

Leprosy 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 infection if not the same:	

B) IMMIGRATION INFORMATION

SUBJECT -> CLIENT DETAILS -> PERSONAL INFORMATION -> IMMIGRATION INFORMATION

Country Born in: _____	Country Emigrated from: _____	Arrival Date: YYYY / MMM / DD OR Arrival Year: _____
------------------------	-------------------------------	--

C) INVESTIGATION INFORMATION

LHN -> SUBJECT SUMMARY -> ZOONOTIC & VECTORBORNE GROUP -> CREATE INVESTIGATION

Disease Summary Classification:	Date	Classification:	Date	LAB TEST INFORMATION:
CASE		CONTACT		<i>Date specimen collected:</i>
☐ Confirmed	YYYY / MM / DD	☐ Contact	YYYY / MM / DD	YYYY / MM / DD
☐ Does Not Meet Case	YYYY / MM / DD	☐ Not a Contact	YYYY / MM / DD	
☐ Person Under Investigation	YYYY / MM / DD	☐ Person Under Investigation	YYYY / MM / DD	
☐ Probable	YYYY / MM / DD			

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 | YYYY / MM / DD |
| ☐ Incomplete - Unable to locate | YYYY / MM / DD | (specify where) | |

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 _____

Leprosy Data Collection Worksheet

Please complete **all** sections

Panorama Client ID: _____

Panorama Investigation ID: _____

D) DISEASE EVENT HISTORY

INVESTIGATION->DISEASE SUMMARY (UPDATE)->DISEASE EVENT HISTORY

Site / Presentation: ☐ Lepromatous ☐ Tuberculoid ☐ Borderline ☐ Other ☐ Unknown

E) SIGNS & SYMPTOMS

LHN-> INVESTIGATION->SIGNS & SYMPTOMS

Description	No	Yes – Date of onset	Description	No	Yes - Date of onset
Alopecia (loss of normal hair distribution)		YYYY / MMM / DD	Rash - papules - erythematous		YYYY / MMM / DD
Bleeding - nose (epistaxis)		YYYY / MMM / DD	Skin - infiltrative disorders		YYYY / MMM / DD
Iritis (inflammation of the iris)		YYYY / MMM / DD	Skin - lesions - hypopigmented and anaesthetic (painless)		YYYY / MMM / DD
Keratitis (inflammation of the cornea)		YYYY / MMM / DD	Skin nodules		YYYY / MMM / DD
Neurologic - peripheral nerve - swelling or thickening (neuritis)			Skin - thickening		
Neuropathy		YYYY / MMM / DD	Skin - nodules - erythematous		YYYY / MMM / DD
Rash - macules - hypopigmented		YYYY / MMM / DD			YYYY / MMM / DD
Other Signs & Symptoms if applicable					

A) RISK FACTORS (during risk period)

LHN-> SUBJECT->RISK FACTORS

DESCRIPTION	YES	N – No NA – not asked U - Unknown	DESCRIPTION	YES	N – No NA – not asked U - Unknown
Contact - Visitor from an endemic country	YYYY / MM / DD		Travel - Outside of Canada (Add'l Info)	YYYY / MM / DD AE	
Contact to a known case (Add'l Info)	YYYY / MM / DD		Travel - Outside of Saskatchewan, but within Canada (Add'l Info)	YYYY / MM / DD AE	
Special Population - From or residence in an endemic country (Add'l Info)	YYYY / MM / DD				

B) MEDICATIONS

INVESTIGATION-> MEDICATIONS->MEDICATIONS SUMMARY

Medication (*Panorama = Other Meds*) : _____

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

C) INTERVENTIONS

LHN-> INVESTIGATION->TREATMENT & INTERVENTIONS->INTERVENTION SUMMARY

Intervention Type and Sub Type:				
Assessment: ☐ Assessed for contacts Investigator name		Education/counseling: Investigator name ☐ Prevention/Control measures ☐ Disease information provided		
Communication: ☐ Other communication (See Investigator Notes) Investigator name ☐ Letter (See Document Management) Investigator name		Immunization: Investigator name ☐ Eligible Immunization recommended		
General: Investigator name ☐ Disease-Info/Prev-Control ☐ Disease-Info/Prev-Cont/Assess'd for Contacts		Other Investigation Findings: ☐ Investigator notes ☐ Document Management		
Date	Intervention subtype	Comments	Next follow-up Date	Initials
YYYY / MM / DD				
YYYY / MM / DD				
YYYY / MM / DD				

Leprosy Data Collection Worksheet

Please complete **all** sections

Panorama Client ID: _____

Panorama Investigation ID: _____

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				

D) 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) _____

Initial Report completed by:		Date initial report completed: YYYY / MM / DD
-------------------------------------	--	---