



HALIBURTON, KAWARTHA,
PINE RIDGE DISTRICT
HEALTH UNIT

FAX FACTS

1-866-888-4577

Communicable Diseases/Outbreaks

www.hkpr.on.ca

September 12, 2016

Attention: Physicians, Nurse Practitioners, Hospitals - Emergency Rooms / Infection Control / Occupational Health, Walk-In Clinics, Long-Term Care Homes, Retirement Homes, EMS, Corrections

RE: REPORTABLE DISEASE INCIDENCE REPORT

The HKPR District Health Unit's *inFORM* publication summarizing Reportable Disease Incidence in the HKPR District for the period January to July 2016 is now available.

An *inFORM* is a web-only release of selected statistics. This report is posted on the Health Unit website and can be accessed at <http://www.hkpr.on.ca/ResourcesForms/HealthCareProfessionals/FAXFacts.aspx>

If you have any questions, please contact the Epidemiology and Evaluation Services team at 905-885-9100.

Haliburton
705-457-1391

Lindsay
705-324-3569

Port Hope
905-885-9100

After Hours
1-888-255-7839

REPORTABLE DISEASE INCIDENCE** REPORT January- July, 2016

This report provides the frequency of laboratory-confirmed cases for reportable diseases occurring in the in HKPR District Health Unit for the time period January to July 2016. The 2016 data are compared to the previous year-to-date (January –July) 5-year average rate (2011 – 2015), provided in Table 1. These data can be used by the public health community to understand how trends have evolved, and how populations are affected by particular communicable diseases.

Notable Reportable Disease highlights for **January to July 2016** in the HKPR District include:

- The incidence rates for chlamydia was higher than the previous 5-year average.
- The rate of lab-confirmed latent tuberculosis (LTBI) decreased, compared to the previous 5-year average.
- Higher incidence rates for Campylobacter enteritis and Salmonellosis were reported for 2016 compared to historical 5-year average.
- Chicken pox rates have decreased compared to the previous 5-year average. These include the incidence of non lab-confirmed cases of chickenpox that usually gets reported to the Health Unit through schools, parents or physician's office. Even though it is mandatory to report non-lab confirmed cases of chickenpox, inconsistencies in reporting from various sources has been observed.

REPORTABLE DISEASE INCIDENCE** REPORT

Table 1

January- July, 2016

DISEASE	Counts	rate †	2011-2015 (5-year average rate†)	DISEASE	Counts	rate †	2011-2015 (5-year average rate†)
Enteric-Zoonotic Diseases				Vaccine Preventable Disease			
Amebiasis	0	0	0.1	Adverse Events Following Immunization (AEFIs)	4	2.2	3.5
Campylobacter enteritis	34	18.7	15.5	Chickenpox (Varicella)*	0	0	1.2
Cryptosporidiosis	5	2.7	1.5	Chicken pox aggregate counts*	14	7.7	9.4
Cyclosporiasis	1	0.5	0.9	Encephalitis/Meningitis	1	0.5	0.5
Food poisoning, all causes	0	0	0	Haemophilus influenza b, Invasive (Hib)	0	0	0.1
Giardiasis	9	4.9	6.3	Meningitis – bacterial	0	0	0.1
Hepatitis A	0	0	0.1	Meningitis – other	0	0	0
Listeriosis	2	1.1	0	Meningitis – viral	0	0	0.3
Lyme Disease	3	1.6	0.4	Mumps	0	0	0.1
Malaria	0	0	0.4	Pertussis	1	0.5	1.0
Paratyphoid Fever	0	0	0	Tetanus	0	0	0.1
				Streptococcus pneumonia, invasive	8	4.4	5.8

REPORTABLE DISEASE INCIDENCE REPORT**
January- July, 2016

Salmonellosis	34	18.7	11.0	AIDS/HIV			
Shigellosis	1	0.5	0.7	AIDS/HIV	0	0	0.2
Typhoid Fever	0	0	0				
Verotoxin producing E. coli	0	0	0.4	TB			
West Nile Virus	0	0	0	Tuberculosis	1	0.5	0.3
Yersiniosis	1	0.5	0.3	Latent TB Infection	21	11.5	17.6
Sexually Transmitted/Blood Borne Infections				Respiratory Diseases			
Chlamydial Infections	196	107.8	82.8	Group A streptococcal disease, invasive	7	3.8	2.6
Gonorrhoea (All Types)	8	4.4	5.6	Influenza	119	65.4	49.5
Hepatitis B	1	0.5	1.0	Legionellosis	1	0.5	0.4
Hepatitis C	45	24.7	24.4	Creutzfeldt-Jakob disease, all type	0	0	0.1
Syphilis, infectious	1	0.5	1.9				
Syphilis, other	3	1.6	0.3				

Source: iPHIS, July 20, 2016

REPORTABLE DISEASE INCIDENCE** REPORT January- July, 2016

Data Notes:

- † Rates listed are per 100,000 population
- Please note that the numbers of confirmed cases reported in this document are based on Diagnosing Health Unit, not Responsible Health Unit. This means that the case counts presented reflect the incidence of disease within HKPR district; the case counts are not a complete reflection of the caseload within the HKPR District Health Unit. The cases are based on "Accurate Episode Date" and hence there is a chance that some cases, specifically chronic infections such as Hepatitis C, TB and some STIs, may appear in the report earlier than when they were reported to the Health Unit.
- *According to the new iPHIS case definition both chicken pox cases with lab confirmation or cases with symptoms but lacking lab confirmation as reported by a physician or a parent are reported as confirmed cases through iPHIS, if all the case details are known. Other counts reported through day cares, schools, hospitals etc. are entered as aggregate counts. The reporting of aggregate counts for non-lab confirmed chickenpox cases (as per new case definitions) have improved since 2011.
- **Case definitions for some of the reportable diseases have changed over years and may have an impact on the number of cases reported. Changes to the screening guidelines and testing practices as well as evolving resistance to various first-line treatments have had an impact on case incidence over time, specifically for gonorrhoea and chlamydia. These changes also impact interpretation of comparison between years for specific diseases counts presented. Numbers and rates calculated for previous summary reports may also differ from the current summary due to routine data cleaning; such a change does not reflect an actual change in incidence within the population unless otherwise stated.
- This report excludes cases related to institutional outbreaks other than reportable diseases. Institutions include correctional facilities, hospitals, long-term care facilities, retirement homes, day cares and schools.
- The data presented in this report represent the most current disease statistics in the HKPR District Health Unit and they replace all previous monthly reported statistics.

For further information, please contact the Epidemiology and Evaluation Services team at 905-885-9100