INSTRUCTIONS FOR SURVEILLANCE FORM

MHSU-6782–STBBI CONTACT INVESTIGATION FORM

(FOR CONTACTS TO CHLAMYDIA, GONORRHEA, CHANCROID, LGV, HEPATITIS B/C, HIV, AND SYPHILIS 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 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 providers completing the **MHSU-6782 - STBBI CONTACT INVESTIGATION FORM (FOR CONTACTS TO CHLAMYDIA, GONORRHEA, CHANCROID, LGV, HEPATITIS B AND C, HIV AND SYPHILIS INFECTIONS)**. This form should be used to report contacts to cases of:

Chlamydia	Hepatitis B
Chancroid	Hepatitis C
Gonorrhea	Lymphogranuloma Venereum (LGV)
HIV	Syphilis

Cases of these infections should be reported on the **MHSU-6780– HEPATITIS B, C, HIV, AND SYPHILIS INVESTIGATION - CASE FORM** or the **MHSU-6784– STI CASE INVESTIGATION FORM FOR CHLAMYDIA, GONORRHEA, CHANCROID AND LGV 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) CONTACT FORMS (MHSU-6782 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 or Case Investigation ID	*	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.
Case specimen collection date		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.
Transmission Event ID		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 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. The

		MB23000-UNKNOWN CONTACTS REPORT may assist in identifying unknown contacts.

SECTION I – INVESTIGATION INFORMATION

Data Element	Critical Field	Instructions on Use
Box 1. Contact to a Case of	*	Indicate which confirmed infection(s) the contact has been exposed to.
Box 3. Does case plan to notify the contact him/herself?		Case initiated contact notification may be an option for contacts not considered to be at higher risk, when the case is willing and able to notify contacts. If this option is chosen, the health professional diagnosing the case will need to complete this information so that Public Health does not initiate contact notification.

SECTION IV – EXPOSURE DETAILS

This information is important for appropriate contact management. Please encourage accurate reporting by clients. This section is a summary of the exposures with the named client during the timeframe of this infection according to the disease-specific protocol.

Data Element	Critical Field	Instructions on Use
Box 23. Mode of Transmission		Document the type of contact during the period of investigation/ communicability. If **PERINATAL EXPOSURE**, the rest of this section, and section **VI AND VII** are not required to be completed – continue at section **VIII. TREATMENT INFORMATION**
Box 24. Exposure Start Date	*	This is important information to document to guide the contact investigation. Enter the date of first exposure during the period of investigation. If exposure pre-dates the period of investigation, enter start date of period of investigation/communicability, based on the disease protocol. **This field is required in PHIMS.**
Box 25. Exposure End Date		Enter the date of the last exposure during the period of investigation. If exposure is ongoing, leave date blank.

SUBSECTION A – SEXUAL EXPOSURE

Data Element	Critical Field	Instructions on Use
Box 26. Type of Sexual Exposure		Document each type of sexual exposure for this contact during the period of investigation/communicability. Select all that apply.
Box 27. Sexual Relationship		Indicate the type of relationship with the case. Select only one. **Regular partner:** someone who the case has sex with regularly or often; may be a boy/girlfriend, spouse, common-in-law partner, etc. **Casual partner**: someone who the case knows and has had sex with only once or a few times. **Have given/received goods in exchange for sex**: someone who the case has agreed to have sex with in exchange for goods. If this is a regular partner, select has given/received goods in exchange for sex, and indicate the frequency of sexual contact to reflect more frequent contact.
Box 28. Frequency of Sexual contact events		Document the frequency of events where the case has met with the contact and had sexual exposure (one or more times) during the period of investigation/communicability.

SUBSECTION B – BLOOD AND PERCUTANEOUS EXPOSURES

For any blood or percutaneous exposures, select all modes of transmission applicable to this investigation, including drug paraphernalia sharing, significant blood-mucous membrane contact, shared tattoo/piercing/scarification equipment. If other type of exposure, please specify details of the type of exposure.

SUBSECTION C –CONTACT SETTING LOCATION

Data Element	Critical Field	Instructions on Use
Box 29. Where/How Did You First Meet This Contact?		Select one setting only. Only the setting/ mechanism where the case FIRST met this contact should be identified. Document for **new contacts** only during the period of investigation. This does not require completion if the case has a pre-existing relationship before the period of investigation.

SECTION V – REPORTER INFORMATION (IF NOT COMPLETING REMAINDER OF FORM

Complete this section if you are providing information from the case interview only, and will not be involved in the contact follow-up.

Sections VI-IX are completed with information provided by the contact during their interview.

SECTION VI –RISK FACTOR INFORMATION

Best practice is to inquire about all risks. Document the response as yes/no/unknown/declined to answer. If not asked, ensure this is documented in the last column.

SECTION VII – SIGNS AND SYMPTOMS

Document if contact has any signs or symptoms suggestive of infection.

SECTION VIII – TREATMENT INFORMATION

Data Element	Critical Field	Instructions on Use
Box 42. Contact Received Epidemiological Treatment During This Episode		Document if contact received treatment prior to being tested based on clinical assessment, and select the treatment provided.

SECTION IX – EVIDENCE-BASED INTERVENTIONS

This section is provided to assist with case management and a reminder of best practice.

Data Element	Critical Field	Instructions on Use
Boxes 45-47. STBBI Testing Recommended/ completed		Select all tests ordered. Document the specimen collection date and location of testing if known. In PHIMS, tests can be documented under Investigations> Treatment and Interventions> Interventions Summary. Select "STBBI testing recommended" in the Intervention Type drop list. Select each test, or group of tests in Intervention Subtype. If positive, ensure the individual test is selected with an Outcome of "positive". If all negative or unknown, they can be entered as a group with their respective common outcome.