* CASE ACCESSION NUMBER	INVESTIGATION ID	ADDITIONAL ACCESSION NUMBERS (COMMA SEPARATED)

Manitoba
Health, Seniors and Active Living

CORONAVIRUS DISEASE 2019 (COVID-19) INVESTIGATION — CASE FORM

FORM UPDATES: ☐ (YYYY-MM-DD) ☐ (YYYY-MM-DD)
CIRCLE AND INITIAL CHANGES ON FORM IN DARK PEN OR PENCIL SO UPDATED INFORMATION CAN BE DISTINGUISHED.

I. CASE IDENTIFICATION

investigation quick entry > client details
full features: subject > client details > client demographics > 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	7. *REGISTRATION NUMBER (FORMER MHSC)	8. *HEALTH NUMBER (PHIN)	9. ALTERNATE ID
◯ FEMALE ◯ MALE ◯ INTERSEX ◯ UNKNOWN	6 DIGITS	9 DIGITS	SPECIFY TYPE

10. *ADDRESS AT TIME OF DIAGNOSIS ➔ ☐ ADDRESS IN FIRST NATION COMMUNITY	11. *CITY/TOWN/VILLAGE

12. *PROVINCE/TERRITORY	13. *POSTAL CODE (A#A #A#)	14. *PHONE NUMBER (### - ### - ####)

15. *RACIAL/ETHNIC IDENTITY (VOLUNTARY, SELF-REPORTED)

☐ AFRICAN ☐ BLACK ☐ CHINESE ☐ DECLINED
☐ FILIPINO ☐ LATIN AMERICAN ☐ NORTH AMERICAN INDIGENOUS ☐ OTHER (SPECIFY):
☐ SOUTH ASIAN ☐ SOUTHEAST ASIAN ☐ WHITE

16. *INDIGENOUS IDENTITY DECLARATION (VOLUNTARY, SELF-REPORTED)	17. *FIRST NATIONS STATUS (VOLUNTARY, SELF-REPORTED)	MHSU USE ONLY
☐ FIRST NATIONS ☐ MÉTIS ☐ INUIT ☐ DECLINED	◯ STATUS ◯ NON-STATUS ◯ DECLINED	

18. ALTERNATE LOCATION INFORMATION (IF ANY)

II. INVESTIGATION INFORMATION

investigation quick entry > disease details
full features: investigation > investigation details > investigation information or resp. org/investigator

19. *INVESTIGATION DISPOSITION	◯ FOLLOW-UP COMPLETE ◯ UNABLE TO COMPLETE INTERVIEW ◯ PENDING
20. *RESPONSIBLE ORGANIZATION (PRIMARY)	◯ WRHA ◯ NRHA ◯ PMH ◯ SH-SS ◯ IERHA ◯ FNIHB ◯ CSC
21. OTHER ORGANIZATIONS INVOLVED	◯ WRHA ◯ NRHA ◯ PMH ◯ SH-SS ◯ IERHA ◯ FNIHB ◯ CSC ◯ DND

III. INFECTION INFORMATION

investigation quick entry > disease details
full features: investigation > investigation details > disease summary

22. DISEASE: ☐ COVID-19	23. * CASE CLASSIFICATION ◯ LAB CONFIRMED ◯ PROBABLE ◯ NOT A CASE
24. *MOST LIKELY ACQUISTION TYPE (STAGING)	◯ TRAVEL ACQUIRED ◯ CLOSE CONTACT OF KNOWN CASE ◯ UNKNOWN

IV. SIGNS AND SYMPTOMS

investigation quick entry > signs & symptoms
full features: investigation > signs & symptoms

25. *SYMPTOM ONSET		*ONSET DATE YYYY-MM-DD	ONSET TIME (IF APPLICABLE) HH:MM	ESTIMATED
◯ ASYMPTOMATIC	◯ SYMPTOMATIC			

26. *SIGNS AND SYMPTOMS

☐ ABDOMINAL PAIN/CRAMPING	☐ DIARRHEA	☐ RENAL FAILURE	☐ OTHER
☐ ACUTE RESPIRATORY DISTRESS SYNDROME	☐ ENCEPHALITIS	☐ SEIZURE	
☐ CHILLS	☐ FEVER (>38 ºC)	☐ SEPTICEMIA OR SEPSIS	
☐ CONFUSION, ALTERED MENTAL STATE	☐ HEADACHE	☐ SHORTNESS OF BREATH	
☐ COUGH, DRY	☐ MUSCLE PAIN (MYALGIA)	☐ SORE THROAT	
☐ COUGH, PRODUCTIVE	☐ PNEUMONIA	☐ VOMITING	SPECIFY

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V. RISK FACTOR INFORMATION

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

COMPLETE THE FOLLOWING AND SPECIFY DETAILS WHERE REQUESTED. FOR EXPOSURES (27- 32), PROVIDE A BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI.	YES	NO	UN-KNOWN	DECLINED TO ANSWER	NOT ASKED
27. * **OUTBREAK ASSOCIATED** SPECIFY NAME AND/OR OUTBREAK CODE	○	○	○	○	○
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	○	○	○	○	○
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	○	○	○	○	○
30. ***CONTACT WITH SOMEONE WITH SIMILAR ILLNESS (WITHIN 14 DAYS OF SYMPTOM ONSET)** PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI	○	○	○	○	○
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	○	○	○	○	○
32. ***EXPOSURE SETTING LOCATION: OUTSIDE CANADA (WITHIN 14 DAYS OF SYMPTOM ONSET)** PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI	○	○	○	○	○
33. ***PREGNANT AT TIME OF DIAGNOSIS** SPECIFY EDC: YYYY-MM-DD	○	○	○	○	○
34. ***SENSITIVE ENVIRONMENT** ☐ ANIMAL HANDLER (FARMER,VET,ABBATOIR,ETC.) ☐ CHILD CARE (WORK/VOLUNTEER/ATTENDEE) ☐ CORRECTIONAL CENTER (RESIDENT) ☐ CORRECTIONAL CENTER (WORK/VOLUNTEER) ☐ HEALTH CARE FACILITY (RESIDENT/PATIENT) ☐ HEALTH CARE FACILITY (WORK/VOLUNTEER) ☐ PERSONAL CARE HOME (RESIDENT) ☐ PERSONAL CARE HOME (WORK/VOLUNTEER) ☐ SHELTER (RESIDENT) ☐ SHELTER (WORK/VOLUNTEER) ☐ LABORATORY WORKER ☐ OTHER CONGREGATE SETTING (WORK/VOLUNTEER/RESIDENT, SPECIFY) SPECIFY	○	○	○	○	○
35. ***UNDERLYING ILLNESS** ☐ CARDIAC DISEASE ☐ DIABETES ☐ CHRONIC PULMONARY DISEASE ☐ HYPERTENSION ☐ CHRONIC KIDNEY DISEASE ☐ IMMUNOCOMPROMISED ☐ CHRONIC LIVER DISEASE ☐ OTHER (SPECIFY) SPECIFY	○	○	○	○	○
36. **OTHER RISK FACTOR (SPECIFY)** ☐ SMOKING ☐ VAPING ☐ OTHER (SPECIFY) SPECIFY	○	○	○	○	○

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VI. ACQUISITION EXPOSURES
(POTENTIAL SOURCE OF THE INFECTION)

investigation quick entry > exposure summary > acquisition quick entry
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 MAKE OVERALL ASSESSMENT ON MOST LIKELY ACQUISITION TYPE IN SECTION III INFECTION INFORMATION.

37. *SETTING TYPE	38. *EXPOSURE SETTING DETAILS (NAME/DESCRIPTION/LOCATION)	39. *EXPOSURE START DATE YYYY-MM-DD	40. *EXPOSURE END DATE YYYY-MM-DD
☐ TRAVEL (DETAILS BELOW) ☐ 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**
PLANE	**AIRLINE AND FLIGHT NUMBER**	**ORIGIN AND DESTINATION**	**ROW AND SEAT NUMBER**	**DATES/TIMES**	**OTHER NOTES**
CONFERENCE/EVENT	**NAME OF EVENT / EVENT SPACE**		**LOCATION**	**DATES/TIMES**	**OTHER NOTES**
ACCOMODATION	**NAME OF HOTEL / RESIDENCE**		**LOCATION**	**DATES/TIMES**	**OTHER NOTES**
OTHER MODE OF TRANSPORTATION	**NAME OF OPERATOR**		**INTINERARY**	**DATES/TIMES**	**OTHER NOTES**

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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
PHIMS REGIONS CAN REGULARLY MONITOR STATUS ASSESSMENTS IN PHIMS. FOR NON-PHIMS REGIONS, INCLUDE STATUS AT TIME OF FORM COMPLETION AND UPDATE ANYTIME THERE IS A CHANGE IN STATUS (E.G., CASE IS HOSPITALIZED OR CASE HAS RECOVERED).				
☐ STATUS ASSESSEMENT	☐ FATAL			
	☐ HOME ISOLATION			
	☐ HOSPITALIZATION			
	☐ ICU			
	☐ MECHANICAL VENTILATION			
	☐ RECOVERED			
	☐ UNKNOWN			

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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

INDICATE ALL SETTINGS WHERE THE CASE MAY HAVE SPREAD THE INFECTION TO CONTACTS. IF TRAVEL-RELATED, LIST IN THIS TABLE AND SPECIFY DETAILS OF TRAVEL IN TABLE BELOW. COPY THIS PAGE IF REQUIRED FOR ADDITIONAL SETTINGS.

47. *SETTING #	48. *SETTING TYPE	49. *EXPOSURE SETTING DETAILS (NAME/DESCRIPTION/LOCATION)	50. *EXPOSURE START DATE YYYY-MM-DD	51. *EXPOSURE END DATE YYYY-MM-DD	52. *NUMBER OF CONTACTS FOR THIS SETTING
	☐ TRAVEL (DETAILS BELOW) ☐ 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 DURING THE PERIOD OF COMMUNICABILITY. 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.

CRUISE	**NAME OF CRUISESHIP**	**ORIGIN AND DESTINATION**	**ROOM NUMBER**	**SAILING DATES**	**OTHER NOTES**
PLANE	**AIRLINE AND FLIGHT NUMBER**	**ORIGIN AND DESTINATION**	**ROW AND SEAT NUMBER**	**DATES/TIMES**	**OTHER NOTES**
CONFERENCE/EVENT	**NAME OF EVENT / EVENT SPACE**		**LOCATION**	**DATES/TIMES**	**OTHER NOTES**
ACCOMODATION	**NAME OF HOTEL / RESIDENCE**		**LOCATION**	**DATES/TIMES**	**OTHER NOTES**
OTHER MODE OF TRANSPORTATION	**NAME OF OPERATOR**		**INTINERARY**	**DATES/TIMES**	**OTHER NOTES**

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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. ***INTERVENTION START AND END DATES** YYYY-MM-DD	58. **INTERVENTIONS/ NOTES**
	NAME: **PHIN:** **DOB/AGE:** **ADDRESS:** **ADDRESS DURING ISOLATION:** **PHONE:** **ALTERNATE PHONE NUMBER:**	**START DATE** **END DATE**	☐ **ISOLATION** ◯ FACILITY ISOLATION ◯ HOME ISOLATION ◯ SELF ISOLATION (OTHER LOCATION) **DISPOSITION:** ◯ FOLLOW-UP PERFORMED BY REGION ◯ FOLLOW UP PERFORMED BY CALL CENTRE ◯ FOLLOW UP COMPLETE	**START DATE** **END DATE**	
	NAME: **PHIN:** **DOB/AGE:** **ADDRESS:** **ADDRESS DURING ISOLATION:** **PHONE:** **ALTERNATE PHONE NUMBER:**	**START DATE** **END DATE**	☐ **ISOLATION** ◯ FACILITY ISOLATION ◯ HOME ISOLATION ◯ SELF ISOLATION (OTHER LOCATION) **DISPOSITION:** ◯ FOLLOW-UP PERFORMED BY REGION ◯ FOLLOW UP PERFORMED BY CALL CENTRE ◯ FOLLOW UP COMPLETE	**START DATE** **END DATE**	
	NAME: **PHIN:** **DOB/AGE:** **ADDRESS:** **ADDRESS DURING ISOLATION:** **PHONE:** **ALTERNATE PHONE NUMBER:**	**START DATE** **END DATE**	☐ **ISOLATION** ◯ FACILITY ISOLATION ◯ HOME ISOLATION ◯ SELF ISOLATION (OTHER LOCATION) **DISPOSITION:** ◯ FOLLOW-UP PERFORMED BY REGION ◯ FOLLOW UP PERFORMED BY CALL CENTRE ◯ FOLLOW UP COMPLETE	**START DATE** **END DATE**	

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X. *REPORTER INFORMATION (IF NOT RESPONSIBLE REGIONAL PUBLIC HEALTH OFFICE)

investigation > investigation details >
investigation > investigation details > close investigation

59. FORM COMPLETED BY (PRINT NAME) PHONE NUMBER:	60. FACILITY NAME/ADDRESS/PHONE NUMBER YYYY-MM-DD	61. TYPE OF ORGANIZATION SUBMITTING ◯ PERSONAL CARE HOME ◯ OCCUPATIONAL HEALTH ◯ INFECTION PREVENTION AND CONTROL ◯ OTHER, SPECIFY: YYYY-MM-DD
62. SIGNATURE		REPORTER USE ONLY
63. FORM COMPLETION DATE YYYY-MM-DD	64. ORGANIZATION (IF APPLICABLE) ◯ WRHA ◯ NRHA ◯ PMH ◯ SH-SS ◯ IERHA ◯ FNIHB ◯ CSC	STAMP HERE

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

investigation > investigation details > close investigation

65. FORM COMPLETED BY (PRINT NAME)	66. SIGNATURE	67. FORM COMPLETION DATE YYYY-MM-DD
68. FORM REVIEWED BY (PRINT NAME)	69. FORM REVIEWED DATE YYYY-MM-DD	REPORTER USE ONLY
70. INVESTIGATION STATUS ◯ ONGOING ◯ CLOSED TO THE REGION	71. ORGANIZATION ◯ WRHA ◯ NRHA ◯ PMH ◯ SH-SS ◯ IERHA ◯ FNIHB ◯ 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