

# **SURVEILLANCE REPORT**

# Diseases of Public Health Significance Cases

Published: March 2024

# 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 2023 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 2024 to date (i.e., January 2024). 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 counts based on data from 2019 to 2023).

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	2024 to date COUNT	2024 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	0.0	0	0.0
Acquired Immunodeficiency Syndrome	3												3	0.2	5	0.3
Amebiasis	18												18	1.2	34	2.3
Anaplasmosis	0												0	0.0	n/a	n/a
Babesiosis	0												0	0.0	n/a	n/a
Blastomycosis	5												5	0.3	10	0.7
Botulism	0												0	0.0	0	0.0
Brucellosis	1												1	0.1	1	0.1
Campylobacter enteritis	142												142	9.1	140	9.4
Carbapenemase- Producing Enterobacteriaceae	48												48	3.1	33	2.2
Chlamydial Infections	3,273												3,273	209.8	3,786	253.8

DOPHS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2024 to date COUNT	2024 to date RATE per 1,000,000 population	5-year average year-to- date COUNT	5-year average year-to- date RATE
Cholera	0												0	0.0	0	0.0
Cryptosporidiosis	34												34	2.2	29	1.9
Cyclosporiasis	5												5	0.3	2	0.1
Echinococcus multilocularis Infection	0												0	0.0	0	0.0
Encephalitis	4												4	0.3	3	0.2
Encephalitis/ Meningitis	10												10	0.6	8	0.5
Food Poisoning, All Causes	2												2	0.1	2	0.1
Giardiasis	88												88	5.6	75	5.0
Gonorrhoea (All Types)	1,263												1,263	81.0	973	65.2
Group A Streptococcal Disease, Invasive	260												260	16.7	104	7.0
Group B Streptococcal Disease, Neonatal	3												3	0.2	4	0.3

Diseases of Public Health Significance Cases

DOPHS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2024 to date COUNT	2024 to date RATE per 1,000,000 population	5-year average year-to- date COUNT	5-year average year-to- date RATE
Haemophilus Influenzae Disease, All Types, Invasive	43												43	2.8	20	1.3
Hepatitis A	12												12	0.8	13	0.9
Hepatitis B (Acute)	9												9	0.6	10	0.7
Hepatitis B (Chronic)	112												112	7.2	137	9.2
Hepatitis C	271												271	17.4	341	22.9
Human Immunodeficiency Virus	126												126	8.1	71	4.8
Influenza	5,642												5,642	361.7	2,038	136.6
Legionellosis	11												11	0.7	11	0.7
Leprosy	0												0	0.0	0	0.0
Listeriosis	7												7	0.4	6	0.4
Lyme Disease	17												17	1.1	17	1.1
Measles	1												1	0.1	0	0.0
Meningitis	7												7	0.4	10	0.7

DOPHS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2024 to date COUNT	2024 to date RATE per 1,000,000 population	5-year average year-to- date COUNT	5-year average year-to- date RATE
Meningococcal Disease, Invasive	3												3	0.2	2	0.1
Мрох	6												6	0.4	n/a	n/a
Mumps	4												4	0.3	6	0.4
Ophthalmia neonatorum	0												0	0.0	0	0.0
Paralytic Shellfish Poisoning	0												0	0.0	0	0.0
Paratyphoid Fever	3												3	0.2	4	0.3
Pertussis (Whooping Cough)	40												40	2.6	23	1.5
Pneumococcal Disease, Invasive	174												174	11.2	123	8.2
Powassan	0												0	0.0	n/a	n/a
Q Fever	0												0	0.0	1	0.1
Rabies	0												0	0.0	0	0.0
Salmonellosis	208												208	13.3	141	9.5
Shigellosis	22												22	1.4	23	1.5

Diseases of Public Health Significance Cases

DOPHS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2024 to date COUNT	2024 to date RATE per 1,000,000 population	5-year average year-to- date COUNT	5-year average year-to- date RATE
Syphilis, Early Congenital	3												3	0.2	1	0.1
Syphilis, Infectious	230												230	14.7	261	17.5
Syphilis, Other	202												202	12.9	117	7.8
Tetanus	0												0	0.0	0	0.0
Trichinosis	0												0	0.0	0	0.0
Tuberculosis	68												68	4.4	62	4.2
Tularemia	0												0	0.0	0	0.0
Typhoid Fever	12												12	0.8	9	0.6
Verotoxin Producing E. coli Including HUS	7												7	0.4	6	0.4
West Nile Virus Illness	1												1	0.1	1	0.1
Yersiniosis	20												20	1.3	20	1.3

Ontario Cases: Ontario Ministry of Health, iPHIS database, extracted by Public Health Ontario [2024 Mar 13].

Ontario Population: Ontario. Ministry of Health and Long-Term Care, IntelliHEALTH Ontario. Population Projections [2018-2023] [date extracted 2022 Jan 13].

# = 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):

<sup>•</sup> Mpox, first designated as a DOPHS, June 2022.

<sup>•</sup> 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 <u>surveillance case definitions</u> in place at the time that the case was reported. Refer to the <u>Factors Affecting Reportable Diseases in Ontario</u> 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, 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, 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 <u>Infectious Disease Trends in Ontario</u>
  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 <u>Ontario Respiratory Virus</u>
     <u>Tool</u> 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
     <u>Infectious Disease Trends in Ontario reports</u>.

#### Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Diseases of public health significance cases. Toronto, ON: King's Printer for Ontario; 2024.

### 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 <u>publichealthontario.ca</u>.



© King's Printer for Ontario, 2024