

* CASE ACCESSION NUMBER	ADDITIONAL ACCESSION NUMBERS (COMMA SEPARATED)
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TICK-BORNE DISEASE REPORT FORM

FOR USE WITH ANAPLASMOSIS, BABESIOSIS, AND LYME DISEASE INFECTIONS

CASE FORM

I. *CASE IDENTIFICATION

subject > client details > personal information

1. LAST NAME		2. FIRST NAME		3. DATE OF BIRTH YYYY - MM - DD	
4. ALTERNATE LAST NAME			5. ALTERNATE FIRST NAME		
6. SEX <input type="radio"/> FEMALE <input type="radio"/> MALE <input type="radio"/> INTERSEX <input type="radio"/> UNKNOWN		7. GENDER IDENTITY (VOLUNTARY, SELF-REPORTED) <input type="radio"/> CISGENDER (SAME AS SEX AT BIRTH) <input type="radio"/> TRANSGENDER MAN <input type="radio"/> TRANSGENDER WOMAN <input type="radio"/> TRANSGENDER PERSON <input type="radio"/> DECLINED <input type="radio"/> OTHER (SPECIFY IN BOX 8)		8. IF OTHER GENDER IDENTITY, SPECIFY	
9. REGISTRATION NUMBER (FORMER MHSC) 6 DIGITS		10. HEALTH NUMBER (PHIN) 9 DIGITS		11. ALTERNATE ID SPECIFY TYPE OF ID	
12. ADDRESS AT TIME OF DIAGNOSIS → <input type="checkbox"/> ADDRESS IN FIRST NATION COMMUNITY				13. CITY/TOWN/VILLAGE	
14. PROVINCE/TERRITORY			15. POSTAL CODE A#A #A#		16. PHONE NUMBER ### - ### - ####
17. ETHNIC ORIGIN (VOLUNTARY, SELF-REPORTED – CHOOSE ONE ONLY) <input type="radio"/> AFRICAN <input type="radio"/> EUROPEAN (INCLUDES EASTERN EUROPE) <input type="radio"/> NORTH AMERICAN INDIGENOUS <input type="radio"/> DECLINED <input type="radio"/> ASIAN (INCLUDES MIDDLE EAST, PHILIPPINES) <input type="radio"/> LATIN, CENTRAL AND SOUTH AMERICAN (INCLUDES MEXICO) <input type="radio"/> OCEANIA (INCLUDES PACIFIC ISLANDS) <input type="radio"/> NOT ASKED <input type="radio"/> CARIBBEAN <input type="radio"/> NORTH AMERICAN (INCLUDES CANADA, USA) <input type="radio"/> UNKNOWN					
18. INDIGENOUS IDENTITY DECLARATION (VOLUNTARY, SELF-REPORTED) <input type="radio"/> FIRST NATIONS <input type="radio"/> MÉTIS <input type="radio"/> INUIT <input type="radio"/> NOT ASKED <input type="radio"/> DECLINED		19. FIRST NATIONS STATUS (VOLUNTARY, SELF-REPORTED) <input type="radio"/> STATUS <input type="radio"/> NON-STATUS <input type="radio"/> NOT ASKED <input type="radio"/> DECLINED		MHSU USE ONLY	
20. ALTERNATE LOCATION INFORMATION (IF ANY)					

II. INVESTIGATION INFORMATION

21. *INVESTIGATION DISPOSITION	<input type="radio"/> FOLLOW-UP COMPLETE <input type="radio"/> UNABLE TO COMPLETE INTERVIEW <input type="radio"/> PENDING
22. *RESPONSIBLE ORGANIZATION	<input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC
23. OTHER ORGANIZATIONS INVOLVED	<input type="checkbox"/> WRHA <input type="checkbox"/> NRHA <input type="checkbox"/> PMH <input type="checkbox"/> SH-SS <input type="checkbox"/> IERHA <input type="checkbox"/> FNIHB <input type="checkbox"/> CSC <input type="checkbox"/> DND

III. *INFECTION INFORMATION/STAGING

investigation details > disease summary > update > disease event history

A. <input type="checkbox"/> LYME DISEASE		24. CASE CLASSIFICATION <input type="radio"/> LAB CONFIRMED <input type="radio"/> PROBABLE <input type="radio"/> SUSPECT <input type="radio"/> NOT A CASE	
25. STAGING <input type="radio"/> EARLY LOCALIZED <input type="radio"/> EARLY DISSEMINATED <input type="radio"/> LATE <input type="radio"/> UNKNOWN/UNDETERMINED			
26. SPECIMEN COLLECTION DATE FOR CURRENT INVESTIGATION YYYY - MM - DD		27. DATE OF FIRST DIAGNOSIS IF PREVIOUSLY DIAGNOSED YYYY - MM	28. LOCATION OF FIRST DIAGNOSIS SPECIFY COUNTRY OR PROVINCE IN CANADA
B. <input type="checkbox"/> ANAPLASMOSIS		29. CASE CLASSIFICATION <input type="radio"/> LAB CONFIRMED <input type="radio"/> PROBABLE <input type="radio"/> SUSPECT <input type="radio"/> NOT A CASE	
30. SPECIMEN COLLECTION DATE FOR CURRENT INVESTIGATION YYYY - MM - DD			
31. DATE OF FIRST DIAGNOSIS IF PREVIOUSLY DIAGNOSED YYYY - MM		32. LOCATION OF FIRST DIAGNOSIS SPECIFY COUNTRY OR PROVINCE IN CANADA	
C. <input type="checkbox"/> BABESIOSIS		33. CASE CLASSIFICATION <input type="radio"/> LAB CONFIRMED <input type="radio"/> PROBABLE <input type="radio"/> SUSPECT <input type="radio"/> NOT A CASE	
34. SPECIMEN COLLECTION DATE FOR CURRENT INVESTIGATION YYYY - MM - DD			
35. DATE OF FIRST DIAGNOSIS IF PREVIOUSLY DIAGNOSED YYYY - MM		36. LOCATION OF FIRST DIAGNOSIS SPECIFY COUNTRY OR PROVINCE IN CANADA	

NOTE: additional travel history may be requested in cases where symptoms are consistent with late disseminated Lyme disease, as exposure may be greater than 30 days prior.

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IV. SIGNS AND SYMPTOMS

investigation > signs and symptoms

37. SYMPTOMS <input type="radio"/> ASYMPTOMATIC <input type="radio"/> SYMPTOMATIC		38. EARLIEST SYMPTOM ONSET DATE YYYY-MM-DD	
39. CHECK ALL SIGNS AND SYMPTOMS THAT APPLY IF SYMPTOMATIC			
<input type="checkbox"/> ANEMIA	<input type="checkbox"/> COUGH	<input type="checkbox"/> LIVER FUNCTION TESTS ELEVATED	<input type="checkbox"/> STIFF NECK (NUCHAL RIGIDITY)
<input type="checkbox"/> ANOREXIA	<input type="checkbox"/> FATIGUE	<input type="checkbox"/> LYMPH NODES ENLARGED – GENERALIZED	<input type="checkbox"/> SWEATS
<input type="checkbox"/> ARTHRITIS	<input type="checkbox"/> FEVER	<input type="checkbox"/> MUSCLE PAIN (MYALGIA)	<input type="checkbox"/> THROMBOCYTOPENIA
<input type="checkbox"/> ATRIOVENTRICULAR HEART BLOCK	<input type="checkbox"/> HEADACHE	<input type="checkbox"/> MYOCARDITIS	<input type="checkbox"/> TICK BITE
<input type="checkbox"/> BELL'S PALSY	<input type="checkbox"/> JOINT PAIN (ARTHRALGIA)	<input type="checkbox"/> NAUSEA	
<input type="checkbox"/> CHILLS	<input type="checkbox"/> LEUKOPENIA	<input type="checkbox"/> PERIPHERAL NERVE PALSY	
<input type="checkbox"/> ERYTHEMA MIGRANS → <input type="radio"/> SINGLE EPISODE <input type="radio"/> MULTIPLE EPISODES	40. ERYTHEMA MIGRANS OBSERVED BY <input type="radio"/> HEALTH CARE PROVIDER <input type="radio"/> CLIENT	41. SPECIFY ERYTHEMA MIGRANS DATE OF ONSET YYYY-MM-DD	<input type="checkbox"/> OTHER SPECIFY SIGNS AND SYMPTOMS

V. RISK FACTOR INFORMATION

subject > risk factors

<input type="checkbox"/> ATTACHED TICK REMOVED WITHIN 30 DAYS OF SYMPTOM ONSET	<input type="checkbox"/> OCCUPATIONAL EXPOSURE SPECIFY TYPE AND DATE
<input type="checkbox"/> BLOOD/ TISSUE DONATION (WITHIN 6 MONTHS OF SYMPTOM ONSET) SPECIFY TYPE, HOSPITAL/FACILITY, AND DATE(S) YYYY – MM – DD	<input type="checkbox"/> OUTDOOR RECREATION (I.E. GARDENING, GOLFING, HIKING, HUNTING, MOUNTAIN BIKING, ETC.) SPECIFY
<input type="checkbox"/> BLOOD/TISSUE RECIPIENT (WITHIN 6 MONTHS OF SYMPTOM ONSET) SPECIFY TYPE, HOSPITAL/FACILITY, AND DATE(S) YYYY – MM – DD	<input type="checkbox"/> TRAVEL OUTSIDE CANADA (WITHIN 30 DAYS OF SYMPTOM ONSET) SPECIFY COUNTRY AND DATES YYYY – MM – DD TO YYYY – MM – DD
<input type="checkbox"/> TRAVEL WITHIN MANITOBA (WITHIN 30 DAYS OF SYMPTOM ONSET) SPECIFY LOCATION AND DATES YYYY – MM – DD TO YYYY – MM – DD	<input type="checkbox"/> TRAVEL WITHIN CANADA (OUTSIDE MANITOBA WITHIN 30 DAYS OF SYMPTOM ONSET) SPECIFY PROVINCE AND DATES YYYY – MM – DD TO YYYY – MM – DD
<input type="checkbox"/> CONTACT WITH TALL GRASS OR WOODED AREAS	<input type="checkbox"/> CAMPING
<input type="checkbox"/> OTHER RISK FACTOR SPECIFY	

VI. EXPOSURES (ACQUISITION EVENTS)

investigation > exposure summary > acquisition event details

<input type="checkbox"/> TRAVEL WITHIN 30 DAYS OF SYMPTOM ONSET WITHIN OR OUTSIDE MANITOBA (COMPLETE EXPOSURE TRAVEL HISTORY BELOW)		
42. *EXPOSURE START DATE SPECIFY START DATE OF TRAVEL YYYY-MM-DD	43. EXPOSURE END DATE SPECIFY END DATE OF TRAVEL YYYY-MM-DD	<input type="checkbox"/> TICK BITE DURING TRAVEL
44. EXPOSURE SETTING TYPE <input type="radio"/> CAMPGROUND <input type="radio"/> FARM <input type="radio"/> PARK - MUNICIPAL <input type="radio"/> PARK – PROVINCIAL/NATIONAL <input type="radio"/> FORESTED AREA		<input type="radio"/> OTHER SPECIFY
45. NAME/LOCATION SPECIFY LOCATION DESCRIPTION/PROVINCE/COUNTRY		
<input type="checkbox"/> TRAVEL WITHIN 30 DAYS OF SYMPTOM ONSET WITHIN OR OUTSIDE MANITOBA (COMPLETE EXPOSURE TRAVEL HISTORY BELOW)		
46. *EXPOSURE START DATE SPECIFY START DATE OF TRAVEL YYYY-MM-DD	47. EXPOSURE END DATE SPECIFY END DATE OF TRAVEL YYYY-MM-DD	<input type="checkbox"/> TICK BITE DURING TRAVEL
48. EXPOSURE SETTING TYPE <input type="radio"/> CAMPGROUND <input type="radio"/> FARM <input type="radio"/> PARK - MUNICIPAL <input type="radio"/> PARK – PROVINCIAL/NATIONAL <input type="radio"/> FORESTED AREA		<input type="radio"/> OTHER SPECIFY
49. NAME/LOCATION SPECIFY LOCATION DESCRIPTION/PROVINCE/COUNTRY		

NOTE: additional travel history may be requested in cases where symptoms are consistent with late disseminated Lyme disease, as exposure may be greater than 30 days prior.

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<input type="checkbox"/> TRAVEL WITHIN 30 DAYS OF SYMPTOM ONSET WITHIN OR OUTSIDE MANITOBA (COMPLETE EXPOSURE TRAVEL HISTORY BELOW)		
50. *EXPOSURE START DATE SPECIFY START DATE OF TRAVEL YYYY-MM-DD	51. EXPOSURE END DATE SPECIFY END DATE OF TRAVEL YYYY-MM-DD	<input type="checkbox"/> TICK BITE DURING TRAVEL
52. EXPOSURE SETTING TYPE <input type="radio"/> CAMPGROUND <input type="radio"/> FARM <input type="radio"/> PARK - MUNICIPAL <input type="radio"/> PARK - PROVINCIAL/NATIONAL <input type="radio"/> FORESTED AREA		<input type="radio"/> OTHER SPECIFY
53. NAME/LOCATION SPECIFY LOCATION DESCRIPTION/PROVINCE/COUNTRY		

VII. TREATMENT INFORMATION

investigation > prescriptions > prescription summary

54. ANTIBIOTIC NAME SPECIFY NAME	55. TREATMENT START DATE SPECIFY START DATE: YYYY-MM-DD	56. DURATION SPECIFY NUMBER OF DAYS
57. ANTIBIOTIC NAME SPECIFY NAME	58. TREATMENT START DATE SPECIFY START DATE: YYYY-MM-DD	59. DURATION SPECIFY NUMBER OF DAYS
60. ANTIBIOTIC NAME SPECIFY NAME	61. TREATMENT START DATE SPECIFY START DATE: YYYY-MM-DD	62. DURATION SPECIFY NUMBER OF DAYS

VIII. * REPORTER INFORMATION TO BE FILLED BY PRACTITIONER (IF NOT RESPONSIBLE REGIONAL PUBLIC HEALTH OFFICE)

63. FORM COMPLETED BY (PRINT NAME)	64. FACILITY NAME/ADDRESS/PHONE#	REPORTER USE ONLY STAMP HERE
65. SIGNATURE		
66. FORM COMPLETION DATE YYYY-MM-DD	67. ORGANIZATION (IF APPLICABLE) <input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC	

IX. * RESPONSIBLE REGIONAL PUBLIC HEALTH AUTHORITY USE ONLY TO BE FILLED BY PUBLIC HEALTH NURSE (BOX 68-70)

68. FORM COMPLETED BY (PRINT NAME)	69. SIGNATURE	70. FORM COMPLETION DATE YYYY-MM-DD
71. FORM REVIEWED BY (PRINT NAME)	72. FORM REVIEWED DATE YYYY-MM-DD	RHA USE ONLY STAMP HERE
73. INVESTIGATION STATUS <input type="radio"/> ONGOING <input type="radio"/> CLOSED TO THE REGION	74. ORGANIZATION <input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC	

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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>