



Panorama QA complete: ☐ Yes Initials:	□No	Please complete	all sections.	Panorama Client ID:Panorama Investigation ID:			
A) CLIENT INFORMATION			LHN -> SUBJEC	T -> CLIENT DETAILS -> PERSONAL INFORMATION			
Last Name:		First Name: and N	fiddle Name:	Alternate Name (Goes by):			
DOB: YYYY / MM / DD Phone #: Primary Home:	Age:	Health Card Provi Health Card Numl		Preferred Communication Method: (specify - i.e. home phone, text): Email Address: □Work □Personal			
Place of Employment/School:		Gender: \square Mal	Gender: ☐ Male ☐ Female ☐ Other ☐ Unk				
Alternate Contact: Relationship: Alt. Contact phone:		□ No fixed □ Po Mailing (Postal ad Street Address or	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	N LHN ->SUBJ	ECT SUMMARY-> RESP	PIRATORY & DIRECT CONTAC	T ENCOUNTER GROUP-> CREATE INVESTIGATION			
Disease Summary Classification: CASE:	Date	Classification: CONTACT:	Date	LAB TEST INFORMATION:			
□ Confirmed	YYYY / MMM / DD	□ Contact	YYYY / MMM / D	D Date specimen collected:			
□ Does Not Meet Case	Does Not Meet Case YYYY / MMM / DD		YYYY / MMM / D				
, ,		□ Person Under Investigation	YYYY / MMM / D	□ CSF			
□ Probable	YYYY / MMM / DD			☐ Joint fluid ☐ Pericardial fluid			
Disposition: FOLLOW UP: ☐ In progress ☐ Incomplete - Declined ☐ Incomplete — Lost contact ☐ Incomplete — Unable to loca	YYYY / MM / DD YYYY / MM / DD YYYY / MM / DD	(sp	Complete Not required Referred – Out of province pecify where)	YYYY / MM / DD YYYY / MM / DD YYYY / MM / DD			
REPORTING NOTIFICATION Name of Attending Physician or	Nurse:	Loc	cation:				
Provider's Phone number:		Da	te Received (Public Health):	YYYY / MMM / DD			
Type of Reporting Source: ☐ F	Health Care Facility	□ Lab Report □	□ Nurse Practitioner □ Physician				
C) DISEASE EVENT HISTORY		ILINI	> INVESTIGATION SDISEAGE	SUMMARY (UPDATE)->DISEASE EVENT HISTORY			
Site / Presentation:	☐ Meningitis	□ Sepsis	Unkn				

November 22, 2019 Page 1 of 5

Please complete **all** sections.

Panorama Client ID:
Panorama Investigation ID:

November 22, 2019 Page 2 of 5

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D) SIGNS & SYMPTOMS (Bold text = part of case definition)

LHN-> INVESTIGATION-> SIGNS & SYMPTOMS

Description	No	Yes – Date of onset	Description	No	Yes - Date of onset
Arthritis - septic		YYYY / MMM / DD	Neurologic - delerium		YYYY / MMM / DD
Bruising - ecchymoses		YYYY / MMM / DD	Pain - photophobia (sensitivity to light)		YYYY / MMM / DD
Cellulitis - orbital		YYYY / MMM / DD	Prostration		YYYY / MMM / DD
Coma		YYYY / MMM / DD	Purpura fulminans (coagulation of small blood vessels)		YYYY / MMM / DD
Fever		YYYY / MMM / DD	Rash - maculopapular		YYYY / MMM / DD
Headache		YYYY / MMM / DD	Rash - petechial		YYYY / MMM / DD
Meningitis		YYYY / MMM / DD	Sepsis (e.g. bacteremia, septicemia, etc.)		YYYY / MMM / DD
Nausea		YYYY / MMM / DD	Shock		YYYY / MMM / DD
Neck stiffness (nuchal rigidity)		YYYY / MMM / DD			YYYY / MMM / DD

E)	INCUBATION	AND COMMUNICABILITY	1
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E) 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:	

F) RISK FACTORS (RF followed by + impact the Imp	LHN-> SUBJECT->RISK FACTORS			
DESCRIPTION	Yes Start Date	N, NA, U	Add'l Info	
Chronic Medical Condition - Cochlear Implant +				
Chronic Medical Condition Congenital or Acquired, or Functional Asplenia +				
Contact At risk population (international travellers or immigrants) (i.e. risk areas)				
Contact - IMD Case: serogroup A, Y, or W-135 +	YYYY / MM/DD			
Contact - IMD Case: serogroup B +	YYYY / MM/DD			
Contact - IMD Case: serogroup C +	YYYY / MM/DD			
Contact to a known case (Add'l Info)	YYYY / MM/DD			
Immunocompromised – Acquired Complement Deficiency +				
Immunocompromised – Congenital immunodeficiency +				
Immunocompromised - Related to disease or treatment (Add'l Info)				
Immunocompromised - Transplant Candidate or Recipient - Solid Organ/Tissue +				
Occupation - Health care worker - IOM Risk Factor	TE			
Occupation - Child care worker	TE			
Behaviour - Sharing personal items (cigarettes, water bottles, etc)	TE			
Setting - Crowded living conditions (>1 person per room excluding bathrooms)	TE			
Special Population – Attends childcare	TE			
Special Population - Attends school	TE			
Special Population - Lives in a communal setting	TE			

November 22, 2019 Page 3 of 5

Please complete all sections.

 Panorama Client ID:	
Panorama Investigation ID:	

DESCRIPTION		Yes Start Date	N, NA, U	Add'l Info			
Special Population - institution	Post secondary education	TE					
Travel: Outside of Ca	anada (Add'l Info)	YYYY / MM/DD AE					
Travel Outside of Sas (Add'l Info)	skatchewan, but within Can						
Other risk factor (Ad	ld'l Info)						
G) COMPLICATIONS				I.	LHN-> INVESTIGATION->CO	MPLICATIONS	
Description		Yes Date of onset		Description	Yes Date of onset		
Disseminated intrav	ascular coagulation (DIC)	YYYY / MMM	/ DD	Gangrene	YYYY / MMN	1 / DD	
Other complications							
H) IMMUNIZATION	HISTORY INTERPRETATION	SUMMARY	LHN	-> INVESTIGATION-> IMMUNIZATI	ON HISTORY INTERPRETATION	ON SUMMARY	
Interpretation Date							
Interpretation of Di	isease Immunity: 🗆 10	M - Fully immunized (f	or age)	☐ IOM - Partially in	nmunized		
□ IOM – Unimmun	ized 🗆 IC	M - Unclear immunizat	ion history	Valid doses received:	Doses needed:		
Reason:			,			-	
□ Previous disease		☐ Previous re	sponder/Pi	evious history of immunity	□ Date Of Birth		
	ition of history by investigat			, ······-,			
I) TREATMENT	, , ,			LHN-> INVESTIGATION->	MEDICATIONS->MEDICATIO	NS SUMMARY	
ĺ	ıma = Other Meds) :						
	ma - other weasy.			Started on: YYYY / MMM / I	DD		
J) INTERVENTIONS				IVESTIGATION->TREATMENT & INT		ONICHBARAADV	
Intervention Type a	nd Sub Type:		111	IVESTIGATION-ZIREATIVIENT & INT	ERVENTIONS->INTERVENTION	JN SUIVIIVIANT	
Assessment:	Investigator name		İr	nmunization: Investigator na	ame		
☐ Assessed for con	_	YYYY / MM /		 Eligible Immunization recommend Disease-specific immunization red Disease-specific immunization giv 	commended YYYY / N	MM / DD	
Communication:				nmunoprophylaxis	en itti/iv	IIVI / DD	
☐ Other communication	ation (see Investigator Note	es) YYYY / MM /	DD 🗆	Immunoprophylaxis (Contacts on	ly)		
Investigator name	mant Managamant)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	DD				
☐ Letter (See Docur Investigator name	• ,	YYYY / MM /	טט				
General: Investigate			Is	olation:			
☐ Disease-Info/Prev-Control YYYY/ MM / DD				Facility isolation Investigator na			
☐ Disease-Info/Prev	-Cont/Assess'd for Contacts	YYYY/ MM / DE		Home isolation Investigator na	ame YYYY / N	1M / DD	
Education/counselli	ing:		Т	esting:			
☐ Prevention/Contr		YYYY / MM /	DD I		YY / MM / DD		
☐ Disease informati		YYYY / MM /	l r	vestigator name			
Investigator name							
Exclusion: Investigator name				Referral:			
□ School YYYY	/ MM / DD ☐ Presch / MM / DD ☐ Work	ool YYYY / MM / YYYY / MM /		Consultation with MHO	Primary Care Provider		
Other Investigation Investigator note	•	Document Managemer	nt				
Date	Intervention Co	omments	l .		Next follow-up Date	Initials	
YYYY / MM / DD	22246				YYYY / MM / DD		
YYYY / MM / DD					YYYY / MM / DD		
YYYY / MM / DD					YYYY / MM / DD		

November 22, 2019 Page 4 of 5

Please complete all sections. Panorama Client ID: Panorama Investigation ID: ____ YYYY / MM / DD K) 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 Cause of Death: (if Fatal was selected) ___ L) Acquisition Event LHN-> 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** ☐ Recreational facilities ☐ Most likely source ☐ Travel ☐ Health care setting Public facilities M) Transmission Events LHN -> INVESTIGATION-> EXPOSURE SUMMARY -> TRANSMISSION EVENT SUMMARY -> QUICK ENTRY Transmission **Exposure Name** Date/Time # of contacts **Setting type** (Consider the following settings for TE; if >1 select **Event ID** "multiple settings" in Panorama) □ Congregate/Communal living □ Health Care setting YYYY / MM / DD ☐ Type of community contact ☐ Household Exposure YYYY / MM / DD ☐ Public facilities (daycare, school, etc) □ Congregate/Communal living □ Health Care setting YYYY / MM / DD \square Type of community contact \square Household Exposure YYYY / MM / DD ☐ Public facilities (daycare, school, etc) □ Congregate/Communal living □ Health Care setting YYYY / MM / DD to \square Type of community contact \square Household Exposure YYYY / MM / DD \square Public facilities (daycare, school, etc) \square YYYY / MM / DD □ Congregate/Communal living □ Health Care setting \square Type of community contact \square Household Exposure YYYY / MM / DD ☐ Public facilities (daycare, school, etc)☐ ☐ Multiple Settings YYYY / MM / DD to Meningococcal Contacts -Inv ID# YYYY / MM / DD N) 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])

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

November 22, 2019 Page 5 of 5