

MONTHLY INFECTIOUS DISEASE REPORT - FEB 2017

Group	Disease						
		January	February	February 5-year Average	Year to Month	2016 Annual Average	January-December
Enteric/Foodborne/Waterborne	Amebiasis	0	1	0	1	1	5
	Botulism	0	0	0	0	0	0
	<i>Campylobacter</i> Enteritis	5	3	5	8	9	57
	Cholera	0	0	0	0	0	0
	Cryptosporidiosis	2	0	0	2	0	4
	Cyclosporiasis	0	0	0	0	0	14
	Food Poisoning	0	1	0	1	0	0
	Giardiasis	2	0	2	2	3	21
	Hepatitis A	0	0	0	0	0	4
	Listeriosis	0	0	0	0	0	5
	Paratyphoid Fever	0	0	0	0	0	0
	Paralytic Shellfish Poisoning	0	0	0	0	0	0
	Salmonellosis	4	4	5	8	12	77
	Shigellosis	0	0	0	0	1	5
	Typhoid Fever	1	0	0	1	0	1
Verotoxin-producing <i>E. Coli</i>	0	0	0	0	1	11	
Yersiniosis	0	0	0	0	1	2	
Respiratory and Direct Contact	Group A Strep., Invasive	3	5	2	8	3	17
	Influenza (seasonal counts)	54	35	24	115 [^]	116 [^]	181 [^]
	Legionellosis	0	0	0	0	1	1
	Leprosy	0	0	0	0	0	0
	Tuberculosis, Active	N/A*	N/A*	0	N/A*	1	9
	Tuberculosis, Latent Infection	9	11	9	20	27	204
	SARS	0	0	0	0	0	0
Sexually Transmitted and Bloodborne Infections	AIDS	0	0	0	0	0	3
	Chancroid	0	0	0	0	0	0
	Chlamydial Infections	86	67	71	153	148	829
	Gonorrhoea	11	7	4	18	10	144
	Group B Strep., Neonatal	0	0	0	0	0	2
	Hepatitis B	0	0	0	0	1	2
	Hepatitis C	17	21	11	38	22	140
	HIV	1	1	2	2	3	19
	Ophthalmia Neonatorum	0	0	0	0	0	0
	Syphilis, Early Congenital	0	0	0	0	0	0
	Syphilis, Infectious	3	0	1	3	1	8
Syphilis, Other	3	1	2	4	4	17	

See Data Notes for more details.

[^]For influenza, seasonal counts are reported instead of year-to-month and annual counts

*Tuberculosis counts are not available presently due to technical difficulties with the source data.

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		January	February	February 5-year Average	Year to Month	2016 Annual Average	January-December
Vaccine Preventable	Acute Flaccid Paralysis	0	0	0	0	0	0
	Chickenpox (aggregate counts)	9	10	7	19	13	70
	Diphtheria	0	0	0	0	0	0
	<i>Haemophilus Influenzae</i> Type B Disease, Invasive	0	0	0	0	0	0
	Measles	0	0	0	0	0	0
	Meningococcal Disease, Invasive	0	0	0	0	0	1
	Mumps	1	0	0	1	0	1
	Pertussis	1	0	1	1	3	17
	Rubella	0	0	0	0	0	0
	Rubella, Congenital Syndrome	0	0	0	0	0	0
	Strep. Pneumoniae, Invasive	4	1	2	5	6	33
	Tetanus	0	0	0	0	0	0
Vectorborne and Zoonotic	Anthrax	0	0	0	0	0	0
	Brucellosis	0	0	0	0	0	0
	Hantavirus Pulmonary Syndrome	0	0	0	0	0	0
	Lyme Disease	0	0	0	0	0	2
	Malaria	4	1	0	5	0	7
	Psittacosis/Ornithosis	0	0	0	0	0	0
	Q Fever	0	0	0	0	0	0
	Rabies	0	0	0	0	0	0
	Trichinosis	0	0	0	0	0	0
	Tularemia	0	0	0	0	0	0
	West Nile Virus Illness	0	0	0	0	0	4
	Yellow Fever	0	0	0	0	0	0
Other	Adverse Events Following Immunization	1	6	1	7	1	19
	Creutzfeldt-Jakob Disease	0	0	0	0	0	0
	Encephalitis	0	0	0	0	0	4
	Encephalitis/Meningitis	0	0	0	0	0	2
	Hemorrhagic Fevers	0	0	0	0	0	0
	Lassa Fever	0	0	0	0	0	0
	Meningitis	0	0	0	0	0	11

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Group	Disease	January	February	February 5-year Average	Year to Month	Year to Month 5-year Average	2016 Annual Total January-December
Outbreaks	Gastroenteritis, Institutional Outbreaks	7	6	4	13	7	30
	Respiratory Infection, Institutional Outbreaks	15	5	2	20	6	32

See Data Notes for more details.

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Data Source:

Adverse event following immunization, aggregate varicella, gastroenteritis institutional outbreaks, respiratory infection institutional outbreak, latent tuberculosis infection:

- Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database; extracted on 2017 Apr 19

Other reportable diseases:

- Public Health Ontario. Query: Windsor-Essex County Health Unit: Historical Comparisons. Toronto, ON: Ontario Agency for Health Protection and Promotion; extracted on 2017 Apr 19 [cited 2017 Apr 19]. Available from:
<http://www.publichealthontario.ca/en/DataAndAnalytics/Query/Pages/default.aspx>

Data Notes:

1. Data was extracted from Public Health Ontario's Query tool. Query is intended to be a data exploration tool. Windsor-Essex County and Public Health Ontario cannot guarantee or warrant the accuracy or timeliness of the information generated by this tool.
2. The Query tool uses data from the Integrated Public Health Information System (iPHIS). iPHIS is a dynamic disease 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.**
3. Cases are presented by their 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. For congenital rubella syndrome, the 'episode date' is the case's date of birth. With the exception of HIV, AIDS and TB, case counts are presented based on 'episode date'.
4. For Influenza:
 - Case counts cannot by date cannot be directly compared to the Weekly Flu Bulletin published on wechu.org, as the Flu Bulletin counts are based on the case reported date, not the episode date.
 - Where YTM counts and five-year averages are shown, these represent season to month counts and averages of the past five seasons.

5. The data only represent cases reported to public health and recorded in iPHIS. As a result, all counts will be subject to varying degrees of underreporting due to a variety of factors, such as disease awareness and medical care seeking behaviours which may depend on severity of illness, clinical practice, changes in laboratory testing, and reporting behaviours.
6. Cases are classified in iPHIS according to the Ontario Ministry of Health and Long-Term Care (MOHLTC) surveillance case definitions used at the time the case was identified.
7. Only provincial case classifications, as listed in the Ontario Ministry of Health and Long-Term Care (MOHLTC) surveillance case definitions are included in the report counts.
 - For most reportable diseases, only cases with a classification of “*Confirmed*” were included.
 - For Lyme disease, mumps, pertussis, amebiasis, IMD, and West Nile Virus (WNV) illness, “*Confirmed*” and “*Probable*” cases were included.
 - For Tuberculosis, in addition to “*Confirmed*” cases, cases with a classification of “*Suspect*” were also included. Atypical mycobacterial infection cases of tuberculosis were excluded.
8. Case counts are based on the diagnosing health unit (the case's health unit of residence at the time of illness onset). The diagnosing health unit is not necessarily the location of exposure. Only cases with a Diagnosing Health Unit of Windsor-Essex County Health Unit are presented.
9. 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 have been excluded.
10. The potential for duplicates exists because duplicate sets were not identified and excluded unless they were resolved at either the local or provincial level prior to data extraction from iPHIS.
11. Cases of recently reported diseases that are rare (e.g., chancroid, hemorrhagic fever, Lassa fever, plague, psittacosis, rubella, SARS, tetanus, tularemia, yellow fever, etc.) should be interpreted with caution, as follow-up and verification by the health unit may still be in progress and may result in updates to the iPHIS records.
12. The diseases grouping “*Encephalitis and Meningitis*” include primary viral and unspecified encephalitis, bacterial, viral and other meningitis, and encephalitis/meningitis.

Exclusions:

- Cases reported as having a disease that is ‘unknown’