



<u>INSTRUCTIONS</u>		Panorama Data Entry Guidance More details in Section R, pages 6-7.
<ul style="list-style-type: none"> • Confidential when completed • Report probable and confirmed cases of pertussis to your MHO • Enter probable and confirmed cases into Panorama or PARIS • Vancouver Coastal Health: fax this case report form to 604-707-2516 • Case definitions are in Section Q, page 5 • Fields marked with * are part of the minimum data standard for provincial reporting 		
PERSON REPORTING		
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		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)
Name <i>Last</i> <i>First</i>	Phone Number: () - ext.	
Email:	Fax Number: () - ext.	
	*Report Date (Received): _____ YYYY / MM / DD	
A. CLIENT PERSONAL INFORMATION		
Name: <i>*Last</i> <i>*First</i> <i>Middle</i>		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 R)
*Date of Birth: YYYY / MM / DD	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undifferentiated <input type="checkbox"/> Unknown	
*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 (if not Canada):	
*Address Located on Reserve Administered By:		
For temporary workers, snowbirds, and students, provide address, province and country of permanent residence:		
B. *ABORIGINAL INFORMATION		
*Does the client wish to identify as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Asked, not provided <input type="checkbox"/> Not asked		Record in >Subject >>Client Details >>>Aboriginal Information
*If yes, Aboriginal Identity:		
<input type="checkbox"/> First Nations <input type="checkbox"/> First Nations and Inuit <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"/> Asked, but unknown <input type="checkbox"/> Asked, not provided <input type="checkbox"/> Not asked		
*If First Nations, is the client:		
<input type="checkbox"/> Non-Status <input type="checkbox"/> Status Indian <input type="checkbox"/> Asked, but unknown <input type="checkbox"/> Asked, not provided <input type="checkbox"/> Not asked		
C. *CLASSIFICATION		
<input type="checkbox"/> Confirmed <input type="checkbox"/> Confirmed, Epi-Linked <input type="checkbox"/> Probable <input type="checkbox"/> Suspect <input type="checkbox"/> Person under Investigation <input type="checkbox"/> Not a Case		Record/Update in >Investigation >> Investigation Details >>>Disease Summary
See Section Q (page 5) for case definitions.		



						Panorama Data Entry Guidance
D. *RISK FACTORS						
*Risk Factor	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed	Record in >Subject >> Risk Factors Set as pertinent to the investigation. If client is pregnant, see Section R.
*Pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other risk factor, <i>specify</i> : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. *IMMUNIZATION INFORMATION						
*Immunizing Agent	*Date(s) of Immunization (YYYY/MM/DD)					
<input type="checkbox"/> DTaP	_____	_____	_____	Record or review and update immunization information in the Immunization Module. Documented immunizations: >Immunizations >>Record & Update Imms Undocumented immunizations: >Immunizations >>Special Considerations Summary immunization status: >Investigation >>Investigation Details >>>Links & Attachments >>>>Pertussis Case Investigation Form Refusals to immunization: >Immunizations >>Special Considerations Record Contraindications and Exemptions in: >Immunizations >>Special Considerations >>>Type of Special Consideration Deferrals: >Immunizations >>Record and Update Imms >>>Deferrals (Section R)		
<input type="checkbox"/> DTaP-Hib	_____	_____	_____			
<input type="checkbox"/> DTaP-IPV	_____	_____	_____			
<input type="checkbox"/> DTaP-IPV-HB	_____	_____	_____			
<input type="checkbox"/> DTaP-IPV-Hib	_____	_____	_____			
<input type="checkbox"/> DTaP-IPV-Hib-HB	_____	_____	_____			
<input type="checkbox"/> DTP	_____	_____	_____			
<input type="checkbox"/> TdaP	_____	_____	_____			
<input type="checkbox"/> TdaP-IPV	_____	_____	_____			
<input type="checkbox"/> Other pertussis immunization <i>Specify</i> : _____	_____	_____	_____			
*Un-documented history of prior pertussis immunizations: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If yes, please provide available details</i> : _____						
*Summary of pertussis immunization status prior to onset (based on BC schedule): <input type="checkbox"/> Fully immunized for age - documented <input type="checkbox"/> Partially immunized for age - documented <input type="checkbox"/> Unimmunized <input type="checkbox"/> Fully immunized for age - undocumented <input type="checkbox"/> Partially immunized for age - undocumented <input type="checkbox"/> Unknown						
*If unimmunized against pertussis, reason(s): <input type="checkbox"/> Exemption – Client or Parent/Guardian Refusal <input type="checkbox"/> Any other Exemption, <i>specify</i> : _____ <input type="checkbox"/> Contraindication <input type="checkbox"/> Deferral <input type="checkbox"/> Unknown						



Panorama Data Entry Guidance					
F. *LABORATORY INFORMATION					
*Specimen	*Test Name	*Collection Date (YYYY/MM/DD)	*Result/Interpreted Result		
<input type="checkbox"/> Swab, nasopharyngeal	<input type="checkbox"/> B. pertussis DNA; PCR/NAAT <input type="checkbox"/> Culture	_____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending	
<input type="checkbox"/> Nasopharyngeal washing (NPW)	<input type="checkbox"/> B. pertussis DNA; PCR/NAAT <input type="checkbox"/> Culture	_____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending	
<input type="checkbox"/> Other, <i>specify</i> : _____	<input type="checkbox"/> B. pertussis DNA; PCR/NAAT <input type="checkbox"/> Culture	_____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending	
G. PHYSICIAN					
Physician Name: _____ <small style="margin-left: 40px;">Last</small> <small style="margin-left: 100px;">First</small>			Record in >Investigation >>Investigation Details >>>External Sources		
Physician Phone: (_____) _____ - _____ ext. _____					
H. *SIGNS AND SYMPTOMS					
*Onset of earliest symptom (catarrhal stage): _____ / _____ / _____ <small style="margin-left: 40px;">YYYY</small> <small style="margin-left: 40px;">MM</small> <small style="margin-left: 40px;">DD</small>					
*Onset of paroxysmal cough: _____ / _____ / _____ <small style="margin-left: 40px;">YYYY</small> <small style="margin-left: 40px;">MM</small> <small style="margin-left: 40px;">DD</small>					
Duration of paroxysmal cough: _____ days					
*Sign / Symptom	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed
Cough associated with apnea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough ending in inspiratory whoop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough ending in vomiting or gagging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough lasting ≥2 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough, paroxysmal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, <i>specify</i> : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. COMMUNICABILITY PERIOD					
Communicability Period: Beginning of catarrhal stage (1-2 weeks before onset of paroxysmal cough) to 3 weeks after onset of paroxysmal cough (without antibiotic treatment).					
From: _____ <small style="margin-left: 40px;">YYYY/MM/DD</small>			To: _____ <small style="margin-left: 40px;">YYYY/MM/DD</small>		
J. HOSPITALIZATION					
Visited ER:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Did not ask	If yes, hospital name: _____
*Admitted to hospital:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Did not ask	If yes, hospital name: _____
*Admission date: _____ <small style="margin-left: 40px;">YYYY/MM/DD</small>	*Admitted to intensive care unit: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Did not ask				



	Panorama Data Entry Guidance
K. EXPOSURES	
Contact with known case: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Did not ask If yes, name of case: _____ Location (city/country): _____ Date of first contact: _____ Date of most recent contact: _____ <small>YYYY/MM/DD</small> <small>YYYY/MM/DD</small> Additional details: _____	Record in >Investigation >>Exposure Summary using Acquisition Event Quick Entry. Link to investigation for known case, if public health follow-up for the case was done in BC (Section R).
L. CONTACTS	
Does the case have any high-risk contacts? Infants <1 year of age (regardless of immunization status) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Did not ask Pregnant women in their 3 rd trimester <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Did not ask Household contacts if there is an infant <1 year of age or a pregnant woman in their 3 rd trimester in the household <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Did not ask Family daycare contacts if there is an infant <1 year of age or a pregnant woman in their 3 rd trimester in the daycare <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Did not ask <i>If yes to any of the above, list on Contact Management Form and complete appropriate contact follow-up.</i>	Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>Pertussis Case Investigation Form If conducting contact follow-up, record in >Investigation >>Exposure Summary as a Transmission Event (Section R).
M. SETTINGS	
If conducting contact follow-up for an identifiable event or group, Transmission start date (beginning of communicability period in source case): _____ <small>YYYY/MM/DD</small> Exposure setting: _____ Exposure location name/address: _____	To link to setting: >Investigation >>Exposure Summary as a Transmission Event (Section R).
N. INTERVENTIONS	
Did the case receive antibiotic treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Did not ask If yes, name of antibiotic: _____ Date of first dose: _____ <small>YYYY/MM/DD</small>	Record in >Investigation >> Treatment & Interventions >>>Intervention Summary
O. *OUTCOME	
<input type="checkbox"/> Fully Recovered <input type="checkbox"/> Not yet recovered/recovering <input type="checkbox"/> Permanent disability, <i>specify below</i> <input type="checkbox"/> Other, <i>specify below</i> <input type="checkbox"/> Unknown <input type="checkbox"/> Death <i>*If died, date of death:</i> _____ <small>YYYY/MM/DD</small> *If died, cause of death: <input type="checkbox"/> Contributed but wasn't the underlying cause <input type="checkbox"/> Did not contribute to death/incidental <input type="checkbox"/> Other, <i>specify:</i> _____ <input type="checkbox"/> Underlying cause of death <input type="checkbox"/> Unknown *Specify other outcome/permanent disability: _____	Record in >Investigation >> Outcome If outcome is fatal, see Section R.



P. NOTES	
	Record notes relevant to provincial surveillance in >Investigation >>Investigation Details >>>Links & Attachments >>>>Pertussis Case Investigation Form

Q. CASE DEFINITIONS

Pertussis	Reportable?
<p>Confirmed Laboratory confirmation of infection:</p> <ul style="list-style-type: none"> • Isolation of <i>B. pertussis</i> from an appropriate clinical specimen¹ <p>OR</p> <ul style="list-style-type: none"> • Detection of <i>B. pertussis</i> DNA² from an appropriate clinical specimen AND one or more of the following: <ul style="list-style-type: none"> ○ Cough lasting 2 weeks or longer; ○ Paroxysmal cough of any duration; ○ Cough with inspiratory "whoop"; OR ○ Cough ending in vomiting or gagging, or associated with apnea. 	Yes
<p>Confirmed, Epi-Linked Epidemiological link to a laboratory-confirmed case AND one or more of the following for which there is no other known cause:</p> <ul style="list-style-type: none"> • Paroxysmal cough of any duration; • Cough with inspiratory "whoop"; OR • Cough ending in vomiting or gagging, or associated with apnea. 	Yes
<p>Probable Cough lasting 2 weeks or longer in the absence of appropriate laboratory tests and not epidemiologically linked to a laboratory-confirmed case AND one or more of the following with no other known cause:</p> <ul style="list-style-type: none"> • Paroxysmal cough of any duration; • Cough with inspiratory "whoop"; OR • Cough ending in vomiting or gagging, or associated with apnea. 	Yes
<p>Suspect One or more of the following with no other known cause:</p> <ul style="list-style-type: none"> • Paroxysmal cough of any duration; • Cough with inspiratory "whoop"; OR • Cough ending in vomiting or gagging, or associated with apnea. 	No
<p>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.</p>	No
<p>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.</p>	No

<ol style="list-style-type: none"> 1. Nasopharyngeal swab or nasopharyngeal wash. 2. Pertussis DNA is detectable using a polymerase chain reaction (PCR) assay.



R. PANORAMA DATA ENTRY DETAILS

For definitions on documenting the appropriate geographical attribution of the case, see Communicable Disease Control Manual (www.bccdc.ca): [Surveillance of Reportable Conditions-Documenting Geography for CD Investigations in Panorama](#).

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).

If out of provinces cases are entered in Panorama, record the out of province address in Panorama as “Client Home Address at Time of Initial Investigation” (under Investigation > Investigation Details >> Investigation Information on the left hand navigation).

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: Client Warnings-Reference Guide-Shared Services, Risk Factors-Reference Guide-Shared Services

^Data Standards: Data standard for pregnancy as a risk factor for Communicable Disease, Risk Factors-Documentation Standard-Shared Services

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 or 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. Exemption 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, please end-date for when the client would be eligible for the booster. This includes series that are reported as complete, but is missing information to identify the product received (i.e., missing trade name and generic name and abbreviation).

Record **Summary immunization status** in the disease-specific User Defined Form:

The individual conducting the case follow-up will then review the data entered in the Immunization and Special Considerations Screens, determine cases immune status and record a summary assessment in the disease-specific User Defined Form.

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: Add Historical Immunization-Quick Steps-Immunization, Special Consideration-Quick Steps-Immunization, UDFs-Reference Guide- Investigations

^Data Standards: Historic Immunizations-Data Standard-Immunization, Special Considerations-Data Standard-Immunization



R. PANORAMA DATA ENTRY DETAILS

If the client had **contact with a known case**, 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-Contact-DiseaseName *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA, or NHA)*
Location Name: *same as Exposure Name*
Start Date: estimated date of first contact or beginning of communicability period in source case (*select most recent*)
End date: most recent contact or end of communicability period in source case

If the known source case is reported in BC, this Acquisition Event should be linked to a Transmission Event on the known source case's pertussis investigation. If the known source case is not reported in BC, the creation of the Acquisition Event for the client is adequate to indicate the epidemiologic link.

^Training Materials: Exposures-Reference Guide-Investigations

^Data Standard: Documenting Contacts to a Case, Exposure Summary – Documentation Standard – Investigations

If the case has **high-risk contacts (e.g. daycare or household)**, create a Transmission Event on the Exposure Summary Screen (under Investigation in the left hand navigation) using the Create Transmission Event button to get to the Maintain Transmission Event Details screen.

Exposure Name: XXX-[NameOfFacility/DescriptionofGroup]-Pertussis *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA, or NHA)*
Transmission Start: beginning of communicability period in source case
Exposure Location Name: *same as Exposure Name*
Exposure Setting Type: "Facility – non-recreational" or "Household"
Exposure Setting: most appropriate selection based on list filtered by Exposure Setting Type
Address: fill in details

When there is an **identifiable event** or there is a **reason to group** a number of contacts into one exposure (e.g. 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.

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.

^Training Materials: Exposures-Reference Guide-Investigations, Cohorts-Static-Reference Guide-Shared Services, Client-Maintain-Reference Guide-Shared Services

^Data Standards: Policy and Guideline-Client Identity Management-Shared Services

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

Outcome: Death
Outcome Date: Date of death (if known)
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 date of death is unknown (for fatal outcomes) or the outcome is not death, the outcome date is the date public health was made aware of the outcome.