

		INSTRUCTIONS						
 Create investigations f Enter as much addition COVID-19 provincial m separate line lists. Case 	 Create investigations for confirmed and probable and epi-linked COVID-19 cases in Panorama/PARIS. Enter as much additional information into Panorama/PARIS as required regionally. 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. 							
 COVID-19 provincial m asterisk (*). Note: the system for all reportab <u>Conditions chapter of</u> 	minimum dataset fo ble communicable d	or reporting in the	provincial p	ublic health informat	on	Section M, page 8		
PERSON REPORTING						Review/update using the links on the top right hand corner:		
Health Authority*: □ FHA	FNHA		NHA	□ VCH □] VIHA	>My Account >>User Profile		
Name: Last	First	Phone Number:	()	- e.	xt.	If entering data on behalf of someone else, record in >Notes > when the		
Email:		Fax Number	()	- e	xt.	investigation is in context. Record date received:		
Date report received by health a	authority*:	1				 >Investigation >Investigation Details >>Reporting Notifications as Report Date (Received) 		
Source(s) of information:		YYYY/MM/DD				Record source of information in:		
□ Patient/family interview	Attending clinician	Hospital reco	rd 🗆] Other, <i>specify</i> :		>Investigation >Investigation Details >Links & Attachments		
Investigation disposition*								
A. CLIENT PERSONAL IN	•					Investigation Form		
Panorama Investigation ID*:		PARIS Client ID:						
Name*:								
Last	Fii	rst		Middle		Record or review and		
Date of Birth*:	/DD Sex*:] Male 🛛 Fema	e 🗆 Undi	fferentiated U	nknown	update in >Subject ->>Client Details		
Gender identity:	le 🗆 Male	🗆 Non-binar	y 🗆 Tran	sgender Female to Male	□ x	>>>Personal Information Select this address as		
□ Transgender Male to Fem	nale 🛛 Transgend	ler 🛛 Two Spiri	unsi	ure/Questioning	□ Other	"Client Home Address at Time of Initial Investigation" in		
Health Card Number*:		Alterna	te Name(s):			>Investigation >Investigation Details		
Phone Number (home/work/mobile):	()	-	e	xt.		>>>Investigation Information		
Address:	Street #	Street Name		*				
Postal Code*:	Province*:		of Residence (City* if not Canada) *:				
B. INDIGENOUS INFORM	ATION							
Do you self-identify as an Indige	enous Person?							
□ Asked, not provided	□ No	□ Non-B0	Resident	□ Yes		-		
Indigenous Identity:	Asked, but unknown	n 🗆 Asked,	not provided	First Nation	s			
□ First Nations and	□ First Nations and Me	étis 🛛 🗆 First Na	ations, Inuit and	I Métis 🛛 Inuit		Record or review and update in >Subject		
Inuit and Métis	Métis	□ Not asł	ed			>> Client Details >>> Indigenous Information		
First Nations Status:	Asked, but unknown	n 🗆 Asked,	not provided	Non-Status	Indian			
	Not Asked	□ Status	ndian			4		
Indigenous Organization:								



COVID-19 Case Report Form

								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 hype	ertension)							When the investigation
Diabetes								is in context, the preset list of COVID-
Malignancy/cancer (diagnosed in the las	t 5 years)							19 risk factors will display, and newly
Other chronic respiratory/pulmonary con asthma)	dition (excl	uding						recorded risk factors will be set as pertinent to the investigation.
Immunocompromised								Follow PPHIS guidance to ensure
Pregnancy* <i>If yes,</i> gestational age (weeks):								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 ea	ducational i	institution c	or daycare?*					
	□ Yes	🗆 No	Asked I	but Unknown	Decline	ed to Answer	□ Not Assessed	
If yes, role:*	□ Stude	nt	□ Staff		□ Other		Unknown	
Type of institution:*	□ Schoo	ol (K-12)	□ Day care	□ Post-seco	ondary 🗌	Other		
Institution/daycare name:								
Street address:					Postal co	de:		
Work in another congregate setting	g [§] (e.g., he	althcare se	ttings, offices,	and other con	gregate setting	s)?		Record in >Investigation
	□ Yes	🗆 No	□ Asked I	but Unknown	Decline	ed to Answer	□ Not Assessed	>>Investigation Details
If yes, worksite name: (* minim data element for healthcare worker								>>>Links & Attachments
Street address:					Postal co	de:		>>>> COVID-19 Surveillance Case Investigation Form
Live in a congregate setting [§] (e.g.,	long term	care / assis	sted living facili	ities, group hor	mes, dorms, wo	orker housing)?		[§] Definitions are
	□ Yes	🗆 No	□ Asked I	but Unknown	Decline	ed to Answer	□ Not Assessed	available in Section L
If yes, residence name:								
Street address:					Postal co	de:		
Visit a congregate setting (excluding	ng those yo	ou provideo	l details for abo	ove)?				
	□ Yes	🗆 No	□ Asked I	but Unknown	Decline	ed to Answer	□ Not Assessed	
If yes, setting name:								
Street address:					Postal co	de:		



										Panorama Data Entry Guidance
D. EXPOSU	RES con	i.								
Is the client a he	ealthcare w	orker [§] ?*	□ Yes	□ No	□ As	sked but Unknown	Decline	ed to Answer	Not Assessed	
If yes, role:*	🗆 Nurse	• [□ Physician		🗆 La	aboratory technician	Emerg	ersonnel		
	□ Hous	ekeeping [□ Administr	ative	D	ental professional	□ Licens	ed practical nui	rse (LPN)	
	□ Care	aide [☐ Kitchen s	taff		olunteer	□ Studer	nt (medical, der	ital, nursing, lab)	
	□ Other	, specify:								
Did the client tra	avel outsid	e Canada in th	ne 14 days p	prior to illnes	s onse	et?*				Record in
	□ Yes	_	□ No		□ A	sked but Unknown	Decline	ed to Answer	□ Not Assessed	>Investigation >Investigation
If yes, specify Did the client tra			14 days pri	or to illnoss	oncot) *				Details ->>>Links &
	□ Yes		∃ No			sked but Unknown	🗆 Declin	ed to Answer	Not Assessed	Attachments >>>> COVID-19
<i>If yes</i> , was tra		/ithin BC only -		v/cities:						Surveillance Case Investigation Form
		utside BC, but	within Cana	ada – Specif				-		§ Definitions are
Was the client in	n close con	tact [§] with a pro	obable [§] or c	onfirmed [§] ca	ise of (COVID-19 within 14 d	ays prior to ill	ness onset?*		available in Section
If yes:	□ Yes	Γ	□ No		□ A:	sked but Unknown	Decline	ed to Answer	□ Not Assessed	
Pano Investiga	orama ation ID or entifiers*	Fi	irst Contac (yyyy/mm/o			Last Contact (yyyy/mm/d		Co	mments	
(e.g., na	me, PHN)									
		Or sustained (no specific contact		∕es □No □]UK					
Setting type:*										
Residence			Health C	Care			Communit	/		
Private o	dwelling/ho	me	□ Acute	e care facility			☐ Transportation (e.g., public transit, taxi)			
□ Assisted	Ũ		🗆 Long	term care fa	facility		Conference/banquet hall			
	0			munity healtl	Ith care setting (e.g., clinic)		□ Fitness studio/gym			
Group h	ome (comn	nunity living)	Work/So				□ Restaurant/bar/lounge			
	onal facility		🗆 Scho	ol or daycar	re		□ Religious / spiritual institution [§]			
Workpla	ce with cor	nmunal living	□ Agri-1	food process	sing facility		□ Retail (e.g., mall, grocery store, pharmac			
□ Shelter			🗆 Indus	strial / manuf	ufacturing setting		□ Personal care (e.g., spa, barber, salon)			
	ry (e.g., uni	versity)		e building			□ Other, <i>specify</i> :			
SRO / M	lodular hou	sing		place not otl	herwis	e specified [§]				
Other re	sidence typ	e, specify:	<u> </u>							_
Role of client:*	Role of client:* Resident/patient Staff/wor		worke	r	□ Student					
		nmate		□ Custo	omer/p	er/patron Guest/visitor				
		vent attendee		□ Hous	ehold	member	□ Voluntee	er		
Activity types*		other, specify:								_
Activity type:* (if relevant)	□ F	rivate party/ev	rent	🗆 Socia	al visit		🗆 Extra-cu	rricular [§]		
		lass gathering					Other, s			_
NOTE: If the clie details for each	ent had cor case in the	regional COV	inan one p ID public he	alth informa	contirm	ned [§] case of COVID-1 /stem.	ອ within 14 da	ays prior to illne	ess onset, enter the	



COVID-19 Case Report Form

						Panorama Data Entry Guidance
D. EXPOSURES	cont.					
Was the client directl incubation [§] or comm	ly associated with a k	nown cluster or outb	reak $^{\$}$ (e.g. communal setting v	vith cases, community cluste	er) during their	
	☐ Yes	□ No	Asked but Unknown	Declined to Answer	□ Not Assessed	_
Setting type:* Residence		Health Care		Community		
Private dwelli	na/home	□ Acute care fac	ility	□ Transportation (e.g., pt	ublic transit. taxi)	
□ Assisted living	0	□ Long term care	2	□ Conference/banquet ha		
□ Independent	living	Community he	alth care setting (e.g., clinic)	☐ Fitness studio/gym		
	(community living)	Work/School		Restaurant/bar/lounge		Record in
Correctional f	. , , , , , , , , , , , , , , , , , , ,	School or days	are	Religious / spiritual inst	titution [§]	>Investigation >Investigation
Workplace wi	th communal living	☐ Agri-food proc	essing facility	□ Retail (e.g., mall, groce		Details >>>Links &
□ Shelter	-		nufacturing setting	Personal care (e.g., sp		Attachments >>>> COVID-19
Dormitory (e.	g., university)	Office building		□ Other, <i>specify</i> :		Surveillance Case Investigation Form
SRO / Modula	ar housing	Workplace not	otherwise specified [§]			[§] Definitions are
Other residen	ice type, specify:		·			available in Section
Role of client:*	□ Resident/patient	: 🗆 Sta	aff/worker	□ Student		
	□ Inmate	🗆 Ci	stomer/patron	□ Guest/visitor		
	Event attendee	🗆 Ho	usehold member	□ Volunteer		
	□ Other, specify: _	· · · · · · · · · · · · · · · · · · ·				
Activity type:* (if relevant)	Private party/even		cial visit	□ Extra-curricular [§]		
	□ Mass gathering	event (e.g., conferer	ice, sporting event)	Other, specify:		
-			····			
	m/dd)://_			ate (yyyy/mm/dd):/_	/	_
Was this case most I	ikely acquired from a	n unknown source §?	*			
	Yes 🗆] No	□ Asked but Unknown	Declined to Answer	□ Not Assessed	
			t likely source of infection?*	_		
□ Travel - internat				□ Close contact [§] with confi		
□ Exposure to a c		Unknown sou	urce ^s	Pending / missing exposu	ure information	
	on public health inter	view [§]				
E. TRANSMISSI						
Total number of close			_ □ Unknown tution or daycare during their c	ommunicability poriod [§] 2		-
			Asked but Unknow		□ Not Assessed	
If yes, role:	□ Yes □ Student	□ No □ Staff	Other			
Type of institution:	□ School (_	□ Other		
Institution/daycare	name:					
Street address:				Postal code:		
Grade (K-12):			Class details (e.g., division, coho	лц. 		



Г

COVID-19 **Case Report Form**

									Panorama Data Entry Guidance	
D. LABORATORY INFORMATION									Record in	
Indication for testing: Symptomatic			□ Asyn	nptomatic -	outb	oreak 🗆 A	symptomatic – v	work requirement	>>>Links & Attachments >>>> COVID-19 Surveillance Case	
□ Asymptomatic -	- non-outbreak e	xposure	□ Asyn	mptomatic -	othe	er			Investigation Form	
Specimen Collected	Collection Date (YYYY/MM/DD)	Testing Laborate			Receive through E-					
Upper respiratory (e.g., Nasopharyngeal or oropharyngeal swab)				Positive		Negative [□ Indeterminate	e 🗆 Pending	Lab inbox, or record in >Investigation >>Lab >>>Lab Quick Entry	
□ Lower respiratory (e.g., sputum, tracheal aspirate, BAL, pleural fluid)				Positive		Negative	Indeterminate	e 🗆 Pending	NOTE: the lab test in Panorama starts with "Human coronavirus"	
□ Saline gargle				Positive		Negative	Indeterminate	e 🛛 Pending	Record Causative Agent in	
□ Other, Specify:				Positive		Negative [☐ Indeterminate	e 🛛 Pending	 >Investigation >Disease Summary 	
E. SIGNS AND SYMPTOMS										
Was the case asymptomatic through the e	nd of the monitor	ing period?	?						Record	
□ Yes □ No	□ Ask	ed but Unk	nown	🗆 De	cline	ed to Answer		ot Assessed	asymptomatic in >Investigation >>Investigation	
Earliest onset of symptoms*:				1		1			Details >>>Links &	
			YYYY			MM Asked but	DD Declined to	Not	Attachments >>> COVID-19	
Sign / Symptom			Yes	No		Unknown	Answer	Assessed	Surveillance Case Investigation Form	
Abdominal pain										
Arthralgia (painful joints)										
Chills										
Confusion									_	
Conjunctivitis										
Cough										
Diarrhea									Record in	
Discoloration of toes or fingers									>Investigation >Signs and	
Dizziness									Symptoms	
Fatigue									Record at least one symptom and	
Fever									specify onset date. Select "Set as	
Headache									Onset" for symptom with	
Loss of appetite									earliest onset date.	
Loss of sense of smell (anosmia)										
Loss of sense of taste (ageusia)										
Myalgia (muscle pain)										
Nasal congestion]	
Nausea										
Pharyngitis (sore throat)]	
Rash]	
Rhinorrhea (runny nose)										

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COVID-19 Case Report Form

Weakness								Panorama Data Entry
Sign / Symptom Yes No Asked to Declinet to Not Asked to Shotness of breath / breathing difficulty	G. SIGNS AND SYMPTO	DMS cont.						Guidance
Vomiting I<			Yes	No				
Vending	Shortness of breath / breathing	g difficulty						
Weakness	Vomiting							>>Signs and
specify:	Weakness							Symptoms
Admitted to hospital ⁴ .* In Yes No Unknown Pecertarian If yes, admission date (yyyy/mm/dd)?: // Discharge date (yyyy/mm/dd)?: // Admitted to an intensive care unit ⁶ ? Yes No Unknown If yes, admission date (yyyy/mm/dd)?: // Discharge date (yyyy/mm/dd)?: // IsoLATION AND OUTCOME Intensive care unit ⁶ ? Yes No Unknown If yes, admission date (yyyy/mm/dd)?: // Discharge date (yyyy/mm/dd)?: // IsoLATION AND OUTCOME Intensive care unit ⁶ ? Yes No Unknown If yes, date isolation discontinued isolation? Yes No Unknown Discontinued isolation discontinued isolation? People may find it difficult to isolate themselves for various reasons. Do you have any concerns about your ability to self-isolate? Privestigation Foom If yes, list the services the client was referred to:								
If yes, admission date (yyyy/mm/dd)*:	H. HOSPITALIZATION			•	•			•
If yes, admission date (yyyy/mm/dd)': Declarge date (yyyy/mm/dd)': Declarge date (yyyy/mm/dd)': Admitted to an intensive care unit ¹ /*' Yes No Unknown If yes, admission date (yyyy/mm/dd)': Discharge date (yyyy/mm/dd)': Attachments I. ISOLATION AND OUTCOME	Admitted to hospital [§] :*	🗆 Yes 🛛 No						>Investigation
Admitted to an intensive care unit ¹ ?* \Pes No Unknown Attachments >>>>COUDL19 If yes, admission date (yyyy/mm/dd)*: _/ Discharge date (yyyy/mm/dd)*: _/ Discharge date (yyyy/mm/dd)*: _/ I. ISOLATION AND OUTCOME	If yes, admission date (yyyy	//mm/dd)*://	D	ischarge da	te (yyyy/mm/d	d)*:/	_/	Details
If yes, admission date (yyyymmod):	Admitted to an intensive care	unit [§] ?* 🗌 Yes 🗌 No 🛛	Unknown					Attachments
Has the client discontinued isolation?* Yes No Unknown If yes, date isolation discontinued (yyyy/mm/dd)*: / Discontinued isolation data: People may find it difficult to isolate themselves for various reasons. Do you have any concerns about your ability to self-isolate? No Asked but Unknown Yes No Asked but Unknown Declined to Answer Not Assessed If yes, list the services the client was referred to:	If yes, admission date (yyyy	//mm/dd)*://	D	ischarge da	ite (yyyy/mm/d	d)*:/	_/	surveillance Case
If yes, date isolation discontinued (yyyy/mm/dd)*: /	I. ISOLATION AND OU	ITCOME						
People may find it difficult to isolate themselves for various reasons. Do you have any concerns about your ability to self-isolate? Isolation data: Yes No Asked but Unknown Declined to Answer Not Assessed If yes, list the services the client was referred to: Image: Second in Seco	Has the client discontinued is	olation?* Yes	🗆 No		Unknow	vn		
People may find it difficult to isolate themselves for various reasons. Do you have any concerns about your ability to self-isolate? Record in	If yes, date isolation discor	ntinued (yyyy/mm/dd)*:/	//					
Yes No Asked but Unknown Declined to Answer Not Assessed >>horesignation If yes, list the services the client was referred to:	People may find it difficult to i	solate themselves for various reason	ns. Do you have	e any conce	rns about you	r ability to self-is	olate?	Record in
If yes, list the services the client was referred to: >>>Links & Attachments Outcome at Time of Reporting* □ Fully recovered Not yet recovering □ Fatal If died, date of death.* Permanent disability Unknown Other, specify: Permanent disability Unknown Other, specify: Permanent disability Unknown Other, specify: Permanent disability If fatal outcome, see Section M for data standards. If died, cause of death: □ Contributed but wasn't underlying cause □ Did not contribute to death/incidental If fatal outcome, see Section M for data standards. J. CLASSIFICATION*8	🗆 Yes 🛛 No	□ Asked but Unknow	wn		ed to Answer	🗆 N	lot Assessed	>>Investigation
Outcome at Time of Reporting* surveillance Case Investigation Form surveillance Case Investigation Form Public Fully recovered Not yet recovered/recovering Fatal If died, date of death:*	If yes, list the services the c	client was referred to:						>>>Links & Attachments
Fully recovered Not yet recovered/recovering Fatal If died, date of death:* Record outcome in Provestigation Permanent disability Unknown Other, specify: YYYYMM//DD If died, cause of death: Contributed but wasn't underlying cause Did not contribute to death/incidental If fatal outcome, see Section M for data standards. Underlying cause of death: Other, specify: If fatal outcome, see Section M for data standards. Other, specify: Other, specify: If fatal outcome, see Section M for data standards. J. CLASSIFICATION*\$ Probable: lab Probable: epi-linked Suspect Person Under Investigation Not a Case K. NOTES Record in Protect in the note.	Outcome at Time of Report	ing*						surveillance Case
□ Permanent disability □ Unknown □ Other, specify:	Fully recovered	□ Not yet recovered/recovering	Fatal	If died, date	e of death:*			-
Image: Section Mixed but Wahr Laberlying backet Image: Section Mixed but Wahr Laberlying backet Image: Image: Section Mixed but Wahr Laberlying backet Underlying cause of death Unknown Image: Section Mixed but Wahr Laberlying backet Section Mixed but Wahr Laberlying backet Section Mixed but Wahr Laberlying backet J. CLASSIFICATION*S Image: Image: Comparison of the section of the secti	□ Permanent disability	Unknown	□ Other,	specify:	-	YYYY/MM/E	D	>Investigation
Underlying cause of death Unknown standards. Other, specify:	If died, cause of death:	Contributed but wasn't underly	/ing cause		Did not contrib	oute to death/inci	dental	If fatal outcome, see
J. CLASSIFICATION*§ Confirmed Probable: lab Probable: epi-linked Record/Update in >Investigation Suspect Person Under Investigation Not a Case >Disease Summary K. NOTES Record in >Notes Notes In order to have the note linked to the investigation is in context when creating the note.		Underlying cause of death			Unknown			
Confirmed Probable: lab Probable: epi-linked Record/Update in >Investigation >Investigation Suspect Person Under Investigation Not a Case >Disease Summary K. NOTES Record in >Notes Notes Record in >Notes		□ Other, specify:						
Suspect Person Under Investigation Not a Case >Investigation K. NOTES Record in >Notes In order to have the investigation, ensure the investigation, ensure the investigation is in context when creating the note.	J. CLASSIFICATION*§							
Suspect Person Under Investigation 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.	Confirmed	Probable: lab			Probable:	epi-linked		
Record in >Notes In order to have the note linked to the investigation, ensure the investigation is in context when creating the note.	□ Suspect	Person Under	r Investigation		□ Not a Case	e		
>Notes In order to have the note linked to the investigation, ensure the investigation is in context when creating the note.	K. NOTES							
>Notes In order to have the note linked to the investigation, ensure the investigation is in context when creating the note.								
note linked to the investigation, ensure the investigation is in context when creating the note.								
investigation, ensure the investigation is in context when creating the note.								
context when creating the note.								investigation, ensure
								context when
Definitions are quallable in Section I								



L. DEFINITIONS Case Definitions	
Person Under Investigation	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.
Suspect case	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.
<u>Probable – lab</u> <u>case</u>	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".
Probable – epi- linked case	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".
Confirmed case	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).
Exposure criteria	In the 14 days before onset of illness, a person who: Traveled to an affected area (including inside Canada) OR 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 OR Participated in a mass gathering identified as a source of exposure (e.g., conference) OR Had laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19. Note: 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).
Affected areas	Affected areas are defined by the Public Health Agency of Canada and are subject to change (<u>https://health-infobase.canada.ca/covid-19/international/</u>). Consult the MHO for the most up-to-date information.
Exposures	
Congregate setting	An environment where a number of people meet or gather and share the same space for a period of time.
Healthcare worker	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).
Close contact	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, OR 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, OR 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, OR 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 over a period of time)
Workplace not otherwise specified	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".
Religious / spiritual Institution	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.
Extra-curricular	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.
Associated with a known cluster or outbreak	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.
Incubation Period	For public health follow-up purposes, a period of 14 days should be considered (see <u>Interim Guidance: Public Health Management of</u> cases and contacts associated with novel coronavirus (COVID-19) in the community).
Communicability Period	Period of communicability is generally considered to be from 48 hours prior to onset of symptoms to 10 days after onset of symptoms. See <u>Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus (COVID-19) in the</u> <u>community</u> for additional guidance for those with illness of greater severity and those who are severely immunocompromised.
Unknown source	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 of	cont.
Most likely source of infection	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.
Most likely source of infection: unclear, based on public health interview	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, Iso	lation and Outcome
Hospitalization	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.
ICU admission	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.
Discontinued isolation	Self-isolation has been discontinued per the criteria outlined in the Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus (COVID-19) in the community.
Death	A death (from any cause) occurring in any person with no period of complete recovery between illness and death.

M. PANORAMA DATA ENTRY DETAILS

If the *client is pregnant*, record as a Risk Factor (under Subject in the left hand navigation).

Risk Factor: Special Population - Pregnancy Relevant to Disease Investigation

Additional Information: Record expected due date Response: Yes

Additional Information: record gestational age

If the outcome is fatal, record as follows.

Outcome: Fatal Outcome Date: Date of death

Cause of Death: <select appropriate option>

After recording the outcome, inactivate the client in the Personal Information screen (under Subject > Client Details, on the left hand navigation) following routine procedures/standards.

Note: If the outcome is not fatal, the outcome date is the date public health was made aware of the outcome.

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