

An agency of the Provincial Health Services Authority

# COVID-19 Case Report Form

<ul> <li>INSTRUCTIONS</li> <li>This form is confidential when completed.</li> <li>Enter laboratory-confirmed and probable COVID-19 cases into Panorama or PARIS.</li> <li>Case definitions for COVID-19 surveillance are provided in Section M, page 5.</li> <li>Vancouver Coastal and Fraser Health Authorities: Save a copy of this case report form in the shared folder or fax it to the BCCDC Influenza and Emerging Respiratory Pathogens team at 604-707-2516.</li> <li>Submit updates to BCCDC by case report form or entry into Panorama.</li> <li>Notify BCCDC about out-of-province cases or contacts requiring public health follow-up.</li> <li>BCCDC Communicable Diseases and Immunization Service phone number: 604-707-2510</li> <li>Priority data items are indicated with an asterisk (*)</li> </ul>						Panorama Data Entry Guidance More details in Section N, page 6	
PERSON REPORTING							Review/update using the links on the top right hand
Health Authority*:	на [	FNHA	IHA	NHA	☐ ∨ch	☐ VIHA	corner: >My Account >>User Profile
Name:	First		Phone Number:	( )	_	ext.	If entering data on behalf of someone else, record in >Notes > when the
Email:	1 #30		Fax Number	( )	-	ext.	investigation is in context.  Record date received:
Date report received by health authority*:  YYYY/MM/DD						>Investigation >>Investigation Details >>>Reporting Notifications as Report Date (Received) Record source of information in: >Investigation >>Investigation Details	
		ent/family intervi		3.34.52			>>>Links & Attachments >>>>COVID-19 Surveillance Case
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A. CLIENT PERSONA	AL INFOR	RMATION					
A. CLIENT PERSONA  Panorama Investigation ID			BC COVID Case Nu	mber:	PARIS	Client ID:	
			BC COVID Case Nu	mber:	PARIS Middle	Client ID:	Record or review and update in Subject
Panorama Investigation ID  Name*:  Last  Date of Birth*:			· · · · · · · · · · · · · · · · · · ·			Client ID:	update in  >Subject >>Client Details >>Personal information Select this address as
Panorama Investigation ID  Name*:  Last  Date of Birth*:	*:		First Male Fe		Middle	·	update in  >Subject >>Client Details >>Personal information  Select this address as "Client Home Address at Time of Initial Investigation"
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Panorama Investigation ID  Name*:  Last  Date of Birth*:  YYY  Health Card Number*:  Phone Number (home/work/m  Address:  Unit #  Postal Code*:  B. INDIGENOUS INF  Do you wish to self-identify  Indigenous Identity:	*:  Y/MM/DD  nobile): (  ORMATI  y as an Inc  I A	Gender*: ) Street # Province*: ON digenous Person Non-BC Resident Asked, but unkno	First  Male Fe Alter  Street Nan Cour  Ask Not	male Undi	Middle  fferentiated  ext.  (if not Canada) *:	Unknown  City*  No Yes  First Nations Inuit	update in >Subject >>Client Details >>Personal Information Select this address as "Client Home Address at Time of Initial Investigation" in >Investigation Details >>Investigation Information  Record or review and update in
Panorama Investigation ID  Name*:  Last  Date of Birth*:  YYY  Health Card Number*:  Phone Number (home/work/m  Address:  Unit #  Postal Code*:  B. INDIGENOUS INF  Do you wish to self-identify  Indigenous Identity:  First Nations and In	*:  Y/MM/DD  nobile): (  S  ORMATI  y as an inc  I h  nuit   F	Gender*:  )  Street #  Province*:  ON  digenous Person  Non-BC Resident  Asked, but unkno  First Nations and	First  Male   Fe   Alter  Street Nar  Cour  Ask  Not  wn   Ask  Métis   Firs    Not	male Undi	Middle  fferentiated  ext.  (if not Canada) *:	☐ Unknown  City*  No Yes  First Nations	update in >Subject >>Cilent Details >>Personal Information Select this address as "Cilent Home Address at Time of Initial Investigation" in >Investigation Details >>Investigation Information  Record or review and update in >Subject >> Cilent Details
Panorama Investigation ID  Name*:  Last  Date of Birth*:  YYY  Health Card Number*:  Phone Number (home/work/m  Address:  Unit #  Postal Code*:  B. INDIGENOUS INF  Do you wish to self-identify  Indigenous Identity:  First Nations and Ir  Inuit and Métis	*:  ORMATI y as an Inc  Inclided Inclid	Gender*: )  Province*: ON digenous Person Non-BC Resident Asked, but unkno First Nations and	First  Male   Fe Alter  Street Nat Cour  Ask   Not wn   Ask Métis   Firs   Not	male Undinate Name(s):  e  try of Residence  ed, not provided  asked  ed, not provided  : Nations, Inuit an	Middle  fferentiated  ext.  (if not Canada) *:	Unknown  City*  No Yes  First Nations Inuit	update in >Subject >>Cilent Details >>Personal Information Select this address as "Cilent Home Address at Time of Initial Investigation" in >Investigation Details >>Investigation Information  Record or review and update in >Subject >> Cilent Details



## COVID-19 **Case Report Form**

								Panorama Data Entry Guidance
C. RISK FACTORS	SWW ARREST	1000000						
	Risk Factor		Yes	No	Asked but	Declined	Not Assessed	
Chronic cardiac disease			Г		Unknown	to Answer	ASSESSERI	Record in
Diabetes								- > Subject >> Risk Factors
Kidney disease			<u> </u>					When the investigation is in
Liver disease								context, the preset list of COVID-19 risk factors will display, and newly
Malignancy/cancer								
Chronic respiratory/pull	monary condition							recorded risk factors will be set as
Chronic neurological or		ler						pertinent to the investigation.
Immunocompromised	Theorem additional tradition							Follow PPHIS
Pregnancy			<u> </u>			<u> </u>		guidance to ensure previously-recorded risk factors are
If yes, gestational age	e (weeks):	·						marked as pertinent to the investigation.
Post-partum (≤6 weeks	s) at time of symptom of	onset						to the mvestigation.
Other, specify:								
D. EXPOSURES			10.40				de delle de	
	Exposure		Yes	No	Asked but	Declined to Answer	Not Assessed	
Is the client a healthcar	re worker§?*							
If yes, <i>specify*</i> : ☐ Ior	ng term care	acute care			<u></u>			
□ ott	her, <i>specify</i> :							
Specify Work Place(s)								
Did the client have labo materials known to cor		ological						
Does the client work in	or attend a school or	daycare?*						
Is the client a resident	of a long-term care fac	ality?*						
Did the client travel out		14 days prior	I I					
to illness onset?* If ye			<u> </u>	ļ!		<u></u>	<b></b>	Record in >Investigation
Specify area*:							>>Investigation Details	
	nm/dd)*:/							>>>Links & Attachments
Was the client in close confirmed <sup>§</sup> case of CO								>>>> COVID-19 Surveillance Case
illness onset?*		لا					Investigation Form	
If yes, complete the f	tollowing:		3					
Investigation	First Contact	Last Contact		Cantan	t Setting*		Comments*	
ID or Case identifiers*	Date* (yyyy/mm/dd)	Date*		Comac	. Setting	grave en la se district. N La calacter de la companya di se	20mments	
(e.g., name, PHN)		(3333,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		filiagai ka si				
	valuational contract		☐ House		☐ Workpla			
Or sustained contact (no specific contact date):		☐ Health	care	☐ Unknow	'n			
	]Yes □No □UK		☐ Other	, specify:				
			☐ House	hold	□ Workpìa			
	r sustained contact:	•	☐ Health	care	☐ Unknow	m .		
	]Yes □No □UK		☐ Other	, specify				

§ Definitions are available in Section M.



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						Panorama Data Entry Guidance
D. EXPOSURES cont.						
Exposure	Yes	No-	Asked but Unknown	Declined to Answer	Not Assessed	
With the exception of close contacts listed above, in the 14 days prior to symptom onset, did this client have another epilink <sup>§</sup> to a confirmed COVID-19 cluster or case in a communal setting (e.g. airplane, cruise ship, health care facility etc.)?*  If yes, specify*:					Assersacio	Record in >Investigation >>Investidation Details
Start date (yyyy/mm/dd)*://						>>>Links & Attachments
End date (yyyy/mm/dd)*://						>>>> COVID-19 Surveillance Case
Was this case most likely from an unknown exposure §?						Investigation Form
E. TRANSMISSION					No. of the last	
Total number of high-risk contacts <sup>§</sup> identified for this client:		Unknown				
Was there an event or location at which this client may have exp					known	
F. LABORATORY INFORMATION						The Market Control of the Control of
	esting oratory*		Result fo	r SARS-CoV-2*		Receive through E-Lab
☐ Upper respiratory (e.g., Nasopharyngeal or oropharyngeal swab)		□ Positive	□ Negative	□ Indeterminate	□ Pending	>Investigation >>Lab >>>Lab Quick Entry
☐ Lower respiratory (e.g., sputum, tracheal aspirate, BAL, pleural fluid)		□ Positive	□ Negative	□ Indeterminate	□ Pending	Record Causative Agent in >Investigation >>Disease Summary
☐ Other, Specify:		□ Positive	□ Negative	□ Indeterminate	p Pending	Record in >Investigation >>Investigation Details >>>Links & Attachments
Results from National Microbiology (NML) confirmatory testing:	□ Posi	tive 🗆	Negative 🛘	Indeterminate	☐ Pending	>>>> COVID-19 Surveillance Case Investigation Form
Has another respiratory organism been identified?	☐ Yes		No 🗆	Unknown		NOTE; the lab test in Panorama starts with "Human coronavirus"
If yes, specify the organism:					<del></del>	
G. SIGNS AND SYMPTOMS					1900 1900 1900 1900	
Earliest onset of symptoms*:	574-12-14-14-14-14-14-14-14-14-14-14-14-14-14-	/		1		
Sign / Symptom	YYYY	No	MM Asked bu Unknowi		Not Assessed	Record in
Acute respiratory distress syndrome						>Investigation >>Signs and
Arthralgia (painful joints)						Symptoms
Chills						Record at least one
Coma						symptom and specify onset date, Select "Set as Onset" for symptom
Confusion						with earliest onset
Conjunctivitis						1
Cough						 
Diarrhea		$\perp$				-
Encephalitis						

§ Definitions are available in Section M.



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							Panorama Data Entry Guidance
G. SIGNS AND SYMPTOMS cont.							
Sign / Symptom	Yes		- No	Asked but Unknown	Declined to Answer	Not Assessed	
Fever			П				
If yes, specify the highest temperature recorded:°C	<u> </u>		<b></b>				
Headache	П						
Hypotension (low blood pressure)							
Irritability		1	П				_
Myalgia (muscle pain)							Record in >Investigation
Nausea							>>Signs and Symptoms
Pharyngitis (sore throat)							Record temperature as
Rhinomhea (runny nose)							Observation Value under "Details Exist"
Seizure							
Shortness of breath / breathing difficulty							
Tachypnea (rapid breathing)							
Vomiting							
Weakness							
Other, specify:							
H. CLINICAL EVALUATIONS, COMPLICATIONS AND	DIAGN	os	ES		Transfer of		
	Yes		No	Asked but Unknown	Declined to Answer	Not Assessed	
Abnormal lung auscultation							
Altered mental status							
O <sub>2</sub> saturation <95%							Record in >Investigation
Pharyngeal exudate							>>Investigation Details >>>Links & Attachments
Renal failure							>>>> COVID-19 surveillance Case
Sepsis							Investigation Form
Other, specify:							

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



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## COVID-19 **Case Report Form**

				Panorama Data Entry Guidance
I. HOSPITALIZATION	e u production de la company de la compa Notation de la company de			
Admitted to hospital <sup>§</sup> :* ☐ Ye	es 🗆 No 🗆 U	Inknown		
If yes, admission date (yyyy/mr	m/dd)*:/		Discharge date (yyyy/mm/dd)*://	
Admitted to an intensive care uni	t <sup>§</sup> ?* ☐ Yes ☐ No	☐ Unknown		Record in
If yes, admission date (yyyy/mr	n/dd)*://		Discharge date (yyyy/mm/dd)*;//	>Investigation >>Investigation Details >>>Links &
Required intubation/ventilation?	☐ Yes ☐ No	□ Unknown		Attachments >>>> COVID-19
Was a chest X-ray performed?	☐ Yes ☐ No	□ Unknown		surveillance Case Investigation Form
If yes, chest X-ray summary:		-	·	
Physician diagnosis at time of thi	s report:   Pneum	onia / bronchiti:	s   Other, specify:	
J. OUTCOME AT TIME OF	REPORTING*	100 C		
☐ Fully Recovered <sup>§</sup> ☐ N	ot yet recovered/recovering	☐ Fatal	If died, date of death:	
☐ Permanent disability ☐ U	nknown	☐ Other	, specify:	Record in >Investigation
If died, cause of death: C	ontributed but wasn't underlyin	ng cause	☐ Did not contribute to death/incidental	>> Outcome If fatal outcome, see
Dυ	nderlying cause of death		☐ Unknown	Section K for data standards.
	ther, specify:			<u></u>
K. CLASSIFICATION*				
☐ Confirmed	☐ Probable			Daniel II I data in
☐ Person Under Investigation	☐ Not a Case			Record/Update in >Investigation >>Disease Summary
	Case definitions a	re available in t	Section M.	22 Blocase Gammary
L. NOTES				
Survey of the second se	· ·		West Control	Record in >Notes
				In order to have the note linked to the investigation, ensure the investigation is in context when creating the note.
	<del> </del>			<u>-</u> -

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

M. DEFINITIONS	
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).
Hospitalization <sup>†</sup>	Any person admitted to a hospital for at least an overnight stay ††
ICU admission	Any person admitted to an intensive care unit (ICU) bed for at least an overnight stay
Death <sup>†</sup>	A death (from any cause) occurring in any person with no period of complete recovery between illness and death.
Person under investigation	A person with fever and/or cough who meets the exposure criteria and for whom a laboratory test for COVID-19 has been or is expected to be requested.

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## COVID-19 Case Report Form

M. DEFINITIONS	cont.
	A person with fever (over 38 degrees Celsius) and/or new onset of (or exacerbation of chronic) cough <b>AND</b> who meets the COVID-19 exposure criteria <b>AND</b> in whom laboratory diagnosis of COVID-19 is
Probable case	<ul> <li>inconclusive,</li> <li>negative (if specimen quality or timing is suspect), or</li> <li>positive but not confirmed by the National Microbiology Laboratory (NML) or a provincial public health laboratory by nucleic acid amplification tests (NAAT).</li> </ul>
	Inconclusive is defined as a positive test on a single real-time PCR target without sequencing confirmation or a positive test with an assay that has limited performance data available.
Confirmed case	A person with laboratory confirmation of infection with the virus that causes COVID-19 is performed at a reference laboratory (NML or a provincial public health laboratory), and consists of positive nucleic acid amplification tests (NAAT) on at least two specific genome targets or a single positive target with nucleic acid sequencing.
	Positive laboratory tests at a non-reference laboratory require additional testing at a reference laboratory for confirmation.
Exposure criteria	In the 14 days before onset of illness, a person who: Traveled to an affected area OR Had close contact with a confirmed or probable case of COVID-19 OR Had close contact with a person with acute respiratory illness who has been to an affected area within 14 days prior to their illness onset OR Had laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19. Factors that raise the index of suspicion should also be considered.  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 ( <a href="https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/covid-19-affected-areas-list.html">https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/covid-19-affected-areas-list.html</a> ). Consult the MHO for the most up-to-date information.
Close contact	A close contact is defined as a person who provided care for the patient, including healthcare workers, family members or other caregivers, or who had other similar close physical contact or who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.
Another Epi-link	Exposure to known clusters or a known exposure event in a communal setting (e.g., facility outbreaks, cruise ship outbreaks, airplane clusters). These may not involve close contact with a specifically identified case in the cluster/exposure setting.
Unknown Exposure	The source of the client's infection is unknown. The client has not reported international travel, close contact with a confirmed or probable case or an epi link to a cluster in the 14 days prior to onset.
Recovered	Resolution of symptoms followed by two negative tests at least 24 hours apart.
High-risk contact	Includes close contacts (defined above) and airline contacts (within a 2 meter radius of the case per BC Public Health Management interim guidance - <a href="http://www.bccdc.ca/health-professionals/clinical-resources/novel-coronavirus-(covid-19)#Casemanagement">http://www.bccdc.ca/health-professionals/clinical-resources/novel-coronavirus-(covid-19)#Casemanagement</a> ).
<sup>†</sup> The hospitalization provincial surveilland	, ICU admission, or death does not have to be attributable to COVID-19, a positive laboratory test for SARS-CoV-2 is sufficient for see reporting.
<sup>††</sup> Includes persons a	admitted to hospital but without transfer to a ward/unit.

#### N. 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).