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ENHANCED EPIDEMIOLOGICAL SUMMARY

Invasive Group A Streptococcal (iGAS) Disease in Ontario: October 1, 2026 to October 31, 2026

Published: November 2026

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, 2026 to October 31, 2026. It provides comparisons to iGAS activity in the four post-pandemic seasons (October 1, 2022 to September 30, 2026), 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]

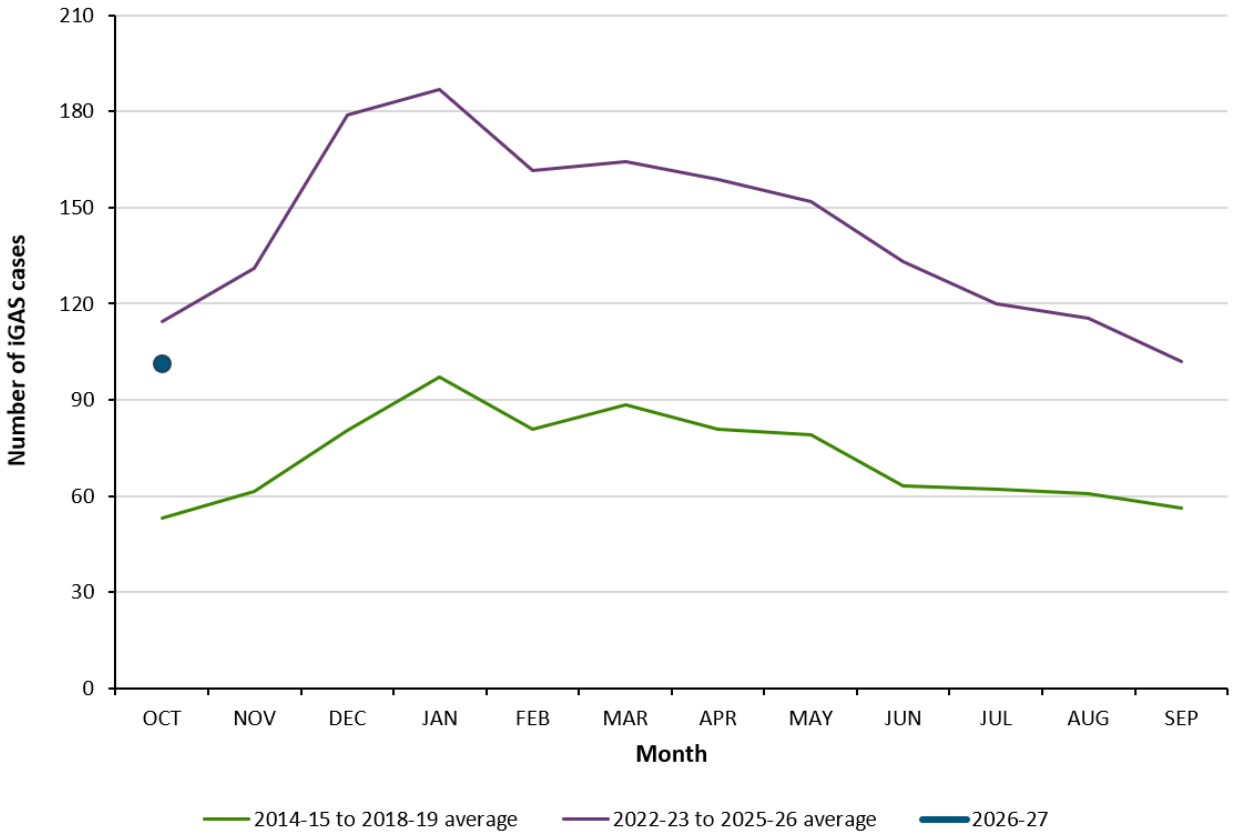
Highlights

- A total of 101 confirmed iGAS cases were reported in Ontario between October 1, 2026 and October 31, 2026, corresponding to an overall incidence rate of 0.6 cases per 100,000 population (Table 1).
    - This represents a 14.3% reduction in the incidence rate for the 2026-27 season compared to the post-pandemic average for October (Table 1).
- The number of cases reported in October 2026 was lower than the average number of cases reported in October in the four post-pandemic seasons, but higher than the average number of cases reported in October in the five pre-pandemic seasons (Figure 1). Case counts for the most recent month should be interpreted with caution owing to data lags.
    - Three pediatric cases (under 18 years of age) were reported in October 2026. The number of pediatric cases reported in October 2026 was lower than the October average reported for both the pre- and post-pandemic seasons (Figure 2).
- In October 2026, rates of confirmed iGAS cases were highest in Algoma Public Health, Northeastern Public Health and Thunder Bay District Health Unit (Figure 3).
- Adults aged 18 to 64 years of age and 65 years and older reported the highest incidence rates this season to date (0.7 cases per 100,000 population). Incidence rates this season were similar to or lower than the average for the four post-pandemic seasons across all age groups, with the rate among adults aged 65 years of age and older at almost half the average rate (Table 1).

- The overall proportion of iGAS cases requiring hospitalization this season to date is 80.2% compared to the post-pandemic season average of 80.5% for the same period; however, interpretation of the data should consider the possible impact of lags in reporting (Table 2).
- As of October 31, 2026, no fatal pediatric iGAS cases and eight fatal adult iGAS cases have been reported for the current season (Table 2).
    - The proportion of fatal cases among adults (cases ≥ 18 years of age) in the 2026-27 season was 8.2% (8/98) compared to 10.7% (45/421) during the same period across the four post-pandemic seasons.
    - Interpretation of the data should consider the possible impact of lags in reporting.
- In the 2026-27 season to date, *emm*59 and *emm*44 were the most commonly reported *emm* types among adults. Among the two pediatric cases with *emm* type information, *emm*44 and *emm*28 were identified (Table 3).
    - *Emm* types were available for 60.2% of adult cases, and two out of three pediatric 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

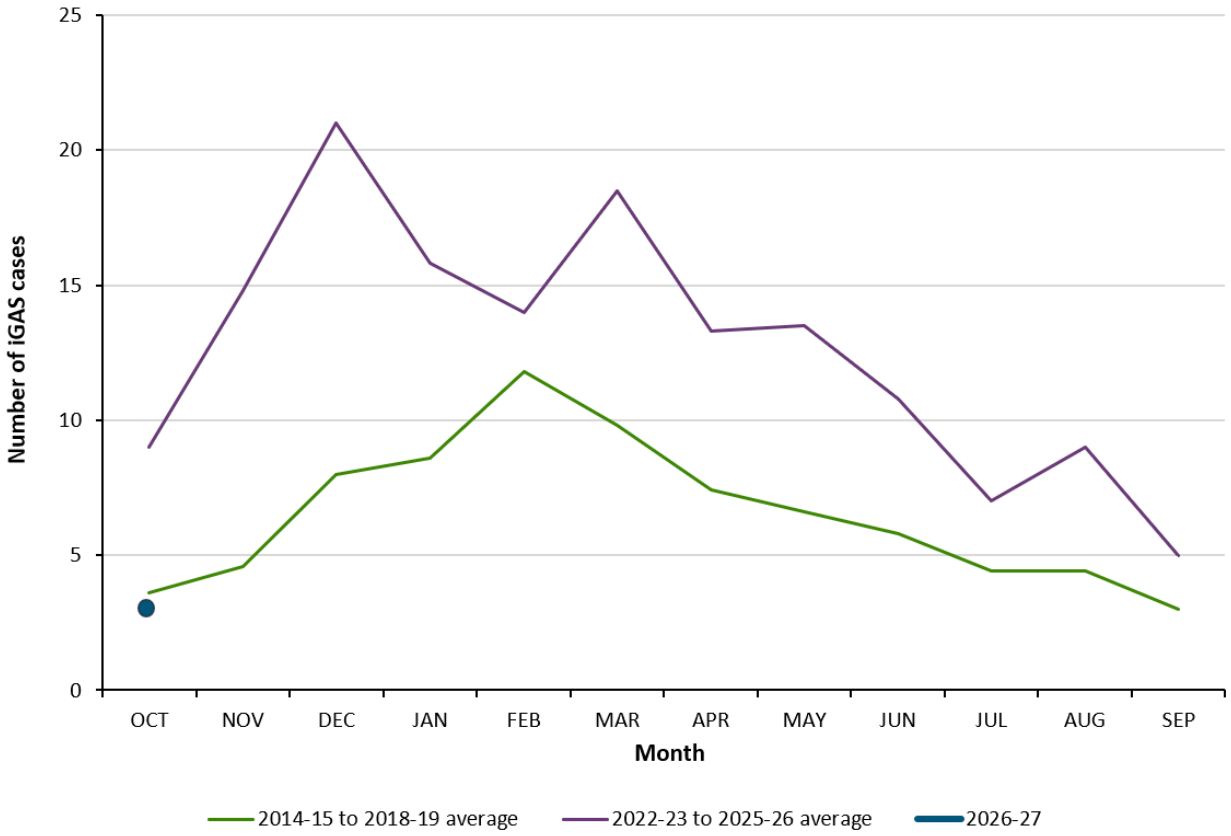
Figure 1: Confirmed iGAS Case Counts by Month for All Ages: Current Season (October 1, 2026 – October 31, 2026) Compared to the Post-Pandemic and the Pre-Pandemic Season Averages*



Data source: iPHIS

*Data for the current season (2026-2027) includes cases reported up to October 31, 2026. The four post-pandemic seasons include cases reported from October 1, 2022 to September 30, 2026. 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, 2026 – October 31, 2026) Compared to the Post-Pandemic and Pre-Pandemic Season Averages*



Data source: iPHIS

*Data for the 2026-2027 season includes cases reported up to October 31, 2026. The four post-pandemic seasons include cases reported from October 1, 2022 to September 30, 2026. 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.

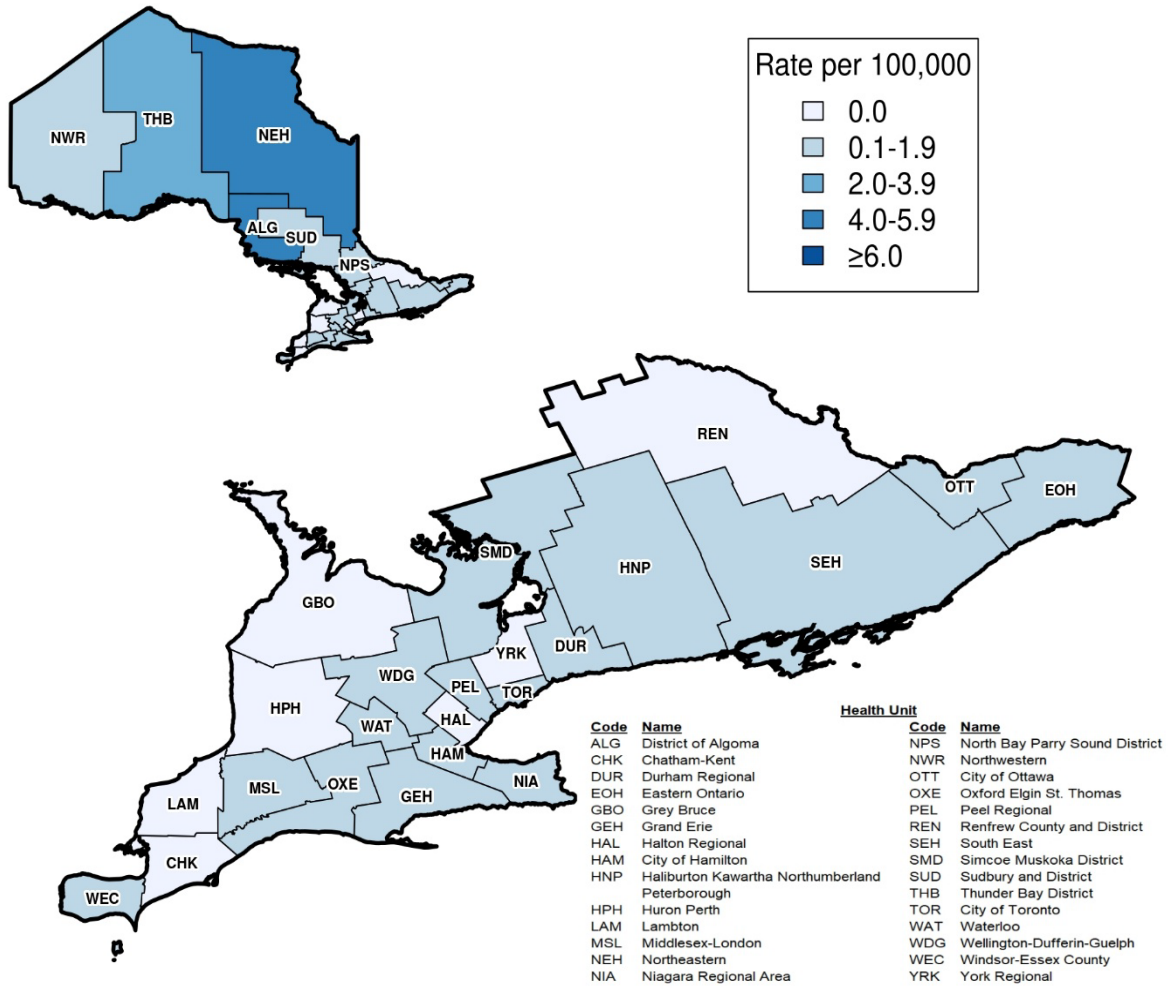
Table 1: Confirmed iGAS Cases and Rate (per 100,000 Population) by Age Group in Ontario: Current Season (October 1, 2026 – October 31, 2026) Compared to the Post-Pandemic Season Average (October 1, 2022 – September 30, 2026)*

Age Group (Years)	Current Season: Total Number of Cases Reported	Current Season: Rate per 100,000 Population	Post-pandemic Season: Average Number of Cases Reported	Post-pandemic Season: Average Rate per 100,000 Population	Percentage Change in Current Season Rate Compared to Post-pandemic Season Average
< 1	0	0.0	0.3	0.2	-100.0%
1 – 4	0	0.0	3.5	0.6	-100.0%
5 – 9	2	0.3	2.5	0.3	0.0%
10 – 13	0	0.0	1.8	0.3	-100.0%
14 – 17	1	0.1	1	0.1	0.0%
18 – 64	74	0.7	67.3	0.7	0.0%
≥ 65	24	0.7	38	1.3	-46.2%
Unknown	0	N/A	0	N/A	N/A
Total	**101**	**0.6**	**114.4**	**0.7**	**-14.3%**

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. For example, for the October 1 to October 31 reporting period, the post-pandemic average includes only October data from each season.

Figure 3: Rate of Confirmed Cases of iGAS Reported in October 2026 by Public Health Unit in Ontario



Health Unit Code	Name
ALG	District of Algoma
CHK	Chatham-Kent
DUR	Durham Regional
EOH	Eastern Ontario
GBO	Grey Bruce
GEH	Grand Erie
HAL	Halton Regional
HAM	City of Hamilton
HNP	Haliburton Kawartha Northumberland Peterborough
HPH	Huron Perth
LAM	Lambton
MSL	Middlesex-London
NEH	Northeastern
NIA	Niagara Regional Area
NPS	North Bay Parry Sound District
NWR	Northwestern
OTT	City of Ottawa
OXE	Oxford Elgin St. Thomas
PEL	Peel Regional
REN	Renfrew County and District
SEH	South East
SMD	Simcoe Muskoka District
SUD	Sudbury and District
THB	Thunder Bay District
TOR	City of Toronto
WAT	Waterloo
WDG	Wellington-Dufferin-Guelph
WEC	Windsor-Essex County
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, 2026 – October 31, 2026) Compared to the Post-Pandemic Season Average (October 1, 2022 – September 30, 2026)*

Age Group (Years)	Current season: Number (%) of Cases Hospitalized	Post-pandemic Season: Average Number (%) of Cases Hospitalized	Current Season: Number (%) of Cases with a Fatal Outcome	Post-pandemic Season: Average Number (%) of Cases with a Fatal Outcome
< 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%)	2.5/3.5 (71.4%)	0/0 (0.0%)	0.5/3.5 (14.3%)
5 – 9	2/2 (100.0%)	2/2.5 (80.0%)	0/2 (0.0%)	0/2.5 (0.0%)
10 – 13	0/0 (0.0%)	1.3/1.8 (72.2%)	0/0 (0.0%)	0.3/1.8 (16.7%)
14 – 17	1/1 (100.0%)	0.5/1.0 (50.0%)	0/1 (0.0%)	0.3/1.0 (30.0%)
18 – 64	58/74 (78.4%)	54.3/67.3 (80.7%)	4/74 (5.4%)	5/67.3 (7.4%)
≥65	20/24 (83.3%)	31.5/38.0 (82.9%)	4/24 (16.7%)	6.3/38.0 (16.6%)
Unknown	0/0 (0.0%)	0/0 (0.0%)	0/0 (0.0%)	0/0 (0.0%)
Total	81/101 (80.2%)	92.1/114.4 (80.5%)	8/101 (7.9%)	12.4/114.4 (10.8%)

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. For example, for the October 1 to 31 reporting period, the post-pandemic average includes only October data from each season.

Table 3: Number (%) of Most Commonly Reported *Emm* Types among Confirmed iGAS Cases in Ontario by Age Group*: Current Season (October 1, 2026 – October 31, 2026) Compared to the Post-Pandemic Season Average (October 1, 2022 – September 30, 2026)**

Most Commonly Reported *emm* Type by Rank	Current Season: ≥18 Years of Age	Post-pandemic Season: ≥18 Years of Age Average	Current Season: <18 Years of Age	Post-pandemic Season: <18 Years of Age Average
emm59	15 (25.4%)	4.8 (5.5%)	0 (0.0%)	0.3 (3.9%)
emm44	6 (10.2%)	0.3 (0.3%)	1 (50.0%)	0 (0.0%)
emm74	5 (8.5%)	5.3 (6.1%)	0 (0.0%)	0 (0.0%)
emm76	5 (8.5%)	2.8 (3.2%)	0 (0.0%)	0 (0.0%)
emm5	4 (6.8%)	3 (3.4%)	0 (0.0%)	0 (0.0%)
emm58	4 (6.8%)	0.5 (0.6%)	0 (0.0%)	0 (0.0%)
emm4	3 (5.1%)	2.3 (2.6%)	0 (0.0%)	0.8 (10.5%)
emm22	2 (3.4%)	1 (1.1%)	0 (0.0%)	0 (0.0%)
emm28	2 (3.4%)	3.5 (4.0%)	1 (50.0%)	0.3 (3.9%)
emm41	2 (3.4%)	4.5 (5.1%)	0 (0.0%)	0 (0.0%)
emm6	2 (3.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
emm83	2 (3.4%)	3 (3.4%)	0 (0.0%)	0 (0.0%)
Other	7 (11.9%)	56.6 (64.6%)	0 (0.0%)	6.2 (81.6%)
Total with *emm* type	59 (60.2%)	87.6 (82.6%)	2 (66.7%)	7.6 (80.9%)
Total without *emm* type	39 (39.8%)	18.5 (17.4%)	1 (33.3%)	1.8 (19.1%)
Total	**98 (100.0%)**	**106.1 (100.0%)**	**3 (100.0%)**	**9.4 (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. For example, for the October 1 to 31 reporting period, the post-pandemic average includes only October data from each season.

Technical Notes

- The data for this report were based on information entered in iPHIS as of:
  - **November 9, 2026 at 9 a.m.** for cases reported October 1, 2025 onwards
  - **November 2, 2026 at 9 a.m.** for cases reported during the five pre-pandemic seasons (October 1, 2014 to September 30, 2019), the 2022-23 (October 1, 2022 to September 30, 2023), 2023-24 (October 1, 2023 to September 30, 2024) and 2024-25 (October 1, 2024 to September 30, 2025) 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 2026 and 2027 population projections[3], sourced from the Ontario Ministry of Finance, and Ontario 2015 to 2025 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.
- 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: January 2024 [Internet]. Toronto, ON: King's Printer for Ontario; 2024 [cited 2026 May 11]. Available from: https://www.ontario.ca/files/2024-01/moh-ophs-group-a-streptococcal-disease-invasive-en-2024-01-09.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, by health region and peer group, 2023 boundaries [Internet]. Ottawa, ON: Government of Canada; 2026 Feb 18 [extracted 2026 Mar 09].

Appendix A

Table A1: Confirmed iGAS Case Counts by Month Across All Ages: Current Season (October 1, 2026 – October 31, 2026)* 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	2026– 2027
October	31	29	55	81	70	76	168	116	97	101
November	42	41	63	63	99	102	157	132	133	-
December	72	47	95	92	96	129	257	148	182	-
January	78	76	96	138	97	124	268	184	171	-
February	42	75	87	121	80	128	193	170	155	-
March	62	69	102	96	114	158	189	158	152	-
April	55	53	82	126	89	193	165	149	128	-
May	63	52	76	106	99	209	144	123	132	-
June	49	40	68	83	75	179	113	131	109	-
July	41	45	72	73	79	180	111	96	93	-
August	39	44	61	74	85	129	111	104	118	-
September	35	50	55	61	81	119	103	93	92	-
Total	609	621	912	1,114	1,064	1,726	1,979	1,604	1,562	101

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, 2026 to October 31, 2026. Toronto, ON: King's Printer for Ontario; 2026.

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