Government of Saskatchewan

Leprosy Data Collection Worksheet

Please complete **all** sections.

PANORAMA

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: _____ Health Card Number (PHN):	Preferred Communication Method: (specify - i.e. home phone, text): Email Address: ☐ Work ☐ Personal
Phone #: ☐ Primary Home: ☐ Mobile contact: ☐ Workplace:		
Place of Employment/School:	Gender: ☐ Male ☐ Female ☐ Other ☐ Unknown	
Alternate Contact: _____ Relationship: _____ Alt. Contact phone: _____	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) IMMIGRATION INFORMATION

SUBJECT -> CLIENT DETAILS -> PERSONAL INFORMATION->IMMIGRATION INFORMATION

Country Born in: _____
Country Emigrated from: _____ Arrival Date: YYYY / MMM / DD OR Arrival Year_____

C) INVESTIGATION INFORMATION

LHN-> SUBJECT SUMMARY-> ZOONOTIC & VECTORBORNE GROUP->CREATE INVESTIGATION

Disease Summary Classification: CASE	**Date**	***Classification: CONTACT***	***Date***	***LAB TEST INFORMATION:***
☐ Confirmed	YYYY / MM / DD	☐ *Contact*	YYYY / MM / DD	*Date specimen collected:*
☐ Does Not Meet Case	YYYY / MM / DD	☐ *Not a Contact*	YYYY / MM / DD	YYYY / MM / DD
☐ Person Under Investigation	YYYY / MM / DD	☐ *Person Under Investigation*	YYYY / MM / DD	
☐ Probable	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 (specify where)	YYYY / MM / DD
☐ Incomplete – Unable to locate	YYYY / MM / DD		

REPORTING NOTIFICATION Name of Attending Physician or Nurse**:**	Location:
Physician/Nurse Phone number:	Date Received (Public Health): YYYY / MM / DD

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

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D) DISEASE EVENT HISTORY

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

Site / Presentation: ☐ Lepromatous ☐ Tuberculoid ☐ Borderline ☐ Other ☐ Unknown

E) SIGNS & SYMPTOMS

LHN-> INVESTIGATION->SIGNS & SYMPTOMS

Description	No	Yes – Date of onset	Description	No	Yes - Date of onset
Alopecia (loss of normal hair distribution)		YYYY / MMM / DD	Rash - papules - erythematous		YYYY / MMM / DD
Bleeding - nose (epistaxis)		YYYY / MMM / DD	Skin - infiltrative disorders		YYYY / MMM / DD
Iritis (inflammation of the iris)		YYYY / MMM / DD	Skin - lesions - hypopigmented and anaesthetic (painless)		YYYY / MMM / DD
Keratitis (inflammation of the cornea)		YYYY / MMM / DD	Skin nodules		YYYY / MMM / DD
Neurologic - peripheral nerve - swelling or thickening (neuritis)			Skin - thickening		
Neuropathy		YYYY / MMM / DD	Skin - nodules - erythematous		YYYY / MMM / DD
Rash - macules - hypopigmented		YYYY / MMM / DD			YYYY / MMM / DD
Other Signs & Symptoms if applicable					

A) RISK FACTORS (during risk period)

LHN-> SUBJECT->RISK FACTORS

DESCRIPTION	YES	N – No NA – not asked U - Unknown	DESCRIPTION	YES	N – No NA – not asked U - Unknown
Contact - Visitor from an endemic country	YYYY / MM / DD		**Travel** - Outside of Canada (Add'l Info)	YYYY / MM / DD AE	
Contact to a known case (Add'l Info)	YYYY / MM / DD		**Travel** - Outside of Saskatchewan, but within Canada (Add'l Info)	YYYY / MM / DD AE	
Special Population - From or residence in an endemic country (Add'l Info)	YYYY / MM / DD				

B) MEDICATIONS

INVESTIGATION-> MEDICATIONS->MEDICATIONS SUMMARY

Medication *(Panorama = Other Meds)* : _____

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

C) INTERVENTIONS

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

Intervention Type and Sub Type:

Assessment:
☐ Assessed for contacts YYYY / MM / DD
Investigator name

Education/counseling: Investigator name
☐ Prevention/Control measures YYYY / MM / DD
☐ Disease information provided YYYY / MM / DD

Communication:
☐ Other communication (See Investigator Notes) YYYY / MM / DD
Investigator name
☐ Letter (See Document Management) YYYY / MM / DD
Investigator name

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

General: Investigator name
☐ Disease-Info/Prev-Control YYYY/ MM / DD
☐ Disease-Info/Prev-Cont/Assess'd for Contacts YYYY/ MM / DD

Other Investigation Findings:
☐ Investigator notes ☐ Document Management

Date	Intervention subtype	Comments	Next follow-up Date	Initials
YYYY / MM / DD				
YYYY / MM / DD				
YYYY / MM / DD				

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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 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 ☐ Other _____ YYYY / MM / DD

Cause of Death: (if Fatal was selected) _____

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