



Public Health Information Management System

SYSTEM UPDATE

JULY 2020

July System Update

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Cadham Provincial Lab (CPL) Interface Now LIVE

On July 16, the CPL Interface went live. This interface allows CPL lab results to be sent electronically directly into PHIMS without the need for manual entry and faxing. This created changes in workflow for both the Manitoba Health Surveillance Unit (MHSU) and Public Health staff across the regions. This couldn't have been achieved without their support and partnership.

So far, we've heard some great feedback:

"The interface is a very big improvement and MHSU is appreciative. When you can shave 24 hours or more off the surveillance cycle this is phenomenal."

- Carla Loeppky, Director, Epidemiology and Surveillance, Information Management & Analytics, Health, Seniors & Active Living/Santé, Aînés et Vie active

"We are really happy about this [Cadham Lab Interface]. It is the way of the world now. We really appreciate our PHIMS!!!"

- Lorraine Larocque, Director Public Health Nursing, Northern Health Region

Service Desk Reminder

If you have PHIMS questions or service requests please contact the Digital Health Service Desk: servicedesk@sharedhealthmb.ca, 204-940-8500, 1-866-999-9698.

Please include "PHIMS" in the email subject line to ensure your question is assigned to the PHIMS Support Team promptly. Emails that do not have a clear indication that the question relates to PHIMS will sit in a queue or may inadvertently be assigned to another support team.

For more information, visit:
www.phimsmb.ca



PHIMS Website Updates

New and updated information is posted to the PHIMS website regularly (<https://phimsmb.ca/>).

Many new resources have been added to the PHIMS website since the upgrade and to support PHIMS use for COVID-19. Visit the PHIMS website often for the latest version of QRCs, forms and to review previous communication memos/system updates.

Weblink and Browser Information

Updated web browser and web address information will soon be available to support how you use PHIMS. Please stay tuned for notifications.

Client Merge

The updated Merge Request form is posted on the PHIMS website with the **1.0 Managing Client Records QRCs**. To request a merge of two client records, complete the form and submit it to the Shared Health Service Desk.

The user who requested the merge will be asked to review and update the client record after the merge is completed. The PHIMS Support Team can offer support to make updates, but is not in the same position to validate the clinical information as those working with clients.

Social Engineering/Phishing

Phishing is a type of social engineering (manipulation) where scammers attempt to steal confidential information such as usernames, passwords and financial information. Here is what you need to know to prevent this from happening to you:

- ⇒ **Stay alert:** Suspicious email messages may be unexpected, seem urgent and/or try to instill fear.
- ⇒ **"Hover to discover":** Often, the scammer appears to be someone you know, but when you hover over the sender's name or email address, you may notice the sender is not really who they say they are. If you receive an email from someone you know but the email address is not one you recognize, follow-up with a phone call. This works for hyperlinks too.
- ⇒ **Click with caution:** If you receive any suspicious email messages that contain links or attachments, do not click on the links or open the attachments. Instead, report the email.
- ⇒ **Report** the message to your local IT. Your local IT may report any PHIMS-related phishing to the Shared Help Service Desk.

The PHIMS Team may send direct links or attachments to users. We encourage you to always confirm the sender's identity as above if you are unsure about a message or link you have received. The PHIMS Team and the Digital Health Service Desk will never ask you to disclose your password

Immunization Updates & Reminders

Hepatitis B Forecast

Individuals born on or after January 1, 2006 will have a forecast for a two-dose schedule for Recombivax 1.0 mL or Engerix 1.0 mL between the ages of 10 years, 8 months and 16 years of age. Their forecast will revert to a three-dose schedule if they do not receive both 1.0 mL doses before the age of 16.

The forecaster relies on important elements to determine the schedule, and the forecaster will revert to a three-dose schedule if these forecasting criteria are not met. The doses recorded in PHIMS must reflect the trade name and the dosage administered. In addition, the minimum interval between these doses of the adolescent series is 24 weeks. When Hepatitis B doses are added historically, they must have the required forecasting criteria for the forecaster to determine the appropriate forecast for the client's age.

Polio Unspecified

When a client provides an immunization record that includes unspecified polio vaccine doses, those doses can be entered as inactivated polio vaccine (IPV) with a note to indicate that the formulation was unconfirmed in the record so it is uncertain whether the dose was inactivated or live.

The forecaster considers IPV and oral polio vaccine (OPV) as equivalent doses, so entering the doses as IPV, even if unconfirmed on the client record, will validate the doses and avoid forecasting additional doses that the client does not need. PHIMS does not include all formulations of vaccine from other countries.

Entering doses as "Other" is not ideal because even with a note, the forecaster will not validate the dose, so it will forecast future doses that may not be necessary for the client.

School-based Immunization Clinics Cancelled Due to COVID-19

Please review the School Mass Immunization Events and Consent Directives memo sent on July 16, 2020. The memo outlines important information relating to school-based immunization clinics cancelled due to COVID-19 closures.

<https://phimsmb.ca/wp-content/uploads/PH-PHIMS-Users-Memo-Mass-Imms-Consent.pdf>

Inventory Updates & Reminders

Adverse Storage Conditions

Reminder to only move products affected by adverse storage conditions (ASC) into the cold chain quarantine (CCQ) HPL when creating an ASC. If not, users will suspend their entire operational HPL. After determining that the product is safe to use, the final step is to uncheck the ASC Suspended checkbox.

Inventory recount process

There is a new Inventory Recounts process after the upgrade. A new QRC (4.8) was created to support this. Please refer to the most recent version on the PHIMS website.

Reminder When Ordering Naloxone

Orders for Naloxone Kits and Naloxone training kits must be created on a separate requisition from vaccine orders.

Communicable Disease Investigations Updates & Reminders

Regions Creating Investigations

QRC 7.4g is posted to support regional users who may need to create a case investigation in PHIMS. PHIMS users who order lab testing may need to create an investigation when they receive the Ordering Provider's lab report. Please do not enter the lab report as this will conflict with Manitoba Health Surveillance Unit (MHSU) processes.

MHSU users will review the client's Subject Summary and assign (or "link") the lab report to the investigation.

Please see pages 6-7 of the "User Guide for Completion of Surveillance Forms for Reportable Diseases" posted on the Manitoba Health website for more information about how lab reports are assigned to investigations.

“Old case” Staging

Staging information for chronic infections – Hepatitis B, Hepatitis C, HIV and syphilis – can be entered as **Old case – previously diagnosed/known in MB** if the client was first diagnosed with that infection *before the MHSU* started using PHIMS for Communicable Disease Investigations.

The **Old case – previously diagnosed/known in MB** staging reflects that the client’s initial case investigation information was previously entered in an MHSU database.

Syphilis: case was diagnosed before September 1, 2017.

Hepatitis B/C, HIV: case was diagnosed before September 1, 2018

Disease Event 8469 - Syphilis

| Disease | Etiologic Agent | Epi Markers | Authority / Classification Classif. Date (✓ Primary Classification, Δ Set by Case Def) | Site(s) | Staging |
|----------|--------------------|-------------|---|---------|---|
| Syphilis | Treponema pallidum | - | ✓ Provincial / Case - Lab Confirmed 2017 Jun 6 | - | Old case - previously diagnosed/known in MB |

Client was first diagnosed with syphilis in June 2017, before MHSU started recording syphilis cases in PHIMS.

Disease Event 8470 - Hepatitis C

| Disease | Etiologic Agent | Epi Markers | Authority / Classification Classif. Date (✓ Primary Classification, Δ Set by Case Def) | Site(s) | Staging |
|-------------|-------------------|-------------|---|---------|---|
| Hepatitis C | Hepatitis C Virus | - | ✓ Provincial / Case - Lab Confirmed 1999 Jul 7 | - | Old case - previously diagnosed/known in MB |

Client was first diagnosed with Hepatitis C in July 1999, before MHSU started recording Hepatitis C cases in PHIMS.

Regional users are asked *not* to use this staging to reflect that the client was diagnosed *before the health region* started using PHIMS, even if the client has a record in a regional database.

Reminder to Enter Outcomes When Known

Regions should update PHIMS when an Outcome is known

- Update the Outcome Information (**QRC 7.19n** for COVID-19 or **QRC 7.9** for any others)
- Close the investigation (**QRC 7.19p** for COVID-19 or **QRC 7.15**)

Out of Province Referral Reminder

MHSU staff check daily for investigations that need to be sent out of province. The process depends on regional users updating the MHSU address, the disposition, the Investigator Organization and adding notes, as applicable.

When referring Case or Contact investigations outside of Manitoba, please change the disposition to **Pending – referral out of region** to avoid confusion and delays in the referral process.

The **Pending – referral out of region** disposition was selected to be used by regions when referring investigations to any other province, territory or country, or to Correctional Service Canada.

MHSU will change the disposition to “Referred to external jurisdiction” once the record is sent.