

MEMO

Date: December 16, 2020

To: All Public Health Directors, Managers, and PHIMS Communicable Disease Investigation (CDI) Users

From: Lynda Tjaden, Executive Director, Population and Public Health, MHSAL
Dr. Carol Kurbis, Medical Officer of Health, MHSAL
Kathy Koschik, Manager, Public Health Systems, Digital Health, Shared Health

Re: **COVID Call Centres and Investigation Documentation Reminders/Updates – Effective December 18, 2020**

Call centres have been put in place to improve Manitoba’s capacity for handling increased COVID-19 cases. RHAs remain the Primary Responsible Org for all call centre referrals.

Active Monitoring

All eligible investigations sent to the call centres for active monitoring will be assigned the disposition of “Follow-up performed by call centre” (ensure both isolation and status assessment interventions are created for cases). An Active Monitoring workload coordinator will further distribute investigations amongst the Active Monitoring call centres. **Effective December 18, 2020**, regions that previously used the disposition “Follow-up performed by Canadian Red Cross” should use “Follow-up performed by call centre”.

Summary of How to Assign Work to Partner Organizations

| Responsibility | Workgroup | Investigation Disposition (how to refer) |
|-----------------------|------------------|---|
| Active Monitoring | N/A | Follow-up performed by call centre |
| Contact Notification | N/A | Follow-up performed by Statistics Canada |

| Responsibility | Secondary Resp Inv Org & Workgroup | Investigation Disposition (how to refer) |
|--|---|--|
| <ul style="list-style-type: none"> Secondary Case Investigators (SCI) | <ul style="list-style-type: none"> Manitoba DLC* Case Investigators OR CRC Case Investigators | <ul style="list-style-type: none"> Follow-up performed by Partner Case Investigator |

| Responsibility | Secondary Resp Inv Org & Workgroup | Investigation Disposition (how to refer) |
|--|--|---|
| <ul style="list-style-type: none"> Contact Identification (CID) | <ul style="list-style-type: none"> Transmission Event (TE) Resp Org Unit = Manitoba | <ul style="list-style-type: none"> Within a case TE the Unknown Contact Disposition = Pending – referral out of region |

*Name change pending

Investigation Disposition (found within Investigation Information):

Investigation Information

[Investigation History](#)

Priority:

* Disposition: Disposition Date: / /

yyyy mm dd

* Status: OPEN * Status Date: 2020 Dec 16

Unknown Contact Disposition within a case TE:

Unknown/Anonymous Contacts ⬆ Hide Unknown/Anonymous Contacts

* Required field (for Add/Update only)

* Name / Description:

Contact Info:

Contact Details:

* Disposition:

Disposition Details:

Friend of Francie's. She may know how to contact.

For All CDI Users: Classifying Investigations

Do not re-classify a contact investigation to a case investigation. If an investigation requires re-classification (e.g., a contact that has now become a case), close the contact investigation with disposition of 'Contact turned case' and ensure the other investigation (with correct case classification) is open. This ensures accurate reporting of cases and contacts.

There should be only one Case Investigation in a person's record, unless there is a reinfection. The only Case Classifications that are to be used are 'Case-Lab confirmed' and 'Case-Probable'.

For All CDI Users: Closing Investigations

All the Active Monitoring call centre groups are being trained to close investigations but there are specific criteria for closures:

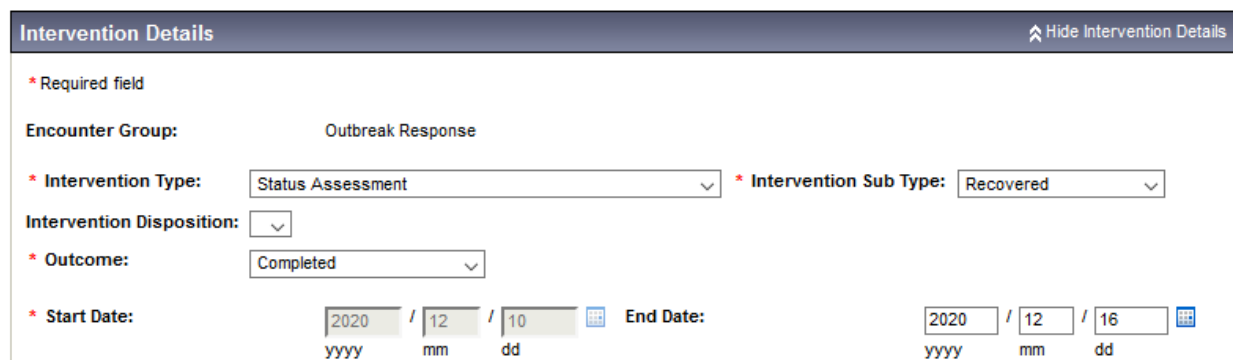
- Cases: only if a symptomatic case confirms at the end of their 10 day isolation period that they are afebrile and have improved clinically (documented in PHIMS clinical notes)
- Contacts: only if they confirm they are asymptomatic at the end of the 14 day isolation period OR if unable to contact at the end of isolation they are closed as “lost to follow up” (documented in PHIMS clinical notes)

Further to the above if cases do not meet the criteria for call centre closure (i.e. febrile and worsening symptoms), they are referred back to the region. If cases are not reached at the end of their isolation, they are referred back to the region.

All symptomatic contacts are referred for testing. Symptomatic contacts are referred for testing 5-7 days after their last exposure. Contacts are informed public health will contact them if their test results come back positive.

For All CDI Users: Status Assessment - Recovered

Prior to closing a Case Investigation, users MUST enter a “Status Assessment” Intervention of “Recovered” with an end date. This will ensure closed cases are removed from the “active cases” list. Please be sure to choose the correct Status Assessment Intervention from the dropdown list.



The screenshot shows the 'Intervention Details' form in PHIMS. The form includes the following fields:

- Encounter Group:** Outbreak Response
- * Intervention Type:** Status Assessment (dropdown)
- * Intervention Sub Type:** Recovered (dropdown)
- Intervention Disposition:** (dropdown)
- * Outcome:** Completed (dropdown)
- * Start Date:** 2020 / 12 / 10 (calendar icon)
- End Date:** 2020 / 12 / 16 (calendar icon)

Each date field has a label below it: 'yyyy', 'mm', 'dd'.

Contrary to what was communicated in a previous memo on Sept 25, 2020, users do not have to enter the Investigation Outcome of “Recovered”, nor do they have to mark individual signs and symptoms as recovered when closing case investigations.

For all CDI Users: Assigning Primary Investigator

A Primary Investigator in the region of the client's residence must be assigned at every point of the case investigation, regardless of the disposition (i.e. whether the investigation is being managed by a call center or a secondary partner case investigator). Do not remove/end date the primary investigator name unless the investigation is being referred to a different regional health authority.

For all CDI Users: Linking Case and Contact Investigations

Linking contacts to existing case and contact investigations is facilitated through exposure quick entry, but can also be done in the full transmission event by searching for investigation IDs.

Case investigations that name a contact who has a current, open CASE investigation can link these investigations via the TE, rather than creating a new contact investigation and subsequently closing with the disposition of "Previously infected/treated/immunized – no further follow up". The exception to this is if the case was open for an extended period of time and there is a reisk of reinfection.

Case investigations that name a contact who has a current, open CONTACT investigation can link these investigations via the TE, rather than creating a new contact investigation and subsequently closing with the disposition of "concurrent contact investigation". The existing contact investigation that is linked must be reviewed and the isolation period confirmed or updated based on the new exposure.