Public Health Ontario | Santé publique Ontario

iPHIS Bulletin

# Bulletin 21: Outbreak Module Contact Reporting

**Updated: May 2025**

Public Health Ontario (PHO) produced this Bulletin as a policy directive for public health units (PHUs) regarding reporting of contacts and contact management follow-up, for diseases of public health significance (DoPHS), in the Outbreak Module (OM) of the integrated Public Health Information System (iPHIS).

This update replaces the March 2020 version of iPHIS Bulletin 21.

The data entry requirements outlined in this Bulletin may differ from those defined in Regulation 569. PHUs must comply with data entry requirements outlined in this Bulletin, as per the *Health Protection and Promotion Act*, s. 7, and the Infectious Diseases Protocol of the Ontario Public Health Standards (OPHS).

This Bulletin specifies:

- Contact reporting requirements by disease (Appendix 1 of this document)
- Assigning responsibility in iPHIS for initial contact entry and follow-up in iPHIS
- The minimum data elements for contact entry
- Best practices for timely entry and transferring contacts

## Introduction to contact identification, follow-up and reporting

Contact identification and follow-up is a cornerstone for the early detection of, and the prevention of ongoing transmission of communicable diseases. In the context of this Bulletin, a "contact" is defined as an individual who was potentially exposed to a source of infection (e.g., case, location, fomite, etc.) and is, therefore, at risk of acquiring a DoPHS, if susceptible.

When the source of infection is attributed to a case, PHUs are only required to complete contact entry if the source case meets the case definition as per Appendix 1 - Case Definitions and Disease Specific Information for the DoPHS of the Infectious Diseases Protocol (IDP).

By reporting contacts in iPHIS, PHUs are able to identify high-risk individuals or groups, to which they may direct targeted interventions (e.g., prophylaxis, education or, rarely, quarantine) that prevent further disease transmission. Contact reporting in iPHIS may also provide PHUs with a workload indicator (e.g., the number of contacts who received prophylaxis).

PHUs must enter contacts in accordance with Appendix 1 of this Bulletin - either individually, in aggregate, or both. **Individual** contact entry refers to the creation of unique demographic and investigation records for a contact in iPHIS. **Aggregate** contact entry refers to entering the total number of contacts (i.e., only counts) into the Questionnaire screen **within the case record** (also known as the Dynamic Questionnaire) associated with the source case or exposure.

Appendix 1 of this Bulletin identifies the DoPHS for which PHO requires contact data for provincial reporting and surveillance purposes in the Outbreak Module in iPHIS; not all DoPHS in Ontario are included in this appendix. Refer to the relevant iPHIS User Guide for information on individual and aggregate contact entry.

> When PHO issues an Enhanced Surveillance Directive (ESD), PHUs must follow the directions outlined in the ESD when entering contacts, even if they differ from the requirements in Appendix 1 of this Bulletin.

# Contact Entry

PHUs must create contacts for DoPHS in iPHIS either as individual contacts, aggregate counts or both, as specified in Appendix 1 of this Bulletin.

## Individual contact entry

The PHU that identifies the contact as part of their case investigation and follow-up is responsible for creating the individual contact in iPHIS (i.e., a unique demographic and investigation record). This includes:

- Creating and or updating the client record in the Demographics module. The minimum data elements are outlined in the section below.
- Creating the contact investigation record in the Outbreak Module. The minimum data elements are also outlined in the section below; and
- Linking the contact record to the source through an exposure.
- Refer the contact to the Responsible Health Unit for contacts residing outside their jurisdiction.

> The PHU that identifies the exposure is responsible for creating the exposure in iPHIS. The source type varies by disease. Please refer to the relevant iPHIS Guide for more information on linking the contact to the exposure.

# Minimum Mandatory Data Elements for Individual Contact Entry in iPHIS

The minimum mandatory data elements consist of both:

- system-mandatory fields identified by a red diamond in iPHIS; and
- fields mandatory for surveillance (i.e., required[1] fields).

## Demographics Module

**CLIENT DEMOGRAPHICS SCREEN (ALL INVESTIGATIONS)**

- Health Unit (HU)
- Last Name
- First Name
- Birth Date
- Gender
- As much of the following information as possible:
    - Address(es)
    - Telephone number(s)
    - Email address
    - Any other form of known contact information

## Outbreak Module

**CONTACT DETAILS SCREEN**

- Reported Date
- Health Unit Responsible
- Tracking Required
- Disposition
- Disposition Date
- Status
- Status Date
- Priority
- Priority Date

[1] 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.

## Exposure

**SOURCE DETAILS SCREEN**

- Exposure Level
- Exposure Type
- Exposure Name
- Health Unit Responsible
- Source Details
- Earliest Exposure Date / Time
- Category/Transmission
- Source

**EXPOSURE ADDRESS**

- Country
- Province
- Street Number
- Street Name
- Street Type
- Street Direction
- Unit
- City
- Postal Code

**SETTING/TRAVEL LOCATION DESCRIPTION DETAILS**

- Exposure Setting
- Exposure Setting Type

**TIMEFRAME EXPOSED SCREEN**

- Client Earliest Exposure Date

PHUs are only required to enter individual contacts as specified in Appendix 1 of this Bulletin. However, PHUs may decide to enter individual or aggregate counts of contacts under circumstances not specified in Appendix 1 of this Bulletin or other directives or guidelines.

As a best practice, PHUs may also choose to enter individual contacts when the contact requires an intervention and/or follow-up and the PHU knows the individual's name (e.g., first name, alias) and at least one additional type of contact information (e.g., address, telephone number, email). Entering this information is particularly important if the required intervention will be provided by another PHU.

## Aggregate contact entry

Similar to individual contact entry, for DoPHS that require aggregate contact entry, the PHU that identifies the contact as part of their case investigation is responsible for entering the contact as an

aggregate count (i.e., total numbers of contacts associated with the source case) in iPHIS. PHO has created questionnaires (also known as the Dynamic Questionnaire) for each sporadic outbreak for entering aggregate counts of contacts in the source case record in iPHIS. PHUs reporting aggregate counts do so in the source case record in iPHIS. Please refer to the relevant user guide for instructions related to multiple PHUs entering aggregate counts for the same source case.

> A sporadic outbreak refers to outbreaks created by the province that PHUs can link cases and contacts of non-outbreak DoPHS within the Outbreak Module.

For local outbreaks, PHUs should create a questionnaire within the outbreak description to collect aggregate contact count information for individual cases associated with the outbreak. Please refer to the relevant User Guide for more details on this process.

Where there are zero contacts identified for a case, PHUs should complete the questionnaire by entering "0" in the **Total number of contacts identified** field. This entry will indicate PHUs considered whether or not there were contacts associated with the case, and none were identified.

# Minimum Mandatory Data Elements for Aggregate Contact Entry in iPHIS

## Outbreak Module

**CASE QUESTIONNAIRE SCREEN**

- Total number of contacts identified
- Number of contacts traced
- Number of contacts tested
- Number of contacts treated and/or immunized

In most instances, PHUs will be able to follow the process outlined above; however, there are some unique situations that may complicate aggregate contact entry. Two common scenarios are:

1. PHU identifies contacts through exposure site investigations within their jurisdictions, even though another PHU is responsible for the source case; and
2. PHU identifies contacts through a notification from another province, territory or country, and the source case is not entered in iPHIS.

Please refer to the relevant iPHIS User Guide for further direction on how to address these scenarios.

# Timely Entry, Follow-Up and Transfer of Contacts

PHUs should create and/or update contact records in iPHIS (individual contacts or aggregate counts) within **five business days** of identifying the contact. PHUs should close individual contact records in iPHIS within **30 days** of completing the required follow-up.

For matters requiring urgent public health follow-up, PHU A should notify PHU B immediately. PHU A should subsequently create the individual contact record and transfer it via an iPHIS referral to PHU B within **one business day**.

When the PHU that identifies the contact (i.e., PHU A) is different from the PHU that is responsible for contact follow-up (i.e., PHU B, the PHU where the contact resides most of the time), PHU A should transfer contact management to PHU B via an iPHIS referral.

PHU B completes contact follow-up activities, such as testing and prophylaxis. PHU B is also responsible for entering additional information in iPHIS (e.g., User Guide mandatory and required fields).

If a contact becomes a case, PHU B must follow the steps outlined in the "Updating a contact to a case" section of the relevant User Guide. If a contact who was part of an aggregate group becomes a case, PHU B must create the demographic and case investigation record in iPHIS and link the case to the source via an exposure. PHU B should not modify the aggregate contact counts reported for the source case (i.e., do not remove the contact that became a case), even at the end of an outbreak.

> 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: Contact Reporting Requirements

This appendix outlines the DoPHS configured in the Outbreak Module in iPHIS for which PHUs are required to enter contacts. PHO requires contact data entry into iPHIS for these DoPHS for provincial reporting and surveillance purposes; not all DoPHS in Ontario are included in the list below.

This appendix also specifies if PHUs must enter contacts as individual investigation records (i.e., a client record in the Demographics module and a contact record in the Outbreak Module), aggregate counts (i.e., the number of contacts associated with the source case (e.g., total number of contacts, number of contacts that received an intervention)), or both individual records and aggregate counts. Where possible, PHUs should enter individual contacts; if there is not enough information to enter individual contacts, then aggregate counts should be entered.

If PHO issues an ESD, PHUs must follow directions outlined in the ESD when entering contacts, even if they differ from the requirements in this Bulletin.

While PHO does not require contact entry into iPHIS for DoPHS not specified below, this does not preclude PHU responsibility to comply with the contact entry requirements for the DoPHS mentioned in Reg. 569: Reports.

## DoPHS requiring only individual contact entry:

- Diseases caused by a novel coronavirus, including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS)
- Hemorrhagic fevers, including: i) Ebola virus disease; ii) Marburg virus disease, and iii) Lassa Fever, iv) Other viral causes
- Leprosy
- Novel Influenza
- Rabies (all contacts of a confirmed human rabies case)

## DoPHS requiring only aggregate contact entry:

*PHO does not require only aggregate contact entry for any DoPHS reported in the Outbreak Module at this time.*

## DoPHS requiring both individual and aggregate contact entry:

- Hepatitis B (acute only)
- Hepatitis C (all newly acquired cases; all cases who are RNA positive or RNA unknown)

# Document History

**Table 1. History of Revisions**

| Revision Date | Document Section | Description of Revisions |
|---|---|---|
| March 2020 | Entire bulletin | Removed all vaccine-preventable diseases from PHO's requirements for contact entry in Appendix 1.<br>Updated bulletin to align with updates in the HPPA and its regulations (including change in terminology to Disease of Public Health Significance, and disease names and placement under Appendix 1).<br>Added instructions on how to complete Outbreak Questionnaire when zero contacts are identified for a case.<br>Updated bulletin to meet PHO visual identity and accessibility standards.<br>Updated contact information for questions and support. |
| May 2025 | Entire bulletin | Updated the formatting of the entire document to make it more AODA compliant.<br>Updated the table on minimum mandatory data elements for individual contact entry in iPHIS. Added data elements associated with exposures.<br>Included details related to the minimum mandatory data elements for aggregate contact entry in iPHIS.<br>Previous Contact follow-up section now incorporated into Timely Entry, Follow-Up and Transfer of Contacts section.<br>Removed the list of diseases from Appendix 1 that identify DoPHS that PHO does not require contact entry but is specified in Reg. 569, as well as those DoPHS that do not require entry under Reg. 569 and PHO does not require entry in iPHIS. |

| Revision Date | Document Section | Description of Revisions |
|---|---|---|
| | | Removed Appendix 2 – Examples of Alternative Aggregate Contact Entry Scenarios.<br><br>Added Rabies to the list of Diseases of Public Health Significance (DoPHS) requiring individual contact entry only |

# Citation

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# 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.

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