Ministry of Health and Long-Term Care

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Ontario

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Dear Medical Officer of Health:

I am writing to inform you of an amendment to Ontario Regulation 569-Reports made under the *Health Protection and Promotion Act* (HPPA) which is effective January 12, 2005. The full text of Ontario Regulation 569 is available at http://www.e-laws.gov.on.ca.

This regulation amendment will standardize reporting, increase the information available to public health units, and allow for more timely reporting of infectious disease outbreaks. It is intended to have minimal impact on the way physicians and other practitioners currently collect and report communicable diseases information. It represents the current best practice in public health management.

The amendment is consistent with recommendations from the Final Report of the Ontario Expert Panel on SARS and Infectious Disease Control ("Walker Report"), Learning from SARS – Renewal of Public Health in Canada ("Naylor Report") and the Campbell Commission, and will ensure that public health reportable disease information is collected in a valid, uniform, and technologically appropriate manner.

As you know, the HPPA sets out reporting obligations of physicians, other health care providers, laboratory operators, superintendents of institutions, administrators of hospitals, and school principals with respect to reporting reportable and communicable diseases to local Medical Officers of Health. Medical Officers of Health, in turn, are required to report these diseases to the Public Health Division (PHD) of the Ministry of Health and Long-Term Care (Ministry). The content of these reports is specified in the Reports Regulation. We amended the regulation for a number of reasons:

- The PHD currently receives reports about infectious diseases from Medical Officers of Health and health units once a week through the Reportable Disease Information System (RDIS). RDIS is outdated, and was found to be inadequate for the timely reporting of infectious diseases during the SARS crisis. Integrated Public Health Information System (iPHIS), the intended replacement for RDIS, will provide near real-time public health management of cases and outbreaks.

- Currently, reports may contain inadequate information for health units to properly manage infectious disease outbreaks, such as SARS.

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- Reports were not standardized. Some diseases in the regulation, such as syphilis and AIDS, already require clearly identified data to be forwarded in reports (e.g. travel history, number of contacts, etc.) The amendment establishes similar data requirements for all reportable diseases.

Section 8 of the regulation states that any report referred to in the Reports Regulation must be forwarded to the Ministry using iPHIS or any other method specified by the Ministry. As you are aware, as of the date of this letter, iPHIS is not yet available for use in health units.

Under the authority of section 8, and on behalf of the Ministry, I authorize you to continue using RDIS until such time as iPHIS is up and running in your health unit. This will continue until the Mandatory Health Programs and Services Guidelines issued under the *Health Protection and Promotion Act* have been amended to facilitate the use of iPHIS by all health units, and until such time as you receive written notification from the Ministry to this effect. Until that time, you should continue to use RDIS as the method of reporting.

As the iPHIS application is implemented in Health Units, the Ministry will access all required data from the iPHIS database. Formal reporting through RDIS will not be required after your Health Unit has implemented iPHIS.

The regulation has been drafted cognizant of privacy concerns, and the proposed changes to the regulation are consistent with fair information practices under the new *Personal Health Information Protection Act* that came into effect November 1, 2004.

We will work directly with local Medical Officers of Health to inform and educate the broader health sector about the implications of this regulation amendment. The Ministry of Health and Long-Term Care has developed a province-wide communication plan directed towards all major stakeholders and their associations. Please use the local communication vehicles and relationships you have built in your communities to clarify the new requirements with affected health care practitioners, hospital administrators and superintendents of institutions.

I have attached a copy of the regulation amendment for your review.

For further information or assistance, please contact: Marie Muir, Manager, Information and Knowledge Management (416) 212-4873.

Yours truly,

Dr. Sheela V. Basrur
Chief Medical Officer of Health and
Assistant Deputy Minister

Attachments: The Health Protection and Promotion Act (HPPA) Ontario Regulation 569-Reports Amendment
Questions and Answers for Medical Officers of Health
Fact Sheet for Amendment to HPPA O. Reg. 569-Reports