



<u>INSTRUCTIONS</u>		Panorama Data Entry Guidance More details in Section M, page 7
<ul style="list-style-type: none"> This form is confidential when completed. Create investigations for confirmed and probable and epi-linked COVID-19 cases in Panorama/PARIS. Enter as much additional information into Panorama/PARIS as required regionally. COVID-19 provincial minimum dataset will be reported to BCCDC by regional health authorities using separate line lists. Case report forms do not need to be submitted to BCCDC. Notify BCCDC (covid@bccdc.ca) about out-of-province cases or contacts requiring public health follow-up. COVID-19 provincial minimum dataset items (for submission via line list) are indicated with an asterisk (*). Note: the minimum dataset for reporting in the provincial public health information system for all reportable communicable diseases is outlined in the Surveillance of Reportable Conditions chapter of the CD Manual. 		
PERSON REPORTING		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 date received: >Investigation >>Investigation Details >>>Reporting Notifications as Report Date (Received) Record source of information in: >Investigation >>Investigation Details >>>Links & Attachments >>>>COVID-19 Surveillance Case Investigation Form
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: <i>Last</i> <i>First</i>	Phone Number: () - ext.	
Email:	Fax Number () - ext.	
Date report received by health authority*: _____ <i>YYYY / MM / DD</i>		
Source(s) of information: <input type="checkbox"/> Patient/family interview <input type="checkbox"/> Attending clinician <input type="checkbox"/> Hospital record <input type="checkbox"/> Other, <i>specify:</i> _____		
Investigation disposition*: <input type="checkbox"/> Complete <input type="checkbox"/> Follow-up in progress <input type="checkbox"/> Lost to follow-up		
A. CLIENT PERSONAL INFORMATION		
Panorama Investigation ID*: _____		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
PARIS Client ID: _____		
Name*: <i>Last</i> <i>First</i> <i>Middle</i>		
Date of Birth*: _____ <i>YYYY / MM / DD</i>	Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undifferentiated <input type="checkbox"/> Unknown	
Gender identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> X <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender <input type="checkbox"/> Two Spirit <input type="checkbox"/> Unsure/Questioning <input type="checkbox"/> Other		
Health Card Number*: _____	Alternate Name(s): _____	
Phone Number (home/work/mobile): () - ext.		
Address: <i>Unit #</i> <i>Street #</i> <i>Street Name</i> <i>City*</i>		
Postal Code*: _____	Province*: _____ Country of Residence (<i>if not Canada</i>)*: _____	
B. INDIGENOUS INFORMATION		
Do you self-identify as an Indigenous Person? <input type="checkbox"/> Asked, not provided <input type="checkbox"/> No <input type="checkbox"/> Non-BC Resident <input type="checkbox"/> Yes		Record or review and update in >Subject >> Client Details >>> Indigenous Information
Indigenous Identity: <input type="checkbox"/> Asked, but unknown <input type="checkbox"/> Asked, not provided <input type="checkbox"/> First Nations <input type="checkbox"/> First Nations and <input type="checkbox"/> First Nations and Métis <input type="checkbox"/> First Nations, Inuit and Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Inuit and Métis <input type="checkbox"/> Métis <input type="checkbox"/> Not asked		
First Nations Status: <input type="checkbox"/> Asked, but unknown <input type="checkbox"/> Asked, not provided <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Not Asked <input type="checkbox"/> Status Indian		
Indigenous Organization: _____		



**Panorama Data
Entry Guidance**

C. RISK FACTORS

Risk Factor	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed	Record in > Subject >> Risk Factors
Chronic cardiac disease (excluding hypertension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When the investigation is in context, the preset list of COVID-19 risk factors will display, and newly recorded risk factors will be set as pertinent to the investigation.
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Malignancy/cancer (diagnosed in the last 5 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other chronic respiratory/pulmonary condition (excluding asthma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Immunocompromised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pregnancy* <i>If yes, gestational age (weeks): _____</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follow PPHIS guidance to ensure previously-recorded risk factors are marked as pertinent to the investigation.

D. EXPOSURES

In the 14 days prior to illness onset, did the client:

Work in or attend an educational institution or daycare?*

Yes No Asked but Unknown Declined to Answer Not Assessed

*If yes, role:**

Student Staff Other Unknown

Type of institution:*

School Day care Post-secondary Other Unknown

Institution/daycare name: _____

Street address: _____

Postal code: _____

Work in another congregate setting[§] (e.g., healthcare settings, offices, and other congregate settings)?

Yes No Asked but Unknown Declined to Answer Not Assessed

If yes, worksite name: (minimum data element for healthcare workers)* _____

Street address: _____

Postal code: _____

Live in a congregate setting[§] (e.g., long term care / assisted living facilities, group homes, dorms, worker housing)?

Yes No Asked but Unknown Declined to Answer Not Assessed

If yes, residence name: _____

Street address: _____

Postal code: _____

Visit a congregate setting (excluding those you provided details for above)?

Yes No Asked but Unknown Declined to Answer Not Assessed

If yes, setting name: _____

Street address: _____

Postal code: _____

Record in >Investigation >>Investigation Details >>>Links & Attachments >>>> COVID-19 Surveillance Case Investigation Form

[§] Definitions are available in Section L



D. EXPOSURES cont.

Is the client a healthcare worker[§]?* Yes No Asked but Unknown Declined to Answer Not Assessed

If yes, role:*

Nurse Physician Laboratory technician Emergency medical personnel

Housekeeping Administrative Dental professional Licensed practical nurse (LPN)

Care aide Kitchen staff Volunteer Student (medical, dental, nursing, lab)

Other, specify: _____

Did the client travel **outside** Canada in the 14 days prior to illness onset?*

Yes No Asked but Unknown Declined to Answer Not Assessed

If yes, specify country*: _____

Did the client travel **within** Canada in the 14 days prior to illness onset?*

Yes No Asked but Unknown Declined to Answer Not Assessed

If yes, was travel:*

Within BC only – Specify city/cities:* _____

Outside BC, but within Canada – Specify province(s):* _____

Was the client in close contact[§] with a probable[§] or confirmed[§] case of COVID-19 within 14 days prior to illness onset?*

Yes No Asked but Unknown Declined to Answer Not Assessed

If yes:

Panorama Investigation ID or Case identifiers* (e.g., name, PHN)	First Contact Date (yyyy/mm/dd)	Last Contact Date (yyyy/mm/dd)	Contact Setting*	Comments
	Or sustained contact (no specific contact date): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UK		<input type="checkbox"/> Household <input type="checkbox"/> Workplace <input type="checkbox"/> Health care <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____	
	Or sustained contact: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UK		<input type="checkbox"/> Household <input type="checkbox"/> Workplace <input type="checkbox"/> Health care <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____	

Record in
>Investigation
>>Investigation
Details
>>>Links &
Attachments
>>>> COVID-19
Surveillance Case
Investigation Form

[§] Definitions are available in Section L

In the 14 days prior to symptom onset, was this client exposed to a known cluster or outbreak (e.g. communal setting with cases, community cluster.)?*

Yes No Asked but Unknown Declined to Answer Not Assessed

If yes, setting type:*

Acute care facility Long term care facility Assisted living Independent living

Group home (community living) Other residential facility type, specify: _____

Correctional facility School or daycare Shelter Conference

Workplace not otherwise specified Other, specify: _____

If yes, role/group:*

Staff Resident / patient Inmate

Student Other, specify: _____

If yes, cluster/outbreak name:* _____

Start date (yyyy/mm/dd): ____/____/____ End date (yyyy/mm/dd): ____/____/____

Was this case most likely acquired in the community/from an unknown source[§]?*

Yes No Asked but Unknown Declined to Answer Not Assessed



L. DEFINITIONS	
Healthcare worker	Health Care Workers (HCWs) include persons who provide health care to patients or work in institutions that provide patient care (e.g., physicians, nurses, emergency medical personnel, dental professionals, laboratory technicians; medical, dental, nursing and laboratory technician students; hospital volunteers; and administrative, housekeeping and other support staff in health care institutions).
Hospitalization[†]	Any person admitted to a hospital for at least an overnight stay, or with a prolongation of hospitalization, for reasons directly or indirectly related to their COVID-19 infection, and with no period of complete recovery between illness and admission. If unable to determine whether an admission/prolongation was related to COVID-19, please report as a hospitalized case. If it is known that the client remains in hospital for reasons unrelated to COVID-19, after being removed from isolation requirements, they should not be considered "currently hospitalized" due to COVID. If a client is removed from isolation but remains admitted due to complications of COVID, they should continue to be considered "currently hospitalized" due to COVID.
ICU admission	Any person admitted to an intensive care unit (ICU) for at least an overnight stay, or with a prolongation of ICU stay, for reasons directly or indirectly related to their COVID-19 infection, and with no period of complete recovery between illness and admission. If unable to determine whether an ICU admission/stay prolongation was related to COVID-19, please report as an ICU admission.
Death	A death (from any cause) occurring in any person with no period of complete recovery between illness and death.
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 case definitions; however, the diagnosis has not been completely ruled out.
Suspect case	A person with symptoms that include two or more of: fever (signs of fever), cough (new or exacerbated chronic), sore throat, runny nose, and headache AND either meets the exposure criteria or had close contact with a probable case of COVID-19.
<u>Probable – lab case</u>	A person (who has had a laboratory test) with fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough AND who meets the COVID-19 exposure criteria and in whom a laboratory diagnosis of COVID-19 is inconclusive. Inconclusive is defined as an indeterminate test on a single or multiple real-time PCR target(s) without sequencing confirmation or a positive test with an assay that has limited performance data available. In Panorama, report these cases as "Probable".
<u>Probable – epi-linked case</u>	A person (who has not had a laboratory test) with fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough AND either close contact with a confirmed case of COVID-19 or lived in or worked in a closed facility known to be experiencing an outbreak of COVID-19 (e.g., long-term care facility, prison). In Panorama, report these cases as "Probable, Epi-Linked".
<u>Confirmed case</u>	A person with laboratory confirmation of infection with the virus that causes COVID-19 performed at a community, hospital, or reference laboratory (NML or a provincial public health laboratory) running a validated assay. This consists of detection of at least one specific gene target by a NAAT assay (e.g., real-time PCR or nucleic acid sequencing).
Exposure criteria	In the 14 days before onset of illness, a person who: Traveled to an affected area (including inside Canada) OR Had close contact with a person with acute respiratory illness who traveled to an affected area (including inside Canada) within 14 days prior to their illness onset OR Participated in a mass gathering identified as a source of exposure (e.g., conference) OR Had laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19. Note: Other exposure scenarios not specifically mentioned here may arise and may be considered at MHO discretion (e.g. history of being a patient in the same ward or facility during a nosocomial outbreak of COVID-19).
Affected areas	Affected areas are defined by the Public Health Agency of Canada and are subject to change (https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/covid-19-affected-areas-list.html). Consult the MHO for the most up-to-date information.
Congregate setting	Congregate settings are defined as environments where a number of people meet or gather and share the same space for a period of time.
Close contact	A close contact is defined as a person who: provided direct care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact (e.g., intimate partner) without consistent and appropriate use of personal protective equipment, OR lived with or otherwise had close face to face contact (within 2 metres) with a probable or confirmed case for more than 15 minutes (may be cumulative, i.e., multiple interactions) up to 48 hours prior to symptom onset, OR had direct contact with infectious body fluids of a probable or confirmed case (e.g., was coughed or sneezed on) while not wearing recommended PPE, OR has been identified by the local MHO as a possible contact.
Acquired in the community / unknown source	The source of the client's infection is unknown. The client has not reported international travel, close contact with a confirmed or probable case or exposure to a known cluster or outbreak in the 14 days prior to onset.
Discontinued isolation	Self-isolation has been discontinued per the criteria outlined in the BC guidelines for public health management of COVID-19 .
[†] Includes persons admitted to hospital but without transfer to a ward/unit.	



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

Additional Information: record gestational age

If the **outcome is fatal**, record as follows.

Outcome: Fatal

Outcome Date: Date of death

Cause of Death: <select appropriate option>

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 fatal, the outcome date is the date public health was made aware of the outcome.

NOTE: Additional relevant training materials and data standards are available on the Panorama Solution Partner Portal (<https://panoramacst.gov.bc.ca>).