



<p>INSTRUCTIONS</p> <ul style="list-style-type: none"> Confidential when completed 				Panorama Data Entry Guidance
PERSON REPORTING				<p>Review /update using the links on the top right hand corner: >My Account >>User Profile</p> <p>If entering data on behalf of someone else, record in >Notes when the investigation is in context.</p> <p>While creating investigation set report incident reported to health authority as report date (received)</p>
<p>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</p>				
<p>Name: _____</p> <p style="text-align: center;"><i>Last</i> <i>First</i></p>		<p>Phone Number: () - ext. _____</p>		
<p>Email: _____</p>		<p>Fax Number () - ext. _____</p> <p>Date reported to public health: _____</p> <p style="text-align: right;">YYYY / MM / DD</p>		
A. CLIENT PERSONAL INFORMATION				
<p>Name: _____</p> <p style="text-align: center;"><i>Last</i> <i>First</i> <i>Middle</i></p>				<p>Record or review and update in >Subject >>Client Details >>>Personal Information</p> <p>Select this address as "Client Home Address at Time of Initial Investigation" in >Investigation >>Investigation Details >>>Investigation Information</p> <p>Record self-reported weight and interview conducted with in: >Investigation >>Investigation Details >>>Links & Attachments >>>> Rabies exposure and biological request form</p>
<p>Date of Birth: _____</p> <p style="text-align: center;">YYYY / MM / DD</p>		<p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>		
<p>Health Card Number: _____</p>		<p>Alternate Name(s): _____</p>		
<p>Phone Number (home/work/mobile): () - ext. _____</p>				
<p>Address: _____</p> <p style="text-align: center;"><i>Unit #</i> <i>Street #</i> <i>Street Name</i> <i>City</i></p>				
<p>Postal Code: _____</p>	<p>Province: _____</p>	<p>Self-reported weight (kg): _____</p>	<p>Interview conducted with: _____</p>	
B. PHYSICIAN				
<p>Physician Name: _____</p> <p style="text-align: center;"><i>Last</i> <i>First</i></p>				<p>Record in >Investigation >>Investigation Details >>>External Sources Or where appropriate based on local guidance</p>
<p>Physician Phone: () - ext. _____</p>				
<p>Physician address: _____</p>				



C. RISK FACTORS

Risk Factor	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed	Record in >Subject >> Risk Factors Set as pertinent to the investigation. If the investigation is in context, the preset list of risk factors will display, and selected risk factors will be set as pertinent to the investigation.
Treatment-Chloroquine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Immunocompromised - Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specify: _____						

D. IMMUNIZATION INFORMATION

Rabies pre-exposure immunization status prior to current exposure: <input type="checkbox"/> Yes, partial <input type="checkbox"/> No <input type="checkbox"/> Yes, complete <input type="checkbox"/> Unknown <input type="checkbox"/> Did not ask Comments (vaccine type and immunization date):		Record in >Investigation >>Investigation Details >>>Links & Attachments >>>> Rabies exposure and biological request form
Rabies post-exposure prophylaxis status prior to current exposure: <input type="checkbox"/> Initiated <input type="checkbox"/> Complete <input type="checkbox"/> Not started <input type="checkbox"/> Unknown <input type="checkbox"/> Did not ask Comments (vaccine type and date of last dose):		Record in >Investigation >>Investigation Details >>>Links & Attachments >>>> Rabies exposure and biological request form
Immunizing Agent	Date(s) of Immunization (YYYY/MM/DD)	Vaccine/Product Name
Has client received Rabies biologicals for current exposure? <input type="checkbox"/> Rablg <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Location:		
<input type="checkbox"/> Rabies Vaccine <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Location:		
Does the client (or parent/guardian) object to immunization for this exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, reason for objecting to immunization: Does the client (or parent/guardian) object to all immunizations? <input type="checkbox"/> Yes <input type="checkbox"/> No <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

Refusals to immunization:
>Immunizations
>>Special Considerations



E. EXPOSURE INFORMATION

Date of exposure
(yyyy/mm/dd):

Place of
exposure:

- ☐ Within BC _____
☐ Outside BC, but within Canada _____
☐ Outside Canada _____

Any bleeding or breaks to skin: ☐ Yes ☐ No ☐ Unknown

Type of Exposure : ☐ Bite ☐ Scratch ☐ Saliva ☐ Handling ☐ Unknown ☐ Other _____

Location of Exposure: ☐ Head/neck ☐ Torso ☐ Extremities ☐ Finger ☐ Mucosa ☐ Unknown

☐ Other: _____

Exposure details: _____

Record in
>Investigation
>>Investigation Details
>>>Links & Attachments
>>>> Rabies exposure
and biological request
form

F. ANIMAL INFORMATION

Animal type: ☐ Bat ☐ Cat ☐ Dog ☐ Monkey* ☐ Unknown

☐ Other: _____

If Monkey, is it Macaque: ☐ Yes ☐ No ☐ Unknown

*If exposure to a monkey, assess risk for Simian B virus. Refer to Communicable Disease Control Manual: Simian B virus

Domestication: ☐ Household pet-indoor ☐ Household pet-outdoor ☐ Stray/feral ☐ Wild ☐ Unknown

Animal owner:

Animal owner address:

Animal description:

Animal immunized against rabies? ☐ Yes ☐ No ☐ Unknown

If yes, is immunization up-to-date? ☐ Yes ☐ No ☐ Unknown Immunization date (yyyy/mm/dd):

Observation period following exposure?: ☐ Yes ☐ No ☐ Unknown

If yes: Observation from (yyyy/mm/dd): Observation to(yyyy/mm/dd):

Observation location:

Marked change in animal health: ☐ Yes ☐ No ☐ Unknown

Animal died: ☐ Yes ☐ No ☐ Unknown

Symptoms: Onset date (yyyy/mm/dd):

Vet name: Vet phone number:

Brain sent for testing: ☐ Yes ☐ No ☐ Unknown

If yes,
Date specimen shipped (yyyy/mm/dd):

Sample ID:

Record in
>Investigation
>>Investigation Details
>>>Links & Attachments
>>>> Rabies exposure
and biological request
form



Submitter: Date of test (yyyy/mm/dd): Testing result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate Client notified of results: _____ Date notified (yyyy/mm/dd): _____ Animal rabies status: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown *If exposure to a monkey, assess risk for Simian B virus. Refer to Communicable Disease Control Manual: Simian B virus		
G. PET EXPOSURE		
Does client have a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, what species? _____ If pet(s) is a mammal, was pet exposed to suspect rabid animal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes or unknown, advise the client to take the mammalian ¹ pet to a veterinarian for assessment.		Record in >Investigation >>Investigation Details >>>Links & Attachments >>>> Rabies exposure and biological request form
H. INTERVENTIONS		
MHO recommended RPEP? <input type="checkbox"/>		Record in >Investigation >>Investigation Details >>>Links & Attachments >>>> Rabies exposure and biological request form
Name of MHO authorizing RPEP: Date authorized (yyyy/mm/dd): Person who received authorization: MHO comments:		Record in >Investigation >> Treatment & Interventions >>>Intervention Summary
H. CLASSIFICATION		
<input type="checkbox"/> Confirmed		Record/Update in >Investigation >>Disease Summary All exposures should be reported as Case- confirmed
I. 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>).

¹ Only mammals are at risk of rabies infection.