USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES

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**.**

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BACKGROUND

This User Guide should be used as an overall reference for Manitoba providers completing surveillance forms for reportable diseases. All new surveillance forms created since 2017 for reportable diseases will follow a similar overall structure, referenced in this document. Appendix A contains of listing of all the forms and which diseases should be reported on each form. Each form also has form-specific instructions to guide completion.

The Public Health Branch Surveillance Unit systematically receives and manages reportable communicable disease data as prescribed by the Reporting of Diseases and Conditions Regulation under The Public Health Act. The Unit is involved in notifying public health offices across Manitoba of cases of communicable diseases, and managing the flow of information to and from these offices in support of regional public health investigations.

The Reporting of Diseases and Conditions Regulation requires that reports of diseases and conditions must be submitted in a form approved by the Minister of Health, Seniors and Active Living. All data elements collected by the surveillance forms are considered the minimum amount of information required for surveillance and case management of these infections in the Province of Manitoba. The information in the forms provides valuable epidemiologic information used to inform program and policy. Please encourage accurate reporting by clients.

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.

INSTRUCTIONS ON THE USE OF THIS USER GUIDE

Sections in this User Guide are ordered based on section headers in the forms. Data elements are ordered alphabetically in each section. If further clarifications are needed, one may contact the appropriate health region or MHSAL.

LIST OF SYMBOLS

CRITICAL FIELD: * on the form identifies a critical field or a critical section to be completed. If this data is missing, it may be difficult to identify clients or manage case and contact investigations appropriately. **If this data is missing, the form will be returned**.

PUBLIC HEALTH INFORMATION MANAGEMENT SYSTEM (PHIMS) USER INSTRUCTIONS: The User Guide may also contain specific instructions for documenting the information in the Public Health Information Management System (PHIMS), formerly referred to as Panorama. PHIMS users should consult the applicable quick reference cards (QRC's) for further guidance on data entry. "Breadcrumbs" (located at the top right hand corner of sections on the form) provide guidance on where to navigate in PHIMS to enter the information. E.g. subject>client details>personal information.

- ">" indicates the flow of navigation to find the relevant section to document in PHIMS.
- ">>" indicates when the user should already be within the context of an investigation.
- "=" indicates where a value needs to be selected to populate values in another data field.

SUBMISSION OF FORMS TO THE SURVEILLANCE UNIT

INVESTIGATION CASE FORMS AND CONTACT FORMS SHOULD BE COMPLETED AND FAXED TO THE SURVEILLANCE UNIT CONFIDENTIAL FAX 204-948-3044.

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).

DATA ELEMENTS BY SECTION

FORM HEADER

Data Element	Critical Field	Form Type	Instructions on Use
Case Accession number; Additional accession numbers	*		The unique identifying number assigned by the laboratory to identify a specific laboratory report. Different laboratories refer to this number by different names, such as Requisition Number, Lab Number, or Reference Number.
		Case	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.
		Contact	The accession number from the case's positive laboratory report will link the contact to the case that named this contact. 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 investigation ID		Contact	If the case investigation ID from PHIMS is known, it may be written on the investigation form when referred. This allows easy identification of the investigation record for the case.
Case name or initials		Case	The name of the case or initials is an additional identifier 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.
Case not identified		Contact	Ideally, all contacts should be associated with the case that identified the contact. This box should be checked if a contact presents for care and the identity of the case is unknown. For example, this may occur in partner-initiated notification of sexually transmitted infections.
Case PHIN		Case	The Case PHIN is an additional identifier 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.
Case specimen collection date		Contact	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.

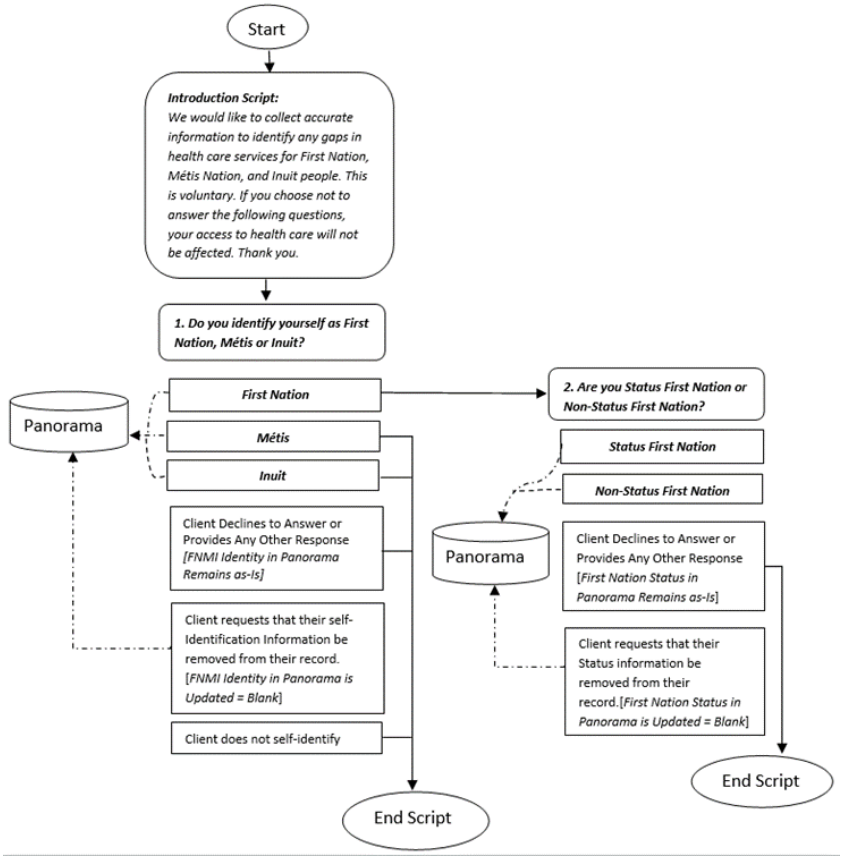
Data Element	Critical Field	Form Type	Instructions on Use
Contact name or initials		Contact	Additional identifier listed on header on second and subsequent pages to meet documentation standards for client identification on forms. Ensures all pages can be identified and associated to the correct client should they become separated.
Transmission event ID		Contact	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 from PHIMS may be written on the investigation form when referred. This allows easy identification of the transmission event record for this contact.

CLIENT IDENTIFICATION

Data Element	Critical Field	Form Type	Instructions on Use
Address at time of diagnosis or investigation/ testing	*	All	Required to geographically identify risks and trends. Document where the client was living at the time of the diagnosis/testing. For contacts, document the address at the time of the investigation or when the contact presented for testing/treatment. In general, communicable disease investigations are reported by the jurisdiction corresponding to the client's residential address (permanent residence) at the time of the investigation. Additional information on geographic assignment of cases is available at: http://www.gov.mb.ca/health/publichealth/surveillance/cds/docs/documenting_geography_20180129.pdf If the client is now living at another location, document in "Alternate Location Information". When entering in **PHIMS, ENSURE THE POSTAL CODE (AND ADDRESS) DOCUMENTED ON THE FORM IS LISTED AS THE CURRENT ADDRESS IN PHIMS**. If not, add the address as the MHSU address. Do not update the official registry address, as this is the official Manitoba Health Registry address which is auto-populated from the Client Registry in PHIMS. If the official registry address is incorrect, encourage the client to update their address with Manitoba Health. https://www.gov.mb.ca/health/mhsip/change.html
Address in First Nation Community		All	Indicate if the client is living in a First Nation Community. This will ensure the referral is directed to the appropriate organization for follow-up.
Age		All	Age should be completed only if reporting non-nominal (e.g. HIV) and DOB is not completed, or if DOB unknown – e.g. contacts identified by cases.

Data Element	Critical Field	Form Type	Instructions on Use
Alternate First name		All	List any alternate names the client uses. This will facilitate identifying the client if named as a contact for other investigations.
Alternate ID		All	Specify the type of ID and number.
Alternate last name		All	List any alternate names the client uses. This will facilitate identifying the client if named as a contact for other investigations.
Alternate location information		All	Document if the client is now living at a different location from the address at time of investigation, or if there are other locations that the client may be found.
City/ Town/ Village		All	Document according to the **Address at time of investigation**.
Date of Birth	*	All	Complete as documented on the Manitoba Health Registration card, or health card from another jurisdiction.
Ethnic origin		All	Voluntary - complete if client self-reports ethnic origin (they have the right to refuse to answer). Standardized data collection on ethnicity is thought to be essential to understanding and eliminating racial and ethnic disparities in health. These categories are consistent with those used by Statistics Canada. Definition: “Ethnic origin” refers to the ethnic or cultural origin or origins of a person's ancestors. Ancestry should not be confused with citizenship or nationality. Report the specific ethnic or cultural group to which their ancestors belonged, not the language they spoke. Information on sub-populations included within the categories from the 2011 National Household Survey is available https://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/dt-td/Av-eng.cfm?LANG=E&APATH=3&DETAIL=0&DIM=4&FL=A&FREE=0&GC=0&GID=0&GK=0&GRP=0&PID=105396&PRID=0&PTYPE=105277&S=0&SHOWALL=0&SUB=0&Temporal=2013&THEME=95&VID=21318&VNAMEE=&VNAMEF
First Name	*	All	Complete as documented on the Manitoba Health Registration card, or health card from another jurisdiction.
First Nations Status		All	Voluntary - complete if client self-reports First Nations identity (they have the right to refuse to answer). It is important to collect data on whether or not someone is Status or non-Status as it may enable access to services not provided as a universal provincial benefit (example: Indigenous Services Canada Non-Insured Health Benefits for prescription medications).

Data Element	Critical Field	Form Type	Instructions on Use
Gender Identity		All	Voluntary, not mandatory to complete - complete if client self-reports a different gender identity than listed on their registration. Consistent with 2018 definitions from Statistics Canada: Gender identity refers to the gender that a person internally feels and/or the gender a person publicly expresses ('gender expression') in their daily life, including at work, while shopping or accessing other services, in their housing environment or in the broader community. A person's current gender may differ from the sex a person was assigned at birth (male or female) and may differ from what is indicated on their current legal documents. A person's gender may change over time. **Cisgender**: This category includes persons who have reported that their sex assigned at birth is the same as their current gender. **Transgender man**: This category includes persons whose sex assigned at birth was reported as female and whose current gender was reported as male. It also includes persons whose current gender was indicated as transman. **Transgender woman**: This category includes persons whose sex assigned at birth was reported as male and whose current gender was reported as female. It also includes persons whose current gender was indicated as transwoman. **Transgender person**: This category includes persons whose current gender was not reported exclusively as male or female. It includes persons who were reported as being unsure of their gender, persons who were reported as both male and female, or neither male nor female.
Health number	*	All	Complete as documented on the Manitoba Health Registration card. If client does not have Manitoba Health registration – list the client's personal health number and jurisdiction it is from.
Immigration status at time of arrival; Date arrived in Canada; Country emigrated from		All	Voluntary - identify if client is Canadian born, an immigrant to Canada, or non-permanent resident of Canada (student, work permit, refugee, or other). The collection of immigration status may help to identify a differential disease burden in recently arrived migrants or refugees. If born outside Canada, document the date arrived in Canada and the country emigrated from.

Data Element	Critical Field	Form Type	Instructions on Use
Indigenous identity declaration		All	Voluntary - complete if client self-reports Indigenous identity (they have the right to refuse to answer). Tracking the health outcomes of Indigenous people is important in order to measure progress on closing the health gaps that exist between Indigenous people and other Manitobans. Having access to First Nation, Métis, and Inuit identifiers will not only allow for analyses based on "community" in a way that is historically meaningful and relevant but it will also provide baseline data relevant in times like outbreaks. To date, data on these populations has been unreliable making evidence-based program and policy decisions difficult. Manitoba Health, Seniors and Active Living (MHSAL) was guided by partners from Nanaandawewigamig (First Nations Health and Social Secretariat of Manitoba) and First Nations Inuit Health Branch (FNIHB) in establishing the Indigenous identity variables. Both the Personal Health Information Act (PHIA) and consideration of First Nation Ownership, Control, Access and Possession (OCAP) principles around First Nations health information guide the process of collection and use of this data, with Manitoba Health as the trustee of the data collected. The following script can be used as a guide in collecting the information. 

Data Element	Critical Field	Form Type	Instructions on Use
Last name	*	All	Complete as documented on the Manitoba Health Registration card, or health card from another jurisdiction.
Phone number		All	List the current phone number(s) that can be used to contact the client.
Physical description if unable to identify client		Con-tact	Complete only if the identity of the client cannot be properly confirmed, i.e. missing PHIN, DOB or other essential identifiers.
Postal code	*	All	Document according to the **Address at time of investigation**. The postal code is essential to include, as this is used to geographically allocate investigations.
Province/ territory		All	Document according to the **Address at time of investigation**.
Registration Number		All	Complete as documented on the Manitoba Health Registration card. Formerly called the MHSC number, or Family Registration Number.
Sex	*	All	Complete as documented on the Health Registration card.

INVESTIGATION INFORMATION

Data Element	Critical Field	Form Type	Instructions on Use
Contact to a Case of	*	Contact	Indicate which confirmed infection(s) the contact has been exposed to.
Does Case Plan to Notify this Contact Him/Herself?	*	Contact	Case initiated contact notification may be an option for contacts not considered to be at higher risk, when the case is willing and able to notify contacts. If this option is chosen, the health professional diagnosing the case will need to complete this information so that Public Health does not initiate contact notification.
Investigation Disposition	*	All	Indicate if the investigation is complete on this client. If no disposition is provided, investigation will be flagged as pending.
Responsible Organization	*	All	Select the organization/region who is responsible for the investigation based on the client's address at the time of the diagnosis. Note that a client may be tested in your region but may live in a different one. If unknown, leave blank and the Surveillance Unit will assign it accordingly. - WRHA – Winnipeg Regional Health Authority including Churchill - NRHA – Northern Regional Health Authority - PMH – Prairie Mountain Health - SH-SS – Southern Health – Santé Sud - IERHA – Interlake Eastern Regional Health Authority - FNIHB – First Nations and Inuit Health Branch - CSC- Correctional Services Canada
Other Organizations Involved		All	Select only if it is a shared investigation and other public health organizations are also involved. This may occur if client was tested in another region and local public health providers were involved, or if the client is now residing in another region. Organizations acronyms are the same as listed in Responsible Organization, with the addition of: - DND – Department of National Defence

INFECTION INFORMATION/STAGING

Data Element	Critical Field	Form Type	Instructions on Use
Classification	*	Case	All cases must be classified (e.g. lab confirmed, clinically confirmed, probable, not a case). Refer to the disease-specific protocols for additional information on case definitions. http://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html

Date of first diagnosis if previously diagnosed; Location of first diagnosis if not in Manitoba		Case	If previously diagnosed with the infection under investigation, enter the date (year and month) of the first ever diagnosis, and where diagnosed (country or province). If the specific date is unknown, enter the approximate date. This assists identification of previous investigations.
Infection	*	Case	Select the current reportable disease(s) under investigation.
Presentation/ Site	*	Case	Enter the site or presentation of the disease based on lab results or symptoms, according to the disease-specific protocol.
Specimen Collection Date	*	Case	Enter the specimen collection date on the earliest lab result confirming the infection selected for the current investigation.
Staging	*	Case	Enter the stage of the disease based on lab results or symptoms, according to the disease-specific protocol. For chronic conditions, 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.

METHOD OF DETECTION

Data Element	Critical Field	Form Type	Instructions on Use
Method of detection for current investigation		Case	Document the reason the client presented for testing. If presented as a result of being named as a contact to another case, check “contact investigation”.

SIGNS AND SYMPTOMS

Data Element	Critical Field	Form Type	Instructions on Use
Signs and symptoms; onset date		All	Symptoms are listed on the form to facilitate case management. Check all symptoms that apply. Documentation of specific symptoms varies by type of infection. - 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. Incubation and communicability of the infection are usually based on symptom onset and duration. - For **chronic cases** with a remote or unknown onset date, document the earliest symptom onset date if known. Current symptoms may be more relevant for chronic infections. If the onset date is unknown, follow guidance from the disease-specific protocol on timeframes for identification of contacts and interventions.

RISK FACTOR INFORMATION

Data Element	Critical Field	Form Type	Instructions on Use
Risk factors; Additional details; Date range; Frequency		All	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 based on symptom onset. If asymptomatic, a longer time period may be required 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. Document the response as yes/no/unknown/declined to answer if this option is available on the form. If not asked, ensure this is documented. These responses provide a better estimation of the frequency of exposure risks in confirmed cases. If no response is provided, it is unclear whether the client denies having the risk, or whether the question was not asked. Document additional details related to the risk factor as requested on the form. This may also include the date range or frequency if applicable to the risk factor

TREATMENT

Data Element	Critical Field	Form Type	Instructions on Use
Allergies		All	Document any allergies relevant for case management.
Prescriber name		All	The provider responsible for the prescription/treatment.
Treatment facility		All	The facility where the prescription/treatment was provided.
Treatment regimens		All	Standard regimens are listed on the form for specific diseases. Select the treatment provided, and document the date of the prescription or treatment. If another treatment regimen is used, document in "other - specify treatment".

OUTCOMES

Data Element	Critical Field	Form Type	Instructions on Use
Outcomes; Date		Case	Document any relevant outcomes known at the time of investigation, such as death, hospital/ICU admission, or sequelae, and any applicable dates.

EVIDENCE-BASED INTERVENTIONS

Data Element	Critical Field	Form Type	Instructions on Use
Interventions		All	Recommended interventions are listed on the form as a guide and reminder of best practices for case management.

IMMUNIZATION HISTORY INTERPRETATION

Data Element	Critical Field	Form Type	Instructions on Use
Interpretation of immunity		All	This is an assessment of immunity to the disease under investigation at the time of this investigation, or just prior to the exposure to this disease. For vaccine-preventable diseases, this is important to assess for vaccine failure. Document if the client has had previous laboratory evidence of immunity through serology results. If previous serology has not been done, or if the client has been immunized since serology was done, document if 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.

Data Element	Critical Field	Form Type	Instructions on Use
Reason (evidence) for interpretation		All	Document how the interpretation of immunity 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.
Vaccine; Dates		All	If not already recorded in the Manitoba Immunization Registry (accessible in PHIMS and eChart), document all vaccine doses received, regardless of which formulation of vaccine administered. If doses are missing in the registry, either document directly in PHIMS, or list all missing doses. 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).

CONTACTS

Data Element	Critical Field	Form Type	Instructions on Use
Number of Contacts Identified by Name	*	Case	List the total number of contacts identified by name. The applicable contact investigation form should be completed for each contact. Listing the total number of contacts identified by name on the form provides an indication on how many contact investigation forms should be completed. Contacts to chlamydia, gonorrhea, chancroid, LGV, HIV, and syphilis are required to be reported to the Manitoba Health Surveillance Unit. Contacts to other reportable diseases are managed by regional public health according to the disease-specific protocol. Any contact for any reportable disease that requires referral to another jurisdiction, should be reported to the Manitoba Health Surveillance Unit using the applicable contact investigation form.

Number of Anonymous Contacts	*	Case	List the number of anonymous contacts that cannot be identified by name.
Earliest anonymous exposure start date	*	Case	List the earliest anonymous exposure start date.

EXPOSURE DETAILS

Data Element	Critical Field	Form Type	Instructions on Use
Mode of transmission	*	Contact	Document the type of contact during the period of investigation/communicability, based on information from the case.
Exposure start date	*	Contact	This is important information to guide the contact investigation. Enter the date of first exposure during the period of investigation. If exposure pre-dates the period of investigation, enter start date of period of investigation/communicability, based on the disease protocol. **This field is required in PHIMS.**
Exposure end date		Contact	Enter the date of the last exposure during the period of investigation. If exposure is ongoing, leave date blank.
Sexual relationship		Contact	Indicate the type of relationship with the case. Select only one. **Regular partner:** someone who the case has sex with regularly or often; may be a boy/girlfriend, spouse, common-in-law partner, etc. **Casual partner**: someone who the case knows and has had sex with only once or a few times. **Have given/received goods in exchange for sex**: someone who the case has agreed to have sex with in exchange for goods. If this is a regular partner, select has given/received goods in exchange for sex, and indicate the frequency of sexual contact to reflect more frequent contact. In PHIMS, enter the relationship in “transmitter role”.
Type of sexual exposure		Contact	Document each type of sexual exposure for this contact during the period of investigation/communicability. Select all that apply.

Data Element	Critical Field	Form Type	Instructions on Use
Frequency of sexual contact events		Contact	Document the frequency of events where the case has met with the contact and had sexual exposure (one or more times) during the period of investigation/communicability.
Blood and percutaneous exposures		Contact	For any blood or percutaneous exposures, select all modes of transmission applicable to this investigation, including drug paraphernalia sharing, significant blood-mucous membrane contact, shared tattoo/piercing/scarification equipment. If other type of exposure, please specify details of the exposure.
Exposure setting location		Contact	For STBBI contact exposures, document for **new contacts** only during the period of investigation. This does not require completion if the case has a pre-existing relationship before the period of investigation. Only the mechanism where the case FIRST met this contact should be identified.

REPORTER INFORMATION (IF NOT RESPONSIBLE REGIONAL PUBLIC HEALTH OFFICE)

Data Element	Critical Field	Form Type	Instructions on Use
Form completed by; Facility name; Completion date	*	All	**Either this section, or the Responsible Regional Public Health Authority Use Only section must be completed. If both are missing, the form will be returned.** Document the provider responsible for completion of the form, the facility name, and date of completion. A box is available (REPORTER USE ONLY) to document other information such as clinic number to facilitate locating form if contacted by public health, or to use a Health Care Provider's stamp if it contains the information required. Please use only the box REPORTER USE ONLY for HCP's stamp - do not stamp in a place that may obfuscate other parts of the form. **REDIRECTING INVESTIGATIONS TO OTHER REGIONS**: This section may be used by a Regional Public Health Office if reporting on a client that is responsibility of a different region; i.e. the regional office is "wearing the hat of a reporter, but not investigator". Example: At the time of the interview you find out the client lives in a different region. Please document which is the responsible organization and which are the other responsible organizations.

RESPONSIBLE REGIONAL PUBLIC HEALTH AUTHORITY USE ONLY

Data Element	Critical Field	Form Type	Instructions on Use
Form completed by; Form completion date; Form reviewed by; and Form reviewed date	*	All	**Either this section, or the Reporter Information (If not Responsible Regional Public Health Authority) section must be completed. If both are missing, the form will be returned.** Document the public health provider(s) responsible for the investigation, the date of completion, and the organization. Follow organizational practices for form review and completion. Some organizations have coordinators that review all forms; others are submitted directly by the public health nurse who completed the investigation. The form should identify the person in the region that should be contacted in case there are questions about the investigation. A signature is not required, but available for use based on regional organizational practice. A box is available (RHA USE ONLY) and can be used by the Public Health office stamp if it contains the information required or any other uses that the Public Health Office sees fit. Please use only the box RHA USE ONLY for the stamp - do not stamp the form in a place that may obfuscate other parts of the form.
Investigation Status	*	All	Indicate if the investigation is closed to the region or ongoing. Ongoing investigations imply that a more complete and updated version of the form will be sent to the Surveillance Unit as soon as follow up is complete.
Organization	*	All	Identify the responsible organization that performed the public health investigation, i.e. the RHA who is leading the investigation based on geographic assignment of investigations.

APPENDIX A – REPORTABLE DISEASES AND ASSOCIATED INVESTIGATION FORMS

REPORTABLE INFECTIOUS DISEASE	INVESTIGATION FORMS
AIDS - Acquired Immunodeficiency Syndrome	**MHSU-0013- Clinical Notification of Reportable Diseases and Conditions (report within 5 days)** **MHSU-2437 - HIV/AIDS Case Report – use for reporting AIDS cases only**
Amebiasis	**MHSU-0002- Communicable Disease Control Investigation Form**
Anaplasmosis (human granulocytic anaplasmosis)	**MHSU-8232- Tick-Borne Disease Report form – for use with anaplasmosis, babesiosis, and lyme disease infections**
Anthrax	**MHSU-0002- Communicable Disease Control Investigation Form**
Babesiosis	**MHSU-8232- Tick-Borne Disease Report form – for use with anaplasmosis, babesiosis, and lyme disease infections**
Blastomycosis	**MHSU-0002- Communicable Disease Control Investigation Form**
Botulism	**MHSU-0013- Clinical Notification of Reportable Diseases and Conditions (same day reporting)** **MHSU-0002- Communicable Disease Control Investigation Form**
Brucellosis	**MHSU-0002- Communicable Disease Control Investigation Form**
Campylobacteriosis	**MHSU-0002- Communicable Disease Control Investigation Form**
Chancroid	**MHSU-6784– STI case investigation form for chlamydia, gonorrhea, chancroid and LGV infections**
Chlamydia (including Lymphogranuloma Venereum (LGV))	**MHSU-6784– STI case investigation form for chlamydia, gonorrhea, chancroid and LGV infections**
Cholera	**MHSU-0013- Clinical Notification of Reportable Diseases and Conditions (same day reporting)** **MHSU-0002- Communicable Disease Control Investigation Form**
Clostridium difficile associated diarrhea	**Lab surveillance only**
Congenital Rubella Infection/Syndrome	**MHSU-0013- Clinical Notification of Reportable Diseases and Conditions (report within 5 days)**

	MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM
Creutzfeldt–Jakob Disease	**MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (REPORT WITHIN 5 DAYS)** **MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Cryptosporidiosis	**MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Cyclosporiasis	**MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Diphtheria	**MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)** **MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Giardiasis	**MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Gonorrhea	**MHSU-6784– STI CASE INVESTIGATION FORM FOR CHLAMYDIA, GONORRHEA, CHANCROID AND LGV INFECTIONS**
Haemophilus influenzae Invasive Disease	**MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM (ONLY TYPE B)**
Hantavirus Pulmonary Syndrome	**MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Hepatitis A	**MHSU-4372 – HEPATITIS A QUESTIONNAIRE**
Hepatitis B	**MHSU-6780– HEPATITIS B, C, HIV, AND SYPHILIS INVESTIGATION - CASE FORM**
Hepatitis C	**MHSU-6780– HEPATITIS B, C, HIV, AND SYPHILIS INVESTIGATION - CASE FORM**
HIV	**MHSU-6780– HEPATITIS B, C, HIV, AND SYPHILIS INVESTIGATION - CASE FORM**
Influenza, Laboratory-Confirmed	**LAB SURVEILLANCE** **WEEKLY REPORTING FOR HOSPITALIZATIONS, ICU ADMISSIONS, AND DEATHS**
Legionellosis	**MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Leprosy	**MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (REPORT WITHIN 5 DAYS)** **MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Listeriosis, invasive disease	**MHUS-5478 – INVASIVE LISTERIOSIS QUESTIONNAIRE**
Lyme Disease	**MHSU-8232- TICK-BORNE DISEASE REPORT FORM – FOR USE WITH ANAPLASMOSIS, BABESIOSIS, AND LYME DISEASE INFECTIONS**

Malaria	**MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Measles	**MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)** **MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Meningococcal Invasive Disease	**MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)** **MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Mumps	**MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)** **MHSU-6867 – MUMPS CASE INVESTIGATION FORM**
Pertussis	**MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)** **MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Plague	**MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)** **MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Pneumococcal Disease, Invasive	**MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Poliomyelitis	**MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)** **MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Q fever	**MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Rabies	**CASES: MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)** **MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM** **HUMAN EXPOSURES: MHSU- 7224 -REPORT OF SUSPECTED RABIES EXPOSURE**
Rubella	**MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)** **MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**

Salmonellosis	**MHSU 7256 – SALMONELLA QUESTIONNAIRE - GENERAL**
Severe Acute Respiratory Infection (SARI)	**MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)** **MHSU- 7274 – SEVERE ACUTE RESPIRATORY INFECTION (SARI) AND EMERGING RESPIRATORY PATHOGENS – CASE REPORT FORM**
Shigellosis	**MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Smallpox	**MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)** **MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Streptococcal Invasive Disease (Group A)	**LAB SURVEILLANCE ONLY**
Streptococcal Invasive Disease of the Newborn (Group B)	**LAB SURVEILLANCE ONLY**
Syphilis	**MHSU-6780– HEPATITIS B, C, HIV, AND SYPHILIS INVESTIGATION - CASE FORM**
Tetanus	**MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (REPORT WITHIN 5 DAYS)** **MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Tuberculosis	**MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (REPORT WITHIN 5 DAYS) REFER TO MB TUBERCULOSIS PROTOCOL**
Tularemia	**MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Typhoid Fever	**MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM**
Verotoxigenic Escherichia coli	**MHSU – 3265 – ENHANCED SURVEILLANCE E. COLI 0157:H7 QUESTIONNAIRE**
Viral Hemorrhagic Fever - Crimean Congo, Lassa, Ebola, Marburg, Rift Valley	**MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (SAME DAY REPORTING)** **MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM** **- OUTBREAK-SPECIFIC FORMS**
West Nile virus	**MHSU-9684 WEST NILE VIRUS HUMAN CASE INVESTIGATION FORM**
Yellow Fever	**MHSU-0013- CLINICAL NOTIFICATION OF REPORTABLE DISEASES AND CONDITIONS (REPORT WITHIN 5 DAYS)**

	MHSU-0002- COMMUNICABLE DISEASE CONTROL INVESTIGATION FORM