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| **INSTRUCTIONS**   * **Confidential when completed** * **Report suspect, probable and confirmed cases of measles to your MHO** * **Notify BCCDC about out-of-province cases or contacts requiring public health follow-up (Section S)** * **Enter suspect, probable and confirmed cases into Panorama or PARIS** * **Fax or e-mail pages 1-5 of this case report form to 604-707-2515 or** [**VPD.epi@bccdc.ca**](mailto:VPD.epi@bccdc.ca) * **Case definitions are on page 6** * **Fields marked with \* are part of the minimum data standard for provincial reporting** * **BCCDC Communicable Diseases and Immunization Service phone number: 604-707-2548** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Panorama Data Entry Guidance**  More details in Section T,  pages 6-8. |
| **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 Report Date:  >Investigation  >>Investigation Details  >>>Reporting Notifications as Report Date (Received) |
| Health Authority: | | | FHA | | | | | | | | FNHA | | | | | IHA | | | | | | | | NHA | | | | | | | | | | VCH | | | | | | | VIHA | |
| Name: |  | | | | | |  | | | | | | | | | | | Phone Number: | | | | | | | | (    ) | | | |  | | | | | | | - |  | | | ext. |  |
| *Last* | | | | | | *First* | | | | | | | | | | |  | | | | | | | |  | | | |  | | | | | | |  |  | | |  |  |
| Email: |  | | | | | |  | | | | | | | | | | | Fax Number: | | | | | | | | (    ) | | | |  | | | | | | | - |  | | |  |  |
|  | | | | | | | | | | | | | | | | | | \*Report Date (Received): | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | *YYYY / MM / DD* | | | | | | | |
| 1. **\*CLIENT PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Panorama Investigation ID: | | | | | | | | | | | | | | | | | | | | | PARIS Client ID (VCH only): | | | | | | | | | | | | | | | | | | | | | | 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  For temporary workers, snowbirds, and students, record Health Region Information as “Out of BC” (Section T) |
| \*Name: |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| *\*Last* | | | | | | | | | | | | | | *\*First* | | | | | | | | | | | | | | | | | | | | | | *Middle* | | | | | |
| \*Date of Birth: | |  | | | | | | | | \*Gender: | | | Female | | | | | | | Male  X | | | | | | | | | | | Undifferentiated | | | | | | | | Unknown | | | |
| *YYYY / MM / DD* | | | | | | | |
| \*Health Card Number: | | | | | | | | | | | | | | | | | | | | | | Alternate Name(s): | | | | | | | | | | | | | | | | | | | | |
| Phone Number (home/work/mobile): | | | | | | | | | (    ) | | | |  | | | | | | | | - | |  | | | | | | | | | ext. | | | | | | | | | | |
| \*Address at time of case: | |  | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| *Unit #* | | | *Street #* | | | | | | | | *Street Name* | | | | | | | | | | | | | | | | | | | | | | | *City* | | | | | | |
| \*Postal Code: | | | | | | | | | | \*Province: | | | | | | | | | | | \*Country of Residence (*if not Canada*): | | | | | | | | | | | | | | | | | | | | | |
| \*Address Located on Reserve Administered By: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For temporary workers, snowbirds, and students, provide address, province and country of permanent residence: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **\*ABORIGINAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| \*Does the client wish to identify as an Aboriginal person? | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | Asked, not provided | | | | | | | | | | | Not asked | | | Record in  >Subject  >>Client Details  >>>Aboriginal Information |
| \**If yes*, Aboriginal Identity: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Nations | | | | | | First Nations and Inuit | | | | | | | | | | | First Nations and Métis | | | | | | | | | | | | | | | | First Nations, Inuit and Métis | | | | | | | | | |
| Inuit | | | | | | Inuit and Métis | | | | | | | | | | | Métis | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Asked, but unknown | | | | | | Asked, not provided | | | | | | | | | | | Not asked | | | | | | | | | | | | | | | |  | | | | | | | | | |
| \**If First Nations*, is the client: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-Status Indian | | | | Status Indian | | | | | | | | | | Asked, not provided | | | | | | | | | | | | | | Asked, but unknown | | | | | | | | | | | Not asked | | | |
| 1. **\*CLASSIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lab-confirmed | | | | | | | | | | | | Epi-linked Confirmed | | | | | | | | | | | | | | | Probable | | | | | | | | | | | | | | | | Record/Update in  >Investigation  >>Investigation Details  >>>Disease Summary |
| Suspect | | | | | | | | | | | | Person Under Investigation | | | | | | | | | | | | | | | Not a Case | | | | | | | | | | | | | | | |
| *See page 6 for case definitions.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Panorama Data Entry Guidance** |
| 1. **\*IMMUNIZATION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Immunizing Agent** | | | | | | | | | | | | | | | | **\*Date(s) of Immunization**  ***(YYYY/MM/DD)*** | | | | | | | | | | | | | | | | | Record or review and update in the Immunization Module.  Documented immunizations:  >Immunizations  >>Record & Update Imms  Undocumented immunizations:  >Immunizations  >>Special Considerations  Summary immunization status:  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>>Measles Case Investigation Form  Contraindications and Exemptions:  >Immunizations >>Special Considerations  >>>Type of Special Consideration  Deferrals:  >Immunizations  >>Record and Update Imms  >>>Deferrals  (Section T) |
| MMR | | |  | | | | | | | | |  | | | |  | |  | | | | | | | |  | |  | | |  | |
| Other measles vaccine, *specify*: | | |  | | | | | | | | |  | | | |  | |  | | | | | | | |  | |  | | |  | |
|  | | |  | | | | | | | | |  | | | |  | | |  | | | | | | | |  |  | | |  | |
| \*Un-documented history of prior measles immunizations: | | | | | | | | | | | | | | Yes | | | | | | No | | Unknown | | | | | | | |  | | |
| If yes, provide available details: | | | | ­­­­­ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Summary measles immunization status prior to onset (based on BC schedule): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fully immunized for age, documented | | | | | | | | | | Partially immunized for age - documented | | | | | | | | | | | | | | | | | |  | | | | |
| Fully immunized for age, undocumented | | | | | | | | | | Partially immunized for age - undocumented | | | | | | | | | | | | | | | | | |  | | | | |
| Assumed immune because of age | | | | | | | | | | Unimmunized | | | | | | | | | | | | | | | | | | Unknown | | | | |
| \**If unimmunized against measles*, reason(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exemption – Client or Parent/Guardian Refusal | | | | | | | | | | | Any other Exemption, *specify*: | | | | | | | | | | | | |  | | | | | |  | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | |
| Contraindication | | | | | | | | | | | Deferral | | | | | | | | | | | | | Unknown | | | | | | | | |
| 1. **\*LABORATORY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **\*Specimen Collected &**  **Test Performed** | | | | | | | **\*Collection Date *(YYYY/MM/DD)***  ***(YYYY/MM/DD)*** | | | | | | | | | **\*Result** | | | | | | | | | | | | | | | | | Record in  >Investigation  >>Lab  >>>Lab Quick Entry  Record Causative Agent in  >Investigation  >>Investigation Details  >>>Disease Summary |
| Blood – IgM | | | | | | |  | |  | | | | Positive | | | | | | | | Negative | | Indeterminate | | | | | | Pending | | | |
| Blood – IgG acute | | | | | | |  | |  | | | | Positive | | | | | | | | Negative | | Indeterminate | | | | | | Pending | | | |
| Blood – IgG convalescent | | | | | | |  | |  | | | | Positive | | | | | | | | Negative | | Indeterminate | | | | | | Pending | | | |
| Nasopharyngeal swab – culture | | | | | | |  | |  | | | | Positive | | | | | | | | Negative | | Indeterminate | | | | | | Pending | | | |
| Nasopharyngeal swab – PCR | | | | | | |  | |  | | | | Positive | | | | | | | | Negative | | Indeterminate | | | | | | Pending | | | |
| Urine - culture | | | | | | |  | |  | | | | Positive | | | | | | | | Negative | | Indeterminate | | | | | | Pending | | | |
| Urine - PCR | | | | | | |  | |  | | | | Positive | | | | | | | | Negative | | Indeterminate | | | | | | Pending | | | |
| Other, specify: |  | | | | | |  | |  | | | | Positive | | | | | | | | Negative | | Indeterminate | | | | | | Pending | | | |
|  |  | | | | | |  | |  | | | |  | | | | | | | |  | |  | | | | | |  | | | |
| 1. **PHYSICIAN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physician Name: | |  | | | |  | | | | | | | | |  | |  | | | | | | | |  | | |  | | |  | ***Optional:***  Record in  >Investigation  >>Investigation Details  >>>External Sources | |
|  | | *Last* | | | | | | | | | | | | |  | | *First* | | | | | | | |  | | |  | | |  |
| Physician Phone: | | (    ) | | |  | | | | | | | | | | - | |  | | | | | | | | ext. | | |  | | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Panorama Data Entry Guidance** |
| 1. **\*SIGNS AND SYMPTOMS AT TIME OF REPORTING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Sign / Symptom** | | | | | | | | | | | | | | | | **Yes** | | | | | **No** | | | | | **Asked but Unknown** | | | | | | | **Declined to Answer** | | | **Not**  **Assessed** | | | Record in  >Investigation  >>Signs & Symptoms  Select “Set as Onset” for rash and record rash onset date.  Rash duration not required for outbreak-associated cases. |
| \*Conjunctivitis | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | |
| \*Coryza (runny nose) | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | |
| \*Cough | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | |
| \*Fever >= 38.3○C | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | |
| \*Rash, maculopapular | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | |
| \*Onset of rash: | |  | | | | | **/** | | |  | | | | | | | **/** |  | | | | |  | | \*Duration of rash: | | | | | | | | |  | | | days | |
|  | | *YYYY* | | | | |  | | | *MM* | | | | | | |  | *DD* | | | | |  | |  | | | | | | | | | | | | | |
| 1. **EXPOSURE AND COMMUNICABILITY PERIODS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| ***Exposure Period:*** 7-18 days prior to onset of maculopapular rash. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Optional:***  Record in  >Investigation  >>Incubation & Communicability |
|  | Earliest possible exposure: | | | |  | | | | | | | | | | | | | | | Latest possible exposure: | | | | | | | | | | |  | | | | | | |  |
|  |  | | | | *YYYY/MM/DD* | | | | | | | | | | | | | | |  | | | | | | | | | | | *YYYY/MM/DD* | | | | | | |  |
| ***Communicability Period:*** From 1 – 2 days before the beginning of the prodromal period (usually about 4 days before rash onset) to 4 days after rash appearance in a healthy person and for the duration of measles illness in an immunocompromised person. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | From: | | |  | | | | | | | | | | | | | | | |  | | | | To: | | | | | | |  | | | | | | |  |
|  | | | | *YYYY/MM/DD* | | | | | | | | | | | | | | | |  | | | |  | | | | | | | *YYYY/MM/DD* | | | | | | |  |
| 1. **HOSPITALIZATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Visited an emergency room: | | | | | | Yes | | | | | No | | | | Unknown | | | | | | | Did not ask | | | | | | | | | |  | | | | | |  | Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>> Measles Case Investigation Form |
| \*Admitted to hospital: | | | | | | Yes | | | | | No | | | | Unknown | | | | | | | Did not ask | | | | | | | | | |  | | | | | |  |
| *If yes,*  hospital name: | | | | | |  | | | | | | | | | | | | | | | | \*Admission date: | | | | | | | | | |  | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | *YYYY/MM/DD* | | | | | |
| \*Admitted to an intensive care unit: | | | | | | Yes | | | | | No | | | | Unknown | | | | | | | Did not ask | | | | | | | | | |  | | | | | |  |
| 1. **\*EXPOSURES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Contact with known case of measles: | | | | | | | | Yes | | | | No | | | | | | | Unknown | | | | | | | | Did not ask | | | | | | | | | | | | Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>> Measles Case Investigation Form  Create acquisition event and link to investigation for known case:  >Investigation  >>Exposure Summary using  >>>Acquisition Event  See Section T for definitions of source of infection. |
| \*If yes, name of case: | | |  | | | | | | | | | | | \*Location (city/country): | | | | | | | | | | | | | | | |  | | | | | | | |  |
| \*Date of first contact: | | |  | | | | | | | | | | | \*Date of most recent contact: | | | | | | | | | | | | | | | |  | | | | | | | |  |
|  | | | *YYYY/MM/DD* | | | | | | | | |  | | | | | | | | | | | | | | | | | *YYYY/MM/DD* | | | | | |  | | |  |
| \*Additional details: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Travel during exposure period: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Travel in the 7-18 days prior to onset: | | | | | | | | | Yes | | | | No | | | | | | Unknown | | | | | | | | | Did not ask | | | | | | | | | | |
| *\*If yes*, was travel: | | | | | | | | | Within BC only | | | | | | | | | Outside BC, but within Canada | | | | | | | | | | | | | | | | Outside Canada | | | | |
| \*Travel location(s) during the 7-18 days prior to onset:  (city, prov/state, country) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| \*Source of infection: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Outside Canada | | | | | | | | | | | | | | | In Canada linked to an imported case/chain | | | | | | | | | | | | | | | | | | | | | | | |
| Unknown Source | | | | | | | | | | | | | | | In Canada linked to a case/chain of unknown source | | | | | | | | | | | | | | | | | | | | | | | |

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|  | | | | | | | | | | | | | | | | | | | | | | | | | **Panorama Data Entry Guidance** | | | |
| 1. **SETTINGS** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| \*Healthcare worker† | | | | | | | | Yes | | | | | | No | | | Unknown | | Did not ask | | | | | | Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>> Measles Case Investigation Form  To link to setting:  >Investigation  >>Exposure Summary  as an Acquisition/ Transmission Event (Section T) | | | |
| †Any individual who is regulated by the Health Professions Act including doctors, nurses, dentists, physiotherapists, and occupational therapists. | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Attends child care, school or university | | | | | | | | Yes | | | | | | No | | | Unknown | | Did not ask | | | | | |
| \*Lives in communal setting | | | | | | | | Yes | | | | | | No | | | Unknown | | Did not ask | | | | | |
| Specify setting name, type and location: | | | | | | | |  | | | | | | | | | | | | | | | |  |
|  | | | | | |  | | | | | |  | | | | |  | | | |  | | | |
| 1. **TRAVEL DURING THE COMMUNICABILITY PERIOD** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| \*Travel in the 1-2 days prior to prodromal symptoms to 4 days after rash onset: | | | | | | | | | | | | | | | | | | | | | | | | | Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>> Measles Case Investigation Form  If public health follow-up is required for contacts from travel during the communicability period, record the travel event in  >Investigation  >>Exposure Summary using Transmission Event Quick Entry | | | |
|  | Yes | No | | | Unknown | | | | | Did not ask | | | | | | | | | | | | | | |
| *\*If yes,* was travel: | | | | | | | Within BC only | | | | | | Outside BC, but within Canada | | | | | | | Outside Canada | | | | |
| \*If travel was outside of BC, please provide itinerary to BCCDC.  **NOTE**: If out-of-province contacts requiring public health follow-up are identified, notify BCCDC for communication to their home jurisdiction (Section S). | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **\*COMPLICATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Complication** | | | | | **Yes** | | | | **No** | | | | | | **Asked but Unknown** | | | **Declined to Answer** | | | | | **Not**  **Assessed** | | | | Record in  >Investigation  >> Complications  An encounter must be in context in order to record a complication. |
| \*Encephalitis | | | | |  | | | |  | | | | | |  | | |  | | | | |  | | | |
| \*Meningitis | | | | |  | | | |  | | | | | |  | | |  | | | | |  | | | |
| \*Pneumonia | | | | |  | | | |  | | | | | |  | | |  | | | | |  | | | |
| 1. **\*OUTCOME** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Fully Recovered | | | | Not yet recovered/recovering | | | | | | | | | | | | Permanent disability, *specify below* | | | | | | | | | |  | Record in  >Investigation  >> Outcome  (Section T) |
| Unknown | | | | Other, *specify below* | | | | | | | | | | | | Death \**If died*, date of death: | | | | | |  | | | |  |
| YYYY/MM/DD | | | |  |
| \*Specify other outcome / permanent disability: | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| *\*If died*, cause of death: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contributed but wasn’t the underlying cause | | | | | | | | | | | | | | | | Did not contribute to death/incidental | | | | | | | | | | |
| Other, specify: | | |  | | | | | | | | | | | | | Underlying cause of death | | | | | | Unknown | | | | |
|  | | | | | | | | | | | | |  | | | | | |  | | | | |
| 1. **\*NOTES** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | Record notes relevant to provincial surveillance in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>>Measles Case Investigation Form |

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| 1. **\*CONTACT TRACING *continued*** | | | | |
| **Contacts from Outside BC** *(for reporting to visitors’ home jurisdiction). Attach details on another sheet if not enough space.* | | | | Record in  >Investigation  >>Exposure Summary  as a Transmission Event  (Section T)  Record contacts for which Public Health in BC does not conduct follow-up in the Unknown/Anonymous Contacts section.  Provide details for out of province contacts to BCCDC for notification to their home jurisdictions. |
| **Contact** | **Contact Dates** | **Susceptibility** | **Post-Exposure Prophylaxis** |
| Name:  Home address, city, province, country:  Telephone number: | Earliest:    YYYY /MM /DD  Most Recent:    YYYY /MM /DD | Immune – previous disease  Immune – lab evidence  Susceptible  Unknown | □ MMR  Date:  YYYY /MM /DD YYYY MM DD  □ Ig       cc  Date:  YYYY /MM /DD |
| Name:  Home address, city, province, country:  Telephone number: | Earliest:    YYYY /MM /DD  Most Recent:    YYYY /MM /DD | Immune – previous disease  Immune – lab evidence  Susceptible  Unknown | □ MMR  Date:  YYYY /MM /DD YYYY MM DD  □ Ig       cc  Date:  YYYY /MM /DD |
| Name:  Home address, city, province, country:  Telephone number: | Earliest:    YYYY /MM /DD  Most Recent:    YYYY /MM /DD | Immune – previous disease  Immune – lab evidence  Susceptible  Unknown | □ MMR  Date:  YYYY /MM /DD YYYY MM DD  □ Ig       cc  Date:  YYYY /MM /DD |

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|  | | | | | **Panorama Entry Guidelines** |
| 1. **CONTACT TRACING** | | | | |  |
| **Contacts from BC** | | | | | Record in  >Investigation  >>Exposure Summary  as a Transmission Event (Section T)  Create investigations for contacts for which Public Health in BC will conduct follow-up.  Each contact investigation should have an Acquisition Event linking to the Transmission Event from this investigation (Section T) |
| **Contact Name** | **Type of Contact** | **Earliest Contact**  ***(YYYY/MM/DD)*** | **Most Recent Contact**  ***(YYYY/MM/DD)*** | **Other Details** |
|  | Household  Workplace  Other |  |  |  |
|  | Household  Workplace  Other |  |  |  |
|  | Household  Workplace  Other |  |  |  |
|  | Household  Workplace  Other |  |  |  |
|  | Household  Workplace  Other |  |  |  |
|  | Household  Workplace  Other |  |  |  |
|  | Household  Workplace  Other |  |  |  |
|  | Household  Workplace  Other |  |  |  |
|  | Household  Workplace  Other |  |  |  |

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| 1. **CASE DEFINITIONS** | | |
| **Measles** | | **Reportable?** |
| **Lab-Confirmed Case**  Report as “Case-Confirmed” in Panorama | In the absence of immunization with measles-containing vaccine within the previous 28 days:  Laboratory confirmed infection:   * isolation of measles virus; or * detection of measles virus RNA; or * seroconversion or a significant (e.g. fourfold or greater) rise in measles IgG titre between acute and convalescent sera * positive serologic test for measles IgM antibody in a person who is either epidemiologically linked to a laboratory-confirmed case or has recently travelled to an area of known measles activity | Yes |
| **Epidemiologically-linked Confirmed Case**  Report as “Case-Confirmed, Epi-linked” in Panorama | Clinical illness (defined below) and an epidemiologic link to a laboratory-confirmed case | Yes |
| **Probable Case** | Clinical illness:   * fever 38.3°C or greater; and * cough, coryza, or conjunctivitis; and * generalized maculopapular rash **for at least 3 days** | Yes |
| **Suspect Case** | For public health intervention, all of the following:   * fever ≥ 38.3°C; and * cough, coryza, or conjunctivitis; and * generalized maculopapular rash **of any duration** | Yes |
| **Person under investigation**  **Not a case** | These are general classifications of cases included in the Panorama user interface. Cases that fall into these classifications are not reportable.  **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.  **Not a Case:** A client who was followed-up for a reportable condition but was found to have an alternate diagnosis or to have been entered in error. | No |
| 1. **OUT OF PROVINCE CASES AND CONTACTS** | | |
| **Out-of-province cases and contacts** should be notified to the BC Centre for Disease Control by phone to enable reporting to their home jurisdiction. For cases or contacts requiring immediate public health follow-up, notifications should be made by phone:   * Weekdays - 604-707-2519 (Immunization and Vaccine Preventable Diseases Service) * Evenings and weekends - 604-312-9220 (nurse/physician on call)   For cases not requiring immediate public health follow-up, notification may be made by fax (604-707-2515) or email ([vpd.epi@bccdc.ca](mailto:vpd.epi@bccdc.ca)). | | |
| 1. **PANORAMA DATA ENTRY DETAILS** | | |
| For definitions on documenting the appropriate ***geographical attribution*** of the case, see Communicable Disease Control Manual ([www.bccdc.ca](http://www.bccdc.ca)): [Surveillance of Reportable Conditions-Documenting Geography for CD Investigations in Panorama](http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/surveillance-of-reportable-conditions).  For temporary workers, snowbirds, or students attending educational institution:   * “Client Home Address at Time of Initial Investigation” should reflect temporary BC address * Record their health region information as Out of BC (under Subject > Client Details >> Personal Information). * Record primary home address as the address of their permanent residence (under Subject > Client Details >> Personal Information). | | |

Please contact your regional Panorama Support Team representative to access relevant training materials and data standards from the Panorama Solution Partner Portal (<https://panoramacst.gov.bc.ca>).

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| **T. PANORAMA DATA ENTRY DETAILS *continued*** |
| Record details about ***historic immunizations*** in the Panorama Immunization Module.  Documented: A written record that includes the agent received and the year and month (with our without the day) of immunization.  Undocumented: A verbal history or a written record missing the month/year of immunization.  For ***documented immunizations***, record in Immunizations > Record & Update Imms:  If the agent(s) and the complete date(s) (day/month/year) are known, enter the dose(s) using the Add Historic Immunization screen, specifying the agent(s) and date(s) administered. If additional information (e.g. lot number, site, route, trade name, manufacturer, dosage) is known, record it in the designated field(s).  If the agent is known and the year and month, but no day is known, enter the dose(s) using the Add Historic Immunization screen, specifying the agent. Record the date as the last day of month. Select the Estimated flag. If additional information (e.g. lot number, site, route, trade name, manufacturer, dosage) is known, record it in the designated field(s).  For ***undocumented immunizations***, record in Immunizations > Special Considerations:  Record undocumented immunizations using the Add/Update Special Considerations screen. Create an Exemption with the Reason for Special Consideration specified as ‘Client Reports Undocumented Immunizations’. Enter the effective date according to date standards specified above for documented immunizations and select the most appropriate option from the Source of Evidence field. Exemption should be future end-dated to the best estimated date for when Special Consideration will no longer be relevant OR if a booster dose is required in the future, please end-date for when the client would be eligible for the booster. This includes series that are reported as complete, but is missing information to identify the product received (i.e., missing trade name and generic name and abbreviation).  For ***unimmunized*** clients, record reason:  If the reason is Refusal, any other Exemption, or Contraindication, record in Immunizations > Special Considerations. Enter the effective date, select the most appropriate options for the Reason for Special Consideration and the Source of Evidence fields. Special Considerations should be future end-dated to the best estimated date for when it will no longer be relevant.  If the reason is Deferral, record in Immunizations > Record and Update Imms > Deferrals. Enter the effective date and select the most appropriate option for Reason.  Record ***Summary immunization status*** in the User Defined Form (Measles Case Investigation Form):  The clinician conducting the case follow-up will then review the data entered in the Immunization and Special Considerations Screens, determine case’s immune status and record a summary assessment in the Measles Case Investigation Form (in Investigation>Investigation Details>>Links and Attachments, from the left hand navigation).  Measles ***immunization status*** prior to onset:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Population** | **Year of birth** | **0 doses measles-containing vaccine** | **1 dose measles-containing vaccine** | **2 or more doses measles-containing vaccine** | | Healthcare worker | Prior to 1957 | Assumed immune because of age | Assumed immune because of age | Assumed immune because of age | | 1957+ | Unimmunized | Partially immunized | Fully immunized for age | | All others | Prior to 1970 | Assumed immune because of age | Assumed immune because of age | Assumed immune because of age | | 1970+ | Unimmunized | Partially immunized | Fully immunized for age |   ^Training Materials: Add Historical Immunization-Quick Steps-Immunization, Special Consideration-Quick Steps-Immunization, UDFs-Reference Guide-Investigations  ^Data Standards: Historic Immunizations Documentation Standards , Immunizations: Special Considerations Types and Definitions |
| If public health follow-up is required for contacts from ***travel during the communicability period***, create a Transmission Event on the Exposure Summary screen (under Investigation on the left hand navigation) using the Transmission Event Quick Entry section.  Exposure Name: XXX-DescriptionOfExposure(e.g., airline abbreviation and flight number)-Measles *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA,* or *NHA)*  Exposure Start: Departure Date  Exposure End: Arrival Date  Location Name: *same as Exposure Name*  Setting Type:  *select most appropriate* *setting type*  More details may be added to the other Transmission Event details using the Transmission Event Details screen, if required.  ^Documentation standard: Exposure Summary – Documentation Standard – Investigations |

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| **T. PANORAMA DATA ENTRY DETAILS *continued*** |
| Record ***contact with a known case*** in >Investigation>>Investigation Details>>>Links & Attachments>>>> Measles Case Investigation Form  *If contact with known case = Yes*, create an Acquisition Event on the Exposure Summary Screen (under Investigation on the left hand navigation).  Acquisition event > Exposure Name: XXX-Contact-Measles *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA,* or *NHA)*  Acquisition Event Date/Time > Start Date: estimated date of first contact or beginning of known case’s communicability period  > End Date: most recent contact, or end of known case’s communicability period  Exposure Location > Location Name: *same as Exposure Name*  > Exposure Setting Type: setting in which case had contact with known case  > Country: country of exposure to contact with a known case  > City: city of exposure to contact with a known case  Link this Acquisition Event to a Transmission Event on the source case’s measles investigation.  ^Training Materials and Data Standards: Exposures-Reference Guide-Investigations; Data Standard - Documenting Contacts to a Case; Exposure Summary – Documentation Standard – Investigations; Data Standard -  Documentation of Acquisition Event/Transmission Event in Panorama |
| Record ***Source of infection*** in >Investigation>>Investigation Details>>>Links & Attachments>>>> Measles Case Investigation Form  Travel-associated:  Outside Canada: An imported case whose exposure period and travel history are compatible with disease acquisition outside of Canada.  Not travel-associated:  In Canada, linked to an imported case/chain: The case has no relevant travel history and has a known epidemiologic or virologic link to an imported index case or to a chain of cases linked to an imported index case.  In Canada, linked to a case/chain of unknown source: The case has no relevant travel history and has a known epidemiologic or virologic link to an index case of unknown source or to a chain of cases linked to an index case of unknown source.  Unknown source: A case whose source of disease acquisition is unknown. |
| **Contact Tracing:**  If the case ***is a health care worker; attends child care, school or university; or lives in a communal setting***, create a Transmission Event on the Exposure Summary Screen (under Investigation in the left hand navigation) using the Create Transmission Event button to get to the Maintain Transmission Event Details screen. .  Exposure Name: XXX-NameOfFacility-Measles *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA,* or *NHA)*  Exposure Start: beginning of case’s communicability period  Exposure Location Name: *same as Exposure Name*  Exposure Setting Type: “Facility – non-recreational” or “Communal living”  Exposure Setting: most appropriate selection based on list filtered by Exposure Setting Type  Address: fill in details for facility  When there is an ***identifiable event*** or there is a ***reason to group*** a number of contacts into one exposure (e.g. exposure during a flight, household contacts), create one Transmission Event for the entire event/group on the Exposure Summary Screen (under Investigation in the left hand navigation) using the Transmission Event Quick Entry section.  Exposure Name: XXX-DescriptionOfGroup-Measles *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA,* or *NHA)*  Exposure Start: start date of event (if relevant) or beginning of case’s communicability period  Location Name: *same as Exposure Name*  Setting Type: most appropriate selection  When there is ***no identifiable event or group***, create one Transmission Event to capture all contact information for the case on the Exposure Summary Screen (under Investigation on the left hand navigation) using the Transmission Event Quick Entry section.  Exposure Name: XXX-Contacts-Measles *where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA,* or *NHA)*  Exposure Start: beginning of case’s communicability period  Location Name: *same as Exposure Name*  Create investigations for ***Contacts*** within the Maintain Transmission Events Details screen:  Create Known Contacts when at least 3 client identifiers are known using the Known Contact Search section, within the transmission event. The transmission event must be saved in order to view the Known Contact Search section of the transmission event. Contacts can be created as indeterminate clients until all required personal identifiers are known.  Create Unknown Contacts when less than 3 client identifiers are known using the Unknown/Anonymous Contacts section within the transmission event.  ^Training Materials: Exposure Summary – Documentation Standard – Investigations  ^[Data Standards: Documenting Contacts to a Case](https://panoramacst.gov.bc.ca) |
| If the ***outcome is death***, record as follows.  Outcome: Death  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 (under Subject > Client Details on the left hand navigation) following routine procedures/standards. **Note:** If the outcome is ***not death***, the outcome date is the date public health was made aware of the outcome. |