

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 LONG-TERM CARE

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

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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: PHSurveillanceMB@gov.mb.ca.

BACKGROUND

These instructions are intended to be used by Public Health providers as a reference for the MHSU 6784 –Chlamydia, Gonorrhoea, Chancroid and LGV Infections CASE INVESTIGATION FORM. This form contains the key public health investigation elements and entry guidance for Public Health Information Management System (PHIMS) for cases of: Chlamydia Gonorrhoea, Chancroid and LGV Infections.

Public health providers are required to complete the form if direct entry into PHIMS is not possible; otherwise, the content is to be documented directly in PHIMS. Non-public health providers should report STBBI cases, contacts, and publicly funded STI treatment using the Provider Report Form for Sexually Transmitted and Bloodborne Infections and STI treatment, available at:

https://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_6781.pdf

For all contacts of the above infections identified by name, the key public health investigation elements are identified on 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>

Contacts that require referral to another jurisdiction outside of Manitoba, or to Correctional Services Canada, should be reported to the Manitoba Health Surveillance Unit.

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 Long-Term Care
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`.

SECTION 1 CASE IDENTIFICATION

Data Element	Critical Field	Instructions on Use
Instructions on Use Boxes 1-20 Names, alternate names, date of birth, registration number, health number (PHIN), alternate ID, gender	*	<p>All cases reached directly are offered the option to provide their self-identified racial, ethnic, or Indigenous identity. https://sharedhealthmb.ca/about/racism-disrupted/rei-data/</p> <p>Ensure that a postal code is completed for the address at the time of case, which is required for geographical analysis</p> <p>When the specific address is unknown or the client has no fixed address, but the general location of the client is known, the address at time of initial investigation should reflect an address where they were living or most likely to be found at the time of diagnosis/investigation, e.g. a shelter or park.</p> <p>If the client cannot be located and where they live is unknown, the case is attributed to the jurisdiction of the diagnosing provider. In PHIMS, document address at time of initial investigation, as the location of the diagnosing provider.</p>

SECTION II – INVESTIGATION INFORMATION

Data Element	Critical Field	Instructions on Use
Box 21-23 Primary Investigator Organization and investigation disposition	*	The primary investigator organization should align with the address of the client at time of investigation. PHIMS surveillance reports use the primary organization assigned at 30 days after the investigation is created for case counting. Other organizations who are involved with the investigation should be added.

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 IV – SIGNS AND SYMPTOMS

Document if the client or provider form indicates that they experienced symptoms. It is not required as a data element.

SECTION V RISK FACTOR 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>

For risk factors that are marked * as critical fields, a response must be documented (yes, no, unknown, declined to answer, not asked), with the exception of perinatal cases for which many of the critical risk factors would not apply. Note that required risk factors are not coded as required in PHIMS but are program mandatory. Explore non-required risk factors relevant to the disease and document positive responses only

If risk factor is not applicable to the case investigation, please document answer as “NO” under risk factors.

If client declines to disclose any risk factors, check box for “declined to answer” for all risk factors. For sexual risk factors, document only if relevant during the timeframe of investigation.

Additional definition is provided for the risk factors below:

HOUSING UNSTABLE (IN THE PAST 12 MONTHS): Client is unsheltered, emergency sheltered, or provisionally accommodated as defined by

<https://www.homelesshub.ca/sites/default/files/COHhomelessdefinition-1pager.pdf>

***PREGNANT AT TIME OF DIAGNOSIS:** Enter if client is pregnant, including known or approximate expected date for delivery, or other details (unsure of gestation, does not plan to continue pregnancy).

CONTACT TO A NEW OR PREVIOUSLY DIAGNOSED CASE: Document if the case states they were notified that they were a contact to someone who tested positive. There does not need to be a contact investigation to confirm this.

BORN TO INFECTED MOTHER/BIRTH PARENT: If case is an infant born to an infected mother/birth parent (e.g., infant exposed to symptomatic mother during pregnancy or during/after birth).

SEXUAL PARTNER AT RISK: The case's sexual partner is a person who injects drugs, MSM, sex worker, or anonymous sexual contact and is a likely or possible source of sexual infection acquisition.

SECTION VI EVIDENCE-BASED RECOMMENDED INTERVENTIONS

Common definitions for PHIMS Interventions are described in the table below.

Intervention	Definition or recommended use
Prevention education/counseling per disease protocol.	<p>Indicates that the client has been reached and notified of the potential exposure, or recommendations for follow up for lab-confirmed cases. Includes basic information about the infection, transmission, testing, treatment, general immunization information as applicable.</p> <p>Enter only if occurred in direct service encounter (phone or in person), not by letter or other form of attempted notification</p>
Referral for treatment	<p>A specific arrangement is made with a care provider for treatment. This can refer to treatment for a communicable disease/infection, or for care to facilitate treatment such as allergy testing, penicillin desensitization.</p> <p>This may include HIV PREP/PEP, which can be specified in intervention comments.</p>
Immunization recommended	<p>A specific recommendation for vaccination(s) has been made based on an assessment of the client's immunization history and eligibility. If information from forecaster about a specific vaccine provided this intervention may be documented. If general information about vaccines provided do not document.</p>
STBBI Testing recommended	<p>Recommendation for all relevant STBBI testing is made to the client, which may include specific information regarding where and how to access testing services.</p>
Test of cure recommended	<p>Recommendation for test of cure is infection specific. Refer to the protocol for further details.</p>
Treatment recommended	<p>Recommendation for treatment specific to exposure or infection is made to the client, which may include specific information regarding where and how to access treatment services. If client states, they have received treatment already but not confirmed by the provider – enter treatment recommended intervention with outcome “attended”.</p> <p>This may include HIV PREP/PEP or other STI treatment, which can be specified in intervention comments</p>

SECTION VII TREATMENT INFORMATION

All standard STI treatments documented in STI investigations will flow to eChart. If treatment was reported in a [Provider Report Form for STBBI and STI Treatment](#) and documented in a provider form investigation, the treatment does not need to be documented in the disease investigation as well. If the treatment has been documented in both investigations, a course completed value of “duplicate” must be added to the treatment in the provider form investigation to prevent the duplicate treatment from displaying in eChart. For more information on provider form investigations and treatment documentation see, <https://phimsmb.ca/files/provider-form-qrc-regions.pdf>

SECTION VIII. CONTACTS

Data Element	Critical Field	Instructions on Use
BOXES 34-36. 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. In unable to enter contacts directly into PHIMS, 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 anonymous contacts, please identify the earliest anonymous exposure start date in Box 36.