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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INSTRUCTIONS**   * **Confidential when completed** * **Report probable and confirmed cases of invasive meningococcal disease to your MHO** * **Notify BCCDC about out-of-province cases or contacts requiring public health follow-up (Section P)** * **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 O, page 5** * **BCCDC Communicable Diseases and Immunization Service phone number: 604-707-2548** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Panorama Data Entry Guidance**  More details in Section Q,  pages 5-7. |
| **PERSON REPORTING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Review /update using the links on the top right hand corner:  >My Account  >>User Profile  If entering data on behalf of someone else, record in  >Notes when the investigation is in context.  Record Report Date:  >Investigation  >>Investigation Details  >>>Reporting 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” (Sections P-Q). |
| \*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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Confirmed | | | | | | | | | | | | | | Probable | | | | | | | | | | | | | | | | | | | | | | *See page 5 for case definitions.* | | | | | | | | | | | | | >Investigation  >>Investigation Details  >>>Disease Summary |
| Person Under Investigation | | | | | | | | | | | | | | Not a Case | | | | | | | | | | | | | | | | | | | | | |

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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 IMD 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 to the investigation. |
| \*Congenital immunodeficiency | | | | | | | | |  | |  | | |  | | | |  | | |  | | |
| \*Congenital or acquired, or functional asplenia | | | | | | | | |  | |  | | |  | | | |  | | |  | | |
| \*HIV | | | | | | | | |  | |  | | |  | | | |  | | |  | | |
| \*Hematopoietic stem cell transplant candidate or recipient | | | | | | | | |  | |  | | |  | | | |  | | |  | | |
| \*Islet cell transplant candidate or recipient | | | | | | | | |  | |  | | |  | | | |  | | |  | | |
| \*Solid organ transplant candidate or recipient | | | | | | | | |  | |  | | |  | | | |  | | |  | | |
| \*Immunocompromised due to treatment e.g., Eculizumab (Soliris®) | | | | | | | | |  | |  | | |  | | | |  | | |  | | |
| *\*If yes, specify:* | |  | | | | | | |  | |  | | |  | | | |  | | |  | | |
| \*Other immunocompromising condition | | | | | | | | |  | |  | | |  | | | |  | | |  | | |
| *\*If yes, specify:* | |  | | | | | | |  | |  | | |  | | | |  | | |  | | |
| \*Gay / bisexual / other MSM | | | | | | | | |  | |  | | |  | | | |  | | |  | | |
| \*Other risk factor, *specify*: | | |  | | | | | |  | |  | | |  | | | |  | | |  | | |
|  | | | | | | | | |  | |  | | |  | | | |  | | |  | | |
| 1. **\*IMMUNIZATION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Immunizing Agent** | | | | | | | **\*Date(s) of Immunization**  ***(YYYY/MM/DD)*** | | | | | | | | | | | | |  | |  | 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  >>>>Meningococcal Case Investigation Form  Contraindications and Exemptions:  >Immunizations  >>Special Considerations  >>>Type of Special Consideration  Deferrals:  >Immunizations  >>Record and Update Imms  >>>Deferrals  (Section Q) | |
| Meningococcal-C Conjugate | | | | | | |  | | | | |  | | |  | | | | |  | |  |
| Meningococcal Conjugate A, C, Y, W-135 | | | | | | |  | | | | |  | | |  | | | | |  | |  |
| Meningococcal Polysaccharide A, C, Y, W-135 | | | | | | |  | | | | |  | | |  | | | | |  | |  |
| Meningococcal-B | | | | | | |  | | | | |  | | |  | | | | |  | |  |
| Other Meningococcal Immunization | | | | | | |  | | | | |  | | |  | | | | |  | |  |
| *Specify :* |  | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | |  | | | | | | | | |  | | | | | |  |
| \*Un-documented history of prior meningococcal immunizations: | | | | | | | | | | Yes | | | | No | | | Unknown | | | | |  |
| *If yes*, provide available details: | | | | |  | | | | | | | | | | | | | | | | |  |
|  | | | | |  | | | | | | | | |  | | | | | | | |  |
| \*Summary of meningococcal immunization status prior to onset (based on BC schedule): | | | | | | | | | | | | | | | | | | |  | | |  |
| Fully immunized for age - documented | | | | | | Partially immunized for age - documented | | | | | | | | | | | | | Unimmunized | | |  |
| Fully immunized for age - undocumented | | | | | | Partially immunized for age - undocumented | | | | | | | | | | | | | Unknown | | |  |
| *\*If unimmunized against meningococcal disease*, reason(s): | | | | | | | | | | | | | | | | | | |  | | |  |
| Exemption – Client or Parent/Guardian Refusal | | | | | | | | | | | | | | | | | | | | | | |
| Any other Exemption, *specify*: | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | |  | | | | | | | | |  | | | | | | | | | |
| Contraindication | | | | | | | |  | | | | | |  | | | | | | | | |
| Deferral | | | | | | | |  | | | | | |  | | | | | | | | |
| Unknown | | | | | | | |  | | | | | |  | | | | | | | | |

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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Panorama Data Entry Guidance** |
| 1. **\*LABORATORY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **\*Specimen** | | | | **\*Collection Date**  ***(YYYY/MM/DD)*** | | | | | | | | **\*Test** | | | | | | | | | | **\*Result** | | | | | | | | | | | | | | | | | | | | | | Record in  >Investigation  >>Lab  >>>Lab Quick Entry  Record Causative Agent and serogroup in  >Investigation  >>Investigation Details  >>>Disease Summary  Record the serotype, subtype and other details in the Further Differentiation field. |
| Blood | | | |  | | | | | | | | Culture | | | | | | | | | | Positive | | | | | | Negative | | | | Indeterminate | | | | | | | Pending | | | | |
|  | | | |  | | | | | | | | PCR | | | | | | | | | | Positive | | | | | | Negative | | | | Indeterminate | | | | | | | Pending | | | | |
|  | | | |  | | | | | | | | Gram Stain | | | | | | | | | | Positive | | | | | | Negative | | | | Indeterminate | | | | | | | Pending | | | | |
| CSF | | | |  | | | | | | | | Culture | | | | | | | | | | Positive | | | | | | Negative | | | | Indeterminate | | | | | | | Pending | | | | |
|  | | | |  | | | | | | | | PCR | | | | | | | | | | Positive | | | | | | Negative | | | | Indeterminate | | | | | | | Pending | | | | |
|  | | | |  | | | | | | | | Gram Stain | | | | | | | | | | Positive | | | | | | Negative | | | | Indeterminate | | | | | | | Pending | | | | |
| Other sterile | | | |  | | | | | | | | Culture | | | | | | | | | | Positive | | | | | | Negative | | | | Indeterminate | | | | | | | Pending | | | | |
| site, s*pecify:* | | | |  | | | | | | | | PCR | | | | | | | | | | Positive | | | | | | Negative | | | | Indeterminate | | | | | | | Pending | | | | |
|  |  | | |  | | | | | | | | Gram Stain | | | | | | | | | | Positive | | | | | | Negative | | | | Indeterminate | | | | | | | Pending | | | | |
| \*Serogroup: | | A | | | | | B | | C | | | | | | E | | | | W | | | | | | | Y | | | | | X | | | | | Z | | Pending | | | | | |
| \*Serotype: | |  | | | | | | | | | | | | | | | | | \*Subtype: | | | | | | |  | | | | | | | | | | | | | | | |  | |
| \*Details: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | |  | | | | |  | |  | | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |
| 1. **PHYSICIAN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physician Name: | | | | |  | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |  | | | |  | | | |  | | ***Optional:***  Record in  >Investigation  >>Investigation Details  >>>External Sources | |
|  | | | | | *Last* | | | | | | | | | | | | | | | |  | | *First* | | | | | | | | | |  | | | |  | | | |  | |
| Physician Phone: | | | | | (     ) | | | | |  | | |  | | | | | | | | - | |  | | | | | | | | | | ext. | | | |  | | | |  | |
|  | | | | |  | | | | |  | | |  | | | | | | | |  | |  | | | | | | |  | | |  | | | |  | | | |  | |
| 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 meningococcal disease. |
|  | | | | | | *YYYY* | | | | |  | | | *MM* | | |  | | | *DD* | | | | | | |
| **\*Sign / Symptom** | | | | | | | | | | | | | | | | | | **Yes** | | | | | | **No** | | | | | **Asked but Unknown** | | | | | | **Declined to Answer** | | | | | **Not**  **Assessed** | | | |
| \*Meningitis | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | |
| \*Purpura fulminans/meningococcemia | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | |
| \*Rash - Petechial | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | |
| \*Bacteremia | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | |
| \*Other, *specify*: | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | |
|  | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | |
| 1. **HOSPITALIZATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Admitted to hospital: | | | | | | | | | Yes | | | | | | | No | | | | | | | | | Unknown | | | | | | | | | Did not ask | | | | | | |  | | | Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>>Meningococcal Case Investigation Form |
| *If yes,* hospital name: | | | | | | | |  | | | | | | | | | | | | | | | | | \*Admission date: | | | | | | | | |  | | | | | | |  | | |
|  | | | | | | | |  |  | | | | | | |  | | | | | | | | |  | | | | | | | | | *YYYY/MM/DD* | | | | | | |  | | |
| \*Admitted to an intensive care unit: | | | | | | | | | Yes | | | | | | | No | | | | | | | | | Unknown | | | | | | | | | Did not ask | | | | | | |  | | |

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|  | | | | | | | | | | | | | | | | | | | | | | | | | **Panorama Data Entry Guidance** |
| 1. **TRAVEL** | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Travel in the 10 days prior to onset: | | | | | | | | | Yes | | | | | | No | | Unknown | | | Did not ask | | | | | Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>>Meningococcal Case Investigation Form |
| *\*If yes*, was travel: | | Within BC only | | | | | | | Outside BC, but within Canada | | | | | | | | Outside Canada | | | | | | | |
| \*Travel location(s) during the 10 days prior to onset: | | | | | | | | | | |  | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | |  | |
| **NOTE**: If out-of-province contacts requiring public health follow-up are identified, notify BCCDC for communication to their home jurisdiction (Section P). | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **EXPOSURES** | | | | | | | | | | | | | | | | | | | | | | | | | Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>> Meningococcal Case Investigation Form  Create acquisition event and link to investigation for known case: >Investigation  >>Exposure Summary using  >>>Acquisition Event  To link to setting:  >Investigation  >>Exposure Summary  as an Acquisition Event / Transmission Event  (Section Q) |
| \*Contact with known case: | | | | | | Yes | | | | | | No | | | | Unknown | | Did not ask | | | | | |  |
| *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: | | | | |  | | | | | | | | | | | | | | | | | | |  |
|  | | | | |  | | | | | | | | | | | | | | | | | | |  |
|  | | | | |  |  | | | | | |  | |  | |  | |  | | | | | |  |
| 1. **SETTINGS** | | | | | | | | | | | | | | | | | | | | | | | | |
| \*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 Q) |
| 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  >>>>Meningococcal Case Investigation Form (in Notes) |
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| **O. CASE DEFINITIONS** | | | |
| **Invasive Meningococcal Disease** | |  | **Reportable?** |
| **Confirmed case** | Clinical evidence [1] of invasive disease with laboratory confirmation of infection:   * isolation of *Neisseria meningitidis* from a normally sterile site (blood, cerebral spinal fluid [CSF], joint, pleural or pericardial fluid)   OR   * demonstration of *N. meningitidis* DNA by an appropriately validated nucleic acid test (NAT) from a normally sterile site | | Yes |
| **Probable case** | Clinical evidence [1] of invasive disease with purpura fulminans or meningococcemia, with no other apparent cause, with non-confirmatory laboratory evidence:   * Gram-negative diplococci in the CSF | | 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 Meningococcal 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 illness associated with invasive meningococcal disease usually manifests itself as meningitis and/or septicemia, although other manifestations may be observed (e.g., orbital cellulitis, septic arthritis). Invasive disease may progress rapidly to purpura fulminans, shock and death. | | | |
| 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 (Immunization and Vaccine Preventable Diseases Service) * Evenings and weekends - 604-875-2161 (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)). | | | |
| 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). | | | |

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| **Q. PANORAMA DATA ENTRY DETAILS *continued*** |
| For ***historic immunizations***, record details 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 User Defined Form (Meningococcal Case Investigation 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 Meningococcal Case Investigation Form (in Links and Attachments, under Investigation > Investigation Details on the left hand navigation).  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 and Data Standards: Add Historical Immunization-Quick Steps-Immunization; Special Consideration-Quick Steps-Immunization; UDFs-Reference Guide-Investigations; Historic Immunizations-Data Standard-Immunization; Special Considerations-Data Standard-Immunization; Special Considerations – Documentation Standard - Immunizations |
| Meningococcal ***immunization status*** prior to onset:   |  |  |  | | --- | --- | --- | | **Population** | **Partially Immunized** | **Fully Immunized** | | Healthy infants, 2-11 months old | n/a | 1 dose Men-C-C | | Healthy children,12 months old to start of Grade 6 | 1 dose Men-C-C prior to first birthday | 1 dose Men-C-C on or after first birthday | | Healthy people after end of Grade 6 and born in the years 1988 to 2001 | ≥1 dose Men-C-C prior to 10th birthday | 1 dose Men-C-C on or after 10th birthday | | Healthy people after end of Grade 9 and born on or after 2002 | ≥1 dose Men-C-C prior to start of Grade 9 | 1 dose Men-C-ACYW-135 in grade 7 or later (i.e., on or after 11 years 8 months of age) | | Medically high-risk | May require Men-C-ACYW-135. Men-C-C may also be indicated.  See [BC Immunization Manual](http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization), [Part 2-Immunization of Special Populations](http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization/immunization-of-special-populations) | | | Healthy infants <2 months old | *Not eligible for publicly funded meningococcal vaccine in BC* | | | Healthy adults born in 1987 or earlier | *Not eligible for publicly funded meningococcal vaccine in BC* | |   Documented: A written record that includes the agent received and the year and month (with our without the day) of immunization.  Undocumented: A verbal history or a written record missing the month/year of immunization.  ^Data Standards: Historic Immunizations-Data Standard-Immunization, Special Considerations-Data Standard-Immunization |
| Record ***contact with a known case*** in >Investigation >>Investigation Details >>>Links & Attachments >>>> Meningococcal Case 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-IMD *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA,* or *NHA)*  Acquisition Event Date/Time > Acquisition Start: date of first contact or 10 days prior to onset of symptoms *(select most recent)*  > Acquisition End: most recent contact  Exposure Location > 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 IMD 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 |

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| **Q. PANORAMA DATA ENTRY DETAILS *continued*** |
| If the case ***lives in a communal setting or attends child care, school or university*** and public health follow-up is done for potential contacts from that setting, 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-IMD *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA,* or *NHA)*  Transmission Event Date/Time > Transmission Start: 10 days prior to onset  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 IMD 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>).