



Investigation and Outbreak Management

Bulletin – January 25, 2019

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Reminders/Announcements

- Orphaned Lab Report – Lab Reported Date has been added to the report. Updated version is in production.
- Risk Factors – ensure a response is recorded for all risk factors.
- Address at time of investigation – ensure you are selecting the address with the proper postal code. Postal code information is used by the EPIs.
- Always upload the completed HCP form for chlamydia.
- Feedback on Standard Operating Procedures – provide feedback through the process that was detailed in the January 16th memo circulated by the HP Managers. The first two groups being reviewed are: TB/Medical Surveillance and STBBI & Partner Notification.

Issues Reported

- There are no provincial classifications for Gastrointestinal infection, unknown or non-reportable and Respiratory infection, unknown or non-reportable configured in Panorama. For now, the case will be left as suspected. The following is being submitted for configuration:
 - Authority: Provincial
 - Classification: Case-Confirmed; Case-Person Under Investigation; Case-Not a Case; Contact-Person Under Investigation; Contact-Not a Contact



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Questions and Answers

The Questions and Answers are developed in consultation with the HP Managers.

Question: What are the surveillance data requirements for MRSA, VRE and C.diff?

For **MRSA** and **VRE**, only newly identified (regardless of length of time between episodes) cases should be entered into Panorama.

For **C. difficile**, only primary cases should be entered into Panorama. A primary episode is defined as i) The first episode of C. difficile ever experienced or ii) A new episode of C. difficile which has occurred >8 weeks (>56 days) after the first toxin positive assay.

Therefore, **positive lab results that do not meet these criteria do not need to be entered in Panorama.**

Question: What are the response definitions for risk factors and signs & symptoms?

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.

Note: Individual refers to person (client, guardian, parent, etc) that is responding to the questions.

Question: What is the process for an outbreak that comes back with negative labs (not lab confirmation)?

Outbreaks will be created in Panorama for all outbreaks assigned an outbreak number. For those outbreaks that come back with negative labs (no lab confirmation), will remain as outbreaks in Panorama (Do Not Classify as "NOT AN OUTBREAK"). The outbreak will be closed in Panorama when Public Health is finished following up the outbreak or is declared over. This process will allow for the variation that may occur with each outbreak based on the MOH assessment.



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Question: How should signs & symptoms and risk factors be entered in Panorama for chlamydia based on the HCP form?

When completing an investigation based on the HCP form, enter any signs and symptoms and risk factors provided by the HCP. All other signs and symptoms and risk factors should be entered as "Unknown". The option of "No" would only be selected if the PHN has been notified that the client does not have the symptom (from client or provider). The HCP form is to be uploaded to Panorama.

Question: With Panorama do I still need to contact DHW Surveillance team to check the Bloodborne Pathogen database for historical cases?

All historical data on NS cases of Hep B, Hep C or HIV have been entered into Panorama. You no longer need to request DHW Surveillance Team to check the Bloodborne pathogen database for historical cases. Only PHNs with IOM access can see these investigations in Panorama so this checking for a historic case needs to be performed by a PHN. The lab report may still be entered by assigned person either Administrative support or Public Health Nurse. When the Public Health Nurse accesses a historical case within Panorama, check to see if risk factors have been entered to help in determining if Public Health Investigation was completed, where risk factor information is missing either the paper chart (if available) or attempt a call the client to create a complete record. If the historical record indicates that follow-up was not complete, the new blood work should indicate an opportunity to complete case investigation. The lab should be connected to the previous investigation and subsequent case follow-up.