



INSTRUCTIONS

- Confidential when completed
- Enter clinical and confirmed cases into Panorama or PARIS
- Vancouver Coastal Health: fax this case report form to 604 707 2516
- Case definitions are on page 3

**Panorama Data
Entry Guidance**

PERSON REPORTING

Health Authority: FHA FNHA IHA NHA VCH VIHA

Name: Phone Number: () - ext.

Last *First*

Email: Fax Number () - ext.

Date case report form completed: / /

YYYY / MM / DD

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.

A. CLIENT PERSONAL INFORMATION

Name:

Last *First* *Middle*

Date of Birth: / / Gender: Male Female

YYYY / MM / DD

Health Card Number: Alternate Name(s):

Phone Number (home/work/mobile): () - ext.

Address:

Unit # *Street #* *Street Name* *City*

Postal Code: Province:

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

B. LABORATORY INFORMATION

Specimen Collected	Collection Date (YYYY/MM/DD)	Lab report date (YYYY/MM/DD)	Reporting Lab	Result
				Borellia burgdorferi IgG/IgM: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/> Equivocal
				Borellia burgdorferi IgG Western blot: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/> Equivocal
				Borellia burgdorferi IgM Western blot: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/> Equivocal
				Other:

Receive through E-Lab inbox, or record in
>Investigation
>>Lab
>>>Lab Quick Entry
Enter reactive, nonreactive or equivocal as "result values"
Record Causative Agent in
>Investigation
>>Investigation Details
>>>Disease Summary



C. CLINICAL PRESENTATION [or SIGNS AND SYMPTOMS]

Onset of earliest symptom: _____ / _____ / _____ Earliest symptom: _____
YYYY MM DD

Sign / Symptom	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed
Arthralgia (painful joints)	<input type="checkbox"/>				
Erythema chronicum migrans (ECM)	<input type="checkbox"/>				
Fatigue	<input type="checkbox"/>				
Fever	<input type="checkbox"/>				
Headache	<input type="checkbox"/>				
Myalgia (muscle pain)	<input type="checkbox"/>				
Rash	<input type="checkbox"/>				
Other, Specify: _____	<input type="checkbox"/>				

Record in
>Investigation
>>Signs and Symptoms

Select "Set as Onset" and record onset date of earliest symptom

D. HOSPITALIZATION

Admitted to hospital: Yes No Unknown If yes, hospital name: _____
 Admission date: _____ Discharge date: _____
YYYY/MM/DD YYYY/MM/DD

Antibiotic Use: Yes No U Type: _____

Record in
>Investigation
>>Investigation Details
>>>Links & Attachments
>>>>Lyme Disease case investigation form

E. EXPOSURES

Travel in the 30 days prior to symptom onset: Yes No Unknown
 If yes, was travel: Within BC Outside BC, but within Canada Outside Canada
 Destination (city, prov/state, country): _____

Do you recall being bitten by a tick ever: Yes No Unknown
 Date: _____ Location: _____
YYYY/MM/DD

Were you exposed to bushy/grassy areas ever: Yes No Unknown
 Date: _____ Location: _____
YYYY/MM/DD

Record in
>Investigation
>>Investigation Details
>>>Links & Attachments
>>>>Lyme Disease case investigation form

F. OUTCOME AT TIME OF REPORTING

Fully Recovered Not yet recovered/recovering Fatal If died, date of death: _____
YYYY/MM/DD

Other Unknown Permanent disability, specify: _____

Record in
>Investigation
>> Outcome



G. CLASSIFICATION		
<input type="checkbox"/> Confirmed <input type="checkbox"/> Clinical <input type="checkbox"/> Not a Case		Record/Update in >Investigation >>Disease Summary All lab confirmed cases should be reported as Case-confirmed and clinical cases as case-clinical
H. NOTES		
		Record in >Notes In order to have the note linked to the investigation, ensure the investigation is in context when creating the note.

NOTE: Additional relevant training materials and data standards are available on the Panorama Solution Partner Portal (<https://panoramacst.gov.bc.ca>).

I. CASE DEFINITIONS		Reportable?
Lyme Disease		
Confirmed case	Confirmed Case Erythema migrans or at least one clinical late manifestation* with laboratory confirmation of infection: positive serologic test using the two-tier EIA/ELISA and Western Blot criteria OR positive NAT for <i>B. burgdorferi</i>	Yes
Clinical case	For purposes of surveillance, erythema migrans is defined as a skin lesion that typically begins as a red macule or papule and expands over a period of days to weeks to form a large round lesion, often with partial central clearing. A single primary lesion must reach greater than or equal to 5 cm in size. Secondary lesions also may occur. Annular erythematous lesions occurring within several hours of a tick bite represent hypersensitivity reactions and do not qualify as erythema migrans. For most patients, the expanding erythema migrans lesion is accompanied by other acute symptoms, particularly fatigue, fever, headache, mildly stiff neck, arthralgia, or myalgia. These symptoms are typically intermittent. The diagnosis of erythema migrans must be made by a physician. Laboratory confirmation is recommended for persons with no known exposure. * Late manifestations include any of the following when an alternative explanation is not found: Musculoskeletal system: Recurrent, brief attacks (weeks or months) of objective joint swelling in one or a few joints, sometimes followed by chronic arthritis in one or a few joints. Manifestations not considered diagnostic criteria include chronic progressive arthritis not preceded by brief attacks, and chronic symmetrical polyarthritis. Additionally, arthralgia, myalgia, or fibromyalgia syndromes alone are not criteria for musculoskeletal involvement. Nervous system: Any of the following, alone or in combination: lymphocytic meningitis; cranial neuritis, particularly facial palsy (may be bilateral); radiculoneuropathy; or (rarely) encephalomyelitis. Encephalomyelitis must be confirmed by demonstration of antibody production against <i>B. burgdorferi</i> in the CSF, evidenced by a higher titre of antibody in CSF than in serum. Headache, fatigue, paresthesia, or mildly stiff neck alone are not criteria for neurologic involvement. Cardiovascular system: Acute onset of high-grade (2nd-degree or 3rd-degree) atrioventricular conduction defects that resolve in days to weeks and are sometimes associated with myocarditis. Palpitations, bradycardia, bundle branch block, or myocarditis alone are not criteria for cardiovascular involvement.	Yes