

**DOCUMENTING ORGANZATIONS AND GEOGRAPHY FOR  
COMMUNICABLE DISEASE INVESTIGATIONS IN THE PUBLIC  
HEALTH INFORMATION MANAGEMENT SYSTEM  
2024**

**PUBLIC HEALTH INFORMATION SYSTEMS**

Population and Public Health

Public Health Division  
Manitoba Health, Seniors and Long-Term Care

**COMMUNICABLE DISEASE CONTROL**

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## SUMMARY OF UPDATES

### December 2024

- Extensive updates to document
- Added instruction on ensuring primary investigator organization is correct at 30 days post investigation created date.
- If client moves during the investigation, added instruction on changing primary investigator organization after 31 days for ongoing investigations if desired.
- Added information on how PHIMS surveillance reports allocate cases

## INTRODUCTION

The purpose of this document is to assist Public Health Organizations and Public Health Information Management System (PHIMS) users in documenting Communicable Disease (CD) investigations to:

1. Provide guidelines for attribution of CD case and contact investigations to organizations and geography for surveillance and reporting purposes.
2. Support sharing of records between organizations when required for case management.

There are several geographic variables in PHIMS, which may represent:

- where the client lives,
- where the client received services,
- how the case is being allocated for surveillance reporting
- who is providing the services.

Geographic assignment for surveillance purposes, or **'who counts a CD case', is determined by the client's home address at time of initial investigation.** However, clients sometimes have multiple addresses (e.g., in the case of commuters, temporary workers) or unknown addresses making geographic assignment difficult. This document provides guidance with respect to how specific fields on the surveillance forms and in PHIMS – (i.e., Client Home Address at Time of Initial Investigation, Investigator Organization, and Primary Investigator) should be documented in various scenarios.

Appropriate documentation on surveillance forms and in PHIMS is important and supports the above two objectives, however communication between public health care providers within and outside of PHIMS (e.g. fax, phone) may be necessary to ensure that providers are aware when investigations are redirected or are appropriately notified when public health actions are required (e.g. contact prophylaxis).

**In general, regional organizations are responsible for communications between organizations in Manitoba to ensure investigations are completed and assigned appropriately. Manitoba Health Surveillance Unit is involved when referral to federal corrections or out of province/out of country organizations is required.**

## DEFINITIONS AND TERMINOLOGY

Term	Definition	Documentation Considerations
<p>Client Home Address at Time of Initial Investigation</p>	<ul style="list-style-type: none"> <li>• Address associated with investigation at time of case diagnosis or contact investigation.</li> <li>• Occasionally, temporary address instead of permanent address is documented as "Client Home Address at Time of Initial Investigation".               <ul style="list-style-type: none"> <li>○ See "Primary Investigator Organization Guidelines" section for further details.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Note:</b> the Manitoba Health Surveillance Unit does not update the home address at the time of initial investigation. <b>The PHIMS system</b> will default to the preferred address, which is the official registry address in most cases. This may not be correct if the client has moved and has not updated their official registry address with Manitoba Health.</li> <li>• Investigator organizations must <b>manually</b> update and select the correct home address at the time of initial investigation if incorrect.</li> <li>• Once the correct address is determined and selected, this address <b>should not be updated</b> if client's address changes over the course of an investigation</li> <li>• All client addresses in PHIMS are available to be selected for "Client Home Address at Time of Initial Investigation".</li> <li>• Organizations should ensure the correct primary organization is assigned at 30 days post investigation created date, and ensure the primary organization aligns with the Client Home Address at Time of Initial Investigation. This allows time to locate the client and ensure the correct address/organizations are documented.</li> <li>• <b>The "Client Home Address at Time of Initial Investigation" must have a postal code.</b> The postal code is used to map the address to a geographical location for surveillance reports.</li> </ul> <p style="color: green;">Investigation Information QRC (<a href="http://phimsmb.ca">phimsmb.ca</a>)</p>

Term	Definition	Documentation Considerations
Official Registry Address	<ul style="list-style-type: none"> <li>• Official registry address in PHIMS matches the Manitoba Health registration card address.</li> <li>• Information updated daily via PHIMS interface with Manitoba Health Client Registry</li> <li>• Public health providers should encourage clients to update incorrect addresses with Manitoba Health.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Do not</b> update</li> <li>• Do not change “Preferred Address” from Official Registry Address</li> </ul>
MHSU Address	<ul style="list-style-type: none"> <li>• MHSU address added to PHIMS as an address type</li> <li>• Allows recording of most recent address if official registry address is incorrect</li> <li>• Helps Surveillance Unit track lab result referrals and subsequent referrals</li> </ul>	<ul style="list-style-type: none"> <li>• Public health units must update this address in PHIMS when redirecting investigations</li> <li>• Inactive MHSU addresses should be end dated</li> <li>• Only one active MHSU address should be listed at a time</li> <li>• <b>The MHSU address must contain a postal code.</b></li> </ul>
Responsible Organization	<ul style="list-style-type: none"> <li>• Organization(s) providing care and follow-up for client investigation</li> </ul>	<ul style="list-style-type: none"> <li>• All organizations involved in an investigation must be added as responsible organizations.</li> </ul>

Term	Definition	Documentation Considerations
<p style="text-align: center;">Health Region/Service Delivery Location</p>	<ul style="list-style-type: none"> <li>• PHIMS contains derived fields called the Health Region Organization and Service Delivery Location (SDL), which is based on the client's official registry address and derived via a postal code mapping algorithm.</li> <li>• Automatically updates when the client's Manitoba Health registry address changes.</li> <li>• Region corresponds to the RHA or FNIH organization. SDL represents the local public health office.</li> </ul>	<ul style="list-style-type: none"> <li>• The Surveillance Unit bases the initial referral on the most current and active address in PHIMS (i.e. the official registry or MHSU address).</li> <li>• The investigator organization assigned by the MHSU is based on either: <ul style="list-style-type: none"> <li>○ the client's Health Region in PHIMS if using the official registry address, or</li> <li>○ the postal code of the most recent MHSU address (via lookup of the Health Region in the postal code mapping file)</li> </ul> </li> <li>• There are some limitations to this approach since postal codes do not always map uniquely to health regions, and new postal codes are continually created.</li> <li>• Clients should be encouraged to keep their address information current with Manitoba Health.</li> <li>• Manual updates in PHIMS are allowed when errors are identified.</li> <li>• If the investigator organization assigned is incorrect, the investigation should be redirected to the correct organization.</li> </ul> <p style="color: green;">Health Services-Service-Delivery-Location-QRC (phimsmb.ca)</p>

Term	Definition	Documentation Considerations
<p>Investigator Organization (Primary, secondary, etc)</p>	<ul style="list-style-type: none"> <li>Investigator roles include primary, secondary, clerk, coordinator, inspector, nurse, and other.</li> <li>Each investigation requires one Primary Investigator organization.</li> <li>May include assignment to a specific person.</li> <li>Responsible for care and follow-up</li> <li>Other investigator organization types can also be added to support the investigation.</li> </ul>	<ul style="list-style-type: none"> <li><b>Primary investigator organization should be aligned with Client Home Address at Time of Initial Investigation at 30 days post investigation created date</b></li> <li>All investigator organizations involved should be documented.</li> <li>All referrals to a First Nation community should be initially assigned to FNIHB (or the applicable RHA if providing service) as the primary investigator organization.</li> <li>Primary investigator organization will be updated to the First Nation Community by FNIHB.</li> <li>FNIHB will be assigned to the Coordinator role</li> <li>Assignment of investigator organization defines what results will display on reports, based on your logged-in organization in PHIMS.</li> </ul>
<p>Short-term Visitors/ Commuters</p>	<ul style="list-style-type: none"> <li>Travelers visiting temporarily for holiday, business or family reasons (e.g. summer vacation, summer camp, adventure hiking/ fishing, one-time business trip).</li> <li>Commuter has not established permanent residency where they work but regularly needs to be there.</li> <li>Individual may have multiple addresses (e.g., permanent, and temporary addresses in different jurisdictions).</li> </ul>	<p style="text-align: center;"><b>Short-Term Visitors/Commuters</b></p>

Term	Definition	Documentation Considerations
Institutional facilities/ Incarceration	<ul style="list-style-type: none"> <li>Individuals residing in institutions (e.g., correctional facilities, long-term care, hospitals)</li> <li>May have two addresses: pre-institution and institution</li> </ul>	Institutional Facilities/ Incarceration
Confinement	<ul style="list-style-type: none"> <li>Prenatal individuals temporarily relocated prior to date of delivery to receive medical care.</li> </ul>	Medical/Medical Escort/ Confinement/ Evacuation
Education	<ul style="list-style-type: none"> <li>Residency status of individuals in educational institutions.</li> </ul>	Temporary Workers/ Snowbirds/ Long-Term Visitors/ Education
Populations with Unstable Housing	<ul style="list-style-type: none"> <li>Client is unsheltered, emergency sheltered, or provisionally accommodated as defined by <a href="https://www.homelesshub.ca/sites/default/files/COHhomelessdefinition-1pager.pdf">https://www.homelesshub.ca/sites/default/files/COHhomelessdefinition-1pager.pdf</a></li> </ul>	Populations with Unstable Housing
Medical/ Medical Escort/ Evacuation	<ul style="list-style-type: none"> <li>Temporary relocation for medical treatment or emergency evacuation</li> </ul>	Medical/Medical Escort/ Confinement/ Evacuation

# ORGANIZATION AND GEOGRAPHY DOCUMENTATION IN PHIMS

## GENERAL PRINCIPLES

- Each investigation must have one Primary Investigator organization, potentially assigned to a specific investigator.
- The Primary Investigator is responsible for management of the investigation and follow-up and determines case counts (by organization) for surveillance.
- The Primary Investigator Organization should be aligned with Client Home Address at Time of Initial Investigation at 30 days post investigation created date
- PHIMS front-end aggregate surveillance reports based on organization will use the primary investigator organization assigned at 30 days post investigation created date to allocate cases to organizations. If less than 30 days post created date, the current primary investigator organization will be used.
- If the primary investigator organization for the initial referral is incorrect (for example, first-ever investigation and official registry address is not current), the receiving primary organization should end-date themselves and add the correct organization as primary.
- An investigation may have several secondary and/or other investigators.
- Document all investigator organizations involved to ensure they have access to the investigation in PHIMS reports.
- For investigations with extended timeframes (e.g. chronic infections such as HIV, Syphilis), the primary investigator organization may be changed if the client moves, but these changes should not be documented in PHIMS **until 31 days after the investigation created date.**

## CLIENT HOME ADDRESS AT TIME OF INITIAL INVESTIGATION

*Client Home Address at Time of Initial Investigation* is the address selected and associated with investigation at diagnosis or time of contact investigation. Updates to addresses in the client's demographics will not change the *Client Home Address at Time of Initial*

*Investigation* that has been selected.

- On creation of the investigation, will default to the client's preferred address, which is the official registry address in most situations.
- Must be updated if the address selected at time of investigation creation/referral is incorrect
- Any client address documented in PHIMS is available for selection
- Add MHSU address if the correct address is not listed in PHIMS. Ensure the postal code is documented.
- End date old MHSU addresses (only 1 should be active at a time)
- Once the correct address is listed for the client, update *Client Home Address at Time of Initial Investigation* in the investigation (Investigation Details > Investigation Information)
- Should not be updated if there are **subsequent** changes to the client address (e.g. if client moves during the investigation or changes their address)
- Primary investigator should correspond to Client Home Address at Time of Initial Investigation at 30 days post investigation created date to support accurate front-end PHIMS surveillance counts (see [PHIMS Reports – Primary Investigator Organization Displayed](#)).
- PHIMS front-end reports that include the geographical region of the investigation will use the postal code of the *Client Home Address at Time of Initial Investigation* to allocate investigations to a geographical region corresponding to the regional health authority boundaries. The geographical region is derived from a postal code mapping algorithm.

## IF CLIENT MOVES DURING INVESTIGATION

For all investigations, if the client moves, and subsequent lab results are received, the lab results will also be sent to the Organization corresponding to the client's most recent official registry address or MHSU address in PHIMS.

- The new organization will be added as a secondary investigator.
- The lab result will appear on the both the primary and secondary investigator's lab result report.
- If the secondary investigator organization does not wish to receive the lab reports, they can end date the assignment.

**If the initial primary organization no longer wishes to receive lab reports in PHIMS for the investigation:**

- The initial primary investigator organization corresponds to *Client Home Address at Time of Initial Investigation* and should remain the primary investigator for at least 30 days to ensure front-end PHIMS surveillance counts are accurate.
- In general, the primary investigator organization should not change if the investigation is anticipated to be closed within 30-60 days and no further follow-up is anticipated (e.g. acute infections).
- If additional organizations are involved, they should be added as a secondary investigator organization.
- If further follow-up and laboratory results are anticipated for an extended period of time (e.g. chronic infections), the primary investigator organization may be changed, but these changes should not be documented in PHIMS until 31 days after the investigation created date.
- After at least 30 days, end date the initial primary investigator organization and add a new primary investigator organization with the change date
- Do not update initial primary investigator to new one; end-date it and keep it aligned with the original address.
- Note: The Client Home Address at Time of Investigation should remain unchanged. The investigation will continue to be counted in initial primary investigator organization's (documented at 30 days) PHIMS front-end surveillance reports. Operational reports will show the current primary organization assigned.

## OUT OF PROVINCE RESIDENTS TESTED IN MANITOBA

For *existing client* profiles in PHIMS:

- Client Home Address at Time of Initial Investigation will reflect the existing out of province preferred address documented in the client's demographics

For newly created client profiles:

- If the client's address is out of province, it will be set as the preferred address and will be the default selection for Client Home Address at Time of Initial Investigation
- The Manitoba Health Surveillance Unit will refer out of province investigations to the corresponding jurisdiction.

For Priority 1, 2 and 3 labs only:

- Out of Province is assigned as Primary Investigator, and the testing region assigned as Secondary
- Testing region to determine if client remains in Manitoba, and requires follow-up
- [See Appendix A for List of Reportable Diseases to be Assigned to Regions if Client is out of Province.](#)

## COMMUNICABLE DISEASE REFERRALS IN PHIMS

The Manitoba Health Surveillance Unit will refer all communicable disease investigations (lab results and clinical notifications) to the organization associated with the most recent and active MHSU or official registry address as recorded in PHIMS.

## PRIMARY INVESTIGATOR ORGANIZATION GUIDELINES

There may be circumstances where geographic determination for reporting purposes is not clear cut. The following describe common scenarios encountered and the jurisdiction to which such cases should be assigned.

### SHORT-TERM VISITORS/COMMUTERS

- Document Client Home Address at Time of Investigation and Health Region based on **permanent address**
- Use permanent address, not visiting or work address
- Refer investigation details to the case's jurisdiction of residence for reporting
- Will not be included in counts of the jurisdiction being visited
- Client's permanent address region responsible for the investigation
- Visiting region may or may not be involved in shared investigations

Scenario	Client Home Address at Time of Investigation	Primary Investigator	Secondary Investigator	Case Count Allocated To
Short-term Visitors/ Commuters	Region of permanent residence	Region of permanent residence	± Visiting region	Region of permanent residence

### INSTITUTIONAL FACILITIES/ INCARCERATION

- Individuals in institutions (e.g., correctional facilities, long-term care, hospitals)
- May have two addresses: pre-institution (e.g., official registry address) and institution
- Report cases by the jurisdiction where the individual lives and sleeps most of the time at diagnosis/initial investigation
- This jurisdiction is the primary investigator organization
- The other residence's organization may or may not be involved in a shared investigation

In PHIMS, record the Address at Time of Case as where the individual lives and sleeps most of the time at diagnosis/initial investigation.

Scenario	Client Home Address at Time of Investigation	Primary Investigator	Secondary Investigator	Case Count Allocated To
Institutional facilities/ corrections	Region of facility	Region of facility	± Region of permanent residence	Region of Facility

### TEMPORARY WORKERS/ SNOWBIRDS/ LONG-TERM VISITORS/ EDUCATION

- Individuals with multiple addresses: permanent and temporary
- Has relocated and has established residency in temporary location for a prolonged period of time
- Report cases by the jurisdiction of temporary residence at diagnosis
- Temporary residence jurisdiction is primary investigator
- Permanent residence organization may or may not be part of a shared investigation
- Case allocated to temporary residence region for PHIMS front-end surveillance (case counting)
- Add temporary residence as an MHSU address if not in PHIMS.
- Document Address at Time of Investigation as temporary address
- Official registry address, Client Health Region, and SDL reflect permanent address

Scenario	Primary Investigator	Secondary Investigator	Case Count Allocated To
Temporary Workers/ Snowbirds/ Long-Term Visitors/ Education	Region of temporary residence	± Region of permanent residence	Region of temporary residence

## MEDICAL/MEDICAL ESCORT/CONFINEMENT/EVACUATION

- Individuals with multiple addresses: permanent and temporary
- Temporary relocation away from Region or First Nation Community due to medical, medical escort, emergency evacuation or confinement, with plan in place to return to permanent location.
- Assign cases by the permanent address
- This jurisdiction is the primary investigator
- The other temporary residence's organization may or may not be involved in a shared investigation
- In PHIMS, record the Address at Time of Case as the permanent address at diagnosis/initial investigation
- In some situations, a temporary evacuation may become a long-term situation where there are no plans in place to return to the community. In this situation, the temporary address would be used to assign the primary organization (e.g. community evacuation with extensive damage requiring long-term relocation).

Scenario	Client Home Address at Time of Investigation	Primary Investigator	Secondary Investigator	Case Allocated To
Medical/ Medical Escort/ Confinement/ Evacuation - <ul style="list-style-type: none"> <li>• Temporary situation with plan in place to return to permanent residence</li> </ul>	Region or First Nation Community of permanent residence	Region of permanent residence	± Region of hospitalization/ confinement/ evacuation	Region of permanent residence

Medical/ Medical Escort/ Confinement/ Evacuation <ul style="list-style-type: none"> <li>Long-term relocation with no plan in place to return to permanent residence</li> </ul>	Region of hospitalization/ confinement/ evacuation	Region of hospitalization/ confinement/ evacuation	± Region of permanent residence	Region of hospitalization/ confinement/ evacuation
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## POPULATIONS WITH UNSTABLE HOUSING

- For unknown specific address or no fixed address, use an address where client was living or likely found (e.g., shelter, park, nearest landmark).
- If client cannot be located and address is unknown, attribute case to diagnosing provider's jurisdiction.
- In PHIMS, document Client Home Address at Time of Case Investigation as diagnosing provider's location.
- Address should be documented as an MHSU address; end-date old MHSU addresses.
- Address must have a valid postal code. Use a postal code that is most proximal to the site if it is not a residential address. Additional details to clarify the situation and provide further information on how to locate the client can be documented in "Address Details" in PHIMS.

## FRONT-END PHIMS REPORTS

### FRONT-END PHIMS REPORTS – ORGANIZATIONS DISPLAYED

To support accurate front-end PHIMS surveillance counts, some reports will display results based on the primary investigator organization assigned to an investigation at **30 days post investigation created date**. If less than 30 days post created date, the current primary investigator organization will be used. This provides a consistent approach to surveillance counts, and addresses changes to the *primary investigator organization* which may subsequently occur (e.g. incorrect initial assignment and resolved in the investigation process by confirming addresses and correct organizations). Example:

MB2703 Monthly Case Review Report – Aggregate counts

MB2702 Weekly Case Review Report – Aggregate counts

Some reports will display both the current primary investigator organization, and the primary investigator organization assigned at 30 days post investigation created date. Example:

MB2102A Investigation Extract Report

Other front-end PHIMS reports that support operational purposes will continue to only display the current investigator organizations. Example:

The MB2701C Investigation Search Report and the MB4120 Lab Results Report will display results for all active investigator organizations (all investigator types) assigned to an investigation.

### FRONT-END PHIMS REPORTS – GEOGRAPHICAL REGIONS

Some PHIMS front-end reports will display the geographical region, which is derived from a postal code mapping algorithm based on the postal code of the *Client Home Address at Time of Initial Investigation*. If a postal code is missing from the address, or the postal code is not included in the mapping algorithm, the geographical region is displayed as unspecified. Investigations assigned to FNIHB will be allocated to geographical regions based on the regional health authority boundaries.

Limitations to this approach include some postal codes that may not map uniquely to health regions/public health offices, new postal codes created that may take time to be incorporated into the postal code mapping algorithm and missing postal codes in the *Client Home Address at Time of Initial Investigation*.

Please refer to report user guides for further information.

## APPENDIX A

### LIST OF REPORTABLE DISEASES WHERE SECONDARY ORGANIZATIONS ARE ASSIGNED IF CLIENT IS OUT OF PROVINCE

Priority	Category	Encounter Group in PHIMS	Diseases Included
1	Urgent Diseases	Communicable Diseases	Anthrax Avian Influenza Botulism Cholera Diphtheria Hantavirus Pulmonary Syndrome virus Measles Meningococcal Invasive Disease Monkeypox Mumps Pertussis Plague Poliomyelitis Rabies (human) Rubella Severe Acute Respiratory Infection (SARI) includes MersCoV Smallpox Viral Hemorrhagic Fever
2	Acute CD's with contact management and STBBI's	Communicable Diseases	Campylobacteriosis Cryptosporidiosis Cyclosporiasis Giardiasis Hepatitis A Haemophilus influenzae Serotype B Invasive Disease Salmonellosis Shigellosis Streptococcal Invasive Disease(Group A) Typhoid Fever Verotoxigenic Escherichia coli
		Sexually Transmitted and Bloodborne Infections (STBBIs)	AIDS Hepatitis B/C HIV Syphilis (includes congenital Syphilis)

Priority	Category	Encounter Group in PHIMS	Diseases Included
3	STI's	Sexually Transmitted and Bloodborne Infections (STBBIs)	Chancroid Chlamydia Gonorrhea Lymphogranuloma venereum (LGV)