MONTHLY INFECTIOUS DISEASES SURVEILLANCE REPORT

Diseases of Public Health Significance cases for January to February 2020

This report publishes recent data on 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).

The following table provides case counts by month, followed by the total counts and rates per 1,000,000 population for 2020 to date (i.e., Jan. – Feb. 2020). 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 Jan. – Feb. counts based on data from 2015 to 2019).

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**Ontario Cases:** Ontario Ministry of Health, integrated Public Health Information System (iPHIS) database, extracted by Public Health Ontario [2020/04/08].


* Although measles, rubella, and congenital rubella syndrome have been eliminated in Canada, these diseases remain endemic in other countries and therefore, imported and import-related cases continue to occur in Ontario.

# Five-year historical data are not yet available for these diseases (n/a):
- Coronaviruses causing severe acute respiratory illness, first designated under diseases of public health significance in January 2020.
- Blastomycosis, carbapenemase-producing Enterobacteriaceae, and Echinococcus multilocularis Infection, first designated under diseases of public health significance in May 2018.
- Invasive Haemophilus influenzae (all types), due to changes in reporting. As of May 1, 2018, all serotypes became reportable (prior to which only serotype b was reportable).
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 cases reported to public health and recorded in iPHIS that meet the Ontario Ministry of Health’s confirmed and/or probable surveillance case definitions in place at the time that the case was reported. Refer to the Factors Affecting Reportable Diseases in Ontario 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.

- 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 Diseases of Public Health Significance (DOPHS) in Ontario. Historical annual counts and rates for most diseases designated under DOPHS are available in the Infectious Disease Trends in Ontario 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, and smallpox.
  - Diseases that are only reportable in outbreak situations or as a combination of individual and aggregate counts: chickenpox (varicella), *Clostridium difficile* infection (CDI) outbreaks in public hospitals, and gastroenteritis and respiratory infection outbreaks in institutions and public hospitals.
  - Detailed reporting on respiratory infection outbreaks in institutions and public hospitals is available in the Ontario Respiratory Pathogen Bulletin.
  - Information on CDI outbreaks in public hospitals is available in the Infectious Disease Trends in Ontario reports.