Government of Saskatchewan

PANORAMA

Chlamydia and Gonorrhea Data Collection Worksheet – Public Health – Follow-Up

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:
DOB: YYYY / MM / DD Age: _____	Gender: ☐ Male ☐ Female ☐ Unknown ☐ Other	PHN:

B) INVESTIGATION INFORMATION

LHN -> SUBJECT SUMMARY-> STBBI ENCOUNTER GROUP-> CREATE INVESTIGATION

Disease Summary Classification: CASE:	**Date**	***Classification: CONTACT:***	***Date***	***LAB TEST INFORMATION:***
☐ Lab Confirmed	YYYY / MM / DD	☐ *Contact*	*YYYY / MM / DD*	*Date specimen collected:*
☐ Suspect	YYYY / MM / DD	☐ *Not a Contact*	*YYYY / MM / DD*	*YYYY / MM / DD*
☐ Person Under Investigation	YYYY / MM / DD	☐ *Person Under Investigation*	*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

C) INTERVENTIONS

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

Intervention Type and Sub Type:

Assessment:
- ☐ Assessed for contacts — Investigator name — YYYY/ MM/ DD
- ☐ Client aware of diagnosis — Investigator name — YYYY/ MM/ DD

Communication:
- ☐ Phone call (morning) — Investigator name — YYYY/ MM/ DD
- ☐ Phone call (afternoon) — Investigator name — YYYY/ MM/ DD
- ☐ Phone call (evening) — Investigator name — YYYY/ MM/ DD
- ☐ Text Message sent — Investigator name — YYYY/ MM/ DD
- ☐ E-mail — Investigator name — YYYY/ MM/ DD
- ☐ Home visit — Investigator name — YYYY/ MM/ DD
- ☐ Letter Sent — Investigator name — YYYY/ MM/ DD
- ☐ Letter (See Document Management) — YYYY/ MM/ DD — Investigator name
- ☐ Ordering practitioner contacted — YYYY/ MM/ DD — Investigator name
- ☐ Other communication (See Investigator Notes) — 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

Education/counselling:
- ☐ Prevention/Control measures — YYYY / MM / DD — Investigator name
- ☐ Disease information provided — YYYY / MM / DD — Investigator name
- ☐ Other (See Investigator Notes) — YYYY / MM / DD — Investigator name

Immunization:
- ☐ Eligible Immunization recommended: — YYYY/ MM/ DD — Investigator name

Other:
- ☐ Other (See Investigator Notes)

Referral:
- ☐ Child Protective Services — YYYY / MM / DD
- ☐ Harm Reduction Services — YYYY / MM / DD
- ☐ Infectious Disease Specialist — YYYY / MM / DD
- ☐ Primary Care Provider — YYYY / MM / DD
- ☐ Consultation with MHO — YYYY / MM / DD — Investigator name

Testing: Investigator name
- ☐ Laboratory testing recommended: — YYYY / MM / DD
- ☐ STBBI Testing recommended — YYYY / MM / DD
- ☐ Test of Cure Recommended: — YYYY / MM / DD

Other Investigation Findings:
- ☐ Investigator Notes — YYYY / MM / DD
- ☐ See Document Management — YYYY / MM / DD

NOTE TO PUBLIC HEALTH: Ensure a Data Collection Worksheet/Notification Form has been completed and entered directly into Panorama.

Chlamydia and Gonorrhea Data Collection Worksheet – Public Health – Follow-Up

Please complete **all** sections.

Panorama Client ID: _____
Panorama Investigation ID: _____

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	
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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 ***(optional except for severe influenza)*** 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 ☐ Other YYYY / MM / DD
☐ Fatal YYYY / MM / DD ☐ Unknown _____

Cause of Death: (if Fatal was selected) _____

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

Transmission Event ID (system-generated can be documented below)	**Exposure Name** (enter the most appropriate exposure)	**Setting type** Important: (Select the most appropriate setting for the TE; if >1 select multiple settings)	**Date** (include the earliest date for contact tracing – transmission end date is not required)
	CT Contacts – Inv ID# GC Contacts – Inv ID# CT/GC Contacts – InvID#	☐ Sexual Exposure ☐ Public facilities ☐ Multiple settings ☐ Household ☐ Type of community contact (includes IDU)	

F) Total number of contacts LHN -> INVESTIGATION-> EXPOSURE SUMMARY -> TRANSMISSION EVENT SUMMARY -> TE HYPERLINK

_____ (total number of *unknown* and *known* contacts)

Initial Report completed by:		**Date initial report completed:** YYYY / MMM / DD