Government of Saskatchewan

Influenza Data Collection Worksheet

Please complete the following sections:

Severe - intensive medical care - **Sections D, F, G, and I;**

Novel - **Sections D, E, F, H, I, J, K and L;**

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) INVESTIGATION INFORMATION

LHN ->SUBJECT SUMMARY-> RESPIRATORY & DIRECT CONTACT 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:*
☐ Probable	YYYY / MM / DD			☐ *Nasopharyngeal* ☐ *Swab*

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_____

C) DISEASE EVENT HISTORY

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

Site / Presentation:	☐ Severe - intensive medical care	**Complete sections D, F, G, and I for Severe Cases;**
	☐ Novel	**Complete sections D, E, F, H, I, J, K and L;**
	☐ Other	

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Please complete **all** sections.

Panorama Client ID: _____
Panorama Investigation ID: _____

D) SIGNS & SYMPTOMS

INVESTIGATION->SIGNS & SYMPTOMS

Description	No	Yes – Date of onset	Description	No	Yes - Date of onset
Acute onset of symptoms		YYYY / MMM / DD	Muscle inflammation (myositis)		YYYY / MMM / DD
Acute respiratory distress syndrome (ARDS)		YYYY / MMM / DD	Myalgia (muscle pain)		YYYY / MMM / DD
Arthralgia		YYYY / MMM / DD	Nasal congestion		YYYY / MMM / DD
Bronchiolitis		YYYY / MMM / DD	Neurologic - delerium		YYYY / MMM / DD
Cardiac - myocarditis		YYYY / MMM / DD	Otitis media		YYYY / MMM / DD
Chills		YYYY / MMM / DD	Pain - abdominal		YYYY / MMM / DD
Coryza or rhinitis		YYYY / MMM / DD	Pharyngitis (sore throat)		YYYY / MMM / DD
Cough		YYYY / MMM / DD	Pneumonia - CXR/CT		YYYY / MMM / DD
Croup (laryngotracheobronchitis)		YYYY / MMM / DD	Prostration		YYYY / MMM / DD
Dyspnea (shortness of breath)		YYYY / MMM / DD	Respiratory compromise		YYYY / MMM / DD
Encephalitis		YYYY / MMM / DD	Respiratory failure - requiring mechanical ventilation		YYYY / MMM / DD
Fever		YYYY / MMM / DD	Reye's syndrome		YYYY / MMM / DD
Gastrointestinal symptoms		YYYY / MMM / DD	Seizures		YYYY / MMM / DD
Headache		YYYY / MMM / DD	Sinusitis		YYYY / MMM / DD
Malaise		YYYY / MMM / DD			YYYY / MMM / DD

E) INCUBATION AND COMMUNICABILITY FOR NOVEL INFLUENZA ONLY

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 FOR NOVEL AND SEVERE INFLIUENZA ONLY

LHN-> SUBJECT->RISK FACTORS

DESCRIPTION	Start date Yes	N, NA, U	Add'l Info
Access to healthcare services > 4 hours by road			
Chronic Medical Condition - Cardiac Disease+			
Chronic Medical Condition - Diabetes Mellitus+			
Chronic Medical Condition - Lung Disease+			
Chronic Medical Condition - Malignancies/Cancer+			
Chronic Medical Condition - Morbid Obesity			
Chronic Medical Condition - Neurological conditions that impede the clearance of respiratory/oral secretions+			
Chronic Medical Condition - Other (add'l info)			
Chronic Medical Condition - Renal Disease+			
Contact to a known case (add'l info)	YYYY / MM/DD		
Exposure - Second hand smoke			
Immunocompromised - Related to underlying disease or treatment			
Immunocompromised - Transplant Candidate or Recipient - Solid Organ/Tissue+			
Setting - Crowded living conditions (>1 person per room excluding bathrooms)			

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Panorama Client ID: _____
Panorama Investigation ID: _____

DESCRIPTION	Start date Yes	N, NA, U	Add'l Info
Special Population - Attends childcare			
Special Population - Homeless+			
Special Population - Lives in a communal setting			
Special Population - LTC Facility+			
Special Population - Pregnancy			
Special Population - Self-reported Indigenous identity			
Substance Use - Alcohol			
Substance Use - Injection drug use (including steroids)+			
Substance Use - Tobacco			
Travel - Outside of Canada (Add'l Info)	YYYY / MM/DD AE		
Travel - Outside of Saskatchewan, but within Canada (Add'l Info)	YYYY / MM/DD AE		

G) IMMUNIZATION HISTORY INTERPRETATION SUMMARY

LHN -> INVESTIGATION-> IMMUNIZATION HISTORY INTERPRETATION SUMMARY

Interpretation Date: YYYY / MM / DD

Interpretation of Disease Immunity: ☐ Disease Case - Fully immunized (for age) ☐ Disease Case - Partially immunized

☐ Disease Case – Unimmunized ☐ Disease Case - Unclear immunization history **Valid doses received**: _____

Reason:

☐ Interpretation of history by investigator

H) INTERVENTION

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

Intervention Type and Sub Type:

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

Isolation:
☐ Facility isolation Investigator name YYYY / MM / DD
☐ Home isolation Investigator name YYYY / MM / DD

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

Other Investigation Findings:
☐ Investigator Notes YYYY / MM / DD
☐ See document management YYYY / MM / DD

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

Quarantine:
☐ Quarantine YYYY / MM / DD
Investigator name

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

Testing:
☐ Lab testing recommended YYYY / MM / DD
Investigator name

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

Referral:
☐ Consultation with MHO Investigator name YYYY / MM / DD
☐ Primary Care Provider Investigator name YYYY / MM / DD
☐ Infection prevention and Control Investigator name YYYY / MM / DD

Immunization: Investigator name
☐ Eligible Immunization recommended YYYY / MM / DD
☐ Disease-specific immunization recommended YYYY / MM / DD
☐ Disease-specific immunization given YYYY / MM / DD

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	

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Please complete **all** sections.

Panorama Client ID: _____
Panorama Investigation ID: _____

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	
YYYY / MM / DD			YYYY / MM / DD	

I) 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
☐ ER Visit YYYY / MM / DD ☐ Other _____YYYY / MM / DD
☐ Fatal YYYY / MM / DD Cause of Death: (if Fatal was selected) _____

J) Acquisition Event

LHN-> 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

K) 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
		☐ Congregate/Communal living ☐ Health Care setting ☐ Type of community contact ☐ Household Exposure ☐ Public facilities	YYYY / MM / DD to YYYY / MM / DD	
		☐ Congregate/Communal living ☐ Health Care setting ☐ Type of community contact ☐ Household Exposure ☐ Public facilities	YYYY / MM / DD to YYYY / MM / DD	
	influenza 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 [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