



CONFIDENTIAL WHEN COMPLETED		Panorama Data Entry Guidance More details in Section M	
VCH: Fax the completed report form to BCCDC (604) 707-2516 c/o CDPACS-Zika All other Health Authorities: Enter information into Panorama Case definitions are in Section L below			
PERSON REPORTING			
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: _____ <small style="margin-left: 20px;">Last</small> <small style="margin-left: 100px;">First</small>	Phone Number: () - ext.		
Email: _____	Fax Number () - ext.		
	Date case report form completed: _____ YYYY / MM / DD		
Date report received by health authority: _____ YYYY / MM / DD		Record in: >Investigation >>Investigation Details >>>Reporting Notifications as Report Date (Received)	
A. PERSONAL INFORMATION			
Name: _____ <small style="margin-left: 20px;">Last</small> <small style="margin-left: 100px;">First</small> <small style="margin-left: 100px;">Middle</small>		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	
Date of Birth: _____ YYYY / MM / DD	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undifferentiated <input type="checkbox"/> Unknown		
Health Card Number: _____	Alternate Name(s): _____		
Phone Number (home/work/mobile): () - ext.			
Address: _____ <small style="margin-left: 20px;">Unit #</small> <small style="margin-left: 100px;">Street #</small> <small style="margin-left: 100px;">Street Name</small> <small style="margin-left: 100px;">City</small>			
Postal Code: _____	Province: _____		Country of Residence (<i>if not Canada</i>): _____
B. TRAVEL DURING EXPOSURE PERIOD			
Has the case returned from a country with ongoing or widespread Zika transmission in the previous 2 months		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Origin (city, prov/state, country): _____	Departure Date: _____	Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>Zika virus case investigation form	
Destination (city, prov/state, country): _____	Return Date: _____ YYYY/MM/DD		
Did the case notice any insect bites during travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Did the case seek travel medical services prior to departure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
List all cities/countries visited: _____			
Travel details (e.g. activities, mode of travel): _____			



C. TRANSMISSION RISK FACTORS

	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed	
<p>Female cases</p> <p>Is the case pregnant? →If yes, create a risk factor and client warning for post-natal follow up; refer case to BC Women's hospital</p> <p>Expected Due Date: _____ YYYY/MM/DD</p>						<p>Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>Zika virus case investigation form NOTE: Expected Due Date related to female cases or male cases with a pregnant sexual partner can be captured in Pregnancy Details</p>
<p>Male cases</p> <p>Did the case have sexual contact with a woman who is pregnant? →If yes, create a contact record for the pregnant woman, add a risk factor and client warning for post-natal follow up; refer case and pregnant partner to BC Women's hospital</p> <p>Expected Due Date: _____ YYYY/MM/DD</p> <p>Pregnant contact information: Name: _____ Last First</p> <p>Date of birth: _____ PHN: _____ YYYY/MM/DD</p> <p>**Discuss risks of sexual transmission with case** For guidance, see Section M.2</p>						

	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed	
<p>All cases</p> <p>Has the case donated blood, tissue or organ(s) in Canada in the previous 3 weeks?</p> <p>Date(s) of donation: _____ YYYY/MM/DD</p> <p>Facility where donation occurred: _____</p> <p>Other risk factor, specify: _____</p>						<p>If case has donated blood, tissue or organ(s), record in >Investigation >>Exposure Summary as a Transmission Event (see Section M.3)</p>

D. OTHER EXPOSURES

<p>Sexual contact with a male partner who has returned from a country with ongoing or widespread Zika transmission in the previous 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>				<p>Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>Zika virus case investigation form</p> <p>NOTE: Contact tracing beyond pregnant contacts is not required for surveillance; if a contact is identified as a case, link the records through a TE/AE OR update the classification of contacts with an existing investigation >Investigation >>Investigation Details >>>Disease Summary</p>												
<p>If yes,</p> <table border="1"> <thead> <tr> <th>Contact name</th> <th>Date of last known contact</th> <th>Other details</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					Contact name	Date of last known contact	Other details									
Contact name	Date of last known contact	Other details														
<p>Has the case received blood, tissue or organ(s) in Canada or from a country with ongoing Zika transmission in the previous 3 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Date(s) of receipt: _____ YYYY/MM/DD</p> <p>Facility where transfusion or operation occurred: (include country if outside Canada)</p>																
<p>If case has received blood, tissue or organ(s), record in >Investigation >>Exposure Summary as an Acquisition Event (see Section M.3)</p>																



E. LABORATORY INFORMATION

Specimen Collected	Collection Date (YYYY/MM/DD)	Test Performed	Result
<input type="checkbox"/> Blood	_____	<input type="checkbox"/> PCR	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending
		Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____
		<input type="checkbox"/> Serology IgM <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending	
		IgG <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending	
	Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____	
	_____	<input type="checkbox"/> Neutralizing assay <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending	
	Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____	
<input type="checkbox"/> Urine	_____	<input type="checkbox"/> PCR <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending	
	Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____	
<input type="checkbox"/> Nasopharyngeal swab	_____	<input type="checkbox"/> PCR <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending	
	Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____	
<input type="checkbox"/> Other Specify: _____	_____	<input type="checkbox"/> PCR <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending	
		Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____
		<input type="checkbox"/> Serology IgM <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending	
		IgG <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending	
	Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____	
	_____	<input type="checkbox"/> Neutralizing assay <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending	
	Lab Report Date: _____ YYYY / MM / DD	Reporting Lab: _____	

Receive through Electronic-Lab inbox, or manually record in >Investigation >>Lab >>>Lab Quick Entry
NOTE: In Result Name type 'Zika...' to get a list of Zika results

Record Causative Agent in >Investigation >>Investigation Details >>>Disease Summary

F. PHYSICIAN

Physician Name: _____ Last First	Record in >Investigation >>Investigation Details >>>External Sources
Physician Phone: () _____ - _____ ext. _____	
<i>(For pregnant cases or cases with pregnant contacts)</i>	
Physician Name: _____ Last First	If ordering physician is NOT providing perinatal care, record contact information for the professional providing perinatal care (e.g. physician, midwife) in >Subject >>Client Details >>>Health Services
Physician Phone: () _____ - _____ ext. _____	



G. CLINICAL PRESENTATION AND COMPLICATIONS

Onset date if the case has (or had) symptoms compatible with Zika virus infection 2 weeks from last possible exposure (e.g. travel, sexual): _____

YYYY/MM/DD

The case is asymptomatic at time of reporting and has not experienced symptoms compatible with Zika virus infection in the 2 weeks from last possible exposure (e.g. travel, sexual)

Sign / Symptom	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed
Arthralgia (painful joints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conjunctivitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis, flaccid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guillain-Barré Syndrome (GBS)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malaise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myalgia (muscle pain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, <i>specify</i> : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Record in >Investigation >>Signs and Symptoms
Select "Set as Onset" and record onset date of earliest symptom
For asymptomatic cases, set 'Present' field to 'No'

*Check only if formally assessed and diagnosed by a medical professional

H. RELEVANT IMMUNIZATIONS

Has the case received a Yellow Fever vaccine in the past? Yes No Unknown

If yes, Date(s) of immunization: _____

YYYY / MM / DD

>Investigation >>Investigation Details >>>Links & Attachments >>>>Zika virus case investigation form
AND
Record details of relevant immunizations (e.g. Yellow Fever) in Immunization module (see Section M.4)

I. OUTCOME AT TIME OF REPORTING

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

YYYY/MM/DD

Other, *specify below* Unknown Permanent disability, *specify below*

Specify other outcome / permanent disability: _____

Record in >Investigation >> Outcome (see Section M.5)

J. CLASSIFICATION

Confirmed Person under investigation (*to be used for case management purposes in Panorama if desired*)

See Section L for case definitions.

Record/Update in >Investigation >>Disease Summary

K. GENERAL COMMENTS

>Investigation >>Investigation Details >>>Links & Attachments >>>>Zika virus case investigation form



L. CASE DEFINITIONS

Zika Virus Disease	Reportable?
<p>Confirmed case</p> <p>Laboratory confirmation of infection:</p> <p>Detection of Zika virus-specific nucleic acid by reverse-transcriptase PCR from an appropriate clinical specimen (e.g. blood, urine)</p> <p>OR</p> <p>Demonstration of specific IgM antibodies in an appropriate clinical specimen (e.g. blood) by enzyme-immuno assay (e.g. ELISA) AND confirmation through identification of Zika virus-specific neutralizing antibodies (e.g. using PRNT)</p>	Yes
<p>Person under investigation</p> <p>A person with two or more symptoms compatible with clinical illness with onset during or within 2 weeks of travel to a country with ongoing or widespread transmission¹</p> <p>OR</p> <p>A person who is epidemiologically-linked to a confirmed case or a person under investigation</p> <p>OR</p> <p>A female who was pregnant during or within two months of returning from a country with ongoing or widespread Zika virus transmission</p> <p>OR</p> <p>A male returning from a country with ongoing or widespread Zika virus transmission AND has a female partner who is pregnant, becomes pregnant within 2 months of his return, or intends to become pregnant in the following 2 months</p> <p>OR</p> <p>A person with specific IgM antibodies from an appropriate clinical specimen with pending or inconclusive confirmatory testing (e.g. PRNT)</p>	No

Notes:

¹An updated list of affected countries can be found here:

http://www.paho.org/hq/index.php?option=com_content&view=article&id=11603&Itemid=41696

M. PANORAMA DATA ENTRY DETAILS AND REFERENCES

M.1 Pregnancy warning and data entry

For records of cases or contacts who are pregnant:

- 1) Add the client warning "Communicable Disease Alert Potential Vertical Transmission – see notes" and create a Note
Note Subject: CD Alert- Post Natal Follow Up
Note Content: Initiate post-natal CD follow up for baby
- 2) Add the risk factor "Special Population - Pregnancy Relevant to Disease Investigation"

If ordering physician is NOT the professional providing perinatal care, record contact information for the professional providing perinatal care (e.g. physician, midwife) under >Subject >>Client Details >>>Health Services

Please notify the Reproductive Infectious Diseases Clinic at BC Women's Hospital of this case (Tel: 604-875-2424 ext. 5212, Fax 604-875-2871).

M.2 Risks associated with sexual transmission

Potential risks of sexual transmission of Zika virus, contraceptive measures, and safer sexual practices should be discussed with cases (where appropriate)

Refer to latest BC Zika case management and testing recommendations found at:

<http://www.bccdc.ca/health-info/diseases-conditions/zika-virus/information-for-health-professionals>



M.3 Donation/receipt of blood, organs, or tissue

To report a **transfusion transmissible infection** for a case who has **received** blood, tissue or organ(s), create an Acquisition Event on the Exposure Summary screen (under Investigation on the left hand navigation) using the Acquisition Event Details screen.

For blood:

Exposure Name: XXX-TTI-Disease Name *where XXX is the Health Authority recording/creating exposure (FNHA, IHA, VIHA, FHA, or NHA)*
 Potential Mode of Acquisition: Transfusion transmitted
 Nature of Exposure: *Received other blood/blood products*
 Exposure Start: Date of transfusion
 note: when exact date is unknown, enter estimate based on available information and select the "Estimated" flag
 Exposure Location Name: *same as Exposure Name*
 Exposure Setting Type: Facility – non-recreational
 Exposure Setting: Hospital
 Address: Details for facility where transfusion occurred

For tissue or organs:

Exposure Name: XXX-TTI-Disease Name *where XXX is the Health Authority recording/creating exposure (FNHA, IHA, VIHA, FHA, or NHA)*
 Source description: Tissues/Organs
 Potential Mode of Acquisition: Other
 Nature of Exposure: *leave blank*
 Exposure Start: Date of operation
 note: when exact date is unknown, enter estimate based on available information and select the "Estimated" flag
 Exposure Location Name: *same as Exposure Name*
 Exposure Setting Type: Facility – non-recreational
 Exposure Setting: Hospital
 Address: Details for facility where operation occurred

To report a **transfusion transmissible infection** for a case who has **donated** blood, tissue or organ(s), create a Transmission Event on the Exposure Summary screen (under Investigation on the left hand navigation) using the Transmission Event Details screen.

For blood:

Exposure Name: XXX-TTI-Disease Name *where XXX is the Health Authority recording/creating exposure (FNHA, IHA, VIHA, FHA, or NHA)*
 Mode of Transmission: Transfusion transmitted
 Nature of Transmission: Donated blood/blood products
 Exposure Start: Date donated blood
 note: When exact date is unknown, enter estimate based on available information and select the "Estimated" flag
 Exposure Location Name: *same as Exposure Name*
 Exposure Setting Type: Facility – non-recreational
 Exposure Setting: Canadian Blood Services
 Address: Details for facility where blood was donated

For tissue or organs:

Exposure Name: XXX-TTI-Disease Name *where XXX is the Health Authority recording/creating exposure (FNHA, IHA, VIHA, FHA, or NHA)*
 Source description: Tissues/Organs
 Mode of Transmission: Other
 Nature of Transmission: *leave blank*
 Transmission Event Date/Time > Exposure Start: Date of operation
 note: When exact date is unknown, enter estimate based on available information and select the "Estimated" flag
 Exposure Location Name: *same as Exposure Name*
 Exposure Setting Type: Facility – non-recreational
 Exposure Setting: Hospital
 Address: Details for facility where operation occurred

Training Materials (<https://panoramacst.gov.bc.ca>): [Exposures-Reference Guide-Investigations](#)
 System Guidelines (<https://panoramacst.gov.bc.ca>): [Transfusion Transmissible Infections-Data Capture Guideline – Investigations](#), [Exposures-Data Capture Guideline-Investigations](#)

M.4 Vaccination entry into Immunization module

If the case has been previously vaccinated and the vaccination has been recorded in Panorama, the record can be viewed in the Immunization module
 If the case has been previously vaccinated and the vaccination was not recorded, enter the data in the Immunization module as per Panorama Training Materials
 Note: When exact date is unknown, enter estimate based on available information and select the "Estimated" flag (in 'Add historical details' screen)

M.5 Outcome at time of reporting

Asymptomatic cases can be classified as Other with 'Asymptomatic' in text box