

Anthrax Data Collection Worksheet



Please complete all sections.

	Panorama QA complete: ☐ Yes ☐ No Initials:					Panorama Client ID:Panorama Investigation ID:		
A) CLIENT INFORMATION				LHN -> SUBJEC	CT -> CLIENT DETA	ILS -> PERSONAL INFORMAT		
Last Name:	First Name: ar	First Name: and Middle Name:			Alternate Name (Goes by):			
DOB: YYYY / MM / DD Phone #: Primary Home:		Health Card Province: Health Card Number (PHN):			Preferred Communication Method: (specify - i.e. home phone, text): Email Address: □ Work □ Personal			
Place of Employment/School:		Gender:	Male	☐ Female	□Other	□ Unknown		
Alternate Contact:	□ No fixed □	Address Type: □ No fixed □ Postal Address □ Primary Home □ Temporary □ Legal Land Description Mailing (Postal address):						
Relationship:		Street Addres	s or FN Comm	unity (Primary Hom	ne):			
Alt. Contact phone:		Address at tim	ne of infectior	if not the same:				
B) INVESTIGATION INFORMATION Disease Summary	ON LHN-> SUB.	JECT SUMMARY-> V	ECTOR-BORN	E AND ZOONOTICS		DUP->CREATE INVESTIGATION		
Classification:	Date	Classification: CONTACT:		Date	LAB TES	T INFORMATION:		
Confirmed.	YYYY / MMM / DD	□ Contact		YYYY / MMM / DI	Date spe	cimen collected:		
☐ Confirmed								
□ Does Not Meet Case	YYYY / MMM / DD	□ Not a Contact		YYYY / MMM / DI	YYYY /	MMM / DD		
_	YYYY / MMM / DD YYYY / MMM / DD	□ Not a Contact □ Person Under Investigation		YYYY / MMM / DI		MMM / DD		
☐ Does Not Meet Case		□ Person Under				MMM / DD		
☐ Does Not Meet Case ☐ Person Under Investigation	YYYY / MMM / DD	□ Person Under				MMM / DD		
□ Does Not Meet Case □ Person Under Investigation □ Probable	YYYY / MMM / DD	□ Person Under	□ Comple	YYYY / MMM / Di		MMM / DD YYYY / MMM / DD		
□ Does Not Meet Case □ Person Under Investigation □ Probable □ Suspect Disposition: FOLLOW UP: □ In progress □ Incomplete - Declined □ Incomplete - Lost contact □ Incomplete - Unable to locat	YYYY / MMM / DD YYYY / MY YY YY YY YY YY YY	Person Under Investigation YY / MMM / DD YY / MMM / DD YY / MMM / DD	□ Comple □ Not req □ Referre	YYYY / MMM / Di		YYYY / MMM / DD YYYY / MMM / DD YYYY / MMM / DD		
□ Does Not Meet Case □ Person Under Investigation □ Probable □ Suspect □ Disposition: FOLLOW UP: □ In progress □ Incomplete - Declined □ Incomplete - Lost contact □ Incomplete - Unable to local	YYYY / MMM / DD YYYY / MY YY YY YY YY YY YY	Person Under Investigation YY / MMM / DD YY / MMM / DD YY / MMM / DD	□ Comple □ Not req □ Referre (Specify Location:	YYYY / MMM / Di		YYYY / MMM / DD YYYY / MMM / DD YYYY / MMM / DD YYYY / MMM / DD		

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D) SIGNS & SYMPTOMS

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Please complete **all** sections

Panorama Client ID:	
Panorama Investigation ID:	

INVESTIGATION->SIGNS & SYMPTOMS

Description	No	Yes – Date	e of onset	Description	No	Yes - Date	e of onset
Cellulitis		YYYY / MMIV	/ DD	Meningitis		YYYY / MMI	M / DD
Chills		YYYY / MMN	/ / DD	Pain - abdominal		YYYY / MMI	M / DD
Cough		YYYY / MMN	/ / DD	Pain - chest		YYYY / MMI	M / DD
Cyanosis	+	YYYY / MMN	/ DD	Pain - cutaneous		YYYY / MMI	M / DD
Dyspnea - shortness of breath	+	YYYY / MMIV	/ / DD	Pharyngitis (sore throat)		YYYY / MMI	M / DD
Edema - around eschar		YYYY / MMN	/ / DD	Pleural effusion		YYYY / MMI	M / DD
Edema - soft tissue	+-	YYYY / MMIV	// DD	Pulmonary infiltrates		YYYY / MMI	M / DD
Eschar	+	YYYY / MMIV	/ / DD	Rash - papules		YYYY / MMI	M / DD
Fever	+-	YYYY / MMN		Rash - papules - pruritic		YYYY / MMI	
	+-	YYYY / MMN		Rash - vesicles		YYYY / MMI	
Gastrointestinal symptoms (nausea, vomiting, diarrhea, abdominal swelling)			11 / 00	Rasii - Vesicies			vi / DD
Infection - soft tissue		YYYY / MMN	/ DD	Respiratory distress		YYYY / MMI	M / DD
Lymphadenopathy - mediastinal		YYYY / MMN	/ / DD	Sepsis		YYYY / MMI	M / DD
Malaise	_	YYYY / MMIV	/ / DD	Stridor		YYYY / MMI	M / DD
Necrotizing fasciitis		YYYY / MMN	/ / DD				
Other Signs & Symptoms if applicable							
INCUBATION AND COMMUNICABII Incubation for Case: Earliest Possible Exposure Date: YYY	/Y / MN	MM / DD		Latest Possible Exposure	Date: YYYY	/ MMM /	DD
Incubation for Case:	/Y / MN	MM / DD		Latest Possible Exposure	Date: YYYY	/ MMM /	DD
Incubation for Case: Earliest Possible Exposure Date: YYY Exposure Calculation details: RISK FACTORS	YY / MIN	MM / DD		IN			->RISK FACTORS
Incubation for Case: Earliest Possible Exposure Date: YYY Exposure Calculation details:	YY / MIN	MM / DD	N – No NA – not asker U - Unknown	DESCRIPTION			
Incubation for Case: Earliest Possible Exposure Date: YYY Exposure Calculation details: RISK FACTORS	YES	MM / DD	NA – not aske	DESCRIPTION Occupation - Veterinarian or related	IVESTIGATIO! YES		>RISK FACTORS N - No NA - not asked
Incubation for Case: Earliest Possible Exposure Date: YYY Exposure Calculation details: RISK FACTORS DESCRIPTION Animal Exposure - Farms (specify) Animal Exposure - Petting	YES YYYY / M		NA – not aske	DESCRIPTION	VYYY / N	N-> SUBJECT	>RISK FACTORS N - No NA - not asked
Incubation for Case: Earliest Possible Exposure Date: YYY Exposure Calculation details: RISK FACTORS DESCRIPTION Animal Exposure - Farms (specify) Animal Exposure - Petting zoos/zoos/special events/other	YES YYYY / M	MMM / DD	NA – not aske	DESCRIPTION Occupation - Veterinarian or related worker	VYYY / N	N-> SUBJECT	>RISK FACTORS N - No NA - not asked
Incubation for Case: Earliest Possible Exposure Date: YYY Exposure Calculation details: RISK FACTORS DESCRIPTION Animal Exposure - Farms (specify) Animal Exposure - Petting	YES YYYY / M	MMM / DD	NA – not aske	DESCRIPTION Occupation - Veterinarian or related worker Substance Use - Injection drug use	YYYY / N	N-> SUBJECT	>RISK FACTORS N - No NA - not asked
Incubation for Case: Earliest Possible Exposure Date: YYY Exposure Calculation details: RISK FACTORS DESCRIPTION Animal Exposure - Farms (specify) Animal Exposure - Petting zoos/zoos/special events/other (specify) Animal Exposure - Infected animal	YES YYYY / M YYYY / M	MMM / DD	NA – not aske	Occupation - Veterinarian or related worker Substance Use - Injection drug use (including steroids)	YYYY / N	N-> SUBJECT	>RISK FACTORS N - No NA - not asked
Incubation for Case: Earliest Possible Exposure Date: YYY Exposure Calculation details: NISK FACTORS DESCRIPTION Animal Exposure - Farms (specify) Animal Exposure - Petting zoos/zoos/special events/other (specify) Animal Exposure - Infected animal (specify)	YES	MMM / DD	NA – not aske	Occupation - Veterinarian or related worker Substance Use - Injection drug use (including steroids) Travel - Outside of Canada (specify) Travel - Outside of Saskatchewan, bu	YYYY / N YYYY / N YYYY / N	N-> SUBJECT	>RISK FACTORS N – No NA – not asked
Incubation for Case: Earliest Possible Exposure Date: YYY Exposure Calculation details: RISK FACTORS DESCRIPTION Animal Exposure - Farms (specify) Animal Exposure - Petting zoos/zoos/special events/other (specify) Animal Exposure - Infected animal (specify) Occupation - Farmer	YES	MMM / DD MMM / DD MMM / DD	NA – not aske	Occupation - Veterinarian or related worker Substance Use - Injection drug use (including steroids) Travel - Outside of Canada (specify) Travel - Outside of Saskatchewan, bu within Canada (specify)	YYYY / N	N-> SUBJECT MMM / DD MMM / DD MMM / DD	F->RISK FACTORS N - No NA - not asked U - Unknown
Incubation for Case: Earliest Possible Exposure Date: YYY Exposure Calculation details: RISK FACTORS DESCRIPTION Animal Exposure - Farms (specify) Animal Exposure - Petting zoos/zoos/special events/other (specify) Animal Exposure - Infected animal (specify) Occupation - Farmer Occupation - Other (specify) MEDICATIONS Medication (Panorama = Other Meds	YES YYYY / M YYYY / M YYYY / M YYYY / M	MMM / DD MMM / DD MMM / DD MMM / DD	NA – not aske	Occupation - Veterinarian or related worker Substance Use - Injection drug use (including steroids) Travel - Outside of Canada (specify) Travel - Outside of Saskatchewan, bu within Canada (specify) Travel - Within Saskatchewan (Specify) INVESTIGATION->	YYYY / N MEDICATION	N-> SUBJECT MMM / DD MMM / DD MMM / DD	F->RISK FACTORS N - No NA - not asked U - Unknown
Incubation for Case: Earliest Possible Exposure Date: YYY Exposure Calculation details: RISK FACTORS DESCRIPTION Animal Exposure - Farms (specify) Animal Exposure - Petting zoos/zoos/special events/other (specify) Animal Exposure - Infected animal (specify) Occupation - Farmer Occupation - Other (specify) MEDICATIONS Medication (Panorama = Other Meds) Prescribed by:	YES YYYY / M YYYY / M YYYY / M YYYY / M	MMM / DD MMM / DD MMM / DD MMM / DD	NA – not aske	Occupation - Veterinarian or related worker Substance Use - Injection drug use (including steroids) Travel - Outside of Canada (specify) Travel - Outside of Saskatchewan, bu within Canada (specify) Travel - Within Saskatchewan (Specify) INVESTIGATION-> Started on: YYYY / MMM /	YYYY / N MEDICATION	N-> SUBJECT MMM / DD	F->RISK FACTORS N – No NA – not asked U - Unknown
Incubation for Case: Earliest Possible Exposure Date: YYY Exposure Calculation details: RISK FACTORS DESCRIPTION Animal Exposure - Farms (specify) Animal Exposure - Petting zoos/zoos/special events/other (specify) Animal Exposure - Infected animal (specify) Occupation - Farmer Occupation - Other (specify) MEDICATIONS Medication (Panorama = Other Meds) Prescribed by: INTERVENTIONS	YES YYYY / M YYYY / M YYYY / M YYYY / M	MMM / DD MMM / DD MMM / DD MMM / DD	NA – not aske	Occupation - Veterinarian or related worker Substance Use - Injection drug use (including steroids) Travel - Outside of Canada (specify) Travel - Outside of Saskatchewan, bu within Canada (specify) Travel - Within Saskatchewan (Specify) INVESTIGATION-> Started on: YYYY / MMM /	YYYY / N MEDICATION	N-> SUBJECT MMM / DD	F->RISK FACTORS N – No NA – not asked U - Unknown
Incubation for Case: Earliest Possible Exposure Date: YYY Exposure Calculation details: NISK FACTORS DESCRIPTION Animal Exposure - Farms (specify) Animal Exposure - Petting zoos/zoos/special events/other (specify) Animal Exposure - Infected animal (specify) Occupation - Farmer Occupation - Other (specify) MEDICATIONS Medication (Panorama = Other Meds) Prescribed by: NINTERVENTIONS Assessment: Assessed for contacts (individuals express)	YES YYYY / M YYYY / M YYYY / M YYYY / M	MMM / DD MMM / DD MMM / DD MMM / DD	NA – not asket U - Unknown	Occupation - Veterinarian or related worker Substance Use - Injection drug use (including steroids) Travel - Outside of Canada (specify) Travel - Outside of Saskatchewan, bu within Canada (specify) Travel - Within Saskatchewan (Specify) INVESTIGATION-> Started on: YYYY / MMM /	YYYY / M TO MEDICATION	N-> SUBJECT MMM / DD	F->RISK FACTORS N – No NA – not asked U - Unknown
Incubation for Case: Earliest Possible Exposure Date: YYY Exposure Calculation details: RISK FACTORS DESCRIPTION Animal Exposure - Farms (specify) Animal Exposure - Petting zoos/zoos/special events/other (specify) Animal Exposure - Infected animal (specify) Occupation - Farmer Occupation - Other (specify) MEDICATIONS Medication (Panorama = Other Meds) Prescribed by: INTERVENTIONS Assessment: Assessed for contacts (individuals ease)	YES YYYY / M YYYY / M YYYY / M YYYY / M	MMM / DD MMM / DD MMM / DD MMM / DD	NA – not asket U - Unknown	DESCRIPTION Occupation - Veterinarian or related worker Substance Use - Injection drug use (including steroids) Travel - Outside of Canada (specify) Travel - Outside of Saskatchewan, bu within Canada (specify) Travel - Within Saskatchewan (Specify) INVESTIGATION-> Started on: YYYY / MMM / INVESTIGATION->TREATMENT & INTE	YYYY / M TO MEDICATION	N-> SUBJECT MMM / DD	F->RISK FACTORS N - No NA - not asked U - Unknown
Incubation for Case: Earliest Possible Exposure Date: YYY Exposure Calculation details: RISK FACTORS DESCRIPTION Animal Exposure - Farms (specify) Animal Exposure - Petting zoos/zoos/special events/other (specify) Animal Exposure - Infected animal (specify) Occupation - Farmer Occupation - Other (specify) MEDICATIONS Medication (Panorama = Other Meds) Prescribed by: INTERVENTIONS Assessment: Assessed for contacts (individuals of YYYY / MM / DD Investigator name	YES YYYY / M YYYY / M YYYY / M YYYY / M	MMM / DD MMM / DD	NA – not asket U - Unknown	Occupation - Veterinarian or related worker Substance Use - Injection drug use (including steroids) Travel - Outside of Canada (specify) Travel - Outside of Saskatchewan, bu within Canada (specify) Travel - Within Saskatchewan (Specify) INVESTIGATION-> Started on: YYYY / MMM / INVESTIGATION->TREATMENT & INTE Immunization: □ Eligible Immunizations recomm Investigator name	YYYY / M TO MEDICATION	N-> SUBJECT MMM / DD S->MEDICAT	F->RISK FACTORS N - No NA - not asked U - Unknown



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Please complete **all** sections

Panorama Client ID:	
Panorama Investigation ID:	

Contact Notificatio Contact Notifical Investigator name	tion/education		YYYY/ MM /DD	Referral Investigator name □ Consultation with MHO □ Saskatchewan Ministry of Agricu		YYYY/ N	
Education/counsel Disease Informa Prevention/Contourseigator name	tion provided		YYYY/ MM /DD YYYY/ MM /DD	☐ Saskatchewan Occupational Hea☐ Infectious Disease Specialist☐ Primary Care Provider	ith and Safety	YYYY/ M YYYY/ M YYYY/ M	IM /DD
General				Symptom Monitoring Investigat			/
→ Disease Informa nvestigator name	tion/Prevention and	Control	YYYY/ MM /DD	☐ Symptom monitoring indirect, ac ☐ Symptom monitoring indirect, pa		YYYY/ M	
Date	Intervention	Comme	ents	— Symptom monitoring maneet, pe	Next follo		Initials
	subtype				Date	•	
YYY / MM / DD					YYYY / M	M / DD	
YYY / MM / DD					YYYY / M	M / DD	
YYY / MM / DD					YYYY / M	M / DD	
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YYY / MM / DD					YYYY / M		1
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YYY / MM / DD					YYYY / M		
YYY / MM / DD					YYYY / M	M / DD	
YYY / MM / DD					YYYY / M	M / DD	
YYY / MM / DD					YYYY / M	M / DD	
OUTCOMES (if a	pplicable)				INVEST	IGATION->	OUTCOME
□ Not yet recovered/recovering □ ICU/intensive medical care: □ Recovered □ Unknown □ Sequelae				☐ Hospitalization☐ Intubation☐ Other			
EXPOSURES - C				G. PPE) IN DETERMING THE RISK O			
Acquisition Even	t		Location	Setting type	Start/End Date		Most li
•	opriate and most sp ox as the name)	ecific Key	City/Town	(Consider the following settings for TE; if >1 select "multiple settings" in Panorama)	Starty End Date		source
Farm				☐ Agricultural Setting	YYYY / MM /		
Animal Processii	ng Plant			☐ Workplace	YYYY / MM /	DD	
ame of Workplace	2			□ Workplace	YYYY / MM / YYYY / MM /		
ity, Province OR C	ity, Country			□ Travel			
nitial Report					Date ini	tial report o	complete