



INSTRUCTIONS

- Confidential when completed

Panorama Data Entry Guidance

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. While creating investigation set report incident reported to health authority as report date (received)
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		
Name: _____ <i>Last</i> <i>First</i>	Phone Number: () - ext.	
Email: _____	Fax Number () - ext. Date reported to public health: _____ <div style="text-align: right;">YYYY / MM / DD</div>	

A. CLIENT PERSONAL INFORMATION

Name: _____ <i>Last</i> <i>First</i> <i>Middle</i>		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 Record self-reported weight and interview conducted with in: >Investigation >>Investigation Details >>>Links & Attachments >>>> Rabies exposure and biological request form		
Date of Birth: _____ <i>YYYY / MM / DD</i>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Health Card Number: _____	Alternate Name(s): _____			
Phone Number (home/work/mobile): () - ext.				
Address: _____ <i>Unit #</i> <i>Street #</i> <i>Street Name</i> <i>City</i>				
Postal Code: _____	Province: _____		Self-reported weight (kg): _____	Interview conducted with: _____

B. PHYSICIAN

Physician Name: _____ <i>Last</i> <i>First</i>		Record in >Investigation >>Investigation Details >>>External Sources Or where appropriate based on local guidance
Physician Phone: () - ext. _____		
Physician address: _____		



E. EXPOSURE INFORMATION

<p>Date of exposure (yyyy/mm/dd): _____</p> <p>Any bleeding or breaks to skin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Type of Exposure : <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Saliva <input type="checkbox"/> Handling <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____</p> <p>Location of Exposure: <input type="checkbox"/> Head/neck <input type="checkbox"/> Torso <input type="checkbox"/> Extremities <input type="checkbox"/> Finger <input type="checkbox"/> Mucosa <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other: _____</p> <p>Exposure details: _____</p>	<p>Place of exposure:</p> <p><input type="checkbox"/> Within BC _____</p> <p><input type="checkbox"/> Outside BC, but within Canada _____</p> <p><input type="checkbox"/> Outside Canada _____</p>	<p>Record in >Investigation >>Investigation Details >>>Links & Attachments >>>> Rabies exposure and biological request form</p>
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F. ANIMAL INFORMATION

<p>Animal type: <input type="checkbox"/> Bat <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Monkey* <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other: _____</p> <p>If Monkey, is it Macaque: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <small>*If exposure to a monkey, assess risk for Simian B virus. Refer to Communicable Disease Control Manual: Simian B virus</small></p> <p>Domestication: <input type="checkbox"/> Household pet-indoor <input type="checkbox"/> Household pet-outdoor <input type="checkbox"/> Stray/feral <input type="checkbox"/> Wild <input type="checkbox"/> Unknown</p> <p>Animal owner: _____</p> <p>Animal owner address: _____</p> <p>Animal description: _____</p> <p>Animal immunized against rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, is immunization up-to-date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Immunization date (yyyy/mm/dd): _____</p> <p>Observation period following exposure?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes: Observation from (yyyy/mm/dd): _____ Observation to(yyyy/mm/dd): _____</p> <p>Observation location: _____</p> <p>Marked change in animal health: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Animal died: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Symptoms: _____ Onset date (yyyy/mm/dd): _____</p> <p>Vet name: _____ Vet phone number: _____</p> <p>Brain sent for testing: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, Date specimen shipped (yyyy/mm/dd): _____</p> <p>Sample ID: _____</p>	<p>Record in >Investigation >>Investigation Details >>>Links & Attachments >>>> Rabies exposure and biological request form</p>
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<p>Submitter:</p> <p>Date of test (yyyy/mm/dd):</p> <p>Testing result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate</p> <p>Client notified of results: _____ Date notified (yyyy/mm/dd): _____</p> <p>Animal rabies status: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown</p> <p>*If exposure to a monkey, assess risk for Simian B virus. Refer to Communicable Disease Control Manual: Simian B virus</p>	
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G. PET EXPOSURE

<p>Does client have a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, what species? _____</p> <p>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</p> <p>If yes or unknown, advise the client to take the mammalian¹ pet to a veterinarian for assessment.</p>	<p>Record in >Investigation >>Investigation Details >>>Links & Attachments >>>> Rabies exposure and biological request form</p>
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H. INTERVENTIONS

<p>MHO recommended RPEP? <input type="checkbox"/></p>	<p>Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>Rabies exposure and biological request form</p>
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<p>Name of MHO authorizing RPEP: _____</p> <p>Date authorized (yyyy/mm/dd): _____</p> <p>Person who received authorization: _____</p> <p>MHO comments: _____</p>	<p>Record in >Investigation >> Treatment & Interventions >>>Intervention Summary</p>
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H. CLASSIFICATION

<p><input type="checkbox"/> Confirmed</p>	<p>Record/Update in >Investigation >>Disease Summary All exposures should be reported as Case-confirmed</p>
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I. NOTES

<p>_____</p>	<p>Record in >Notes</p> <p>In order to have the note linked to the investigation, ensure the investigation is in context when creating the note.</p>
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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.
www.bccdc.ca