Public Health Ontario | Santé publique Ontario

SURVEILLANCE REPORT

Diseases of Public Health Significance Cases

Published: May 2025

Introduction

This monthly report publishes recent data on selected Diseases of Public Health Significance (DoPHS) in Ontario, as reported through the integrated Public Health Information System (iPHIS). The presented case counts and rates include confirmed cases for all diseases, and probable cases for select diseases (refer to the 'Data Caveats and Notes' section for details).

Please interpret surveillance results for DoPHS in 2020 through to 2024 with caution due to changes in the availability of health care, health seeking behaviours, public health follow up, and case entry during the COVID-19 pandemic and subsequent recovery period.

The following table provides case counts by month, followed by the total counts and rates per 1,000,000 population for 2025 to date (i.e., January to March 2025). The last two columns of the table provide the comparison historical data of 5-year counts and rates per 1,000,000 population for an average year-to-date (i.e., average of January to March counts based on data from 2020 to 2024).

Table 1: Selected Diseases of Public Health Significance Case Counts in Ontario, by Month

DoPHS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2025 to date COUNT	2025 to date RATE per 1,000,000 population	5-year average year-to-date COUNT	5-year average year-to-date RATE
Acute Flaccid Paralysis	0	0	1										1	0.1	0	0
Acquired Immunodeficiency Syndrome	3	1	4										8	0.5	15	0.8
Amebiasis	23	14	23										60	3.7	80	4.3
Anaplasmosis	0	0	0										0	0	n/a	n/a
Babesiosis	0	0	0										0	0	n/a	n/a
Blastomycosis	4	4	8										16	1	22	1.2
Botulism	1	0	0										1	0.1	0	0
Brucellosis	1	0	0										1	0.1	2	0.1
Campylobacter enteritis	109	117	180										406	24.8	385	20.8
Carbapenemase-Producing Enterobacteriaceae	67	78	105										250	15.3	133	7.2
Chlamydial Infections	3,590	2,883	3,209										9,682	592.1	10,544	569.3
Cholera	0	0	0										0	0	0	0
Cryptosporidiosis	28	22	31										81	5	86	4.6

DoPHS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2025 to date COUNT	2025 to date RATE per 1,000,000 population	5-year average year-to-date COUNT	5-year average year-to-date RATE
Cyclosporiasis	1	1	2										4	0.2	8	0.4
Echinococcus multilocularis Infection	0	0	0										0	0	0	0
Encephalitis	0	4	2										6	0.4	8	0.4
Encephalitis/ Meningitis	9	14	17										40	2.4	27	1.5
Food Poisoning, All Causes	7	3	3										13	0.8	7	0.4
Giardiasis	76	57	74										207	12.7	212	11.4
Gonorrhoea (All Types)	1,141	875	921										2,937	179.6	2,827	152.6
Group A Streptococcal Disease, Invasive	182	169	161										512	31.3	373	20.1
Group B Streptococcal Disease, Neonatal	2	3	5										10	0.6	9	0.5
Haemophilus Influenzae Disease, All Types, Invasive	39	31	28										98	6	58	3.1
Hepatitis A	18	14	23										55	3.4	30	1.6
Hepatitis B (Acute)	12	8	9										29	1.8	25	1.3

DoPHS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2025 to date COUNT	2025 to date RATE per 1,000,000 population	5-year average year-to-date COUNT	5-year average year-to-date RATE
Hepatitis B (Chronic)	101	104	99										304	18.6	389	21
Hepatitis C	219	196	178										593	36.3	910	49.1
Human Immunodeficiency Virus	68	70	53										191	11.7	261	14.1
Influenza	4,836	5,654	3,633										14,123	863.7	4,903	264.7
Legionellosis	12	7	19										38	2.3	35	1.9
Leprosy	0	0	0										0	0	0	0
Listeriosis	5	1	3										9	0.6	15	0.8
Lyme Disease	29	26	30										85	5.2	54	2.9
Measles	42	184	436										662	40.5	3	0.2
Meningitis	15	4	5										24	1.5	23	1.2
Meningococcal Disease, Invasive	4	1	5										10	0.6	6	0.3
Mpox	11	1	11										23	1.4	n/a	n/a
Mumps	11	1	4										16	1	16	0.9
Ophthalmia neonatorum	0	0	0										0	0	1	0.1

DoPHS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2025 to date COUNT	2025 to date RATE per 1,000,000 population	5-year average year-to-date COUNT	5-year average year-to-date RATE
Paralytic Shellfish Poisoning	0	0	0										0	0	0	0
Paratyphoid Fever	5	6	14										25	1.5	21	1.1
Pertussis (Whooping Cough)	35	29	10										74	4.5	64	3.5
Pneumococcal Disease, Invasive	208	242	167										617	37.7	334	18
Powassan	0	0	0										0	0	n/a	n/a
Q Fever	3	2	0										5	0.3	3	0.2
Rabies	0	0	0										0	0	0	0
Salmonellosis	186	194	258										638	39	442	23.9
Shigellosis	27	28	26										81	5	63	3.4
Syphilis, Early Congenital	0	2	2										4	0.2	4	0.2
Syphilis, Infectious	206	184	155										545	33.3	794	42.9
Syphilis, Other	186	161	168										515	31.5	453	24.5
Tetanus	0	0	0										0	0	1	0.1
Trichinosis	0	0	0										0	0	1	0.1

DoPHS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2025 to date COUNT	2025 to date RATE per 1,000,000 population	5-year average year-to-date COUNT	5-year average year-to-date RATE
Tuberculosis	83	52	80										215	13.1	193	10.4
Tularemia	1	0	0										1	0.1	0	0
Typhoid Fever	9	14	15										38	2.3	33	1.8
Verotoxin Producing E. coli Including HUS	9	7	9										25	1.5	25	1.3
West Nile Virus Illness	0	0	0										0	0	2	0.1
Yersiniosis	13	21	15										49	3	64	3.5

Ontario Cases: Ontario Ministry of Health, iPHIS database, extracted by Public Health Ontario [2025 May 14].
Ontario Population: Ontario. Ministry of Health and Long-Term Care, IntelliHEALTH Ontario. Population Projections [2020-2024] [date extracted 2024 Jun 10].
= Although measles has been eliminated in Canada, it remains endemic in other countries and therefore, imported and import-related cases continue to occur in Ontario.
n/a = Five-year historical data are not yet available for these diseases (n/a):

- Mpox, first designated as a DoPHS, June 2022.
- Anaplasmosis, Babesiosis and Powassan, first designated as DoPHS, July 2023.

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 selected cases reported to public health and recorded in iPHIS that meet the Ontario Ministry of Health's confirmed and/or probable surveillance case definitions in place at the time that the case was reported. Refer to the Factors Affecting Reportable Diseases in Ontario report for additional information on case definition changes and associated trends from 1991 to 2016. Note that the potential for underreporting and unresolved duplicates exists.
- Please note that the data presented in this report is subject to a time lag of 2 months to ensure completion of data entry requirements.
- Case counts for amebiasis, anaplasmosis, babesiosis, invasive *Haemophilus influenzae* disease (all types), invasive meningococcal disease, Lyme disease, mumps, pertussis, Powassan virus, 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, and 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 DoPHS in Ontario. Historical annual counts and rates for most diseases designated as a DoPHS are available in the Infectious Disease Trends in Ontario reports. The following designated diseases/outbreaks are omitted from the table:
  - Counts of Creutzfeldt-Jakob disease 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, rubella and rubella, congenital syndrome and smallpox.
  - Diseases that are only reportable in outbreak situations or as a combination of individual and aggregate counts: chickenpox (varicella), Clostridioides *difficile* infection (CDI) outbreaks in public hospitals, and gastroenteritis and respiratory infection outbreaks in institutions and public hospitals.
  - Counts of coronaviruses causing severe acute respiratory illness are not included, as COVID-19 cases are reported through other systems. Visit the Ontario Respiratory Virus Tool for respiratory virus activity in Ontario, including COVID-19, influenza and other respiratory viruses. Information on CDI outbreaks in public hospitals is available in the Infectious Disease Trends in Ontario reports.
  - Toronto Public Health (since mid-March 2020) and Ottawa Public Health (since mid-December 2023) report sporadic laboratory-confirmed influenza cases in aggregate to Public Health Ontario for inclusion in the Ontario Respiratory Virus Tool. These cases are not entered in iPHIS which means that the laboratory-confirmed influenza case counts since April 2020 that are presented in this monthly report are incomplete. For more complete seasonal laboratory-confirmed influenza case totals, refer to the Ontario Respiratory Virus Tool.

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Diseases of public health significance cases. Toronto, ON: King's Printer for Ontario; 2025.

Disclaimer

This document was developed by Public Health Ontario (PHO). PHO provides scientific and technical advice to Ontario's government, public health organizations and health care providers. PHO's work is guided by the current best available evidence at the time of publication. The application and use of this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use. This document may be reproduced without permission for non-commercial purposes only and provided that appropriate credit is given to PHO. No changes and/or modifications may be made to this document without express written permission from PHO.

Public Health Ontario

Public Health Ontario is an agency of the Government of Ontario dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. Public Health Ontario links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world.

For more information about PHO, visit publichealthontario.ca.

Ontario