Government of Saskatchewan

PANORAMA

Syphilis Data Collection Worksheet – Public Health Follow-Up

Panorama QA complete: ☐ **Yes** ☐ **No**
Initials:

Panorama Client ID: _____
Panorama Investigation ID: _____

A) CLIENT INFORMATION

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

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: 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	Notes:		Last Non-Reactive: YYYY / MM / DD
☐ Suspect	YYYY / MM / DD			
☐ Previously Reported	YYYY / MM / DD			Syphilis RPR Titre:

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		YYYY / MM / DD

C) INTERVENTIONS

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

Immunization:

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

Referral:

☐ Child Protective Services Investigator name YYYY / MM / DD
☐ Harm Reduction Services Investigator name YYYY / MM / DD
☐ Infectious Disease Specialist Investigator name YYYY / MM / DD
☐ Primary Care Provider Investigator name YYYY / MM / DD
☐ Consultation with MHO Investigator name YYYY / MM / DD
☐ Saskatchewan Transplant Program Investigator name YYYY / MM / DD

Testing: Investigator name

☐ Laboratory testing recommended: YYYY / MM / DD
☐ STBBI Testing recommended (specify) YYYY / MM / DD
☐ Symptom monitoring indirect, passive YYYY / MM / DD
Investigator name
☐ Test of Cure Recommended: YYYY / MM / DD
Investigator name

Other:

☐ Other (See Investigator Notes)

Other Investigation Findings:

☐ Investigator Notes YYYY / MM / DD
☐ See Document Management YYYY / MM / DD

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Education/counselling:

☐ Prevention/Control measures Investigator name YYYY / MM / DD
☐ Disease information provided Investigator name YYYY / MM / DD
☐ Other (See Investigator Notes) Investigator name YYYY / MM / DD

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

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	
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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/Time** (include the earliest transmission date to the latest date)
	Syphilis Contacts – Inv ID#	☐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