



<p>INSTRUCTIONS</p> <ul style="list-style-type: none"> Confidential when completed 		<p>Panorama Data Entry Guidance</p>
<p>PERSON REPORTING</p>		<p>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.</p>
<p>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</p>		
<p>Name: _____ <i>Last</i> <i>First</i></p>	<p>Phone Number: () - ext.</p>	
<p>Email: _____</p>	<p>Fax Number () - ext.</p> <p>Date case report form completed: _____ <i>YYYY / MM / DD</i></p>	
<p>Contact Attempts (Date and Time): Report received in health authority: <i>YYYY / MM / DD</i> <input type="checkbox"/> Not Located</p> <p>1. _____ <input type="checkbox"/> Interview 3. _____ <input type="checkbox"/> Interview</p> <p>2. _____ <input type="checkbox"/> Interview 4. _____ <input type="checkbox"/> Interview</p>		<p>Use disposition to indicate "not located" or other stages of the investigation Set report received in health authority as >Investigation >>Investigation DetailsCollaborative analysis >>>Reporting Notifications as Report Date (Received) Record contact and interview attempts in >Investigation >>Encounter Details</p>
<p>A. CLIENT PERSONAL INFORMATION</p>		
<p>Name: _____ <i>Last</i> <i>First</i> <i>Middle</i></p>		<p>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 Report interview conducted with >Investigation >>Investigation Details >>>Links & Attachments >>>>Shigella case investigation form</p>
<p>Date of Birth: _____ <i>YYYY / MM / DD</i></p>	<p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	
<p>Health Card Number: _____</p>	<p>Alternate Name(s): _____</p>	
<p>Phone Number (home/work/mobile): () - ext.</p>		
<p>Address: <i>Unit #</i> <i>Street #</i> <i>Street Name</i> <i>City</i></p>		
<p>Postal Code: _____</p>	<p>Province: _____</p>	



B. LABORATORY INFORMATION

Specimen Collected	Collection Date (YYYY/MM/DD)	Lab report date (YYYY/MM/DD)	Reporting Lab	Result	
				Species: <input type="checkbox"/> sonnei <input type="checkbox"/> flexneri <input type="checkbox"/> boydii <input type="checkbox"/> dysenteriae <input type="checkbox"/> other: _____	Receive through E-Lab inbox, or record in >Investigation >>Lab >>>Lab Quick Entry Record Causative Agent in >Investigation >>Investigation Details >>>Disease Summary
				PFGE:	Record PFGE or other species in Causative Agent - Further Differentiation

C. PHYSICIAN

Physician Name: _____ <small>Last</small>	_____ <small>First</small>		Record in >Investigation >>Investigation Details >>>External Sources Or where appropriate based on local guidance
Physician Phone: () _____	_____	ext. _____	

D. CLINICAL PRESENTATION [or SIGNS AND SYMPTOMS]

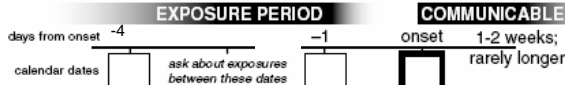
Onset of earliest symptom: _____ / _____ / _____ <small>YYYY MM DD</small>	Earliest Symptom: _____						
Sign / Symptom	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed		
Abdominal discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record in >Investigation >>Signs and Symptoms Select "Set as Onset" and record onset date of earliest symptom	
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Diarrhea-bloody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
HUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other, Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

E. HOSPITALIZATION

Admitted to hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, hospital name: _____	Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>Shigella case investigation form
Admission date: _____ <small>YYYY/MM/DD</small>	Discharge date: _____ <small>YYYY/MM/DD</small>	



Enter onset date in heavy box.
Count back to figure the
probable exposure period.



Note: Exposure period for *S. dysenteriae* is up to one week

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F. TRAVEL DURING EXPOSURE PERIOD

Travel in the exposure period prior to symptom onset: Yes No Unknown

If yes, was travel: Within BC Outside BC, but within Canada Outside Canada

Was travel confirmed as the most likely source of infection? Yes No Unknown

Departure Date: _____ Arrival Date: _____

Destination (city, prov/state, country): _____

Hotel of residence: _____

Additional details (mode of travel, etc.): _____

Foods brought back: _____

Record in
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G. EXPOSURES

Vegetarian? Yes No U Food allergies/Avoidances/special diet? Yes No U Details:

Food Exposures	Eaten	Details Please specify type/ brand where possible	Food Exposures	Eaten	Details Please specify type/ brand where possible
Oysters	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U		Contact with daycare	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U	
Fresh herbs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U		Contact with LTCF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U	
Lettuce/salad	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U		Contact with hospital	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U	
Soft or unpasteurized cheese	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U				
Recreational water (E.g., pool, beach, spray park)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U				
Pond, stream, lake	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U				

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Event/Social gathering	Location	Date	Foods Eaten



Restaurants (including: take-out, cafeteria, bakery, deli, kiosk)	Location	Date	Foods Eaten
Grocery stores for food consumed during the incubation period	Location	Foods Purchased	Brands/Other details

Sexual activity

Please ask these questions of male and female adult cases (>18 years):

1. Shigellosis can be transmitted sexually. Are you currently sexually active?

Yes No (if No, skip to section H) Unanswered

2. Shigellosis can be transmitted through oral-anal sexual contact¹. Is this a possibility in your case in the last 28 days?

Yes No Unanswered

If yes to both questions, provide education regarding the prevention of sexually transmitted enteric diseases and advice for testing of sexual contacts

¹Oral anal sexual contact is defined as contact between the mouth, lips or tongue of one person and the anal or perianal area of another person. It can also include oral contact with sexual toys or other body parts (e.g. penis, finger) which had prior contact with the anal area, rectum or feces. Some people refer to oral-anal sex as rimming and to manual-oral sex as fingering or fisting.

H. CONTACT TRACING

Contact Name	Type of Contact*	Date ill?	Occupation/details	Other Details/Exclusion^?
				Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>Salmonella case investigation form
				Create investigations for contacts for which Public Health in BC will conduct follow-up.
				If an exclusion is required: Record in >Investigation >> Treatment & Interventions >>>Intervention Summary
				For exclusion enter



					intervention type=client directive; subtype=exclusion; disposition to specify work/volunteer environment and enter other required details
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*Household, sexual, close contacts ^Please complete exclusion for each contact excluded

I. INTERVENTIONS

Occupation:	Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>Shigella case investigation form
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Sensitive Setting (check if applicable): <input type="checkbox"/> Work/volunteer or attend day care <input type="checkbox"/> Work/volunteer in a health care setting <input type="checkbox"/> Work/volunteer as a food handler <input type="checkbox"/> Other (e.g. pool), <i>Specify:</i> _____ Excluded: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective Date: _____ Details: _____ <small>YYYY/MM/DD</small> Symptom End Date: _____ Exclusion Lifted: _____ MHO: _____ <small>YYYY/MM/DD</small>	Record in >Investigation >> Treatment & Interventions >>>Intervention Summary For exclusion enter intervention type=client directive; subtype=exclusion; disposition to specify work/volunteer environment and enter other required details
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<input type="checkbox"/> Environmental Investigation-Referred for Inspection <input type="checkbox"/> Education-Health File sent Intervention Details: _____ <input type="checkbox"/> Referral-Referred to another HA <input type="checkbox"/> Other <input type="checkbox"/> Education-Hygiene Education Provided	Record in >Investigation >> Outcome See Notes for fatal outcomes
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J. OUTCOME AT TIME OF REPORTING

<input type="checkbox"/> Fully Recovered <input type="checkbox"/> Other <input type="checkbox"/> Not yet recovered/recovering <input type="checkbox"/> Unknown <input type="checkbox"/> Fatal <i>If died</i> , date of death: _____ <small>YYYY/MM/DD</small> <input type="checkbox"/> Permanent disability, <i>specify:</i> _____	Record in >Investigation >> Outcome See Notes for fatal outcomes
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K. CLASSIFICATION

<input type="checkbox"/> Confirmed <input type="checkbox"/> Not a Case	Record/Update in >Investigation >>Disease Summary All lab confirmed cases should be reported as Case-confirmed
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L. NOTES

	Record in >Notes In order to have the note linked to the investigation, ensure the investigation is in context when creating the note.
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NOTES:

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

Outcome: Fatal

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

Cause of Death: Select most appropriate response

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

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

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