


iPHIS User Guide

Respiratory Infection Outbreaks in Institutions and Public Hospitals



Outbreak Module, Version 2.1
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Public Health Ontario

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Introduction

The purpose of this document is to provide detailed instructions on entering the following information into the integrated public health information system (iPHIS) using the Outbreak Description functionality:

1. Preliminary report of a respiratory infection outbreak in an institution or public hospital
2. Final report of a respiratory infection outbreak in an institution or public hospital

All fields marked as **mandatory (M)** or **required (R)** must be entered into iPHIS. Mandatory fields are those fields required by the system to save data entered in that particular area of iPHIS and are shown with a red diamond in iPHIS (◆). Required fields are fields that must be entered for surveillance purposes. All other fields are not described in this document, but may be entered at the discretion of each public health unit.

Background

Respiratory infection outbreaks in institutions and public hospitals are included among the specified diseases of public health significance under Ontario Regulation 135/18 and amendments to the *Health Protection and Promotion Act*. All respiratory infection outbreaks in institutions and public hospitals, irrespective of the causative organism(s), are reportable, including those of unknown cause. Reporting of all respiratory infection outbreaks in institutions and public hospitals is necessary to assess the complete epidemiology of the various respiratory pathogens that are identified in respiratory infection outbreaks, which is essential for comprehensive and timely control measures.

Summary vs. Detailed Tracking Mode

Outbreak Descriptions can be created and entered in one of two ways. The outbreak is in **Summary Mode** when the **Detailed Tracking** checkbox is unchecked. When in **Summary Mode**, users are able to use all existing functionality within the Outbreak Description, including the ability to enter exposures at the outbreak level from within the Outbreak Description and create cases at the Outbreak Management level. It is not possible to enter contacts for the outbreak within Outbreak Management.

The **Detailed Tracking** checkbox should be deselected during initial reporting of an outbreak in an institution or public hospital. The institution or public hospital itself should be created as an exposure within the Outbreak Description to capture the full address. This step is only possible when the **Detailed Tracking** checkbox is deselected.

The outbreak is in **Detailed Tracking Mode** if the **Detailed Tracking** checkbox is checked. When in **Detailed Tracking Mode**, users are able to use all existing functionality within the Outbreak Description and Outbreak Management, with the exception of exposures, which can only be created within Outbreak Management. Exposures cannot be created at the outbreak level from within the Outbreak Description in Detailed Tracking Mode. Contacts for the outbreak can be entered within Outbreak Management in **Detailed Tracking Mode**.

Table 1.0 Summary Mode vs. Detailed Tracking Mode Comparison

Actions	Summary Mode (Detailed Tracking checkbox unchecked)	Detailed Tracking Mode (Detailed Tracking checkbox Checked)
Initial respiratory infection outbreak entry	Yes	No
Create exposure for the institution or public hospital within the Outbreak Description	Yes	No
Enter Contacts	No	Yes
Link cases and contacts to exposures	No	Yes

Outbreaks in **Detailed Tracking Mode** can be changed to **Summary Mode** by deselecting the **Detailed Tracking** checkbox. This is allowed in all instances, except when the outbreak has contacts or case-only exposures entered.

The **Detailed Tracking** checkbox should be selected before laboratory-confirmed cases are added to the outbreak. Cases may then be added through Outbreak Management. These cases should be linked to the exposure created for the institution or public hospital.

Timely Entry and Completion of Respiratory Infection Outbreak Reports

It is important to complete reports of an institutional respiratory infection outbreak in iPHIS in a timely manner to effectively monitor institutional respiratory infection outbreaks (i.e., outbreaks in institutions and public hospitals).

Public health units (PHUs) must enter a preliminary report of an institutional respiratory infection outbreak in iPHIS within **one business day** of a public health unit receiving notification of the outbreak, as indicated in [iPHIS Bulletin #17](#) – Timely entry of cases and outbreaks for Diseases of Public Health Significance (DOPHS). A list of the fields that must be entered within one business day is included in [Appendix 1](#). This list includes the outbreak details, symptoms, an outbreak exposure and aggregate case counts among others. This list also identifies the system-mandatory and provincially required fields. The investigator is required to phone the health care provider hotline at 1-866-212-2272 and request to speak to the PHO contact if a severe outbreak (e.g., high attack rates, high case-fatality rates or unexpected deaths) occurs during off-hours and the investigator does not have access to iPHIS. The outbreak may be entered into iPHIS on the next business day.

The final report of a respiratory infection outbreak in an institution or public hospital must be entered no later than **15 business days** after the outbreak is declared over; however, outbreaks should be updated if there are significant changes during the course of the outbreak (e.g., the causative organism has been identified or there have been a number of deaths attributed to the outbreak).

1.0 Preliminary Report

1.1 Creating the Outbreak

It is important to consider the following prior to entering information about an outbreak in iPHIS:

1. Are there cases on one or more floors/units/wards?
2. If so, are the areas separate with respect to resident/patient/staff groups in each area (i.e., no mixing between areas)?
3. Have one or more organisms been identified?

Please consult [Appendix 2](#) for information on when to consider an outbreak as a single outbreak with multiple exposures vs. multiple outbreaks.

If the outbreak is identified as a COVID-19 outbreak, data entry within the provincial Case and Contact Management system (CCM) is required. Please see the COVID-19 CCM Data Entry Guide and the COVID-19 data entry scenario document for additional information.

Outbreak Description

A search must be conducted before creating a new outbreak to determine if the outbreak already exists within iPHIS. A duplicate outbreak reduces the accuracy of surveillance data and thus reporting. It is particularly important to conduct a thorough search because more than one long-term care home (LTCH) may have the same name within the same public health unit. It is therefore required that the **Outbreak Name** include the **Institutional Master Number** for all respiratory infection outbreaks in LTCHs and hospitals to ensure the correct institution is identified for each outbreak. The Ministry of Health (MOH) Master Numbering System has been developed for the purpose of bringing together specific Health Facilities (e.g., hospitals and long-term care homes) and Programs under one system of identification. Each organization has been assigned a unique four digit identifying code.

A preliminary report of an institutional respiratory infection outbreak must be entered in iPHIS within **one business day** of a public health unit receiving notification of the outbreak, in accordance with iPHIS [Bulletin #17](#) – Timely entry of cases and outbreaks for Diseases of Public Health Significance (DOPHS). A list of the fields that must be entered within one business day is included in [Appendix 1](#). This list includes the outbreak details, symptoms, an outbreak exposure and aggregate case counts among others. This list also identifies the system-mandatory and provincially required fields.

The investigator is required to phone the health care provider hotline at 1-866-212-2272 and request to speak to the PHO contact if a severe outbreak (e.g., high attack rates, high case-fatality rates or unexpected deaths) occurs during off-hours and the investigator does not have access to iPHIS. The outbreak may be entered into iPHIS on the next business day.

Investigators may update outbreaks as they see fit. Ideally, significant changes in the outbreak (e.g., significant increases in the number of cases, hospitalizations, deaths or when the causative organism has been identified by the lab) would be entered as information becomes available.

To search for an outbreak:

1. Navigate to **Outbreak > Description**.
2. Verify that the outbreak has not already been reported by entering at least three search criteria (e.g., **Outbreak Type**, partial **Outbreak Name** with wildcard (%), **Outbreak Status**).
3. Click **Search**. iPHIS will display search results page.
4. Select **New Description** if the outbreak of interest is not listed on the screen.
5. Enter the information, as outlined in [Table 1.1a](#).
6. Click **Save**. The screen will refresh and the **Outbreak Number** will be generated.

Table 1.1a Outbreak Description Fields for Preliminary Report

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

M/R/O	Field Name	Data Entry Information
M	Primary Health Unit	Enter the public health unit in which the institution or public hospital is located. Note: This field will default to the PHU of the user logged in.
M	Outbreak Name	Include the Institution Master Number for outbreaks occurring in LTCHs and public hospitals. The Institution Master Number should be entered before the name of the Outbreak Location , followed by the Report Date . {Master Number – Outbreak Location – YYYY-MM-DD} For example, 2210 – Acme Long Term Care - 2013-10-25.

M/R/O	Field Name	Data Entry Information
		<p>Use the existing naming convention for outbreaks occurring in institutions that do not have an Institution Master Number (e.g., a Retirement Home):</p> <p>{Outbreak Location – YYYY-MM-DD}</p> <p>For example, Acme Retirement Home – 2013-10-25.</p> <p>Note: If an outbreak occurs in a facility with two master numbers, only ONE outbreak needs to be entered into iPHIS, as long as there is only one single outbreak; however, both master numbers must be included in the Outbreak Name if the outbreak occurs in the areas of the facility with different master numbers.</p> <p>Refer to Appendix 2 to determine whether the outbreak being investigated is a single outbreak or should be considered multiple outbreaks within the institution. Separate outbreak descriptions will need to be created if the institution has multiple outbreaks.</p>
R	Outbreak Type	<p>Select Respiratory/Direct Contact – Institutional.</p> <p>Note: A value for this field must be selected. The Counts, Questionnaire and Age Range screens in the Summary screen will not be activated if no value is selected.</p>
N/A	Detailed Tracking	<p>Detailed Tracking should be unchecked during initial reporting of a respiratory infection outbreak in an institution or public hospital. The institution or public hospital itself should be created as an exposure within the Outbreak Description. This step is only possible when the Detailed Tracking box is unchecked.</p> <p>Note: This is important so that the institution address information can be captured as an exposure at the outbreak level. Outbreak level exposures can be created from within the Outbreak Description when in Summary Mode.</p> <p>The Detailed Tracking box should be selected before laboratory-confirmed cases are added to the outbreak. Cases may then be added through Outbreak Management. See Entering Individual Cases for details.</p>

M/R/O	Field Name	Data Entry Information
M	Outbreak Status	Select Open .
M	Status Date	Enter the date the outbreak was declared by the Medical Officer of Health, their designate or for outbreaks in LTCHs, the medical director.
M	Outbreak Classification	<p>Enter the appropriate value.</p> <p>Please refer to Appendix B of the Infectious Diseases Protocol for outbreak definitions for respiratory infection outbreaks in institutions and public hospitals.</p> <p>Note: Select Suspect for the preliminary report of the outbreak if the outbreak does not yet meet the definition of a confirmed outbreak. Ensure the classification value is consistent with the number of cases entered (e.g., Suspect should not be selected for an outbreak with six cases since this meets the Confirmed definition.)</p>
M	Classification Date	<p>Enter the date that corresponds to the current outbreak classification field.</p> <p>Note: Update the Classification Date every time the Outbreak Classification is changed.</p>
R	Onset Date/Time of Index Case	Enter the date of illness onset in the first (earliest) case. This may or may not be the index case.
M	Contact Tracking Required	<p>Defaults to No. Leave as is.</p> <p>Note: Users can change this value to Yes for an outbreak where daily contact follow-up is required.</p>
R	Outbreak Comments	<p>Enter the CCM outbreak number for a COVID-19 confirmed outbreak.</p> <p>{CCM OB# PHU#-YYYY-NNNN}</p> <p>For example, 3895-2020-20000.</p>

Outbreak Health Unit and Investigators

This section allows the user to specify the investigator responsible for the outbreak.

Steps:

1. Scroll down to the **Outbreak Health Unit and Investigators** section within the **OB Description** screen.
2. Enter the information specified in [Table 1.1b](#).
3. Click **Add**.

Table 1.1b: Outbreak Health Unit and Investigators Fields for Preliminary Report

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

M/R/O	Field Name	Data Entry Information
N/A	Primary Health Unit	Automatically populates based on the PHU of the user that created the outbreak description.
M	Primary Investigator	Select appropriate value.
N/A	Assignment Date/Time	Automatically populates the current date/time the primary investigator is selected.

Outbreak Descriptors

Users can specify which disease(s) to associate with the outbreak in the **Outbreak Descriptors** section.

Steps:

1. Scroll down to the **Outbreak Descriptors** section within the *Outbreak Description* screen.
2. Enter the information specified in [Table 1.1c](#).
3. Click **Add**.

Table 1.1c: Outbreak Descriptors Fields for Preliminary Report

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

M/R/O	Field Name	Data Entry Information
M	Disease Group	Select Respiratory/Direct Contact .
M	Disease	Select Influenza if outbreak is due to influenza. Select Respiratory Infection, Institutional Outbreaks if outbreak is due to any other agent or to an unknown organism.
R	Agent/Disease Confirmed Status	Select appropriate value. Laboratory-confirmed: Causative organism(s) have been identified through laboratory confirmation. Pending: Specimen has been sent, but results have not yet been received. Specimens not submitted: The specimens have not been sent to the laboratory. Still suspect: <u>Do not use</u> . Unknown: Laboratory has not been able to identify causative organism.
R	Agent Type	Auto-populates depending on value selected for Aetiologic Agent .

M/R/O	Field Name	Data Entry Information
M	Aetiologic Agent	<p>Select the causative organism responsible for the outbreak. Specify either Influenza A, B or C if the outbreak is due to influenza.</p> <p>Select Respiratory infection, unspecified if the causative organism is not known.</p>
R	Subtype	<p>Enter if known and applicable.</p> <p>Note: This only applies to influenza A for influenza.</p>
R	Primary Disease	<p>Select the agent considered to be the Primary Disease if the outbreak involves more than one causative organism.</p> <p>Only one causative organism can be selected as primary.</p> <p>Note: Influenza must be selected as the Primary Disease if there is more than one causative organism of which influenza is one. Choose type A as the Primary Disease if both influenza A and B have been identified as causative organisms.</p>

1.2 Reporting Information

The **Reported Date** is entered from this screen and will populate the **Reported Date** field on the **Outbreak Description** screen. Please note that users can only enter one reporting source for the outbreak.

Steps:

1. Select **Reporting Info**.
2. Enter the **Reported Date**, as specified in [Table 1.2](#).
3. Enter other values, as available.
4. Click **Save**.

Table 1.2: Reporting Info Fields for Preliminary Report

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

M/R/O	Field Name	Data Entry Information
R	Reported Date	Enter the date the outbreak was reported to the public health unit. This value will automatically populate the Reported Date field within the Outbreak Description screen once entered on this screen.

1.3 Symptoms

The list shown on this screen is automatically populated based on the **Disease** selected on the **Outbreak Description** screen. The symptom list populates based on the primary disease if there is more than one disease associated with the outbreak. The symptoms displayed on this screen will be available for selection for cases.

Defining symptoms refers to those symptoms that are included in the outbreak case definition. Users can specify which symptoms are defining symptoms for the outbreak.

If a disease has not been selected from the **Outbreak Description** section of the OB Desc. Tab, no symptoms will auto-populate on this screen.

To identify symptoms as defining symptoms for the outbreak (i.e., symptoms are part of the case definition):

1. Click the **Update** button beside the symptom.
2. Select the **Defining Symptom** checkbox.
3. Click **Add**. Repeat steps 1-3 for all other defining symptoms.

To add additional symptoms to the screen that are not part of the case definition, but need to be recorded at the case level:

1. Click the symptom from the **Symptom Name** dropdown list.
2. Ensure the **Active** checkbox remains checked.
3. Click **Add**.

1.4 Exposures

Exposures can be entered at the outbreak level when in Summary Mode (i.e., the Detailed Tracking checkbox in the Outbreak Description screen is deselected). The institution itself must be created as an exposure so that institutional address information is captured.

A new exposure must be created for each outbreak. It is not possible to use the same exposure created for one facility in one outbreak for a different outbreak occurring in the same facility.

Please consult [Appendix 2](#) for information on when to consider an outbreak as a single outbreak with multiple exposures vs. multiple outbreaks.

To enter a new exposure at the outbreak level:

1. Select **Exposures**.
2. Enter relevant search criteria (e.g., **Health Unit Responsible**, **Active** indicator) and click **Search** to ensure that the exposure has not been created.
3. Select **New Exposure** if the exposure has not yet been created.
4. Enter the fields specified in [Table 1.3](#) below. Do not use the Case Search button.
5. Click **Save** after entering the address information. The screen will refresh and the Setting/Travel Location Details section will display.
6. Click the + beside Setting/Travel Location Description Details.
7. Enter the **Exposure Setting** information, as specified in [Table 1.3](#).
8. Click **Save**.

Table 1.3: Exposures Fields for Preliminary Report

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

M/R/O	Field Name	Data Entry Information
M	Exposure Level	Select Outbreak and Case .

M/R/O	Field Name	Data Entry Information
		Note: Although this is actually an outbreak-level exposure, selecting Outbreak and Case will allow cases to be linked to the exposure if Detailed Tracking is turned on.
M	Exposure Type	Select Person for institutional respiratory infection outbreaks.
M	Exposure Name	Use the following naming convention for Respiratory infection outbreaks in institutions and public hospitals: {Facility Name – (Area/Ward if applicable) – Date of illness onset in first case} Example: ACME Long Term Care – South Wing – 2013-03-12 Note: The Case Search button will appear because the value Person was selected for Exposure Type . Do <u>not</u> select the Case Search button. Please follow the given naming convention instead. The Case Search button should only be used to create person-type exposures from within Outbreak Management.
M	Health Unit	Select the public health unit in which the responsible institution or public hospital is located for respiratory infection outbreaks.
M	Earliest Exposure Date/Time	Enter the date of symptom onset of the first case associated with the outbreak.
O	Category/Transmission	Users can enter information at the public health unit’s discretion. These values are not used for provincial reporting of respiratory infection outbreaks in institutions and public hospitals.
O	Source	Users can enter information at the public health unit’s discretion. These values are not used for provincial reporting of respiratory infection outbreaks in institutions and public hospitals.
O	Source Details	Users can enter information at the public health unit’s discretion. These values are not used for provincial

M/R/O	Field Name	Data Entry Information
		reporting of respiratory infection outbreaks in institutions and public hospitals.
M	Country	Enter the country in which the institution or public hospital is located. Default value: Canada
M	Province	Enter the province in which the institution or public hospital is located. Default value: Ontario
R	Street Number	Enter the street number of the institution or public hospital.
R	Street Name	Enter the street name of the institution or public hospital.
R	Street Type	Select appropriate value.
M	City	Enter the city in which the institution or public hospital is located.
R	Postal Code	Enter the postal code of the institution or public hospital (6 characters, no spaces). Note: Users must click Save before continuing to enter Exposure Setting details or all exposure data will be lost.
R	Exposure Setting	Select Institutional .
R	Exposure Setting Type	Select one of the following values: LTCH - Nursing Home LTCH - Public Home for the Aged LTCH - Charitable Home for Aged Other (Specify) Hospital Acute – Under <i>Public Hospitals Act</i> Hospital Chronic – Under <i>Public Hospitals Act</i> Hospital Psychiatric – Under <i>Public Hospitals Act</i> Retirement Home

M/R/O	Field Name	Data Entry Information
		<p>Facilities operating under the <i>Development Services Act</i></p> <p>Note: Do <u>not</u> select any other value listed in the dropdown.</p> <p>EXCEPTION: Respiratory infection outbreaks in daycares or schools can be entered as an institutional respiratory infection outbreak at the discretion of the public health unit, but users must select child care centre/school as the Exposure Setting Type.</p>

1.5 Case Classification

Setting up case classifications from the **Case Defn.** screen is not required for entering a preliminary report of a respiratory infection outbreak in an institution or public hospital, but **becomes required prior to data entry of laboratory-confirmed cases of a reportable disease within Outbreak Management**. Please refer to the disease-specific Appendix B of the [Infectious Diseases Protocol](#) for the laboratory-confirmed reportable disease when setting up case classifications.

Steps:

1. Navigate to **Case Defn. > Case Class**.
2. Select value for **Outbreak Case Classification** from the dropdown menu.
3. Select the **Case Classification** from the dropdown menu that corresponds to the **Outbreak Case Classification**.
4. Click **Add** to save. Repeat steps 1-3, as needed.

1.6 Interventions

Users must select the **Interven.** screen to activate interventions for the outbreak.

To add additional interventions to this list:

1. Select a value from the **Intervention** dropdown.
2. Ensure the **Active** box is checked.
3. Indicate whether the intervention should apply to cases, contacts or both by selecting the appropriate radio button.
4. Select the **Mandatory** box if relevant.
5. Click **Add**.

1.7 Summary

Aggregate (summary level) count information is captured in this section.

Roles

The **Roles** involved in the outbreak must be defined prior to entering count information. This will allow counts to be entered by role (i.e., counts can be entered separately for residents, patients, staff).

Summary outbreak counts must be entered for every outbreak.

Roles can be selected as the outbreak progresses, but once counts are entered for a specific role, it cannot be deselected unless the counts and other associated information with that role are deleted first.

Steps:

1. Navigate to **Summary > Roles**.
2. Select the **Include** checkbox for roles which are relevant to the outbreak. It is required that **Staff** and **Patient** or **Resident** roles be included at a minimum. Please refer to [Table 1.4](#) for a description of each role.
3. Click **Save**.

Table 1.4: Role Descriptions for Respiratory Infection Outbreaks in Institutions and Public Hospitals

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

M/R/O	Role	Description
R	Staff	All persons who carry out activities in the institution or public hospital, including employees, nurses, students, medical house staff, physicians, contract workers and volunteers.
R	Resident	A person who resides in a particular place permanently or for an extended period of time. Select this role to record counts for outbreaks in LTCHs or Retirement Homes (RH).
R	Patient	A person who is receiving medical care in an in-patient hospital setting. This includes acute, chronic and psychiatric hospitals. Select this role to record counts for outbreaks in hospitals.

Counts

This section captures aggregate count information. Please note that not all fields need to be completed within one (1) business day of the PHU being notified about the outbreak. The fields which are to be reported within one business day are listed in [Table 1.5a](#) and [Table 1.5b](#). These counts may be updated during the course of the outbreak, as per local PHU policy.

Steps:

1. Navigate to **Summary > Counts**.
2. Enter the appropriate value in each field. Enter the information specified in [Table 1.5a](#) for residents or patients and staff denominator counts. Enter the information specified in [Table 1.5b](#) for residents or patients and staff numerator counts.
3. Select **Save**. For fields in which no counts were entered, "0" will display after the screen has been saved.

Table 1.5a: Summary Denominator Count Fields for Preliminary Report

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

M/R/O	Outbreak Denominator Count	Data Entry Information
R	Total # at risk in the affected area	This is the total number of residents/patients and staff at risk of developing disease in the area(s)/unit(s) of the institution or public hospital where the outbreak was declared (not necessarily the total number in the institution or public hospital or the total number of cases).
R	Total # in the facility/at event	This is the total number of residents/patients and staff in the institution or public hospital on the day the outbreak started. An estimated number should be reported if the exact number is not available.

Table 1.5b: Summary Numerator Count Fields for Preliminary Report

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

M/R/O	Outbreak Numerator Count	Data Entry Information
R	Total # in institution immunized prior to outbreak	This is the total number of residents/patients and staff in the institution that were immunized with the current season’s vaccine prior to the outbreak (any time during the current influenza and respiratory infection season, but at least two weeks before the onset of the current outbreak).
R	Total # in affected area immunized prior to outbreak	This is the total number of residents/patients and staff in the affected area that were immunized with the current season’s vaccine prior to the outbreak (any time during the current influenza and respiratory infection season, but at least two weeks before the onset of the current outbreak).
R	Cases	Enter the total number of residents/patients and staff that were line listed, met the case definition and were related to the outbreak.
R	# of cases admitted to hospital	Enter the number of residents/patients and staff admitted to hospital. Report only the hospital admissions that were line listed, met the case definition and were related to the outbreak. Do <u>not</u> enter a value in this field for outbreaks in acute care facilities.
R	# of cases pneumonia (CXR+)	Enter the number of residents/patients and staff with chest X-ray confirmed pneumonia. Report only those with pneumonia (X-Ray confirmed) that were line listed, met the case definition and were related to the outbreak. This designation should not be reported if the pneumonia was not confirmed by chest x-ray.
R	# deaths among cases	Enter the number of outbreak-related deaths that occurred in residents/patients and staff that are believed to be as a result of infection with the causative organism, which were line listed and met the case definition. The public health unit should follow up with the most responsible physician (e.g., attending physician in the hospital or medical director of a LTCH) if the cause of death is unclear.

Epi-Curve Data Entry

Entry of data into the **Epi-curve** section of Summary is **optional** and may be completed at the discretion of the public health units. Aggregate counts entered on this screen **do not** substitute for entry of counts in the **Outbreak Numerator Counts** screen. Ensure that accurate counts are entered into the **Outbreak Numerator Counts** screen for all respiratory infection outbreaks in institutions and public hospitals.

1.8 Notes

Any additional information relevant to the outbreak that is not captured elsewhere should be entered as a **Note** within the Outbreak Description.

1.9 Generation of Outbreak Summary Report in iPHIS

iPHIS allows for the generation of an **Outbreak Summary Report** covering the outbreak that is in context. Users may produce this report at their discretion.

2.0 Final Report

2.1 Outbreak Description

The final report of a respiratory infection outbreak in an institution or public hospital must be entered **no later than 15 business days** after the outbreak is declared over, in accordance with iPHIS [Bulletin #17](#); however, outbreaks should be updated if there are significant changes during the course of the outbreak (e.g., the causative organism has been identified or there have been a number of deaths attributed to the outbreak).

The first step in entering the final report is to search for the outbreak that was previously reported.

To search for the outbreak:

1. Navigate to **Outbreak > Description**.
2. Enter at least three search criteria and click on the **Search** button. Search using the **Outbreak Number** if it is known. Search results will display.
3. Click the **Select** button beside the appropriate outbreak.

Entering updated information in the **Outbreak Description**:

1. Enter the information outlined in [Table 2.1](#).
2. Update existing information as necessary (e.g., **Onset Date/Time of Index Case, Exposure Name, Earliest Exposure Date/Time**).
3. Click **Save**.

Table 2.1: Outbreak Description Fields for Final Report

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

M/R/O	Field Name	Data Entry Information
M	Outbreak Classification	Select Confirmed if not already selected.
M	Classification Date	Enter the date the outbreak was confirmed if not already entered.
R	Onset Date/Time of Last Case	Enter the date of illness onset in the last case in the outbreak.

M/R/O	Field Name	Data Entry Information
R	Date Outbreak Declared Over	Enter the date the outbreak was declared over by the Medical Officer of Health (MOH) or their designate.
N/A	Outbreak Duration (days)	This field is calculated by the system based on onset date/time of index case and date outbreak declared over.

2.2 Summary

Counts must be entered at minimum for patients/residents and staff. In this section, users enter the final aggregate count information and questionnaire responses are captured before the **Outbreak Status** is saved as **Closed**.

Roles

Users defined the required roles when entering the preliminary report of the outbreak. Roles can be added as the outbreak progresses, but once counts are entered for a specific role, it cannot be removed unless the counts (and other associated information with that role) are deleted first. Ensure all roles in the outbreak have been selected and counts entered.

Steps:

1. Navigate to **Summary > Roles**.
2. Select the **Include** checkbox for additional **Roles** for which counts are to be entered that are not already selected.
3. Click **Save**.

Counts

This section captures final aggregate counts by role.

Steps:

1. Navigate to **Summary > Counts**.
2. Enter the appropriate value in each field, as specified in [Table 2.2](#).

Users should confirm **Outbreak Denominator Counts**, **Total # in institution immunized prior to outbreak** and **Total # in affected area immunized prior to outbreak** fields are updated as appropriate.

3. Click **Save**. For cells in which no counts were entered, “0” will display after the screen has been saved.

Table 2.2a: Summary Denominator Count Fields Required for Final Report

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

M/R/O	Denominator Count	Data Entry Information
R	Total # at risk in the affected area	This is the total number of residents/patients and staff at risk of developing disease in the area(s)/unit(s) of the institution or public hospital where the outbreak was declared (not necessarily the total number in the institution or public hospital or the total number of cases).
R	Total # in the facility/at event	This is the total number of residents/patients and staff in the institution or public hospital on the day the outbreak started. An estimated number should be reported if the exact number is not available.

Table 2.2b: Summary Numerator Count Fields Required for Final Report

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

M/R/O	Numerator Count	Data Entry Information
R	Total # in institution immunized prior to outbreak	This is the total number of residents/patients and staff in the institution or public hospital that were immunized with the current season’s vaccine prior to the outbreak (any time during the current influenza and respiratory infection season, but at least two weeks before the onset of the current outbreak). The total # of individuals that were immunized in (the) affected unit(s)/area(s) can be reported if this information is not available, especially for large institutions or public hospitals.
R	Total # in affected area immunized prior to outbreak	This is the total number of residents/patients and staff in the affected area that were immunized with the current season’s vaccine prior to the outbreak (any time during the

M/R/O	Numerator Count	Data Entry Information
		current influenza and respiratory infection season, but at least two weeks before the onset of the current outbreak).
R	Cases	Enter the number of line listed residents/patients and staff that met the case definition and were related to the outbreak.
R	# of cases admitted to hospital	Enter the hospital admissions of residents/patients and staff that were line listed, met the case definition and were related to the outbreak. Do <u>not</u> include acute care patients involved in a hospital outbreak.
R	# cases with pneumonia (CXR+)	Enter the number of residents/patients and staff with radiologically-confirmed (CXR) pneumonia that were line listed, met the case definition and were related to the outbreak. It should not be reported if pneumonia was not confirmed by chest x-ray.
R	# deaths among cases	Enter the number of outbreak-related deaths that occurred in residents/patients and staff who were line listed and met the case definition. The public health unit should follow up with the most responsible physician (e.g., attending physician in the hospital or medical director of a LTCH) if the cause of death is unclear.

Table 2.2c: Summary Immunization Status Fields for Final Report of an Influenza or Combined Influenza Outbreak

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

M/R/O	Count	Data Entry Information
O	# immunized during the current outbreak	Enter the number of residents/patients and staff immunized during the current outbreak.
O	# cases – immunized prior to outbreak	Enter the number of line listed residents/patients and staff that met the case definition, were related to the outbreak and were immunized with the current season’s influenza vaccine prior to the outbreak.

M/R/O	Count	Data Entry Information
○	# cases – not immunized prior to outbreak	Enter the number of line listed residents/patients and staff that met the case definition, were related to the outbreak and were NOT immunized with the current season’s influenza vaccine prior to the outbreak.
○	# cases admitted to hospital – immunized prior to outbreak	Enter the number of residents/patients and staff admitted to hospital that were line listed, met the case definition, were related to the outbreak and were immunized with the current season’s influenza vaccine prior to the outbreak. Do <u>not</u> include acute care patients involved in a hospital outbreak.
○	# cases admitted to hospital – not immunized prior to outbreak	Enter the number of residents/patients and staff admitted to hospital that were line listed, met the case definition, were related to the outbreak and were NOT immunized with the current season’s influenza vaccine prior to the outbreak. Do <u>not</u> include acute care patients involved in a hospital outbreak.
○	# cases with pneumonia (CXR+) – immunized prior to outbreak	Enter the number of residents/patients and staff with radiologically-confirmed (CXR) pneumonia that were line listed, met the case definition, were related to the outbreak and were immunized with the current season’s influenza vaccine prior to the outbreak. It should not be reported if the pneumonia was not confirmed by chest x-ray.
○	# cases with pneumonia (CXR+) – not immunized prior to outbreak	Enter the number of residents/patients and staff with radiologically-confirmed (CXR) pneumonia that were line listed, met the case definition, were related to the outbreak and were NOT immunized with the current season’s influenza vaccine prior to the outbreak. It should not be reported if the pneumonia was not confirmed by chest x-ray.
○	# deaths among cases – immunized prior to outbreak	Enter the number of outbreak-related deaths in residents/patients and staff who were line listed, met the case definition and were immunized with the current season’s influenza vaccine prior to the outbreak.

M/R/O	Count	Data Entry Information
O	# deaths among cases – not immunized prior to outbreak	Enter the number of outbreak-related deaths in residents/patients and staff who were line listed, met the case definition and were NOT immunized with the current season’s influenza vaccine prior to the outbreak.

Table 2.2d: Summary Antiviral Use Fields for Final Report of an Influenza or Combined Influenza Outbreak

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

M/R/O	Count	Data Entry Information
O	Antiviral – those not yet ill [prophylaxis]	Enter the number of well residents/patients and staff that were prescribed antiviral medication. This includes only persons who were not ill when they first started the antiviral medication.
O	Antiviral – ill persons within 48 hours of onset of symptoms [treatment]	Enter the number of ill residents/patients and staff that were prescribed antiviral medication within 48 hours of symptom onset.
O	Antiviral – ill persons > 48 hours after onset of symptoms [treatment]	Enter the number of ill residents/patients and staff that were prescribed antiviral medication >48 hours after symptom onset.
O	How many people developed side effects to Tamiflu®?	Specify how many residents/patients and staff developed side effects to Tamiflu® (oseltamivir).
O	Of those that developed side effects, how many discontinued use of Tamiflu® due to side effects?	Of residents/patients and staff who developed side effects, specify how many of them discontinued use of Tamiflu® (oseltamivir) due to side effects.

Questionnaire

Entering information in this screen is **optional**. This section captures information on policy issues and use of antivirals and treatments related to influenza or combined influenza outbreaks. **Public health units may complete this section at their discretion. If completing, preferentially collect and report on whether antivirals were administered.**

Steps:

1. Navigate to **Summary > Sum. Quest.** The **Outbreak Summary Questionnaire** screen displays.
2. Select **Yes** or **No** for each of the required questions outlined in [Table 2.3a](#). Enter the appropriate information indicated by the question (e.g., counts, free text) if not relevant.
3. Click **Save**.

Table 2.3a: Summary Questionnaire – Fields for Influenza or Combined Influenza Outbreaks

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

M/R/O	Field Name	Data Entry Information
O	Does the facility have a staff exclusion policy?	Indicate if the facility has a staff exclusion policy in the event of an influenza outbreak.
O	Were staff excluded during this outbreak as a result of this policy?	Indicate if staff were excluded during this outbreak as a result of the facility's policy.
O	Was antiviral prophylaxis initiated within 24 hours of a laboratory-confirmed influenza outbreak?	Indicate if antiviral prophylaxis was initiated within 24 hours of the declaration of a laboratory-confirmed influenza outbreak.
O	Was an order issued under Section 22 of the HPPA by the Medical Officer of Health?	Indicate whether an order was issued under Section 22 of the HPPA by the Medical Officer of Health.
O	If yes, why?	Indicate why an order was issued.

Table 2.3b: Summary Questionnaire – Immunization Fields Influenza or Combined Influenza Outbreaks

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

M/R/O	Field Name	Data Entry Information
O	Was antiviral medication administered for residents/patients?	Indicate whether antiviral medication was administered to residents/patients.
O	Was antiviral medication administered for staff?	Indicate whether staff were using antiviral medication (includes antivirals prescribed by own health care providers).
O	If “yes,” please specify under what circumstances, e.g., were they vaccinated or not?	<p>If “yes,” specify under what circumstances antiviral medication was used for staff. Circumstances may include:</p> <p>a. immunized staff who:</p> <ol style="list-style-type: none"> 1. were immunized with the current season’s vaccine and there is a mismatch between the vaccine and the circulating strain 2. were immunized only at the start of the outbreak and have not developed immunity <p>b. unimmunized staff who:</p> <ol style="list-style-type: none"> 1. have a medical contraindication to receiving the influenza vaccine 2. chose not to be immunized with the influenza vaccine
O	Amantadine® - Range of length of prophylaxis [in days] - Staff	<p>Enter the range (range is the minimum and the maximum number of days, e.g., 5-14 days) of length of prophylaxis (in days) for the staff that were prescribed Amantadine®.</p> <p>Note: Amantadine® has not been recommended for treatment/prophylaxis of influenza in Canada since 2006.</p>
O	Amantadine® - Length of treatment [in days] - Staff	<p>Enter the length of treatment (in days) for the staff that were prescribed Amantadine®.</p> <p>Note: Amantadine® has not been recommended for treatment/prophylaxis of influenza in Canada since 2006.</p>

M/R/O	Field Name	Data Entry Information
O	Amantadine® - Range of length of prophylaxis [in days] - Resident	Enter the range (range is the minimum and the maximum number of days, e.g., 5-14 days) of length of prophylaxis (in days) for the residents/patients that were prescribed Amantadine®. Note: Amantadine® has not been recommended for treatment/prophylaxis of influenza in Canada since 2006.
O	Amantadine® - Length of treatment [in days] - Resident	Enter the length of treatment (in days) for the residents/patients that were prescribed Amantadine®. Note: Amantadine® has not been recommended for treatment/prophylaxis of influenza in Canada since 2006.
O	Tamiflu® (oseltamivir) - Range of length of prophylaxis [in days] - Staff	Enter the range (range is the minimum and the maximum number of days, e.g., 5-14 days) of length of prophylaxis (in days) for the staff that were prescribed Tamiflu® (oseltamivir). Recommended length of prophylaxis: Minimum eight days.
O	Tamiflu® (oseltamivir) - Length of treatment [in days] - Staff	Enter the length of treatment (in days) for the staff that were prescribed Tamiflu® (oseltamivir). Recommended length of treatment: No more than 48 hours after the start of symptoms and for no more than a total of five days during a laboratory-confirmed influenza outbreak.
O	Tamiflu® (oseltamivir) - Range of length of prophylaxis [in days] - Resident	Enter the range (range is the minimum and the maximum number of days, e.g., 5-14 days) of length of prophylaxis (in days) for the residents/patients that were prescribed Tamiflu® (oseltamivir). Recommended length of prophylaxis: Minimum eight days.
O	Tamiflu® (oseltamivir) - Length of treatment [in days] - Resident	Enter the length of treatment (in days) for the residents/patients that were prescribed Tamiflu® (oseltamivir). Recommended length of treatment: No more than 48 hours after the start of symptoms and for no more than a

M/R/O	Field Name	Data Entry Information
		total of five days during a laboratory-confirmed influenza outbreak.
○	Relenza® - Range of length of prophylaxis [in days] - Staff	Enter the range (range is the minimum and the maximum number of days, e.g., 5-14 days) of length of prophylaxis (in days) for the staff that were prescribed Relenza® (zanamivir). Recommended length of prophylaxis: Minimum eight days.
○	Relenza® - Length of treatment [in days] – Staff	Enter the length of treatment (in days) for the staff that were prescribed Relenza® (zanamivir). Recommended length of treatment: No more than 48 hours after the start of symptoms and for no more than a total of five days during a laboratory-confirmed influenza outbreak.
○	Relenza® - Range of length of prophylaxis [in days] – Resident	Enter the range (range is the minimum and the maximum number of days, e.g., 5-14 days) of length of prophylaxis (in days) for the residents/patients that were prescribed Relenza® (zanamivir). Recommended length of prophylaxis: Minimum eight days. Note issues in administration of Relenza® in the elderly.
○	Relenza® - Length of treatment [in days] – Resident	Enter the length of treatment (in days) for the residents/patients that were prescribed Relenza® (zanamivir). Recommended length of treatment: No more than 48 hours after the start of symptoms and for no more than a total of five days during a laboratory-confirmed influenza outbreak.
○	Did Amantadine®/Tamiflu® (oseltamivir)/Relenza® appear to decrease the numbers of new cases among residents/patients within 72 hours?	Indicate whether the antiviral used for influenza outbreak control appeared to decrease the number of new cases among residents/patients within 72 hours of taking the antiviral medication.

M/R/O	Field Name	Data Entry Information
○	If “no,” were additional nasopharyngeal specimens sent to the laboratory?	If “no,” specify if there were additional nasopharyngeal specimens that were sent to the laboratory.
○	Did anyone contract influenza-like illness (ILI) while on prophylactic antiviral medication for over 72 hours?	<p>Indicate if anyone contracted influenza-like illness (ILI) once they have been on prophylactic antiviral medication for over 72 hours.</p> <p>Acute Respiratory Infection (ARI) - previously ILI:</p> <p>Any new onset acute respiratory infection that could potentially be spread by the droplet route (either upper or lower respiratory tract), which presents with symptoms of a new or worsening cough or shortness of breath and often fever. The elderly and a respiratory infection.</p>
○	If “yes,” how many people contracted ILI while on antiviral prophylaxis?	If “yes,” specify how many people contracted ILI while on antiviral medication.
○	If “yes,” were any of the cases lab-confirmed influenza?	<p>If “yes,” specify if any of the cases were laboratory-confirmed influenza.</p> <p>Indicate “no” if additional specimens were not taken on any of these cases.</p>
○	If side effects to Tamiflu (oseltamivir)/Relenza were reported, please indicate the side effects.	<p>Indicate any observed side effects to Tamiflu® (oseltamivir) or Relenza® (zanamivir).</p> <p>Most common side effects to Tamiflu® (oseltamivir) include: headache, fatigue, nausea, cough, diarrhea, vomiting, abdominal pain, insomnia and vertigo.</p>

Table 2.3c: Antiviral Use During a Non-Influenza Outbreak

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

M/R/O	Field Name	Data Entry Information
○	Reason for antiviral medication use during a non-influenza outbreak	<p>Specify reason(s) antiviral medication was used during a non-influenza outbreak, as antiviral medication use is only recommended during laboratory-confirmed influenza outbreaks.</p> <p>Factors that must be considered for antiviral medication use during a non-influenza outbreak include if the residents/patients and staff's symptoms are consistent with ARI or if there is laboratory confirmation of influenza circulating in the community, etc.</p>

3.0 Entering Individual Cases

Please refer to the iPHIS User Guide for Influenza for detailed instructions on entering confirmed influenza cases into iPHIS. Refer to other disease-specific user guides, as appropriate.

Cases may be entered as part of the outbreak even when the **Detailed Tracking** checkbox is deselected (Summary Mode). Exposures at the outbreak level may also be entered; however, individual exposures and contacts cannot be entered.

Checking the **Detailed Tracking** box allows all information within Outbreak Management, including contacts, to be entered. All laboratory-confirmed cases of a reportable disease (e.g., influenza) must be entered and linked to the exposure created for the institution. Refer to [Table 1.0](#).

Users must enter case level data for laboratory-confirmed influenza outbreaks. Case level data do not need to be entered for outbreaks of non-reportable diseases.

Exposures and contacts can be entered via Outbreak Management (see page 10) if the detailed tracking checkbox is checked.

4.0 Closing the Outbreak

When all reported cases have been entered, navigate to the **Outbreak Description** screen to close and confirm the outbreak, as follows:

1. Navigate to **Outbreak > Description**
2. Enter the values specified in [Table 2.4](#).
3. Click **Save**.

Table 2.4: Detailed guide for closing an outbreak

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

M/R/O	Field Name	Data Entry Information
M	Outbreak Status	Update to Closed .
M	Status Date	Enter the date the Outbreak Status was set to Closed. Note: This date cannot be backdated. The Status Date will have to be updated if updates are made to the outbreak to reflect when the changes were made.
O	Outbreak Classification	Enter the appropriate value. Ensure the classification value is consistent with the number of cases entered and meets the outbreak definition. See Infectious Diseases Protocol Appendix B for outbreak definitions for respiratory infection outbreaks in institutions and public hospitals. Note: Select Does not meet if there were only two non-laboratory-confirmed cases.
O	Classification Date	Enter the date that corresponds to the current Outbreak Classification field. Note: Update the Classification Date every time the Outbreak Classification is changed.

Outbreak Status must be changed back to OPEN in order to update any information after the outbreak has been closed.

Appendices

Appendix 1: Checklist of Mandatory and Required Fields for a Preliminary Report

Outbreak Description

- M – Primary Health Unit
- M – Outbreak Name
- R – Outbreak Type
- M – Outbreak Status
- M – Status Date
- M – Outbreak Classification
- M – Classification Date
- R – Onset Date/Time of Index Case
- M – Contact Tracking Required
- M – Primary Investigator
- M – Disease Group
- M – Disease
- R – Agent/Disease Confirmed Status
- R – Agent Type
- M – Aetiologic Agent
- R – Subtype
- R – Primary Disease
- R – Outbreak Comments

Reporting Info

- R – Reported Date

Symptoms

- M – Symptom Name
- R – Active
- R – Defining Symptom

Exposures

- M – Exposure Level
- M – Exposure Type
- M – Exposure Name
- M – Health Unit Responsible
- M – Earliest Exposure Date/Time
- M – Country
- M – Province
- R – Street Number
- R – Street Name
- R – Street Type
- M – City
- R – Postal Code
- R – Exposure Setting
- R – Exposure Setting Type

Summary Roles

- R – Residents or Patients
- R – Staff

Summary Counts

- R – Total # in the facility/at event
- R – Total # at risk in the affected area
- R – Total # in institution immunized prior to outbreak
- R – Cases
- R – Total # of cases admitted to hospital
- R – Total # of cases pneumonia (CXR+)
- R – Total # deaths among cases

Appendix 2: Determining Single vs. Multiple Respiratory Infection Outbreaks

Consider as a single outbreak if:

Cases appear on another area/unit **before** a period of eight days has expired between the onset of symptoms in the last case on the initial area/unit and onset of symptoms in the first case on the newly affected area(s)/unit(s);

OR

The affected areas/units **share staff**. This includes medical staff (nurses, physicians) and support staff (housekeeping, etc.) and/or affected residents/patients have contact with individuals in other affected areas/units.

Declare two separate outbreaks in the same institution if:

Cases appear on another area/unit **after** a period of eight days has expired between the onset of symptoms in the last case on the initial area/unit and onset of symptoms in the first case on the newly affected area(s)/unit(s);

OR

The affected areas/units **DO NOT SHARE STAFF**. This includes medical staff (nurses, physicians) and support staff (housekeeping, etc.) and/or affected residents/patients do not have contact with individuals in other affected areas/units.

Appendix 3: Checklist of Mandatory and Required Fields for a Final Report

Outbreak Description

- M – Primary Health Unit
- M – Outbreak Name
- R – Outbreak Type
- M – Outbreak Status
- M – Status Date
- M – Outbreak Classification
- M – Classification Date
- R – Onset Date/Time of Index Case
- M – Contact Tracking Required
- M – Primary Investigator
- M – Disease Group
- M – Disease
- R – Agent/Disease Confirmed Status
- R – Agent Type
- M – Aetiologic Agent
- R – Subtype
- R – Primary Disease

Reporting Info

- R – Reported Date

Symptoms

- M – Symptom Name
- R – Active
- R – Defining Symptom

Exposures

- M – Exposure Level
- M – Exposure Type
- M – Exposure Name
- M – Health Unit Responsible
- M – Earliest Exposure Date/Time
- M – Country
- M – Province
- R – Street Number
- R – Street Name
- R – Street Type
- M – City
- R – Postal Code
- R – Exposure Setting
- R – Exposure Setting Type

Summary Roles

- R – Residents or Patients
- R – Staff

Summary Counts

- R – Total # in the facility/at event
- R – Total # at risk in the affected area
- R – Total # in institution immunized prior to outbreak
- R – Cases
- R – Total # of cases admitted to hospital
- R – Total # of cases pneumonia (CXR+)
- R – Total # deaths among cases

Document History

Table 1. History of Revisions

Revision Date	Document Section	Description of Revisions
September 2019	Entire user guide updated.	Language was updated to reflect the changes to the HPPA (e.g., diseases of public health significance, Respiratory Infection Outbreaks in Institutions and Public Hospitals). All screenshots were removed and content was formatted to adhere to PHO visual identity. Many of the fields in the outbreak summary section are now marked as having optional entry.
December 2019	Entire user guide updated.	Text throughout document revised for grammar following review from PHO Communications. Content/guidance was not changed.
November 2020	Page 4—added callout box to reference the new COVID-19 entry guidance document, page 7—updated Table 1.1a and page 35—Appendix 1 updated to include a new required field, Outbreak Comments .	In an effort to support provincial analyses for the ongoing COVID-19 pandemic, the Outbreak Comments field was deemed required. This document now includes reference to the separately created COVID-19 CCM Data Entry Guide for entry of COVID-19 cases within the Case and Contact Management System.

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