

iPHIS Bulletin #17

Timely Entry of Cases and Outbreaks for Diseases of Public Health Significance (DOPHS)

Revised: January 2020

This iPHIS Bulletin specifies the provincial requirements for the timely entry of cases and outbreaks and **applies to all applicable case classifications and outbreaks in Ontario**. This update replaces the May 2018 version of iPHIS Bulletin #17.

Please refer to the Provincial Case Definitions under Appendix B 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 entering cases/encounters/episodes/incidents in iPHIS. The minimum mandatory data elements are identified by a red diamond in iPHIS and are listed in the section below by module. Users are required to follow this bulletin to ensure public health units (PHUs) 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](#).
- **Within five business days** of the PHU receiving initial notification of the case/encounter/episode/incident for diseases/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.**

Once follow-up is completed and no further investigation is required, PHUs are required to complete data entry in iPHIS for the case/encounter/episode/incident **within 30 calendar days (60 calendar days for Hepatitis C)**. The iPHIS User Guides describe the system-mandatory and required¹ data elements that users are required to enter for cases/encounters/episodes/incidents in iPHIS.

Enhanced surveillance directives issued by PHO may have different reporting requirements.

¹Required fields are identified with an **R** in the user guides and required for surveillance purposes by PHO.

Minimum Mandatory Data Elements

This section lists the minimum mandatory data elements by module. Users 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

CD Module

INCIDENT SCREEN

- 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

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

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

PHUs are required to enter exposure information for all cases in the **Outbreak Module**, unless they are lost to follow-up or untraceable. As a best practice, PHO recommends PHUs enter exposures within **one business day** of notification of the exposure.

Timely Entry of Community Outbreaks

For community outbreaks, users are required to link the corresponding outbreak cases to the outbreak **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 in institutions and public hospitals in iPHIS:

Type of outbreak	Required timelines for entry
<i>Clostridium difficile</i> infection (CDI) outbreaks in public hospitals	<p>Enter the preliminary report within one business day of notification of the outbreak.</p> <p>Complete the final report within 15 business days of the outbreak being declared over.</p> <p>While the outbreak is ongoing, PHUs are required to submit weekly updates of aggregate counts in iPHIS every Tuesday by 4 p.m.</p>
Carbapenemase-producing <i>Enterobacteriaceae</i> (CPE) infection or colonization	<p>Enter the preliminary report within one business day of notification of the outbreak.</p> <p>Complete the final report within 15 business days of the outbreak being declared over.</p>
Respiratory infection outbreaks in institutions and public hospitals	<p>Enter the preliminary report within one business day of notification of the outbreak.</p> <p>Complete the final report within 15 business days of the outbreak being declared over.</p>
Gastroenteritis, institutional outbreaks and public hospitals	<p>Enter the preliminary report within five business days of notification of the outbreak.</p> <p>Complete the final report within 15 business days of the outbreak being declared over.</p>

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

- *Clostridium difficile* infection (CDI) Outbreaks in Public Hospitals
- [Respiratory Infection Outbreaks in Institutions](#)
- 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 one business day of initial notification.**

- Anthrax
- Botulism
- Brucellosis
- Carbapenemase-producing *Enterobacteriaceae* (CPE) [outbreaks]
- *Clostridium difficile* infection (CDI) outbreaks and outbreak-associated cases within hospitals, preliminary notification
- Cyclosporiasis
- Diphtheria
- Diseases caused by a novel coronavirus, including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome Coronavirus (MERS)
- Food poisoning, all causes
- Invasive Group A *Streptococcus* with clinical severity
- *Haemophilus influenzae* disease, all types, invasive
- Hantavirus pulmonary syndrome
- Hemorrhagic fevers, including: i) Ebola, ii) Marburg virus disease, and iii) Other
- Hepatitis A
- Laboratory confirmed cases of novel (not seasonal) Influenza
- Meningococcal disease, invasive
- Lassa Fever
- Legionellosis
- Listeriosis
- Measles
- Mumps
- Paralytic Shellfish Poisoning
- Pertussis (Whooping Cough)
- Plague
- Poliomyelitis, acute
- Rabies
- Respiratory infection outbreaks in institutions and public hospitals
- Rubella
- Rubella, congenital syndrome
- Salmonellosis
- Shigellosis
- Smallpox
- Tetanus
- Tuberculosis (all sites)
- Tularemia
- Verotoxin-producing *E.coli* infection indicator conditions, including Haemolytic Uraemic Syndrome
- West Nile Virus Illness
- Yersiniosis

Refer to the Provincial Case Definitions under Appendix B of the [Infectious Diseases Protocol, 2018](#) 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
- Seasonal influenza cases
- 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

Refer to the Provincial Case Definitions under Appendix B of the [Infectious Diseases Protocol, 2018](#) 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)

Citation

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Disclaimer

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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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