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The contribution of scientific articles by the staff of local Boards of Health is invited. Address all inquiries and submissions to the Editor.

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BULLETINS and NOTICES**2001 REPORT OF THE CHIEF MEDICAL OFFICER OF HEALTH**

"Antibiotic resistance: Emerging risks and the partnership solution", this year's report of the Chief Medical Officer of Health, was released November 6, 2001 at the Ontario Public Health Association Annual Conference. This is the first Chief Medical Officer Of Health Report on antibiotic resistant organisms.

Dr. Colin D'Cunha raises awareness about antibiotic resistant organisms and provides recommendations for taking action for individuals and families, health care providers, communities, and governments at the federal, provincial, and municipal levels.

This report is complementary to the other Ministry of Health and Long-Term Care (MOHLTC) actions directed towards addressing antibiotic resistant organisms in Ontario, and forms the basis for action for boards of health.

The Report is posted on the Government of Ontario, MOHLTC website at: www.moh.gov.on.ca/health. Members of the public can order copies through Publications Ontario at 1-800-668-9938, or in Toronto, at 416-326-5300. To order additional copies of the report, boards of health should contact the MOHLTC at 416-327-7376.

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CYCLOSPORA SURVEILLANCE IN ONTARIO, 2001

Introduction

Cyclosporiasis is a disease caused by the coccidian protozoa *Cyclospora cayetanensis*. Symptoms may include watery diarrhea, nausea, anorexia, abdominal cramping, fatigue and weight loss.¹ Outbreaks of cyclosporiasis occurred in Ontario from 1996 to 1999. These outbreaks were either associated with or had a suggested link with raspberries or blackberries that were imported from Guatemala.² Cyclosporiasis was made nationally reportable in 2000 and was made a reportable disease in Ontario as of October 20, 2001.

On April 7, 2000, the Canadian Food Inspection Agency restricted the entry of Guatemalan berries into Canada for the spring 2000 importation season (March 15 to August 15); however, during that period, berries from other *Cyclospora* endemic countries were imported. Laboratory-based reporting of cyclosporiasis cases was implemented in the spring and summer of 2000 in order to determine the source of the infection. The findings from the 2000 surveillance were published in the November 2000 edition of PHERO.³ The Canadian Food Inspection Agency continued to restrict the entry of Guatemalan fresh raspberries and blackberries during the period March 15 to August 14, 2001. This article provides findings from cyclosporiasis surveillance in 2001.

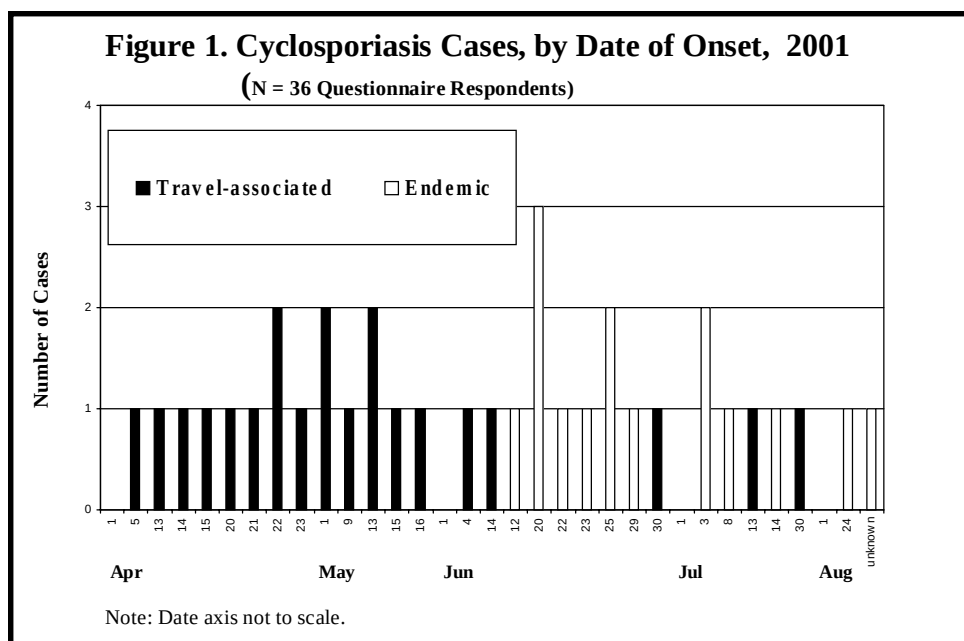
Methods

In a letter dated April 27, 2001, the Ontario Ministry of Health and Long-Term Care, Public Health Branch requested all laboratories in Ontario licensed for parasitology to report every positive case of *Cyclospora* to their local medical officer of health and submit all stool specimens positive for *Cyclospora* from their laboratory to the Central Public Health Laboratory for confirmation.

At the same time, all 37 health units in Ontario were asked to administer a questionnaire to each cyclosporiasis case identified from April 27 to August 31, 2001. The questionnaire was designed to determine the source of infection and was the same one used in 2000. Risk factors addressed in the questionnaire were based on sources of infection previously described in North America and included travel to an endemic country, and consumption of raspberries, strawberries, blackberries, mesclun lettuce, and basil.

Results

A total of 51 cyclosporiasis cases were identified during the 2001 season. Fecal samples were forwarded to the Central Public Health Laboratory for 76% of these cases. Health unit staff administered a questionnaire to 36/51 (71%) of the cases. The onset dates for these cases are shown in Figure 1. Twenty-one (58%) had a history of travel outside of Ontario prior to onset of illness. The Dominican Republic was the most frequently visited country (Figure 2). The



Ottawa Health Unit had the largest number of cases with a history of no travel out-of-Ontario (Figure 3). Strawberries were the most frequently cited "at risk" item by cases that had a history of no travel (Figure 4).

Discussion

Outbreaks of cyclosporiasis that had a link or suggested link to imported Guatemalan raspberries or blackberries occurred in Ontario annually from 1996 to 1999. During 2000 and 2001 Guatemalan raspberries and blackberries were not imported and no outbreaks were detected. The

28 sporadic cases identified between May 12 and August 31, 2000 were deemed to represent the background number of cases for that period assuming a stable incidence of travel-associated cases.³ Fifty-one cases were reported in 2001, however, the time period over which cases were reported was three weeks longer than in 2000. For comparison, 39 cases were reported between May 12 and August 31, 2001 and this represents a 1.4-fold increase above the 28 cases reported in 2000. The 12 cases prior to May 12 in 2001 were all travel-associated.

Figure 2. Cyclosporiasis Cases by Country of Travel, 2001

Country of Travel	Number of Cases	Total
Dominican Republic	5	5
China, El Salvador, Guatemala, Haiti, Indonesia, Mexico, Nigeria, Pakistan, Peru, USA	1 each	10
Guatemala/Mexico*	1	1
Guatemala/Honduras*	1	1
Indonesia/Singapore*	1	1
Nepal/Thailand*	1	1
Philippines/Hong Kong*	1	1
Thailand/Bangladesh/Nepal/USA *	1	1
Total		21

* Travel to these countries occurred on the same trip

Figure 3. Cyclosporiasis Cases with History of No Out-of-Ontario Travel, by Health Unit, 2001

Health Unit	Number of Cases
Ottawa	5
Toronto	3
Hamilton	2
Bruce-Grey	2
Waterloo	1
York Region	1
Lambton	1
Total	15

Figure 4. Cyclosporiasis Cases with History of No Out-of-Ontario Travel, by Number of Cases Consuming the Food Item, 2001

Food Item	Number of Cases Consuming the Item
Strawberries	11
Mesclun Lettuce	6
Basil	4
Raspberries	3
Blackberries	1
Blueberries	1

n = 15 cases. Cases may have had multiple responses.

Travel Associated Cases

Of the 36 respondents in 2001, travel to a cyclospora endemic area was the risk factor identified in 21 cases. The countries identified by cases with a single travel destination were Guatemala, Haiti, Indonesia, Nigeria, Pakistan, Peru, U.S.A., China, Dominican Republic, El Salvador, and Mexico. It is difficult to determine whether infection was acquired in Honduras, Singapore, Hong Kong, Bangladesh, Nepal, Thailand, and/or the Philippines because the travelers to these countries visited other countries during the same trip. The last

four countries in the single travel destination group and the last three of countries in the multiple travel destination group had also been visited by cases prior to their onset of illness in 2000.

Endemic Cases (i.e., history of no out-of-Ontario travel)

The number of endemic (i.e., history of no out-of-Ontario travel) cases identified increased from 5 in 2000 to 15 in 2001 (Figure 5); however, travel history was not obtained for 15 cases in 2001.

Figure 5. Cyclospora Surveillance in Ontario, 2000 and 2001

	May 12 - Aug 31, 2000	Apr 5 - Aug 31, 2001
Cases Reported	28	51
Questionnaire Completed	19/28 = 68%	36/51 = 71%
History of Travel	16*	21
History of No Travel	5	15
Non-Responders	7	15

* 2/16 were identified as travel-associated from the laboratory requisition

The suspect food items cited by cases reported in 2001 included strawberries, mesclun lettuce, basil, raspberries, blackberries, and blueberries. Although these food items have been associated with prior *Cyclospora* outbreaks, the study was not designed to identify the specific causal food item. As well, the country of origin of these produce items was not ascertained. The dates of onset for the endemic cases in 2001 ranged from June 12 to August 24 with the majority of these cases occurring in June. These months correspond with the time period of risk when contaminated berries have formerly been imported from endemic countries to North America. Opportunities for exposure to cyclospora contaminated foods in Ontario may occur due to personal importation of cyclospora contaminated produce then consumed by others, or due to as yet unrecognized small-dose contamination of produce from endemic countries which is not subject to the importation ban.

Conclusion

The year 2001 was the second year of seasonal enhanced passive laboratory-based surveillance for cyclospora cases in Ontario. Travel to an endemic country was the main risk factor identified by cases of cyclosporiasis in both 2000 and 2001. The consumption of food items imported from a *Cyclospora* endemic country was the most likely source of illness for those cases with a history of no travel outside of Ontario.

Based on the continued low incidence of endemic cyclosporiasis, we continue to recommend that "health units should consider the possibility that cases under investigation are part of a common source outbreak if they have more than two cases, without a recent history of travel to an endemic country, reported in a two-week period".³

ACKNOWLEDGEMENTS

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SOURCE

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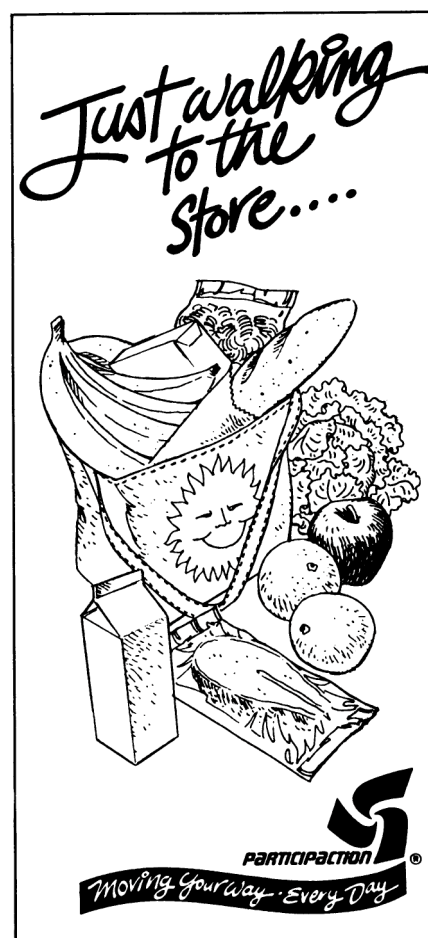
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2000 - 2001 DENTAL PREVENTIVE SERVICES ANNUAL REPORTS

(TOPICAL FLUORIDES & FISSURE SEALANTS)

Mandatory Program Requirement

Under the Child Health Program boards of health are required to provide, or ensure the provision of, clinical preventive services (i.e., topical fluorides and fissure sealants) to children who meet evidence-based eligibility criteria.

Protocol Requirement

Under the Determining Eligibility for Preventive Oral Health Services Provided Through Ontario's Boards of Health, August 1997 Protocol, boards of health are required to submit annual reports (by July 10 of each year) on the mandatory clinical preventive services provided through Requirement 10.

Tables 1 (Topical Fluorides) and 2 (Fissure Sealants) show the collated information submitted to the Ministry for the 2001-02 school year.

The percentage of children who met the criteria for, and received one application of, topical fluoride ranged from zero to 58%, with a provincial average of 24%. The percentage of children who met the criteria for, and received one or more fissure sealants, ranged from zero to 100% with a provincial average of 16%.

Because evidence-based criteria are used to determine which children are eligible for clinical preventive services, it can be assumed that all eligible children would benefit from the service(s) for which they are eligible. The data indicate a need to discuss ways to improve acceptance of these services (i.e., consent to the treatment) and completion of the treatment (i.e., application of the topical fluoride and/or fissure sealant(s) for children with signed consent forms).

2000 - 2001 DENTAL EDUCATION ANNUAL REPORT

(CHILD HEALTH REQUIREMENT 9 A & B)

Mandatory Program Requirement

Requirement 9 (a and b) of the Child Health Program requires boards of health to:

- (a) "provide dental health education resources, on an annual basis, to all high-risk schools, schools

with English as a Second Language (ESL) classes and other schools who request such materials..."; and

- (b) "conduct at least one teacher in-service session per school, per year, for teachers in high-risk schools and teachers of English as a Second Language (ESL) classes; when in-service is declined, an equivalent option, approved by the Ministry, must be delivered."

Protocol Requirement

Under the *Dental Indices Survey (DIS) Protocol, August 1997*, boards of health are required to submit an annual report (by July 10 of each year) on the mandatory dental education services provided through Requirement 9.

Table 3 shows the collated information submitted to the Ministry for the 2001-02 school year.



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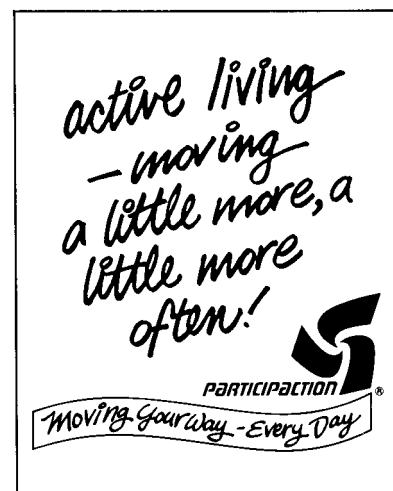


Table 1

**2000 - 2001 Dental Preventive Services Annual Report
Topical Fluoride**

Health Unit	# children who met the criteria	# children offered the service	# children who consented	# children who received the service	% who met the criteria & received the service
Algoma	?	1,713	1,236	1,236	
Brant	731	731	58	58	8%
Grey-Bruce	559	265	?	78	14%
Chatham-Kent	371	371	?	-	0%
Durham	3,583	3,583	689	427	12%
Eastern Ontario	585	585	585	?	
Elgin-St. Thomas	7	?	?	2	29%
Haldimand-Norfolk	*				
Haliburton-Kawartha	1,163	1,163	177	222	19%
Halton	948	948	?	-	0%
Hamilton	1,594	1,594	344	344	22%
Hastings-Prince Edward	1,040	1,040	321	239	23%
Huron					
Kingston, Frontenac, Lennox & Addington	320	309	253	243	76%
Lambton					
Leeds, Grenville & Lanark	673	99	90	82	12%
Middlesex-London					
Muskoka-Parry Sound					
Niagara					
North Bay	511	511	107	57	11%
Northwestern					
Ottawa City	1,236	1,236	272	272	22%
Oxford	184	184	46	2	1%
Peel	1,990	659**	-	66	3%
Perth	112	112	55	55	49%
Peterborough	278	278	114	114	41%
Porcupine	967	2,655	726	565	58%
Renfrew	653	653	214	110	17%
Simcoe	2,789	2,789	2,789	1,596	57%
Sudbury	1,474	384	338	320	22%
Thunder Bay	1,612	1,612	?	446	28%
Timiskaming					
Toronto					
Waterloo	2,514	801	801	801	32%
Wellington-Dufferin-Guelph	414	**	**	49	12%
Windsor-Essex	6,005	5,978	4,995	708	12%
York Region	3,286	3,286	593	593	18%
Total	35,599	32,880	14,803	8,685	24%

? = Information not provided.

Eastern Ontario indicated that they identified children and referred them to dental practitioners, however a tracking system, to monitor completion rates, will not be available until the 2001-02 school year.

*In a July 10, 2001 letter, Haldimand-Norfolk indicated that "The Haldimand-Norfolk Health Unit did not identify children who met the criteria for sealants or topical fluoride because we don't offer these services at the Health Unit, and do not ensure provision of them in any other manner...."

**Peel & Wellington-Dufferin-Guelph indicated that preventive services were only offered to CINOT-eligible children (i.e., they were not offered to all children who met the evidence-based eligibility criteria).

Table 2

**2000 - 2001 Dental Preventive Services Annual Report
Fissure Sealants**

Health Unit	# children who met the criteria	# children offered the service	# children who consented	# children who received the service	% who met the criteria & received the service
Algoma	?	210	183	183	
Brant	197	197	64	64	32%
Grey-Bruce	259	68	63	5	2%
Chatham-Kent	110	110	?	10	9%
Durham	5,166	5,166	1,556	1,280	25%
Eastern Ontario	199	199	199	?	
Elgin-St. Thomas	5	?	?	2	40%
Haldimand-Norfolk	7	?	?	2	29%
Haliburton-Kawartha	1,587	1,587	120	134	8%
Halton	618	618	0	0	0%
Hamilton	1,594	1,594	269	269	17%
Hastings-Prince Edward	1,341	1,341	147	120	9%
Huron					
Kingston, Frontenac, Lennox & Addington	3	3	3	3	100%
Lambton					
Leeds, Grenville & Lanark	0	0	0	0	
Middlesex-London					
Muskoka-Parry Sound					
Niagara					
North Bay	305	305	76	34	11%
Northwestern	240	240	77	60	25%
Ottawa	848	848	168	168	20%
Oxford	184	184	46	36	20%
Peel	1,547	859**	0	266	17%
Perth	440	102	39	39	9%
Peterborough	10	10	4	4	40%
Porcupine					
Renfrew	23	23	23	23	100%
Simcoe	6,876	6,876	6,870	1,057	15%
Sudbury	***				
Thunder Bay	1,471	1,471	?	98	7%
Timiskaming					
Toronto					
Waterloo	955	307	307	307	32%
Wellington-Dufferin-Guelph	811	**	**	116	14%
Windsor-Essex	973	973	876	108	11%
York	1,933	1,933	64	64	3%
Total	27,702	24,365	11,154	4,452	16%

? = Information not provided.

Eastern Ontario indicated that they identified children and referred them to dental practitioners, however a tracking system, to monitor completion rates, will not be available until the 2001-02 school year.

*In a July 10, 2001 letter, Haldimand-Norfolk indicated that *"The Haldimand-Norfolk Health Unit did not identify children who met the criteria for sealants or topical fluoride because we don't offer these services at the Health Unit, and do not ensure provision of them in any other manner..."*

**Peel & Wellington-Dufferin-Guelph indicated that preventive services were only offered to CINOT-eligible children (i.e., they were not offered to all children who met the evidence-based eligibility criteria).

*** Sudbury – July 19, 2001 by email "Our health unit did not provide sealant clinics during the last school year."

Table 3

**2000 - 2001 Dental Education Annual Report
Child Health Requirement 9 a & b**

Health Unit	Education Resources Provided (9a)	# schools meeting high risk definition	# schools offered in-service	# schools who consented	# sessions provided	Ministry approved equivalents on file	% schools reached*
Algoma	Yes	54	66	66	278		515%
Brant	Yes	17	17	?	?	Yes	0%
Grey-Bruce	Yes	20	20	0	0		
Chatham-Kent	Yes		9	?	0	Yes	
Durham	Yes	15					0%
Eastern Ontario	Yes	23	0	0	0		0%
Elgin-St. Thomas	Yes	8	0	0	0	Yes	0%
Haldimand-Norfolk	Yes	12	2	10	2		17%
Haliburton-Kawartha	Yes	20	20	11	11		55%
Halton	Yes	Did not assess	?	?	?		
Hamilton	Yes	33	12	12	1 (for 49 schools)		0%
Hastings & Prince Edward	None reported	21	21	21	21		100%
Huron							
Kingston, Frontenac, Lennox & Addington	Yes	14	21	21	17		121%
Lambton							
Leeds, Grenville & Lanark	None reported	12	3	0	3		25%
Middlesex-London							
Muskoka-Parry Sound							
Niagara							
North Bay	None reported	18	0	0	0		0%
Northwestern	?	38	0	0	0		0%
Ottawa	Yes	42	107	45	45		107%
Oxford	Yes	29	2	2	2		7%
Peel	Yes	Did not assess	?	?	?		
Perth	Yes	11	0	0	0		0%
Peterborough	None reported	4	4	4	4		100%
Porcupine	None reported	17	11	11	?		0%
Renfrew	Yes	13	0	0	0		0%
Simcoe	Yes	37	0	0	0		0%
Sudbury							
Thunder Bay	Yes	21	21	0	0		0%
Timiskaming							
Toronto							
Waterloo	Yes	67	67	0	0		0%
Wellington-Dufferin-Guelph	Yes	18	0	0	0	Yes	0%
Windsor-Essex	Yes	31	25	6	6		19%
York	?	8	8	8	34		425%
Total	22	603	436	217	424	4	

? = Information not provided.

* = the number of sessions provided divided by the number of schools meeting the high risk criteria (Requirement 9b)

Two health units provided rationales for why they did not provide the mandatory dental education services. The first health unit indicated that they did not provide dental education resources because it was "not applicable". The health unit then went on to say that 14 out of 82 (17%) schools met the high-risk criteria. The second health unit said they did not offer the teacher in-service because "No survey was conducted due to lack of staff resources." However, it was noted that this health unit still provides time-consuming in-classroom education, a service that the literature has shown does not lead to behaviour change.

Summary of Reportable Diseases in September, 2001

Health Units by Region	Population Est. 2000	AIDS	Campylo.	Chicken- pox	Chlamydia	Enceph./ Meningitis	GAS	Gonorrhea
Algoma	125,109		2		18	1		
North Bay	93,505		2	3	6	2	1	1
Northwestern	91,920		2	2	12			
Porcupine	93,680		1		18			
Sudbury	199,619		3		12	1		
Thunder Bay	158,698		1		24			2
Timiskaming	37,721							
Total - Northern	800,252		11	5	90	4	1	3
Eastern Ontario	194,945		6		4			
Hastings-Prince Edward	159,088		5	2				
Kingston-Frontenac	180,225		4		19			1
Leeds-Grenville	163,143		3					
Ottawa City	779,274		26	33	80		1	12
Renfrew	101,131		4		1			
Total- Eastern	1,577,806		48	35	104		1	13
Durham Region	512,271		15	28	64	3	1	8
Haliburton-Kawartha	168,120		12		5			
Muskoka-Parry Sound	86,218		1	4	3			
Peel Region	1,008,163		61	12	82	9	1	15
Peterborough	128,881		2	3	11	1		1
Simcoe County	377,405		8	9	17	2		
Toronto City - total	2,542,844		208	40	444	10	2	143
<i>North</i>	<i>627,021</i>		<i>57</i>	<i>13</i>	<i>82</i>	<i>2</i>	<i>1</i>	<i>19</i>
<i>South</i>	<i>688,584</i>		<i>72</i>	<i>11</i>	<i>166</i>	<i>4</i>		<i>72</i>
<i>West</i>	<i>509,302</i>		<i>52</i>	<i>6</i>	<i>119</i>	<i>2</i>	<i>1</i>	<i>31</i>
<i>East</i>	<i>717,937</i>		<i>27</i>	<i>10</i>	<i>77</i>	<i>2</i>		<i>21</i>
York Region	724,969		28	17	7	5		1
Total - Central East	5,548,871		335	113	633	30	4	168
Grey Bruce	157,664		4		1			
Elgin-St. Thomas	84,182		2	1	4			
Huron	61,097		4	16	1			
Chatham-Kent	112,897		2		8	1		
Lambton	131,643							
Middlesex-London	412,976		13		27	2	1	1
Oxford	102,561		1					
Perth	75,238		7	3				
Windsor-Essex	381,672		13		26	2		
Total - Southwest	1,519,930		46	20	67	5	1	1
Brant	126,481		2		15	1	1	1
Haldimand-Norfolk Region	109,536		6	9	11			
Halton Region	375,705		11		20	2		1
Hamilton-Wentworth	498,553		15	13	80		1	6
Niagara Region	423,600		20		27			
Waterloo Region	446,833		11		52	2		3
Wellington-Dufferin-Guelph	241,777		11		20			1
Total - Central West	2,222,485		76	22	225	5	2	12
September 2001	11,669,344		516	195	1,119	44	9	197
* Total YTD 2001	-	58	3,628	8,413	11,657	370	251	2,137
* Total YTD 2000	-	80	3,948	22,688	11,002	274	329	2,121

The Toronto City regions above are now defined as: North - former North York; South - former City of Toronto;
West - former Etobicoke and City of York; East - former Scarborough and East York

* Adjusted for deletions and late reports.

Summary of Reportable Diseases in September, 2001

Health Units by Region	Population Est. 2000	PPNG	Hepatitis A	Hepatitis B	Hepatitis C	Hib	Influenza	Measles	Meningo- coccal
Algoma	125,109		1		4				
North Bay	93,505				1				
Northw estern	91,920				1				
Porcupine	93,680				1				
Sudbury	199,619				4				
Thunder Bay	158,698		1		6				
Timiskaming	37,721								
Total - Northern	800,252		2		17				
Eastern Ontario	194,945			1	3				
Hastings-Prince Edward	159,088								
Kingston-Frontenac	180,225				5				
Leeds-Grenville	163,143				5				
Ottawa City	779,274	1		1	45				1
Renfrew	101,131								
Total- Eastern	1,577,806	1		2	58				1
Durham Region	512,271	1							
Haliburton-Kaw artha	168,120				4				
Muskoka-Parry Sound	86,218				6				2
Peel Region	1,008,163		2		5				
Peterborough	128,881				5				
Simcoe County	377,405				5				
Toronto City - total	2,542,844	8	7	2	125				
<i>North</i>	627,021	1			41				
<i>South</i>	688,584	7	3	2	44				
<i>West</i>	509,302		4		25				
<i>East</i>	717,937				15				
York Region	724,969		1		10				
Total - Central East	5,548,871	9	10	2	160				2
Grey Bruce	157,664				5				
Elgin-St. Thomas	84,182				2				
Huron	61,097								
Chatham-Kent	112,897				3				
Lambton	131,643								
Middlesex-London	412,976				12				
Oxford	102,561								
Perth	75,238				3				
Windsor-Essex	381,672				1				
Total - Southwest	1,519,930				26				
Brant	126,481								
Haldimand-Norfolk Region	109,536				6				
Halton Region	375,705		1		1				
Hamilton-Wentw orth	498,553			1	18				
Niagara Region	423,600			1	19				
Waterloo Region	446,833		1		14				
Wellington-Dufferin-Guelph	241,777			1	1				
Total - Central West	2,222,485		2	3	59				
September 2001	11,669,344	10	14	7	320				3
* Total YTD 2001	-	147	131	116	3,810	6	754	6	91
* Total YTD 2000	-	132	104	115	4,422	6	1,523	8	62

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West - former Etobicoke and City of York; East - former Scarborough and East York

* Adjusted for deletions and late reports.

Summary of Reportable Diseases in September, 2001

Health Units by Region	Population Est. 2000	Mumps	Pertussis	Rubella	Salmon.	Shigellosis	Syphilis (Prim/Sec)	VTEC
Algoma	125,109		1		4			
North Bay	93,505		2		5			
Northwestern	91,920		2		2			
Porcupine	93,680		1		1			
Sudbury	199,619				3			1
Thunder Bay	158,698				1			
Timiskaming	37,721							
Total - Northern	800,252		6		16			1
Eastern Ontario	194,945		1		1			2
Hastings-Prince Edward	159,088				4			2
Kingston-Frontenac	180,225				1			
Leeds-Grenville	163,143				3			1
Ottawa City	779,274		2		21	2		1
Renfrew	101,131				1			
Total - Eastern	1,577,806		3		31	2		6
Durham Region	512,271		1		6			
Haliburton-Kawartha	168,120		2		6			1
Muskoka-Parry Sound	86,218				1			
Peel Region	1,008,163		3		33			3
Peterborough	128,881		1		2			3
Simcoe County	377,405				1			
Toronto City - total	2,542,844		15		60	5		10
<i>North</i>	627,021		8		19	2		2
<i>South</i>	688,584		2		21	2		3
<i>West</i>	509,302		5		13			3
<i>East</i>	717,937				7	1		2
York Region	724,969		4		11	1		1
Total - Central East	5,548,871		26		120	6		18
Grey Bruce	157,664				1			3
Elgin-St. Thomas	84,182		1		1			
Huron	61,097				3			
Chatham-Kent	112,897				1			
Lambton	131,643							
Middlesex-London	412,976		1		2			1
Oxford	102,561				1			
Perth	75,238				3			3
Windsor-Essex	381,672		1		5			
Total - Southwest	1,519,930		3		17			7
Brant	126,481		1		1			
Haldimand-Norfolk Region	109,536				1			1
Halton Region	375,705				4			1
Hamilton-Wentworth	498,553				9	1		1
Niagara Region	423,600		2		19			2
Waterloo Region	446,833				2	1		3
Wellington-Dufferin-Guelph	241,777				8			1
Total - Central West	2,222,485		3		44	2		9
September 2001	11,669,344		41		228	10		41
* Total YTD 2001	-	6	324	15	1,934	172	8	257
* Total YTD 2000	-	27	483	8	1,898	231	14	543

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