

COMMUNICABLE DISEASE CONTROL (CDC) UNIT SURVEILLANCE DATA

DATA REQUEST PROCEDURE

1. All internal and external ad-hoc requests for CDC Surveillance Data will be reviewed and completed by the CDC Epidemiologist. Members of the CDC/Epidemiology Units with approved access to the data may bypass this request process and access the information directly. However, in the event that these individuals are extracting data for someone without access or for research or publication purposes¹, the data request procedure outlined below will be followed.²
2. All requests for CDC Surveillance Data will be made using the **CDC Unit Surveillance Data Request Form** (copy attached) and will be forwarded to the CDC Epidemiologist by mail (4th Floor, 300 Carlton Street, Winnipeg, MB R3B 3M9) or fax (948-2040).
3. The CDC Epidemiologist will assess the request for priority and process it accordingly. As necessary, he/she will consult with a committee consisting of the Director of the Public Health Branch, the CDC Unit Manager and the Epidemiology Unit regarding appropriateness of requests.
4. If an ad-hoc request can be completed using one of the existing and routinely produced reports, the information will be distributed within **three working days**.
5. If the request requires a custom data extraction, it will be completed as time permits and dependent upon priority assigned. Where possible, priority will be assigned as follows:
 - requests for data to assist with management of disease outbreaks
 - requests from Public Health Branch (in particular requests from the CDC Team)
 - requests from direct service providers relating to disease management
 - requests from the media coming through the CDC Unit Manager
 - requests from the Office of the Chief Medical Officer of Health
6. Once a request requiring a custom data extraction is assessed for priority and a time estimate is attached, the requester will be provided with an estimated date of completion. All requesters will be expected to provide as much lead-time as possible.
7. All **external research projects** that request surveillance data will require ethics approval from an appropriate ethical review committee (e.g., Research Ethics Board, University of Manitoba) **prior** to submission to the CDC Epidemiologist. A copy of all relevant correspondence will accompany the **CDC Unit Surveillance Data Request Form**. In addition, all **external research projects** will require approval from the Health Information Privacy Committee, Manitoba Health (300 Carlton Street) prior to submission to the CDC Epidemiologist. A copy of all relevant correspondence will accompany the **CDC Unit Surveillance Data Request Form**.

**A copy of the final report is to be forwarded to the
CDC Epidemiologist upon completion.**

¹ Notification regarding research and publication is to ensure that the CDC Unit is appropriately informed and acknowledged, and, to ensure that approval from an appropriate Ethics and/or Health Information Privacy Committee has been granted (where necessary).

² The data request procedure will be reviewed each November to ensure its continued appropriateness.

CDC UNIT SURVEILLANCE DATA REQUEST FORM

PLEASE PRINT

Name: _____ Phone number: _____ - _____
Organization: _____ Fax number: _____ - _____
E-mail: _____
Date of request: ____/____/____ Date data are required: ____/____/____
YYYY/MM/DD YYYY/MM/DD

Format required: Tabulated data ASCII file Other software format _____

Disease (s) of interest:

Geographic location(s) of interest:

Age breakdown of interest:

Gender breakdown: Yes No

Timeframe(s) of interest:

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Other issues/variables of interest:

Reason for request/Proposed use of data:

OFFICE USE ONLY

Ethics Approval (if required):

Yes No

Health Information Privacy Committee Approval (if required):

Yes No

Estimated time to complete (hrs): _____

Actual time to complete (hrs): _____

Completed by: _____

Date completed (YYYY/MM/DD):

____/____/____