

# INSTRUCTIONS FOR SURVEILLANCE FORM

## MHSU-8232 – TICK-BORNE DISEASE REPORT FORM - FOR USE WITH ANAPLASMOSIS, BABESIOSIS, AND LYME DISEASE 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](mailto:outbreak@gov.mb.ca).

## BACKGROUND

These instructions are intended to be used as a reference for Manitoba providers completing the **MHSU-8232 – TICK-BORNE DISEASE REPORT FORM**.

This form should be used to report cases of:

- Anaplasmosis
- Babesiosis
- Lyme Disease

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-8232) CASE 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.**

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
<b>Box 24, 29, 33</b> Case Classification	*	<p>Select the check box <input type="checkbox"/> for the current disease(s) under investigation, and the classification of the investigation – i.e. whether the case definition is lab confirmed, or not a case.</p> <p>Refer to the disease-specific protocols for additional information on case definitions:  <a href="http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html">http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html</a></p> <p>Further review of classification is done by the Manitoba Health Communicable Disease Control Unit.</p> <p>Cases that are re-infections should also be reported and a new investigation completed.</p> <p>Chronic cases that have been previously diagnosed in other jurisdictions, but are new to Manitoba must also be reported.</p>
<b>Box 25.</b> Staging		<p>Refers to the stage of Lyme disease determined by symptoms. Refer to the disease-specific protocols for additional information on staging of Lyme Disease:  <a href="http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html">http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html</a></p> <p>Further information on staging can be found on Health Canada's Lyme disease website at:  <a href="https://www.canada.ca/en/public-health/services/diseases/lyme-disease/health-professionals-lyme-disease.html#a2">https://www.canada.ca/en/public-health/services/diseases/lyme-disease/health-professionals-lyme-disease.html#a2</a></p>
<b>BOX 26, 30, 34.</b> Specimen collection date for current investigation		Add the specimen collection date on the earliest lab result confirming each current infection selected.
<b>BOX 27, 28, 31, 32, 35, 36.</b> Date and location of first diagnosis if previously diagnosed		If previously diagnosed, add the earliest date of first diagnosis and the location of the first diagnosis. This will assist in identification of previous investigations.

**SECTION IV – SIGNS AND SYMPTOMS**

Data Element	Critical Field	Instructions on Use
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<b>BOX 39, 40, 41</b> Erythema migrans		If erythema migrans is present, indicate if single or multiple episodes, whether it was observed by a health care provider, and specify the date that it was first observed (i.e. onset).
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## SECTION V – RISK FACTOR INFORMATION

Include information regarding risk factors, as this assists with case classification and risk assessment. For occupational exposure, list occupation and date of for which likely exposure occurred. For travel related exposure, indicate most likely exposure site where applicable. Where multiple sites were visited within the 30 day period prior to symptom onset please include details within the 'other risk factors' box.

## SECTION VI– EXPOSURES (ACQUISITION EVENTS)

Please list any travel within 30 days of symptom onset either within or outside of Manitoba. If more than three locations, please copy this page of the form and complete section VI for additional travel settings.

**Note** that in some instances where symptoms listed are consistent with late disseminated Lyme disease, additional travel history may be requested as exposure will likely have occurred more than 30 days prior.

Data Element	Critical Field	Instructions on Use
<b>BOX 42, 46, 50</b> Exposure Start Date	*	Specify the start date of travel for the possible exposure site. <b>This field is required in PHIMS.</b>
<b>BOX 43, 47, 51.</b> Exposure End Date		Specify the end date of travel for the possible exposure.
<b>BOX 44, 48, 52.</b> Exposure Setting		The setting type where the exposure most likely occurred during the travel to that location. Select only one. If the setting type is not listed, specify in 'other'. Indicate if a tick bite was known to have occurred during the travel to that location.
<b>BOX 45, 49, 53.</b> Name/ Location		Specify the specific exposure location, including city/ province and/ or country detail.

## SECTION VII. TREATMENT INFORMATION

Data Element	Critical Field	Instructions on Use
<b>BOXES 54-62.</b> Antibiotic name; Treatment start date;		Specify the name of any antibiotics prescribed, the treatment start date, and duration of treatment in days.

Duration		
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