|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INSTRUCTIONS**   * **Confidential when completed** * **Report suspect, probable and confirmed cases of mumps to your MHO and enter into** * **Notify BCCDC about out-of-province cases and contacts requiring public health follow-up (Section S)** * **Enter suspect, probable and confirmed cases into Panorama or PARIS** * **Fax or e-mail pages 1-5 of this case report form to 604-707-2515 or** [**VPD.epi@bccdc.ca**](mailto:VPD.epi@bccdc.ca) * **Case definitions are on page 6** * **Fields marked with \* are part of the minimum data standard for provincial reporting** * **BCCDC Communicable Diseases and Immunization Service phone number: 604-707-2548** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Panorama Data Entry Guidance**  More details in Section T,  pages 6-8. |
| **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: | | | | | | | | | | | | (     ) | | | | | | |  | | | | | | | | - | | |  | | | | | | | ext. | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \*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 T) |
| \*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, not provided | | | | | | | | | | | | | | | | | | | | | | | | Asked, but unknown | | | | | | | | | | | | | | | | | | | Not asked | | | | | | | | | |
| 1. **\*CLASSIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lab-confirmed | | | | | | | | | | | | | | | Epi-linked Confirmed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Probable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Record/Update in  >Investigation  >>Investigation Details  >>>Disease Summary |
| Suspect | | | | | | | | | | | | | | | Person Under Investigation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Not a Case | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *See page 6 for case definitions.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Panorama Data Entry Guidance** | |
| 1. **\*IMMUNIZATION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Immunizing Agent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **\*Date(s) of Immunization**  ***(YYYY/MM/DD)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Record or review and update in the Immunization Module.  Documented immunizations:  >Immunizations  >>Record & Update Imms  Undocumented immunizations:  >Immunizations  >>Special Considerations  Summary immunization status:  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>>Mumps Case Investigation Form  Contraindications and Exemptions:  >Immunizations >>Special Considerations  >>>Type of Special Consideration  Deferrals:  >Immunizations  >>Record and Update Imms  >>>Deferrals  (Section T) | |
| MMR | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | |  | | | |
| Other mumps vaccine, *specify*: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | |  | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | |  | | | |
| \*Un-documented history of prior mumps immunizations: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | No | | | | | | | | Unknown | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| If yes, provide available details: | | | | | | | | | | | | | | | | ­­­­­ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Summary mumps immunization status prior to onset (based on BC schedule): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fully immunized for age, documented | | | | | | | | | | | | | | | | | | | | | | | | | | Partially immunized for age - documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Fully immunized for age, undocumented | | | | | | | | | | | | | | | | | | | | | | | | | | Partially immunized for age - undocumented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Assumed immune because of age | | | | | | | | | | | | | | | | | | | | | | | | | | Unimmunized | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Unknown | | | | | | | | | | | |
| \*If unimmunized against this disease, reason(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exemption – Client or Parent/Guardian Refusal | | | | | | | | | | | | | | | | | | | | | | | | | | | | Any other Exemption, *specify*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
| Contraindication | | | | | | | | | | | | | | | | | | | | | | | | | | | | Deferral | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Unknown | | | | | | | | | | | | | | | | | | | |
| 1. **\*LABORATORY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **\*Specimen Collected &**  **Test Performed** | | | | | | | | | | | | | | | | | |  | | | **\*Collection Date**  ***(YYYY/MM/DD)*** | | | | | | | | | **\*Result** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Record in  >Investigation  >>Lab  >>>Lab Quick Entry  Record Causative Agent in  >Investigation  >>Investigation Details  >>>Disease Summary | |
| Buccal swab - culture | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | Positive | | | | | | | | | | | | | | | | Negative | | | | | | | | | | Indeterminate | | | | | | | | | | | | | | | Pending | | | | |  | | |
| Buccal swab - PCR | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | Positive | | | | | | | | | | | | | | | | Negative | | | | | | | | | | Indeterminate | | | | | | | | | | | | | | | Pending | | | | |
| Urine - culture | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | Positive | | | | | | | | | | | | | | | | Negative | | | | | | | | | | Indeterminate | | | | | | | | | | | | | | | Pending | | | | |
| Urine - PCR | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | Positive | | | | | | | | | | | | | | | | Negative | | | | | | | | | | Indeterminate | | | | | | | | | | | | | | | Pending | | | | |
| Blood - IgM | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | Positive | | | | | | | | | | | | | | | | Negative | | | | | | | | | | Indeterminate | | | | | | | | | | | | | | | Pending | | | | |
| Blood – IgG acute | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | Positive | | | | | | | | | | | | | | | | Negative | | | | | | | | | | Indeterminate | | | | | | | | | | | | | | | Pending | | | | |
| Blood – IgG convalescent | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | Positive | | | | | | | | | | | | | | | | Negative | | | | | | | | | | Indeterminate | | | | | | | | | | | | | | | Pending | | | | |
| Other, specify: | | | | |  | | | | | | | | | | | | | |  | | |  | | | | | | | | | Positive | | | | | | | | | | | | | | | | Negative | | | | | | | | | | Indeterminate | | | | | | | | | | | | | | | Pending | | | | |
|  | | | | |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |
| 1. **PHYSICIAN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physician Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | ***Optional:***  Record in  >Investigation  >>Investigation Details  >>>External Sources | | | |
|  | | | | | | *Last* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | *First* | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | |  |
| Physician Phone: | | | | | | (    ) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | - | | |  | | | | | | | | | | | | | | | | | | | | | | | ext. | | | | |  | | | | | | | |  |
|  | | | | | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Panorama Data Entry Guidance** |
| 1. **\*SIGNS AND SYMPTOMS AT TIME OF REPORTING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Sign / Symptom** | | | | | | | | | | | | | | | **Yes** | | | | | | | | **No** | | | | | **Asked but Unknown** | | | | | | | **Declined to Answer** | | **Not**  **Assessed** | | | | | Record in  >Investigation  >>Signs & Symptoms  Select “Set as Onset” for parotitis or orchitis and record parotitis or orchitis onset date.  Symptom duration not required for outbreak-associated cases. |
| \*Fever | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | | | | |  | |  | | | | |
| \*Orchitis (males only) | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | | | | |  | |  | | | | |
| \*Parotitis, bilateral | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | | | | |  | |  | | | | |
| \*Parotitis, unilateral | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | | | | |  | |  | | | | |
| \*Onset of parotitis/orchitis: | | | |  | | | | **/** |  | | | | | | | | **/** |  | | | | |  | | \*Duration of parotitis/orchitis: | | | | | | | | | | |  | | days | | | |
|  | | | | *YYYY* | | | |  | *MM* | | | | | | | |  | *DD* | | | | |  | |  | | | | | | | | | | | | | | | | |
| 1. **EXPOSURE AND COMMUNICABILITY PERIODS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| ***Exposure Period:*** 12-25 days prior to onset of parotitis/orchitis. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Optional:***  Record in  >Investigation  >>Incubation & Communicability |
|  | Earliest possible exposure: | | | |  | | | | | | | | | | | | | | | | | Latest possible exposure: | | | | | | | | | |  | | | | | | | |  | |
|  |  | | | | *YYYY/MM/DD* | | | | | | | | | | | | | | | | |  | | | | | | | | | | *YYYY/MM/DD* | | | | | | | |  | |
| ***Communicability Period:*** 2 days before to 5 days after onset of parotitis/orchitis. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | From: | | | |  | | | | | | | | | | | | | | | | |  | | | | | To: | | | | |  | | | | | | | |  | |
|  | | | | | *YYYY/MM/DD* | | | | | | | | | | | | | | | | |  | | | | |  | | | | | *YYYY/MM/DD* | | | | | | | |  | |
| 1. **HOSPITALIZATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Admitted to hospital: | | | | | | Yes | | | | No | | | | Unknown | | | | | | | | | | Did not ask | | | | | | | | | |  | | | | | |  | Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>> Mumps Case Investigation Form | |
| *If yes,*  hospital name: | | | | | |  | | | | | | | | | | | | | | | | | | \*Admission date: | | | | | | | | | |  | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *YYYY/MM/DD* | | | | | |
| \*Admitted to an intensive care unit: | | | | | | Yes | | | | No | | | | Unknown | | | | | | | | | | Did not ask | | | | | | | | | |  | | | | | |  |
| 1. **\*EXPOSURES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Contact with known case of mumps: | | | | | | | Yes | | | | No | | | | | | | | | | Unknown | | | | | | | | Did not ask | | | | | | | | | | | | | Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>> Mumps Case Investigation Form  Create acquisition event and link to investigation for known case:  >Investigation  >>Exposure Summary using  >>>Acquisition Event |
| \*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: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Travel during exposure period: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Travel in the 12-25 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 12-25 days prior to onset:  (city, prov/state, country) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | **Panorama Data Entry Guidance** |
| 1. **SETTINGS** | | | | | | | | | | | | | | |  |
| \*Healthcare worker † | | Yes | | | No | | | Unknown | | Did not ask | | | | | Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>> Mumps Case Investigation Form  To link to setting:  >Investigation  >>Exposure Summary  as a Transmission Event (Section T) |
| † Any individual who is regulated by the Health Professions Act including doctors, nurses, dentists, physiotherapists, and occupational therapists. | | | | | | | | | | | | | | |
| \*Attends child care, school or university | | Yes | | | No | | | Unknown | | Did not ask | | | | |
| \*Lives in communal setting | | Yes | | | No | | | Unknown | | Did not ask | | | | |
| Specify setting name, type and location: | |  | | | | | | | | | | | |  |
|  |  | |  | | | |  | | | | |  | | |
| 1. **\*TRAVEL DURING COMMUNICABILITY PERIOD** | | | | | | | | | | | | | | |  |
| \*Travel in the 2 days before to 5 days following onset of parotid swelling: | | | | | Yes | No | | | Unknown | | | | Did not ask | | Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>> Mumps Case Investigation Form  If public health follow-up is required for contacts from travel during the communicability period, record the travel event:  >Investigation  >>Exposure Summary using Transmission Event Quick Entry (Section T). |
| *\*If yes*, was travel: | Within BC only | | | Outside BC, but within Canada | | | | | | | Outside Canada | | | |
| \*If travel was outside of BC, please notify BCCDC of identifiable contacts for whom public health follow-up is required for communication to their home jurisdiction. | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **\*COMPLICATIONS** | | | | | | | | | | | | | | |  |
| **Complication** | | | **Yes** | **No** | | **Asked but Unknown** | | | **Declined to Answer** | | | **Not**  **Assessed** | | | Record in  >Investigation  >> Complications  An encounter must be in context in order to record a complication. |
| \*Encephalitis | | |  |  | |  | | |  | | |  | | |
| \*Meningitis | | |  |  | |  | | |  | | |  | | |
| \*Permanent hearing loss | | |  |  | |  | | |  | | |  | | |
| 1. **\*OUTCOME** | | | | | | | | | | | | | | |  |
| Fully Recovered | | Not yet recovered/recovering | | | Permanent disability, *specify below* | | | | | | | | |  | Record in  >Investigation  >> Outcome  (Section T) |
| Unknown | | Other, *specify below* | | | Death \* *If died*, date of death: | | | | |  | | | |  |
| YYYY /MM /DD | | | |  |
| \*Specify other outcome / permanent disability: | | | | |  | | | | | | | | | |
|  | | |  | |  | | | | |
| *\*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 | | | |
|  | | | | | |  | | | |  | | | |
|  | | | | | | |  | | | | | |  | |
| 1. **\*NOTES** | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | Record notes relevant to provincial surveillance in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>>Mumps Case Investigation Form |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | **Panorama Data Entry Guidance** | |
| 1. **CONTACT TRACING** | | | | | |
| **Contacts from BC** | | | | | |
| **Contact Name** | **Type of Contact** | **Earliest Contact**  ***(YYYY/MM/DD)*** | **Most Recent Contact**  ***(YYYY/MM/DD)*** | | **Other Details** |
|  | Household  Workplace  Other |  |  | |  |
|  | Household  Workplace  Other |  |  | |  |
|  | Household  Workplace  Other |  |  | |  |
|  | Household  Workplace  Other r |  |  | |  |
|  | Household  Workplace  Other |  |  | |  |
|  | Household  Workplace  Other |  |  | |  |
|  | Household  Workplace  Other |  |  | |  |
|  | Household  Workplace  Other |  |  | |  |
|  | Household  Workplace  Other |  |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **\*CONTACT TRACING *continued*** | | | | |
| **Contacts from Outside BC** *(for reporting to visitors’ home jurisdiction). Attach details on another sheet if not enough space.* | | | | Record in  >Investigation  >>Exposure Summary  as a Transmission Event  (Section T)  Record contacts for which Public Health in BC does not conduct follow-up in the Unknown/Anonymous Contacts section.  Provide details for out of province contacts to BCCDC for notification to their home jurisdictions. |
| **Contact** | **Contact Dates** | **Susceptibility** | **Post-Exposure Immunization** |
| Name:  Home address, city, province, country:  Telephone number: | Earliest:  YYYY /MM /DD  Most Recent:    YYYY /MM /DD | Immune – previous disease  Immune – lab evidence  Susceptible  Unknown | MMR  Date:  YYYY /MM /DD YYYY MM DD |
| Name:  Home address, city, province, country:  Telephone number: | Earliest:  YYYY /MM /DD  Most Recent:    YYYY /MM /DD | Immune – previous disease  Immune – lab evidence  Susceptible  Unknown | MMR  Date:  YYYY /MM /DD YYYY MM DD |
| Name:  Home address, city, province, country:  Telephone number: | Earliest:  YYYY /MM /DD  Most Recent:    YYYY /MM /DD | Immune – previous disease  Immune – lab evidence  Susceptible  Unknown | MMR  Date:  YYYY /MM /DD YYYY MM DD |

**Note: Please notify BCCDC if case traveled outside of BC AND case has not notified contacts**

|  |  |  |
| --- | --- | --- |
| 1. **CASE DEFINITIONS** | | |
| **Mumps** | | **Reportable?** |
| **Lab-Confirmed Case**  Report as “Case-Confirmed” in Panorama | In the absence of immunization with mumps-containing vaccine within the previous 28 days:  Laboratory confirmed infection:   * isolation of mumps virus; or * detection of mumps virus RNA; or * seroconversion or a significant rise (fourfold or greater) in mumps IgG titre between acute and convalescent sera; or * positive serologic test for mumps IgM antibody in a person who is either epidemiologically linked to a laboratory-confirmed case or has recently travelled to an area of known mumps activity | Yes |
| **Epidemiologically-linked Confirmed Case**  Report as “Case-Confirmed, Epi-linked” in Panorama | Clinical illness (defined below) and an epidemiologic link to a laboratory-confirmed case | Yes |
| **Probable Case** | Clinical illness   * in the absence of appropriate laboratory tests OR * In the absence of an epidemiologic link to a laboratory-confirmed case | Yes |
| **Suspect Case** | * myalgia, anorexia, malaise, headache, low-grade fever, or non-specific respiratory symptoms, and contact with a confirmed or clinical mumps case | Yes |
| **Clinical Illness** | * characterized by acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary gland, or orchitis lasting two or more 2 days, and without other apparent cause. |  |
| **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. Refer to Panorama documentation for definitions | No |
| **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. |  |
| 1. **OUT OF PROVINCE CASES AND CONTACTS** | | |
| **Out of province cases and contacts (requiring public health follow-up)** should be notified to the BC Centre for Disease Control by phone to enable reporting to their home jurisdiction. For cases or contacts requiring immediate public health follow-up, notification should be made by phone:   * Weekdays - 604-707-2519 (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](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). | | |

|  |
| --- |
| **T. PANORAMA DATA ENTRY DETAILS** |
| Record details about ***historic immunizations*** in the Panorama Immunization Module.  Documented: A written record that includes the agent received and the year and month (with our 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).  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.  Record ***Summary immunization status*** in the User Defined Form (Mumps Case Investigation Form):  The clinician conducting the case follow-up will then review the data entered in the Immunization and Special Considerations Screens, determine case’s immune status and record a summary assessment in the Mumps Case Investigation Form (in Investigation>Investigation Details>>Links and Attachments, from the left hand navigation).  Mumps ***immunization status*** prior to onset:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Population** | **Year of birth** | **0 doses mumps-containing vaccine** | **1 dose mumps-containing vaccine** | **2 or more doses mumps-containing vaccine** | | Healthcare worker | Prior to 1957 | Assumed immune because of age | Assumed immune because of age | Assumed immune because of age | | 1957-1969 | Unimmunized | Fully immunized for age | Fully immunized for age | | 1970+ | Unimmunized | Partially immunized | Fully immunized for age | | All others | Prior to 1970 | Assumed immune because of age | Assumed immune because of age | Assumed immune because of age | | 1970+ | Unimmunized | Partially immunized for age if:   * Child over 4 years * Students of post-secondary educational setting * Traveler to outside of North America   Fully immunized for age if not in one of the above categories. | Fully immunized for age |   ^Training Materials: Add Historical Immunization-Quick Steps-Immunization, Special Consideration-Quick Steps-Immunization, UDFs-Reference Guide-Investigations  ^Data Standards: Historic Immunizations Documentation Standards , Immunizations: Special Considerations Types and Definitions |
| If public health follow-up is required for contacts from ***travel during the communicability period***, create a Transmission Event on the Exposure Summary screen (under Investigation on the left hand navigation) using the Transmission Event Quick Entry section.  Exposure Name: XXX-DescriptionOfExposure(e.g., airline abbreviation and flight number)-Mumps *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA,* or *NHA)*  Exposure Start: Departure Date  Exposure End: Arrival Date  Location Name: *same as Exposure Name*  Setting Type:  *select most appropriate* *setting type*  More details may be added to the other Transmission Event details using the Transmission Event Details screen, if required.  ^Training Materials: Exposures-Reference Guide-Investigations  ^Data Standard: Documenting Contacts to a Case, Exposure Summary – Documentation Standard – Investigations |
| 1. **PANORAMA DATA ENTRY DETAILS *continued*** |
| Record ***contact with a known case*** in >Investigation>>Investigation Details>>>Links & Attachments>>>> Mumps Case Investigation Form  *If contact with known case = Yes*, create an Acquisition Event on the Exposure Summary Screen (under Investigation on the left hand navigation).  Acquisition event > Exposure Name: XXX-Contact-Mumps *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA,* or *NHA)*  Acquisition Event Date/Time > Start Date: estimated date of first contact or beginning of known case’s communicability period  > End Date: most recent contact, or end of known case’s communicability period  Exposure Location > Location Name: *same as Exposure Name*  > Exposure Setting Type: setting in which case had contact with known case  > 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 mumps 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 |
| **Contact Tracing:**  If the case ***is a health care worker; attends child care, school or university; or lives in a communal 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. .  Exposure Name: XXX-NameOfFacility-Mumps *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA,* or *NHA)*  Exposure Start: beginning of case’s communicability period  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 there is an ***identifiable event*** or there is a ***reason to group*** a number of contacts into one exposure (e.g. exposure during a flight, household contacts), create one Transmission Event for the entire event/group on the Exposure Summary Screen (under Investigation in the left hand navigation) using the Transmission Event Quick Entry section.  Exposure Name: XXX-DescriptionOfGroup-Mumps *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA,* or *NHA)*  Exposure Start: start date of event (if relevant) or beginning of case’s communicability period  Location Name: *same as Exposure Name*  Setting Type: most appropriate selection  When there is ***no identifiable event or group***, create one Transmission Event to capture all contact information for the case on the Exposure Summary Screen (under Investigation on the left hand navigation) using the Transmission Event Quick Entry section.  Exposure Name: XXX-Contacts-Mumps *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA,* or *NHA)*  Exposure Start: beginning of case’s communicability period  Location Name: *same as Exposure Name*  Create investigations for ***Contacts*** within the Maintain Transmission Events Details screen:  Create Known Contacts when at least 3 client identifiers are known using the Known Contact Search section, within the transmission event. The transmission event must be saved in order to view the Known Contact Search section of the transmission event. Contacts can be created as indeterminate clients until all required personal identifiers are known.  Create Unknown Contacts when less than 3 client identifiers are known using the Unknown/Anonymous Contacts section within the transmission event.  ^Training Materials: Exposure Summary – Documentation Standard – Investigations  ^[Data Standards: Documenting Contacts to a Case](https://panoramacst.gov.bc.ca) |
| 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. |

^ 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>).