Public Health Ontario
PARTNERS FOR HEALTH

Santé publique Ontario
PARTENAIRES POUR LA SANTÉ

Monthly infectious diseases surveillance report

April 2017

Ontario
Agency for Health Protection and Promotion
Agence de protection et de promotion de la santé

Reportable disease cases by month in Ontario, 2017

Table 1. Confirmed cases of reportable diseases, and probable cases of select reportable diseases, by month: Ontario, 2017

Reportable disease	2017 Case counts by month												2017 Year-to-month (Feb)		2012-2016 avg Year-to-month (Feb)	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Count	Rate ŧ	Count	Rate ŧ
Acute Flaccid Paralysis	1	1											2	0.1	n/a	n/a
AIDS	2	3											5	0.4	15.0	1.1
Amebiasis	77	53											130	9.2	134.0	9.8
Botulism	0	0											0	0.0	0.0	0.0
Brucellosis	0	0											0	0.0	0.6	0.0
Campylobacter enteritis	188	172											360	25.5	379.2	27.7
Chlamydial Infections	3908	3259											7167	507.2	6283.0	459.3
Cholera	0	0											0	0.0	0.0	0.0
Cryptosporidiosis	22	15											37	2.6	32.0	2.3
Cyclosporiasis	3	0											3	0.2	3.4	0.2
Encephalitis	6	0											6	0.4	5.6	0.4
Encephalitis/Meningitis	12	6											18	1.3	19.4	1.4
Food Poisoning, All Causes	15	17											32	2.3	6.6	0.5
Giardiasis	96	69											165	11.7	205.6	15.0
Gonorrhoea (All Types)	555	440											995	70.4	856.0	62.6
Group A Streptococcal Disease, Invasive	95	86											181	12.8	134.4	9.8
Group B Streptococcal Disease, Neonatal	6	3											9	0.6	8.4	0.6
Haemophilus Influenzae B Disease, Invasive	2	0											2	0.1	0.6	0.0
Hepatitis A	6	2											8	0.6	16.2	1.2

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Hepatitis B (Acute)	12	10											22	1.6	19.8	1.4
Hepatitis B (Chronic)	108	73											181	12.8	356.0	26.0
Hepatitis C	417	345											762	53.9	706.4	51.6
HIV	65	55											120	8.5	120.2	8.8
Influenza	4584	2545											7129	504.5	4201.0	307.1
Legionellosis	6	10											16	1.1	12.6	0.9
Leprosy	0	0											0	0.0	0.6	0.0
Listeriosis	3	0											3	0.2	6.0	0.4
Lyme Disease	2	0											2	0.1	5.8	0.4
Malaria	19	8											27	1.9	20.8	1.5
Measles	0	0											0	0.0	#	#
Meningitis	11	13											24	1.7	14.4	1.1
Meningococcal Disease, Invasive	4	3											7	0.5	6.0	0.4
Mumps	9	41											50	3.5	3.4	0.2
Ophthalmia neonatorum	0	0											0	0.0	1.0	0.1
Paralytic Shellfish Poisoning	0	0											0	0.0	n/a	n/a
Paratyphoid Fever	2	2											4	0.3	8.0	0.6
Pertussis (Whooping Cough)	38	25											63	4.5	52.4	3.8
Q Fever	0	0											0	0.0	2.0	0.1
Rabies	0	0											0	0.0	0.0	0.0
Rubella	0	0											0	0.0	#	#
Rubella, Congenital Syndrome	0	0											0	0.0	#	#
Salmonellosis	188	192											380	26.9	439.4	32.1
Shigellosis	23	11											34	2.4	51.2	3.7
Streptococcus Pneumoniae, Invasive	124	84											208	14.7	219.6	16.1
Syphilis, Early Congenital	0	0											0	0.0	0.0	0.0

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Syphilis, Infectious	129	79											208	14.7	155.4	11.4
Syphilis, Other	48	43											91	6.4	113.0	8.3
Tetanus	0	0											0	0.0	0.4	0.0
Tuberculosis*	50	43											93	6.6	85.2	6.2
Tularemia	0	0											0	0.0	0.0	0.0
Typhoid Fever	8	7											15	1.1	14.2	1.0
Verotoxin Producing E. coli Including HUS	4	7											11	0.8	13.0	1.0
West Nile Virus Illness	0	0											0	0.0	0.0	0.0
Yellow Fever	0	0											0	0.0	0.4	0.0
Yersiniosis	14	16											30	2.1	34.4	2.5

ŧ Rates are for cases per 1,000,000 population.

n/a Acute Flaccid Paralysis and Paralytic Shellfish Poisoning became reportable in Ontario in December 2013; therefore, five-year historical data are not yet available for comparisons (n/a).

Historical comparison data are not provided for measles, rubella, and congenital rubella syndrome because these diseases have been eliminated in Canada. However, as these diseases remain endemic in other countries, imported and import-related cases continue to occur in Ontario.

***** Tuberculosis counts in the April monthly report may be inaccurate as an issue has been identified in Cognos. TB clients with multiple TB diagnoses entered in iPHIS were counted according to the date of their most recent TB diagnosis, as opposed to the date of their earliest diagnosis. This can have an impact on the accuracy of the monthly counts by causing TB clients with multiple TB diagnoses reported in iPHIS to be counted months later than they should be.

Ontario Cases: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted by Public Health Ontario [2017/04/12].
Ontario Population: Population Projections [2016-2017] and Estimates [2012-2015], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Date Extracted: [2016/09/02].

Data notes and caveats

- iPHIS is a dynamic reporting system which allows ongoing updates to data previously entered. As a result, data extracted from iPHIS represent a snap shot at the time of extraction and may differ from previous or subsequent reports. The data only represent cases reported to public health and recorded in iPHIS, that meet the Ontario Ministry of Health and Long-Term Care's confirmed and/or probable surveillance case definitions in place at the time that the case was reported. The potential for underreporting and unresolved duplicates exists.
- Case counts for amebiasis, Lyme disease, mumps, pertussis, and West Nile Virus illness are based on the sum of confirmed and probable cases as reported in iPHIS. All other diseases reported in the table are based on confirmed cases only.
- Chronic and acute hepatitis B case counts are not mutually exclusive and should not be added to obtain a total for hepatitis B cases in Ontario.
- A case is reported as encephalitis and/or meningitis when an agent is not specifically identified through laboratory testing or is not reportable.
- Table 1 is not an exhaustive list of all reportable diseases in Ontario. Historical annual counts and rates for most reportable diseases are available in the Reportable Disease Trends in Ontario reports. The following reportable diseases/outbreaks are omitted from the table:
- Counts of Creutzfeldt-Jakob disease, which are not updated frequently enough for monthly publication as a result of an additional data reconciliation step that is required.
- Diseases that are extremely rare or have zero incidence in recent years: anthrax, chancroid, diphtheria, hantavirus pulmonary syndrome, hemorrhagic fevers and Lassa fever, plague, acute poliomyelitis, psittacosis/ornithosis, severe acute respiratory syndrome (SARS), smallpox, and trichinosis.
- Diseases that are only reportable in outbreak situations or as a combination of individual and aggregate counts: chickenpox (varicella), *Clostridium difficile* infection (CDI) outbreaks in public hospitals, and institutional outbreaks of gastroenteritis and respiratory infections.
- Detailed reporting on institutional outbreaks of respiratory infections is available in the Ontario Respiratory Pathogen Bulletin.
- Information on CDI outbreaks in public hospitals is available in the Reportable Disease Trends in Ontario reports.
- Cases that do not reside in Ontario or for whom the Disposition Status was reported as entered in error, does not meet definition, or as a duplicate record have been excluded.
- Case counts for tuberculosis and AIDS are based on diagnosis date, HIV case counts are based on encounter date, congenital rubella syndrome cases are based on the date of birth, and case counts for all other diseases are based on episode date. The episode date is an estimate of the onset date

of disease for a case. In order to determine this date, the following hierarchy is in place in iPHIS: Onset Date > Specimen Collection Date > Lab Test Date > Reported Date. If an onset date exists ,it will be used as the episode date. If not available, then the next available date in the hierarchy will be used.