

SURVEILLANCE REPORT

Monthly Infectious Diseases Surveillance Report (January 2018)

Reportable disease cases by month in Ontario, 2017

Table 1. Confirmed cases of reportable diseases, and probable cases of select reportable diseases, by month: Ontario, 2017

Reportable disease	2017 Case counts by month												2017 Year-to-month (November)		2012-2016 avg Year-to-month (November)	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Count	Rate †	Count	Rate †
Acute Flaccid Paralysis	1	1	0	1	0	0	0	0	0	0	0		3	0.2	n/a	n/a
AIDS	3	2	5	9	4	3	6	5	6	3	5		51	3.6	70.0	5.1
Amebiasis	85	58	66	66	65	70	71	61	36	45	41		664	47.0	759.0	55.5
Botulism	0	0	0	0	0	0	0	0	0	0	0		0	0.0	2.0	0.1
Brucellosis	1	0	0	0	0	0	0	0	1	0	0		2	0.1	5.2	0.4
Campylobacter enteritis	189	181	201	231	270	336	525	470	345	317	223		3288	232.7	3461.4	253.1
Chlamydial Infections	3930	3286	3822	3427	3690	3529	3683	4024	3843	4044	4122		41400	2929.9	34882.4	2550.2
Cholera	0	0	0	2	0	0	2	0	0	1	0		5	0.4	0.2	0.0
Cryptosporidiosis	23	17	25	22	16	24	46	69	55	32	33		362	25.6	341.6	25.0
Cyclosporiasis	3	0	6	5	59	124	77	13	3	1	1		292	20.7	167.2	12.2
Encephalitis	7	0	1	3	1	2	3	3	4	0	1		25	1.8	26.4	1.9
Encephalitis/Meningitis	11	6	13	17	7	23	29	37	19	18	26		206	14.6	157.2	11.5
Food Poisoning, All Causes	15	17	9	1	8	0	0	1	3	1	6		61	4.3	65.8	4.8
Giardiasis	114	79	84	87	91	101	144	145	150	128	96		1219	86.3	1228.0	89.8
Gonorrhoea (All Types)	561	442	560	506	572	664	732	726	798	828	753		7142	505.4	5014.8	366.6
Group A Streptococcal Disease, Invasive	97	85	103	81	76	66	71	61	54	80	60		834	59.0	578.0	42.3
Group B Streptococcal Disease, Neonatal	6	3	3	5	4	5	4	7	3	4	5		49	3.5	47.6	3.5
Haemophilus Influenzae B Disease, Invasive	2	0	1	0	0	0	0	0	1	0	1		5	0.4	5.2	0.4
Hepatitis A	6	2	12	6	5	9	10	11	13	22	24		120	8.5	87.8	6.4

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Hepatitis B (Acute)	12	16	8	9	2	8	5	11	5	5	9		90	6.4	90.2	6.6
Hepatitis B (Chronic)	159	120	156	134	158	142	134	131	102	118	83		1437	101.7	n/a	n/a
Hepatitis C	428	349	398	332	385	372	362	365	363	357	418		4129	292.2	3961.8	289.6
HIV	64	59	71	69	58	85	73	76	78	72	65		770	54.5	710.0	51.9
Influenza	4596	2561	1573	805	295	52	19	22	47	50	239		10259	726.0	7987.8	584.0
Legionellosis	8	11	3	12	9	14	37	32	23	28	13		190	13.4	161.0	11.8
Leprosy	0	0	0	0	0	0	0	0	0	0	0		0	0.0	3.6	0.3
Listeriosis	4	0	2	3	6	3	2	8	6	5	7		46	3.3	56.6	4.1
Lyme Disease	4	2	5	6	35	185	350	196	58	25	19		885	62.6	305.0	22.3
Malaria	20	8	15	12	27	19	22	28	21	15	13		200	14.2	185.6	13.6
Measles	0	0	6	0	0	0	0	1	0	0	0		7	0.5	#	#
Meningitis	11	13	5	6	17	24	29	22	16	22	23		188	13.3	142.6	10.4
Meningococcal Disease, Invasive	4	3	5	0	3	3	4	2	3	2	0		29	2.1	26.4	1.9
Mumps	9	41	65	20	17	4	4	22	35	28	11		256	18.1	23.6	1.7
Ophthalmia neonatorum	0	0	0	0	0	0	1	1	0	0	0		2	0.1	2.8	0.2
Paralytic Shellfish Poisoning	0	0	0	0	0	0	0	0	0	0	0		0	0.0	n/a	n/a
Paratyphoid Fever	2	2	6	5	4	0	0	3	4	1	3		30	2.1	33.6	2.5
Pertussis (Whooping Cough)	40	23	29	34	25	54	57	75	47	76	66		526	37.2	521.8	38.1
Q Fever	0	0	0	0	3	0	1	1	2	0	1		8	0.6	13.4	1.0
Rabies	0	0	0	0	0	0	0	0	0	0	0		0	0.0	0.2	0.0
Rubella	0	0	0	0	0	0	0	0	0	0	0		0	0.0	#	#
Rubella, Congenital Syndrome	0	0	0	0	0	0	0	0	0	0	0		0	0.0	#	#
Salmonellosis	190	200	243	250	237	236	299	269	253	210	159		2546	180.2	2727.4	199.4
Shigellosis	23	11	33	18	15	18	31	22	27	39	30		267	18.9	260.8	19.1
Streptococcus Pneumoniae, Invasive	127	90	121	115	104	47	47	49	65	90	113		968	68.5	964.6	70.5
Syphilis, Early Congenital	0	1	0	0	0	0	0	0	0	0	0		1	0.1	1.2	0.1
Syphilis, Infectious	152	116	111	100	114	110	140	143	103	117	99		1305	92.4	919.0	67.2
Syphilis, Other	56	54	78	61	57	77	51	46	59	59	65		663	46.9	605.0	44.2
Tetanus	0	0	0	0	0	0	0	3	0	0	0		3	0.2	2.0	0.1

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Tuberculosis	47	45	73	43	74	69	52	45	54	59	60		621	43.9	565.4	41.3
Tularemia	0	0	0	0	1	0	0	0	0	0	0		1	0.1	0.4	0.0
Typhoid Fever	9	8	14	14	7	1	5	6	13	6	4		87	6.2	63.0	4.6
Verotoxin Producing E. coli Including HUS	5	8	10	4	13	6	17	24	12	9	17		125	8.8	156.2	11.4
West Nile Virus Illness	0	0	0	0	0	2	19	91	41	5	0		158	11.2	85.6	6.3
Yellow Fever	0	0	0	0	0	0	0	0	0	0	0		0	0.0	1.2	0.1
Yersiniosis	16	16	38	30	23	27	38	24	20	10	9		251	17.8	183.8	13.4

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

n/a Acute Flaccid Paralysis and Paralytic Shellfish Poisoning became reportable in Ontario in December 2013, and Hepatitis B (Chronic) became reportable in Ontario in December 2014; therefore, five-year historical data are not yet available for comparisons (n/a).

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 [2018/01/10].

Ontario Population: Population Projections [2016-2017] and Estimates [2012-2015], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Date Extracted: [2016/09/02].

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 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, 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.
- 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, 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.