

**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><b>Chronic Hepatitis B</b></p>	<ul style="list-style-type: none"> <li>❑ Runs case investigation report 3 times/day to obtain new Hep B cases</li> <li>❑ Assigns CA clerk to pick up new cases on their reports</li> </ul>	<ul style="list-style-type: none"> <li>❑ Runs case investigation report daily to review new cases</li> </ul>	<ul style="list-style-type: none"> <li>❑ Receives the referral via running report 3x/day <b>0900/1200/1500</b></li> <li>❑ Assigns it to a CA PHN via PHIMs</li> </ul>	<ul style="list-style-type: none"> <li>❑ PHN runs case investigation report 3times/day to check for new cases</li> <li>❑ Obtains additional Hepatitis serology results from e-chart.</li> <li>❑ Document the results in PHIMs notes.</li> <li>❑ Preliminary assessment indicates chronic infection</li> </ul> <p>Within 1 day contact the testing physician to review the result:</p> <ul style="list-style-type: none"> <li>❑ Advise physician PHN will be contacting client to provide education and do PH follow-up.</li> <li>❑ Confirm client demographic information</li> <li>❑ Collect further details about the client. Refer to Appendix # 2</li> <li>❑ Advise physician:               <ul style="list-style-type: none"> <li>○ that referral to liver specialist is recommended</li> <li>○ Hepatitis A vaccine is recommended if Hep A susceptible (as per Manitoba Health protocol Sec.8.12)</li> </ul> </li> <li>❑ PHN to contact client within 5 working days of receiving results</li> <li>❑ Follow Manitoba Health Protocol for Hepatitis B <a href="http://www.gov.mb.ca/health/publichealth/cdc/protocol/hepb.pdf">http://www.gov.mb.ca/health/publichealth/cdc/protocol/hepb.pdf</a> (Sec 8.12)</li> <li>❑ 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 <a href="http://www.gov.mb.ca/health/publichealth/cdc/protocol/hepb.pdf">HEPATITIS B AND C, HIV, AND SYPHILIS INVESTIGATION FORM (gov.mb.ca)</a></li> <li>Provide education to the client (Sec 8.14)</li> <li>❑ Interview case for contacts (Sec 8.2)</li> <li>❑ PHN can provide Hep A immunization to case- if susceptible</li> </ul> <p><b>Contact Follow-up (Sec 8.2)</b></p> <ul style="list-style-type: none"> <li>❑ Refer to the <i>MHSAL STBBI Contact Investigation form</i> to collect information and enter into PHIMs</li> </ul>

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				<p><b>Contact Follow-up continued (Sec 8.2)</b>  <a href="https://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_6782.pdf">https://www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_6782.pdf</a></p> <ul style="list-style-type: none"> <li>❑ Once contacts have been identified, add to PHIMs. <ul style="list-style-type: none"> <li>○ If not found in PHIMs, add as unknown contact(s) or <a href="#">Create Client-QRC (phimsmb.ca)</a> and enlist CD Admin Clerk support as needed</li> <li>○ Coordinate contact testing through primary healthcare provider</li> <li>○ Appendix 5- Letter to HCP can be used.</li> <li>○ 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. <b>Exception:</b> High risk newborns.</li> <li>○ eChart should be checked for serology results on contacts 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. <ul style="list-style-type: none"> <li>-Eg: HBsAg: negative HBsAb: negative Interpretation: Hep B Susceptible. Immunization required</li> <li>-Eg: HBsAg: negative HBsAb: positive Interpretation: Hep B Immune.</li> </ul> </li> </ul> </li> <li>❑ Provide HBV series to contacts- if susceptible</li> <li>❑ Appendix 3 Letter to contacts re: HBV series</li> <li>❑ When investigation and contact follow-up is completed refer to “Case and Contact Investigation and closures” section at the end of this document</li> </ul>

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<b>Acute Hepatitis B</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Runs case investigation report 3 times/day to obtain new Hep B cases</li> <li><input type="checkbox"/> Assigns CA clerk to pick up new cases on their reports</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Runs case investigation report daily to review new cases</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Receives the referral via running report 3x/day <b>0900/1200/1500</b></li> <li><input type="checkbox"/> Assigns it to a CA PHN via PHIMs</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Obtains additional Hepatitis results from eChart.</li> <li><input type="checkbox"/> Markers indicate <b>ACUTE</b> hep B infection</li> <li><input type="checkbox"/> Contact the testing physician <b>IMMEDIATELY</b> to review the result:</li> <li><input type="checkbox"/> Advise physician PHN will be contacting client to provide education and do PH follow-up.</li> <li><input type="checkbox"/> Confirm client demographic information.</li> <li><input type="checkbox"/> Refer to Appendix 2</li> <li><input type="checkbox"/> Advise that PHN will be contacting client <b>IMMEDIATELY</b></li> <li><input type="checkbox"/> PHN to contact client <b>IMMEDIATELY</b></li> <li><input type="checkbox"/> Follow Manitoba Health Protocol for Hepatitis B <a href="http://www.gov.mb.ca/health/publichealth/cdc/protocol/hepb.pdf">http://www.gov.mb.ca/health/publichealth/cdc/protocol/hepb.pdf</a> (Sec 8.12)</li> <li><input type="checkbox"/> 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 <a href="http://www.gov.mb.ca/health/publichealth/cdc/protocol/hepb.pdf">HEPATITIS B AND C, HIV, AND SYPHILIS INVESTIGATION FORM (gov.mb.ca)</a></li> <li><input type="checkbox"/> Provide education to the client (Sec 8.14)</li> <li><input type="checkbox"/> Interview case for contacts (Sec 8.2) and once identified, add to PHIMs. <ul style="list-style-type: none"> <li><input type="checkbox"/> If contacts not found, add as unknown contact(s) or <a href="http://www.gov.mb.ca/health/publichealth/cdc/protocol/hepb.pdf">Create Client-QRC (phimsmb.ca)</a> and enlist support of CD Admin Clerk as needed</li> </ul> </li> <li><b>Contact Follow-up</b> (Sec 8.2)</li> <li><input type="checkbox"/> Coordinate contact testing <b>IMMEDIATELY</b> through primary healthcare provider. <ul style="list-style-type: none"> <li><input type="checkbox"/> Assess need for HBIG/HBV ASAP.</li> </ul> </li> </ul>
<b>Prenatal New Chronic Hepatitis B or Positive HBV Household Member</b>	<p>In addition to chronic hepatitis B follow-up:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Will open case in PHIMs requesting EDC and OB-Gyn or Midwife of client</li> <li><input type="checkbox"/> Newborn prophylaxis letter to OB-Gyn or Midwife and copied into context document tab PHIMs case file</li> <li><input type="checkbox"/> Intervention Search Report is run weekly for anticipated birth(s)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Runs case investigation report daily to review new cases</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Receives the referral via running report 3x/day <b>0900/1200/1500</b></li> <li><input type="checkbox"/> Assigns it to a CA PHN via PHIMs</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Proceed with Hepatitis B investigation <b>as process above</b> for <i>chronic</i> hepatitis B.</li> <li><input type="checkbox"/> Obtain EDC and confirm name of physician. Advise CD Clerk</li> <li><input type="checkbox"/> Investigation can be closed and await birth of infant for further follow-up</li> <li><input type="checkbox"/> Diarize Case during the month of EDC to assist in as timely confirmation of newborn's birth as possible</li> <li><input type="checkbox"/> Encourage a prenatal referral to Public Health and proceed if consent is received</li> <li><input type="checkbox"/> If a postpartum/newborn referral is <i>not</i> received, it may be that:</li> </ul>

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				<ul style="list-style-type: none"> <li>- it is a missed referral or</li> <li>- the case declined Public Health (including stillbirth / neonatal death)</li> </ul> <p>Proceed with one of more of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contact the CD Unit re: ? missed referral</li> <li><input type="checkbox"/> Access eChart</li> <li><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</li> <li><input type="checkbox"/> Follow-up with the newborn's PCP/Pediatrician re: HBIG and/or HBV initiation</li> </ul> <p><i>Note:</i> 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>
<p><b>Prenatal Chronic Hepatitis B- Previously investigated</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Re-open PHIMs case and/or retrieve paper file to send to CD Coordinator</li> <li><input type="checkbox"/> Refer to Public Health admin person in PHIMs.</li> <li><input type="checkbox"/> Will reopen case in PHIMs requesting EDC and OB-Gyn or Midwife of client</li> <li><input type="checkbox"/> Newborn prophylaxis letter to OB-Gyn or Midwife and copied into context document tab PHIMs case file.</li> <li><input type="checkbox"/> Intervention Search Report is run weekly for anticipated birth(s)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Runs case investigation report daily to review new cases</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Receives the referral via running report 3x/day <b>0900/1200/1500</b></li> <li><input type="checkbox"/> Assigns it to a CA PHN via PHIMs</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Uses this opportunity to connect with the case</li> <li><input type="checkbox"/> Obtain EDC and confirm name of physician. Advise CD Clerk</li> <li><input type="checkbox"/> Assess if any additional contacts that may need follow-up since last contact.</li> <li><input type="checkbox"/> Once contacts have been identified, add to PHIMs. <ul style="list-style-type: none"> <li>o If contacts not found in PHIMs, add as unknown contact(s) or <a href="https://phimsmb.ca">Create Client-QRC (phimsmb.ca)</a> and enlist support of CD Admin Clerk as needed</li> </ul> </li> <li><input type="checkbox"/> Encourage a prenatal referral to Public Health and proceed if consent is received</li> <li><input type="checkbox"/> Diarize Case during the month of EDC to assist in as timely a confirmation of newborn's birth as possible</li> <li><input type="checkbox"/> If a postpartum/newborn referral is <i>not</i> received, refer to guidance as per the <b>Prenatal New Chronic Hepatitis B or Positive HBV Household Member</b> listed above.</li> </ul>

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

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	<p>PHN</p> <ul style="list-style-type: none"> <li>□ If low risk: <ul style="list-style-type: none"> <li>○ Send letter to health care provider and legal guardian</li> <li>○ Copy of letter added to context document tab in infant's PHIMs case file.</li> <li>○ Email sent to PHN advising of same.</li> <li>○ Close when baby's name and PHIN received</li> </ul> </li> <li>□ If high risk: <ul style="list-style-type: none"> <li>○ Refer to assigned PHN in PHIMs for f/u of HBV series</li> <li>○ Email sent to PHN advising of same.</li> <li>○ Send letter to health care provider and legal guardian</li> <li>○ Copy of letter added to context document tab in infant's PHIMs case file</li> <li>○ When series is completed and documented by PHN, close in PHIMs</li> <li>○ If all doses not entered in PHIMs f/u with PHN by email &amp; cc. CD Coordinator</li> </ul> </li> </ul>			

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

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

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<b>STBBI Co-Infections</b>	<ul style="list-style-type: none"> <li>❑ Enters the referral into PHIMs as PUI</li> <li>❑ *Lab results that have the <i>same</i> Accession Number <b>and</b> specimen collection date will be entered by Manitoba Health Surveillance Unit (MHSU) as co-infection(s)= labs will be linked to <b>one</b> Investigation (INV) ID.</li> <li>❑ Sends the referral via PHIMs to the CA Public Health Admin person</li> </ul> <ul style="list-style-type: none"> <li>▪ <b><u>HBV &amp; HCV:</u></b> <ul style="list-style-type: none"> <li>○ Both managed by General Program PHN = Primary Role in PHIMS</li> </ul> </li> <li>▪ <b><u>HBV &amp; Syphilis/HIV:</u></b> <ul style="list-style-type: none"> <li>○ Primary Role in PHIMS= HSHR PHN</li> <li>○ Secondary Role= General Program PHN</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>❑ Runs case investigation report daily to review new cases</li> </ul>	<ul style="list-style-type: none"> <li>❑ Receives the referral via running report 3x/day <b>0900/1200/1500</b></li> <li>❑ Assigns it to a CA PHN via PHIMs</li> </ul>	<ul style="list-style-type: none"> <li>▪ The responsible workgroup is STBBI- Winnipeg Health and <i>both</i> General Program &amp; HSHR PHN Teams will pull these INVs on their reports.</li> <li>▪ <b>*COLLABORATION</b> between General Program &amp; HSHR PHNs is required re: providing client-centered care and reducing duplicate charting.</li> <li>▪ <b>BEST PRACTICE:</b> 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.</li> <li>▪ <i>Note:</i> Refer to <a href="http://phimsmb.ca/Disease-Summary-QRC">Disease-Summary-QRC (phimsmb.ca)</a>. Email: <a href="mailto:wrhacdcoordinators@wrha.mb.ca">wrhacdcoordinators@wrha.mb.ca</a> if questions/clarification/further guidance needed.</li> <li>▪ 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.</li> <li>▪ Primary &amp; 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.</li> <li>▪ <b><u>HBV &amp; Syphilis/HIV:</u></b> <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"> <li>○ <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</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>▪ <b>HCV &amp; Syphilis/HIV:</b> <ul style="list-style-type: none"> <li>○ Primary Role in PHIMS= HSHR PHN</li> <li>○ No Secondary for General Program PHN</li> <li>○ *Primary Role may transition to General Program PHN</li> </ul> </li> <li>▪ <b>HBV &amp; CT/GC:</b> <ul style="list-style-type: none"> <li>○ Primary Role= General Program PHN for <b>HBV</b></li> <li>○ Secondary Role= HSHR Program. They will end-date themselves as per their discretion.</li> </ul> </li> <li>▪ <b>HCV &amp; CT/GC:</b> <ul style="list-style-type: none"> <li>○ Primary Role in PHIMS= HSHR PHN</li> <li>○ No Secondary for General Program PHN</li> <li>○ *Primary Role may transition to General Program PHN</li> </ul> </li> </ul>			<p>Program PHN as the Primary (from Secondary).</p> <ul style="list-style-type: none"> <li>○ <b>ACUTE HBV:</b> 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) <b>when HSHR is also involved.</b></li> </ul> <ul style="list-style-type: none"> <li>▪ <b>HCV &amp; Syphilis/HIV:</b></li> <li>▪ *Note: 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.</li> </ul> <ul style="list-style-type: none"> <li>▪ <b>HBV &amp; CT/GC:</b> General Program PHN will complete the <b>HBV</b> INV as per usual process. <ul style="list-style-type: none"> <li>○ 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.</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>▪ <b>HCV &amp; CT/GC:</b></li> <li>▪ *Note: 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.</li> </ul> <ul style="list-style-type: none"> <li>□ <b>Household Contacts</b> will be managed by General Program PHN when HSHR is leading the case's <b>HBV INV.</b> <ul style="list-style-type: none"> <li>▪ <b>General Program</b> PHN to add known contacts into PHIMS and ensure they assign themselves in the <b>Primary Role</b> under the STBBI- Winnipeg Health responsible workgroup.</li> </ul> </li> </ul>

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				<ul style="list-style-type: none"> <li>○ <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 <a href="http://phimsmb.ca">Disease-Summary-QRC (phimsmb.ca)</a></li> </ul>
<b>Cases - Investigations and closures</b>	<ul style="list-style-type: none"> <li>❑ All new Hepatitis B cases will be created in PHIMs.</li> <li>❑ Refer to CD Coordinator and Public Health Admin person through reports</li> </ul>	<ul style="list-style-type: none"> <li>❑ All documentation will be done in PHIMs</li> <li>❑ Provides consultation as required</li> </ul>	<ul style="list-style-type: none"> <li>❑ Receives the referral via running report 3x/day <b>0900/1200/1500</b></li> <li>❑ Assigns it to a CA PHN via PHIMs</li> </ul>	<ul style="list-style-type: none"> <li>❑ All documentation will be done in PHIMs</li> <li>❑ Cases should be followed up in a timely manner and reviewed weekly until investigation is complete.</li> <li>❑ When case investigation is completed add a summary note and update the disposition to “follow up completed” in the case investigation in PHIMs.</li> <li>❑ 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.</li> <li>❑ Diarize Case during the month of EDC to assist in as timely a confirmation of newborn’s birth as possible</li> <li>❑ 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”</li> <li>❑ Consult with CD Coordinator for assistance as necessary re: closure</li> <li>❑ Close case</li> </ul>

Type of Referral	CD Admin	CD Coordinator	Public Health Admin	Public Health Nurse
<b>Contacts Investigations and closures</b>				<ul style="list-style-type: none"> <li><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- <a href="https://phimsmb.ca">Public Health Information Management System (PHIMS) (phimsmb.ca)</a></li> <li><input type="checkbox"/> Remember to assign yourself to their INVs in PHIMS <a href="https://phimsmb.ca">Resp. Org/Inv. Case and/or Known Contact-QRC (phimsmb.ca)</a></li> <li><input type="checkbox"/> Serology results and immunization history will be documented within <i>each</i> contact investigation</li> <li><input type="checkbox"/> Contacts should be followed up in a timely manner and reviewed weekly until investigation is completed.</li> <li><input type="checkbox"/> Consult with CD Coordinator for assistance when necessary</li> <li><input type="checkbox"/> When contact investigation is completed, PHN to add disposition of “follow-up completed” and then close the contact investigation</li> <li><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”</li> <li><input type="checkbox"/> Consult with CD Coordinator for assistance as necessary re: closure</li> <li><input type="checkbox"/> Close contact(s)</li> </ul>