Government of Saskatchewan

Hepatitis A 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

LHN-> SUBJECT SUMMARY-> ZOONOTIC & VECTORBORNE 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:* YYYY / MM / DD
☐ Does Not Meet Case	YYYY / MM / DD	☐ *Not a Contact*	YYYY / MM / DD	*Specimen type:* ☐ *Blood* ☐ *Stool*
☐ 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 (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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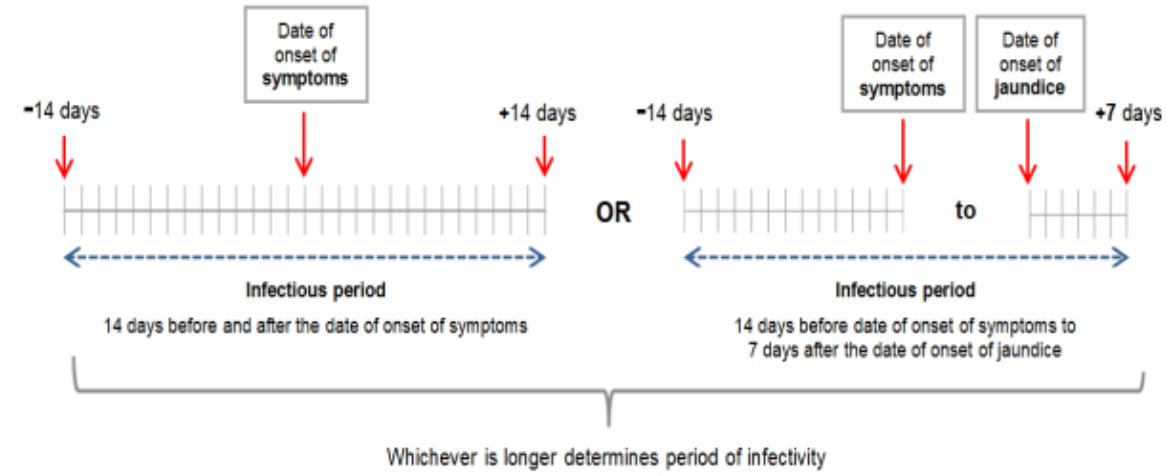
C) SIGNS & SYMPTOMS (Bold supports confirmed case definition)

LHN-> INVESTIGATION->SIGNS & SYMPTOMS

Description	No	Yes – Date of onset	Description	No	Yes - Date of onset
Asymptomatic		YYYY / MM / DD	**Loss of appetite (anorexia)**		YYYY / MM / DD
Fever		YYYY / MM / DD	**Malaise**		YYYY / MM / DD
Jaundice		YYYY / MM / DD	**Nausea**		YYYY / MM / DD
Lab - liver enzymes - elevated		YYYY / MM / DD	**Pain – abdominal**		YYYY / MM / DD
Other signs and symptoms if applicable			Urine - dark		YYYY / MM / DD

Figure 6-1. Determining period of infectivity



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 (during risk period) *(continued on next page)*

LHN-> SUBJECT->RISK FACTORS

DESCRIPTION	YES	N – No NA – not asked U - Unknown	DESCRIPTION	YES	N – No NA – not asked U - Unknown
Contact - At risk population (international travellers or immigrants)	YYYY / MM / DD		**Special Population** - Attends childcare	TE	
Contact - Persons with similar symptoms	YYYY / MM / DD		**Special Population** - From or residence in an endemic country (Add'l Info)	YYYY / MM / DD	
Contact to a known case (Add'l Info)	YYYY / MM / DD		**Travel** - Outside of Canada (Add'l Info)	YYYY / MM / DD AE	
Immunocompromised - Related to underlying disease or treatment			**Travel** - Outside of Saskatchewan, but within Canada (Add'l Info)	YYYY / MM / DD AE	
Occupation - Child Care Worker	TE		**Water** - Bottled water (Add'l Info)		
Occupation - Food Handler	TE		**Water** - Private well or system (Add'l Info)		

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DESCRIPTION	YES	N – No NA – not asked U - Unknown	DESCRIPTION	YES	N – No NA – not asked U - Unknown
Occupation - Health Care Worker IoM Risk Factor	TE		**Water** - Public water system (Add'l Info)		
Occupation - Personal Care Worker	TE		**Water** - Untreated water		
Sexual Behaviour - MSM	YYYY / MM / DD		**Water (Recreational) -** Pond, stream, lake, river, ocean		
Sexual Behaviour - Oral-anal	YYYY / MM / DD		**Water (Recreational) –** Private (swimming pool/whirlpool	TE	
Sexual Behaviour - Sex with a person from endemic Country (Add'l Info)	YYYY / MM / DD		**Water (Recreational)** - Public (swimming/paddling pool/whirl pool)	TE	

F) USER DEFINED FORM (SEE ATTACHED) LHN-> INVESTIGATION-> INVESTIGATION DETAILS -> LINKS AND ATTACHMENTS -> HEPATITIS A FORM

G) COMPLICATIONS LHN-> INVESTIGATION->COMPLICATIONS

Description	Yes Date of onset	Description	Yes Date of onset
Hepatitis - fulminant	YYYY / MM / DD	Other complications	YYYY / MM / DD

H) 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: ☐ IOM - Interpretation of history by investigator

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

Intervention Type and Sub Type:

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

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

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

Public Health Order: YYYY / MM / DD
☐ Other (specify)
Investigator name

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

Referral: YYYY / MM / DD
☐ Canadian food inspection agency
☐ Consultation with MHO
☐ Primary care provider
Investigator name

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

Symptom monitoring: YYYY / MM / DD
☐ Symptom monitoring indirect, passive – (contacts as well as cases)
Investigator name

Environmental health: YYYY / MM / DD
☐ Restaurant Inspection ☐ Water system inspection
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
☐ Immunization nurse notified YYYY / MM / DD

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				

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J) 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) _____

K) EXPOSURES

Acquisition Event

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

Acquisition Event ID:_____

Exposure Name: _____

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

Location Name: _____

Setting Type

☐ Travel ☐ Exposure or consumption of potentially contaminated food or water ☐ 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 settings ☐ Food service establishment ☐ Health care setting ☐ Household ☐ Private Function (Food prep) ☐ Sexual Exposure ☐ Type of Community Contact ☐ Travel		
		☐ Congregate/Communal Living settings ☐ Food service establishment ☐ Health care setting ☐ Household ☐ Private Function (Food prep) ☐ Sexual Exposure		
		☐ Congregate/Communal Living settings ☐ Food service establishment ☐ Health care setting ☐ Household ☐ Private Function (Food prep) ☐ Sexual Exposure ☐ Type of Community Contact ☐ Travel		
	Hep A Contacts – Invest ID _____	☐ Multiple Settings	YYYY / MM / DD to YYYY / MM / DD	

L) 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