

iPHIS User Guide

Outbreak Module: Enteric and Zoonotic Diseases



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Public Health Ontario

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Introduction

The *Enteric and Zoonotic Diseases iPHIS User Guide* outlines standardized data entry requirements for entering cases of enteric and zoonotic diseases in the Outbreak Module of the integrated Public Health Information System (iPHIS). There are no separate data entry requirements for entering outbreak-related cases in the Outbreak Module of iPHIS.

This user guide should be consulted for standard data entry requirements for the enteric and zoonotic diseases listed below. The 2011 Enteric User Guide and other disease-specific user guides, such as the Salmonellosis User Guide, have been withdrawn and should not be used to guide data entry for enteric diseases.

Enteric Diseases

- Amebiasis
- Botulism
- Campylobacter enteritis
- Cholera
- Cryptosporidiosis
- Cyclosporiasis
- Food poisoning, all causes
- Giardiasis
- Hepatitis A
- Listeriosis
- Paralytic shellfish poisoning
- Paratyphoid fever
- Salmonellosis
- Shigellosis
- Typhoid fever
- Verotoxigenic *E. coli* including HUS
- Yersiniosis

Zoonotic Diseases

- Anthrax
- Brucellosis
- Hantavirus pulmonary syndrome (HPS)
- Plague
- Psittacosis/ ornithosis
- Q fever
- Rabies (not including animal exposures requiring post-exposure prophylaxis)
- Trichinosis
- Tularemia

These diseases are designated as Diseases of Public Health Significance under [O.Reg. 135/18: 'Designation of Diseases.'](#) The provincial surveillance definitions and criteria for case and contact management are outlined in [Appendix A and B of the Infectious Diseases Protocol](#). All cases of enteric and zoonotic diseases reported in iPHIS must be assessed using the criteria outlined in these appendices.

This user guide makes reference to iPHIS documents (e.g., bulletins), which are available on [Adobe Connect](#) to iPHIS users with an Adobe Connect account. Most of the documents referenced in this user guide are located in the following modules on Adobe Connect: Bulletins, Documentation and Other User Guides and OM User Guides.

For requirements and guidance on entering contacts for enteric and zoonotic diseases, refer to iPHIS [Bulletin #21](#) (OM Contact Entry) and [OM Contact Entry User Guide](#).

Information Required for Provincial Surveillance

In iPHIS, certain data fields are shown with a red diamond icon (◆). These are system **mandatory (M)** data fields that must be completed before saving the record in iPHIS. There are also additional data fields that are not system mandatory in iPHIS, but are **required (R)** to be reported for provincial surveillance as directed in:

- *The Health Protection and Promotion Act (HPPA), section 7(1)*
- *R.R.O 1990, Regulation 569 (Reports), under the HPPA*
- *Infectious and Communicable Diseases Prevention and Control Standard*
- *Infectious Diseases Protocol*
- iPHIS bulletins and user guides

- Active Enhanced Surveillance Directives (ESDs)
- Bulletin #17 – Timely Entry of Cases and Outbreaks

Information from both the **mandatory (M)** and **required (R)** data fields are necessary for provincial surveillance of enteric and zoonotic diseases. All mandatory (M) and required (R) data fields are described in this user guide. See [Appendix 1](#) for the list of mandatory (M) and required (R) fields for provincial surveillance of enteric and zoonotic diseases.

Sections and data fields in iPHIS that are not mandatory or required (i.e., not marked “M” or “R”) are considered optional. Public Health Units (PHUs) may enter information in optional data fields and sections for their own internal use, but Public Health Ontario (PHO) will not use this information for provincial surveillance. Most optional fields are not described in this user guide with the exception of fields that should not be used due to technical issues or because the information should be entered elsewhere or because additional information is required to describe the field. Should users enter information in optional fields, additional data fields may subsequently become system mandatory and require completion in order to save the record.

Timely Entry and Completion of Cases

In order to perform effective disease surveillance, it is important to enter accurate and complete information on cases of enteric and zoonotic diseases in iPHIS in a timely manner as outlined in [iPHIS Bulletin #17](#). PHUs must enter the minimum data elements in both the Demographics and Outbreak Management modules in iPHIS and in accordance with the following timelines:

- High risk enteric and zoonotic diseases must be entered within **one business day** of the PHU receiving initial notification of the case
- All other enteric and zoonotic diseases must be entered within **five business days** of the PHU receiving initial notification of the case

Once follow-up for a case is complete, PHUs have **30 days** to complete data entry and close the case in iPHIS.

Enteric and Zoonotic Diseases for Special Consideration

Food poisoning refers to a category of illnesses that are acquired through the consumption of contaminated food or water in which the causative agent is not specified under the [Health Protection and Promotion Act: Ontario Regulation 135/18 \(Designation of Diseases\)](#). Cases of food poisoning must be reported in the outbreak module of iPHIS following the data entry standards in this user guide. Food

poisoning cases that are subsequently confirmed to be caused by an agent of a disease of public health significance (e.g., *Salmonella*, *Listeria*) must be reported as such, and in accordance with the data entry standards outlined in this user guide. In these situations, the initial case report of food poisoning in iPHIS must be updated to “**DOES NOT MEET DEFINITION– DNM**” for the **Classification** field.

Cases associated with **Gastroenteritis, Outbreaks in Institutions and Public Hospitals** must be reported in aggregate as per the Final Outbreak Summary User Guide 2008-01-04. Cases of gastroenteritis associated with outbreaks in hospitals or institutions that are subsequently confirmed to be caused by an agent of a disease of public health significance (e.g., *Salmonella*, *Listeria*) must be reported as such, and in accordance with the data entry standards outlined in this user guide.

Other Resources

Provincially standardized questionnaires have been developed in order to standardize information collected by public health investigators during their follow up with cases with a designated disease. The questionnaires are branded as the **Ontario Investigation Tools (OITs)**. The Ontario Investigation Tools facilitate the collection of data for entry into iPHIS. They can be found on PHO’s [website](#).

iPHIS and Cognos users with an [Adobe Connect](#) account can access current iPHIS user guides, iPHIS bulletins and other related documents. Health unit Problem Resolution Coordinators (PRCs) and Designated Trainers (DTs) also have access to PHO’s iPHIS and Cognos Document Repository, which provides access to current instructions, reporting requirements, communications and training material related to using iPHIS and Cognos.

Enteric and Zoonotic Disease Surveillance at PHO

The Enteric, Zoonotic and Vector-Borne Disease (EZVBD) team at PHO is responsible for provincial surveillance of enteric and zoonotic diseases. The team continuously reviews enteric and zoonotic cases in iPHIS to ensure timely detection of outbreaks and other significant shift in trends. Therefore, the EZVBD team may follow up with PHUs directly regarding missing or incomplete case information.

PHO is here to help public health units:

Contact the Enteric Zoonotic and Vector-borne Diseases (EZVBD) team at EZVBD@oahpp.ca if you have questions about enteric and zoonotic diseases or iPHIS data entry requirements for these diseases.

For technical issues related to iPHIS or to request an Adobe Connect account, contact the Public Health Solutions Service Desk at 1-866-272-2794 or PublicHealthSolutions@ontario.ca.

1.0 Creating a Case

Link sporadic cases of enteric and zoonotic diseases under the provincial enteric and zoonotic disease-specific sporadic **Outbreak Numbers** (see [Appendix 2](#)). When a local outbreak has been identified, create a PHU-specific **Outbreak Number**. Contact the EZVBD team at ezvbd@oahpp.ca for assistance or refer to the [e-learning module](#) for creating an outbreak in iPHIS.

In general, date values used in this user guide are written in YYYY-MM-DD format.

Steps:

1. Create a new client or update an existing client, as per the iPHIS [Client Demographics User Guide](#) (or the [Client Demographics e-learning module](#)). A client record must exist in iPHIS before a case can be created.
2. Once the client has been created or found in iPHIS, record the **Client ID** for reference in subsequent steps.
3. From the left navigation menu, select **Outbreak > Management**. The **Outbreak Search** screen displays (see [Appendix 4, Screenshot 1.0a](#)).
4. Enter the outbreak number for the specific enteric or zoonotic disease in the **Outbreak Number** field. For sporadic cases, use the disease-specific sporadic outbreak number listed in [Appendix 2: List of Sporadic Outbreak Numbers and Unknown Exposures for Enteric Diseases](#).
5. Click **Search**.
6. Click on the **Details** button beside the **Outbreak Name** of interest (see [Appendix 4, Screenshot 1.0b](#)). The **Case Search** screen displays.
7. Enter relevant search criteria (e.g., **Client ID** or first and last name) to check if the case has already been created. The **Health Unit Responsible** field defaults to your PHU; select the blank line at the top of the dropdown list to widen your search to all cases in iPHIS.
8. Click **Search**. If the case is found, proceed to step 7a. If the case is not found, proceed to step 8.
 - a. If the case is found, select the **Details** button to access the **Case Details** screen for that case. The case **Status** must be set to "OPEN" for a case to be updated.

9. If the case has not yet been created, click the **New Case** button (see [Appendix 4, Screenshot 1.0c](#)).
10. Complete a **Client sub-search** using the **Client ID** that was noted in Step 2, or any other relevant search criteria to search for the client you are creating the case for (see [Appendix 4, Screenshot 1.0d](#)).
11. Click **Search**.
12. Click the the **Select** button beside the appropriate client that appears in the search results.

1.1 Case Details

Steps:

1. Enter the information specified in the quick list below. Refer to [Table 1a](#) for more detailed information (see [Appendix 4, Screenshot 1.1](#)).
2. Click **Save**.

Case Details Quick List - Mandatory and Required Data Fields

- (M) Reported Date
- (M) Health Unit Responsible
- (M) Assigned Date
- (M) Branch Office
- (M) Disease
- (M) Aetiologic Agent
- (R) Subtype
- (R) Further Differentiation
- (M) Classification
- (M) Classification Date
- (M) Outbreak Case Classification
- (M) Outbreak Class. Date
- (M) Disposition
- (M) Disposition Date
- (M) Status
- (M) Status Date
- (M) Priority

Table 1a: Detailed guide for Case Details fields

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
N/A	Case ID	The Case ID auto-populates. The system generates a unique identifier for each case.	
N/A	External Reference Number	Auto-populates with RDIS reference number for RDIS-converted cases.	
M	Reported Date	Enter the date the case was reported to the PHU (e.g., through a physician, nurse, health care provider, laboratory report). If a client is transferred to another PHU, the Reported Date should not change and should remain as the date when the initial PHU became aware of the client’s case.	
M	Health Unit Responsible	Enter the PHU responsible for case management. Note: Bulletin #13 (revised November 2010) provides guidance on how to assign Health Unit Responsible in special circumstances (e.g., client’s address is uncertain, client moves, etc.).	
M	Assigned Date	Auto-populates with the date of entry. This field may be changed at the discretion of the PHU.	
M	Branch Office	PHU-specific. Select as appropriate.	
O	Onset Date	Auto-populates with the Onset Date of the Symptom on the Symptoms screen that has the Use as Onset indicator checked off. Note: This field will not auto-populate if ‘No symptom’ is checked off with the Use as Onset indicator on the Symptoms screen.	

M/R/O	Field Name	Data Entry Information	Dropdown Values
O	Relevant Immunizations up-to-date for Client	Use only to enter hepatitis A and rabies immunization if vaccination history prior to illness onset is known.	UNKNOWN YES NO
M	Disease	Auto-populates based on sporadic outbreak number.	
M	Aetiologic Agent	Auto-populates based on sporadic outbreak number.	
R	Subtype	Select as appropriate. This list is filtered based on the selected Aetiologic Agent . If subtyping has not been requested or results are unavailable, select Subtype "UNSPECIFIED."	Available options vary by disease.
R	Further Differentiation	This field may be used to record additional laboratory information: Use this field to record additional details if "OTHER (SPECIFY)" is selected as the Subtype for an enteric disease. Always use the naming convention from the laboratory slip to enter aetiologic agents, subtypes and other laboratory typing results. For select pathogens and/or during periods of enhanced surveillance, PHO will update this field with appropriate laboratory results (i.e., genotype, pulsed field gel electrophoresis (PFGE), whole genome sequence, and/or MLVA). In these instances, PHO will send an iPHIS referral indicating that the Further Differentiation field has been updated.	
M	Classification	Select the value that corresponds with the case classification determined for the case. Case classifications should be determined using the criteria outlined in Appendix B (Case definitions) of the <i>Infectious Diseases</i>	CONFIRMED Select if the case meets the confirmed case definition. DOES NOT MEET

M/R/O	Field Name	Data Entry Information	Dropdown Values
M		<p><i>Protocol.</i></p> <p>Classify the case as soon as there is enough information to support the classification.</p> <p>The Case classification is for surveillance purposes and is not considered a diagnosis nor is it intended to reflect public health action (i.e., clinical management of cases / contacts).</p>	<p>DEFINITION</p> <p>Select if the case does not meet the case definition.</p> <p>PERSON UNDER INVESTIGATION (PUI)</p> <p>Only use when a case is being investigated and a final case classification has not yet been assigned. PUI cases <u>must</u> be updated to “CONFIRMED,” “PROBABLE,” “SUSPECT” or “DOES NOT MEET” when the final case classification has been determined. Section 1.0 of all provincial case definitions specifies the case classifications that are reportable.</p> <p>PROBABLE</p> <p>Select if the case meets the probable case definition.</p> <p>SUSPECT</p> <p>Use only for cases of botulism and anthrax if the case meets the suspect case definition.</p> <p>Do <u>not</u> use any other values (e.g., EPI-LINKED CONFIRMED).</p>
	M	Classification Date	Enter the date that the decision was made to classify the case with the selected classification value.

M/R/O	Field Name	Data Entry Information	Dropdown Values
M	Outbreak Case Classification	For sporadic cases, enter the same value selected for the Classification field. For outbreak related cases, use outbreak-specific case definitions as appropriate.	See Classification above.
M	Outbreak Class. Date	Enter the date that the decision was made to classify the case with the selected Outbreak Case Classification value.	
M	Disposition	Select the value reflecting the current state of the investigation. Value pre-populates to "PENDING." Cases with a Disposition of "LOST TO FOLLOW UP" or "UNTRACEABLE" can still have a Classification of "CONFIRMED" as long as there is enough information to support the classification. Review the Dropdown Values for the Classification field to determine if it needs to be updated to reflect the selected value for the Disposition field.	PENDING Select if the investigation is ongoing and the Status is "OPEN." Update this when the Status is changed to "CLOSED." DOES NOT MEET DEFINITION Do <u>not</u> use. Use the Classification field to indicate that a case does not meet definition. COMPLETE Select if case investigation/management is complete. CLOSED – DUPLICATE – DO NOT USE Select if the case is a duplicate case and should therefore not be counted. Select "DOES NOT MEET DEFINITION" for Classification . ENTERED IN ERROR Select if the case has been created in error. Select "DOES NOT MEET DEFINITION" for

M/R/O	Field Name	Data Entry Information	Dropdown Values
			<p>Classification.</p> <p>LOST TO FOLLOW-UP</p> <p>Select if the health unit has successfully initiated contact/services, but follow-up was incomplete and the health unit can no longer locate the client.</p> <p>UNTRACEABLE</p> <p>Select if there is insufficient information available (e.g., from client, physician, or lab slip), such that the PHU was unable to make contact with the case to initiate case investigation.</p>
M	Disposition Date	Enter the date the Disposition was determined or changed. Note: When the Disposition field is updated, enter the date the decision was made. This may not necessarily be the same day this field is updated in iPHIS.	
M	Status	Indicates whether the case is open or closed. Value pre-populates to "OPEN." Note: Do <u>not</u> select "CLOSED" if the Disposition is "PENDING."	<p>OPEN</p> <p>Select when the investigation is ongoing.</p> <p>CLOSED</p> <p>Select when the investigation and all necessary data fields have been completed in iPHIS. Ensure the Disposition is not "PENDING" if the Status is "CLOSED."</p>
M	Status Date	Enter the date that the decision was made to	

M/R/O	Field Name	Data Entry Information	Dropdown Values
		open or close the case in iPHIS. Note: Enter the date the decision was made when the Status field is updated. This may not necessarily be the same day this field is updated in iPHIS.	
M	Priority	Enter according to the procedure of PHU. Note: This field is mandatory, but not used for provincial surveillance purposes.	HIGH MEDIUM LOW
O	Priority Date	Use at the discretion of the PHU. Enter the date that the decision was made to assign the case with the selected Priority value.	
O	Comments	Do <u>not</u> enter narrative notes in this field. Notes describing the case should be entered under Cases > Case > Notes .	

1.2 Other Details and Reporting Information

The **Case Detail** screen contains several sections and related data fields that can be accessed by scrolling to the bottom of the screen and clicking on the (+) sign next to the section names that have one. The **Other Details** section must be expanded (click on the (+) sign) in order to select the address where the client was living when the enteric/zoonotic case of interest occurred. The **Physician** section must also be expanded to view and enter data in the physician fields and to see the **Assignment History** section. The **Transcriber Information** and the **Reporting Information** sections are also located at the bottom of the **Case Details** screen. The fields required for provincial surveillance and some optional fields in these sections are described below in tables 2, 3 and 4.

Steps:

1. Click on the (+) sign beside the **Other Details** section on the bottom of the **Case Details** screen screen (see [Appendix 4, Screenshot 1.2a](#)). This will expand the section and make new data fields visible.
2. Enter the information specified in [Table 1b](#) under the **Other Details** and **Reporting Information** sections.
3. Click **Save**.

Table 1b: Detailed guide for Other Details and Reporting Information fields

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
O	Client Address at Time of Case	Select the address where the client was living when the enteric/zoonotic case of interest occurred. Note: The value selected in this dropdown should remain as the address at the time of diagnosis. Do <u>not</u> update this field if the client moves during their illness or during case follow-up. See iPHIS Bulletin 13 – Transferring Client Responsibility for more information on determining a case’s address.	Populated by the address(es) entered in the Client Demographics Module.
O	Received Date	Use according to PHU procedures. Therefore, the information in this field may not be comparable across PHUs.	

M/R/O	Field Name	Data Entry Information	Dropdown Values
O	Notification Method	Select the notification method with the earliest date.	EMAIL FAX MAIL PHONE REFERRAL WALK-IN
R	Investigation Start Date	Enter the date the PHU first tried to contact the case and/or the healthcare provider.	
O	Reporting Source	Select the reporting source. Enter the External Source Type and either Source Name or City to filter and select the reporting physician / nurse practitioner. Note: Nurse practitioners can be found under the “PHYSICIAN” filter. For all other reports, enter the reporting source under Other Reporting Source Type (see below).	PHYSICIAN HOSPITAL LAB Do <u>not</u> use any other values (e.g., AGENCY, BRANCH OFFICE, FACILITY, FINANCIAL, etc.).
O	Other Reporting Source Type	Select the value that best reflects the source of the initial report and provide additional detail in Other Reporting Source Name (see below). If the reporting source is a “HEALTHCARE PROFESSIONAL” other than a physician or nurse practitioner, please specify in the Other Reporting Source Name field (e.g., nurse, pharmacist, etc.). If the reporting source is a parent, select “FAMILY MEMBER” and specify (e.g., mother) in the Other Reporting Source Name field. If the initial report was from the client, select “SELF (CLIENT).”	CANADIAN BLOOD SERVICES DETENTION CENTRE FAMILY MEMBER FRIEND INSURANCE HEALTHCARE PROFESSIONAL GROUP HOME SHELTER OTHER (SPECIFY) SELF (CLIENT) WORKPLACE OTHER AGENCY

M/R/O	Field Name	Data Entry Information	Dropdown Values
			CIC (CITIZENSHIP AND IMMIGRATION CANADA)
O	Other Reporting Source Name	Other than "SELF (CLIENT)," if Other Reporting Source Type is selected, specify the source as outlined above.	
R	Diagnosing HU	Enter the PHU where the client was residing when the specific enteric disease was first diagnosed/detected (e.g., address indicated on the laboratory requisition). Do <u>not</u> change this when the client moves during case management. Refer to iPHIS Bulletin #13 for more details on assigning the Diagnosing HU .	

1.3 Physician

This section is **optional** and information may be entered at the discretion of the PHU.

Steps:

1. Scroll down to the **Physician** section of the **Case Details** screen (see [Appendix 4, Screenshot 1.3](#)).
2. Click on the (+) beside **Physician**.
3. Enter the information specified in [Table 1c](#).
4. Click **Add**.

Table 1c: Detailed guide for Physician fields

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
M	Physician	<p>Select the treating healthcare professional as appropriate. Nurse practitioners are listed under "PHYSICIAN."</p> <p>Note: The physician list only appears when the Source Name and/or City have been filtered on. To find a physician/nurse practitioner, enter the surname or the first few letters of the physician/nurse practitioner's surname followed by "%" in the Source Name field.</p> <p>Click Filter, then select the appropriate name from the generated list.</p> <p>If the physician/nurse practitioner is not known or is not in the filtered results, then filter on External Source Type= "PERSONNEL" and Source Name="%"OTHER." Click Filter, then select "EXTERNAL, OTHER" or "INTERNAL, OTHER."</p>	Values are based on the results of the filter.
O	Phone	Optional	
O	Address	Optional	
M	Role	Select as appropriate.	ATTENDING PHYSICIAN FAMILY PHYSICIAN

M/R/O	Field Name	Data Entry Information	Dropdown Values	
			OTHER SPECIALIST UNKNOWN WALK-IN CLINIC PHYSICIAN	
	○	Effective Date	Optional	
	○	End Date	Optional	

1.4 Assignment History

This section is **optional** and may be entered at the discretion of the PHU.

Steps:

1. Scroll down to the **Assignment History** section of the **Case Details** screen (see [Appendix 4, Screenshot 1.4](#)).
2. Click on the (+) sign beside **Assignment History**.
3. Enter the information specified in [Table 1d](#).
4. Click **Save**.

Table 1d: Detailed guide for Assignment History fields

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
M	Investigator	Auto-populates to the iPHIS user entering the data. Select the name of the investigator currently responsible for the case investigation. Update when the investigator changes. The time stamp will reflect the current time at data entry. If the Disposition is “REFERRED TO FNIHB,” select “EXTERNAL, OTHER.”	Values are specific to each Responsible Health Unit .
N/A	Assignment Date/Time	Auto-populates the date and time each time the investigator is saved.	

2.0 Laboratory

You are encouraged to contact the submitting lab, including the Public Health Ontario Laboratories (PHOL) or the EZVBD team at ezvbd@oahpp.ca for clarification and guidance on how to interpret lab results.

2.1 Requisition Information

Steps:

1. At the top of the screen, navigate to **Cases > Case > Lab** (see [Appendix 4, Screenshot 2.1a](#)).
2. Click **Lab Requisition**.
3. Enter the information specified in [Table 2a](#).
4. Click **Save** (see [Appendix 4, Screenshot 2.1b](#)).

Requisition Information Quick List – Mandatory and Required Data Fields

- (R) Placer Requisition ID
- (M) Requisition Date

Table 2a: Detailed guide for Requisition Information fields

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
R	Placer Requisition ID	<p>PHOL requisitions use the following ID format:</p> <ul style="list-style-type: none"> • Last two digits of the year, laboratory initial, specimen number (e.g., 12C000155). <p>For all other laboratories, use the unique specimen identifier provided, followed by the lab requisition year (-YYYY) (e.g., 100189-2012).</p> <p>If no information is entered in this field, a value for the Placer Requisition ID will auto-generate.</p>	
O	External	Choose "PHYSICIAN" for the ordering physician.	PHYSICIAN

M/R/O	Field Name	Data Entry Information	Dropdown Values
	Source Type	Note: Nurse practitioners can be found under the “PHYSICIAN” filter.	
O	Source Name	Enter the surname of the ordering physician/nurse practitioner or the first few letters of the physician/nurse practitioner’s surname followed by “%.” Click Filter . Note: If the physician/nurse practitioner is not known or is not in the filtered results, then filter on External Source Type = “PERSONNEL” and Source Name = “%OTHER%.” Then select “EXTERNAL, OTHER” or “INTERNAL, OTHER.”	
O	Ordering Provider	Select as appropriate.	
O	Comments	Enter the name of the walk-in clinic or hospital if the physician’s/nurse practitioner’s name is unknown.	
O	Lab	Select as appropriate.	
M	Requisition Date	Enter the date on which the laboratory work was requested. If missing, enter the date of specimen collection.	

2.2 Test Information

Steps:

1. Scroll down to the **Test and Result Summary** section of the **Lab** screen (see [Appendix 4, Screenshot 2.2a](#)).
2. Click the **Add Test** button.
3. Enter the information specified in [Table 2b](#).
4. Click **Save** (see [Appendix 4, Screenshot 2.2b](#)).

Test Information Quick List – Mandatory and Required Data Fields

- (M) Specimen Type
- (M) Body Site
- (M) Test Name
- (R) Collection Date
- (R) Reported Date

Table 2b: Detailed guide for Test Information fields

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
M	Specimen Type	Select as appropriate. The specimen type is usually indicated on the laboratory requisition.	Available options vary by disease.
O	Specimen ID	Optional Note: Technical issues leading to the loss of information recorded in this field have been noted.	
M	Body Site	Select as appropriate.	Filtered based on the selection for Specimen Type .
M	Test Name	Select as appropriate.	Available options vary by Disease and/or Specimen Type selected.
O	Test Result	PHUs may use this field at their	

M/R/O	Field Name	Data Entry Information	Dropdown Values
	Status	discretion. Use at discretion. PHO has not validated the ability to retain and extract data entered in this field.	
R	Collection Date	<p>Enter the date the specimen was collected as indicated on the laboratory slip.</p> <p>Collection Date (“Specimen Collection Date”) is the second date in the <i>Episode Date Hierarchy</i> (Appendix 3).</p> <p>Negative test results may be entered at the discretion of the PHU; however, negative test results can affect the Accurate Episode Date. When multiple specimens or laboratory tests are entered, the earliest Collection Date will be used in the <i>Episode Date Hierarchy</i> even if the result is negative.</p>	
R	Reported Date	<p>Enter the date as indicated on the laboratory slip.</p> <p>Note: This date field is different from the Reported Date field used in the <i>Episode Date Hierarchy</i>.</p>	
O	Defining Specimen	PHUs may use this field at their discretion. PHO has not validated the ability to retain and extract data entered in this field.	

2.3 Result Information

Steps:

1. Select the **Add Result** button (see [Appendix 4, Screenshot 2.3a](#)).
2. Enter the information specified in the quick list below. Refer to [Table 2c](#) for more detailed information.
3. Click **Save** (see [Appendix 4, Screenshot 2.3b](#)). There is no **Add** button for this section.

Result Information Quick List – Mandatory and Required Data Fields

- (M) Branch
- (M) Program Area
- (R) Disease/Diagnosis
- (R) Resulted Test Group Code
- (R) Resulted Test Code
- (M) Result
- (R) Assign Result to Case

Table 2c: Detailed guide for Result Information fields

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
M	Branch	Select as appropriate.	Values are specific to each PHU.
M	Program Area	Auto-populates to “CD.” <u>Do not change.</u>	
R	Disease/Diagnosis	Auto-populates to the disease associated with the Outbreak Number entered on the Case Details screen.	
R	Resulted Test Group Code	Select “CD – FB/WB/ENTERIC.”	Do <u>not</u> use any other values.
R	Resulted Test Code	Select as appropriate, as per the laboratory report.	Available options vary by the Specimen Type selected.
M	Result	Select as appropriate.	Available options vary by the

M/R/O	Field Name	Data Entry Information	Dropdown Values
			Resulted Test Code selected.
R	Assign result to case	Value auto-populates. Do <u>not</u> change.	
O	Observation Value	<p>May be used to enter additional information from the laboratory.</p> <p>Note: Do <u>not</u> enter typing results such as serotype, genotype, MLVA, PFGE or whole genome sequence in the Observation Value field. Instead, typing information must be selected from the Subtype dropdown values or entered as free-text in the Further Differentiation field under Cases > Case > Case Details.</p>	

3.0 Risk Factors

As per the [iPHIS Risk Factor Entry User Guide](#), at least one **Medical Risk Factor** and one **Behavioural Social Factor** must have a response of “YES” entered if the case does not have a **Disposition Status** of LOST TO FOLLOW UP or UNTRACEABLE. If follow up has been completed and the case has no known risk factors to report, select “YES” as the response for the risk factor “UNKNOWN.. Refer to the [iPHIS Risk Factor Entry User Guide](#) for additional information on entering risk factors.

3.1 Medical Risk Factors

Steps:

1. At the top of the screen, navigate to **Cases > Case > Risks**.
2. Click on the (+) sign beside **Medical Risk Factors** (see [Appendix 4, Screenshot 3.1a](#)).
3. Enter the information specified in [Table 3a](#).
4. Click **Save**.

Table 3a: Detailed guide for Medical Risk Factors fields

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
R	Medical Risk Factors	<p>This list of medical risk factors is filtered based on the selected Disease.</p> <p>Report all medical risk factors that may have made the case more likely to acquire the specific enteric disease and/or have a more serious outcome.</p> <p>At least one risk factor must be recorded for each case entered in iPHIS that is not lost to follow up or untraceable. Refer to the iPHIS Risk Factor Entry User Guide – Version 3.0</p>	<p>NOT ASKED</p> <p>Default value. Do <u>not</u> change if the case was not asked about the risk factor.</p> <p>This value should not be changed when the risk factor is not applicable to the case (e.g., a male cannot be pregnant) or when the case is untraceable or lost to follow-up.</p> <p>YES</p>

M/R/O	Field Name	Data Entry Information	Dropdown Values
		<p>for additional information on reporting risk factors.</p> <p>Note: Inactive risk factors in iPHIS are marked with an (I) that precedes the name of the risk factor. Inactive risk factors should not be used.</p>	<p>Case reported that the risk factor was present during the maximum incubation period.</p> <p>NO</p> <p>Case reported that the risk factor was not present during the maximum incubation period.</p> <p>UNKNOWN</p> <p>Case does not know or cannot recall if risk factor was present during the maximum incubation period or refused to answer.</p>
O	Notes	<p>Use only the free-text box beside the listed risk factors in iPHIS to record additional details about a risk factor. The risk factor free-text box has a limit of 50 characters.</p> <p>If necessary, additional details about a risk factor that exceed the 50 character limit may be entered by clicking on the Notes button beside the risk factor. Risks factors must be Saved before notes can be created for them.</p>	

3.2 Behavioural Social Factors

Steps:

1. At the top of the screen, navigate to **Cases > Case > Risks**.
2. Click on the (+) sign beside **Behavioural Social Factors** (see [Appendix 4, Screenshot 3.2a](#)).
3. Enter the information specified in [Table 3b](#).
4. Click **Save**.

Table 3b: Detailed guide for Behavioural Social Factors fields

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
R	Behavioural Social Factors	<p>This list is filtered based on the selected Disease.</p> <p>Report all behavioural and social factors that make an individual more likely to acquire the specific enteric disease.</p> <p>At least one risk factor must be recorded for each case entered in iPHIS that is not lost to follow up or untraceable. Refer to the iPHIS Risk Factor Entry User Guide – Version 3.0 for additional information on reporting risk factors.</p> <p>Note: Inactive risk factors are marked with an (I) that precedes the name of the risk factor. Inactive risk factors should not be used.</p> <p>“TRAVEL OUTSIDE ONTARIO”</p> <p>This risk factor must be reported for all cases of hepatitis A, cyclosporiasis, cholera, typhoid</p>	<p>NOT ASKED</p> <p>Default value. Do <u>not</u> change if the case was not asked about the risk factor.</p> <p>This value should not be changed when the risk factor is not applicable to the case or when the case is untraceable or lost to follow-up.</p> <p>YES</p> <p>Case reported that the risk factor was present during the maximum incubation period.</p> <p>NO</p> <p>Case reported that the risk factor was not present during the maximum incubation period.</p> <p>UNKNOWN</p> <p>Case does not know or cannot recall if the risk factor was present during the maximum incubation period or refused to answer.</p>

M/R/O	Field Name	Data Entry Information	Dropdown Values
		<p>fever and paratyphoid fever that have been followed up successfully. This requirement allows for the timely identification of increases in the incidence of non-travel related illnesses. It is also recommended that the travel risk factor be completed for all other enteric diseases.</p> <p>Further details concerning travel (e.g., destination and resort) should be entered in the free-text box to the right of the travel risk factor. The date fields to the right of the risk factor should be used to record the travel start and end dates.</p>	
O	Notes	<p>Use the free-text box beside the listed risk factors in iPHIS to record additional details about a risk factor. The risk factor free-text box has a limit of 50 characters.</p> <p>If necessary, additional details about a risk factor that exceeds the 50-character limit may be entered by clicking on the Notes button beside the risk factor.</p> <p>Note: Risks factors must be Saved before notes can be created for them.</p>	

4.0 Exposures

All relevant exposures for a case must be reported. This includes exposures that describe how the case acquired the disease (i.e., acquisition exposure), as well as exposures where the case's interactions could have resulted in transmission of the disease to others (i.e., transmission exposure). All enteric and zoonotic disease cases that have been **successfully followed up** must have at least one 'ACQUISITION' exposure entered, even if that exposure is unknown; however, entering an unknown exposure is not required if a potential exposure for the case has already been identified and entered into iPHIS.

If the exposure for the case is not known, the Ministry-created "UNKNOWN" exposure for the disease of interest should be used. The Ministry created "UNKNOWN" exposures should **not** be modified, as this results in changes to the information for all cases already linked to them. [Appendix 2](#) lists the exposure names and IDs for the Ministry-created "UNKNOWN" exposures for enteric diseases that have one.

A health unit created "UNKNOWN" exposure can be used where one already exists for the sporadic outbreak of interest or created anew if there is no Ministry-created "UNKNOWN" exposure.

Reporting an exposure in iPHIS is a two-step process that involves:

1. Searching for and selecting an existing exposure or creating a new one if the exposure search returns no results
2. Linking the selected/created exposure to the case.

Step 1a: Search for an existing exposure

1. At the top of the screen, navigate to **Cases > Case > Exposures**
2. Click **Link Exposure** to display the **Exposure Sub-Search** screen.
3. Enter the relevant search criteria and click **Search** (see [Appendix 4, Screenshot 4.1a](#)).
 - a. Setting the **Health Unit Responsible** field to blank broadens the exposure search. The search will call up all exposures that meet the search criteria that are linked to the **Outbreak Number** associated with the case under investigation.
 - b. Entering an exposure ID in the **Exposure ID** field will return the corresponding exposure of interest.
 - c. To prevent the creation of duplicate exposures and increase the odds of linking new cases to existing exposures, use the wildcard character (%) to search for exposures with similar details. For example, entering "%school%" in the **Exposure Name** field will return all exposures where "school" is contained in the name of the exposure; entering an iPHIS case ID in the **Exposure Name** field will return all exposures where the case ID of interest is

contained in the name of the exposure; and entering the name of a food premise in the **Exposure Name** field will return all exposures where the food premise is contained in the name of the exposure.

4. If the exposure is found, select it by clicking **Select** from the returned list of exposures.
 - a. The dates of exposure for a case (**Client Earliest/Most Recent Exposure Dates**) should be contained within the range for the **Earliest/Most Recent Exposure Dates** referenced by the exposure (further detail is provided in [Section 4.1](#)).
5. Next, proceed to **Step 2** to link this exposure to the case.

Step 1b: Create a new exposure

1. If the exposure of interest is not found in **Step 1a**, create a new exposure by clicking **New Exposure** (see [Appendix 4, Screenshot 4.1b](#)).
2. Proceed to [Section 4.1](#) and [Section 4.2](#) and enter the required information in [Tables 4a](#) and [4b](#) to create the new exposure (see [Appendix 4, Screenshot 4.1c](#)).
3. Click **Save**.
4. Enter further details on the exposure setting and/or travel location as described in [Section 4.3](#) and [Table 4c](#).
5. Click **Continue** to go to **Step 2** to link the newly created exposure to the case.

Step 2: Linking an exposure to the case

1. After completing **Step 1a** (Searching for and selecting an existing exposure) or **Step 1b** (Searching for then creating a new exposure), proceed to [Section 4.4](#) and enter the information in [Table 4d](#) to link this exposure to the case using the **Exposure Timeframe** field.

Sections 4.1 to 4.4 only apply when a new exposure must be created. Please enter the information as directed in Table 4a.

4.1 Source

Steps:

1. Enter the information in the source quick list below. Refer to [Table 4a](#) for more detailed information.

Source Quick List – Mandatory and Required Data Fields

- (M) Exposure Level
- (M) Exposure Type
- (M) Exposure Name
- (M) Health Unit Responsible
- (M) Earliest Exposure Date/Time
- (R) Most Recent Exposure Date/Time

Table 4a: Detailed guide for Source fields

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
M	Exposure Level	Select "OUTBREAK AND CASE."	
O	Active	Defaults to checked. Do <u>not</u> change.	
M	Exposure Type	Select the appropriate exposure type.	<p>TRAVEL</p> <p>Select if the case travelled outside Ontario during the maximum incubation period for the disease of interest.</p> <p>PERSON</p> <p>Select this value if the case had close contact with another case during the maximum incubation period for the disease of interest.</p>

M/R/O	Field Name	Data Entry Information	Dropdown Values
			<p>ANIMAL</p> <p>Select this value if the case had contact with any animal, their food or environment during the maximum incubation period for the disease of interest.</p> <p>ITEM/FOMITE</p> <p>Select this value if the case had any contact with an inanimate object, such as food or water during the maximum incubation period for the disease of interest that is deemed to be a plausible exposure.</p> <p>UNKNOWN</p> <p>Do <u>not</u> use. If the exposure is unknown, link to the Ministry-created “Unknown” exposure for the disease.</p> <p>VECTOR</p> <p>Do <u>not</u> use for enteric diseases.</p>
O	Mostly Likely Source for the Outbreak	PHUs may use this field at their discretion.	
M	Exposure Name	<p>Enter the Exposure Name using the following naming conventions. The date (YYYY-MM-DD) in the exposure name refers to the Earliest Exposure Date.</p> <p>ACQUISITION EXPOSURES</p> <p><u>Unknown:</u></p> <p>If the acquisition exposure is not known, do <u>not</u> create a new exposure if a Ministry-</p>	Free-text field.

M/R/O	Field Name	Data Entry Information	Dropdown Values
		<p>created “UNKNOWN” exposure is available for the disease of interest. Instead, search for and link to the existing Ministry-created “UNKNOWN” exposure. Appendix 2 lists the exposure names and IDs for the Ministry-created “UNKNOWN” exposures for all enteric/zoonotic diseases that have one.</p> <p><u>Travel:</u></p> <p>If the case travelled outside Ontario during the maximum incubation period for the disease of interest, use one of the following naming conventions for the Exposure Name:</p> <ul style="list-style-type: none"> • TRAVEL – COUNTRY/PROVINCE – YYYY-MM-DD (e.g. TRAVEL – INDIA – 2015-12-29) • MIGRATED FROM – COUNTRY/PROVINCE – YYYY-MM-DD (e.g. MIGRATED FROM – INDIA – 2015-12-29) • VISITOR – COUNTRY/PROVINCE – arrival date – YYYY-MM-DD (e.g. VISITOR – ALBERTA – 2015-12-29) <p><u>Person type:</u></p> <p>If the case had contact with another person with the disease (source case), link to the transmission exposure created for the source case if available or use the following naming convention for the Exposure Name:</p> <ul style="list-style-type: none"> • LAST NAME INITIAL, FIRST NAME INITIAL –CASE ID for source case – (e.g., A, B – 123456) • LAST NAME INITIAL, FIRST NAME INITIAL –VISITOR FROM COUNTRY/PROVINCE (e.g., A, B – Visitor from Alberta) <p><u>Non-person type:</u></p> <p>If the case had contact with a specific item</p>	

M/R/O	Field Name	Data Entry Information	Dropdown Values
		<p>and/or setting during the maximum incubation period for the disease of interest, use the following naming convention for the Exposure Name:</p> <ul style="list-style-type: none"> • FACILITY/FOOD PREMISE – STREET ADDRESS, CITY (e.g., ABC RESTAURANT – 123 MAIN STREET – BARRIE) • PRIVATE HOME – CITY (e.g., PRIVATE HOME – BARRIE) <p>TRANSMISSION EXPOSURES</p> <p>At least one transmission exposure must be created when it is known or suspected that a case has transmitted the disease via an identified exposure. If transmission exposure is unknown, you do <u>not</u> need to enter a transmission exposure.</p> <p><u>Person type:</u></p> <p>Create a person-type transmission exposure if the case transmitted or is suspected to have transmitted the disease. The initials and the Case ID in the Exposure Name refers to the case under investigation.</p> <ul style="list-style-type: none"> • LAST NAME INITIAL, FIRST NAME INITIAL –CASE ID – (e.g., A, B – 123456) <p>When creating a case as a person-type transmission exposure, create the exposure from the Exposures tab. This will create an automatic transmission exposure.</p> <p>Link secondary case(s) using the newly created transmission Exposure ID.</p> <p><u>Non-person type:</u></p> <p>Create a setting-based transmission exposure if subsequent cases are expected to arise from a setting in which the case</p>	

M/R/O	Field Name	Data Entry Information	Dropdown Values
		<p>visited during the infectious period. Enter the following:</p> <ul style="list-style-type: none"> FACILITY/FOOD PREMISE – STREET ADDRESS, CITY (e.g., ABC SHELTER – 123 MAIN STREET – BARRIE) <p>As privacy best practice when entering exposure names, specify the case’s iPHIS Case ID and initials rather than their full names. Also, do <u>not</u> include addresses of private homes or other personal and personal health information in free-text exposure fields.</p>	
M	Health Unit Responsible	<p>Select the PHU in which the exposure occurred. If the exposure occurred outside of Ontario (e.g., travel) select “MOHLTC-PHD.”</p> <p>Note: The PHU that identifies the exposure during case follow-up is responsible for creating the exposure in iPHIS, regardless of the exposure location.</p>	
M	Earliest Exposure Date/Time	<p>TRAVEL</p> <p>Date on which the case arrived at their destination, or</p> <p>If the case migrated or is a visitor to Ontario, the date resulting from the following calculation: earliest symptom onset date minus the maximum incubation period in days for the disease of interest.</p> <p>PERSON TYPE</p> <p>For acquisition exposures, this is the earliest date on which the source case, if known, was infectious. If this date is not known, enter the date resulting from the following calculation: earliest symptom onset date minus the maximum incubation period for the disease of interest.</p>	

M/R/O	Field Name	Data Entry Information	Dropdown Values
R		<p>For transmission exposures, this is the earliest date on which the case (whose exposure is being created) was infectious.</p> <p>NON-PERSON TYPE</p> <p>Earliest date on which the case was exposed to the source (i.e., item/fomite/location). If the exposure date is unknown for the case, enter the date resulting from the following calculation: earliest symptom onset date minus the maximum incubation period for the disease of interest.</p> <p>Note: In an outbreak, the Earliest Exposure Date/Time may have to be updated to an earlier date/time in order to link cases that are identified later on, but who were exposed earlier than the cases initially reported. Contact the jurisdiction that created the exposure to request the change.</p> <p>When entering dates in this field, the automatically generated time stamp should be deleted unless specifying the time is critical. This is because an exposure cannot be linked to a case with an onset date that is earlier than the Earliest Exposure Date/Time.</p>	
	<p>Most Recent Exposure Date/Time (R)</p>	<p>TRAVEL</p> <p>Enter the date on which the case departed from their destination to return to Ontario.</p> <p>PERSON TYPE</p> <p>If known, enter the latest date on which the source case (for acquisition exposures) or the case (for transmission exposures) could have been infectious.</p> <p>NON-PERSON TYPE</p> <p>If known, enter the latest date on which the case was exposed to the source (i.e.,</p>	

M/R/O	Field Name	Data Entry Information	Dropdown Values
		item/fomite/location). Note: A future date cannot be entered for this field.	
<input type="radio"/>	Category/ Transmission	This field is filtered based on the value selected for the Exposure Type .	PERSON-TO- PERSON ANIMAL-TO-PERSON FOODBORNE WATERBORNE ITEM-TO-PERSON UNKOWN
<input type="radio"/>	Source	This field is filtered based on the value selected for Category/Transmission .	
<input type="radio"/>	Source Details	This list is filtered based on the value selected for Source .	
<input type="radio"/>	Exposure Comments	This field can be used to enter other relevant details about the exposure. Enter the details in the Exposure Comments if “OTHER (SPECIFY)” is selected in the Source and/or Source Details field.	

4.2 Exposure Address

Steps:

1. Scroll down to **Exposure Address** (see [Appendix 4, Screenshot 4.2a](#)).
2. Enter the information specified in the quick list below.
3. Click **Save**.
4. [Section 4.3: Exposure Location](#) is optional. If you are skipping this section, click **Continue**. Proceed to [Section 4.4: Timeframe Exposed](#) to complete linking the case to the exposure.

Exposure Address Quick List – Mandatory and Required Data Fields

- (M) Country
- (M) Province
- (M) City

Table 4b: Detailed guide for Exposure Address fields

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
M	Country	Defaults to "CANADA." Change to country of exposure if the case's exposure occurred outside of Canada.	Select as appropriate.
M	Province	Defaults to "ONTARIO" if the Country specified is "CANADA." Change to province/territory of exposure if the case's exposure occurred outside Ontario, but within Canada.	Select as appropriate.
O	Street Number		
O	Street Name		
O	Street Type		
O	Street Direction		
O	Unit		
M	City	This is mandatory only if the Country specified is "CANADA."	For exposures that occurred in Ontario, select the city as appropriate from the filtered drop list. For exposures that occurred outside of Ontario, enter the appropriate city (free text).
O	Municipality		
O	Postal Code		
O	UTM (Universal Transverse		

M/R/O	Field Name	Data Entry Information	Dropdown Values
	Mercator)		
○	Census Tract		
○	Ward		
○	Address Comment		

4.3 Exposure Setting/Travel Location Description

Steps:

1. Scroll down and click on the (+) sign beside **Setting/Travel Location Description Details** (see [Appendix 4, Screenshot 4.3a](#)).
2. Enter the information specified in [Table 4c](#).
3. Click **Save**.

Table 4c: Detailed guide for Exposure Location fields

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
O	Exposure Setting	Select the setting in which the case was exposed. Note: PHUs may use this field at their discretion.	TRAVEL COMMUNITY FOOD PREMISES INSTITUTIONAL OTHER SETTINGS UNKNOWN
O	Exposure Setting Type	This field is filtered based on the value selected for the case's Exposure Setting . Inactive exposure setting types in iPHIS are marked with an (I) that precedes the name of the setting. Inactive exposure setting types should not be used. Note: PHUs may use this field at their discretion.	Select as appropriate.

4.4 Timeframe Exposed

Steps:

1. Select **Continue** at the bottom of the **Exposures** screen (see [Appendix 4, Screenshot 4.4a](#)).
2. Enter the information specified in [Table 4d](#).
3. Click **Save** (see [Appendix 4, Screenshot 4.4b](#)).

Timeframe Exposed Quick List – Mandatory and Required Data Fields

- (M) Client Earliest Exposure Date/Time
- (M) Exposure Mode
- (R) Client Most Recent Exposure Date/Time

Table 4d: Detailed guide for Timeframe Exposed fields

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
M	Client Earliest Exposure Date/Time	<p>When entering dates in this field, the automatically generated time stamp should be deleted unless specifying the time is critical. This is because an exposure cannot be linked to a case with an onset date that is earlier than the Earliest Exposure Date/Time.</p> <p>Travel Date on which the case arrived at their destination.</p> <p>Person Earliest date on which the case was exposed to the source case.</p> <p>Location Earliest date on which exposure to the location of interest occurred.</p>	
R	Client Most Recent	Enter if available. Delete the time	

M/R/O	Field Name	Data Entry Information	Dropdown Values
	Exposure Date/Time	<p>stamp as appropriate.</p> <p>Travel (Required for travel associated cases, this only applies when creating an acquisition exposure)</p> <p>Enter the date on which the case departed from their destination to return to Ontario.</p> <p>Person (Optional)</p> <p>Latest date on which the case was exposed to the source case.</p> <p>Location (Optional)</p> <p>Latest date on which exposure to the location of interest occurred.</p>	
M	Exposure Mode	<p>Select as appropriate.</p> <p>All enteric/zoonotic disease cases that have been successfully followed up must have at least one 'ACQUISITION' exposure entered, even if the exposure is unknown.</p> <p>"TRANSMISSION" exposures should be created when it is known that an exposure resulted or could have resulted in transmission of the disease.</p>	<p>ACQUISITION</p> <p>Select for all cases or contacts, even if the exposure is unknown.</p> <p>TRANSMISSION</p> <p>Select if known that an exposure resulted or could have resulted in transmission of the disease.</p>
O	Contact Level	PHUs may use this field at their discretion.	
O	Role	Select as appropriate.	<p>FRIEND/CO-WORKER</p> <p>OTHER</p> <p>PATIENT</p> <p>PATRON</p> <p>RELATIVE</p> <p>RESIDENT</p> <p>ROOMMATE</p>

M/R/O	Field Name	Data Entry Information	Dropdown Values
			STAFF UNKNOWN VISITOR VOLUNTEER
○	Nature of Contact	Select as appropriate.	CLOSE PERSONAL CONTACT DRINKING WATER CONSUMPTION HOUSEHOLD CONTACT OTHER RECREATIONAL WATER CONTACT SEXUAL CONTACT SHARED AIRSPACE UNKNOWN
○	Mostly Likely Source	If there is more than one exposure for the case, check this box for the exposure that is the most likely source of the specific enteric disease.	

5.0 Symptoms

Steps:

1. At the top of the screen, navigate to **Cases > Case > Symptoms** (see [Appendix 4, Screenshot 5.0a](#)).
2. Enter the information specified in [Table 5](#).
3. Click **Save**.
4. To add additional Symptoms for a case, select the symptom from the dropdown list under **Signs and Symptoms** and click **Add**.

Symptoms Exposed Quick List – Mandatory and Required Data Fields

- (M) Response
- (R) Onset Date
- (R) Use as Onset

Table 5: Detailed guide for Symptoms fields

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
O	Symptoms	This list is filtered based on the selected Disease . The symptoms list includes common manifestation(s) of the specific enteric disease and/or the clinical criteria as outlined in the provincial surveillance case definitions .	Select as appropriate.
M	Response	Enter a response for each symptom experienced by the case. Do <u>not</u> enter chronic or other symptoms that are unrelated to the current disease. Note: In the absence of clinical criteria and where appropriate, select a response of “ASYMPTOMATIC” for cases that meet the confirmed enteric/zoonotic disease case definition.	NOT ASKED Default value. Change to the appropriate response below if the case was asked about the symptom. Leave as “NOT ASKED” if the case was untraceable or lost to follow.

M/R/O	Field Name	Data Entry Information	Dropdown Values
			<p>YES</p> <p>Select if it is known that the case had the specified symptom.</p> <p>If “YES” is selected, enter either the Onset Date or Duration Days for the symptom.</p> <p>NO</p> <p>Select if case was asked and it is known that the case did not have the specified symptom.</p> <p>DON'T KNOW</p> <p>Select if case is unable to recall if they had the symptom.</p> <p>REFUSED</p> <p>Select if the case declines to answer when asked.</p>
			<p>R</p>

M/R/O	Field Name	Data Entry Information	Dropdown Values
		Appendix 3: Episode Date Hierarchy).	
R	Onset Date	<p>Enter the date associated with the onset of each selected symptom. The Onset Date must be entered if “YES” was selected for a symptom if it is known with some certainty.</p> <p>If the Onset Date for a selected symptom is not known, the Duration Days must be entered (see below).</p> <p>The Onset Date has the highest ranking in <i>Episode Date Hierarchy</i> (Appendix 3). It determines the Accurate Episode Date calculated for the case.</p> <p>Note: If “ASYMPTOMATIC” is selected, do <u>not</u> enter an Onset Date.</p>	
O	Recovery Date	Enter the date associated with the resolution of each selected symptom, if it is known with some certainty.	
O	Recovery Time	If the Recovery Date is not known, enter the time associated with the resolution of the symptoms selected for the case.	
O	Duration Days/Duration Hours	<p>Auto-populates if both Onset Date and Recovery Date are entered.</p> <p>Enter the number of days that the case experienced each selected symptom if the Onset Date is unknown.</p> <p>Either the Onset Date or Duration Days must be entered if “YES” was selected for a symptom.</p> <p>Note: If “ASYMPTOMATIC” is selected, enter zero (0) for the Duration Days.</p>	
O	Site/Description	PHUs may use this field at their discretion.	

6.0 Interventions

The **Intervent/Treatments** screen includes a pre-populated list of public health interventions and measures of healthcare utilization that is specific to each enteric/zoonotic disease. Because the interventions are pre-populated for each case, a **Start Date/Time** is required to confirm each instance of a specific intervention. The **Intervention Type** 'HOSPITALIZATION' must be selected and updated on this tab for cases that are hospitalized. The 'NOT HOSPITALIZED' **Intervention Type** must be selected and updated for listeriosis and verotoxin producing *E. coli*.

Steps:

1. At the top of the screen, navigate to **Cases > Case > Intervent/Treatments** (see [Appendix 4, Screenshot 6.0a](#)).
2. Click **Update** beside the pre-populated intervention of interest.
3. Enter the information specified in [Table 6](#).
4. Click on the **Save** button (see [Appendix 4, Screenshot 6.0b](#)).

Interventions Exposed Quick List – Mandatory and Required Data Fields

- (M) Intervention Type
- (R) End Date/Time
- (M) Start Date/Time
- (M) Internal Provider

Table 6: Detailed guide for Interventions fields

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
M	Intervention Type	HOSPITALIZATION – This intervention is auto-populated for all cases reported in the Outbreak Module. Confirm that the case was admitted to hospital (inpatient admission) by entering a Start Date/Time . NOT HOSPITALIZED - Select and update the details	

M/R/O	Field Name	Data Entry Information	Dropdown Values
		for this intervention for listeriosis and verotoxin producing <i>E. coli</i> if the case was not hospitalized. Note: Do <u>not</u> enter emergency room visits as instances of hospitalization. The intervention ER VISIT should be used for emergency room visits.	
M	Start Date/Time	Start Date/Time required for Intervention Types 'HOSPITALIZATION' and 'NOT HOSPITALIZED.' Enter the date that the intervention began for the case. For cases that are hospitalized, enter the date that the case was admitted to hospital for the specific enteric or zoonotic disease. For listeriosis and verotoxin producing <i>E. coli</i> cases that are not hospitalized, enter the cases' episode date. Use one of the following ranked episode dates in the order of symptom onset, specimen collection or reported date.	
R	End Date/Time	For cases that were hospitalized, enter the date the case was discharged from hospital for the enteric disease of interest. Leave this field blank for the 'NOT HOSPITALIZED' intervention or if the case remains hospitalized when the investigation has been completed.	
M	Internal Provider	Select the PHU case investigator who obtained the information regarding the hospitalization or other interventions. This is not the person who provided care to the case while in hospital. The treating physician and/or hospital can be captured below.	
O	Location	Enter the name of the hospital if available. This is particularly important if more than one hospitalization event occurred or if the patient was transferred between facilities.	
O	External Provider Filter	Optional	
O	External Provider	Filtered by selected External Provider Filters .	

7.0 Immunizations

This section is **optional** for enteric and zoonotic diseases that are not preventable by vaccines. Details of immunizing agents received for enteric and zoonotic diseases that can be prevented through vaccination, such as hepatitis A and rabies, may be entered on the **Intervent/Treatments** tab. The case's vaccination history should reflect the case's vaccination status before disease onset. A separate entry must be created for each dose of immunizing agent (i.e., vaccine and/or immune globulin) received by the case.

Steps:

1. At the top of the screen, navigate to **Cases > Case > Intervent/Treatments**.
2. Scroll down the page and click on the (+) sign beside **Immunizations/Chemoprophylaxis** (see [Appendix 4, Screenshot 7.0a](#)).
3. Click **New Immunization** (see [Appendix 4, Screenshot 7.0b](#)).
4. Enter the information specified in the quick list below. Refer to [Table 7](#) for more detailed information.
5. Click **Save** (see [Appendix 4, Screenshot 7.0c](#)).
6. Repeat steps 3-5 for each immunizing agent received by the case.

Immunizations Quick List – Mandatory and Required Data Fields

- (M) Administration Date/Time
- (M) Agent
- (M) HU
- (M) Lot Number (Expiry Date)
- (M) Branch
- (M) Site
- (M) Provider/Personnel
- (M) Informed Consent

Table 7: Detailed guide for Immunizations fields

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
M	Administration Date/Time	Auto-populates with the Reported Date . Change to the date of administration. Use an estimated date if the exact date of administration is not known. Administration Time is optional.	
O	Accurate	Check the box if the Administration Date is exact and accurate. Do <u>not</u> check the box if the administration date is partially known.	
M	HU	Defaults to the user's PHU. If known, select the PHU where the immunization was received. Select "MOHLTC (0)" as the HU if the immunization was received out of province or country. Enter "UNKNOWN" in the Comments field at the bottom of this screen if the location of vaccine administration is unknown.	Dropdown contains all PHUs in Ontario and MOHLTC.
M	Branch	Select as appropriate.	Values are specific to each PHU.
M	Provider/Personnel	Select the health professional from the drop-down list generated from the Provider/Personnel Filter search. Otherwise, select "EXTERNAL, OTHER." Note: A maximum of 200 results are presented in the drop-down. Therefore, users should narrow their search as much as possible to find the correct health care provider.	Dropdown values are generated by the Provider/Personnel Filters .
O	Where Administered	Select where the vaccine was administered.	CORRECTIONAL FACILITY HEALTH UNIT

M/R/O	Field Name	Data Entry Information	Dropdown Values
		If "OTHER (SPECIFY)," enter details in the Comments field in this section.	HOSPITAL OTHER (SPECIFY) PHYSICIAN OFFICE SCHOOL SHELTER WORKPLACE UNKNOWN
M	Agent	Select the immunizing agent for hepatitis A. Note: Past vaccines that are no longer available for administration are considered inactivated agents and preceded by "(I)." These agents should only be selected for immunizations received in other jurisdictions or prior to the discontinuation of the vaccine in Ontario.	
M	Lot Number (Expiry Date)	Select the appropriate value. If the lot number you wish to enter is unavailable, contact the Public Health Solutions Service Desk to have it added to the list. In the meantime, select the default code "DC (2020-01-01)" to allow you to save the immunization record. Note: Users must enter "LOT NUMBER PENDING" in the Comments field below if a request has been made to add a lot number *Be sure to update the Lot Number and Comments fields when the lot number has been added. If the lot number is truly unknown, leave the default code as "DC (2020-01-01)" and indicate "UNKNOWN LOT #" in the Comments field.	The system populates this drop-down list based on the Agent selected above.
M	Site	Select appropriate value.	LA – Left arm LL – Left leg RA – Right arm

M/R/O	Field Name	Data Entry Information	Dropdown Values
			RL – Right leg ?? – Unknown site ?A – Arm (side unknown) ?L – Leg (side unknown) ?B – Buttock (side unknown) BB – Both buttocks LB – Left buttock RB – Right buttock
<input type="radio"/>	Route	Optional	
<input type="radio"/>	Dosage	Optional	
<input type="radio"/>	Dosage Units	Optional	
<input type="radio"/>	Dose #	Optional	
M	Informed Consent	This field is mandatory although not relevant for entering an immunization event that has already occurred. It is acceptable to leave “UNKNOWN” as the default value.	YES NO UNKNOWN
<input type="radio"/>	Reason for Administration	Note: Specify the Reason for Administration if not a routine dose (e.g., “IMMUNOPROPHYLAXIS”).	
<input type="radio"/>	Source of Information	Optional	
<input type="radio"/>	Accurate	Select if source of information is accurate.	
<input type="radio"/>	Comments	Only use this field to note information about: <ul style="list-style-type: none"> • Provider/personnel immunizing • Details regarding the case’s immunization status that have not been captured elsewhere (e.g., location where a vaccine was administered if not in Ontario). • Unknown/pending lot number. Lot 	

M/R/O	Field Name	Data Entry Information	Dropdown Values
		<p>numbers for vaccine/ immunoglobulin may be entered here temporarily while waiting for them to be added to iPHIS by the Public Health Solutions Service Desk. It should be removed once the requested vaccine lot has been added to the Lot Number dropdown menu.</p> <ul style="list-style-type: none"> • Where (place) the vaccine was administered. <p>Note: This field stores a maximum of 250 characters.</p>	

8.0 Complications

Steps:

1. At the top of the screen, navigate to **Cases > Case > Complications** (see [Appendix 4, Screenshot 8.0a](#)).
2. Enter the information specified in [Table 8](#).
3. Click **Add**.
4. Repeat steps 2-3 to add additional complications.

Table 8: Detailed guide for Complications fields

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
M	Complication	Select appropriate complication(s) for the enteric disease of interest.	The list of complications varies depending on the disease selected.
O	Start Date	Optional. Enter the Start Date for the complication.	
O	End Date	Optional. Enter the date associated with the resolution of the selected complication for the case, if known with some certainty.	

9.0 Outcome (Fatal Cases Only)

Data entry on this tab is required if the case dies while still under investigation and open in iPHIS, whether the death was related to the disease or not. A case should be re-opened and the **Outcome** tab updated if it is later determined that the case died.

Steps:

1. At the top of the screen, navigate to **Cases > Case > Outcome** (see [Appendix 4, Screenshot 9.0a](#)).
2. Enter the information specified in [Table 9](#).
3. Click **Save**.
4. If “FATAL” is selected as the **Outcome**, the screen refreshes and a series of new fields display (see [Appendix 4, Screenshot 9.0b](#)). Enter additional information in these new fields.
5. Click **Add**.
6. Repeat steps 5 and 6 to enter multiple values as required for **Cause of Death**.

Outcome Quick List – Mandatory and Required Data Fields

- (M) Outcome
- (M) Cause of Death
- (R) Outcome Date
- (M) Type of Death

Table 9: Detailed guide for Outcome fields

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
M	Outcome	Select as appropriate. If the case died, it is mandatory to select “FATAL.”	FATAL **Do <u>not</u> use any other values.
R	Outcome Date	Date of death is required if the Outcome is “FATAL.”	

M/R/O	Field Name	Data Entry Information	Dropdown Values
O	Accurate	Check the Accurate box if the exact Outcome Date (i.e., date of death) was entered.	
M	Cause of Death	Enter information from the coroner’s report, death certificate or other source as to the cause of death. If cause of death is unknown, enter “UNKNOWN.”	
M	Type of Death	Select appropriate value. Select “UNKNOWN” if there is no official report (e.g., death certificate) to identify the cause of death. The information source can be entered under the Source field.	REPORTABLE DISEASE CONTRIBUTED TO, BUT WAS NOT UNDERLYING CAUSE OF DEATH REPORTABLE DISEASE WAS UNDERLYING CAUSE OF DEATH REPORTABLE DISEASE WAS UNRELATED TO CAUSE OF DEATH UNKNOWN
O	Outbreak Related	PHUs may use this field at their discretion.	
O	Source	Enter the source of information for cause of death (e.g., coroner’s report or attending physician).	

10.0 Case Notes

This tab is **optional** and may be used at the discretion of the PHU and as indicated under [Behavioural Social Factors](#). Descriptive notes and pertinent information that supplement the case report can be entered here. Do not enter personal health information in the **Notes** tab.

Steps:

1. At the top of the screen, navigate to **Cases > Case > Notes**.
2. Click **Create New Note** (see [Appendix 4, Screenshot 10.0a](#)).
3. Enter the information specified in [Table 10](#).
4. Click **Save** (see [Appendix 4, Screenshot 10.0b](#)).
5. Repeat steps 2-4 to create additional notes.

Case Notes Quick List – Mandatory and Required Data Fields

- (M) Note Date and Time
- (M) Note
- (M) Provider

Table 10: Detailed guide for Case Notes fields

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
N/A	Note Type	Auto-populates.	
M	Note Date and Time	Auto-populates. Update if needed.	
M	Note	Enter additional information to supplement the mandatory and required fields or information relevant to case management.	
M	Provider	Select name of the investigator or other person that created the content of the note being entered.	
N/A	Created By	Auto-populates to the user signed in and entering the notes.	

M/R/O	Field Name	Data Entry Information	Dropdown Values
N/A	Created Date	Auto-populates once record is saved.	

11.0 Closing a Case

Before closing an enteric disease case, review the **Case Details** screen to ensure that entry is complete for all mandatory fields and that other fields that require updating are updated as appropriate. If contacts are identified during the investigation, enter them as specified in iPHIS Bulletin #21 (OM Contact Entry) and OM Contact Entry User Guide.

Once the case is closed in iPHIS, the case needs to be re-opened to make any updates to the record.

Steps:

1. At the top of the screen, navigate to **Cases > Case > Case Details**.
2. Update or verify the information specified in [Table 11](#) (see [Appendix 4, Screenshot 11.0a](#)).
3. Click **Save**.

Closing a Case Quick List – Mandatory and Required Data Fields

- (R) Subtype
- (R) Further Differentiation
- (M) Classification
- (M) Classification Date
- (M) Outbreak Case Classification
- (M) Outbreak Class. Date
- (M) Disposition
- (M) Disposition Date
- (M) Status
- (M) Status Date

Table 11: Detailed guide for closing a case

Legend: ● M = mandatory field; ● R = required field; ● O = optional field

M/R/O	Field Name	Data Entry Information	Dropdown Values
R	Subtype	<p>Update this field if the Subtype was not known at the time of initial data entry.</p> <p>If “OTHER (SPECIFY)” is selected as the Subtype, specify this information in CAPITAL LETTERS in the Further Differentiation field.</p> <p>If subtyping results are not available, select “UNSPECIFIED.”</p>	Available options vary by disease.
R	Further Differentiation	<p>Update this field to record additional details if “OTHER (SPECIFY)” is selected as the Subtype for the enteric disease of interest.</p> <p>This field may also be used to record additional laboratory information. Always use the naming convention from the laboratory slip to enter aetiologic agents, subtypes and other laboratory typing results.</p>	
M	Classification	<p>Update with the value that corresponds with the case definitions outlined in Appendix B, Infectious Diseases Protocol.</p> <p>Cases should be classified as soon as there is adequate case information to support the classification.</p> <p>Note: Case classifications are for surveillance purposes (i.e., reportable disease surveillance requirements) and are not considered diagnostic or reflective of public health action (i.e., clinical management of cases or contacts).</p>	<p>CONFIRMED</p> <p>Select if case meets the confirmed case definition.</p> <p>PROBABLE</p> <p>Select if case meets the probable case definition.</p> <p>SUSPECT</p> <p>Select if case meets the suspect case definition. Suspect cases are only reportable for some diseases.</p>

M/R/O	Field Name	Data Entry Information	Dropdown Values
			<p>EPI-LINKED CONFIRMED</p> <p>Do <u>not</u> use.</p> <p>DOES NOT MEET DEFINITION</p> <p>Select if the case does not meet the case definition.</p> <p>** Closed cases should have a final Classification of “CONFIRMED,” “PROBABLE,” “SUSPECT” (where appropriate) or “DOES NOT MEET DEFINITION” (as appropriate).</p>
M	Classification Date	Update to the date when the final Classification was determined.	
M	Outbreak Case Classification	<p>For sporadic cases, update the field by entering the same value selected for the Classification field.</p> <p>For outbreak related cases, use specific outbreak case definitions as appropriate.</p>	See the Classification field for available drop down values.
M	Outbreak Class. Date	Update to the date that the decision was made to re-classify the Outbreak Case Classification value.	
M	Disposition	<p>Select the value reflecting the current state of the investigation.</p> <p>Do <u>not</u> close a case with a Disposition of “PENDING” or “DOES NOT MEET DEFINITION.”</p>	<p>COMPLETE</p> <p>Select if case management is complete.</p> <p>ENTERED IN ERROR</p> <p>Select if the case has been incorrectly created. Ensure that the Classification field is updated to “DOES NOT MEET DEFINITION” if this value is selected.</p> <p>CLOSED – DUPLICATE – DO NOT USE</p>

M/R/O	Field Name	Data Entry Information	Dropdown Values
			<p>Select if the case is a duplicate case and should therefore not be counted. Ensure that the Classification field is updated to “DOES NOT MEET DEFINITION” if this value is selected.</p> <p>LOST TO FOLLOW-UP</p> <p>Select if investigation has been initiated, but incomplete contact has been made to acquire case information.</p> <p>UNTRACEABLE</p> <p>Select if there is no contact information available for reaching the case (e.g., not available from client, physician or laboratory slip).</p>
M	Disposition Date	Update to the date that the Disposition field value was changed.	
M	Status	Update to “CLOSED.”	<p>CLOSED</p> <p>Select when the investigation has been completed in iPHIS. Ensure the Disposition is not “PENDING” if the Status is “CLOSED.”</p>
M	Status Date	<p>Update to the date when the case was determined to be “CLOSED” in iPHIS.</p> <p>Note: A case record must be reopened to amend or add any information to the case’s record.</p>	

Appendix 1: Summary Of Mandatory (M) and Required (R) Fields for Provincial Surveillance of Enteric and Zoonotic Diseases

1.1 Case Details ([return to section](#))

M/R	iPHIS field name	Page	M/R	iPHIS field name	Page
M	Reported Date	7	M	Classification Date	10
M	Health Unit Responsible	7	M	Outbreak Case Classification	10
M	Assigned Date	7	M	Outbreak Class. Date	10
M	Branch Office	7	M	Disposition	10
M	Disease	8	M	Disposition Date	11
M	Aetiologic Agent	8	M	Status	11
R	Subtype	8	M	Status Date	12
R	Further Differentiation	8	M	Priority	12
M	Classification	9			

1.2 Other Details and Reporting Information ([return to section](#))

M/R	iPHIS field name	Page	M/R	iPHIS field name	Page
R	Investigation Start Date	14	R	Diagnosing HU	15

2.1 Laboratory: Requisition Information ([return to section](#))

M/R	iPHIS field name	Page	M/R	iPHIS field name	Page
R	Placer Requisition ID	19	M	Requisition Date	20

2.2 Laboratory: Test Information ([return to section](#))

M/R	iPHIS field name	Page	M/R	iPHIS field name	Page
M	Specimen Type	21	R	Collection Date	22
M	Body Site	21	R	Reported Date	22
M	Test Name	21			

2.3 Laboratory: Result Information ([return to section](#))

M/R	iPHIS field name	Page	M/R	iPHIS field name	Page
M	Branch	23	R	Resulted Test Code	23
M	Program Area	23	M	Result	23
R	Disease/Diagnosis	23	R	Assign Result to Case	24
R	Resulted Test Group Code	23			

3.0 Risk Factors ([return to section](#))

M/R	iPHIS field name	Page	M/R	iPHIS field name	Page
R	Medical Risk Factors	25	R	Behavioural Social Factors	27

4.1 Exposures: Source ([return to section](#))

M/R	iPHIS field name	Page	M/R	iPHIS field name	Page
M	Exposure Level	31	M	Health Unit Responsible	35
M	Exposure Type	31	M	Earliest Exposure Date/Time	35

M/R	iPHIS field name	Page	M/R	iPHIS field name	Page
M	Exposure Name	32	R	Most Recent Exposure Date/Time	36

4.2 Exposures: Exposure Address ([return to section](#))

M/R	iPHIS field name	Page	M/R	iPHIS field name	Page
M	Country	38	M	City	39
M	Province	38			

4.4 Exposures: Timeframe Exposed ([return to section](#))

M/R	iPHIS field name	Page	M/R	iPHIS field name	Page
M	Client Earliest Exposure Date/Time	41	M	Exposure Mode	42
R	Client Most Recent Exposure Date/Time	42			

5.0 Symptoms ([return to section](#))

M/R	iPHIS field name	Page	M/R	iPHIS field name	Page
M	Response	44	R	Onset Date	45
R	Use as Onset	45			

6.0 Interventions ([return to section](#))

M/R	iPHIS field name	Page	M/R	iPHIS field name	Page
M	Intervention Type	47	M	Internal Provider	48
M	Start Date/Time	48	R	End Date/Time	48

7.0. Immunizations ([return to section](#))

M/R	iPHIS field name	Page	M/R	iPHIS field name	Page
M	Administration Date/Time	50	M	Agent	51
M	HU	50	M	Lot Number (Expiry Date)	51
M	Branch	50	M	Site	52
M	Provider/Personnel	50	M	Informed Consent	52

8.0 Complications ([return to section](#))

M/R	iPHIS field name	Page
M	Complication	54

9.0 Outcome ([return to section](#))

M/R	iPHIS field name	Page	M/R	iPHIS field name	Page
M	Outcome	55	M	Cause of Death	56
R	Outcome Date	55	M	Type of Death	56

10.0 Case Notes ([return to section](#))

M/R	iPHIS field name	Page	M/R	iPHIS field name	Page
M	Note Date and Time	57	M	Provider	57
M	Note	57			

Appendix 2: List of Sporadic Outbreak Numbers and Unknown Exposures for Enteric Diseases

The table below lists the provincial unknown exposures and exposure IDs associated with sporadic outbreaks. Ministry created “UNKNOWN” Exposures (canned exposures) are available in iPHIS for all enteric diseases. Directions for linking to the unknown exposures are provided in [Section 4.0 Exposures](#).

Users must not modify the exposure details for the unknown exposures listed below.

For clusters or outbreaks within a PHU, PHUs can create an outbreak number in iPHIS at their own discretion or with consultation with PHO. Where required and as directed by PHO via Enhanced Surveillance Directives (ESDs) or other channels, PHUs may also be required to link cases to provincially created outbreak numbers. Linking cases to an outbreak number allows PHUs to track the number of disease-specific clusters or outbreaks over time, as well as link case information for data analysis.

Table 12: Sporadic outbreak number and unknown exposure ID for Enteric diseases

Disease Name	Sporadic Outbreak Number	Exposure ID	Unknown Exposure Name
Amebiasis	0000-2005-002	5317	01 - UNKNOWN – AMEBIASIS
Botulism	0000-2005-004	5318	01 - UNKNOWN – BOTULISM
Campylobacter enteritis	0000-2005-006	5320	01 – UNKNOWN – CAMPYLOBACTER ENTERITIS
Cholera	0000-2005-008	5323	01 - UNKNOWN – CHOLERA
Cryptosporidiosis	0000-2005-009	5324	01 – UNKNOWN – CRYPTOSPORIDIOSIS
Cyclosporiasis	0000-2005-010	5325	01 – UNKNOWN – CYCLOSPORIASIS
Food poisoning	0000-2005-013	5327	01 – UNKNOWN – FOOD POISONING
Giardiasis	0000-2005-014	5329	01 – UNKNOWN – GIARDIASIS
Hepatitis A	0000-2005-019	5331	01 – UNKNOWN – HEPATITIS A

Disease Name	Sporadic Outbreak Number	Exposure ID	Unknown Exposure Name
Listeriosis	0000-2005-026	44273	01 – UNKNOWN – LISTERIOSIS
Paralytic shellfish poisoning	0000-2013-011	85350	01-UNKNOWN-PARALYTIC SHELLFISH POISONING
Paratyphoid fever	0000-2005-032	5339	01 - UNKNOWN – PARATYPHOID FEVER
Salmonellosis	0000-2005-041	5342	01 - UNKNOWN – SALMONELLOSIS
Shigellosis	0000-2005-043	5343	01 - UNKNOWN – SHIGELLOSIS
Typhoid fever	0000-2005-050	5346	01 - UNKNOWN – TYPHOID FEVER
Verotoxin producing <i>E. coli</i> including HUS	0000-2005-051	5347	01 - UNKNOWN – VEROTOXIN PRODUCING E. COLI INCLUDING HUS
Yersiniosis	0000-2005-054	5348	01 - UNKNOWN – YERSINIOSIS

Appendix 3: Episode Date Hierarchy

The **Accurate Episode Date** is an estimate of the onset date of disease for a case. In order to determine this date, the following hierarchy is in place in iPHIS:

- **Onset Date**
 - **Specimen Collection Date**
 - **Laboratory Test Date**
 - **Reported Date**

If an **Onset Date** exists, it will be used in place of the **Specimen Collection Date** followed by the other episode dates in the hierarchy; however, the earliest date available at each stage of the hierarchy is selected as the **Accurate Episode Date**. For example, the earlier of two specimen collection dates would be selected as the episode accurate date at the second stage of the hierarchy for a case that has two specimen collection dates, but no symptom onset date in iPHIS. *Episode Date Hierarchy* prevents cases from being pulled forward in time beyond their **Reported Date**.

The **Accurate Episode Date** field should be used in conjunction with the **Episode Date Type**, which indicates which episode date the case's **Accurate Episode Date** is based on.

Appendix 4: iPHIS Application Screenshots

1.0 Creating a Case: Screenshots

Screenshot 1.0a: Outbreak Search ([return to Section 1.0: Creating a Case](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Outbreak Search

Demographics

General

Administration

System Admin

CD

TB

STD

Lab

Mass

Public Health

Outbreak

Reports

Logoff

Outbreak Number:

Outbreak Name:

Outbreak Status:

Outbreak Classification:

Onset Date Range: To

Reported Date: To

Primary Investigator:

Disease Group:

Disease:

Agent Type:

Exposure Id:

Exposure Type:

Transmission Mode:

Source:

Source Details:

Exposure Setting:

Exposure Setting Type:

Outbreak Type:

Health Unit Responsible: MOHLTC - PHD (0)

Aetiologic Agent:

Subtype:

Exposure Name:

Exposure Location Name:

Sort Order: Ascending/Descending

Health Unit Responsible: 1 ASCENDING

Outbreak Name: 2 ASCENDING

Outbreak Number: 3 ASCENDING

Outbreak Classification: 4 ASCENDING

Disease: 5 ASCENDING

Reported Date: 6 ASCENDING

Onset Date: 7 ASCENDING

Screenshot 1.0b: Outbreak Search Results ([return to Section 1.0: Creating a Case](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Outbreak Search Results

Health Unit Responsible	Outbreak Number	Outbreak Name	Outbreak Classification	Disease	Reported Date	Onset Date	Outbreak Status	Investigator
MOHLTC - PHD (0)	0000-2005-041	SPORADIC SALMONELLOSIS CASES	SUSPECT	SALMONELLOSIS			OPEN	Details

Search Again New Description

Screenshot 1.0c: Case Search Results ([return to Section 1.0: Creating a Case](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Outbreak Number: 0000-2005-041
 Outbreak Type: FB / WB / ENTERIC - COMMUNITY
 Health Unit Responsible: MOHLTC - PHD (0)
 Primary Disease: SALMONELLOSIS

Outbreak Name: SPORADIC SALMONELLOSIS CASES
 Outbreak Status: OPEN
 Reported Date:

Demographics
 General
 Administration
 System Admin
 CD
 TB
 STD
 Lab
 Mass
 Public Health
 Outbreak
 Reports
 Logoff

Cases Exposures

Outbreak Management > Case Search Results

Case Search Results

Health Unit Responsible	Case ID	Reported Date	Case Name	Date of Birth	Case Classification	Case Disease	Case Disposition	Case Status	Primary Investigator
MOHLTC - PHD (0)	1116	2008-02-20	SOUP, PEA	1956-02-06	CONFIRMED	SALMONELLOSIS	PENDING	OPEN	

Search Again New Case Link Cases Details Unlink

Screenshot 1.0d: Client Sub-Search ([return to Section 1.0: Creating a Case](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Client Sub-Search

Outbreak Number: 0000-2005-041
 Outbreak Type: FB / WB / ENTERIC - COMMUNITY
 Health Unit Responsible: MOHLTC - PHD (0)
 Primary Disease: SALMONELLOSIS

Outbreak Name: SPORADIC SALMONELLOSIS CASES
 Outbreak Status: OPEN
 Reported Date:

Demographics
 General
 Administration
 System Admin
 CD
 TB
 STD
 Lab
 Mass
 Public Health
 Outbreak
 Reports
 Logoff

Contacts Cases Exposures Supply Orders

Please fill in the following for Client sub-search

HN: [text input]
 Last Name: [text input]
 Second Name: [text input]
 Age Range: [text input] To [text input]
 Gender: [dropdown menu]
 Country Emigrated From: [dropdown menu]
 Phone: [text input]
 DIAND Number: [text input]

Birth Date: [text input]
 First Name: [text input]
 Include Aliases in Search: Soundex Search
 Year Of Birth Range: [text input] To [text input]
 HU: [dropdown menu]
 Client Visit Between: [text input] and [text input]
 TB Number: [text input]
 Client ID: [text input]

Client Address Criteria

Screenshot 1.1: Case Details (return to [Section 1.1: Case Details](#) or [11.0: Closing a Case](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Outbreak Number 0000-2005-041
Outbreak Type FB / WB / ENTERIC - COMMUNITY
Health Unit Responsible MOHLTC - PHD (0)
Primary Disease SALMONELLOSIS

Outbreak Name SPORADIC SALMONELLOSIS CASES
Outbreak Status OPEN
Reported Date

Case ID 1116 **Client Name** SOUP, PEA **Client ID** 75 **Date of Birth** 1956-02-06 [Details](#)

Episode Date 2008-02-20 **Episode Date Type** REPORTED

[Contacts](#) [Cases](#) [Exposures](#) [Supply Orders](#)

Outbreak Management > Case Details
[New Case](#) [Profile Report](#)

Case Details

Case ID 1116 **External Reference Number**

Reported Date 2008-02-20 **Assigned Date** 2008-02-20 [History](#)

Health Unit Responsible MOHLTC - PHD (0) **Branch Office** Not Applicable

Diagnosing HU **Onset Date** **Relevant Immunizations up-to-date for Client**

Progression **Follow-Up Date/Time**

Disease SALMONELLOSIS **Aetiologic Agent** SALMONELLA UNSPECIFIED

Subtype **Further Differentiation**

Classification CONFIRMED **Classification Date** 2008-02-19 13:55:57 [History](#)

Outbreak Case Classification CONFIRMED **Outbreak Class. Date** 2008-02-19 13:55:57 [History](#)

Disposition PENDING **Disposition Date** 2008-02-19 13:55:57 [History](#)

Status OPEN **Status Date** 2008-02-19 13:55:58 [History](#)

Original Closed Date **Priority** MEDIUM **Priority Date**

Comments

Screenshot 1.2: Other Details and Reporting Information (return to [Section 1.2: Other Details and Reporting Information](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Other Details

Client Address at Time of Case

Sensitive Occupation

Travel Immigration and Other

Transcriber Information

Transcriber Last Name

Transcriber First Name

Date of Transcription

Created By

Created Date

Reporting Information

Received Date

Notification Method

Investigation Start Date

Reporting Source

* Enter External Source Type and either Source Name or City for filter

External Source Type <input type="text"/>	Source Name <input type="text"/>	City <input type="text"/>	<input type="button" value="Filter"/>
---	----------------------------------	---------------------------	---------------------------------------

Type Name

Other Reporting Source Type

Other Reporting Source Name

Screenshot 1.3: Physician Information (return to [Section 1.3: Physician Information](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Outbreak Number	0000-2005-041	Outbreak Name	SPORADIC SALMONELLOSIS CASES
Outbreak Type	FB / WB / ENTERIC - COMMUNITY	Outbreak Status	OPEN
Health Unit Responsible	MOHLTC - PHD (0)	Reported Date	
Primary Disease	SALMONELLOSIS		

Case ID 1116 Client Name * SOUP, PEA Client ID 75 Date of Birth 1956-02-06 [Details](#)

Episode Date 2008-02-20 Episode Date Type REPORTED

[Contacts](#) [Cases](#) [Exposures](#) [Supply Orders](#)

Received Date

Notification Method

Investigation Start Date

Reporting Source
* Enter External Source Type and either Source Name or City for filter

External Source Type Source Name City [Filter](#)

Type Name

Other Reporting Source Type

Other Reporting Source Name

[Save](#) [Check Classification](#)

Physician

Physician Filters * Enter either Source Name or City for filter.

Source Name City [Filter](#)

Physician Phone Address Role Effective Date End Date

[Add](#)

[+ Assignment History](#)

Screenshot 1.4: Assignment History Information (return to [Section 1.4: Assignment History](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Outbreak Number 0000-2005-041
Outbreak Type FB / WB / ENTERIC - COMMUNITY
Health Unit Responsible MOHLTC - PHD (0)
Primary Disease SALMONELLOSIS

Outbreak Name
Outbreak Status
Reported Date

Case ID 1116 **Client Name** * SOUP, PEA **Client ID** 75 **Date of Birth** 1956-02-06 [Details](#)

Episode Date 2008-02-20 **Episode Date Type** REPORTED

[Contacts](#) [Cases](#) [Exposures](#) [Supply Orders](#)

Reporting Source
* Enter External Source Type and either Source Name or City for filter

External Source Type Source Name City [Filter](#)

Type Name

Other Reporting Source Type

Other Reporting Source Name

[Save](#) [Check Classification](#)

Physician

Physician Filters * Enter either Source Name or City for filter.

Source Name City [Filter](#)

◆ **Physician Phone Address** ◆ **Role** **Effective Date** **End Date**

[Add](#)

Assignment History

Investigator ◆ STUDENT01, PHD [Save](#)

Assignment Date/Time Investigator

2.0 Laboratory: Screenshots

Screenshot 2.1a: Requisition Information (return to [Section 2.1: Requisition Information](#) or [Section 2.2: Test Information](#))



The screenshot shows the 'Lab' page in the iPHIS system. The top navigation bar includes links for Home, Client Search, Wait Queue, Scheduling, To Do's, Lab, Site Map, Help, About, and Logoff. A left sidebar contains a menu with options: Demographics, General, Administration, System Admin, CD, TB, STD, Lab, Mass, Public Health, Outbreak, Reports, and Logoff. The main content area displays outbreak details for Case ID 1116, Client Name 'SOUP, PEA', and Primary Disease 'SALMONELLOSIS'. A red circle highlights the 'Lab Requisition' button in the 'Outbreak Management' section. Other buttons include 'New Requisition', 'Details', and 'Refresh'.

Outbreak Number	0000-2005-041	Outbreak Name	
Outbreak Type	FB / WB / ENTERIC - COMMUNITY	Outbreak Status	
Health Unit Responsible	MOHLTC - PHD (0)	Reported Date	
Primary Disease	SALMONELLOSIS		

Case ID 1116 Client Name * SOUP, PEA Client ID 75 Date of Birth 1956-02-06 [Details](#)

Episode Date 2008-02-20 Episode Date Type REPORTED

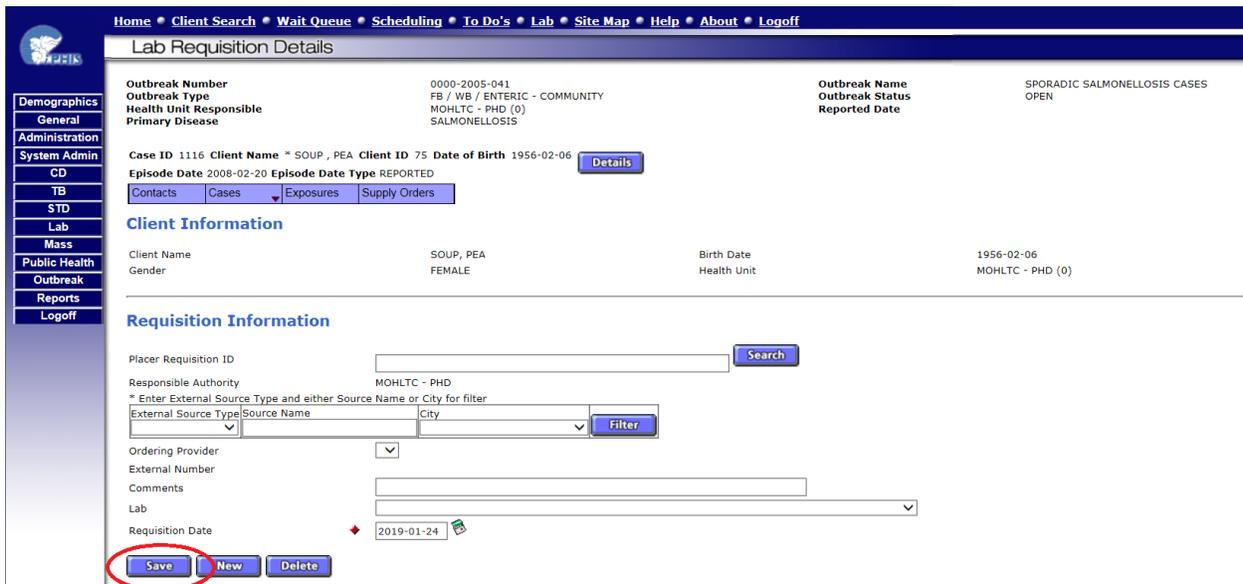
[Contacts](#) [Cases](#) [Exposures](#) [Supply Orders](#)

Outbreak Management > Case > Lab

[New Requisition](#) [Lab Requisition](#)

Resulted Test Group Code [Refresh](#)

Screenshot 2.1b: Requisition Information (return to [Section 2.1: Requisition Information](#) or [Section 2.2: Test Information](#))



The screenshot shows the 'Lab Requisition Details' page in the iPHIS system. The top navigation bar and left sidebar are identical to Screenshot 2.1a. The main content area displays detailed requisition information for Case ID 1116. A red circle highlights the 'Save' button at the bottom of the form. The form includes fields for Placer Requisition ID, Responsible Authority, External Source Type, Source Name, City, Ordering Provider, External Number, Comments, Lab, and Requisition Date (2019-01-24). Buttons for 'Search', 'Filter', 'New', and 'Delete' are also visible.

Outbreak Number	0000-2005-041	Outbreak Name	SPORADIC SALMONELLOSIS CASES
Outbreak Type	FB / WB / ENTERIC - COMMUNITY	Outbreak Status	OPEN
Health Unit Responsible	MOHLTC - PHD (0)	Reported Date	
Primary Disease	SALMONELLOSIS		

Case ID 1116 Client Name * SOUP, PEA Client ID 75 Date of Birth 1956-02-06 [Details](#)

Episode Date 2008-02-20 Episode Date Type REPORTED

[Contacts](#) [Cases](#) [Exposures](#) [Supply Orders](#)

Client Information

Client Name	SOUP, PEA	Birth Date	1956-02-06
Gender	FEMALE	Health Unit	MOHLTC - PHD (0)

Requisition Information

Placer Requisition ID [Search](#)

Responsible Authority MOHLTC - PHD

* Enter External Source Type and either Source Name or City for filter

External Source Type Source Name City [Filter](#)

Ordering Provider

External Number

Comments

Lab

Requisition Date

[Save](#) [New](#) [Delete](#)

Screenshot 2.2a: Test Information (return to [Section 2.2: Test Information](#) or [Section 2.3: Result Information](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Lab Requisition Details

Outbreak Number: 0000-2005-041
 Outbreak Type: FB / WB / ENTERIC - COMMUNITY
 Health Unit Responsible: MOHLTC - PHD (0)
 Primary Disease: SALMONELLOSIS
 Outbreak Name: SPORADIC SALMONELLOSIS CASES
 Outbreak Status: OPEN
 Reported Date:

Case ID 1116 Client Name * SOUP, PEA Client ID 75 Date of Birth 1956-02-06 [Details]

Episode Date 2008-02-20 Episode Date Type REPORTED
 [Contacts] [Cases] [Exposures] [Supply Orders]

Client Information

Client Name: SOUP, PEA
 Gender: FEMALE
 Birth Date: 1956-02-06
 Health Unit: MOHLTC - PHD (0)

Requisition Information

Placer Requisition ID: EXT13432
 Responsible Authority: MOHLTC - PHD
 * Enter External Source Type and either Source Name or City for filter
 External Source Type: [Source Name] [City] [Filter]
 Ordering Provider: [Dropdown]
 External Number: [Text]
 Comments: [Text]
 Lab: [Dropdown]
 Requisition Date: 2019-01-24 [Calendar]

[Save] [New] [Delete]

Test and Result Summary

Program Area: [CD] [Dropdown] Test Panel: [Dropdown]

Set ID	Specimen Type	Specimen ID	Def.	Body Site	Test Name	Test Result Status	Collection Date	Reported Date	[Add Test]

Screenshot 2.2b: Test Information (return to [Section 2.2: Test Information](#) or [Section 2.3: Result Information](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Lab Test Details

Outbreak Number: 0000-2005-041
 Client Demographics: FB / WB / ENTERIC - COMMUNITY
 Client Demographics: MOHLTC - PHD (0)
 Primary Disease: SALMONELLOSIS
 Outbreak Name: SPORADIC SALMONELLOSIS CASES
 Outbreak Status: OPEN
 Reported Date:

Client Name * SOUP, PEA Client ID 75 Date of Birth 1956-02-06 [Details]

Relationship Maintenance: 12-20 Episode Date Type REPORTED
 Info Released: [Exposures] [Supply Orders]
 Client Profile Report

Client Information

Client Name: SOUP, PEA
 Gender: FEMALE
 Birth Date: 1956-02-06
 Health Unit: MOHLTC - PHD (0)
 Placer Requisition ID: EXT13432

[Requisition Details]

Test Information

Set ID: [Dropdown]
 Specimen Type: [Dropdown]
 Specimen ID: [Text]
 Body Site: [Dropdown]
 Test Name: [Dropdown]
 Test Result Status: [Dropdown]
 Collection Date: [Text]
 Reported Date: [Text]
 Date of Specimen: [Text]

[Save] [New] [Delete]

Result Summary

Set OBX Id	Program Area	Result	Disease/Diagnosis	Resulted Test Code

Screenshot 2.3a: Result Information (return to [Section 2.3: Result Information](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Lab Test Details

Outbreak Number: 0000-2005-041
 Outbreak Type: FB / WB / ENTERIC - COMMUNITY
 Health Unit Responsible: MOHLTC - PHD (0)
 Primary Disease: SALMONELLOSIS

Outbreak Name: SPORADIC SALMONELLOSIS CASES
 Outbreak Status: OPEN
 Reported Date:

Case ID: 1116 Client Name: * SOUP, PEA Client ID: 75 Date of Birth: 1956-02-06 [Details]

Episode Date: 2008-02-20 Episode Date Type: REPORTED

Contacts Cases Exposures Supply Orders

Client Information

Client Name: SOUP, PEA Birth Date: 1956-02-06
 Gender: FEMALE Health Unit: MOHLTC - PHD (0)
 Placer Requisition ID: EXT13432

Requisition Details

Test Information

Set ID: 1
 Specimen Type: Faeces
 Specimen ID:
 Body Site: Faeces
 Test Name: MOLECULAR METHODS
 Test Result Status:
 Collection Date:
 Reported Date:
 Defining Specimen:

Save New Delete

Result Summary

Set OBX Id	Program Area	Result	Disease/Diagnosis	Resulted Test Code
				Add Result

Screenshot 2.3b: Result Information (return to [Section 2.3: Result Information](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Lab Result Details

Outbreak Number: 0000-2005-041
 Outbreak Type: FB / WB / ENTERIC - COMMUNITY
 Health Unit Responsible: MOHLTC - PHD (0)
 Primary Disease: SALMONELLOSIS

Outbreak Name: SPORADIC SALMONELLOSIS CASES
 Outbreak Status: OPEN
 Reported Date:

Case ID: 1116 Client Name: * SOUP, PEA Client ID: 75 Date of Birth: 1956-02-06 [Details]

Episode Date: 2008-02-20 Episode Date Type: REPORTED

Contacts Cases Exposures Supply Orders

Client and Test Information

Client Name: SOUP, PEA Birth Date: 1956-02-06
 Gender: FEMALE Health Unit: MOHLTC - PHD (0)
 Placer Requisition ID: EXT13432
 Specimen Type: Faeces Body Site: Faeces
 Collected Date: Reported Date:

Requisition Details Test Details

Result Information

Set OBX Id: MOHLTC - PHD
 Health Unit:
 Branch:
 Program Area: CD
 Disease/Diagnosis: SALMONELLOSIS
 Resulted Test Group Code:
 Result: POSITIVE Resulted Test Code:
 Assign result to case: 1116, 2008-02-20, A02, SALMONELLOSIS
 Observation Value:

Save New Delete Create Default Case and Link
 Sensitivities

3.0 Risk Factors: Screenshots

Screenshot 3.1a: Risk Factors (return to [Section 3.0: Risk Factors](#) or [3.1: Medical Risk Factors](#) or [3.2: Behavioural Social Factors](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Outbreak Number: 0000-2005-041
Outbreak Type: FB / WB / ENTERIC - COMMUNITY
Health Unit Responsible: MOHLTC - PHD (0)
Primary Disease: SALMONELLOSIS

Case ID 1116 Client Name * SOUP , PEA Client ID 75 Date of Birth 1956-02-06 **Details**

Episode Date 2008-02-20 Episode Date Type REPORTED

Contacts Cases Exposures Supply Orders

Outbreak Management > Case > Risks

Risks

Medical Risk Factors

IMMUNOCOMPROMISED (SPECIFY)	NOT ASKED					Notes
OTHER (SPECIFY)	NOT ASKED					Notes
UNKNOWN	NOT ASKED					Notes

No to All

Behavioural Social Factors

Save

Screenshot 3.2a: Risk Factors (return to [Section 3.0: Risk Factors](#) or [3.1: Medical Risk Factors](#) or [3.2: Behavioural Social Factors](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Outbreak Number 0000-2005-041
Outbreak Type FB / WB / ENTERIC - COMMUNITY
Health Unit Responsible MOHLTC - PHD (0)
Primary Disease SALMONELLOSIS

Outbreak Name
Outbreak Status
Reported Date

Case ID 1116 **Client Name** * SOUP, PEA **Client ID** 75 **Date of Birth** 1956-02-06 [Details](#)
Episode Date 2008-02-20 **Episode Date Type** REPORTED

Contacts **Cases** **Exposures** **Supply Orders**
 UNKNOWN [NOT ASKED] [] [] [] [] [Notes](#)
[No to All](#)

Behavioural Social Factors

CLOSE CONTACT WITH CASE	NOT ASKED	[]	[]	[]	[]	Notes
CONSUMPTION OF BEEF	NOT ASKED	[]	[]	[]	[]	Notes
CONSUMPTION OF CHICKEN/CHICKEN PRODUCTS	NOT ASKED	[]	[]	[]	[]	Notes
CONSUMPTION OF CHOCOLATE	NOT ASKED	[]	[]	[]	[]	Notes
CONSUMPTION OF DELI MEATS	NOT ASKED	[]	[]	[]	[]	Notes
CONSUMPTION OF EGGS OR FOOD CONTAINING EGGS (FROM ANY BIRD SPECIES)	NOT ASKED	[]	[]	[]	[]	Notes
CONSUMPTION OF FISH	NOT ASKED	[]	[]	[]	[]	Notes
CONSUMPTION OF GROUND BEEF	NOT ASKED	[]	[]	[]	[]	Notes
CONSUMPTION OF ICE CREAM, GELATO, OR OTHER FROZEN DAIRY-BASED DESSERTS	NOT ASKED	[]	[]	[]	[]	Notes
CONSUMPTION OF OTHER BIRD MEAT OR PRODUCTS MADE WITH OTHER BIRD MEAT	NOT ASKED	[]	[]	[]	[]	Notes
CONSUMPTION OF OTHER SEAFOOD (SPECIFY)	NOT ASKED	[]	[]	[]	[]	Notes
CONSUMPTION OF PORK	NOT ASKED	[]	[]	[]	[]	Notes
CONSUMPTION OF SEEDS, TAHINI, NUTS, OR NUT BUTTER	NOT ASKED	[]	[]	[]	[]	Notes
CONSUMPTION OF SHAWARMA OR DONAIR	NOT ASKED	[]	[]	[]	[]	Notes
CONSUMPTION OF SPROUTS	NOT ASKED	[]	[]	[]	[]	Notes
CONSUMPTION OF RAW/UNPASTEURIZED MILK OR MILK PRODUCTS	NOT ASKED	[]	[]	[]	[]	Notes

4.0 Exposures: Screenshots

Screenshot 4.1a: Exposure Sub-Search (return to [Section 4.0: Exposures](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Outbreak Number: 0000-2005-041
 Outbreak Type: FB / WB / ENTERIC - COMMUNITY
 Health Unit Responsible: MOHLTC - PHD (0)
 Primary Disease: SALMONELLOSIS

Outbreak Name: SPORADIC SALM
 Outbreak Status: OPEN
 Reported Date:

Case ID 1116 Client Name * SOUP , PEA Client ID 75 Date of Birth 1956-02-06 [Details](#)

Episode Date 2008-02-20 Episode Date Type REPORTED

Contacts Cases Exposures Supply Orders

Exposure Name:

Earliest Exposure Date / Time:

Most Recent Exposure Date / Time:

Category/Transmission:

Source:

Source Details:

Exposure Setting:

Exposure Setting Type:

Exposure Location Name:

	Sort Order	Ascending/Descending
Exposure Level	<input type="text" value="1"/>	ASCENDING
Exposure Name	<input type="text" value="2"/>	ASCENDING
Category/Transmission	<input type="text" value="3"/>	ASCENDING
Source	<input type="text" value="4"/>	ASCENDING
Source Details	<input type="text" value="5"/>	ASCENDING
Exposure Setting	<input type="text" value="6"/>	ASCENDING
Exposure Setting Type	<input type="text" value="7"/>	ASCENDING
Exposure Location Name	<input type="text" value="8"/>	ASCENDING
Earliest Exposure Date	<input type="text" value="9"/>	ASCENDING
Most Recent Exposure Date	<input type="text" value="10"/>	ASCENDING

[Search](#) [Clear All](#) [Retrieve Criteria](#)

Screenshot 4.1b: Exposure Sub-Search Results (return to [Section 4.0: Exposures](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Outbreak Number: 0000-2005-041
 Outbreak Type: FB / WB / ENTERIC - COMMUNITY
 Health Unit Responsible: MOHLTC - PHD (0)
 Primary Disease: SALMONELLOSIS

Outbreak Name: SPORADIC SALMONELLOSIS CASES
 Outbreak Status: OPEN
 Reported Date:

Case ID 1116 Client Name * SOUP , PEA Client ID 75 Date of Birth 1956-02-06 [Details](#)

Episode Date 2008-02-20 Episode Date Type REPORTED

Contacts Cases Exposures Supply Orders

Outbreak Management > Exposure Sub-Search Results

Exposure Sub-Search Results

Level	Name	Category/Transmission	Source	Details	Setting	Setting Type	Exposure Location Name	Earliest Date	Most Recent Date	Most Likely Source
OUTBREAK AND CASE	UNKNOWN	Unknown	Unknown	Unknown	Unknown	Unknown		2012-11-14 12:33:28		

[Search Again](#) [New Exposure](#) [Select](#)

Screenshot 4.1c: Exposure Sub-Search Results (return to [Section 4.0: Exposures](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Outbreak Number: 0000-2005-041
Outbreak Type: FB / WB / ENTERIC - COMMUNITY
Health Unit Responsible: MOHLTC - PHD (0)
Primary Disease: SALMONELLOSIS

Outbreak Name: SPORADIC SALMONELLOSIS CASES
Outbreak Status: OPEN
Reported Date:

Case ID 1116 Client Name * SOUP, PEA Client ID 75 Date of Birth 1956-02-06 [Details]

Episode Date 2008-02-20 Episode Date Type REPORTED

Contacts Cases Exposures Supply Orders

Exposure Level: CASE ONLY

Exposure Type: [Dropdown]

Exposure ID: [Dropdown]

Health Unit Responsible: MOHLTC - PHD (0) Branch Office: [Dropdown]

Earliest Exposure Date / Time: [Field]

Category/Transmission: [Dropdown]

Source Details: [Dropdown]

Exposure Comments: [Text Area]

Active: Most Likely Source for the Outbreak:

Exposure Name: [Dropdown]

Most Recent Exposure Date / Time: [Field]

Source: [Dropdown]

Exposure Address

Country: CANADA
Province: ONTARIO
Street Number: [Field]
Street Type: [Dropdown]
Unit: [Field]
City: [Dropdown]
Postal Code: [Field]
UTM: [Field]
Ward: [Field]
Address Comment: [Text Area]

Street Name: [Field]
Street Direction: [Dropdown]
Municipality: [Dropdown]
Census Tract: [Field]

Save

Screenshot 4.2a: Source and Exposure Address (return to [Section 4.1: Source](#) or [Section 4.2: Exposure Address](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Outbreak Number: 0000-2005-041
Outbreak Type: FB / WB / ENTERIC - COMMUNITY
Health Unit Responsible: MOHLTC - PHD (0)
Primary Disease: SALMONELLOSIS

Outbreak Name: SPORADIC SALMONELLOSIS CASES
Outbreak Status: OPEN
Reported Date:

Case ID 1116 Client Name * SOUP, PEA Client ID 75 Date of Birth 1956-02-06 [Details]

Episode Date 2008-02-20 Episode Date Type REPORTED

Contacts Cases Exposures Supply Orders

Exposure Type: [Dropdown]

Exposure ID: [Dropdown]

Health Unit Responsible: MOHLTC - PHD (0) Branch Office: [Dropdown]

Earliest Exposure Date / Time: [Field]

Category/Transmission: [Dropdown]

Source Details: [Dropdown]

Exposure Comments: [Text Area]

Most Likely Source for the Outbreak:

Exposure Name: [Dropdown]

Most Recent Exposure Date / Time: [Field]

Source: [Dropdown]

Exposure Address

Country: CANADA
Province: ONTARIO
Street Number: [Field]
Street Type: [Dropdown]
Unit: [Field]
City: [Dropdown]
Postal Code: [Field]
UTM: [Field]
Ward: [Field]
Address Comment: [Text Area]

Street Name: [Field]
Street Direction: [Dropdown]
Municipality: [Dropdown]
Census Tract: [Field]

Save

Screenshot 4.3a: Exposure Location Details (return to [Section 4.3: Exposure Location Details](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Outbreak Number: 0000-2005-041
Outbreak Type: FB / WB / ENTERIC - COMMUNITY
Health Unit Responsible: MOHLTC - PHD (0)
Primary Disease: SALMONELLOSIS
Outbreak Name: [Blank]
Outbreak Status: [Blank]
Reported Date: [Blank]

Case ID 1116 Client Name * SOUP, PEA Client ID 75 Date of Birth 1956-02-06 [Details](#)

Episode Date 2008-02-20 Episode Date Type REPORTED

Contacts Cases Exposures Supply Orders

Ward: [Text Field]

Address Comment: [Text Area]

[Save](#)

Setting/Travel Location Description Details

Exposure Setting [Dropdown] Exposure Setting Type [Dropdown]

* Enter External Source Type and either Source Name, Health Unit or City for filter

External Source Type [Dropdown]	Source Name [Text Field]	Filter
HU# [Dropdown]	City [Text Field]	

MOHLTC - PHD (0) [Dropdown]

Exposure Location Name: [Text Field]

Exposure Setting Comments: [Text Area]

Ward/Section: [Text Field] Room #: [Text Field]

Floor: [Text Field] Bed #: [Text Field]

HACCP Risk Category: [Dropdown]

[Save](#)

[Delete](#) [Continue](#)

Screenshot 4.4a: Timeframe Exposed (return to [Section 4.4: Timeframed Exposed](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Outbreak Number 0000-2005-041
Outbreak Type FB / WB / ENTERIC - COMMUNITY
Health Unit Responsible MOHLTC - PHD (0)
Primary Disease SALMONELLOSIS
Outbreak Name
Outbreak Status
Reported Date

Case ID 1116 **Client Name** * SOUP, PEA **Client ID** 75 **Date of Birth** 1956-02-06 [Details](#)

Episode Date 2008-02-20 **Episode Date Type** REPORTED

[Contacts](#) [Cases](#) [Exposures](#) [Supply Orders](#)

Ward

Address Comment

[Save](#)

Setting/Travel Location Description Details

Exposure Setting Exposure Setting Type

* Enter External Source Type and either Source Name, Health Unit or City for filter

External Source Type <input type="text"/>	Source Name <input type="text"/>	Filter
HU# MOHLTC - PHD (0)	City <input type="text"/>	

Exposure Location Name

Exposure Setting Comments

Ward/Section Room #

Floor

HACCP - Risk Category

[Save](#)

[Delete](#) [Continue](#)

Screenshot 4.4b: Timeframe Exposed (return to [Section 4.4: Timeframe Exposed](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Outbreak Number: 0000-2005-041
 Outbreak Type: FB / WB / ENTERIC - COMMUNITY
 Health Unit Responsible: MOHLTC - PHD (0)
 Primary Disease: SALMONELLOSIS

Outbreak Name: SPORADIC SALMONELLOSIS CASES
 Outbreak Status: OPEN
 Reported Date:

Case ID 1116 Client Name * SOUP, PEA Client ID 75 Date of Birth 1956-02-06 [Details](#)

Episode Date 2008-02-20 Episode Date Type REPORTED

Contacts Cases Exposures Supply Orders

Outbreak Management > Exposure > Timeframe Exposed

Timeframe Exposed

Exposure Name: S Category/Transmission:
 Source:
 Setting:
 Earliest Exposure Date / Time 2019-01-08 15:50:30 Most Recent Exposure Date / Time:
 Client Earliest Exposure Date/Time:
 Client Most Recent Exposure Date/Time:
 Exposure Mode:
 Contact Level:
 Role:
 Nature Of Contact:
 Most Likely Source:

Save

5.0 Symptoms: Screenshots

Screenshot 5.0: Symptoms (return to [Section 5.0: Symptoms](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Outbreak Number: 0000-2005-041
 Outbreak Type: FB / WB / ENTERIC - COMMUNITY
 Health Unit Responsible: MOHLTC - PHD (0)
 Primary Disease: SALMONELLOSIS

Outbreak Name: SPORADIC SALMONELLOSIS CASES
 Outbreak Status: OPEN
 Reported Date:

Case ID 1116 Client Name * SOUP, PEA Client ID 75 Date of Birth 1956-02-06 [Details](#)

Episode Date 2008-02-20 Episode Date Type REPORTED

Contacts Cases Exposures Supply Orders

Outbreak Management > Case > Signs and Symptoms

Signs and Symptoms

Symptom: [Add](#)

Symptom	Delete Symptom	Response	Use As Onset	Onset Date	Onset Time	Recovery Date	Recovery Time	Duration Days	Duration Hours	Site / Description	Observed Value	Observed Unit	Notes
ABDOMINAL PAIN	<input type="checkbox"/>	NOT ASKED	<input type="checkbox"/>										Notes
ANOREXIA (LOSS OF APPETITE)	<input type="checkbox"/>	NOT ASKED	<input type="checkbox"/>										Notes
ASYMPTOMATIC	<input type="checkbox"/>	NOT ASKED	<input type="checkbox"/>										Notes
DEHYDRATION	<input type="checkbox"/>	NOT ASKED	<input type="checkbox"/>										Notes
DIARRHEA	<input type="checkbox"/>	NOT ASKED	<input type="checkbox"/>										Notes
FEVER	<input type="checkbox"/>	NOT ASKED	<input type="checkbox"/>										Notes
HEADACHE	<input type="checkbox"/>	NOT ASKED	<input type="checkbox"/>										Notes
MALADISE (GENERAL UNWELL FEELING)	<input type="checkbox"/>	NOT ASKED	<input type="checkbox"/>										Notes
NAUSEA	<input type="checkbox"/>	NOT ASKED	<input type="checkbox"/>										Notes
SEPTICEMIA	<input type="checkbox"/>	NOT ASKED	<input type="checkbox"/>										Notes
VOMITING	<input type="checkbox"/>	NOT ASKED	<input type="checkbox"/>										Notes

Save **Delete**

6.0 Interventions: Screenshots

Screenshot 6.0a: Interventions (return to [Section 6.0: Interventions](#))

Outbreak Management

Outbreak Number: 0000-2005-041
Outbreak Type: FB / WB / ENTERIC - COMMUNITY
Health Unit Responsible: MOHLTC - PHD (0)
Primary Disease: SALMONELLOSIS

Outbreak Name: SPORADIC SALMONELLOSIS CASES
Outbreak Status: OPEN
Reported Date:

Case ID: 1116 Client Name: * SOUP, PEA Client ID: 75 Date of Birth: 1956-02-06

Episode Date: 2008-02-20 Episode Date Type: REPORTED

Outbreak Management > Case > Interventions

Interventions

[New Intervention](#)

Intervention Type:
Start Date/Time:
Internal Provider:
End Date/Time:
Location:

* Enter either Professional Status, Source Name, HU, or City for filter.

External Provider Filter: Professional Status: Source Name:
HU: MOHLTC - PHD (0) City: Filter

External Provider:

[Save](#)

Intervention Type	Start Date/Time	End Date/Time	Internal Provider	External Provider	Location	Update	Delete	Notes
CHEMOPROPHYLAXIS						Update	Delete	Notes
COUNSELING						Update	Delete	Notes
EDUCATION						Update	Delete	Notes
EXCLUSION						Update	Delete	Notes
FOOD RECALL						Update	Delete	Notes

Screenshot 6.0b: Interventions (return to [Section 6.0: Interventions](#))

Outbreak Management

Outbreak Number: 0000-2005-041
Outbreak Type: FB / WB / ENTERIC - COMMUNITY
Health Unit Responsible: MOHLTC - PHD (0)
Primary Disease: SALMONELLOSIS

Outbreak Name: SPORADIC SALMONELLOSIS CASES
Outbreak Status: OPEN
Reported Date:

Case ID: 1116 Client Name: * SOUP, PEA Client ID: 75 Date of Birth: 1956-02-06

Episode Date: 2008-02-20 Episode Date Type: REPORTED

Outbreak Management > Case > Interventions

Interventions

[New Intervention](#)

Intervention Type:
Start Date/Time:
Internal Provider:
End Date/Time:
Location:

* Enter either Professional Status, Source Name, HU, or City for filter.

External Provider Filter: Professional Status: Source Name:
HU: MOHLTC - PHD (0) City: Filter

External Provider:

[Save](#)

Intervention Type	Start Date/Time	End Date/Time	Internal Provider	External Provider	Location	Update	Delete	Notes
CHEMOPROPHYLAXIS						Update	Delete	Notes
COUNSELING						Update	Delete	Notes
EDUCATION						Update	Delete	Notes
EXCLUSION						Update	Delete	Notes
FOOD RECALL						Update	Delete	Notes

7.0 Immunizations: Screenshots

Screenshot 7.0a: New Immunization (return to [Section 7.0: Immunizations](#))

Outbreak Management

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Number: 0000-2005-041
 Outbreak Type: FB / WB / ENTERIC - COMMUNITY
 Health Unit Responsible: MOHLTC - PHD (0)
 Primary Disease: SALMONELLOSIS

Outbreak Name: SPORADIC SALMONELLOSIS CASES
 Outbreak Status: OPEN
 Reported Date:

Case ID 1116 Client Name * SOUP, PEA Client ID 75 Date of Birth 1956-02-06 [Details]

Episode Date 2008-02-20 Episode Date Type REPORTED

Intervention Type Start Date/Time End Date/Time Internal Provider External Provider Location

CHEMOPROPHYLAXIS						[Update]	[Delete]	[Notes]
COUNSELING						[Update]	[Delete]	[Notes]
EDUCATION						[Update]	[Delete]	[Notes]
EXCLUSION						[Update]	[Delete]	[Notes]
FOOD RECALL						[Update]	[Delete]	[Notes]
HOSPITALIZATION						[Update]	[Delete]	[Notes]
ISOLATION						[Update]	[Delete]	[Notes]
LETTER 1 - CLIENT						[Update]	[Delete]	[Notes]
LETTER 1 - PHYSICIAN						[Update]	[Delete]	[Notes]
LETTER 2 - CLIENT						[Update]	[Delete]	[Notes]
LETTER 2 - PHYSICIAN						[Update]	[Delete]	[Notes]
OTHER						[Update]	[Delete]	[Notes]
PRESS RELEASE						[Update]	[Delete]	[Notes]

+ Immunizations / Chemoprophylaxis

Screenshot 7.0b: New Immunization (return to [Section 7.0: Immunizations](#))

Outbreak Management

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Number: 0000-2005-041
 Outbreak Type: FB / WB / ENTERIC - COMMUNITY
 Health Unit Responsible: MOHLTC - PHD (0)
 Primary Disease: SALMONELLOSIS

Outbreak Name: SPORADIC SALMONELLOSIS CAS
 Outbreak Status: OPEN
 Reported Date:

Case ID 1116 Client Name * SOUP, PEA Client ID 75 Date of Birth 1956-02-06 [Details]

Episode Date 2008-02-20 Episode Date Type REPORTED

Intervention Type Start Date/Time End Date/Time Internal Provider External Provider Location

CHEMOPROPHYLAXIS						[Update]
COUNSELING						[Update]
EDUCATION						[Update]
EXCLUSION						[Update]
FOOD RECALL						[Update]
HOSPITALIZATION						[Update]
ISOLATION						[Update]
LETTER 1 - CLIENT						[Update]
LETTER 1 - PHYSICIAN						[Update]
LETTER 2 - CLIENT						[Update]
LETTER 2 - PHYSICIAN						[Update]
OTHER						[Update]
PRESS RELEASE						[Update]

Immunizations / Chemoprophylaxis

New Immunization

Editable	Agent	Administration Date/Time	Dose #	Reason for Administration
	Tig - TETANUS IMMUNE GLOBULIN	2007-10-24 00:00		

Screenshot 7.0c: Immunizations (return to [Section 7.0: Immunizations](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Immunizations

Outbreak Number 0000-2005-041
Outbreak Type FB / WB / ENTERIC - COMMUNITY
Health Unit Responsible MOHLTC - PHD (0)
Primary Disease SALMONELLOSIS

Case ID 1116 **Client Name** * SOUP, PEA **Client ID** 75 **Date of Birth** 1956-02-06 [Details](#)

Episode Date 2008-02-20 **Episode Date Type** REPORTED

[Contacts](#) [Cases](#) [Exposures](#) [Supply Orders](#)

Immunizations

Administration Date/Time Accurate

HU Branch

* Enter either Professional Status, Source Name, HU, or City for filter.

Professional Status	Source Name
HU	City

[Filter](#)

Provider/Personnel

Professional Status

Recorded By

Where Administered

Agent Formulary

Agent

Lot Number (Expiry Date)

Site Route

Dosage Dosage Units

Dose # Informed Consent

Reason for Administration

Source of Information Accurate

Comments

[Save](#) [Delete](#) [New](#)

8.0 Complications: Screenshots

Screenshot 8.0: Complications (return to [Section 8.0: Complications](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Complications

Outbreak Number 0000-2005-041
Outbreak Type FB / WB / ENTERIC - COMMUNITY
Health Unit Responsible MOHLTC - PHD (0)
Primary Disease SALMONELLOSIS

Case ID 1116 **Client Name** * SOUP , PEA **Client ID** 75 **Date of Birth** 1956-02-06 [Details](#)

Episode Date 2008-02-20 **Episode Date Type** REPORTED

[Contacts](#) [Cases](#) [Exposures](#) [Supply Orders](#)

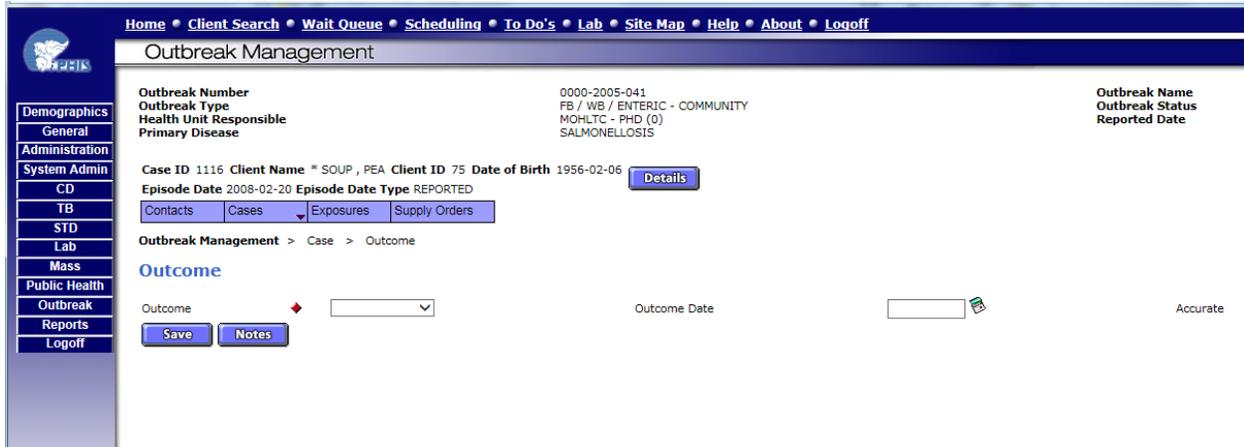
Complications

◆ Complication	Start Date	End Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Add

[New](#)

9.0 Outcome: Screenshots

Screenshot 9.0a: Outcome (return to [Section 9.0: Outcome](#))



Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Outbreak Number: 0000-2005-041
Outbreak Type: FB / WB / ENTERIC - COMMUNITY
Health Unit Responsible: MOHLTC - PHD (0)
Primary Disease: SALMONELLOSIS

Outbreak Name: [Empty]
Outbreak Status: [Empty]
Reported Date: [Empty]

Case ID 1116 Client Name * SOUP, PEA Client ID 75 Date of Birth 1956-02-06 [Details](#)

Episode Date 2008-02-20 Episode Date Type REPORTED

Contacts Cases Exposures Supply Orders

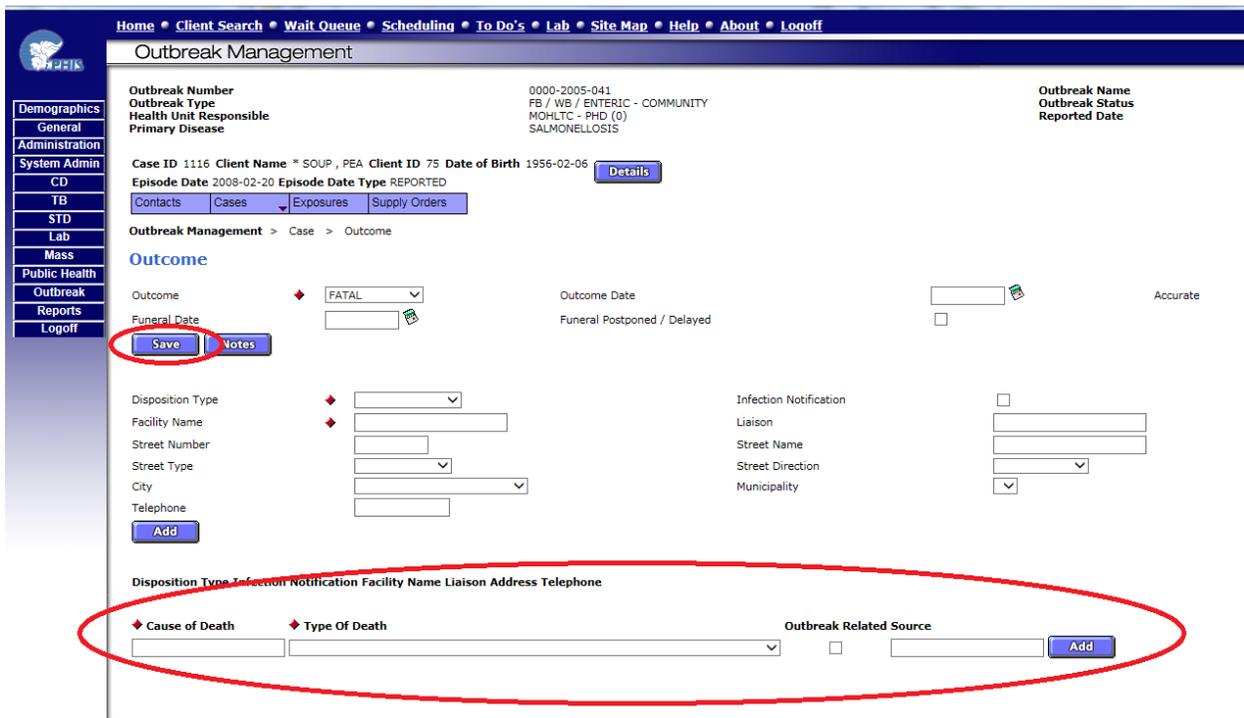
Outbreak Management > Case > Outcome

Outcome

Outcome: [Empty] Outcome Date: [Empty] Accurate:

[Save](#) [Notes](#)

Screenshot 9.0b: Outcome (return to [Section 9.0: Outcome](#))



Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Outbreak Number: 0000-2005-041
Outbreak Type: FB / WB / ENTERIC - COMMUNITY
Health Unit Responsible: MOHLTC - PHD (0)
Primary Disease: SALMONELLOSIS

Outbreak Name: [Empty]
Outbreak Status: [Empty]
Reported Date: [Empty]

Case ID 1116 Client Name * SOUP, PEA Client ID 75 Date of Birth 1956-02-06 [Details](#)

Episode Date 2008-02-20 Episode Date Type REPORTED

Contacts Cases Exposures Supply Orders

Outbreak Management > Case > Outcome

Outcome

Outcome: FATAL Outcome Date: [Empty] Accurate:

Funeral Date: [Empty] Funeral Postponed / Delayed:

[Save](#) [Notes](#)

Disposition Type: [Empty] Infection Notification:

Facility Name: [Empty] Liaison: [Empty]

Street Number: [Empty] Street Name: [Empty]

Street Type: [Empty] Street Direction: [Empty]

City: [Empty] Municipality: [Empty]

Telephone: [Empty] [Add](#)

Disposition Type Infection Notification Facility Name Liaison Address Telephone

Cause of Death: [Empty] Type Of Death: [Empty] Outbreak Related Source: [Empty] [Add](#)

10.0 Case Notes: Screenshots

Screenshot 10.0a: Case Notes (return to [Section 10.0: Case Notes](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Case Notes

Outbreak Number: 0000-2005-041
Outbreak Type: FB / WB / ENTERIC - COMMUNITY
Health Unit Responsible: MOHLTC - PHD (0)
Primary Disease: SALMONELLOSIS
Outbreak Name: [Blank]
Outbreak Status: [Blank]
Reported Date: [Blank]

Case ID 1116 Client Name * SOUP, PEA Client ID 75 Date of Birth 1956-02-06 [Details](#)
Episode Date 2008-02-20 Episode Date Type REPORTED

Contacts Cases Exposures Supply Orders

Notes

[Create New Note](#) [Print](#)

Note Date and Time	Note	Provider	Created By
--------------------	------	----------	------------

Screenshot 10.0b: Case Notes (return to [Section 10.0: Case Notes](#))

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Case Notes

Outbreak Number: 0000-2005-041
Outbreak Type: FB / WB / ENTERIC - COMMUNITY
Health Unit Responsible: MOHLTC - PHD (0)
Primary Disease: SALMONELLOSIS

Case ID 1116 Client Name * SOUP, PEA Client ID 75 Date of Birth 1956-02-06 [Details](#)
Episode Date 2008-02-20 Episode Date Type REPORTED

Contacts Cases Exposures Supply Orders

Note

Note Type: CASE
Note Date and Time: 2019-01-24 16:12
Note: [Text Area]
Provider: STUDENT01,PHD
Created By: PHD.STUDENT01
Created Date: [Blank]

[Save](#) [Back](#)

11.0 Closing a Case: Screenshots

Screenshot 11.0: Closing a case (return to [Section 11.0: Closing a Case](#))

The screenshot displays the 'Outbreak Management' interface. The left sidebar contains a navigation menu with the following items: Demographics, General, Administration, System Admin, CD, TB, STD, Lab, Mass, Public Health, Outbreak, Reports, and Logoff. The 'Outbreak' menu item is highlighted. The main content area shows the following information:

Home • Client Search • Wait Queue • Scheduling • To Do's • Lab • Site Map • Help • About • Logoff

Outbreak Management

Outbreak Number: 0000-2005-041
Outbreak Type: FB / WB / ENTERIC - COMMUNITY
Health Unit Responsible: MOHLTC - PHD (0)
Primary Disease: SALMONELLOSIS

Outbreak Name: SPORADIC SALMONELLOSIS CASES
Outbreak Status: OPEN
Reported Date:

Case ID: 1116 Client Name: SOUP, PEA Client ID: 75 Date of Birth: 1956-02-06 [Details]

Episode Date: 2008-02-20 Episode Date Type: REPORTED

Outbreak Management > Case Details

Case Details

Case ID: 1116 External Reference Number: []

Reported Date: 2008-02-20 [History]

Health Unit Responsible: MOHLTC - PHD (0) Assigned Date: 2008-02-20 [History]

Branch Office: Not Applicable

Diagnosing HU: []

Onset Date: []

Relevant Immunizations up-to-date for Client: []

Progression: [] Follow-Up Date/Time: []

Disease: SALMONELLOSIS

Etiologic Agent: SALMONELLA UNSPECIFIED

Subtype: []

Further Differentiation: []

Classification: CONFIRMED Classification Date: 2008-02-19 13:55:57 [History]

Outbreak Case Classification: CONFIRMED Outbreak Class. Date: 2008-02-19 13:55:57 [History]

Disposition: PENDING Disposition Date: 2008-02-19 13:55:58 [History]

Status: OPEN Status Date: 2008-02-19 13:55:58 [History]

Original Closed Date: []

Priority: MEDIUM Priority Date: []

Comments: []

Document History

Table 1. History of Revisions

Revision Date	Document Section	Description of Revisions
September 2019	All sections of user guide	Entire user guide developed with guidance for entering case details for zoonotic disease included, content finalized and formatted to adhere to PHO visual identity.

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Agence de protection et
de promotion de la santé