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| **INSTRUCTIONS**   * **Case report form required for type b only (not non-type b or non serotypeable)** * **Confidential when completed** * **Notify BCCDC about out-of-province cases (Section O)** * **Enter reportable cases into Panorama or PARIS** * **Fields marked with \* are the minimum data set for surveillance/public health management at the provincial level for the purpose of the period of heightened Hib activity in BC** * **Vancouver Coastal Health and Fraser Health: fax or e-mail pages 1-4 of this case report form to 604-707-2515 or** [**VPD.epi@bccdc.ca**](mailto:VPD.epi@bccdc.ca) **(telephone: 604-707-2548)** * **Case definitions are in Section N, page 5** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Panorama Data Entry Guidance**  More details in Section P,  pages 5-6. |
| **PERSON REPORTING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| \*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 and FHA 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 P).  For those experiencing homelessness, enter NFA in this form (in Panorama, select ‘No fixed address’ from the Address Type drop-down list). Record further details (e.g., SRO, shelter) in section K. |
| \*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. **\*INDIGENOUS INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| \*Does the client self-identify as an Indigenous person? | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | No | | | Asked, not provided | | | | | | | | | | | | Not asked | | | | Record in  >Subject  >>Client Details  >>>Indigenous Information |
| *If yes*, Indigenous 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** *(See Section N for case definitions)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Confirmed | | | | | | | | | | Probable | | | | | | | | | | | | | | | | Person Under Investigation | | | | | | | | | | | | | | | | | | Not a Case | | | | | | Record/Update in  >Investigation  >>Investigation Details  >>>Disease Summary |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Panorama Data Entry Guidance** |
| 1. **\*RISK FACTORS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Risk Factor** | | | | **Yes** | | | | | | | | | | | **No** | | | **Asked but Unknown** | | | | | | | | | | | | | | **Declined to Answer** | | | | **Not**  **Assessed** | | | Record in  >Subject  >> Risk Factors  When the investigation is in context, the preset list of risk factors will display, and newly recorded risk factors will be set as pertinent to the investigation. Follow PPHIS guidance to ensure previously recorded risk factors that are relevant to Hib disease are marked as pertinent. |
| \*Congenital immunodeficiency | | | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | | | |  | | | |  | | |
| \*Congenital, acquired, or functional asplenia | | | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | | | |  | | | |  | | |
| \*Malignancy/cancer, *specify:* | | | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | | | |  | | | |  | | |
| \*Sickle cell disease | | | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | | | |  | | | |  | | |
| \*Transplant candidate or recipient, *specify HSCT, Islet cell or solid organ/tissue:* | | | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | | | |  | | | |  | | |
| \*Immunosuppression related to treatment (i.e. chemotherapy or radiation therapy), *specify*: | | | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | | | |  | | | |  | | |
| \*Other immunocompromising condition, *specify*: | | | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | | | |  | | | |  | | |
| \*HIV infection *(if yes, indicate ART status in Other risk factor)* | | | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | | | |  | | | |  | | |
| \*Experiencing homelessness/unstable housing | | | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | | | |  | | | |  | | |
| \*Substance use – alcohol | | | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | | | |  | | | |  | | |
| \*Substance use – tobacco | | | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | | | |  | | | |  | | |
| \*Substance use – injection drug use | | | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | | | |  | | | |  | | |
| \*Substance use – other (i.e. inhalation/smoking), *specify*: | | | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | | | |  | | | |  | | |
| \*Other risk factor, *specify*: | | | |  | | | | | | | | | | |  | | |  | | | | | | | | | | | | | |  | | | |  | | |
| 1. **\*IMMUNIZATION INFORMATION (against Hib)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Immunizing Agent** | | | | | | **\*Date(s) of Immunization**  ***(YYYY/MM/DD)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | |  |  |  | | | | | | | | | | | |  | |  | | | | | | | | | | | | |  | |  | | | Record or review and update in the Immunization Module. See Section P.  Documented immunizations:  >Immunizations  >>Record & Update Imms  Undocumented immunizations:  >Immunizations  >>Special Considerations |
|  |  | | | |  |  |  | | | | | | | | | | | |  | |  | | | | | | | | | | | | |  | |  | | |
|  |  | | | |  |  |  | | | | | | | | | | | |  | |  | | | | | | | | | | | | |  | |  | | |
| \*Un-documented history of prior immunizations against this disease: | | | | | | | | | Yes | | | | | No | | | | | | Unknown | | | | | | | | | | | | | | | | | |  |
| If yes, provide available details: | | | | | | | | | ­­­­­ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Panorama Data Entry Guidance** |
| 1. **\*LABORATORY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **\*Specimen** | | | **\*Collection Date**  ***(YYYY/MM/DD)*** | | | | | | | | | **\*Test** | | | | | | | | | | **\*Result** | | | | | | | | | | | | | | | | | Record in  >Investigation  >>Lab  >>>Lab Quick Entry  Record Causative Agent in  >Investigation  >>Investigation Details  >>>Disease Summary |
| Blood | | |  | | | | | | | | | Culture | | | | | | | | | | Positive | | | | | | | Negative | | | | | | Pending | | | |
|  | | |  | | | | | | | | | PCR | | | | | | | | | | Positive | | | | | | | Negative | | | | | | Pending | | | |
| CSF | | |  | | | | | | | | | Culture | | | | | | | | | | Positive | | | | | | | Negative | | | | | | Pending | | | |
|  | | |  | | | | | | | | | PCR | | | | | | | | | | Positive | | | | | | | Negative | | | | | | Pending | | | |
| Joint Fluid | | |  | | | | | | | | | Culture | | | | | | | | | | Positive | | | | | | | Negative | | | | | | Pending | | | |
|  | | |  | | | | | | | | | PCR | | | | | | | | | | Positive | | | | | | | Negative | | | | | | Pending | | | |
| Other†, *specify:* | | |  | | | | | | | | | Culture | | | | | | | | | | Positive | | | | | | | Negative | | | | | | Pending | | | |
|  | | |  | | | | | | | | | PCR | | | | | | | | | | Positive | | | | | | | Negative | | | | | | Pending | | | |
| † A histopathology report should be enclosed if the source of the specimen was not clearly a sterile site (blood, CSF, or joint fluid). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Further laboratory characterization *(e.g., biotype for H. influenzae type b)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **\*SIGNS AND SYMPTOMS AT TIME OF REPORTING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Onset of earliest symptom: | | | |  | | | | | | **/** | | |  | | | | | **/** | | | | | | |  | | | | |  | | | *The earliest date the client reported a clinically-relevant symptom.* | | | | | | Record in  >Investigation  >>Signs & Symptoms  Select “Set as Onset” for earliest symptom and record onset date of earliest symptom. |
|  | | | | *YYYY* | | | | | |  | | | *MM* | | | | |  | | | | | | | *DD* | | | | |  | | |  | | | | | |
| **Sign / Symptom** | | | | | | | | **Yes** | | | | | | | | | | | | | | | | | | **No** | | | | | | | | | | | **Unknown** | | Other presentations may be: empyema, osteomyelitis, pericarditis |
| \*Septic arthritis | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
| \*Bacteremia | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
| \*Cellulitis | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
| \*Meningitis | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
| \*Pneumonia | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
| \*Epiglottitis | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
| \*Other, *specify*: | |  | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
| 1. **\*HOSPITALIZATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Admitted to hospital: | | | | | | | | Yes | | | | | | | | No | | | | | | | Unknown | | | | | Did not ask | | | | | | | | |  | | Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>> Haemophilus influenzae type b Investigation Form |
| *If yes,*  hospital name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | \*Admission date: | | | | | | | | |  | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | *YYYY/MM/DD* | |
| \*Admitted to an intensive care unit: | | | | | | | | Yes | | | | | | | | | No | | | | | | | Unknown | | | | | | | Did not ask | | | | | |  | |

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|  | | | | | | | | | | | | | | | | | | | | | | | | | | **Panorama Data Entry Guidance** |
| 1. **EXPOSURES** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Contact with known case: | | | | Yes | | | | No | | | | Unknown | | | | Did not ask | | | | | | | | | | Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>> Haemophilus influenzae type b Investigation Form  Create acquisition event and link to investigation for known case:  >Investigation  >>Exposure Summary using  >>>Acquisition Event |
| 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 (i.e. type of contact: household, social, workplace etc.): | | |  | | | | | | | | | | | | | | | | | | | | | |  |
| 1. **TRAVEL** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Travel during exposure period (2-4 days prior to onset): | | | | | Yes | | | | | No | | | | Unknown | | | | Did not ask | | | | | | | | ***Optional:***  Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>> Haemophilus influenzae type b Investigation Form |
| *If yes,* was travel: | | | | | Within BC only | | | | | | | | | Outside BC, but within Canada | | | | | | | Outside Canada | | | | |
| Travel location(s) during exposure period:  (city, prov/state, country) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **\*SETTINGS** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| \*Attends child care, school or university | | | | | | | Yes | | | | | | | | No | | Unknown | | | | Did not ask | | | | | Record in  >Investigation  >>Investigation Details  >>>Links & Attachments  >>>>*Haemophilus influenzae* type b Investigation Form  Link to setting if cluster investigation/public health follow-up conducted within setting>Investigation  >>Exposure Summary  as an Acquisition Event / Transmission Event (Section P)  For people experiencing homelessness, include name(s) or location(s) of encampment, SRO, shelter |
| *If yes,* specify name, type and location: | | | | | | | | | | | | |  | | | | | | | | | | | | |
| \*Lives in or attends a communal setting | | | | | | | Yes | | | | | | | | No | | Unknown | | | | Did not ask | | | | |
| *If yes,* specify name, type and location: | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 1. **\*OUTCOME** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Fully Recovered | Not yet recovered/recovering | | | | | | | | | | | | | Permanent disability, *specify below* | | | | | | | | | |  | | Record in  >Investigation  >> Outcome  (Section P) |
| 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  >>>> Haemophilus influenzae type b Investigation Form |

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| 1. **CASE DEFINITIONS** | | |
| ***Haemophilus influenzae* type b (invasive)** | | **Reportable?** |
| **Lab-Confirmed Case**  Report as “Case-Confirmed” in Panorama | Clinical evidence (see below) of invasive disease with laboratory confirmation of infection:   * Isolation of *H. influenzae* type b from a normally sterile site, OR * Isolation of *H. influenzae* type b from the epiglottis in a person with epiglottitis | Yes |
| **Probable Case** Report as “Case-Probable” in Panorama | Clinical evidence (see below) of invasive disease with laboratory evidence of infection:   * Demonstration of *H. influenzae* type b antigen in cerebrospinal fluid, OR * Demonstration of *H. influenzae* DNA in a normally sterile site, OR · * Buccal cellulitis or epiglottitis in a child < 5 years of age with no other causative organisms isolated | Yes |
| **Person Under Investigation** | A client who is being/has been followed-up for a reportable condition and does not meet the criteria outlined; however, the diagnosis has not been completely ruled out. | No |
| **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 |
| **Clinical evidence** | Clinical illness associated with invasive disease due to *H. influenzae* includes meningitis, bacteraemia, epiglottitis, pneumonia, pericarditis, septic arthritis, and empyema. |  |
| 1. **OUT OF PROVINCE CASES AND CONTACTS** | | |
| **Out-of-province cases and contacts** should be notified to the BC Centre for Disease Control to enable reporting to their home jurisdiction.  For cases or contacts requiring immediate public health follow-up, notification should be made by phone:   * Weekdays - 604-707-2548 (Immunization and Vaccine Preventable Diseases Service) * Evenings and weekends - 604-875-2161 (on call switchboard; ask for the BCCDC 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). | | |
| 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. Exemptions 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, end-date for when the client would be eligible for the booster. This includes series that are reported as complete, but are missing information to identify the product received (i.e., missing trade name and generic name and abbreviation).  ^Training Materials: Add Historical Immunization-Quick Steps-Immunization, Special Consideration-Quick Steps-Immunization  ^Data Standards: Historic Immunizations Documentation Standards , Immunizations: Special Considerations Types and Definitions | | |

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| |  | | --- | | 1. **PANORAMA DATA ENTRY DETAILS *continued*** |   Record ***contact with a known case*** in >Investigation>>Investigation Details>>>Links & Attachments>>>> Other VPD 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-Disease *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 disease 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 |
| **Contact Tracing:**  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-Disease *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-Disease *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) |
| **P. PANORAMA DATA ENTRY DETAILS *continued*** |
| 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. |

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>).