

* CASE ACCESSION NUMBER	INVESTIGATION ID	ADDITIONAL ACCESSION NUMBERS (COMMA SEPARATED)
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GENERAL COMMUNICABLE DISEASE INVESTIGATION FORM

CASE FORM

*I. CASE IDENTIFICATION

subject > client details > personal information

1. *LAST NAME	2. *FIRST NAME	3. *DATE OF BIRTH YYYY - MM - DD
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. GENDER IDENTITY (VOLUNTARY, SELF-REPORTED) <input type="radio"/> CISGENDER (SAME AS SEX AT BIRTH) <input type="radio"/> TRANSGENDER MAN <input type="radio"/> DECLINED <input type="radio"/> TRANSGENDER WOMAN <input type="radio"/> TRANSGENDER PERSON <input type="radio"/> OTHER (SPECIFY IN BOX 8)	8. IF OTHER GENDER IDENTITY, SPECIFY
9. *REGISTRATION NUMBER (FORMER MHSC) 6 DIGITS	10. *HEALTH NUMBER (PHIN) 9 DIGITS	11. ALTERNATE ID SPECIFY TYPE OF ID
12. *ADDRESS AT TIME OF DIAGNOSIS → <input type="checkbox"/> ADDRESS IN FIRST NATION COMMUNITY		13. *CITY/TOWN/VILLAGE
14. *PROVINCE/TERRITORY	15. *POSTAL CODE A#A #A#	16. *PHONE NUMBER ### - ### - ####
17. ETHNIC ORIGIN (VOLUNTARY, SELF-REPORTED – CHOOSE ONE ONLY) <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		
18. INDIGENOUS IDENTITY DECLARATION (VOLUNTARY, SELF-REPORTED) <input type="radio"/> FIRST NATIONS <input type="radio"/> MÉTIS <input type="radio"/> INUIT <input type="radio"/> NOT ASKED <input type="radio"/> DECLINED	19. FIRST NATIONS STATUS (VOLUNTARY, SELF-REPORTED) <input type="radio"/> STATUS <input type="radio"/> NON-STATUS <input type="radio"/> NOT ASKED <input type="radio"/> DECLINED	MHSU USE ONLY
20. IMMIGRATION STATUS AT TIME OF ARRIVAL (VOLUNTARY - COMPLETE BOXES 25 AND 26 IF BORN OUTSIDE CANADA) <input type="radio"/> CANADIAN BORN CITIZEN <input type="radio"/> DECLINED <input type="radio"/> LANDED IMMIGRANT <input type="radio"/> NOT ASKED <input type="radio"/> REFUGEE <input type="radio"/> OTHER (SPECIFY BELOW) <input type="radio"/> STUDENT <input type="radio"/> VISITOR <input type="radio"/> WORK PERMIT	21. DATE ARRIVED IN CANADA YYYY	22. COUNTRY EMIGRATED FROM SPECIFY
23. ALTERNATE LOCATION INFORMATION (IF ANY)		

II. INVESTIGATION INFORMATION

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

24. *INVESTIGATION DISPOSITION	<input type="radio"/> FOLLOW-UP COMPLETE <input type="radio"/> UNABLE TO COMPLETE INTERVIEW <input type="radio"/> PENDING
25. *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
26. 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

27. *DISEASE:		
<input type="checkbox"/> AMEBIASIS (E. HISTOLYTICA)	<input type="checkbox"/> CRYPTOSPORIDIOSIS	<input type="checkbox"/> MALARIA
<input type="checkbox"/> ANTHRAX	<input type="checkbox"/> CYCLOSPORIDIOSIS	<input type="checkbox"/> PLAGUE
<input type="checkbox"/> BLASTOMYCOSIS	<input type="checkbox"/> GIARDIASIS	<input type="checkbox"/> INVASIVE PNEUMOCOCCAL DISEASE
<input type="checkbox"/> BOTULISM	<input type="checkbox"/> HANTAVIRUS	<input type="checkbox"/> Q FEVER
<input type="checkbox"/> BRUCELLOSIS	<input type="checkbox"/> HEPATITIS A	<input type="checkbox"/> RABIES (HUMAN)
<input type="checkbox"/> CAMPYLOBACTERIOSIS	<input type="checkbox"/> LEGIONELLOSIS	<input type="checkbox"/> SALMONELLOSIS
<input type="checkbox"/> CHOLERA	<input type="checkbox"/> LEPROSY	<input type="checkbox"/> SHIGELLOSIS
<input type="checkbox"/> CONGENITAL RUBELLA	<input type="checkbox"/> LISTERIOSIS, INVASIVE	<input type="checkbox"/> SMALLPOX
		<input type="checkbox"/> STREPTOCOCCAL GROUP A INVASIVE DISEASE
		<input type="checkbox"/> STREPTOCOCCAL GROUP B INVASIVE DISEASE OF THE NEWBORN
		<input type="checkbox"/> TULAREMIA
		<input type="checkbox"/> TYPHOID FEVER
		<input type="checkbox"/> VEROTOXIGENIC E. COLI
		<input type="checkbox"/> VIRAL HEMORRHAGIC FEVER
		<input type="checkbox"/> YELLOW FEVER
28. *CASE CLASSIFICATION	<input type="radio"/> LAB CONFIRMED <input type="radio"/> CLINICALLY CONFIRMED <input type="radio"/> PROBABLE <input type="radio"/> NOT A CASE	29. *SPECIMEN COLLECTION DATE FOR CURRENT INVESTIGATION YYYY-MM-DD

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IV. * DISEASE-SPECIFIC INFORMATION

(COMPLETE FOR THE BELOW DISEASES ONLY)

Investigation > investigation details> disease summary

ANTHRAX	30. SITE/PRESENTATION: <input type="radio"/> CUTANEOUS <input type="radio"/> GASTROINTESTINAL <input type="radio"/> INHALATIONAL <input type="radio"/> OTHER
BOTULISM	31. SITE/PRESENTATION: <input type="radio"/> FOODBORNE <input type="radio"/> INFANTILE <input type="radio"/> INTESTINAL <input type="radio"/> WOUND <input type="radio"/> OTHER
BRUCELLOSIS	32. STAGE: <input type="radio"/> ACUTE <input type="radio"/> CHRONIC <input type="radio"/> UNKNOWN/UNDETERMINED
LEGIONELLOSIS	33. SITE/PRESENTATION: <input type="radio"/> LEGIONNAIRE'S DISEASE <input type="radio"/> PONTIAC FEVER
LEPROSY	34. SITE/PRESENTATION: <input type="radio"/> LEPROMATOUS <input type="radio"/> TUBERCULOID <input type="radio"/> INDETERMINATE
LISTERIOSIS	35. SITE/PRESENTATION: <input type="radio"/> CONGENITAL <input type="radio"/> MENINGITIS <input type="radio"/> SEPSIS <input type="radio"/> OTHER
MALARIA	36. STAGE: <input type="radio"/> NEW DIAGNOSIS <input type="radio"/> PREVIOUS DIAGNOSIS <input type="radio"/> UNKNOWN/UNDETERMINED
INVASIVE PNEUMOCOCCAL DISEASE	37. SITE/PRESENTATION: <input type="radio"/> MENINGITIS <input type="radio"/> PNEUMONIA <input type="radio"/> SEPSIS <input type="radio"/> OTHER
Q FEVER	38. STAGE: <input type="radio"/> ACUTE <input type="radio"/> CHRONIC <input type="radio"/> UNKNOWN/UNDETERMINED
SALMONELLOSIS/ TYPHOID FEVER	39. STAGE: <input type="radio"/> ACUTE <input type="radio"/> CARRIER <input type="radio"/> UNKNOWN/UNDETERMINED
INVASIVE GROUP A STREPTOCOCCAL DISEASE	40. SITE/PRESENTATION: <input type="radio"/> MENINGITIS <input type="radio"/> NECROTIZING FASCIITIS <input type="radio"/> PNEUMONIA <input type="radio"/> TOXIC SHOCK SYNDROME
TULAREMIA	41. SITE/PRESENTATION: <input type="radio"/> GLANDULAR <input type="radio"/> INTESTINAL <input type="radio"/> OCULOGLANDULAR <input type="radio"/> OROPHARYNGEAL <input type="radio"/> PNEUMONIC <input type="radio"/> TYPHOIDAL <input type="radio"/> ULCEROGLANDULAR

V. INVESTIGATION INFORMATION

investigation > investigation information

42. SENSITIVE ENVIRONMENT/ OCCUPATION		
<input type="radio"/> ANIMAL HANDLER	<input type="radio"/> FOOD HANDLER (WORK/VOLUNTEER)	<input type="radio"/> LABORATORY WORKER
<input type="radio"/> CHILD CARE (WORK/VOLUNTEER/ATTENDEE)	<input type="radio"/> HEALTH CARE FACILITY (RESIDENT/PATIENT)	<input type="radio"/> OTHER CONGREGATE SETTING (WORK/VOLUNTEER/RESIDENT)
<input type="radio"/> CORRECTIONAL CENTER (WORK/RESIDENT)	<input type="radio"/> HEALTH CARE FACILITY (WORK/VOLUNTEER)	
ENVIRONMENT/ OCCUPATION DETAILS		

VI. *SIGNS AND SYMPTOMS

investigation > signs and symptoms

43. SIGNS AND SYMPTOMS <input type="radio"/> ASYMPTOMATIC <input type="radio"/> SYMPTOMATIC			
SIGNS AND SYMPTOMS	*ONSET DATE YYYY-MM-DD	ONSET TIME (IF APPLICABLE) HH:MM	ESTIMATED
<input type="radio"/> *EARLIEST SYMPTOM (COMPLETE FOR ALL CASES)			<input type="checkbox"/>
<input type="radio"/> *FIRST VOMITING OR DIARRHEA – FOR ENTERIC CASES ONLY			<input type="checkbox"/>
<input type="radio"/> *JAUNDICE - FOR HEPATITIS A CASES ONLY			<input type="checkbox"/>
<input type="radio"/> *OTHER SYMPTOM USED TO CALCULATE INCUBATION/COMMUNICABILITY (SPECIFY SYMPTOM)			<input type="checkbox"/>
44. OTHER SYMPTOMS OR COMPLICATIONS (IF NEEDED FOR CASE MANAGEMENT)			
SPECIFY			

VII. *OUTCOMES

investigation > outcomes

<input type="checkbox"/> ER VISIT	<input type="checkbox"/> HOSPITAL ADMISSION	<input type="checkbox"/> HOSPITAL DISCHARGE	<input type="checkbox"/> ICU ADMISSION	<input type="checkbox"/> ICU DISCHARGE
YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD
45. OUTCOME OF ILLNESS			46.	
<input type="checkbox"/> DECEASED <input type="checkbox"/> PENDING <input type="checkbox"/> RECOVERED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SEQUELAE (SPECIFY)			SPECIFY SEQUELAE	
(SPECIFY DATE OF DEATH) YYYY-MM-DD			→	

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VIII. RISK FACTOR INFORMATION

subject > risk factors

COMPLETE THE FOLLOWING AS APPLICABLE AND SPECIFY DETAILS WHERE REQUESTED:	YES	NO	UN- KNOWN	DECLINED TO ANSWER	NOT ASKED
ANIMAL OR ANIMAL WASTE CONTACT (DOMESTIC PETS, FARM ANIMALS, WILDLIFE, ETC) SPECIFY DETAILS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BLOOD/TISSUE DONATION (E.G. BLOOD, PLASMA, ORGANS, BREAST MILK) SPECIFY TYPE, HOSPITAL/FACILITY, AND DATE(S) YYYY – MM – DD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BLOOD/TISSUE RECIPIENT (E.G. BLOOD, PLASMA, TISSUE, ORGANS) SPECIFY TYPE, HOSPITAL/FACILITY, AND DATE(S) YYYY – MM – DD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CONTACT TO A NEW OR PREVIOUSLY DIAGNOSED CASE (EPI-LINK) SPECIFY INFECTION AND DATE YYYY-MM-DD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CONTACT WITH SOMEONE WITH SIMILAR ILLNESS SPECIFY DETAILS AND DATE RANGE OF EXPOSURE YYYY-MM-DD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HANDLER OF RAW, BLOODY OR UNDERCOOKED MEAT (FOR ENTERIC INVESTIGATIONS) SPECIFY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HOUSING UNSTABLE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INJECTION DRUG USE SPECIFY SUBSTANCE(S) AND DATE OF LAST IDU EXPOSURE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MEDICAL OR SURGICAL PROCEDURE SPECIFY TYPE, LOCATION, AND DATE YYYY-MM-DD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OUTBREAK ASSOCIATED SPECIFY NAME, OUTBREAK CODE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PREGNANT AT TIME OF DIAGNOSIS SPECIFY EDC: YYYY-MM-DD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SPECIAL DIET (FOR ENTERIC INVESTIGATIONS) SPECIFY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TRAVEL WITHIN MANITOBA SPECIFY LOCATION, MECHANISM OF TRAVEL, AND DATES YYYY – MM – DD TO YYYY – MM – DD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TRAVEL WITHIN CANADA SPECIFY PROVINCE, MECHANISM OF TRAVEL, AND DATES YYYY – MM – DD TO YYYY – MM – DD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TRAVEL OUTSIDE CANADA SPECIFY COUNTRY, MECHANISM OF TRAVEL, AND DATES YYYY – MM – DD TO YYYY – MM – DD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UNDERLYING ILLNESS <input type="checkbox"/> IMMUNOCOMPROMISED <input type="checkbox"/> GASTROINTESTINAL DISORDER <input type="checkbox"/> ANTIMICROBIAL USE – PRIOR OR CURRENT <input type="checkbox"/> OTHER SPECIFY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER RISK FACTOR SPECIFY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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IX.*ACQUISITION EXPOSURE

(POTENTIAL SOURCE OF THE INFECTION DURING INCUBATION PERIOD)

Investigation > exposure summary > create acquisition event

SETTING TYPE	EXPOSURE SETTING		
1. AGRICULTURAL LOCATIONS	ANIMAL PROCESSING PLANT FARM	PETTING ZOO VETERINARY CLINIC	OTHER
2. COMMUNITY CONTACT	CASUAL CLOSE CONTACT (NON-HOUSEHOLD)	HOUSEHOLD HOUSE PARTY (COMMON GATHERING)	VISITING FRIENDS AND RELATIVES OTHER
3. CONGREGATE/ COMMUNAL LIVING	ASSISTED LIVING/SENIORS HOUSING CORRECTIONAL FACILITY- FEDERAL CORRECTIONAL FACILITY – PROVINCIAL	HOSPITAL PERSONAL CARE HOME	SHELTER OTHER
4. FOOD SERVICE ESTABLISHMENT	BAR/ TAVERN CAFFETERIA FARM – DIRECT TO CONSUMER	GROCERY/ RETAIL STORE MOBILE CANTEEN PASTRY SHOP/ BAKERY	RESTAURANT OTHER
5. LABORATORY			
6. PRIVATE FUNCTION (FOOD PREP)	COMMERCIALLY PREPARED EVENT	COMMUNITY PREPARED EVENT	HOME PREPARED
7. RECREATIONAL FACILITIES	CAMPGROUND COMMUNITY CENTER/ARENA FORESTED AREA	HOT TUB PARK RIVER/LAKE/OCEAN	SPLASH PAD/WADING POOL SWIMMING POOL/WATER PARK OTHER
8. PUBLIC FACILITY	COLLEGE/ UNIVERSITY DAYCARE DOCTORS OFFICE	HOSPITAL SCHOOL	WORKPLACE OTHER
9. TRAVEL	TO OTHER COMMUNITIES IN MB	TO OTHER PROVINCE IN CANADA	OUTSIDE CANADA
10. OTHER SETTING			
11. UNKNOWN			
POTENTIAL MODE OF ACQUISITION	AIRBORNE/DROPLET ANIMAL TO PERSON DIRECT CONTACT ENVIRONMENTAL FECAL – ORAL (PERSON TO PERSON) FOODBORNE OTHER VECTORBORNE VEHICLE WATERBORNE: TREATED WATER WATERBORNE: UNTREATED WATER IF WATERBORNE, SPECIFY TYPE OF WATER: DRINKING WATER- BOTTLED DRINKING WATER – MUNICIPAL SYSTEM DRINKING WATER – PRIVATE SOURCE RECREATIONAL – LAKES/ RIVERS RECREATIONAL – SWIMMING POOL/ HOT TUB		

INDICATE ALL SETTINGS WHERE THE CASE MAY HAVE ACQUIRED THE INFECTION DURING THE INCUBATION PERIOD

SETTING #	47. SETTING TYPE (FROM ABOVE TABLE)	48. EXPOSURE SETTING (FROM ABOVE TABLE)	49. EXPOSURE SETTING DETAILS (NAME/LOCATION)	50. POTENTIAL MODE OF ACQUISITION	51. EXPOSURE START DATE/TIME (YYYY-MM-DD HH:MM)	52. EXPOSURE END DATE/TIME (YYYY-MM-DD HH:MM)	53. MOST LIKELY SETTING
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

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X. *IMMUNIZATION

(COMPLETE FOR CHOLERA, HEPATITIS A, INVASIVE PNEUMOCOCCAL DISEASE, HUMAN RABIES, SMALLPOX, AND TYPHOID FEVER ONLY)

Subject > imms history interpretation

54. INTERPRETATION OF IMMUNITY FOR DISEASE PRIOR TO INVESTIGATION	<input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN/NOT DETERMINED	55. REASON FOR IMMUNITY/ IMMUNIZATION INTERPRETATION	SOURCE OF IMMUNIZATION RECORD: <input type="radio"/> CLIENT/PARENT/GUARDIAN <input type="radio"/> CLIENT/PARENT/GUARDIAN – OFFICIAL RECORD <input type="radio"/> HEALTH RECORD/ HEALTHCARE PROVIDER REASON IF NOT FULLY IMMUNIZED OR UNKNOWN: <input type="radio"/> GENERAL OBJECTION (NON-PHILOSOPHICAL) <input type="radio"/> IMMUNOCOMPROMISED <input type="radio"/> MEDICAL CONTRAINDICATION <input type="radio"/> NOT ELIGIBLE FOR ROUTINE IMMUNIZATION <input type="radio"/> NOT UP TO DATE WITH IMMUNIZATIONS <input type="radio"/> PHILOSOPHICAL OBJECTION <input type="radio"/> UNKNOWN/ NOT DETERMINED
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56. TOTAL NUMBER OF DOSES OF VACCINE FOR DISEASE UNDER INVESTIGATION:
(ENSURE ALL DOSES DOCUMENTED IN THE MB IMMUNIZATION REGISTRY)

XI. TREATMENT INFORMATION (IF APPLICABLE)

investigation > prescriptions > prescription summary

57. PRESCRIBER NAME	58. TREATMENT FACILITY
SPECIFY	SPECIFY
59. PRESCRIPTION	
SPECIFY DRUG, DOSAGE, ROUTE, FREQUENCY, DURATION, AND START DATE YYYY-MM-DD	
60. ALLERGIES (RELEVANT TO TREATMENT, IF ANY)	
subject > allergies SPECIFY	

XII. *RESPONSIBLE REGIONAL PUBLIC HEALTH AUTHORITY USE ONLY (PRIMARY INVESTIGATOR)

investigation > investigation details > close investigation

61. FORM COMPLETED BY (PRINT NAME)	62. SIGNATURE	63. FORM COMPLETION DATE
		YYYY-MM-DD
64. FORM REVIEWED BY (PRINT NAME)	65. FORM REVIEWED DATE	REPORTER USE ONLY
	YYYY-MM-DD	
66. INVESTIGATION STATUS	67. ORGANIZATION	STAMP HERE
<input type="radio"/> ONGOING <input type="radio"/> CLOSED TO THE REGION	<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	

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>

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THE REMAINDER OF FORM IS FOR REGIONAL PUBLIC HEALTH USE ONLY TO SUPPORT CASE MANAGEMENT AND DOCUMENTATION. IF NOT DOCUMENTING IN PHIMS, DO NOT SUBMIT TO THE MANITOBA HEALTH SURVEILLANCE UNIT.

XIII. INTERVENTIONS

investigation > treatment and intervention > interventions summary

<input type="checkbox"/> CONTACT TRACING	<input type="checkbox"/> PUBLIC HEALTH INSPECTION: <input type="checkbox"/> ENVIRONMENTAL SAMPLING <input type="checkbox"/> FOOD SAMPLING
<input type="checkbox"/> CONTACT CHEMOPROPHYLAXIS	<input type="checkbox"/> REFERRAL TO INFECTIOUS DISEASES
<input type="checkbox"/> CONTACT IMMUNIZATION	<input type="checkbox"/> SYMPTOM MONITORING
<input type="checkbox"/> EDUCATION – TRANSMISSION AND PREVENTIVE MEASURES	<input type="checkbox"/> TESTING RECOMMENDED
<input type="checkbox"/> EXCLUSION FROM WORK/SCHOOL/DAYCARE	<input type="checkbox"/> TREATMENT RECOMMENDED <input type="radio"/> COMPLETED <input type="radio"/> IN PROGRESS <input type="radio"/> DECLINED
<input type="checkbox"/> FACILITY CLOSURE	<input type="checkbox"/> OTHER (SPECIFY)
<input type="checkbox"/> PUBLIC HEALTH ADVISORY: <input type="checkbox"/> BOIL WATER ADVISORY <input type="checkbox"/> COMMUNITY ADVISORY	

XIV. INCUBATION AND COMMUNICABILITY

Investigation > incubation & communicability

INCUBATION	DATE YYYY-MM-DD	TIME HH:MM	COMMUNICABILITY	DATE YYYY-MM-DD	TIME HH:MM
73. EARLIEST POSSIBLE EXPOSURE DATE/TIME			74. EARLIEST POSSIBLE COMMUNICABILITY DATE/TIME		
75. LATEST POSSIBLE EXPOSURE DATE/TIME			76. LATEST POSSIBLE COMMUNICABILITY DATE/TIME		

XV. TRANSMISSION EXPOSURES

(POTENTIAL SPREAD TO CONTACTS DURING PERIOD OF COMMUNICABILITY)

Investigation > exposure summary > create transmission event

COPY THIS PAGE IF REQUIRED FOR ADDITIONAL SETTINGS.

SETTING TYPE	EXPOSURE SETTINGS		
1. COMMUNITY CONTACT	CASUAL HOUSE PARTY (COMMON GATHERING)	CLOSE CONTACT (NON-HOUSEHOLD) VISITING FRIENDS AND RELATIVES	HOUSEHOLD
2. CONGREGATE/COMMUNAL LIVING			
3. PUBLIC FACILITY	COLLEGE/ UNIVERSITY HOSPITAL OTHER	DAYCARE SCHOOL	DOCTORS OFFICE WORKPLACE
4. TRAVEL	TO OTHER COMMUNITIES IN MB	TO OTHER PROVINCE IN CANADA	OUTSIDE CANADA
5. OTHER SETTING			

LIST ALL SETTINGS WHERE THE CASE MAY HAVE EXPOSED CONTACTS DURING THE COMMUNICABILITY PERIOD.

SETTING #	77. SETTING TYPE (FROM ABOVE TABLE)	78. EXPOSURE SETTING (FROM ABOVE TABLE)	79. EXPOSURE SETTING DETAILS (NAME/LOCATION)	81. EXPOSURE START DATE/TIME YYYY-MM-DD HH:MM	82. EXPOSURE END DATE/TIME YYYY-MM-DD HH:MM	83. NUMBER OF CONTACTS FOR THIS SETTING:

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XVI. CONTACTS >> exposure summary > transmission event details
COPY THIS PAGE IF REQUIRED FOR ADDITIONAL CONTACTS

SETTING # (FROM PREVIOUS PAGE)	CONTACT	EARLIEST CONTACT DATE YYYY-MM-DD	MOST RECENT CONTACT DATE YYYY-MM-DD	INTERVENTIONS/ NOTES
	NAME: PHIN: DOB/AGE: ADDRESS: PHONE:			
	NAME: PHIN: DOB/AGE: ADDRESS: PHONE:			
	NAME: PHIN: DOB/AGE: ADDRESS: PHONE:			
	NAME: PHIN: DOB/AGE: ADDRESS: PHONE:			
	NAME: PHIN: DOB/AGE: ADDRESS: PHONE:			
	NAME: PHIN: DOB/AGE: ADDRESS: PHONE:			
	NAME: PHIN: DOB/AGE: ADDRESS: PHONE:			
	NAME: PHIN: DOB/AGE: ADDRESS: PHONE:			

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