

INSTRUCTIONS FOR SURVEILLANCE FORM

MHSU-6638 – NOTIFICATION OF NO FOLLOW-UP FORM

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 new report please send an email to: outbreak@gov.mb.ca.

BACKGROUND

These instructions are intended to be used as a reference for Manitoba public health providers completing the **MHSU-6638 – Notification of No Follow-up form**. This form should be used to communicate updates on referrals to public health where:

- The referral is not a case/does not meet case definition
- The referred case meets the case definition, but risk assessment indicates no need for follow-up
- The referred case has already been investigated, the investigation form has been completed, and no further follow-up is required
- The referred case has already been investigated, but there is a brief update to the previous investigation completed. E.g. updated stage, linking of previous non-nominal codes for HIV.

Note that if a new investigation is completed, please complete the disease-specific investigation form. This form is intended for small updates only.

Please refer to Communicable Disease Control protocols for additional information on case definitions available at <http://www.gov.mb.ca/health/publichealth/cdc/protocol>.

SUBMISSION OF FORMS TO THE SURVEILLANCE UNIT

THE MHSU-6638 – NOTIFICATION OF NO FOLLOW-UP FORM 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 RECEIPT OF THE REFERRAL.

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

The following tables provide instructions of specific relevance to this form.

SECTION I - CLIENT IDENTIFICATION

Data Element	Critical Field	Instructions on Use
Box 1-8 Name, date of birth, sex, date of death, registration number, health number (PHIN), and alternate ID	*	Complete as documented on the Manitoba Health Registration card. If the laboratory report or clinical report is attached to the form and contains all the identifiers, please complete a minimum of name and DOB or PHIN to ensure the form can be associated with the applicable attachment if they become separated. <ul style="list-style-type: none"> If client does not have Manitoba Health registration – list the client’s personal health number and jurisdiction it is from. Please note that information captured in these boxes is important for proper client identification. For efficiency, the use of client labels is allowed as long as the following conditions are met: <ul style="list-style-type: none"> Labels contain complete and legible information that would allow the Surveillance Unit staff and/or Public Health Nurses to properly identify a client. The label should not cover boxes other than those listed in the previous item, and The label is placed within the boundaries of section I.

SECTION II - LAB RESULT OR CLINICAL NOTIFICATION RECEIVED

Data Element	Critical Field	Instructions on Use
Box 9 Disease Under Investigation	*	Indicate the reportable disease (or diseases if co-infection) referred for investigation. This will assist the surveillance unit in updating the investigation correctly.
Box 10 Reason for no follow-up	*	The reason for no follow-up must be identified to ensure the case classification and disposition of the investigation are updated correctly. Refer to the disease-specific protocols for additional information on case definitions and recommendations for case and contact management at: http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html

		<p>Select the check box for <input type="checkbox"/> “not a case/does not meet case definition” if the client does not meet any of the case definitions in the disease-specific protocol.</p> <p>Select the check box for <input type="checkbox"/> “meets the case definition, but risk assessment indicates no need for follow-up” for any situation where public health follow-up will not occur for this client due to risk assessment according to the protocol.</p> <p>Select the check box for <input type="checkbox"/> “previous investigation - no further follow-up required” if the investigation form has already been completed, and no further follow-up is required. Please identify the date, previous accession #'s, or previous database numbers in boxes 13-15 if known. This information will allow the new lab reports to be associated with the previous investigation.</p> <p style="padding-left: 40px;">Note: For chronic infections such as hepatitis B, hepatitis C, HIV, or syphilis, repeat lab results received by the Surveillance Unit will continue to be referred for PH review. Regions should review each lab result as per protocol recommendations and determine whether follow-up is required. If there is no update to the previous investigation, completion of this form is not required, and the lab result will be associated to the previous investigation. If there is any change to the investigation, please complete and submit this form if it is a minor update, or complete a new investigation form. If a previous investigation cannot be located in the Surveillance Unit, a completed investigation form may be requested.</p> <p style="padding-left: 40px;">This form is required for repeat lab results received after the investigation is completed for other non-chronic infections.</p> <p>Select the check box for <input type="checkbox"/> “update to the previous investigation completed” if you are communicating a brief update to the investigation. Please complete boxes 13-19 as applicable. For example:</p> <ul style="list-style-type: none"> • Hep B/C: Update stage from acute to chronic • HIV: linking previous non-nominal codes to a named client <p>Note that if a new investigation is done, please complete the disease-specific investigation form. This form is intended for small updates only.</p>
<p>Box 11. Lab report(s)</p>	*	<p>All associated lab reports must be identified. Please either:</p> <ul style="list-style-type: none"> - List all accession numbers and their associated specimen collection dates <p style="padding-left: 40px;">Or</p>

		<p>- Attached all associated lab reports to this form.</p> <p>*Note: either the lab report OR clinical report section must be completed to identify the referral, otherwise the form will be returned.</p>
Box 12. Clinical report	*	<p>If the referral relates to a clinical report from a provider, please either:</p> <p>- List the date of the clinical report Or</p> <p>- Attach the clinical report to this form.</p> <p>*Note: either the lab report OR clinical report section must be completed to identify the referral, otherwise the form will be returned.</p>

SECTION III - INFECTION INFORMATION

Data Element	Critical Field	Instructions on Use
Box 13-16 Date of previous investigation, Previous accession #, previous database #, Responsible organization for previous investigation		<p>This information allows the surveillance unit to locate the previous investigation and associate new lab results to the previous investigation.</p> <p>If “previous investigation - no further follow-up required” or “update to the previous investigation completed” has been selected as a reason, these boxes must be completed*. Please identify the date of the previous investigation, previous accession #'s, or previous database numbers if known. If these have been documented on the lab report or clinical report, they do not need to be completed again.</p> <p>Accession # is the unique identifying number assigned by the laboratory to identify a specific laboratory report.</p> <p>Database # is the number assigned to the investigation in the historical Manitoba Health Surveillance Unit Access databases.</p> <p>If the surveillance unit is unable to locate the previous investigation, more information may be requested from the region to identify and locate the previous investigation.</p>
Box 17 Updated current stage		<p>If “update to the previous investigation completed” has been selected as a reason, one of box 17, 18, or 19 should be completed to document the update.</p> <p>Complete if the stage of disease is different from the previous investigation. Example:</p> <ul style="list-style-type: none"> • Syphilis: Update syphilis staging. However, if the stage changes from non-infectious to infectious, please complete a new investigation form.

		<ul style="list-style-type: none"> Hep B/C: Update stage from acute to chronic or resolved
Box 18. Client consents to link previous HIV result non-nominal code(s) or name used		<p>If “update to the previous investigation completed” has been selected as a reason, one of box 17, 18, or 19 should be completed to document the update.</p> <p>Complete if notifying the surveillance unit that the client has consented to link a previous non-nominal code(s) or name for a positive HIV test to an identified client. The previous investigation will be updated to identify the client.</p>
Box 19 Additional information		<p>If “update to the previous investigation completed” has been selected as a reason, one of box 17, 18, or 19 should be completed to document the update.</p> <p>Box 19 can be used if providing a different type of update, or for any additional information on the investigation.</p>

Note that if a new investigation is done, please complete the disease-specific investigation form. This form is intended for small updates only.

SECTION IV – RESPONSIBLE REGIONAL HEALTH PUBLIC AUTHORITY USE ONLY

Data Element	Critical Field	Instructions on Use
Box 20-22 Form completed by, form completion date, and signature	*	Document the public health provider responsible for the investigation, the date of completion, and the organization. Follow organizational practices for form review and completion. Some organizations have coordinators that review all forms; others are submitted directly by the public health nurse who completed the investigation. The form should identify the person in the region that should be contacted in case there are questions about the investigation. A box is available (RHA USE ONLY) and can be used by the Public Health office stamp if it contains the information required in boxes 20-22 or any other uses that the Public Health Office sees fit. Please use only the box RHA USE ONLY for the stamp - do not stamp the form in a place that may obfuscate other parts of the form.
Box 23. Investigation Status	*	Please confirm that the investigation is closed to the region. Ongoing investigations imply that a more complete and updated version of the form will be sent to the Surveillance Unit as soon as follow up is complete.

Box 24. Organization	*	Select the Public Health Office that reviewed and approved the form for submission
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