# Anthrax 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: _____<br>Health Card Number (PHN): | Preferred Communication Method: (specify - i.e. home phone, text):<br>Email Address: ☐ Work ☐ Personal |
| Phone #: ☐ Primary Home:<br>☐ Mobile contact:<br>☐ Workplace: | | |
| Place of Employment/School: | Gender: ☐ Male ☐ Female ☐ Other ☐ Unknown | |
| Alternate Contact: _____<br>Relationship: _____<br>Alt. Contact phone: _____ | Address Type:<br>☐ No fixed ☐ Postal Address ☐ Primary Home ☐ Temporary ☐ Legal Land Description<br>Mailing (Postal address):<br>Street Address or FN Community (Primary Home):<br>Address at time of infection if not the same: | |

## B) INVESTIGATION INFORMATION

LHN-> SUBJECT SUMMARY-> VECTOR-BORNE AND ZOONOTICS ENCOUNTER GROUP->CREATE INVESTIGATION

| **Disease Summary Classification: CASE:** | **Date** | **Classification: CONTACT:** | **Date** | **LAB TEST INFORMATION:** |
|---|---|---|---|---|
| ☐ Confirmed | YYYY / MMM / DD | ☐ Contact | YYYY / MMM / DD | Date specimen collected: YYYY / MMM / DD |
| ☐ Does Not Meet Case | YYYY / MMM / DD | ☐ Not a Contact | YYYY / MMM / DD | |
| ☐ Person Under Investigation | YYYY / MMM / DD | ☐ Person Under Investigation | YYYY / MMM / DD | |
| ☐ Probable | YYYY / MMM / DD | | | |
| ☐ Suspect | YYYY / MMM / DD | | | |

**Disposition:**
*FOLLOW UP:*

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

| | |
|---|---|
| **REPORTING NOTIFICATION**<br>Name of Attending Physician or Nurse: | Location: |
| Provider's Phone number: | Date Received (Public Health): YYYY / MMM / DD |

Type of Reporting Source: ☐ Health Care Facility ☐ Lab Report ☐ Nurse Practitioner ☐ Physician ☐ Other_____

## C) DISEASE EVENT HISTORY

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

**Site / Presentation:** ☐ Cutaneous ☐ Gastrointestinal ☐ Inhalational ☐ Injection site ☐ Other

Saskatchewan

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## D) SIGNS & SYMPTOMS

INVESTIGATION->SIGNS & SYMPTOMS

| Description | No | Yes – Date of onset | Description | No | Yes - Date of onset |
|---|---|---|---|---|---|
| Cellulitis | | YYYY / MMM / DD | Meningitis | | YYYY / MMM / DD |
| Chills | | YYYY / MMM / DD | Pain - abdominal | | YYYY / MMM / DD |
| Cough | | YYYY / MMM / DD | Pain - chest | | YYYY / MMM / DD |
| Cyanosis | | YYYY / MMM / DD | Pain - cutaneous | | YYYY / MMM / DD |
| Dyspnea - shortness of breath | | YYYY / MMM / DD | Pharyngitis (sore throat) | | YYYY / MMM / DD |
| Edema - around eschar | | YYYY / MMM / DD | Pleural effusion | | YYYY / MMM / DD |
| Edema - soft tissue | | YYYY / MMM / DD | Pulmonary infiltrates | | YYYY / MMM / DD |
| Eschar | | YYYY / MMM / DD | Rash - papules | | YYYY / MMM / DD |
| Fever | | YYYY / MMM / DD | Rash - papules - pruritic | | YYYY / MMM / DD |
| Gastrointestinal symptoms (nausea, vomiting, diarrhea, abdominal swelling) | | YYYY / MMM / DD | Rash - vesicles | | YYYY / MMM / DD |
| Infection - soft tissue | | YYYY / MMM / DD | Respiratory distress | | YYYY / MMM / DD |
| Lymphadenopathy - mediastinal | | YYYY / MMM / DD | Sepsis | | YYYY / MMM / DD |
| Malaise | | YYYY / MMM / DD | Stridor | | YYYY / MMM / DD |
| Necrotizing fasciitis | | YYYY / MMM / DD | | | |
| Other Signs & Symptoms if applicable | | | | | |

## E) INCUBATION AND COMMUNICABILITY

INVESTIGATION->INCUBATION & COMMUNICABILITY

**Incubation for Case:**
**Earliest Possible Exposure Date**: YYYY / MMM / DD

**Latest Possible Exposure Date**: YYYY / MMM / DD

*Exposure Calculation details:*

## F) RISK FACTORS

INVESTIGATION-> SUBJECT->RISK FACTORS

| DESCRIPTION | YES | N – No<br>NA – not asked<br>U - Unknown | DESCRIPTION | YES | N – No<br>NA – not asked<br>U - Unknown |
|---|---|---|---|---|---|
| **Animal Exposure** - Farms (specify) | YYYY / MMM / DD | | **Occupation** - Veterinarian or related worker | YYYY / MMM / DD | |
| **Animal Exposure** - Petting zoos/zoos/special events/other (specify) | YYYY / MMM / DD | | **Substance Use** - Injection drug use (including steroids) | YYYY / MMM / DD | |
| **Animal Exposure - Infected animal (specify)** | YYYY / MMM / DD | | **Travel** - Outside of Canada (specify) | YYYY / MMM / DD | |
| **Occupation** - Farmer | YYYY / MMM / DD | | **Travel** - Outside of Saskatchewan, but within Canada (specify) | YYYY / MMM / DD | |
| **Occupation** - Other (specify) | YYYY / MMM / DD | | **Travel** - Within Saskatchewan (Specify) | YYYY / MMM / DD | |

## G) MEDICATIONS

INVESTIGATION-> MEDICATIONS->MEDICATIONS SUMMARY

Medication ***(Panorama = Other Meds)*** : _____

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

## H) INTERVENTIONS

INVESTIGATION->TREATMENT & INTERVENTIONS->INTERVENTION SUMMARY

**Assessment**:
☐ Assessed for contacts (individuals exposed to the same source)
YYYY / MM / DD
Investigator name

**Immunization**:
☐ Eligible Immunizations recommended YYYY / MM / DD
Investigator name

**Communication**:
☐ Letter (specify) YYYY/ MM /DD
☐ Other communication (specify) YYYY/ MM /DD
Investigator name

**Other Investigation Findings**
☐ Investigator Notes YYYY/ MM /DD
☐ See Document Management YYYY/ MM /DD

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Panorama Client ID: _____
Panorama Investigation ID: _____

| | |
|---|---|
| **Contact Notification**:<br>☐ Contact Notification/education YYYY/ MM /DD<br>Investigator name | **Referral** Investigator name<br>☐ Consultation with MHO YYYY / MM / DD<br>☐ Saskatchewan Ministry of Agriculture YYYY/ MM /DD<br>☐ Saskatchewan Occupational Health and Safety YYYY/ MM /DD<br>☐ Infectious Disease Specialist YYYY/ MM /DD<br>☐ Primary Care Provider YYYY/ MM /DD |
| **Education/counselling**:<br>☐ Disease Information provided YYYY/ MM /DD<br>☐ Prevention/Control measures YYYY/ MM /DD<br>Investigator name | |
| **General**<br>☐ Disease Information/Prevention and Control YYYY/ MM /DD<br>Investigator name | **Symptom Monitoring** Investigator name<br>☐ Symptom monitoring indirect, active YYYY/ MM /DD<br>☐ Symptom monitoring indirect, passive YYYY/ MM /DD |

| 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 | |
| YYYY / MM / DD | | | YYYY / MM / DD | |
| YYYY / MM / DD | | | YYYY / MM / DD | |
| YYYY / MM / DD | | | YYYY / MM / DD | |

## I) OUTCOMES (if applicable)

INVESTIGATION->OUTCOMES

☐ Not yet recovered/recovering
☐ Recovered
☐ Fatal
☐ ICU/intensive medical care:
☐ Unknown _____
☐ Sequelae
☐ Hospitalization
☐ Intubation
☐ Other

Cause of Death: (if Fatal was selected) _____

## J) EXPOSURES - CONSIDER THE USE OF PROTECTIVE MEASURES (EG. PPE) IN DETERMING THE RISK OF EXPOSURE

**Acquisition Event**

INVESTIGATION-> EXPOSURE SUMMARY-> ACQUISITION EVENT

| **Exposure Name (use the most appropriate and most specific Key Descriptor check box as the name)** | **Location City/Town** | **Setting type** (Consider the following settings for TE; if >1 select "multiple settings" in Panorama) | **Start/End Date** | **Most likely source** |
|---|---|---|---|---|
| ☐ Farm<br>☐ Animal Processing Plant | | ☐ Agricultural Setting<br>☐ Workplace | YYYY / MM / DD to<br>YYYY / MM / DD | ☐ |
| Name of Workplace | | ☐ Workplace | YYYY / MM / DD to<br>YYYY / MM / DD | ☐ |
| City, Province OR City, Country | | ☐ Travel | | ☐ |

| | | |
|---|---|---|
| **Initial Report completed by:** | | **Date initial report completed:**<br>YYYY / MMM / DD |