

Г

Influenza Severe Outcome Surveillance (SOS) Case Report Form

Т

٦

 This form is confidential when compl Enter laboratory-confirmed influenza influenza severe outcome surveilland Vancouver Coastal Health: Fax this c Respiratory Pathogens team at 604-7 	cases inte ce (SOS) a ase report	o Panoram re provideo	d in Secti	on K, page	4.		Panorama Data Entry Guidance More details in Section L, page 4.		
PERSON REPORTING							Review/update using the links on the top right		
Health Authority: FHA FNHA FNHA	🗆 IHA		NHA	□ VCH	Γ		hand corner: >My Account		
Name: Last First	Phone N	umber: ()	-	е	xt.	>>User Profile If entering data on behalf of someone else,		
Email:	Fax Num	ber ()	-	е	xt.	record in Notes		
							when the investigation is in context.		
Date report received by health authority:		YYYY / MM / DD					Record in: >Investigation >>Investigation Details >>Reporting Notifications as Report Date (Received)		
Source(s) of information: Patient/family interview Attend	ding cliniciar	n 🗆 Hosp	oital record	□ Other	specify:		Record in >Investigation >>Investigation Details >>Links & Attachments >>>Influenza Severe Outcome Surveillance (SOS) Case Investigation Form		
A. CLIENT PERSONAL INFORMATION									
Name: Last F	-irst			Middle	9		Record or review and update in >Subject		
Date of Birth: Gender:	□ Male	□ Female	🗆 Und	lifferentiated	🗆 Unkno	own	>>Client Details >>>Personal Information		
Health Card Number:		Alternate N	Name(s):				Select this address as		
Phone Number (home/work/mobile): ()	- ext.						"Client Home Address at Time of Initial		
Address: Unit # Street #	S	treet Name			City		Investigation" in >Investigation >>Investigation Details >>>Investigation		
Postal Code: Province:		Country of I	Residence	(if not Canada):			Information		
B. ABORIGINAL INFORMATION									
Do you wish to self-identify as an Aboriginal Person?	Ľ	Asked, not	provided	Γ] No				
		Not asked		C] Yes				
Aboriginal Identity:	n D	Asked, not	provided	C] First Natior	าร	Record or review and		
\Box First Nations and Inuit \Box First Nations and M	létis D	First Natio	ns, Inuit ar	nd Métis] Inuit		update in >Subject		
Inuit and Métis Métis	C	□ Not asked					>> Client Details >> Aboriginal		
First Nations Status:	n D	Asked, not	provided	C] Non-Status	Indian	Information OR >>>Personal		
□ Not Asked	C	☐ Status Indi	ian				Information		
Does the client live on a reserve/in a First Nation comm	nunity?	Asked, not	provided	C] No				
		☐ Not asked		C] Yes				



Influenza Severe Outcome Surveillance (SOS) Case Report Form

							Panorama Data Entry Guidance
C. EXPOSURE AND RISK FACTOR	RS						
Risk Factor		Yes	No	Asked but Unknown	Declined to Answer	Not Assessed	Record in >Investigation
Does the client have any pre-existing chron comorbidities? (see definition below)*	nic						>>Investigation Details >>>Links & Attachments
Is the client a resident of a long-term care	facility?						>>>> Influenza Severe Outcome Surveillance (SOS) Case
Did the client receive the current season's vaccine (if available)?	influenza						Investigation Form If details on immunization
Was the client pregnant or within post-part weeks following birth) at time of symptom of	um period onset?	(6					information are available, see Section L for data standards.
* Chronic comorbidities that place adults and children at high risk of influenza-related complications and hospitalizations include: cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis and asthma); diabetes mellitus and other metabolic diseases; cancer or immune compromising conditions; renal disease; anemia or hemoglobinopathy; conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration; morbid obesity (BMI≥40); and children and adolescents (age 6 months to 18 years) with conditions treated for long periods with acetylsalicylic acid, because of the potential increase of Reye's syndrome associated with influenza (NACI, 2014).							If client is pregnant, see Section L for data standards. Record pregnancy in >Subject >> Risk Factors Set as pertinent to the investigation.
D. LABORATORY INFORMATION							
Specimen Collected	Collection (YYYY/MM)			Result			Receive through E- Lab inbox, or record in
Upper respiratory				egative 🛛 In	determinate	Pending	>Investigation >>Lab
□ Lower respiratory				egative 🛛 In	determinate	Pending	>>>Lab Quick Entry Record Causative
□ Other, <i>specify:</i>		□ Positive	□ N	egative 🗆 In	determinate	Pending	Agent in >Investigation >Disease Summary
Influenza further characterization:							
Influenza A virus				(H1)	□ A(other sub	tuno)	Record Causative
Level 1:		_evel 2 (only for	□ A(H3) □ A(H5)		 A(other subtype) A(subtype pending) A(subtype unknown) 		Agent in >Investigation >>Disease Summary
□ Influenza C virus		nfluenza A virus):					>>Disease Summary
E. SIGNS AND SYMPTOMS				H7)			
	overstores*		1				
Earliest onset of any influenza-like illness s	symptom.	YYYY	/	/	DD		
Sign / Symptom [†]		Yes	No	Asked but Unknown	Declined to Answer	Not Assessed	
Arthralgia (painful joints)							Record in
Cough							>Investigation >Signs and
Fatigue/prostration							Symptoms Record at least one
Fever							influenza-like illness symptom and specify
Myalgia (muscle pain)							onset date. Select "Set as Onset" for symptom
Pharyngitis (sore throat)							with earliest onset date.
Other, specify:							
* Influenza-like illness is defined as fever AND cough AND at least one of: arthralgia, myalgia, pharyngitis or prostration. [†] Specific signs and symptoms are not required but are needed to define earliest date of onset of any influenza-like illness symptom in Panorama. See data entry instructions to right.							



Influenza Severe Outcome Surveillance (SOS) Case Report Form

								Panorama Data Entry Guidance
F. HOSPITALIZATION								
Admitted to hospital:	Yes 🗆 No	🗆 Unki	nown	lf yes, a	dmission date:	YYYY	//MM/DD	Record in >Investigation >>Investigation Details
Admitted to an intensive care u	ınit: 🛛 Yes	□ No □	Unknown					>>>Links & Attachments >>>> Influenza Severe
Required intubation/ventilation?	? 🗆 Yes	□ No □	Unknown					Outcome Surveillance (SOS) Case Investigation Form
G. TREATMENT/PROPH	YLAXIS							
modioation	☐ Yes, within 48 ho f onset/exposure		es, >48 hours onset/expos		☐ Yes, timing unknown	□ No	Unknown	Record in >Investigation >>Investigation Details >>>Links & Attachments >>>> Influenza Severe Outcome Surveillance (SOS) Case Investigation Form
H. OUTCOME AT TIME C	OF REPORTING							
2	lot yet recovered/re Inknown	covering			date of death: ability, <i>specify</i> :	YYYY,	'MM/DD	Record in >Investigation >> Outcome If fatal outcome, see Section L for data standards.
I. CLASSIFICATION [‡]								
X Confirmed		bable			□ Suspect			Development of the later
Person Under Investigation		t a Case			Out of Pr	ovince		Record/Update in Investigation
[‡] All laboratory-confirmed influe case is an out-of-province resid	enza SOS cases sh dent.	ould be enter	red with a cas	se class	ification of 'Confi	rmed' in Pand	orama, unless	>>Disease Summary
J. NOTES								
								Record in >Notes In order to have the note linked to the investigation, ensure the investigation is in context when creating the note.



Influenza Severe Outcome Surveillance (SOS)

K. CASE DEFINITIONS

Influenza Severe Outcome Surveillance (SOS)					
Hospitalization*	Any person admitted to a hospital for at least an overnight stay [†] with laboratory-confirmed influenza.	Yes			
ICU admission*	Any person admitted to an intensive care unit (ICU) bed for at least an overnight stay with laboratory- confirmed influenza.	Yes			
Death*	A death (from any cause) occurring in any person with laboratory-confirmed influenza with no period of complete recovery between illness and death.	Yes			
* The hospitalization, ICU admission, or death does not have to be attributable to influenza; a positive laboratory test for influenza is sufficient for					

provincial surveillance reporting.

[†] Includes persons admitted to hospital but without transfer to a ward/unit.

L. PANORAMA DATA ENTRY DETAILS

If the *client is pregnant*, record as a Risk Factor (under Subject in the left hand navigation).

Risk Factor: Special Population - Pregnancy Relevant to Disease Investigation

Additional Information: Record expected due date

Response: Yes

Start Date: Estimated date of conception. If unknown, use the first day of the estimated month of conception.

End Date: Date when public health was made aware that the client is no longer pregnant

Training Materials (<u>https://panoramacst.gov.bc.ca</u>): <u>Client Warnings-Quick Steps-Shared Services</u>, <u>Risk Factors-Quick Steps-Shared Services</u> Data Standards (<u>https://panoramacst.gov.bc.ca</u>): Pregnancy- Data Capture Guideline-Investigations, Risk Factors-Data Standard-Shared Services

If details about *historic immunizations* are available and your regional Health Authority documents influenza immunizations in Panorama, record in the Immunization Module according to the data standards below.

Only enter immunization information for the current season's influenza vaccine (if available).

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 (i.e. start date of next influenza season, typically October 1).

Training Materials (https://panoramacst.gov.bc.ca): Add Historical Immunization-Quick Steps-Immunization, Special Consideration-Quick Steps-Immunization, User Defined Forms-Reference Guide-Investigations

Data Standards (<u>https://panoramacst.gov.bc.ca</u>): Historic Immunizations-Data Standard-Immunization, Special Considerations-Data Standard-Immunization

If the outcome is fatal, record as follows.

Outcome: Fatal Outcome Date: Date of death Cause of Death:

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 fatal, the outcome date is the date public health was made aware of the outcome.

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