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| **INSTRUCTIONS**   * **Confidential when completed** * **Notify your MHO about cases of reportable diseases (see section L)** * **Notify BCCDC about out-of-province cases or contacts requiring public health follow-up (Section L)** * **Enter reportable cases into Panorama or PARIS** * **Fields marked with \* are the minimum data set for surveillance/public health management at the provincial level** * **Vancouver Coastal Health and Fraser Health: fax or e-mail pages 1-3 of this case report form to 604-707-2515 or** [**VPD.epi@bccdc.ca**](mailto:VPD.epi@bccdc.ca) * **Case definitions are in Section L, pages 4-5** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Panorama Data Entry Guidance**  More details in Section M,  pages 6-8. |
| **\*DISEASE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diphtheria  Poliomyelitis  Tetanus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Review /update using the links on the top right hand corner:  >My Account  >>User Profile  If entering data on behalf of someone else, record in >Notes  when the investigation is in context.  Record Report Date:  >Investigation  >>Investigation Details  >>>Reporting Notifications as Report Date (Received) |
| **PERSON REPORTING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Health Authority: | | | | FHA | | | | | | | | FNHA | | | | | | | IHA | | | | | | | | | | NHA | | | | | | | | | | | VCH | | | | | | | VIHA | | |
| Name: |  | | | | | | |  | | | | | | | | | | | | | | Phone Number: | | | | | | | | | (    ) | | | | |  | | | | | | | - |  | | | ext. | |  |
| *Last* | | | | | | | *First* | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |  | | | | | | |  |  | | |  | |  |
| Email: |  | | | | | | | | | | | | | | | | | | | | | Fax Number: | | | | | | | | | (    ) | | | | |  | | | | | | | - |  | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | \*Report Date (Received): | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | *YYYY / MM / DD* | | | | | | | | |
| 1. **\*CLIENT PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Panorama Investigation ID: | | | | | | | | | | | | | | | | | | | | | | | | | PARIS Client ID (VCH and FHA only): | | | | | | | | | | | | | | | | | | | | | | | | | Record or review and update in  >Subject  >>Client Details  >>>Personal Information  Select this address as “Client Home Address at Time of Initial Investigation” in  >Investigation  >>Investigation Details  >>>Investigation Information  For temporary workers, snowbirds, and students, record Health Region Information as “Out of BC” (Section M) |
| \*Name: |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| *\*Last* | | | | | | | | | | | | | | | | | *\*First* | | | | | | | | | | | | | | | | | | | | | | | | | *Middle* | | | | | | |
| \*Date of Birth: | | |  | | | | | | | | | | \*Gender: | | | | | | | Female | | | | | | | Male | | | | | | X | | | | | | Undifferentiated | | | | | | | | | Unknown | |
| *YYYY / MM / DD* | | | | | | | | | |
| \*Health Card Number: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Alternate Name(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number (home/work/mobile): | | | | | | | | | | (     ) | | | | | |  | | | | | | | | - | | | |  | | | | | | | | | ext. | | | | | | | | | | | | |
| \*Address at time of case: | |  | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| *Unit #* | | | | *Street #* | | | | | | | | | *Street Name* | | | | | | | | | | | | | | | | | | | | | | | | | | | *City* | | | | | | | |
| \*Postal Code: | | | | | | | | | | | \*Province: | | | | | | | | | | | | | \*Country of Residence (*if not Canada*): | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Address Located on Reserve Administered By: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For temporary workers, snowbirds, and students, provide address, province and country of permanent residence: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **\*INDIGENOUS INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| \*Does the client wish to identify as an Indigenous person? | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | No | | | | | Asked, not provided | | | | | | | | | | | Not asked | | | | Record in  >Subject  >>Client Details  >>>Indigenous Information |
| *If yes*, Indigenous Identity: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Nations | | | | | | | First Nations and Inuit | | | | | | | | | | | | | | First Nations and Métis | | | | | | | | | | | | | | | | | First Nations, Inuit and Métis | | | | | | | | | | | |
| Inuit | | | | | | | Inuit and Métis | | | | | | | | | | | | | | Métis | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Asked, but unknown | | | | | | | Asked, not provided | | | | | | | | | | | | | | Not asked | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| *If First Nations*, is the client: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-Status Indian | | | | | Status Indian | | | | | | | | | | | | Asked, not provided | | | | | | | | | | | | | | | | | Asked, but unknown | | | | | | | | | | | Not asked | | | | |
| 1. **\*CLASSIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Confirmed *(specify below, if relevant)* | | | | | | | | | | | | | | Probable | | | | | | | | | | | | | | | | | | Not a Case | | | | | | | | | | | | | | | | | | Record/Update in  >Investigation  >>Investigation Details  >>>Disease Summary |
| Laboratory confirmed | | | | | | | | | | | | | | Suspect | | | | | | | | | | | | | | | | | | *See page 6 to 9 for case definitions.* | | | | | | | | | | | | | | | | | |
| Epi-linked confirmed | | | | | | | | | | | | | | Person Under Investigation | | | | | | | | | | | | | | | | | |

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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Panorama Data Entry Guidance** |
| 1. **\*IMMUNIZATION INFORMATION (against this disease)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Immunizing Agent** | | | | | | | **\*Date(s) of Immunization**  ***(YYYY/MM/DD)*** | | | | | | | | | | | | | | | | | | | | | | | | Record or review and update in the Immunization Module.  Documented immunizations:  >Immunizations  >>Record & Update Imms  Undocumented immunizations:  >Immunizations  >>Special Considerations  Summary immunization status:  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>>Other VPD Case Investigation Form  Contraindications and Exemptions:  >Immunizations >>Special Considerations  >>>Type of Special Consideration  Deferrals:  >Immunizations  >>Record and Update Imms  >>>Deferrals |
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| \*Un-documented history of prior immunizations against this disease: | | | | | | | | | Yes | | | | | No | | | | Unknown | | | | | | | | | | | |  |
| If yes, provide available details: | | | | | | | | | ­­­­­ | | | | | | | | | | | | | | | | | | | | | |
| \*Summary immunization status prior to onset (based on BC schedule): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fully immunized for age, documented | | | | | | | | | Partially immunized for age - documented | | | | | | | | | | | | | | | | | |  | | | |
| Fully immunized for age, undocumented | | | | | | | | | Partially immunized for age - undocumented | | | | | | | | | | | | | | | | | |  | | | |
| Assumed immune because of age | | | | | | | | | Unimmunized | | | | | | | | | | | | | | | | | | Unknown | | | |
| \**If unimmunized against disease*, reason(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exemption – Client or Parent/Guardian Refusal | | | | | | | | | | Any other Exemption, *specify*: | | | | | | | | | | | | | |  | | | | | |  |
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| Contraindication | | | | | | | | | | Deferral | | | | | | | | | | | | | | Unknown | | | | | | |
| 1. **\*LABORATORY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **\*Test name** | | | **\*Specimen** | | | | | | | | **\*Collection Date**  ***(YYYY/MM/DD)*** | | | | | | | | | | **\*Result / Interpreted Result** | | | | | | | | | | Record in  >Investigation  >>Lab  >>>Lab Quick Entry  Record Causative Agent in  >Investigation  >>Investigation Details  >>>Disease Summary |
|  | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |
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| Further laboratory characterization *(e.g., toxigenic/non-toxigenic for diphtheria)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **SIGNS AND SYMPTOMS AT TIME OF REPORTING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Onset of earliest symptom: | |  | | **/** | |  | | | | | | | **/** | |  | | | |  | | | *The earliest date the client reported a clinically-relevant symptom.* | | | | | | | | | Record in  >Investigation  >>Signs & Symptoms  Select “Set as Onset” for earliest symptom and record onset date of earliest symptom. |
|  | | *YYYY* | |  | | *MM* | | | | | | |  | | *DD* | | | |  | | |  | | | | | | | | |
| **Sign / Symptom** | | | | | | | | | | | | **Yes** | | | | **No** | | | | | | | **Asked but Unknown** | | **Declined to Answer** | | | | **Not**  **Assessed** | |
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| 1. **HOSPITALIZATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Admitted to hospital: | | | | Yes | | | | | No | | | | | Unknown | | | Did not ask | | | | |  | | | | | |  | Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>> Other VPD Case Investigation Form |
| *If yes,*  hospital name: | | | |  | | | | | | | | | | | | | \*Admission date: | | | | |  | | | | | |
|  | | | |  | | | | | | | | | | | | |  | | | | | *YYYY/MM/DD* | | | | | |
| \*Admitted to an intensive care unit: | | | | Yes | | | | | No | | | | | Unknown | | | Did not ask | | | | |  | | | | | |  |
| 1. **EXPOSURES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact with known case: | | | | | Yes | | | | | No | | | | | Unknown | | | Did not ask | | | | | | | | | | | ***Optional:***  Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>> Other VPD Case Investigation Form  Create acquisition event and link to investigation for known case:  >Investigation  >>Exposure Summary using  >>>Acquisition Event |
| If yes, name of case: | | |  | | | | | | | | | | Location (city/country): | | | | | | | |  | | | | | | |  |
| Date of first contact: | | |  | | | | | | | | | | Date of most recent contact: | | | | | | | |  | | | | | | |  |
|  | | | *YYYY/MM/DD* | | | | | | | |  | | | | | | | | | *YYYY/MM/DD* | | | | | |  | |  |
| Additional details: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Travel during exposure period: | | | | | | Yes | | | | | | No | | | | Unknown | | | Did not ask | | | | | | | | | |
| *If yes*, was travel: | | | | | | Within BC only | | | | | | | | | | Outside BC, but within Canada | | | | | | | | Outside Canada | | | | |
| Travel location(s) during exposure period:  (city, prov/state, country) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 1. **TRAVEL DURING THE COMMUNICABILITY PERIOD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Travel during communicability period: | | | | | | | Yes | | | | | No | | | | Unknown | | | Did not ask | | | | | | | | | | ***Optional:***  Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>> Other VPD Case Investigation Form  If public health follow-up is required for contacts from travel, record the travel event:  >Investigation  >>Exposure Summary using Transmission Event Quick Entry |
| *If yes,* was travel: | | | | | | | Within BC only | | | | | | | | | Outside BC, but within Canada | | | | | | | Outside Canada | | | | | |
| \*If travel was outside of BC, please notify BCCDC of identifiable contacts for whom public health follow-up is required for communication to their home jurisdiction (Section M). | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **\*OUTCOME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Fully Recovered | Not yet recovered/recovering | | | | | | | | | | | | | | | Permanent disability, *specify below* | | | | | | | | | | |  | | Record in  >Investigation  >> Outcome  (Section N) |
| Unknown | Other, *specify below* | | | | | | | | | | | | | | | Death \**If died*, date of death: | | | | | | |  | | | |  | |
| YYYY/MM/DD | | | |  | |
| \*Specify other outcome / permanent disability: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| *\*If died*, cause of death: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contributed but wasn’t the underlying cause | | | | | | | | | | | | | | | | Did not contribute to death/incidental | | | | | | | | | | | | |
| Other, specify: | |  | | | | | | | | | | | | | | Underlying cause of death | | | | | | | | | Unknown | | | |
| 1. **NOTES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Record notes relevant to provincial surveillance in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>>Other VPD Case Investigation Form |

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| 1. **CASE DEFINITIONS** | | |
| **Diphtheria Case (Acute)** | | **Reportable?** |
| **Lab-Confirmed Case**  Report as “Case-Confirmed” in Panorama  Report toxigenicity in Causative Agent level 2  Report disease staging  >Investigation  >>Investigation details  >>>Disease Summary (click Update)  >>>>In Disease Event History, select “Acute” for Staging | Clinical illness or systemic manifestations compatible with diphtheria in a person with an upper respiratory tract infection or infection at another site (such as a skin wound) plus at least one of the following: :   * Laboratory confirmation of infection:   + Isolation of Corynebacterium diphtheriae with confirmation of toxin from an appropriate clinical specimen including the exudative membrane; OR   + Isolation of other toxigenic corynebacteria species (Corynebacterium ulcerans or Corynebacterium pseudotuberculosis) from an appropriate clinical specimen, including the exudative membrane; OR   + Histopathologic diagnosis of diphtheria | Yes |
| **Epidemiologically-linked Confirmed Case**  Report as “Case-Confirmed, Epi-linked” in Panorama | Clinical illness or systemic manifestations compatible with diphtheria in a person with an upper respiratory tract infection or infection at another site (such as a skin wound) and:   * Epidemiologic link (contact within 2 weeks prior to onset of symptoms) to a laboratory-confirmed case | Yes |
| **Probable Case** | Clinical illness in the absence of laboratory confirmation or epidemiological link to a laboratory-confirmed case. | Yes |
| **Person Under Investigation** | A client who is being/has been followed-up for a reportable condition and does not meet the criteria outlined in any of the reportable case definitions; however, the diagnosis has not been completely ruled out. | No |
| **Not a Case** | A client who was followed-up for a reportable condition but was found to have an alternate diagnosis or to have been entered in error.  (e.g., A client who has a **non-toxigenic** Corynebacterium diphtheriae laboratory confirmation.) | No |
| **Clinical illness** | Clinical illness is characterized as an upper respiratory tract infection (nasopharyngitis, laryngitis, or tonsillitis) with or without an adherent nasal, tonsillar, pharyngeal or laryngeal membrane, plus at least one of the following:   * Gradually increasing stridor (harsh, vibrating breath sound) * Cardiac (myocarditis) or neurologic involvement (motor or sensory palsies) 1 to 6 weeks after onset * Death, with no known cause |  |
| **Diphtheria Carrier** |  | **Reportable?** |
| **Carrier**  Report as Diphtheria “Case-Confirmed” in Panorama  Report toxigenicity in Causative Agent level 2  Report disease staging  >Investigation  >>Investigation details  >>>Disease Summary (click Update)  >>>>In Disease Event History, select “Carrier” for Staging | A carrier is defined as a person who harbours and may disseminate toxigenic *C. diphtheriae* (or *C. ulcerans* or *C. pseudotuberculosis*) but who manifests no upper respiratory tract (pharyngitis or laryngitis) or systemic symptoms. Carriers include those with otitis media, nasal or cutaneous infections and asymptomatic pharyngeal infections due to toxigenic *C. diphtheriae* (or *C. ulcerans* or *C. pseudotuberculosis*). | Yes |

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| 1. **CASE DEFINITIONS (continued)** | | |
| **Poliomyelitis** | | **Reportable?** |
| **Lab-Confirmed Case**  Report as “Case-Confirmed” in Panorama | ​Clinical illness with laboratory confirmation of infection:​   * Isolation of polio virus (vaccine or wild-type) from an appropriate clinical specimen; Or * Detection of polio virus-specific RNA | Yes |
| **Epidemiologically-linked Confirmed Case**  Report as “Case-Confirmed, Epi-linked” in Panorama | Clinical illness in a person who is epidemiologically linked to a laboratory confirmed case. | Yes |
| **Probable Case** | Clinical illness without detection of polio virus from an appropriate clinical specimen and without evidence of infection with other neurotropic viruses but with one of the following laboratory confirmations of infection:​​   * significant rise (e.g. fourfold or greater) in polio IgG titre by any standard serologic assay between acute and convalescent sera * OR * positive serologic test for polio IgM antibody in the absence of recent immunization with polio virus-containing vaccine | Yes |
| **Suspect Case** | ​Clinical illness and no laboratory confirmation of infection (no polio virus detection or serologic evidence), including negative test results and inadequate or no investigation. | Yes |
| **Person Under Investigation** | A client who is being/has been followed-up for a reportable condition and does not meet the criteria outlined in any of the reportable case definitions; however, the diagnosis has not been completely ruled out. | No |
| **Not a Case** | A client who was followed-up for a reportable condition but was found to have an alternate diagnosis or to have been entered in error. | No |
| **Clinical illness** | Clinical illness is characterized by all of the following:   * acute flaccid paralysis of one or more limbs * decreased or absent deep tendon reflexes in the affected limbs * no sensory or cognitive loss * no other apparent cause (including laboratory investigation to rule out other causes of a similar syndrome) neurologic deficit present 60 days after onset of initial symptoms, unless the patient has died. |  |
| **Tetanus** | | **Reportable?** |
| **Confirmed Case**  Report as “Case-Confirmed” in Panorama | Clinical evidence of illness without other apparent medical cause with or without isolation of *Clostridium tetani* and with or without history of injury. | Yes |
| **Person Under Investigation** | A client who is being/has been followed-up for a reportable condition and does not meet the criteria outlined in any of the reportable case definitions; however, the diagnosis has not been completely ruled out. | No |
| **Not a Case** | A client who was followed-up for a reportable condition but was found to have an alternate diagnosis or to have been entered in error. | No |
| **Clinical illness** | Clinical illness is characterized by acute onset of hypertonia and/or painful muscular contractions (usually of the muscles of the jaw and neck), and generalized muscle spasms without other apparent medical cause. |  |
| 1. **OUT OF PROVINCE CASES AND CONTACTS** | | |
| **Out-of-province cases and contacts** should be notified to the BC Centre for Disease Control to enable reporting to their home jurisdiction.  For cases or contacts requiring immediate public health follow-up, notification should be made by phone:   * Weekdays - 604-707-2548 (Immunization and Vaccine Preventable Diseases Service) * Evenings and weekends - 604-875-2161 (on call switchboard; ask for the BCCDC physician on call)   For cases not requiring immediate public health follow-up, notification may be made by fax (604-707-2515) or email ([vpd.epi@bccdc.ca](mailto:vpd.epi@bccdc.ca)). | | |
| 1. **PANORAMA DATA ENTRY DETAILS** | | |
| For definitions on documenting the appropriate ***geographical attribution*** of the case, see Communicable Disease Control Manual ([www.bccdc.ca](http://www.bccdc.ca)): [Surveillance of Reportable Conditions-Documenting Geography for CD Investigations in Panorama](http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/surveillance-of-reportable-conditions).  For temporary workers, snowbirds, or students attending educational institution:   * “Client Home Address at Time of Initial Investigation” should reflect temporary BC address * Record their health region information as Out of BC (under Subject > Client Details >> Personal Information). * Record primary home address as the address of their permanent residence (under Subject > Client Details >> Personal Information). | | |
| Record details about ***historic immunizations*** in the Panorama Immunization Module.  Documented: A written record that includes the agent received and the year and month (with our without the day) of immunization.  Undocumented: A verbal history or a written record missing the month/year of immunization.  For ***documented immunizations***, record in Immunizations > Record & Update Imms:  If the agent(s) and the complete date(s) (day/month/year) are known, enter the dose(s) using the Add Historic Immunization screen, specifying the agent(s) and date(s) administered. If additional information (e.g. lot number, site, route, trade name, manufacturer, dosage) is known, record it in the designated field(s).  If the agent is known and the year and month, but no day is known, enter the dose(s) using the Add Historic Immunization screen, specifying the agent. Record the date as the last day of month. Select the Estimated flag. If additional information (e.g. lot number, site, route, trade name, manufacturer, dosage) is known, record it in the designated field(s).  For ***undocumented immunizations***, record in Immunizations > Special Considerations:  Record undocumented immunizations using the Add/Update Special Considerations screen. Create an Exemption with the Reason for Special Consideration specified as ‘Client Reports Undocumented Immunizations’. Enter the effective date according to date standards specified above for documented immunizations and select the most appropriate option from the Source of Evidence field. Exemptions should be future end-dated to the best estimated date for when Special Consideration will no longer be relevant OR if a booster dose is required in the future, end-date for when the client would be eligible for the booster. This includes series that are reported as complete, but are missing information to identify the product received (i.e., missing trade name and generic name and abbreviation).  ^Training Materials: Add Historical Immunization-Quick Steps-Immunization, Special Consideration-Quick Steps-Immunization  ^Data Standards: Historic Immunizations Documentation Standards , Immunizations: Special Considerations Types and Definitions | | |

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| |  | | --- | | **M. PANORAMA DATA ENTRY DETAILS *continued*** |   For ***unimmunized*** clients, record reason:  If the reason is Refusal, any other Exemption, or Contraindication, record in Immunizations > Special Considerations. Enter the effective date, select the most appropriate options for the Reason for Special Consideration and the Source of Evidence fields. Special Considerations should be future end-dated to the best estimated date for when it will no longer be relevant.  If the reason is Deferral, record in Immunizations > Record and Update Imms > Deferrals. Enter the effective date and select the most appropriate option for Reason.  ^Training Materials: Special Consideration-Quick Steps-Immunization  ^Data Standards: Immunizations: Special Considerations Types and Definitions |
| Record ***Summary immunization status prior to onset***  in the User Defined Form (Other VPD Case Investigation Form):  The clinician conducting the case follow-up will review the data entered in the Immunization and Special Considerations Screens, determine case’s immune status and record a summary assessment in the Other VPD Case Investigation Form (in Investigation>Investigation Details>>Links and Attachments, from the left hand navigation).  Please refer to the Immunization Chapter of the BCCDC Communicable Disease Control Manual for the routine and high-risk immunization schedules: <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization>  ^Training Materials: Add Historical Immunization-Quick Steps-Immunization, Special Consideration-Quick Steps-Immunization, UDFs-Reference Guide-Investigations  ^Data Standards: Historic Immunizations Documentation Standards , Immunizations: Special Considerations Types and Definitions |
| Record ***contact with a known case*** in >Investigation>>Investigation Details>>>Links & Attachments>>>> Other VPD Case Investigation Form  *If contact with known case = Yes*, create an Acquisition Event on the Exposure Summary Screen (under Investigation on the left hand navigation).  Acquisition event > Exposure Name: XXX-Contact-Disease *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA,* or *NHA)*  Acquisition Event Date/Time > Start Date: estimated date of first contact or beginning of known case’s communicability period  > End Date: most recent contact, or end of known case’s communicability period  Exposure Location > Location Name: *same as Exposure Name*  > Exposure Setting Type: setting in which case had contact with known case  > Country: country of exposure to contact with a known case  > City: city of exposure to contact with a known case  Link this Acquisition Event to a Transmission Event on the source case’s disease investigation.  ^Training Materials and Data Standards: Exposures-Reference Guide-Investigations; Data Standard - Documenting Contacts to a Case; Exposure Summary – Documentation Standard – Investigations; Data Standard -  Documentation of Acquisition Event/Transmission Event in Panorama |
| **Contact Tracing:**  When there is an ***identifiable event*** or there is a ***reason to group*** a number of contacts into one exposure (e.g. exposure during a flight, household contacts), create one Transmission Event for the entire event/group on the Exposure Summary Screen (under Investigation in the left hand navigation) using the Transmission Event Quick Entry section.  Exposure Name: XXX-DescriptionOfGroup-Disease *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA,* or *NHA)*  Exposure Start: start date of event (if relevant) or beginning of case’s communicability period  Location Name: *same as Exposure Name*  Setting Type: most appropriate selection  When there is ***no identifiable event or group***, create one Transmission Event to capture all contact information for the case on the Exposure Summary Screen (under Investigation on the left hand navigation) using the Transmission Event Quick Entry section.  Exposure Name: XXX-Contacts-Disease *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA,* or *NHA)*  Exposure Start: beginning of case’s communicability period  Location Name: *same as Exposure Name*  Create investigations for ***Contacts*** within the Maintain Transmission Events Details screen:  Create Known Contacts when at least 3 client identifiers are known using the Known Contact Search section, within the transmission event. The transmission event must be saved in order to view the Known Contact Search section of the transmission event. Contacts can be created as indeterminate clients until all required personal identifiers are known.  Create Unknown Contacts when less than 3 client identifiers are known using the Unknown/Anonymous Contacts section within the transmission event.  ^Training Materials: Exposure Summary – Documentation Standard – Investigations  ^[Data Standards: Documenting Contacts to a Case](https://panoramacst.gov.bc.ca) |

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| **M. PANORAMA DATA ENTRY DETAILS *continued*** |
| If the ***outcome is death***, record as follows.  Outcome: Death  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 (under Subject > Client Details on the left hand navigation) following routine procedures/standards. **Note:** If the outcome is ***not death***, the outcome date is the date public health was made aware of the outcome. |

Please contact your regional Panorama Support Team representative to access relevant training materials and data standards from the Panorama Solution Partner Portal (<https://panoramacst.gov.bc.ca>).