

 EPIDEMIOLOGICAL SUMMARY

Monkeypox in Ontario: May 20, 2022 to June 27, 2022

Introduction

This report provides an epidemiologic summary of monkeypox in Ontario and includes the most current information available from Ontario's integrated Public Health Information System (iPHIS) as of **June 27, 2022**.

The current provincial case definition for monkeypox can be found in Appendix 1 of the Infectious Disease Protocol for [Smallpox and other Orthopoxviruses including Monkeypox](#).

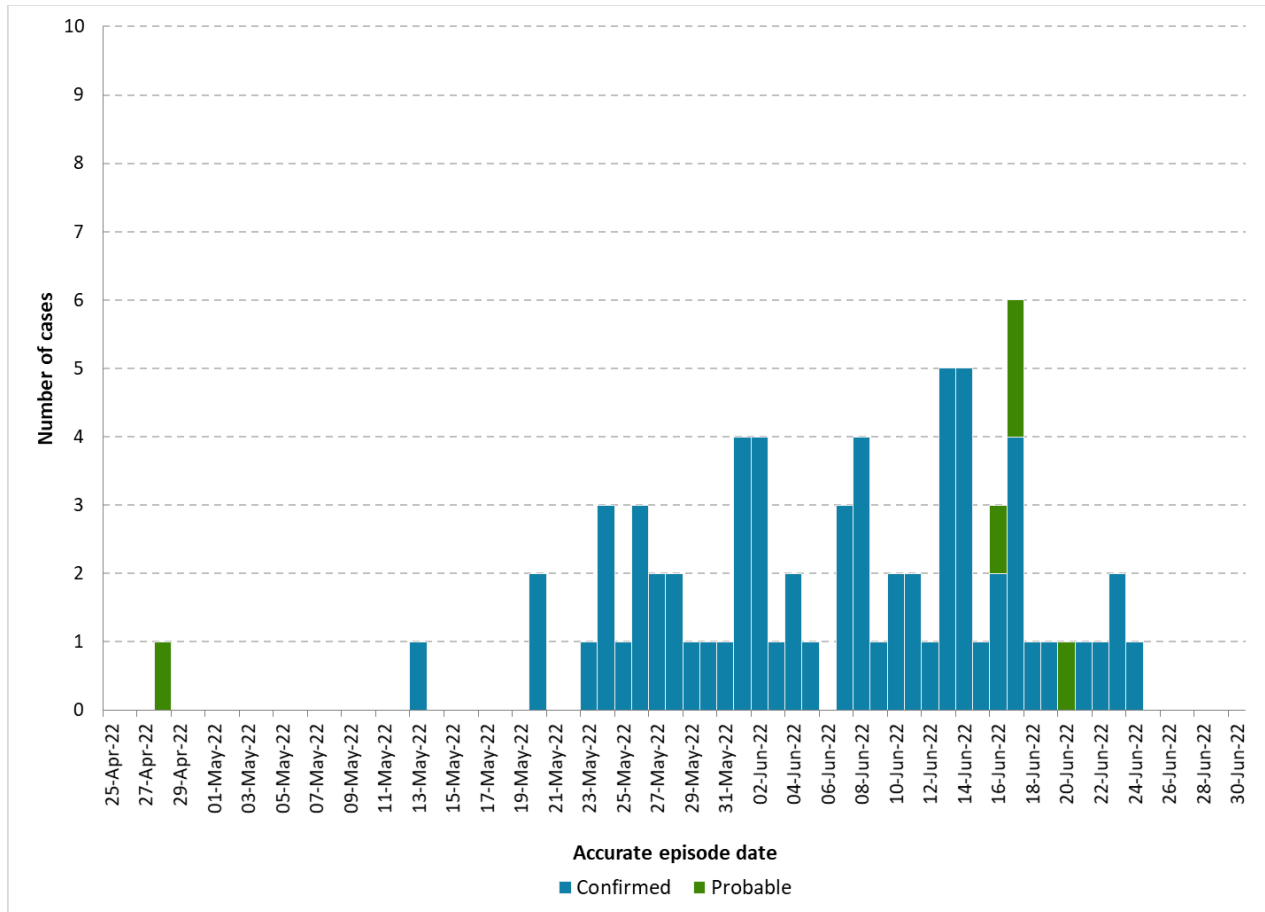
For further information regarding the monkeypox virus, including signs, symptoms, and how to reduce your risk of infection, visit the Ontario Ministry of Health's [Monkeypox Virus](#) webpage and Public Health Ontario's [Monkeypox webpage](#) for additional resources.

Highlights

- There are 67 confirmed cases of monkeypox in Ontario.
 - 54/67 (80.6%) confirmed cases were reported by Toronto Public Health.
 - Other public health units (PHUs) reporting confirmed cases include: Ottawa Public Health (3), Halton Region Public Health (2), and Middlesex-London Health Unit (2).
 - Six PHUs reported one confirmed case each (Durham Region Health Department, Haldimand-Norfolk Health Unit, Peel Public Health, Peterborough Public Health, Simcoe-Muskoka District Health Unit, and Wellington-Dufferin-Guelph Public Health).
 - 67/67 (100.0%) confirmed cases are male
 - The average age of confirmed cases is 37.9 years (range: 23 – 60 years).
 - The most commonly reported symptoms include rash, oral/genital lesions, swollen lymph nodes, headache, fever, chills, myalgia and fatigue.
- In addition, there are 5 probable cases (4 male, 1 female). The five probable cases range in age from <20 to 52 years (average: 36.4 years) and were reported by three PHUs (Toronto Public Health, Peel Public Health, and Middlesex-London Health Unit).

Case Characteristics

Figure 1. Monkeypox cases by accurate episode date and case classification



Note: Accurate Episode Date is defined in the [Data Caveats](#).

Table 1. Gender and age group (in years) of monkeypox cases by case classification

Gender and Age Group	Confirmed n (%)	Probable n (%)	Total n (%)
Gender: Male	67 (100.0)	4 (80.0)	71 (98.6)
Gender: Female	0 (0.0)	1 (20.0)	1 (1.4)
Gender: Unknown	0 (0.0)	0 (0.0)	0 (0.0)
Age group: < 20 years	0 (0.0)	1 (20.0)	1 (1.4)
Age group: 20 - 29 years	15 (22.4)	0 (0.0)	15 (20.8)
Age group: 30 - 39 years	21 (31.3)	3 (60.0)	24 (33.3)
Age group: 40 - 49 years	25 (37.3)	0 (0.0)	25 (34.7)
Age group: 50 - 59 years	5 (7.5)	1 (20.0)	6 (8.3)
Age group: 60 - 69 years	1 (1.5)	0 (0.0)	1 (1.4)
Age group: ≥ 70 years	0 (0.0)	0 (0.0)	0 (0.0)
Age group: Unknown	0 (0.0)	0 (0.0)	0 (0.0)
Total	67 (93.0)	5 (7.0)	72 (100.0)

Table 2. Predominant symptoms reported by monkeypox cases by case classification

Symptom	Confirmed n (%)	Probable n (%)	Total n (%)
Rash	57 (85.1)	1 (20.0)	58 (80.6)
Fever	41 (61.2)	2 (40.0)	43 (59.7)
Swollen lymph nodes	41 (61.2)	1 (20.0)	42 (58.3)
Oral/genital lesions	37 (55.2)	1 (20.0)	38 (52.8)
Fatigue	35 (52.2)	1 (20.0)	36 (50.0)
Chills	33 (49.3)	1 (20.0)	34 (47.2)
Myalgia	31 (46.3)	0 (0.0)	31 (43.1)
Headache	26 (38.8)	2 (40.0)	28 (38.9)
Sore throat	16 (23.9)	0 (0.0)	16 (22.2)
Sweating	15 (22.4)	1 (20.0)	16 (22.2)
Back pain/back ache	12 (17.9)	0 (0.0)	12 (16.7)
Other*	11 (16.4)	0 (0.0)	11 (15.3)

***Note:** other symptoms include: prostration (exhaustion), external abscesses, coryza (runny nose), cough, and general malaise.

Table 3. Monkeypox cases by diagnosing public health unit and case classification

Public Health Unit	Confirmed n (%)	Probable n (%)	Total n (%)
Algoma Public Health	0 (0.0)	0 (0.0)	0 (0.0)
Brant County Health Unit	0 (0.0)	0 (0.0)	0 (0.0)
Chatham-Kent Public Health	0 (0.0)	0 (0.0)	0 (0.0)
City of Hamilton Public Health Services	0 (0.0)	0 (0.0)	0 (0.0)
Durham Region Health Department	1 (1.5)	0 (0.0)	1 (1.4)
Eastern Ontario Health Unit	0 (0.0)	0 (0.0)	0 (0.0)
Grey Bruce Health Unit	0 (0.0)	0 (0.0)	0 (0.0)
Haldimand-Norfolk Health Unit	1 (1.5)	0 (0.0)	1 (1.4)
Haliburton, Kawartha, Pine Ridge District Health Unit	0 (0.0)	0 (0.0)	0 (0.0)
Halton Region Public Health	2 (3.0)	0 (0.0)	2 (2.8)
Hastings Prince Edward Public Health	0 (0.0)	0 (0.0)	0 (0.0)
Huron Perth Public Health	0 (0.0)	0 (0.0)	0 (0.0)
Kingston, Frontenac and Lennox & Addington Public Health	0 (0.0)	0 (0.0)	0 (0.0)
Lambton Public Health	0 (0.0)	0 (0.0)	0 (0.0)
Leeds, Grenville & Lanark District Health Unit	0 (0.0)	0 (0.0)	0 (0.0)
Middlesex-London Health Unit	2 (3.0)	1 (20.0)	3 (4.2)
Niagara Region Public Health	0 (0.0)	0 (0.0)	0 (0.0)
North Bay Parry Sound District Health Unit	0 (0.0)	0 (0.0)	0 (0.0)
Northwestern Health Unit	0 (0.0)	0 (0.0)	0 (0.0)
Ottawa Public Health	3 (4.5)	0 (0.0)	3 (4.2)
Peel Public Health	1 (1.5)	1 (20.0)	2 (2.8)
Peterborough Public Health	1 (1.5)	0 (0.0)	1 (1.4)
Porcupine Health Unit	0 (0.0)	0 (0.0)	0 (0.0)

Public Health Unit	Confirmed n (%)	Probable n (%)	Total n (%)
Public Health Sudbury & Districts	0 (0.0)	0 (0.0)	0 (0.0)
Region of Waterloo Public Health and Emergency Services	0 (0.0)	0 (0.0)	0 (0.0)
Renfrew County and District Health Unit	0 (0.0)	0 (0.0)	0 (0.0)
Simcoe Muskoka District Health Unit	1 (1.5)	0 (0.0)	1 (1.4)
Southwestern Public Health	0 (0.0)	0 (0.0)	0 (0.0)
Thunder Bay District Health Unit	0 (0.0)	0 (0.0)	0 (0.0)
Timisakming Health Unit	0 (0.0)	0 (0.0)	0 (0.0)
Toronto Public Health	54 (80.6)	3 (60.0)	57 (79.2)
Wellington-Dufferin-Guelph Public Health	1 (1.5)	0 (0.0)	1 (1.4)
Windsor-Essex County Health Unit	0 (0.0)	0 (0.0)	0 (0.0)
York Region Public Health	0 (0.0)	0 (0.0)	0 (0.0)
Total	67 (93.0)	5 (7.0)	72 (100.0)

Risk Factors

- The most commonly reported risk factors include engaging in sexual or intimate contact (e.g., hugging, kissing, cuddling) with new and/or more than one partner.
- Travel, being immunocompromised, or having close contact with someone from outside of the province were less commonly reported.
- Although cases have mostly been identified among males who report sexual or intimate contact with other males (MSM), anyone can get monkeypox. Various factors that may increase the potential risk for exposure include close, sexual, and/or other intimate contact with someone who has a monkeypox rash, sore, or scabs.

Technical Notes

Data Sources

- The data for this report were based on information entered in the Ontario Ministry of Health (MOH) integrated Public Health Information System (iPHIS) database as of **June 27, 2022 at 1 p.m.**
- iPHIS is a dynamic disease reporting system that allows ongoing updates to previously entered data. As a result, data extracted from iPHIS represent a snapshot at the time of extraction and may differ from previous or subsequent reports.

Data Caveats

- These data only represent cases of monkeypox reported to public health and recorded in iPHIS. As a result, all case counts are subject to varying degrees of underreporting due to a variety of factors, such as disease awareness and medical care seeking behaviours that may depend on severity of illness, clinical practices, and changes in laboratory testing and reporting behaviours.
- Only monkeypox cases meeting the confirmed, probable, or suspect case classification as listed in the [Ontario MOH surveillance case definitions](#) are included in the reported case counts.
- Cases of monkeypox are reported based on the Episode Date, which is an estimate of the onset date of disease for a case. In order to determine this date, the following hierarchy exists in iPHIS: Onset Date > Specimen Collection Date > Lab Test Date > Reported Date.
 - For example: If an Onset Date exists, it will be used as the Episode Date. If Onset Date is not available, then the next available date in the hierarchy (i.e., Specimen Collection Date) will be used, and so on.
- Case counts by geography is based on the diagnosing health unit (DHU). DHU refers to the case's public health unit of residence at the time of illness onset or report to public health and not necessarily the location of exposure.
 - Cases for which the DHU was reported as MOHLTC (to signify a case that is not a resident of Ontario) or MUSKOKA-PARRY SOUND (a public health unit that no longer exists) were excluded from this analysis.
- Cases for which the Disposition Status was reported as ENTERED IN ERROR, DOES NOT MEET DEFINITION, DUPLICATE-DO NOT USE, or any variation on these values, were excluded from this analysis.
- The potential for duplicates exists because duplicate sets were not identified and excluded unless they were already resolved at either the local or provincial level prior to data extraction from iPHIS.

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Epidemiological summary: Monkeypox in Ontario – May 20, 2022 to June 27, 2022. Toronto, ON: Queen's Printer for Ontario; 2022.

Disclaimer

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