

* CASE ACCESSION NUMBER OR CASE INVESTIGATION ID  <input type="checkbox"/> CASE NOT IDENTIFIED	CASE SPECIMEN COLLECTION DATE	TRANSMISSION EVENT ID
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# CORONAVIRUS DISEASE 2019 (COVID-19) CONTACT INVESTIGATION FORM

## CONTACT FORM

(FOR CONTACTS TO OUT-OF-PROVINCE CASES OR CASE UNKNOWN, AND CONTACT REFERRALS BETWEEN REGIONS OR OUTSIDE MANITOBA)



FOR MANITOBA CONTACTS, SUBMIT CONTACT AFTER CLIENT HAS BEEN CONTACTED, EDUCATED, AND CONTACT DETAILS ARE CONFIRMED. THIS INFORMATION MUST BE ACCURATE FOR PURPOSES OF LOCATING CLIENT IN PHIMS IN ORDER TO FACILITATE CALL CENTRE OPERATIONS.

### I. CONTACT IDENTIFICATION

subject > client details > personal information

1. * LAST NAME	2. * FIRST NAME	3. * DATE OF BIRTH <small>YYYY - MM - DD</small>
4. ALTERNATE LAST NAME		5. ALTERNATE FIRST NAME
6. *SEX <input type="radio"/> FEMALE <input type="radio"/> MALE <input type="radio"/> INTERSEX <input type="radio"/> UNKNOWN	7. *REGISTRATION NUMBER (FORMER MHSC) <small>6 DIGITS</small>	8. *HEALTH NUMBER (PHIN) <small>9 DIGITS</small>
		9. ALTERNATE ID <small>SPECIFY TYPE OF ID</small>
10. *ADDRESS AT TIME OF DIAGNOSIS → <input type="checkbox"/> ADDRESS IN FIRST NATION COMMUNITY		11. *CITY/TOWN/VILLAGE
12. *PROVINCE/TERRITORY		13. *POSTAL CODE <small>A## #A#</small>
14. *PHONE NUMBER <small>### - ### - ####</small>		15. ALTERNATIVE PHONE NUMBER <small>### - ### - ####</small>

### II. INVESTIGATION INFORMATION

investigation > investigation details > investigation information  
investigation > investigation details > resp. org/investigator

16. * INVESTIGATION DISPOSITION	<input type="radio"/> FOLLOW-UP COMPLETE <input type="radio"/> UNABLE TO COMPLETE INTERVIEW <input type="radio"/> PENDING
17. * RESPONSIBLE ORGANIZATION (PRIMARY)	<input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC
18. OTHER ORGANIZATIONS INVOLVED	<input type="checkbox"/> WRHA <input type="checkbox"/> NRHA <input type="checkbox"/> PMH <input type="checkbox"/> SH-SS <input type="checkbox"/> IERHA <input type="checkbox"/> FNIHB <input type="checkbox"/> CSC <input type="checkbox"/> DND

### III. INFECTION INFORMATION

investigation > investigation details > disease summary

19. CONTACT TO: <input type="checkbox"/> CASE OF COVID-19
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### IV. SIGNS AND SYMPTOMS

investigation > signs & symptoms

<input type="radio"/> *ASYMPTOMATIC <input type="radio"/> *SYMPTOMATIC	*ONSET DATE IF SYMPTOMATIC (refer as Person Under Investigation)	<small>YYYY-MM-DD</small>
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### V. ACQUISITION EXPOSURE

(INDICATE THE SETTING WHERE THE CONTACT WAS EXPOSED TO THE INFECTION)

investigation > exposure summary > create acquisition event

20. *SETTING TYPE	21. *EXPOSURE SETTING DETAILS (NAME/DESCRIPTION/LOCATION)	22. *EXPOSURE START DATE <small>YYYY-MM-DD</small>	23. *EXPOSURE END DATE <small>YYYY-MM-DD</small>
<input type="checkbox"/> TRAVEL <input type="checkbox"/> COMMUNITY CONTACT <input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> CLOSE, NON-HOUSEHOLD			

\* IDENTIFIES CRITICAL DATA ELEMENT OR SECTION TO BE COMPLETED. IF THIS DATA IS MISSING, THE FORM WILL BE RETURNED.

* CASE ACCESSION NUMBER  CASE NOT IDENTIFIED	TRANSMISSION EVENT ID	CONTACT NAME OR INITIALS	CONTACT PHIN
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## VI. INTERVENTIONS

investigation > treatment and intervention > interventions summary

24. *INTERVENTION	25. *DISPOSITION OF SYMPTOM MONITORING	26. *INTERVENTION START DATE YYYY-MM-DD	27. *INTERVENTION END DATE YYYY-MM-DD	28. ADDRESS DURING ISOLATION
<input type="checkbox"/> ISOLATION <input type="checkbox"/> FACILITY ISOLATION <input type="checkbox"/> HOME ISOLATION <input type="checkbox"/> SELF ISOLATION (OTHER LOCATION)	<input type="checkbox"/> FOLLOW-UP PERFORMED BY REGION <input type="checkbox"/> FOLLOW UP PERFORMED BY CALL CENTRE			

## VIII. RESPONSIBLE REGIONAL PUBLIC HEALTH AUTHORITY USE ONLY

investigation > investigation details > close investigation

29. FORM COMPLETED BY (PRINT NAME)	30. SIGNATURE	31. FORM COMPLETION DATE  YYYY-MM-DD
32. FORM REVIEWED BY (PRINT NAME)	33. FORM REVIEWED DATE  YYYY-MM-DD	RHA USE ONLY
34. INVESTIGATION STATUS <input type="radio"/> ONGOING <input type="radio"/> CLOSED TO THE REGION	35. ORGANIZATION <input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC	STAMP HERE

PLEASE SUBMIT THIS INVESTIGATION FORM BY SECURED FAX OR COURIER TO THE SURVEILLANCE UNIT AT MANITOBA HEALTH AFTER HOURS EMERGENCY PHONE FOR PUBLIC HEALTH ISSUES: (204) 788-8666.

THIS FORM IS ALSO AVAILABLE FOR DOWNLOAD IN A FILLABLE PDF FORMAT AT  
<http://www.gov.mb.ca/health/publichealth/surveillance/forms.html>

A USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES AND INSTRUCTIONS FOR THIS FORM ARE AVAILABLE FOR DOWNLOAD AT  
<http://www.gov.mb.ca/health/publichealth/surveillance/forms.html>

\* IDENTIFIES CRITICAL DATA ELEMENT OR SECTION TO BE COMPLETED. IF THIS DATA IS MISSING, THE FORM WILL BE RETURNED.

# INSTRUCTIONS FOR SURVEILLANCE FORM

## MHSU-6684 - CORONAVIRUS DISEASE 2019 (COVID-19)

### CONTACT INVESTIGATION FORM (FOR CONTACTS TO OUT-OF-PROVINCE CASES OR CASE UNKNOWN, OR FOR CONTACT REFERRALS BETWEEN REGIONS OR OUTSIDE PROVINCE)

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

Publication date: April 2, 2020

**Let us know what you think.** We appreciate your feedback! If you would like to comment of any aspects of this document 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-6684 (2020-04-02) – COVID-19 Contact Investigation Form**.

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 Interim Public Health Measures document for additional information on contact definitions, timeframes for investigation, and contact management recommendations for COVID-19.

### SUBMISSION OF FORMS TO THE SURVEILLANCE UNIT

**INVESTIGATION (MHSU-6684) CONTACT FORMS SHOULD BE COMPLETED AND FAXED TO THE SURVEILLANCE UNIT CONFIDENTIAL FAX 204-948-3044 WITHIN 2 BUSINESS DAYS OF THE INTERVIEW WITH THE 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.

[https://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu\\_ug.pdf](https://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_ug.pdf)

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.

This form should be used for contacts to out-of-province cases or case unknown, or for contact referrals between regions. For the most up to date provincial public health guidance relating to COVID-19, refer to the Interim Public Health Measures document.

### FORM HEADER

For contacts to out-of-province cases, or cases unknown, the following identifying information will not be available (check off: “Case not identified”). The fields remain on the form in the event contact forms are used in cases where regions are transferring contacts between one another.

Data Element	Critical Field	Instructions on Use
Case Accession number; Additional accession numbers	*	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
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## SECTION I CONTACT IDENTIFICATION

Data Element	Critical Field	Instructions on use
<b>Box 1-15</b> Personal contact details	*	This information must be completed and accurate after client has been initially contacted. The integrity of this information is important so that clients can be found in PHIMS, and the call centre performing daily symptom monitoring is able to start and continue follow-up.  Ensure phone contact information is available.

## SECTION V– ACQUISITION EXPOSURE (EXPOSURE TO INFECTION)

Indicate the setting where the contact was most likely exposed to the case during the period of communicability. Indicate if unknown.

Data Element	Critical Field	Instructions on Use
<b>Box 20, 21, 22, 23</b> Exposure setting type, Exposure setting details, Exposure start date, Exposure end date		Indicate if exposure is through: <ul style="list-style-type: none"> <li>• Travel or Community contact setting</li> <li>• If community contact setting, indicate if this is a household contact setting or other close non-household contact setting (e.g., workplace)</li> </ul> PHIMS data entry for <b>travel</b> -related exposures: <ul style="list-style-type: none"> <li>• Exposure name = Transportation Type (Cruise, Plane, Conference/Event, Accommodation) <ul style="list-style-type: none"> <li>○ e.g. “Plane”</li> </ul> </li> <li>• Acquisition start date = exposure start date</li> <li>• Acquisition end date = exposure end date</li> <li>• Location Name = Remaining information, as per form, dividing field with semi-colon (;) <ul style="list-style-type: none"> <li>○ e.g., “Air Canada AC492; Toronto; Winnipeg; 12D, 2020-03-10; 2020-03-10; Sat next to sick person”</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>• Setting Type = Travel</li> <li>• Setting = Choose applicable option</li> </ul> <p>PHIMS data entry for <b>household</b>-related exposures:</p> <ul style="list-style-type: none"> <li>• Exposure name = Household</li> <li>• Acquisition start date = exposure start date</li> <li>• Acquisition end date = exposure end date</li> <li>• Location Name = Remaining information, as per form, dividing field with semi-colon (;) <ul style="list-style-type: none"> <li>○ e.g., “Home; 300 Carlton Street”</li> </ul> </li> <li>• Setting Type = Community Contact</li> <li>• Setting = Household</li> </ul> <p>PHIMS data entry for <b>close, non-household</b> exposures:</p> <ul style="list-style-type: none"> <li>• Exposure name = Specify as appropriate <ul style="list-style-type: none"> <li>○ e.g., “Workplace”</li> </ul> </li> <li>• Acquisition start date = exposure start date</li> <li>• Acquisition end date = exposure end date</li> <li>• Location Name = Remaining information, as per form, dividing field was semi-colon (;) <ul style="list-style-type: none"> <li>○ e.g., “Workplace; 2020-03-04; Manitoba Health; 300 Carlton”</li> </ul> </li> <li>• Setting Type = Type of Community Contact</li> <li>• Setting = Close non-household</li> </ul> <ul style="list-style-type: none"> <li>• In the case of a travel related exposure, use table below to provide details on travel. Please fill in all fields, as information will be used for further contact tracing purposes. Regions are responsible for ensuring information is verified (i.e., flight numbers, routes).</li> </ul>
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## VI – INTERVENTIONS

Indicate which interventions have been put into place for the contact. When interventions overlap, such as quarantine and active symptom monitoring – include start and end dates for both interventions.

Data Element	Critical Field	Instructions on Use
Box 24, 25 Intervention, Disposition	*	Isolation*

		<p>Provide details of isolation intervention. Include intervention start date and end dates. This is crucial so users and call centre staff know when to end symptom monitoring daily calls.</p> <p>Select the type of isolation:</p> <ul style="list-style-type: none"> <li>• Facility isolation = isolation in hospital, long-term care facility or other</li> <li>• Home isolation = isolation at place of residence</li> <li>• Self isolation (other location) = isolation at alternate location (e.g., hotel)</li> </ul> <p>For PHIMS users, active daily monitoring follow-up events can be documented for isolation. Once the intervention type is selected, users can add follow-up events. For each event, users can select the outcome – e.g., no symptoms, symptoms – and keep a record of each event.</p> <p><b>Disposition</b></p> <p>This indicates if the region will continue to do daily monitoring of the client, or if they would like this transferred to the call centre (after the initial call).</p> <p>PHIMS data entry:</p> <ul style="list-style-type: none"> <li>• The Disposition is found in “Investigation Information”. It should be documented in the <b>overall</b> disposition of the investigation, not the disposition of the Isolation intervention.</li> <li>• The Intervention should be added under “Treatment and Intervention”.</li> </ul> <p>* For the purposes of PHIMS standardization and to match commonly used language in this response, the Isolation intervention is used. However, this is not true “isolation” as the person is not sick.</p>
<p><b>Box 26, 27</b> Intervention start date, intervention end date</p>	<p>*</p>	<p>Document intervention start and end dates.</p>
<p><b>Box 28</b> Address during isolation</p>	<p>*</p>	<p>If client is staying at an alternate address during isolation, include this address.</p> <p>PHIMS data entry:</p> <ul style="list-style-type: none"> <li>• For “Address during isolation”, add this as a Temporary address. The effective dates should be the same as the isolation start and end dates.</li> </ul>





<b>* CASE ACCESSION NUMBER</b>	<b>INVESTIGATION ID</b>	<b>ADDITIONAL ACCESSION NUMBERS</b> <small>(COMMA SEPARATED)</small>
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# CORONAVIRUS DISEASE 2019 (COVID-19) CASE INVESTIGATION FORM



**CASE FORM**

FORM UPDATES:  \_\_\_\_\_ (YYYY-MM-DD)  \_\_\_\_\_ (YYYY-MM-DD)

investigation quick entry > client details

full features: subject > client details > client demographics > personal information

## I. CASE IDENTIFICATION

1. <b>*LAST NAME</b>		2. <b>*FIRST NAME</b>		3. <b>*DATE OF BIRTH</b>  YYYY - MM - DD	
4. <b>ALTERNATE LAST NAME</b>			5. <b>ALTERNATE FIRST NAME</b>		
6. <b>*SEX</b> <input type="radio"/> FEMALE <input type="radio"/> MALE <input type="radio"/> INTERSEX <input type="radio"/> UNKNOWN		7. <b>*REGISTRATION NUMBER (FORMER MHSC)</b>  6 DIGITS		8. <b>*HEALTH NUMBER (PHIN)</b>  9 DIGITS	
9. <b>ALTERNATE ID</b>  SPECIFY TYPE				11. <b>*CITY/TOWN/VILLAGE</b>	
10. <b>*ADDRESS AT TIME OF DIAGNOSIS</b> → <input type="checkbox"/> <b>ADDRESS IN FIRST NATION COMMUNITY</b>				12. <b>*PROVINCE/TERRITORY</b>	
13. <b>*POSTAL CODE</b>  A#A #A#		14. <b>*PHONE NUMBER</b>  ### - ### - ####		15. <b>ETHNIC ORIGIN (VOLUNTARY, SELF-REPORTED – CHOOSE ONE ONLY)</b> <input type="radio"/> AFRICAN <input type="radio"/> EUROPEAN (INCLUDES EASTERN EUROPE) <input type="radio"/> NORTH AMERICAN INDIGENOUS <input type="radio"/> DECLINED <input type="radio"/> ASIAN (INCLUDES MIDDLE EAST, PHILIPPINES) <input type="radio"/> LATIN, CENTRAL AND SOUTH AMERICAN (INCLUDES MEXICO) <input type="radio"/> OCEANIA (INCLUDES PACIFIC ISLANDS) <input type="radio"/> NOT ASKED <input type="radio"/> CARIBBEAN <input type="radio"/> NORTH AMERICAN (INCLUDES CANADA, USA) <input type="radio"/> UNKNOWN	
16. <b>*INDIGENOUS IDENTITY DECLARATION (VOLUNTARY, SELF-REPORTED)</b> <input type="radio"/> FIRST NATIONS <input type="radio"/> MÉTIS <input type="radio"/> INUIT <input type="radio"/> DECLINED		17. <b>*FIRST NATIONS STATUS (VOLUNTARY, SELF-REPORTED)</b> <input type="radio"/> STATUS <input type="radio"/> NON-STATUS <input type="radio"/> DECLINED		<b>MHSU USE ONLY</b>	
18. <b>ALTERNATE LOCATION INFORMATION (IF ANY)</b>					

investigation quick entry > disease details

## II. INVESTIGATION INFORMATION

full features: investigation > investigation details > investigation information or resp. org/investigator

19. <b>*INVESTIGATION DISPOSITION</b>		<input type="radio"/> FOLLOW-UP COMPLETE <input type="radio"/> UNABLE TO COMPLETE INTERVIEW <input type="radio"/> PENDING			
20. <b>*RESPONSIBLE ORGANIZATION (PRIMARY)</b>		<input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC			
21. <b>OTHER ORGANIZATIONS INVOLVED</b>		<input type="checkbox"/> WRHA <input type="checkbox"/> NRHA <input type="checkbox"/> PMH <input type="checkbox"/> SH-SS <input type="checkbox"/> IERHA <input type="checkbox"/> FNIHB <input type="checkbox"/> CSC <input type="checkbox"/> DND			

investigation quick entry > disease details

full features: investigation > investigation details > disease summary

## III. INFECTION INFORMATION

22. <b>DISEASE:</b> <input type="checkbox"/> COVID-19		23. <b>*CASE CLASSIFICATION</b> <input type="radio"/> LAB CONFIRMED <input type="radio"/> PROBABLE <input type="radio"/> NOT A CASE			
24. <b>*MOST LIKELY ACQUISITION TYPE (STAGING)</b>		<input type="radio"/> TRAVEL ACQUIRED <input type="radio"/> CLOSE CONTACT OF KNOWN CASE <input type="radio"/> UNKNOWN			

## IV. SIGNS AND SYMPTOMS

investigation quick entry > signs & symptoms

full features: investigation > signs & symptoms

25. <b>*SYMPTOM ONSET</b>		<b>*ONSET DATE</b> YYYY-MM-DD		<b>ONSET TIME</b> (IF APPLICABLE) HH:MM		<b>ESTIMATE D</b>	
<input type="radio"/> ASYMPTOMATIC		<input type="radio"/> SYMPTOMATIC				<input type="checkbox"/>	
26. <b>*SIGNS AND SYMPTOMS</b>							
<input type="checkbox"/> ABDOMINAL PAIN/CRAMPING		<input type="checkbox"/> DIARRHEA		<input type="checkbox"/> RENAL FAILURE		<input type="checkbox"/> OTHER	
<input type="checkbox"/> ACUTE RESPIRATORY DISTRESS SYNDROME		<input type="checkbox"/> ENCEPHALITIS		<input type="checkbox"/> SEIZURE			
<input type="checkbox"/> CHILLS		<input type="checkbox"/> FEVER (>38 °C)		<input type="checkbox"/> SEPTICEMIA OR SEPSIS			
<input type="checkbox"/> CONFUSION, ALTERED MENTAL STATE		<input type="checkbox"/> HEADACHE		<input type="checkbox"/> SHORTNESS OF BREATH			
<input type="checkbox"/> COUGH, DRY		<input type="checkbox"/> MUSCLE PAIN (MYALGIA)		<input type="checkbox"/> SORE THROAT			
<input type="checkbox"/> COUGH, PRODUCTIVE		<input type="checkbox"/> PNEUMONIA		<input type="checkbox"/> VOMITING		SPECIFY	

\* IDENTIFIES CRITICAL DATA ELEMENT OR SECTION TO BE COMPLETED. IF THIS DATA IS MISSING, THE FORM WILL BE RETURNED.

<b>* CASE ACCESSION NUMBER</b>	<b>CASE NAME OR INITIALS</b>	<b>CASE PHIN</b>
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**V. RISK FACTOR INFORMATION**

investigation quick entry > risk factors  
full features: subject > risk factors

<b>COMPLETE THE FOLLOWING AND SPECIFY DETAILS WHERE REQUESTED. FOR EXPOSURES (27-31), PROVIDE A BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI.</b>	<b>YES</b>	<b>NO</b>	<b>UN-KNOWN</b>	<b>DECLINED TO ANSWER</b>	<b>NOT ASKED</b>
<b>27. * OUTBREAK ASSOCIATED</b>  <div style="text-align: right; font-size: small;">SPECIFY NAME AND/OR OUTBREAK CODE</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>28. * ANIMAL OR ANIMAL WASTE CONTACT (LIVE ANIMAL MARKETS, <u>NOT INCLUDING DOMESTIC PETS</u>, WITHIN 14 DAYS OF SYMPTOM ONSET)</b>  <div style="text-align: right; font-size: small;">PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>29. * CONTACT OF A NEW OR PREVIOUSLY DIAGNOSED CASE (CONFIRMED OR PROBABLE, WITHIN 14 DAYS OF SYMPTOM ONSET)</b>  <div style="text-align: right; font-size: small;">PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>30. * CONTACT WITH SOMEONE WITH SIMILAR ILLNESS (WITHIN 14 DAYS OF SYMPTOM ONSET)</b>  <div style="text-align: right; font-size: small;">PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>31. * EXPOSURE SETTING LOCATION: OTHER PROVINCE IN CANADA (WITHIN 14 DAYS OF SYMPTOM ONSET)</b>  <div style="text-align: right; font-size: small;">PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>32. * EXPOSURE SETTING LOCATION: OUTSIDE CANADA (WITHIN 14 DAYS OF SYMPTOM ONSET)</b>  <div style="text-align: right; font-size: small;">PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>33. * PREGNANT AT TIME OF DIAGNOSIS</b>  <div style="text-align: right; font-size: small;">SPECIFY EDC: YYYY-MM-DD</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>34. * SENSITIVE ENVIRONMENT</b> <input type="checkbox"/> CHILD CARE (WORK/VOLUNTEER/ATTENDEE) <input type="checkbox"/> CORRECTIONAL CENTER (WORK/RESIDENT) <input type="checkbox"/> HEALTH CARE FACILITY (RESIDENT/PATIENT) <input type="checkbox"/> HEALTH CARE FACILITY (WORK/VOLUNTEER) <input type="checkbox"/> LONG-TERM CARE FACILITY (RESIDENT) <input type="checkbox"/> LONG-TERM CARE FACILITY (WORK/VOLUNTEER) <input type="checkbox"/> LABORATORY WORKER <input type="checkbox"/> OTHER CONGREGATE SETTING (WORK/VOLUNTEER/RESIDENT, SPECIFY)  <div style="text-align: right; font-size: small;">SPECIFY</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>35. * UNDERLYING ILLNESS</b> <input type="checkbox"/> CARDIAC DISEASE <input type="checkbox"/> DIABETES <input type="checkbox"/> CHRONIC PULMONARY DISEASE <input type="checkbox"/> HYPERTENSION <input type="checkbox"/> CHRONIC KIDNEY DISEASE <input type="checkbox"/> IMMUNOCOMPROMISED <input type="checkbox"/> CHRONIC LIVER DISEASE <input type="checkbox"/> OTHER (SPECIFY)  <div style="text-align: right; font-size: small;">SPECIFY</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>36. OTHER RISK FACTOR (SPECIFY)</b> <input type="checkbox"/> SMOKING <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> VAPING  <div style="text-align: right; font-size: small;">SPECIFY</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* IDENTIFIES CRITICAL DATA ELEMENT OR SECTION TO BE COMPLETED. IF THIS DATA IS MISSING, THE FORM WILL BE RETURNED.

<b>* CASE ACCESSION NUMBER</b>	<b>CASE NAME OR INITIALS</b>	<b>CASE PHIN</b>
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**VI. ACQUISITION EXPOSURES**  
(POTENTIAL SOURCE OF THE INFECTION)

investigation quick entry > exposure summary > acquisition quick entry  
full features: investigation > exposure summary > create acquisition event

**INDICATE ALL SETTINGS WHERE THE CASE MAY HAVE ACQUIRED THE INFECTION. IF TRAVEL-RELATED, SPECIFY DETAILS OF TRAVEL IN TABLE BELOW. COPY THIS PAGE IF REQUIRED FOR ADDITIONAL SETTINGS.**

**WHEN COMPLETE, PLEASE MAKE OVERALL ASSESSMENT ON MOST LIKELY ACQUISITION TYPE IN SECTION III INFECTION INFORMATION.**

37. *SETTING TYPE	38. *EXPOSURE SETTING DETAILS (NAME/DESCRIPTION/LOCATION)	39. *EXPOSURE START DATE YYYY-MM-DD	40. *EXPOSURE END DATE YYYY-MM-DD
<input type="checkbox"/> TRAVEL (DETAILS BELOW) <input type="checkbox"/> COMMUNITY CONTACT <input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> CLOSE, NON-HOUSEHOLD			
<input type="checkbox"/> TRAVEL (DETAILS BELOW) <input type="checkbox"/> COMMUNITY CONTACT <input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> CLOSE, NON-HOUSEHOLD			
<input type="checkbox"/> TRAVEL (DETAILS BELOW) <input type="checkbox"/> COMMUNITY CONTACT <input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> CLOSE, NON-HOUSEHOLD			

**COMPLETE FOR ANY TRAVEL IN 14 DAYS PRIOR TO SYMPTOM ONSET. ALL DATES AND TIMES SHOULD BE LOCAL TIMES. REGIONS ARE RESPONSIBLE FOR VERIFYING TRAVEL DETAILS (I.E. FLIGHT DETAILS) TO ENSURE THEY ARE CORRECT. COPY THIS PAGE IF MORE ROOM NEEDED.**

41. CRUISE	NAME OF CRUISESHIP	ORIGIN AND DESTINATION	ROOM NUMBER	SAILING DATES	OTHER NOTES

  

PLANE	AIRLINE AND FLIGHT NUMBER	ORIGIN AND DESTINATION	ROW AND SEAT NUMBER	DATES/TIMES	OTHER NOTES

  

CONFERENCE/EVENT	NAME OF EVENT / EVENT SPACE	LOCATION	DATES/TIMES	OTHER NOTES

  

ACCOMODATION	NAME OF HOTEL / RESIDENCE	LOCATION	DATES/TIMES	OTHER NOTES

  

OTHER MODE OF TRANSPORTATION	NAME OF OPERATOR	INTINERARY	DATES/TIMES	OTHER NOTES

\* IDENTIFIES CRITICAL DATA ELEMENT OR SECTION TO BE COMPLETED. IF THIS DATA IS MISSING, THE FORM WILL BE RETURNED.

<b>* CASE ACCESSION NUMBER</b>	<b>CASE NAME OR INITIALS</b>	<b>CASE PHIN</b>
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**VII. INTERVENTIONS**

investigation quick entry > interventions  
 full features: investigation > treatment and interventions > interventions summary

42. <b>*INTERVENTION</b>	43. <b>*INTERVENTION SUB-TYPE</b>	44. <b>*START DATE (OR DATE OF EVENT)</b> <small>YYYY-MM-DD</small>	45. <b>*END DATE (IF APPLICABLE)</b> <small>YYYY-MM-DD</small>	46. <b>LOCATION / ADDRESS (IF APPLICABLE)</b>
<input type="checkbox"/> ISOLATION	<input type="checkbox"/> FACILITY ISOLATION <input type="checkbox"/> HOME ISOLATION <input type="checkbox"/> SELF ISOLATION (OTHER LOCATION)			IF ISOLATION IS AT DIFFERENT ADDRESS THAN HOME
<b>PHIMS REGIONS CAN REGULARLY MONITOR STATUS ASSESSMENTS IN PHIMS. FOR NON-PHIMS REGIONS, INCLUDE STATUS AT TIME OF FORM COMPLETION AND UPDATE ANYTIME THERE IS A CHANGE IN STATUS (E.G., CASE IS HOSPITALIZED OR CASE HAS RECOVERED).</b>				
<input type="checkbox"/> STATUS ASSESSEMENT	<input type="checkbox"/> FATAL			
	<input type="checkbox"/> HOME ISOLATION			
	<input type="checkbox"/> HOSPITALIZATION			
	<input type="checkbox"/> ICU			
	<input type="checkbox"/> MECHANICAL VENTILATION			
	<input type="checkbox"/> RECOVERED			
	<input type="checkbox"/> UNKNOWN			

\* IDENTIFIES CRITICAL DATA ELEMENT OR SECTION TO BE COMPLETED. IF THIS DATA IS MISSING, THE FORM WILL BE RETURNED.

<b>* CASE ACCESSION NUMBER</b>	<b>CASE NAME OR INITIALS</b>	<b>CASE PHIN</b>
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**VIII. \*TRANSMISSION EXPOSURES - SETTINGS**

investigation quick entry > transmission event quick entry  
 full features: investigation > exposure summary > create transmission event

**(POTENTIAL SPREAD TO CONTACTS DURING PERIOD OF COMMUNICABILITY)**

**INDICATE ALL SETTINGS WHERE THE CASE MAY HAVE SPREAD THE INFECTION TO CONTACTS. IF TRAVEL-RELATED, LIST IN THIS TABLE AND SPECIFY DETAILS OF TRAVEL IN TABLE BELOW. COPY THIS PAGE IF REQUIRED FOR ADDITIONAL SETTINGS.**

47. *SETTING #	48. *SETTING TYPE	49. *EXPOSURE SETTING DETAILS (NAME/DESCRIPTION/LOCATION)	50. *EXPOSURE START DATE YYYY-MM-DD	51. *EXPOSURE END DATE YYYY-MM-DD	52. *NUMBER OF CONTACTS FOR THIS SETTING
	<input type="checkbox"/> TRAVEL (DETAILS BELOW) <input type="checkbox"/> COMMUNITY CONTACT <input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> CLOSE, NON-HOUSEHOLD				
	<input type="checkbox"/> TRAVEL (DETAILS BELOW) <input type="checkbox"/> COMMUNITY CONTACT <input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> CLOSE, NON-HOUSEHOLD				
	<input type="checkbox"/> TRAVEL (DETAILS BELOW) <input type="checkbox"/> COMMUNITY CONTACT <input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> CLOSE, NON-HOUSEHOLD				

**COMPLETE FOR ANY TRAVEL DURING THE PERIOD OF COMMUNICABILITY. ALL DATES AND TIMES SHOULD BE LOCAL TIMES. REGIONS ARE RESPONSIBLE FOR VERIFYING TRAVEL DETAILS (I.E. FLIGHT DETAILS) TO ENSURE THEY ARE CORRECT. COPY THIS PAGE IF MORE ROOM NEEDED.**

CRUISE	NAME OF CRUISESHIP	ORIGIN AND DESTINATION	ROOM NUMBER	SAILING DATES	OTHER NOTES
PLANE	AIRLINE AND FLIGHT NUMBER	ORIGIN AND DESTINATION	ROW AND SEAT NUMBER	DATES/TIMES	OTHER NOTES
CONFERENCE/EVENT	NAME OF EVENT / EVENT SPACE		LOCATION	DATES/TIMES	OTHER NOTES
ACCOMODATION	NAME OF HOTEL / RESIDENCE		LOCATION	DATES/TIMES	OTHER NOTES
OTHER MODE OF TRANSPORTATION	NAME OF OPERATOR		INTINERARY	DATES/TIMES	OTHER NOTES

\* IDENTIFIES CRITICAL DATA ELEMENT OR SECTION TO BE COMPLETED. IF THIS DATA IS MISSING, THE FORM WILL BE RETURNED.

<b>* CASE ACCESSION NUMBER</b>	<b>CASE NAME OR INITIALS</b>	<b>CASE PHIN</b>
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**IX. CONTACTS**

**COMPLETE THIS FORM FOR IN-REGION CONTACTS.  
(COPY PAGE IF REQUIRED)**

investigation quick entry > exposure summary > create  
transmission event > known contacts  
contact investigation > disposition / intervention

**SUBMIT CONTACTS AFTER CLIENT HAS BEEN CONTACTED, EDUCATED, AND CONTACT DETAILS ARE CONFIRMED. THIS INFORMATION MUST BE ACCURATE FOR PURPOSES OF LOCATING CLIENT IN PHIMS IN ORDER TO FACILITATE CALL CENTRE OPERATIONS.**

53. <b>*SETTING #</b> (FROM PREVIOUS PAGE)	54. <b>*CONTACT PERSONAL INFORMATION</b>	55. <b>*EXPOSURE START AND END DATES</b> YYYY-MM-DD	56. <b>*INTERVENTION AND DISPOSITION OF SYMPTOM MONITORING</b>	57. <b>*INTERVENTION START AND END DATES</b> YYYY-MM-DD	58. <b>INTERVENTIONS/NOTES</b>
	<b>NAME:</b>  <b>PHIN:</b>  <b>DOB/AGE:</b>  <b>ADDRESS:</b>  <b>ADDRESS DURING ISOLATION:</b>  <b>PHONE:</b>  <b>ALTERNATE PHONE NUMBER:</b>	<b>START DATE</b>	<input type="checkbox"/> <b>ISOLATION</b> <input type="checkbox"/> FACILITY ISOLATION <input type="checkbox"/> HOME ISOLATION <input type="checkbox"/> SELF ISOLATION (OTHER LOCATION)	<b>START DATE</b>	
		<b>END DATE</b>	<b>DISPOSITION:</b> <input type="checkbox"/> FOLLOW-UP PERFORMED BY REGION <input type="checkbox"/> FOLLOW UP PERFORMED BY CALL CENTRE	<b>END DATE</b>	
	<b>NAME:</b>  <b>PHIN:</b>  <b>DOB/AGE:</b>  <b>ADDRESS:</b>  <b>ADDRESS DURING ISOLATION:</b>  <b>PHONE:</b>  <b>ALTERNATE PHONE NUMBER:</b>	<b>START DATE</b>	<input type="checkbox"/> <b>ISOLATION</b> <input type="checkbox"/> FACILITY ISOLATION <input type="checkbox"/> HOME ISOLATION <input type="checkbox"/> SELF ISOLATION (OTHER LOCATION)	<b>START DATE</b>	
		<b>END DATE</b>	<b>DISPOSITION:</b> <input type="checkbox"/> FOLLOW-UP PERFORMED BY REGION <input type="checkbox"/> FOLLOW UP PERFORMED BY CALL CENTRE	<b>END DATE</b>	
	<b>NAME:</b>  <b>PHIN:</b>  <b>DOB/AGE:</b>  <b>ADDRESS:</b>  <b>ADDRESS DURING ISOLATION:</b>  <b>PHONE:</b>  <b>ALTERNATE PHONE NUMBER:</b>	<b>START DATE</b>	<input type="checkbox"/> <b>ISOLATION</b> <input type="checkbox"/> FACILITY ISOLATION <input type="checkbox"/> HOME ISOLATION <input type="checkbox"/> SELF ISOLATION (OTHER LOCATION)	<b>START DATE</b>	
		<b>END DATE</b>	<b>DISPOSITION:</b> <input type="checkbox"/> FOLLOW-UP PERFORMED BY REGION <input type="checkbox"/> FOLLOW UP PERFORMED BY CALL CENTRE	<b>END DATE</b>	

\* IDENTIFIES CRITICAL DATA ELEMENT OR SECTION TO BE COMPLETED. IF THIS DATA IS MISSING, THE FORM WILL BE RETURNED.





# INSTRUCTIONS FOR SURVEILLANCE FORM

## MHSU-6683 - CORONAVIRUS DISEASE 2019 (COVID-19) CASE INVESTIGATION 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

Publication date: April 2, 2020

**Let us know what you think.** We appreciate your feedback! If you would like to comment of any aspects of this document 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-6683 (2020-04-02) – COVID-19 Case Investigation Form**.

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 Interim Public Health Measures document for additional information on case definitions, timeframes for investigation, and case management recommendations for COVID-19.

### **SUBMISSION OF FORMS TO THE SURVEILLANCE UNIT**

**INVESTIGATION (MHSU-6683) CASE FORMS SHOULD BE COMPLETED AND FAXED TO THE SURVEILLANCE UNIT CONFIDENTIAL FAX 204-948-3044 WITHIN 24 HOURS 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.

[https://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu\\_ug.pdf](https://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_ug.pdf)

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.

As COVID-19 is an emerging pathogen, several characteristics of the infection are still not completely understood (e.g., period of communicability), and guidance on how to define and manage these aspects may change as new information becomes available. For the most up to date provincial public health guidance refer to the Interim Public Health Measures document.

Forms should be re-submitted if significant new information emerges after the initial investigation (e.g., status assessment changes – see Section VII).

COVID-19 allows for an Investigation Quick Entry (IQE) option. IQE allows users to enter relevant case information on one main screen, and provides links to the full information and features for any particular section. Note that IQE is used for the first input of investigation information. Once it is saved, users will need to navigate to the full features of sections in order to make changes (e.g., you can no longer make changes to Signs and Symptoms once the IQE page is saved; to make changes, you must access the full features section through the link in IQE or left-hand navigation).

### 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.
Investigation ID		The investigation ID may also be written in the investigation header. Clinical cases may not have laboratory accession numbers, and the investigation ID provides quick identification of the associated investigation in the absence of an accession number.
Case Name or Initials;		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.

Case PHIN		Ensures all pages can be identified and associated to the correct client should they become separated.
Form Updates		If the form is re-submitted, please indicate that this is an updated form, and the applicable update date. Please CIRCLE in pen/pencil any updates. Highlighted areas cannot be seen after fax transmission.

## SECTION I CASE IDENTIFICATION

Data Element	Critical Field	Instructions on Use
<b>Box 16, 17</b> Indigenous Identity Declaration First Nations Status	*	<p>Public Health Nurses are <b>required</b> to ask clients about Indigenous Identity and First Nation Status (as applicable) as part of the public health response for COVID-19 in Manitoba.</p> <p>The client is asked to answer the question. <b>Responding is voluntary</b> – and the client is encouraged to respond. If the client does not wish to answer the question it should be documented as “Declined” on the COVID-19 Reporting form.</p> <p>PHIMS data entry:</p> <ul style="list-style-type: none"> <li>• “Effective From” date should be date of interview or form completion</li> <li>• If a client has already answered this question, or selects multiple responses, the user will not be able to make these changes in IQE. Go to full features.</li> <li>• If multiple responses are applicable, enter these in full features.</li> <li>• The option of “declined” cannot be captured in PHIMS. The field should be left blank.</li> </ul> <p>See Appendix for more information.</p>

### SECTION III - INFECTION INFORMATION

Data Element	Critical Field	Instructions on Use
<b>Box 22 / 23</b> Disease Case Classification	*	Document the current classification of the investigation – i.e. whether the case definition is lab confirmed, probable, a person under investigation or not a case.  Refer to the Interim Public Health Measures document for information on case definitions.  PHIMS data entry: <ul style="list-style-type: none"> <li>• Encounter Group = Outbreak Response</li> <li>• Disease = COVID-19</li> <li>• Microorganism = Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)</li> </ul>
<b>Box 24</b> Most likely acquisition type	*	Select the most probable way that the infection was acquired based on case investigation. <ul style="list-style-type: none"> <li>• Travel acquired = case most likely acquired infection during travel</li> <li>• Acquired from known close contact = case most likely acquired infection from a known close contact</li> <li>• Unknown acquisition = no clear acquisition event can be associated to case</li> </ul> PHIMS data entry: <ul style="list-style-type: none"> <li>• Use “Staging” to select appropriate response</li> </ul>

### SECTION IV – SIGNS AND SYMPTOMS

Data Element	Critical Field	Instructions on Use
<b>Box 25</b> Symptom onset	*	Select if case is symptomatic or asymptomatic. Only <b>one</b> option should be selected. If symptomatic, the onset date of first symptom should be completed.  PHIMS data entry: <ul style="list-style-type: none"> <li>• In Signs and Symptoms:</li> <li>• Select “Symptomatic”</li> <li>• Response = Yes</li> <li>• Onset Symptom = check</li> <li>• Onset date = Enter date of onset for first symptom</li> </ul>

<p><b>Box 26</b> Signs and Symptoms</p>		<p>If symptomatic, select relevant symptoms or complications from the list. Other symptoms or complications not on the list should be recorded as well for this emerging pathogen, under “other”.</p> <p>PHIMS data entry:</p> <ul style="list-style-type: none"> <li>• All signs and symptoms on form are available in Investigation Quick Entry.</li> <li>• For Other signs and symptoms, navigate to full-feature “Signs &amp; Symptoms”</li> <li>• If Sign or Symptom is not found in drop down list, use Sign or Symptom = Other</li> <li>• Other Sign or Symptom = specify other symptom (free-text)</li> </ul> <p>Please note for surveillance reporting purposes, timeliness is prioritized over a full clinical picture which may require additional inquiry.</p>
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## SECTION V – RISK FACTOR INFORMATION

Complete risk factors that are applicable to the disease under investigation. Note that “Additional Information” is a required field when the Response = Yes, and PHIMS will not allow the user to save until something is in that space. Provide relevant details here. If no details exist, use “N/A”.

Data Element	Critical Field	Instructions on Use
<p><b>Box 27</b> Outbreak associated</p>	<p>*</p>	<p>If this case is related to an outbreak, please provide the Outbreak Code (OB code from lab) or description (e.g., “Facility X”).</p>
<p><b>Box 28</b> Animal or animal waste contact</p>	<p>*</p>	<p>Indicate if the person has visited any live animal markets during travel to affected areas of transmission in the 14 days prior to symptom onset. Specify if travel related and include details of travel and date range of exposure in “Additional Information”.</p> <ul style="list-style-type: none"> <li>• For PHIMS users, this field will appear as “Animal or animal waste contact (domestic pets, farm animals, wildlife, etc.)” in the risk factors section of the investigation, <b>however this does not apply to exposure to domestic pets.</b></li> </ul> <p>More details can be provided in Section VI Acquisition Exposures.</p>
<p><b>Box 29</b> Contact of a new or previously diagnosed case</p>	<p>*</p>	<p>Indicate if the person is a contact of a new or previously diagnosed COVID-19 case within 14 days prior to symptom onset. Refer to the Interim Public Health Measures document for information on contact definitions.</p>

		<p>Include details under “Additional Information”. More details can be provided in Section VI Acquisition Exposures.</p>
<p><b>Box 30</b> Contact with someone with similar illness</p>	*	<p>Indicate if the person has been in contact with someone with a similar illness who has potentially been exposed through travel or contact with another case in the 14 days prior to symptom onset.</p> <p>This may be useful if they have been in contact with a potential COVID-19 case, who has not interacted with the healthcare system or who have not been tested, or who may be under investigation in another country.</p> <p>Include details under “Additional Information”. More details can be provided in Section VI Acquisition Exposures.</p>
<p><b>Box 31 /32</b> Exposure setting: outside Canada or outside province</p>	*	<p>Indicate if the person has travelled outside of Canada or outside Manitoba in the 14 days before symptom onset.</p> <p>More specific travel information should be provided in Section VI – Acquisition Exposure.</p>
<p><b>Box 34</b> Sensitive Environment</p>	*	<p>Indicate if the case has any of the listed occupations/roles or has been present in any of the listed environments during the period of investigation, such as institutions or child care facilities. Specify details.</p> <p>PHIMS data entry:</p> <ul style="list-style-type: none"> <li>• Set risk factor to “Yes”</li> <li>• In Additional Information, enter same wording of option that is listed on form, followed by a semi-colon and any additional information specified</li> <li>• E.g., “Health Care Facility (Work/Volunteer); Nurse at HSC”</li> </ul>
<p><b>Box 35</b> Underlying illness</p>	*	<p>Indicate if the person has any underlying illnesses.</p> <p>PHIMS data entry:</p> <ul style="list-style-type: none"> <li>• Set risk factor to “Yes”</li> <li>• In Additional Information, enter same wording of option that is listed on form, followed by a semi-colon and any additional information specified</li> <li>• E.g., “Diabetes; type 2”</li> </ul>

## SECTION VI– ACQUISITION EXPOSURE (THE POTENTIAL SOURCE OF THE INFECTION)

Indicate the setting where the case most likely acquired the illness during the incubation period, based on likely exposure to other cases in the incubation period. Indicate if unknown. The exposure start date is required, based on the earliest incubation date and when the exposure to this setting occurred.

Data Element	Critical Field	Instructions on Use
<b>Box 37 - 41</b> Setting Type, Exposure Setting Details, Exposure Start Date, Exposure End Date	*	<p>Indicate if exposure is through:</p> <ul style="list-style-type: none"> <li>• Travel or Community contact setting</li> <li>• If community contact setting, indicate if this is a household contact setting or other close non-household contact setting (e.g., workplace)</li> </ul> <p>Enter each setting as a separate acquisition event.</p> <p>PHIMS data entry for <b>travel</b>-related exposures:</p> <ul style="list-style-type: none"> <li>• Exposure name = Transportation Type (Cruise, Plane, Conference/Event, Accommodation)</li> <li>• e.g. “Plane”</li> <li>• Acquisition start date = exposure start date</li> <li>• Acquisition end date = exposure end date</li> <li>• Location Name = Remaining information, as per form, dividing field with semi-colon (;)</li> <li>• e.g., “Air Canada AC492; Toronto; Winnipeg; 12D, 2020-03-10; 2020-03-10; Sat next to sick person”</li> <li>• Setting Type = Travel</li> <li>• Setting = Choose applicable option</li> </ul> <p>PHIMS data entry for <b>household</b>-related exposures:</p> <ul style="list-style-type: none"> <li>• Exposure name = Household</li> <li>• Acquisition start date = exposure start date</li> <li>• Acquisition end date = exposure end date</li> <li>• Location Name = Remaining information, as per form, dividing field with semi-colon (;)</li> <li>• e.g., “Home; 300 Carlton Street”</li> <li>• Setting Type = Community Contact</li> <li>• Setting = Household</li> </ul> <p>PHIMS data entry for <b>close, non-household</b> exposures:</p>



		<ul style="list-style-type: none"> <li>• Exposure name = Specify as appropriate <ul style="list-style-type: none"> <li>○ e.g., “Workplace”</li> </ul> </li> <li>• Acquisition start date = exposure start date</li> <li>• Acquisition end date = exposure end date</li> <li>• Location Name = Remaining information, as per form, dividing field was semi-colon (;) <ul style="list-style-type: none"> <li>○ e.g., “Workplace; 2020-03-04; Manitoba Health; 300 Carlton”</li> </ul> </li> <li>• Setting Type = Type of Community Contact</li> <li>• Setting = Close non-household</li> </ul> <p>In the case of a travel related exposure, use table below to provide details on travel. Please fill in all fields, as information will be used for further contact tracing purposes. Regions are responsible for ensuring information is verified (i.e., flight numbers, routes).</p>
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## VII – INTERVENTIONS

Indicate which interventions were put into place for the case.

Data Element	Critical Field	Instructions on Use
Box 42, 43 Interventions, Intervention Sub-type	*	<p><b>Isolation</b></p> <p>Provide details of isolation intervention. Include intervention start date and end dates if known (or leave end dates until investigation is finished).</p> <p>Select the type of isolation:</p> <ul style="list-style-type: none"> <li>• Facility isolation = isolation in hospital, long-term care facility or other</li> <li>• Home isolation = isolation at place of residence</li> <li>• Self isolation (other location) = isolation at alternate location (e.g., hotel)</li> </ul> <p>For PHIMS users, active daily monitoring follow-up events can be documented for isolation. Once the intervention type is selected, users can add follow-up events. For each event, users can select the outcome – e.g., no symptoms, symptoms – and keep a record of each event.</p> <p><b>Status Assessment</b></p> <p>This intervention replaces Outcomes seen in previous forms. PHIMS users can update the status of the case as the investigation progresses (e.g., hospitalized, recovered) and track start and end dates of each event.</p>

		<p>PHIMS data entry:</p> <ul style="list-style-type: none"> <li>• The Isolation and Status Assessment interventions are available in the IQE.</li> <li>• For Outcome, use “Pending” or “Completed” only.</li> <li>• To add the intervention end date, users must go to the full features of Interventions and add it there.</li> <li>• Follow-up Events field in IQE are not used.</li> </ul>
<b>Box 46</b> Location (if applicable)	*	<p>Provide a location for the intervention if applicable.</p> <p>PHIMS data entry:</p> <ul style="list-style-type: none"> <li>• For Facility isolation or intervention, enter this in the Location field (Service Delivery Location)</li> <li>• If the person is staying elsewhere for Isolation (e.g., hotel), update this in client’s demographics as a Temporary Address <ul style="list-style-type: none"> <li>○ Enter the Effective To date as the end date of the Isolation intervention</li> </ul> </li> </ul>

## SECTION VIII – TRANSMISSION EXPOSURES (THE POTENTIAL SPREAD OF THE INFECTION TO CONTACTS)

List all exposure settings where the case may have transmitted the infection to other contacts during the communicability period, and list the contacts by exposure setting. These pages of the form can be copied for additional settings. For example, if contacts were exposed at a school, in the home, and at a common gathering (private function), three transmission settings should be identified, with the total number of contacts listed for each setting.

The period of communicability is currently unknown for COVID-19, but can be approximately defined as the period extending from the day of onset of symptoms in the case until the case is classified as no longer infectious (usually 24 hours after the resolution of symptoms or two negative lab tests). Refer to the Interim Public Health Measures document for latest guidance.

Data entry is same as for Section VI – Acquisition Events.

## SECTION IX– CONTACTS

Only close contacts of the case who reside in the same region should be entered in this section. Use the MSHU-6684 COVID-19 Contact Investigation Form for:

- Out-of-region contacts (within MB): refer to correct region
- The correct region should complete form and submit to MSHU if non-PHIMS region.
- Out-of-province contacts: refer to MSHU

- Case unknown (i.e., contact is not linked to a known case, but perhaps an exposure setting such as a cruise ship): submit to MSHU if non-PHIMS user
- PHIMS users: follow process for an “unlinked” contact in PHIMS

Data Element	Critical Field	Instructions on Use
<b>Box 53</b> Setting #	*	<p>Each contact should be associated with an exposure setting number, as defined in Section IX – Transmission Events.</p> <p>PHIMS data entry:</p> <ul style="list-style-type: none"> <li>• Within each transmission event, link associated contacts to case investigation.</li> <li>• Click hyperlink into transmission event, and go to “Known Contact Search” to add each individual.</li> </ul>
<b>Box 54</b> Contact personal information	*	<p>This information must be completed after client has been initially contacted. The integrity and accuracy of this information is important so that clients can be found in PHIMS, and the call centre performing daily symptom monitoring is able to start and continue follow-up.</p> <p>Ensure phone contact information is available so call centre can reach the the client. If they are staying at an alternate address during isolation, include this address.</p> <p>PHIMS data entry:</p> <ul style="list-style-type: none"> <li>• Phone numbers can be entered in Client Demographics</li> <li>• Temporary phone numbers to be used during isolation only can be added as “Temporary” with an Effective To date as the last day of isolation</li> <li>• For “Address during isolation”, add this as a Temporary address. The effective dates should be the same as the isolation start and end dates.</li> </ul>
<b>Box 53</b> Exposure start and end dates	*	Document exposure start and end dates.
<b>Box 54</b> Intervention, Disposition	*	<p><b>Isolation*</b></p> <p>Provide details of isolation intervention. Include intervention start date and end dates. This is crucial so users and call centre staff know when to end symptom monitoring daily calls.</p> <p>Select the type of isolation:</p> <ul style="list-style-type: none"> <li>• Facility isolation = isolation in hospital, long-term care facility or other</li> <li>• Home isolation = isolation at place of residence</li> </ul>

		<ul style="list-style-type: none"> <li>• Self isolation (other location) = isolation at alternate location (e.g., hotel)</li> </ul> <p>For PHIMS users, active daily monitoring follow-up events can be documented for isolation. Once the intervention type is selected, users can add follow-up events. For each event, users can select the outcome – e.g., no symptoms, symptoms – and keep a record of each event.</p> <p><b>Disposition</b></p> <p>This indicates if the region will continue to do daily monitoring of the client, or if they would like this transferred to the call centre (after the initial call).</p> <p>PHIMS data entry:</p> <ul style="list-style-type: none"> <li>• User must go to Contact Investigation of newly linked contacts.</li> <li>• The Disposition is found in “Investigation Information”. It should be documented in the <b>overall</b> disposition of the investigation, not the disposition of the Isolation intervention.</li> <li>• The Intervention should be added under “Treatment and Intervention”.</li> </ul> <p>* For the purposes of PHIMS standardization and to match commonly used language in this response, the Isolation intervention is used. However, this is not true “isolation” as the person is not sick.</p>
<p><b>Box 56</b> Intervention start and end dates</p>	<p>*</p>	<p>Document intervention start and end dates.</p>

# APPENDIX

## Updated requirement for Public Health to collect First Nation, Metis and Inuit Identity for COVID cases

Manitoba Health, and First Nations, Metis and Inuit leaders are asking for your help.

Public Health has been asked by Indigenous Leaders to collect information about First Nations, Metis, and Inuit identity. This will help us provide more accurate information about how COVID-19 is impacting First Nations, Metis and Inuit people, and have more information for planning health care services.

Starting <insert date> we are directing all public health staff to ask mandatory questions regarding First Nations, Metis and Inuit identity when completing the COVID 19 investigation forms (or when documenting COVID case investigation information directly into PHIMS).

**These questions are to be asked of all cases.**

### **Rational:**

At this time, it is important to have accurate, reliable and timely First Nations, Metis and Inuit-specific COVID-19 data. This data will help Manitoba Health and First Nations, Metis and Inuit leadership to plan and deliver equitable, high quality health care in all settings. For example, during H1N1, First Nations populations were identified as a high priority group due to higher numbers of confirmed cases. In this COVID-19 pandemic, First Nations, Metis and Inuit leaders will work with the Province of MB in using the public health surveillance system to collect, analyze, and plan for an appropriate response. In a quickly evolving situation, we need the best possible data to make the most informed decisions.

Tracking rates of infection and outcomes is important. To date, data on First Nations, Metis and Inuit Peoples have been unreliable and not consistently available. This makes evidence-based program and policy decisions difficult. Having access to First Nation, Métis, and Inuit identifiers will allow for Nation based analyses in a way that is meaningful and relevant. It will adhere to the self determination of Nations to make informed decisions as it applies to their own wellbeing. The data captured will also enable public health surveillance that is critical during outbreaks.

**Script for collecting the COVID related FN Identifiers** (follows on next page)

### **Note:**

Public health staff are **required to ask** the questions about Indigenous Identify Declaration and First Nations Status (as applicable).

The client is asked to answer the question. **Responding is voluntary** – and the client is encouraged to respond. If the client does not wish to answer the question it should be documented as “DECLINED”.

