

## Measles Data Collection Worksheet

Please complete all sections.

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: <input type="checkbox"/> Work <input type="checkbox"/> Personal
Phone #: <input type="checkbox"/> Primary Home: <input type="checkbox"/> Mobile contact: <input type="checkbox"/> Workplace:		
Place of Employment/School:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Alternate Contact: _____ Relationship: _____ Alt. Contact phone: _____	Address Type: <input type="checkbox"/> No fixed <input type="checkbox"/> Postal Address <input type="checkbox"/> Primary Home <input type="checkbox"/> Temporary <input type="checkbox"/> 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

SUBJECT SUMMARY-> RESPIRATORY & DIRECT CONTACT ENCOUNTER GROUP->CREATE INVESTIGATION

Disease Summary Classification: CASE:	Date	Classification: CONTACT:	Date	LAB TEST INFORMATION:
<input type="checkbox"/> Confirmed	YYYY / MM / DD	<input type="checkbox"/> Contact	YYYY / MM / DD	Date specimen collected: YYYY / MM / DD
<input type="checkbox"/> Does Not Meet Case	YYYY / MM / DD	<input type="checkbox"/> Not a Contact	YYYY / MM / DD	Specimen type: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Throat
<input type="checkbox"/> Probable	YYYY / MM / DD	<input type="checkbox"/> Person Under Investigation	YYYY / MM / DD	<input type="checkbox"/> Nasopharyngeal
<input type="checkbox"/> Suspect	YYYY / MM / DD			

#### Disposition:

##### FOLLOW UP:

<input type="checkbox"/> In progress	YYYY / MM / DD	<input type="checkbox"/> Complete	YYYY / MM / DD
<input type="checkbox"/> Incomplete - Declined	YYYY / MM / DD	<input type="checkbox"/> Not required	YYYY / MM / DD
<input type="checkbox"/> Incomplete - Lost contact	YYYY / MM / DD	<input type="checkbox"/> Referred - Out of province	YYYY / MM / DD
<input type="checkbox"/> Incomplete - Unable to locate	YYYY / MM / DD	(Specify where)	YYYY / MM / DD

#### REPORTING NOTIFICATION

Name of Attending Physician or Nurse:

Location:

Provider's 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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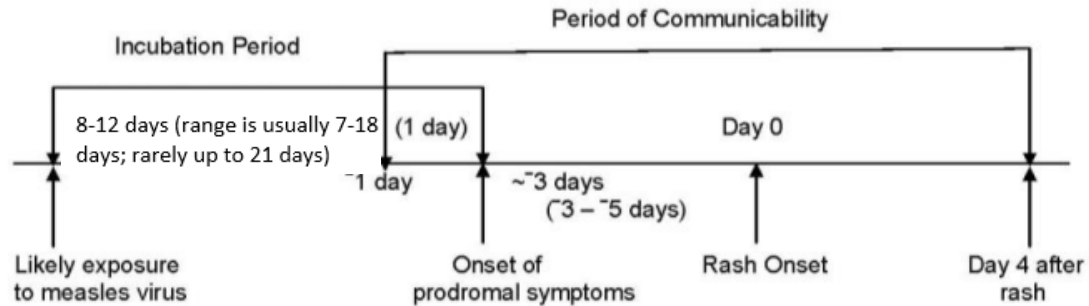
Panorama Client ID: \_\_\_\_\_  
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### C) SIGNS & SYMPTOMS *(Bold text = part of case definition)*

LHN-> INVESTIGATION->SIGNS & SYMPTOMS

Description	No	Yes – Date of onset	Description	No	Yes - Date of onset
Conjunctiva - inflammation (conjunctivitis)		YYYY / MMM / DD	Fever		YYYY / MMM / DD
Coryza or rhinitis		YYYY / MMM / DD	Koplik spots		YYYY / MMM / DD
Cough		YYYY / MMM / DD	Rash – maculopapular		YYYY / MMM / DD
Other s/s					

### Timeline for Assessing Measles Contacts



### D) INCUBATION AND COMMUNICABILITY

LHN-> INVESTIGATION->INCUBATION & COMMUNICABILITY

<b>Incubation for Case (period for acquisition):</b>	
Earliest Possible Exposure Date: YYYY / MM / DD	Latest Possible Exposure Date: YYYY / MM / DD
Exposure Calculation details:	
<b>Communicability for Case (period for transmission):</b>	
Earliest Possible Communicability Date: YYYY / MM / DD	Latest Possible Communicability Date: YYYY / MM / DD
Communicability Calculation Details:	

### E) RISK FACTORS *(RF followed by + impact the Immunization Forecaster)*

LHN-> SUBJECT->RISK FACTORS

DESCRIPTION	State Date Yes	N, NA, U	Add'l Info
<b>Contact</b> - At risk population (international travellers or immigrants)	YYYY / MM/DD		
<b>Contact</b> – Persons with similar symptoms	YYYY / MM/DD		
<b>Contact to a known case</b> (Add'l Info)	YYYY / MM/DD		
<b>Immunocompromised</b> - Related to underlying disease or treatment	YYYY / MM/DD		
<b>Occupation</b> - Health Care Worker - IOM Risk Factor	YYYY / MM/DD TE		
<b>Special Population</b> - Attends childcare	YYYY / MM/DD TE		
<b>Special Population</b> - Attends school	YYYY / MM/DD TE		
<b>Special Population</b> - Lives in a communal setting	YYYY / MM/DD TE		
<b>Special Population</b> - Post secondary education institution	YYYY / MM/DD TE		
<b>Travel</b> - Outside of Canada (Add'l Info)	YYYY / MM/DD AE/TE		
<b>Travel</b> - Outside of Saskatchewan, but within Canada (specify)	YYYY / MM/DD AE/TE		
<b>Other risk factor</b> (Add'l Info)	YYYY / MM/DD		

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### F) IMMUNIZATION HISTORY INTERPRETATION SUMMARY

LHN -> INVESTIGATION-> IMMUNIZATION HISTORY INTERPRETATION SUMMARY

<b>Interpretation Date:</b> YYYY / MM / DD	
<b>Interpretation of Disease Immunity:</b> <input type="checkbox"/> IOM - Fully immunized (for age) <input type="checkbox"/> IOM - Partially immunized <input type="checkbox"/> IOM – Unimmunized <input type="checkbox"/> IOM - Unclear immunization history <b>Valid doses received:</b> _____ <b>Doses needed:</b> _____	
<b>Reason:</b> <input type="checkbox"/> Previous disease <input type="checkbox"/> Previous responder/Previous history of immunity <input type="checkbox"/> Date Of Birth <input type="checkbox"/> IOM - Interpretation of history by investigator	

### G) INTERVENTIONS

INVESTIGATION->TREATMENT & INTERVENTIONS->INTERVENTION SUMMARY

Intervention Type and Sub Type:				
<b>Assessment:</b> <input type="checkbox"/> Assessed for contacts YYYY / MM / DD Investigator name		<b>Immunization:</b> Investigator name <input type="checkbox"/> Eligible Immunization recommended YYYY / MM / DD <input type="checkbox"/> Disease-specific immunization recommended YYYY / MM / DD <input type="checkbox"/> Disease-specific immunization given YYYY / MM / DD		
<b>Communication:</b> <input type="checkbox"/> Other communication (see Investigator Notes) YYYY / MM / DD Investigator name <input type="checkbox"/> Letter (See Document Management) YYYY / MM / DD Investigator name		<b>Isolation:</b> <input type="checkbox"/> Facility isolation YYYY / MM / DD Investigator name <input type="checkbox"/> Home isolation YYYY / MM / DD Investigator name		
<b>General:</b> Investigator name <input type="checkbox"/> Disease-Info/Prev-Control YYYY / MM / DD <input type="checkbox"/> Disease-Info/Prev-Cont/Assess'd for Contacts YYYY / MM / DD		<b>Other Investigation Findings:</b> <input type="checkbox"/> Investigator Notes YYYY / MM / DD <input type="checkbox"/> Document Management YYYY / MM / DD		
<b>Education/counselling:</b> <input type="checkbox"/> Prevention/Control measures YYYY / MM / DD Investigator name <input type="checkbox"/> Disease information provided YYYY / MM / DD Investigator name		<b>Quarantine:</b> <input type="checkbox"/> Quarantine YYYY / MM / DD Investigator name		
<b>Exclusion:</b> Investigator name <input type="checkbox"/> Work YYYY / MM / DD <input type="checkbox"/> School YYYY / MM / DD		<input type="checkbox"/> Preschool YYYY / MM / DD <input type="checkbox"/> Daycare YYYY / MM / DD <b>Testing:</b> <input type="checkbox"/> Lab testing recommended YYYY / MM / DD Investigator name		
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	
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### H) 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) \_\_\_\_\_

### I) EXPOSURES

#### Acquisition Event

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

☐ Travel   
 ☐ Health care setting   
 ☐ Public facilities   
 ☐ Recreational facilities   
 ☐ Most likely source

#### Transmission Events

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

Transmission Event ID	Exposure Name	Setting type (Consider the following settings for TE; if >1 select "multiple settings" in Panorama)	Date/Time	# of contacts
		<input type="checkbox"/> Congregate/Communal living <input type="checkbox"/> Educational Institution <input type="checkbox"/> Health Care setting <input type="checkbox"/> Household Exposure <input type="checkbox"/> Public facilities <input type="checkbox"/> Private Function <input type="checkbox"/> Type of community contact	YYYY / MM / DD to YYYY / MM / DD	
		<input type="checkbox"/> Congregate/Communal living <input type="checkbox"/> Educational Institution <input type="checkbox"/> Health Care setting <input type="checkbox"/> Household Exposure <input type="checkbox"/> Public facilities <input type="checkbox"/> Private Function <input type="checkbox"/> Type of community contact	YYYY / MM / DD to YYYY / MM / DD	
		<input type="checkbox"/> Congregate/Communal living <input type="checkbox"/> Educational Institution <input type="checkbox"/> Health Care setting <input type="checkbox"/> Household Exposure <input type="checkbox"/> Public facilities <input type="checkbox"/> Private Function <input type="checkbox"/> Type of community contact	YYYY / MM / DD to YYYY / MM / DD	
		<input type="checkbox"/> Congregate/Communal living <input type="checkbox"/> Educational Institution <input type="checkbox"/> Health Care setting <input type="checkbox"/> Household Exposure <input type="checkbox"/> Public facilities <input type="checkbox"/> Private Function <input type="checkbox"/> Type of community contact	YYYY / MM / DD to YYYY / MM / DD	
		<input type="checkbox"/> Congregate/Communal living <input type="checkbox"/> Educational Institution <input type="checkbox"/> Health Care setting <input type="checkbox"/> Household Exposure <input type="checkbox"/> Public facilities <input type="checkbox"/> Private Function <input type="checkbox"/> Type of community contact	YYYY / MM / DD to YYYY / MM / DD	
	Measles – Inv ID# _____	<input type="checkbox"/> Multiple Settings	YYYY / MM / DD to YYYY / MM / DD	

### J) 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])

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