



Saskatchewan Haemophilus inflenzae infection (invasive) Data Collection Worksheet

Please complete all sections.

Panorama QA complete: □Yes Initials:	⊔ No			Panc	prama Investigation ID:	
A) CLIENT INFORMATION			LHN -> SUBJEC	T -> CLIENT D	ETAILS -> PERSONAL INFORMATIO	
Last Name:		First Name: and Middle Name:		Alternate Name (Goes by):		
DOB: YYYY / MM / DD	Age:	Health Card Province:		Preferred Co	ommunication Method: (specify -	
Phone #: Primary Home: Mobile contact: Workplace:		Health Card Number (PHN):			ess: □Work □Personal	
Place of Employment/School:		Gender: □ Male	□ Female	□ Ot	ther 🗖 Unknown	
Alternate Contact:		Address Type: □ No fixed □ Postal Address Mailing (Postal address):	☐ Primary Ho	me □Tempo	orary □ Legal Land Description	
Alt. Contact phone:		Street Address or FN Communit	ty (Primary Hon	ne):		
		Address at time of investigation if not the same:				
B) INVESTIGATION INFORMATION	LHN-> SUBJEC	T SUMMARY-> RESPIRATORY & D	IRECT CONTAC	T ENCOUNTE	R GROUP-> CREATE INVESTIGATIO	
Disease Summary Classification:	Date	Classification: CONTACT	Date		LAB TEST INFORMATION: Date specimen collected:	
□ Confirmed	YYYY / MM / DD	□ Contact	YYYY / MM	/ DD	YYYY / MM / DD	
□ Does Not Meet Case	YYYY / MM / DD	□ Not a Contact	YYYY / MM	/ DD	Specimen type:	
Person Under Investigation YYYY / MM / DD		□ Person Under Investigation	YYYY / MM / DD		□ Blood □ Urine	
□ Probable	YYYY / MM / DD				□ Stool	
Disposition: FOLLOW UP:		<u> </u>				
☐ In progress ☐ Incomplete - Declined ☐ Incomplete - Lost contact ☐ Incomplete - Unable to locate	YYYY / MM / DD YYYY / MM / DD YYYY / MM / DD	☐ Complete ☐ Not required ☐ Referred – Ou		YYYY / MI YYYY / MI YYYY / MI	M / DD	
REPORTING NOTIFICATION	YYYY / MM / DD	(specify where)				
Name of Attending Physician or Nu	irse:					
Physician/Nurse Phone number:		Date Received	d (Public Health	n): YYYY / I	MM / DD	
Type of Reporting Source: ☐ Hea	alth Care Facility □L	Lab Report □ Nurse Practiti	ioner □Phy	ysician \Box	Other	

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 Panorama Client ID:
Panorama Investigation ID:

C) SIGNS & SYMPTOMS (Bold text = part						
Description	No	Yes – Date of onse	et Des	cription	No	Yes - Date of onset
Arthritis - septic		YYYY / MM / DD	Let	nargy (fatigue, drowsiness, weakness, etc)		YYYY / MM / DD
Bulging fontanelle		YYYY / MM / DD	Me	ningitis		
Cardiac - pericarditis		YYYY / MM / DD	Nec	k stiffness (nuchal rigidity)		YYYY / MM / DD
Cellulitis		YYYY / MM / DD	Cor	fusion		YYYY / MM / DD
Dyspnea (shortness of breath)		YYYY / MM / DD	Pne	eumonia		YYYY / MM / DD
Epiglottitis		YYYY / MM / DD	Res	piratory compromise		YYYY / MM / DD
Fever		YYYY / MM / DD	Sep	sis (e.g. bactremia, septicemia, etc.)		YYYY / MM / DD
Infection - empyema		YYYY / MM / DD				
Other s/s			I		1	I
D) INCUBATION AND COMMUNICABILIT	Υ			LHN-> INVESTIGATION	->INCU	BATION & COMMUNICABILITY
Incubation for Case (period for acquisitic Earliest Possible Exposure Date: YYYY	on):	/ DD		Latest Possible Exposure Date:		YYYY / MM / DD
•						
Exposure Calculation details: Communicability for Case (period for tra Earliest Possible Communicability Date: Communicability Calculation Details:				Latest Possible Communicability	y Date:	YYYY / MM / DD
Communicability for Case (period for tra Earliest Possible Communicability Date: Communicability Calculation Details:				Latest Possible Communicability		YYYY / MM / DD HN-> SUBJECT->RISK FACTORS
Communicability for Case (period for tra Earliest Possible Communicability Date: Communicability Calculation Details:	Yes	Y / MM / DD	N,	Latest Possible Communicability Add'l Info		
Communicability for Case (period for tra Earliest Possible Communicability Date: Communicability Calculation Details:	Yes	Y / MM / DD	N, NA, U			
Communicability for Case (period for tra Earliest Possible Communicability Date: Communicability Calculation Details: The provided HTML Representation of the provided HTML R	Yes Sta YYY TE	Y / MM / DD				
Communicability for Case (period for tra Earliest Possible Communicability Date: Communicability Calculation Details: The provided HTML Representation of the provided HTML R	Yes Sta YYY TE YYY AE	Y / MM / DD S ort Date YY / MM / DD				
Communicability for Case (period for tra Earliest Possible Communicability Date: Communicability Calculation Details: PRISK FACTORS DESCRIPTION Contact - Daycare Contact to a known case (Add'l Info) Special population — Attends Childcare	Yes Sta YYY TE YYY AE YYY TE	s ort Date YY / MM / DD YY / MM / DD				
Communicability for Case (period for tra Earliest Possible Communicability Date: Communicability Calculation Details: PRISK FACTORS DESCRIPTION Contact - Daycare Contact to a known case (Add'l Info) Special population — Attends Childcare Special population — Attends school	Yes Sta YYY TE YYY AE YYY TE	S Int Date YY / MM / DD YY / MM / DD YY / MM / DD				
Communicability for Case (period for tra Earliest Possible Communicability Date: Communicability Calculation Details: E) RISK FACTORS DESCRIPTION Contact - Daycare Contact to a known case (Add'l Info) Special population — Attends Childcare Special population — Attends school Travel - Outside of Canada (Add'l Info) Travel - Outside of Saskatchewan, but	Yes Sta YYY TE YYY AE YYY TE YYY TE	S art Date YY / MM / DD				
Communicability for Case (period for tra Earliest Possible Communicability Date: Communicability Calculation Details: E) RISK FACTORS DESCRIPTION Contact - Daycare Contact to a known case (Add'l Info) Special population — Attends Childcare Special population — Attends school Travel - Outside of Canada (Add'l Info) Travel - Outside of Saskatchewan, but within Canada (Add'l Info)	Yes Sta YYY TE YYY AE YYY TE YYY TE YYY TE YYY TE	Sourt Date YY / MM / DD	NA, U	Add'l Info	L	HN-> SUBJECT->RISK FACTORS
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Please complete **all** sections

		Panorama Client ID:Panorama Investigation ID:
G) TREATMENT		INVESTIGATION-> MEDICATIONS->MEDICATIONS SUMMARY
Medication (Panorama = Other Meds) :		
Prescribed by:	Started on:	YYYY / MMM / DD

Prescribed by:				_ Started on: YYYY / MMM / DD		
H) INTERVENTIONS				INVESTIGATION->TREATMENT & INTERV	ENTIONS->INTERVENTION	ON SUMMARY
Intervention Type a	nd Sub Type:			THE CONTROL OF THE PROPERTY OF THE CONTROL OF THE C		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Assessment:	7.			Isolation:		
☐ Assessed for cont	tacts		YYYY / MM / DD	☐ Facility isolation YYYY / MM / DD☐ Home isolation YYYY / MM / DD☐	Investigator name Investigator name	
Investigator name					investigator name	
Communication: Other communication:	ation (See Investigator I	Notes)	YYYY / MM / DD	Testing:		
Investigator name			1000/ / 8484 / 55	☐ Laboratory testing recommended Investigator name	YYYY / MN	I / DD
Letter (See Docui	ment Management)		YYYY / MM / DD	Treatment:		
□ Letter			YYYY / MM / DD	☐ Treatment not recommended	YYYY / MIV	I / DD
Investigator name				Investigator name		
General: Investigate				Other Investigation Findings:		
☐ Disease-Info/Prev			YYYY/ MM / DD	☐ Investigator Notes ☐ See Doc	ument Management	
	v-Cont/Assess'd for Con	idClS	YYYY/ MM / DD	Referral:		
☐ Prevention/Conti	ng: Investigator name rol measures		YYYY / MM / DD		y Care Provider	
☐ Disease informat			YYYY / MM / DD	☐ Infectious Disease Specialist		
	ations recommended mmunization recomme mmunization given	nded	YYYY / MM / DD YYYY / MM / DD YYYY / MM / DD			
Date	Intervention subtype	Comme	nts		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	
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YYYY / MM / DD					YYYY / MM / DD	

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				Client ID: ation ID:
OUTCOMES			LHN-> INVEST	IGATION-> OUTCOM
□ Not yet recover □ Recovered □ Fatal	ed/recovering YYYY / N YYYY / M YYYY / M	M / DD	DD Unknown YY	
· ·	Fatal was selected)			
Transmission 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 □ Health Care setting □ Type of community contact □ Household Exposure □ Public facilities (e.g daycare)		
		□ Congregate/Communal living □ Health Care setting □ Type of community contact □ Household Exposure □ Public facilities(e.g daycare)		
		□ Congregate/Communal living □ Health Care setting □ Type of community contact □ Household Exposure □ Public facilities (e.g daycare)		
	Hib Contacts – Inv ID#	☐ Multiple Settings	YYYY / MM / DD to YYYY / MM / DD	

	, · · · · · · · · · · · · · · · · · · ·
	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])

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