



Invasive Meningococcal Disease (IMD) Case Report Form

<u>INSTRUCTIONS</u>		Panorama Data Entry Guidance More details in Section Q, pages 5-7.
<ul style="list-style-type: none"> • Confidential when completed • Report probable and confirmed cases of invasive meningococcal disease to your MHO • 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 • Case definitions are in Section O, page 5 • BCCDC Immunization and Vaccine Preventable Diseases Service phone number: 604-707-2548 		
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): _____ <i>YYYY / MM / DD</i>	
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" (Sections P-Q).
*Date of Birth: <i>YYYY / MM / DD</i>	*Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Undifferentiated <input type="checkbox"/> Unknown	
*Health Card Number:	Alternate Name(s):	
Phone Number (home/work/mobile): () - ext.		
*Address at time of case: <i>Unit #</i> <i>Street #</i> <i>Street Name</i> <i>City</i>		
*Postal Code:	*Province:	
*Country of Residence (<i>if not Canada</i>):		
*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 Indian <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"/> Probable <input type="checkbox"/> Person Under Investigation <input type="checkbox"/> Not a Case		>Investigation >>Investigation Details >>>Disease Summary <i>See page 5 for case definitions.</i>



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D. *RISK FACTORS

*Risk Factor	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed
*Congenital immunodeficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Congenital or acquired, or functional asplenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Hematopoietic stem cell transplant candidate or recipient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Islet cell transplant candidate or recipient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Solid organ transplant candidate or recipient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Immunocompromised due to treatment e.g., Eculizumab (Soliris®) <i>*If yes, specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Other immunocompromising condition <i>*If yes, specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Gay / bisexual / other MSM	<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"/>

Record in
>Subject
>> Risk Factors

If the investigation is in context, the preset list of risk factors specific to invasive meningococcal disease will display, and selected risk factors will be set as pertinent to the investigation.

E. *IMMUNIZATION INFORMATION

*Immunizing Agent	*Date(s) of Immunization (YYYY/MM/DD)
<input type="checkbox"/> Meningococcal-C Conjugate	_____
<input type="checkbox"/> Meningococcal Conjugate A, C, Y, W-135	_____
<input type="checkbox"/> Meningococcal Polysaccharide A, C, Y, W-135	_____
<input type="checkbox"/> Meningococcal-B	_____
<input type="checkbox"/> Other Meningococcal Immunization <i>Specify:</i> _____	_____
*Un-documented history of prior meningococcal immunizations: <i>If yes, provide available details:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
*Summary of meningococcal 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 meningococcal disease, 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	

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)



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F. *LABORATORY INFORMATION

*Specimen	*Collection Date (YYYY/MM/DD)	*Test	*Result			
<input type="checkbox"/> Blood	_____	<input type="checkbox"/> Culture	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending
		<input type="checkbox"/> PCR	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending
		<input type="checkbox"/> Gram Stain	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending
<input type="checkbox"/> CSF	_____	<input type="checkbox"/> Culture	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending
		<input type="checkbox"/> PCR	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending
		<input type="checkbox"/> Gram Stain	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending
<input type="checkbox"/> Other sterile site, <i>specify</i> : _____	_____	<input type="checkbox"/> Culture	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending
		<input type="checkbox"/> PCR	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending
		<input type="checkbox"/> Gram Stain	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Pending
*Serogroup: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Y <input type="checkbox"/> X <input type="checkbox"/> Z <input type="checkbox"/> Pending						
*Serotype: _____ *Subtype: _____						
*Details: _____						

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.

G. PHYSICIAN

Physician Name: _____
Last First

Physician Phone: (_____) _____ - _____ ext. _____

Optional:
Record in
>Investigation
>>Investigation Details
>>>External Sources

H. *SIGNS AND SYMPTOMS

*Onset of illness: _____ / _____ / _____
YYYY MM DD *The earliest date the client reported a clinically-relevant symptom.*

*Sign / Symptom	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed
*Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Purpura fulminans/meningococemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Rash - Petechial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Bacteremia	<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"/>

Record in
>Investigation
>>Signs and
Symptoms

Select "Set as Onset"
and record onset date
of the first symptom
indicative of invasive
meningococcal
disease.

I. 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

Record in
>Investigation
>>Investigation Details
>>>Links &
Attachments
>>>>Meningococcal
Case Investigation
Form



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J. TRAVEL

*Travel in the 10 days prior to onset: Yes No Unknown Did not ask
If yes, was travel: Within BC only Outside BC, but within Canada Outside Canada
 *Travel location(s) during the 10 days prior to onset: _____

Record in
>Investigation
>>Investigation Details
>>>Links & Attachments
>>>>Meningococcal Case Investigation Form

K. EXPOSURES

*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: _____

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

L. SETTINGS

*Attends child care, school or university Yes No Unknown Did not ask
 *Lives in communal setting Yes No Unknown Did not ask
If yes, specify name of setting, type and location: _____

To link to setting:
>Investigation
>>Exposure Summary as an Acquisition Event / Transmission Event

(Section Q)

M. *OUTCOME

Fully recovered Not yet recovered/recovering Permanent disability, *specify below*
 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: _____

Record in
>Investigation
>> Outcome

(Section Q)

N. *NOTES

Record notes relevant to provincial surveillance in
>Investigation
>>Investigation Details
>>>Links & Attachments
>>>>Meningococcal Case Investigation Form (in Notes)



O. CASE DEFINITIONS

Invasive Meningococcal Disease		Reportable?
Confirmed case Clinical evidence ^[1] of invasive disease with laboratory confirmation of infection: <ul style="list-style-type: none"> isolation of <i>Neisseria meningitidis</i> from a normally sterile site (blood, cerebral spinal fluid [CSF], joint, pleural or pericardial fluid) OR demonstration of <i>N. meningitidis</i> 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 meningococemia, with no other apparent cause, with non-confirmatory laboratory evidence: <ul style="list-style-type: none"> 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.

P. OUT OF PROVINCE CASES

Out of province cases should be notified to the BC Centre for Disease Control to enable reporting to their home jurisdiction.

For cases 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 - 604-312-9220 (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).

Q. 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).



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 10 th birthday	1 dose Men-C-C on or after 10 th 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, Part 2-Immunization of Special Populations	
Healthy infants <2 months old	<i>Not eligible for publicly funded meningococcal vaccine in BC</i>	
Healthy adults born in 1987 or earlier	<i>Not eligible for publicly funded meningococcal vaccine in BC</i>	

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



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](#)). 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>).