



<ul style="list-style-type: none"> <li>Confidential when completed</li> </ul>		<b><u>INSTRUCTIONS</u></b>	<b>Panorama Data Entry Guidance</b>
<b>PERSON REPORTING</b>			
Health Authority: <input type="checkbox"/> FHA <input type="checkbox"/> FNHA <input type="checkbox"/> IHA <input type="checkbox"/> NHA <input type="checkbox"/> VCH <input type="checkbox"/> VIHA			
Name: _____ <small>Last First</small>		Phone Number: ( ) - ext.	
Email: _____		Fax Number ( ) - ext.	
		Date case report form completed: _____ <small>YYYY / MM / DD</small>	
Contact Attempts (Date and Time):		Report received in health authority: <small>YYYY / MM / DD</small> <input type="checkbox"/> Not Located	
1. _____	<input type="checkbox"/> Interview	3. _____	<input type="checkbox"/> Interview
2. _____	<input type="checkbox"/> Interview	4. _____	<input type="checkbox"/> Interview
<p>Use disposition to indicate "not located" or other stages of the investigation &gt;Investigation &gt;&gt;Investigation Details</p> <p>While creating investigation set report received in health authority as report date (received)</p> <p>Record contact and interview attempts in &gt;Investigation &gt;&gt;Encounter Details</p>			
<b>A. CLIENT PERSONAL INFORMATION</b>			
Name: _____ <small>Last First Middle</small>			
Date of Birth: _____ <small>YYYY / MM / DD</small>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Health Card Number: _____		Alternate Name(s): _____	
Phone Number (home/work/mobile): ( ) - ext.			
Address: _____ <small>Unit # Street # Street Name City</small>			
Postal Code: _____	Province: _____	Interview conducted with: _____	
<p>Record or review and update in &gt;Subject &gt;&gt;Client Details &gt;&gt;&gt;Personal Information</p> <p>Select this address as "Client Home Address at Time of Initial Investigation" in &gt;Investigation &gt;&gt;Investigation Details &gt;&gt;&gt;Investigation Information</p> <p>Report interview conducted with &gt;Investigation &gt;&gt;Investigation Details &gt;&gt;&gt;Links &amp; Attachments &gt;&gt;&gt;&gt;DISEASE case investigation form</p>			



B. LABORATORY INFORMATION							
Specimen Collected	Collection Date (YYYY/MM/DD)	Lab report date (YYYY/MM/DD)	Reporting Lab	Result			
					Receive through E-Lab inbox, or record in >Investigation >>Lab >>>Lab Quick Entry Record Causative Agent in >Investigation >>Investigation Details >>>Disease Summary Record further typing information of causative agent details not in dropdown in Causative Agent - Further Differentiation		
C. PHYSICIAN							
Physician Name: _____ <small style="margin-left: 150px;">Last</small> <small style="margin-left: 150px;">First</small> Physician Phone: (      ) _____ - _____ ext. _____					Record in >Investigation >>Investigation Details >>>External Sources Or where appropriate based on local guidance		
D. CLINICAL PRESENTATION [or SIGNS AND SYMPTOMS]							
Onset of earliest symptom: _____ / _____ / _____ <small style="margin-left: 50px;">YYYY</small> <small style="margin-left: 50px;">MM</small> <small style="margin-left: 50px;">DD</small>			Earliest Symptom: _____			Record in >Investigation >>Signs and Symptoms Select "Set as Onset" and record onset date of earliest symptom	
Sign / Symptom		Yes	No	Asked but Unknown	Declined to Answer		Not Assessed
Symptom A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Symptom B		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Symptom C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other, Specify: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. HOSPITALIZATION							
Admitted to hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown      If yes, hospital name: _____ Admission date: _____ Discharge date: _____ <small style="margin-left: 50px;">YYYY/MM/DD</small> <small style="margin-left: 50px;">YYYY/MM/DD</small> Antibiotic Use: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U					Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>DISEASE case investigation form		



<b>NOTE: Please see BC investigation form for appropriate exposure period to assist during investigation</b>					<b>Panorama Data Entry Guidance</b>
<b>F. TRAVEL DURING EXPOSURE PERIOD</b>					
Travel in the exposure period prior to symptom onset: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, was travel: <input type="checkbox"/> Within BC <input type="checkbox"/> Outside BC, but within Canada <input type="checkbox"/> Outside Canada Was travel confirmed as the most likely source of infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Departure Date: _____ Arrival Date: _____ Destination (city, prov/state, country): _____ Hotel of residence: _____ Additional details (mode of travel, etc.): _____ Foods brought back: _____					Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>DISEASE case investigation form
<b>G. EXPOSURES</b>					
					Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>DISEASE case investigation form
<b>H. CONTACT TRACING</b>					
Contact Name	Type of Contact*	Date ill?	Occupation/details	Other Details/Exclusion^?	
					Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>DISEASE case investigation form  Create investigations for contacts for which Public Health in BC will conduct follow-up.  If an exclusion is required: Record in >Investigation >> Treatment & Interventions >>>Intervention Summary  For exclusion enter intervention type=Exclusion
*Household, sexual, close contacts ^Please complete exclusion for each contact excluded					



I. INTERVENTIONS	
<p>Occupation: _____</p>	<p>Record in &gt;Investigation &gt;&gt;Investigation Details &gt;&gt;&gt;Links &amp; Attachments &gt;&gt;&gt;&gt;DISEASE case investigation form</p>
<p>Sensitive Setting (check if applicable):</p> <p><input type="checkbox"/> Work/volunteer or attend day care                      <input type="checkbox"/> Work/volunteer in a health care setting</p> <p><input type="checkbox"/> Work/volunteer as a food handler                              <input type="checkbox"/> Other (e.g. pool), <i>Specify:</i> _____</p> <p>Excluded:    <input type="checkbox"/> Yes            <input type="checkbox"/> No                      Effective Date: _____                      Details: _____</p> <p style="text-align: center; margin-left: 150px;">YYYY/MM/DD</p> <p>Symptom End Date: _____                      Exclusion Lifted: _____                      MHO: _____</p> <p style="text-align: center; margin-left: 50px;">YYYY/MM/DD                      YYYY/MM/DD</p>	<p>Record in &gt;Investigation &gt;&gt; Treatment &amp; Interventions &gt;&gt;&gt;Intervention Summary</p> <p>For exclusion enter intervention type=client directive; subtype=exclusion; disposition to specify work/volunteer environment and enter other required details</p>
<p><input type="checkbox"/> Environmental Investigation-Referred for Inspection                      <input type="checkbox"/> Referral-Referred to another HA                      <input type="checkbox"/> Education-Hygiene Education Provided</p> <p><input type="checkbox"/> Education-Health File sent                      <input type="checkbox"/> Other</p> <p>Intervention Details: _____</p>	
J. OUTCOME AT TIME OF REPORTING	
<p><input type="checkbox"/> Fully Recovered            <input type="checkbox"/> Not yet recovered/recovering            <input type="checkbox"/> Fatal <i>If died, date of death:</i> _____</p> <p style="text-align: center; margin-left: 150px;">YYYY/MM/DD</p> <p><input type="checkbox"/> Other                      <input type="checkbox"/> Unknown                      <input type="checkbox"/> Permanent disability, <i>specify:</i> _____</p> <p style="text-align: center; margin-left: 150px;">_____</p>	<p>Record in &gt;Investigation &gt;&gt; Outcome</p> <p>See Notes for fatal outcomes</p>
K. CLASSIFICATION	
<p><input type="checkbox"/> Confirmed</p> <p><input type="checkbox"/> Not a Case</p>	<p>Record/Update in &gt;Investigation &gt;&gt;Disease Summary All lab confirmed cases should be reported as Case- confirmed</p>
L. NOTES	
<p> </p>	<p>Record in &gt;Notes</p> <p>In order to have the note linked to the investigation, ensure the investigation is in context when creating the note.</p>



**NOTES:**

1. Additional relevant training materials and data standards are available on the Panorama Solution Partner Portal (<https://panoramacst.gov.bc.ca>).
2. If the **outcome is fatal**, record as follows.

Outcome: Fatal

Outcome Date: Date of death (if known) or date at which user found out about fatal outcome (if date of death unknown)

Cause of Death: Select most appropriate response

After recording the outcome, inactivate the client in the Personal Information screen following routine procedures/standards.

Note: If the outcome is not fatal, the outcome date is the date public health was made aware of the outcome.

**ADDITIONAL DISEASE SPECIFIC GUIDANCE:**

Disease	Information	Where to record	Notes
Boutlism	Identify presentation of infections (foodborne, wound, colonization)  Document treatment with antitoxin and BabyBig	Record/Update in >Investigation >>Investigation Details >>>Disease Summary  Record in >Investigation >> Treatment & Interventions >>>Intervention Summary  For antitoxin and BabyBIG enter intervention type=treatment/prophylaxis recommended; subtype=antitoxin or BabyBIG; and enter other required details	For infant botulism, Date of Birth will be used to classify cases.
Cholera	Receipt of Cholera vaccine	Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>DISEASE case investigation form	Cholera is entered as disease=Vibrio infection and causative agent is required to specify species information.
Listeria	Identification of infection is pregnancy related	Record in >Subject >> Risk Factors Special population-Pregnancy relevant to Disease Investigation Set as pertinent to the investigation.  If client is pregnant, see Section M for data standards  If both mom and baby are positive Record in Acquisition Event Quick Entry [and link to case investigation for mother] (Section M).	Complete signs and symptoms, risk factors, interventions, outcomes and fields required to classify a disease (classification, authority, causative agent). Exposures are not reported in Panorama. Complete paper form (no UDF) and send to BCCDC as per routine practices.
Toxoplasmosis	Identification of infection is pregnancy related	Record in >Subject >> Risk Factors Special population-Pregnancy relevant to Disease Investigation Set as pertinent to the investigation.  If client is pregnant, see Section M for data standards  If both mom and baby are positive Record in Acquisition Event Quick Entry [and link to case investigation for mother] (Section M).	Complete signs and symptoms, risk factors, interventions, outcomes and fields required to classify a disease (classification, authority, causative agent).
Paratyphoid and Typhoid fever	Receipt of vaccine	Record in	Typhoid and Paratyphoid



		>Investigation >>Investigation Details >>>Links & Attachments >>>>DISEASE case investigation form	Fevers are entered as disease=Salmonella infection and causative agent is required to specify serotype information.
Amebiasis			Use of classification and causative agent to identify confirmed and probable cases: Confirmed cases= case-confirmed; causative agent= Entamoeba histolytica Probable cases= case-probable; causative agent= Entamoeba histolytica/dispar
Legionella	Diagnosis of Legionnaire's disease or Pontiac Fever  Medical History and Underlying Conditions	Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>DISEASE case investigation form  Record in >Subject >> Risk Factors Immunocompromised-Treatment Substance Use-Tobacco Other pertinent chronic medical conditions or immunocompromised status information as appropriate. Set as pertinent to the investigation.	For smoking risk factor put pertinent details such as "historic" "current" and time period the individual has smoked in open text field.  Most pertinent risk factors have been set as presets. Please review others and include as necessary.
Vibrio and other shellfish-related illness			Complete signs and symptoms, risk factors, interventions, outcomes and fields required to classify a disease (classification, authority, causative agent). Exposures are not reported in Panorama. Complete paper form (no UDF) and send to BCCDC and CFIA as per routine practices.

## M. PANORAMA DATA ENTRY DETAILS

If the **client is pregnant**, record as a Risk Factor (under Subject in the left hand navigation).  
 Risk Factor: Special Population - Pregnancy Relevant to Disease Investigation  
 Additional Information: Record expected due date  
 Response: Yes  
 Start Date: Estimated date of conception. If unknown, use the first day of the estimated month of conception.  
 End Date: Date when public health was made aware that the client is no longer pregnant

If required for regional follow-up related to the pregnancy: (1) record contact information for the professional providing perinatal care (e.g. physician, midwife) under >Subject >>Client Details >>>Health Services, (2) record other additional details related to the pregnancy (e.g. delivery hospital) in a clearly identified client note.

Training Materials (<https://panoramacst.gov.bc.ca>): [Client Warnings-Quick Steps-Shared Services](#), [Risk Factors-Quick Steps-Shared Services](#)  
 System Guidelines (<https://panoramacst.gov.bc.ca>): [Pregnancy- Data Capture Guideline-Investigations](#),  
 Data Standards (<https://panoramacst.gov.bc.ca>): [Risk Factors-Data Standard-Shared Services](#)

If recording a **congenital infection**, create an Acquisition Event on the Exposure Summary Screen (under Investigation on the left hand navigation) using the Acquisition Event Quick Entry section.



Exposure Name: XXX-Congenital where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA, or NHA)  
Exposure Start: The date of onset of the disease in the mother (for congenital infections, if known or can be estimated) or The date of birth of the infant (for vertical transmission or neonatal infections, or congenital infections when the mother's date of onset is unknown)  
Location Name: same as Exposure Name  
Setting Type: Vertical Transmission/Congenital

Link the infant's Acquisition Event to the mother's Transmission Event.

Training Materials (<https://panoramacst.gov.bc.ca>): [Exposures-Reference Guide-Investigations](#)  
System Guidelines (<https://panoramacst.gov.bc.ca>): [Congenital/Neonatal/Vertical Transmission-Data Capture Guideline - Investigations](#), [Exposures-Data Capture Guideline-Investigations](#)

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