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PROSTATE CANCER IN ONTARIO

Introduction

Insight on Cancer is a unique new series of publications designed to provide up-to-date information about cancer and cancer risk factors in Ontario. It has been developed and supported jointly by Cancer Care Ontario (Division of Preventive Oncology) and the Canadian Cancer Society (Ontario Division).

The following is an extract from the first issue of *Insight on Cancer*, which focuses on prostate cancer. Future planned issues will provide news and information about nutrition and cancer, colorectal cancer and non-Hodgkin lymphoma.

Details about how to access the full issue (and future issues) are found at the end of this extract.

Prostate cancer in context

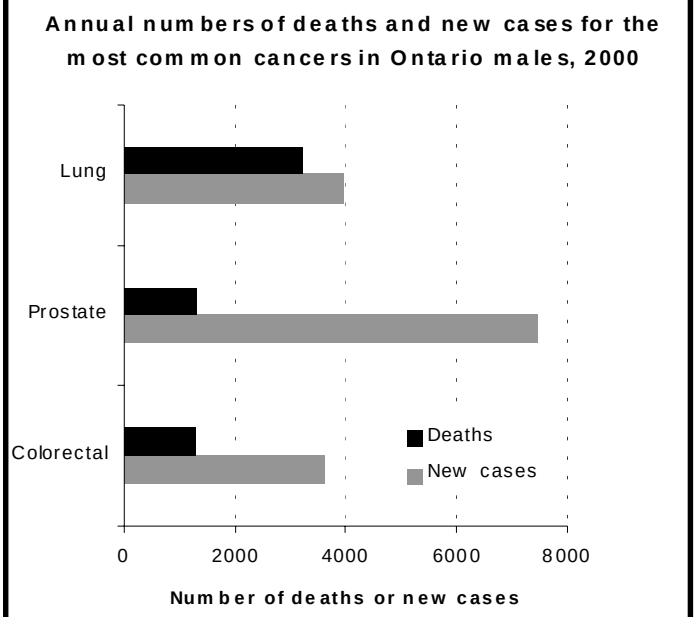
Prostate cancer is the most common cancer in Ontario men

Prostate cancer represents the highest number of any cancer diagnosed in Ontario men, with 7,444 cases per year compared with 3,962 for lung and 3,651 for colorectal cancer.

Mailing Label Goes Here

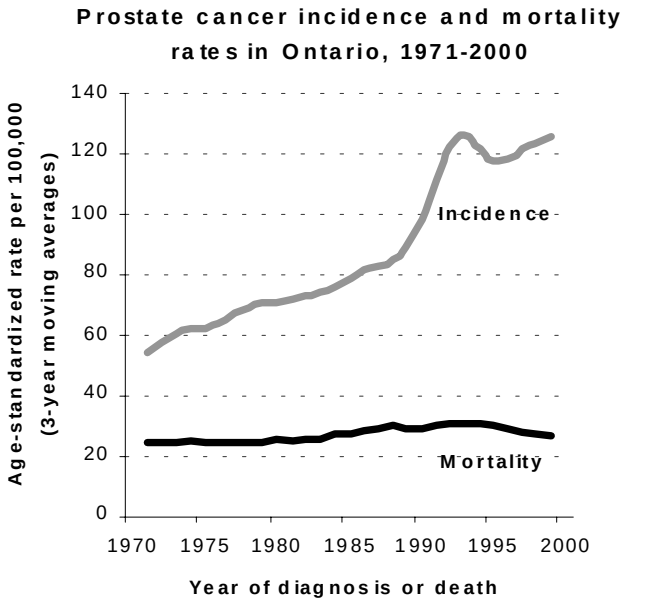
Many more men are diagnosed with prostate cancer than die from it

Figure 1



Source: Cancer Care Ontario (Ontario Cancer Registry, 2002)

Figure 2



Source: Cancer Care Ontario (Ontario Cancer Registry, 2002)

Prostate cancer caused 1,335 deaths in Ontario men in the year 2000. This was more than the 1,300 for colorectal cancer but far fewer than the 3,238 deaths in men due to lung cancer.

Incidence time trends

Incidence rates have been increasing steadily

The overall incidence of prostate cancer, adjusted for age, rose steadily in Ontario between 1971 and 1989. An abrupt increase between 1989 and 1992 was followed by a drop through 1995. After 1995 the gradual increase resumed. If this were to continue, estimated incidence for the year 2020 would be 144 per 100,000.

The reasons for the steady rise across the 1970s and 1980s are not clear; possible reasons include a real increase due to changes in risk factor prevalence or incidental findings in increasing numbers of men undergoing transurethral resection of the prostate for benign disease.

A sharp rise in rates, followed by a dip or leveling off, is a common pattern when a new screening test is introduced. This pattern for prostate cancer incidence likely represents additional cases found with the prostate-specific antigen (PSA) test. PSA testing has been available in Canada since 1986, but its use did not become widespread until the early 1990s.

Mortality time trends

Mortality rates are falling

Mortality rates for prostate cancer are much lower than incidence rates**.** Overall mortality rose steadily (1.3% per year) from 1971 to 1994. It has since fallen back rapidly to the level of the early 1970s. The decline was steepest for men aged 50-64; their mortality is lower in 2000 than at any time over the preceding 29 years.

The gradual increase in mortality up to the early 1990s probably reflects increasing incidence over earlier decades. Recent declines in mortality may be the result of improvements in treatment (improved hormone therapy and greater use of radical prostatectomy) or changes in whether or not deaths are attributed to prostate cancer.

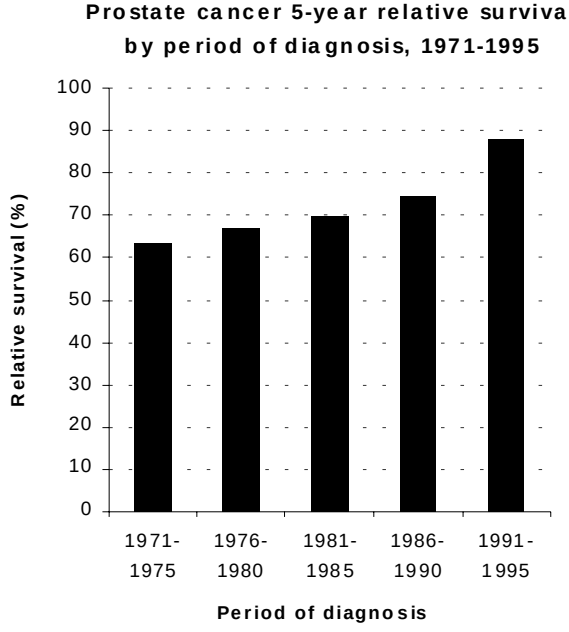
Survival

Survival for prostate cancer has improved

Relative survival* for men with prostate cancer improved steadily from 64% at five years after diagnosis for men diagnosed in 1971-1975 to 75% for men diagnosed

between 1986 and 1990. It then jumped to 88% for those diagnosed in 1991-1995.

The gradual improvement in survival between 1971-1975 and 1986-1990 may be due to better treatment, and finding prostate cancers at an earlier stage. The larger gain in survival for men diagnosed in 1991-1995 may be partly artificial, if PSA found some cancers so early that those men are living as long as they would have without their prostate cancer being detected.



Source: Cancer Care Ontario (Ontario Cancer Registry, 2002)

* Relative survival is a measure of the reduction in life expectancy due to a diagnosis of prostate cancer.

Risk factors

Important risk factors are age, family history, and African descent. There are currently few clear modifiable risk factors, although increased physical activity probably lowers the risk of prostate cancer.

Early detection

Screening for prostate cancer in the general population is not currently recommended. While the PSA test can detect early cancers, false-positive rates are high and there are significant risks associated with treating the disease once detected. Digital rectal examination can detect only cancers in the posterior and lateral aspects of the prostate. Transrectal ultrasound does not specifically detect prostate malignancies. Several reviews of the current evidence for PSA testing have concluded that risks outweigh benefits, or that evidence is insufficient for recommending for or against it.

Table 1

Reviewing body	Conclusion
US Preventive Services Task Force (2002)	Insufficient evidence to recommend for or against routine screening
Ontario's Ministry of Health and Long-Term Care (with a report from the Institute for Clinical Evaluative Sciences) (2002)	PSA should not be used for population-wide screening in asymptomatic males and is not paid for by the provincial health plan
Canadian Task Force on Preventive Health Care (1994)	Exclude routine screening with PSA from the periodic health examination of asymptomatic men over 50 years of age*

*Currently under review

Trials now underway in Europe and the US may provide evidence to support screening, perhaps in population subgroups. Screening tests do have a role to play in men whose doctors suspect that they may have prostate cancer, and perhaps for high-risk men (of African ancestry, for instance, or with a family history of symptomatic prostate cancer in a close relative).

For more information…

The full text of *Insight on Cancer. News and Information on Prostate Cancer* can be found on both the Canadian Cancer Society's and Cancer Care Ontario's websites. Please visit the "library section" of the Ontario pages of the Canadian Cancer Society's website located at www.cancer.ca, or visit www.cancercare.on.ca.

Dr. Marrett is a Senior Scientist, and Ms. Theis, Nishri and Bahl are Senior Research Associates, Division of Preventive Oncology, Cancer Care Ontario. Dr. Marrett is Associate Professor, Department of Public Health Sciences, University of Toronto. Dr. Paszat is a Scientist, Institute for Clinical Evaluative Sciences; Associate Professor, Departments of Radiation Oncology and Health Policy Management and Evaluation, University of Toronto; Head, Preventive Oncology, Toronto-Sunnybrook Regional Cancer Centre, Cancer Care Ontario.

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Lawrence Paszat, MD, MS, FRCPC

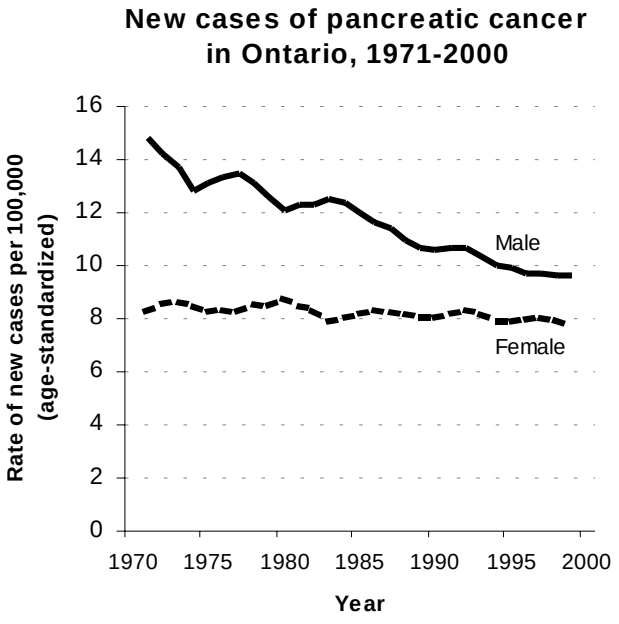
Ontario Cancer Facts

June 2003

Male pancreatic cancer rates down in past 30 years

Surveillance Unit, Division of Preventive Oncology, Cancer Care Ontario

Over the last 30 years, the rate of new cases of pancreatic cancer in men has decreased. This may be the result of declining smoking rates in Ontario men. Women's rates are lower than men's and have remained relatively steady. Pancreatic cancer is highly fatal,with less than 10 per cent of people diagnosed still alive after five years. It is the fifth most common cause of cancer deaths, even though it is the eleventh most common cancer in Ontario. Smoking is the main known cause of pancreatic cancer. Maintaining a healthy body weight and eating a lot of vegetables may lower the risk of the disease. Women who have their first child at age 20 or younger appear to have a lower risk of pancreatic cancer, suggesting that female hormones may affect risk. Chronic pancreatitis (chronic inflammation of the pancreas) increases risk but it is not clear if the condition leads directly to pancreatic cancer or just shares some of the same causes.



Source: Cancer Care Ontario (Ontario Cancer Registry, 2002)

For more information, talk to your health care provider or call Cancer Information Service (1-888-939-3333).

To view this cancer fact and other cancer statistics visit:
http://www.cancercare.on.ca/cancerfacts/home.html

Communiqué

Public Health Research, Education and Development Program

Sudbury & District Health Unit
Service de santé publique

THE NORTHERN ONTARIO PERINATAL AND CHILD HEALTH SURVEY: FINDINGS AND IMPLICATIONS

Introduction

In September 2000, the Ministry of Health and Long-Term Care, Public Health Branch, received funding from the Government of Ontario to support health unit-based Early Years projects. In 2002, as part of the overall Ontario Early Years initiative, each health unit was eligible for funding for Perinatal and Child Health Survey Strategies. The four key action areas identified as priorities for funding in the First Ministers' Meeting Communiqué on Early Child Development[1] were:

- Promoting healthy pregnancy, birth and infancy
- Improving parenting and family supports
- Strengthening early childhood development, learning and care
- Strengthening community supports

The **Northern Ontario Perinatal and Child Health Survey** gathered new data on perinatal and child health through a 2002 telephone survey of more than 3,000 Northern Ontario mothers with children six years of age and younger. The survey was a project of the Northern Ontario Perinatal and Child Health Survey Consortium, which has representation from the eight northern health units: Algoma, Muskoka-Parry Sound, North Bay & District, Northwestern, Porcupine, Sudbury & District, Thunder Bay District, and Timiskaming, as well as the Northern Health Information Partnership (NHIP), and the three northern universities: Lakehead, Laurentian and Nipissing. The Consortium is coordinated by the Public Health Research, Education & Development (PHRED) Program at the Sudbury & District Health Unit.

The results of this survey offer much-needed information for perinatal and child-focused program and service planning throughout Northern Ontario and at the individual health unit level. An introductory article described the developmental process of the survey, the sampling approach, weighting, and the collaboration of northern partners that made this project possible. This follow-up article focuses on the key findings and implications of the survey. A report entitled **Northern Ontario Perinatal and Child Health Survey Highlights Report: A First Look** presents initial findings from the survey. The survey is closely linked to a companion report also undertaken by the Consortium – the **Northern Ontario Baseline Child Health Information: Analysis of Secondary Data.** The "Baseline Report" presents existing data from secondary sources on the health of Northern Ontario children aged 0-6, and provides a very useful compendium of information to supplement the survey findings.

The selected main topic areas covered in the survey were:

- Parenting
- Breastfeeding
- Unintentional Injuries and Safety
- Asthma
- Food Security
- Prenatal and Child Nutrition

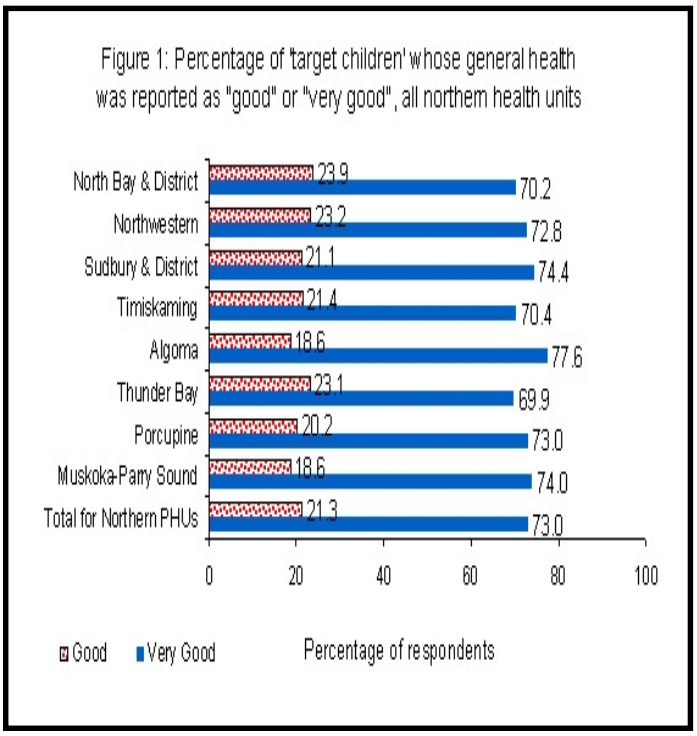
The telephone survey targeted Northern Ontario mothers of children aged 0-6. Only mothers were contacted for the survey, since several topic areas, such as breastfeeding and folic acid intake during pregnancy, were only applicable to mothers. For mothers with more than one child aged 0-6, the survey focused on the child who had the most recent birthday (the 'target child') in the family. This 'target child' approach ensured an equal chance of selection among the eligible children in a family.

Key Findings and Implications

Respondents were asked specific questions about household income, marital status, education level, employment, current main activity and ethnic background. Slightly more than a third of households reported total incomes of $60,000 or more, which is somewhat higher compared to income levels for households with young children as reported in the Ontario Health Survey 1996-97. Four per cent of mothers identified their ancestry as aboriginal. French was identified as the mother tongue for

15.5% of respondents. Fourteen per cent of respondents were single parents.

General health questions revealed that the majority of children were felt to be healthy, with 94.3% of respondents reporting that the health of the 'target child' was "good" or "very good" (with "very good" as the highest possible rating) (see Figure 1). Overall, 8.2% of 'target children' had been diagnosed with a serious illness, disability or special need.



Ninety-four per cent of respondents indicated that they have a family doctor. By age six, 86% of children had visited a dentist at least once.

Parenting

Parenting is one of the most important tasks in our society, and it carries with it many rewards and stresses. Just over half of the respondents indicated that they were left feeling drained and exhausted by the tasks of parenting, and just under a quarter reported that parenting made them tense or anxious. These results signal a need to increase supports to parents of young children.

Access to Services

Access to services and supports for all children and families is a particular concern in Northern Ontario and, therefore, was an area of interest for this survey.

A few highlights from the access to service data include:

- Fifty-five per cent of respondents stated that there was a family resource centre close to where they lived; however, family resource centres had only been used in the previous year by 21% of the above respondents.
- Although more than 92% of respondents with a child under 1 year of age indicated that prenatal classes were available in their area, fewer than 45% of respondents who had children less than 1 year of age indicated that they had attended the courses in the previous year.

When asked about obstacles to using family services, just over half reported not experiencing difficulties, while another 18.8% said they did not need the service. Among the 25% of respondents who mentioned a difficulty, lack of information about the services was the most common problem. This overview of access to support systems for parents will be particularly useful in planning services in each health unit area.

Children's Exposure to Second-Hand Smoke

According to Health Canada, there is no known safe level of second-hand smoke. Children who breathe second-hand smoke are more likely to suffer from asthma, respiratory problems, middle ear infections and other problems.[2]

One-quarter of mothers surveyed reported that their child was exposed to second-hand smoke during the pregnancy or within the six months after birth. Among mothers who breastfed, more than 15% smoked during the period in which they were breastfeeding. More than 20% of pregnant mothers smoked during their last pregnancy. When this survey finding is compared to results from the Baseline Report, no progress appears to have been made. The Baseline Report statistic from 1996 shows smoking among 21% of Northern Ontario women who were pregnant at the time of the survey. This presents an ongoing challenge to be addressed in the North, and underscores the importance of ongoing tobacco reduction program and policy interventions.

Breastfeeding

Breastfeeding of infants is universally recognized as having significant health benefits for mothers and babies. The results of the survey suggest that since 1995, there may be a small increasing trend in breastfeeding initiation rates in Northern Ontario, as shown in Figure 2, which presents the percentage of mothers who breastfed exclusively in the first 48 hours after birth, by the year of the target child's birth.

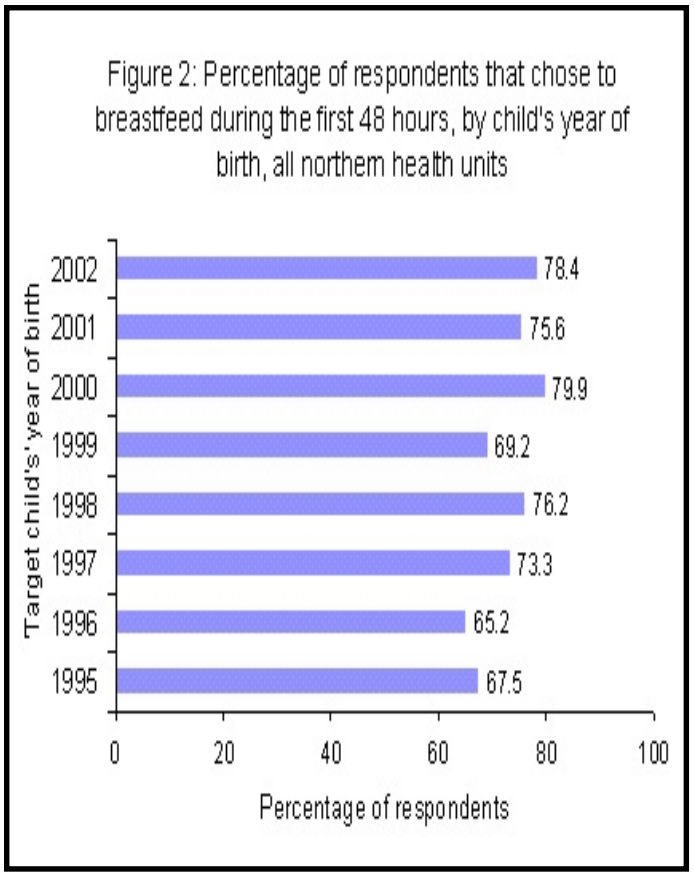
Respondents were asked about the importance of having

a special place for breastfeeding in various "non-traditional sites". The highest agreement was to have a special place in malls (84%), followed by workplaces (74%), then restaurants (68%). These findings will be useful to health promotion programmers and planners in helping to guide program and policy development to continue promotion of breastfeeding.

Unintentional Injuries and Safety

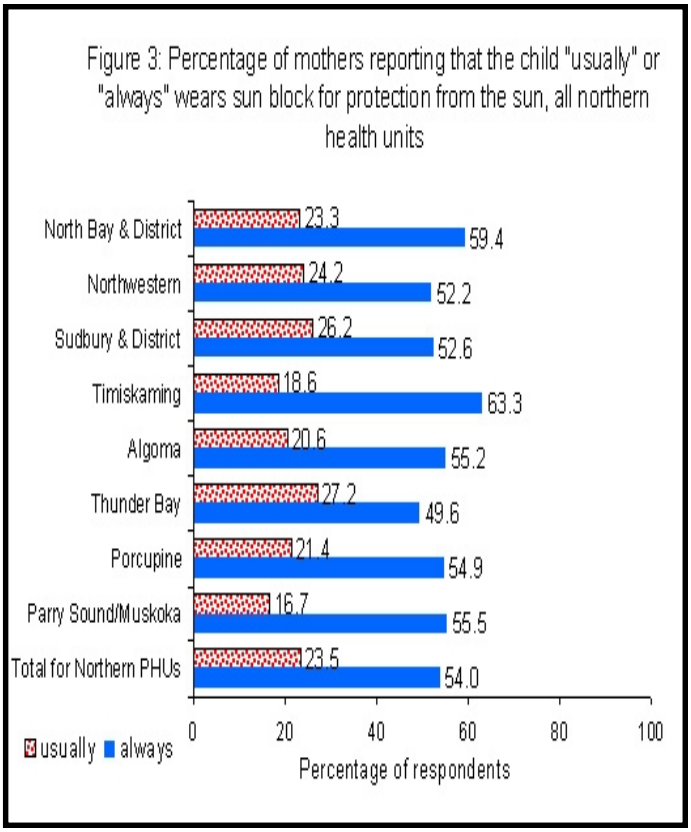
Falls and Poisoning

As reported in the Baseline Report, injury is a major cause of disability and death in Ontario, and particularly in Northern Ontario. Falls are a major source of childhood injury. Nine per cent of respondents to the NOPCHS indicated that the 'target child' had suffered a fall requiring medical attention in the past 12 months. Consistent with other reports of injury epidemiology, most of these respondents indicated that the home was the location of the fall. Fewer than two per cent of respondents indicated that the 'target child' had ever been treated for an accidental poisoning. In those cases that had received treatment, more than 81% visited the emergency room of the hospital. These findings will be useful for targeting injury prevention education programs.



Sun Safety

There is evidence[3] that a single sunburn in childhood may increase the risk of developing skin cancer later in life. Therefore, sun safety measures are important contributors to child health. As reported in the survey, over 90% of children usually or always wore a hat when they went outside and just over three-quarters usually or always wore sun block (see Figure 3). Although these rates are reported to be quite high across the eight northern health unit areas, the use of this protection does not appear to be consistent, given the relatively high proportion of "usually" responses. Based on these results, sun safety programming should place increased emphasis on consistent use of sun protection.



Asthma and Respiratory-Related Disorders

The decision to include questions about asthma and respiratory-related disorders was based on the rationale that northern areas are known to have higher rates of smoking, which may be linked to higher asthma rates in children. The proportion of households reporting a positive diagnosis for asthma and respiratory problems in the 'target child' is 13% across the eight northern health unit areas. The overall percentage of children in Ontario with asthma is estimated to be 10%. The results of our survey will be helpful in furthering asthma initiatives.

Food Security

Canada's Action Plan for Food Security[4], as a follow up to the 1996 World Food Summit, states that: "*Food Security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life*." In the NOPCHS survey, 11% of mothers indicated that in the previous 12 months "the food that we bought just didn't last, and we didn't have money to get more". These data suggest that two to three children in every classroom in Northern Ontario may not have enough food to eat at times.

The current findings from the survey confirm that there has been no improvement over the last six years when compared to 1996 findings documented in the Baseline Report. The observations of this current survey and previous research indicate a consistent and worrisome pattern concerning food insecurity. It should also be noted that these results might be an underestimate due to the slightly higher income groups in this sample and also since families without phones are excluded from the survey. Working within a population health model, these results present a challenge to service providers and all community partners concerned with child health in Northern Ontario.

Prenatal and Child Nutrition

Folic Acid Intake

It is recommended that women who might become pregnant should consume the B vitamin folic acid daily as a means to reduce the risk of neural tube defects in the unborn child. In this survey, 92.7% of the mothers interviewed had heard about folic acid. However, only 70.4% of mothers felt that they had enough information about folic acid to know whether they should be taking it. This suggests that more education and promotion is required in order to assist women to make informed choices with respect to folic acid.

Child Nutrition

Young children with nutritional problems have been shown to be at risk for growth, behavioural and developmental problems.[5] This survey offers never before available information on child nutrition. Although just over three-quarters of mothers indicated that their child "always" or "almost always" enjoys a wide variety of foods, 23% stated that this was true only "sometimes" or less often. Because eating a wide variety of foods is a possible indicator of good nutrition, this finding suggests that children's nutritional intake may be less than optimal for approximately one-quarter of children across the north.

The nutritional problems and concerns of young children can persist into adulthood. The results of this survey will help to direct public health agencies and their partners to increase the awareness of nutrition concerns such as malnutrition and nutrient deficiencies.

Conclusion and Future Directions

The Northern Ontario Perinatal and Child Health Survey and Baseline Report provide a solid base of northern data from which to increase our understanding of the health status of young children and families in our communities. The reports have been made available to health unit program staff and to community partners such as child and family service agencies, child care centres, school boards, children's health care providers, District Health Councils, and other interested parties. Key recipients will be Ontario Early Years Centres and other local Early Years initiatives. Based on the information contained in these reports, current health status and areas of particular need can be identified, so that programs can be effectively tailored to local circumstances.

Continued funding from the Ministry of Health and Long-Term Care through 2003 will allow five focused reports to be undertaken as a continuation of the work of the consortium. The reports will present in-depth analyses of the survey data, and will focus on the implications of the findings for child and family programs in health units and community programs. Topics of the focused reports are: Parenting and Access to Services; Breastfeeding; Child Health from a Determinants of Health Focus; Unintentional Injuries and Safety; and Nutrition.

From the outset, there were two main objectives to the NOPCHS initiative. First, we sought to obtain high quality data to guide northern child health program and policy decisions, especially in the area of health promotion. Second, we hoped to achieve a strong collaboration between northern health units, northern universities, NHIP and the PHRED Program. The consortium now looks ahead to building on its initial accomplishments to make the best use of the wealth of available data and to further the collaborative working relationships that have been developed across the north. Through distribution of the Highlights and Baseline reports, forthcoming focused reports, and a web-based interface that will allow Consortium partners to have ongoing access to the survey

data, the findings of the NOPCHS will be used as intended, moving our northern communities toward improved child health status. However, improvements in health status can only be determined by identifying changes over time. Ongoing health surveillance data are required to monitor child health indicators and to allow evaluation and improved planning of perinatal and child health initiatives.

French language versions of the reports will be available shortly. The Highlights and Baseline Reports, and Executive Summaries in French, are available online at:

http://www.sdhu.com/english/statistics/htmlfiles/Statistics_Health_Status_profiles.html.

Acknowledgements

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Thanks also to the Consortium partners who worked on this project. Data were provided by the Northern Ontario Perinatal and Child Health Survey Consortium, which is coordinated by the Sudbury & District Health Unit Public Health Research, Education, and Development (PHRED) Program. Consortium partners are: Algoma Health Unit, Muskoka-Parry Sound Health Unit, North Bay & District Health Unit, Northwestern Health Unit, Porcupine Health Unit, Sudbury & District Health Unit, Thunder Bay District Health Unit, Timiskaming Health Unit, Lakehead University, Laurentian University, Nipissing University, Northern Health Information Partnership. Financial support for the NOPCHS project was provided by the Government of Ontario.

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REFERENCES

1. First Minister's Meeting Communiqué on Early Child Development. Ottawa: September 11, 2000
2. www.hc-sc.gc.ca/english/media/releases/2002/2002_73bk2.htm

   Health Canada (2002). The facts: Second-hand smoke and youth. (March 31, 2003.)
3. Canadian Cancer Society. Canadian Cancer Statistics. Toronto: Author. 1999.
4. Agriculture and Agri-Food Canada, Food Security Bureau. Canada's action plan for food security: A Response to the World Food Summit. 1998.
5. Meeks-Gardner, JM, Grantham-McGregor, SM. Physical activity, undernutrition and child development. Proc Nutr Soc. 1994; 53:241-8.

Summary of Reportable Diseases in Ontario - April, 2003

Health Units by Region	Population 2001	AIDS	Campylo.	Chicken-pox	Chlamydia	Enceph./ Meningitis	GAS	Gonorrhea
Algoma	117,200			5	9			
North Bay	92,950		1	88	17			
Northwestern	75,085		1	9	22			2
Porcupine	84,755			16	12			
Sudbury	188,365			105	30			
Thunder Bay	152,800		3		25		1	4
Timiskaming	35,335				3			
Total - Northern	**746,490**		**5**	**223**	**118**		**1**	**6**
Eastern Ontario	185,975		2	1	10		1	
Hastings & Prince Edward	150,805		2		7		1	
Kingston, Frontenac & Lennox	178,065		1		16	1		
Leeds, Grenville & Lanark	159,100					1	1	
Ottawa	774,070		14	51	107		4	9
Renfrew	96,465			4	6		1	
Total- Eastern	**1,544,480**		**19**	**56**	**146**	**2**	**8**	**9**
Durham	506,900		7	126	60	1	3	6
Haliburton-Kawartha	161,770		7		9		1	
Muskoka-Parry Sound	80,500			4	7			
Peel	988,950		26	225	146	4		28
Peterborough	125,860		3	20	14	1	2	
Simcoe	377,030				24			
Toronto - total	2,481,495	3	53	481	447	3	13	124
North			*11*	*117*	*91*	*3*	*2*	*16*
South		*1*	*19*	*64*	*169*		*6*	*57*
East		*1*	*13*	*209*	*110*		*3*	*28*
West		*1*	*10*	*91*	*77*		*2*	*23*
York	728,980		9	108	37	4		1
Total - Central East	**5,451,485**	**3**	**105**	**964**	**744**	**13**	**19**	**159**
Grey Bruce	152,380			20	10		2	
Elgin-St. Thomas	81,560			27	7			
Huron	59,695		2	15	4		2	1
Chatham-Kent	107,705		1	43	3			
Lambton	124,295							
Middlesex-London	403,180		3		33	3	1	9
Oxford	99,265		1		5			2
Perth	73,680		1	16	3		1	
Windsor-Essex	374,985		6		38		1	5
Total - Southwest	**1,476,745**		**14**	**121**	**103**	**3**	**7**	**17**
Brant	118,085		2	96	10	1	1	1
Haldimand-Norfolk	104,580		1	16	9			
Halton	375,230		8		21	1	2	4
Hamilton	490,270	1	5	91	78		3	7
Niagara	410,570	1	7		31		3	8
Waterloo	438,515	1	9		49	1	2	8
Wellington-Dufferin-Guelph	238,315		3	16	20	1		1
Total - Central West	**2,175,565**	**3**	**35**	**219**	**218**	**4**	**11**	**29**
April 2003	**11,394,765**	**6**	**178**	**1,583**	**1,329**	**22**	**46**	**220**
*** Total YTD 2003**	**-**	**26**	**842**	**5,772**	**5,861**	**101**	**182**	**939**
*** Total YTD 2002**	**-**	**34**	**972**	**6,275**	**6,032**	**119**	**152**	**1,005**

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

** Infectious Syphilis cases include 'Primary, Secondary and Early Latent' staging effective January 1, 2003

* Adjusted for deletions and late reports.

Summary of Reportable Diseases in Ontario - April, 2003

Health Units by Region	Population 2001	Hepatitis A	Hepatitis B	Hepatitis C	Hib	Influenza	Measles	Meningo-coccal
Algoma	117,200			6				
North Bay	92,950			2				
Northwestern	75,085			3		6		
Porcupine	84,755			3		5		
Sudbury	188,365		1	16				1
Thunder Bay	152,800			11		8		1
Timiskaming	35,335							
Total - Northern	**746,490**		**1**	**41**		**19**		**2**
Eastern Ontario	185,975			5		4		
Hastings & Prince Edward	150,805	1						
Kingston, Frontenac & Lennox	178,065			2		1		
Leeds, Grenville & Lanark	159,100			4		2		
Ottawa	774,070	1		31		4		
Renfrew	96,465			2				
Total- Eastern	**1,544,480**	**2**		**44**		**11**		
Durham	506,900	1				2		1
Haliburton-Kawartha	161,770			16				
Muskoka-Parry Sound	80,500							
Peel	988,950	2		43		6		
Peterborough	125,860			7				
Simcoe	377,030							
Toronto - total	2,481,495	4	2	86		33		
North		*1*		*18*		*5*		
South				*38*		*14*		
East		*2*		*16*		*9*		
West		*1*	*2*	*14*		*5*		
York	728,980	2		11		6		
Total - Central East	**5,451,485**	**9**	**2**	**163**		**47**		**1**
Grey Bruce	152,380			3				
Elgin-St. Thomas	81,560			3		1		1
Huron	59,695							
Chatham-Kent	107,705					1		
Lambton	124,295							
Middlesex-London	403,180	1		12				
Oxford	99,265			3				
Perth	73,680			1				
Windsor-Essex	374,985	1		13	1	1		
Total - Southwest	**1,476,745**	**2**		**35**	**1**	**3**		**1**
Brant	118,085			6				
Haldimand-Norfolk	104,580			1				
Halton	375,230	1		3		3		
Hamilton	490,270	2		31		2		
Niagara	410,570			24		2		1
Waterloo	438,515			13		2		
Wellington-Dufferin-Guelph	238,315					1		
Total - Central West	**2,175,565**	**3**		**78**		**10**		**1**
April 2003	**11,394,765**	**16**	**3**	**361**	**1**	**90**		**5**
*** Total YTD 2003**	**-**	**40**	**23**	**1,639**	**2**	**421**	**4**	**19**
*** Total YTD 2002**	**-**	**42**	**46**	**1,804**		**2,140**		**20**

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** Infectious Syphilis cases include 'Primary, Secondary and Early Latent' staging effective January 1, 2003

* Adjusted for deletions and late reports.

Summary of Reportable Diseases in Ontario - April, 2003

Health Units by Region	Population 2001	Mumps	Pertussis	Rubella	Salmon.	Shigellosis	Syphilis Infectious**	VTEC
Algoma	117,200							
North Bay	92,950				1			
Northwestern	75,085				1		2	
Porcupine	84,755							
Sudbury	188,365							
Thunder Bay	152,800				1			
Timiskaming	35,335							
Total - Northern	**746,490**				**3**		**2**	
Eastern Ontario	185,975				1			
Hastings & Prince Edward	150,805				1			
Kingston, Frontenac & Lennox	178,065				1			
Leeds, Grenville & Lanark	159,100		1		1			
Ottawa	774,070		2		7	2		3
Renfrew	96,465							
Total- Eastern	**1,544,480**		**3**		**11**	**2**		**3**
Durham	506,900				2			
Haliburton-Kawartha	161,770				3	1		
Muskoka-Parry Sound	80,500		1					
Peel	988,950				7	2	1	1
Peterborough	125,860		6		1			
Simcoe	377,030				1			
Toronto - total	2,481,495		2		33	6	14	8
North					*8*		*3*	*3*
South					*8*	*4*	*9*	*1*
East			*2*		*6*	*2*	*1*	*3*
West					*11*		*1*	*1*
York	728,980		3		7			2
Total - Central East	**5,451,485**		**12**		**54**	**9**	**15**	**11**
Grey Bruce	152,380							
Elgin-St. Thomas	81,560		1					1
Huron	59,695							
Chatham-Kent	107,705							
Lambton	124,295							
Middlesex-London	403,180		2		4			
Oxford	99,265							
Perth	73,680							1
Windsor-Essex	374,985		1		5			
Total - Southwest	**1,476,745**		**4**		**9**			**2**
Brant	118,085				1			
Haldimand-Norfolk	104,580				2			
Halton	375,230				3			
Hamilton	490,270				4	1		
Niagara	410,570		1		12			4
Waterloo	438,515				3			
Wellington-Dufferin-Guelph	238,315		1		2	1		
Total - Central West	**2,175,565**		**2**		**27**	**2**		**4**
April 2003	**11,394,765**		**21**		**104**	**13**	**17**	**20**
*** Total YTD 2003**	**-**	**7**	**74**	**3**	**527**	**93**	**92**	**128**
*** Total YTD 2002**	**-**	**5**	**124**	**1**	**689**	**83**	**34**	**41**

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

** Infectious Syphilis cases include 'Primary, Secondary and Early Latent' staging effective January 1, 2003

* Adjusted for deletions and late reports.

Summary of Reportable Diseases
1st Quarter, 2003

Ministry of Health and Long-Term Care

Ontario

Summary of Reportable Diseases in Ontario - 1st Quarter 2003

Health Units by Region	Population 2001	AIDS	Campylo.	Chicken-pox	Chlamydia	Enceph./ Meningitis	GAS	Gonorrhea
Algoma	117,200		2	2	58	1	1	6
North Bay	92,950		2	80	33		4	
Northwestern	75,085			20	63		2	4
Porcupine	84,755		1	18	51		2	1
Sudbury	188,365		3	173	87	2		2
Thunder Bay	152,800		5	19	107			12
Timiskaming	35,335		1		12			
Total - Northern	**746,490**		**14**	**312**	**411**	**3**	**9**	**25**
Eastern Ontario	185,975		7	15	41		1	
Hastings & Prince Edward	150,805		5		58	1	1	1
Kingston, Frontenac & Lennox	178,065			3	87	3	3	2
Leeds, Grenville & Lanark	159,100		9	4		1	3	
Ottawa	774,070		53	264	297	9	8	34
Renfrew	96,465		5	1	16		3	3
Total- Eastern	**1,544,480**		**79**	**287**	**499**	**14**	**19**	**40**
Durham	506,900		19	674	157	5	10	18
Haliburton-Kawartha	161,770		6		26	1	2	1
Muskoka-Parry Sound	80,500		1	9	14			
Peel	988,950	2	79	519	406	6	9	68
Peterborough	125,860		4	36	55	2	3	2
Simcoe	377,030		5	8	21	1		
Toronto - total	2,481,495	13	198	920	1,579	21	19	434
North		*1*	*46*	*213*	*312*	*2*	*3*	*75*
South		*10*	*73*	*160*	*547*	*7*	*7*	*224*
East		*1*	*43*	*427*	*465*	*8*	*6*	*82*
West		*1*	*36*	*120*	*255*	*4*	*3*	*53*
York	728,980		88	137	175	9	5	28
Total - Central East	**5,451,485**	**15**	**400**	**2,303**	**2,433**	**45**	**48**	**551**
Grey Bruce	152,380		6	35	43			3
Elgin-St. Thomas	81,560		4	52	16		1	1
Huron	59,695		3	3	4			
Chatham-Kent	107,705		1	65	23	1		1
Lambton	124,295				2			
Middlesex-London	403,180	2	17		141	2	3	19
Oxford	99,265		3		30		2	3
Perth	73,680		3	31	17	2		
Windsor-Essex	374,985		26	284	121	1	6	13
Total - Southwest	**1,476,745**	**2**	**63**	**470**	**397**	**6**	**12**	**40**
Brant	118,085		3	157	56		7	1
Haldimand-Norfolk	104,580		5	27	16		4	
Halton	375,230		15		58	2	5	5
Hamilton	490,270	2	20	214	255	1	10	21
Niagara	410,570		30	283	141	1	5	19
Waterloo	438,515	1	19	36	204	6	14	15
Wellington-Dufferin-Guelph	238,315		16	100	62	1	3	2
Total - Central West	**2,175,565**	**3**	**108**	**817**	**792**	**11**	**48**	**63**
1st Quarter 2003	**11,394,765**	**20**	**664**	**4,189**	**4,532**	**79**	**136**	**719**
*** Total YTD 2003**	**-**	**20**	**664**	**4,189**	**4,532**	**79**	**136**	**719**
*** Total YTD 2002**	**-**	**29**	**716**	**4,573**	**4,529**	**86**	**129**	**772**

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** Infectious Syphilis cases include 'Primary, Secondary and Early Latent' staging effective January 1, 2003

* Adjusted for deletions and late reports.

Summary of Reportable Diseases in Ontario - 1st Quarter 2003

Health Units by Region	Population 2001	Hepatitis A	Hepatitis B	Hepatitis C	Hib	Influenza	Measles	Meningo-coccal
Algoma	117,200			19				
North Bay	92,950			10		6		1
Northwestern	75,085			4		1		
Porcupine	84,755			13		8		
Sudbury	188,365			35		13		
Thunder Bay	152,800			23		7		
Timiskaming	35,335			3		12		
Total - Northern	**746,490**			**107**		**47**		**1**
Eastern Ontario	185,975		2	13	1	10		
Hastings & Prince Edward	150,805	1	2	12		3		
Kingston, Frontenac & Lennox	178,065			12		18		
Leeds, Grenville & Lanark	159,100			17		6		
Ottawa	774,070			119		12		
Renfrew	96,465			6		4		1
Total- Eastern	**1,544,480**	**1**	**4**	**179**	**1**	**53**		**1**
Durham	506,900	2	1			6		
Haliburton-Kawartha	161,770		1	18		6		
Muskoka-Parry Sound	80,500	1		4		5		
Peel	988,950	5	1	95		45		3
Peterborough	125,860			28		2		
Simcoe	377,030			21		5		
Toronto - total	2,481,495	9	8	372		40	4	2
North		*2*	*3*	*75*		*5*	*3*	
South		*1*	*2*	*153*		*15*		
East		*5*	*1*	*81*		*12*	*1*	*2*
West		*1*	*2*	*63*		*8*		
York	728,980	1	1	55		15		1
Total - Central East	**5,451,485**	**18**	**12**	**593**		**124**	**4**	**6**
Grey Bruce	152,380		2	15		13		
Elgin-St. Thomas	81,560			10				1
Huron	59,695					1		
Chatham-Kent	107,705			9		6		
Lambton	124,295					7		
Middlesex-London	403,180			37		9		1
Oxford	99,265	1		5		7		
Perth	73,680			4		4		
Windsor-Essex	374,985			45		2		
Total - Southwest	**1,476,745**	**1**	**2**	**125**		**49**		**2**
Brant	118,085			14		4		
Haldimand-Norfolk	104,580			3		8		
Halton	375,230	1		36		6		2
Hamilton	490,270	2		84		17		
Niagara	410,570	1	1	83		10		
Waterloo	438,515			43		3		2
Wellington-Dufferin-Guelph	238,315		1	11		10		
Total - Central West	**2,175,565**	**4**	**2**	**274**		**58**		**4**
1st Quarter 2003	**11,394,765**	**24**	**20**	**1,278**	**1**	**331**	**4**	**14**
*** Total YTD 2003**	**-**	**24**	**20**	**1,278**	**1**	**331**	**4**	**14**
*** Total YTD 2002**	**-**	**32**	**33**	**1,323**		**1,928**		**13**

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** Infectious Syphilis cases include 'Primary, Secondary and Early Latent' staging effective January 1, 2003

* Adjusted for deletions and late reports.

Summary of Reportable Diseases in Ontario - 1st Quarter 2003

Health Units by Region	Population 2001	Mumps	Pertussis	Rubella	Salmon.	Shigellosis	Syphilis Infectious**	VTEC
Algoma	117,200	3	1		1			
North Bay	92,950		1		2			
Northwestern	75,085				1	1		
Porcupine	84,755		7		5			
Sudbury	188,365		1		5	1		
Thunder Bay	152,800				6	1		
Timiskaming	35,335							
Total - Northern	**746,490**	**3**	**10**		**20**	**3**		
Eastern Ontario	185,975		1		6			2
Hastings & Prince Edward	150,805		1		7			1
Kingston, Frontenac & Lennox	178,065		1					
Leeds, Grenville & Lanark	159,100		2		4	1		
Ottawa	774,070		11		30	8	5	1
Renfrew	96,465	1			1			
Total- Eastern	**1,544,480**	**1**	**16**		**48**	**9**	**5**	**4**
Durham	506,900				20	2		1
Haliburton-Kawartha	161,770				3			
Muskoka-Parry Sound	80,500		1			1		
Peel	988,950	2	4		46	12	1	2
Peterborough	125,860		6		1			2
Simcoe	377,030				7			
Toronto - total	2,481,495		1	3	99	30	63	4
North			*1*	*2*	*30*	*3*	*1*	
South					*28*	*18*	*57*	
East				*1*	*26*	*4*	*2*	*2*
West					*15*	*5*	*3*	*2*
York	728,980		1		46	4	2	6
Total - Central East	**5,451,485**	**2**	**13**	**3**	**222**	**49**	**49**	**15**
Grey Bruce	152,380				1	1		
Elgin-St. Thomas	81,560				1			
Huron	59,695				2	1		1
Chatham-Kent	107,705				1	1		
Lambton	124,295							
Middlesex-London	403,180				12			1
Oxford	99,265				1			
Perth	73,680		1		3			1
Windsor-Essex	374,985				20	5		1
Total - Southwest	**1,476,745**		**1**		**41**	**8**		**4**
Brant	118,085				3	1		1
Haldimand-Norfolk	104,580				2			1
Halton	375,230		5		15	3		5
Hamilton	490,270		1		20	1		69
Niagara	410,570	1	3		31	2	1	3
Waterloo	438,515		2		12	4	2	1
Wellington-Dufferin-Guelph	238,315		2		9		1	5
Total - Central West	**2,175,565**	**1**	**13**		**92**	**11**	**4**	**85**
1st Quarter 2003	**11,394,765**	**7**	**53**	**3**	**423**	**80**	**75**	**108**
*** Total YTD 2003**	-	**7**	**53**	**3**	**423**	**80**	**75**	**108**
*** Total YTD 2002**	-	**5**	**101**	**1**	**511**	**60**	**21**	**25**

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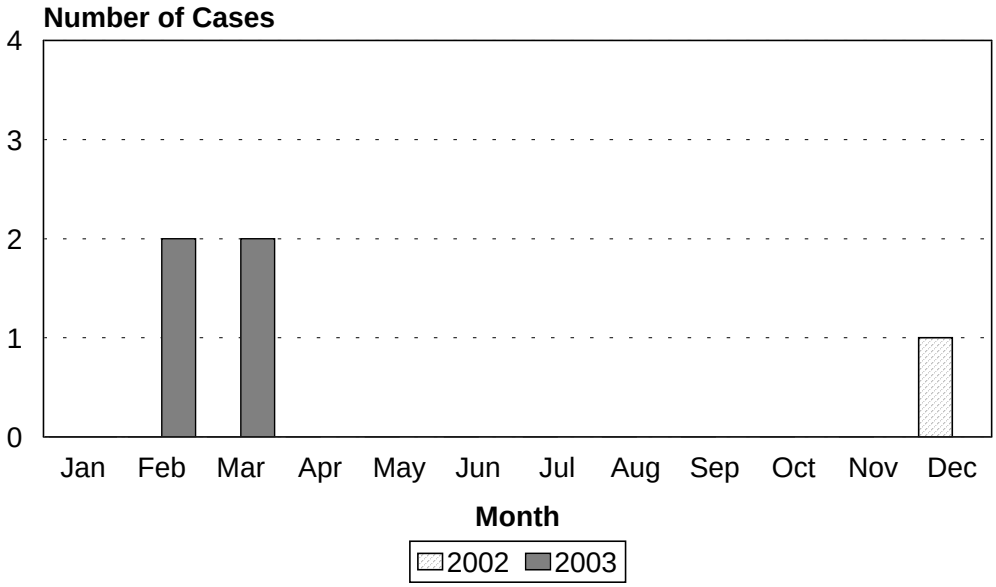
** Infectious Syphilis cases include 'Primary, Secondary and Early Latent' staging effective January 1, 2003

* Adjusted for deletions and late reports.

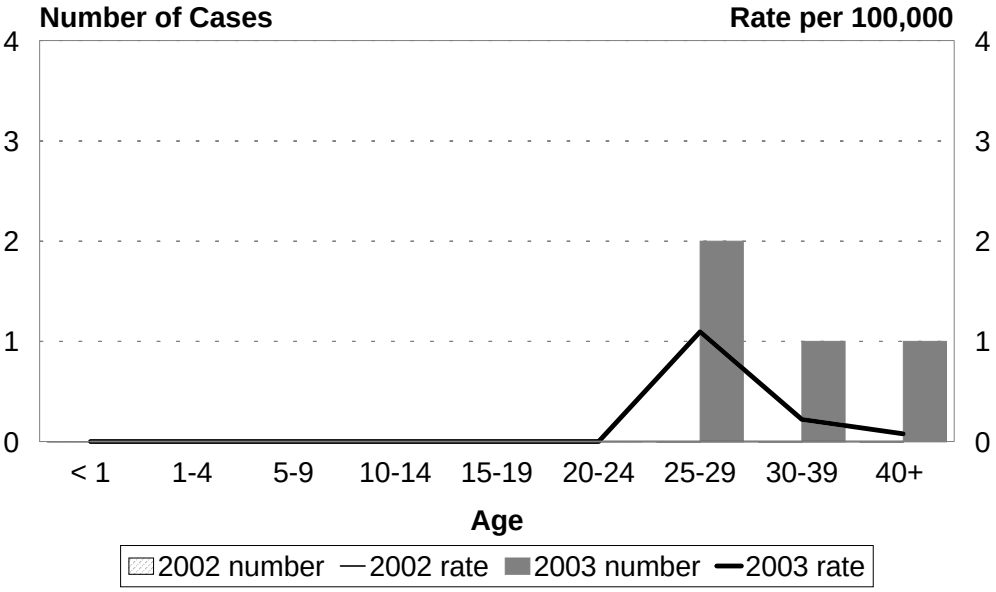
Vaccine Preventable and Other Diseases

Measles by Month
Ontario
January-March, 2002 and 2003



Total for 2002 includes "confirmed" and "probable" cases

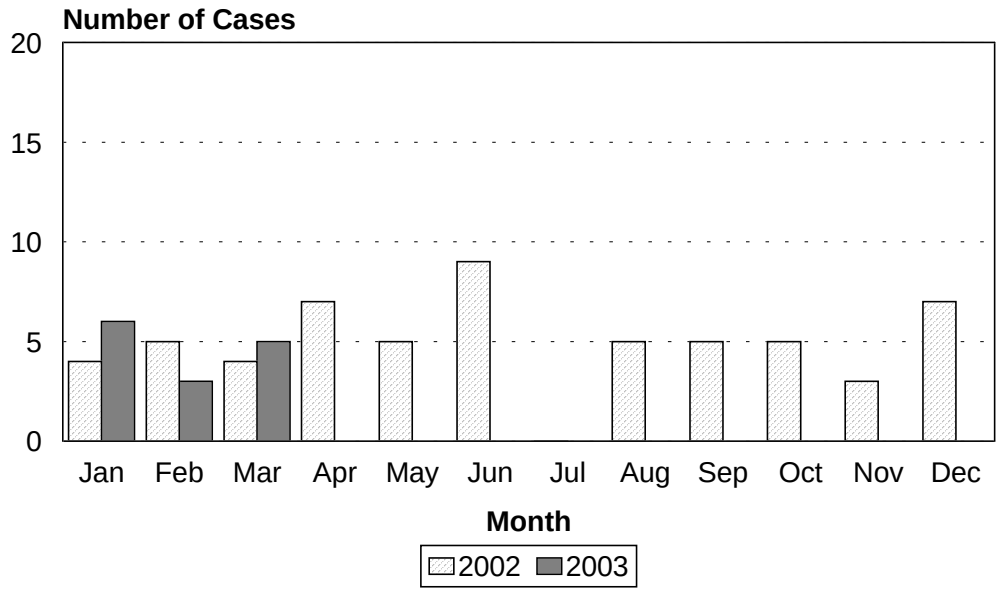
Measles by Age
Ontario
January-March, 2002 and 2003



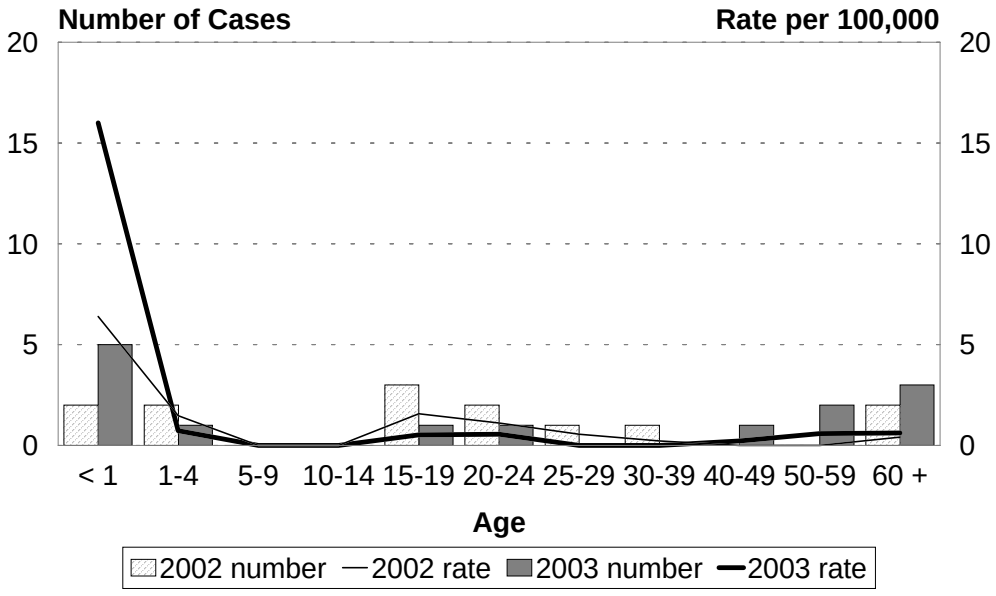
Total for 2002 includes "confirmed" and "probable" cases

Vaccine Preventable and Other Diseases

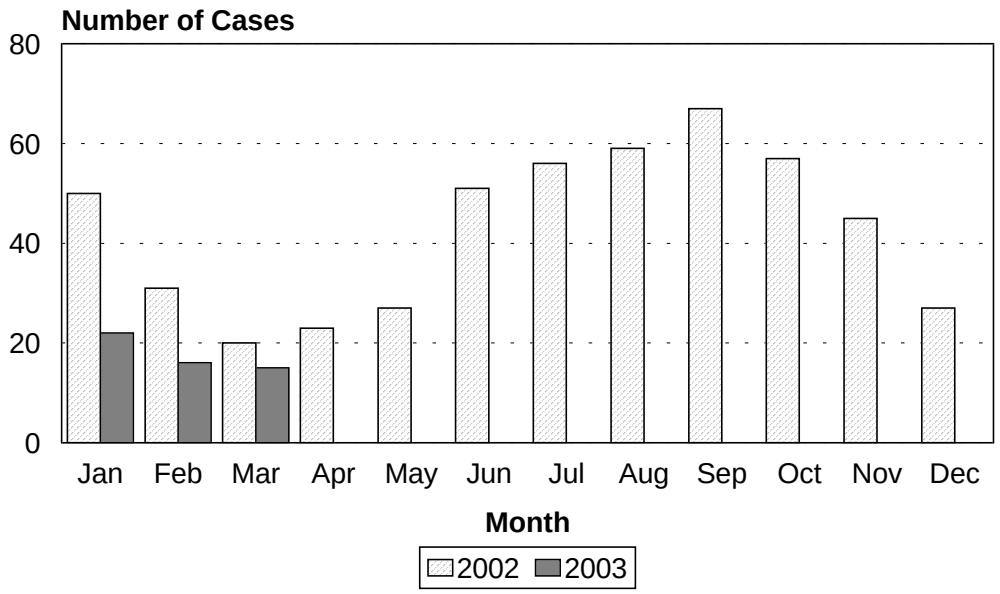
Meningococcal Disease by Month
Ontario
January-March, 2002 and 2003



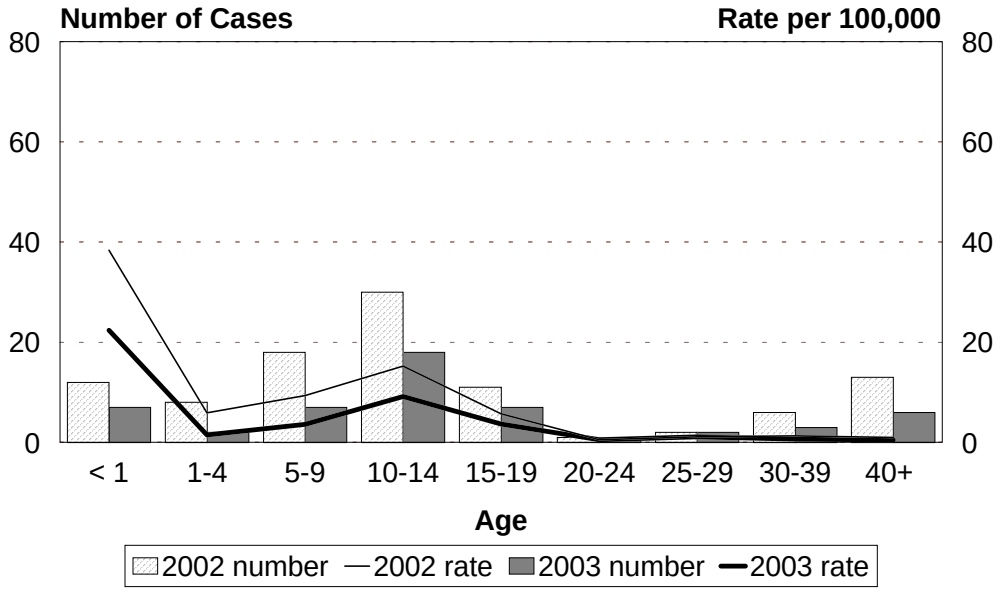
Meningococcal Disease by Age
Ontario
January-March, 2002 and 2003



Pertussis by Month
Ontario
January-March, 2002 and 2003

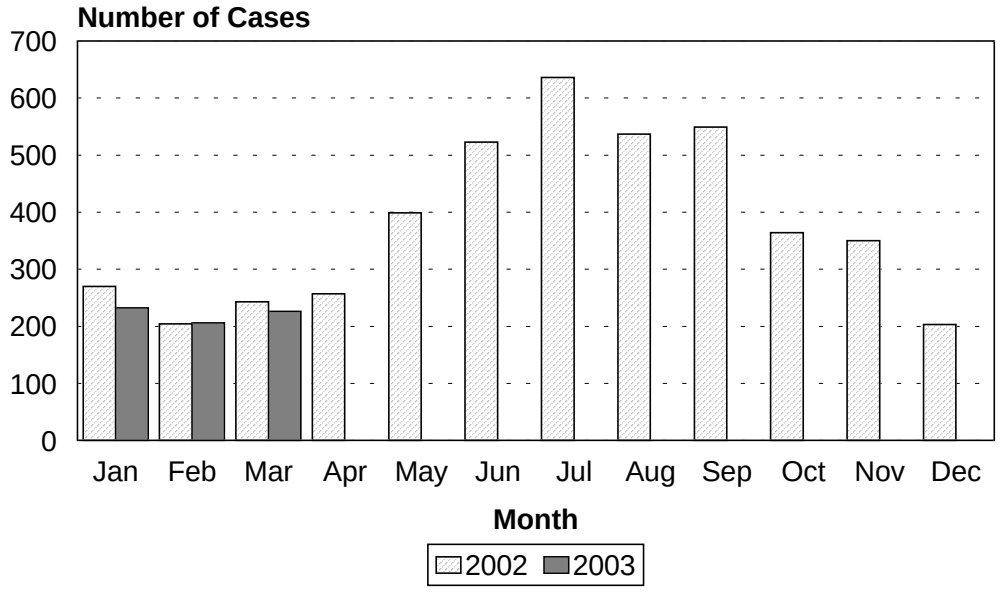


Pertussis by Age
Ontario
January-March, 2002 and 2003

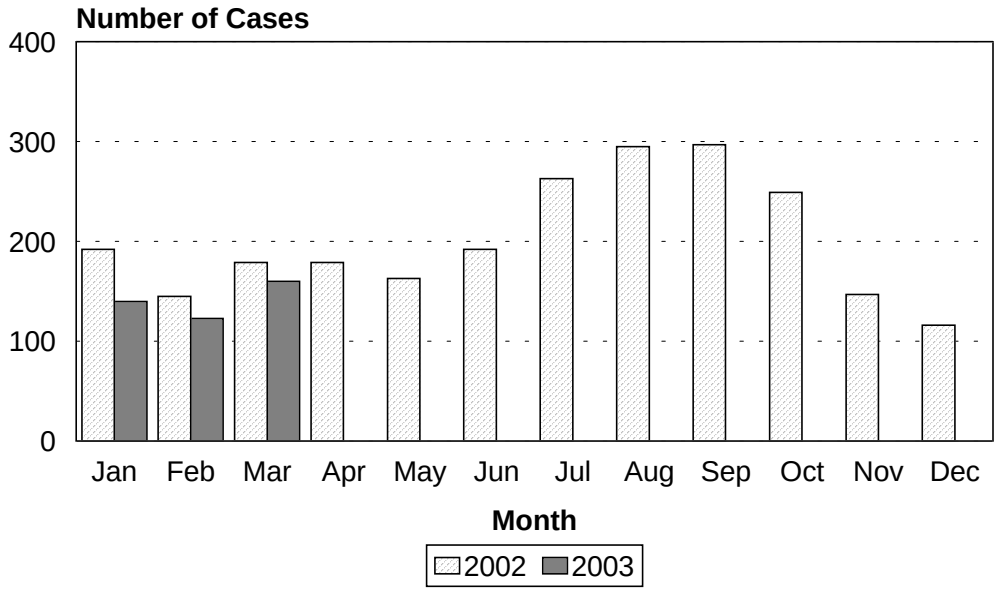


Enteric Diseases

Campylobacter by Month
Ontario
2002 to 2003

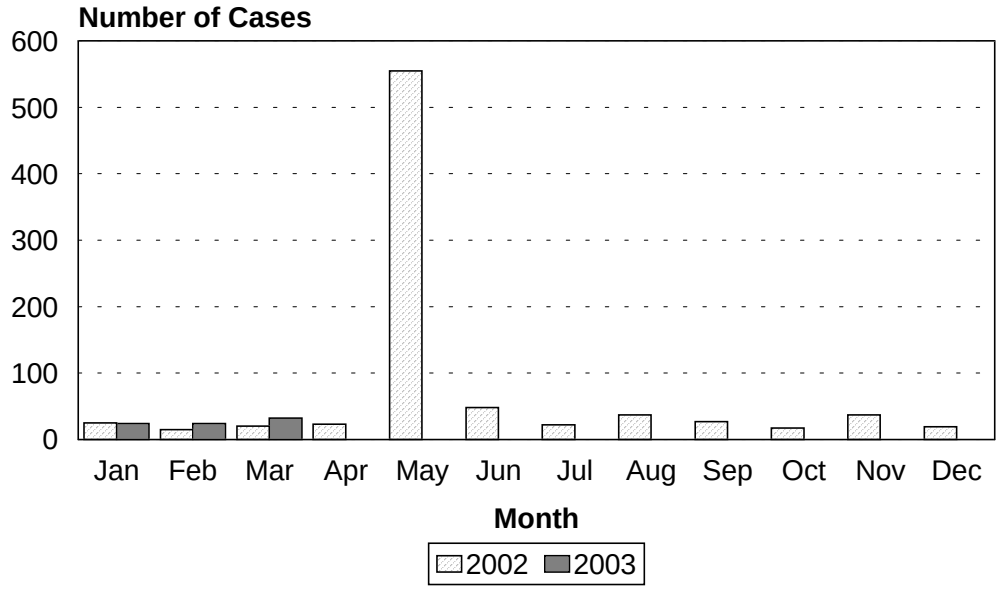


Salmonellosis by Month
Ontario
2002 to 2003

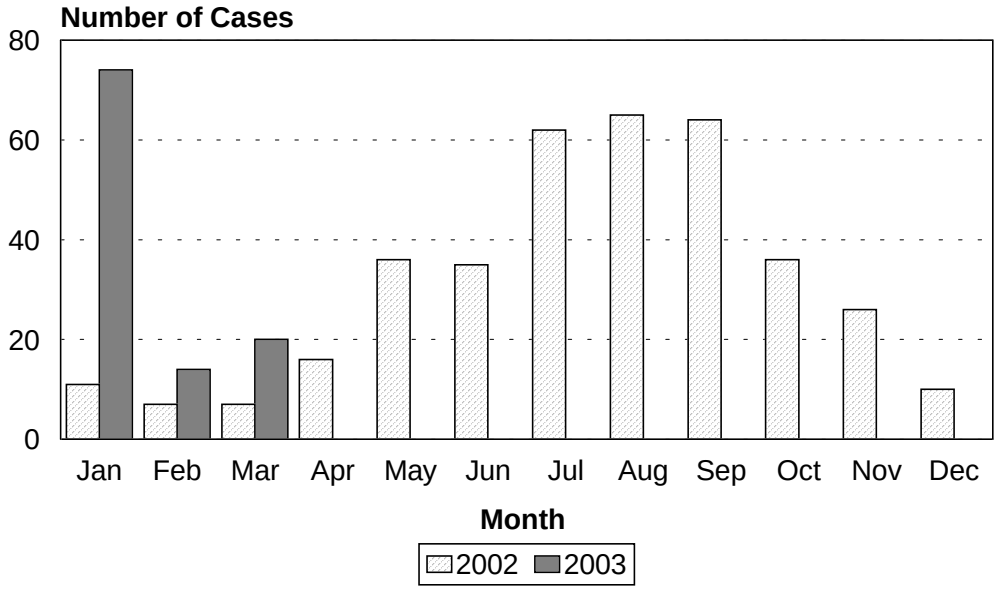


Enteric Diseases

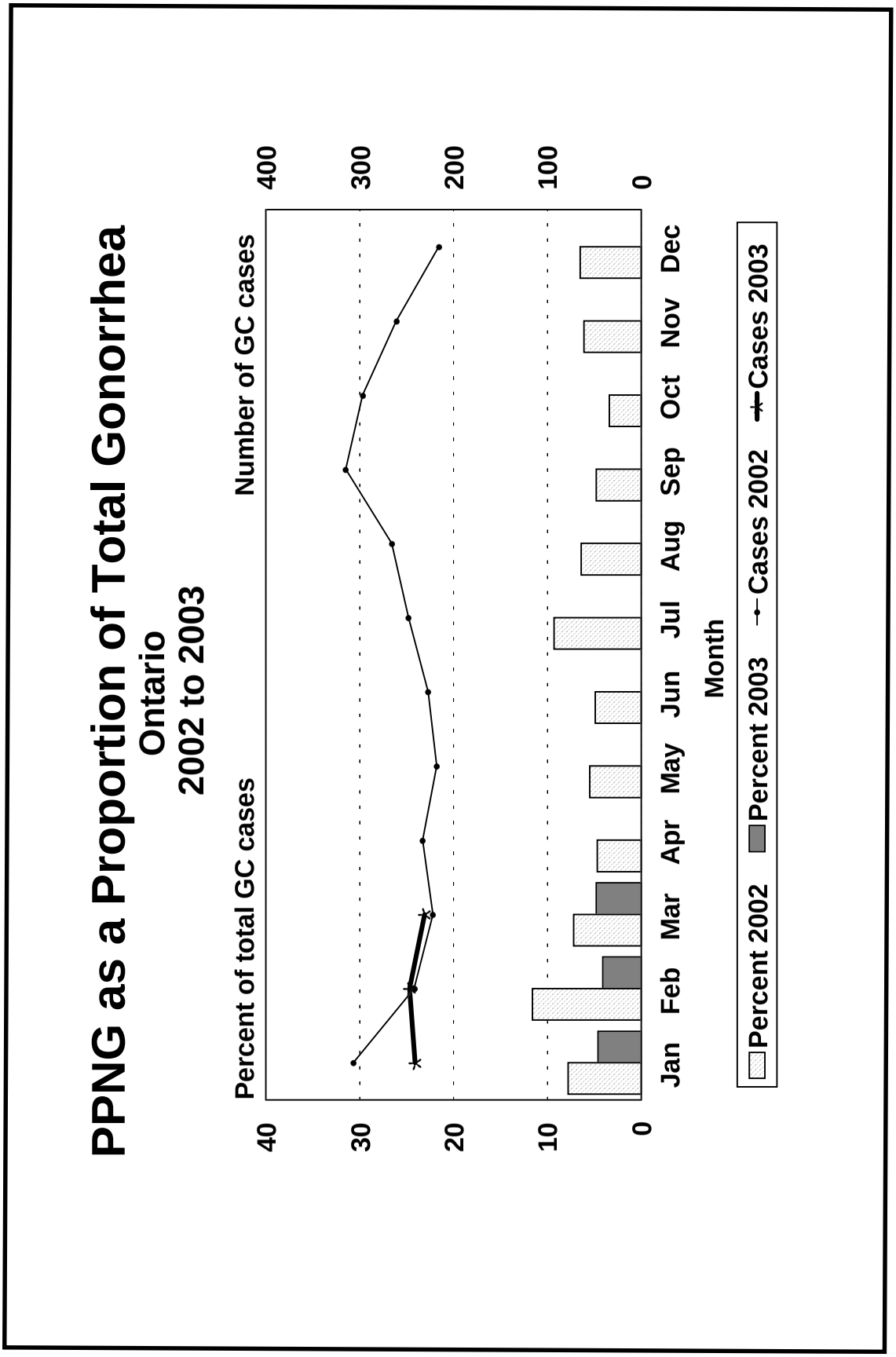
Shigellosis by Month
Ontario
2002 to 2003



Verotoxin-Producing E. coli Infections
Ontario
2002 to 2003



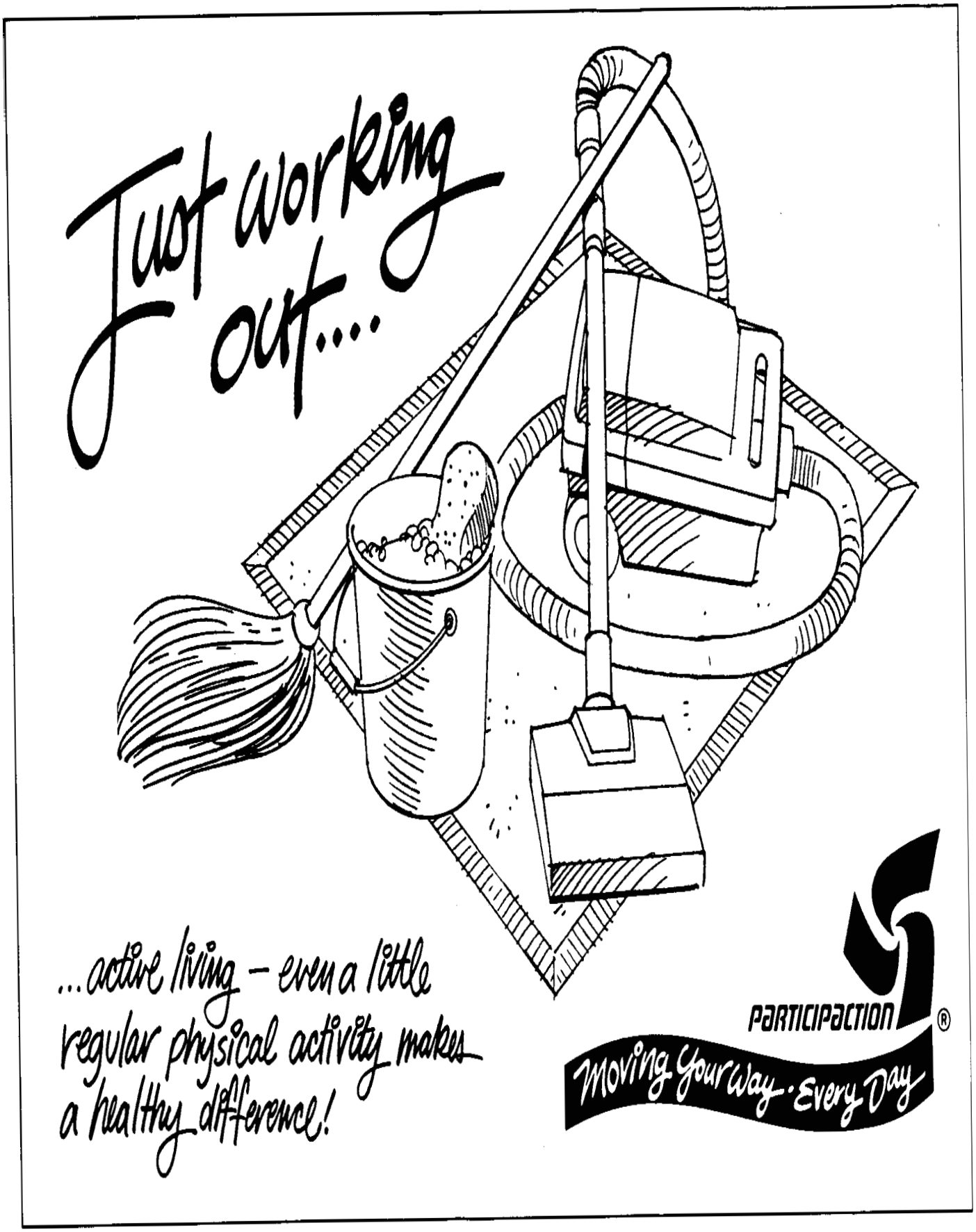
Sexually Transmitted Diseases



Reportable Disease Summary for First Nations and Inuit Health Branch
Ontario Region, January 1 - March 31, 2003

DISEASE	0 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 49		50 - 59		Over 60		UNK	Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Campylobacter Enteritis														1								1
Chickenpox (Varicella)	3	2	3													1						9
Chlamydia Trachomatis Infections							12	29	8	35	5	11	7	11	3	1						122
Giardiasis														1								1
Gonorrhea							2	2	3	5		1										13
Hepatitis C													1									1
Influenza	3	1					1															5
Tuberculosis											1		1						1			3

On-Reserve Population for MSB - Ontario Region = 68,874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