BC Centre for Disease Control
An agency of the Provincial Health Services Authority

COVID-19
Case Report Form

INSTRUCTIONS

- **This form is confidential when completed.**
- **Create investigations for all confirmed and probable COVID-19 cases in Panorama or 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.**
- **Notify BCCDC about out-of-province cases or contacts requiring public health follow-up.**
- **BCCDC Communicable Diseases and Immunization Service phone number: 604-707-2510**
- **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 Surveillance of Reportable Conditions chapter of the CD Manual.**

Panorama Data Entry Guidance

More details in Section N, page 6

PERSON REPORTING

Health Authority*: ☐ FHA ☐ FNHA ☐ IHA ☐ NHA ☐ VCH ☐ VIHA

Name: *Last* *First* | Phone Number: ( ) - ext.

Email: | Fax Number ( ) - ext.

Date report received by health authority*: _____ *YYYY / MM / DD*

Source(s) of information: ☐ Patient/family interview ☐ Attending clinician ☐ Hospital record ☐ Other, *specify*: _____

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

A. CLIENT PERSONAL INFORMATION

Panorama Investigation ID*: PARIS Client ID:

Name*: *Last* *First* *Middle*

Date of Birth*: _____ *YYYY / MM / DD* | Gender*: ☐ Male ☐ Female ☐ Undifferentiated ☐ Unknown

Health Card Number*: | Alternate Name(s):

Phone Number (home/work/mobile): ( ) - ext.

Address: *Unit #* *Street #* *Street Name* *City**

Postal Code*: | Province*: | Country of Residence (*if not Canada*) *:

Record or review and update in
>Subject
>>Client Details
>>>Personal Information

Select this address as "Client Home Address at Time of Initial Investigation" in
>Investigation
>>Investigation Details
>>>Investigation Information

B. INDIGENOUS INFORMATION

Do you wish to self-identify as an Indigenous Person? ☐ Non-BC Resident ☐ Asked, not provided ☐ Not asked ☐ No ☐ Yes

Indigenous Identity: ☐ Asked, but unknown ☐ Asked, not provided ☐ First Nations ☐ First Nations and Inuit ☐ First Nations and Métis ☐ First Nations, Inuit and Métis ☐ Inuit ☐ Inuit and Métis ☐ Métis ☐ Not asked

First Nations Status: ☐ Asked, but unknown ☐ Asked, not provided ☐ Non-Status Indian ☐ Not Asked ☐ Status Indian

Indigenous Organization: _____

Record or review and update in
>Subject
>> Client Details
>>> Indigenous Information

	Panorama Data Entry Guidance

C. RISK FACTORS

Risk Factor	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed
Chronic cardiac disease	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐
Kidney disease	☐	☐	☐	☐	☐
Liver disease	☐	☐	☐	☐	☐
Malignancy/cancer	☐	☐	☐	☐	☐
Chronic respiratory/pulmonary condition	☐	☐	☐	☐	☐
Chronic neurological or neuromuscular disorder	☐	☐	☐	☐	☐
Immunocompromised	☐	☐	☐	☐	☐
Pregnancy* *If yes,* gestational age (weeks): _____	☐	☐	☐	☐	☐
Post-partum (≤6 weeks) at time of symptom onset	☐	☐	☐	☐	☐
Other, *specify*: _____	☐	☐	☐	☐	☐

Record in
> Subject
>> Risk Factors

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.

Follow PPHIS guidance to ensure previously-recorded risk factors are marked as pertinent to the investigation.

D. EXPOSURES

Is the client a healthcare worker[§]?* ☐ 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: _____

Worksite(s):* _____

Did the client have laboratory exposure to biological materials known to contain SARS-CoV-2?	☐ Yes	☐ No	☐ Asked but Unknown	☐ Declined to Answer	☐ Not Assessed
Does the client work in or attend a school or daycare?	☐ Yes	☐ No	☐ Asked but Unknown	☐ Declined to Answer	☐ Not Assessed
Is the client a resident of a long-term care facility?	☐ Yes	☐ No	☐ Asked but Unknown	☐ Declined to Answer	☐ Not Assessed
Did the client travel outside of Canada in the 14 days prior to illness onset?* *If yes*,	☐ Yes	☐ No	☐ Asked but Unknown	☐ Declined to Answer	☐ Not Assessed
If yes, specify country*: _____ Date left area (yyyy/mm/dd): _____/____/____					
Was the client in close contact[§] with a probable[§] or confirmed[§] case of COVID-19 within 14 days prior to illness onset?*	☐ Yes	☐ No	☐ Asked but Unknown	☐ Declined to Answer	☐ Not Assessed

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

[§] Definitions are available in Section M

If yes:

Panorama Investigation ID or Case identifiers (e.g., name, PHN)	First Contact Date (*yyyy/mm/dd*)	Last Contact Date (*yyyy/mm/dd*)	Contact Setting	Comments
	_____ Or sustained contact (no specific contact date): ☐Yes ☐No ☐UK		☐ Household ☐ Workplace ☐ Health care ☐ Unknown ☐ Other, *specify*: _____	
	_____ Or sustained contact: ☐Yes ☐No ☐UK		☐ Household ☐ Workplace ☐ Health care ☐ Unknown ☐ Other, *specify*: _____	

	Panorama Data Entry Guidance

D. EXPOSURES cont.

In the 14 days prior to symptom onset, was this client exposed to a known cluster or outbreak (e.g. communal setting with cases, community cluster.)?* ☐ Yes ☐ No ☐ Asked but Unknown ☐ Declined to Answer ☐ Not Assessed

If yes, setting type:*
☐ Acute care facility ☐ Long term care facility ☐ Assisted living ☐ Independent living
☐ Group home (community living) ☐ Other residential facility type, specify: _____
☐ Correctional facility ☐ School or daycare ☐ Shelter ☐ Conference
☐ Workplace not otherwise specified ☐ Other, *specify*: _____

If yes, role/group:* ☐ Staff ☐ Resident / patient ☐ Inmate
☐ Student ☐ Other, *specify*: _____

If yes, cluster/outbreak name:* _____

Start date (yyyy/mm/dd): _____/____/____ End date (yyyy/mm/dd): _____/____/____

Was this case most likely acquired in the community/from an unknown source [§]?* ☐ Yes ☐ No ☐ Asked but Unknown ☐ Declined to Answer ☐ Not Assessed

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

E. TRANSMISSION

Total number of close contacts[§] identified for this client: _____ ☐ Unknown

Was there an event or location at which this client may have exposed 25 or more contacts? ☐ Yes ☐ No ☐ Unknown
If yes, event name: _____ Event date (yyyy/mm/dd): _____ Event location: _____

F. LABORATORY INFORMATION

Specimen Collected	Collection Date *(YYYY/MM/DD)*	Testing Laboratory	Result for SARS-CoV-2
☐ Upper respiratory (e.g., Nasopharyngeal or oropharyngeal swab)			☐ Positive ☐ Negative ☐ Indeterminate ☐ Pending
☐ Lower respiratory (e.g., sputum, tracheal aspirate, BAL, pleural fluid)			☐ Positive ☐ Negative ☐ Indeterminate ☐ Pending
☐ Other, *Specify*:_____			☐ Positive ☐ Negative ☐ Indeterminate ☐ Pending

Has another respiratory organism been identified? ☐ Yes ☐ No ☐ Unknown

If yes, specify the organism: _____

Receive through E-Lab inbox, or record in >Investigation >>Lab >>>Lab Quick Entry

Record Causative Agent in >Investigation >>Disease Summary

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

NOTE: the lab test in Panorama starts with "Human coronavirus…"

G. SIGNS AND SYMPTOMS

Earliest onset of symptoms*: _____ / _____ / _____
YYYY *MM* *DD*

Sign / Symptom	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed
Acute respiratory distress syndrome	☐	☐	☐	☐	☐
Arthralgia (painful joints)	☐	☐	☐	☐	☐
Chills	☐	☐	☐	☐	☐
Coma	☐	☐	☐	☐	☐
Confusion	☐	☐	☐	☐	☐
Conjunctivitis	☐	☐	☐	☐	☐
Cough	☐	☐	☐	☐	☐
Diarrhea	☐	☐	☐	☐	☐

Record in >Investigation >>Signs and Symptoms

Record at least one symptom and specify onset date. Select "Set as Onset" for symptom with earliest onset date.

[§] Definitions are available in Section M.

	Panorama Data Entry Guidance

G. SIGNS AND SYMPTOMS cont.

Sign / Symptom	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed	Panorama Data Entry Guidance
Encephalitis	☐	☐	☐	☐	☐	Record in >Investigation >>Signs and Symptoms Record temperature as Observation Value under "Details Exist"
Fever If yes, specify the highest temperature recorded: _____○C	☐	☐	☐	☐	☐	
Headache	☐	☐	☐	☐	☐	
Hypotension (low blood pressure)	☐	☐	☐	☐	☐	
Irritability	☐	☐	☐	☐	☐	
Myalgia (muscle pain)	☐	☐	☐	☐	☐	
Nausea	☐	☐	☐	☐	☐	
Pharyngitis (sore throat)	☐	☐	☐	☐	☐	
Rhinorrhea (runny nose)	☐	☐	☐	☐	☐	
Seizure	☐	☐	☐	☐	☐	
Shortness of breath / breathing difficulty	☐	☐	☐	☐	☐	
Tachypnea (rapid breathing)	☐	☐	☐	☐	☐	
Vomiting	☐	☐	☐	☐	☐	
Weakness	☐	☐	☐	☐	☐	
Other, *specify*: _____	☐	☐	☐	☐	☐	

H. CLINICAL EVALUATIONS, COMPLICATIONS AND DIAGNOSES

	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed	Panorama Data Entry Guidance
Abnormal lung auscultation	☐	☐	☐	☐	☐	Record in >Investigation >>Investigation Details >>>Links & Attachments >>>> COVID-19 surveillance Case Investigation Form
Altered mental status	☐	☐	☐	☐	☐	
O_2 saturation <95%	☐	☐	☐	☐	☐	
Pharyngeal exudate	☐	☐	☐	☐	☐	
Renal failure	☐	☐	☐	☐	☐	
Sepsis	☐	☐	☐	☐	☐	
Other, *specify*: _____	☐	☐	☐	☐	☐	

I. HOSPITALIZATION

		Panorama Data Entry Guidance
Admitted to hospital[§]:* ☐ Yes ☐ No ☐ Unknown		Record in >Investigation >>Investigation Details >>>Links & Attachments >>>> COVID-19 surveillance Case Investigation Form
If yes, admission date (yyyy/mm/dd)*: _____/____/____	Discharge date (yyyy/mm/dd)*: _____/____/____	
Admitted to an intensive care unit[§]?* ☐ Yes ☐ No ☐ Unknown		
If yes, admission date (yyyy/mm/dd)*: _____/____/____	Discharge date (yyyy/mm/dd)*: _____/____/____	
Required intubation/ventilation? ☐ Yes ☐ No ☐ Unknown		

[§] Definitions are available in Section M.

	Panorama Data Entry Guidance
I. HOSPITALIZATION cont.	
Was a chest X-ray performed? ☐ Yes ☐ No ☐ Unknown *If yes*, chest X-ray summary: _____	
Physician diagnosis at time of this report: ☐ Pneumonia / bronchitis ☐ Other, specify: _____	
J. 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*: _____	Record in >Investigation >> Outcome If fatal outcome, see Section K for data standards.
If died, cause of death: ☐ Contributed but wasn't underlying cause ☐ Did not contribute to death/incidental ☐ Underlying cause of death ☐ Unknown ☐ Other, specify: _____	
K. CLASSIFICATION*	
☐ Confirmed ☐ Probable ☐ Person Under Investigation ☐ Not a Case Case definitions are available in Section M.	Record/Update in >Investigation >>Disease Summary
L. NOTES	
	Record in >Notes In order to have the note linked to the investigation, ensure the investigation is in context when creating the note.

[§] 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[†]	Any person admitted to a hospital for at least an overnight 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 admission was related to COVID-19, please report as a hospital admission.
ICU admission	Any person admitted to an intensive care unit (ICU) for at least an overnight 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 admission was related to COVID-19, please report as an ICU admission.
Death	A death (from any cause) occurring in any person with no period of complete recovery between illness and death.
Suspect case	A person with fever and/or cough who meets the exposure criteria and for who a laboratory test for COVID-19 has been or is expected to be requested.
Probable case	A person 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 laboratory diagnosis of COVID-19 is inconclusive. [1] 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. An indeterminate result on a real-time PCR assay is defined as a late amplification signal in a real-time PCR reaction at a predetermined high cycle threshold value.
Confirmed case	A person with laboratory confirmation of infection with the virus that causes COVID-19 is 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).

M. DEFINITIONS cont.	
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 (https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/covid-19-affected-areas-list.html). 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.
Acquired in the community / unknown source	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 exposure to a known cluster or outbreak in the 14 days prior to onset.
Recovered	Self-isolation has been discontinued per the criteria outlined in the BC guidelines for public health management of COVID-19: (1) resolution of fever without use of fever-reducing medications; AND (2) improvement of symptoms (respiratory, gastrointestinal and systemic); AND (3) either two negative nasopharyngeal swabs collected at least 24 hours apart, or at least 10 days have passed since onset of symptoms.

† Includes persons 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).