

SURVEILLANCE REPORT

Monthly Infectious Diseases Surveillance Report (June 2018)

Reportable disease cases by month in Ontario, 2018

Table 1. Confirmed cases of reportable diseases, and probable cases of select reportable diseases, by month: Ontario, 2018

Reportable disease	2018 Case counts by month												2018 Year-to-month (April)		2013-2017 avg Year-to-month (April)	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Count	Rate †	Count	Rate †
Acute Flaccid Paralysis	0	0	0	0									0	0.0	n/a	n/a
AIDS	8	7	3	4									22	1.5	23.2	1.7
Amebiasis	36	43	43	29									151	10.5	281.4	20.3
Botulism	1	0	0	2									3	0.2	0.2	0.0
Brucellosis	0	0	2	0									2	0.1	1.2	0.1
Campylobacter enteritis	164	164	177	193									698	48.3	799.4	57.7
Chlamydial Infections	4066	3461	4044	3766									15337	1062.2	12883.2	930.2
Cholera	0	0	0	0									0	0.0	0.4	0.0
Cryptosporidiosis	31	29	40	38									138	9.6	74.6	5.4
Cyclosporiasis	3	3	5	7									18	1.2	15.4	1.1
Encephalitis	4	2	3	1									10	0.7	10.2	0.7
Encephalitis/Meningitis	7	12	8	10									37	2.6	39.0	2.8
Food Poisoning, All Causes	12	2	5	2									21	1.5	19.4	1.4
Giardiasis	114	107	122	89									432	29.9	391.6	28.3
Gonorrhoea (All Types)	708	662	662	742									2774	192.1	1846.8	133.3
Group A Streptococcal Disease, Invasive	137	121	93	123									474	32.8	282.8	20.4
Group B Streptococcal Disease, Neonatal	5	5	10	2									22	1.5	17.0	1.2
Haemophilus Influenzae B Disease, Invasive	0	0	0	2*									2	0.1	2.0	0.1
Hepatitis A	4	8	5	6									23	1.6	30.8	2.2

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Hepatitis B (Acute)	6	10	4	8									28	1.9	37.0	2.7
Hepatitis B (Chronic)	128	98	90	80									396	27.4	n/a	n/a
Hepatitis C	399	370	420	388									1577	109.2	1469.4	106.1
HIV	66	67	56	79									268	18.6	241.8	17.5
Influenza	6056	5725	3043	1242									16066	1112.7	8492.2	613.1
Legionellosis	10	13	7	7									37	2.6	25.0	1.8
Leprosy	0	0	0	0									0	0.0	1.4	0.1
Listeriosis	4	7	8	2									21	1.5	13.4	1.0
Lyme Disease	4	5	4	2									15	1.0	18.2	1.3
Malaria	22	9	5	8									44	3.0	45.6	3.3
Measles	0	2	2	0									4	0.3	#	#
Meningitis	12	7	17	8									44	3.0	35.4	2.6
Meningococcal Disease, Invasive	7	3	3	2									15	1.0	10.8	0.8
Mumps	18	23	20	4									65	4.5	31.2	2.3
Ophthalmia neonatorum	1	0	0	0									1	0.1	1.4	0.1
Paralytic Shellfish Poisoning	0	0	0	0									0	0.0	n/a	n/a
Paratyphoid Fever	2	1	2	3									8	0.6	17.4	1.3
Pertussis (Whooping Cough)	40	26	20	20									106	7.3	98.2	7.1
Q Fever	0	0	0	1									1	0.1	3.4	0.2
Rabies	0	0	0	0									0	0.0	0.0	0.0
Rubella	0	0	0	0									0	0.0	#	#
Rubella, Congenital Syndrome	0	0	0	0									0	0.0	#	#
Salmonellosis	234	194	222	174									824	57.1	914.4	66.0
Shigellosis	26	22	29	19									96	6.6	97.6	7.0
Streptococcus Pneumoniae, Invasive	140	146	137	145									568	39.3	434.4	31.4
Syphilis, Early Congenital	0	0	1	0									1	0.1	0.4	0.0
Syphilis, Infectious	134	112	150	125									521	36.1	378.6	27.3
Syphilis, Other	82	61	81	55									279	19.3	225.0	16.2
Tetanus	0	0	0	0									0	0.0	0.4	0.0

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Tuberculosis	39	28	61	45									173	12.0	193.8	14.0
Tularemia	0	0	0	0									0	0.0	0.0	0.0
Typhoid Fever	8	9	19	12									48	3.3	30.6	2.2
Verotoxin Producing E. coli Including HUS	7	5	7	11									30	2.1	30.2	2.2
West Nile Virus Illness	1	0	0	0									1	0.1	0.0	0.0
Yellow Fever	0	0	0	0									0	0.0	0.2	0.0
Yersiniosis	29	26	36	29									120	8.3	79.8	5.8

‡ 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.

* Includes *Haemophilus influenzae* (Hi) type b cases only. Prior to May 1, 2018, only 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. After the changes took effect, there were six other cases of Hi, non-type b reported in iPHIS with accurate episode dates in April, but not included in this month's table. Starting with next month's report, all serotypes of Hi with reported dates as of May 1, 2018 will be included in Table 1.

Ontario Cases: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted by Public Health Ontario [2018/06/13].

Ontario Population: Population Projections [2017-2018] and Estimates [2013-2016], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Dates Extracted [2017/10/24] for Projections and [2017/10/19] for Estimates.

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, invasive *Haemophilus influenzae* B disease, 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.
- 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.