

	INSTRUCTIONS			
 Enter as much additional information COVID-19 provincial minimum dataset separate line lists. Case report forms Notify BCCDC (covid@bccdc.ca) about follow-up. COVID-19 provincial minimum dataset asterisk (*). Note: the minimum dataset 	ted. Id probable and epi-linked COVID-19 cases in Panoran nto Panorama/PARIS as required regionally. will be reported to BCCDC by regional health authorit to not need to be submitted to BCCDC. t out-of-province cases or contacts requiring public he items (for submission via line list) are indicated with a et for reporting in the provincial public health informat le diseases is outlined in the <u>Surveillance of Reportab</u>	ealth More details in Section M, page 8		
PERSON REPORTING		Review/update using the		
Health Authority*:		Iinks on the top right hand corner: >My Account		
Name: Last First	Phone Number: () - e	>>User Profile Xt. If entering data on behalf of someone else, record in >Notes > when the		
Email:	Fax Number () - e	xt. Record date received: >Investigation		
Date report received by health authority*:	YYYY/MM/DD	>>Investigation Details >>>Reporting Notifications as Report Date (Received)		
Source(s) of information:		Record source of information in: >Investigation		
Patient/family interview Attending clin	cian Hospital record Other, specify:	>>Investigation Details >>>Links & Attachments		
Investigation disposition*: Complete	□ Follow-up in progress □ Lost to follow-up	>>>>COVID-19 Surveillance Case Investigation Form		
A. CLIENT PERSONAL INFORMATION				
Panorama Investigation ID*:	PARIS Client ID:			
Name*: Last	First Middle			
Date of Birth*: Sex*:	□ Male □ Female □ Undifferentiated □ U	nknown >Subject >>Client Details		
Gender identity: Gender identity: Gende	□ Non-binary □ Transgender Female to Male	X Select this address as		
Transgender Male to Female Transgender Male to Female	ender	Other "Client Home Address at Time of Initial Investigation"		
Health Card Number*:	Alternate Name(s):	in >Investigation 		
Phone Number (home/work/mobile): ()	- ext.	>>>Investigation Information		
Address: Unit # Street #	Street Name City*			
Postal Code*: Province*:	Country of Residence (if not Canada) *:			
B. INDIGENOUS INFORMATION				
Do you self-identify as an Indigenous Person?				
□ Asked, not provided □ No	□ Non-BC Resident □ Yes			
Indigenous Identity:	own	IS Record or review and		
□ First Nations and □ First Nations ar	□ First Nations and Métis □ First Nations, Inuit and Métis □ Inuit			
Inuit and Métis Métis	□ Not asked	>Subject >> Client Details >>> Indigenous Information		
First Nations Status:	own Asked, not provided Non-Status	Indian		
□ Not Asked	Status Indian			
Indigenous Organization:				



C. RISK FACTORS								Entry Guidance
Risk Factor			Yes	No	Asked but Unknown	Declined to Answer	Not Assessed	Record in > Subject
Chronic cardiac disease (excluding hype	rtension)							>> Risk Factors When the investigation
Diabetes								is in context, the preset list of COVID-
Malignancy/cancer (diagnosed in the las	t 5 years)							19 risk factors will display, and newly recorded risk factors
Other chronic respiratory/pulmonary con asthma)	dition (excl	uding						will be set as pertinent to the investigation.
Immunocompromised								Follow PPHIS guidance to ensure
Pregnancy* <i>If yes,</i> gestational age (weeks):								previously-recorded risk factors are marked as pertinent to the investigation.
D. EXPOSURES								
In the 14 days prior to illness onset, did t	he client:							
Work in or attend (in person) an ec	lucational i	nstitution or	daycare?*					
	□ Yes	□ No	□ Asked	but Unknown	🗆 Declin	ed to Answer	□ Not Assessed	
If yes, role:*	□ Studer	nt	□ Staff		□ Other		🗆 Unknown	
Type of institution:*	□ Schoo	l (K-12)	Day care	Post-sec	ondary 🛛	Other	🗆 Unknown	
Institution/daycare name:								
Street address:		Postal code:						
Grade (K-12):			Class de	etails (e.g., divis	ion, cohort):			Record in >Investigation
Work in another congregate setting	g§ (e.g., hea	althcare set	tings, offices,	and other con	gregate setting	s)?		>>Investigation Details
	□ Yes	🗆 No	□ Asked	but Unknown	🗆 Declin	ed to Answer	□ Not Assessed	>>>Links & Attachments
If yes, worksite name: (* minim data element for healthcare worker								>>>> COVID-19 Surveillance Case
Street address:					Postal co	de:		Investigation Form
Live in a congregate setting§ (e.g.,	long term	care / assis	ted living facil	ities, group ho	mes, dorms, wo	orker housing)?		⁹ Definitions are available in Section L
	□ Yes	🗆 No	□ Asked	but Unknown	Declin	ed to Answer	□ Not Assessed	
If yes, residence name:								
Street address:					Postal co	de:		
Visit a congregate setting (excludin	ng those yo	ou provided	details for abo	ove)?				
	□ Yes	🗆 No	□ Asked	but Unknown	Declin	ed to Answer	□ Not Assessed	
If yes, setting name:								
Street address:					Postal co	de:		



Image: specify country:	If yes, role: Nurse Physician Laborator technician Emergency medical personnel If yes, role: Nurse Physician Laboratory technician Emergency medical personnel If useskeeping Administrative Dental professional Licensed practical nurse (LPN) If uses, specify:	D. EXPOSUR	ES cont.								
Impose the product and units of the specific stative Impose the product and units of the specific stative is the specific static st	Image: Section of the sectin of the section of the section of the section of the	Is the client a hea	althcare worker§?*	□ Yes	□ No	□ As	sked but Unknown	Decline	ed to Answer	□ Not Assessed	
Care side It then staff Volunteer Istudent (medical, dental, nursing, lab) Cher, specify:	Care aide Kitchen staff Volunteer Student (medical, dental, nursing, lab) Care aide Kitchen staff Volunteer Student (medical, dental, nursing, lab) Did the client travel outside Canada in the 14 days prior to illness onsel?*	If yes, role:*	□ Nurse	🗆 Physici	Physician		aboratory technician	Emergency medical personnel			
Other, specify:	Other, specify:		□ Housekeeping	🗆 Admini	□ Administrative		ental professional	🗆 Licens	□ Licensed practical nurse (LPN)		
Did the client travel outside Canada in the 14 days prior to illness onset?*	Did the client travel outside Canada in the 14 days prior to illness onset?*		□ Care aide	ide 🛛 Kitchen staff			olunteer	□ Studer	nt (medical, der	ntal, nursing, lab)	
I yes, specify country: Investigation Inve	Investigation Independent living Independent li		□ Other, specify:								
If yes, specify curry if yes, period with a probable of the specify curry if yes, period within BC only – Specify city/cities: INO Asked but Unknown Declined to Answer INO Assessed Did the client travel within BC only – Specify city/cities: Inot answer INO Asked but Unknown Declined to Answer INO Assessed If yes, was travel? Within BC only – Specify city/cities: Inot answer INO Assessed Inot Assessed If yes, mark travel? IV in a probable? or confirmed? case of COVID-19 within 14 days prior to illness onset?* Inot Assessed If yes Panorama First Contact Date Asked but Unknown Declined to Answer INO Assessed If yes Panorama First Contact Date Asked but Unknown Declined to Answer INO Assessed If yes Panorama First Contact Date Communify Comments Inot Assessed If yes Panorama First Contact Date Conference/banquet hall Interstity (asked but Unknown Declined to Answer INO Assessed Setting type:* Residence Health Care Communify Conference/banquet hall Interstity (asked but Unknown Declined to Answer INO Assessed Independent living Community	If yes, specify country:	Did the client trav	vel outside Canada i	n the 14 day	s prior to illn	ess onse	t?*				- Record in
Did the client travel within Canada in the 14 days prior to illness onset?" >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Did the client travel within Canada in the 14 days prior to illness onset?* >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		□ Yes	□ No		□ A:	sked but Unknown	Decline	ed to Answer	Not Assessed	
Image: Second	Yes No Asked but Uhknown Declined to Answer Not Assessed If yes, was travel: Within BC only – Specify cit/cities:										Details
If yes, was travel." Within BC only - Specify city/cities: Description Form Ubiside EC, but within Canada - Specify province(s)/territory(ies)." * Definition & Panorama Was the client in close contact [®] with a probable [®] or confirmed [®] case of COVID-19 within 14 days prior to illness onset?" * Definition & Panorama Investigation D or First Contact Date Comments * Definitions are available in Section Investigation D or First Contact Date Comments Comments Or sustained contact /vs: Last Contact Date Comments Or sustained contact date; Or sustained contact date; Community Setting type: Health Care Community Independent living Long term care facility Transportation (e.g., public transit, taxi) Assisted living Long term care facility Conference/banquet hall Independent living Community health care setting (e.g., clinic) Fitness studio/gym Group home (community living) Work/School Restaurant/bar/hounge Correctional facility School or daycare Religious / spiritual institution ³ Workplace with communal living Agri-food processing facility Other, specify: Shelter Industrial / manufacturing s	If yes, was travel.* Within BC only - Specify city/cities: Image: Specify province(s)/territory(ies).* Subventation of the set of the	Did the client trav			prior to illnes					— • • • • •	
Unit if bo Unit - Specify Caryonass. Or subable ³ or confirmed ⁴ case of COVID-19 within 14 days prior to illness onset?* * Dafinitions are available in Section Investigation ID or Case identifiers* (gg, name, Pitty) First Contact Date (gg, name, Pitty) Comments Or sustained contact Uves INo UUK Conforence/banguet hall Comments Setting type:** Health Care Conforence/banguet hall Conforence/banguet hall Investigation ID or Community Conforence/banguet hall Conforence/banguet hall Or sustained contact date: Conforence/banguet hall Conforence/banguet hall Private dwelling/home Acute care facility Conforence/banguet hall Independent living Community health care setting (e.g., clinic) Fitess studio/gym Correctional facility Conrectional facility Conrectional facility Conrectional facility Correctional facility Schol or daycare	Within BC Only = Specify province(s)/territory(ies):* * Outside BC, but within Canada = Specify province(s)/territory(ies):* * Was the client in close contact ⁸ with a probable ⁵ or confirmed ⁶ case of COVID-19 within 14 days prior to illness onset?* * Panorama No Asked but Unknown Declined to Answer Not Assessed Investigation ID or Case identifiers* First Contact Date (ryyy/mm/dd) Comments * Or sustained contact Yes No Outside BC, within Canada = Specify province(s)/territory(ies).* * Setting type: First Contact Date (ryyy/mm/dd) Comments Comments Or sustained contact Yes No OUK * Setting type:* Residence Health Care Community Or sustained contact date): Long term care facility Transportation (e.g., public transit, taxi) Assisted living Long term care facility Conference/banquet hall Independent living Community health care setting (e.g., clinic) Fitness studio/gym Group home (community living) Work/School Restaurant/bar/lounge Correctional facility School or daycare Religious / spiritual institution ⁸ Workpl	If ves, was trave							ed to Answer	□ Not Assessed	Surveillance Case Investigation Form
Was the client in close contact ¹⁴ with a probable ⁶ or confirmed ⁶ case of COVID-19 within 14 days prior to illness onset?* *Demination are available in Section If yes: No Asked but Unknown Declined to Answer Not Assessed Panorama First Contact Date Comments Comments If yes: Investigation ID or First Contact Date Comments Comments If yes: Investigation ID or First Contact Date Comments Comments If yes: Investigation ID or First Contact Date Comments Comments If yes: Investigation ID or First Contact Date Comments Comments If yes: Investigation ID or First Contact Date Comments Comments If yes: Investigation ID or First Contact Date Community Comments Comments Setting type: Health Care Community Community Contract Ideation Community Conternec/banquet hall Independent living Community health care setting (e.g., clinic) Fitness studio/gym Fitness studio/gym Independent living Agri-food processing facility Religious / spiritual institution ⁵	Was the client in close contact ⁶ with a probable ⁶ or confirmed ⁶ case of COVID-19 within 14 days prior to illness onset?* ¹ Ueinhors available in it available in it available in it available in it is available in it is available in it is it is it is it is available in it is	, ,							-		
If yes: Panorama Investigation 1D or Case identifiers First Contact Date (yyyy/mm/dd) Last Contact Date (yyyy/mm/dd) Comments Case identifiers	If yes: Panorama Investigation ID or Case identifiers* First Contact Date (yyyy/mm/dd) Comments Or sustained contact Yes No UK	Was the client in							ness onset?*		[§] Definitions are available in Section
Panorama Investigation D or Case identifiers (gg, name, Print) First Contact Date (gyyy/imm/ddg) Comments Case identifiers (gg, name, Print) First Contact Date (gyyy/imm/ddg) Comments Comments Setting type:*	Panorama Investigation ID or Case identifiers* (e.g., name, PHN) First Contact Date (yyyy/mm/dd) Last Contact Date (yyyy/mm/dd) Comments Or sustained contact Yes No UK		□ Yes	□ No		□ A:	sked but Unknown	Decline	ed to Answer	□ Not Assessed	
Case identifiers* Usysymm/dd) Community (is agenetic contact date):	Case identifiers* (yyy/mm/dd) Contricted (e.g., name, PHN)	·	ama								
Yess	Ce.g., name, PHN) Control of the co								Co	mments	
Important dates: Setting type:* Residence Health Care Private dwelling/home Acute care facility Transportation (e.g., public transit, taxi) Assisted living Long term care facility Conference/banquet hall Independent living Community health care setting (e.g., clinic) Fitness studio/gym Group home (community living) Work/School Restaurant/bar/lounge Correctional facility School or daycare Religious / spiritual institution [§] Workplace with communal living Agri-food processing facility Retail (e.g., mall, grocery store, pharmacy) Shelter Industrial / manufacturing setting Other, specify: Other residence type, specify: Vorkplace not otherwise specified [§] Other, specify: Other residence type, specify: Staff/worker Student Immate Customer/patron Guest/visitor Immate Customer/patron Guest/visitor Other, specify: Household member Volunteer Other, specify: Household member Volunteer Other, specify: Stocial visit Extra-curricular [§]	Image:				,			,			
Image:	Image:		_								
Setting type:* Health Care Community Residence Health Care facility Transportation (e.g., public transit, taxi) Assisted living Long term care facility Transportation (e.g., public transit, taxi) Assisted living Conference/banquet hall Independent living Community health care setting (e.g., clinic) Fitness studio/gym Group home (community living) Work/School Restaurant/bar/lounge Correctional facility School or daycare Religious / spiritual institution [§] Workplace with communal living Agri-food processing facility Retail (e.g., mall, grocery store, pharmacy) Shelter Industrial / manufacturing setting Personal care (e.g., spa, barber, salon) Dormitory (e.g., university) Office building Other, specify:	Setting type:* Health Care Community Private dwelling/home Acute care facility Transportation (e.g., public transit, taxi) Assisted living Long term care facility Conference/banquet hall Independent living Community health care setting (e.g., clinic) Fitness studio/gym Group home (community living) Work/School Restaurant/bar/lounge Correctional facility School or daycare Religious / spiritual institution [§] Workplace with communal living Agri-food processing facility Retail (e.g., mall, grocery store, pharmacy) Shelter Industrial / manufacturing setting Personal care (e.g., spa, barber, salon) Dormitory (e.g., university) Office building Other, specify: SRO / Modular housing Workplace not otherwise specified [§]				∃Yes □No	□UK					
Residence Health Care Community Private dwelling/home Acute care facility Transportation (e.g., public transit, taxi) Assisted living Long term care facility Conference/banquet hall Independent living Community health care setting (e.g., clinic) Fitness studio/gym Group home (community living) Work/School Religious / spiritual institution [§] Correctional facility School or daycare Religious / spiritual institution [§] Work/place with communal living Agri-food processing facility Retail (e.g., mall, grocery store, pharmacy) Shelter Industrial / manufacturing setting Personal care (e.g., spa, barber, salon) SRO / Modular housing Office building Other, specify: SRO / Modular housing Staff/worker Student Inmate Staff/worker Student Inmate Customer/patron Guset/visitor Inmate Household member Volunteer Other, specify: Household member Volunteer Other, specify: Scial visit Extra-curricular [§] Inmate Scial visit Extra-curricular [§] Other, specify: Scial visit	Residence Health Care Community Private dwelling/home Acute care facility Transportation (e.g., public transit, taxi) Assisted living Long term care facility Conference/banquet hall Independent living Community health care setting (e.g., clinic) Fitness studio/gym Group home (community living) Work/School Restaurant/bar/lounge Correctional facility School or daycare Religious / spiritual institution§ Workplace with communal living Agri-food processing facility Retail (e.g., mall, grocery store, pharmacy) Shelter Industrial / manufacturing setting Personal care (e.g., spa, barber, salon) Dormitory (e.g., university) Office building Other, specify:	Sotting type:*									_
Private dwelling/home Acute care facility Transportation (e.g., public transit, taxi) Assisted living Long term care facility Conference/banquet hall Independent living Community health care setting (e.g., clinic) Fitness studio/gym Group home (community living) Comonunity health care setting (e.g., clinic) Fitness studio/gym Correctional facility School or daycare Religious / spiritual institution [§] Workplace with communal living Agri-food processing facility Retail (e.g., mall, grocery store, pharmacy) Shelter Industrial / manufacturing setting Personal care (e.g., spa, barber, salon) Dormitory (e.g., university) Office building Other, specify:	Private dwelling/home Acute care facility Transportation (e.g., public transit, taxi) Assisted living Long term care facility Conference/banquet hall Independent living Community health care setting (e.g., clinic) Fitness studio/gym Group home (community living) Work/School Restaurant/bar/lounge Correctional facility School or daycare Religious / spiritual institution [§] Workplace with communal living Agri-food processing facility Retail (e.g., mall, grocery store, pharmacy) Shelter Industrial / manufacturing setting Personal care (e.g., spa, barber, salon) Dormitory (e.g., university) Office building Other, specify:			Healt	h Care			Communit	v		
Assisted living □ Long term care facility □ Conference/banquet hall □ Independent living □ Community health care setting (e.g., clinic) □ Fitness studio/gym □ Group home (community living) Work/School □ Restaurant/bar/lounge □ Correctional facility □ School or daycare □ Religious / spiritual institution [§] □ Workplace with communal living □ Agri-food processing facility □ Retail (e.g., mall, grocery store, pharmacy) □ Shelter □ Industrial / manufacturing setting □ Personal care (e.g., spa, barber, salon) □ Dormitory (e.g., university) □ Office building □ Other, specify:	Assisted living Long term care facility Conference/banquet hall Independent living Community health care setting (e.g., clinic) Fitness studio/gym Group home (community living) Work/School Restaurant/bar/lounge Correctional facility School or daycare Religious / spiritual institution [§] Workplace with communal living Agri-food processing facility Retail (e.g., mall, grocery store, pharmacy) Shelter Industrial / manufacturing setting Personal care (e.g., spa, barber, salon) Dormitory (e.g., university) Office building Other, specify: SRO / Modular housing Workplace not otherwise specified [§]		vellina/home			ilitv	☐ Transportation (e.g., publi			ublic transit, taxi)	
Independent living Community health care setting (e.g., clinic) Fitness studio/gym Group home (community living) Work/School Restaurant/bar/lounge Correctional facility School or daycare Religious / spiritual institution [§] Workplace with communal living Agri-food processing facility Retail (e.g., mall, grocery store, pharmacy) Shelter Industrial / manufacturing setting Personal care (e.g., spa, barber, salon) Dormitory (e.g., university) Office building Other, <i>specify</i> :	Independent living Community health care setting (e.g., clinic) Fitness studio/gym Group home (community living) Work/School Restaurant/bar/lounge Correctional facility School or daycare Religious / spiritual institution [§] Workplace with communal living Agri-food processing facility Retail (e.g., mall, grocery store, pharmacy) Shelter Industrial / manufacturing setting Personal care (e.g., spa, barber, salon) Dormitory (e.g., university) Office building Other, specify:		-			-					
□ Group home (community living) Work/School □ Restaurant/bar/lounge □ Correctional facility □ School or daycare □ Religious / spiritual institution [§] □ Workplace with communal living □ Agri-food processing facility □ Retail (e.g., mall, grocery store, pharmacy) □ Shelter □ Industrial / manufacturing setting □ Personal care (e.g., spa, barber, salon) □ Dormitory (e.g., university) □ Office building □ Other, specify:	Group home (community living) Work/School Restaurant/bar/lounge Correctional facility School or daycare Religious / spiritual institution [§] Workplace with communal living Agri-food processing facility Retail (e.g., mall, grocery store, pharmacy) Shelter Industrial / manufacturing setting Personal care (e.g., spa, barber, salon) Dormitory (e.g., university) Office building Other, specify: SRO / Modular housing Workplace not otherwise specified [§] Tother residence type, specify:		0		0		· ·				
Correctional facility School or daycare Religious / spiritual institution [§] Workplace with communal living Agri-food processing facility Retail (e.g., mall, grocery store, pharmacy) Shelter Industrial / manufacturing setting Personal care (e.g., spa, barber, salon) Dormitory (e.g., university) Office building Other, specify:	Image: Correctional facility Image: School or daycare Image: Religious / spiritual institution [§] Image: Workplace with communal living Agri-food processing facility Image: Religious / spiritual institution [§] Image: School or daycare Image: Religious / spiritual institution [§] Image: School or daycare Image: Religious / spiritual institution [§] Image: School or daycare Image: Religious / spiritual institution [§] Image: School or daycare Image: Religious / spiritual institution [§] Image: School or daycare Image: Religious / spiritual institution [§] Image: School or daycare Image: Religious / spiritual institution [§] Image: School or daycare Image: Religious / spiritual institution [§] Image: School or daycare Image: Religious / spiritual institution [§] Image: School or daycare Image: Religious / spiritual institution [§] Image: School or daycare Image: Religious / spiritual institution [§] Image: School or daycare Image: Religious / spiritual institution [§] Image: School or daycare Image: Religious / spiritual institution [§] Image: School or daycare Image: Religious / spiritual institution [§] Image: School or daycare Image: Religious / spiritual institution [§] Image: School or daycare<		0		-						
Workplace with communal living Agri-food processing facility Retail (e.g., mall, grocery store, pharmacy) Shelter Industrial / manufacturing setting Personal care (e.g., spa, barber, salon) Dormitory (e.g., university) Office building Other, specify:	Workplace with communal living Agri-food processing facility Retail (e.g., mall, grocery store, pharmacy) Shelter Industrial / manufacturing setting Personal care (e.g., spa, barber, salon) Dormitory (e.g., university) Office building Other, specify: SRO / Modular housing Workplace not otherwise specified [§] Other residence type, specify:					are					
Image: Shelter Industrial / manufacturing setting Image: Personal care (e.g., spa, barber, salon) Image: Dormitory (e.g., university) Office building Image: Other, specify:	Shelter Industrial / manufacturing setting Personal care (e.g., spa, barber, salon) Dormitory (e.g., university) Office building Other, specify: SRO / Modular housing Workplace not otherwise specified [§] Other residence type, specify:				-						
Dormitory (e.g., university) Office building Other, specify:	Dormitory (e.g., university) Office building Other, specify: SRO / Modular housing Workplace not otherwise specified [§] Other residence type, specify:			0 0		0	,				
SRO / Modular housing Workplace not otherwise specified [§] Other residence type, specify:	 □ SRO / Modular housing □ Workplace not otherwise specified[§] □ Other residence type, specify:					laidotain	ig setting				
Other residence type, specify:	Other residence type, specify:					othorwic	o specified [§]		peeny		
Role of client: Resident/patient Staff/worker Student Inmate Customer/patron Guest/visitor Event attendee Household member Volunteer Other, specify: Other, specify: Social visit Extra-curricular [§] Mass gathering event (e.g., conference, sporting event) Other, specify: Other, specify:			0		•		•				
Inmate Customer/patron Guest/visitor Event attendee Household member Volunteer Other, specify: Other, specify: Event Activity type:* Private party/event Social visit Extra-curricular§ Mass gathering event (e.g., conference, sporting event) Other, specify:											-
Image: Second particular in the second part in the second			•	tient							
Activity type:* Other, specify: (if relevant) Private party/event Social visit Extra-curricular [§] Mass gathering event (e.g., conference, sporting event) Other, specify:											
Activity type:* (if relevant) Private party/event Social visit Extra-curricular [§] Mass gathering event (e.g., conference, sporting event) Other, specify:					⊔ Ho	usenold	member		эг		
(if relevant) □ Private party/event □ Social Visit □ Extra-curricular ³	Activity type:*	Activity type:*		-					·		-
	(if relevant)										
NOTE: If the client had contact with more than one probable [§] or confirmed [§] case of COVID-19 within 14 days prior to illness onset, enter the									_		



Г

COVID-19 **Case Report Form**

						Panorama Data Entry Guidance
D. EXPOSURES c	ont.					
Was the client directly a incubation [§] or commun		known cluster or ou	tbreak [§] (e.g. communal setting v	with cases, community cluste	r) during their	
	Yes	🗆 No	Asked but Unknown	Declined to Answer	Not Assessed	
Setting type:*	100					-
Residence		Health Care		Community		
Private dwelling	ı/home	□ Acute care fa	acility	☐ Transportation (e.g., pu	ublic transit, taxi)	
□ Assisted living		Long term ca	are facility	Conference/banquet ha	all	
Independent livit	ing	Community I	nealth care setting (e.g., clinic)	☐ Fitness studio/gym		
Group home (co	ommunity living)	Work/School		Restaurant/bar/lounge		Record in
Correctional fac	cility	School or da	ycare	Religious / spiritual inst	itution [§]	>Investigation >Investigation
Workplace with	communal living	□ Agri-food pro	ocessing facility	Retail (e.g., mall, groce	ry store, pharmacy)	Details >>>Links &
□ Shelter		Industrial / m	nanufacturing setting	Personal care (e.g., spa	a, barber, salon)	Attachments >>>> COVID-19
Dormitory (e.g.,	university)	Office buildir	ng	Other, specify:		Surveillance Case Investigation Form
SRO / Modular	housing	Workplace n	ot otherwise specified§			§ Definitions are
□ Other residence	e type, specify:					available in Section
	Resident/patien		Staff/worker	□ Student		
E	Inmate		Customer/patron	□ Guest/visitor		
ſ	Event attendee		Household member	□ Volunteer		
[☐ Other, specify: _					
Activity type:* (if relevant)	☐ Private party/ev	ent 🗆 S	Social visit	Extra-curricular§		
· ,	☐ Mass gathering	event (e.g., confer	ence, sporting event)	Other, specify:		
If yes, cluster/outbrea	ak name:*					
Start date (yyyy/mm/o				ate (yyyy/mm/dd):/_	/	
Was this case most like	ely acquired from a	an unknown source	\$?*			
	es [] No	□ Asked but Unknown	□ Declined to Answer	□ Not Assessed	
			ost likely source of infection?*			
Travel - internation	nal	🗆 Travel – wi	thin Canada but outside BC	Close contact [§] with confin	med/probable case	
Exposure to a clus	ster/outbreak	🗌 Unknown s	source [§]	Pending / missing exposu	re information	
□ Unclear, based or	•	rview [§]				
E. TRANSMISSIO	Ν					
Total number of close of						-
Did the client work in o			stitution or daycare during their o		—	
If yes, role:	□ Yes □ Student	□ No □ Staff	Asked but Unknow	n Declined to Answer Unknown	☐ Not Assessed	
Type of institution:	□ Student □ School (Other	Unknown	
Institution/daycare na		, <u> </u>				
Street address:				Postal code:	_	
Grade (K-12):			Class details (e.g., division, coh	ort):		



										Panorama Data Entry Guidance
F. LABORATORY INFORMATION										Record in
Indication for testing: Symptomatic				sympt	tomatic - (outb	oreak 🗆 A	Asymptomatic –	work requirement	>>>Links & Attachments >>>> COVID-19
Asymptomatic -	- non-outbreak e	xposure		sympt	tomatic - (othe	er		·	Surveillance Case Investigation Form
Specimen Collected	Collection Date	Test	ing					or SARS-CoV-2		Receive through E-
Upper respiratory (e.g., Nasopharyngeal or oropharyngeal swab)	(YYYY/MM/DD)				ositive	1 []	Negative	Indeterminate	e 🗆 Pending	Lab inbox, or record in >Investigation >>Lab >>>Lab Quick Entry
Lower respiratory (e.g., sputum, tracheal aspirate, BAL, pleural fluid)				D Po	ositive	1 []	Negative	Indeterminate	e 🗆 Pending	NOTE: the lab test in Panorama starts with "Human coronavirus"
□ Saline gargle				🗆 Po	ositive	1	Negative	Indeterminate	e 🗆 Pending	Record Causative Agent in
□ Other, Specify:				D Po	ositive	1 []	Negative	Indeterminate	e 🗆 Pending	 >Investigation >Disease Summary
G. SIGNS AND SYMPTOMS										
Was the case asymptomatic through the e	nd of the monitor	rina perio	od?							Record
□ Yes □ No		ed but L			Dec	cline	ed to Answer		ot Assessed	asymptomatic in >Investigation
Earliest onset of symptoms*:	-		-		1		1	1		>>Investigation Details
			YYYY	_			MM	DD		>>>Links & Attachments
Sign / Symptom			Yes	5	No		Asked but Unknown	Declined to Answer	Not Assessed	>>>> COVID-19 Surveillance Case
Abdominal pain										Investigation Form
Arthralgia (painful joints)										
Chills										
Confusion										
Conjunctivitis										
Cough										
Diarrhea										Record in
Discoloration of toes or fingers										>Investigation >>Signs and
Dizziness										Symptoms
Fatigue										Record at least
Fever									one symptom and specify onset date. Select "Set as	
Headache									Onset" for	
Loss of appetite										symptom with earliest onset date.
Loss of sense of smell (anosmia)										
Loss of sense of taste (ageusia)										
Myalgia (muscle pain)]
Nasal congestion]
Nausea]
Pharyngitis (sore throat)										1
Rash]
Rhinorrhea (runny nose)]



							Panorama Data Entry Guidance		
G. SIGNS AND SYMPTO	OMS cont.				Declined to	Net			
Sign	/ Symptom	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed			
Shortness of breath / breathing	ess of breath / breathing difficulty								
Vomiting									
Weakness									
Dther, Image: Construction of the construction									
H. HOSPITALIZATION									
Admitted to hospital [§] :*	🗆 Yes 🗆 No 🛛	Unknown					Record in >Investigation		
If yes, admission date (yyyy	//mm/dd)*:///	D	ischarge da	te (yyyy/mm/d	d)*:/	_/	>>Investigation Details		
Admitted to an intensive care	unit [§] ?* 🗆 Yes 🗆 No 🗆	Unknown					 >>>Links & Attachments >>> COVID-19 		
If yes, admission date (yyyy	//mm/dd)*:///	D	ischarge da	te (yyyy/mm/d	d)*:/	_/	surveillance Case Investigation Form		
I. ISOLATION AND OU	ITCOME								
Has the client discontinued is	olation?* Yes	🗆 No		Unknow	vn				
If yes, date isolation discor	ntinued (yyyy/mm/dd)*:/	/					Discontinued isolation data: Record in		
People may find it difficult to i	isolate themselves for various reasons	s. Do you have	e any conce	rns about you	ability to self-is	olate?			
□ Yes □ No	Asked but Unknowr	n	Decline	ed to Answer		lot Assessed	>Investigation >Investigation Details		
If yes, list the services the client was referred to:									
Outcome at Time of Report	ing*						>>>> COVID-19 surveillance Case Investigation Form		
□ Fully recovered	□ Not yet recovered/recovering	Fatal	If died, date	e of death:*			Record outcome in		
Permanent disability		□ Other,	specify:	-	YYYY/MM/E	00	>Investigation >> Outcome		
If died, cause of death:	□ Contributed but wasn't underlyir	ng cause		Did not contrib	ute to death/inci	dental	If fatal outcome, see		
	\Box Underlying cause of death			Unknown			Section M for data standards.		
	□ Other, specify:								
J. CLASSIFICATION*§									
Confirmed Probable: lab Probable: epi-linked							Record/Update in >Investigation		
□ Suspect	Person Under I	Investigation		☐ Not a Case	9		>>Disease Summary		
K. NOTES									
							Record in >Notes		
							In order to have the note linked to the		
							investigation, ensure the investigation is in		
							context when creating the note.		
							-		
	с — и	initiona ara ava							

[§] Definitions are available in Section L.



L. DEFINITIONS								
Case Definitions								
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.							
	 A person who: Has symptoms (see Symptoms below) compatible with COVID-19 AND 							
	 Had a high-risk exposure with a confirmed COVID-19 case (i.e. close contact) OR was exposed to a known cluster or outbreak of COVID-19 AND 							
<u> Probable – lab</u>	 Has had a laboratory-based NAAT assay for SARS-CoV-2 and the result is inconclusive OR 							
<u>case</u>	 Had SARS-CoV-2 antibodies detected in a single serum, plasma, or whole blood sample using a validated laboratory-based serological assay for SARS-CoV-2 collected within 4 weeks of symptom onset OR 							
	 A person who had a POC NAAT or POC antigen test for SARS-CoV-2 completed and the result is preliminary (presumptive) positive 							
	OR							
	A person who had a validated POC antigen test for SARS-CoV-2 completed and the result is positive In Panorama, report these cases as "Probable".							
	 A person who has symptoms (see Symptoms below) compatible with COVID-19 AND 							
	 A person who had a high-risk exposure with a confirmed COVID-19 case (i.e. close contact) OR was exposed to a known cluster or outbreak of COVID-19 							
Probable – epi-	AND							
linked case	 A person who has not had a laboratory-based NAAT assay for SARS-CoV-2 completed. 							
	(Note: Cases who had a high-risk exposure with a probable COVID-19 case that had a positive result to validated POC antigen test for SARS-CoV-2 where confirmatory testing was not required (as per the provincial guidelines for POC test in Rural, Remote and Indigenous Communities) should also be considered probable – epi-linked).							
	In Panorama, report these cases as "Probable, Epi-Linked".							
	A person with confirmation of infection with SARS-CoV-2 documented by: • The detection of at least one specific gene target by a validated laboratory-based nucleic acid amplification test (NAAT) assay (e.g. real-time PCR or nucleic acid sequencing) performed at a community, hospital, or reference laboratory (the National Microbiology Laboratory or a provincial public health laboratory)							
Confirmed case	 OR The detection of at least one specific gene target by a validated point-of-care (POC) nucleic acid amplification test (NAAT) that has been deemed acceptable to provide a final result (i.e. does not require confirmatory testing) 							
	OR							
	 Seroconversion or diagnostic rise (at least four-fold or greater from baseline) in viral specific antibody titre in serum or plasma using a validated laboratory-based serological assay for SARS-CoV-2 							
Symptoms								
Sore throat; Loss of	ble with COVID-19 include any 1 or more of the following: Fever or chills; Cough; Loss of sense of smell or taste; Difficulty breathing; appetite; Extreme fatigue or tiredness; Headache; Body aches; Nausea or vomiting; Diarrhea.							
Exposures Congregate setting	An environment where a number of people meet or gather and share the same space for a period of time.							
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).							
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. (Note: This suggests the setting where contact occurred is known, the primary case was known/a specific interaction is recalled,							
	contact occurred over a period of time)							



L. DEFINITIONS cont.

Workplace not otherwise specified	The place where the client works, excluding workplace settings specifically listed as other setting types. For example, if the client works in a school or a restaurant, the setting should be recorded as "School or daycare" or "Restaurant/bar/lounge" and the role would be "Staff/worker".
Religious / spiritual Institution	Churches, temples, mosques and other places of worship/spirituality and institutions that exist to support and manage the practice of a specific set of religious or spiritual beliefs.
Extra-curricular	Organized activities undertaken by children or adults that fall outside the realm of normal school or work (and in settings not otherwise listed), such as sports teams, music lessons, dance classes etc.
Associated with a known cluster or outbreak	The case is considered either a potential index case for the cluster/outbreak or to have potentially been exposed to COVID via the cluster / outbreak.
Incubation Period	For public health follow-up purposes, a period of 14 days should be considered (see <u>Interim Guidance: Public Health Management of</u> cases and contacts associated with novel coronavirus (COVID-19) in the community).
Communicability Period	Period of communicability is generally considered to be from 48 hours prior to onset of symptoms to 10 days after onset of symptoms. See Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus (COVID-19) in the community for additional guidance for those with illness of greater severity and those who are severely immunocompromised.
Unknown source	The source of the client's infection is unknown. The client has not reported travel, close contact with a confirmed or probable case or exposure to a known cluster or outbreak in the 14 days prior to onset.
Most likely source of infection	Based on information provided to public health, the most likely source of infection for the case. If the most likely source of infection is not assigned during the public health interview or if it is indicated as "Unclear, based on public health interview", it will be calculated for surveillance purposes using the following hierarchy: international travel, close contact with confirmed/probable case/exposure to a cluster/outbreak, travel within Canada but outside BC, unknown source, pending / missing exposure information. In general: if a case reports contact with a known case or exposure to a cluster/outbreak outside of Canada, "Travel – International" should be selected; if a case reports contact with a known case or exposure to a cluster/outbreak outside of BC but within Canada, "Close contact with a confirmed/probable case" or "Exposure to a cluster/outbreak" should be selected; "Travel – within Canada but outside BC" should be selected when the case likely acquired the infection outside of BC but within Canada, but a specific exposure to a case, cluster or outbreak was not identified.
Most likely source of infection: unclear, based on public health interview	The client may have one or more potential exposures, but no one exposure is clearly the case's most likely source (e.g., the case has had two or more exposures, or one potential exposure but the details are not clear enough to definitively identify it as the source of infection). If the most likely source of infection is indicated as "Unclear, based on public health interview", it will be calculated for surveillance purposes using the hierarchy described above.
Hospitalization, Iso	
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. Includes persons admitted to hospital but without transfer to a ward/unit. 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.
Discontinued isolation	Self-isolation has been discontinued per the criteria outlined in the <u>Interim Guidance: Public Health Management of cases and</u> <u>contacts associated with novel coronavirus (COVID-19) in the community</u> .
Death	A death occurring in any person with no period of complete recovery between illness and death, unless there is evidence that COVID did not contribute to the death (e.g., trauma, poisoning, drug overdose).

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).