Shigatoxigenic *E. coli*
Case Report Form

INSTRUCTIONS	Panorama Data Entry Guidance
• **Confidential when completed**	

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.

Health Authority: ☐ FHA ☐ FNHA ☐ IHA ☐ NHA ☐ VCH ☐ VIHA

Name: _____ *Last* _____ *First*

Phone Number: ( ) - ext.

Email: _____

Fax Number ( ) - ext.

Date case report form completed: _____ *YYYY / MM / DD*

Contact Attempts (Date and Time):

Report received in health authority: _____ *YYYY / MM / DD* ☐ Not Located

1. _____ ☐ Interview
2. _____ ☐ Interview
3. _____ ☐ Interview
4. _____ ☐ Interview

Use disposition to indicate "not located" or other stages of the investigation
>Investigation
>>Investigation Details

While creating investigation set report received in health authority as report date (received)

Record contact and interview attempts in >Investigation >>Encounter Details

A. CLIENT PERSONAL INFORMATION

Name: _____ *Last* _____ *First* _____ *Middle*

Date of Birth: _____ *YYYY / MM / DD*

Gender: ☐ Male ☐ Female

Health Card Number: _____

Alternate Name(s): _____

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

Address: _____ *Unit #* _____ *Street #* _____ *Street Name* _____ *City*

Postal Code: _____

Province: _____

Interview conducted with: _____

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

Report interview conducted with >Investigation >>Investigation Details >>>Links & Attachments >>>>E. coli case investigation form

![BC Centre for Disease Control — An agency of the Provincial Health Services Authority]

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B. LABORATORY INFORMATION

Specimen Collected	Collection Date (YYYY/MM/DD)	Lab report date (YYYY/MM/DD)	Reporting Lab	Result	
				Species: ☐ O103 ☐ O157 ☐ O111 ☐ O157:H7 ☐ O118 ☐ O26 ☐ O121 ☐ Other non-O157 ☐ shiga-toxin positive only PFGE:	Receive through E-Lab inbox, or record in >Investigation >>Lab >>>Lab Quick Entry Record Causative Agent in >Investigation >>Investigation Details >>>Disease Summary Record PFGE and non-O157 serotypes not specified in Causative Agent - Further Differentiation

C. PHYSICIAN

Physician Name: _____ _____
                       Last   *First*

Physician Phone: (_____) _____ - _____   ext. _____

Record in >Investigation >>Investigation Details >>>External Sources Or where appropriate based on local guidance

D. CLINICAL PRESENTATION [or SIGNS AND SYMPTOMS]

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

Sign / Symptom	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed	
Abdominal discomfort	☐	☐	☐	☐	☐	Record in >Investigation >>Signs and Symptoms Select "Set as Onset" and record onset date of earliest symptom
Diarrhea	☐	☐	☐	☐	☐	
Diarrhea-bloody	☐	☐	☐	☐	☐	
Fever	☐	☐	☐	☐	☐	
HUS	☐	☐	☐	☐	☐	
Nausea	☐	☐	☐	☐	☐	
Vomiting	☐	☐	☐	☐	☐	
Other, Specify: _____	☐	☐	☐	☐	☐	

E. HOSPITALIZATION

Admitted to hospital: ☐ Yes ☐ No ☐ Unknown   If yes, hospital name: _____

Admission date: _____   Discharge date: _____
          YYYY/MM/DD   *YYYY/MM/DD*

Record in >Investigation >>Investigation Details >>>Links &

Anitbiotic Use: ☐ Yes ☐ No ☐ U

Enter onset date in heavy box. Count back to figure the probable exposure period.	**Panorama Data Entry Guidance**

EXPOSURE PERIOD · **COMMUNICABLE**

-10 days from onset –7 –4 –3 –1 onset
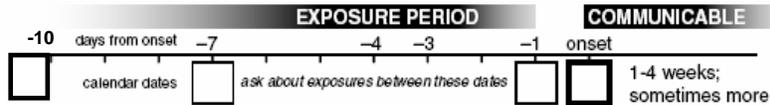
calendar dates   ask about exposures between these dates   1-4 weeks; sometimes more

F. TRAVEL DURING EXPOSURE PERIOD

Travel in the exposure period prior to symptom onset: ☐ Yes ☐ No ☐ Unknown

If yes, was travel: ☐ Within BC ☐ Outside BC, but within Canada ☐ Outside Canada

Was travel confirmed as the most likely source of infection? ☐ Yes ☐ No ☐ Unknown

Departure Date: _____   Arrival Date: _____

Destination (city, prov/state, country): _____

Hotel of residence: _____

Additional details (mode of travel, etc.): _____

Foods brought back: _____

Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>E. coli case investigation form

G. EXPOSURES

Animal Exposures		Date	Location	Type of Animal(s)	Details
Farm (including petting zoo, agricultural fair)	☐ Yes ☐ No ☐ U	YYYY / MM / DD			
Wildlife	☐ Yes ☐ No ☐ U	YYYY / MM / DD			
Pets (inc. reptiles)	☐ Yes ☐ No ☐ U	YYYY / MM / DD			
Pet treats or raw food diet	☐ Yes ☐ No ☐ U	YYYY / MM / DD			

Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>E. coli case investigation form

Vegetarian? ☐ Yes ☐ No ☐ U   **Food allergies/Avoidances/special diet?** ☐ Yes ☐ No ☐ U Details:

Food Exposures/ Activity	Exposure	Details Please specify type/ brand where possible		Exposure	Details Please specify type/ brand where possible
Ground beef	☐ Yes ☐ No ☐ U		Recreational water (e.g., pool, beach, spray park)	☐ Yes ☐ No ☐ U	

Hamburger patties	☐ Yes ☐ No ☐ U		'At risk' water supply	☐ Yes ☐ No ☐ U	
Other beef (e.g., steak, roast,donair)	☐ Yes ☐ No ☐ U		Lettuce	☐ Yes ☐ No ☐ U	
Salami/sausage	☐ Yes ☐ No ☐ U		Bagged, pre-washed greens	☐ Yes ☐ No ☐ U	
Cold cuts	☐ Yes ☐ No ☐ U		Spinach	☐ Yes ☐ No ☐ U	
Handle raw meats	☐ Yes ☐ No ☐ U		Sprouts (e.g. alfalfa, bean, etc.)	☐ Yes ☐ No ☐ U	
Cheese	☐ Yes ☐ No ☐ U		Unpasteurized ciders/juices	☐ Yes ☐ No ☐ U	
Unpasteurized dairy (e.g., cheese, milk)	☐ Yes ☐ No ☐ U		Melon	☐ Yes ☐ No ☐ U	
Contact with daycare	☐ Yes ☐ No ☐ U		Prepared salads (e.g., cole slaw, pasta. potato)	☐ Yes ☐ No ☐ U	
Contact with LTCF	☐ Yes ☐ No ☐ U				

Event/Social gathering	Location	Date	Foods Eaten

Restaurants (including: take-out, cafeteria, bakery, deli, kiosk)	Location	Date	Foods Eaten

Grocery stores for food consumed during the incubation period	Location	Foods Purchased	Brands/Other details

	Panorama Data Entry Guidance

H. CONTACT TRACING

Contact Name	Type of Contact*	Date ill?	Occupation/details	Other Details/Exclusion^?	Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>E. coli case investigation form
					Create investigations for contacts for which Public Health in BC will conduct follow-up.
					If an exclusion is required: Record in >Investigation >> Treatment & Interventions >>>Intervention Summary
					For exclusion enter intervention type=client directive; subtype=exclusion; disposition to specify work/volunteer environment and enter other required details

*Household, sexual, close contacts ^Please complete exclusion for each contact excluded

I.   INTERVENTIONS

	Panorama
Occupation:	Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>E. coli case investigation form
Sensitive Setting (check if applicable): ☐ Work/volunteer or attend day care ☐ Work/volunteer in a health care setting ☐ Work/volunteer as a food handler ☐ Other (e.g. pool), *Specify*: Excluded: ☐ Yes ☐ No Effective Date: _____ *YYYY/MM/DD* Details: _____ Symptom End Date: _____ *YYYY/MM/DD* Exclusion Lifted: _____ *YYYY/MM/DD* MHO: _____	Record in >Investigation >> Treatment & Interventions >>>Intervention Summary For exclusion enter intervention type=client directive; subtype=exclusion; disposition to specify work/volunteer

☐ Environmental Investigation-Referred for Inspection ☐ Referral-Referred to another HA ☐ Education-Hygiene Education Provided ☐ Education-Health File sent ☐ Other Intervention Details:	

J. 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 See Notes for fatal outcomes

K. CLASSIFICATION

☐ Confirmed ☐ Not a Case	Record/Update in >Investigation >>Disease Summary All lab confirmed cases should be reported as Case-confirmed

L. NOTES

	Record in >Notes In order to have the note linked to the investigation, ensure the investigation is in context when creating the note.

NOTES:

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

2. If the **outcome is fatal**, record as follows.

Outcome: Fatal
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 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.