

iPHIS QUICK REFERENCE

Anaplasmosis, Babesiosis, and Powassan Virus Data Entry

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Introduction

On July 1, 2023 Ontario's Ministry of Health made the tick-borne diseases (TBDs) anaplasmosis, babesiosis and Powassan virus (POWV) reportable as diseases of public health significance. Public Health Units (PHUs) are [required](#) to enter case information about all individuals meeting the [provincial case definition](#) for the diseases and virus into the integrated Public Health Information System (iPHIS) within one business day of receiving initial notification of the case.

The purpose of this quick reference guide is to highlight key iPHIS fields for entering cases of anaplasmosis, babesiosis or Powassan virus. For questions about entering case information in iPHIS, please contact ezvbd@oahpp.ca.

Case Data Entry

Outbreak

On the **Outbreak Management > Outbreak Search** screen, search for and select the provincial corresponding TBD **Outbreak Number**: 0000-2023-00005 'ONTARIO – xxxx – xxxx'.

Investigation Start Date

On the **Case Details** screen, in the **Investigation Start Date** field, enter the date the PHU first had contact with the case or proxy (e.g., guardian of a minor child, next of kin, official at a long-term care home or other reporting facility).

Initiating contact with a case involves interviewing the case/proxy and/or providing education/preventative strategies to the case or their proxy. The investigation start date should be the date when the PHU first attempted to contact the case and/or the healthcare provider.

Disease

On the **Case Details** screen, in the **Disease** field, select one of the following:

- ANAPLASMOSIS
- BABESIOSIS
- POWASSAN

Aetiologic agent

On the **Case Details** screen, in the **Aetiologic Agent** field, select one of the following:

- ANAPLASMA PHAGOCYTOPHILUM
- BABESIA
- POWASSAN VIRUS

Subtype

The following section pertains to cases with **Babesiosis**. On the **Case Details** screen, in the **Subtype** field, select one of the following that applies:

- BABESIA SPP.
- BABESIA DIVERGENS
- BABESIA MICROTI
- BABESIA DUNCANI

Classification

Select the appropriate case classification according to the current [provincial case definition](#).

Lab Result

On the **Case Details > Cases > Case > Lab** screen, users must enter relevant laboratory testing results for confirmed cases received from both PHO, the Public Health Agency of Canada's (PHAC) National Microbiology Laboratory (NML), or the National Reference Centre for Parasitology (NRCP).

- *Anaplasma* serology and molecular testing are referred tests. Samples are sent by PHO to the NML in Winnipeg.
- *Babesia* microscopy is performed at PHO. *Babesia* serology and molecular testing are referred tests. Samples are sent from PHO to the NRCP in Montreal (serology) or the NML in Winnipeg (molecular testing).
- Powassan virus serology is screened at PHO and sent to the NML for confirmatory testing.

- Enter separate laboratory requisitions in iPHIS for test results received from both PHO’s laboratory and the PHAC’s NML using the Placer Requisition ID to record the specimen IDs as per usual practice.
- Select ‘CD – Vectorborne’ as the Resulted Test Group Code.
- The original PHO specimen ID can be entered in the Observation Value of the requisition created to capture the NML/NRCP results.

Additional Data Entry

The following data elements are obtained through detailed case follow-up by the PHU. Entry of these data elements in iPHIS is **required**.

Preliminary Questions

This section provides information about specific exposure information necessary to identify risk factors and exposures reported by cases.

Risk Factors

On the **Case Details > Cases > Case > Risks** screen, users must select “YES” if the risk factor was present. Select “YES” for all risk factors that apply. When applicable, specify details related to the risk factor in the free text field.

MEDICAL RISK FACTORS

There are medical risk factors that are specific to each disease. Users should select “YES” to applicable medical risk factors. Refer to the TBD-specific [Infectious Diseases Protocol Appendix 1](#) for further information.

BEHAVIOURAL RISK FACTORS

There are behavioural social risk factors that are specific to each disease. Users should specify details about activities reported during the exposure period e.g., hiking, camping, hunting, etc. Refer to the disease-specific [Infectious Diseases Protocol Appendix 1](#) for further information.

Exposures

This section includes discrete exposures reported by a case relevant in understanding disease acquisition, as well as discrete exposures for which the case may present transmission risk to others.

LINKED TO PROVINCIAL CANNED EXPOSURE

A client’s tick exposure can be linked to provincial canned exposure(s). Provincial canned exposures have been created for the endemic/risk areas, frequently reported locations, and the most frequently reported states in the United States. The Ontario canned exposures include all established Lyme disease risk areas.

Note: Changes should not be applied to the existing canned exposures. If reported exposures are not included in the list of canned exposures, a new exposure should be created.

CREATING A NEW EXPOSURE

New exposures can be created by navigating to *Case Details > Cases > Case > Exposures*. New exposures should include the correct spelling of the exposure location, such as the name of the park, landmark or city. Include an accurate street address if available, and the name of the city. The Responsible Health Unit for the exposure may differ from the Diagnosing Health Unit that identified the exposure. In this situation, an iPHIS referral must be sent to that health unit with the exposure ID. Please refer to [Public Health Ontario's website](#) for an updated Lyme disease estimated risk areas map, to determine if the exposure area has been identified as one of Ontario's blacklegged tick established risk areas.

Note: When creating new exposures that have occurred in Ontario, be as specific as possible (e.g., exact address or site name) and follow existing exposure naming conventions.

Symptoms

Symptoms are based on the clinical criteria provided in the provincial case definition. Each disease will have a specific set of symptoms. Refer to the disease-specific [Infectious Diseases Protocol Appendix 1](#) for further information.

Complications

This field can be used to indicate severity of cases. Each disease will have a specific set of complications. Refer to the disease-specific [Infectious Diseases Protocol Appendix 1](#) for further information.

Interventions

This section allows PHUs to record public health interventions and healthcare utilization. Select 'HOSPITALIZATION' and enter the date of admission as the Start Date/Time if the case was hospitalized. Enter the discharge date as the End Date/Time if the case is discharged. Select 'ICU' if the case was admitted to the intensive care unit.

If the case was not hospitalized, select 'NOT HOSPITALIZED' and enter the case's episode date as the Start Date/Time. The episode date is determined using the following hierarchy of date fields in iPHIS: Symptom Onset Date > Specimen Collection Date > Laboratory Test Date > Reported Date. Other interventions also require start dates to be recorded to indicate that the intervention took place and some require an end date to be recorded.

Outcome

Users are advised to enter information in this field about the recovery status of the case. Indicate if the case recovered by selecting, "RECOVERED" from the drop down menu. For cases that are deceased with open investigations in iPHIS, indicate if the death was related to a TBD by selecting the following:

- For the **Outcome** field, select drop down option "FATAL"
- Enter the date of death in the Outcome Date field
- For the **Type of Death** field, select the appropriate value

OUTCOME DEFINITIONS

- Fatal: If the client dies while the case is still open and under investigation in iPHIS.
- Ill: Non-fatal case that is still symptomatic at the time of the interview.
- Pending: Outcome information is not yet available, and the case is still open and under investigation. Update to 'Unknown' when the case is closed and the information is still not available.
- Recovered: A case that is no longer ill and has no residual effects from the infection.
- Residual Effects: A case that has been discharged from a hospital but has some residual effects from the infection. A non-hospitalized case can also have residual effects.

Citation

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