Government of Saskatchewan

PANORAMA

Haemophilus inflenzae infection (invasive) Data Collection Worksheet

Please complete **all** sections.

Panorama QA complete: ☐ **Yes** ☐ **No**
Initials:

Panorama Client ID: _____
Panorama Investigation ID: _____

A) CLIENT INFORMATION

LHN -> SUBJECT -> CLIENT DETAILS -> PERSONAL INFORMATION

Last Name:	First Name: and Middle Name:	Alternate Name (Goes by):
DOB: YYYY / MM / DD Age: _____	Health Card Province: _____ Health Card Number (PHN): _____	Preferred Communication Method: (specify - i.e. home phone, text): Email Address: ☐ Work ☐ Personal
Phone #: ☐ Primary Home: ☐ Mobile contact: ☐ Workplace:		
Place of Employment/School:	Gender: ☐ Male ☐ Female ☐ Other ☐ Unknown	
Alternate Contact: _____ Relationship: _____ Alt. Contact phone: _____	Address Type: ☐ No fixed ☐ Postal Address ☐ Primary Home ☐ Temporary ☐ Legal Land Description Mailing (Postal address): Street Address or FN Community (Primary Home): Address at time of investigation if not the same:	

B) INVESTIGATION INFORMATION

LHN-> SUBJECT SUMMARY-> RESPIRATORY & DIRECT CONTACT ENCOUNTER GROUP-> CREATE INVESTIGATION

Disease Summary Classification: CASE	**Date**	***Classification: CONTACT***	***Date***	***LAB TEST INFORMATION:***
☐ Confirmed	YYYY / MM / DD	☐ *Contact*	*YYYY / MM / DD*	*Date specimen collected:*
☐ Does Not Meet Case	YYYY / MM / DD	☐ *Not a Contact*	*YYYY / MM / DD*	*YYYY / MM / DD*
☐ Person Under Investigation	YYYY / MM / DD	☐ *Person Under Investigation*	*YYYY / MM / DD*	*Specimen type:*
☐ Probable	YYYY / MM / DD			☐ *Blood* ☐ *Urine* ☐ *Stool*

Disposition:

FOLLOW UP:

☐ In progress	YYYY / MM / DD	☐ Complete	YYYY / MM / DD
☐ Incomplete - Declined	YYYY / MM / DD	☐ Not required	YYYY / MM / DD
☐ Incomplete – Lost contact	YYYY / MM / DD	☐ Referred – Out of province (specify where)	YYYY / MM / DD
☐ Incomplete – Unable to locate	YYYY / MM / DD		

REPORTING NOTIFICATION Name of Attending Physician or Nurse**:**	Location:
Physician/Nurse Phone number:	Date Received (Public Health): YYYY / MM / DD
Type of Reporting Source: ☐ Health Care Facility ☐ Lab Report ☐ Nurse Practitioner ☐ Physician ☐ Other_____	

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C) SIGNS & SYMPTOMS *(Bold text = part of case definition)*

LHN-> INVESTIGATION->SIGNS & SYMPTOMS

Description	No	Yes – Date of onset	Description	No	Yes - Date of onset
Arthritis - septic		YYYY / MM / DD	Lethargy (fatigue, drowsiness, weakness, etc)		YYYY / MM / DD
Bulging fontanelle		YYYY / MM / DD	**Meningitis**		
Cardiac - pericarditis		YYYY / MM / DD	Neck stiffness (nuchal rigidity)		YYYY / MM / DD
Cellulitis		YYYY / MM / DD	Confusion		YYYY / MM / DD
Dyspnea (shortness of breath)		YYYY / MM / DD	**Pneumonia**		YYYY / MM / DD
Epiglottitis		YYYY / MM / DD	Respiratory compromise		YYYY / MM / DD
Fever		YYYY / MM / DD	**Sepsis (e.g. bactremia, septicemia, etc.)**		YYYY / MM / DD
Infection - empyema		YYYY / MM / DD			
Other s/s					

D) INCUBATION AND COMMUNICABILITY

LHN-> INVESTIGATION->INCUBATION & COMMUNICABILITY

Incubation for Case (period for acquisition):
Earliest Possible Exposure Date: YYYY / MM / DD **Latest Possible Exposure Date**: YYYY / MM / DD

Exposure Calculation details:

Communicability for Case (period for transmission):
Earliest Possible Communicability Date: YYYY / MM / DD **Latest Possible Communicability Date**: YYYY / MM / DD

Communicability Calculation Details:

E) RISK FACTORS

LHN-> SUBJECT->RISK FACTORS

DESCRIPTION	Yes Start Date	N, NA, U	Add'l Info
Contact - Daycare	YYYY / MM / DD TE		
Contact to a known case (Add'l Info)	YYYY / MM / DD AE		
Special population – Attends Childcare	YYYY / MM / DD TE		
Special population – Attends school	YYYY / MM / DD TE		
Travel - Outside of Canada (Add'l Info)	YYYY / MM / DD TE		
Travel - Outside of Saskatchewan, but within Canada (Add'l Info)	YYYY / MM / DD TE		

F) IMMUNIZATION HISTORY INTERPRETATION SUMMARY

LHN -> INVESTIGATION-> IMMUNIZATION HISTORY INTERPRETATION SUMMARY

Interpretation Date: YYYY / MM / DD

Interpretation of Disease Immunity: ☐ IOM - Fully immunized (for age) ☐ IOM - Partially immunized

☐ IOM – Unimmunized ☐ IOM - Unclear immunization history **Valid doses received**: _____ **Doses needed**: _____

Reason: ☐ IIOM – Interpretation of history by investigator

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G) TREATMENT

INVESTIGATION-> MEDICATIONS->MEDICATIONS SUMMARY

Medication *(Panorama = Other Meds)* : _____

Prescribed by:_____ Started on: YYYY / MMM / DD

H) INTERVENTIONS

INVESTIGATION->TREATMENT & INTERVENTIONS->INTERVENTION SUMMARY

Intervention Type and Sub Type:

Assessment:
☐ Assessed for contacts YYYY / MM / DD
Investigator name

Isolation:
☐ Facility isolation YYYY / MM / DD Investigator name
☐ Home isolation YYYY / MM / DD Investigator name

Communication:
☐ Other communication (See Investigator Notes) YYYY / MM / DD
Investigator name
☐ Letter (See Document Management) YYYY / MM / DD
Investigator name
☐ Letter YYYY / MM / DD
Investigator name

Testing:
☐ Laboratory testing recommended YYYY / MM / DD
Investigator name

Treatment:
☐ Treatment not recommended YYYY / MM / DD
Investigator name

General: Investigator name
☐ Disease-Info/Prev-Control YYYY/ MM / DD
☐ Disease-Info/Prev-Cont/Assess'd for Contacts YYYY/ MM / DD

Other Investigation Findings:
☐ Investigator Notes ☐ See Document Management

Education/counseling: Investigator name
☐ Prevention/Control measures YYYY / MM / DD
☐ Disease information provided YYYY / MM / DD

Referral:
☐ Consultation with MHO ☐ Primary Care Provider
☐ Infectious Disease Specialist

Immunization:
☐ Eligible immunizations recommended YYYY / MM / DD
☐ Disease-specific immunization recommended YYYY / MM / DD
☐ Disease-specific immunization given YYYY / MM / DD
Investigator name

Date	Intervention subtype	Comments	Next follow-up Date	Initials
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
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YYYY / MM / DD			YYYY / MM / DD	
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YYYY / MM / DD			YYYY / MM / DD	
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I) OUTCOMES

LHN-> INVESTIGATION-> OUTCOMES

☐ Not yet recovered/recovering	YYYY / MM / DD	☐ ICU/intensive medical care	YYYY / MM / DD	☐ Hospitalization	YYYY / MM / DD
☐ Recovered	YYYY / MM / DD	☐ Intubation /ventilation	YYYY / MM / DD	☐ Unknown	YYYY / MM / DD
☐ Fatal	YYYY / MM / DD	☐ Other _____	YYYY / MM / DD		

Cause of Death: (if Fatal was selected) _____

J) Transmission Events

LHN -> INVESTIGATION-> EXPOSURE SUMMARY -> TRANSMISSION EVENT SUMMARY -> QUICK ENTRY

Transmission Event ID	Exposure Name	Setting type (Consider the following settings for TE; if >1 select "multiple settings" in Panorama)	Date/Time	# of contacts
		☐Congregate/Communal living ☐Health Care setting ☐Type of community contact ☐ Household Exposure ☐Public facilities (e.g daycare)		
		☐Congregate/Communal living ☐Health Care setting ☐Type of community contact ☐ Household Exposure ☐Public facilities(e.g daycare)		
		☐Congregate/Communal living ☐Health Care setting ☐Type of community contact ☐ Household Exposure ☐Public facilities (e.g daycare)		
	Hib Contacts – Inv ID# _____	☐Multiple Settings	YYYY / MM / DD to YYYY / MM / DD	

K) TOTAL NUMBER OF CONTACTS

LHN -> INVESTIGATION-> EXPOSURE SUMMARY -> TRANSMISSION EVENT SUMMARY -> TE HYPERLINK -> UNKNOWN/ANONYMOUS CONTACTS

Anonymous contacts:_____ (total number of individuals [including groups that 1:1 follow-up is not required or is not feasible])