iPHIS Bulletin #17

Timely Entry of Cases and Outbreaks for Diseases of Public Health Significance

Updated: October 2024

Introduction

This iPHIS Bulletin specifies the provincial requirements for the timely entry of cases and outbreaks into the integrated Public Health Information System (iPHIS). These requirements apply **to all applicable case classifications and outbreaks in Ontario.**

This update replaces the June 2024 version of iPHIS Bulletin #17.

Please refer to the Case Definitions and Disease Specific Information under Appendix 1 of the Infectious Diseases Protocol for additional information on current provincial reporting requirements.

Timely Entry of Cases

This section outlines the timelines and minimum mandatory data elements for public health units (PHUs) entering cases, encounters, episodes and incidents in iPHIS. The minimum mandatory data elements consist of both:

- system-mandatory fields identified by a red diamond in iPHIS; and
- fields mandatory for surveillance (i.e., required[1] fields).

PHUs are required to follow this bulletin to ensure they and Public Health Ontario (PHO) are able to routinely run accurate reports and perform timely disease surveillance.

PHUs are required to enter the minimum mandatory data elements in iPHIS within the following timelines:

- **Within one business day** of the PHU receiving initial notification of the case/encounter/episode/incident for diseases listed in Appendix 1 of this document.
- **Within five business days** of the PHU receiving initial notification of the case/encounter/episode/incident for diseases or events listed in Appendix 2 of this document.
- Rabies post-exposure prophylaxis (RPEP) **within 30 calendar days** of administration of the first dose of RPEP.

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[1] For the purposes of this document, system-mandatory and required fields are referred to as minimum mandatory data elements. Required fields are identified with an **R** in the iPHIS user guides and required for surveillance purposes by PHO.

The iPHIS User Guides describe the system-mandatory and required data elements that users are required to enter for cases/encounters/episodes/incidents. Once follow-up is complete and there is no pending outcome information (i.e. cause of death), PHUs are required to complete data entry and close the record **within 30 calendar days** (**60 calendar days** for Hepatitis C and chronic Hepatitis B).

> Enhanced Surveillance Directives (ESDs) issued by PHO may have different reporting requirements. While in effect, all ESD requirements supersede Bulletin 17 minimum mandatory data elements.

Minimum Mandatory Data Elements in iPHIS

This section lists the minimum mandatory data elements by module in iPHIS. In addition, PHUs are required to select the appropriate symptom(s) and indicate the date of onset via the *Symptoms* screen if the client has known symptom(s) for the case/encounter/episode. The timely entry requirement for symptoms and date of onset is applicable for the **Outbreak, STD and TB Modules.**

Demographics Module

CLIENT DEMOGRAPHICS SCREEN (ALL INVESTIGATIONS)

- Health Unit (HU)
- Last Name
- First Name
- Birth Date
- Gender

Outbreak Module

CASE DETAILS SCREEN

- Reported Date
- Health Unit Responsible
- Branch Office
- Diagnosing HU
- Disease
- Aetiologic Agent
- Classification
- Classification Date
- Outbreak Case Classification
- Outbreak Classification Date
- Disposition
- Disposition Date
- Status
- Status Date
- Priority

Communicable Diseases (CD) Module

INCIDENT SCREEN

- Health Unit
- Reported Date
- Status

ANIMAL SCREEN

- Symptoms
- Onset Date

IMMUNIZATIONS AND SKIN TESTS SCREEN

- Administration Date/Time
- HU
- Branch
- Provider/Personnel

- Agent
- Lot Number (Expiry Date)
- Site
- Informed Consent

Sexually Transmitted Diseases (STD) Module

ENCOUNTER DETAILS SCREEN

- Encounter Type
- Encounter Date
- Encounter Status
- HU
- Branch
- Diagnosing HU
- Exam Category

DIAGNOSIS SCREEN

- Disease Code
- Status
- Date/Time
- Aetiologic Agent

Tuberculosis (TB) Module

EPISODE DETAILS SCREEN

- Client TB Status Date
- Episode Type
- Episode Status
- Episode Start
- HU
- Diagnosing HU

DIAGNOSIS SCREEN

- Disease Code
- Status
- Date/Time
- Aetiologic Agent

Timely Entry of Exposures for iPHIS

PHUs are required to enter exposure information for all cases unless they are lost to follow-up or untraceable. PHUs are required to enter exposure information within one business day of notification of the exposure, unless otherwise noted:

- iPHIS CD Module: **within 30 calendar days** of the RPEP incident being reported to the public health unit.

- iPHIS TB and STD Modules: enter relevant 'Exposure Settings' on the *Risk Factor* screen.

Timely Entry of Community Outbreaks

For community outbreaks, users are required to enter and/or link the corresponding outbreak cases to the outbreak in iPHIS **within 15 business days** of the outbreak being declared over.

Timely Entry of Outbreaks in Institutions and Public Hospitals

Users are required to adhere to the following timelines when entering outbreaks, including COVID-19 outbreaks, in institutions and public hospitals in iPHIS.

Type of outbreak	Required timelines for entry
Clostridium difficile infection (CDI) outbreaks	Enter the **preliminary report within one business day** of notification of the outbreak. Complete the **final report within 15 business days** of the outbreak being declared over. While the outbreak is ongoing, PHUs are required to submit **weekly updates** of aggregate counts in iPHIS every Tuesday by 4:00 p.m.
Carbapenemase-producing *Enterobacteriaceae* (CPE) infection or colonization	Enter the **preliminary report within one business day** of notification of the outbreak. Complete the **final report within 15 business days** of the outbreak being declared over.
Respiratory infection outbreaks, including Coronavirus Disease 2019 (COVID-19) outbreaks	Enter the preliminary report, **including initial aggregate counts**, **within one business day** of the PHU receiving notification of the outbreak. Complete the final report, including **final aggregate counts**, **within 15 business days** of the outbreak being declared over.
Gastroenteritis outbreaks	Enter the **preliminary report within five business days** of notification of the outbreak. Complete the **final report within 15 business days** of the outbreak being declared over.

Refer to the following for directions on data entry for outbreaks in institutions and public hospitals:

- iPHIS User Guide *Clostridium difficile infection* (CDI) Outbreaks in Public Hospitals
- iPHIS User Guide: *Carbapenemase-Producing Enterobacteriaceae* (CPE)
- iPHIS User Guide: Respiratory Infection Outbreaks in Institutions and Public Hospitals
- Outbreak Summary (version 5, January 2008 or as current); for institutional gastroenteritis outbreaks only)

Contact the **Public Health Solutions Service Desk** at 1-866-272-2794 or 416-327-3512 or email PublicHealthSolutions@ontario.ca for additional information or questions about this Bulletin.

Appendix 1 – Diseases Requiring iPHIS Entry within One Business Day

> Public health units (PHUs) are required to enter the minimum mandatory data elements in iPHIS **within <u>one</u> business day of initial notification.**

- Anaplasmosis
- Anthrax
- Babesiosis
- Botulism
- Brucellosis
- Carbapenemase-producing Enterobacteriaceae (CPE) [outbreaks]
- Clostridium difficile infection (CDI) outbreaks and outbreak-associated cases within hospitals, preliminary notification
- Coronavirus Disease 2019 (COVID-19), fatal cases
- Cyclosporiasis
- Diphtheria
- Diseases caused by a novel coronavirus, including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS)
- Food poisoning, all causes
- Group A Streptococcal disease, invasive (iGAS)
- Haemophilus influenzae disease, all types, invasive
- Hantavirus pulmonary syndrome
- Hemorrhagic fevers caused by: i) Ebola virus and ii) Marburg virus, iii) Lassa fever, and iv) Other viral causes
- Hepatitis A
- Influenza, novel

- Legionellosis
- Listeriosis
- Measles
- Meningococcal disease, invasive
- Mumps
- Paralytic Shellfish Poisoning
- Pertussis (Whooping Cough)
- Plague
- Poliomyelitis, acute
- Powassan Virus
- Rabies
- Respiratory infection outbreaks in institutions and public hospitals
- Rubella
- Rubella, congenital syndrome
- Salmonellosis
- Shigellosis
- Smallpox and other orthopoxviruses, including Mpox
- Tetanus
- Tuberculosis (all sites)
- Tularemia
- Verotoxin-producing E.coli infection indicator conditions, including Haemolytic Uraemic Syndrome
- West Nile Virus Illness
- Yersiniosis

> Refer to the Case Definitions and Disease Specific Information under Appendix 1 of the Infectious Diseases Protocol for additional information on current provincial reporting requirements for Disease of Public Health Significance.

Appendix 2 – Diseases Requiring iPHIS Entry within Five Business Days

Public health units (PHUs) are required to enter the minimum mandatory data elements in iPHIS within **five** **business days of initial notification**.

- Acquired Immunodeficiency Syndrome (AIDS)
- Acute Flaccid Paralysis
- Adverse Event Following Immunization (AEFIs)
- Amebiasis
- Blastomycosis
- Campylobacter enteritis
- Carbapenemase-producing Enterobacteriaceae (CPE) colonizations and infections [cases]
- Chancroid
- Chickenpox (Varicella)
- Chlamydia trachomatis infections
- Cholera
- Creutzfeldt-Jakob Disease, all types
- Cryptosporidiosis
- Echinococcus multilocularis infection
- Encephalitis, including: i) Primary, viral; ii) Post-infectious; iii) Vaccine-related; iv) Subacute sclerosing panencephalitis, and v) Unspecified

- Gastroenteritis, outbreaks in institutions and public hospitals
- Giardiasis
- Gonorrhoea
- Group B Streptococcal disease, neonatal
- Hepatitis B
- Hepatitis C
- Influenza, seasonal*
- Leprosy
- Lyme Disease
- Meningitis, acute: i) bacterial; ii) viral, and iii) other
- Ophthalmia neonatorum
- Paratyphoid Fever
- Pneumococcal disease, invasive
- Psittacosis/Ornithosis
- Q Fever
- Syphilis
- Trichinosis
- Typhoid Fever

*For details on entry requirements for seasonal influenza cases please see the most current version of the Respiratory Surveillance Instructions available on PHO's Influenza web page.

Refer to the Case Definitions and Disease Specific Information under Appendix 1 of the Infectious Diseases Protocol for additional information on current provincial reporting requirements for Disease of Public Health Significance.

Document History

Table 1. History of Revisions

Revision Date	Document Section	Description of Revisions
December 2019	Entire bulletin	Updated bulletin to meet PHO visual identity and accessibility standards. Removed outdated user guide version numbers and dates, along with outdated information on how to access user guides. Updated contact information for questions and support.
January 2020	Appendix 1	Added Diseases caused by a novel coronavirus, including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome Coronavirus (MERS) as a new disease of public health significance. Removed Severe Acute Respiratory Syndrome (SARS).
July 2022	Entire bulletin Appendix 1	Update the reference to Appendix 1 in the Infectious Diseases Protocol, 2022. Updated Smallpox to Smallpox and other orthopoxviruses, including Monkeypox.
August 2023	Appendix 1	Updated diseases caused by a novel coronavirus to include Coronavirus Disease 2019 (COVID-19) to match the title under the ID protocol. Added Anaplasmosis, Babesiosis and Powassan Virus to reflect the new tick-borne DOPHS effective July 1, 2023. Updated Monkeypox to Mpox.
September 2023	Entire bulletin Timely Entry of Outbreaks table > Respiratory infection outbreaks in institutions and public hospitals Appendix 1 and 2	Incorporated direction related to the timely entry of information into CCM. Added emphasis on the requirement to enter aggregate counts within one business day. Added "or CCM" to the titles.

Revision Date	Document Section	Description of Revisions
May 2024	Entire Bulletin	Removed all references to CCM throughout due to CCM hibernation as of June 28, 2024.
	Timely Entry of Outbreaks in Institutions and Public Hospitals	Updated to align data entry timelines between COVID-19 outbreaks and RIOI outbreaks.
	Timely Entry of Outbreaks in Institutions and Public Hospitals	Renamed this title to read as: Timely Entry of Outbreaks in Institutions, Public Hospitals and Other High Risk Settings. Removed any reference of location from within the column "Type of Outbreak".
October 2024	Timely Entry of Outbreaks in Institutions and Public Hospitals	Section named was updated to 'Timely Entry of Outbreaks in Institutions and Public Hospitals' from 'Timely Entry of Outbreaks in Institutions, Public Hospitals and Other High Risk Settings' Consolidated direction for Coronavirus Disease 2019 (COVID-19) outbreak reporting with Respiratory infection outbreaks.
	Appendix 1	Added "Coronavirus Disease 2019 (COVID-19), fatal cases". Specified "Influenza, novel". Group A Streptococcus and Hemorrhagic fevers updated to match the naming conventions found in O.Reg 135/18
	Appendix 2	Added direction for reporting seasonal influenza.

Citation

Disclaimer

This document was developed by Public Health Ontario (PHO). PHO provides scientific and technical advice to Ontario's government, public health organizations and health care providers. PHO's work is guided by the current best available evidence at the time of publication.

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iPHIS Bulletins

An iPHIS Bulletin provides guidelines to integrated Public Health Information System (iPHIS) users about policy, procedure and/or data standards, to support common practices among users.

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