

iPHIS Bulletin #17

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

Updated: October 2023

Introduction

This iPHIS Bulletin specifies the provincial requirements for the timely entry of cases and outbreaks into the integrated Public Health Information System (iPHIS) and Ontario's Provincial Case and Contact Management (CCM) Solution¹. These requirements apply **to all applicable case classifications and outbreaks in Ontario**. This update replaces the August 2023 version of iPHIS Bulletin #17.

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

Timely Entry of Cases

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

- system-mandatory fields identified by a red diamond in iPHIS and a red asterisk in CCM; and
- fields mandatory for surveillance (i.e., required² fields).

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

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

- **Within one business day** of the PHU receiving initial notification of the case/encounter/episode/incident/investigation for diseases listed in [Appendix 1](#) of this document.

¹ Ontario's Provincial Case and Contact Management (CCM) Solution is the provincially funded solution that replaced the integrated Public Health Information System (iPHIS) for COVID-19 and Adverse Events following Immunization (AEFIs) for public health units (PHUs) to report and manage cases, contacts and/or outbreaks. As such, it is included in this Bulletin.

² For the purposes of this document, system-mandatory and required fields are referred to as minimum mandatory data elements. Required fields are identified with an **R** in the iPHIS user guides and required for surveillance purposes by PHO. Data entry priority levels are assigned to all CCM fields required for provincial surveillance. All fields identified with **Priority Level 1, 2, or 3** are required for entry into CCM. Different priority levels refer to the timeframe within which data entry should be completed after receiving initial notification of a case or outbreak.

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

The iPHIS and CCM User Guides describe the system-mandatory and required data elements that users are required to enter for cases/encounters/episodes/incidents/investigations. Once investigation and follow-up is complete and there is no pending outcome information (i.e. cause of death), PHUs are required to complete data entry and close the record:

- in iPHIS: within 30 calendar days (60 calendar days for Hepatitis C and chronic Hepatitis B).
- in CCM: as per the most current CCM User Guides for specific timeframes for COVID-19 or AEFI case investigations.

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

Minimum Mandatory Data Elements in iPHIS

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

Demographics Module

CLIENT DEMOGRAPHICS SCREEN (ALL INVESTIGATIONS)

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

Outbreak Module

CASE DETAILS SCREEN

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

Communicable Diseases (CD) Module

INCIDENT SCREEN

- Health Unit
- Reported Date
- Status

ANIMAL SCREEN

- Symptoms
- Onset Date

IMMUNIZATIONS AND SKIN TESTS SCREEN

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

Sexually Transmitted Diseases (STD) Module

ENCOUNTER DETAILS SCREEN

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

DIAGNOSIS SCREEN

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

Tuberculosis (TB) Module

EPISODE DETAILS SCREEN

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

DIAGNOSIS SCREEN

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

Minimum Mandatory Data Elements in CCM

PHU's should refer to the current version of the following CCM User Guides for the list of minimum mandatory data elements required for entry when reporting an investigation in CCM:

- CCM User Guide: Adverse Events Following Immunization (AEFIs)
- COVID-19 CCM Case and Outbreak User Guide

Timely Entry of Exposures for iPHIS and CCM

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

- iPHIS CD Module: within **30 calendar days** of the RPEP incident being reported to the public health unit.
- iPHIS TB and STD Modules: enter relevant 'Exposure Settings' on the **Risk Factor** screen.
- CCM: as per the most current CCM User Guides.

Timely Entry of Community Outbreaks

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

CCM: PHUs should refer to the current version of the COVID-19 CCM Case and Outbreak User Guide for entry direction related to entering and/or linking outbreak cases to an outbreak in highest risk settings.

Timely Entry of Outbreaks in Institutions and Public Hospitals

Users are required to adhere to the following timelines when entering outbreaks in institutions and public hospitals in iPHIS or CCM:

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

Type of outbreak	System used	Required timelines for entry
<i>Enterobacteriaceae</i> (CPE) infection or colonization		Complete the final report within 15 business days of the outbreak being declared over.
Coronavirus Disease 2019 (COVID-19) outbreaks	CCM	Enter Priority Level 1 data fields for outbreaks within one business day of declaring an outbreak or receiving notification of the outbreak. Outbreaks must be closed within 14 calendar days of completing case follow-up or within 14 calendar days of declaring the outbreak over.
Respiratory infection outbreaks in institutions and public hospitals	iPHIS	Enter the preliminary report, including initial aggregate counts, within one business day of the PHU receiving notification of the outbreak. Complete the final report, including final aggregate counts, within 15 business days of the outbreak being declared over.
Gastroenteritis, institutional outbreaks and public hospitals	iPHIS	Enter the preliminary report within five business days of notification of the outbreak. Complete the final report within 15 business days of the outbreak being declared over.

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

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

The COVID-19 CCM Case and Outbreak User Guide outlines data entry standards for using CCM to report COVID-19 cases and outbreaks reported to Ontario PHUs. It focuses on CCM data fields that have been deemed required for provincial reporting of COVID-19 cases and outbreaks.

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

Appendix 1 – Diseases Requiring iPHIS or CCM Entry within One Business Day

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

- Anaplasmosis
- Anthrax
- Babesiosis
- Botulism
- Brucellosis
- Carbapenemase-producing Enterobacteriaceae (CPE) [outbreaks]
- Clostridium difficile infection (CDI) outbreaks and outbreak-associated cases within hospitals, preliminary notification
- Cyclosporiasis
- Diphtheria
- Diseases caused by a novel coronavirus, including Coronavirus Disease 2019 (COVID-19), Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome Coronavirus (MERS)
- Food poisoning, all causes
- Invasive Group A Streptococcus with clinical severity
- Haemophilus influenzae disease, all types, invasive
- Hantavirus pulmonary syndrome
- Hemorrhagic fevers, including: i) Ebola, ii) Marburg virus disease, and iii) Other
- Hepatitis A
- Laboratory confirmed cases of novel (not seasonal) Influenza
- Meningococcal disease, invasive
- Lassa Fever
- Legionellosis
- Listeriosis
- Measles
- Mumps
- Paralytic Shellfish Poisoning
- Pertussis (Whooping Cough)
- Plague
- Poliomyelitis, acute
- Powassan Virus
- Rabies
- Respiratory infection outbreaks in institutions and public hospitals
- Rubella
- Rubella, congenital syndrome
- Salmonellosis
- Shigellosis
- Smallpox and other orthopoxviruses, including Mpox
- Tetanus
- Tuberculosis (all sites)
- Tularemia
- Verotoxin-producing E.coli infection indicator conditions, including Haemolytic Uraemic Syndrome
- West Nile Virus Illness
- Yersiniosis

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

Appendix 2 – Diseases Requiring iPHIS or CCM Entry within Five Business Days

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

- Acquired Immunodeficiency Syndrome (AIDS)
- Acute Flaccid Paralysis
- Adverse Event Following Immunization (AEFIs)
- Amebiasis
- Blastomycosis
- Campylobacter enteritis
- Carbapenemase-producing Enterobacteriaceae (CPE) colonizations and infections [cases]
- Chancroid
- Chickenpox (Varicella)
- Chlamydia trachomatis infections
- Cholera
- Creutzfeldt-Jakob Disease, all types
- Cryptosporidiosis
- Echinococcus multilocularis infection
- Encephalitis, including: i) Primary, viral; ii) Post-infectious; iii) Vaccine-related; iv) Subacute sclerosing panencephalitis, and v) Unspecified
- Gastroenteritis, outbreaks in institutions and public hospitals
- Giardiasis
- Gonorrhoea
- Group B Streptococcal disease, neonatal
- Hepatitis B
- Hepatitis C
- Seasonal influenza cases
- Leprosy
- Lyme Disease
- Meningitis, acute: i) bacterial; ii) viral, and iii) other
- Ophthalmia neonatorum
- Paratyphoid Fever
- Pneumococcal disease, invasive
- Psittacosis/Ornithosis
- Q Fever
- Syphilis
- Trichinosis
- Typhoid Fever

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

Document History

Table 1. History of Revisions

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

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). iPHIS bulletin #17: timely entry of cases and outbreaks for diseases of public health significance. Toronto, ON: King's Printer for Ontario; 2023.

Disclaimer

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

The application and use of this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use.

This document may be reproduced without permission for non-commercial purposes only and provided that appropriate credit is given to PHO. No changes and/or modifications may be made to this document without express written permission from PHO.

iPHIS Bulletins

An iPHIS Bulletin provides guidelines to integrated Public Health Information System (iPHIS) and Ontario's Provincial Case and Contact Management (CCM) Solution users about policy, procedure and/or data standards, to support common practices among users.

© King's Printer for Ontario, 2023

