

Back Entry of HIV Case from iPHIS to Panorama	Name of Activity: Back Entry of HIV Case from iPHIS to Panorama		
	Role performing Activity: CDC Nurse		
Panorama – IOM WORK STANDARD	Location:		Department:
	Document Owner:		
	Date Prepared: Sept 19, 2018	Last Revision: Feb 2022	Date Approved:

- iPHIS will remain the “source of truth” for all HIV/AIDS cases up to and including December 31, 2017.
- Panorama will be the “source of truth” for all HIV/AIDS cases starting January 1, 2018.
- All 2018 HIV and AIDS Cases from iPHIS will be back entered (separately) into Panorama including the classifications of Person Under Investigation, Confirmed, Previously reported, Previously reported out of Province and Does not meet case definition. Transferred and counted in another HA will not be back entered.
- Specimen Collection Date will be used as date for “reporting purposes”.

Essential Tasks:	
1.	SK Ministry of Health will be faxing a list of the “Confirmed” HIV/AIDS cases initially. Once completed, they will be sending a list of all other classifications to be back entered.
2.	Collect your documentation, either the original file for the HIV/AIDS case or the IPHIS printout, (what your office considers to be the “source of truth” for the case to be back entered). TIP: You may want to transfer information from the iPHIS case/original file to the new HIV DCW for ease of entry.
3.	Search and Register Client – see Client Search and Registration IOM WS <ul style="list-style-type: none"> • Set client into context. • NOTE: Ethnicity will not be documented in Client details. <ul style="list-style-type: none"> ○ Add the Risk Factor - Special Population – Self-reported Indigenous (while the investigation is in context) – see Risk Factor Section. • Ensure the client address at time of infection is added in the demographics section so it can be selected in the appropriate Section. (See Section 6 for further information).
4.	Create Investigation - see Case Investigation Create – IOM WS (with clarification on sections below) <p>Classification:</p> <ul style="list-style-type: none"> • Enter appropriate classification and date from IPHIS - <i>STD>Diag-Treat>Disease Code>History.</i> <ul style="list-style-type: none"> ○ <i>Person Under Investigation</i> ○ <i>Confirmed</i> ○ <i>Previously reported (includes previously reported in SK or out of province)</i> ○ <i>Does not meet case definition</i> ○ <i>Probable</i>

Disposition:

- Select appropriate Disposition for investigation and enter current date.
 - Follow-up – In Progress
 - Follow-up – Complete
 - Follow-up – Incomplete – Declined
 - Follow-up – Incomplete – Lost contact
 - Follow-up – Incomplete – Unable to locate
 - Follow-up – Not required
 - Follow-up – Referred out of Province

Responsible Organization

- Select appropriate Responsible Organization from the drop down box

Responsible Organization Date

- Use current date.

Assigned date

- Use current date

Report Date (Received)

Definition: Day public health staff received notification (ie. Lab/verbal)

5. INVESTIGATION>INVESTIGATION DETAILS>DISEASE SUMMARY

- Click “Update” button
 - This will bring up the Disease Event Details page
- Confirm Disease origin – Select Not Relevant
- Living on reserve – DO NOT USE
- Confirm Disease and Microorganism are correct – will be pre-populated
- Select Genotype from drop down list – if available
- Select appropriate age group
- **Staging**
 - If CD4 known at time of diagnosis, select the appropriate Stage (see CDC Manual).

Table 1: Stage of HIV Infection at Diagnosis for individuals > 5 years of age (BCCDC and CDC)

Stage	Criteria	CD ₄ at Diagnosis	AIDS-defining Illness
0	Laboratory criteria met for acute HIV infection, or previous negative in indeterminate HIV test within 180 days of first confirmed positive		
1	Stage 0 not met AND	CD ₄ ≥500	AND <i>No</i> AIDS case report
2		CD ₄ 200-499	
3		CD ₄ <200	OR AIDS case report
Unknown		No CD ₄ available	AND <i>No</i> AIDS case report

- Click on “SAVE” Button

6.	<p>INVESTIGATION>INVESTIGATION DETAILS>INVESTIGATION INFORMATION</p> <ul style="list-style-type: none"> • Priority – Leave Blank • Select Disposition from drop down list (if not already done) • Select Disposition Date – date of disposition change (if not already done). • IMPORTANT: Address at the time of infection <ul style="list-style-type: none"> ○ Definition: Will reflect where they were living when they most likely acquired the infection – this is the <u>physical address</u> whenever possible (ie. First Nations Community name vs. a Postal Box Number.) ○ See IOM Policy – Address at the time of infection ○ If previously reported out of Province (but within Canada) use “Address at time of Infection” as the City/Province that originally reported the case. <ul style="list-style-type: none"> • Enter the address in demographics: <ul style="list-style-type: none"> ▪ Use “Address type” as temporary and “Effective from” date as the year that they were reported (ie. if reported in 2009, use 2009/01/01). ○ If previously reported out of Country, use “Address at time of Infection” as the Country that originally reported case. <ul style="list-style-type: none"> • Enter the address in client demographics: <ul style="list-style-type: none"> ▪ Use “Address type” as temporary and “Effective from” date as the year that they were reported (ie. if reported in 2007, use 2007/01/01). • Do not use DIAGNOSIS field – only used for AIDS Defining • Click on “SAVE” Button. 	
7.	<p>Enter Lab – see Lab Quick Entry – IOM WS</p> <ul style="list-style-type: none"> • Note: If Client had a “Reactive” Point of Care Test prior to the HIV Confirmatory result, enter as a separate test (with clarification on sections below): <ul style="list-style-type: none"> ○ PH Received Date: Date PHS received information on POCT ○ Test Name - “HIV Point of Care” ○ Specimen Type – Blood ○ Collection Date – date of POCT test ○ Result Status - Preliminary ○ Interpreted Result – Positive ○ Disease – HIV ○ Microorganism – HIV ○ Virus Type – HIV1 or HIV 2 • Click on “SAVE” Button • Then re-enter confirmatory lab separately. 	
8.	<p>Signs and Symptoms – see Signs and Symptoms – IOM WS</p> <ul style="list-style-type: none"> • Enter any S&S the client may have identified on the Ministry HIV CRF. • Important: Do not use “Set Onset” button for HIV Cases. 	
9.	<p>Risk Factors – see Risk Factors – IOM WS</p> <ul style="list-style-type: none"> • Add the Risk Factor - Special Population – Self-reported Indigenous (if applicable). • All Risk Factors need to have a response (per HIV DCW) • IMPORTANT: Select “Not Asked” for the new Panorama Risk Factors. 	
	<u>Old HIV CRF</u>	<u>New Panorama DCW</u>
	Sex with Male/Sex with Female	Sexual Behaviour – MSM Sexual Behaviour – Heterosexual Sex <small>(use this for iPHIS entry of Heterosexual Sex (no other risk)</small>
	Heterosexual sex with Person who injection drugs	Sexual Behaviour – Heterosexual sex with person who injects drugs
	Heterosexual sex with Bisexual Male	Sexual Behaviour – Heterosexual Sex with MSM

	Heterosexual Sex with Transfusion recipient with documented HIV infection	No related RF
	Heterosexual Sex with a hemophilia/coagulation disorder	Sexual Behaviour - Heterosexual sex with person with hemophilia/coagulation disorder
	Heterosexual Sex with a person born in a country where heterosexual transmission predominates	Sexual Behaviour – Heterosexual sex with person from endemic country
	Heterosexual Sex with a person with confirmed or suspected HIV infection or AIDS	Sexual Behaviour – Sex with person with confirmed/suspected HIV/AIDS
	Injected non-prescription drugs (including steroids)	Substance Use – Injection Drug use (including steroids)
	Received blood or blood components after 1985	Medical Treatment – Blood, blood product or tissue recipient
	Has patient donated blood, plasma, platelets, organs, tissues, semen or breastmilk?	Medical Treatment – Blood, blood product, tissue or transplant donor NOTE: Currently not in presets or RF List – flag case for this RF Entry at later date.
	Occupationally exposed to HIV contaminated blood or body fluids	Exposure – Occupational – HIV contaminated blood, body fluid
	Medical exposure (eg. Organ or tissue transplant, surgery, dental, oscopy)	Medical Treatment – Other (transplant, surgery, dental, oscopy, etc.)
	Non-medical, non-occupational exposure which could have been the source of the infection (acupuncture, tattoo, body piercing, breast milk, needle stick)	Exposure – Blood and body fluids (not otherwise listed) Exposure – Invasive body art (tattoo, body piercing, scarification) Exposure (non-medical, non-occupational source (acupuncture, breast milk)
	From Endemic Country	Special Population – from or resident in an endemic country
	Perinatal Transmission	Special Population - Infant born to an infected mother
	Involved in Sex trade	Sexual Behaviour – Goods provided in exchange for sex Sexual Behaviour – Good received in exchange for sex.
		Sexual Behavior – Casual Sex NOTE: Currently not in presets
		Sexual Behavior – Unknown/Anonymous Partner (Add'l Info.)
		Sexual Behavior – E-partnering internet/apps (Addn'l Info.)
		Sexual Behavior – Events with multiple sexual partners (Add'l Info.)
		Special Population - Pregnancy
		Special Population – Self-reported indigenous
		Risk Behavior – Sharing injection drug equipment
		Travel – Outside of Canada Travel – Outside of SK NOTE: Currently not on DCW but in presets

		Unable to obtain Risk Factors - (not entered in Panorama – update in Disposition – Follow-up Incomplete – Declined, Lost Contact, Unable to Locate.)
10.	Outcomes – see Outcomes IOM WS <ul style="list-style-type: none"> enter any appropriate Outcomes per HIV DCW (especially hospitalized or fatal). 	
11.	Interventions – see Interventions IOM WS <ul style="list-style-type: none"> Enter the following Interventions and date of intervention, if available: <ul style="list-style-type: none"> Assessment – Assessed for Contacts Education/Counselling – Prevention/Control Measures Education/Counselling – Disease information Provided General – Disease Info/Prev-Cont/Assess'd for Contacts General – Disease Info/Prev-Control Immunization – Eligible immunization recommended Referral – Canadian Blood Services Referral – Infectious Disease Specialist Referral – Consultation with MHO Any other relevant information/notes from IPHIS can be entered under “Other Intervention Findings – Investigator Notes”. NOTE: Add comment under this section that this information is “Back entered from iPHIS”. 	
12.	Contacts – see Exposure – Transmission Events (TE) and Total # of Contacts IOM – WS <ul style="list-style-type: none"> Enter in the total number of contacts collected for this case. Transmission Start Date: Use last negative HIV result. If no negative result use Lab Collection date. NOTE: After Panorama Go-Live date, you will also need to Create Contact Investigations for HIV Contacts and upload the HIV Contact List as per new Panorama IOM Policy. 	
13.	Upload HIV Lab – See Document Management IOM WS	
14.	Closing – see Case Investigation – Closing IOM WS <ul style="list-style-type: none"> NOTE: Case can remain open if investigation is still in progress. 	
15.	Close 2018 AIDS/HIV iPHIS Case – Enter “Back entered into Panorama” in NOTES section of iPHIS case and close case (if not already closed).	
16.	Update Panorama – Immunization Module (as per Panorama Bulletin 24 - Client with HIV) (Special Considerations, Warnings, Risk Factors) – refer to “Policy – Investigator Responsibility – entering Risk factors/special considerations to affect the vaccine forecaster”	