* CASE ACCESSION NUMBER	ADDITIONAL ACCESSION NUMBERS (COMMA SEPARATED)

Manitoba
Health, Seniors and Active Living

TICK-BORNE DISEASE CLINICAL CASE REPORT FORM

CASE FORM

I. *CASE IDENTIFICATION

subject > client details > 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. GENDER IDENTITY (VOLUNTARY, SELF-REPORTED)	8. IF OTHER GENDER IDENTITY, SPECIFY
◯ FEMALE ◯ MALE ◯ INTERSEX ◯ UNKNOWN	◯ CISGENDER (SAME AS SEX AT BIRTH) ◯ TRANSGENDER MAN ◯ TRANSGENDER WOMAN ◯ TRANSGENDER PERSON ◯ DECLINED ◯ OTHER (SPECIFY IN BOX 8)	

9. REGISTRATION NUMBER (FORMER MHSC) (6 DIGITS)	10. HEALTH NUMBER (PHIN) (9 DIGITS)	11. ALTERNATE ID (SPECIFY TYPE OF ID)

12. ADDRESS AT TIME OF DIAGNOSIS ➔ ☐ ADDRESS IN FIRST NATION COMMUNITY	13. CITY/TOWN/VILLAGE

14. PROVINCE/TERRITORY	15. POSTAL CODE (A#A #A#)	16. 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

18. INDIGENOUS IDENTITY DECLARATION (VOLUNTARY, SELF-REPORTED)	19. FIRST NATIONS STATUS (VOLUNTARY, SELF-REPORTED)	MHSU USE ONLY
◯ FIRST NATIONS ◯ MÉTIS ◯ INUIT ◯ NOT ASKED ◯ DECLINED	◯ STATUS ◯ NON-STATUS ◯ NOT ASKED ◯ DECLINED	
20. ALTERNATE LOCATION INFORMATION (IF ANY)		

II. INVESTIGATION INFORMATION

21. *INVESTIGATION DISPOSITION	◯ FOLLOW-UP COMPLETE ◯ UNABLE TO COMPLETE INTERVIEW ◯ PENDING
22. *RESPONSIBLE ORGANIZATION	◯ WRHA ◯ NRHA ◯ PMH ◯ SH-SS ◯ IERHA ◯ FNIHB ◯ CSC
23. OTHER ORGANIZATIONS INVOLVED	☐ WRHA ☐ NRHA ☐ PMH ☐ SH-SS ☐ IERHA ☐ FNIHB ☐ CSC ☐ DND

III. *INFECTION INFORMATION/STAGING

investigation details > disease summary > update > disease event history

A. ☐ LYME DISEASE — 24. CASE CLASSIFICATION ◯ LAB CONFIRMED ◯ PROBABLE ◯ SUSPECT ◯ NOT A CASE

25. STAGING ◯ EARLY LOCALIZED ◯ EARLY DISSEMINATED ◯ LATE ◯ UNKNOWN/UNDETERMINED

26. SPECIMEN COLLECTION DATE FOR CURRENT INVESTIGATION (YYYY – MM - DD)	27. DATE OF FIRST DIAGNOSIS IF PREVIOUSLY DIAGNOSED (YYYY – MM)	28. LOCATION OF FIRST DIAGNOSIS (SPECIFY COUNTRY OR PROVINCE IN CANADA)

B. ☐ ANAPLASMOSIS — 29. CASE CLASSIFICATION ◯ LAB CONFIRMED ◯ PROBABLE ◯ SUSPECT ◯ NOT A CASE

30. SPECIMEN COLLECTION DATE FOR CURRENT INVESTIGATION (YYYY – MM - DD)	31. DATE OF FIRST DIAGNOSIS IF PREVIOUSLY DIAGNOSED (YYYY – MM)	32. LOCATION OF FIRST DIAGNOSIS (SPECIFY COUNTRY OR PROVINCE IN CANADA)

C. ☐ BABESIOSIS — 33. CASE CLASSIFICATION ◯ LAB CONFIRMED ◯ PROBABLE ◯ SUSPECT ◯ NOT A CASE

34. SPECIMEN COLLECTION DATE FOR CURRENT INVESTIGATION (YYYY – MM - DD)	35. DATE OF FIRST DIAGNOSIS IF PREVIOUSLY DIAGNOSED (YYYY – MM)	36. LOCATION OF FIRST DIAGNOSIS (SPECIFY COUNTRY OR PROVINCE IN CANADA)

NOTE: additional travel history may be requested in cases where symptoms are consistent with late disseminated Lyme disease, as exposure may be greater than 30 days prior.

*IDENTIFIES CRITICAL DATA ELEMENT OR SECTION TO BE COMPLETED. IF THIS DATA IS MISSING, THE FORM WILL BE RETURNED

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IV. SIGNS AND SYMPTOMS

investigation > signs and symptoms

37. **SYMPTOMS**
◯ ASYMPTOMATIC ◯ SYMPTOMATIC

38. **EARLIEST SYMPTOM ONSET DATE**
YYYY-MM-DD

39. **CHECK ALL SIGNS AND SYMPTOMS THAT APPLY IF SYMPTOMATIC**

- ☐ ANEMIA
- ☐ ANOREXIA
- ☐ ARTHRITIS
- ☐ ATRIOVENTRICULAR HEART BLOCK
- ☐ BELL'S PALSY
- ☐ CHILLS
- ☐ COUGH
- ☐ FATIGUE
- ☐ FEVER
- ☐ HEADACHE
- ☐ JOINT PAIN (ARTHRALGIA)
- ☐ LEUKOPENIA
- ☐ LIVER FUNCTION TESTS ELEVATED
- ☐ LYMPH NODES ENLARGED – GENERALIZED
- ☐ MUSCLE PAIN (MYALGIA)
- ☐ MYOCARDITIS
- ☐ NAUSEA
- ☐ PERIPHERAL NERVE PALSY
- ☐ STIFF NECK (NUCHAL RIGIDITY)
- ☐ SWEATS
- ☐ THROMBOCYTOPENIA
- ☐ TICK BITE

☐ ERYTHEMA MIGRANS ➔
◯ SINGLE EPISODE
◯ MULTIPLE EPISODES

40. **ERYTHEMA MIGRANS OBSERVED BY**
◯ HEALTH CARE PROVIDER
◯ CLIENT

41. **SPECIFY ERYTHEMA MIGRANS DATE OF ONSET**
YYYY-MM-DD

☐ OTHER
SPECIFY SIGNS AND SYMPTOMS

V. RISK FACTOR INFORMATION

subject > risk factors

- ☐ ATTACHED TICK REMOVED WITHIN 30 DAYS OF SYMPTOM ONSET
- ☐ OCCUPATIONAL EXPOSURE — SPECIFY TYPE AND DATE
- ☐ BLOOD/ /TISSUE DONATION (WITHIN 6 MONTHS OF SYMPTOM ONSET) — SPECIFY TYPE, HOSPITAL/FACILITY, AND DATE(S) YYYY – MM – DD
- ☐ OUTDOOR RECREATION (I.E. GARDENING, GOLFING, HIKING, HUNTING, MOUNTAIN BIKING, ETC.) — SPECIFY
- ☐ BLOOD/TISSUE RECIPIENT (WITHIN 6 MONTHS OF SYMPTOM ONSET) — SPECIFY TYPE, HOSPITAL/FACILITY, AND DATE(S) YYYY – MM – DD
- ☐ TRAVEL OUTSIDE CANADA (WITHIN 30 DAYS OF SYMPTOM ONSET) — SPECIFY COUNTRY AND DATES YYYY – MM – DD TO YYYY – MM – DD
- ☐ TRAVEL WITHIN MANITOBA (WITHIN 30 DAYS OF SYMPTOM ONSET) — SPECIFY LOCATION AND DATES YYYY – MM – DD TO YYYY – MM – DD
- ☐ TRAVEL WITHIN CANADA (OUTSIDE MANITOBA WITHIN 30 DAYS OF SYMPTOM ONSET) — SPECIFY PROVINCE AND DATES YYYY – MM – DD TO YYYY – MM – DD
- ☐ CONTACT WITH TALL GRASS OR WOODED AREAS
- ☐ CAMPING
- ☐ OTHER RISK FACTOR — SPECIFY

VI. EXPOSURES (ACQUISITION EVENTS)

investigation > exposure summary > acquisition event details

☐ TRAVEL WITHIN 30 DAYS OF SYMPTOM ONSET WITHIN **OR** OUTSIDE MANITOBA (COMPLETE EXPOSURE TRAVEL HISTORY BELOW)

42. ***EXPOSURE START DATE**
SPECIFY START DATE OF TRAVEL YYYY-MM-DD

43. **EXPOSURE END DATE**
SPECIFY END DATE OF TRAVEL YYYY-MM-DD

☐ TICK BITE DURING TRAVEL

44. **EXPOSURE SETTING TYPE**
◯ CAMPGROUND ◯ FARM ◯ PARK - MUNICIPAL
◯ PARK – PROVINCIAL/NATIONAL ◯ FORESTED AREA
◯ OTHER — SPECIFY

45. **NAME/LOCATION**
SPECIFY LOCATION DESCRIPTION/PROVINCE/COUNTRY

☐ TRAVEL WITHIN 30 DAYS OF SYMPTOM ONSET WITHIN **OR** OUTSIDE MANITOBA (COMPLETE EXPOSURE TRAVEL HISTORY BELOW)

46. ***EXPOSURE START DATE**
SPECIFY START DATE OF TRAVEL YYYY-MM-DD

47. **EXPOSURE END DATE**
SPECIFY END DATE OF TRAVEL YYYY-MM-DD

☐ TICK BITE DURING TRAVEL

48. **EXPOSURE SETTING TYPE**
◯ CAMPGROUND ◯ FARM ◯ PARK - MUNICIPAL
◯ PARK – PROVINCIAL/NATIONAL ◯ FORESTED AREA
◯ OTHER — SPECIFY

49. **NAME/LOCATION**
SPECIFY LOCATION DESCRIPTION/PROVINCE/COUNTRY

NOTE: additional travel history may be requested in cases where symptoms are consistent with late disseminated Lyme disease, as exposure may be greater than 30 days prior.

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☐ TRAVEL WITHIN 30 DAYS OF SYMPTOM ONSET WITHIN **OR** OUTSIDE MANITOBA (COMPLETE EXPOSURE TRAVEL HISTORY BELOW)		
50. ***EXPOSURE START DATE** SPECIFY START DATE OF TRAVEL YYYY-MM-DD	51. **EXPOSURE END DATE** SPECIFY END DATE OF TRAVEL YYYY-MM-DD	☐ TICK BITE DURING TRAVEL
52. **EXPOSURE SETTING TYPE** ◯ CAMPGROUND ◯ FARM ◯ PARK - MUNICIPAL ◯ PARK – PROVINCIAL/NATIONAL ◯ FORESTED AREA		◯ OTHER SPECIFY
53. **NAME/LOCATION** SPECIFY LOCATION DESCRIPTION/PROVINCE/COUNTRY		

VII. TREATMENT INFORMATION

investigation > prescriptions > prescription summary

54. **ANTIBIOTIC NAME** SPECIFY NAME	55. **TREATMENT START DATE** SPECIFY START DATE: YYYY-MM-DD	56. **DURATION** SPECIFY NUMBER OF DAYS
57. **ANTIBIOTIC NAME** SPECIFY NAME	58. **TREATMENT START DATE** SPECIFY START DATE: YYYY-MM-DD	59. **DURATION** SPECIFY NUMBER OF DAYS
60. **ANTIBIOTIC NAME** SPECIFY NAME	61. **TREATMENT START DATE** SPECIFY START DATE: YYYY-MM-DD	62. **DURATION** SPECIFY NUMBER OF DAYS

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

63. **FORM COMPLETED BY (PRINT NAME)**	64. **FACILITY NAME/ADDRESS/PHONE#**	**REPORTER USE ONLY**
65. **SIGNATURE**		
66. **FORM COMPLETION DATE** YYYY-MM-DD	67. **ORGANIZATION** (IF APPLICABLE) ◯ WRHA ◯ NRHA ◯ PMH ◯ SH-SS ◯ IERHA ◯ FNIHB ◯ CSC	STAMP HERE

IX. * RESPONSIBLE REGIONAL PUBLIC HEALTH AUTHORITY USE ONLY

68. **FORM COMPLETED BY (PRINT NAME)**	69. **SIGNATURE**	70. **FORM COMPLETION DATE** YYYY-MM-DD
71. **FORM REVIEWED BY (PRINT NAME)**	72. **FORM REVIEWED DATE** YYYY-MM-DD	**RHA USE ONLY**
73. **INVESTIGATION STATUS** ◯ ONGOING ◯ CLOSED TO THE REGION	74. **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/cdc/protocol/mhsu_8232.pdf

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

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