



<u>INSTRUCTIONS</u>		Panorama Data Entry Guidance More details in Section M, page 8
<ul style="list-style-type: none"> This form is confidential when completed. Create investigations for confirmed and probable and epi-linked COVID-19 cases in Panorama/PARIS. Enter as much additional information into Panorama/PARIS as required regionally. COVID-19 provincial minimum dataset will be reported to BCCDC by regional health authorities using separate line lists. Case report forms do not need to be submitted to BCCDC. Notify BCCDC (covid@bccdc.ca) about out-of-province cases or contacts requiring public health follow-up. COVID-19 provincial minimum dataset items (for submission via line list) are indicated with an asterisk (*). Note: the minimum dataset for reporting in the provincial public health information system for all reportable communicable diseases is outlined in the Surveillance of Reportable Conditions chapter of the CD Manual. 		
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. Record date received: >Investigation >>Investigation Details >>>Reporting Notifications as Report Date (Received) Record source of information in: >Investigation >>Investigation Details >>>Links & Attachments >>>>COVID-19 Surveillance Case Investigation Form
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 report received by health authority*: _____ <i>YYYY / MM / DD</i>		
Source(s) of information: <input type="checkbox"/> Patient/family interview <input type="checkbox"/> Attending clinician <input type="checkbox"/> Hospital record <input type="checkbox"/> Other, <i>specify:</i> _____		
Investigation disposition*: <input type="checkbox"/> Complete <input type="checkbox"/> Follow-up in progress <input type="checkbox"/> Lost to follow-up		
A. CLIENT PERSONAL INFORMATION		
Panorama Investigation ID*:	PARIS Client ID:	
Name*: <i>Last</i> <i>First</i> <i>Middle</i>		
Date of Birth*: _____ <i>YYYY / MM / DD</i>	Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undifferentiated <input type="checkbox"/> Unknown	
Gender identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> X <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender <input type="checkbox"/> Two Spirit <input type="checkbox"/> Unsure/Questioning <input type="checkbox"/> Other		
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*:	Country of Residence (<i>if not Canada</i>) *:
B. INDIGENOUS INFORMATION		
Do you self-identify as an Indigenous Person? <input type="checkbox"/> Asked, not provided <input type="checkbox"/> No <input type="checkbox"/> Non-BC Resident <input type="checkbox"/> Yes		
Indigenous Identity: <input type="checkbox"/> Asked, but unknown <input type="checkbox"/> Asked, not provided <input type="checkbox"/> First Nations <input type="checkbox"/> First Nations and <input type="checkbox"/> First Nations and Métis <input type="checkbox"/> First Nations, Inuit and Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Inuit and Métis <input type="checkbox"/> Métis <input type="checkbox"/> Not asked		
First Nations Status: <input type="checkbox"/> Asked, but unknown <input type="checkbox"/> Asked, not provided <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Not Asked <input type="checkbox"/> Status Indian		
Indigenous Organization: _____		



**Panorama Data
Entry Guidance**

C. RISK FACTORS

Risk Factor	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed	Record in > Subject >> Risk Factors
Chronic cardiac disease (excluding hypertension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When the investigation is in context, the preset list of COVID-19 risk factors will display, and newly recorded risk factors will be set as pertinent to the investigation.
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Malignancy/cancer (diagnosed in the last 5 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other chronic respiratory/pulmonary condition (excluding asthma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Immunocompromised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pregnancy* <i>If yes, gestational age (weeks): _____</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follow PPHIS guidance to ensure previously-recorded risk factors are marked as pertinent to the investigation.

D. EXPOSURES

In the 14 days prior to illness onset, did the client:

Work in or attend (in person) an educational institution or daycare?*

Yes No Asked but Unknown Declined to Answer Not Assessed

*If yes, role:** Student Staff Other Unknown

Type of institution: * School (K-12) Day care Post-secondary Other Unknown

Institution/daycare name: _____

Street address: _____ Postal code: _____

Work in another congregate setting[§] (e.g., healthcare settings, offices, and other congregate settings)?

Yes No Asked but Unknown Declined to Answer Not Assessed

If yes, worksite name: (minimum data element for healthcare workers)* _____

Street address: _____ Postal code: _____

Live in a congregate setting[§] (e.g., long term care / assisted living facilities, group homes, dorms, worker housing)?

Yes No Asked but Unknown Declined to Answer Not Assessed

If yes, residence name: _____

Street address: _____ Postal code: _____

Visit a congregate setting (excluding those you provided details for above)?

Yes No Asked but Unknown Declined to Answer Not Assessed

If yes, setting name: _____

Street address: _____ Postal code: _____

Record in >Investigation >>Investigation Details >>>Links & Attachments >>>> COVID-19 Surveillance Case Investigation Form

[§] Definitions are available in Section L



D. EXPOSURES cont.

Is the client a healthcare worker[§]?* Yes No Asked but Unknown Declined to Answer Not Assessed

If yes, role:*

Nurse Physician Laboratory technician Emergency medical personnel

Housekeeping Administrative Dental professional Licensed practical nurse (LPN)

Care aide Kitchen staff Volunteer Student (medical, dental, nursing, lab)

Other, specify: _____

Did the client travel **outside** Canada in the 14 days prior to illness onset?*

Yes No Asked but Unknown Declined to Answer Not Assessed

If yes, specify country*: _____

Did the client travel **within** Canada in the 14 days prior to illness onset?*

Yes No Asked but Unknown Declined to Answer Not Assessed

If yes, was travel:*

Within BC only – Specify city/cities: _____

Outside BC, but within Canada – Specify province(s)/territory(ies):*

Was the client in close contact[§] with a probable[§] or confirmed[§] case of COVID-19 within 14 days prior to illness onset?*

Yes No Asked but Unknown Declined to Answer Not Assessed

If yes:

Panorama Investigation ID or Case identifiers* (e.g., name, PHN)	First Contact Date (yyyy/mm/dd)	Last Contact Date (yyyy/mm/dd)	Comments
	_____	_____	
	Or sustained contact <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UK (no specific contact date):		

Setting type:*

<p>Residence</p> <p><input type="checkbox"/> Private dwelling/home</p> <p><input type="checkbox"/> Assisted living</p> <p><input type="checkbox"/> Independent living</p> <p><input type="checkbox"/> Group home (community living)</p> <p><input type="checkbox"/> Correctional facility</p> <p><input type="checkbox"/> Workplace with communal living</p> <p><input type="checkbox"/> Shelter</p> <p><input type="checkbox"/> Dormitory (e.g., university)</p> <p><input type="checkbox"/> SRO / Modular housing</p> <p><input type="checkbox"/> Other residence type, specify: _____</p>	<p>Health Care</p> <p><input type="checkbox"/> Acute care facility</p> <p><input type="checkbox"/> Long term care facility</p> <p><input type="checkbox"/> Community health care setting (e.g., clinic)</p> <p>Work/School</p> <p><input type="checkbox"/> School or daycare</p> <p><input type="checkbox"/> Agri-food processing facility</p> <p><input type="checkbox"/> Industrial / manufacturing setting</p> <p><input type="checkbox"/> Office building</p> <p><input type="checkbox"/> Workplace not otherwise specified[§]</p>	<p>Community</p> <p><input type="checkbox"/> Transportation (e.g., public transit, taxi)</p> <p><input type="checkbox"/> Conference/banquet hall</p> <p><input type="checkbox"/> Fitness studio/gym</p> <p><input type="checkbox"/> Restaurant/bar/lounge</p> <p><input type="checkbox"/> Religious / spiritual institution[§]</p> <p><input type="checkbox"/> Retail (e.g., mall, grocery store, pharmacy)</p> <p><input type="checkbox"/> Personal care (e.g., spa, barber, salon)</p> <p><input type="checkbox"/> Other, specify: _____</p>
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Role of client:

Resident/patient Staff/worker Student

Inmate Customer/patron Guest/visitor

Event attendee Household member Volunteer

Other, specify: _____

Activity type:*(if relevant)

Private party/event Social visit Extra-curricular[§]

Mass gathering event (e.g., conference, sporting event) Other, specify: _____

NOTE: If the client had contact with more than one probable[§] or confirmed[§] case of COVID-19 within 14 days prior to illness onset, enter the details for each case in the regional COVID public health information system.

Record in
>Investigation
>>Investigation
Details
>>>Links &
Attachments
>>>> COVID-19
Surveillance Case
Investigation Form

[§] Definitions are
available in Section L



D. EXPOSURES cont.

Was the client directly associated with a known cluster or outbreak[§] (e.g. communal setting with cases, community cluster) during their incubation[§] or communicability period[§]?

- Yes No Asked but Unknown Declined to Answer Not Assessed

Setting type:*

- | | | |
|---|---|--|
| <p>Residence</p> <p><input type="checkbox"/> Private dwelling/home</p> <p><input type="checkbox"/> Assisted living</p> <p><input type="checkbox"/> Independent living</p> <p><input type="checkbox"/> Group home (community living)</p> <p><input type="checkbox"/> Correctional facility</p> <p><input type="checkbox"/> Workplace with communal living</p> <p><input type="checkbox"/> Shelter</p> <p><input type="checkbox"/> Dormitory (e.g., university)</p> <p><input type="checkbox"/> SRO / Modular housing</p> <p><input type="checkbox"/> Other residence type, specify: _____</p> | <p>Health Care</p> <p><input type="checkbox"/> Acute care facility</p> <p><input type="checkbox"/> Long term care facility</p> <p><input type="checkbox"/> Community health care setting (e.g., clinic)</p> <p>Work/School</p> <p><input type="checkbox"/> School or daycare</p> <p><input type="checkbox"/> Agri-food processing facility</p> <p><input type="checkbox"/> Industrial / manufacturing setting</p> <p><input type="checkbox"/> Office building</p> <p><input type="checkbox"/> Workplace not otherwise specified[§]</p> | <p>Community</p> <p><input type="checkbox"/> Transportation (e.g., public transit, taxi)</p> <p><input type="checkbox"/> Conference/banquet hall</p> <p><input type="checkbox"/> Fitness studio/gym</p> <p><input type="checkbox"/> Restaurant/bar/lounge</p> <p><input type="checkbox"/> Religious / spiritual institution[§]</p> <p><input type="checkbox"/> Retail (e.g., mall, grocery store, pharmacy)</p> <p><input type="checkbox"/> Personal care (e.g., spa, barber, salon)</p> <p><input type="checkbox"/> Other, specify: _____</p> |
|---|---|--|

Record in
>Investigation
>>Investigation
Details
>>>Links &
Attachments
>>>> COVID-19
Surveillance Case
Investigation Form

[§] Definitions are
available in Section
L

- Role of client:*
- | | | |
|--|---|--|
| <input type="checkbox"/> Resident/patient | <input type="checkbox"/> Staff/worker | <input type="checkbox"/> Student |
| <input type="checkbox"/> Inmate | <input type="checkbox"/> Customer/patron | <input type="checkbox"/> Guest/visitor |
| <input type="checkbox"/> Event attendee | <input type="checkbox"/> Household member | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other, specify: _____ | | |

- Activity type:*(if relevant)
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Private party/event | <input type="checkbox"/> Social visit | <input type="checkbox"/> Extra-curricular [§] |
| <input type="checkbox"/> Mass gathering event (e.g., conference, sporting event) | | <input type="checkbox"/> Other, specify: _____ |

If yes, cluster/outbreak name:*

Start date (yyyy/mm/dd): ____/____/____ End date (yyyy/mm/dd): ____/____/____

Was this case most likely acquired from an unknown source[§]?

- Yes No Asked but Unknown Declined to Answer Not Assessed

Based on public health assessment, what was the case's most likely source of infection?*

- | | | |
|---|--|--|
| <input type="checkbox"/> Travel - international | <input type="checkbox"/> Travel – within Canada but outside BC | <input type="checkbox"/> Close contact [§] with confirmed/probable case |
| <input type="checkbox"/> Exposure to a cluster/outbreak | <input type="checkbox"/> Unknown source [§] | <input type="checkbox"/> Pending / missing exposure information |
| <input type="checkbox"/> Unclear, based on public health interview [§] | | |

E. TRANSMISSION

Total number of close contacts[§] identified for this client: _____ Unknown

Did the client work in or attend (in person) an educational institution or daycare during their communicability period[§]?

- Yes No Asked but Unknown Declined to Answer Not Assessed

If yes, role: Student Staff Other Unknown

Type of institution: School (K-12) Day care Post-secondary Other Unknown

Institution/daycare name: _____

Street address: _____ Postal code: _____

Grade (K-12): _____ Class details (e.g., division, cohort): _____



**Panorama
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G. SIGNS AND SYMPTOMS cont.

Sign / Symptom	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed	
Shortness of breath / breathing difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record in >Investigation >>Signs and Symptoms
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

H. HOSPITALIZATION

Admitted to hospital^{§,*} Yes No Unknown
If yes, admission date (yyyy/mm/dd): ____/____/____ Discharge date (yyyy/mm/dd)*: ____/____/____*

Admitted to an intensive care unit^{§,*} Yes No Unknown
If yes, admission date (yyyy/mm/dd): ____/____/____ Discharge date (yyyy/mm/dd)*: ____/____/____*

Record in
>Investigation
>>Investigation
Details
>>>Links &
Attachments
>>>> COVID-19
surveillance Case
Investigation Form

I. ISOLATION AND OUTCOME

Has the client discontinued isolation?^{*} Yes No Unknown
If yes, date isolation discontinued (yyyy/mm/dd): ____/____/____*

People may find it difficult to isolate themselves for various reasons. Do you have any concerns about your ability to self-isolate?
 Yes No Asked but Unknown Declined to Answer Not Assessed
If yes, list the services the client was referred to: _____

Outcome at Time of Reporting*

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

Permanent disability Unknown Other, specify: _____

If died, cause of death: Contributed but wasn't underlying cause Did not contribute to death/incidental
 Underlying cause of death Unknown
 Other, specify: _____

Discontinued
isolation data:
Record in
>Investigation
>>Investigation
Details
>>>Links &
Attachments
>>>> COVID-19
surveillance Case
Investigation Form

Record outcome in
>Investigation
>> Outcome

If fatal outcome, see
Section M for data
standards.

J. CLASSIFICATION*[§]

Confirmed Probable: lab Probable: epi-linked
 Suspect Person Under Investigation Not a Case

Record/Update in
>Investigation
>>Disease Summary

K. NOTES

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

[§] Definitions are available in Section L.



L. DEFINITIONS	
Case Definitions	
Person Under Investigation	A client who is being/has been followed-up for a reportable condition and does not meet the criteria outlined in any of the case definitions; however, the diagnosis has not been completely ruled out.
Suspect case	A person with symptoms that include two or more of: fever (signs of fever), cough (new or exacerbated chronic), sore throat, runny nose, and headache AND either meets the exposure criteria or had close contact with a probable case of COVID-19.
<u>Probable – lab case</u>	<p>1. A person who:</p> <ul style="list-style-type: none"> • Has symptoms (see Symptoms below) compatible with COVID-19 AND • Had a high-risk exposure with a confirmed COVID-19 case (i.e. close contact) OR was exposed to a known cluster or outbreak of COVID-19 AND <ul style="list-style-type: none"> - Has had a laboratory-based NAAT assay for SARS-CoV-2 and the result is inconclusive OR - Had SARS-CoV-2 antibodies detected in a single serum, plasma, or whole blood sample using a validated laboratory-based serological assay for SARS-CoV-2 collected within 4 weeks of symptom onset <p>OR</p> <p>2. A person who had a POC NAAT or POC antigen test for SARS-CoV-2 completed and the result is preliminary (presumptive) positive</p> <p>OR</p> <p>3. A person who had a validated POC antigen test for SARS-CoV-2 completed and the result is positive</p> <p>In Panorama, report these cases as “Probable”.</p>
<u>Probable – epi-linked case</u>	<ul style="list-style-type: none"> • A person who has symptoms (see Symptoms below) compatible with COVID-19 AND • A person who had a high-risk exposure with a confirmed COVID-19 case (i.e. close contact) OR was exposed to a known cluster or outbreak of COVID-19 AND • A person who has not had a laboratory-based NAAT assay for SARS-CoV-2 completed. <p>(Note: Cases who had a high-risk exposure with a probable COVID-19 case that had a positive result to validated POC antigen test for SARS-CoV-2 where confirmatory testing was not required (as per the provincial guidelines for POC test in Rural, Remote and Indigenous Communities) should also be considered probable – epi-linked).</p> <p>In Panorama, report these cases as “Probable, Epi-Linked”.</p>
<u>Confirmed case</u>	<p>A person with confirmation of infection with SARS-CoV-2 documented by:</p> <ul style="list-style-type: none"> • The detection of at least one specific gene target by a validated laboratory-based nucleic acid amplification test (NAAT) assay (e.g. real-time PCR or nucleic acid sequencing) performed at a community, hospital, or reference laboratory (the National Microbiology Laboratory or a provincial public health laboratory) <p>OR</p> <ul style="list-style-type: none"> • The detection of at least one specific gene target by a validated point-of-care (POC) nucleic acid amplification test (NAAT) that has been deemed acceptable to provide a final result (i.e. does not require confirmatory testing) <p>OR</p> <ul style="list-style-type: none"> • Seroconversion or diagnostic rise (at least four-fold or greater from baseline) in viral specific antibody titre in serum or plasma using a validated laboratory-based serological assay for SARS-CoV-2
Symptoms	
Symptoms compatible with COVID-19 include any 1 or more of the following: Fever or chills; Cough; Loss of sense of smell or taste; Difficulty breathing; Sore throat; Loss of appetite; Extreme fatigue or tiredness; Headache; Body aches; Nausea or vomiting; Diarrhea.	
Exposures	
Congregate setting	An environment where a number of people meet or gather and share the same space for a period of time.
Healthcare worker	Health Care Workers (HCWs) include persons who provide health care to patients or work in institutions that provide patient care (e.g., physicians, nurses, emergency medical personnel, dental professionals, laboratory technicians; medical, dental, nursing and laboratory technician students; hospital volunteers; and administrative, housekeeping and other support staff in health care institutions).
Close contact	<p>A close contact is defined as a person who:</p> <p>provided direct care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact (e.g., intimate partner) without consistent and appropriate use of personal protective equipment, OR lived with or otherwise had close face to face contact (within 2 metres) with a probable or confirmed case for more than 15 minutes (may be cumulative, i.e., multiple interactions) up to 48 hours prior to symptom onset, OR had direct contact with infectious body fluids of a probable or confirmed case (e.g., was coughed or sneezed on) while not wearing recommended PPE, OR has been identified by the local MHO as a possible contact.</p> <p>(Note: This suggests the setting where contact occurred is known, the primary case was known/a specific interaction is recalled, contact occurred over a period of time)</p>



L. DEFINITIONS cont.	
Workplace not otherwise specified	The place where the client works, excluding workplace settings specifically listed as other setting types. For example, if the client works in a school or a restaurant, the setting should be recorded as "School or daycare" or "Restaurant/bar/lounge" and the role would be "Staff/worker".
Religious / spiritual Institution	Churches, temples, mosques and other places of worship/spirituality and institutions that exist to support and manage the practice of a specific set of religious or spiritual beliefs.
Extra-curricular	Organized activities undertaken by children or adults that fall outside the realm of normal school or work (and in settings not otherwise listed), such as sports teams, music lessons, dance classes etc.
Associated with a known cluster or outbreak	The case is considered either a potential index case for the cluster/outbreak or to have potentially been exposed to COVID via the cluster / outbreak.
Incubation Period	For public health follow-up purposes, a period of 14 days should be considered (see Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus (COVID-19) in the community).
Communicability Period	Period of communicability is generally considered to be from 48 hours prior to onset of symptoms to 10 days after onset of symptoms. See Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus (COVID-19) in the community for additional guidance for those with illness of greater severity and those who are severely immunocompromised.
Unknown source	The source of the client's infection is unknown. The client has not reported travel, close contact with a confirmed or probable case or exposure to a known cluster or outbreak in the 14 days prior to onset.
Most likely source of infection	Based on information provided to public health, the most likely source of infection for the case. If the most likely source of infection is not assigned during the public health interview or if it is indicated as "Unclear, based on public health interview", it will be calculated for surveillance purposes using the following hierarchy: international travel, close contact with confirmed/probable case/exposure to a cluster/outbreak, travel within Canada but outside BC, unknown source, pending / missing exposure information. In general: if a case reports contact with a known case or exposure to a cluster/outbreak outside of Canada, "Travel – International" should be selected; if a case reports contact with a known case or exposure to a cluster/outbreak outside of BC but within Canada, "Close contact with a confirmed/probable case" or "Exposure to a cluster/outbreak" should be selected; "Travel – within Canada but outside BC" should be selected when the case likely acquired the infection outside of BC but within Canada, but a specific exposure to a case, cluster or outbreak was not identified.
Most likely source of infection: unclear, based on public health interview	The client may have one or more potential exposures, but no one exposure is clearly the case's most likely source (e.g., the case has had two or more exposures, or one potential exposure but the details are not clear enough to definitively identify it as the source of infection). If the most likely source of infection is indicated as "Unclear, based on public health interview", it will be calculated for surveillance purposes using the hierarchy described above.
Hospitalization, Isolation and Outcome	
Hospitalization	Any person admitted to a hospital for at least an overnight stay, or with a prolongation of hospitalization, for reasons directly or indirectly related to their COVID-19 infection, and with no period of complete recovery between illness and admission. Includes persons admitted to hospital but without transfer to a ward/unit. If unable to determine whether an admission/prolongation was related to COVID-19, please report as a hospitalized case. If it is known that the client remains in hospital for reasons unrelated to COVID-19, after being removed from isolation requirements, they should not be considered "currently hospitalized" due to COVID. If a client is removed from isolation but remains admitted due to complications of COVID, they should continue to be considered "currently hospitalized" due to COVID.
ICU admission	Any person admitted to an intensive care unit (ICU) for at least an overnight stay, or with a prolongation of ICU stay, for reasons directly or indirectly related to their COVID-19 infection, and with no period of complete recovery between illness and admission. If unable to determine whether an ICU admission/stay prolongation was related to COVID-19, please report as an ICU admission.
Discontinued isolation	Self-isolation has been discontinued per the criteria outlined in the Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus (COVID-19) in the community .
Death	A death occurring in any person with no period of complete recovery between illness and death, unless there is evidence that COVID did not contribute to the death (e.g., trauma, poisoning, drug overdose).

M. PANORAMA DATA ENTRY DETAILS
<p>If the client is pregnant, record as a Risk Factor (under Subject in the left hand navigation).</p> <p>Risk Factor: Special Population - Pregnancy Relevant to Disease Investigation Additional Information: Record expected due date Response: Yes Additional Information: record gestational age</p>
<p>If the outcome is fatal, record as follows.</p> <p>Outcome: Fatal Outcome Date: Date of death Cause of Death: <select appropriate option></p> <p>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.</p> <p>Note: If the outcome is not fatal, the outcome date is the date public health was made aware of the outcome.</p>

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