

# INSTRUCTIONS FOR SURVEILLANCE FORM

## MHSU-2667– CONGENITAL SYPHILIS 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

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**Let us know what you think.** We appreciate your feedback! If you would like to comment of any aspects of this new report please send an email to: [outbreak@gov.mb.ca](mailto:outbreak@gov.mb.ca).

## BACKGROUND

These instructions are intended to be used as a reference for Manitoba providers completing the **MHSU-2667– CONGENITAL SYPHILIS 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 Communicable Disease Control's disease-specific protocols for additional information on case definitions, timeframes for investigation, and case management recommendations available at <http://www.gov.mb.ca/health/publichealth/cdc/protocol>.

**SUBMISSION OF FORMS TO THE SURVEILLANCE UNIT INVESTIGATION (MHSU-2667) CASE FORMS SHOULD BE COMPLETED AND FAXED TO THE SURVEILLANCE UNIT CONFIDENTIAL FAX 204-948-3044 WITHIN 5 BUSINESS DAYS OF THE INTERVIEW WITH THE CASE.**

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.

### 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; Case PHIN		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. Ensures all pages can be identified and associated to the correct client should they become separated.

### SECTION II – ACQUISITION EXPOSURE DETAILS (MATERNAL CLIENT INFORMATION)

Data Element	Critical Field	Instructions on Use
<b>Box 19-24</b> Mother’s Last Name, First Name, DOB, Registration #, PHIN	*	Document identifiers for the mother of the infant to allow their records to be linked through an acquisition event (source of the infection). If the mother is unknown, indicate in box 25.

## SECTION IV- INFECTION INFORMATION

Data Element	Critical Field	Instructions on Use
<b>Box 29, 30</b> Stage Case Classification	*	Document the stage and classification of the case. Refer to page 5 and 6 of the form or the disease-specific protocol for additional information on case definitions: <a href="http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html">http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html</a>
<b>Box 31.</b> Case Classification Notes		Document the rationale for the case classification and ensure the components of the infant and maternal criteria are documented in the appropriate following sections to confirm the case classifications (e.g. symptoms, risk factors). Document all clinicians consulted to confirm the case classification (e.g. Peds ID). In PHIMS, this documentation should be done in a clinical note on the investigation.

## SECTION V – SIGNS AND SYMPTOMS

Data Element	Critical Field	Instructions on Use
<b>Box 32</b> Signs and symptoms	*	Indicate whether the infant is symptomatic or asymptomatic, and check off the associated signs or symptoms if present. Other symptoms or complications can also be listed. Indicate the gestational age at birth, and the birthweight.

## SECTION VI – TREATMENT INFORMATION

List all known treatment for syphilis that the infant has received. Do not include treatment provided to the mother during pregnancy. The mother's treatment during pregnancy should be documented in risk factors, indicating the date, as well as whether it was considered adequate treatment.

## SECTION VII – OUTCOMES

Indicate if the case was assessed/treated in hospital (hospital admission and discharge, and/or ICU admission and discharge) and the associated dates. List any known outcomes or sequelae from the infection. If deceased, specify the date of death.

## SECTION VIII – RISK FACTOR INFORMATION

Complete risk factors for the infant, as well as maternal risk factors during the time period of the pregnancy. Although some of the maternal risk factors may have been documented in the mother's case investigation, the maternal risks recorded in the infant's case investigation are specific to the period of time during the pregnancy, and thus may not be the same as that recorded on the mother's investigation.