Government of Saskatchewan

Measles Data Collection Worksheet

Please complete **all** sections.

PANORAMA

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) INVESTIGATION INFORMATION

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*
☐ Probable	YYYY / MM / DD	☐ *Person Under Investigation*	*YYYY / MM / DD*	*Specimen type:* ☐ *Blood* ☐ *Urine* ☐ *Throat* ☐ *Nasopharyngeal*
☐ Suspect	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)	YYYY / MM / DD

REPORTING NOTIFICATION Name of Attending Physician or Nurse:	Location:
Provider's 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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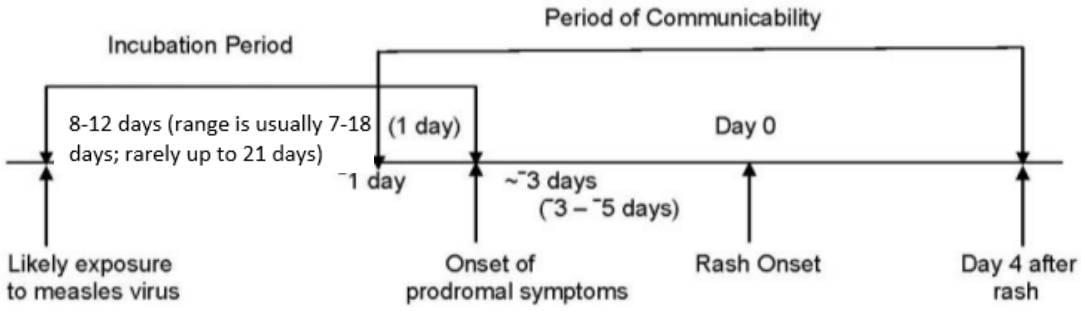
C) SIGNS & SYMPTOMS *(Bold text = part of case definition)*

LHN-> INVESTIGATION->SIGNS & SYMPTOMS

Description	No	Yes – Date of onset	Description	No	Yes - Date of onset
Conjunctiva - inflammation (conjunctivitis)		YYYY / MMM / DD	**Fever**		YYYY / MMM / DD
Coryza or rhinitis		YYYY / MMM / DD	Koplik spots		YYYY / MMM / DD
Cough		YYYY / MMM / DD	**Rash – maculopapular**		YYYY / MMM / DD
Other s/s					

Timeline for Assessing Measles Contacts



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 (RF followed by + impact the Immunization Forecaster)

LHN-> SUBJECT->RISK FACTORS

DESCRIPTION	State Date Yes	N, NA, U	Add'l Info
Contact - At risk population (international travellers or immigrants)	YYYY / MM/DD		
Contact – Persons with similar symptoms	YYYY / MM/DD		
Contact to a known case (Add'l Info)	YYYY / MM/DD		
Immunocompromised - Related to underlying disease or treatment	YYYY / MM/DD		
Occupation - Health Care Worker - IOM Risk Factor	YYYY / MM/DD TE		
Special Population - Attends childcare	YYYY / MM/DD TE		
Special Population - Attends school	YYYY / MM/DD TE		
Special Population - Lives in a communal setting	YYYY / MM/DD TE		
Special Population - Post secondary education institution	YYYY / MM/DD TE		
Travel - Outside of Canada (Add'l Info)	YYYY / MM/DD AE/TE		
Travel - Outside of Saskatchewan, but within Canada (specify)_	YYYY / MM/DD AE/TE		
Other risk factor (Add'l Info)	YYYY / MM/DD		

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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:

☐ Previous disease ☐ Previous responder/Previous history of immunity ☐ Date Of Birth

☐ IOM - Interpretation of history by investigator

G) INTERVENTIONS

INVESTIGATION->TREATMENT & INTERVENTIONS->INTERVENTION SUMMARY

Intervention Type and Sub Type:

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

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

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

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

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

Quarantine:
☐ Quarantine YYYY / MM / DD
Investigator name

Exclusion: Investigator name
☐ Work YYYY / MM / DD ☐ Preschool YYYY / MM / DD
☐ School YYYY / MM / DD ☐ Daycare YYYY / MM / DD

Testing:
☐ Lab testing recommended 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	
YYYY / MM / DD			YYYY / MM / DD	

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H) OUTCOMES

LHN-> INVESTIGATION-> OUTCOMES

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

Cause of Death: (if Fatal was selected) ____________________________

I) EXPOSURES

Acquisition Event

INVESTIGATION-> EXPOSURE SUMMARY-> ACQUISITION EVENT SUMMARY > QUICK ENTRY

Acquisition Event ID:_________

Exposure Name: ____

Acquisition Start YYYY / MM / DD to **Acquisition End:** YYYY / MM / DD

Location Name: ____

Setting Type

☐ Travel ☐ Health care setting ☐ Public facilities ☐ Recreational facilities ☐ Most likely source

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 ☐ Educational Institution ☐ Health Care setting ☐ Household Exposure ☐ Public facilities ☐ Private Function ☐ Type of community contact	YYYY / MM / DD to YYYY / MM / DD	
		☐ Congregate/Communal living ☐ Educational Institution ☐ Health Care setting ☐ Household Exposure ☐ Public facilities ☐ Private Function ☐ Type of community contact	YYYY / MM / DD to YYYY / MM / DD	
		☐ Congregate/Communal living ☐ Educational Institution ☐ Health Care setting ☐ Household Exposure ☐ Public facilities ☐ Private Function ☐ Type of community contact	YYYY / MM / DD to YYYY / MM / DD	
		☐ Congregate/Communal living ☐ Educational Institution ☐ Health Care setting ☐ Household Exposure ☐ Public facilities ☐ Private Function ☐ Type of community contact	YYYY / MM / DD to YYYY / MM / DD	
		☐ Congregate/Communal living ☐ Educational Institution ☐ Health Care setting ☐ Household Exposure ☐ Public facilities ☐ Private Function ☐ Type of community contact	YYYY / MM / DD to YYYY / MM / DD	
	Measles – Inv ID# _____	☐ Multiple Settings	YYYY / MM / DD to YYYY / MM / DD	

J) 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])

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

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