Government of Saskatchewan

# Shigellosis 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: _____<br>Health Card Number (PHN):<br>_____ | Preferred Communication Method: (specify - i.e. home phone, text):<br>Email Address: ☐ Work ☐ Personal |
| Phone #: ☐ Primary Home:<br>☐ Mobile contact:<br>☐ Workplace: | | |
| Place of Employment/School: | Gender: ☐ Male ☐ Female ☐ Other ☐ Unknown | |
| Alternate Contact: _____<br>Relationship: _____<br>Alt. Contact phone: _____ | Address Type:<br>☐ No fixed ☐ Postal Address ☐ Primary Home ☐ Temporary ☐ Legal Land Description<br>Mailing (Postal address):<br>Street Address or FN Community (Primary Home):<br>Address at time of infection if not the same: | |

## B) INVESTIGATION INFORMATION

LHN-> SUBJECT SUMMARY-> ENTERIC ENCOUNTER 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 Definition | YYYY / MM / DD | ☐ *Not a Contact* | *YYYY / MM / DD* | *YYYY / MM / DD* |
| ☐ Person Under Investigation | YYYY / MM / DD | ☐ *Person Under Investigation* | *YYYY / MM / DD* | *Specimen type:*<br>☐ *Blood*<br>☐ *Urine*<br>☐ *Stool* |
| ☐ 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**<br>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_____

## C) DISEASE EVENT HISTORY

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

**Staging:** ☐ Acute ☐ Carrier

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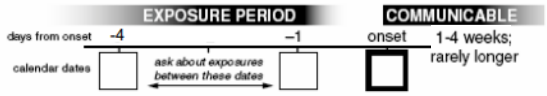
## D) SIGNS & SYMPTOMS

INVESTIGATION->SIGNS & SYMPTOMS

| Description | Yes<br>Date of onset | Date of recovery | Description | Yes<br>Date of onset | Date of recovery |
|---|---|---|---|---|---|
| Abdominal – cramping | YYYY / MM / DD | YYYY / MM / DD | Hemolytic uremic syndrome (HUS) | YYYY / MM / DD | YYYY / MM / DD |
| Asymptomatic | YYYY / MM / DD | YYYY / MM / DD | Nausea | YYYY / MM / DD | YYYY / MM / DD |
| Dehydration | YYYY / MM / DD | YYYY / MM / DD | Pain - abdominal | YYYY / MM / DD | YYYY / MM / DD |
| Diarrhea | YYYY / MM / DD | YYYY / MM / DD | Seizures | YYYY / MM / DD | YYYY / MM / DD |
| Diarrhea – bloody | YYYY / MM / DD | YYYY / MM / DD | Sepsis (e.g. bactremia, septicemia, etc.) | YYYY / MM / DD | YYYY / MM / DD |
| Diarrhea – mucousy | YYYY / MM / DD | YYYY / MM / DD | Tenesmus | YYYY / MM / DD | YYYY / MM / DD |
| Diarrhea – watery | YYYY / MM / DD | YYYY / MM / DD | Vomiting | YYYY / MM / DD | YYYY / MM / DD |
| Fever | YYYY / MM / DD | YYYY / MM / DD | | | |
| Other Signs & Symptoms if applicable | | | | | |

Enter onset date in heavy box. Count back to figure the probable exposure period.




**Note**: Exposure period for *S. dysenteriae* is up to one week.

## 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 N—No, NA–Not asked, U–Unknown

LHN-> SUBJECT->RISK FACTORS

| DESCRIPTION | Yes | N, NA, U | Start date | Add'l Info |
|---|---|---|---|---|
| **Contact** - Daycare | | | YYYY / MM/DD | |
| **Contact** - Persons with diarrhea/vomiting | | | YYYY / MM/DD | |
| **Contact to a known case** (Add'l Info) | | | YYYY / MM/DD | |
| **Immunocompromised** - Related to disease or treatment | TE | | YYYY / MM/DD | |
| **Occupation** – Child care worker | TE | | YYYY / MM/DD | |
| **Occupation** – Food handler | TE | | YYYY / MM/DD | |
| **Occupation** – Health Care Worker – IOM Risk Factor | TE | | YYYY / MM/DD | |
| **Travel** - Outside of Canada (Add'l Info) | AE | | YYYY / MM/DD | |
| **Travel** - Outside of Saskatchewan, but within Canada (Add'l Info) | AE | | YYYY / MM/DD | |
| **Water** - Bottled water | | | YYYY / MM/DD | |
| **Water** - Private well or system (Add'l Info) | | | YYYY / MM/DD | |
| **Water** - Public water system (Add'l Info) | | | YYYY / MM/DD | |
| **Water** - Untreated water (Add'l Info) | | | YYYY / MM/DD | |
| **Water (Recreational)** - Pond, stream, lake, river, ocean | | | YYYY / MM/DD | |
| **Water (Recreational)** - Private (swimming pool/whirl pool) | | | YYYY / MM/DD | |
| **Water (Recreational)** - Public (swimming/paddling pool/whirl pool) | | | YYYY / MM/DD | |
| **Other risk factor** (Add'l Info) | | | YYYY / MM/DD | |

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Panorama Investigation ID: _____

**G) USER DEFINED FORM** (SEE ATTACHED) LHN-> INVESTIGATION-> INVESTIGATION DETAILS -> LINKS AND ATTACHMENTS -> SHIGELLOSIS FORM

**H) TREATMENT** LHN-> INVESTIGATION-> MEDICATIONS->MEDICATIONS SUMMARY

Medication *(Panorama = Other Meds) :* _____

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

**I) INTERVENTIONS** INVESTIGATION->TREATMENT & INTERVENTIONS->INTERVENTION SUMMARY

**Intervention Type and Sub Type:**

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

**Outbreak Declared** YYYY / MM / DD
Investigator name

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

**Public Health Order:**
☐ Other (specify) YYYY/ MM/DD
Investigator name

**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

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

**Referral:** Investigator name
☐ Canadian food inspection agency YYYY/ MM/DD
☐ Primary care provider YYYY/ MM/DD

**Exclusion:** Investigator name
☐ Daycare YYYY/ MM/DD ☐ Preschool YYYY/ MM/DD
☐ School YYYY/ MM/DD ☐ Work YYYY/ MM/DD

**Testing:** Investigator name
☐ Stool testing recommended (e.g. for follow-up) YYYY/ MM/DD

**Immunization:**
☐ Eligible Immunization 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 | |
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| YYYY / MM / DD | | | YYYY / MM / DD | |
| YYYY / MM / DD | | | YYYY / MM / DD | |

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## J) 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) _____

## K) EXPOSURES

**Acquisition Event**

LHN-> INVESTIGATION-> EXPOSURE SUMMARY-> ACQUISITION QUICK ENTRY

Acquisition Event ID:_____

Exposure Name: _____

**Acquisition Start** YYYY / MM / DD to **Acquisition End:** YYYY / MM / DD

Location Name: _____

**Setting Type**

☐ Travel ☐ Exposure or consumption of potentially contaminated food or water ☐ Most likely source

**Transmission Events**

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

| Transmission Event ID | Exposure Name | Setting type | Date/Time | # of contacts |
|---|---|---|---|---|
| | | ☐ Health care setting ☐ Food service establishment ☐ Household ☐ Private Function (FOOD PREP) | | |
| | | ☐ Health care setting ☐ Food service establishment ☐ Household ☐ Private Function (FOOD PREP) | | |
| | | ☐ Health care setting ☐ Food service establishment ☐ Household ☐ Private Function (FOOD PREP) | | |
| | | ☐ Health care setting ☐ Food service establishment ☐ Household ☐ Private Function (FOOD PREP) | | |
| | Shigella Contacts – Inv ID# _____ | ☐ Multiple Settings | YYYY / MM / DD to YYYY / MM / DD | |

## L) TOTAL NUMBER OF CONTACTS

LHN -> INVESTIGATION-> EXPOSURE SUMMARY -> TRANSMISSION EVENT SUMMARY -> TE HYPERLINK -> UNKNOWN/ANONYMOUS CONTACTS

Anonymous contacts:_____ (total number of individuals exposed)

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