

EPIDEMIOLOGICAL SUMMARY

Tuberculosis in Ontario: October 1, 2018 to September 30, 2023

Published: March 2024

Introduction

This report, to be published on a quarterly basis, provides an epidemiologic summary of active tuberculosis (TB) disease and latent TB infection (LTBI) in Ontario and includes the most current information available from Ontario's integrated Public Health Information System (iPHIS) as of **January 17, 2024**.

The current provincial case definition for TB can be found in Appendix 1 of the Infectious Disease Protocol for [Tuberculosis](#).

For further information regarding TB, including signs, symptoms, and how to reduce the risk of infection, visit Public Health Ontario's (PHO) [Tuberculosis \(TB\) webpage](#).

Surveillance data for active TB and latent TB infection reported between 2020 and 2022 should be interpreted with caution due to changes in the availability of health care, health seeking behaviour, public health follow-up, and case entry during the COVID-19 pandemic.

Key Messages

- Following a decline in the number of confirmed TB cases reported during the early phases of the COVID-19 pandemic, the provincial quarterly incidence of active TB has continued to increase, reaching its highest rate since October 1, 2018, of 1.5 cases per 100,000 population in both Q2 (April to June) and Q3 (July to September) of 2023.
- This increasing provincial trend in confirmed TB cases underscores the ongoing need for effective TB prevention and care as well as ongoing local and provincial surveillance to further understand the factors that may be contributing to these recent increases. Reaching the World Health Organization's (WHO) [End TB Strategy](#)¹ target of a 90% reduction in incident TB cases by 2035 compared to 2015 will require continued collaboration between local and provincial public health and the broader health care system in Ontario.
- The COVID-19 pandemic appears to have coincided with a sharp decline in the number of provincial notifications of latent TB infection. Although the number of LTBI being reported in Ontario has since begun to increase, this suggests gaps in the identification and diagnosis of LTBI as well as missed opportunities to prevent future active TB cases through preventive treatment of LTBI. Addressing LTBI is a key component of the WHO's [Framework Towards TB Elimination in Low Incidence Countries](#).²

Highlights

Active TB

- Between October 1, 2018 and September 30, 2023, the quarterly incidence of active TB has ranged from a low of 1.0 case per 100,000 population to a high of 1.5 cases per 100,000 population. ([Figure 1](#))
- Rates of active TB have been consistently higher in males compared to females, with the quarterly incidence ranging between 1.1 to 1.9 cases per 100,000 population for males and between 0.7 to 1.3 cases per 100,000 population for females. ([Figure 2](#))
- Overall, adults 80 years of age and older had the highest rates of active TB (range: 1.1 to 4.2 cases per 100,000 population), followed by those 20-39 years of age (range: 1.3 to 2.1 cases per 100,000 population) and those 60-79 years of age (range: 0.9 to 2.0 cases per 100,000 population). ([Figure 3](#))
- Between October 1, 2022 and September 30, 2023 (i.e., the last 12 months), Porcupine Health Unit had the highest rate of active TB (27.3 cases per 100,000 population, followed by Northwestern Health Unit, Toronto Public Health, and Peel Public Health (13.5, 11.0, and 10.7 cases per 100,000 population, respectively). ([Figure 4](#))
- The Toronto region has consistently had the highest quarterly rates of active TB (range: 2.0 to 3.2 cases per 100,000 population). ([Figure 5](#))

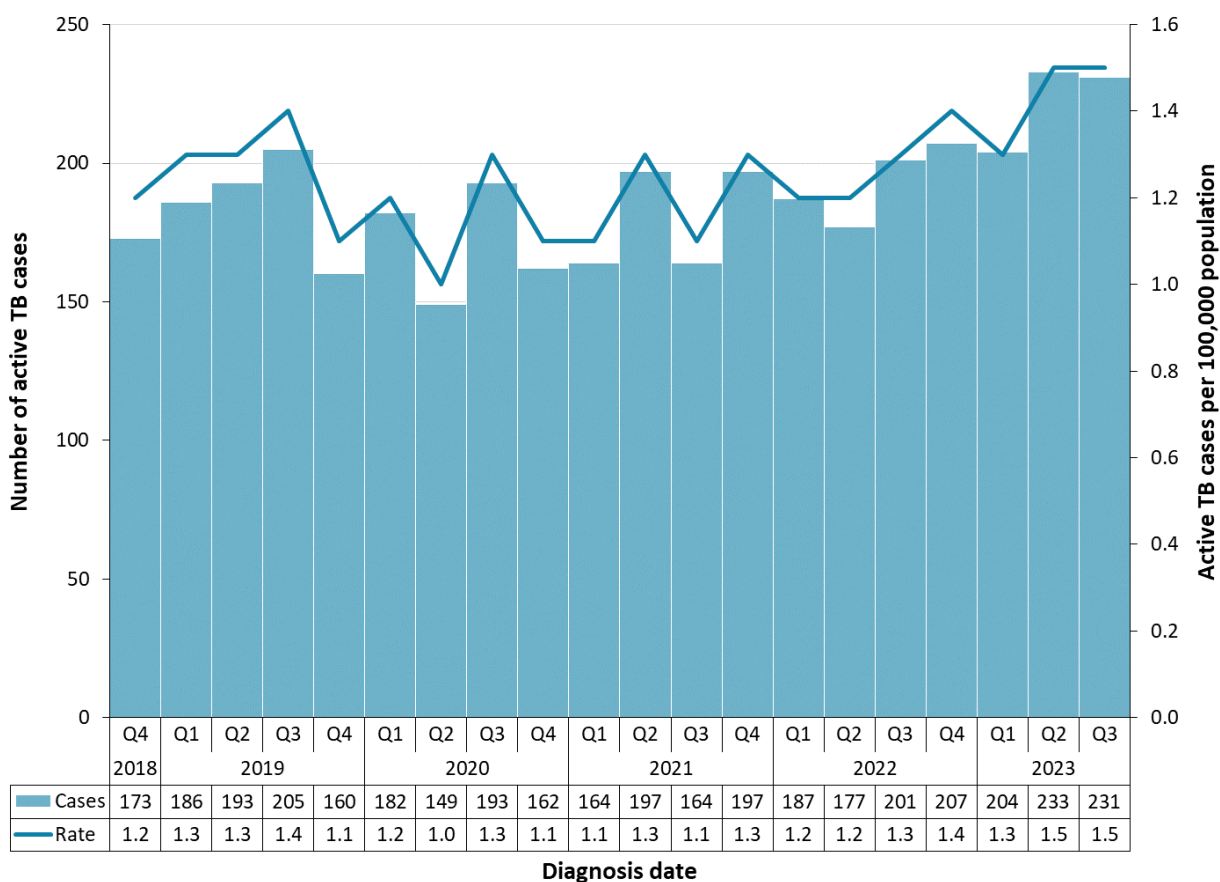
Latent TB Infection

- Between October 1, 2018 and March 30, 2020 (i.e., pre-COVID-19 pandemic), the quarterly incidence of LTBI ranged between 11.5 and 14.7 infections per 100,000 population. Following a sharp decline in notifications at the start of the COVID-19 pandemic, LTBI rates have gradually increased reaching an average quarterly rate of 11.1 infections per 100,000 population in 2023. ([Figure 6](#))
- Rates of LTBI have been consistently higher in females compared to males. Since October 1, 2020 (i.e., following the sharp decrease observed at the start of the COVID-19 pandemic), the quarterly LTBI incidence has ranged from 7.7 to 13.7 infections per 100,000 population for females and between 4.5 to 8.5 infections per 100,000 population for males. ([Figure 7](#))
- Overall, those aged 20-39 years had the highest rates of LTBI which, since October 1, 2020, have ranged between 11.7 to 22.4 infections per 100,000 population. ([Figure 8](#))
- Between October 1, 2022 and September 30, 2023 (i.e., the last 12 months), Kingston, Frontenac, Lennox & Addington Public Health and Peterborough Public Health had the two highest rates of LTBI (119.5 and 118.3 infections per 100,000 population, respectively). ([Figure 9](#))
- Since October 1, 2020, the quarterly incidence rates of LTBI have fluctuated widely across the regions, with the Central West and Eastern regions reporting the highest rates, on average (11.4 and 11.3 infections per 100,000 population, respectively). ([Figure 10](#))

Active TB

Quarterly Trends

Figure 1: Active TB cases and rate per 100,000 population by diagnosis date: October 1, 2018 to September 30, 2023



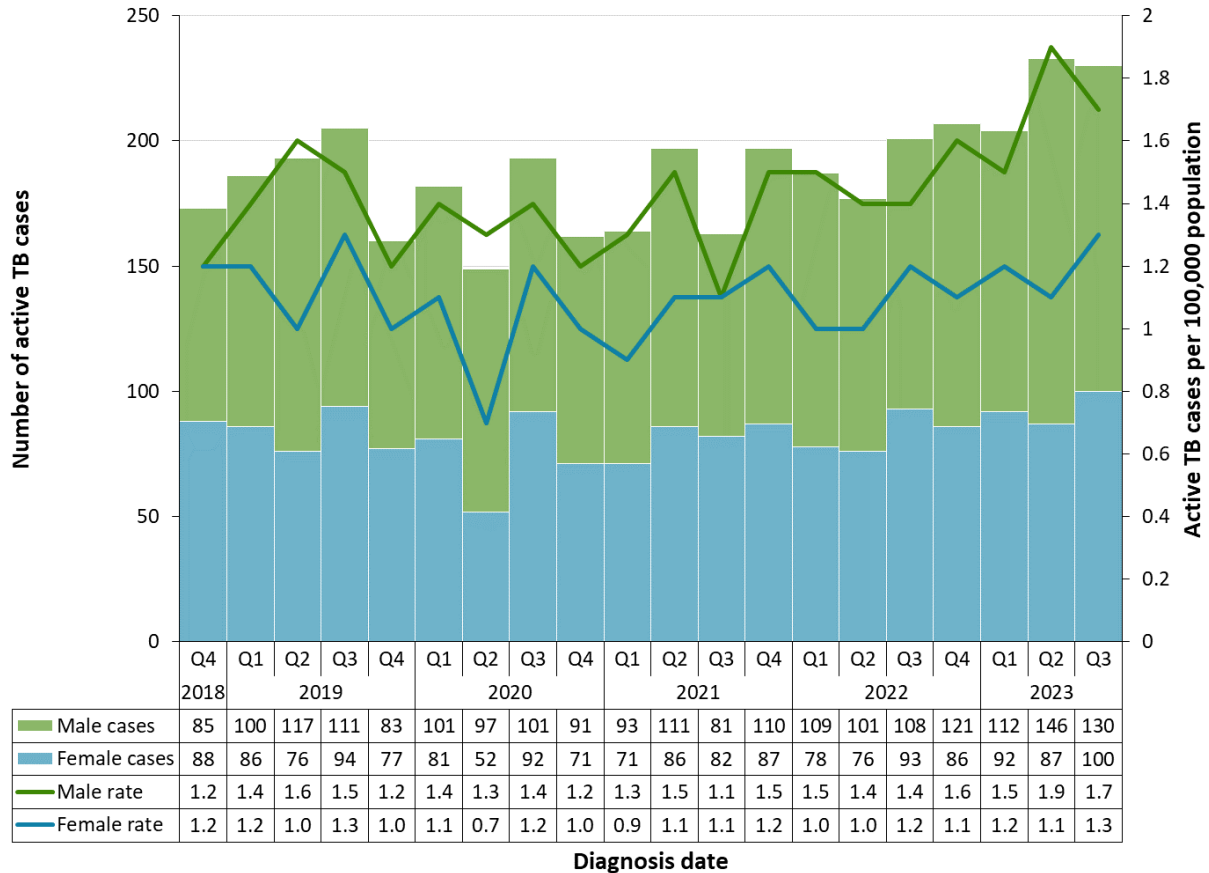
Data sources: Cases: Integrated Public Health Information System (iPHIS) [Database; extracted 17 Jan 2024].

Population denominators: Ministry of Finance.³

Note: Q1=January 1-March 31; Q2=April 1-June 30; Q3=July 1-September 30; Q4=October 1-December 31

Sex and Age Group

Figure 2: Active TB cases and rates per 100,000 population by sex and diagnosis date: October 1, 2018 to September 30, 2023

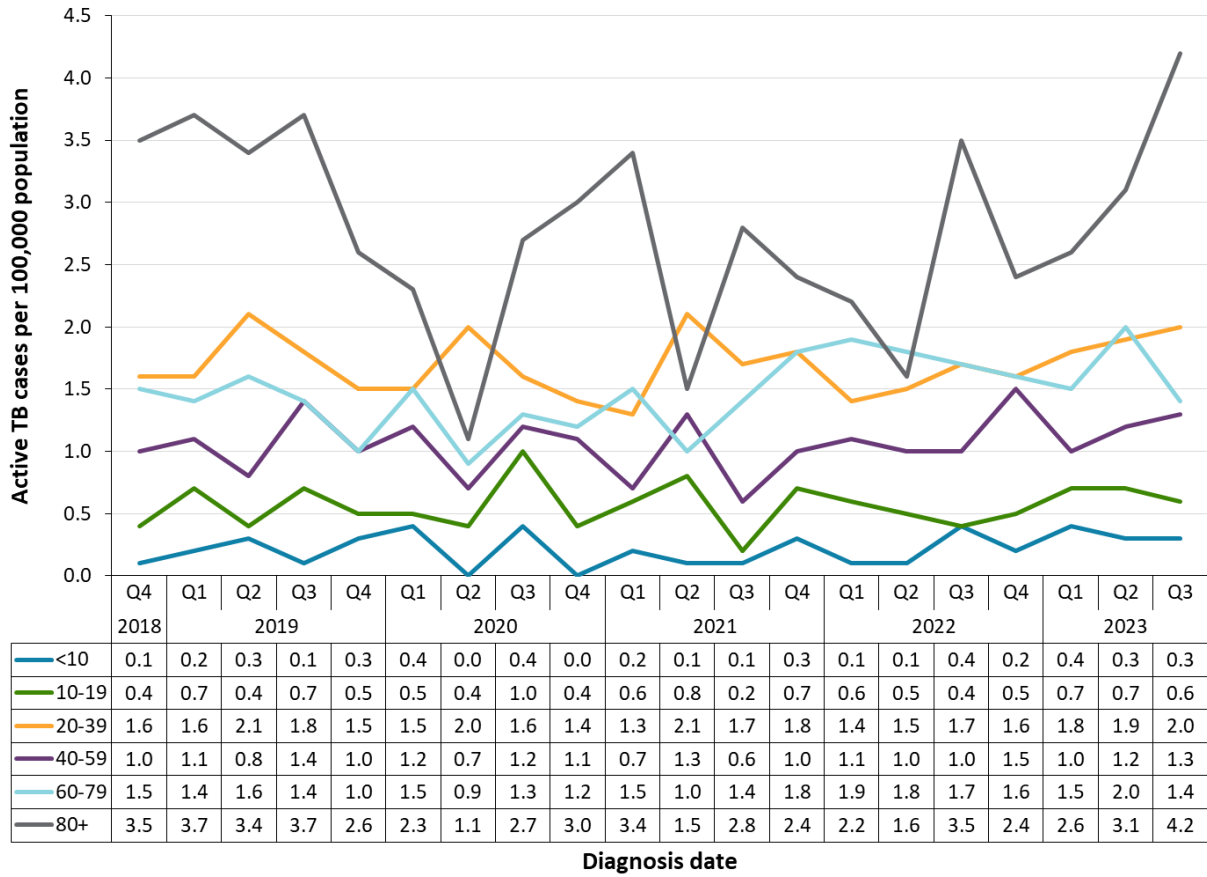


Data sources: Cases: iPHIS. [Database; extracted 17 Jan 2024]. Population denominators: Ministry of Finance.³

Notes: Q1=January 1-March 31; Q2=April 1-June 30; Q3=July 1-September 30; Q4=October 1-December 31.

Excludes active TB cases that did not identify as male or female.

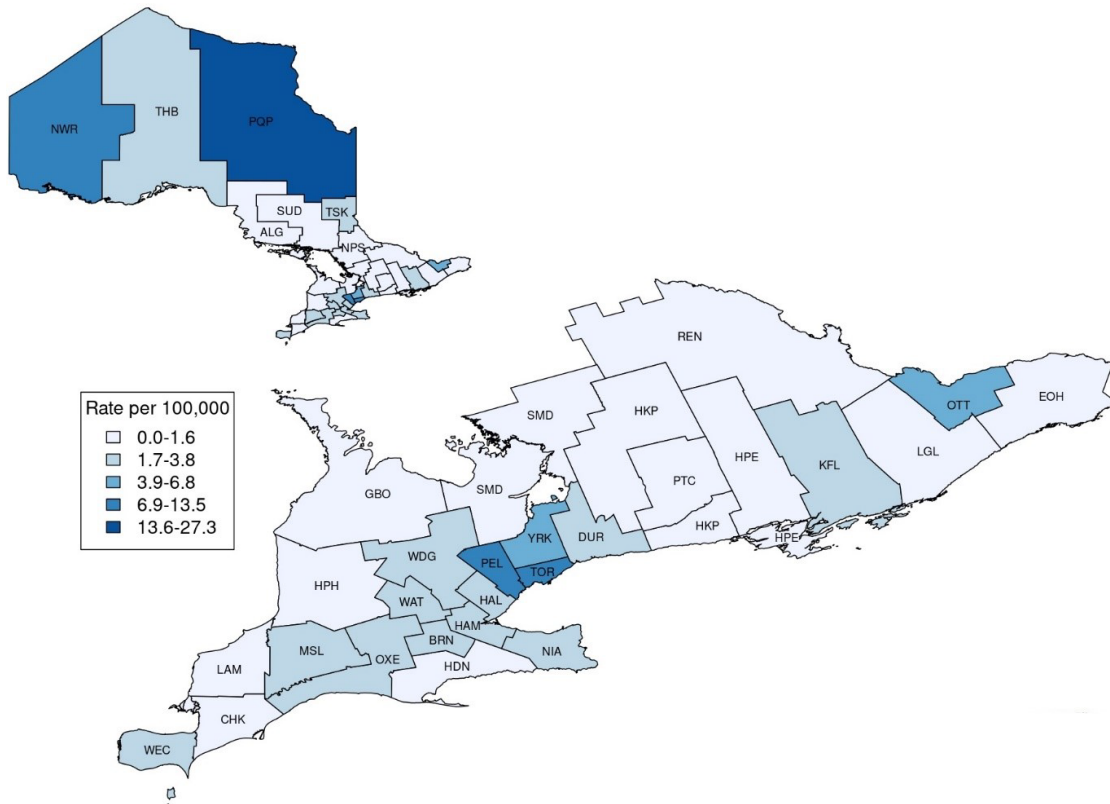
Figure 3: Active TB rates per 100,000 population by age group (years) and diagnosis date: October 1, 2018 to September 30, 2023



Data sources: Cases: iPHIS. [Database; extracted 17 Jan 2024]. Population denominators: Ministry of Finance.³
Note: Q1=January 1-March 31; Q2=April 1-June 30; Q3=July 1-September 30; Q4=October 1-December 31

Geography

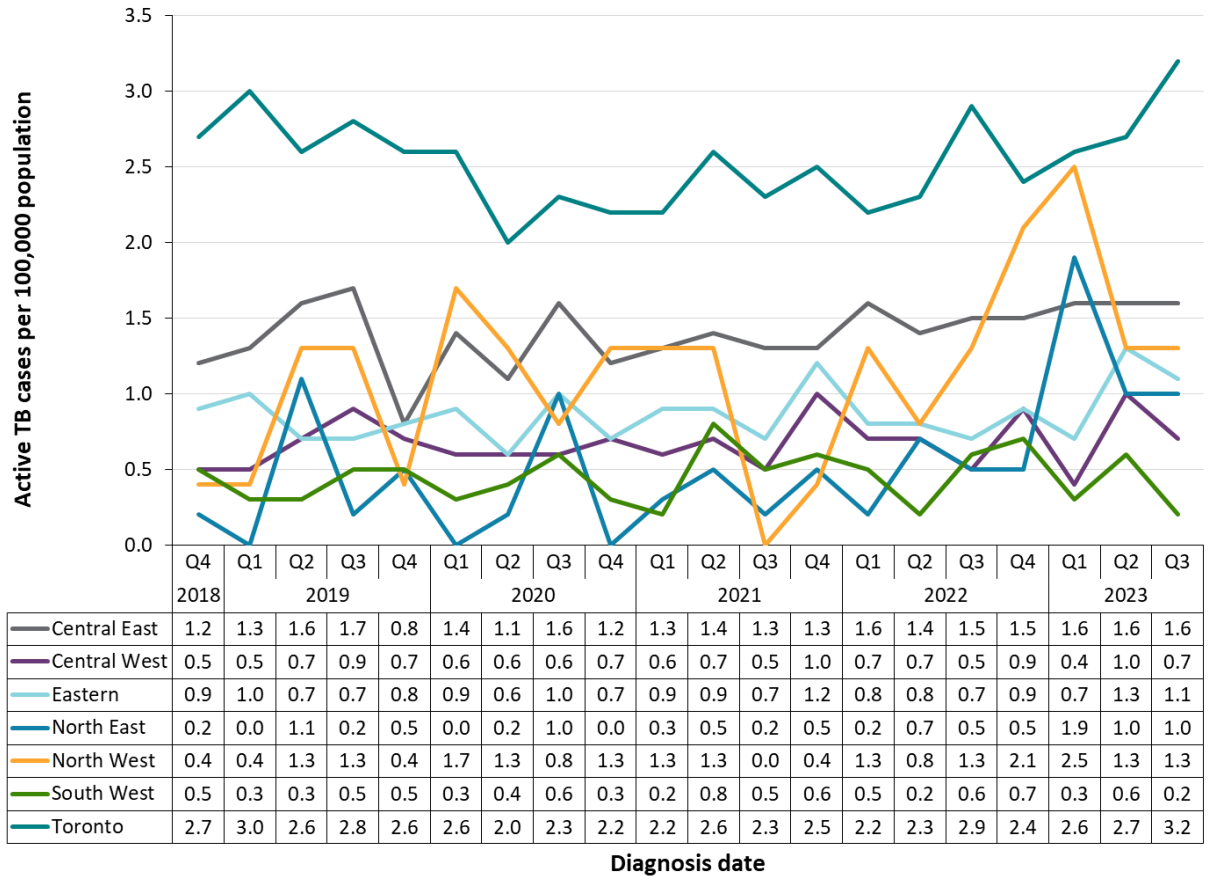
Figure 4: Active TB cases per 100,000 population by public health unit: October 1, 2022 to September 30, 2023 (i.e., last 12 months)



Data sources: Cases: iPHIS. [Database; extracted 17 Jan 2024]. Population denominators: Ministry of Finance.³

Note: See [Appendix 1](#) for the full list of public health unit names and their 3-letter abbreviations, as well as annual rates by PHU for the years 2018-2023* (*up until September 30, 2023).

Figure 5: Active TB cases per 100,000 population by provincial region: October 1, 2018 to September 30, 2023

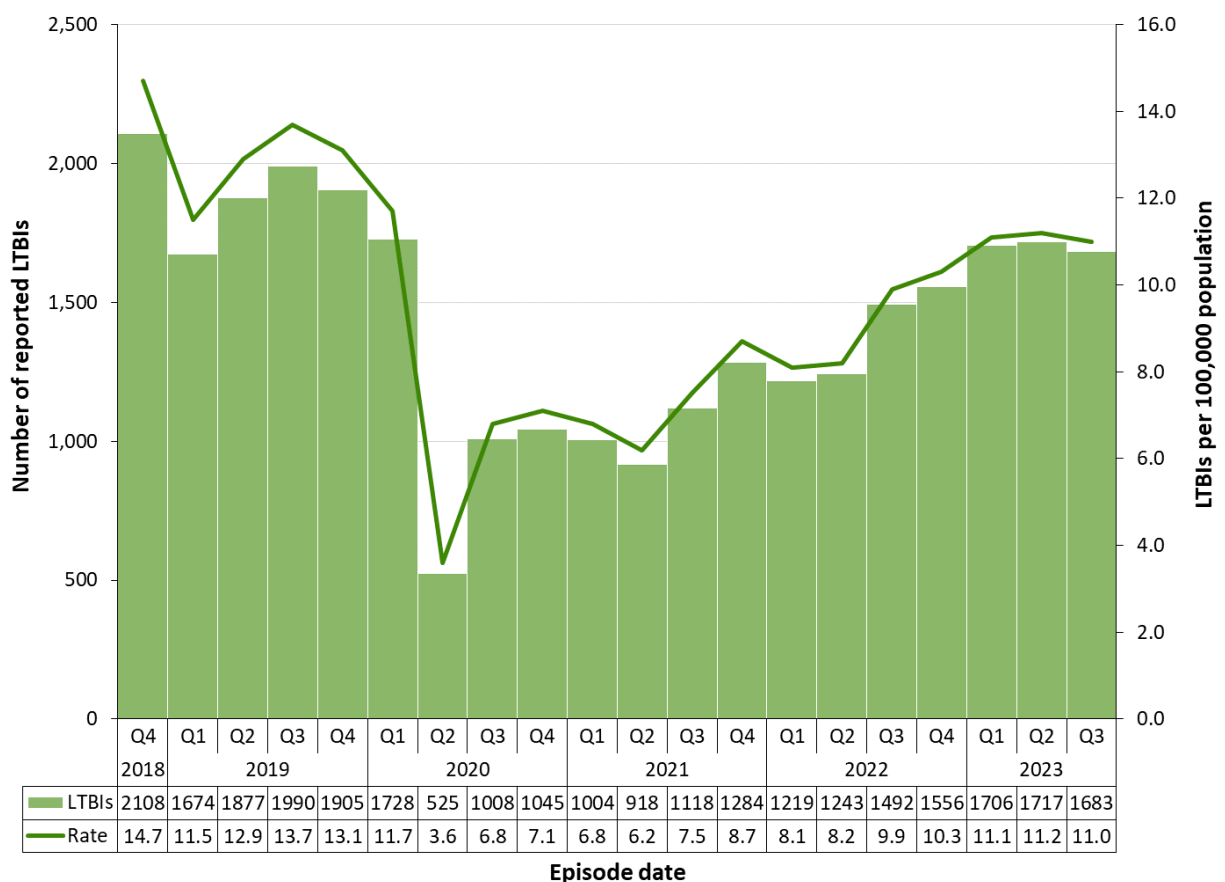


Data sources: Cases: iPHIS. [Database; extracted 17 Jan 2024]. Population denominators: Ministry of Finance.³
Notes: Q1=January 1-March 31; Q2=April 1-June 30; Q3=July 1-September 30; Q4=October 1-December 31
 The public health units that make up each provincial region can be found in [Appendix 1](#).

Latent TB Infections

Quarterly Trends

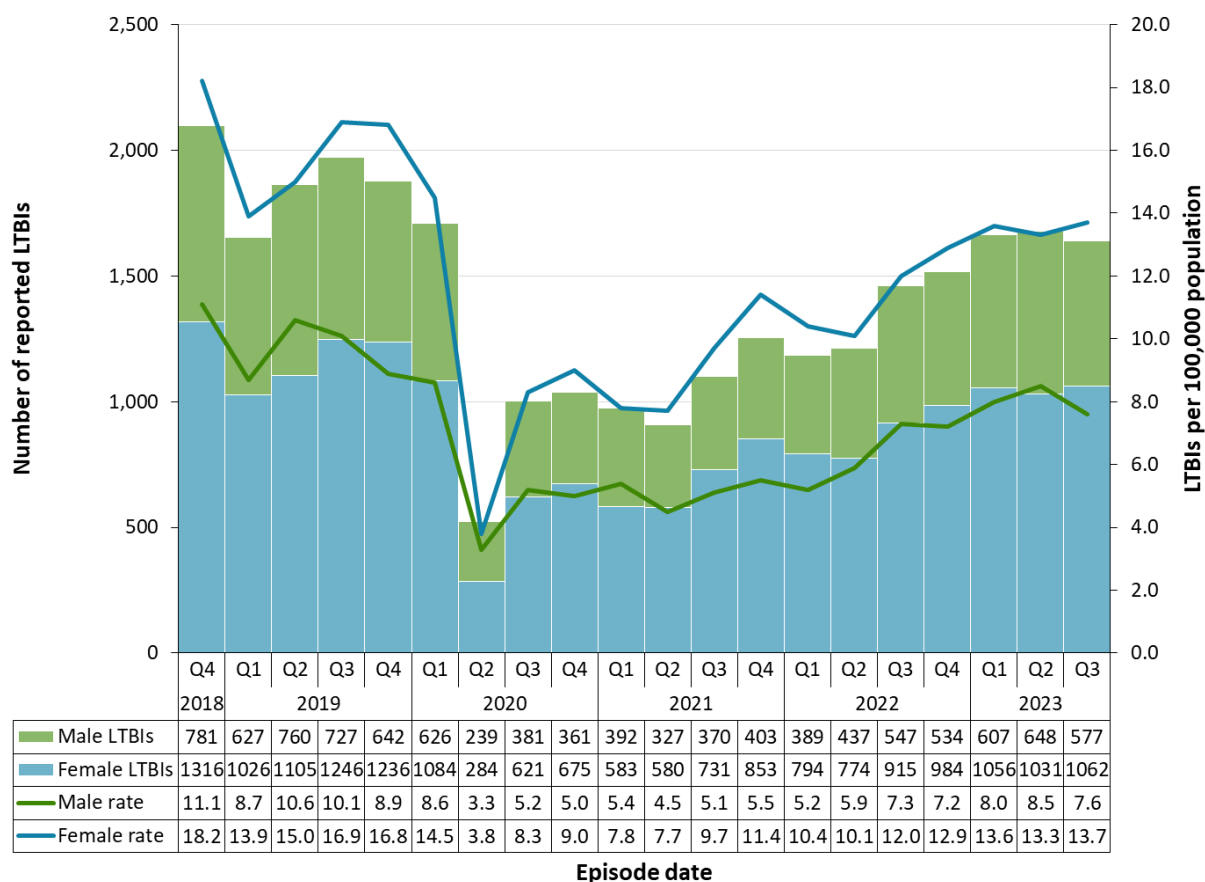
Figure 6: Reported LTBI and rate per 100,000 population by episode date: October 1, 2018 to September 30, 2023



Data sources: LTBI: iPHIS. [Database; extracted 17 Jan 2024]. Population denominators: Ministry of Finance.³
Note: Q1=January 1-March 31; Q2=April 1-June 30; Q3=July 1-September 30; Q4=October 1-December 31

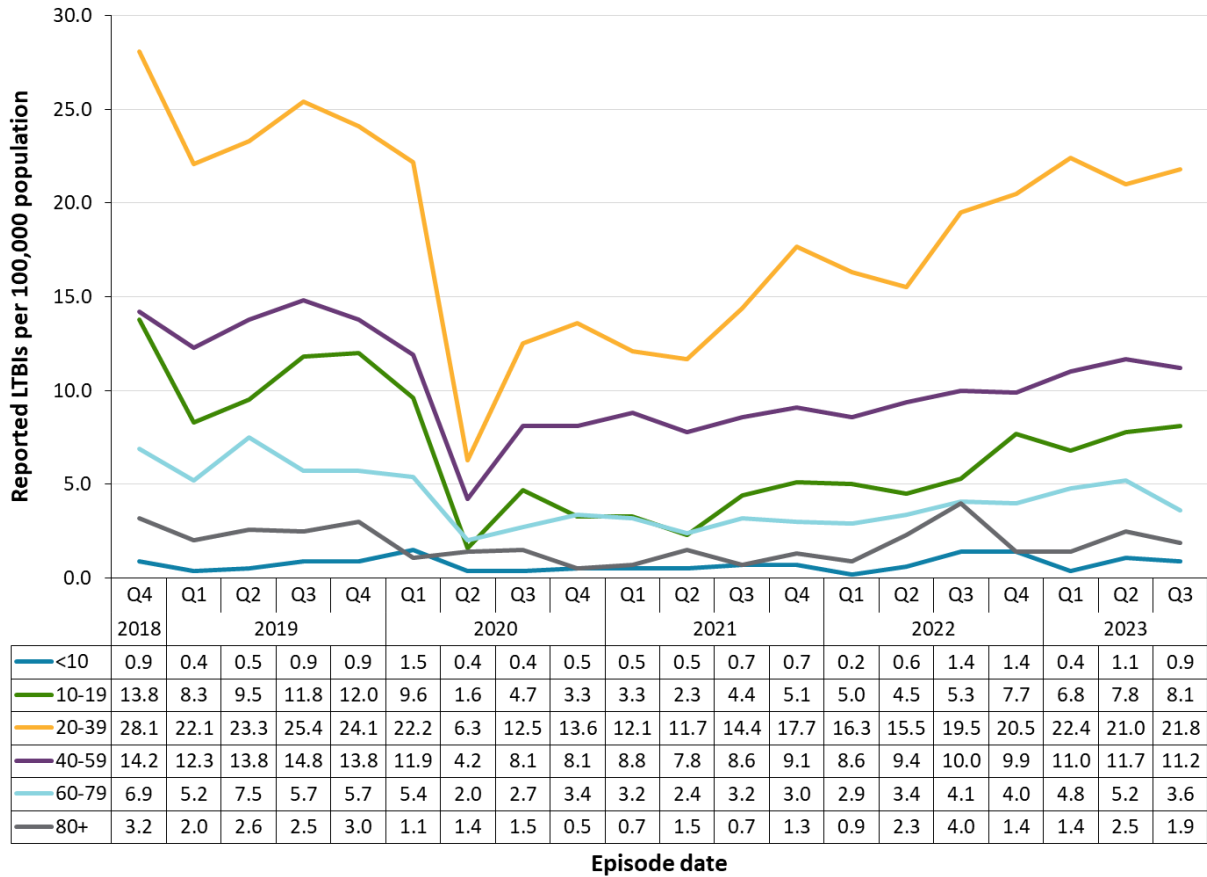
Sex and Age Group

Figure 7: Reported LTBI and rate per 100,000 population by sex and episode date: October 1, 2018 to September 30, 2023



Data sources: LTBI: iPHIS. [Database; extracted 17 Jan 2024]. Population denominators: Ministry of Finance.³
Note: Q1=January 1-March 31; Q2=April 1-June 30; Q3=July 1-September 30; Q4=October 1-December 31.
 Excludes reported LTBI that did not identify as male or female.

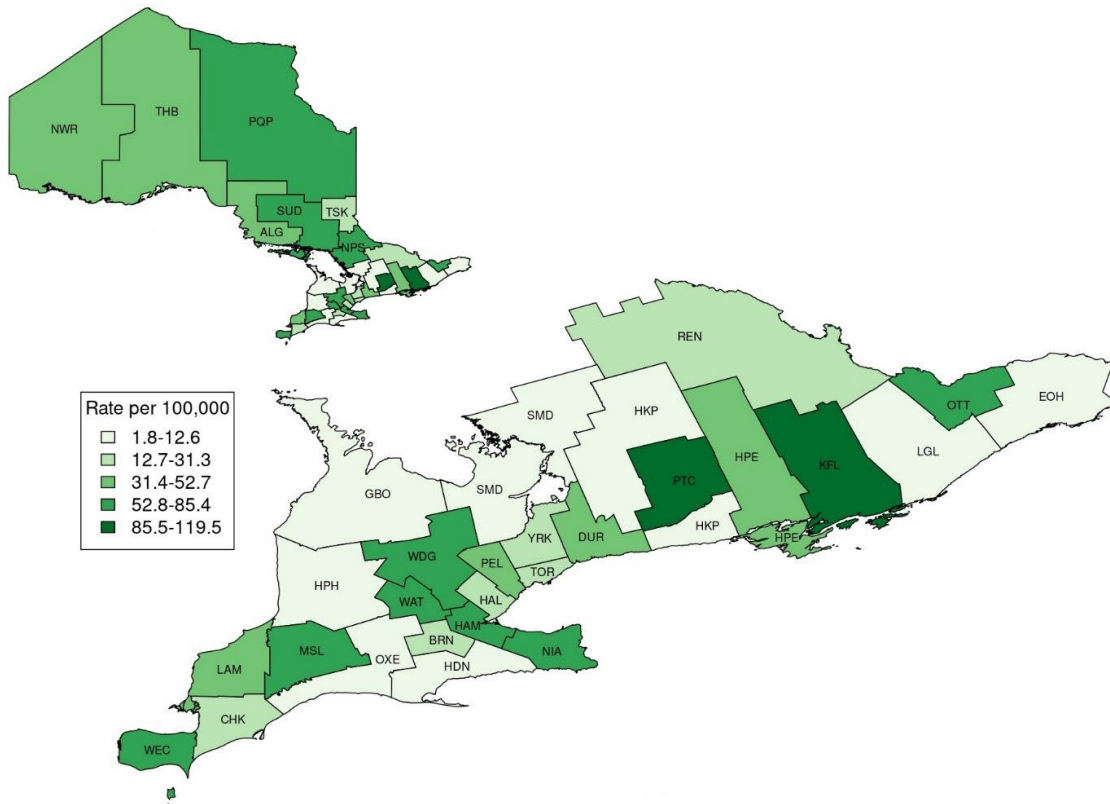
Figure 8: Reported latent TB infections per 100,000 population by age group (years): October 1, 2018 to September 30, 2023



Data sources: LTBI: iPHIS. [Database; extracted 17 Jan 2024]. Population denominators: Ministry of Finance.³
Note: Q1=January 1-March 31; Q2=April 1-June 30; Q3=July 1-September 30; Q4=October 1-December 31

Geography

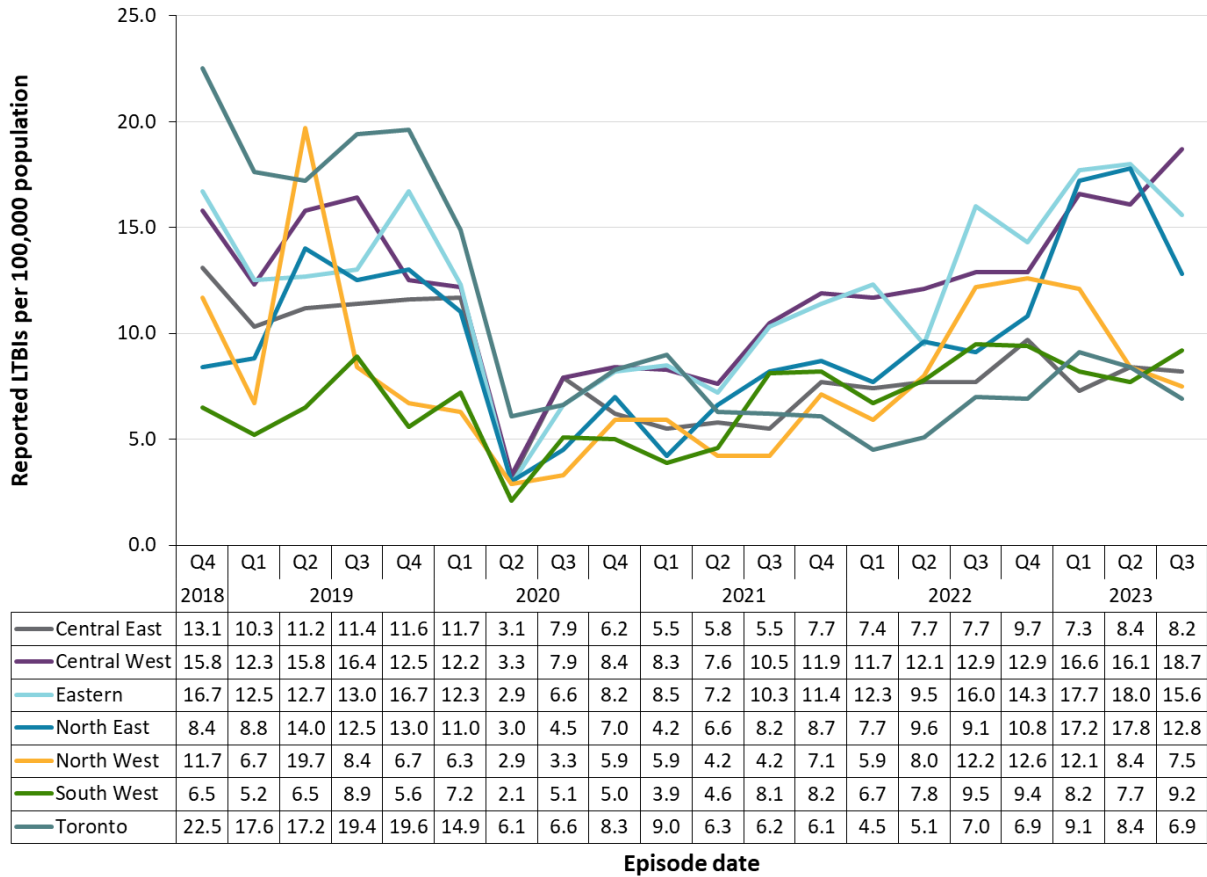
Figure 9: Reported LTBI per 100,000 population by public health unit: October 1, 2022 to September 30, 2023 (i.e., last 12 months)



Data sources: LTBI: iPHIS. [Database; extracted 17 Jan 2024]. Population denominators: Ministry of Finance.³

Note: See [Appendix 2](#) for the full list of public health unit names and their 3-letter abbreviations, as well as annual rates by PHU for the years 2018-2023* (*up until September 30, 2023).

Figure 10: Reported LTBI's per 100,000 population by provincial region: October 1, 2024 to September 30, 2023



Data sources: LTBI's: iPHIS. [Database; extracted 17 Jan 2024]. Population denominators: Ministry of Finance.³
Notes: Q1=January 1-March 31; Q2=April 1-June 30; Q3=July 1-September 30; Q4=October 1-December 31
 The public health units that make up each provincial region can be found in [Appendix 1](#).

Technical Notes

Data Sources

CASE DATA

- 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 **January 17, 2024 at 1:00p.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.

ONTARIO POPULATION DATA

- Population estimates used to calculate rates per 100,000 population were calculated using the Ontario population estimates for 2018-2021 and population projections for 2022-2023 sourced from the Ontario Ministry of Finance.

Data Caveats

- Data reported between 2020 and 2022 should be interpreted with caution. Both testing and iPHIS data entry practices were likely impacted by the COVID-19 pandemic response.
- These data only represent confirmed cases of tuberculosis (TB) and latent TB infection (LTBI) 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.
- This report includes data up to the end of the quarter that finished three months prior to data extraction because active TB and LTBI counts and corresponding data can take several months to stabilize.
- Only TB and LTBI cases meeting the confirmed case classification as listed in the [Ontario MOH surveillance case definitions](#) are included in the reported case counts.
 - Changes to provincial surveillance case definitions and disease classifications have occurred over the years and thus may impact the analysis and interpretation 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.
- TB cases are reported based on the Diagnosis Date. LTBI 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 are 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.
- The public health units that make up each geographic region can be found in [Appendix 1](#).
- 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.

References

1. World Health Organization. Framework towards TB elimination in low-incidence countries. Geneva; World Health Organization: 2014. Available from: <https://www.who.int/publications/i/item/9789241507707>
2. World Health Organization. The end TB strategy. Geneva; World Health Organization: 2015. Available from: <https://www.who.int/teams/global-tuberculosis-programme/the-end-tb-strategy>
3. Population Reporting. Population projections public health unit, 2022-2046 [data file]. Toronto, ON: Ontario. Ministry of Finance [producer]; Toronto, ON: Ontario. Ministry of Health, IntelliHealth Ontario [distributor]; [data extracted 2023 May 10].

Appendix 1: Active TB Cases and Rates

Table A1: Active TB case counts and rates per 100,000 population by public health unit, region, and year: Ontario, 2018-2023*
 (*January 1 to September 30, 2023 only)

| Public health unit | 3-Letter Code | 2018 n (rate) | 2019 n (rate) | 2020 n (rate) | 2021 n (rate) | 2022 n (rate) | 2023* n (rate) |
|---|---------------|------------------|------------------|------------------|------------------|------------------|-------------------|
| Durham Region Health Department | DUR | 20 (2.9) | 27 (3.9) | 10 (1.4) | 15 (2.1) | 25 (3.4) | 22 (2.9) |
| Haliburton, Kawartha, Pine Ridge District Health Unit | HKP | 0 (0.0) | 2 (1.1) | 0 (0.0) | 2 (1.0) | 0 (0.0) | 0 (0.0) |
| Peel Public Health | PEL | 141 (9.4) | 137 (8.9) | 144 (9.2) | 154 (9.8) | 168 (10.4) | 136 (8.2) |
| Peterborough Public Health | PTC | 4 (2.7) | 2 (1.4) | 4 (2.7) | 1 (0.7) | 4 (2.7) | 1 (0.7) |
| Simcoe Muskoka District Health Unit | SMD | 5 (0.9) | 8 (1.4) | 10 (1.7) | 5 (0.8) | 4 (0.6) | 6 (0.9) |
| York Region Public Health | YRK | 44 (3.8) | 58 (4.9) | 64 (5.3) | 59 (4.9) | 69 (5.6) | 57 (4.6) |
| CENTRAL EAST | n/a | 214 (5.0) | 234 (5.4) | 232 (5.3) | 236 (5.3) | 270 (5.9) | 222 (4.8) |
| Brant County Health Unit | BRN | 0 (0.0) | 2 (1.3) | 0 (0.0) | 3 (1.9) | 3 (1.9) | 2 (1.2) |
| City of Hamilton Public Health Services | HAM | 18 (3.2) | 24 (4.2) | 25 (4.3) | 20 (3.4) | 25 (4.2) | 13 (2.2) |
| Haldimand-Norfolk Health Unit | HDN | 0 (0.0) | 0 (0.0) | 0 (0.0) | 0 (0.0) | 0 (0.0) | 2 (1.6) |
| Halton Region Public Health | HAL | 12 (2.1) | 15 (2.5) | 17 (2.8) | 24 (3.9) | 17 (2.7) | 12 (1.9) |
| Niagara Region Public Health | NIA | 6 (1.3) | 9 (1.9) | 9 (1.9) | 9 (1.9) | 11 (2.2) | 15 (3.0) |

| Public health unit | 3-Letter Code | 2018 n (rate) | 2019 n (rate) | 2020 n (rate) | 2021 n (rate) | 2022 n (rate) | 2023* n (rate) |
|---|---------------|------------------|------------------|------------------|------------------|------------------|-------------------|
| Region of Waterloo Public Health and Emergency Services | WAT | 14 (2.4) | 19 (3.2) | 15 (2.5) | 17 (2.8) | 21 (3.3) | 11 (1.7) |
| Wellington-Dufferin-Guelph Public Health | WDG | 5 (1.7) | 8 (2.6) | 6 (1.9) | 6 (1.9) | 6 (1.9) | 7 (2.1) |
| CENTRAL WEST | n/a | 55 (2.0) | 77 (2.7) | 72 (2.5) | 79 (2.7) | 83 (2.8) | 62 (2.1) |
| Ottawa Public Health | OTT | 51 (5.1) | 54 (5.3) | 53 (5.1) | 61 (5.8) | 59 (5.5) | 56 (5.1) |
| Eastern Ontario Health Unit | EOH | 0 (0.0) | 0 (0.0) | 1 (0.5) | 2 (0.9) | 0 (0.0) | 2 (0.9) |
| Hastings Prince Edward Public Health | HPE | 0 (0.0) | 1 (0.6) | 3 (1.7) | 3 (1.7) | 1 (0.6) | 1 (0.6) |
| Kingston, Frontenac, Lennox & Addington Public Health | KFL | 3 (1.5) | 6 (2.9) | 5 (2.4) | 4 (1.9) | 2 (0.9) | 4 (1.9) |
| Leeds, Grenville & Lanark District Health Unit | LGL | 0 (0.0) | 1 (0.6) | 1 (0.6) | 1 (0.6) | 0 (0.0) | 0 (0.0) |
| Renfrew County and District Health Unit | REN | 1 (0.9) | 0 (0.0) | 0 (0.0) | 0 (0.0) | 1 (0.9) | 0 (0.0) |
| EASTERN | n/a | 55 (2.9) | 62 (3.3) | 63 (3.3) | 71 (3.7) | 63 (3.2) | 63 (3.1) |
| Algoma Public Health | ALG | 0 (0.0) | 2 (1.7) | 0 (0.0) | 1 (0.9) | 2 (1.7) | 1 (0.9) |
| North Bay Parry Sound District Health Unit | NPS | 3 (2.3) | 2 (1.6) | 2 (1.6) | 0 (0.0) | 1 (0.8) | 0 (0.0) |
| Porcupine Health Unit | PQP | 0 (0.0) | 6 (7.1) | 5 (5.9) | 6 (7.1) | 8 (9.5) | 20 (23.8) |
| Public Health Sudbury & Districts | SUD | 0 (0.0) | 0 (0.0) | 0 (0.0) | 2 (1.0) | 0 (0.0) | 1 (0.5) |
| Timiskaming Health Unit | TSK | 0 (0.0) | 0 (0.0) | 0 (0.0) | 0 (0.0) | 0 (0.0) | 1 (2.9) |

| Public health unit | 3-Letter Code | 2018 n (rate) | 2019 n (rate) | 2020 n (rate) | 2021 n (rate) | 2022 n (rate) | 2023* n (rate) |
|----------------------------------|---------------|-------------------|-------------------|------------------|------------------|------------------|-------------------|
| NORTH EAST | n/a | 3 (0.5) | 10 (1.8) | 7 (1.2) | 9 (1.6) | 11 (1.9) | 23 (4.0) |
| Northwestern Health Unit | NWR | 4 (4.9) | 5 (6.2) | 6 (7.4) | 1 (1.2) | 8 (9.8) | 8 (9.8) |
| Thunder Bay District Health Unit | THB | 12 (7.6) | 3 (1.9) | 6 (3.8) | 6 (3.8) | 5 (3.2) | 4 (2.5) |
| NORTH WEST | n/a | 16 (6.7) | 8 (3.4) | 12 (5.0) | 7 (3.0) | 13 (5.5) | 12 (5.0) |
| Chatham-Kent Public Health | CHK | 2 (1.9) | 0 (0.0) | 0 (0.0) | 0 (0.0) | 0 (0.0) | 1 (0.9) |
| Grey Bruce Health Unit | GBO | 0 (0.0) | 0 (0.0) | 0 (0.0) | 1 (0.6) | 0 (0.0) | 1 (0.5) |
| Huron Perth Public Health | HPH | 2 (1.4) | 1 (0.7) | 0 (0.0) | 1 (0.7) | 0 (0.0) | 0 (0.0) |
| Lambton Public Health | LAM | 0 (0.0) | 0 (0.0) | 1 (0.8) | 0 (0.0) | 1 (0.8) | 1 (0.7) |
| Middlesex-London Health Unit | MSL | 12 (2.4) | 11 (2.2) | 15 (2.9) | 20 (3.9) | 23 (4.4) | 6 (1.1) |
| Southwestern Public Health | OXE | 1 (0.5) | 2 (0.9) | 1 (0.5) | 3 (1.4) | 2 (0.9) | 4 (1.7) |
| Windsor-Essex County Health Unit | WEC | 12 (2.9) | 13 (3.1) | 11 (2.6) | 11 (2.6) | 8 (1.9) | 6 (1.4) |
| SOUTH WEST | n/a | 29 (1.7) | 27 (1.6) | 28 (1.6) | 36 (2.1) | 34 (1.9) | 19 (1.1) |
| Toronto Public Health | TOR | 295 (10.1) | 326 (11.0) | 272 (9.1) | 284 (9.6) | 298 (9.8) | 266 (8.6) |
| TORONTO | n/a | 295 (10.1) | 326 (11.0) | 272 (9.1) | 284 (9.6) | 298 (9.8) | 266 (8.6) |
| TOTAL | n/a | 667 (4.7) | 744 (5.1) | 686 (4.7) | 722 (4.9) | 772 (5.1) | 667 (4.3) |

Data sources: Cases: iPHIS. [Database; extracted 17 Jan 2024]. Population denominators: Ministry of Finance.¹

*Includes data from January 1 to September 30, 2023 only.

Appendix 2: Reported Latent TB Infections and Rates

Table A2: Reported latent TB infections and rate per 100,000 population by public health unit, region, and year: Ontario, 2018-2023* (*January 1 to September 30, 2023 only)

| Public health unit | 3-Letter Code | 2018 n (rate) | 2019 n (rate) | 2020 n (rate) | 2021 n (rate) | 2022 n (rate) | 2023* n (rate) |
|---|---------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Durham Region Health Department | DUR | 343 (50.0) | 317 (45.4) | 165 (23.1) | 190 (26.1) | 327 (44.3) | 243 (32.4) |
| Haliburton, Kawartha, Pine Ridge District Health Unit | HKP | 25 (13.3) | 21 (11.1) | 8 (4.2) | 12 (6.2) | 10 (5.1) | 4 (2.0) |
| Peel Public Health | PEL | 1,209 (80.8) | 1,033 (67.3) | 800 (51.2) | 616 (39.2) | 743 (46.1) | 452 (27.4) |
| Peterborough Public Health | PTC | 57 (38.9) | 54 (36.7) | 20 (13.5) | 43 (29.1) | 91 (60.9) | 136 (89.8) |
| Simcoe Muskoka District Health Unit | SMD | 79 (13.6) | 73 (12.3) | 56 (9.3) | 40 (6.5) | 45 (7.2) | 47 (7.3) |
| York Region Public Health | YRK | 480 (41.3) | 433 (36.6) | 229 (19.1) | 191 (15.8) | 255 (20.7) | 220 (17.6) |
| CENTRAL EAST | n/a | 2,193 (51.5) | 1,931 (44.4) | 1,278 (28.9) | 1,092 (24.5) | 1,471 (32.3) | 1,102 (23.8) |
| Brant County Health Unit | BRN | 10 (6.7) | 22 (14.5) | 20 (13.0) | 12 (7.7) | 35 (22.1) | 33 (20.5) |
| City of Hamilton Public Health Services | HAM | 365 (64.5) | 422 (73.5) | 199 (34.1) | 247 (42.2) | 321 (53.8) | 304 (50.2) |
| Haldimand-Norfolk Health Unit | HDN | 5 (4.3) | 4 (3.4) | 2 (1.7) | 6 (4.9) | 5 (4.0) | 3 (2.4) |
| Halton Region Public Health | HAL | 354 (60.6) | 276 (46.2) | 123 (20.1) | 144 (23.3) | 138 (21.8) | 117 (18.1) |
| Niagara Region Public Health | NIA | 246 (52.1) | 185 (38.7) | 124 (25.7) | 168 (34.7) | 213 (43.2) | 253 (50.4) |

| Public health unit | 3-Letter Code | 2018 n (rate) | 2019 n (rate) | 2020 n (rate) | 2021 n (rate) | 2022 n (rate) | 2023* n (rate) |
|---|---------------|---------------------|---------------------|-------------------|-------------------|---------------------|---------------------|
| Region of Waterloo Public Health and Emergency Services | WAT | 286 (49.4) | 319 (53.8) | 237 (39.1) | 263 (43.1) | 381 (60.6) | 394 (60.8) |
| Wellington-Dufferin-Guelph Public Health | WDG | 140 (46.1) | 108 (35.1) | 51 (16.43) | 85 (26.8) | 128 (39.7) | 190 (57.8) |
| CENTRAL WEST | n/a | 1,406 (50.7) | 1,336 (47.3) | 756 (26.4) | 925 (32.0) | 1,221 (41.3) | 1,294 (42.9) |
| Ottawa Public Health | OTT | 801 (79.7) | 743 (72.5) | 410 (39.2) | 600 (56.9) | 684 (63.7) | 719 (65.6) |
| Eastern Ontario Health Unit | EOH | 10 (4.7) | 10 (4.7) | 8 (3.7) | 5 (2.3) | 10 (4.5) | 7 (3.2) |
| Hastings Prince Edward Public Health | HPE | 71 (42.0) | 65 (38.1) | 29 (16.8) | 35 (20.1) | 65 (36.9) | 56 (31.6) |
| Kingston, Frontenac, Lennox & Addington Public Health | KFL | 210 (102.2) | 201 (96.8) | 114 (54.4) | 72 (34.3) | 246 (115.1) | 218 (101.6) |
| Leeds, Grenville & Lanark District Health Unit | LGL | 20 (11.4) | 9 (5.1) | 14 (7.8) | 6 (3.3) | 9 (4.9) | 9 (4.9) |
| Renfrew County and District Health Unit | REN | 8 (7.5) | 13 (12.0) | 5 (4.6) | 11 (10.1) | 10 (9.1) | 18 (16.4) |
| EASTERN | n/a | 1,120 (59.8) | 1,041 (54.7) | 580 (30.0) | 729 (37.4) | 1,025 (51.7) | 1,027 (51.2) |
| Algoma Public Health | ALG | 31 (26.6) | 57 (48.7) | 28 (23.8) | 16 (13.7) | 35 (29.8) | 42 (35.6) |
| North Bay Parry Sound District Health Unit | NPS | 46 (35.7) | 45 (34.8) | 32 (24.7) | 36 (27.5) | 55 (41.8) | 56 (42.3) |
| Porcupine Health Unit | PQP | 23 (27.1) | 23 (27.0) | 14 (16.5) | 24 (28.6) | 37 (44.0) | 51 (60.8) |
| Public Health Sudbury & Districts | SUD | 100 (49.0) | 140 (68.4) | 63 (30.7) | 75 (36.5) | 83 (40.1) | 120 (57.5) |

| Public health unit | 3-Letter Code | 2018 n (rate) | 2019 n (rate) | 2020 n (rate) | 2021 n (rate) | 2022 n (rate) | 2023* n (rate) |
|----------------------------------|---------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Timiskaming Health Unit | TSK | 3 (8.8) | 8 (23.5) | 6 (17.6) | 7 (20.4) | 7 (20.5) | 7 (20.4) |
| NORTH EAST | n/a | 203 (35.7) | 273 (47.9) | 143 (25.0) | 158 (27.6) | 217 (37.8) | 276 (47.8) |
| Northwestern Health Unit | NWR | 38 (46.8) | 57 (70.1) | 24 (29.5) | 18 (22.1) | 30 (36.8) | 26 (31.9) |
| Thunder Bay District Health Unit | THB | 92 (58.6) | 41 (26.0) | 20 (12.7) | 33 (21.1) | 62 (39.6) | 41 (26.0) |
| NORTH WEST | n/a | 130 (54.5) | 98 (41.0) | 44 (18.4) | 51 (21.5) | 92 (38.6) | 67 (28.0) |
| Chatham-Kent Public Health | CHK | 16 (15.1) | 12 (11.3) | 6 (5.6) | 12 (11.1) | 20 (18.5) | 20 (18.4) |
| Grey Bruce Health Unit | GBU | 9 (5.3) | 3 (1.7) | 2 (1.1) | 4 (2.2) | 21 (11.6) | 5 (2.7) |
| Huron Perth Public Health | HPH | 16 (11.2) | 11 (7.6) | 7 (4.8) | 17 (11.5) | 15 (10.0) | 13 (8.5) |
| Lambton Public Health | LAM | 40 (30.5) | 39 (29.5) | 24 (18.1) | 25 (18.9) | 34 (25.5) | 34 (25.3) |
| Middlesex-London Health Unit | MSL | 305 (61.8) | 272 (54.1) | 199 (39.0) | 307 (59.6) | 375 (71.2) | 251 (46.6) |
| Southwestern Public Health | OXE | 39 (18.4) | 23 (10.7) | 18 (8.2) | 28 (12.6) | 26 (11.5) | 23 (10.0) |
| Windsor-Essex County Health Unit | WEC | 256 (60.7) | 211 (49.5) | 172 (40.2) | 158 (37.1) | 266 (61.6) | 229 (52.3) |
| SOUTH WEST | n/a | 681 (40.6) | 571 (33.6) | 428 (24.9) | 551 (31.8) | 757 (43.1) | 575 (32.2) |
| Toronto Public Health | TOR | 2,109 (72.3) | 2,190 (73.9) | 1,071 (35.8) | 813 (27.3) | 711 (23.4) | 758 (24.4) |
| TORONTO | n/a | 2,109 (72.3) | 2,190 (73.9) | 1,071 (35.8) | 813 (27.3) | 711 (23.4) | 758 (24.4) |
| TOTAL | n/a | 7,842 (54.8) | 7,440 (51.2) | 4,300 (29.2) | 4,319 (29.1) | 5,499 (36.4) | 5,099 (33.2) |

Data sources: LTBI: iPHIS. [Database; extracted 17 Jan 2024]. Population denominators: Ministry of Finance.¹

*Includes data from January 1 to September 30, 2023 only.

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Enhanced epidemiological summary: tuberculosis in Ontario – October 1, 2018 to September 30, 2023. 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 publichealthontario.ca.

©King’s Printer for Ontario, 2024

