works with animals	Works as veterinarian at Fakename Veterinary Hospital (123 Makebelieve St, Storybook, MB). Client [did/did not] work during period of communicability. Last worked November 12, 2020.
Childcare – attendee/work/volunteer/	Attends, works, or volunteers at a daycare	Attends/Works/Volunteers Fakename Daycare (123 Makebelieve St, Storybook, MB). Client [did/did not] attend during period of communicability. Last attended January 8, 2021.
Correctional centre – resident	Inmate/youth resident of a provincial or federal correctional facility	Inmate at Fakename Correctional Centre (123 Makebelieve St, Storybook, MB). Lives in Unit 2. Works in Kitchen.
Correctional centre – work/volunteer	Works as a correctional officer, manager, instructor, elder, etc. at a provincial or federal correctional facility	Correctional Officer at Fakename Correctional Centre (123 Makebelieve St, Storybook, MB). Works in Kitchen. Client [did/did not] work during period of communicability. Last worked January 8, 2021.
Education (student)	K-12 students Post-secondary students	Grade 2 student at Ecole Fakename (123 Makebelieve St, Storybook, MB). Client [did/did not] attend during period of communicability. Last attended November 12, 2020.  Note: for all school-aged children, please also indicate in the sensitive environment/ occupation details if the child did not attend any school (e.g. home-schooled).
Education (work/ volunteer)	K-12/post-secondary staff and volunteers: teachers, principals, faculty, school bus drivers, education assistants, custodians, etc.	Grade 2 teacher at Fakename Elementary (123 Makebelieve St, Storybook, MB). Client [did/did not] work during period of communicability. Last worked November 12, 2020.
Food handler – work/ volunteer	Works in a bar, restaurant, fast food establishment, food truck, bakery, deli, etc	Waitress at Fakename Restaurant (123 Makebelieve St, Storybook, MB). Client [did/did not] work during infectious period. Last worked November 12, 2020.

<b>Sensitive Environment/Occupation</b>	<b>Scenario</b>	<b>Sensitive Environment/Occupation Details</b>
Health care facility – resident/patient	Patient in a hospital	Patient at Fakename General Hospital, unit 3X4-7 (123 Makebelieve St, Storybook, MB). Was admitted prior to infection.  Note: specifying the hospital unit is very important for linking cases to outbreaks.
Health care facility – work/volunteer	Works as a health care aide, nurse, doctor, housekeeper, dietary aide, security, volunteer, etc. in a hospital.	Nurse at Fakename General Hospital, unit XH4 (123 Makebelieve St, Storybook, MB). Client [did/did not] work during period of communicability. Last worked January 14, 2021.  Note: specifying the hospital unit is very important for linking cases to outbreaks.
Laboratory worker	Works in a laboratory where specimens are processed (Cadham Provincial Laboratory, National Microbiology Lab)	Laboratory technician, Fakename Laboratory (123 Makebelieve St, Storybook, MB). Client [did/did not] work during period of communicability. Last day worked January 14, 2021.
Other congregate setting – work/ volunteer/ resident/ attendee	Assisted Living Facilities  Resident of an assisted living facility, work or volunteer at an assisted living facility.	Resident at Fakename Assisted Living Facility.  Health care aide at Fakename Manor Assisted Living Facility (123 Makebelieve St, Storybook, MB). Client [did/did not] work during period of communicability. Last worked on January 8, 2021.
Other congregate setting – resident/work/volunteer/ attendee	Group Homes  Resident of a group home, work, volunteer or attendee at a group home.	Resident/Direct Support Worker/ Volunteer/ Attendee at Fakename Group Home (123 Makebelieve St, Storybook, MB). Client [did/did not] work during period of communicability. Last worked November 12, 2020.
Other congregate setting – work/ volunteer/resident/ attendee	Other Workplaces  Working in construction; at a factory, mine, mill, hydro project; in an office environment; or retail store (e.g. grocery, clothing, furniture store, or pharmacy).	Works on de-boning line at Fakename (123 Makebelieve St, Storybook, MB). Client [did/did not] work during period of communicability. Last worked November 12, 2020.
Personal care home – resident	Resident of a PCH/LTCF	Resident at Fakename Personal Care Home (123 Makebelieve St, Storybook, MB)



Sensitive Environment/Occupation	Scenario	Sensitive Environment/Occupation Details
Personal care home – work/volunteer	Works as a health care aide, nurse, doctor, housekeeper, dietary aide, security, volunteer, etc. at a PCH/LTCF.	Health care aide at Fakename Personal Care Home (123 Makebelieve St, Storybook, MB). Client [did/did not] work during period of communicability. Last worked on January 8, 2021.
Shelter – resident	Use for all individuals experiencing houselessness, regardless of whether they report visiting a shelter.	Homeless in downtown area. Stayed at Fakename Shelter (123 Makebelieve St, Storybook, MB). Last attended Jan 8, 2021.
Shelter – work/volunteer	Works or volunteers in a shelter. Works with people experiencing houselessness outside of a shelter environment.	Works at Fakename Shelter (123 Makebelieve St, Storybook, MB). [Does/Does not] have contact with clients. Client [did/did not] work during period of communicability. Last worked Jan 8, 2021.

## Appendix D

### Exposure Setting Type

Exposure Setting Type	Exposure Setting	Example (Address is required for all exposures with a specific location)
Animal/ agricultural locations	<ul style="list-style-type: none"> <li>Animal Care and Supply (kennel, groomer, feed supply, dog day cares, animal rescue/ shelters)</li> <li>Animal/Food processing plant</li> <li>Farm</li> <li>Other (temporary agricultural workers)</li> <li>Petting zoo</li> <li>Veterinary clinic</li> </ul>	<p><i>Exposure Location Name:</i> Fake Name Hatchery; works in deboning; medical mask and eye shield worn.</p> <p><i>Exposure Setting Type:</i> Animal/Agricultural locations</p> <p><i>Exposure Setting:</i> Animal/Food processing plant.</p>
Congregate/ communal living settings (not including healthcare)	<ul style="list-style-type: none"> <li>Assisted living/seniors independent housing/retirement residence</li> <li>Communal living (groups living together sharing living or eating space)</li> <li>Correctional facility - provincial</li> <li>Correctional facility - federal</li> <li>Dormitory</li> <li>Group home</li> <li>Military base</li> <li>Other</li> <li>Rooming house/residential hotel</li> <li>Shelter</li> <li>Short term residential facility (isolation accommodations, fire and flood evacuees, addiction/detox clinic stays)</li> </ul>	<p><i>Exposure Location Name:</i> Addictions Support Services; staff member at Women's In-House Program</p> <p><i>Exposure Setting Type:</i> Congregate/communal living settings</p> <p><i>Exposure Setting:</i> Short term residential facility</p>
Emergency Services	<ul style="list-style-type: none"> <li>Emergency Medical Service</li> <li>Fire/wildfire services</li> <li>Military services</li> <li>Other</li> <li>Police services</li> <li>Security services</li> <li>Military services</li> <li>Other (volunteer, Red Cross)</li> </ul>	<p><i>Exposure Location Name:</i> Police officer for Yellow Ridge Police Services; patrol of Green Bay neighborhood</p> <p><i>Exposure Setting Type:</i> Emergency Services</p> <p><i>Exposure Setting:</i> Police Services</p>
Events - private/public	<ul style="list-style-type: none"> <li>Banquet/Social</li> <li>Concert</li> <li>Conference</li> <li>Festival/Fair</li> <li>Funeral</li> <li>Other (e.g., family reunion, block party, birthdays, holiday get-togethers)</li> <li>Religious event (baptism, bar mitzvah)</li> <li>Sacred/spiritual events</li> <li>Weddings</li> </ul>	<p><i>Exposure Location Name:</i> Funeral for friend @ Main Street Funeral Home &amp; Cemetery</p> <p><i>Exposure Setting Type:</i> Events – Private/Public</p> <p><i>Exposure Setting:</i> Funeral</p>

Exposure Setting Type	Exposure Setting	Example (Address is required for all exposures with a specific location)
Food service establishments	<ul style="list-style-type: none"> <li>• Bar/tavern</li> <li>• Cafeteria</li> <li>• Farm – direct to consumer (farmer's market, farm to table)</li> <li>• Grocery/retail store</li> <li>• Mobile canteen/food truck</li> <li>• Other</li> <li>• Pastry/bakery shop</li> <li>• Restaurant</li> <li>• Vending Machine</li> </ul>	<p><i>Exposure Location Name:</i> The Neighborhood Eatery; attended with friends, masks worn when not at table</p> <p><i>Exposure Setting Type:</i> Food Service Establishments</p> <p><i>Exposure Setting:</i> Restaurant</p>
Healthcare Service Settings	<ul style="list-style-type: none"> <li>• Acute care setting (hospital admission, emergency department or urgent care)</li> <li>• Allied health care services (dental office, chiropractor office, naturopath, physiotherapy, occupational therapy, massage therapy, speech language pathology)</li> <li>• Community health care setting/clinic (doctor's office, primary care/ community clinics, Access Centre, nursing stations, testing sites)</li> <li>• Home care services (laundry, cleaning, bathing)</li> <li>• Laboratory</li> <li>• Long term care/personal care home</li> <li>• Other (e.g., footcare services, wellness checks for elders, immunization clinic at the grocery store pharmacy)</li> <li>• Public health inspection/ environmental health officer services</li> <li>• Public Health Nursing services</li> <li>• Support programs for persons living with disabilities/day programs (in home services, day programs)</li> </ul>	<p><i>Exposure Location Name:</i> A New Day Support Services Day Program; attends M-F 0800-1600 hrs</p> <p><i>Exposure Setting Type:</i> Health Care Services Setting</p> <p><i>Exposure Setting:</i> Community health care setting/clinic</p>
Household exposure	<b>USE IF EXPOSURE IS TO/FROM CLIENT'S HOUSEHOLD MEMBERS</b>	
Other	Use if not represented by any other category	
Public facilities and workplaces	<ul style="list-style-type: none"> <li>• Bathhouse</li> <li>• College/university/vocational (not including dormitory) (e.g., UM, RRC, film school, aestheticians)</li> <li>• Construction/renovation/contractors</li> <li>• Convention Centre</li> <li>• Daycare/dayhome</li> <li>• Hotel/Motel</li> <li>• Industry/manufacturing (mining)</li> </ul>	<p><i>Exposure Location Name:</i> Rainbow and Unicorn Day Nursery Green Bay; staff member in the infant A room</p> <p><i>Exposure Setting Type:</i> Public Facilities and Workplaces</p> <p><i>Exposure Setting:</i> Daycare/Day Home</p>

Exposure Setting Type	Exposure Setting	Example (Address is required for all exposures with a specific location)
	<ul style="list-style-type: none"> <li>• Nightclub</li> <li>• Office setting/business centre</li> <li>• Other public facilities not otherwise classified</li> <li>• Other workplace, not otherwise classified</li> <li>• Personal services (Hair salon/Barber, Nail Salon, Tattoo Parlour)</li> <li>• Pharmacy</li> <li>• Place of worship</li> <li>• Preschool</li> <li>• School – K to 12</li> <li>• Shopping centre/retail</li> <li>• Spa</li> <li>• Truck stop/gas station</li> <li>• Trucking, courier, and freight industry</li> <li>• Vacation resort</li> </ul>	
Recreational facilities setting/location	<ul style="list-style-type: none"> <li>• Amusement Park (indoor or outdoor)</li> <li>• Campground</li> <li>• Casino</li> <li>• Community centre/arena</li> <li>• Cultural centre</li> <li>• Day camps/overnight camp</li> <li>• Fitness centre</li> <li>• Forested area</li> <li>• Hot tub</li> <li>• Museum/gallery/theatre/performance arts</li> <li>• Other</li> <li>• Park (e.g., municipal, provincial, national)</li> <li>• Professional sporting event (ticketed or non-ticketed)</li> <li>• River/lake/ocean</li> <li>• Water park (splash pad, wading pool, swimming pool, water park)</li> </ul>	<p><i>Exposure Location Name:</i> ABC Fitness Centre; staff member; works front desk; cloth mask worn</p> <p><i>Exposure Setting Type:</i> Recreational Facilities setting/location</p> <p><i>Exposure Setting:</i> Fitness Centre</p>
Sexual exposure setting/location	<ul style="list-style-type: none"> <li>• Bar/tavern</li> <li>• Bathhouse</li> <li>• Correctional facility - provincial</li> <li>• Correctional facility - federal</li> <li>• Friends/family</li> <li>• Hotel/motel</li> <li>• House party</li> <li>• Internet app - Facebook (specify location of first physical meeting)</li> <li>• Internet app - Grindr (specify location of first physical meeting)</li> <li>• Internet- other apps/sites (specify name and location of first physical meeting)</li> <li>• Other</li> <li>• Other community in Manitoba</li> <li>• Other Province in Canada</li> </ul>	

Exposure Setting Type	Exposure Setting	Example (Address is required for all exposures with a specific location)
	<ul style="list-style-type: none"> <li>• Outdoors</li> <li>• Outside Canada</li> <li>• Shopping centre/retail</li> <li>• Work/school</li> </ul>	
Transportation	<ul style="list-style-type: none"> <li>• Bus (transit bus, school bus, charter bus)</li> <li>• Carpool</li> <li>• Plane</li> <li>• Taxi/ride-share service</li> <li>• Train/Rail</li> </ul>	<p><i>Exposure Location Name:</i> Work carpool from Bacon Ridge to Applecrest with 3 co-workers</p> <p><i>Exposure Setting Type:</i> Transportation</p> <p><i>Exposure Setting:</i> Carpool</p>
Travel	<ul style="list-style-type: none"> <li>• Outside of Canada/United States</li> <li>• Outside of home Province/Territory but within Canada</li> <li>• Within home Province/Territory</li> <li>• Within United States</li> </ul>	
Type of Community Contact	<ul style="list-style-type: none"> <li>• Casual</li> <li>• Close non-household</li> <li>• House party</li> <li>• Other</li> <li>• Regular Partner (for STBBI)</li> <li>• Visiting friends and relatives (use this option when visiting friends or non-household relatives in ANY private residence)</li> </ul>	<p><i>Exposure Location Name:</i> Grandparents visiting from Calgary</p> <p><i>Exposure Setting Type:</i> Type of Community Contact</p> <p><i>Exposure Setting:</i> Visiting Friends and Relatives</p>