



Neurologic Illness Associated with Enterovirus D68 Case Report Form

INSTRUCTIONS		Panorama Data Entry Guidance
<ul style="list-style-type: none"> Confidential when completed Enter lab-confirmed cases into Panorama or PARIS Vancouver Coastal Health: fax this case report form to 604-707-2516 For EV-D68 cases associated with neurologic illness, complete the 'Neurologic Illness Associated with Enterovirus D68' form under Investigation > Links & Attachments; users do NOT need to complete the 'Hospitalization and Supplemental Investigation' form. 		
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		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)
Name <i>Last</i> <i>First</i>	Phone Number: () - ext.	
Email:	Fax Number: () - ext.	
	Report Date (Received): _____ <i>YYYY / MM / DD</i>	
A. CLIENT PERSONAL INFORMATION		
Name: <i>Last</i> <i>First</i> <i>Middle</i>		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: <i>YYYY / MM / DD</i>	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: <i>Unit #</i> <i>Street #</i> <i>Street Name</i> <i>City</i>		
Postal Code:	Province: Country of Residence (<i>if not Canada</i>):	
Client Health Region:		
Address Located on Reserve Administered By:		
B. ABORIGINAL INFORMATION		
Does the client wish to identify as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Asked, not provided <input type="checkbox"/> Not asked		Record in >Subject >>Client Details >>>Aboriginal Information
If yes, Aboriginal Identity:		
<input type="checkbox"/> First Nations <input type="checkbox"/> First Nations and Inuit <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"/> Asked, but unknown <input type="checkbox"/> Asked, not provided <input type="checkbox"/> Not asked		
If <i>First Nations</i> , is the client:		
<input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Status Indian <input type="checkbox"/> Asked, but unknown <input type="checkbox"/> Asked, not provided <input type="checkbox"/> Not asked		
C. CLASSIFICATION		
<input checked="" type="checkbox"/> Case – Confirmed		Record/Update in >Investigation >>Disease Summary Per case definition (see Section O), all EV-D68 cases should be entered as "Case – Confirmed"



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F. CLINICAL PRESENTATION											
If paralysis is present, body part affected (<i>check all that apply</i>): <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Upper limb - Left</td> <td><input type="checkbox"/> Lower limb - Left</td> <td><input type="checkbox"/> Cranial neuropathy</td> </tr> <tr> <td><input type="checkbox"/> Upper limb - Right</td> <td><input type="checkbox"/> Lower limb - Right</td> <td><input type="checkbox"/> Generalized paralysis</td> </tr> <tr> <td><input type="checkbox"/> Upper limb - Both</td> <td><input type="checkbox"/> Lower limb - Both</td> <td><input type="checkbox"/> Other, <i>specify</i>:</td> </tr> </table>		<input type="checkbox"/> Upper limb - Left	<input type="checkbox"/> Lower limb - Left	<input type="checkbox"/> Cranial neuropathy	<input type="checkbox"/> Upper limb - Right	<input type="checkbox"/> Lower limb - Right	<input type="checkbox"/> Generalized paralysis	<input type="checkbox"/> Upper limb - Both	<input type="checkbox"/> Lower limb - Both	<input type="checkbox"/> Other, <i>specify</i> :	Record in >Investigation >>Investigation Details >>>Links & Attachments >>>> Neurologic Illness Associated with Enterovirus D68
<input type="checkbox"/> Upper limb - Left	<input type="checkbox"/> Lower limb - Left	<input type="checkbox"/> Cranial neuropathy									
<input type="checkbox"/> Upper limb - Right	<input type="checkbox"/> Lower limb - Right	<input type="checkbox"/> Generalized paralysis									
<input type="checkbox"/> Upper limb - Both	<input type="checkbox"/> Lower limb - Both	<input type="checkbox"/> Other, <i>specify</i> :									
G. IMMUNIZATION INFORMATION											
Summary of polio immunization status prior to onset (based on BC schedule): <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Fully immunized for age - documented</td> <td><input type="checkbox"/> Partially immunized for age - documented</td> <td><input type="checkbox"/> Unimmunized</td> </tr> <tr> <td><input type="checkbox"/> Fully immunized for age - undocumented</td> <td><input type="checkbox"/> Partially immunized for age - undocumented</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>		<input type="checkbox"/> Fully immunized for age - documented	<input type="checkbox"/> Partially immunized for age - documented	<input type="checkbox"/> Unimmunized	<input type="checkbox"/> Fully immunized for age - undocumented	<input type="checkbox"/> Partially immunized for age - undocumented	<input type="checkbox"/> Unknown	Record in: >Investigation >>Investigation Details >>>Links & Attachments >>>> Neurologic Illness Associated with Enterovirus D68 Record or review and update immunization information in the Immunization Module.			
<input type="checkbox"/> Fully immunized for age - documented	<input type="checkbox"/> Partially immunized for age - documented	<input type="checkbox"/> Unimmunized									
<input type="checkbox"/> Fully immunized for age - undocumented	<input type="checkbox"/> Partially immunized for age - undocumented	<input type="checkbox"/> Unknown									
H. LABORATORY INFORMATION											
Specimen	Test Name	Collection Date <small>(YYYY/MM/DD)</small>	Result/Interpreted Result								
<input type="checkbox"/> Swab, nasopharyngeal	<input type="checkbox"/> Enterovirus 68 RNA; PCR/NAAT	_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending								
<input type="checkbox"/> Swab, throat	<input type="checkbox"/> Enterovirus 68 RNA; PCR/NAAT	_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending								
<input type="checkbox"/> Aspirate, trachea	<input type="checkbox"/> Enterovirus 68 RNA; PCR/NAAT	_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending								
<input type="checkbox"/> CSF (Cerebrospinal Fluid)	<input type="checkbox"/> Enterovirus 68 RNA; PCR/NAAT	_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending								
<input type="checkbox"/> Stool (Feces) Specimen	<input type="checkbox"/> Enterovirus 68 RNA; PCR/NAAT	_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending								
<input type="checkbox"/> Other, <i>specify</i> :	<input type="checkbox"/> Enterovirus 68 RNA; PCR/NAAT	_____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending								
			Receive through E-Lab inbox, or record in >Investigation >>Lab >>>Lab Quick Entry Record Causative Agent in >Investigation >>Disease Summary								
I. CAUSATIVE AGENT											
Disease: <i>select</i> Enterovirus/Rhinovirus Causative Agent: <i>select</i> Enterovirus Further Differentiation: <i>enter</i> "Enterovirus D68"		Record/Update in >Investigation >>Disease Summary Under Further Differentiation (free text), enter verbatim "Enterovirus D68"									



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J. HOSPITALIZATION					
Admitted to hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Admission date: _____ YYYY/MM/DD				Record in >Investigation >>Investigation Details >>>Links & Attachments >>>> Neurologic Illness Associated with Enterovirus D68	
Admitted to an intensive care unit: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If admitted to ICU, required ventilation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
K. INTERVENTIONS					
Did the case receive intravenous immunoglobulin (IVIG)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				Record in >Investigation >> Treatment & Interventions >>>Intervention Summary	
If yes, date initiated: _____ YYYY/MM/DD					
L. OUTCOME					
<input type="checkbox"/> Fully Recovered <input type="checkbox"/> Not yet recovered/recovering <input type="checkbox"/> Permanent disability, <i>specify</i> : _____ <input type="checkbox"/> Other, <i>specify</i> : _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Death <i>If died</i> , date of death: _____ YYYY/MM/DD				Record in >Investigation >> Outcome See Section P for fatal outcomes	
If died, cause of death:					
<input type="checkbox"/> Contributed but wasn't the underlying cause <input type="checkbox"/> Did not contribute to death/incidental <input type="checkbox"/> Other, <i>specify</i> : _____ <input type="checkbox"/> Underlying cause of death <input type="checkbox"/> Unknown					
M. DIAGNOSTICS					
CT Scan					
CT scan performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date of test: _____ YYYY/MM/DD				Record in >Investigation >>Investigation Details >>>Links & Attachments >>>> Neurologic Illness Associated with Enterovirus D68	
Evidence of spinal cord lesion? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Grey matter involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Magnetic Resonance Imaging (MRI)					
MRI performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date of test: _____ YYYY/MM/DD					
Evidence of spinal cord lesion? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Grey matter involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Brain involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Anterior horn involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Vertebrae affected (number/location): _____					
Cerebral Spinal Fluid (CSF) Chemistry					
CSF chemistry performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date of test: _____ YYYY/MM/DD					
Test Name	Result/Interpreted Result	Units	Normal Range	Out of Range	
CSF white blood cell count				<input type="checkbox"/> Yes <input type="checkbox"/> No	
CSF glucose				<input type="checkbox"/> Yes <input type="checkbox"/> No	
CSF protein				<input type="checkbox"/> Yes <input type="checkbox"/> No	



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N. NOTES	
	<p>Record in >Notes</p> <p>In order to have the note linked to the investigation, ensure the investigation is in context when creating the note.</p>

O. CASE DEFINITION		
	Enterovirus D68 Associated with Neurologic Illness	Reportable?
Confirmed	Laboratory confirmation of infection: <ul style="list-style-type: none"> Detection of enterovirus D68 RNA by RT-PCR assay from an appropriate clinical specimen. AND associated with new onset of neurologic illness.	Yes

P. PANORAMA DATA ENTRY DETAILS
<p>If the outcome is death, record as follows.</p> <ul style="list-style-type: none"> Outcome: Death Outcome Date: Date of death (if known) Cause of Death: Select most appropriate response <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 date of death is unknown (for fatal outcomes) or the outcome is not death, 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>).