



MEMO

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To: Community Area Public Health
Teams, Managers and Directors

Healthy Sexuality Harm
Reduction (HSHR) Program

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Subject: PHIMS- Communicable Disease Investigation of Co-Infections (Hepatitis B and STBBI)

Hepatitis B (HBV) investigations have historically been managed by the General Program Public Health Nurses (PHNs) while other Sexually Transmitted Blood Borne Infections (STBBIs) e.g., Hepatitis C (HCV), HIV, Syphilis, have been managed by the HSHR team. With both programs now using PHIMS for investigations, **lab results that have the same accession number and date will be entered by Manitoba Health Surveillance Unit (MHSU) as a coinfection i.e., both labs linked to one INVESTIGATION ID.** In the situation where HBV is one of the infections, both *CD-Winnipeg Health* and *STBBI – Winnipeg Health* are assigned as the responsible workgroups and both teams will pull these investigations in their reports.

In the interest of providing client-centered care and reducing duplicate charting, a continued collaboration between General Program PHNs and HSHR PHNs should take place to manage these co-infections. The following is the proposed management going forward:

Admin:

- For coinfections of **HBV & HCV**
 - Primary role in PHIMS will be assigned to General Program PHN
 - Secondary role will be assigned to HSHR PHN
- For coinfections of **HBV & all other STBBIs**
 - Primary role in PHIMS will be assigned to HSHR PHN
 - Secondary role will be assigned to General Program PHN

PHNs:

- For coinfections of **HBV & HCV**
 - General Program PHN will complete HBV investigation per usual process and connect with HSHR PHN as needed/before closure to ensure nothing further is required related to HCV.
Please note: HBV and HBC infections require similar investigation/follow-up, documentation, and data entry. This will reduce duplicate calls to the client and charting.
- For coinfections of **HBV & all other STBBIs**
 - HSHR will connect with client and will complete HBV and STBBI investigations. HSHR may request follow up/support from the General Program PHN relating to some elements of the HBV investigation as needed and in particular for follow-up of contacts.

All pertinent documentation will be managed in one investigation. Please ensure that your clinical notes clearly indicate changes or additions being made if you are working in a secondary role.

Lastly, collaboration is key! If you receive a coinfection investigation, please reach out to your co-assigned colleague and work together. Best practice is also for PHNs from both programs to check the *Subject Summary* once the assigned investigation is received, so that if the other program is/has been involved, liaison with one another can occur as necessary.

Thank you to the CDCs from the CD Unit and HSHR program for their assistance with working through this PHIMS related issue.

Sincerely

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