Public Health Ontario | Santé publique Ontario

SURVEILLANCE REPORT

Monthly Infectious Diseases Surveillance Report (October 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 (August)		2013-2017 avg Year-to-month (August)	
	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					0	0.0	n/a	n/a
AIDS	8	5	3	5	8	11	3	11					54	3.7	49.4	3.6
Amebiasis	38	43	46	33	37	54	37	43					331	22.9	571.4	41.3
Blastomycosis~	4	3	3	5	3	3	6	3					30	2.1	n/a	n/a
Botulism	1	0	0	2	0	0	0	0					3	0.2	0.8	0.1
Brucellosis	0	0	2	0	0	1	0	0					3	0.2	3.2	0.2
Campylobacter enteritis	163	166	176	198	234	325	503	486					2251	155.9	2394.4	172.9
Carbapenemase-Producing Enterobacteriaceae (CPE)~	-	-	-	-	38	27	23	20					108	7.5	n/a	n/a
Chlamydial Infections	4070	3465	4046	3778	3755	3731	3844	4284					30973	2145.1	25753.0	1859.4
Cholera	0	0	0	0	0	0	0	0					0	0.0	1.0	0.1
Cryptosporidiosis	32	30	41	40	35	55	118	179					530	36.7	247.2	17.8
Cyclosporiasis	3	3	7	8	44	120	57	15					257	17.8	194.0	14.0
Echinococcus multilocularis Infection~	-	-	-	-	0	0	0	0					0	0	n/a	n/a
Encephalitis	4	2	3	1	0	1	3	4					18	1.2	19.0	1.4
Encephalitis/Meningitis	7	12	9	9	13	12	20	29					111	7.7	113.8	8.2
Food Poisoning, All Causes	12	2	5	2	1	1	0	0					23	1.6	57.8	4.2
Giardiasis	123	118	132	106	134	108	147	132					1000	69.3	872.2	63.0
Gonorrhoea (All Types)	709	665	663	745	835	897	986	1055					6555	454.0	3935.4	284.1
Group A Streptococcal Disease, Invasive	137	121	95	125	106	81	72	73					810	56.1	499.8	36.1

Reportable disease	2018 Case counts by month												2018 Year-to-month (August)		2013-2017 avg Year-to-month (August)	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Count	Rate ŧ	Count	Rate ŧ
Group B Streptococcal Disease, Neonatal	5	5	10	2	4	4	4	2					36	2.5	33.4	2.4
Haemophilus Influenzae Disease, All Types, Invasive*	0	0	0	10	25	14	32	10					91	6.3	n/a	n/a
Hepatitis A	4	8	5	8	18	15	28	30					116	8.0	59.8	4.3
Hepatitis B (Acute)	6	12	6	8	11	6	5	7					61	4.2	67.0	4.8
Hepatitis B (Chronic)	144	121	117	116	102	106	97	102					905	62.7	n/a	n/a
Hepatitis C	422	402	459	434	460	445	443	372					3437	238.0	2955.6	213.4
HIV	67	66	57	82	69	86	66	64					557	38.6	509.6	36.8
Influenza	6056	5727	3048	1243	170	12	12	13					16281	1127.6	8868.6	640.3
Legionellosis	10	13	7	7	9	18	36	64					164	11.4	109.6	7.9
Leprosy	0	1	0	0	0	0	0	0					1	0.1	2.4	0.2
Listeriosis	4	7	8	2	7	6	5	7					46	3.2	41.6	3.0
Lyme Disease	6	6	5	3	56	129	131	74					410	28.4	392.4	28.3
Measles	0	2	2	0	2	1	1	0					8	0.6	#	#
Meningitis	12	8	17	10	11	17	13	30					118	8.2	102.2	7.4
Meningococcal Disease, Invasive	7	3	3	2	3	1	3	1					23	1.6	19.4	1.4
Mumps	18	24	20	4	10	8	2	1					87	6.0	50.4	3.6
Ophthalmia neonatorum	1	0	0	0	0	0	0	0					1	0.1	1.8	0.1
Paralytic Shellfish Poisoning	0	0	0	0	0	0	0	0					0	0.0	n/a	n/a
Paratyphoid Fever	2	1	2	4	5	2	1	4					21	1.5	26.6	1.9
Pertussis (Whooping Cough)	40	27	21	21	38	51	32	36					266	18.4	301.8	21.8
Q Fever	0	0	0	1	0	0	2	0					3	0.2	9.0	0.6
Rabies	0	0	0	0	0	0	0	0					0	0.0	0.0	0.0
Rubella	0	0	0	0	0	0	0	0					0	0.0	#	#
Rubella, Congenital Syndrome	0	0	0	0	0	0	0	0					0	0.0	#	#
Salmonellosis	237	197	230	181	230	214	293	247					1829	126.7	1994.6	144.0
Shigellosis	26	23	28	22	18	13	30	25					185	12.8	192.0	13.9
Streptococcus Pneumoniae, Invasive	142	149	139	141	104	63	63	44					845	58.5	687.2	49.6
Syphilis, Early Congenital	0	0	1	0	0	0	0	0					1	0.1	1.2	0.1
Syphilis, Infectious	139	122	165	154	159	133	139	120					1131	78.3	754.2	54.5

Reportable disease	2018 Case counts by month												2018 Year-to-month (August)		2013-2017 avg Year-to-month (August)	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Count	Rate ŧ	Count	Rate ŧ
Syphilis, Other	82	63	87	65	71	75	47	66					556	38.5	438.4	31.7
Tetanus	0	0	0	0	0	0	0	0					0	0.0	2.0	0.1
Tuberculosis	41	30	65	47	50	61	64	72					430	29.8	423.0	30.5
Tularemia	0	0	0	0	0	0	0	0					0	0.0	0.2	0.0
Typhoid Fever	8	9	19	12	10	9	6	5					78	5.4	49.6	3.6
Verotoxin Producing E. coli Including HUS	7	5	7	13	12	20	32	28					124	8.6	105.8	7.6
West Nile Virus Illness	0	0	0	0	1	0	11	69					81	5.6	40.2	2.9
Yersiniosis	30	26	38	29	18	19	38	21					219	15.2	162.4	11.7

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.

~ 2018 YTM counts and rates only represent a partial year for Blastomycosis, Carbapenemase-Producing Enterobacteriaceae (CPE), and *Echinococcus multilocularis* Infection, which first became designated under diseases of public health significance in Ontario on May 1, 2018. Note: Blastomycosis cases with episode dates for any time in 2018 are included in this monthly report, whereas only cases with episode dates from May 1 onwards are included for CPE (no cases reported for *Echinococcus multilocularis* Infection to date).

n/a Five-year historical data are not yet available for these diseases (n/a):

- Acute Flaccid Paralysis and Paralytic Shellfish Poisoning, which became reportable in Ontario in December 2013.
- Hepatitis B (Chronic), which became reportable in December 2014.
- Blastomycosis, Carbapenemase-Producing Enterobacteriaceae, and *Echinococcus multilocularis* Infection, first designated in May 2018.
- Hi, due to the changes in reporting in May 2018.

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 [2018/10/10].
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.
- Case counts of Carbapenemase-Producing Enterobacteriaceae (CPE) include CPE – Infection, CPE – Colonization, CPE – Unspecified. Where multiple reports with the same carbapenemase are entered in IPHIS for a client, only the first report is included.
- 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, CPE case counts are based on the earliest specimen collection date (cases with missing specimen collection dates are excluded), 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.