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| **INSTRUCTIONS**   * **Confidential when completed** * **Report probable and confirmed cases of invasive group A Streptococcal disease to your MHO** * **Notify BCCDC about out-of-province cases or contacts requiring public health follow-up (Section Q)** * **Enter probable and confirmed cases into Panorama or PARIS** * **Fields marked with \* are the minimum data set for surveillance/public health management at the provincial level** * **Fax or e-mail pages 1-4 of this case report form to 604-707-2515 or** [**VPD.epi@bccdc.ca**](mailto:VPD.epi@bccdc.ca) * **Case definitions are in Section P, page 5** * **BCCDC Communicable Diseases and Immunization Service phone number: 604-707-2548** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Panorama Data Entry Guidance**  More details in Section R,  pages 6-7. |
| **PERSON REPORTING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | If entering data on behalf of someone else, record in  >Notes  when the investigation is in context.  Record Report Date:  >Investigation  >>Investigation Details  >>>Reportingn Notifications  as Report Date (Received) |
| Health Authority: | | | | | FHA | | | | | | | FNHA | | | | | | | IHA | | | | | | | | | | NHA | | | | | | | | | | | VCH | | | | | | | | VIHA | | |
| Name: |  | | | | | | | |  | | | | | | | | | | | | Phone Number: | | | | | | | | | |  | | | - | | | |  | | | | | | - |  | | | ext. | |  |
|  | *Last* | | | | | | | | *First* | | | | | | | | | | | |  | | |  | | | | | |  | | |  |
| Email: |  | | | | | | | | | | | | | | | | | | | | Fax Number | | | | | | | | | |  | | | - | | | |  | | | | | | - |  | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | \*Report Date (Received): | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | *YYYY / MM / DD* | | | | | | | | | | | | | | | |
| 1. **CLIENT PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Panorama Investigation ID: | | | | | | | | | | | | | | | | | | | | | | | | PARIS Client ID (VCH only): | | | | | | | | | | | | | | | | | | | | | | | | | | | Record or review and update in  >Subject  >>Client Details  >>>Personal Information  Select this address as “Client Home Address at Time of Initial Investigation” in  >Investigation  >>Investigation Details  >>>Investigation Information  For temporary workers, snowbirds, and students, record Health Region Information as “Out of BC” (Section Q-R) |
| \*Name: | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| *\*Last* | | | | | | | | | | | | | | | | *\*First* | | | | | | | | | | | | | | | | | | | | | | | | | *Middle* | | | | | | | |
| \*Date of Birth: | | |  | | | | | | | | | | \*Gender: | | | | Female | | | | | | | Male | | | | | | | | X | | | | | | | Undifferentiated | | | | | | | | | | Unknown | |
| *YYYY / MM / DD* | | | | | | | | | |
| \*Health Card Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | Alternate Name(s): | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number (home/work/mobile): | | | | | | | | | | (    ) | | | | | |  | | | | | | | | | | - | |  | | | | | | | | | ext. | | | | | | | | | | | | | |
| \*Address at time of case: | | | |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| *Unit #* | | *Street #* | | | | | | | | | *Street Name* | | | | | | | | | | | | | | | | | | | | | | | | | | *City* | | | | | | | | | |
| \*Postal Code: | | | | | | | | | | | \*Province: | | | | | | | | | | | | | | \*Country of Residence (*if not Canada*): | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Address Located on Reserve Administered By: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For temporary workers, snowbirds, and students, provide address, province, and country ofpermanent residence: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **\*ABORIGINAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Does the client wish to identify as an Aboriginal person? | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | No | | | Asked, not provided | | | | | | | | | | | | | | Not asked | | | | Record in  >Subject  >>Client Details  >>>Aboriginal Information |
| *\*If yes*, Aboriginal Identity: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Nations | | | | | | | | First Nations and Inuit | | | | | | | | | | | | | | | First Nations and Métis | | | | | | | | | | | | | | | | | | | First Nations, Inuit and Métis | | | | | | | | |
| Inuit | | | | | | | | Inuit and Métis | | | | | | | | | | | | | | | Métis | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Asked, but unknown | | | | | | | | Asked, not provided | | | | | | | | | | | | | | | Not asked | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| *\*If First Nations*, is the client: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-Status Indian | | | | | | | Status Indian | | | | | | | | | | | | | Asked, but unknown | | | | | | | | | | | | | Asked, not provided | | | | | | | | | | | | | | Not asked | | | |
| 1. **\*CLASSIFICATION** *(See Section P for case definitions)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Record in  >Investigation  >>Investigation Details  >>>Disease Summary  Record severity in Stage field |
| Confirmed | | | | | | | | Probable | | | | | | | | | | | | | | Person Under Investigation | | | | | | | | | | | | | | | | | | | | | | | | Not a Case | | | | |
| 1. **\*SEVERITY** *(See Section P for definition)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Severe | | | | | | | | | | | | | | Not Severe | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |

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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Panorama Data Entry Guidance** |
| 1. **\*RISK FACTORS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Risk Factor** | | | | | | | | | | **Yes** | | | | **No** | | | **Asked but Unknown** | | | | **Declined to Answer** | | | **Not**  **Assessed** | | | | Record in  >Subject  >> Risk Factors  When the investigation is in context, the preset list of iGAS risk factors will display, and newly recorded risk factors will be set as pertinent to the investigation. Follow PCST guidance to ensure previously recorded risk factors are marked as pertinent. |
| \*Chronic cardiac condition | | | | | | | | | |  | | | |  | | |  | | | |  | | |  | | | |
| \*Diabetes | | | | | | | | | |  | | | |  | | |  | | | |  | | |  | | | |
| \*Chronic respiratory/pulmonary condition | | | | | | | | | |  | | | |  | | |  | | | |  | | |  | | | |
| \*Homeless/under-housed | | | | | | | | | |  | | | |  | | |  | | | |  | | |  | | | |
| \*Immunocompromised, *specify*: | | | | | | |  | | |  | | | |  | | |  | | | |  | | |  | | | |
| \*Alcoholism | | | | | | | | | |  | | | |  | | |  | | | |  | | |  | | | |
| \*Injection drug use | | | | | | | | | |  | | | |  | | |  | | | |  | | |  | | | |
| \*Other risk factor, *specify*: | | | |  | | | | | |  | | | |  | | |  | | | |  | | |  | | | |
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| 1. **\*LABORATORY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **\*Specimen** | | | | | | **\*Collection Date**  ***(YYYY/MM/DD)*** | | | **\*Test** | | | | | | **\*Result** | | | | | | | | | | | | | Record in  >Investigation  >>Lab  >>>Lab Quick Entry  Attach histopathology reports in  >Investigation  >>Investigation Details  >>>Links & Attachments  Record Causative Agent and emm type in  >Investigation  >>Investigation Details  >>>Disease Summary  Record SOF in the Further Differentiation field. |
| Blood | | | | | |  | | | Culture | | | | | | Positive | | | Negative | | | | | Pending | | | | |
|  | | | | | |  | | | PCR | | | | | | Positive | | | Negative | | | | | Pending | | | | |
| CSF | | | | | |  | | | Culture | | | | | | Positive | | | Negative | | | | | Pending | | | | |
|  | | | | | |  | | | PCR | | | | | | Positive | | | Negative | | | | | Pending | | | | |
| Joint Fluid | | | | | |  | | | Culture | | | | | | Positive | | | Negative | | | | | Pending | | | | |
|  | | | | | |  | | | PCR | | | | | | Positive | | | Negative | | | | | Pending | | | | |
| Deep tissue†, *specify:* | | | | | |  | | | Culture | | | | | | Positive | | | Negative | | | | | Pending | | | | |
|  |  | | | | |  | | | PCR | | | | | | Positive | | | Negative | | | | | Pending | | | | |
|  |  | | | | |  | | |  | | | | | |  | | |  | | | | |  | | | | |
| Other†, *specify:* | | | | | |  | | | Culture | | | | | | Positive | | | Negative | | | | | Pending | | | | |
|  |  | | | | |  | | | PCR | | | | | | Positive | | | Negative | | | | | Pending | | | | |
|  |  | | | | |  | | |  | | | | | |  | | |  | | | | |  | | | | |
| † A histopathology report should be enclosed if the source of the specimen was not clearly a sterile site (blood, CSF, or joint fluid). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Streptococcus pyogenes* further characterization: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | \*emm: | | | | | | | | | \*SOF: | | | | Positive | | | Negative | | | | | | | | |
| 1. **PHYSICIAN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physician Name: | |  | | | | | | | | |  | |  | | | | | | |  | |  | | |  | ***Optional:***  Record in  >Investigation  >>Investigation Details  >>>External Sources | | |
|  | | *Last* | | | | | | | | |  | | *First* | | | | | | |  | |  | | |  |
| Physician Phone: | | **(**(       ) | | | | | |  | | |  | |  | | | | | | | ext. | |  | | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | **Panorama Data Entry Guidance** | |
| 1. **\*SIGNS AND SYMPTOMS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Onset of illness: | |  | | | | **/** |  | | | **/** |  | | | | | | *The earliest date the client reported a clinically-relevant symptom***.** | | | | | | | | | Record in  >Investigation  >>Signs and Symptoms  Select “Set as Onset” and record onset date of the first symptom indicative of invasive group A Streptococcal disease. |
|  | | *YYYY* | | | |  | *MM* | | |  | *DD* | | | | | |
| **\*Sign / Symptom** | | | | | | | | | | | | **Yes** | | | **No** | | | | **Asked but Unknown** | | **Declined to Answer** | | **Not**  **Assessed** | | |
| \*Arthritis | | | | | | | | | | | |  | | |  | | | |  | |  | |  | | |
| \*Bacteremia | | | | | | | | | | | |  | | |  | | | |  | |  | |  | | |
| \*Cellulitis | | | | | | | | | | | |  | | |  | | | |  | |  | |  | | |
| \*Meningitis | | | | | | | | | | | |  | | |  | | | |  | |  | |  | | |
| \*Necrotizing fasciitis/myositis/gangrene | | | | | | | | | | | |  | | |  | | | |  | |  | |  | | |
| \*Pneumonia | | | | | | | | | | | |  | | |  | | | |  | |  | |  | | |
| \*Peri-partum fever associated with pregnancy/labour | | | | | | | | | | | |  | | |  | | | |  | |  | |  | | |
| *If yes, complete section I.* | | | | | | | | | | | | | | |  | | | |  | |  | |  | | |
| \*Toxic shock syndrome | | | | | | | | | | | |  | | |  | | | |  | |  | |  | | |
| \*Other, *specify*: |  | | | | | | | | | | |  | | |  | | | |  | |  | |  | | |
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| 1. **PREGNANCY** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Outcome of pregnancy *(if relevant)*: | | | | | Fetal death (miscarriage/stillbirth) | | | | | | | | | | | | | Live birth | | | | Did not ask | |  | Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>>(iGAS) Invasive Group A Streptococcal Investigation Form  If infant affected in a case of peri-partum fever, record in Transmission Event Quick Entry and link to case investigation for infant  (Section R)  See section P for definition of stillbirth. | |
| *\*If fetal death*: gestational age (weeks) \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | or birth weight (g) \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | |  |
| *\*If live birth*, was the infant affected? | | | | | | | | Yes | | | | | No | | | | | Unknown | | | | Did not ask | |  |
| 1. **HOSPITALIZATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Admitted to hospital: | | | | Yes | | | | | No | | | | | | | Unknown | | | | Did not ask | | | |  |
| *If yes*, hospital name: | | |  | | | | | | | | | | | | | Admission date: | | | |  | | | |  |
|  | | |  |  | | | | |  | | | | | | |  | | | | *YYYY/MM/DD* | | | |  |
| Admitted to an intensive care unit: | | | | Yes | | | | | No | | | | | | | Unknown | | | | Did not ask | | | |  |
| \*Surgical Intervention: | | | | Yes | | | | | No | | | | | | | Unknown | | | | Did not ask | | | |  |
| 1. **PREDISPOSING CONDITIONS** | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Chickenpox in the last 30 days | | | | Yes | | | | | No | | | | | | | Unknown | | | | Did not ask | | | |  |
| \*Skin infection | | | | Yes | | | | | No | | | | | | | Unknown | | | | Did not ask | | | |  |
| \*Wound | | | | Yes | | | | | No | | | | | | | Unknown | | | | Did not ask | | | |  |
| \**If yes*, specify type of wound: | | | | Surgical | | | | | Trauma | | | | | | | Burn | | | | Did not ask | | | |  |
| 1. **EXPOSURES** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Contact with known case: | | | | Yes | | | | | No | | | | | | | Unknown | | | | Did not ask | | | |  | Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>>(iGAS) Invasive Group A Streptococcal Investigation Form  Create acquisition event and link to investigation for known case: >Investigation  >>Exposure Summary  >>>Acquisition Event  (Section R) | |
| \**If yes*, name of case: | | |  | | | | | | | | | | | \*Location (city/country): | | | | | |  | | | |  |
| \*Date of first contact: | | |  | | | | | | | | | | | \*Date of most recent contact: | | | | | |  | | | |  |
|  | | | *YYYY/MM/DD* | | | | | | | | | | |  | |  | | | | *YYYY/MM/DD* | | | |  |
| \*Additional details: | | |  | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | **Panorama Data Entry Guidance** |
| 1. **SETTINGS** | | | | | | | | | | | | | | Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>>(iGAS) Invasive Group A Streptococcal Investigation Form  Link to setting if cluster investigation/public health follow-up conducted within setting  >Investigation  >>Exposure Summary  as an Acquisition Event / Transmission Event  (Section R) |
| \*Hospital-associated infection | | | Yes | | | No | | Unknown | Did not ask | | |  | |
| Defined as admission to hospital or significant hospital interaction (e.g., day surgery) within 30 days prior to iGAS onset, and without signs or symptoms evident of iGAS at the time of admission. | | | | | | | | | | | | | |
| *\*If yes*, specify hospital name, type and location: | | | | | |  | | | | | |  | |
|  | | |  | | |  | |  |  | | |  | |
| \*Attends child care, school or university | | | | Yes | | No | | Unknown | Did not ask | | |  | |
| *If yes,* specify name, type and location: | | | | | |  | |  |  | | |  | |
| \*Lives in communal setting | | | | Yes | | No | | Unknown | Did not ask | | |  | |
| *If yes,* specify name, type and location: | | | | | |  | | | | | |  | |
|  | | |  | | |  | |  |  | | |  | |
| 1. **\*OUTCOME** | | | | | | | | | | | | | |  |
| Fully Recovered | Not yet recovered/recovering | | | | | | Permanent disability, *specify below* | | | | | |  | Record in  >Investigation  >> Outcome  (Section R) |
| Other, *specify below* | Unknown | | | | | | Death \**If died*, date of death: | | |  | | |  |
|  |  | | | | | |  | | | *YYYY/MM/DD* | | |  |
| *\*If died*, cause of death: |  | | | | | |  | | |  | | |  |
| Contributed but wasn’t the underlying cause | | | | | | | Did not contribute to death/incidental | | | | | |  |
| Other, *specify*: | |  | | | | | Underlying cause of death | | | | Unknown | |  |
| \*Specify other outcome / permanent disability: | | | | |  | | | | | | | |  |
| 1. **NOTES** | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | Record notes relevant to provincial surveillance in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>>iGAS Investigation Form (in Notes) |

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| 1. **DEFINITIONS** | | | | | |
| **Invasive Group A Streptococcal Disease** | | |  | **Reportable?** | |
| **Confirmed case** | | Laboratory confirmation of infection with or without clinical evidence [1] of invasive disease:   * isolation of group A streptococcus (*Streptococcus pyogenes*) from a normally sterile site (blood, cerebral spinal fluid [CSF], pleural fluid, pericardial fluid, peritoneal fluid, deep tissue specimen taken during surgery [e.g. muscle collected during debridement for necrotizing fasciitis], bone or joint fluid excluding the middle ear and superficial wound aspirates [e.g. skin and soft tissue abscesses]) [2]   OR   * demonstration of *S. pyogenes* DNA by an appropriately validated nucleic acid test (NAT) from a normally sterile site. [2] | | Yes | |
| **Probable case** | | Clinical evidence  [1] of invasive disease in the absence of another identified aetiology and with non-confirmatory laboratory evidence of infection by:   * isolation of group A streptococcus from a **non-sterile** site, OR * positive group A streptococcus antigen detection | | Yes | |
| **Suspect case**  **Person under investigation**  **Not a case** | | These are general classifications of cases included in the Panorama user interface. Cases that fall into these classifications are not reportable. The **Suspect** case classification should not be used for Invasive Group A Streptococcal disease investigations.  **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.  **Not a Case**: A client who was followed-up for a reportable condition but was found to have an alternate diagnosis or to have been entered in error. | | No | |
| [1] Clinical evidence of invasive disease may be manifested as one or more of several conditions:   * streptococcal toxic shock syndrome * soft-tissue necrosis, including necrotizing fasciitis, myositis or gangrene * meningitis * fetal/infant death and clinical evidence of maternal illness compatible with invasive group A streptococcal disease [2]   [2] When fetal demise or infant death occurs in association with puerperal infection[3], isolation of group A streptococcus from the placenta, amniotic fluid and/or endometrium is also considered confirmatory for both the mother and fetus/infant.  [3] Puerperal infection is defined as: postpartum iGAS occurring while the mother is still in hospital or within 7 days of hospital discharge or giving birth. | | | | | |
| **Severe case** | Case of streptococcal toxic shock syndrome, soft-tissue necrosis (including necrotizing fasciitis, myositis or gangrene), meningitis, group A streptococcal pneumonia, or death directly attributable to group A streptococcal infection. | | | | |
| **Hospital-associated infection** | Admission to hospital or significant hospital interaction (e.g., day surgery) within 30 days prior to iGAS onset), and without signs or symptoms evident of iGAS at the time of admission. | | | | |
| **Stillbirth** | Births with a birth weight ≥500 g or a gestational age at delivery of ≥20 weeks that show no evidence of life at birth. | | | | |
| 1. **OUT OF PROVINCE CASES AND CONTACTS** | | | | |
| **Out of province cases and contacts** should be notified to the BC Centre for Disease Control to enable reporting to their home jurisdiction.  For cases or contacts requiring immediate public health follow-up, notification should be made by phone:   * Weekdays - 604-707-2548 (BCCDC Communicable Diseases and Immunization Service) * Evenings and weekends - 604-875-2161 or 1-888-300-3088, local 2161 (nurse/physician on call)   For cases not requiring immediate public health follow-up, notification may be made by fax (604-707-2515) or email ([vpd.epi@bccdc.ca](mailto:vpd.epi@bccdc.ca)). | | | | |

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| 1. **PANORAMA DATA ENTRY DETAILS** |
| For definitions on documenting the appropriate ***geographical attribution of the case***, see Communicable Disease Control Manual ([www.bccdc.ca](http://www.bccdc.ca)): [Surveillance of Reportable Conditions-Documenting Geography for CD Investigations in Panorama](http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/surveillance-of-reportable-conditions).  For temporary workers, snowbirds, or students attending educational institution:   * “Client Home Address at Time of Initial Investigation” should reflect temporary BC address * Record their health region information as Out of BC (under Subject > Client Details >> Personal Information). * Record primary home address as the address of their permanent residence (under Subject > Client Details >> Personal Information).   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 ***infant is affected in a case of peri-partum fever***, create a Transmission Event for the mother on the Exposure Summary screen (under Investigation on the left hand navigation) using the Transmission Event Quick Entry section.  Transmission Event > Exposure Name: XXX-Vertical Transmission *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA,* or *NHA)*  Transmission Event Date/Time > Transmission Start: Infant’s date of birth  Exposure Location > Exposure Location Name: *same as Exposure Name*  > Exposure Setting Type: Vertical transmission/congenital  Create a case investigation for the infant, with the infant’s Acquisition Event linking to the mother’s Transmission Event.  ^Training Materials and Data Standards: Exposures-Reference Guide-Investigations; Data Standard-Documenting Contacts to a Case; Data Standard-Documentation of Acquisition Event/Transmission Event in Panorama; Data Standard-Vertical Transmission and Congenital/Neonatal Infections |
| Record ***contact with a known case*** in >Investigation >>Investigation Details >>>Links & Attachments >>>>iGAS Investigation Form.  *If contact with a known case = Yes*, create an Acquisition Event on the Exposure Summary Screen (under Investigation on the land hand navigation).  Acquisition Event > Exposure Name: XXX-Contact-iGAS *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA,* or *NHA)*  Acquisition Event Date/Time > Acquisition Start: date of first contact or 30 days prior to onset of symptoms *(select most recent)*  > Acquisition End: most recent contact  Exposure Location > Exposure Location Name: *same as Exposure Name*  > Country: country of exposure to contact with a known case  > City: city of exposure to contact with a known case  Link this Acquisition Event to a Transmission Event on the source case’s iGAS investigation.  ^Training Materials and Data Standards: Exposures-Reference Guide-Investigations; Data Standard - Documenting Contacts to a Case; Exposure Summary – Documentation Standard – Investigations; Data Standard - Documentation of Acquisition Event/Transmission Event in Panorama |
| If the infection was ***acquired in hospital*** and a cluster investigation or further public health follow-up was conducted with the hospital, create an Acquisition Event on the Exposure Summary screen (under Investigation in the left hand navigation) using the Create Acquisition Event button to get to the Maintain Acquisition Event Details screen.  Acquisition Event > Exposure Name: XXX-Nosocomial-iGAS  *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA,* or *NHA)*  > Potential Mode of Acquisition: Airborne/droplet  > Nature of Exposure: Nosocomial  Acquisition Event Date/Time > Start Date: Admission date/date visited hospital or 30 days prior to onset of symptoms *(select the most recent)*  Exposure Location > Exposure Location Name: *same as Exposure Name*  > Exposure Setting Type: Facility - non-recreational  > Exposure Setting: Hospital  ^Training Materials and Data Standards: Exposures-Reference Guide-Investigations; Exposure Summary – Documentation Standard – Investigations; Data Standard - Documentation of Acquisition Event/Transmission Event in Panorama |

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| 1. **PANORAMA DATA ENTRY DETAILS *continued*** |
| If the case ***lives in a communal setting or attends child care, school or university***, and follow-up of contacts from these settings is required, 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.  Transmission Event > Exposure Name: XXX-NameOfFacility-iGAS *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA,* or *NHA)*  Transmission Event Date/Time > Transmission Start: 7 days prior to onset of symptoms  Exposure Location > Exposure Location Name: *same as Exposure Name*  > Exposure Setting Type: “Facility – non-recreational” or “Communal living”  > Exposure Setting: most appropriate selection based on list filtered by Exposure Setting Type  > Address: fill in details for facility  When required, create investigations for ***close contacts*** of ***severe*** iGAS cases (refer to [Communicable Disease Control Manual](http://www.bccdc.ca/dis-cond/comm-manual/CDManualChap1.htm)). Contacts can be created as indeterminate clients until all required personal identifiers are known.  ^Training Materials and Data Standards: Cohorts-Static-Reference Guide-Shared Services; Client-Maintain-Reference Guide-Shared Services; Policy and Guideline-Client Identity Management-Shared Services; Exposures-Reference Guide-Investigations; Data Standard - Documenting Contacts to a Case; Exposure Summary – Documentation Standard – Investigations; Data Standard - Documentation of Acquisition Event/Transmission Event in Panorama |
| If the ***outcome is death***, record as follows.  Outcome: Death  Outcome Date: Date of death (if known) or date at which user found out about fatal outcome (if date of death unknown)  Cause of Death: Select most appropriate response  After recording the outcome, inactivate the client in the Personal Information screen (under Subject > Client Details on the left hand navigation) following routine procedures/standards.  **Note:** If the outcome is ***not death***, the outcome date is the date public health was made aware of the outcome.  ^Data Standard: Outcomes – Documentation Standard – Investigations |

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