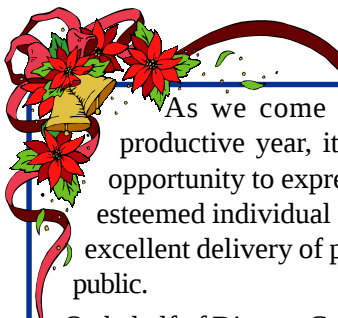


COMMUNICABLE DISEASE PROFILES

Volume 1, Issue 6: December 2002

A bi-monthly newsletter for Ontario public health units

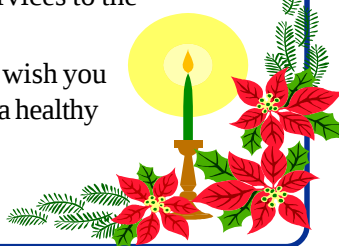


Seasons Greetings

As we come to the end of yet another busy and productive year, it is with great pleasure that I take this opportunity to express my gratitude and acknowledge your esteemed individual and collective contribution towards the excellent delivery of public health services to the public.

On behalf of Disease Control Service, I wish you and your loved ones a happy holiday and a healthy and prosperous New Year.

Dr. Kirsten Rottensten
(A) Physician Manager, DCS



Communicable Disease Profiles is published six times a year (February, April, June, August, October, and December), and is distributed to all Ontario public health units.

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Infectious Syphilis Cases Rising in Ontario

As many of you are already aware, the number of infectious syphilis cases reported in Ontario has been rising since the fall of 2001. The majority of these cases are reported from Toronto and Ottawa and the primary risk factor is men having sex with men (MSM), including contact in bathhouses. This pattern is consistent with reports from other Canadian cities including Montreal and Vancouver as well as several cities in the United States.

A preliminary review of Ontario's Reportable Disease Information System (RDIS) identified 117 cases of *Primary, Secondary and Early Latent* syphilis reported by health units from January 1, 2002 to October 31, 2002. This compares to 38 cases for the same period last year. The highest incidence is in men between the ages of 25 and 50.

The Toronto and Ottawa health departments have implemented several strategies to address this increase of syphilis in the defined risk population of MSM in bathhouses, which include:

- Partner notification of contacts of identified cases
- Offering testing clinics in bathhouses
- Communications/newsletters to area physicians

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- 2) **BSE May Have Caused Some Cases of CJD as Well as vCJD**
- 3) **Results of Packages or Materials Suspected to Contain Chemical or Biological Material**

- Outreach to the Gay men's organizations
- Outreach education in Gay bars
- Flyers placement in bathhouses
- Advertisements in Gay community newspapers

Issue # 6

The risk of acquiring HIV through unprotected sexual contact increases in the presence of other sexually transmitted diseases. It is therefore very important to counsel clients presenting for HIV testing of their risk of becoming infected with all sexually transmitted diseases including syphilis, gonorrhea and chlamydia.

Source: Disease Control Service, Public Health Branch

BSE May Have Caused Some Cases of CJD as Well as vCJD

Measures to protect the public from bovine spongiform encephalopathy (BSE)-like diseases have been called into serious question as researchers at University College London, UK, have suggested that the BSE epidemic in cattle might have caused 2 separate fatal brain conditions, not one as thought. Their stunning conclusion, that eating cheap cattle meat and offal might be responsible for some cases of sporadic Creutzfeldt-Jakob disease (CJD), as well as variant CJD (vCJD) or human BSE, will cause further reassessment of risks still posed by food and by infection through cross-contamination of surgical instruments and blood.

The results come from a continuing long-term study of laboratory mice engineered to express the human prion protein (PrP methionine 129), then injected in the brain with BSE-infected material. Some mice showed a molecular signature indistinguishable from human BSE; others a signature the same as that left by one of 3 forms of sporadic CJD. This means that reviews will be made as to whether some sporadic cases might be BSE-related, although hard evidence would be extremely difficult to find. The pattern of infectivity through the body is markedly different between sporadic CJD and variant CJD, meaning surveillance might now become more complicated.

The results appear to strengthen the possibility that more animals, and by extension humans, can act as infective carriers of the killer diseases well before full-blown symptoms occur. They cast another shadow over the safety of sheep, reinforcing concerns that they were infected with BSE as well as scrapie, a disease not known to be harmful to humans, and that one disease had "masked" the other.

There is no way yet that scientists can distinguish between cases that arose from spontaneous changing in the form of the prion protein linked to both diseases, and those that might be diet-related. The research could mean huge changes in the counseling of sporadic CJD patients and their families. This could also throw all the work that people have been doing on modeling the possible spread of diseases up in the air again.

Sporadic CJD was identified in the 1920s and affects mainly the middle-aged and elderly. Variant CJD was identified in 1995, with the average age of onset in the late 20s. As of October 1, 2002, a total of 167 confirmed CJD cases (including one vCJD case imported in Saskatchewan) have been reported in Canada. Of these, 69 are from Ontario.

Source: ProMED-mail Thursday 28 November 2002; [with DCS Edits]

Results of Packages or Materials Suspected to Contain Chemical or Biological Material

At the Public Health Branch (PHB), efforts to counter bioterrorism are focused on seven communicable disease causative agents, currently recognized as potential bioterrorism agents. Among these is *Bacillus anthracis* (causative agent of anthrax).

Since October 2001, public health and First Responders have been responding to reports of suspicious packages, envelopes and environmental materials from various individuals and locations throughout the province. In most cases, environmental samples have been collected and sent to the Central Public Health Laboratory (CPHL) in Toronto for testing for the presence of *B. anthracis*.

Between October 2001 and October 2002, 850 environmental samples or materials were received by CPHL. Thankfully, all the samples have tested negative for *B. anthracis*. Nearly all health units have had incidents, with the exception of Northwestern and Thunder Bay District health units. The top ten HUs with the largest number of reported incidents accounted for almost 80% of all incidents reported. With 315 incidents (37.06%), Toronto Public Health Unit reported the most incidents, followed by York Region Health Services with 106 (12.47%), and Ottawa with 51 (6%). Each of the remaining HUs reported less than 5% of the total incidents. Details of this report can be found in the PHERO issue quoted below.

Public Health Branch thanks all health units, the Central Public Health Laboratory staff, all First Responders, law enforcement and the general public who have participated - and continue to participate - in the public health bioterrorism preparedness and response.

Source: PHERO Volume 13, Number 8 [Edited]

