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ENHANCED EPIDEMIOLOGICAL SUMMARY

Invasive Group A Streptococcal (iGAS) Disease in Ontario: October 1, 2025 to October 31, 2025

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Introduction

An iGAS season is defined as the period spanning October 1 to September 30. This report summarizes the epidemiology of Group A Streptococcal[1] (iGAS) disease in Ontario from October 1, 2025 to October 31, 2025. It provides comparisons to iGAS activity in the three post-pandemic seasons (October 1, 2022 to September 30, 2025), as well as the five pre-pandemic seasons (October 1, 2014 to September 30, 2019). The report is based on information entered in the Ontario Ministry of Health (MOH) integrated Public Health Information System (iPHIS) database.

A description of iGAS activity and trends in Ontario is summarized in monthly reports and in season summaries located on the iGAS Epidemiological Summaries page.[2]

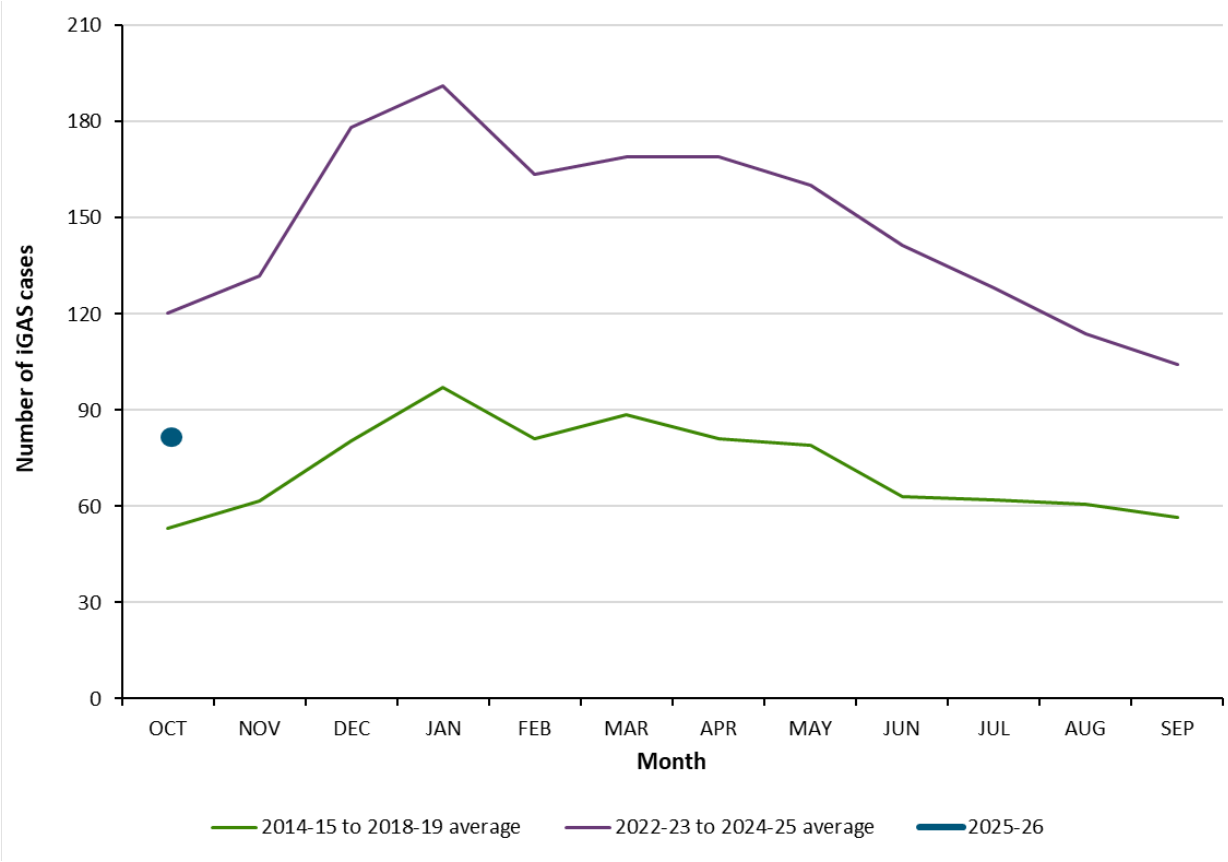
Highlights

- A total of 81 confirmed iGAS cases were reported in Ontario between October 1, 2025 and October 31, 2025, corresponding to an overall incidence rate of 0.5 cases per 100,000 population (Table 1).
  - This represents a 28.6% reduction in the incidence rate compared to the post-pandemic average for October (Table 1)
- The number of cases reported in October 2025 was lower than the average number of cases reported in October in the three post-pandemic seasons (October 1, 2022 to September 30, 2025), but higher than the average number of cases in October in the five pre-pandemic seasons (October 1, 2014 to September 30, 2019) (Figure 1). Case counts for the most recent month should be interpreted with caution owing to an increase in data lags.
  - No pediatric cases (under 18 years of age) were reported in October 2025, which is lower than the average number of cases reported in both pre- and post-pandemic seasons (Figure 2).
- In October 2025, rates of confirmed iGAS cases were highest in Northwestern Health Unit, Public Health Sudbury and Districts, and Thunder Bay District Health Unit (Figure 3).
- Those 65 years of age and older reported the highest incidence rate (0.9 cases per 100,000 population). Compared to the three post-pandemic season averages, all age groups have had lower incidence rates this season to date (Table 1).
- The overall proportion of iGAS cases requiring hospitalization this season to date is 82.7% compared to the post-pandemic season average of 78.7%; however interpretation of the data should consider the possible impact of lags in reporting (Table 2).

- As of October 31, 2025, no fatal pediatric iGAS cases have been reported; however, fatal adult iGAS cases have occurred (Table 2).
  - The proportion of fatal cases among adults (cases ≥ 18 years of age) in the 2025-26 season was 11.1% (9/81) compared to an average of 10.8% (35/325) during the same period across the three post-pandemic seasons.
  - Interpretation of the data should consider the possible impact of lags in reporting.
- Among iGAS cases in the 2025-26 season to date, the most commonly reported *emm* types are *emm49*, *emm41*, *emm59*, and *emm83* in adults. There are no pediatric iGAS cases in the season to date (Table 3).
  - *Emm* types were available for 40.7% of adult cases.
  - These data are expected to change because *emm* types are often confirmed after initial public health notification and follow up with the case.

Trends

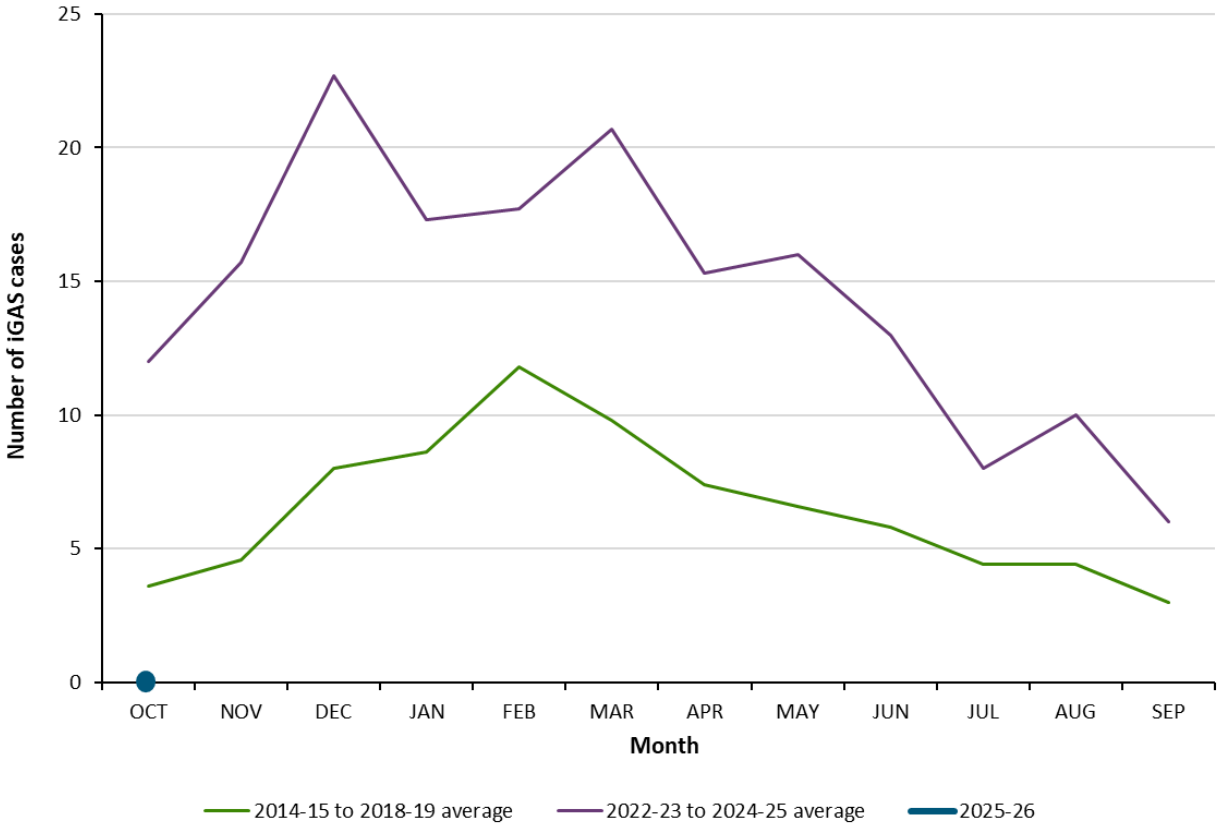
Figure 1: Confirmed iGAS Case Counts by Month for All Ages: Current Season (October 1, 2025 – October 31, 2025)* Compared to the Post-Pandemic and the Pre-Pandemic Season Averages



Data source: iPHIS

*Data for the current season (2025-2026) includes cases reported up to October 31, 2025. The three post-pandemic seasons include cases reported from October 1, 2022 to September 30, 2025. The five pre-pandemic seasons include cases reported from October 1, 2014 to September 30, 2019. Data for the most recent reporting month should be interpreted with caution due to reporting lags.

Figure 2: Confirmed iGAS Case Counts by Month in Children 0-17 Years of Age: Current Season (October 1, 2025 – October 31, 2025)* Compared to the Post-Pandemic and Pre-Pandemic Season Averages



Data source: iPHIS

*Data for the 2025-2026 season includes cases reported up to October 31, 2025. The three post-pandemic seasons include cases reported from October 1, 2022 to September 30, 2025. The five pre-pandemic seasons include cases reported from October 1, 2014 to September 30, 2019. Data for the most recent reporting month should be interpreted with caution due to reporting lags.

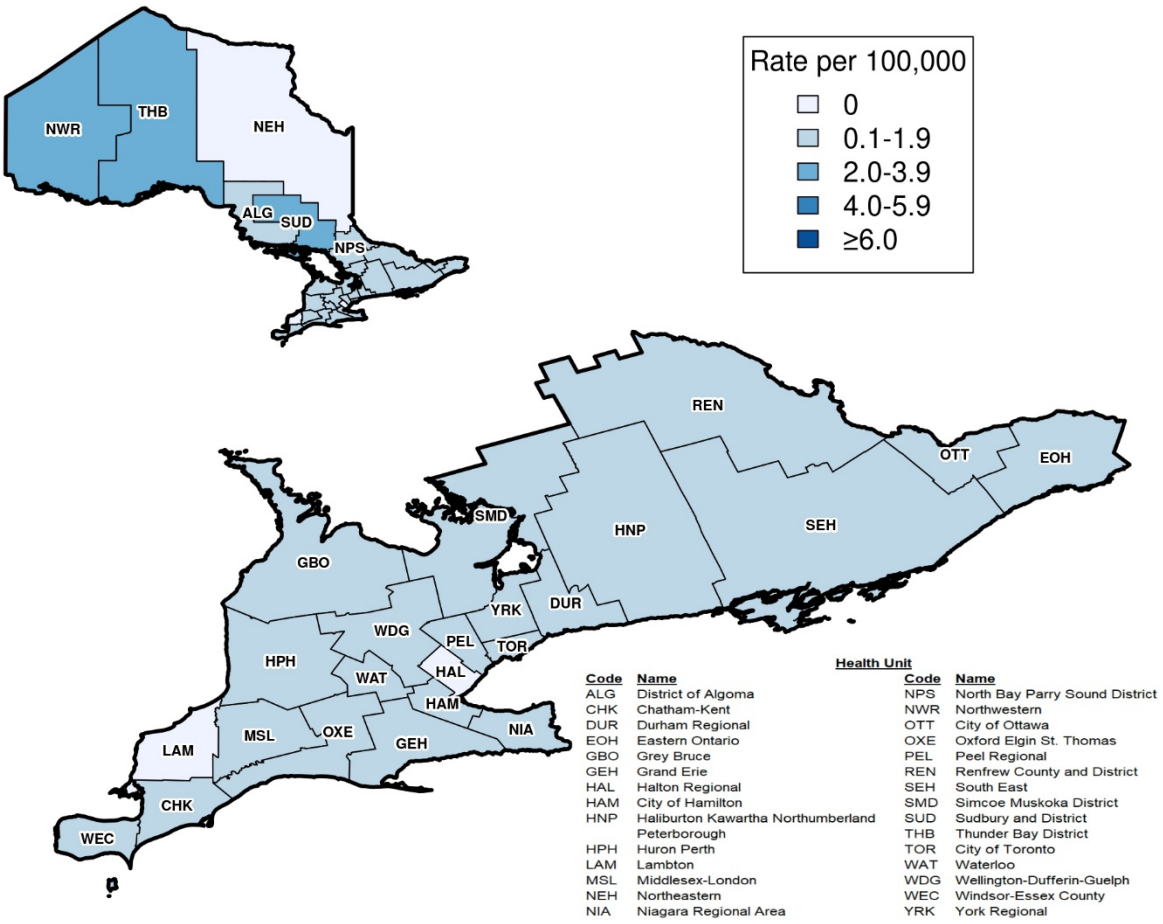
Table 1: Confirmed iGAS Cases and Rate (per 100,000 Population) by Age Group in Ontario: Current Season (October 1, 2025 – October 31, 2025) Compared to the Post-Pandemic Season Average (October 1, 2022– October 31, 2024)*

Age Group (years)	Current season: Total number of cases reported (October 1, 2025 – October 31, 2025)	Current season: Rate per 100,000 population (October 1, 2025 – October 31, 2025)	Previous season: Average number of cases reported (October 1, 2022 – October 31, 2024)	Previous season: Average rate per 100,000 population (October 1, 2022 – October 31, 2024)	Percentage change in current season rate compared to previous season average
< 1	0	0.0	0.3	0.2	-100.0%
1 – 4	0	0.0	4.3	0.7	-100.0%
5 – 9	0	0.0	3.7	0.5	-100.0%
10 – 13	0	0.0	2.3	0.3	-100.0%
14 – 17	0	0.0	1.3	0.2	-100.0%
18 – 64	53	0.5	68.7	0.7	-28.6%
≥ 65	28	0.9	39.7	1.3	-30.8%
Unknown	0	N/A	0	N/A	N/A
Total	**81**	**0.5**	**120.3**	**0.7**	**-28.6%**

Data source: iPHIS

*To ensure comparability with the current season, only confirmed iGAS case data reported during the same period in each post-pandemic season are included.

Figure 3: Rate of Confirmed Cases of iGAS Reported in October 2025 by Public Health Unit in Ontario



Health Unit			
Code	**Name**	**Code**	**Name**
ALG	District of Algoma	NPS	North Bay Parry Sound District
CHK	Chatham-Kent	NWR	Northwestern
DUR	Durham Regional	OTT	City of Ottawa
EOH	Eastern Ontario	OXE	Oxford Elgin St. Thomas
GBO	Grey Bruce	PEL	Peel Regional
GEH	Grand Erie	REN	Renfrew County and District
HAL	Halton Regional	SEH	South East
HAM	City of Hamilton	SMD	Simcoe Muskoka District
HNP	Haliburton Kawartha Northumberland Peterborough	SUD	Sudbury and District
		THB	Thunder Bay District
HPH	Huron Perth	TOR	City of Toronto
LAM	Lambton	WAT	Waterloo
MSL	Middlesex-London	WDG	Wellington-Dufferin-Guelph
NEH	Northeastern	WEC	Windsor-Essex County
NIA	Niagara Regional Area	YRK	York Regional

Data source: iPHIS

Severity

Table 2: Severe Outcomes for Confirmed iGAS Cases by Age Group and Season in Ontario: Current Season (October 1, 2025 – October 31, 2025) Compared to the Post-Pandemic Season Average (October 1, 2022– October 31, 2024)*

Age Group (years)	Current season: Number (%) of cases hospitalized (October 1, 2025 – October 31, 2025)	Previous season: Average number (%) of cases hospitalized (October 1, 2022 – October 31, 2024)	Current season: Number (%) of cases with a fatal outcome (October 1, 2025 – October 31, 2025)	Previous season: Average number (%) of cases with a fatal outcome (October 1, 2022 – October 31, 2024)
< 1	0/0 (0.0%)	0/0.3 (0.0%)	0/0 (0.0%)	0/0.3 (0.0%)
1 – 4	0/0 (0.0%)	3.3/4.3 (76.7%)	0/0 (0.0%)	0.3/4.3 (7.0%)
5 – 9	0/0 (0.0%)	3/3.7 (81.1%)	0/0 (0.0%)	0/3.7 (0.0%)
10 – 13	0/0 (0.0%)	1.7/2.3 (73.9%)	0/0 (0.0%)	0.3/2.3 (13%)
14 – 17	0/0 (0.0%)	0.7/1.3 (53.8%)	0/0 (0.0%)	0.3/1.3 (23.1%)
18 – 64	42/53 (79.2%)	54.3/68.7 (79.0%)	4/53 (7.5%)	5/68.7 (7.3%)
≥65	25/28 (89.3%)	31.7/39.7 (79.8%)	5/28 (17.9%)	6.7/39.7 (16.9%)
Unknown	0/0 (0.0%)	0/0 (0.0%)	0/0 (0.0%)	0/0 (0.0%)
Total	**67/81 (82.7%)**	**94.7/120.3 (78.7%)**	**9/81 (11.1%)**	**12.6/120.3 (10.5%)**

Data source: iPHIS

*To ensure comparability with the current season, only confirmed iGAS case data reported during the same period in each post-pandemic season are included.

Table 3: Number (%) of Most Commonly Reported *Emm* Types among Confirmed iGAS Cases in Ontario by Age Group*: Current Season (October 1, 2025 – October 31, 2025) Compared to the Post-Pandemic Season Average (October 1, 2022 – October 31, 2024)**

Most commonly reported *emm* type by rank	Current season: ≥ 18 years of age (October 1, 2025 – October 31, 2025)	Previous season: ≥ 18 years of age average (October 1, 2022– October 31, 2024)	Current season: < 18 years of age (October 1, 2025 – October 31, 2025)	Previous season: < 18 years of age average (October 1, 2022– October 31, 2024)
emm49	6 (18.2%)	8.7 (10.2%)	0 (0.0%)	0.3 (3.1%)
emm41	3 (9.1%)	3 (3.5%)	0 (0.0%)	0 (0%)
emm59	3 (9.1%)	3 (3.5%)	0 (0.0%)	0.3 (3.1%)
emm83	3 (9.1%)	2 (2.3%)	0 (0.0%)	0 (0.0%)
emm1	2 (6.1%)	11 (12.9%)	0 (0.0%)	3.3 (33.7%)
emm28	2 (6.1%)	3.3 (3.9%)	0 (0.0%)	0.3 (3.1%)
emm3	2 (6.1%)	0.7 (0.8%)	0 (0.0%)	1 (10.2%)
emm4	2 (6.1%)	1.7 (2.0%)	0 (0.0%)	1 (10.2%)
emm76	2 (6.1%)	2.7 (3.2%)	0 (0.0%)	0 (0.0%)
emm89	2 (6.1%)	2 (2.3%)	0 (0.0%)	0.3 (3.1%)
emm92	2 (6.1%)	6.7 (7.8%)	0 (0.0%)	0 (0.0%)
emm44	1 (3.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other	3 (9.1%)	40.6 (47.5%)	0 (0.0%)	3.3 (33.7%)
Total with *emm* type	33 (40.7%)	85.4 (78.8%)	0 (0.0%)	9.8 (83.1%)
Total without *emm* type	48 (59.3%)	23 (21.2%)	0 (0.0%)	2 (16.9%)
Total	**81 (100.0%)**	**108.4 (100.0%)**	**0 (0.0%)**	**11.8 (100.0%)**

Data source: iPHIS

* Cases with an unknown age are excluded from this table.

**To ensure comparability with the current season, only confirmed iGAS case data reported during the same period in each post-pandemic season are included.

Technical Notes

- The data for this report were based on information entered in iPHIS as of:
  - **November 10, 2025 at 9 a.m.** for cases reported October 1, 2024 onwards
  - **November 10, 2025 at 9 a.m.** for cases reported during the five pre-pandemic seasons (October 1, 2014 to September 30, 2019) and the 2022-23 (October 1, 2022 to September 30, 2023) and 2023-24 (October 1, 2023 to September 30, 2024) seasons.
- 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.
- These data only represent laboratory-confirmed cases of iGAS 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.
- Population estimates used to calculate rates for total cases were calculated using the Ontario 2025 and 2026 population projections[3], sourced from the Ontario Ministry of Finance, and Ontario 2015 to 2024 population estimates, sourced from Statistics Canada.[4]
- Only iGAS cases meeting the confirmed case classification as listed in the Ontario Ministry of Health (MOH) surveillance case definitions are included in the reported case counts.[1]
  - Provincial surveillance case definitions available online under the Infectious Diseases Protocol are the most current.
  - Changes to provincial surveillance case definitions and disease classifications have occurred over the years and thus may impact the analysis of trends over time. Cases are classified in iPHIS based on the Ontario MOH surveillance case definitions in use at the time the case was identified.
  - PHO's technical report "Factors Affecting Reporting Diseases in Ontario: Case Definition Changes and Associated Trends 1991-2016" and its associated appendix provide more detailed information on this topic.[5,6]
- Cases 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.
- Hospitalized iGAS cases were determined based on a reported intervention type description of "Hospitalization" or "ICU" (Intensive Care Unit) and a reported intervention start date on or after the case's episode date.
- Fatal iGAS cases were determined based on a case outcome description of "Fatal" and the type of death not being reported as "Reportable disease was unrelated to cause of death."
- Cases for which the Diagnosing Heath Unit (DHU) was reported as Ontario Ministry of Health and Long-Term Care (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.

References

1. Ontario. Ministry of Health. Ontario public health standards: requirements for programs, services and accountability. Infectious disease protocol. Appendix 1: case definitions and disease-specific information. Disease: Group A Streptococcal Disease, invasive (iGAS). Effective: July 2022 [Internet]. Toronto, ON: King's Printer for Ontario; 2022 [cited 2024 Nov 11]. Available from: https://files.ontario.ca/moh-ophs-group-a-streptococcal-disease-invasive-en-2022.pdf
2. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Invasive Group A Streptococcal (iGAS) Disease[Internet]. Toronto, ON: King's Printer for Ontario; 2025 [cited 2025 Oct 28]. Available from: https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/igas
3. Population Reporting. Population projections public health unit, 2024-2051 [data file]. Toronto, ON: Ontario. Ministry of Finance [producer]; Toronto, ON: Ontario. Ministry of Health, IntelliHealth Ontario [distributor]; [data extracted 2025 Sep 12].
4. Statistics Canada. Table 17-10-0157-01: Population estimates, July 1, (2016 census and administrative data), by age group and sex for July 1st, by health region and peer group, 2023 boundaries [Internet]. Ottawa, ON: Government of Canada; 2025 Feb 19 [extracted 2025 Feb 21].
5. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Factors affecting reportable diseases in Ontario (1991-2016) [Internet]. Toronto, ON: Queen's Printer for Ontario; 2018 [cited 2024 Nov 11]. Available from: https://www.publichealthontario.ca/-/media/documents/F/2018/factors-reportable-diseases-ontario-1991-2016.pdf
6. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Infectious disease trends in Ontario, 2022: technical notes [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [cited 2024 Nov 11]. Available from: https://www.publichealthontario.ca/-/media/documents/I/2019/idto-technical-notes.pdf

Appendix A

Table A1: Confirmed iGAS Case Counts by Month Across All Ages: Current Season (October 1, 2024 – September 30, 2025)* Compared to the Post-pandemic and Pre-pandemic Seasons

Month	2014 – 2015	2015 – 2016	2016 – 2017	2017 – 2018	2018 – 2019	2022-2023	2023 – 2024	2024 – 2025	2025 – 2026
October	31	29	55	81	70	76	168	117	81
November	42	41	63	63	99	102	157	137	-
December	72	47	95	92	96	129	257	149	-
January	78	76	96	138	97	124	267	183	-
February	42	75	87	121	80	128	192	171	-
March	62	69	102	96	114	158	189	160	-
April	55	53	82	126	89	193	165	149	-
May	63	52	76	106	99	209	144	127	-
June	49	40	68	83	75	179	113	132	-
July	41	45	72	73	79	180	110	95	-
August	39	44	61	74	85	128	111	102	-
September	35	50	55	61	81	119	102	92	-
Total	**609**	**621**	**912**	**1114**	**1064**	**1725**	**1975**	**1614**	**81**

Data source: iPHIS *Data for the most recent reporting month should be interpreted with caution due to reporting and/or data entry lags.

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Invasive Group A Streptococcal (iGAS) Disease in Ontario: October 1, 2025 to October 31, 2025. Toronto, ON: King's Printer for Ontario; 2025.

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