



<b><u>INSTRUCTIONS</u></b>		<b>Panorama Data Entry Guidance</b>  More details in Section M, page 8
<ul style="list-style-type: none"> <li>This form is confidential when completed.</li> <li>Create investigations for confirmed and probable and epi-linked COVID-19 cases in Panorama/PARIS.</li> <li>Enter as much additional information into Panorama/PARIS as required regionally.</li> <li>COVID-19 provincial minimum dataset will be reported to BCCDC by regional health authorities using separate line lists. Case report forms do not need to be submitted to BCCDC.</li> <li>Notify BCCDC (<a href="mailto:covid@bccdc.ca">covid@bccdc.ca</a>) about out-of-province cases or contacts requiring public health follow-up.</li> <li>COVID-19 provincial minimum dataset items (for submission via line list) are indicated with an asterisk (*). Note: the minimum dataset for reporting in the provincial public health information system for all reportable communicable diseases is outlined in the <a href="#">Surveillance of Reportable Conditions chapter of the CD Manual</a>.</li> </ul>		
<b>PERSON REPORTING</b>		Review/update using the links on the top right hand corner: >My Account >>User Profile  If entering data on behalf of someone else, record in >Notes > when the investigation is in context.  Record date received: >Investigation >>Investigation Details >>>Reporting Notifications as Report Date (Received)  Record source of information in: >Investigation >>Investigation Details >>>Links & Attachments >>>>COVID-19 Surveillance Case Investigation Form
Health Authority*: <input type="checkbox"/> FHA <input type="checkbox"/> FNHA <input type="checkbox"/> IHA <input type="checkbox"/> NHA <input type="checkbox"/> VCH <input type="checkbox"/> VIHA		
Name: <i>Last</i> <span style="margin-left: 100px;"><i>First</i></span>	Phone Number: (    )    -    ext.	
Email:	Fax Number (    )    -    ext.	
Date report received by health authority*: _____ <i>YYYY / MM / DD</i>		
Source(s) of information: <input type="checkbox"/> Patient/family interview <input type="checkbox"/> Attending clinician <input type="checkbox"/> Hospital record <input type="checkbox"/> Other, <i>specify:</i> _____		
Investigation disposition*: <input type="checkbox"/> Complete <input type="checkbox"/> Follow-up in progress <input type="checkbox"/> Lost to follow-up		
<b>A. CLIENT PERSONAL INFORMATION</b>		
Panorama Investigation ID*: _____		PARIS Client ID: _____
Name*: <i>Last</i> <span style="margin-left: 100px;"><i>First</i></span> <span style="margin-left: 100px;"><i>Middle</i></span>		
Date of Birth*: _____ <i>YYYY / MM / DD</i>	Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undifferentiated <input type="checkbox"/> Unknown	
Gender identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> X <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender <input type="checkbox"/> Two Spirit <input type="checkbox"/> Unsure/Questioning <input type="checkbox"/> Other		
Health Card Number*: _____	Alternate Name(s): _____	
Phone Number (home/work/mobile): (    )    -    ext.		
Address: <i>Unit #</i> <span style="margin-left: 50px;"><i>Street #</i></span> <span style="margin-left: 50px;"><i>Street Name</i></span> <span style="margin-left: 50px;"><i>City*</i></span>		
Postal Code*: _____	Province*: _____	Country of Residence ( <i>if not Canada</i> ) *: _____
<b>B. INDIGENOUS INFORMATION</b>		
Do you self-identify as an Indigenous Person? <input type="checkbox"/> Asked, not provided <input type="checkbox"/> No <input type="checkbox"/> Non-BC Resident <input type="checkbox"/> Yes		
Indigenous Identity: <input type="checkbox"/> Asked, but unknown <input type="checkbox"/> Asked, not provided <input type="checkbox"/> First Nations <input type="checkbox"/> First Nations and <input type="checkbox"/> First Nations and Métis <input type="checkbox"/> First Nations, Inuit and Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Inuit and Métis <input type="checkbox"/> Métis <input type="checkbox"/> Not asked		
First Nations Status: <input type="checkbox"/> Asked, but unknown <input type="checkbox"/> Asked, not provided <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Not Asked <input type="checkbox"/> Status Indian		
Indigenous Organization: _____		



**Panorama Data  
Entry Guidance**

**C. RISK FACTORS**

Risk Factor	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed	Record in > Subject >> Risk Factors
Chronic cardiac disease (excluding hypertension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When the investigation is in context, the preset list of COVID-19 risk factors will display, and newly recorded risk factors will be set as pertinent to the investigation.
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Malignancy/cancer (diagnosed in the last 5 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other chronic respiratory/pulmonary condition (excluding asthma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Immunocompromised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pregnancy* If yes, gestational age (weeks): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follow PPHIS guidance to ensure previously-recorded risk factors are marked as pertinent to the investigation.

**D. EXPOSURES**

In the 14 days prior to illness onset, did the client:

Work in or attend (in person) an educational institution or daycare?\*

Yes    No    Asked but Unknown    Declined to Answer    Not Assessed

If yes, role:\*

Student    Staff    Other    Unknown

Type of institution:\*

School (K-12)    Day care    Post-secondary    Other    Unknown

Institution/daycare name: \_\_\_\_\_

Street address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Work in another congregate setting<sup>§</sup> (e.g., healthcare settings, offices, and other congregate settings)?

Yes    No    Asked but Unknown    Declined to Answer    Not Assessed

If yes, worksite name: (\* minimum data element for healthcare workers) \_\_\_\_\_

Street address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Live in a congregate setting<sup>§</sup> (e.g., long term care / assisted living facilities, group homes, dorms, worker housing)?

Yes    No    Asked but Unknown    Declined to Answer    Not Assessed

If yes, residence name: \_\_\_\_\_

Street address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Visit a congregate setting (excluding those you provided details for above)?

Yes    No    Asked but Unknown    Declined to Answer    Not Assessed

If yes, setting name: \_\_\_\_\_

Street address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Record in >Investigation >>Investigation Details >>>Links & Attachments >>>> COVID-19 Surveillance Case Investigation Form

<sup>§</sup> Definitions are available in Section L



**D. EXPOSURES cont.**

Is the client a healthcare worker<sup>§</sup>?\*  Yes  No  Asked but Unknown  Declined to Answer  Not Assessed

If yes, role:\*

Nurse  Physician  Laboratory technician  Emergency medical personnel

Housekeeping  Administrative  Dental professional  Licensed practical nurse (LPN)

Care aide  Kitchen staff  Volunteer  Student (medical, dental, nursing, lab)

Other, specify: \_\_\_\_\_

Did the client travel **outside** Canada in the 14 days prior to illness onset?\*

Yes  No  Asked but Unknown  Declined to Answer  Not Assessed

If yes, specify country\*: \_\_\_\_\_

Did the client travel **within** Canada in the 14 days prior to illness onset?\*

Yes  No  Asked but Unknown  Declined to Answer  Not Assessed

If yes, was travel:\*

Within BC only – Specify city/cities: \_\_\_\_\_

Outside BC, but within Canada – Specify province(s):\*

Was the client in close contact<sup>§</sup> with a probable<sup>§</sup> or confirmed<sup>§</sup> case of COVID-19 within 14 days prior to illness onset?\*

Yes  No  Asked but Unknown  Declined to Answer  Not Assessed

If yes:

Panorama Investigation ID or Case identifiers* (e.g., name, PHN)	First Contact Date (yyyy/mm/dd)	Last Contact Date (yyyy/mm/dd)	Comments
	_____	_____	
	Or sustained contact <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UK (no specific contact date):		

Setting type:\*

<p><b>Residence</b></p> <p><input type="checkbox"/> Private dwelling/home</p> <p><input type="checkbox"/> Assisted living</p> <p><input type="checkbox"/> Independent living</p> <p><input type="checkbox"/> Group home (community living)</p> <p><input type="checkbox"/> Correctional facility</p> <p><input type="checkbox"/> Workplace with communal living</p> <p><input type="checkbox"/> Shelter</p> <p><input type="checkbox"/> Dormitory (e.g., university)</p> <p><input type="checkbox"/> SRO / Modular housing</p> <p><input type="checkbox"/> Other residence type, specify: _____</p>	<p><b>Health Care</b></p> <p><input type="checkbox"/> Acute care facility</p> <p><input type="checkbox"/> Long term care facility</p> <p><input type="checkbox"/> Community health care setting (e.g., clinic)</p> <p><b>Work/School</b></p> <p><input type="checkbox"/> School or daycare</p> <p><input type="checkbox"/> Agri-food processing facility</p> <p><input type="checkbox"/> Industrial / manufacturing setting</p> <p><input type="checkbox"/> Office building</p> <p><input type="checkbox"/> Workplace not otherwise specified<sup>§</sup></p>	<p><b>Community</b></p> <p><input type="checkbox"/> Transportation (e.g., public transit, taxi)</p> <p><input type="checkbox"/> Conference/banquet hall</p> <p><input type="checkbox"/> Fitness studio/gym</p> <p><input type="checkbox"/> Restaurant/bar/lounge</p> <p><input type="checkbox"/> Religious / spiritual institution<sup>§</sup></p> <p><input type="checkbox"/> Retail (e.g., mall, grocery store, pharmacy)</p> <p><input type="checkbox"/> Personal care (e.g., spa, barber, salon)</p> <p><input type="checkbox"/> Other, specify: _____</p>
---	---	--

Role of client:\*

Resident/patient  Staff/worker  Student

Inmate  Customer/patron  Guest/visitor

Event attendee  Household member  Volunteer

Other, specify: \_\_\_\_\_

Activity type:\*(if relevant)

Private party/event  Social visit  Extra-curricular<sup>§</sup>

Mass gathering event (e.g., conference, sporting event)  Other, specify: \_\_\_\_\_

NOTE: If the client had contact with more than one probable<sup>§</sup> or confirmed<sup>§</sup> case of COVID-19 within 14 days prior to illness onset, enter the details for each case in the regional COVID public health information system.

Record in  
>Investigation  
>>Investigation  
Details  
>>>Links &  
Attachments  
>>>> COVID-19  
Surveillance Case  
Investigation Form

<sup>§</sup> Definitions are  
available in Section L



**D. EXPOSURES cont.**

Was the client directly associated with a known cluster or outbreak<sup>§</sup> (e.g. communal setting with cases, community cluster) during their incubation<sup>§</sup> or communicability period<sup>§</sup>?

- Yes       No       Asked but Unknown       Declined to Answer       Not Assessed

Setting type:\*

**Residence**

- Private dwelling/home
- Assisted living
- Independent living
- Group home (community living)
- Correctional facility
- Workplace with communal living
- Shelter
- Dormitory (e.g., university)
- SRO / Modular housing
- Other residence type, specify: \_\_\_\_\_

**Health Care**

- Acute care facility
- Long term care facility
- Community health care setting (e.g., clinic)
- Work/School**
- School or daycare
- Agri-food processing facility
- Industrial / manufacturing setting
- Office building
- Workplace not otherwise specified<sup>§</sup>

**Community**

- Transportation (e.g., public transit, taxi)
- Conference/banquet hall
- Fitness studio/gym
- Restaurant/bar/lounge
- Religious / spiritual institution<sup>§</sup>
- Retail (e.g., mall, grocery store, pharmacy)
- Personal care (e.g., spa, barber, salon)
- Other, specify: \_\_\_\_\_

Record in  
>Investigation  
>>Investigation  
Details  
>>>Links &  
Attachments  
>>>> COVID-19  
Surveillance Case  
Investigation Form

<sup>§</sup> Definitions are  
available in Section  
L

Role of client:\*

- Resident/patient
- Inmate
- Event attendee
- Other, specify: \_\_\_\_\_
- Staff/worker
- Customer/patron
- Household member
- Student
- Guest/visitor
- Volunteer

Activity type:\*(  
if relevant)

- Private party/event
- Mass gathering event (e.g., conference, sporting event)
- Social visit
- Extra-curricular<sup>§</sup>
- Other, specify: \_\_\_\_\_

If yes, cluster/outbreak name:\*

Start date (yyyy/mm/dd): \_\_\_\_/\_\_\_\_/\_\_\_\_      End date (yyyy/mm/dd): \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this case most likely acquired from an unknown source<sup>§</sup>?

- Yes       No       Asked but Unknown       Declined to Answer       Not Assessed

Based on public health assessment, what was the case's most likely source of infection?\*

- Travel - international
- Exposure to a cluster/outbreak
- Unclear, based on public health interview<sup>§</sup>
- Travel – within Canada but outside BC
- Unknown source<sup>§</sup>
- Close contact<sup>§</sup> with confirmed/probable case
- Pending / missing exposure information

**E. TRANSMISSION**

Total number of close contacts<sup>§</sup> identified for this client: \_\_\_\_\_  Unknown

Did the client work in or attend (in person) an educational institution or daycare during their communicability period<sup>§</sup>?

- Yes       No       Asked but Unknown       Declined to Answer       Not Assessed

If yes, role:  Student       Staff       Other       Unknown

Type of institution:  School (K-12)       Day care       Post-secondary       Other       Unknown

Institution/daycare name: \_\_\_\_\_

Street address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Grade (K-12): \_\_\_\_\_ Class details (e.g., division, cohort): \_\_\_\_\_





Panorama  
Data Entry  
Guidance

**G. SIGNS AND SYMPTOMS cont.**

Sign / Symptom	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed	
Shortness of breath / breathing difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record in >Investigation >>Signs and Symptoms
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**H. HOSPITALIZATION**

Admitted to hospital<sup>§,\*</sup>  Yes  No  Unknown  
*If yes, admission date (yyyy/mm/dd)\*: \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date (yyyy/mm/dd)\*: \_\_\_\_/\_\_\_\_/\_\_\_\_*

Admitted to an intensive care unit<sup>§,\*</sup>  Yes  No  Unknown  
*If yes, admission date (yyyy/mm/dd)\*: \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date (yyyy/mm/dd)\*: \_\_\_\_/\_\_\_\_/\_\_\_\_*

Record in  
>Investigation  
>>Investigation  
Details  
>>>Links &  
Attachments  
>>>> COVID-19  
surveillance Case  
Investigation Form

**I. ISOLATION AND OUTCOME**

Has the client discontinued isolation?<sup>\*</sup>  Yes  No  Unknown  
*If yes, date isolation discontinued (yyyy/mm/dd)\*: \_\_\_\_/\_\_\_\_/\_\_\_\_*

People may find it difficult to isolate themselves for various reasons. Do you have any concerns about your ability to self-isolate?  
 Yes  No  Asked but Unknown  Declined to Answer  Not Assessed  
*If yes, list the services the client was referred to: \_\_\_\_\_*

**Outcome at Time of Reporting\***

Fully recovered  Not yet recovered/recovering  Fatal *If died, date of death:* \_\_\_\_\_  
YYYY/MM/DD

Permanent disability  Unknown  Other, *specify:* \_\_\_\_\_

*If died, cause of death:*  Contributed but wasn't underlying cause  Did not contribute to death/incidental  
 Underlying cause of death  Unknown  
 Other, *specify:* \_\_\_\_\_

Discontinued  
isolation data:  
Record in  
>Investigation  
>>Investigation  
Details  
>>>Links &  
Attachments  
>>>> COVID-19  
surveillance Case  
Investigation Form

Record outcome in  
>Investigation  
>> Outcome

If fatal outcome, see  
Section M for data  
standards.

**J. CLASSIFICATION\*<sup>§</sup>**

Confirmed  Probable: lab  Probable: epi-linked  
 Suspect  Person Under Investigation  Not a Case

Record/Update in  
>Investigation  
>>Disease Summary

**K. NOTES**

Record in  
>Notes  
In order to have the  
note linked to the  
investigation, ensure  
the investigation is in  
context when  
creating the note.

<sup>§</sup> Definitions are available in Section L.



L. DEFINITIONS	
<b>Case Definitions</b>	
<b>Person Under Investigation</b>	A client who is being/has been followed-up for a reportable condition and does not meet the criteria outlined in any of the case definitions; however, the diagnosis has not been completely ruled out.
<b>Suspect case</b>	A person with symptoms that include two or more of: fever (signs of fever), cough (new or exacerbated chronic), sore throat, runny nose, and headache AND either meets the exposure criteria or had close contact with a probable case of COVID-19.
<b><a href="#">Probable – lab case</a></b>	A person (who has had a laboratory test) with fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough AND who meets the COVID-19 exposure criteria and in whom a laboratory diagnosis of COVID-19 is inconclusive. Inconclusive is defined as an indeterminate test on a single or multiple real-time PCR target(s) without sequencing confirmation or a positive test with an assay that has limited performance data available. In Panorama, report these cases as “Probable”.
<b><a href="#">Probable – epi-linked case</a></b>	A person (who has not had a laboratory test) with fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough AND either close contact with a confirmed case of COVID-19 or lived in or worked in a closed facility known to be experiencing an outbreak of COVID-19 (e.g., long-term care facility, prison). In Panorama, report these cases as “Probable, Epi-Linked”.
<b><a href="#">Confirmed case</a></b>	A person with laboratory confirmation of infection with the virus that causes COVID-19 performed at a community, hospital, or reference laboratory (NML or a provincial public health laboratory) running a validated assay. This consists of detection of at least one specific gene target by a NAAT assay (e.g., real-time PCR or nucleic acid sequencing).
<b><a href="#">Exposure criteria</a></b>	In the 14 days before onset of illness, a person who: Traveled to an affected area (including inside Canada) <b>OR</b> Had close contact with a person with acute respiratory illness who traveled to an affected area (including inside Canada) within 14 days prior to their illness onset <b>OR</b> Participated in a mass gathering identified as a source of exposure (e.g., conference) <b>OR</b> Had laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19. <b>Note:</b> Other exposure scenarios not specifically mentioned here may arise and may be considered at MHO discretion (e.g. history of being a patient in the same ward or facility during a nosocomial outbreak of COVID-19).
<b>Affected areas</b>	Affected areas are defined by the Public Health Agency of Canada and are subject to change ( <a href="https://health-infobase.canada.ca/covid-19/international/">https://health-infobase.canada.ca/covid-19/international/</a> ). Consult the MHO for the most up-to-date information.
<b>Exposures</b>	
<b>Congregate setting</b>	An environment where a number of people meet or gather and share the same space for a period of time.
<b>Healthcare worker</b>	Health Care Workers (HCWs) include persons who provide health care to patients or work in institutions that provide patient care (e.g., physicians, nurses, emergency medical personnel, dental professionals, laboratory technicians; medical, dental, nursing and laboratory technician students; hospital volunteers; and administrative, housekeeping and other support staff in health care institutions).
<b>Close contact</b>	A close contact is defined as a person who: provided direct care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact (e.g., intimate partner) without consistent and appropriate use of personal protective equipment, <b>OR</b> lived with or otherwise had close face to face contact (within 2 metres) with a probable or confirmed case for more than 15 minutes (may be cumulative, i.e., multiple interactions) up to 48 hours prior to symptom onset, <b>OR</b> had direct contact with infectious body fluids of a probable or confirmed case (e.g., was coughed or sneezed on) while not wearing recommended PPE, <b>OR</b> has been identified by the local MHO as a possible contact. (Note: This suggests the setting where contact occurred is known, the primary case was known/a specific interaction is recalled, contact occurred over a period of time)
<b>Workplace not otherwise specified</b>	The place where the client works, excluding workplace settings specifically listed as other setting types. For example, if the client works in a school or a restaurant, the setting should be recorded as “School or daycare” or “Restaurant/bar/lounge” and the role would be “Staff/worker”.
<b>Religious / spiritual Institution</b>	Churches, temples, mosques and other places of worship/spirituality and institutions that exist to support and manage the practice of a specific set of religious or spiritual beliefs.
<b>Extra-curricular</b>	Organized activities undertaken by children or adults that fall outside the realm of normal school or work (and in settings not otherwise listed), such as sports teams, music lessons, dance classes etc.
<b>Associated with a known cluster or outbreak</b>	The case is considered either a potential index case for the cluster/outbreak or to have potentially been exposed to COVID via the cluster / outbreak.
<b>Incubation Period</b>	For public health follow-up purposes, a period of 14 days should be considered (see <a href="#">Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus (COVID-19) in the community</a> ).
<b>Communicability Period</b>	Period of communicability is generally considered to be from 48 hours prior to onset of symptoms to 10 days after onset of symptoms. See <a href="#">Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus (COVID-19) in the community</a> for additional guidance for those with illness of greater severity and those who are severely immunocompromised.
<b>Unknown source</b>	The source of the client’s infection is unknown. The client has not reported travel, close contact with a confirmed or probable case or exposure to a known cluster or outbreak in the 14 days prior to onset.





L. DEFINITIONS cont.	
<b>Most likely source of infection</b>	Based on information provided to public health, the most likely source of infection for the case. If the most likely source of infection is not assigned during the public health interview or if it is indicated as "Unclear, based on public health interview", it will be calculated for surveillance purposes using the following hierarchy: international travel, travel within Canada but outside BC, close contact with confirmed/probable case/exposure to a cluster/outbreak, unknown source, pending / missing exposure information.
<b>Most likely source of infection: unclear, based on public health interview</b>	The client may have one or more potential exposures, but no one exposure is clearly the case's most likely source (e.g., the case has had two or more exposures, or one potential exposure but the details are not clear enough to definitively identify it as the source of infection). If the most likely source of infection is indicated as "Unclear, based on public health interview", it will be calculated for surveillance purposes using the hierarchy described above.
Hospitalization, Isolation and Outcome	
<b>Hospitalization</b>	Any person admitted to a hospital for at least an overnight stay, or with a prolongation of hospitalization, for reasons directly or indirectly related to their COVID-19 infection, and with no period of complete recovery between illness and admission. Includes persons admitted to hospital but without transfer to a ward/unit. If unable to determine whether an admission/prolongation was related to COVID-19, please report as a hospitalized case. If it is known that the client remains in hospital for reasons unrelated to COVID-19, after being removed from isolation requirements, they should not be considered "currently hospitalized" due to COVID. If a client is removed from isolation but remains admitted due to complications of COVID, they should continue to be considered "currently hospitalized" due to COVID.
<b>ICU admission</b>	Any person admitted to an intensive care unit (ICU) for at least an overnight stay, or with a prolongation of ICU stay, for reasons directly or indirectly related to their COVID-19 infection, and with no period of complete recovery between illness and admission. If unable to determine whether an ICU admission/stay prolongation was related to COVID-19, please report as an ICU admission.
<b>Discontinued isolation</b>	Self-isolation has been discontinued per the criteria outlined in the <a href="#">Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus (COVID-19) in the community</a> .
<b>Death</b>	A death (from any cause) occurring in any person with no period of complete recovery between illness and death.

M. PANORAMA DATA ENTRY DETAILS
<p>If the <b>client is pregnant</b>, record as a Risk Factor (under Subject in the left hand navigation).</p> <p>Risk Factor: Special Population - Pregnancy Relevant to Disease Investigation            Additional Information: Record expected due date            Response: Yes            Additional Information: record gestational age</p>
<p>If the <b>outcome is fatal</b>, record as follows.</p> <p>Outcome: Fatal            Outcome Date: Date of death            Cause of Death: &lt;select appropriate option&gt;</p> <p>After recording the outcome, inactivate the client in the Personal Information screen (under Subject &gt; Client Details, on the left hand navigation) following routine procedures/standards.</p> <p><b>Note:</b> If the outcome is not fatal, the outcome date is the date public health was made aware of the outcome.</p>

**NOTE:** Additional relevant training materials and data standards are available on the Panorama Solution Partner Portal (<https://panoramacst.gov.bc.ca>).