# Monthly Infectious Diseases Surveillance Report (February 2019)

Reportable disease cases by month in Ontario, 2018

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<td>297</td>
<td>20.6</td>
<td>219.2</td>
<td>15.8</td>
<td></td>
</tr>
</tbody>
</table>

Rates are for cases per 1,000,000 population.

Prior to May 1, 2018, only *Haemophilus influenzae* (Hi) serotype b was reportable. As of May 1, 2018, all serotypes (a, b, c, d, e, f, non-typeable, and undifferentiated) became designated under diseases of public health significance under Hi. As of May 1, 2018, cases of non-type b Hi were reported in iPHIS, some with accurate episode dates in April. All serotypes of Hi with reported dates as of May 1, 2018, regardless of the episode date, are included in Table 1. Two of the ten cases of Hi with accurate episode dates in April were serotype b.

2018 YTM counts and rates only represent a partial year for Blastomycosis, Carbapenemase-Producing Enterobacteriaceae (CPE), and *Echinococcus multilocularis* Infection, which first became designated under diseases of public health significance in Ontario on May 1, 2018. Note: Blastomycosis cases with episode dates for any time in 2018 are included in this monthly report, whereas only cases with episode dates from May 1 onwards are included for CPE (no cases reported for *Echinococcus multilocularis* Infection to date).

Five-year historical data are not yet available for these diseases (n/a):

- Acute Flaccid Paralysis and Paralytic Shellfish Poisoning, which became reportable in Ontario in December 2013.
- Hepatitis B (Chronic)
- Blastomycosis, Carbapenemase-Producing Enterobacteriaceae, and *Echinococcus multilocularis* Infection, first designated in May 2018.
- *Haemophilus influenza*, due to the changes in reporting in May 2018.

Historical comparison data are not provided for measles, rubella, and congenital rubella syndrome because these diseases have been eliminated in Canada. However, as these diseases remain endemic in other countries, imported and import-related cases continue to occur in Ontario.

**Ontario Cases**: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted by Public Health Ontario [2019/02/13].

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 snapshot 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 and Long-Term Care’s confirmed and/or probable surveillance case definitions in place at the time that the case was reported. 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, 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 reportable diseases in Ontario. Historical annual counts and rates for most reportable diseases are available in the Reportable Disease Trends in Ontario reports. The following reportable diseases/outbreaks are omitted from the table:
  - Counts of Creutzfeldt-Jakob disease, which 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, severe acute respiratory syndrome (SARS), smallpox, and trichinosis.
  - 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 institutional outbreaks of gastroenteritis and respiratory infections.

- Detailed reporting on institutional outbreaks of respiratory infections is available in the Ontario Respiratory Pathogen Bulletin.

- Information on CDI outbreaks in public hospitals is available in the Reportable Disease Trends in Ontario reports.
• Cases that do not reside in Ontario or for whom the Disposition Status was reported as entered in error, does not meet definition, or as a duplicate record have been excluded.

• Case counts for tuberculosis and AIDS are based on diagnosis date, HIV case counts are based on encounter date, congenital rubella syndrome cases are based on the date of birth, CPE case counts are based on the earliest specimen collection date (cases with missing specimen collection dates are excluded), and case counts for all other diseases are based on episode date. The episode date is an estimate of the onset date of disease for a case. In order to determine this date, the following hierarchy is in place in iPHIS: Onset Date > Specimen Collection Date > Lab Test Date > Reported Date. If an onset date exists, it will be used as the episode date. If not available, then the next available date in the hierarchy will be used.