

EPIDEMIOLOGICAL SUMMARY

Tuberculosis in Ontario: April 1, 2020 to
March 31, 2025

Published: July 2025

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 information available from Ontario's integrated Public Health Information System (iPHIS) as of **July 7, 2025**.

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

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](#).²

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

- The provincial quarterly incidence of active TB increased in 2024, continuing the trend that started in 2022. Quarterly incidence reached its highest rate since April 1, 2020 with 1.7 cases per 100,000 population in Q2 and Q3 (April to September) of 2024. Although the quarterly incidence declined in Q4 (October to December) to 1.3 cases per 100,000 population, the annual incidence in 2024 remains the highest in the last 5-year period. Incidence remained the same in Q1 (January to March) of 2025.
- 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.
- The COVID-19 pandemic coincided with a sharp decline in the number of provincial notifications of latent TB infection. The number of LTBI reported in Ontario has since increased to pre-pandemic levels. Further increases in the identification and diagnosis of LTBI represent additional opportunities for preventive treatment of LTBI to avert future active TB cases, an important step to meeting reduction targets for active cases. Addressing LTBI is a key component of the WHO's [Framework Towards TB Elimination in Low Incidence Countries](#).³

Highlights

Active TB

- Between April 1, 2020 and March 31, 2025, the quarterly incidence of active TB ranged from a low of 1.0 case per 100,000 population to a high of 1.7 cases per 100,000 population. ([Figure 1](#))
- Rates of active TB have been generally higher in males compared to females, with the quarterly incidence ranging between 1.1 to 2.0 cases per 100,000 population for males and between 0.7 to 1.5 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 2.4 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 April 1, 2024 and March 31, 2025 (i.e., the last 12 months), Northeastern Public Health had the highest rate of active TB at 17.1 cases per 100,000 population, followed by Northwestern Health Unit, Toronto Public Health, and Thunder Bay District Health Unit at 11.0, 10.9, and 10.0 cases per 100,000 population, respectively. ([Figure 4](#))
- Over the last five years (April 1, 2020 to March 31, 2025), the Toronto region has usually had the highest quarterly rate of active TB (range: 1.8 to 3.4 cases per 100,000 population). ([Figure 5](#))

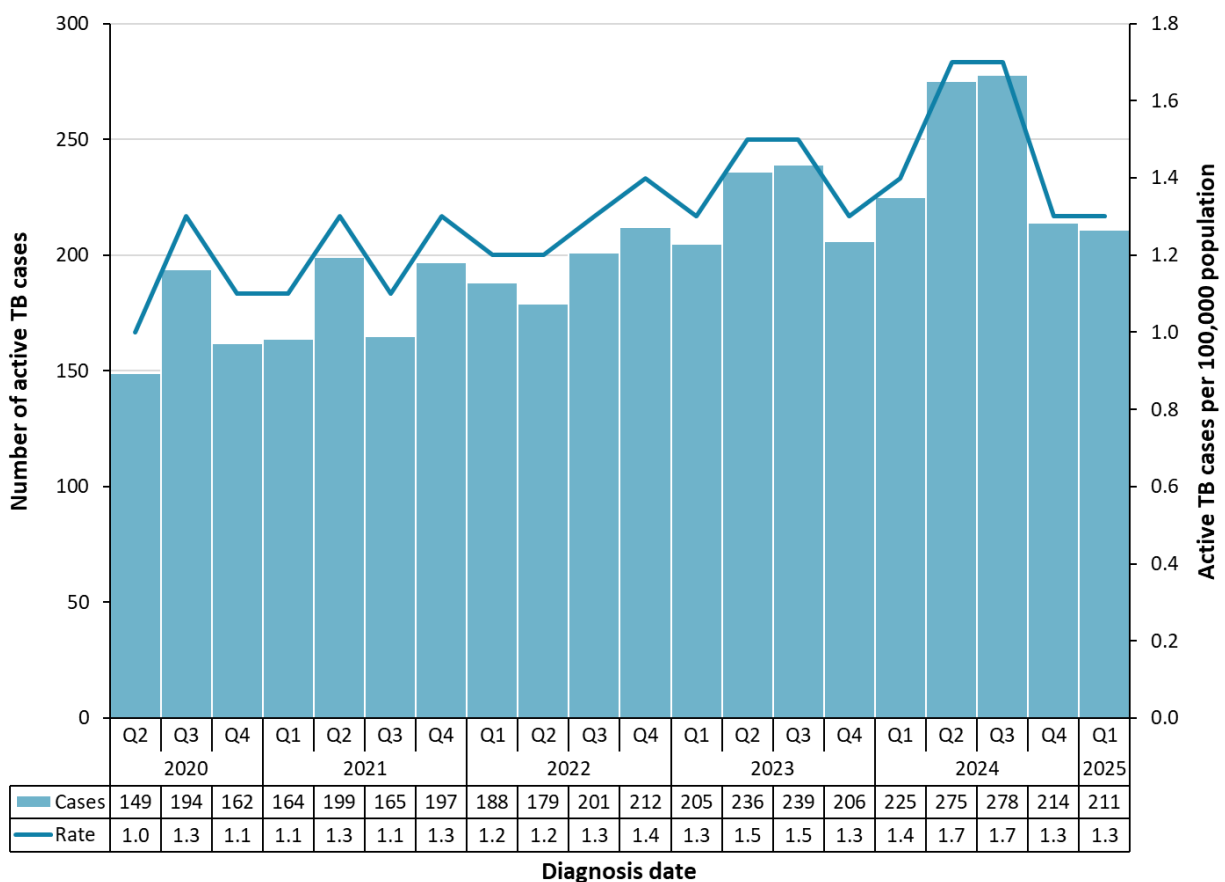
Latent TB Infection

- Following declines in notifications during the COVID-19 pandemic, LTBI rates have gradually increased, reaching an average quarterly rate of 14.4 infections per 100,000 population in the last 12 months. ([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 7.8 to 18.5 infections per 100,000 population for females and between 4.4 to 11.2 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 30.6 infections per 100,000 population. ([Figure 8](#))
- Between April 1, 2024 and March 31, 2025 (i.e., the last 12 months), Public Health Sudbury and Districts and Niagara Region Public Health had the highest rates of LTBI at 109.2 and 99.6 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 Eastern and North East regions reporting the highest rates, averaging 14.8 and 13.8 infections per 100,000 population, respectively. ([Figure 10](#))

Active TB

Quarterly Trends

Figure 1: Active TB Cases and Rates Per 100,000 Population by Diagnosis Date: April 1, 2020 to March 31, 2025

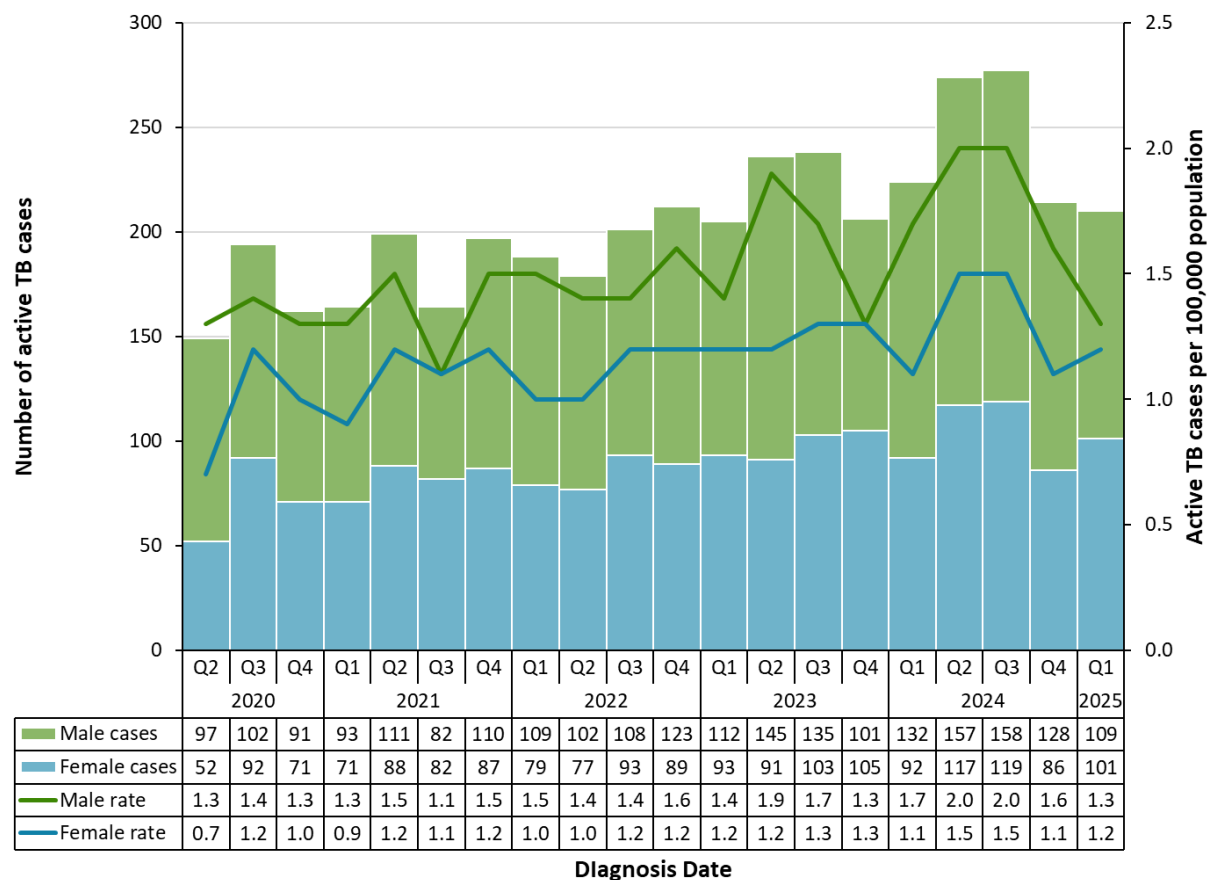


Data sources: Cases: Integrated Public Health Information System (iPHIS). Population denominators: Ontario. Ministry of Finance.⁴

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

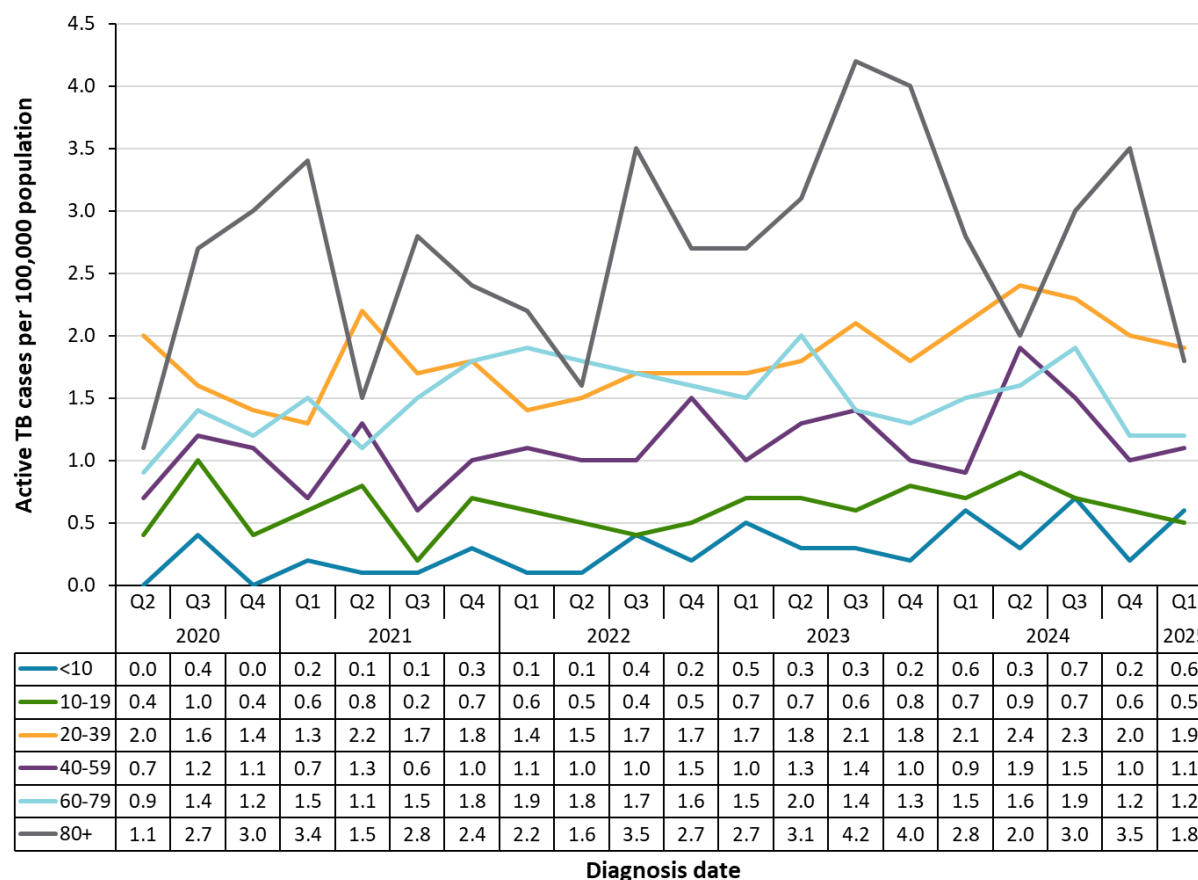
Figure 2: Active TB Cases and Rates Per 100,000 Population by Sex and Diagnosis Date: April 1, 2020 to March 31, 2025



Data sources: Cases: Integrated Public Health Information System (iPHIS) Population denominators: Ontario. Ministry of Finance.⁴

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: April 1, 2020 to March 31, 2025



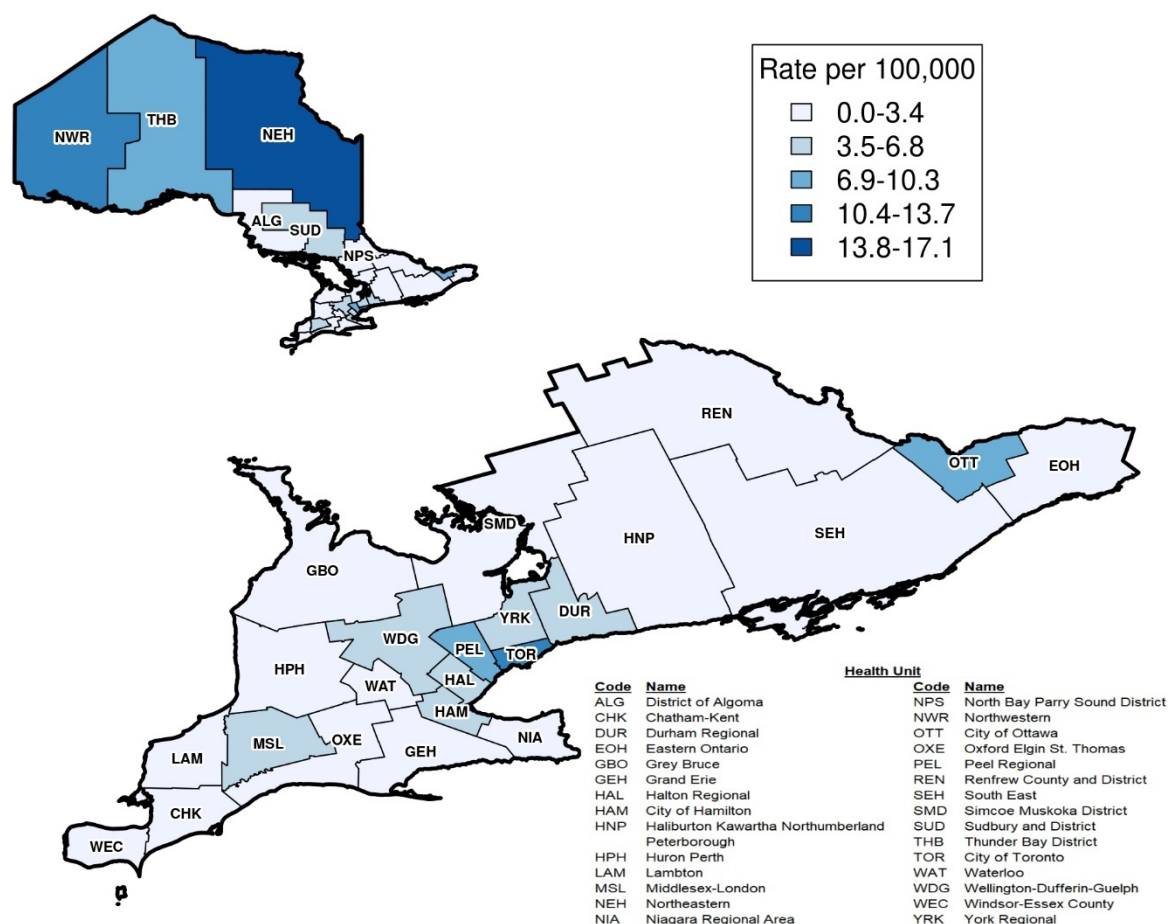
Data sources: Cases: Integrated Public Health Information System (iPHIS) Population denominators: Ontario. Ministry of Finance.⁴

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

Unknown ages were excluded from analyses.

Geography

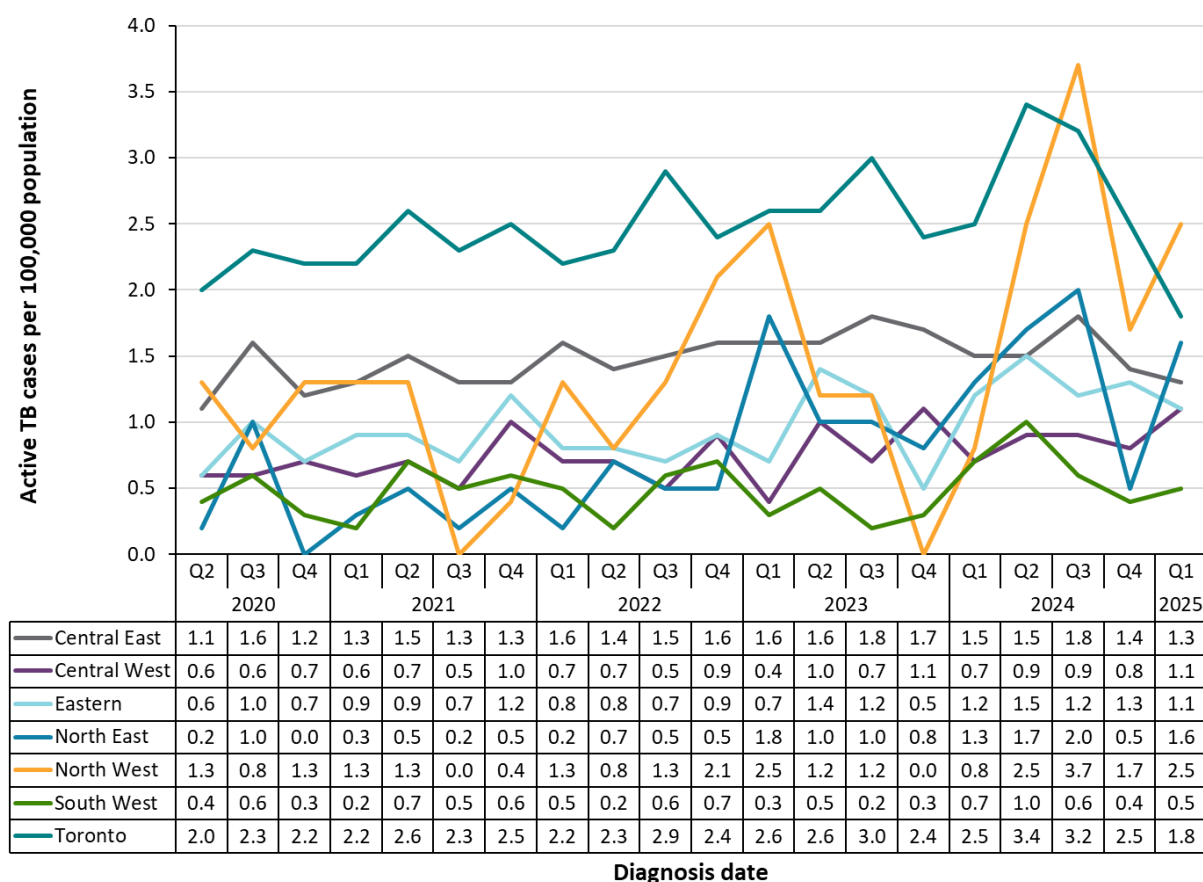
Figure 4: Active TB Rates Per 100,000 Population by Public Health Unit: April 1, 2024 to March 31, 2025 (i.e., last 12 months)



Data sources: Cases: Integrated Public Health Information System (iPHIS). Population denominators: Ontario. Ministry of Finance.⁴

Note: See [Appendix A](#) for the full list of public health unit names and their 3-letter abbreviations, as well as annual rates by PHU for the years 2020-2025.

Figure 5: Active TB Rates Per 100,000 Population by Provincial Region: April 1, 2020 to March 31, 2025



Data sources: Cases: Integrated Public Health Information System (iPHIS). Population denominators: Ontario. Ministry of Finance.⁴

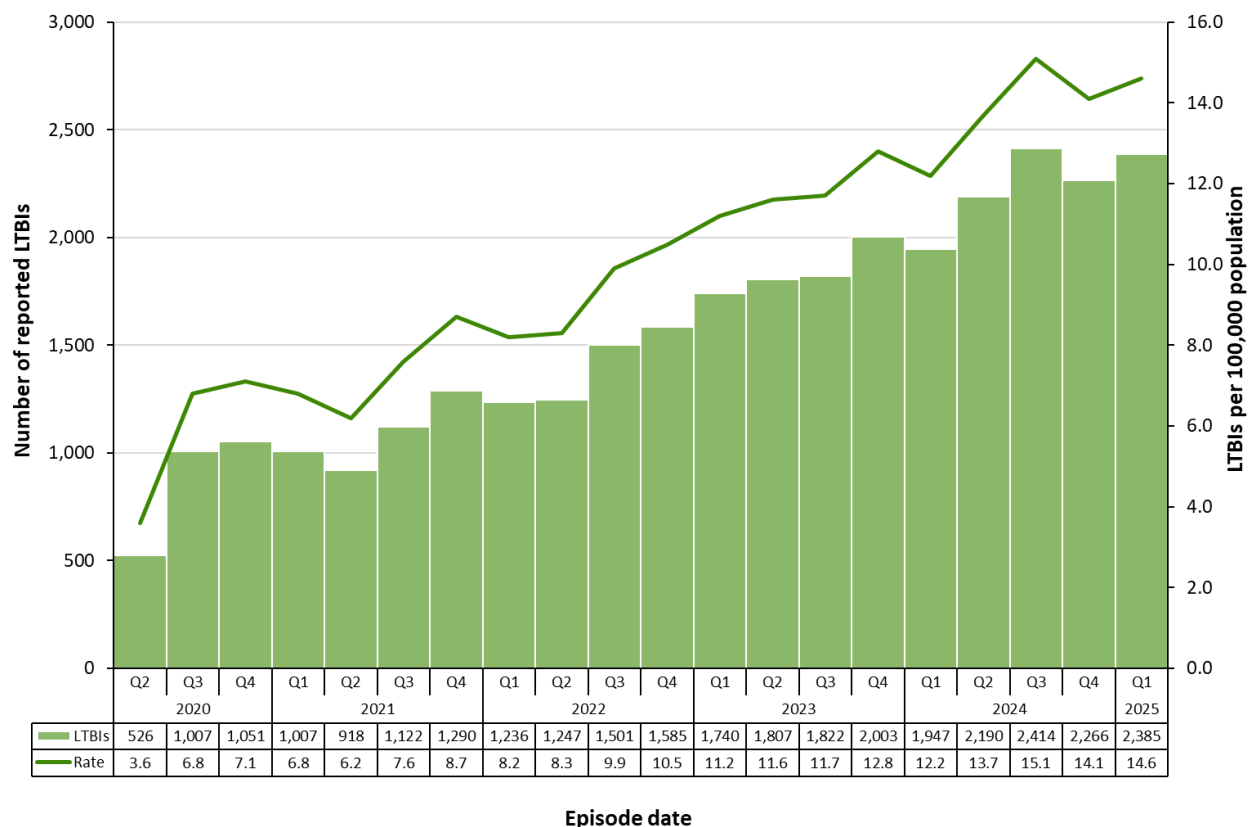
Notes: Q1=January 1-March 31; Q2=April 1-June 30; Q3=July 1-September 30; Q4=October 1-December 31

The public health units that make up each provincial region can be found in [Appendix A](#).

Latent TB Infections

Quarterly Trends

Figure 6: Reported LTBI Cases and Rates Per 100,000 Population by Episode Date: April 1, 2020 to March 31, 2025

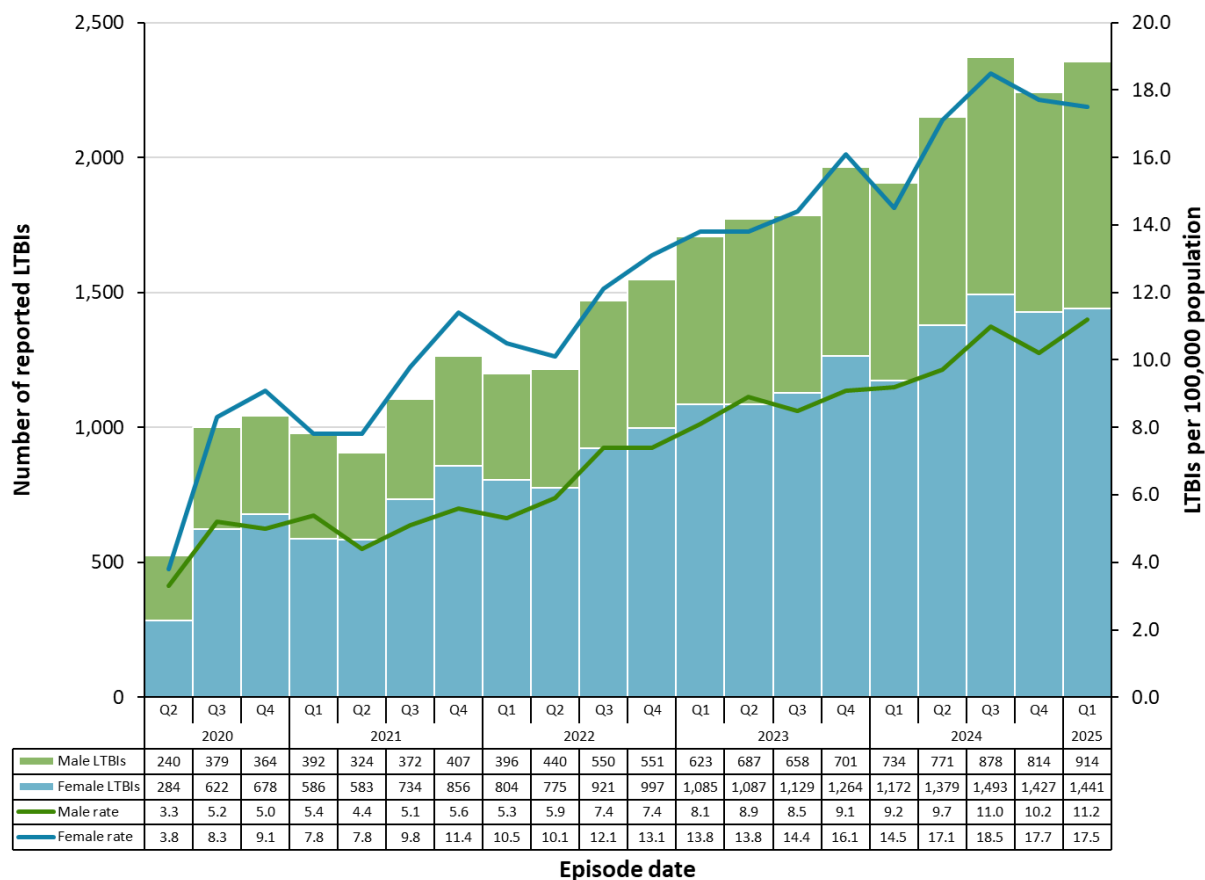


Data sources: LTBIs: Integrated Public Health Information System (iPHIS). Population denominators: Ontario. Ministry of Finance.⁴

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 Cases and Rates Per 100,000 Population by Sex and Episode Date: April 1, 2020 to March 31, 2025

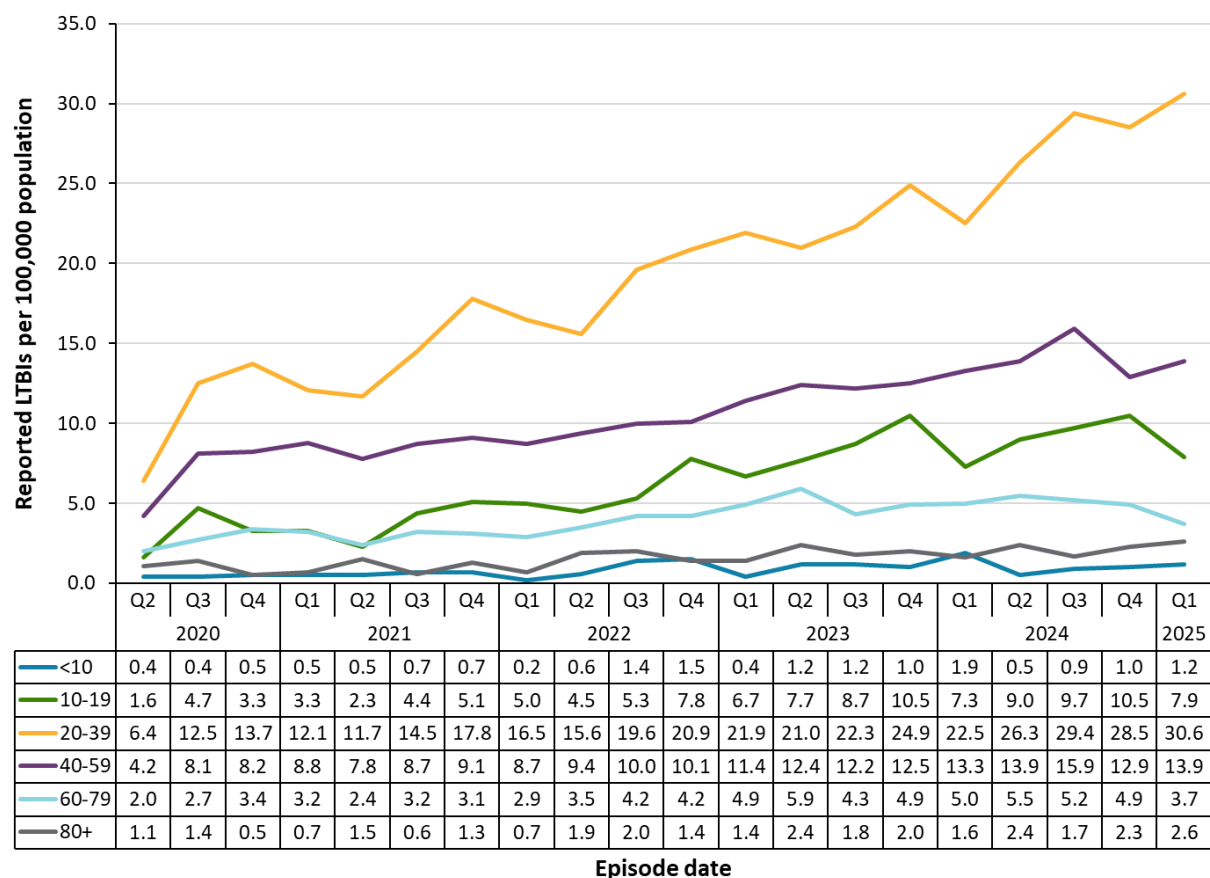


Data sources: LTBI: Integrated Public Health Information System (iPHIS) Population denominators: Ontario. Ministry of Finance.⁴

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

Excludes reported cases of LTBI that did not identify as male or female.

Figure 8: Reported LTBI Rates Per 100,000 Population by Age Group (years): April 1, 2020 to March 31, 2025



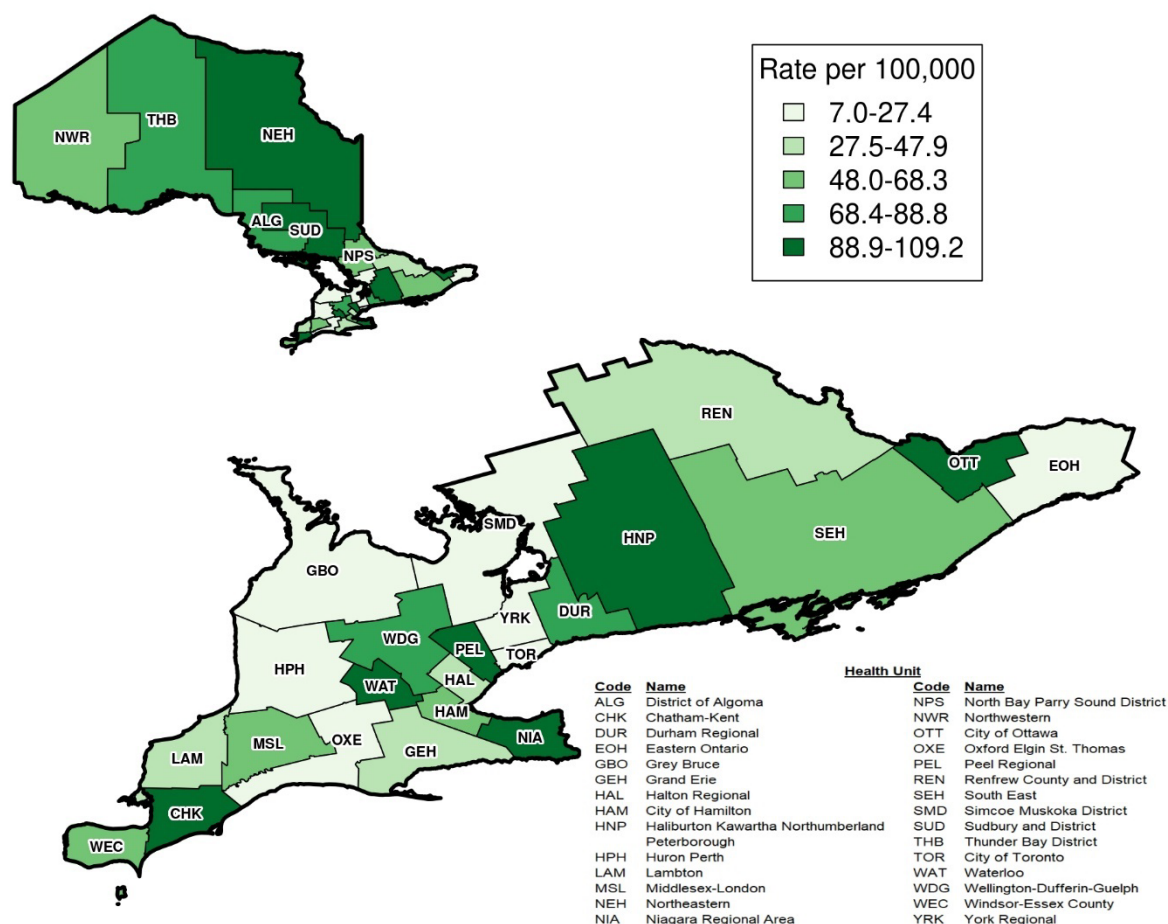
Data sources: LTBI: Integrated Public Health Information System (iPHIS). Population denominators: Ontario. Ministry of Finance.⁴

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

Unknown ages were excluded from analyses.

Geography

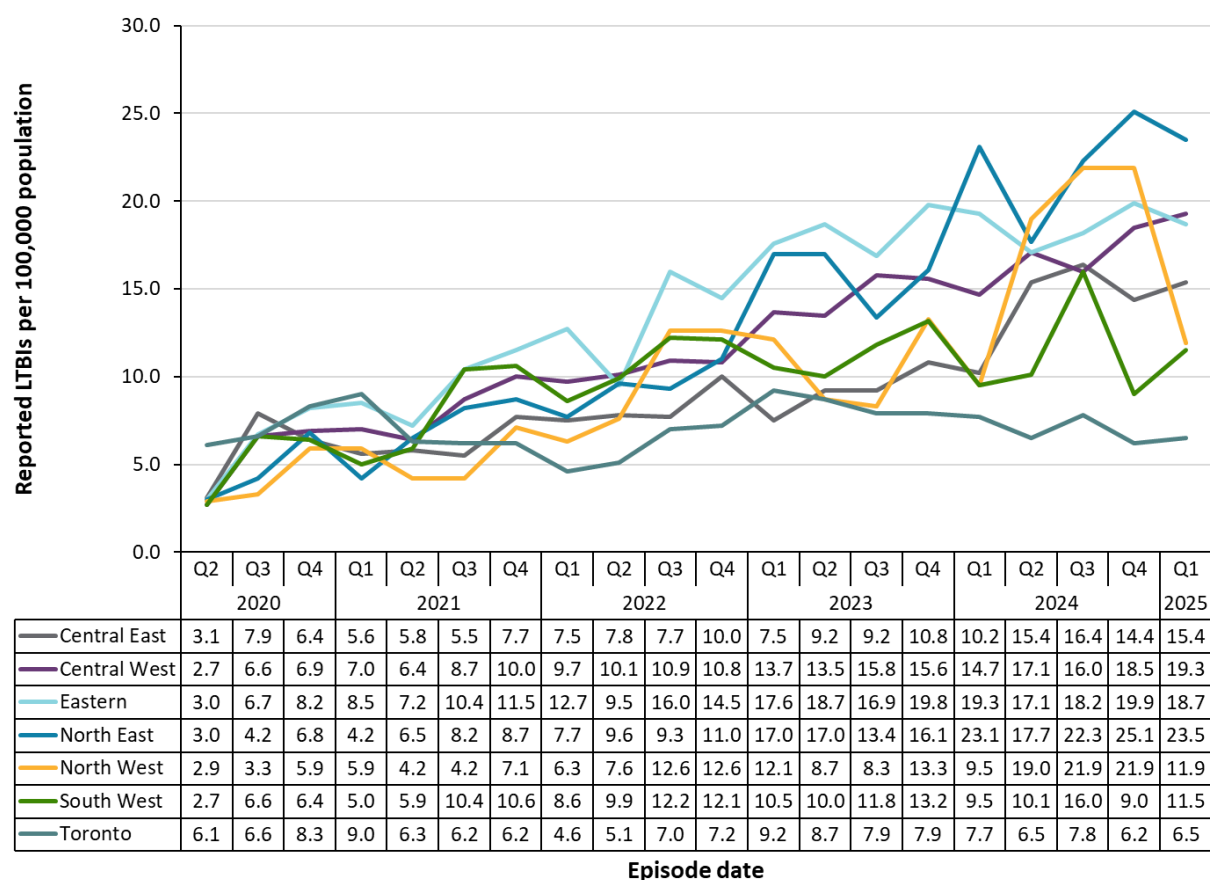
Figure 9: Reported LTBI Rates Per 100,000 Population by Public Health Unit: April 1, 2024 to March 31, 2025 (i.e., last 12 months)



Data sources: LTBI: Integrated Public Health Information System (iPHIS). Population denominators: Ontario. Ministry of Finance.⁴

Note: See [Appendix B](#) for the full list of public health unit names and their 3-letter abbreviations, as well as annual rates by PHU for the years 2020-2025.

Figure 10: Reported LTBI Rates Per 100,000 Population by Provincial Region: April 1, 2020 to March 31, 2025



Data sources: LTBI: Integrated Public Health Information System (iPHIS). Population denominators: Ontario. Ministry of Finance.⁴

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 B](#).

Technical Notes

Data Sources

Case Data

- The data for the main portion of this report were based on information entered in the Ontario Ministry of Health (MOH) integrated Public Health Information System (iPHIS) database as of **July 7, 2025 at 9:00a.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 2020-2022 and population projections for 2023-2025 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](#)¹ 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](#)"⁵ and its associated [appendix](#)⁶ 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 A](#).
- 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.
 - LTBI episodes generally do not have a diagnosis status reported in iPHIS, however, those with a diagnosis status entered as 'Does Not Meet Definition' were also excluded from analyses.
- 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. 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: Tuberculosis. Effective: May 2022 [Internet]. Toronto, ON: King's Printer for Ontario; 2022 [cited 2025 Apr 7]. Available from: <https://files.ontario.ca/moh-ophs-tuberculosis-en-2022.pdf>
2. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Tuberculosis (TB) [Internet]. Toronto, ON: King's Printer for Ontario; 2024 [updated 2024 Dec 13; cited 2025 Apr 7]. Available from: <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/tuberculosis>
3. World Health Organization (WHO). Framework towards TB elimination in low-incidence countries [Internet]. Geneva: WHO; 2014 [cited 2025 Jan 15]. Available from: <https://www.who.int/publications/i/item/9789241507707>
4. Population Reporting. Population projections public health unit, 2023-2046 [data file]. Toronto, ON: Ontario. Ministry of Finance [producer]; Toronto, ON: Ontario. Ministry of Health, IntelliHealth Ontario [distributor]; [extracted 2025 Apr 7].
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 2025 Jan 15]. 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). Appendix: factors affecting case definition changes in Ontario (1991-2016) [Internet]. Toronto, ON: Queen's Printer for Ontario; 2018 [cited 2025 Jan 15]. Available from: https://www.publichealthontario.ca/-/media/documents/a/2018/appendix-factors-reportable-diseases-ontario-1991-2016.pdf?sc_lang=en

Appendix A: 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, 2020-2025

Public Health Unit	3-Letter Code	2020 n (rate)	2021 n (rate)	2022 n (rate)	2023 n (rate)	2024 n (rate)	2025* n (rate)
Durham Region Health Department	DUR	10 (1.4)	15 (2.1)	25 (3.4)	30 (3.9)	39 (5)	6 (0.8)
Haliburton Kawartha Northumberland Peterborough Health Unit	HNP	4 (1.2)	3 (0.9)	3 (0.9)	3 (0.9)	6 (1.7)	0 (0.0)
Peel Public Health	PEL	145 (9.3)	157 (10.0)	175 (10.9)	197 (11.7)	179 (10.1)	37 (2.0)
Simcoe Muskoka District Health Unit	SMD	10 (1.7)	5 (0.8)	4 (0.6)	9 (1.4)	13 (1.9)	3 (0.4)
York Region Public Health	YRK	64 (5.3)	59 (4.9)	69 (5.6)	74 (5.9)	64 (5.0)	20 (1.5)
CENTRAL EAST	n/a	233 (5.3)	239 (5.4)	276 (6.1)	313 (6.6)	301 (6.2)	66 (1.3)
City of Hamilton Public Health Services	HAM	25 (4.3)	20 (3.4)	25 (4.2)	24 (3.9)	34 (5.4)	14 (2.2)
Grand Erie Public Health	GEH	0 (0.0)	3 (1.1)	3 (1.1)	4 (1.4)	4 (1.3)	2 (0.7)
Halton Region Public Health	HAL	17 (2.8)	24 (3.9)	17 (2.7)	25 (3.9)	18 (2.8)	7 (1.0)
Niagara Region Public Health	NIA	9 (1.9)	9 (1.8)	12 (2.4)	19 (3.7)	14 (2.7)	5 (0.9)
Region of Waterloo Public Health and Emergency Services	WAT	15 (2.5)	17 (2.8)	22 (3.5)	16 (2.4)	22 (3.1)	7 (1.0)
Wellington-Dufferin-Guelph Public Health	WDG	6 (1.9)	6 (1.9)	6 (1.9)	10 (3.0)	13 (3.9)	3 (0.9)
CENTRAL WEST	n/a	72 (2.5)	79 (2.7)	85 (2.9)	98 (3.2)	105 (3.3)	38 (1.2)
Ottawa Public Health	OTT	53 (5.1)	61 (5.8)	60 (5.6)	69 (6.3)	91 (8.1)	19 (1.7)
Eastern Ontario Health Unit	EOH	1 (0.5)	2 (0.9)	0 (0.0)	2 (0.9)	1 (0.4)	1 (0.4)
Renfrew County and District Health Unit	REN	0 (0.0)	0 (0.0)	1 (0.9)	0 (0.0)	1 (0.9)	1 (0.9)
South East Health Unit	SEH	9 (1.6)	8 (1.4)	3 (0.5)	6 (1.0)	14 (2.4)	2 (0.3)
EASTERN	n/a	63 (3.3)	71 (3.6)	64 (3.2)	77 (3.8)	107 (5.2)	23 (1.1)

Public Health Unit	3-Letter Code	2020 n (rate)	2021 n (rate)	2022 n (rate)	2023 n (rate)	2024 n (rate)	2025* n (rate)
Algoma Public Health	ALG	0 (0.0)	1 (0.9)	2 (1.7)	1 (0.8)	2 (1.6)	0 (0.0)
North Bay Parry Sound District Health Unit	NPS	2 (1.5)	0 (0.0)	1 (0.7)	0 (0.0)	1 (0.7)	0 (0.0)
Northeastern Public Health	NEH	5 (4.2)	6 (5.0)	8 (6.7)	24 (19.8)	17 (13.9)	10 (8.1)
Public Health Sudbury & Districts	SUD	0 (0.0)	2 (1.0)	0 (0.0)	3 (1.4)	13 (5.9)	0 (0.0)
NORTH EAST	n/a	7 (1.2)	9 (1.6)	11 (1.9)	28 (4.7)	33 (5.4)	10 (1.6)
Northwestern Health Unit	NWR	6 (7.4)	1 (1.2)	8 (9.8)	8 (9.7)	7 (8.5)	3 (3.6)
Thunder Bay District Health Unit	THB	6 (3.8)	6 (3.8)	5 (3.2)	4 (2.5)	14 (8.7)	3 (1.9)
NORTH WEST	n/a	12 (5.0)	7 (2.9)	13 (5.5)	12 (5.0)	21 (8.7)	6 (2.5)
Chatham-Kent Public Health	CHK	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.9)	0 (0.0)	0 (0.0)
Grey Bruce Health Unit	GBO	0 (0.0)	1 (0.6)	0 (0.0)	1 (0.5)	0 (0.0)	1 (0.5)
Huron Perth Public Health	HPH	0 (0.0)	1 (0.7)	0 (0.0)	0 (0.0)	3 (1.9)	0 (0.0)
Lambton Public Health	LAM	1 (0.8)	0 (0.0)	1 (0.7)	1 (0.7)	1 (0.7)	0 (0.0)
Middlesex-London Health Unit	MSL	15 (2.9)	20 (3.9)	23 (4.3)	9 (1.6)	32 (5.5)	6 (1.0)
Southwestern Public Health	OXE	1 (0.5)	3 (1.3)	2 (0.9)	4 (1.7)	0 (0.0)	0 (0.0)
Windsor-Essex County Health Unit	WEC	11 (2.6)	11 (2.6)	8 (1.8)	9 (2.0)	16 (3.4)	2 (0.4)
SOUTH WEST	n/a	28 (1.6)	36 (2.1)	34 (1.9)	25 (1.4)	52 (2.8)	9 (0.5)
Toronto Public Health	TOR	272 (9.1)	284 (9.6)	297 (9.8)	333 (10.6)	373 (11.5)	63 (1.9)
TORONTO	n/a	272 (9.1)	284 (9.6)	297 (9.8)	333 (10.6)	373 (11.5)	63 (1.9)
TOTAL	n/a	687 (4.7)	725 (4.9)	780 (5.2)	886 (5.7)	992 (6.2)	215 (1.3)

Data sources: Cases: iPHIS. [Database; extracted 7 Jul 2025]. Population denominators: Ministry of Finance.⁴

*2025 includes data from January 1 to March 31 only.

Appendix B: 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, 2020-2025

Public Health Unit	3-Letter Code	2020 n (rate)	2021 n (rate)	2022 n (rate)	2023 n (rate)	2024 n (rate)	2025* n (rate)
Durham Region Health Department	DUR	166 (23.3)	191 (26.2)	330 (44.3)	371 (48.6)	570 (72.9)	156 (19.6)
Haliburton Kawartha Northumberland Peterborough Health Unit	HNP	28 (8.3)	55 (16.1)	103 (29.7)	234 (66.3)	347 (96.8)	94 (25.9)
Peel Public Health	PEL	805 (51.6)	621 (39.6)	768 (48.0)	785 (46.5)	1,462 (82.8)	418 (23.0)
Simcoe Muskoka District Health Unit	SMD	56 (9.3)	40 (6.5)	45 (7.1)	57 (8.7)	65 (9.7)	27 (3.9)
York Region Public Health	YRK	229 (19.1)	191 (15.8)	258 (21.1)	283 (22.7)	287 (22.6)	69 (5.3)
CENTRAL EAST	n/a	1,284 (29.1)	1,098 (24.6)	1,504 (33.0)	1,730 (36.7)	2,731 (56.3)	764 (15.4)
City of Hamilton Public Health Services	HAM	199 (34.1)	247 (42.0)	320 (53.6)	410 (67.1)	389 (62.3)	90 (14.2)
Grand Erie Public Health	GEH	22 (8.0)	18 (6.4)	42 (14.7)	67 (22.9)	84 (28.0)	40 (13.1)
Halton Region Public Health	HAL	123 (20.2)	144 (23.4)	138 (22.0)	173 (27.0)	277 (42.3)	65 (9.7)
Niagara Region Public Health	NIA	123 (25.5)	171 (35.1)	217 (43.7)	322 (63.1)	478 (91.5)	140 (26.3)
Region of Waterloo Public Health and Emergency Services	WAT	238 (39.4)	264 (43.2)	383 (60.4)	564 (83.6)	634 (89.5)	205 (28.0)
Wellington-Dufferin-Guelph Public Health	WDG	51 (16.3)	85 (26.9)	128 (39.8)	257 (78.1)	225 (66.9)	80 (23.3)
CENTRAL WEST	n/a	756 (26.4)	929 (32.1)	1,228 (41.5)	1,793 (58.6)	2,087 (66.3)	620 (19.3)
Ottawa Public Health	OTT	412 (39.4)	604 (57.4)	698 (65.1)	993 (90.3)	1,151 (102.3)	275 (23.9)
Eastern Ontario Health Unit	EOH	8 (3.7)	5 (2.3)	10 (4.5)	16 (7.1)	15 (6.6)	2 (0.9)
Renfrew County and District Health Unit	REN	5 (4.6)	11 (10.0)	10 (9.0)	25 (22.5)	31 (27.8)	9 (8.0)
South East Health Unit	SEH	157 (27.9)	112 (19.8)	327 (56.8)	443 (75.6)	339 (56.9)	106 (17.6)
EASTERN	n/a	582 (30.1)	732 (37.6)	1,045 (52.8)	1,477 (73.1)	1,536 (74.5)	392 (18.7)

Public Health Unit	3-Letter Code	2020 n (rate)	2021 n (rate)	2022 n (rate)	2023 n (rate)	2024 n (rate)	2025* n (rate)
Algoma Public Health	ALG	28 (23.8)	16 (13.6)	36 (30.3)	62 (51.0)	103 (83.1)	19 (15.2)
North Bay Parry Sound District Health Unit	NPS	32 (24.7)	36 (27.5)	55 (40.9)	82 (59.5)	70 (49.9)	34 (24.0)
Northeastern Public Health	NEH	20 (16.8)	31 (26.1)	45 (37.6)	87 (71.7)	134 (109.3)	27 (21.9)
Public Health Sudbury & Districts	SUD	64 (31.2)	75 (36.4)	83 (39.8)	147 (68.6)	227 (103.7)	64 (28.8)
NORTH EAST	n/a	144 (25.2)	158 (27.6)	219 (37.7)	378 (63.5)	534 (88.1)	144 (23.5)
Northwestern Health Unit	NWR	24 (29.5)	18 (22.0)	31 (37.8)	38 (46.3)	41 (49.9)	10 (12.2)
Thunder Bay District Health Unit	THB	20 (12.7)	33 (21.2)	62 (39.7)	64 (40.4)	134 (83.7)	19 (11.8)
NORTH WEST	n/a	44 (18.4)	51 (21.4)	93 (39.0)	102 (42.4)	175 (72.3)	29 (11.9)
Chatham-Kent Public Health	CHK	6 (5.6)	12 (11.1)	20 (18.3)	30 (27.1)	93 (83.0)	27 (23.9)
Grey Bruce Health Unit	GBO	2 (1.1)	4 (2.2)	21 (11.5)	13 (7.0)	19 (10.0)	6 (3.1)
Huron Perth Public Health	HPH	7 (4.8)	17 (11.5)	15 (10.0)	22 (14.3)	26 (16.6)	7 (4.4)
Lambton Public Health	LAM	24 (18.1)	25 (18.9)	35 (26.1)	41 (29.9)	47 (33.6)	8 (5.7)
Middlesex-London Health Unit	MSL	199 (39)	307 (59.5)	374 (70.3)	364 (65.1)	318 (54.7)	92 (15.4)
Southwestern Public Health	OXE	18 (8.2)	28 (12.5)	26 (11.4)	41 (17.5)	51 (21.3)	9 (3.7)
Windsor-Essex County Health Unit	WEC	172 (40.2)	159 (37.3)	267 (61.2)	325 (71.8)	287 (61.5)	72 (15.1)
SOUTH WEST	n/a	428 (24.9)	552 (31.8)	758 (42.8)	836 (45.6)	841 (44.6)	221 (11.5)
Toronto Public Health	TOR	1,074 (36.0)	817 (27.6)	722 (23.9)	1,056 (33.7)	913 (28.3)	215 (6.5)
TORONTO	n/a	1,074 (36.0)	817 (27.6)	722 (23.9)	1,056 (33.7)	913 (28.3)	215 (6.5)
TOTAL	n/a	4,312 (29.3)	4,337 (29.3)	5,569 (36.9)	7,372 (47.3)	8,817 (55.0)	2,385 (14.6)

Data sources: LTBI: iPHIS. [Database; extracted 7 Jul 2025]. Population denominators: Ministry of Finance.⁴

*2025 includes data from January 1 to March 31 only.

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Tuberculosis in Ontario: April 1, 2020 to March 31, 2025. Toronto, ON: King's Printer for Ontario; 2025.

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.