



- 1. Search for Client
- 2. Update Client Phone Number, Create Temporary Address, Ethnicity Information
- 3. <u>Create Enteric Investigation</u>
- 4. Making a Lab Pertinent to an Investigation
- 5. Immigration & Indigenous Information
- 6. Completing Investigation Information
- 7. Signs and Symptoms
 - <u>Recovering a Sign or Symptom</u>
 - Adding an Additional Sign or Symptom
- 8. Risk Factors
 - Adding an Additional Risk Factor
- 9. Recording a Medication Other Than a TB or HIV Drug-Other Medication
- 10. Links and Attachments
- 11. Creating an Acquisition Event
- 12. Adding a Non-Human Source
- 13. Entering Public Health Interventions
- 14. Adding an Outcome
- 15. Uploading a Document to an Investigation
- 16. Adding a Clinical Note to an Investigations
- 17. Adding the Serotype if needed
- 18. Update the Investigation Disposition and Close Investigation
- 19. Adding a Secondary Investigator
- 20. Updating the PHAC Date.

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Search for a Client

Search for a client



From the left-hand navigation bar, click on Search Clients

	Search Clients			3	Search Retrieve Reset # 🖨 ?
	Basic Search Criteria				*
1	Client Number:	Client Number Type:	~ 2		Select all that apply:
	Last Name: Mother's Name: Gender:	First Name:	Middle Name:		Use Phonetic Matches
	Choose one: Date of Birth: yyyy/mm/	dd			

Health Card Number is the preferred search for a client

- 1. Client Number Enter the client's Health Card Number. You need to enter all 10 digits
- 2. Client Number Type Select Health Card Number from the drop down list
- 3. Click on the **Search** button

If you do not have the client's Health Card Number, you can search by client name, gender and date of birth

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ſ	Search Clients	5	Search Retrieve Reset # 🔒 ?
	Basic Search Criteria		*
	Client Number: Client Number Type:		Select all that apply:
	Last Name: Middle Name: Middle Name: Middle Name:		Use Phonetic Matches
3	Gender:		
٦	Choose one: Date of Birth: yyyy/mm/dd 4		

- 1. Last Name Enter client's last name
- 2. First Name Enter client's first name
- 3. Gender Select the client's gender from the drop-down list
- 4. Date of Birth Enter client's DOB
- 5. Click on the **Search** button

The results of your client search will be displayed in the Search Results table

	Search Results						< <a>				
				3			4			Client Quick Entry Cr	eate Client
2 Preview Update Set In Context Create Cohort Subject Summary		t Summary									
		▼	Client ID 💠	Health C	ard Number ≎	Last Name	First Name	Gender ≎	Date of Birth	Health Region ≎	Active \$
		0	5423	93330000	001	Summer	Alice	Female	2000 Jan 01	NSHA	Active
1		Image: Second system 5424 9333000002 Summer Image: Second system 9333000003 Summer		Summer	Bertha	Female	2000 Jan 01	NSHA	Active		
_				Caitlin	Female	2000 Jan 01	NSHA	Active			

- 1. Click the **checkbox** for the client that you want to work with.
- 2. The **Action** buttons are now activated for that client.
- 3. If you want to review/update the address and telephone information for the client, click the **Update** button.
- 4. If you want to go directly to the client's investigations, click the **Subject Summary** button

If no search results are returned:

- Remove first name and complete search. The client may not have provided their legal name
- Remove DOB and complete search. The client's mm/dd may be reversed.

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Update Client Telephone Number, Create a Temporary Address, Ethnicity Information

Note: The nightly Provincial Client Registry load updates the **Primary Home** and **Workplace** telephone numbers & the **Postal Address** and **Primary Home** addresses in Panorama.



From the left-hand navigation, click on Client Demographics

Telephone Number

View the client's telephone numbers.

Telephon Update	e Numbers Delete Set Preferred				• * 1 Add
B	Number \$	Effective From 🔻	Effective To \$	Preferred 🔻	
	Primary home: 902-864-2222	2020 Mar 02			\checkmark
Total: 1					10 🗸

If the telephone number the client provided is different than what is in Panorama, you will need to add the telephone number.

1. Click on the **Add** button

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Telephone Numbers		~ [\$
Add Telephone Number	Apply	Reset	×
Telephone Number: Number: Canada 1 * Effective From: To: 2020/06/12 yyyy/mm/dd		1	
	3	Apply	Reset

- 1. **Number** enter the telephone number
- 2. Usage select mobile contact from the drop-down list
- 3. Click on the **Apply** button

You need to set the mobile contact to preferred.

	Telephone	Numbers 2			× ×
	Update	Delete Set Preferred			
	B	Number 🗘	Effective From 💌	Effective To 🗘	Preferred *
	0	Primary home: 902-864-2222	2020 Mar 02		√
1	•	mobile contact: 902-222-2222	2020 Jun 12		
	Total: 2				10 🗸

- 1. Click on the radio button for mobile contact
- 2. Click on the **Set Preferred** button
- 3. Click on the Save button (top right-hand area of the screen)





Address

View the client's address (es)

Addı	resses	;							_	*	\$
										1	Add
Up	date	Delete	Set Preferred						_		
	Ð	Address Type ≎	Address \$	Address Detail ≎	Effective From ▼	Effective To	Preferred *	Active Household Members \$	Valid \$	0	n Reserve
		Primary home	99 Summer Landing, Smith Cove, Nova Scotia, Canada		2020 Mar 02		~	1	-		
		Postal address	66 Summer Landing, Smith Cove, Nova Scotia, B1B1K1, Canada		2019 Nov 04			1	-		

If the client's address in Panorama does not contain a postal code or the address is different than the address the client provided, you will need to add the address.

1. Click on the Add button

	Addresses		✓ 🚖
	Add Address		Apply Reset 🖨 🗙
	Address Format: Structured General Se	mi-Structured	
1	* Address Type: Ad	dress on Reserve Administered By:	
2	Unit No.: Street No.:	Street Name: Street Type: Street Direction:	
	P.O. Box: STN:	RPO: Rural Route:	
	Country:	Province / Territory: City / Town: Postal Code:	
	Canada Other Address Details: (100 characters remaining.) • Effective From: 2020/06/12	de: Longitude:	
			3 Apply Reset

1. Address type - select Temporary address from the drop-down list

2. Address field - enter the address including city/town and postal code

Panorama- Enteric Case Management

Version 4 Last Updated: 2021-02-23





3. Click on the **Apply** button

You need to set the temporary address to preferred.

2							Add			
Up	odate	Delete	Set Preferred							
	B	Address Type ≎	Address \$	Address Detail ≎	Effective From 💌	Effective To	Preferred 🔻	Active Household Members \$	Valid \$	On Reserve ≎
		Primary home	99 Summer Landing, Smith Cove, Nova Scotia, Canada		2020 Mar 02		~	1	-	
۲	Ð	Temporary address	33 Winter Avenue, Beaver Bank, Nova Scotia, B4G1E6, Canada		2020 Jun 12				-	
		Postal address	66 Summer Landing, Smith Cove, Nova Scotia, B1B1K1, Canada		2019 Nov 04			1	-	

- 1. Click on the radio button for temporary address
- 2. Click on the Set Preferred button
- 3. Click on the Save button (top right-hand area of the screen)

Ethnicity Information

Note: If the client does not provide an answer to the question related to their ethnicity, this still needs to be documented in Panorama.

Ethnicity Information	1
Birth Information	✓ 🔰

1. Expand open the Ethnicity Information tab by clicking on the down arrow.





Ethnicity Information	n								*
Ethnicity:		Oth	er Ethnicity:	Ethnicity Reported by: Client Other Provider					
African Nova Scotian								*	*
Asked, but unknown	÷							~	^
Asked, not provided Black									Add
East/Southeast Asian		Preferred							
Latino Middle Eastern			Effective From 🔻		Effective To 💲		Preferred *		
Other Ethnicity	~)2-232-3232	2020 Aug 26					\checkmark	
South Asian	_				\gg				10 🗸

- 1. Select the Ethnicity value from the drop-down list. If the client identifies with an Ethnicity that is not in the list, choose "Other Ethnicity" and go to step 2.
- 2. If "Other Ethnicity" is chosen in step 1, type in the Ethnicity the client identifies with.
- 3. Select who provided the Ethnicity information to you (click one).

Click **Save** at the top of the page.

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Create an Enteric Investigation

Search kasease Notifications
Investigation
Subject Summary
Investigation Summary
Investigation Quick Entry
 Investigation Details

From the left-hand navigation, click on **Subject Summary**

Subject Sum	mary			0
				ACTIVE
Client ID:	Name(Last, First Middle) /	Health Card No:	Date of Birth / Age:	
<u>9351</u>	Gender: Chisholm, Erica Anne / Female	8003214306	1995 Oct 10 / 25 yea	irs
Phone Number:	Address:	Additional ID Type / Additional ID:		
mobile contact: 902-863-3683	44-12 Main Street, Antigonish, Nova Scotia, B2G2K9, Canada	Provincial health service provider identifier / -	e	
Communicable Disea Group	se Investigation Encounter			🗙 Hide
	Disease:		~	Investigation Quick Entry
			,	Create Investigation
Investigation 404	46 - Unusual/Emerging Dis	sease - Open		Show
Unassociated En	counters (Non-Investigation	n)		🗙 Hide
0 encounter(s) total			Click Encou	nter Date for encounter details.
Move Selected Encounte Unassociated Non-Episod				
Non-Episode Encounter	s			Create Encounter Hide
Encounter Date	Encounter Type Encounter Reaso	ons C	Organization	Location





Enteric Investigations: Botulism, Campylobacteriosis, Cholera, Cryptosporidiosis, Cyclosporiasis, Giardiasis, Hepatitis A, Listeriosis Invasive, Salmonella, Shellfish Poisoning, Shigellosis, Typhoid, Verotoxigenic E.Coli.

Confirm an open Enteric Investigation does not already exist under the Communicable Disease Investigation Encounter group. If a closed investigation does exist please consult with a CDC nurse to determine if it's a new investigation.

Communicable Disease Investigation Encounter Group	_	☆ Hide
Disease:		e Investigation

Click Create Investigation under Communicable Disease Investigation Encounter Group.

Panorama- Enteric Case Management

Version 4 Last Updated: 2021-02-23





	Disease Summary		☆ Hide
	* Disease:	Salmonellosis V 1	
2	* Authority:	National V *Classification: Case - Confirmed V 3	
	* Classification Date:	2021 / 01 / 05 III 4	
5	Microorganism:	Salmonella V	
	Serotype:	V	
	Group:		
	NML No.:		
	Serotype (specify):		
	wgMLST Cluster Code:		
	Information Source:		
	Investigation Informat	lion	☆ Hide
	Priority:		
6	* Disposition: Investigati	on in progress	

Enter the following information:

- 1. Disease- select appropriate Enteric Illness (Salmonella) from drop-down list
- 2. Authority- select National from drop-down list
- 3. **Classification -** select the classification which fits current case definition (PUI, Probable, Confirmed, Not a case) from drop-down list
- 4. Classification Date- will auto populate to current date, please back date if needed
- 5. Microorganism- select appropriate Enteric Illness (Salmonella) from drop-down list
- 6. Disposition- select Investigation in progress from drop-down list





Responsible Organization / Investigator
* Responsible Organization : Antigonish Public Health Office V 1
To specify an Organization first click on the 'Find' button. Then search, or type the name of the Organization you wish to specify, select it and click on 'Select' button. Then click 'Close' to close.
Organization: Top Level > Level 2 (specific one) > Level 3 (specific one) > [Selected Level 4 Organization]
* Responsible Organization Workgroup : IOM-Antigonish PHO-Unmonitored V
* Responsible Organization Date : 2021 / 01 / 05 3
yyyy mm dd
* Investigator Organization : Eastern Zone V 4
* Investigator Workgi IOM-Eastern Zone 🗸
Investigator Name : 5 Rachel Chisholm/Antigonish PHO 6
* Assigned Date : 2021 / 01 / 05 III 7

Enter the following information:

- 1. Responsible Organization- find and select Your Public Health Office
- 2. **Responsible Organization Workgroup-** select IOM- **Area where you work**-Unmonitored from drop-down list
- 3. **Responsible Organization date-** auto populates to current date and can be changed as needed
- 4. Investigator Organization- find and select your Zone
- 5. Investigator Workgroup- IOM Your Zone i.e IOM Eastern Zone
- 6. Select investigator name- your name
- 7. Assigned date- auto populates to current date and can be changed as needed





	Reporting Notification	☆ Hide
	* Reporting Source:	
1	Provider: Ryan SOMMERS	
	Click Find to select a provider:	
	Provider:SOMMERS, Ryan, Medical Doctor, CPSNS ID #: 14209	Find Q
	Please select among the 2 available search methods; Search or Type.	Close X
	Type Search	
	Start typing the last name of the Provider. Matches will begin to appear below. Select the match with the keyboard or mouse.	
	Name of Provider: SOMMERS, Ryan, Medical Doctor,	Show Info
		Select
1	O Location: Antigonish Public Health Office	
_	To specify a Service Delivery Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location you	wish to specify, select it
	and click on 'Select' button. Then click 'Close' to close.	
	Service Delivery Location: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Sco Authority > Eastern Zone > Antigonish Public Health Office > [Antigonish PHO]	Find Q
1	Other:	
	Type of Reporting Source: Lab	
	Method of Notification:	
	At least one of the following dates is required.	

Report Date (Sent):	уууу	/ mm	/ dd	Report Date (Received):	2021 уууу	/ 01 mm	/ 05 dd		4
						5	Submit	Clear	Cancel

Enter the following information:

- 1. **Reporting Source-**will depend on how you were notified of the case.
 - Select **Provider** radio button and search using the **Find** button for reporting <u>HCP</u> if a provider was the first to notify Public Health, ensure to click **Select**
 - Select Location radio button and search using the Find button for <u>resulting lab</u> if the lab was the first to notify Public Health, ensure to click Select

Panorama- Enteric Case Management





- Select Other radio button and free text if that is the appropriate selection i.e. DHW or source case etc. was the first to notify Public Health
- 2. Type of Reporting Source select appropriate response from the drop-down list
- 3. Method of Notification- Select appropriate response from the drop-down list
- 4. **Report Date (Received)** auto populates to current date. Change the date to the received date if applicable.
- 5. Click Submit

After creating an investigation, you are taken to the **Disease Summary** screen

Making a Lab Pertinent to an Investigation

When a lab has been processed from the Electronic Lab Report Inbox, it sits at the **Subject Summary** level until it is attached to an Investigation by an Investigator.

To find this lab, ensure the investigation is not in context. To put the client **only in** context:

1	Recent Work Search	Recent Work:						
	Search Investigations Search Lab	1. Client: <u>Chisholm, Erica Anne (Client ID: 9351)</u> - Investigation: <u>Salmonellosis</u>						

- 1. Go to Recent Work
- 2. Click on the client (not the investigation) hyperlink.





. This will bring you to the View Client page:

Client Information	
Client ID:	9351
Client Name:	Chisholm, Erica Anne
Preferred Alternate Name:	
Health Card Number:	8003214306 - Nova Scotia Health Card
Date of Birth:	1995 Oct 10
Age:	25 years
Gender:	Female
Gender Identity:	
Other Identity:	
Preferred Address:	44-12 Main Street, Antigonish, Nova Scotia, B2G2K9, Canada
Preferred Telephone Number:	mobile contact: 902-863-3683 🧕
Health Region:	Antigonish PHO
Relationships:	

From the left-hand navigation, click on Lab Summary

Investigation Subject Summary Investigation Summary Investigation Quick Entry Investigation Details Lab

Lab Summary

Electronic Lab Report





		Specimen Collection / Imaging	Specimen Type / Description	Result Name	Interpreted Result; Result	<u>Fla</u> g▼	Accession No. 🔻	Etiologic ▼ Agent	Epi Markers	<u>Result</u> Status
	Ð	2021 Jan 3	Stool / -	Culture/Identification	Positive;		CBRH0123456789	Salmonella	-	Prelimina
	Đ	2021 Jan 3	Stool / -	Presence or identity	Positive;		CBRH001236789	Salmonella	-	Prelimina
Tota	1: 2	(4 F	Page 1 of 1					Ju	mp to page	

On the Lab Summary screen, scroll down to the summary table

- 1. Click the **Radio** button for the lab result that you want to make pertinent to the investigation
- 2. Click the View/Update Lab Report button. You will be taken to the Human Lab Report Screen





Re	quisition Tests:	✓ Add	to Report					Set All Negat
Row	3 Sub Peri	ject Invest	igations: 6	014, Salmonell	osis, 2021 Jan 5	Unlin	to Investigation k from Investigatio pdate Annotations	n]
	Test V	Resulted	Test Name	Specimen	Collection Date	Pertinent Investigations	Test Annotations	Encounter Group
				Stool/ Stool	2021 Jan 3			Communicable Disease

On the Lab Report Screen

- 1. Scroll down to the **Selected Tests** section.
- 2. Click the Radio button for the specific test name.
- The Subject Investigations area will now be activated and the drop down field will contain investigations that you can select from.

Row Actions: Delete Test Se	to Can	not Report		1	
Subject Investigat	ons:	6014, Salmonellosis, 2021 Jan 5	~	Link to Investigation	

1. From the drop-down list, click on the investigation that you want to make the lab pertinent to and click the "Link to Investigation" button.





Row Actions:	Delete Test	Set to Canr	not Report					
	Subject Inves	stigations:			~	Link to Inv	estigation	
	Pertinent Inv	estigations:			~	Unlink from	m Investigation	
	Test Annotat	ions:			(4000 charact	× .	Annotations	
Test ID	Resulted	<u>Test</u> <u>Name</u>	Specimen	Collection Date	Pertinent Investigatio		Test Annotations	Encounter Group
• <u>744</u>	~	Culture	Stool/ Stool	2021 Jan 3	6014, Salmor 2021 Jan 5	ellosis. 1		Communicable Disease Investigation
	✓ Delete							Save Reset Cancel
			ow pertine ve button	nt to the i	nvestigatior	1		
A duplicate	e Report exists.	Please check	k the 'Override [Duplication' che	eckbox to bypass (uplicate valid	ation.	
A duplicate								
A ouplicate								🗹 Override Dup
eason for D	eletion:		Lai	Reports for	Requisition:			V Override Dup

Because there are three lab reports pertaining to Salmonella you will receive above red message:

- 1. Check the **Override Duplicate** box
- 2. Click Save

Follow the above steps for all 3 labs.





Updating Immigration Information



From the left-hand navigation, click on Immigration Information

Immigration Information			3	Save Reset 🗉 🚺	?
Client ID: 5423 Image: Summer, Alice Summer, Summer, Alice Summer, Sum	rst Middle) / Gender: e / Female	Health Card No: 9333000001 Additional ID Type / Additional ID: Provincial health service provider in	lentifier /	Date of Birth / Age: 2000 Jan 01 / 20 y	
Immigration Information					\$
Citizen: • Yes No	Date Citizenship Rece yyyy/mm/dd	ived:			
Immigration File No:	Date Immigration Form	n Received:			
Arrival Date: yyyy/mm/dd	Arrival Year:				
Immigration Status at Time of Arrival:					
Country Emigrated From:	Country Last Resided	•			
Country Born in:	Province Born in:				
Mother's Birth Country:	Father's Birth Country	r:			

Panorama- Enteric Case Management

Version 4 Last Updated: 2021-02-23





- 1. Citizen click on the appropriate radio button: Yes or No
- 2. **Country Emigrated From** if citizen is no, select the country the client emigrated from in the drop-down list.
- 3. Click the **Save** button

Adding Indigenous Status

Note: If the client does not identify as Indigenous or if they refused to answer the question, Indigenous Information still needs to be documented in Panorama.

<mark>, 1</mark> S	Subject	^	
(Client Details		
	Client Demographics		
	Occupation/Education		
	Health Services		
	Indigenous Information		
	Immigration Information		
		_	

From the left-hand navigation, click on Indigenous Information.

If the client does not have **Indigenous Information** in Panorama, you will need to add it.

Indigenous Information	
To create a new record click Add.	1 Add

1. Click on the **Add** button





Indigenous Information						\$
Add Indigenous Information			Apply	Reset	₽	×
Self-identified Indigenous:		Indigenous Identity:				
م Asked not provided		DIAND Number: Band:				
No Not asked Yes	Q					
2020/12/09 🔛 yyyy/mm/dd 🕮						
				Apply	Re	set

1. Select the Self-identified Indigenous value from the drop-down list. If this response is **NO**, go to step 3.

Indigenous Information			^
Add Indigenous Information			Apply Reset 🖨 🗙
Self-identified Indigenous:	Indigenous Identity:	2	
First Nations Status:			
Indigenous Organization:	Asked, but unknown Asked, not provided		
e.g. Organization Display Name	First Nations First Nations and Inuit First Nations and Metis		
2020/12/09 🔛 yyyy/mm/dd 🖼	 First Nations, Inuit and Metis 		Apply Reset
To create a new record click Add.	Inuit		Add

2. If the client self-identified as Indigenous, select the Indigenous Identity from the dropdown list.





In	digenous Information				5 Save	Reset	log 🖨 ? 🔽
P 9	rimary home: 99 Happy Stree 02-232-3232	et, Hubbards, Nova Sco	tia, Canada	Provincial health service p	brovider identifier /	-	
	Indigenous Information		_	_	_	_	^
	Add Indigenous Information					Apply R	teset 🖨 🗙
	Self-identified Indigenous:		Indigenous Identity:				
	Yes	1	First Nations	-			
	First Nations Status: Lives outside a First Natio		DIAND Number:				
	٩		Band:				
	Asked, but unknown	() Q					
	Asked, not provided						
	Asked, replied no	d					
-	Lives outside a First Nations Community					4	
	Lives within a First Nations Community						Apply Reset
	Non-status Indian						Add
	Not Asked						
	Status Indian						

3. Select the First Nations Status (if applicable) from the drop-down list. If the client has answered "No" to Self-identified Indigenous but lives in a First Nations Community, you would identify here. If client says "No" to living in First Nations Community, proceed to step 4

You do not need to enter information in the other fields

- 4. Click the Apply Button
- 5 .Click the Save Button





Completing Investigation Information

Additional information needs to be entered into Panorama once the investigation has been created.



From the left-hand navigation, click on Investigation Information

Investigation Information		
		Investigation History
Priority:		
* Disposition: Investigation in progress V Disposition Date: 2021 / 01	/ 05 📖	
yyyy mm	dd	
* Status: Open 2 * Status Date: 2021 Jan 5		
Client Home Address at Time of Initial 44.12 Main Street Halifax, Nova Scotia, Canada, B2G2K9		3
Client Home Address at Time of Initial Investigation: 44-12 Main Street, Halifax, Nova Scotia, Canada, B2G2K9		✓ 3
Sensitive Environment/Occupation:		~
Environment/Occupation Details:		
		\sim
5		~
	(10	00 characters)
Diagnosis		
Primary Method of		
Diagnosis:		
Method of Detection:		
Comments:		
	~	
	~	
	·	
	(4000 characters)	Add

Panorama- Enteric Case Management

Version 4 Last Updated: 2021-02-23





Priority:	~					Finvestigation History
* Disposition: Investiga	ation in progress	~	Disposition Date	2021 / 01	/ 05	
				уууу тт	dd	
* Status: Open			* Status Date:	2021 Jan 5		
Client Home Address at nvestigation:	Time of Initial	44-12 Main Street,	Halifax, Nova Scotia	a, Canada, B2G2K9	-	~
Sensitive Environment/	Occupation:		Contraction of the local division of the loc			
		prectional facility - Res				- CHERNER AND
Diagnosis	Ci Fe Hi Hi In	prectional facility - Wor deral Agencies - Cana sath care facility - Resi sath care facility - Work dustrial Worker - Factor	k/volunteer dian Armed Forces/ dent/patient v/volunteer y/warehouse/constr	uction	Border Agency/Se	curity/Intelligence Service
Diagnosis Diagnosis Date:		prrectional facility - Wor deral Agencies - Cana salth care facility - Resis salth care facility - Work dustrial Worker - Factor cal First Responders - ing-term care facility - F	k/volunteer dian Armed Forces/l dent/patient v/volunteer y/warehouse/constr Police/irrefighter/EM Resident	uction	Border Agency/Se	curity/Intelligence Service
Diagnosis Date: Primary Method of		prectional facility - Wor ederal Agencies - Cana salth care facility - Resis salth care facility - Work dustrial Worker - Factor cal First Responders -	k/volunteer dian Armed Forces/l dent/patient volunteer y/warehouse/constr Police/firefighter/EM esident Vork/volunteer Resident.	uction	Border Agency/Se	curity/Intelligence Service
		prrectional facility - Wor deral Agencies - Cana- saith care facility - Resis auth care facility - Resis dustrial Worker - Factor cal First Responders - ing-term care facility - V fice worker fice worker firer (specify) esidential care facility - sidential care facility -	k/volunteer dian Armed Forces/l dent/patient volunteer y/warehouse/constr Police/firefighter/EM esident Nork/volunteer Resident. Work/volunteer	uction	Border Agency/Se	curity/Intelligence Service

- 1. **Disposition and Disposition Date** are auto-populated when the investigation was created And can be changed as needed
- 2. Status and Status Date are auto-populated when the investigation was created
- 3. Client Home Address at Time of Initial Investigation select the client's address which includes the Postal Code from the drop-down list. If the drop-down options do not include the correct address with the postal code, you will need to update the address. See reference material on page 3 for Updating Client Address and return to this screen to select from the drop down.
- 4. **Sensitive Environment/Occupation**: High Risk groups include Food Handlers, Child care staff/ volunteers. Health care and/or other staff who have contact with susceptible persons)
- 5. Environment/Occupation Details: Free Text. High Risk groups (Food Handlers, Child care staff/children; health care and/or other staff who have contact with susceptible persons) see Nova Scotia Communicable Disease Chapter for more details regarding high risk groups.

Panorama- Enteric Case Management

Version 4 Last Updated: 2021-02-23





Signs and Symptoms

Note:

These are the response definitions for risk factors and signs & symptoms. This will help you understand what answers should be entered into Panorama.

No – the question was asked, and the individual's response was no.

Not applicable – only use in situations where the risk factor is not applicable to the client. For example – pregnancy risk factor for a male.

Not asked – there is clear indication from a health care provider that they did not ask the specific question, or the interviewer did not ask because of time or the question is awkward/uncomfortable.

Unable to answer – the question was asked, and the individual was unable to answer due to being incapable of understanding the question or communicating an answer.

Unknown – that question was asked, and the individual indicated that they do not know. If a healthcare provider has reported on the risk factors or signs & symptom, only those that a specific response is provided for are to be recorded as yes, no, not asked, unable to answer. All other risk factors or symptoms should be recorded with a response of unknown.

Unwilling to answer – the question was asked, and the individual indicated that they were unwilling to answer the question.

Yes – the question was asked, and the individual's response was yes.

Select Signs and Symptoms from the Left-Hand Navigation

External Sources

Links & Attachments

Close Investigation

Lab

Encounter Details

Signs & Symptoms

Outcomes

Incubation & Communicability



1

Enteric Case Management



Add Signs and Symptoms from the information reported by the client or physician (repeat for all reported Signs & Symptoms)

Row	Actions: Select All Update	Set Onset		Ons	set Date: 3		
	Reason for Deletion :	✓ Dele	2 Present: Yes	✓ 202 УУУУ	21 / 1 / 3		pply Update
	Sign/Symptom	Present 🔻	Onset Date/Time 🔻	Recovery Date/Tim	ne 🔻 Duration 🔻	Reported E.	DOLUIIO CAIOL
	Abdominal pain/discomfort/cramps						No
	Anorexia						No
	Asymptomatic						No
	Bloody stool						No
	Chills						No
	Constipation						No
	Dehydration						No
✓	Diarrhea						No
	Fever						No
	Headache						No
	Malaise						No
	Nausea						No
	Vomiting						No
					· · · · · · · · · · · · · · · · · · ·	I	
							Save Reset
							Save Reset

- 1. Click **Checkbox(s)** for S&S. You can multi-select S&S that have the same onset date.
- 2. Present Select Yes from drop-down if symptom reported and select Apply Update
- 3. Onset Date Enter the date the client reported the S&S
- 4. **Recovery Date-** Enter the date the client reports the S&S has resolved.

Repeat steps #1 and #2 for S&S not present and Apply Update

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Row	Actions: Select All Update	Set Onse	et Clear Onset				
	Reason for Deletion :		Present:	Onse	et Date: // / mm dd	A	pply Update
	Sign/Symptom	<u>Present</u> ▼	Onset Date/Time 🔻	Recovery Date/Time	▼ <u>Duration</u> ▼	Reported By	Details Exist
	Abdominal pain/discomfort/cramps	Yes	2021 Jan 3 00:00 AST				No
	Anorexia	No					No
	Asymptomatic	No					No
	Bloody stool	Yes	2021 Jan 4 00:00 AST				No
	Chills	Yes	2021 Jan 4 00:00 AST				No
	Constipation	No					No
	Dehydration						No
	Diarrhea	Yes	2021 Jan 3 00:00 AST				No
	Fever	Yes	2021 Jan 3 00:00 AST	2021 Jan 5 00:00 AST	T 2 d 0 h 0 m		No
	Headache	Yes	2021 Jan 3 00:00 AST				No
	Malaise						No
	Nausea	Yes	2021 Jan 3 00:00 AST				No
	Vomiting	No					No
						5	Save Rese
						5	

The S&S will now be updated in the table (see below):

5. Click Save





Recovering Signs and Symptoms

To recover a sign or symptom

- 1. Click Checkbox(s) for S&S you wish to recover.
- 2. Click **Update** from Row Actions
- 3. Scroll to the top of the screen
- 4. Add the Recovery Date/Time
- 5. Click Apply Update
- 6. Click **Save**. Located at the top or the bottom of the page.

Row	Actions: Select All Update	2 ^{nser}		Onset Dat	·		
	Reason for Deletion :	✓ De	Present:		//	A	pply Upda
	Sign/Symptom	<u>Present</u> ▼	Onset Date/Time	Recovery Date/Time	<u>Duration</u> ▼	Reported By 🔻	<u>Details E</u>
	Abdominal pain/discomfort/cramps						No
	Anorexia						No
	Asymptomatic						No
	Bloody stool	Yes	2021 Feb 9 00:00 AST				No
	Chills						No
	Constipation						No
	Dehydration						No
	Diarrhea						No
	Fever						No

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* Required field Sign or Symptom:	Bloody stool
Preset:	Yes
Onset:	No
* Present:	Yes 🗸
Onset Date/Time:	2021 / 02 / 09 III 00 : AST Estimated:
Recovery Date/Time:	2021 / 2 / 11 00 : AST Estimated: yyyy mm dd hh mm
Duration:	0 Days + 0 Hours + 0 Minutes(Duration = Recovery Date/Time - Onset Date/Time)
Reported By:	
	5 Apply Update Cl

Table updates with Recovery Date and Time.

Sign/Symptom	<u>Present</u> ▼	Onset Date/Time	Recovery Date/Time	Duration 🔻	Reported By	<u>Details</u> Exist
Abdominal pain/discomfort/cramps						No
Anorexia						No
Asymptomatic						No
Bloody stool	Yes	2021 Feb 9 00:00 AST	2021 Feb 11 00:00 AST	2d 0h 0 m		No
Chille						No





Adding an Additional Sign and Symptom

Client reports a symptom that is not in the displayed list of Signs and Symptoms:

Signs and Symptoms are added through the top section of the screen.

Sign or Symptom	
* Required field* Sign or Symptom:	└─── └
Preset:	No
Onset:	No
* Present:	Yes 🗸
Onset Date/Time:	yyyy mm dd hh mm
Recovery Date/Time:	yyyy mm dd hh mm
Duration:	0 Days + 0 Hours + 0 Minutes(Duration = Recovery Date/Time - Onset Date/Time)
Reported By:	
	3 Add Clear
Row Actions: Select	t All Update Set Onset Clear Onset
Reasor	n for Deletion : Present: Onset Date: Delete V M M dd Apply Update

1. Sign or Symptom – Select the sign or symptom from the drop-down list. If the Sign or Symptom is not in the list select **Other** and also enter the sign/symptom in the **Other Sign or Symptom** field (see below)

Sign or Symptom		
* Required field		
* Sign or Symptom:	Other	
* Other Sign or Symptom:	loss of smell	×

- 2. Onset Date Enter the date the client reported the S&S. Do not enter a time
- 3. Click Add button

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The S&S will now be updated in the table

Other: loss of smell	Yes	2020 Jun 15 00:00 ADT		No

Click the **Save** button (Top or Bottom right-hand area of screen)

Note: If you see this message it indicates that you are leaving without saving your changes.. Click "→ Stay on this page" and click the Save button.

		ovincial health service provider entifier / -	_
_	Window	ws Internet Explorer	♠ Investi
s:	1	Are you sure you want to leave this page?	
C Date/Type: Mar 02 / Most F sure		\rightarrow Leave this page	der Investigation /
		-7 Leave this page	
		ightarrow Stay on this page	Sav
		<u>\</u>	
			•

For enteric disease we need the earliest indication of disease. If the **symptom onset is first indication of Disease:**

- 7. Select one sign/symptom that is the earliest date of symptom onset. Click the **Radio Button**. the sign/symptom
- 8. Click the **Set Onset** Button.
- 9. Click Save

Panorama- Enteric Case Management





R	ow A	Actions:	Sele	ct All	Update		2 et Onse	t	Clear	Onset									
					eletion :				orear	Present:			Ons	et Da	te:				
						``		elete				~	уууу	'	mm	dd		4	Apply Update
I		<u>Sign/Sym</u>	<u>otom</u>		-	Pre	<u>sent</u> ▼	Ons	et Da	te/Time		<u>covery</u> te/Time			uration	<u>1</u>	Reporte By	<u>id</u>	Details Exist
6	1	Abdominal pain/discor	nfort/cra	amps		Yes		202 ⁻ AST		3 00:00									No
٢		Anorexia				No													No
٢		Asymptom	atic			No													No
[Bloody sto	ol			Yes		202 ⁷ AST		4 00:00									No
٦		Chills				Yes		202 ⁻ AST		4 00:00									No
٢		Constipatio	'n			No													No
٦		Dehydratio	n																No
٢		Diarrhea				Yes		202 ⁻ AST		3 00:00									No
٦		Fever				Yes		202 ⁻ AST		3 00:00	20	21 Jan 5 00	:00 AS	T 2	d Oh	0			No
٦		Headache				Yes		202 ⁻ AST		3 00:00									No
		Malaise																	No
٢		Nausea				Yes	i	202 ⁻ AST		3 00:00									No
		Vomiting				No													No
																		3	
		tWeb/encou																	Save
	5	Sign/Symp	<u>tom</u>			-	Prese	<u>nt</u> ~	Ons	et Date/Tir	<u>ne</u> 🔻	Recover		-	Dura	<u>tion</u>		orted	Details
Ļ	1 A	bdominal (ain/dis	comfort	/cramps		Yes		2021	Jan 3 00:0	00	Date/Tim					<u>By</u>		Exist No
		Onset)							AST										
1																		1	Investigatio
	ves 1	tigation ID		Statu: Open						Disposition nvestigatio		rogress		year:		Invest	tigation:		
	seas Imor	e: nellosis		PHAC 2021	Date/T Jan 05 /	/pe: Date	Reporte	ed		Etiologic A Salmonella					ty/Clas // Case		tion: firmed / 20	021 Ja	n 05
													-						Investigation
	nve: 5014	stigation II		Statu Open						Disposition Investigat		progress		ge at 5 yea		rinves	stigation:		
D	isea	se:		PHA	C Date/T		ptom Or			Etiologic	Agen	t:	A	utho	rity/Cla	ssifica	ation:	2021 Ja	

Panorama- Enteric Case Management

Version 4 Last Updated: 2021-02-23





Once you click the Save button, the (onset) will appear beside the sign you've chosen

The PHAC Date will Change from **Date Reported** to **Symptom Onset**.

Documenting Risk Factors

Note-Risk Factors are documented against the Client be sure to have the <u>correct</u> <u>investigation in</u> context.

Subject	^
Client Details	^
Client Demographics	
Occupation/Education	
Health Services	
Indigenous Information	
Immigration Information	
Client Warnings	
Client Relationships	
Consent Directives	~
Allergies	
Risk Factors	
Imms History Interpretation	
Uslasd Olisate	

From the left-hand navigation, click on Risk Factors

The Risk factor table is populated with all presets defined for the enteric disease you are working on (Salmonella).





Risk Facto	or								× 👔
									Add
Update	View	Delete Set Respon	se Set Pertinent						
	Preset \$	Risk Factor 🔺	Additional Information \$	Reported Date ≎	Response ≎	Frequency \$	Date Range ≎	End Date Reason ≎	Pertinent to Investigation \$
	\checkmark	Behaviour - Smoking / vaping / use of smoking paraphernalia							
	\checkmark	Exposure - Animal - contact with pets, farm, petting zoo, or wildlife							
	\checkmark	Exposure - Contact - caring for someone in diapers/incontinent							
	\checkmark	Exposure - Contact - contact with a case (confirmed, probable or suspect)							
	\checkmark	Exposure - Facility - attend / work / volunteer in childcare setting							
	\checkmark	Exposure - Facility - work / volunteer / reside in a health care setting or other institution							

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Image: Second						
V Outdoor - camping Image: Construct of the construction of the c	~	 work / volunteer 				
Image: Section of the context with any section	\checkmark					
V Outdoor - hiking Image: Second P - Second P - hiking Image: Second P - hiking	~	Outdoor - gardening or other contact with				
Image: Constraint of the section of	\checkmark	Exposure - Outdoor - hiking				
Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized Image: Softwapsteurized	\checkmark	Outdoor -				
Image:	\checkmark	cheese -				
Image: Street Food - Srait- Image: Street Food - Fruit- Image: Street Food - Fruit- Image: Street Food - Fruit- Image: Street Food - Fruit - Image: Street Food - Image: Street Food - Food - Fruit- Image: Street Food - Image: Street Food - Image: Street Food - I	~	Food - Dairy - milk - unpasteurized				
Vberriesendcod	\checkmark	Food - Eggs				
Image: Section of the section of th	~					
Image: selection of the	~	Food - Fruit - cider - unpasteurized				
Image: Section of the section of th	\checkmark					
Image:	\checkmark					
Image: Sprouts Image: Sproots Image: Sprouts Image	\checkmark					
Image: Construction Image: Construction Image: Construction Image: Construction	~					
✓ chicken ✓ Food - Meat - pork ✓ Food - Meat - pork ✓ Food - Seafood - ✓ ✓ Food - Seafood - ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ <	~	Food - Meat - beef				
Food - Seafood -	~					
	\checkmark	Food - Meat - pork				
	~					

Panorama- Enteric Case Management

Version 4 Last Updated: 2021-02-23

Page 35 of 90





	\checkmark	Food - Seafood - shellfish				
	~	Food - Venue - grocery store				
	~	Food - Venue - locally sourced products				
	\checkmark	Food - Venue - restaurant				
	\checkmark	Food - Venue - social gathering				
	\checkmark	Sexual Behaviour - A - Oral-anal				
	~	Travel - Inside province				
	\checkmark	Travel - Outside of Canada				
	~	Travel - Outside of province, but within Canada				
	~	Water - Drinking - water source - spring, pond, stream, lake, river				
	\checkmark	Water - Drinking - water source under boil water advisory				
	\checkmark	Water - Drinking - Bottled water				
	~	Water - Drinking - Municipal drinking water system				
	~	Water - Drinking - Well water				
	~	Water - Exposure with spring, pond, stream, lake, river, ocean				
	~	Water - Hot tub, spa, whirlpool, jacuzzi				
						ł
	~	Water - Swimming pool, splash pad				
Total: 41						

 The risk factor table is populated with all presets defined for the enteric illness (Salmonella). Ensure all preset risk factors are showing by clicking the **Drop-down** in the right- hand corner and changing from 10 to "all".

Note: All preset risk factors require a response pertinent to current investigation

Panorama- Enteric Case Management

Version 4 Last Updated: 2021-02-23

1





Risk Factor ~ * Add 2 Update View Delete Set Response Set Pertinent End Date Additional Reported Date Pertinent to Response Frequency Risk Factor -Preset \$ B Reason Information \$ Investigation \$ Date \$ \$ \$ Range 🗘 \$ 1 **Risk Factor** Set Response Apply Reset 🔒 × * Response: Risk Factor Pertinent to investigation in context Yes • ۵ Apply Reset No Response Not Applicable Not Asked End Date Additional Date Reported Response Frequency Pertinent to Reason Investigation \$ Unable to answer Information \$ Date \$ Range 🗘 Unknown Unwilling to answer Exposure - Animal - contact with pets, farm, petting zoo,

For preset risk factors that do not contain a response Pertinent to another Investigation:

- 1. Select check box beside risk factors that are present (you may multi-select).
- 2. Click **Set Response** and select Yes or No
- 3. Click Apply

Repeat steps #1, #2 and #3 for Risk Factors that are not present

Click Save when finished.

Panorama- Enteric Case Management





Documenting an Additional Risk Factor

For a preset risk factors that contains a response Pertinent to another Investigation or to add a risk factor that is not a preset:

<u>Do not update</u> a preset Risk Factor that <u>contains a response Pertinent to another Investigation</u>. You will need to add the Risk Factor for the Enteric investigation.

Risk F	actor	7								× 🙁
Upd	late	View	elete Set Respo	set Pertinent						1 Add
6	B	Preset \$	Risk Factor *	Additional Information \$	Reported Date \$	Response \$	Frequency \$	Date Range ≎	End Date Reason ≎	Pertinent to Investigation \$
		~	Travel - Outside of province, but within Canada		2018 Apr 01	Yes				2495 (Hepatitis C)

- 1. Click the **Add** button
- 2. An area will open above the Risk Factor table. This is where you add a risk factor.

	Risk Factor		
	Add Risk Factor	Apply	Reset 🖨 🗙
1	Category:	ation in conte	xt
	Additional Information:		
	0		
3	* Response: Frequency: Reported By:	•	
	Effective From: Effective To: End Date Reason: * Reported Date: yyyy/mm/dd yyyy/mm/dd 2020/06/12 2020/06/12		
	Reported by Details:		
		4	Apply Reset
			Add
	Update View Delete Set Response Set Pertinent		
		End Date Reason ≎	Pertinent to Investigation \$

1. Category – select the category of the risk factor from the drop-down list.

Panorama- Enteric Case Management





- 2. Risk Factor select the risk factor from the drop-down list
- 3. **Response** select the response form the drop-down list
- 4. Click the **Apply** button, a duplicate risk factor pertinent to the Enteric Investigation will appear

		Ð		Travel - Outside Canada	of	2021 J 04	an Yes				976 (Lyme disease)
			\checkmark	Travel - Outside Canada	of	2018 Ja 01	an Yes				810 (Salmonellosis)
sk	Fact	ors							Save	Reset	
lient 351	ID:	9 <u>1</u>	Name(Last, Chisholm, E	First Middle) / G Erica Anne / Fen	ender: 1ale		Health (800321	Card No: 4306	2	!	Active Date of Birth / Age: 1995 Oct 10 / 25 years
bile	Numbe contac 3-3683	:t:	Address: 44-12 Main	Street, Antigoni	sh, Nova Scotia, B	2G2K9, Canada		nal ID Type / Add ial health service		tifier / -	
ves	tigatio	n									
nvestigation ID: 014		Status: Open			Disposition: Investigation in pr	ogress	Age at time of Investigation: ess 25 years		tion:		
seas Imo	e: nellosis	3	PHAC Dat 2021 Jan	te/Type: 05 / Date Repor	ted	Etiologic Agent: Salmonella		Authorit National	y/Classification / Case - Confi	: rmed / 2021 Ja	n 05
isk	Facto	or									× 🔉
											Add
Up	odate	View	Delete	Set Response	Set Pertinent						
	8	Preset \$	Risk Fac		ditional formation \$	Reported Date \$	Response \$	Frequency \$	Date Range ≎	End Date Reason ≎	Pertinent to Investigation ≎
	1	~	Behaviou Smoking use of sm parapher	/ vaping / loking		2021 Jan 06	Yes	1			<u>6014</u> (Salmonellosis)
		~	Exposure - contact farm, pett or wildlife	with pets, ting zoo,		2021 Jan 06	Yes	<u> </u>			<u>6014</u> (Salmonellosis)
		~	Exposure Contact - for someo diapers/in	caring one in		2021 Jan 06	Yes				<u>6014</u> (Salmonellosis)
		~	Exposure Contact - with a cas (confirme probable suspect)	contact se d,		2021 Jan 06	Yes				<u>6014</u> (Salmonellosis)
	,	~	Exposure - attend / volunteer childcare	work /		2021 Jan 06	Yes				<u>6014</u> (Salmonellosis)
		~	Exposure - work / w reside in a care settin other inst	olunteer / a health ng or		2021 Jan 06	Yes				6014 (Salmonellosis)

- 1. Ensure ALL risk factors have a response and
- 2. Click the **Save** button when done adding any additional risk factors.

Panorama- Enteric Case Management





Recording a Medication Other Than a TB or HIV Drug- Other Meds



Scroll to the Medication section in the Left-Hand Navigation and click **Medication Summary**. Scroll to the **Maintain Medications Details** section.

	Maintain Medication Deta	ls	Hide Maintain Medication Details
	* Required field		
1	Other Meds: Course Completed:	 ✓ ✓ 	
2	 Protocol: Standard Tx: Drug: Drug Description: 	Azithromycin	Select Drug
	Authorized By: Click Fi	e this Provider: nd to select a provider: ider: e Other Provider:	Find Q
4	Dosage:	1000.0 Unit: mg 🗸	
	Route:	✓	
	Frequency:	✓	
	Duration:	Unit: 🗸	
	Order Duration:	Unit: 🗸	
5	Tx Prescribed / Authorized Da	ate: 2020 / 10 / 01 III yyyy mm dd	
	Tx Effective From Date:	2020 / 10 / 01 III Estimated: yyyy mm dd	
	Reason:	✓ Other Reason:	:
	Special Direction:	(100 characters)	_
			6 Add Clear





- 1. Click **Other Meds** check box
- 2. Click **Drug Description** radial button
- 3. Enter name of prescribed drug in the **Drug Description** text box
- 4. Enter **Dosage** and select **Unit** (enter other info if available)
- 5. Enter **Tx prescribed** date
- 6. Click Add

The **Medications Summary** screen is displayed. The medications entered have been added to the **Other Meds** tablelocated near the bottom of the screen.

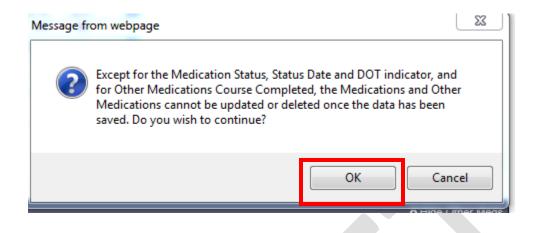
low	Actions: Up	date Delete						Show Active
	Cor	urse Completed:			~	Update Course	Completed	
	Drug 🔻	Dosage / Frequency / Route	Duration	<u>Tx Effective From /</u> <u>Valid To</u>	•	Special Direction	Prescribed [Authorized By	<u>Course</u> <u>Completed</u>
	Azithromycin	1,000 mg	-	2020 Oct 1		-		-

Important: Confirm all information is correct. Once the record is saved, only **Course Completed** information can be updated. The medication cannot be deleted.

1. If record is correct, click Save







The system prompts the user to confirm, click OK to continue.

Indicate Course Completed- Other Meds

Once the record has been saved, only the **Course Completed** information can be updated in **Other Meds**

ROW	Actions: 2		date Delete urse Completed: Prescri	ption Comp	lete	V Upd	ate Course Complete	d 3	Show Active
	<u>Drug</u>		Dosage / Frequency / Route	Duration	<u>Tx Effective From /</u> <u>Valid To</u>	Special Direct			Course Completed
~	Azithromy	/cin	1,000 mg	-	2020 Oct 1	-	-		-

- 1. Click radial button next to the drug to be updated
- 2. Select reason from Course Completed
- 3. Click Update Course Completed button

The system adds the reason selected to the **Course Completed** column in the **Other Meds** table.

Panorama- Enteric Case Management

1





DW .		odate Delete ourse Completed: Prescri	ption Comp	lete	~	Update Course	e Completed		Show Active
	Drug 🔻	Dosage / Frequency / Route	Duration	<u>Tx Effective From /</u> <u>Valid To</u>	•	Special Direction	Prescribed / Authorized	~	Course
1	Azithromycin	1,000 mg	-	2020 Oct 1		-	-		Prescription Complete

Click the **Save** button and the system prompts the user to confirm, select ok.

Message fr	om webpage		
?	Except for the Medication Status for Other Medications Course Cou	ompleted, the Medications or deleted once the data h	and Other
		ОК	Cancel
			A LINC OTHER HIGHE





Completing Links & Attachments

Every Enteric Disease required completion of the **Food Questionnaire UDF Form** From the left-hand navigation, click on **Links & Attachments**

 Investigation
Subject Summary
Investigation Summary
Investigation Quick Entry
 Investigation Details
Disease Summary
Investigation Information
Resp. Org / Investigator
Reporting Notifications
External Sources
Links & Attachments
Close Investigation

Panorama- Enteric Case Management





Us	ser I	Defined Fo	orms					A Hide User Defined Forms
A	vai	lable Fo	rms					Alide Available Forms
Th	There are forms that must be filled out for this UDF Investigation							
							Click on radio button to select.	
R	ow a	actions: Fi	II Out Form 2					
		Form ID 🔻	Form Name	Form Description	Version 🔻	Required 🔻	Date Published 🔻	Associated Files (Version)
0		1	Food Questionnaire	Generic Food Questionnaire	1	~	2019 Apr 24	-

- 1. Click the Radio Button
- 2. Click Fill Out Form Button

A UDF form will populate. Complete the form using the information provided by the client

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PANORAM				
Foods Exposures Q	uestionnaire	_	_	_
Record type: In	vestigation			
	14			
Record Name: U	DF Investigation			
Applicable risk factor a	nd exposure details must t	be captured in the appropriate se	ction of Panorama.	
Food Exposures (uestionnaire			<mark>☆Show/Hide</mark>
Day:			~	
Date:				
Breakfast Place				
Breakfast Food				
Breakfast companions				
Lunch Place				
<				
N I I I I I I I I I I I I I I I I I I I				

Panorama- Enteric Case Management

Version 4 Last Updated: 2021-02-23

1

Page 46 of 90





Complete the form by selecting the day, date, and completing the free text boxes. Complete for each day during the client's acquisition event. If client unsure of exact foods consumed you can obtain a list of general foods consumed, make a note in additional comments to indicate it is a general food list.

Food Exposures Questionnaire	
Day:	Monday
Date:	1/4/2021
Breakfast Place	Home
Breakfast Food	Just Us Coffee black Bens 60% whole wheat bread 2 pieces. Fried Egg, salted butter
Breakfast companions	Spouse Daughter
Lunch Place	Tim Horton's James Street Antigonish
Lunch Food	Black Dark Roast Coffee Chili roll with butter
Lunch companions	Co Worker
Dinner Place	Home

Panorama- Enteric Case Management





Dinner Place	Home
Dinner Food	Baked Potato with fat free sour cream water (tap from private well)
Dinner companions	spouse daughter
Snacks	PEScience Chocolate peanut butter protein powder with water
Additional Information	

dditional Food Exposures								
Add								

4. Once the form is completed click on the submit button.





Foods Exposures Questionnaire Webpage Dialog	23	
https://mutvrp01.panorama.novascotia.ca/UDF_Form_Rendering_Webapp/xforms-jsp/fillOutUdf.xhtml?form=1&entity=6014&type=i&name=UDF Investigation&dang=en&fhHeader=×tamp=2158384		
	^	
Foods Exposures Questionnaire		
Your data has been successfully saved.		
You may now close this window.		

1. Click the X at the top right hand corner to close the window.

va	ilable Fo	orms							🗙 Hide	e Available Forn
here	are forms t	hat must be filled ou	t for this UDF Invest	igation						
form	ns found.								Click on rac	lio button to sele
Row	actions: F	ill Out Form								
	Form ID	Form Name	Form Description	ı	Version 🔻	Required 🔻	Date Pul	blished 🔻	Associated	Files (Version)
0	1	Food Questionnaire	Generic Food Que	stionnaire	1	\checkmark	2019 Apr	24	-	
ille	ed Out Fo	orms							A Hide	e Filled Out For
	ed Out Fo	orms				Click on Inc				
form	ns found.		nswers to Newest Ve	rsion		Click on Ins	stance ID t	o view Forr		e Filled Out Forr
form	ns found.		iswers to Newest Ve Form Description	rsion Version▼	Needs Migration	Click on Ins	-	to view Forr Status		

The completed form will be saved and added to your investigation.

To Update the Form:

From the left-hand navigation, click on Links & Attachments

Panorama- Enteric Case Management







Filled Ou	t F <u>orms</u>							🗙 Hide I	Filled Out Form
I forms found	2				c	Click on Instance ID	to view For	m. Click on radio	button to sele
Row action	Update	Migrate A	nswers to Newest Ver	rsion					
Insta ID	ce 🔻 For	<u>m Name</u> 🔻	Form Description	<u>Version</u> ▼	Needs Migration	Updates Allowed By	<u>Status</u> 🔻	Created By/On	Last Updated By/On
• <u>75</u>	Foo Que	d estionnaire	Generic Food Questionnaire	1		All users	Published	Chisholm, Rachel 2021 Jan 6	-

- 1. Click the Radio button
- 2. Click the **Update** Button
- 3. Once the UDF form reopens update the form.
- 4. Click the Submit
- 5. Close the window

Panorama- Enteric Case Management





Foods Exposures Questionnaire		_
		Ē
Record type: Investigation		
Record ID: 6014		
Record Name: UDF Investigation		
Applicable risk factor and exposure details must be	captured in the appropriate section of Panorama.	
Food Exposures Questionnaire		<mark>≿Show/Hide</mark>
Day:	Monday	
Date:	1/4/2021	
	Home	
Breakfast Place		
	Just Us Coffee black	
Breakfast Food	Bens 60% whole wheat bread 2	
	pieces. Fried Egg, salted butter	
	Spouse	
Breakfast companions	Daughter 3	
	Son	
	Tim Horton's James Street Antigonish	
Lunch Place		
Additional Food Exposures		<mark>☆Show/Hide</mark>
Add		
		4

Delete Form

Reset

Submit

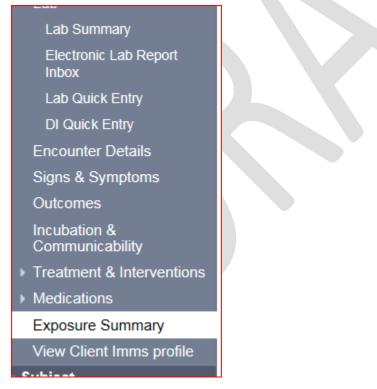
Disable Form







Creating an Acquisition Event



From the left-hand navigation, click on Exposure Summary

Panorama- Enteric Case Management





Acquisition Event Summary	Hide Acquisition Event Summary									
0 Acquisition Events Found.										
Row Actions: Search and Link TE Copy Multiple AE Entry Create Acquisition Event										
AE TE Source Acquisition Acquisition ID Name Start End	Location Setting Exposed Likely Invalid Name Type									

1. Click Create Acquisition Event

The Acquisition Event page will load. Fill in the details according to the following steps.

	Acquisition Event	☆ Hide Acquisition Ever
	Acquisition Event ID:	: - Transmission Event ID: -
	* Exposure Name:	
	Invalid:	Invalid Reason:
2	Acquirer Role:	
	Exposed:	✓ 3
4	Responsible Organizational Unit:	To specify an Organization first click on the 'Find' button. Then search, or type the name of the Organization you wish to specify, select it and click on 'Select' button. Then click 'Close' to close.
		Organization: Top Level > Level 2 (specific one) > Level 3 (specific one) > [Selected Level 4 Organization]
	* Required field (for Ad	Id/Update only)
5	* Potential Mode of A	
	Nature of Exposure:	All natures of transmission Direct contact Selected:
		Enteric Respiratory route/droplet STBBI Through the provision of health care Vectorborne and other zoonoses

1. For the **EXPOSURE NAME** Free text one of these choices:

- Travel
- Household Contacts
- Non-Household Contacts
- Casual Contacts
- Health Care Facility (incl LTCF/RCF)
- Work Place (not healthcare related locations)
- Food/Water
- Animal/Environment
- 2. Acquirer Role-Leave blank or pick from drop down "DO NOT USE"

Panorama- Enteric Case Management





- 3. Exposed -DO NOT USE
- 4. Responsible Organization Unit DO NOT USE
- 5. Potential Mode of Acquisition- For Enteric pick Enteric
- 6. Nature of Exposure- options depend on Mode of Acquisition chosen. Click the option and select the **add or add all button**
- 7. Click Add
 - a. Information will then be added to table below fields

Acq	uisition Event						★ Hide Acquisition Event			
	uisition Event ID: (posure Name:	-	Transmissi	on Event ID:	-					
Inva	lid:		Invalid Rea	son:						
Acq	uirer Role:	~								
Ехр	osed:	✓								
	Responsible To specify an Organization first click on the 'Find' button. Then search, or type the name of the Organization you wish to specify, select it and click on 'Select' button. Then click 'Close' to close.									
		Organization: Top I	evel > Level 2 (specifi	c one) > Leve	el 3 (specific one) > [Selecto	ed Level 4 Organizat	tion] Find Q			
*Re	quired field (for Ad	d/Update only)								
*Po	otential Mode of A			\checkmark						
Nati	ure of Exposure:	6		Se	lected:					
Cor Cor Cor Exp	nsumption of conta nsumption of conta ntact with a case (c ntact with animals of posure to contamin rdening or other co	minated water onfirmed,[more] or animal waste	Add > Add All >> 6 e A		nimal contact with pets, farr	n,[more]	7			
	• 42						Add Clear			
Row	Actions: Delete	Update								
	Potential Mode	of Acquisition		Nature of E	xposure					
۲	Enteric			Consumptio	n of contaminated food, Co	ontac				

Continue filling out each section as you scroll down the AE page.

1	Source	Show Source
2	Acquisition Event Investigator Information	Show Acquisition Event Investigator Information

- 1. **Source** To be completed once the AE details have been entered and **SAVED. Source may** be unknown for enterics.
- 2. Acquisition Event Investigator Information DO NOT USE

Panorama- Enteric Case Management Version 4 Last Updated: 2021-02-23





Acquisition Event Date/Time

Acquisition Event	Date/Tim	е									☆ Hide A	cquisitic	n Event [Date/Tin	ne
	arliest Po icability F			ource Ea ommuni		Probable <u>y From</u>	2	Source Latest		<u>-</u>		e Latest unicabil	Possible lity To		1
Acquisition start/end deno	ote the first o	and last p	ossible tim	es acquisi	ition coi	uld have o	ccurred.								
*Acquisition Start:	уууу	/ mm	_/ dd		hh	: mm	ADT	Estimated	1						
Acquisition End:	уууу	/ mm	dd		hh	: mm	ADT	Estimated	2						
Exposure Duration:															

- 1. Acquisition Start-date is mandatory a field. Add the date and (if known) time the AE started. If start time is an estimate please check that box.
- 2. Acquisition End -Add the date and (if known) time the AE event ended. If end time is an estimate please check that box.

Exposure Location

Exposure Location						A Hide Exposure Location
Exposure Location Name Exposure Setting Type: Exposure Setting: Country: Address: 4	e: 3 Canada	Street No.	2 Street Name	1 Street Type	Street Direction	
		Sueer No.	Street Name	зпеет туре	Street Direction	
	P.O. Box	STN	RPO	Rural Route		
Province/Territory:		~	City			
Postal Code:						
Geo-coding Infor	mation					
Geo-code Status:						
Latitude:		Longitud	de:			





- 1. EXPOSURE LOCATION NAME Enter location name-
 - For locations within Nova Scotia, e.g. Banks, Grocery stores, Pharmacies, Restaurants, Schools, Events, etc.
 - Include the name of the location, and city/town if known
 - Examples:
 - Sobeys North Sydney; Shopper's Drug Mart Fall River; Wake at Atlantic Funeral Home – Dartmouth; McDonalds – Truro; Horton High School – Wolfville
 - If travel-related (outside NS or Canada), enter the province/state names or <u>Country Code(s)</u> where the case spent significant time; if multiple countries/provinces/states were visited as part of the travel separate by semicolons
 - Examples
 - Alberta; Florida; BC; NY; (can be initials or spelled out)
 - MEX; DOM; CRI
 - If travel involved a cruise, bus tour, vehicle, etc., add 'Cruise ship', 'Bus', etc. to the location
 - Examples
 - Cruise Ship MEX; DOM; BHS; CRI; Royale Caribbean
 - Bus Victoria, BC to Toronto, ON; Greyhound
 - For flight-related exposures, ensure the airline, flight number, and seat are included for each flight
 - o e.g. Flight MEX to Halifax Air Canada 625, Seat 16C

2. EXPOSURE SETTING TYPE

- Choose from the 12 dropdown categories. See <u>Appendix A</u> for definitions
- DO NOT USE "Multiple". Each exposure setting required its own AE
- If "Other" is chosen for any category, please ensure the Exposure Location Name and Exposure Address are complete
- 3. **EXPOSURE SETTING** When you choose setting type a drop down will populate
 - Choose from the dropdown sub-categories as defined in appendix A
 - If "Other" is chosen for any category, please ensure the Exposure Location Name and Exposure Address are complete

4. ADDRESS

- Provide an address whenever possible to differentiate locations; particularly important for common locations like Banks, Grocery stores, Pharmacies, etc.
- Note: Select City before entering the postal code.

Acquisition Event Location Liaison Details- optional





Acquisition E	vent Location Liaison Details	Hide Acquisition Event Location Liaison Details		
First Name: Phone Number: Fax Number: Email:	Last Name: 1 () ext International () ext International]		
Acquisition E	vent Intensities	℅ Shov	v Acquisition Event Intensities	
		2	Save Clear Cancel	

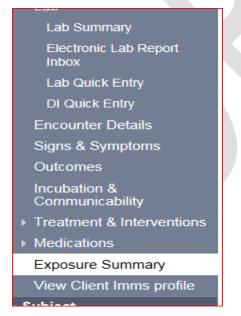
If a person is identified to be a point of contact at a location:

- 1. Record their name and contact information i.e. Store Manager.
- 2. Click SAVE to lock in all the information previously added to the AE
 - a. Your Acquisition Event details have now been saved, AE created and you will now be able to add a Source to an Acquisition event.
- 3. The following message will be displayed at the top of the page

Acquisition event successfully saved.

Creating an Acquisition Event for a Recalled Food Source

From the left-hand navigation, click on Exposure Summary







Acquisition Event Summary	★ Hide Acquisition Event Summary
0 Acquisition Events Found. Row Actions: Search and Link TE Copy	Multiple AE Entry Create Acquisition Event
AE TE Source Acquisition Acquisition ID Name Start End	▼ Location ▼ Setting ▼ Exposed ▼ Likely ▼ Invalid Name Type

1. Click Create Acquisition Event

The Acquisition Event page will load. Fill in the details according to the following steps.

	Acquisition Event				Hide Acquisition Event
1	Acquisition Event ID:	-	Transmission Eve	nt ID: -	
	* Exposure Name:	Food Consumed			
2	Invalid:		Invalid Reason:		
	Acquirer Role:	Do not use 🗸			
3	Exposed:	~			
4	Responsible Organizational Unit:	To specify an Organization fir. click on 'Select' button. Then c	st click on the 'Find' button lick 'Close' to close.	Then search, or type the name of the Organizati	ion you wish to specify, select it and
		Organization: Top Level	> Level 2 (specific one) >	Level 3 (specific one) > [Selected Level 4	Organization] Find
	* Required field (for Ad	d/Update only)			
5	* Potential Mode of A	cquisition: Enteric	~]	
	Nature of Exposure:			Selected:	
6	Animal contact with pe		Add >	Consumption of contaminated food	
-	Consumption of conta Contact with a case (c	onfirmed,[more]	Add All >>		
	Contact with animals of Exposure to contamin		< Remove		
	Gardening or other co		<< Remove All		7
					Add Clear
	Row Actions: Dolet	o Undato			

- 1. For the **EXPOSURE NAME** free text one of these choices
 - Travel
 - Household Contacts
 - Non-Household Contacts
 - Casual Contacts
 - Health Care Facility (incl LTCF/RCF)
 - Work Place (not healthcare related locations)
 - Food/Water
 - Animal/Environment

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- 2. Acquirer Role—Leave blank or pick from drop down "DO NOT USE"
- 3. Exposed -DO NOT USE
- 4. Responsible Organization Unit **DO NOT USE**
- 5. Potential Mode of Acquisition- For Enteric pick Enteric
- 6. Nature of Exposure- options depend on Mode of Acquisition chosen. Click the option and select the **add or add all button**
- 7. Click Add

	Potential Mode of Acquisition	Nature of Exposure
•	Enteric	Consumption of contaminated food, Contac

Continue filling out each section as you scroll down the AE page.

1	Source	Show Source
2	Acquisition Event Investigator Information	Show Acquisition Event Investigator Information

- 1. Source To be completed once the AE details have been entered and SAVED.
- 2. Acquisition Event Investigator Information DO NOT USE

Acquisition Event Date/Time

	Acquisition	n Event D)ate/Tin	ne							A Hide Acquisition Event Da	ate/Time
		Source Ea				Source E Commur		t Probable ty From	2	Source Latest Probable Communicability To	Source Latest Possible Communicability To	•
_	Acquisition sta	rt/end denoi	te the first	and last p	ossible tii	mes acqui	sition co	ould have o	ccurred.		 	
1	*Acquisiti	ion Start:	уууу	_/ mm	_/dd		 hh	: mm	ADT	Estimated		
2	Acquisition	n End:	уууу	/ mm	dd		hh	: mm	ADT	Estimated		
	Exposure I	Duration:										

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- 1. Acquisition Start-date is mandatory a field. Add the date and (if known) time the AE started. If start time is an estimate please check that box.
- 2. Acquisition End -Add the date and (if known) time the AE event ended. If end time is an estimate please check that box.

Exposure Location

Exposure Location							A Hide Exposure Location
Exposure Location Name Exposure Setting Type: Exposure Setting:	»: 		✓ 2	1			
Country:	Canada		~				
Address:	Unit No.	Street No.	Street Name	Street T	ype s	✓ Street Direction	
	P.O. Box	STN	RPO	Rural Route			
Province/Territory:		~ c	ity				
Postal Code:							
Geo-coding Inform	mation						
Geo-code Status: Latitude:		Longitude	e:				

5. EXPOSURE LOCATION NAME - Enter location name-

- For locations within Nova Scotia, e.g. Banks, Grocery stores, Pharmacies, Restaurants, Schools, Events, etc.
 - Include the name of the location, and city/town if known
 - Examples:
 - Sobeys North Sydney; Shopper's Drug Mart Fall River; Wake at Atlantic Funeral Home – Dartmouth; McDonalds – Truro; Horton High School – Wolfville
 - If travel-related (outside NS or Canada), enter the province/state names or <u>Country Code(s)</u> where the case spent significant time; if multiple countries/provinces/states were visited as part of the travel separate by semicolons
 - Examples
 - Alberta; Florida; BC; NY; (can be initials or spelled out)
 MEX; DOM; CRI

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- If travel involved a cruise, bus tour, vehicle, etc., add 'Cruise ship', 'Bus', etc. to the location
- Examples
 - Cruise Ship MEX; DOM; BHS; CRI; Royale Caribbean
 - Bus Victoria, BC to Toronto, ON; Greyhound
 - For flight-related exposures, ensure the airline, flight number, and seat are included for each flight
 - o e.g. Flight MEX to Halifax Air Canada 625, Seat 16C

6. EXPOSURE SETTING TYPE

- Choose from the 12 dropdown categories. See <u>Appendix A</u> for definitions
- DO NOT USE "Multiple". Each exposure setting required its own AE
- If "Other" is chosen for any category, please ensure the Exposure Location Name and Exposure Address are complete
- 7. EXPOSURE SETTING When you choose setting type a drop down will populate
 - Choose from the dropdown sub-categories as defined in appendix A
 - If "Other" is chosen for any category, please ensure the Exposure Location Name and Exposure Address are complete
- 8. ADDRESS
 - Provide an address whenever possible to differentiate locations; particularly important for common locations like Banks, Grocery stores, Pharmacies, etc.
 - Note: Select City before entering the postal code.

Acquisition Event Location Liaison Details- optional

Acquisition Event Location Liaison Details	Hide Acquisition Event Location Liaison Details
First Name: Last Name: 1 Phone Number:) - ext International Fax Number:) ext International Email:	
Acquisition Event Intensities	Show Acquisition Event Intensities

If a person is identified to be a point of contact at a location:

Panorama- Enteric Case Management





- 1. Record their name and contact information i.e. Store Manager.
- 2. Click SAVE to lock in all the information previously added to the AE
 - a. Your Acquisition Event details have now been saved, AE created and you will now be able to add a Source to an Acquisition event.
- 3. The following message will be displayed at the top of the page

Acquisition event successfully saved.

Open the **Source** Section:

Source						A Hide Source
* Required for create source						
Source Name:	Recalled Chicken					
* Source Category:	Substance	~				
* Source Type:	Food	✓ Source	Subtype:	Cooked	\sim	
O Client:	-					
O Non Human Subject:	-					
○ Investigation	-					
					Search	Create As Source
Source Id:		- Investigation Id	:		-	
Source Name:		-				
Source Description:						-
					\bigcirc	
Most Likely Source:						-

- 1. Source Name: Select source name radio button-Add source name
- 2. Source Category- select the appropriate source from the drop down list.
- 3. Source Type-select appropriate type
- 4. Source Subtype-Select appropriate subtype
- 5. Click create as source button

You will then be asked to create the investigation for the source

Panorama- Enteric Case Management





Create Enteric Investigation for Source:

У			☆ Hide
Imonellosis			
Etiologic Agent	Epi Markers	Authority / Classification Classif. Date (√ Primary Classification)	
Salmonella / Thompson	-	✓ National Case - Person Under - Investigation -	
ormation			🗙 Hide
\checkmark			
stigation in progress	V		
	Imonellosis Etiologic Agent Salmonella / Thompson	Imonellosis Etiologic Agent Epi Markers Salmonella / Thompson -	Imonellosis Etiologic Agent Epi Markers Authority / Classification Classif. Date (Salmonella / Thompson - Image: Classification Clas

1. Disposition Select Investigation in Progress

Responsible Organization / Investigator	ide
* Responsible Organization : Antigonish Public Health Office	
To specify an Organization first click on the 'Find' button. Then search, or type the name of the Organization you wish to specify, select it and click on 'Select' button. Then click 'Close' to close.	
Organization: Top Level > Level 2 (specific one) > Level 3 (specific one) > [Selected Level 4 Organization]	
 * Responsible Organization Workgroup : IOM-Antigonish PHO-Unmonitored ✓ * Responsible Organization Date : 2021 / 1 / 20 III / 20 III / yyyy mm dd 	
* Investigator Organization : Eastern Zone	
* Investigator Workgroup : IOM-Eastern Zone V	
Investigator Name : Rachel Chisholm/Antigonish PHO V	
* Assigned Date : 2021 / 1 / 20	

Enter the following Information:

- 1. Responsible Organization: Find and select Your Public Health Office
- 2. **Responsible Organization Workgroup**: select IOM-**Area where you work-unmonitored** from the drop down list
- 3. **Responsible Organization Date**: auto populates to current date and can be changed as needed.
- 4. Investigator Organization: find and select Your Zone
- 5. Investigator Workgroup-IOM Your Zone
- 6. Select Investigator Name: your name
- 7. Assigned date-auto populates to current date and can be changed as needed.

Panorama- Enteric Case Management





Rep	corting Notification
* R	eporting Source:
0	Provider:
	Click Find to select a provider:
	Provider:
0	Location: Antigonish Public Health Office To specify a Service Delivery Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location you wish to specify, select it and click on 'Select' button. Then click 'Close' to close. Service Delivery Location: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Scotia Health Authority > Eastern Zone > Antigonish Public Health Office > [Antigonish PHO] Find Q
۲	Other: CFIA Food Recall
тур	e of Reporting Source: Other
Met	thod of Notification: Disease Notification
*At	least one of the following dates is required.
Rep	yyyy mm dd Report Date (Received): 2020 / 12 / 31 III

Enter the Following Information:

- 1. Reporting Source will depend on how you were notified of the case
 - Select Provider radio button and search using the Find button for reporting HCP if a provider was the first to notify Public Health, ensure to click select
 - Select Location radio button and search using the Find button for resulting lab if the lab was the first to notify Public Health, ensure to click select
 - Select other radio button and free text if that is the appropriate selection i.e., DHW, CFIA food recall, or source case etc. was the first to notify Public Health
- 2. Type of Reporting Source- select appropriate response from the drop down list
- 3. Method of Notification-select appropriate response from the drop down list.
- Report Date Received- auto populates to current date. Change the date to the received date if applicable
- 5. Click Submit.





Review your Acquisition Event source section and take note of the Investigation ID for Food Source

Source		A Hide Source
Source ld: Source Name: Source Description:	10744 Investigation Id: Recalled Chicken	6178 ID #
		\bigcirc
Most Likely Source:		

Save the Acquisition Event.

Search for the Food Source Investigation using the search investigation function, be sure to include Non-Human Subjects:

On the left hand Navigation select Search Investigations:

Recent Work Search	Search Investig	ations - Basic 📀 🗏
Search Investigations	Search Criteria	Alide Search Criteria
Search Lab Search Exposures	Wildcard characters % (mult Wildcard-only searches not a	ple letters) and _ (singleletters) can be used when searching by First or Last Name -except when matching phonetically. Illowed.
Search Interventions Search Clients	Disease / Basic Criteria	Alide Disease / Basic Criteria
Search Non-Human Subjects	Search by:	Include: O Human O Both
Search Disease Notifications	Investigation ID:	6178 2
✓ Investigation	Investigation Group:	
Subject Summary Investigation Summary	Outbreak Group: Disease Event ID:	Search Outbreak
Investigation Quick Entry Investigation Details	Report Date	From: // // III To: // // III

- 1. Include: select Non-Human
- 2. Add your investigation ID number
- 3. Click Search

Place the Food Investigation and the Food Source in context and navigate to the Disease Summary section in the Left Hand Navigation:



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Enteric Case Management



			ACTIVE
Subject ID: 10744	Subject Name / Type: Recalled Chicken / Food	Liaison Name (First, Last) / - / -	Role: Subject Address / Same as Liaison: - / null
			▲Investigation
Investigation	Status:	Disposition:	Age at time of Investigation:
<u>6178</u>	Open	Investigation in progress	
Disease: Salmonellosis	PHAC Date/Type: 2020 Dec 31 / Date Reported	Etiologic Agent: Salmonella / Thompson	Authority/Classification: National / Case - Person Under Investigation / 2021 Feb 04

✓ Investigation	Disease: Salmonellosis	PHAC Date/Typ 2020 Dec 31 / D		Etiologic A	gent: / Thompson	Authority/Classification: National / Case - Person Under	nvestigatio	n / 2021 Eeb	
Subject Summary	Samonenosis	Reported		Jaimonena	rmompson	04	nvestigatio	117 20211 00	
Investigation Summary							Merge	d Investigat	ion No(s):
Investigation Quick Entry	Disease Summar	v							
 Investigation Details 		,							-
Disease Summary								Add Ne	w Disease
Investigation Information	Disease Ever	nt 6306 - Salmo	onellosis						🗙 Hide
Resp. Org / Investigator									N
Reporting Notifications	PHAC Date / Date 1		Origin: Liv	ing on Res	erve Most of 1	the Time:			
External Sources	2020 Dec 31 / Date	Reported							
Links & Attachments	Disease	Etiologic Agent	Epi Markers	Lab	Authority / C	Classification Classif. Date		Site(s)	Staging
Close Investigation				Result	(√ Primary	Classification, ∆ Set by Case Def)		
▶ Lab	Salmonellosis	Salmonella / Thompson	-			al / Case - Person 2021 Fe	eb 4	-	-
Encounter Details		mompoon			Under	nvestigation			
Signs & Symptoms							-		
Outcomes							2	Update	Delete
Incubation &									
Communicability	Created By	Created Date/Til		Last Upda	-	Last Updated Date/Time			
Treatment & Interventions	Chisholm, Rachel	2021 Feb 4 12:32	AST	Chisholm,	Rachel	2021 Feb 4 12:32 AST			

- 1. Left Hand Navigation select Disease Summary
- 2. Select Update

1

Panorama- Enteric Case Management

ORAMA	Enteric Case Managemen	t NOVASCOTL
Row Actions:	late Delete Set as Primary	
Primary	Authority Classification	Classification Date
•	National Case - Person Under Investigation	2021 Feb 4
		Save Reset Cancel
	 Select the radio button beside Primary Select Update 	
* Investigation Cl	2. Select Update	
* Authority:	2. Select Update	2
* Authority: * Classification Dat	2. Select Update	
	2. Select Update	

- Change Authority to Non-Human Subject
 Change Classification to Case-Non Human Subject
- 3. Classification Date: Auto Populates to today's date, back date if needed.
- 4. Select Apply Update
- 5. Select Save





Note the Changes to Authority and Classification in the Investigation Banner:

Disease Event Details

Subject ID: 10744	Subject Name / Type: Recalled Chicken / Food	Liaison Name (First, La - / -	st) / Role:	Subject Address / Same as Liaison: - / null
				▲Investigation
Investigation ID:	Status:	Disposition:	Age at tim	e of Investigation:
<u>6178</u>	Open	Investigation in progress	-	
)isease: Salmonellosis	PHAC Date/Type: 2020 Dec 31 / Date Reported	Etiologic Agent: Salmonella / Thompson		Classification: In Subject / Case - Non-Human Subject / 2021
	successfully saved.			

Notice the TE Now has a hyperlink to the source.

Acqu	iisition	Event	Summary					🛠 Hide A	cquisition Eve	nt Summary
2 Acq	uisition E	Events F	ound.							
Row	Actions	Sear	ch and Link T	Е Сору			Multiple AE	Entry Cre	eate Acquisiti	on Event
		≞▼ ₪	Source Name	Acquisition Start	Acquisition End	Location Name	Setting Type	Exposed T	Likely Source	<u>Invalid</u>
0	<u>2313</u>	<u>454</u>	Recalled Chicken	2021 Jan 2 17:00 AST	2021 Jan 2 18:00 AST	Recalled chicken purchased from Sobeys	Food services	-	-	-
0	<u>2309</u>	-	-	2021 Jan 17	2021 Jan 19 02:00 AST	Secrets Maroma Beach Resort Cancun Mexic	Public spaces	-	-	-





Entering Public Health Interventions

From the left-hand navigation, click on **Treatment and Interventions** and then **Intervention Summary:**



The Intervention Summary screen will display, in the grouped intervention box select the Enteric Diseases from the drop down menu in the Intervention Group drop down:

The **Grouped Interventions** for Enteric Diseases will appear.

			▲Inves	tigation
Investigation ID: 6014	Status: Open	Disposition: Investigation in progress	Age at time of Investigation: 25 years	
Disease: Salmonellosis	PHAC Date/Type: 2021 Jan 03 / Symptom Onset	Etiologic Agent: Salmonella	Authority/Classification: National / Case - Confirmed / 2021 Jan 05	
Preset Interventio	ns		Alide Prese	t Interventions
Row Actions: Add	Preset			
Type	SubType		Added	
Grouped Interven	tions		Alide Grouper	d Interventions
Intervention Group	Enteric	~		





Croup	ed Interventions	
Group	eu interventions	

A Hide Grouped Interventions

Row	Actions: Add Intervention		
	Туре	SubType	Addeo
0	Communication	Communication to general public (specify	-
0	Communication	Letter (specify)	-
0	Communication	Other communication (specify)	-
0	Communication	Public health advisory	-
0	Communication	Public health alert	-
0	Communication	Public health order	-
0	Contact tracing	Contact tracing	-
0	Education/counselling	Education/counselling	-
0	Environmental Health	Emergency boil water order	-
0	Environmental Health	Other (specify)	-
۲	Environmental Health	Environmental sampling	-
0	Environmental Health	Food/water sampling	-
0	Environmental Health	Inspection - personal service facility	-





0	Environmental Health	Inspection - water system	-
0	Environmental Health	Inspection - childcare	-
0	Environmental Health	Inspection - facility	-
0	Environmental Health	Inspection - restaurant	-
0	Environmental Health	Inspection - school	-
0	Environmental Health	Inspection - work	-
0	Exclusion	Other (specify)	-
0	Exclusion	Attend/Work/Volunteer - childcare facili	-
0	Exclusion	Attend/Work/Volunteer - school	-
0	Exclusion	Work/Volunteer - food handler	-
0	Exclusion	Work/Volunteer/Reside - health care sett	-
0	Isolation	Isolation	-
0	Notification for action	Other (specify)	-
0	Notification for action	Canadian Food Inspection Agency	-
0	Notification for action	Dept. of Agriculture	-
0	Notification for action	Dept. of Environment	-
0	Notification for action	Dept. of Health and Wellness	-
0	Prophylaxis	Immunoprophylaxis	-
0	Referral	Other (specify)	-
0	Referral	Primary care provider	-

- Select the appropriate intervention
 Click Add Intervention from Row Action button





Intervention Deta	ails Alde Interven	ntion Det
* Required field		
Encounter Group:	Communicable Disease Investigation	
* Intervention Typ	e: 1 Environmental Health V * Intervention Sub Type: 2 Inspection - pool	
Intervention Dispos		
* Outcome:	4 Do Not Use V	
* Start Date:	5 2021 / 01 / 06 End Date: 5 yyyy //	
Next Follow Up Dat		
Workgroup	To specify an Organization first click on the 'Find' button. Then search, or type the name of the Organization you wish to specify, selec	ct it and
Organization	click on 'Select' button. Then click 'Close' to close. Organization: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Scotia	
	Health Authority > Eastern Zone > [Antigonish Public Health Office]	d Q
Workgroup:	V User:	
* Organization:	To specify an Organization first click on the 'Find' button. Then search, or type the name of the Organization you wish to specify, select click on 'Select' button. Then click 'Close' to close.	t it and
-	Organization: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Scotia	Find O
	Health Authority > Eastern Zone > [Antigonish Public Health Office]	
* Location:	To specify a Service Delivery Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location y specify, select it and click on 'Select' button. Then click 'Close' to close.	ou wish
	Service Delivery Location: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Scotia Health Authority > Eastern Zone > Antigonish Public Health Office > [Antigonish PHO]	Find Q
Primary Provider:	Use this Provider:	
	Click Find to select a provider:	Find C
	Provider:	initia C
	Use Other Provider:	

Fill your mandatory fields:

- Intervention Type
 Intervention Sub Type
- 3. **Disposition** Completed
- 4. Outcome- select Do Not Use
- 5. Start date- will auto-populate and End Date- select date same as start
- Organization- will auto-populate
 Location- will auto-populate

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Enter Comment in the comment field and click Add

Comments	☆ H	ide Comments
Comment:		
Pool located at STFXI in Antigonish to be inspected today at the request of the MOH Dr. Kempkens	^	
	\sim	
	(3904 characters remaining)	Add

Comment will appear in the comment box:

Date	Comments	Recorded By
2021 Jan 6	Pool located at STFXj in Antigonish to be inspected today at the request of the MOH Dr. Kempkens	Chisholm, Rachel

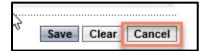
Click **Save** and follow above instructions for each intervention.

	Show Intervention Products
Comments	A Hide Comments
Comment:	
	\bigcirc
(4000 chara	cters remaining) Add
Date Comments	Recorded By
2021 Jan 6 Pool located at STFXj in Antigonish to be inspected today at the request of the MOH Dr. Kempkens	Chisholm, Rachel
Follow Up Summary	A Hide Follow Up Summary
	Add Follow Up
Follow Up Type Follow Up Disposition Follow Up Date Provider Recurrence	Next Follow Up Date
Designed Management	☆ Hide Document Management
Document Management	Ride Document Management
	ocument. Manage Documents
Document Title Size[KB] Type Posted By	Posted On
	Save Clear Cancel



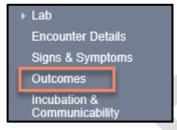


Ensure you take the intervention out of context



Click the Cancel button towards the top of the screen

Adding an Outcome



From the left-hand navigation bar, click on Outcome

Outcome History			
* Outcome:	<u> </u>	Outcome Date: / / / / 2	
		3 Add	Outcome Clear
Row Actions: Update	Reason for Deletion:	Delete	
Outcome		Outcome Date	•





Note: there can be multiple outcomes from throughout the investigation

- 1. **Outcome** Select the outcome from the drop-down list, select the highest level of care that was required
- 2. **Outcome Date** Enter the outcome date.
- 3. Click the **Add Outcome** button to add the outcome to the outcome table
- 4. Add a comment in the Comments section if needed. Optional Click Add

* Outcome: Alive-Not Hospitalized V Other Outcome: yyyy	/ 1 / 5 📰 mm dd
	Add Outcome Clear
Reason for Deletion: Row Actions: Update Delete	
	tcome Date 🗸 🗸
Alive-Not Hospitalized 202	21 Jan 5
Comments 4	
	(4000 characters)
Date Comments	(4000 characters) Add Recorded By
	Save Reset

5. Click the **Save** button





Reason for Deletion: Row Actions: Update Delete	
Row Actions: Update Delete	
Outcome	Outcome Date
O Alive-Not Hospitalized	2021 Jan 5
Comments	
	^
	\sim
	(4000 characters) Add
Date Comments	Recorded By
	······
	5 Save Reset

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Uploading a Document to an Investigation

Note: Before you upload a document, ensure that an Encounter is not in the context banner. To take the encounter out of context, go to recent work and click on the investigation.

Document Management
 User Documents
 Context Documents

From the left-hand navigation, click on **Context Documents. Do not use User Documents.**

Search Docum	ient Folders - E	Basic					A Hide Search
Enter Keywor	ds to search. Leav	e search box em	pty to view all o	locuments. Search	will be performed on se Search		ubfolders if applicable. Document List' below.
Search Documents by keyword:						Search Retriev	e Clear
Document List	:						✿ Hide Document List
Row Actions:	Delete t Title	<u>Size[KB]</u>	▼ <u>Түре</u>	Posted By	Posted On	Description	1 Add New Status

1. Click the Add New button

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	Do	ocument Management	?≞
	*Fi	dd New Document I Browse Upload File 2 Selected Document: * Document Title:	
	3		
		* Effective 2020 / 06 / 16 Expiration / / III Date: yyyy mm dd Date: yyyy mm dd	
		Status: * active Use CTRL key for multiple selections.	
ľ	4	Enter Add Selected Keyword: Remove Keywords:	
Ī		Description:	
		Document Added by : Sampson, Judy on : 2020 Jun 16	
	-	5 Submit Clear Cancel	

- 1. Browse for file- locate document and select it
- 2. Click the Upload File button. You will see that the file is uploaded
- 3. Document Title enter the document title
- Description enter the document description
 Click the Submit button

Row	Actions: Delete									dd New
	Document Title	•	Size[KB]	Туре 🔻	Posted By	-	Posted On		Description	Status
	Physician Report Form- XXXXX		78.66	<u>PDF</u>	McClellan, Samantha		2020 Sep 28	Ι		active

You can view the document by clicking on the hyperlinked name in the **Type** column

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Adding a Clinical Note to an Investigation



From the left-hand navigation, click on **Notes.**

linical Note	S			? 🗏
				ACTIVE
Client ID:	Name(Last, First Middle) / Gender:	Health Card No:	Date of Birth / Age:	
<u>9351</u>	Chisholm, Erica Anne / Female	8003214306	1995 Oct 10 / 25 years	
Phone Number:	Address:	Additional ID Type / Additional ID:		
mobile contact: 902-863-3683	44-12 Main Street, Antigonish, Nova Scotia, B2G2K9, Canada	Provincial health service provider identifier / -		
			<u> </u>	stigation
Investigation ID: 6014	Status: Open	Disposition: Investigation in progress	Age at time of Investigation: 25 years	
Disease: Salmonellosis	PHAC Date/Type: 2021 Jan 03 / Symptom Onset	Etiologic Agent: Salmonella	Authority/Classification: National / Case - Confirmed / 2021 Jan 05	
lotes				🛠 Hide Notes
Display Notes For: Cl	ient: Chisholm, Erica	Include Related Ent	iities: 🗹	

Ensure your **investigation is in context**. Do not add the note if only the client is in context.





Notes	☆ Hide Notes
Display Notes Fo	r: Client: Chisholm, Erica Include Related Entities:
Subject Line:	Status:
Workgroup for Author:	Workgroup for V Transcriber:
Author:	✓ Transcriber: ✓
Note Type:	✓
Note Date:	From: / / / To: / / III IIII IIIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
	Display Clear
0 results found.	To view a Note below, click on its Note Date.
Row Actions:	/iew All Notes in Table Update Note View Note Corrections 1 Author Note Transcribe Note
M	ove selected note to Move Note
Created D	ate/Time Note Date/Time Note Type Subject Line Author Attached To Status Corrected
Total: 0	Image 1 of 1 Jump to page:

1. Click on Author Note button

	1	Ţ.
1	Note is being cr	eated for Investigation ID 2503
	Note ID: -	Status: -
	* Required Field	
	Author:	Sampson, Judy Role: NS_IMMS_IOM_NURSE
2	Subject:	
3	Note Date:	2020 06 16 Note Time: 16 31 ADT yyyy mm dd hh mm
Ļ	Note Type:	✓
	Common Phrases:	✓ Add to Note
4	Note:	
L	T Normal V	T Arial ∨ 7pt ∨ b i u ≧ ≧ ≣ ≒ ≔ →≣€≣
		Save as 5 Note Complete Clear Cancel

1. Ensure the note is being added for an investigation. Only indicate Investigation ID 2503





- 2. Subject enter the subject of the note
- 3. Note Date and Time defaults to the current date and time. Ensure that you enter the date and time that you gathered the information for the note.
- 4. **Note** enter the note details
- 5. Click the **Note Complete** button

Adding the Serotype to the Investigation

Note- Once the Enteric Investigation is complete. Make sure you add the Final Serotype to the Investigation

- Investigation
Subject Summary
Investigation Summary
Investigation Quick Entry
 Investigation Details
Disease Summary
Investigation Information
Resp. Org / Investigator

Disease Event	t 6139 - Salmo	nellosis				🗙 Hide
PHAC Date / Date Ty 2021 Jan 3 / Sympton		Origin: Living) on Res	erve Most of the Time:		
Disease	Etiologic Agent	Epi Markers	Lab Result	Authority / Classification Classif. Date (√ Primary Classification, Δ Set by Case Def)	Site(s)	Staging
Salmonellosis	Salmonella	-		✓ National / Case - Confirmed 2021 Jan 5	-	-
		~	~	1	Update	Delete

1. Click on the **Update** Button





Disease Event History			
* Disease:	Salmonellosis 🗸		
Microorganism:	Salmonella V		
Serotype:	Thompson V 2		
Group:			
NML No.:			
Serotype (specify):			
wgMLST Cluster Code:			
Information Source:	V		
Site(s): Hold Ctrl and then o	click to select multiple items.		
Available Sites:	Selected Sites(s):		
	< Remove		
Staging: 🗸			
*Investigation Classific	ation		
* Authority: Nat	ional V * Classification: Case - Confirmed V		
* Classification Date: 202 yyyy			
		Apply Update	Clear

- Do not add any information in the Disease Event Detail or the Disease Event History sections.
- Do not Add Classification in the Investigation Classification area.
- 1. Click the drop down List under **Serotype** and choose the correct Serotype from the final lab report.
- 2. Click Apply Update
- 3. Click Save.





Disease Summary Add New Disease Disease Event 6139 - Salmonellosis 🗙 Hide PHAC Date / Date Type: Disease Origin: Living on Reserve Most of the Time: 2021 Jan 3 / Symptom Onset $\begin{array}{|c|c|c|} \mbox{Lab} & \mbox{Authority / Classification | Classif. Date} \\ \mbox{Result} & \mbox{(\checkmark Primary Classification, $$$$$$$$$$$$$$$ Set by Case Def)} \end{array}$ Etiologic Agent Epi Markers Site(s) Staging Disease Salmonellosis Salmonella / _ National / Case - Confirmed 2021 Jan 5 Thompson Salmonellosis Salmonella . National / Case - Confirmed 2021 Jan 5 \checkmark Update Delete

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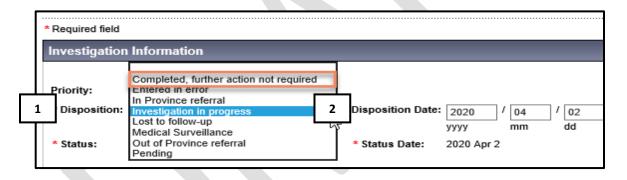




Update the Investigation Disposition and Close the Investigation

- Investigation
Subject Summary
Investigation Summary
Investigation Quick Entry
 Investigation Details
Disease Summary
Investigation Information
Resp. Org / Investigator

From the left-hand navigation, click on Investigation Information.



- 1. **Disposition** Select appropriate response from the drop down
- Disposition Date defaults to the date of the previous disposition. Enter the close date.
- 3. Click the **Save** button

To Close the Investigation:

1	Close Investigation Re-Open Investigation	Save Reset
	* Required field	Merged Investigation No(s):
	Investigation Information	
		Investigation History
	Priority:	
	* Disposition: Completed, further action not required V Disposition Date: 2020 / 06 / 15	

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1. Click on the Close Investigation button

	2	Close Investigation Reset
	* Required field	Merged Investigation No(s):
	Close Investigation	
1	'Closed' Status Date: 2020 / 06 / 16	
	yyyy mm dd Close Investigation Policies: Update: Outcome, Classification, Disposition	

- 1. **Closed Status Date** defaults to the current date. If the closed status date is different than the current date, enter the closed status date.
- 2. Click the Close Investigation button.

	requirea	
e:	Etiologic Agent: Authority/Classi	fication:
e: ite	Message from webpage	× ed / 202
	You are about to set the status of the investigation to 'Closed'. Do you want to close?	o <u>≥ (vyes</u> jed Inv
	1 OK Cance	1
16		

1. Click the **OK** button





Adding a Secondary Investigator

Navigate to investigation details and Resp.Org/Investigator in Left-Hand nav:

Investigation Details
 Disease Summary
 Investigation Information

 Resp. Org / Investigator
 Reporting Notifications
 External Sources
 Links & Attachments
 Close Investigation

Scroll to bottom of page:

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Investigator					🗙 Hide
* Required only if an Investigator Type : * Investigator Orga * Investigator Wor Investigator Name : * Assigned Date : End Date :	anization : Northern Zone kgroup : IOM-Northern Zone : Laurie Phalen/Pictou 2021 / 02 yyyy mm		: AST		
Row Actions: Up Investigator Type Secondary	ndate r <u>Investigator</u> Name Jayme MacLellan	Investigator Workgroup IOM-Northern Zone	Investigator Organization Northern Zone	Assigned Date/Time 2021 Feb 2	Add Clear
O Primary	Samantha McClellan	IOM-Northern Zone	Northern Zone	2021 Jan 15	

Enter the following information:

- 1. Investigator Type- Secondary
- 2. Investigator Organization- find and select the Zone that represents where you work.
- 3. Investigator Workgroup- IOM the Zone that represents where you work.
- 4. Select investigator name- your name
- 5. Assigned date- auto populates to current date and can be changed as needed
- 6. **Add**

New name will appear in the table below:

Click the Save Button

	Investigator Type	Investigator Name	Investigator Workgroup	Investigator Organization	Assigned Date/Time	<u>End</u> Date
0	Secondary	Jayme MacLellan	IOM-Northern Zone	Northern Zone	2021 Feb 2	
0	Secondary	Laurie Phalen	IOM-Northern Zone	Northern Zone	2021 Feb 2	
\cap	Primary	Samantha McClellan	IOM-Northern Zone	Northern Zone	2021 Jan 15	





Updating the PHAC Date

When we add the final lab i..e, Salmonella Serotype. If the Lab Specimen collection date is the earliest indication of disease and is reflected in your PHAC Date, You will need to review the PHAC Date and update that information if it changed to the new lab date. Record the PHAC date before adding the final lab. Add the final lab to your investigation. Then update the PHAC Date.

From the Left Hand Navigation. Click on Investigation Information.

 Investigation 	
Subject Summary	
Investigation Summary	
Investigation Quick Entry	
 Investigation Details 	
Disease Summary	
Investigation Information	
Resp. Org / Investigator	
Reporting Notifications	
External Sources	
Links & Attachments	
Close Investigation	
✓ Lab	
Lab Summary	
Electronic I ah Report	

Scroll to Diagnosis Section.

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Diagnosis	
Diagnosis Date:	yyyy mm dd
Primary Method of Diagnosis:	
Method of Detection: Comments:	✓
comments.	
	(4000 characters) Add

- 1. Update the Diagnosis Date to reflect the Specimen collection from the Preliminary lab date.
- 2. Click Save
- 3. PHAC Date will update

Diagnosis	
Diagnosis Date:	2021 / 1 / 4 II / 4 II 1
Primary Method of Diagnosis:	
Method of Detection:	✓
Comments:	^
	(4000 characters) Add
Date Com	nents Recorded By
Close Investigation F	e-Open Investigation 2 Save Reset





			<u>∧ır</u>	vestigation
Investigation ID: 6014	Status: Open	Disposition: Investigation in progress	Age at time of Investigation: 25 years	
Disease: Salmonellosis	PHAC Date/Type: 2021 Jan 04 / Clinical Diagnosis	Etiologic Agent: Salmonella / Thompson	Authority/Classification: National / Case - Confirmed / 2021 Jan	05
Investigation details suc	cessfully saved.			
Close Investigation	Re-Open Investigation			Save Reset

Panorama- Enteric Case Management

Version 4 Last Updated: 2021-02-23

Page 90 of 90