

PUBLIC HEALTH FOLLOW-UP OF HEPATITIS B IN THE WINNIPEG HEALTH REGION

This document provides the operational process for the public health follow-up of Hepatitis B. It is intended as a companion document to the Manitoba Health Communicable Disease Protocol for Hepatitis B

<http://www.gov.mb.ca/health/publichealth/cdc/protocol/hepb.pdf>

Type of Referral	CD Admin	CD Coordinator	Public Health Admin	Public Health Nurse
<p>Chronic Hepatitis B</p>	<ul style="list-style-type: none"> ❑ Runs case investigation report 3 times/day to obtain new Hep B cases ❑ Assigns CA clerk to pick up new cases on their reports 	<ul style="list-style-type: none"> ❑ Runs case investigation report daily to review new cases 	<ul style="list-style-type: none"> ❑ Receives the referral via running report 3x/day 0900/1200/1500 ❑ Assigns it to a CA PHN via PHIMs 	<ul style="list-style-type: none"> ❑ PHN runs case investigation report 3times/day to check for new cases ❑ Obtains additional Hepatitis serology results from e-chart. ❑ Document the results in PHIMs notes. ❑ Preliminary assessment indicates chronic infection <p>Within 1 day contact the testing practitioner to review the result:</p> <ul style="list-style-type: none"> ❑ Advise testing practitioner PHN will be contacting client to provide education and do PH follow-up. ❑ Confirm client demographic information ❑ Collect further details about the client. Refer to Appendix # 2 ❑ Advise healthcare provider: <ul style="list-style-type: none"> ○ that referral to liver specialist is recommended ○ Hepatitis A vaccine is recommended if Hep A susceptible (as per Manitoba Health protocol Sec.8.1.2) <ul style="list-style-type: none"> ❑ PHN to contact client within 5 working days of receiving results ❑ Follow Manitoba Health Protocol for Hepatitis B http://www.gov.mb.ca/health/publichealth/cdc/protocol/hepb.pdf (Sec 8.1.2) ❑ Refer to the <i>MHSAL Hepatitis B and C, HIV and Syphilis Investigation form</i> to collect information and then enter the information into the case investigation in PHIMs HEPATITIS B AND C, HIV, AND SYPHILIS INVESTIGATION FORM (gov.mb.ca) ❑ Provide education to the client (Sec 8.1.4) ❑ Interview case for contacts (Sec 8.2) ❑ PHN can provide Hep A immunization to case- if susceptible <p>Contact Follow-up (Sec 8.2)</p> <ul style="list-style-type: none"> ❑ Refer to the <i>MHSAL STBBI Contact Investigation form</i> to collect information and enter into PHIMs https://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_6782.pdf

Type of Referral	CD Admin	CD Coordinator	Public Health Admin	Public Health Nurse
				<p>Contact Follow-up continued (Sec 8.2)</p> <ul style="list-style-type: none"> ❑ Once contacts have been identified, add to PHIMs. <ul style="list-style-type: none"> ○ If not found in PHIMs, add as unknown contact(s) or Create Client-QRC (phimsmb.ca) and enlist CD Admin Clerk support as needed ○ Coordinate contact testing through primary healthcare provider ○ Appendix 5- Letter to HCP can be used. ○ PHN is not routinely required to f/u completion of HBV series of contacts once series is initiated and plan for completion has been made. Exception: High risk newborns. ○ eChart should be checked for serology results on contacts regardless of having a record of hep B immunization/series. ○ Once PHN has confirmed that contacts have been tested these results should be documented in the contact investigation in PHIMs. Follow-up with <i>each</i> contact based on results. <p>-Eg: HBsAg: negative HBsAb: negative Interpretation: Hep B Susceptible. Immunization recommended.</p> <p>-Eg: HBsAg: negative HBsAb: positive Interpretation: Hep B Immune Do NOT enter a vaccine Exemption in PHIMS.</p> <ul style="list-style-type: none"> ❑ Provide HBV series to contacts- if susceptible ❑ Appendix 3 Letter to contacts re: HBV series ❑ When investigation and contact follow-up is completed refer to “Case and Contact Investigation and closures” section at the end of this document

Type of Referral	CD Admin	CD Coordinator	Public Health Admin	Public Health Nurse
Acute Hepatitis B	<ul style="list-style-type: none"> ❑ Runs case investigation report 3 times/day to obtain new Hep B cases ❑ Assigns CA clerk to pick up new cases on their reports 	<ul style="list-style-type: none"> ❑ Runs case investigation report daily to review new cases 	<ul style="list-style-type: none"> ❑ Receives the referral via running report 3x/day 0900/1200/1500 ❑ Assigns it to a CA PHN via PHIMs 	<ul style="list-style-type: none"> ❑ Obtains additional Hepatitis results from eChart. ❑ Markers indicate ACUTE hep B infection ❑ Contact the testing practitioner IMMEDIATELY to review the result: ❑ Advise healthcare provider PHN will be contacting client to provide education and do PH follow-up. ❑ Confirm client demographic information. ❑ Refer to Appendix 2 ❑ Advise that PHN will be contacting client IMMEDIATELY ❑ PHN to contact client IMMEDIATELY ❑ Follow Manitoba Health Protocol for Hepatitis B http://www.gov.mb.ca/health/publichealth/cdc/protocol/hepb.pdf (Sec 8.1.1) ❑ Refer to the <i>MHSAL Hepatitis B and C, HIV and Syphilis Investigation form</i> to collect information and then enter the information into the case investigation in PHIMs HEPATITIS B AND C, HIV, AND SYPHILIS INVESTIGATION FORM (gov.mb.ca) ❑ Provide education to the client (Sec 8.1.4) ❑ Interview case for contacts (Sec 8.2) and once identified, add to PHIMs. <ul style="list-style-type: none"> ○ If contacts not found, add as unknown contact(s) or Create Client-QRC (phimsmb.ca) and enlist support of CD Admin Clerk as needed Contact Follow-up (Sec 8.2) ❑ Coordinate contact testing IMMEDIATELY through primary healthcare provider. <ul style="list-style-type: none"> ○ Assess need for HBIG/HBV ASAP.
Prenatal New Chronic Hepatitis B or Positive HBV Household Member	<p>In addition to chronic hepatitis B follow-up:</p> <ul style="list-style-type: none"> ❑ Will open case in PHIMs requesting EDC and OB-Gyn or Midwife of client ❑ Newborn prophylaxis letter to OB-Gyn or Midwife and copied into context document tab PHIMs case file ❑ Intervention Search Report is run weekly for anticipated birth(s) 	<ul style="list-style-type: none"> ❑ Runs case investigation report daily to review new cases 	<ul style="list-style-type: none"> ❑ Receives the referral via running report 3x/day 0900/1200/1500 ❑ Assigns it to a CA PHN via PHIMs 	<ul style="list-style-type: none"> ❑ Proceed with Hepatitis B investigation as process above for <i>chronic</i> hepatitis B. <ul style="list-style-type: none"> ○ Obtain EDC and confirm name of healthcare provider. Advise CD Clerk via email (copy of email to be added as a note in PHIMs) ❑ Encourage a prenatal referral to Public Health and proceed if consent is received ❑ Diarize Case during the month of EDC to assist in as timely confirmation of newborn's birth as possible

Type of Referral	CD Admin	CD Coordinator	Public Health Admin	Public Health Nurse
				<ul style="list-style-type: none"> <input type="checkbox"/> If a postpartum/newborn referral is <i>not</i> received, it may be that: <ul style="list-style-type: none"> - it is a missed referral or - the case declined Public Health (including stillbirth / neonatal death) Proceed with one of more of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Contact the CD Unit re: ? missed referral <input type="checkbox"/> Access eChart <input type="checkbox"/> Request postpartum/newborn referral and/or newborn's Medication Administration Record (re: HBIG and/or HBV initiation and newborn's PCP/Pediatrician) via Hospital Unit / Medical Records <input type="checkbox"/> Follow-up with the newborn's PCP/Pediatrician re: HBIG and/or HBV initiation Note: If it is determined that the case declined Public Health postpartum, Hepatitis B Newborn Prophylaxis follow-up still needs to occur and may be achieved <i>without</i> the need to re-connect with the family
<p>Prenatal Chronic Hepatitis B- Previously investigated</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Re-open PHIMs case and/or retrieve paper file to send to CD Coordinator <input type="checkbox"/> Refer to Public Health admin person in PHIMs. <input type="checkbox"/> Will reopen case in PHIMs requesting EDC and OB-Gyn or Midwife of client <input type="checkbox"/> Newborn prophylaxis letter to OB-Gyn or Midwife and copied into context document tab PHIMs case file. <input type="checkbox"/> Intervention Search Report is run weekly for anticipated birth(s) 	<ul style="list-style-type: none"> <input type="checkbox"/> Runs case investigation report daily to review new cases 	<ul style="list-style-type: none"> <input type="checkbox"/> Receives the referral via running report 3x/day 0900/1200/1500 <input type="checkbox"/> Assigns it to a CA PHN via PHIMs 	<ul style="list-style-type: none"> <input type="checkbox"/> Use this opportunity to connect with the case <ul style="list-style-type: none"> <input type="checkbox"/> Obtain EDC and confirm name of healthcare provider. Advise CD Clerk via email (copy of email to be added as a note in PHIMs) <input type="checkbox"/> Assess if any additional contacts that may need follow-up since last contact. <input type="checkbox"/> Once contacts have been identified, add to PHIMs. <ul style="list-style-type: none"> <input type="checkbox"/> If contacts not found in PHIMs, add as unknown contact(s) or Create Client-QRC (phimsmb.ca) and enlist support of CD Admin Clerk as needed <input type="checkbox"/> Encourage a prenatal referral to Public Health and proceed if consent is received <input type="checkbox"/> Diarize Case during the month of EDC to assist in as timely a confirmation of newborn's birth as possible <input type="checkbox"/> If a postpartum/newborn referral is <i>not</i> received, refer to guidance as per the Prenatal New Chronic Hepatitis B or Positive HBV Household Member listed above.

Type of Referral	CD Admin	CD Coordinator	Public Health Admin	Public Health Nurse
<p>New Prenatal Acute Hep B Infection</p>	<p>In addition to <i>acute</i> hepatitis B follow-up:</p> <ul style="list-style-type: none"> ❑ Will create a PUI case in PHIMs requesting EDC and OB-Gyn or Midwife of client ❑ Newborn prophylaxis letter to OB-Gyn or Midwife and copied into context document tab PHIMs case file. ❑ Intervention Search Report is run weekly for anticipated birth(s) 	<p>In addition to <i>acute</i> hepatitis B follow-up:</p> <ul style="list-style-type: none"> ❑ Work closely with PHN to monitor Hep B status prior to delivery. 	<ul style="list-style-type: none"> ❑ Receives the referral via running report 3x/day 0900/1200/1500 ❑ Assigns it to a CA PHN via PHIMs 	<p>In addition to <i>acute</i> hepatitis B follow-up:</p> <ul style="list-style-type: none"> ❑ Close consultation with CD Coordinator and MOH <ul style="list-style-type: none"> ○ Obtain EDC and confirm name of healthcare provider ○ Advise CD Clerk via email (copy of email to be added as a note in PHIMs) ❑ Advise and f/u with pregnant person to determine HBV status 1 month prior to EDC. Advise CD Coordinator when testing has been done ❑ Obtains follow-up test results from eChart ❑ Encourage a prenatal referral to Public Health and proceed if consent is received ❑ Diarize Case during the month of EDC to assist in as timely a confirmation of newborn's birth as possible ❑ If a postpartum/newborn referral is <i>not</i> received, refer to guidance as per the Prenatal New Chronic Hepatitis B or Positive HBV Household Member listed above
<p>Newborn Hepatitis B prophylaxis</p>	<ul style="list-style-type: none"> ❑ Post-partum/ infant referral form received indicating HBIG/HBV administered. If Post partum referral not received f/u with PP desk ❑ Creates newborn in PHIMs ❑ Send merge request to PHIMs via Shared Health Service Desk as a duplicate file will invariably occur ❑ Add the newborn as a contact to the index case ❑ Refer to CD Coordinator to determine if high or low risk ❑ Confirm primary care provider and CFS worker (if necessary) via the PHN ❑ If low risk: <ul style="list-style-type: none"> ○ Investigation will be classified as "Contact-Not a Contact" 	<ul style="list-style-type: none"> ❑ CD Coordinator to assess if high or low risk as per Manitoba Health protocol http://www.gov.mb.ca/health/publichealth/cdc/protocol/hepb_newborn.pdf 		<p>For low risk hep B newborn:</p> <ul style="list-style-type: none"> ❑ Confirm name of primary care provider and legal guardian. Advise CD admin via email (copy of email to be added as a note in PHIMs)

Type of Referral	CD Admin	CD Coordinator	Public Health Admin	Public Health Nurse
	<ul style="list-style-type: none"> ○ CD admin to be assigned as clerk to contact file ○ Contact file will be assigned to CA PHN assigned based on Momentum ○ Confirm primary care provider via email with PHN (copy of email to be added as a note in PHIMS) ○ Send letter to primary care provider and legal guardian ○ Copy of letter added to context document in infant's PHIMs contact file. ○ Email sent to PHN advising of same. ○ Close when baby's name and PHIN received and verified client file merge is completed. □ If high risk: <ul style="list-style-type: none"> ○ Refer to assigned PHN in PHIMs or Momentum for f/u of HBV series ○ Email sent to PHN advising of same. ○ Confirm primary care provider via email with PHN (copy of email to be added as a note in PHIMS) ○ Send letter to health care provider and legal guardian ○ Copy of letter added to context document tab in infant's PHIMs case file ○ When series is completed and documented by PHN, close in PHIMs ○ If all doses not entered in 			<p>For high risk hep B newborn:</p> <ul style="list-style-type: none"> □ Confirm name of primary care provider and legal guardian. Advise CD admin via email (copy of email to be added as a note in PHIMS) □ For high risk newborns: Follow-up completion of HBV x 3 doses [or 4 doses if pre-term (less than 37 weeks gestation) and weighing less than 2,000 grams at birth]. □ Document each dose in PHIMs as completed (i.e. authored note) □ Refer to CD Admin via PHIMs when series is complete □ Once the final dose is verbally confirmed by the primary care provider/clinic and a PHN-authored note is in PHIMS to reflect same, the file can be closed (in advance of the vaccine's entry into PHIMs).

Type of Referral	CD Admin	CD Coordinator	Public Health Admin	Public Health Nurse
	PHIMs f/u with PHN by email & cc. CD Coordinator			
Insurance Testing- Hepatitis B Positive	<ul style="list-style-type: none"> <input type="checkbox"/> Enters the referral into PHIMs as PUI <input type="checkbox"/> Sends the referral via PHIMs to the CA Public Health admin person 	<ul style="list-style-type: none"> <input type="checkbox"/> Runs case investigation report daily to review new cases 	<ul style="list-style-type: none"> <input type="checkbox"/> Receives the referral via running report 3x/day 0900/1200/1500 <input type="checkbox"/> Assigns it to a CA PHN via PHIMs 	<ul style="list-style-type: none"> <input type="checkbox"/> PHN to contact client within 5 working days of receiving referral. <input type="checkbox"/> Advise client of results from insurance testing. <input type="checkbox"/> Advise retesting is recommended through primary care provider as soon as possible. Recommend Hepatitis B surface antigen, antibody to Hepatitis B and Hepatitis B core antibody. Facilitate this with primary care provider. <p>If positive - follow Hepatitis B protocol If negative - no further f/u required</p>
Canadian Blood Services (CBS) - Hepatitis B Positive	<ul style="list-style-type: none"> <input type="checkbox"/> Enters the referral into PHIMs as PUI <input type="checkbox"/> Sends the referral via PHIMs to the CA Public Health admin person <input type="checkbox"/> Add CBS Letter to Context Documents in PHIMs once received (NOTE: receipt of letter may be delayed) 	<ul style="list-style-type: none"> <input type="checkbox"/> Runs case investigation report daily to review new cases 	<ul style="list-style-type: none"> <input type="checkbox"/> Receives the referral via running report 3x/day 0900/1200/1500 <input type="checkbox"/> Assigns it to a CA PHN via PHIMs 	<ul style="list-style-type: none"> <input type="checkbox"/> Refer to the CBS Letter (see Context Documents) <ul style="list-style-type: none"> o *NOTE: receipt may be delayed <input type="checkbox"/> PHN to contact client <u>after</u> the time frame given in the CBS Letter and advise client of results from CBS <input type="checkbox"/> Advise retesting is recommended through primary care provider as soon as possible. <ul style="list-style-type: none"> o Recommend Hepatitis B surface antigen, antibody to Hepatitis B and Hepatitis B core antibody. o Facilitate this with primary care provider. <p>If positive - follow Hepatitis B protocol If negative - no further f/u required.</p>

Type of Referral	CD Admin	CD Coordinator	Public Health Admin	Public Health Nurse
<p>Other test results scenarios–</p> <p>Hepatitis B Surface Antigen positive (with no additional lab markers available)</p>	<ul style="list-style-type: none"> ❑ Enters the referral into PHIMs as PUI ❑ Sends the referral via PHIMs to the CA Public Health admin person 	<ul style="list-style-type: none"> ❑ Runs case investigation report daily to review new cases 	<ul style="list-style-type: none"> ❑ Receives the referral via running report 3x/day 0900/1200/1500 ❑ Assigns it to a CA PHN via PHIMs 	<ul style="list-style-type: none"> ❑ PHN to contact testing healthcare provider and acquire further details about the client: <ul style="list-style-type: none"> • Confirm client demographic information • Collect further details about the client. • Refer to Appendix # 2 • Advise healthcare provider PHN will be contacting client to provide education and do PH follow-up ❑ If tested out of province and results unobtainable: <ul style="list-style-type: none"> • PHN to contact client and advise of results. Initiate assessment as per MB Protocol (Section 7 – Key Investigations for Public Health Response) • Advise retesting is recommended through primary care provider as soon as possible. Recommend Hepatitis B surface antigen, antibody to Hepatitis B and Hepatitis B core antibody. Facilitate this with primary care provider. ❑ <u>Low level</u> Surface Antigen positive result and all other Hepatitis B markers negative: <ul style="list-style-type: none"> • Contact testing healthcare provider • Refer to Appendix #2 • Initiate assessment as per MB Protocol (Section 7 – Key Investigations for Public Health Response) • Advise healthcare provider PHN will be contacting client to do PH follow-up <p>Cadham Provincial Laboratory Tel # 204-945-7695 (use discretion)</p>

Type of Referral	CD Admin	CD Coordinator	Public Health Admin	Public Health Nurse
STBBI Co-Infections	<ul style="list-style-type: none"> ❑ Enters the referral into PHIMs as PUI ❑ *Lab results that have the <i>same</i> Accession Number and specimen collection date will be entered by Manitoba Health Surveillance Unit (MHSU) as co-infection(s)= labs will be linked to one Investigation (INV) ID. ❑ Sends the referral via PHIMs to the CA Public Health Admin person <ul style="list-style-type: none"> ▪ <u>HBV & HCV:</u> <ul style="list-style-type: none"> ○ Both managed by General Program PHN = Primary Role in PHIMS ▪ <u>HBV & Syphilis/HIV:</u> <ul style="list-style-type: none"> ○ Primary Role in PHIMS= HSHR PHN ○ Secondary Role= General Program PHN 	<ul style="list-style-type: none"> ❑ Runs case investigation report daily to review new cases 	<ul style="list-style-type: none"> ❑ Receives the referral via running report 3x/day 0900/1200/1500 ❑ Assigns it to a CA PHN via PHIMs 	<ul style="list-style-type: none"> ▪ The responsible workgroup is STBBI- Winnipeg Health and <i>both</i> General Program & HSHR PHN Teams will pull these INVs on their reports. ▪ *COLLABORATION between General Program & HSHR PHNs is required re: providing client-centered care and reducing duplicate charting. ▪ BEST PRACTICE: PHNs from <i>both</i> Programs are to check the <i>Subject Summary</i> once the assigned INV(s) is/are received, so that if the other Program is/has been involved, liaison with one another can occur as necessary. ▪ <i>Note:</i> Refer to Disease-Summary-QRC (phimsmb.ca). Email: wrhacdcoordinators@wrha.mb.ca if questions/clarification/further guidance needed. ▪ Refer to Note entries as they will include rationale for HSHR end-dating themselves once their co-infections have been assessed and deemed to be historical and/or no need for follow-up. ▪ Primary & Secondary Role assignments do <i>not</i> automatically mean that one program PHN is solely responsible for the investigation and follow-up over the other program PHN. COLLABORATE to determine next steps regardless of your assigned Role. ▪ <u>HBV & Syphilis/HIV:</u> <i>Both</i> Program PHNs will begin by liaising with one another to determine if the General PHN needs to proceed with the HBV INV, contact tracing and management. HSHR PHN will follow-up on intimate/substance-sharing partner contact(s). <ul style="list-style-type: none"> ○ <i>Note:</i> HSHR PHN may be in a position to end date themselves (i.e. after the Syphilis/HIV-specific clinical scenario has been assessed) and assign the General Program PHN as the Primary (from Secondary).

Type of Referral	CD Admin	CD Coordinator	Public Health Admin	Public Health Nurse
	<ul style="list-style-type: none"> ▪ <u>HCV & Syphilis/HIV:</u> <ul style="list-style-type: none"> ○ Primary Role in PHIMS= HSHR PHN ○ No Secondary for General Program PHN ○ *Primary Role may transition to General Program PHN ▪ <u>HBV & CT/GC:</u> <ul style="list-style-type: none"> ○ Primary Role= General Program PHN for HBV ○ Secondary Role= HSHR Program. They will end-date themselves as per their discretion. ▪ <u>HCV & CT/GC:</u> <ul style="list-style-type: none"> ○ Primary Role in PHIMS= HSHR PHN ○ No Secondary for General Program PHN ○ *Primary Role may transition to General Program PHN 			<ul style="list-style-type: none"> ○ <u>ACUTE HBV:</u> Once an acute interpretation is determined, General Program PHN may need to move into the Primary Role (or take the Lead even if in the Secondary Role) when HSHR is also involved. ▪ <u>HCV & Syphilis/HIV:</u> ▪ <i>*Note:</i> In the event that HSHR deems their STBBI(s) as historical and/or of no need for follow-up, the HCV INV will transition to General Program PHN as the Primary Role in PHIMS. ▪ <u>HBV & CT/GC:</u> General Program PHN will complete the HBV INV as per usual process. <ul style="list-style-type: none"> ○ If the CT/GC do not meet HSHR criteria for follow-up, HSHR PHN will author a note reflecting this in the client file and end date themselves as Secondary. ▪ <u>HCV & CT/GC:</u> ▪ <i>*Note:</i> In the event that HSHR deems their STBBI(s) as historical and/or of no need for follow-up, the HCV INV will transition to General Program PHN as the Primary Role in PHIMS. ☐ Household Contacts will be managed by General Program PHN when HSHR is leading the case's HBV INV. <ul style="list-style-type: none"> ▪ General Program PHN to add known contacts into PHIMS and ensure they assign themselves in the Primary Role under the STBBI- Winnipeg Health responsible workgroup. <ul style="list-style-type: none"> ○ <i>Note:</i> When Contact- Person Under Investigation (PUI) INVs are generated, both infections will automatically be listed under the Disease Event. The non-HBV infection can be deleted from a PUI INV to avoid confusion and unnecessary intervention. Refer to Disease-Summary-QRC (phimsmb.ca)

Type of Referral	CD Admin	CD Coordinator	Public Health Admin	Public Health Nurse
Cases - Investigations and closures	<ul style="list-style-type: none"> <input type="checkbox"/> All new Hepatitis B cases will be created in PHIMs. <input type="checkbox"/> Refer to CD Coordinator and Public Health Admin person through reports 	<ul style="list-style-type: none"> <input type="checkbox"/> All documentation will be done in PHIMs <input type="checkbox"/> Provides consultation as required 	<ul style="list-style-type: none"> <input type="checkbox"/> Receives the referral via running report 3x/day 0900/1200/1500 <input type="checkbox"/> Assigns it to a CA PHN via PHIMs 	<ul style="list-style-type: none"> <input type="checkbox"/> All documentation will be done in PHIMs <input type="checkbox"/> Cases should be followed up in a timely manner and reviewed weekly until investigation is complete. <input type="checkbox"/> When case investigation is completed add a summary note and update the disposition to “follow up completed” in the case investigation in PHIMs. <input type="checkbox"/> If client is a Prenatal Hep B case, it can be closed when Hep B investigation is completed and will be re-opened at the CD Unit when the baby is born. <input type="checkbox"/> Diarize Case during the month of EDC to assist in as timely a confirmation of newborn’s birth as possible <input type="checkbox"/> If case is not receptive to PH services after multiple attempts, notify contact’s HCP that client has not been receptive to Public Health. Update disposition as “Declined follow-up, no further action” <input type="checkbox"/> Consult with CD Coordinator for assistance as necessary re: closure <input type="checkbox"/> Close case
Contacts Investigations and closures				<ul style="list-style-type: none"> <input type="checkbox"/> All contacts (including newborns) will be entered into PHIMs in the “Exposure Summary” tab. Refer to PHIMs QRCs for instructions. Training and support tools- Public Health Information Management System (PHIMS) (phimsmb.ca) <input type="checkbox"/> Remember to assign yourself to their INVs in PHIMS Resp. Org/Inv. Case and/or Known Contact-QRC (phimsmb.ca) <input type="checkbox"/> Serology results and immunization history will be documented within <i>each</i> contact investigation <input type="checkbox"/> Contacts should be followed up in a timely manner and reviewed weekly until investigation is completed. <input type="checkbox"/> Consult with CD Coordinator for assistance when necessary <input type="checkbox"/> When contact investigation is completed, PHN to add disposition of “follow-up completed” and then close the contact investigation <input type="checkbox"/> If contact is not receptive to PH services after multiple attempts, notify contact’s HCP of required contact follow-up (ie: testing, immunization) Update disposition as “Declined follow-up, no further action” <input type="checkbox"/> Consult with CD Coordinator for assistance as necessary re: closure <input type="checkbox"/> Close contact(s)

