



<b><u>INSTRUCTIONS</u></b>		<b>Panorama Data Entry Guidance</b>	
<ul style="list-style-type: none"> <li>• Confidential when completed</li> <li>• Report suspect, probable and confirmed cases of mumps to your MHO and enter into</li> <li>• Enter suspect, probable and confirmed cases into Panorama or PARIS</li> <li>• Fax or e-mail pages 1-5 of this case report form to 604-707-2515 or <a href="mailto:VPD.epi@bccdc.ca">VPD.epi@bccdc.ca</a></li> <li>• Case definitions are on page 6</li> <li>• Fields marked with * are part of the minimum data standard for provincial reporting</li> <li>• Contact BCCDC Immunization and Vaccine Preventable Diseases Service at 604-707-2548</li> </ul>			More details in Section T, pages 6-8.
<b>PERSON REPORTING</b>			
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: _____ <small style="margin-left: 100px;">Last</small> <small style="margin-left: 100px;">First</small>			
Phone Number: (    )                      -                      ext.			
Email: _____ _____ *Report Date (Received): _____ <small style="margin-left: 400px;">YYYY / MM / DD</small>			
<b>A. *CLIENT PERSONAL INFORMATION</b>			
*Name: _____ <small style="margin-left: 100px;">*Last</small> <small style="margin-left: 100px;">*First</small> <small style="margin-left: 100px;">Middle</small>		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)	
*Date of Birth: _____ <small style="margin-left: 100px;">YYYY / MM / DD</small>	*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: _____ <small style="margin-left: 100px;">Unit #</small> <small style="margin-left: 100px;">Street #</small> <small style="margin-left: 100px;">Street Name</small> <small style="margin-left: 100px;">City</small>			
*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 of permanent residence: _____			
<b>B. *ABORIGINAL INFORMATION</b>			
* 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, not provided <input type="checkbox"/> Asked, but unknown <input type="checkbox"/> Not asked			
<b>C. *CLASSIFICATION</b>			
<input type="checkbox"/> Lab-confirmed <input type="checkbox"/> Epi-linked Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect <input type="checkbox"/> Person Under Investigation <input type="checkbox"/> Not a Case		Record/Update in >Investigation >>Investigation Details >>>Disease Summary	
See page 6 for case definitions.			



		Panorama Data Entry Guidance
<b>D. *IMMUNIZATION INFORMATION</b>		
<b>*Immunizing Agent</b>	<b>*Date(s) of Immunization (YYYY/MM/DD)</b>	Record or review and update in the Immunization Module.  Documented immunizations: >Immunizations >>Record & Update Imms
<input type="checkbox"/> MMR  <input type="checkbox"/> Other mumps vaccine, specify: _____	_____  _____	
*Un-documented history of prior mumps immunizations: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  If yes, provide available details: _____		Undocumented immunizations: >Immunizations >>Special Considerations  Summary immunization status: >Investigation >>Investigation Details >>>Links & Attachments >>>>Mumps Case Investigation Form
*Summary mumps 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"/> Fully immunized for age, undocumented <input type="checkbox"/> Partially immunized for age - undocumented <input type="checkbox"/> Assumed immune because of age <input type="checkbox"/> Unimmunized <input type="checkbox"/> Unknown		Contraindications and Exemptions: >Immunizations >>Special Considerations >>>Type of Special Consideration  Deferrals: >Immunizations >>Record and Update Imms >>>Deferrals (Section T)
*If unimmunized against this disease, reason(s):  <input type="checkbox"/> Exemption – Client or Parent/Guardian Refusal <input type="checkbox"/> Any other Exemption, specify: _____ <input type="checkbox"/> Contraindication <input type="checkbox"/> Deferral <input type="checkbox"/> Unknown		
<b>E. *LABORATORY INFORMATION</b>		
<b>*Specimen Collected &amp; Test Performed</b>	<b>*Collection Date</b>	<b>*Result</b>
<input type="checkbox"/> Buccal swab - culture <input type="checkbox"/> Buccal swab - PCR <input type="checkbox"/> Urine - culture <input type="checkbox"/> Urine - PCR <input type="checkbox"/> Blood - IgM <input type="checkbox"/> Blood – IgG acute <input type="checkbox"/> Blood – IgG convalescent <input type="checkbox"/> Other, specify: _____	_____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending
		Record in >Investigation >>Lab >>>Lab Quick Entry  Record Causative Agent in >Investigation >>Investigation Details >>>Disease Summary
<b>F. PHYSICIAN</b>		
Physician Name: _____		<b>Optional:</b> Record in >Investigation >>Investigation Details >>>External Sources
_____ <i>Last</i> <i>First</i>		
Physician Phone: ( ) - ext. _____		





**Panorama Data  
Entry Guidance**

**K. SETTINGS**

\*Healthcare worker †  Yes  No  Unknown  Did not ask  
 † 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: \_\_\_\_\_

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

To link to setting:  
>Investigation  
>>Exposure Summary as a Transmission Event (Section T)

**L. \*TRAVEL DURING COMMUNICABILITY PERIOD**

\*Travel in the 2 days before to 5 days following onset of parotid swelling:  Yes  No  Unknown  Did not ask

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

\*If travel was outside of BC, please provide itinerary to BCCDC.

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).

**M. CONTACT TRACING**

Contacts from BC				
Contact Name	Type of Contact	Earliest Contact (YYYY/MM/DD)	Most Recent Contact (YYYY/MM/DD)	Other Details
	<input type="checkbox"/> Household <input type="checkbox"/> Workplace <input type="checkbox"/> Other			
	<input type="checkbox"/> Household <input type="checkbox"/> Workplace <input type="checkbox"/> Other			
	<input type="checkbox"/> Household <input type="checkbox"/> Workplace <input type="checkbox"/> Other			
	<input type="checkbox"/> Household <input type="checkbox"/> Workplace <input type="checkbox"/> Other			
	<input type="checkbox"/> Household <input type="checkbox"/> Workplace <input type="checkbox"/> Other			
	<input type="checkbox"/> Household <input type="checkbox"/> Workplace <input type="checkbox"/> Other			
	<input type="checkbox"/> Household <input type="checkbox"/> Workplace <input type="checkbox"/> Other			
	<input type="checkbox"/> Household <input type="checkbox"/> Workplace <input type="checkbox"/> Other			

Record in  
>Investigation  
>>Exposure Summary as a Transmission Event (Section T)

Create investigations for contacts for which Public Health in BC will conduct follow-up.

Each contact investigation should have an Acquisition Event linking to the Transmission Event from this investigation (Section T)



						Panorama Data Entry Guidance
<b>N. *CONTACT TRACING <i>continued</i></b>						
Contacts from Outside BC (for reporting to visitors' home jurisdiction). Attach details on another sheet if not enough space.						
Contact	Contact Dates	Susceptibility			Post-Exposure Immunization	
Name: Home address, city, province, country: Telephone number:	Earliest: _____ YYYY /MM /DD Most Recent: _____ YYYY /MM /DD	<input type="checkbox"/> Immune – previous disease <input type="checkbox"/> Immune – lab evidence <input type="checkbox"/> Susceptible <input type="checkbox"/> Unknown	<input type="checkbox"/> MMR Date: _____ YYYY /MM /DD			Record in >Investigation >>Exposure Summary as a Transmission Event (Section T)
Name: Home address, city, province, country: Telephone number:	Earliest: _____ YYYY /MM /DD Most Recent: _____ YYYY /MM /DD	<input type="checkbox"/> Immune – previous disease <input type="checkbox"/> Immune – lab evidence <input type="checkbox"/> Susceptible <input type="checkbox"/> Unknown	<input type="checkbox"/> MMR Date: _____ YYYY /MM /DD			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.
Name: Home address, city, province, country: Telephone number:	Earliest: _____ YYYY /MM /DD Most Recent: _____ YYYY /MM /DD	<input type="checkbox"/> Immune – previous disease <input type="checkbox"/> Immune – lab evidence <input type="checkbox"/> Susceptible <input type="checkbox"/> Unknown	<input type="checkbox"/> MMR Date: _____ YYYY /MM /DD			
<b>O. *COMPLICATIONS</b>						
Complication	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed	
*Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record in >Investigation >> Complications
*Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An encounter must be in context in order to record a complication.
*Permanent hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>P. *OUTCOME</b>						
<input type="checkbox"/> Fully Recovered <input type="checkbox"/> Not yet recovered/recovering		<input type="checkbox"/> Permanent disability, <i>specify below</i>				
<input type="checkbox"/> Unknown <input type="checkbox"/> Other, <i>specify below</i>		<input type="checkbox"/> Death * <i>If died</i> , date of death: _____ YYYY /MM /DD				
*Specify other outcome / permanent disability: _____						
*If died, cause of death:						
<input type="checkbox"/> Contributed but wasn't the underlying cause		<input type="checkbox"/> Did not contribute to death/incidental				
<input type="checkbox"/> Other, specify: _____		<input type="checkbox"/> Underlying cause of death		<input type="checkbox"/> Unknown		
<b>Q. *NOTES</b>						
						Record notes relevant to provincial surveillance in >Investigation >>Investigation Details >>>Links & Attachments >>>>Mumps Case Investigation Form



## R. CASE DEFINITIONS

Mumps	Reportable?
<p><b>Lab-Confirmed Case</b></p> <p>Report as "Case-Confirmed" in Panorama</p> <p>In the absence of immunization with mumps-containing vaccine within the previous 28 days:</p> <p>Laboratory confirmed infection:</p> <ul style="list-style-type: none"> <li>isolation of mumps virus; or</li> <li>detection of mumps virus RNA; or</li> <li>seroconversion or a significant rise (fourfold or greater) in mumps IgG titre between acute and convalescent sera; or</li> <li>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</li> </ul>	Yes
<p><b>Epidemiologically-linked Confirmed Case</b></p> <p>Report as "Case-Confirmed, Epi-linked" in Panorama</p> <p>Clinical illness (defined below) and an epidemiologic link to a laboratory-confirmed case</p>	Yes
<p><b>Probable Case</b></p> <p>Clinical illness:</p> <ul style="list-style-type: none"> <li>acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary gland, or orchitis, lasting two or more days, and without other apparent cause</li> </ul>	Yes
<p><b>Suspect Case</b></p> <ul style="list-style-type: none"> <li>myalgia, anorexia, malaise, headache, low-grade fever, or non-specific respiratory symptoms, and contact with a confirmed or clinical mumps case</li> </ul>	Yes
<p><b>Person Under Investigation</b></p> <p><b>Not a case</b></p> <p>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</p> <p><b>Person Under Investigation:</b> 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.</p> <p><b>Not a Case:</b> 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.</p>	No

## S. OUT OF PROVINCE CASES

**Out of province cases** should be notified to the BC Centre for Disease Control by phone to enable reporting to their home jurisdiction:

- Weekdays - 604-707-2519 (Immunization and Vaccine Preventable Diseases Service)
- Evenings and weekends - 604-312-9220 (nurse/physician on call)

## T. 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](#).

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 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).

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: <ul style="list-style-type: none"> <li>Child over 4 years</li> <li>Students of post-secondary educational setting</li> <li>Traveler to outside of North America</li> </ul> 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





**T. 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

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>).