Public Health Ontario | Santé publique Ontario

SURVEILLANCE REPORT

Monthly Infectious Diseases Surveillance Report (July 2018)

Reportable disease cases by month in Ontario, 2018

Table 1. Confirmed cases of reportable diseases, and probable cases of select reportable diseases, by month: Ontario, 2018

Reportable disease	2018 Case counts by month												2018 Year-to-month (May)		2013-2017 avg Year-to-month (May)	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Count	Rate ŧ	Count	Rate ŧ
Acute Flaccid Paralysis	0	0	0	0	0								0	0.0	n/a	n/a
AIDS	8	6	3	4	7								28	1.9	29.2	2.1
Amebiasis	37	43	43	32	33								188	13.0	349.8	25.3
Botulism	1	0	0	2	0								3	0.2	0.2	0.0
Brucellosis	0	0	2	0	0								2	0.1	1.4	0.1
Campylobacter enteritis	164	166	176	196	224								926	64.1	1060.4	76.6
Chlamydial Infections	4065	3463	4042	3777	3741								19088	1322.0	16020.6	1156.7
Cholera	0	0	0	0	0								0	0.0	0.4	0.0
Cryptosporidiosis	31	29	41	39	34								174	12.1	89.6	6.5
Cyclosporiasis	3	3	6	8	36								56	3.9	44.6	3.2
Encephalitis	4	2	3	1	0								10	0.7	12.4	0.9
Encephalitis/Meningitis	7	12	9	10	13								51	3.5	46.6	3.4
Food Poisoning, All Causes	12	2	5	2	1								22	1.5	23.0	1.7
Giardiasis	118	112	124	95	113								562	38.9	480.4	34.7
Gonorrhoea (All Types)	708	664	661	747	832								3612	250.2	2319.0	167.4
Group A Streptococcal Disease, Invasive	137	121	95	125	103								581	40.2	345.8	25.0
Group B Streptococcal Disease, Neonatal	5	5	10	2	4								26	1.8	22.2	1.6
Haemophilus Influenzae Disease, All Types, Invasive*	0	0	0	10	23								n/a	n/a	n/a	n/a
Hepatitis A	4	8	5	7	17								41	2.8	38.6	2.8

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Hepatitis B (Acute)	6	12	5	7	8								38	2.6	44.8	3.2
Hepatitis B (Chronic)	134	105	102	101	90								532	36.8	n/a	n/a
Hepatitis C	402	384	428	405	409								2028	140.5	1842.0	133.0
HIV	66	66	57	80	61								330	22.9	305.8	22.1
Influenza	6053	5726	3045	1243	170								16237	1124.5	8809.0	636.0
Legionellosis	10	13	7	7	9								46	3.2	33.4	2.4
Leprosy	0	0	0	0	0								0	0.0	2.0	0.1
Listeriosis	4	7	8	2	6								27	1.9	18.8	1.4
Lyme Disease	6	6	4	2	34								52	3.6	42.8	3.1
Measles	0	2	2	0	2								6	0.4	#	#
Meningitis	12	8	17	8	9								54	3.7	45.2	3.3
Meningococcal Disease, Invasive	7	3	3	2	3								18	1.2	13.0	0.9
Mumps	18	24	20	4	10								76	5.3	38.2	2.8
Ophthalmia neonatorum	1	0	0	0	0								1	0.1	1.4	0.1
Paralytic Shellfish Poisoning	0	0	0	0	0								0	0.0	n/a	n/a
Paratyphoid Fever	2	1	2	4	3								12	0.8	20.6	1.5
Pertussis (Whooping Cough)	40	27	21	21	36								145	10.0	143.4	10.4
Q Fever	0	0	0	1	0								1	0.1	5.6	0.4
Rabies	0	0	0	0	0								0	0.0	0.0	0.0
Rubella	0	0	0	0	0								0	0.0	#	#
Rubella, Congenital Syndrome	0	0	0	0	0								0	0.0	#	#
Salmonellosis	235	196	228	177	216								1052	72.9	1152.0	83.2
Shigellosis	26	22	28	21	17								114	7.9	119.8	8.6
Streptococcus Pneumoniae, Invasive	140	147	140	140	103								670	46.4	529.6	38.2
Syphilis, Early Congenital	0	1	1	0	0								2	0.1	1.0	0.1
Syphilis, Infectious	137	114	159	141	129								680	47.1	469.0	33.9
Syphilis, Other	82	61	82	61	71								357	24.7	274.4	19.8
Tetanus	0	0	0	0	0								0	0.0	0.8	0.1
Tuberculosis	40	30	62	46	46								224	15.5	253.2	18.3

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Tularemia	0	0	0	0	0								0	0.0	0.2	0.0
Typhoid Fever	8	9	19	12	10								58	4.0	35.4	2.6
Verotoxin Producing E. coli Including HUS	7	5	7	13	13								45	3.1	40.0	2.9
West Nile Virus Illness	0	0	0	0	0								0	0.0	0.2	0.0
Yersiniosis	29	26	37	30	16								138	9.6	99.8	7.2

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

***** Prior to May 1, 2018, only *Haemophilus influenzae* (Hi) serotype b was reportable. As of May 1, 2018, all serotypes (a, b, c, d, e, f, non-typeable, and undifferentiated) became designated under diseases of public health significance under Hi. As of May 1, 2018, cases of non-type b Hi were reported in iPHIS, some with accurate episode dates in April. All serotypes of Hi with reported dates as of May 1, 2018, regardless of the episode date, are included in Table 1. Two of the ten cases of Hi with accurate episode dates in April were serotype b.

n/a Acute Flaccid Paralysis and Paralytic Shellfish Poisoning became reportable in Ontario in December 2013, and Hepatitis B (Chronic) became reportable in Ontario in December 2014; therefore, five-year historical data are not yet available for comparisons (n/a). Given the changes in reporting for Hi, year-to-month and five-year historical data are not provided 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.

Ontario Cases: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted by Public Health Ontario [2018/07/11].
Ontario Population: Population Projections [2017-2018] and Estimates [2013-2016], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Dates Extracted [2017/10/24] for Projections and [2017/10/19] for Estimates.

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, invasive *Haemophilus influenzae* disease (all types), invasive meningococcal disease, 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.