NS PROVINCIAL CASE REPORT FORM

NOVEL CORONAVIRUS (COVID-19)

novascotia.ca/coronavirus

NOVA SCOTIA

All notes in RED throughout this form refer to the documentation requirements within Panorama

CASE INFORMATION

Section in Panorama: Investigation Information/Disease Summary

CASE INFORMATION	PROXY INFORMATION
Client Last Name:	**Is respondent a proxy? (e.g. for deceased patient, child)**
Client First Name:	
Health Card Number:	☐ **No** ☐ **Yes (complete information below)**
Military Number (if applicable):	
Address at time of investigation:	**Last name:**
City: **Province/Territory:**	**First name:**
Postal Code: **Zone:**	**Relationship to case:**
Is Client an Out-of-Province Resident? ☐ Yes ☐ No	**Phone number #1:**
Phone Number #1:	**Phone number #2:**
Phone Number #2:	
Date of Birth (yyyy/mm/dd):	

PANORAMA INVESTIGATION ID: _____   **PANORAMA CLIENT ID :** _____

SURVEILLANCE CASE CLASSIFICATION *(refer to national and provincial case definitions)*

☐ **National Confirmed**   ☐ **National Probable**   ☐ **Provincial Probable**   ☐ **National Suspect**

☐ **Previously Diagnosed, Date of Previous Diagnosis:** _____

For Public Health Use Only:

Is follow up being completed by NSH Health Protection?   ☐ Yes ☐ No
If no, follow-up completed by:_____

Name of person filling out the form:
Last name of person filling out the form:
Email of person filling out the form:
Phone number of person filling out the form:

COVID ALERT APP: **Case has downloaded COVID Alert app?**   ☐ Yes ☐ No   ☐ Unknown

If Yes, record COVID Alert unique one-time key: _____

CASE DETAILS

Section in Panorama: Immigration Information

Case's Self-identified Residency Status:
(Immigration status at time of Arrival)
☐ Canadian Citizen ☐ Convention Refugee ☐ Family Reunification ☐ Landed Immigrant
☐ Migrant Worker ☐ Minister's Permit ☐ Permanent Resident ☐ Refugee Claimant ☐ Student Permit
☐ Temporary Resident ☐ Visitor-No Permit ☐ Visitor Permit☐ Work Permit

If non-Canadian resident, residence country *(Country Last Resided)*:_____

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Section in Panorama: Client Demographics

Gender **(Gender Identity)***:**

☐ Male ☐ Female ☐ Other Gender ☐ Gender X ☐ Undifferentiated

*Refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men, and gender diverse people.

Sex* *(Gender - Should autopopulate)***:**

☐ Male ☐ Female ☐ Other Gender ☐ Gender X ☐ Undifferentiated

*A set of biological attributes in humans and animals assigned at birth. It is primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function, and reproductive/sexual anatomy.

(Age - Should autopopulate)

Age: _____

☐ years

☐ months

Ethnicity**(Ethnicity Information > Ethnicity Dropdown in Panorama)*

☐ Black (e.g. African, Afro-Caribbean, African Canadian descent)

☐ African Nova Scotian

☐ East/Southeast Asian (e.g. Chinese, Korean, Japanese, Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian)

☐ Latino (e.g. Latin American, Hispanic descent)

☐ Middle Eastern (e.g. Arab, Persian, West Asian descent – i.e. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)

☐ South Asian (e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)

☐ White (e.g. European descent)

☐ Other, specify: _____

☐ Asked, but unknown

☐ Asked, but not provided

*Indicates the population group to which the case most closely identifies

Section in Panorama: Indigenous Information

Does client self-identify as Indigenous?

(Self-identified Indigenous)

☐ Yes*

☐ No

☐ Not Asked

☐ Asked, but not provided

*If Yes, indicate which indigenous identify the case self-identifies as (choose all that apply) *(Indigenous Identity)*:

☐ First Nations

☐ Mi'kmaq

☐ Métis (includes member of a Métis organization or Settlement)

☐ Inuit

☐ Other: _____

☐ Asked, but not provided

☐ Asked, but unknown

☐ Not Asked

Does the case reside in a First Nations Community (on-reserve or Crown land) or Inuit Community?

(First Nations Status)

☐ Lives within a First Nations Community

☐ Lives outside a First Nations Community

☐ Asked, not provided ☐ Asked, but unknown ☐ Not Asked

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SYMPTOMS

Section in Panorama: Signs and Symptoms

Symptom	Yes	No	Symptom Onset Date (YYYY/MM/DD):	Symptom End Date (YYYY/MM/DD):
Asymptomatic	☐	☐		
New cough or worsening of chronic cough (*Cough*)	☐	☐		
Measured Fever (≥38 degrees Celsius) (*Fever*)	☐	☐		
Feverish (not measured i.e. chills or sweats) (*Chills*)	☐	☐		
Sore throat (*Pharyngitis*)	☐	☐		
Runny nose/nasal congestion (*Rhinorrhea*)	☐	☐		
Shortness of breath/difficulty breathing (*Dyspnea*)	☐	☐		
Loss of taste/smell (ageusia=taste, anosmia =smell)	☐	☐		
Nausea	☐	☐		
Vomiting	☐	☐		
Headache	☐	☐		
Weakness (*Malaise*)	☐	☐		
Abdominal pain/discomfort/cramps	☐	☐		
Chest pain	☐	☐		
Myalgia	☐	☐		
Arthralgia	☐	☐		
Irritability	☐	☐		
Confusion	☐	☐		
Diarrhea	☐	☐		
Other, Specify: _____	☐	☐		

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ENVIRONMENT/OCCUPATION
Section in Panorama: Investigation Information-> Sensitive Environment Details

Is the case a: (*Sensitive environment details*)	☐ Health Care Worker/Volunteer (*Health care facility – Work/volunteer*) ☐ Health Care Facility Resident/Patient (*Health care facility –Resident/Patient*) ☐ Long-term care facility Worker/Volunteer (*Long-term care facility– Work/volunteer*) ☐ Residential care facility Worker/Volunteer (*Residential care facility – Work/volunteer*) ☐ Long-term care facility Resident (*Long-term care facility –Reside*) ☐ Residential care facility Resident (*Residential care facility –Reside*)

If case is <u>not</u> any of the above, indicate case's environment/occupational setting:

☐ Correctional facility worker (*Correctional Facility- Work/Volunteer*)

☐ Correctional facility resident (*Correctional Facility-Reside*)

☐ Communal setting- Reside (*Communal setting-Reside*)

☐ Communal setting- Work/volunteer (*Communal setting- Work/volunteer*)

☐ Industrial worker (e.g. mining, factory, warehouse, construction, warehouse, meat processing facilities) (*Industrial worker – Factory/warehouse/construction*)

☐ Transportation of people or goods worker (eg. truck driver, operator, maintenance, crew member) *(Transportation of people or goods – Operator/maintenance/crew member*)

☐ Federal Agencies worker (e.g. Canadian Armed Forces, Coast Guard, RCMP, Border Agency, Security, Intelligence Service) (*Federal Agencies- Canadian Armed Forces/Coast Guard/RCMP/Border Agency/Security/Intelligence Service)*

☐ Veterinary/animal worker (*Animal handler or setting-Work/volunteer/attend/reside*)

☐ Local First Responders – Police/firefighter/EMS paramedic (*Local First Responders- Police/firefighter/EMS paramedic*)

☐ Office worker (*Office worker*)

☐ Restaurant / Bar worker (including any type of food handler) (*Restaurant/bar worker*)

☐ Retail worker – stores/shops/markets (e.g. in a department store, discount store, grocery store, pharmacy, etc.) (*Retail/bar- work*)

☐ Rotational Worker- Oil sands/mine/other (*Rotational Worker- Oil sands/mine/other*)

☐ Temporary foreign worker (*Temporary foreign worker*)

☐ School or daycare worker (*School/childcare setting - work/volunteer*)

☐ Student/Daycare Attendee (*School/childcare setting - attend*)

☐ Farm worker ("*Other" and type "Farm Worker"*)

☐ Other (specify): _____

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PRE-EXISTING CONDITIONS and RISK FACTORS

Section in Panorama: Risk Factors

Condition or Risk Factor	Yes	No	Unknown	Not asked
Pulmonary Disorder including Asthma (*Medical - Pulmonary Disorder including Asthma*)	☐	☐	☐	☐
Cardiovascular Disease (e.g., coronary heart disease, congenital heart disease) (*Medical - Cardiac disorder*)	☐	☐	☐	☐
Chronic Kidney Disease (*Medical - Chronic renal disease/dialysis*)	☐	☐	☐	☐
Immunodefiency Disease/Condition (*Medical - Immunocompromising conditions*)	☐	☐	☐	☐
Diabetes (*Medical - Diabetes mellitus type 1 or 2*)	☐	☐	☐	☐
Liver Disease (e.g., non-alcoholic fatty liver disease, alcoholic liver disease, chronic viral hepatitis, cirrhosis) (*Chronic liver disease*)	☐	☐	☐	☐
Malignancy (cancer) (*Medical – Cancers*)	☐	☐	☐	☐
Neurological or Neuromuscular Disorder (e.g., Dementia) (*Medical - Neurological conditions*)	☐	☐	☐	☐
Obesity (*Medical - Obesity (BMI >= 40)*)	☐	☐	☐	☐
Problematic substance use (e.g., alcohol, injection drug, opioid use*) (*Substance Use - Substance abuse (known or suspected)*)	☐	☐	☐	☐
Pregnancy or ≤6 weeks post-partum (*Special population - pregnant or 6 weeks post-partum*)	☐	☐	☐	☐
Sickle Cell Disease (*Medical – Splenic disorders including Sickle cell disease and other Hemoglobinopathies*)	☐	☐	☐	☐
Smoking/Vaping (*Behaviour – Smoking / vaping / use of smoking paraphernalia*)	☐	☐	☐	☐
Other, specify: _____				
Travel/Isolation Risk Factors	**Yes**	**No**	**Unknown**	**Not asked**

Travel/Isolation Risk factors

	Yes	No	Unknown	Not asked
Travel – Outside of NS (*In the 14 days prior to symptom onset, did the case travel to another province/territory in Canada?*)	☐	☐	☐	☐
Travel – Outside of Canada (*In the 14 days prior to symptom onset, did the case travel outside of Canada?*)	☐	☐	☐	☐
Travel – Inside of NS	☐	☐	☐	☐
Exempt from isolation – essential worker	☐	☐	☐	☐
Exempt from isolation - other	☐	☐	☐	☐

Contact Risk Factors/Outbreak Exposure

	Yes	No	Unknown	Not asked
Was the case in close contact with a confirmed or probable case in the 14 days prior to their illness onset?	☐	☐	☐	☐

If yes, was the close contact: ☐ within Nova Scotia ☐ outside Nova Scotia

If within NS, please provide name if known:_____

Outbreak/cluster link – *details within the Exposures section*

	Yes	No	Unknown	Not asked
In the 14 days prior to symptom onset, was the case exposed to a known cluster, exposure location or outbreak?	☐	☐	☐	☐

If yes, Panorama Cluster/Outbreak ID (if known): _____

* Definition: problematic opioid use defined as the use of non-pharmaceutical opioids (e.g. heroin and carfentanil), use of pharmaceutical opioids not prescribed to the person or problematic use of prescribed opioids.

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CLINICAL COURSE and OUTCOMES

Section in Panorama: Outcomes

If "Yes", add corresponding outcome(s) in Panorama as they occur:

Alive – Not Hospitalized ☐ Yes ☐ No	**Outcome Date** (DD/MM/YYYY):
Alive – Hospitalized ☐ Yes ☐ No	**Outcome Date** (DD/MM/YYYY):
Alive – Hospitalized – ICU: ☐ Yes ☐ No	**Outcome Date** (DD/MM/YYYY):
Deceased: ☐ Yes ☐ No	**Outcome Date** (DD/MM/YYYY):
Recovered: ☐ Yes ☐ No	**Outcome Date** (DD/MM/YYYY):

Cause of death* (Indicate cause of death (as listed on death certificate)**:** ☐ Notifiable Disease ☐ Other: _____ ☐ Unknown

Contributing level (If the case has died, was death attributed/linked to respiratory illness): ☐ Antecedent ☐ Contributed but not related to immediate cause of death ☐ Immediate ☐ Unknown

*If death is related to COVID-19, enter "Notifiable Disease". If cause of death is unrelated to COVID-19, enter "Other:_____". If cause of death is unclear if related to COVID-19, "Unknown" and await receipt of the death certificate from DHW and final determination of whether death was COVID-related from DHW/MOH. Once death certificates are received by DHW, consultation with MOH will occur (as per the DHW SOP for managing COVID-related death certificates), and a final decision on whether the death was COVID vs non-COVID related will be communicated back to PH.

CASE MANAGEMENT

Not entered into Panorama, include in case notes as needed

Housing Insecurity

Is the case housing insecure? ☐ Yes ☐ No ☐ Not Asked
Do they require supports? ☐ Yes ☐ No ☐ Not Asked

If yes what supports? _____

Other comments: _____

Use of Personal Protective Equipment

Was full or partial PPE worn by the case during their infectious period? ☐ Yes ☐ No ☐ Not Asked
If case is a healthcare worker, did they provide in-home care to their clients? ☐ Yes ☐ No ☐ Not Asked
Other comments:_____

Contact Tracing

Determine how the case acquired the virus (acquisition events) and who they may have exposed to the virus (transmission events) and enter into Exposure Summary section of Panorama.

Prioritize contacts according to Interim Guidelines.

Use Exposure Summary spreadsheet or table below as needed

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EXPOSURES & TRANSMISSIONS

Section in Panorama: Exposure Summary - Acquisition Events

Exposures – *Exposures - Create acquisition events in Panorama*
Enter all that apply. If multiple exposures within the same exposure setting, enter as separate exposures in Panorama

Select and enter all exposure types that the case had in the 14 days prior to onset of symptoms

Exposure Name *Free text – choose from categories below*	Exposure Risk Level	Exposure Location Name *Free text*	Acquisition Start date (yyyy/mm/dd : hh:mm) Acquisition End date (yyyy/mm/dd : hh:mm)	Exposure Setting Type *Select from dropdown*	Exposure Setting *Select from dropdown*	Address(es) *Enter Country, P/T, Postal Code, Street Name/Number*
☐ Travel ☐ Household ☐ Non-Household ☐ Workplace ☐ Healthcare ☐ Community	☐ High ☐ Mod ☐ Low	Include location name and city/town if known; if travel related, enter the province/ state names or Country Code(s)		• Agricultural Locations • Congregate/ Communal Living Setting • Food Services • Health Care setting • Household Residence • Public Spaces • Recreational Spaces • Transportation** • Travel***	EXAMPLES (too many to list for all Settings) ☐ Agricultural fair ☐ Animal Processing Plant ☐ Farm ☐ Petting Zoo ☐ Wildlife Park ☐ Other	

**Please enter all airline information if travelled by plane in the last 14 days prior to symptoms/testing, including flight numbers, dates, times, trip destinations and seat numbers
***Please enter all travel information if travelled in the last 14 days prior to symptoms/testing, including dates/duration and trip destinations

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Section in Panorama: Exposure Summary - Transmission Events

Transmissions - *Exposures - Create Transmission events in Panorama*
Enter all that apply. If multiple exposures within the same exposure setting, enter as separate exposures in Panorama

Select and enter all transmission types that the case had in the 48 hours prior to onset of symptoms or testing

Exposure Name *Free text – choose from categories below*	Exposure Risk Level	Exposure Location Name *Free text*	Transmission Start date (yyyy/mm/dd : hh:mm) Transmission End date (yyyy/mm/dd : hh:mm)	Exposure Setting Type *Select from dropdown*	Exposure Setting *Select from dropdown*	Address(es) *Enter Country, P/T, Postal Code, Street Name/Number*
☐ Travel ☐ Household ☐ Non-Household ☐ Workplace ☐ Healthcare ☐ Community	☐ High ☐ Mod ☐ Low	Include location name and city/town if known; if travel related, enter the province/ state names or Country Code(s)		• Agricultural Locations • Congregate/ Communal Living Setting • Food Services • Health Care setting • Household Residence • Public Spaces • Recreational Spaces • Transportation** • Travel***	EXAMPLES (too many to list for all Settings) ☐ Agricultural fair ☐ Animal Processing Plant ☐ Farm ☐ Petting Zoo ☐ Wildlife Park ☐ Other	

**Please enter all airline information if travelled by plane in the last 14 days prior to symptoms/testing, including flight numbers, dates, times, trip destinations and seat numbers
***Please enter all travel information if travelled in the last 14 days prior to symptoms/testing, including dates/duration and trip destinations

Travel Screening – *Trip Destinations*	
Country travelled to (*Country dropdown*): _____	
If travel within the province/territory travelled to (*Province dropdown*): ☐ BC ☐ AB ☐ SK ☐ MB ☐ ON ☐ QC ☐ NB ☐ NS ☐ PE ☐ NL ☐ YK ☐ NT ☐ NU	
Region/County:	City:
Arrival Date (yyyy/mm/dd):	Departure Date (yyyy/mm/dd):
Type of Destination:	
Reason(s) for Travel:	
Accommodation(s):	
Mode(s) of Travel:	
Comments:	

Section not yet configured in Panorama – please include all information in the Exposures section