☐ CHILLS

□ COUGH, DRY

COUGH, PRODUCTIVE

□ CONFUSION, ALTERED MENTAL STATE



CORONAVIRUS DISEASE 2019 (COVID-19) CASE INVESTIGATION FORM



CASE FORM

FORM UPDATES:	(YYYY-MM-DD)	□(Y	YYY-MM-DD)			.P C. datalla
I. CASE IDENTIFICAT	ION	f	ull features: subjec	ct > clien <u>t details > cl</u>	investigation quick entry > lient demographics > person	
1.*LAST NAME	2. *FI	RST NAME			3. *DATE OF BIRTH	
						YYYY - MM - DD
4. ALTERNATE LAST NAME		5. /	ALTERNATE FIRS	T NAME	I	
						1
6. *SEX	7. *REGISTRATION NU	JMBER (FORMER MHSC	3) 8. *HEALTH NUN	/IBER (PHIN)	9. ALTERNATE ID	
O FEMALE O MALE O INTERSEX O UNKNOWN						
		6 DIGITS		9 DIGITS		SPECIFY TYPE
10. *ADDRESS AT TIME OF DIA	GNOSIS → □ ADDRES	3S IN FIRST NATION	I COMMUNITY		11. *CITY/TOWN/VILLAGE	,
						!
12. *PROVINCE/TERRITORY		13. *POSTAL COD	E		14. *PHONE NUMBER	
				A#A #A#		### - ### - ####
15. ETHNIC ORIGIN (VOLUNTAR			•			
O AFRICAN O ASIAN (INCLUDES MIDDLE EAST, PH		I (INCLUDES EASTERN EUI ITRAL AND SOUTH AMI	,			O DECLINED O NOT ASKED
O CARIBBEAN 16. *INDIGENOUS IDENTITY DE	O NORTH AME	ERICAN (INCLUDES CANA	ADA, USA)			O UNKNOWN
(VOLUNTARY, SELF-REPORTED)		(VOLUNTARY, SELF-REP	PORTED)		MHSU USE ONLY	
O FIRST NATIONS O MÉTIS O DECLINED	3 O INUIT	O STATUS O	O NON-STATUS			ĺ
18. ALTERNATE LOCATION INF	ORMATION (IF ANY)					ĺ
					investigation quick entry > d	disease details
II. INVESTIGATION IN	FORMATION	full features: invest	igation > investigat		gation information or resp. or	
19. *INVESTIGATION DISPOSIT	ION	O FOLLOW-UP	COMPLETE	O UNABLE TO CC	OMPLETE INTERVIEW O	PENDING
20. *RESPONSIBLE ORGANIZA	TION (PRIMARY)	O WRHA O	NRHA O PMH	O SH-SS O	IERHA O FNIHB O	CSC
21. OTHER ORGANIZATIONS IN	1VOLVED	□ WRHA □	I NRHA □ PMH	I □SH-SS □I	IERHA □ FNIHB □ C	SC □ DND
					investigation quick entry > di	liceace details
III. INFECTION INFOR	RMATION			atures: investigation >	> investigation quick entry > dise	
22. DISEASE : □ COVID-19	23. * CA	ASE CLASSIFICATIO			O PROBABLE	
24. *MOST LIKELY ACQUISTION	N TVDF (STAGING)	O TRAVEL ACQ	O NOT A CA	ASE CLOSE CONTACT O	E KNOWN CASE O UNI	KNOWN
24. WIOOT LINELT AGGOSTIC.	TIFE (SIACING)	O INAVELAGE	UINED 5 5	LUGE CONTACT	FRIOWIN CAGE 5 5	MOTT
IV. SIGNS AND SYMPTOMS investigation quick entry > signs & symptoms full features: investigation > signs & symptoms						
25. *SYMPTOM ONSET		*ONSET C	DATE YYYY-MM-DD	ONSET	TIME (IF APPLICABLE) HH:MM	ESTIMATE D
O ASYMPTOMATIC	O SYMPTOMATIC					
26. *SIGNS AND SYMPTOMS						
□ ABDOMINAL PAIN/CRAMPING□ ACUTE RESPIRATORY DISTRESS		DIARRHEA ENCEPHALITIS	□ RENAL FA	ILURE	□ OTHER	

☐ SEPTICEMIA OR SEPSIS

 $\hfill \square$ SHORTNESS OF BREATH

□ SORE THROAT

□ VOMITING

☐ FEVER (>38 °C)

☐ MUSCLE PAIN (MYALGIA)

□ HEADACHE

□ PNEUMONIA

SPECIE

^{*} IDENTIFIES CRITICAL DATA ELEMENT OR SECTION TO BE COMPLETED. IF THIS DATA IS MISSING, THE FORM WILL BE RETURNED.

	Manitoba Shealth, Seniors and Active Livi	CASE PHIN	CASE NAME OR INITIALS	CASE ACCESSION NUMBER
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V. RISK FACTOR INFORMATION

investigation quick entry > risk factors full features: subject > risk factors

		Tull 10	atures. su	bjoot > ne	ik laotolo
COMPLETE THE FOLLOWING AND SPECIFY DETAILS WHERE REQUESTED. FOR EXPOSURES (27-31), PROVIDE A BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISISTION EVENT IN SECTION VI.	YES	NO	UN- KNOWN	DECLINED TO ANSWER	NOT ASKED
27.* OUTBREAK ASSOCIATED					
SPECIFY NAME AND/OR OUTBREAK CODE	0	0	0	0	0
28. *ANIMAL OR ANIMAL WASTE CONTACT (LIVE ANIMAL MARKETS, NOT INCLUDING DOMESTIC					
PETS, WITHIN 14 DAYS OF SYMPTOM ONSET) PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI	0	0	0	0	0
29. *CONTACT OF A NEW OR PREVIOUSLY DIAGNOSED CASE (CONFIRMED OR PROBABLE,					
WITHIN 14 DAYS OF SYMPTOM ONSET) PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI	0	0	0	0	0
30. *CONTACT WITH SOMEONE WITH SIMILAR ILLNESS (WITHIN 14 DAYS OF SYMPTOM ONSET)			\vdash	\vdash	
PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI	0	0	0	0	0
31. *EXPOSURE SETTING LOCATION: OTHER PROVINCE IN CANADA (WITHIN 14 DAYS OF					
SYMPTOM ONSET) PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI	0	0	0	0	0
32. *EXPOSURE SETTING LOCATION: OUTSIDE CANADA (WITHIN 14 DAYS OF SYMPTOM ONSET)			\vdash	\vdash	\vdash
PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI	0	0	0	0	0
33. *PREGNANT AT TIME OF DIAGNOSIS					
SPECIFY EDC: YYYY-MM-DD	0	0	0	0	0
34. *SENSITIVE ENVIRONMENT CHILD CARE (WORK/VOLUNTEER/ATTENDEE) CORRECTIONAL CENTER (WORK/RESIDENT) HEALTH CARE FACILITY (RESIDENT/PATIENT) LONG-TERM CARE FACILITY (RESIDENT) LABORATORY WORKER OTHER CONGREGATE SETTING (WORK/VOLUNTEER/RESIDENT, SPECIFY) SPECIFY	0	0	0	0	0
35. *UNDERLYING ILLNESS				<u> </u>	
☐ CARDIAC DISEASE ☐ DIABETES ☐ CHRONIC PULMONARY DISEASE ☐ HYPERTENSION ☐ CHRONIC KIDNEY DISEASE ☐ IMMUNOCOMPROMISED ☐ CHRONIC LIVER DISEASE ☐ OTHER (SPECIFY) SPECIFY	0	0	0	0	0
36. OTHER RISK FACTOR (SPECIFY)					
□ SMOKING □ OTHER (SPECIFY) □ VAPING	0	0	0	0	0
SPECIEY I			1		

۲	CASE ACCESSION NUMBER	CASE NAME OR INITIALS	CASE PHIN	
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				Health, Seniors and Active Living

VI. ACQUISITION EXPOSURES (POTENTIAL SOURCE OF THE INFECTION)

investigation quick entry > exposure summary > acquisition quick entry

(FOTENTIAL SOURCE OF THE INF	full features: investigation > exposure	full features: investigation > exposure summary > create acquisition event				
INDICATE ALL SETTINGS WHERE THE CASE MAY HAVE ACQUIRED THE INFECTION. IF TRAVEL-RELATED, SPECIFY DETAILS OF TRAVEL IN TABLE BELOW. COPY THIS PAGE IF REQUIRED FOR ADDITIONAL SETTINGS.						
WHEN COMPLETE, PLEASE MAK	E OVERALL ASSESSMENT ON MOST LIKELY ACQUISITION TYPE IN SECTION	III INFECTION IN	FORMATION.			
37. *SETTING TYPE	38. *EXPOSURE SETTING DETAILS (NAME/DESCRIPTION/LOCATION)	39. *EXPOSURE START DATE	40. *EXPOSURE END DATE YYYY-MM-DD			
☐ TRAVEL (DETAILS BELOW)		YYYY-MM-DD	TTTT-WINT-DD			
☐ COMMUNITY CONTACT ☐ HOUSEHOLD						
☐ CLOSE, NON-HOUSEHOLD						
☐ TRAVEL (DETAILS BELOW)						
☐ COMMUNITY CONTACT						
☐ HOUSEHOLD						
☐ CLOSE, NON-HOUSEHOLD						
☐ TRAVEL (DETAILS BELOW)						
☐ COMMUNITY CONTACT						
☐ HOUSEHOLD						
☐ CLOSE, NON-HOUSEHOLD						

COMPLETE FOR ANY TRAVEL IN 14 DAYS PRIOR TO SYMPTOM ONSET. ALL DATES AND TIMES SHOULD BE LOCAL TIMES. REGIONS ARE RESPONSIBLE FOR VERIFYING TRAVEL DETAILS (I.E. FLIGHT DETAILS) TO ENSURE THEY ARE CORRECT. COPY THIS PAGE IF MORE ROOM NEEDED.							
41. CRUISE	NAME OF CRUISESHIP	ORIGIN AND DESTINATION	ROOM NUMBER	SAILING DATES	OTHER NOTES		
	AIRLINE AND FLIGHT NUMBER	ORIGIN AND DESTINATION	ROW AND SEAT NUMBER	DATES/TIMES	OTHER NOTES		
PLANE							
PLANE							
CONFERENCE/EVENT	NAME OF EVENT / EVENT SPACE		LOCATION	DATES/TIMES	OTHER NOTES		
CONFERENCE/EVENT							
	NAME OF HOTEL / R	ESIDENCE	LOCATION	DATES/TIMES	OTHER NOTES		
ACCOMODATION							
OTHER MODE OF	NAME OF OPERATO	PR .	INTINERARY	DATES/TIMES	OTHER NOTES		
TRANSPORTATION							

CASE ACCESSION NUMBER	CASE NAME OR INITIALS	CASE PHIN	Manitoba Shall Health, Seniors and Active Living
			Health, Seniors and Active Living

VII. INTERVENTIONS

investigation quick entry > interventions full features: investigation > treatment and interventions > interventions summary

42. *INTERVENTION	43. *INTERVENTION SUB-TYPE	44. *START DATE (OR DATE OF EVENT) YYYY-MM-DD	45. *END DATE (IF APPLICABLE) YYYY-MM-DD	46. LOCATION / ADDRESS (IF APPLICABLE)
□ ISOLATION	☐ FACILITY ISOLATION ☐ HOME ISOLATION ☐ SELF ISOLATION (OTHER LOCATION)			IF ISOLATION IS AT DIFFERENT ADDRESS THAN HOME
	LARLY MONITOR STATUS ASSESTANT ANYTIME THERE IS A CHA			S, INCLUDE STATUS AT TIME OF OOR CASE HAS RECOVERED).
	□ FATAL			
	☐ HOME ISOLATION			
	☐ HOSPITALIZATION			
☐ STATUS ASSESSEMENT	□ICU			
	☐ MECHANICAL VENTILATION			
	□ RECOVERED			
	□ UNKNOWN			

*	CASE ACCESSION NUMBER	CASE NAME OR INITIALS	CASE PHIN	
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VIII. *TRANSMISSION EXPOSURES -

SETTINGS
(POTENTIAL SPREAD TO CONTACTS DURING PERIOD OF COMMUNICABILITY)

investigation quick entry > transmission event quick entry full features: investigation > exposure summary > create transmission event

AND SPECIFY DETAILS OF TRAVEL IN TABLE BELOW. COPY THIS PAGE IF REQUIRED FOR ADDITIONAL SETTINGS.							
47. *SETTING #	48. *SETTIN	G TYPE	49. *EXPOSURE SETTING DETA (NAME/DESCRIPTION/LOCATION)	-	50. *EXPOSURE START DATE YYYY-MM-DD	51. *EXPOSUR END DATE YYYY-MM-DD	52.*NUMBER OF CONTACTS FOR THIS SETTING
	☐ TRAVEL	(DETAILS BELOW)					
		NITY CONTACT					
	☐ HOUSE	-					
		, NON-HOUSEHOLD					
		(DETAILS BELOW)					
		NITY CONTACT					
		:HOLD , NON-HOUSEHOLD					
		(DETAILS BELOW)					
		NITY CONTACT					
	☐ HOUSEI						
		NON-HOUSEHOLD					
ARE RESPO	NSIBLE FO		PERIOD OF COMMUNICABILITY L DETAILS (I.E. FLIGHT DETAIL ORIGIN AND DESTINATION		HEY ARE CORF	RECT.	OTHER NOTES
		CRUISESHIP	ORIGIN AND DESTINATION	ROOM NOMBE	SAILING	DAIES	OTHER NOTES
CRUISE							
		AIRLINE AND FLIGHT NUMBER	ORIGIN AND DESTINATION	ROW AND SEA NUMBER	AT DATES/	TIMES	OTHER NOTES
DI ANE							
PLANE							
		NAME OF EVENT /	EVENT SPACE	LOCATION	DATES/	TIMES	OTHER NOTES
CONFERENCE/EVENT							
		NAME OF HOTEL /	RESIDENCE	LOCATION	DATES/	TIMES	OTHER NOTES
ACCOMODA	ATION						
OTHER MOI	DE OF	NAME OF OPERAT	OR	INTINERARY	DATES/	TIMES	OTHER NOTES
TRANSPORTATION							

*	CASE ACCESSION NUMBER	CASE NAME OR INITIALS	CASE PHIN



IX. CONTACTS

COMPLETE THIS FORM FOR IN-REGION CONTACTS. (COPY PAGE IF REQUIRED)

investigation quick entry > exposure summary > create transmission event > known contacts contact investigation > disposition / intervention

SUBMIT CONTACTS AFTER CLIENT HAS BEEN CONTACTED, EDUCATED, AND CONTACT DETAILS ARE CONFIRMED. THIS INFORMATION MUST BE ACCURATE FOR PURPOSES OF LOCATING CLIENT IN PHIMS IN ORDER TO FACILIATE CALL CENTRE OPERATIONS.							
53. *SETTING # (FROM PREVIOUS PAGE)	54. *CONTACT PERSONAL INFORMATION	55. *EXPOSURE START AND END DATES YYYY-MM-DD	56.*INTERVENTION AND DISPOSITION OF SYMPTOM MONITORING	57. *INTERVE NTION START AND END DATES YYYY-MM-DD	58. INTERVENTIONS/ NOTES		
	NAME:	START DATE	☐ ISOLATION ☐ FACILITY ISOLATION	START DATE			
	PHIN:		☐ HOME ISOLATION☐ SELF ISOLATION				
	DOB/AGE:		(OTHER LOCATION)				
	ADDRESS:						
	ADDRESS DURING ISOLATION:	END DATE	DISPOSITION: □ FOLLOW-UP	END DATE			
	PHONE:		PERFORMED BY REGION ☐ FOLLOW UP PERFORMED BY CALL				
	ALTERNATE PHONE NUMBER:		CENTRE				
	NAME:	START DATE	☐ ISOLATION ☐ FACILITY ISOLATION	START DATE			
	PHIN:		☐ HOME ISOLATION☐ SELF ISOLATION				
	DOB/AGE:		(OTHER LOCATION)				
	ADDRESS:						
	ADDRESS DURING ISOLATION:	END DATE	DISPOSITION: ☐ FOLLOW-UP	END DATE			
	PHONE:		PERFORMED BY REGION ☐ FOLLOW UP				
	ALTERNATE PHONE NUMBER:		PERFORMED BY CALL CENTRE				
		START DATE	- 1001 1 - 101	STADT			
	NAME:	SIAKIDAIE	☐ ISOLATION ☐ FACILITY ISOLATION	START DATE			
	PHIN:		☐ HOME ISOLATION ☐ SELF ISOLATION				
	DOB/AGE:		(OTHER LOCATION)				
	ADDRESS:	END DATE	DISPOSITION:	END DATE			
	ADDRESS DURING ISOLATION:		☐ FOLLOW-UP PERFORMED BY REGION				
	PHONE:		☐ FOLLOW UP PERFORMED BY CALL CENTRE				
	ALTERNATE PHONE NUMBER:		OLNINL				

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X. *RESPONSIBLE REGIONAL PUBLIC HEALTH AUTHORITY USE ONLY (PRIMARY INVESTIGATOR)

investigation > investigation details > close investigation

59. FORM COMPLETED BY (PRINT NAME)	60. SIGNATURE	61. FORM COMPLETION DATE
		YYYY-MM-DD
62. FORM REVIEWED BY (PRINT NAME)	63. FORM REVIEWED DATE	REPORTER USE ONLY
	YYYY-MM-DD	
64. INVESTIGATION STATUS	65. ORGANIZATION	
O ONGOING O CLOSED TO THE REGION	OWRHA ONRHA OPMH OSH-SS	
O ONCOING O GEOGED TO THE REGION	O IERHA O FNIHB O CSC	
		STAMP HERE

PLEASE SUBMIT THIS INVESTIGATION FORM BY SECURED FAX OR COURIER TO THE SURVEILLANCE UNIT AT MANITOBA HEALTH AFTER HOURS EMERGENCY PHONE FOR PUBLIC HEALTH ISSUES: (204) 788-8666.

THIS FORM IS ALSO AVAILABLE FOR DOWNLOAD IN A FILLABLE PDF FORMAT AT http://www.gov.mb.ca/health/publichealth/surveillance/forms.html

A USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES
AND INSTRUCTIONS FOR THIS FORM ARE AVAILABLE FOR DOWNLOAD AT
http://www.gov.mb.ca/health/publichealth/surveillance/forms.html