INSTRUCTIONS FOR SURVEILLANCE FORM

MHSU-7225 – SUSPECTED RABIES EXPOSURE-CONTACT INVESTIGATION FORM

TO MEET THE HEALTH NEEDS OF INDIVIDUALS, FAMILIES AND THEIR COMMUNITIES BY LEADING A SUSTAINABLE, PUBLICLY ADMINISTERED HEALTH SYSTEM THAT PROMOTES WELL-BEING AND PROVIDES THE RIGHT CARE, IN THE RIGHT PLACE, AT THE RIGHT TIME.
— MANITOBA HEALTH, SENIORS AND LONG-TERM CARE

Communicable Disease Prevention and Control Branch
Public Health Division
Manitoba Health, Seniors and Long-Term Care

Epidemiology & Surveillance
Provincial Information Management and Analytics
Health Programs and Policy Division
Manitoba Health, Seniors and Long-Term Care

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Let us know what you think. We appreciate your feedback! If you would like to comment on any aspects of this user guide, please send an email to: **PHSurveillanceMB@gov.mb.ca.**

BACKGROUND

These instructions are intended to be used by public health providers as a reference for the **MHSU-7225 – SUSPECTED RABIES EXPOSURE CONTACT INVESTIGATION FORM.** This form contains the key public health investigation elements and entry guidance for Public Health Information Management Systeme (PHIMS) for contacts to a suspected rabies exposure to an animal.

Public health providers are required to complete the form if direct entry into PHIMS is not possible; otherwise, the information should be documented directly in PHIMS. Non-public health providers should report Rabies contacts using the Suspected Rabies Exposure and RPEP Report Form, available at: https://www.gov.mb.ca/health/publichealth/cdc/protocol/mhsu_7224.pdf

Overall guidance on completion of surveillance forms is provided in the **USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES**, available at https://www.gov.mb.ca/health/publichealth/surveillance/forms.html.

For further information on the management of rabies exposure contact investigations, timeframes, and animal testing, please refer to the Manitoba Health Rabies: Protocol for Management of Human Rabies and Management of Exposures to Animals to Prevent Human Rabies available at:

https://www.gov.mb.ca/health/publichealth/cdc/protocol/rabies_protocol.pdf

SUBMISSION OF FORMS TO THE SURVEILLANCE UNIT

INVESTIGATION CONTACT (MHSU-7225) FORMS SHOULD BE COMPLETED AND FAXED TO THE SURVEILLANCE UNIT CONFIDENTIAL FAX 204-948-3044 WITHIN 5 BUSINESS DAYS OF THE INTERVIEW WITH CONTACT.

Forms can also be mailed to:

Surveillance Unit
Manitoba Health, Seniors and Active Living
4th floor – 300 Carlton Street, Winnipeg,
Manitoba R3B 3M9
Surveillance Unit's General Line: 204-788-6736

If you have any questions or concerns about the reportable diseases or conditions or you need to speak with a Medical Officer of Health, please call 204-788-8666 anytime (24/7).

FORM-SPECIFIC GUIDANCE

Overall guidance on completion of surveillance forms is provided in the **USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES**, which contains definitions and guidance for all data elements. The following tables provide instructions of specific relevance to this form.

For users of the Public Health Information Management System (PHIMS), "breadcrumbs" (located at the top right-hand corner of sections) provide guidance on where to navigate in PHIMS to enter the information (e.g. *subject>client details>personal information*).

Critical or required fields are marked with (*).

FORM HEADER

Data Element	Critical Field	Instructions on Use
Contact Investigation ID	*	A system-generated unique identifier assigned by PHIMS to each Contact Investigation created for an individual who may have been exposed to Rabies.
Contact Name or Initials Contact PHIN	*	The name of the contact or initials, and the contact's Personal Health Information Number (PHIN) are additional identifiers listed on the header on the first and subsequent pages of the form to meet documentation standards for client identification. This ensures all pages can be identified and associated with the correct client.

SECTION I – CONTACT INFORMATION

Data Element	Critical Field	Instructions on Use
Box 1-16	*	Generally, this is identifying information about the exposed individual; however, in cases of animal-to-animal exposure where testing is completed and further Public Health investigation is required, it may be identifying information for the owner or handler. Ensure the postal code is completed for the address at the time of investigation which is required for geographical analysis.

SECTION II – ANATOMICAL SITE EXPOSED

Data Element	Critical Field	Instructions on Use
Box 20. Presentation (sites)	*	Select the applicable anatomical site that was exposed to the potentially rabid animal (site information found in *Investigation Details > Disease Summary* in PHIMS). If more than one site was exposed, check all that apply. If the exposure involves multiple areas, select each relevant site from the list. Select "Other" only if the anatomical site exposed is not listed among the provided options.

SECTION III – SIGNS AND SYMPTOMS

Data Element	Critical Field	Instructions on Use
Box 21. Type of exposure		Select the option(s) that best describes the **type of animal exposure** for this contact during the investigation period. Exposure site details documented in *Investigation > Signs and Symptoms*. Select **unknown (e.g. Bat)** option when exposure may have occurred without the person being aware. This includes any situation—**bite, scratch, or unknown contact**—where a person may have been **asleep, resting, unable to identify the exposure due to age or other cognitive issues, or in close proximity to a bat**, and a potential exposure cannot be ruled out. Other Animal exposure-e.g. handling a deceased animal and unsure of body fluid exposure.
Onset Date		Enter the **earliest date of exposure occurred**. Record the date in **YYYY-MM-DD** format.

SECTION IV- RISK FACTOR INFORMATION

Best practice is to inquire about all risks. Document the response as yes/no/unknown/declined to answer.

Please encourage accurate reporting by clients. For risk factors that are marked * as critical fields, a response must be documented (yes, no, unknown, declined to answer, not asked). If risk factor is not applicable to the contact investigation, please document answer as "No".

Data Element	Critical Field	Instructions on Use
Box 22. Animal displaying unusual behavior (specify)	*	Describe the unusual animal behaviours or health conditions (e.g., unprovoked aggression, disorientation, excessive drooling, abnormal gait, not eating, weak).
Animal immunized for rabies (specify and add date of most recent vaccine)		Record the date of the most recent dose. If the exact date is not known, enter YYYY/01/01 for known year. If no information is available, enter 'unknown'.
Domestic animal (specify)	*	Animals that are owned, kept or managed by humans and live under direct human supervision or control e.g., dogs, cats, cattle, goats, sheep, Equine etc. List the type of domestic animals involved in the exposure.
Other domestic animal (s) exposed (specify)	*	List the information of other domestic animals that were exposed to the animal suspected of having rabies (e.g., dog, cat, equine etc.). This will inform whether other animals require follow-up.
Other risk factors (specify)		Include other risk factors, information not captured that may be relevant to the investigation.
Potential exposure to wildlife (specify – e.g. rural area, outdoor exposures, known contact with wildlife, proximity to river/rural in urban settings)	*	Document the potential exposure to wildlife for the suspect animal that may increase the likelihood of exposure to rabies (e.g. dog live outdoors in rural areas, or dog has been attacked by a coyote).
Provoked animal attack (specify)	*	Document the situation or action that triggered the animal's response. Refer to the protocol for further information on description of a provoked or unprovoked attack.

Stray animals (specify)		Animals that do not have an identifiable owner or caretaker and live freely in the community or public places. Document a description of the animal (s) involved in the exposure.
Underlying illness (specify if contact is immunocompromised, taking immunosuppressive agents, or antimalarials– may require additional dose of vaccine)		Document exposed persons' underlying health condition (s), prescribed immunosuppressants and/ or antimalarials.
Wild animal (specify)	*	If the animal is not domesticated and lives naturally in forests, fields or other natural habitats, without human ownership or regular care e.g. bats, monkeys, foxes, raccoons etc. Document type of animal (s) involved in the exposure.
Wound description (specify)		Document the location, number and severity (minor, moderate, severe) of wounds (e.g. stitches or surgical intervention required).

SECTION V- EVIDENCE-BASED RECOMMENDED INTERVENTIONS

This section is provided to assist with case management and a reminder of best practice.

Data Element	Critical Field	Instructions on Use
Box 23. Intervention Prevention education/counselling		Indicates that the client has been reached and notified of the potential exposure, or recommendations for follow up. Enter only if it occurred in direct service encounter (phone or in person), not by letter or other form of attempted notification.
RPEP provided	*	• **Not applicable:** RPEP is not recommended. • **Pending:** RPEP is initiated, and the recommendation would be that the investigation needs to open. • **Complete:** All doses of RPEP are given. • **Not complete:** RPEP was started but series are not finished. Risk assessment details should be documented in the Comments box of the intervention. Include the client's weight, name of approving MOH, and if RIG and/or Rabies vaccine provided. If RPEP not completed, outline reason in the comment box. (*Note: all doses of RabIg and Rabies vaccine for this exposure should be documented in the client's immunization profile in PHIMS, including doses provided by non-public health provider*).
Animal under observation (specify dates)	*	• **Not applicable**: When observation cannot be performed. e.g. Animal was euthanized; animal cannot be found. • **Pending**: Animal is under observation. Some regions may send a letter to the owner with monitoring instructions. This letter can be uploaded as a context document under the intervention if desired. • **Complete-**Observation period has been completed**.** • **Not Complete-**Unable to confirm whether the observation period was completed. Include start and end date of observation period as applicable. *Additional information around the observation period can be added to the comment box.*

Low risk exposure-No further action recommended		Risk is considered negligible. (e.g. owned healthy pet, fully vaccinated or a low-risk animal such as a mouse or hamster). Document in the comment box assessment details. (Note: *for no risk exposures that have been reported such as non-mammals (birds or reptiles) or exposures that don't represent a risk for rabies (animal tested negative, or ruled out that no exposure occurred), these contacts should be classified as "Not- a -Contact"*).
Searching for animal		• **Not applicable**: e.g. unidentifiable or wild animals. • **Pending:** Search efforts are ongoing. • **Complete:** Animal has been located. **Not Complete:** Unable to locate animal.
Referral to healthcare provider		A specific arrangement is made with a health care provider for treatment. This can refer to RPEP administration or wound care. Letters or faxes sent to health care providers (HCP) can be uploaded as a context document within the intervention
Referral to municipal animal control service		e.g. City of Winnipeg Animal Services, Animal control officer, Conservation officer. Document additional details in the comment box., include incident numbers assigned for further reference.
Pre and post immunization testing recommended		If rabies titre testing is recommended, document titre result (s) in the beginning of the comment box.

SECTION VI – ACQUISITION EXPOSURE

Data Element	Critical Field	Instructions on Use
Box 24. Exposure name		General description of exposure (e.g. cat bite or bat exposure).
Box 25. Responsible organization		Select the regional health organization responsible for conducting the rabies exposure investigation.
Box 26. Potential mode of acquisition		Select the option "**animal to a person".**
Box 27. Nature of exposure (select one animal species)		Select the animal involved in the exposure based on applicable options. These include cat, dog, bat, skunk, bovine, equine, other domestic and other wildlife. If "other domestic" or "other wildlife" is select, ensure species is documented in the relevant risk factor – domestic animal or wild animal.
Box 28. Exposure start date	*	Enter the earliest possible date of exposure with the animal. This is important information to document to guide the contact investigation. ***This field is required in PHIMS.***
Box 29. Exposure end date		The last date a person may have had contact with the animal during the period of investigation.
Box 30. Exposure location name	*	Document the animal description, details of the exposure, and exposure location.
Box 37. AE Location Liaison details (Owner Details)		Document the name and contact details of the animal owner, if applicable.

SECTION VII – IMMUNIZATION

Data Element	Critical Field	Instructions on Use
Box 38. Interpretation of rabies immunity prior to investigation		Review the individual's rabies immunization history that occurred before the exposure. Select the appropriate option based on the contact's immunization records. This interpretation should reflect available vaccination records or reported history from a health care provider of rabies vaccines.
Box 39. Reason for immunity/immunization interpretation		Document on how the interpretation of immunity was determined. If based on laboratory results or fully immunized, document the source of the information: • If based on lab report, electronic records, or a report from the health care provider, document as "health record/healthcare provider". • If the report was from the client/parent/guardian, document if the immunization record was an official record, or based on client/guardian verbal report. If the client was not fully immunized, or the immune status was unknown, document the reason. If the client is immunocompromised and immunity cannot be determined, document as immunocompromised.
Box 40. Comments		If the person was vaccinated previously, enter information related to rabies immunization, including the **number of doses** received, the **dates of administration**, and the most recent **antibody titre**, if available. Include the titre result at the beginning of the comment.
Box 41. Interpretation of tetanus immunity		Select the option for the assessment of the individual's tetanus immunity status. This interpretation should reflect available vaccination records or reported history from a health care provider of tetanus-containing vaccines.
Box 42. Reason for immunity/immunization interpretation		Document on how the interpretation of immunity was determined. If based on laboratory results or fully immunized, document the source of the information: • If based on lab report, electronic records, or a report from the health care provider, document as "health record/healthcare provider". • If the report was from the client/parent/guardian, document if the immunization record was an official record, or based on client/guardian verbal report. If the client was not fully immunized, or the immune status was unknown, document the reason. If the client is immunocompromised and immunity cannot be determined, document as immunocompromised.

RABIES SAMPLE SUBMISSION USER DEFINED FORM (UDF)

***The Rabies Sample Submission User Defined Form is located in the rabies contact investigation.** Regions to complete a UDF when animal testing for rabies is required. When test results are available, they must be documented by the region in the UDF.

- Any user can update a UDF.
- Edits are not tracked in the UDF.
- One UDF is required per sample:
    - If contact was exposed to two or more animals and more than one animal requires testing, a UDF and Rabies Sample Submission Report should be completed for each animal that requires testing.
    - If multiple contacts were exposed to one animal, only one UDF on one of the main contacts needs to be completed to submit a Rabies Sample Submission report for testing. A copy of the Rabies Sample Submission report should then be added as a context document to the other contact investigations to indicate animal testing has been requested on the animal each contact was exposed to (for further information around documentation of multiple contacts involved in rabies exposure, refer to section 9 Documentation and Resources in the Rabies: Protocol for Management of Human Rabies and Management of Exposures to Animals to Prevent Human Rabies.
- For contacts in which animal rabies testing was not initiated by the region, a UDF is to be completed to document the test results.
- Each UDF submission generates a separate report page.
- CD Coordinators are the only user roles that can delete UDFs created in error.
- For text fields in which the information is not applicable, fill in with NA vs leaving it blank.

Note: information entered in the UDF, and the rabies contact investigation is extracted into the Rabies Sample Submission Report which is sent to Manitoba Agriculture when a region requires animal rabies testing. For further information on the Rabies Sample Submission Report user guide, refer to the https://phimsmb.ca/support-tools/public-health/reports/.

REGIONAL CONTACT

Data Element	Instructions on Use
Regional public health contact(s)	Include the name of the person who submitted the form and can be contacted for any questions about the information provided
Regional phone #	Enter the contact number for the person who should receive the test results and can answer questions about the contact investigation. Additional contact numbers can be added if needed such as the number to contact the region regarding positive or unfit animal rabies test results.
Regional email	Include the email address where the CFIA can send the rabies test result to.

ANIMAL INFORMATION (REPEAT IF >1 ANIMAL FOR TESTING)

Data Element	Instructions on Use
Animal ID/name	Enter the name of the animal or the identifier (e.g. animal tattoo) assigned to the animal to be tested.
Date of death	Enter the date if known. If unknown, provide an approximate date or leave the field blank and include details about the approximate date in the additional details section.
Animal condition at time of death (specify healthy or unwell)	Indicate the health condition of the animal at the time of death (e.g. healthy, unwell or unknown).
Additional details (include relationship to exposed contact)	Provide a brief summary of the exposure and any relevant information such as behaviour of animal or the risk assessment that may be helpful for Manitoba Agriculture (e.g. animal euthanized or animal died naturally). Also include the immunization information of animal such as last date of immunization, number of doses, if known.

Animal veterinarian	Record the name of the veterinarian or veterinary clinic usually responsible for the animal's care.
Owner's name	Enter the full name of the animal's owner. This information is required for traceability and enables timely contact if further information or action is needed.
Animal home address	Enter the address where the animal resided, including street address, city, and postal code if known. If animal is a stray or wildlife, provide the address or location where the animal was found.

SPECIMEN COLLECTION DETAILS

Data Element	Instructions on Use
Animal's contact type	Available options include owner, veterinarian, conservation staff, humane society staff, animal services staff or any reporting person.
Clinic/organization name	Record the name of the individual or organization where the animal specimen is currently located.
Contact first and last name	Enter the first and last name of the person at the location where the animal specimen is currently held.
Current location of animal (address)	Enter the address where the animal specimen is currently being held.
Contact phone #	Enter the contact number of the person or clinic where the animal specimen is currently located.
Email	Enter the email address of the person or clinic where the animal specimen is currently located.

LAB REPORT

Information for this section is obtained from the "Canadian Food Inspection Agency (CFIA) Report of Analysis" which provides the final test results for the animal that was sent for testing.

Data Element	Instructions on Use
Date test authorized	This refers to the date the test was completed.
Sample ID	Enter the number assigned by MBAg to the animal specimen for testing.
CFIA reference no.	Enter the number assigned by the CFIA after the sample has been submitted for testing. This information is found at the bottom of the report. (e.g., 2025REXX-00000056921-3).
Sample condition	Indicate the condition of the specimen at the time of submission as noted in the report.
Fluorescent Antibody TEST (FAT) Result	Choose the appropriate option: positive, negative, unfit or not tested. (Note: examples of "not tested" could indicate request for testing was submitted, but the request was rescinded, or the deceased animal could not be located, or the animal specimen was not feasible to be sent for testing)
Other test (specify type of tests)	Document any other testing that has been completed on the animal (that is relevant to the investigation). This additional testing may or may not be completed by CFIA. Document the type/name of the test, who ordered the test, and which laboratory completed the test.
Other test result	Choose the appropriate option: positive, negative, unfit.