INSTRUCTIONS FOR SURVEILLANCE FORM

MHSU-6780 – HEPATITIS B AND C, HIV, AND SYPHILIS 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

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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**.**

BACKGROUND

These instructions are intended to be used as a reference for Manitoba providers completing the **MHSU-6780 – HEPATITIS B AND C, HIV, AND SYPHILIS CASE INVESTIGATION FORM**. This form should be used to report cases of:

Hepatitis B **Hepatitis C** **Syphilis** **HIV**

For all contacts of HIV and syphilis identified by name, please complete for each contact the **MHSU-6782 - STBBI CONTACT INVESTIGATION FORM (FOR CONTACTS TO CHLAMYDIA, GONORRHEA, CHANCROID, LGV, HEPATITIS B/C, HIV, AND SYPHILIS INFECTIONS)**, available at http://www.gov.mb.ca/health/publichealth/surveillance/forms.html.

For Hepatitis B or Hepatitis C, only contacts that require referral to another jurisdiction, or Correctional Services Canada, should be reported to the Manitoba Health Surveillance Unit. Other Hepatitis B and C contacts are investigated by regional public health, but are not required to be reported to the Manitoba Health Surveillance Unit. Non-public health care providers should also submit all contact investigation forms to the Manitoba Health Surveillance Unit, who will forward the form for regional follow-up.

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-6780) CASE FORMS AND NSTBBI (MHSU-6782) CONTACT FORMS SHOULD BE COMPLETED AND FAXED TO THE SURVEILLANCE UNIT CONFIDENTIAL FAX 204-948-3044 WITHIN 5 BUSINESS DAYS OF THE INTERVIEW WITH THE CASE OR CONTACT.

Forms can also be mailed to:

Surveillance Unit

Manitoba Health, Seniors and 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. The following tables provide instructions of specific relevance to this form.

For users of the Public Health Information Management System (PHIMS), "breadcrumbs" (located at the top right hand corner of sections) provide guidance on where to navigate in PHIMS to enter the information. E.g. subject>client details>personal information.

SECTION I – NON-NOMINAL HIV TEST RESULTS

Data Element	Critical Field	Instructions on Use
Boxes 1-2 Current and Previous Non-nominal HIV Code or Name		Complete if current test result is non-nominal (Box 1), and/or if previous test results have been non-nominal (Box 2). Completion of Box 2 to identify non-nominal codes from previous tests will enable these previous results to be linked to this investigation and avoid duplication in number of cases.

SECTION II - CLIENT IDENTIFICATION – PART A

Data Element	Critical Field	Instructions on Use
Boxes 3-10 Names, alternate names, date of birth, registration number, health number (PHIN), and alternate ID	*	For HIV, only complete part A if current test is nominal (i.e. has client identifiers), or if the client has provided consent to link current and/or previous non-nominal results with a nominal public health record.

SECTION IV - INFECTION INFORMATION/STAGING

Data Element	Critical Field	Instructions on Use
Boxes 30, 33, 36, 39 Select which infection(s) is/are Being Reported	*	All cases of Hepatitis B or C, HIV, and syphilis must be lab confirmed. Refer to the disease-specific protocols for additional information on case definitions and recommendations for case and contact management at: http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html Select the check box ☐ for the current disease(s) under investigation. Select the check box ☐ for the classification of the investigation – i.e. whether the case definition is lab confirmed, or not a case. If known to be previously infected for other diseases not part of the current investigation, document in Section VII C. The following should be reported on this form: New cases of Hepatitis B, Hepatitis C, HIV, and syphilis. Cases that are re-infections should also be reported and a new investigation completed (i.e. infection has been previously documented to be cleared or non-infectious, and this case now represents a new infection). Chronic cases that have been previously diagnosed in other jurisdictions, but are new to Manitoba must also be reported. Use the MHSU-2667–CONGENITALSYPHILIS INVESTIGATION -CASE FORM to document cases of congenital syphilis.
Boxes 31, 34, 37, 40-43. Staging and additional presentations	*	Enter the stage of the disease based on lab results or symptoms, according to the disease-specific protocol. For syphilis, add any additional presentations (e.g. neurosyphilis). Stage can be updated as the disease progresses from infectious to non-infectious stages, or acute to chronic stages. However, if the stage changes from non-infectious to infectious, a new investigation form should be completed. If the stage was previously reported incorrectly, please notify the Manitoba Health Surveillance Unit of the error, as incorrect staging may impact case counts. In PHIMS, a new disease event including staging must be re-entered, and the disease event with the error in stage should be deleted. The following table lists the stages available by disease, and a guide for how to select the correct stage through the scenario description. Note that newly presenting previously treated cases of syphilis diagnosed outside of Manitoba with ongoing reactive serology that do not currently

Data Element	Critical Field	Instructions on Use
		meet any case definitions for syphilis (no evidence of relapse/reinfection), should be classified as "not a case".

Disease	Stage	Classification Date	Scenario Description
Hepatitis B	Acute	Current date	Follow protocol - new diagnosis
	Chronic	Current date	Follow protocol - new diagnosis
	Old case-previously diagnosed/ known in MB	From database	Found in old surveillance database - known to MB
	Previous diagnosis - new to MB	Current date (date of diagnosis uncertain)	Previously diagnosed outside of MB
	Unknown or undetermined	Current date	Follow protocol - new diagnosis
Hepatitis C	Acute	Current date	Follow protocol - new diagnosis
	Chronic	Current date	Follow protocol - new diagnosis
	Old case-previously diagnosed/ known in MB	From database	Found in old surveillance database - known to MB
	Previous diagnosis - new to MB	Current date (date of diagnosis uncertain)	Previously diagnosed outside of MB
	Unknown or undetermined	Current date	Follow protocol - new diagnosis
HIV	New diagnosis	Current date	
	Old case-previously diagnosed/ known in MB	From database	Found in old surveillance database - known to MB
	Previous diagnosis - new to MB	Current date (date of diagnosis uncertain)	Previously diagnosed outside of MB

<table>
<tr><th>Data Element</th><th>Critical Field</th><th>Instructions on Use</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><td>Syphilis</td><td>Primary</td><td>Current date</td><td>Follow protocol - new diagnosis</td></tr>
<tr><td></td><td>Secondary</td><td>Current date</td><td>Follow protocol - new diagnosis</td></tr>
<tr><td></td><td>Tertiary</td><td>Current date</td><td>Follow protocol - new diagnosis</td></tr>
<tr><td></td><td>Early latent</td><td>Current date</td><td>Follow protocol - new diagnosis</td></tr>
<tr><td></td><td>Late latent</td><td>Current date</td><td>Follow protocol - new diagnosis</td></tr>
<tr><td></td><td>Unknown or undetermined</td><td>Current date</td><td>Follow protocol - new diagnosis</td></tr>
<tr><td></td><td>Old case- previously diagnosed/ known in MB</td><td>From database</td><td>Found in old surveillance database - known to MB</td></tr>
<tr><td></td><td>Classification: Not a case</td><td>Current date (date of diagnosis uncertain)</td><td>Previously diagnosed and treated outside of MB. Does not meet case definition for any infectious or non-infectious stage.</td></tr>
</table>
</td></tr>
<tr><td>Box 42.
Non-infectious stages of Syphilis</td><td></td><td>If the case is non-infectious syphilis (box 42), or case classification is “not a case”, skip to section XIII, “Reporter Information”.
Further information is not required for cases of non-infectious syphilis.</td></tr>
<tr><td>Box 45.
Date of first diagnosis if previously diagnosed</td><td></td><td>If previously diagnosed with syphilis, enter the date (year and month) of the first ever diagnosis. If specific date is unknown, enter approximate date.</td></tr>
<tr><td>Box 46.
Location of first diagnosis if not in Manitoba</td><td></td><td>If previously diagnosed with syphilis, enter the country or province in Canada where the infection was first diagnosed.</td></tr>
</table>

SECTION VI – SIGNS AND SYMPTOMS

Symptoms are listed on the form to facilitate case management. For cases of hepatitis B, C, and syphilis, check all symptoms that apply if symptomatic. For HIV, specific symptoms are not routinely collected for surveillance, but can be listed on the form if helpful for case management.

For acute cases, signs and symptoms associated with the infection since the onset date should be recorded. Symptoms that were pre-existing to the illness and unrelated should not be recorded.

If the case is chronic with a remote onset date, document the earliest symptom onset date if known. Current symptoms may be more relevant for chronic infections.

SECTION VII –RISK FACTOR INFORMATION

This information is valuable epidemiologic information used to inform program and policy. Please encourage accurate reporting by clients. Please refer to the disease-specific protocols for guidance on timeframes and applicability to the infection under investigation, available at http://www.gov.mb.ca/health/publichealth/cdc/protocol

For acute symptomatic cases, exposure risks are relevant during the maximum incubation period for the infection (e.g. acute hepatitis B – 6 months) based on symptom onset. However, many blood-borne infections are asymptomatic or have mild symptoms, requiring a longer time period to inquire about exposure risks, especially if no risks are identified in the incubation period timeframe from date of diagnosis. Document any exposure risks that may be relevant to this infection based on clinical judgment.

Best practice is to inquire about all risks.

If no risk factors are identified in sections A, B, or C, check box for “no identifiable risk factor”.

If client declines to disclose any risk factors, check box for “declined to answer” for all risk factors.

SUBSECTION A – BLOOD AND PERCUTANEOUS EXPOSURES

Complete for cases of hepatitis B and C, and HIV only.

Note: Transmission of syphilis following percutaneous exposures is rare. Thus, percutaneous exposure risks are not routinely collected for syphilis.

SUBSECTION B - SEXUAL EXPOSURE

Complete for cases of hepatitis B, HIV, and syphilis only.

Note - Sex partners of HCV-infected people may become infected, but it is much less common than blood exposures. Thus, routine surveillance data for HCV does not include sexual exposure risks.

For sexual risk factors, document only if relevant during the timeframe of investigation according to the disease protocol recommendations.

SUBSECTION C – HISTORY OF STBBI AND EXPOSURE RISKS

Complete for all cases.

<table>
<tr><th>Data Element</th><th>Critical Field</th><th>Instructions on Use</th></tr>
<tr><td>History of residence in an endemic country</td><td></td><td>Specify country, and date range.

For HBV: 28 countries account for 70% of the global burden: Brazil, Cambodia, Cameroon, China, Colombia, Egypt, Ethiopia, Georgia, India, Indonesia, Kyrgyzstan, Mongolia, Morocco, Myanmar, Nepal, Nigeria, Pakistan, Peru, Philippines, Sierra Leone, South Africa, Tanzania, Thailand, Uganda, Ukraine, Uzbekistan, Viet Nam, Zimbabwe. (http://www.who.int/hepatitis/news-events/eliminate-hepatitis-map-2017/en/)

For HCV, The most affected regions are WHO Eastern Mediterranean and European Regions (http://www.who.int/mediacentre/factsheets/fs164/en/)

LIST OF HIV-ENDEMIC COUNTRIES
<table>
<tr><td colspan="2">CARIBBEAN AND CENTRAL/SOUTH AMERICA</td></tr>
<tr><td>Anguilla
Antigua and Barbuda
Bahamas
Barbados
Bermuda
British Virgin Islands
Cayman Islands
Dominica
Dominican Republic
French Guiana
Grenada
Guadeloupe
Guyana</td><td>Haiti
Honduras
Jamaica
Martinique
Montserrat
Netherlands Antilles
St. Lucia
St. Kitts and Nevis
St. Vincent and the Grenadines
Suriname
Trinidad and Tobago
Turks and Caicos Islands
U.S. Virgin Islands</td></tr>
<tr><td colspan="2">ASIA</td></tr>
<tr><td>Cambodia
Myanmar (Burma)</td><td>Thailand</td></tr>
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</td></tr>
</table>

Data Element	Critical Field	Instructions on Use		
			AFRICA	
			Angola Benin Botswana Burkina Faso Burundi Cameroon Cape Verde Central African Republic Chad Democratic Republic of the Congo (formerly Zaïre) Djibouti Equatorial Guinea Eritrea Ethiopia Gabon Gambia Ghana Guinea Guinea-Bissau Ivory Coast Lesotho	Liberia Malawi Mali Mozambique Kenya Namibia Niger Nigeria Republic of the Congo Rwanda Senegal Sierra Leone Somalia South Africa Sudan Swaziland Tanzania Togo Uganda Zambia Zimbabwe

SECTION VIII – TREATMENT INFORMATION

Complete treatment information only for syphilis cases.

SECTION XI. HEPATITIS B IMMUNIZATION HISTORY INTERPRETATION

Data Element	Critical Field	Instructions on Use
Box 63. Interpretation of Hepatitis B immunity prior to investigation		Important for hepatitis B cases to assess for vaccine failure. Document if the client has had previous laboratory evidence of hepatitis B immunity through serology results. If serology was not done, or if the client has been immunized since serology was done, document if hepatitis B immunization has been received in the past (fully immunized, partially immunized, or unimmunized). If the client is immunocompromised and immunity cannot be determined, document as unknown/not determined.
Box 64. Reason (evidence) for interpretation		Document how the interpretation of immunity in Box 63 was determined. If based on laboratory results or fully immunized, document the source of the information. • If based on lab report, electronic records, or a report from the health care provider, document as "health record/healthcare provider". • If the report was from the client/parent/guardian, document if the immunization record was an official record, or based on client/guardian verbal report. If the client was not fully immunized, or the immune status was unknown, document the reason. If the client is immunocompromised and immunity cannot be determined, document as immunocompromised.
Box 65. Hepatitis B vaccines and dates		If doses are missing in the registry, either document directly in PHIMS, or list all missing doses in Box 65. If based on verbal report and vaccine type and dates are unknown, record the interpretation of disease immunity only (providers should not document doses in the immunization registry that are not verified).

SECTION XII. CONTACTS

Data Element	Critical Field	Instructions on Use
Boxes 66-68. Number of Contacts Identified by Name, Number of Anonymous Contacts, and Exposure start date	*	List the number of contacts identified by name and the number of anonymous contacts. Please identify the earliest exposure start date for anonymous contacts in Box **68**. For all contacts of HIV and syphilis identified by name, please complete the **MHSU-6782 STBBI CONTACT INVESTIGATION FORM (FOR CONTACTS TO CHLAMYDIA, GONORRHEA, CHANCROID, LGV, HEPATITIS B/C, HIV, AND SYPHILIS INFECTIONS)** for each contact. Hepatitis B and Hepatitis C contacts that require referral to another jurisdiction or Corrections Services Canada should be reported to the Manitoba Health Surveillance Unit. Other Hepatitis B and C contacts are investigated by regional public health, but are not required to be reported to the Manitoba Health Surveillance Unit. Non-public health care providers should also submit all contact investigation forms to the Manitoba Health Surveillance Unit, who will forward the form for regional follow-up.