

Enteric-Zoonotic-Vector Borne Diseases	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Cases	Current monthly rate † (Dec)			YTD rate † (Jan-Dec)		
														2022	Historic Avg (2017 - 2021)	IRR	2022	Historic Avg (2017 - 2021)	IRR
														Amebiasis	0	0	0	0	0
Blastomycosis	1	0	1	1	1	0	0	0	0	1	0	0	5	0.0	0.0	NA	2.6	0.5	4.9
Botulism	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.0	NA
Brucellosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.0	NA
Campylobacter enteritis	2	0	6	2	4	2	7	4	4	2	3	1	37	0.5	1.5	0.3	18.9	27.9	0.7↓
Carbapenemase-producing enterobacteriaceae (CPE)	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.2	0.5	0.0	0.7	0.3
Cholera	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.0	NA
Cryptosporidiosis	0	0	1	0	0	0	2	1	3	0	1	0	8	0.0	0.3	0.4	4.1	6.9	0.6
Cyclosporiasis	0	0	0	0	1	2	2	0	0	0	0	0	5	0.0	0.0	NA	2.6	2.5	1.0
Echinococcus Multilocularis	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.1	0.7	0.0	0.1	0.7
Food poisoning, all causes	0	0	0	0	1	0	0	0	0	0	0	0	1	0.0	1.3	0.2	0.5	2.4	0.2
Giardiasis	3	0	0	3	0	3	1	0	7	0	1	0	18	0.0	0.7	0.3	9.2	12.3	0.7
Hepatitis A	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.2	0.5
Listeriosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.1	0.7
Lyme Disease	1	3	1	0	3	6	12	8	6	3	9	2	54	1.0	0.3	3.2	27.6	14.5	1.9↑
Paralytic shellfish poisoning (PSP)	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.0	NA
Paratyphoid Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.0	NA
Q Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.2	0.5
Rabies	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.0	NA
Salmonellosis	2	1	0	1	1	1	3	3	3	5	4	2	26	1.0	0.9	1.1	13.3	14.8	0.9
Shigellosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.3	0.4
Tularemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.0	NA
Typhoid Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.0	NA
Verotoxin producing E. coli	0	0	0	0	0	0	0	0	0	1	1	0	2	0.0	0.0	NA	1.0	1.4	0.7
West Nile Virus	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.4	0.4
Yersiniosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.9	0.2

Respiratory Diseases	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Cases	Current monthly rate † (Dec)			YTD rate † (Jan-Dec)		
														2022	Historic Avg (2017 - 2021)	IRR	2022	Historic Avg (2017 - 2021)	IRR
Coronavirus causing Severe Acute Respiratory Syndrome (COVID-19)	2062	737	653	1177	434	188	420	591	371	723	261	311	7928	159.2	524.2	0.3↓	4059.1	1134.4	3.6↑
Group A streptococcal disease, invasive	4	1	2	1	2	2	2	1	3	1	0	2	21	1.0	0.7	1.4	10.8	7.9	1.4
Haemophilus influenza a, c, d, e, f, invasive	0	0	1	0	0	1	0	0	0	0	1	0	3	0.0	0.2	0.5	1.5	1.4	1.1
Influenza	0	0	1	2	0	2	2	1	0	39	276	116	439	59.4	5.0	12.0↑	224.8	64.5	3.5↑
Legionellosis	0	0	0	0	0	1	1	1	1	0	2	1	7	0.5	0.3	1.6	3.6	2.1	1.7

Sexually Transmitted/ Blood Borne Infections	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Cases	Current monthly rate † (Dec)			YTD rate † (Jan-Dec)		
														2022	Historic Avg (2017 - 2021)	IRR	2022	Historic Avg (2017 - 2021)	IRR
Chlamydia infections	11	17	26	18	22	19	10	10	19	17	20	21	210	10.8	13.5	0.8	107.5	179.0	0.6↓
Gonorrhoea	5	2	4	3	7	6	5	8	4	7	2	0	53	0.0	2.4	0.1	27.1	27.3	1.0
Hepatitis B	0	0	0	0	2	0	0	0	0	0	0	2	4	1.0	0.0	4.9	2.0	1.6	1.3
Hepatitis C	6	7	5	2	8	6	8	4	3	5	5	4	63	2.0	3.7	0.6	32.3	49.6	0.7↓
Syphilis, infectious	1	2	4	0	2	3	1	2	0	1	2	2	20	1.0	0.4	2.4	10.2	4.5	2.3↑
Syphilis, other	3	0	0	4	0	1	2	2	2	3	4	2	23	1.0	0.2	4.9	11.8	3.6	3.3↑

AIDS/HIV	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Cases	Current monthly rate † (Dec)			YTD rate † (Jan-Dec)		
														2022	Historic Avg (2017 - 2021)	IRR	2022	Historic Avg (2017 - 2021)	IRR
AIDS/HIV	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	1.5	0.1

TB	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Cases	Current monthly rate † (Dec)			YTD rate † (Jan-Dec)		
														2022	Historic Avg (2017 - 2021)	IRR	2022	Historic Avg (2017 - 2021)	IRR
Atypical mycobacterial infections	0	0	0	2	0	0	0	1	0	2	0	0	5	0.0	0.0	NA	2.6	4.4	0.6
LTBI	1	0	0	0	0	2	2	0	0	2	2	0	9	0.0	0.4	0.4	4.6	9.5	0.5↓
Tuberculosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.1	0.7	0.0	0.4	0.4

Vaccine Preventable Diseases	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Cases	Current monthly rate † (Dec)			YTD rate † (Jan-Dec)		
														2022	Historic Avg (2017 - 2021)	IRR	2022	Historic Avg (2017 - 2021)	IRR
Adverse Events Following Immunization (AEFIs)**	2	1	1	6	2	1	0	0	4	1	4	0	22	0.0	0.6	0.3	11.3	12.5	0.9
COVID-19 vaccine AEFIs	43	26	8	7	5	4	4	10	13	11	11	3	145	1.5	10.9	0.1↓	74.2	211.5	0.4↓
Chickenpox (Varicella)	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.4	0.4
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.0	NA
Encephalitis/Meningitis	0	0	0	0	0	0	0	1	0	0	0	0	1	0.0	0.2	0.5	0.5	1.5	0.3
Haemophilus influenza b, invasive (Hib)	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.0	NA
Measles	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.1	0.7
Meningitis – bacterial	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.0	NA
Meningitis – other	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.0	NA
Meningitis – viral	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.1	0.7	0.0	0.4	0.4
Meningococcal disease, invasive	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.3	0.4
Mumps	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.2	0.5
Pertussis	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.4	0.4	0.0	2.1	0.1
Polio	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.0	NA
Rubella	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.0	NA
Streptococcus pneumoniae, invasive	2	0	2	2	0	2	1	0	0	3	1	5	18	2.6	1.6	1.6	9.2	9.2	1.0
Tetanus	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.0	NA

Other	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Cases	Current monthly rate † (Dec)			YTD rate † (Jan-Dec)		
														2022	Historic Avg (2017 - 2021)	IRR	2022	Historic Avg (2017 - 2021)	IRR
Acute flaccid paralysis (AFP)	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.0	NA
Creutzfeldt-Jakob disease, all type	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.3	0.4
Leprosy	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	NA	0.0	0.0	NA
Hemorrhagic Fever – Ebola, Marburg and Other Viral Causes	0	0	0	0	0	0	0	0	0	0	0		0	0.0	0.0	NA	0.0	0.0	NA
Monkeypox	0	0	0	0	0	0	2	0	0	0	0	0	2	0.0	0.0	NA	1.0	0.0	4.9

† Rates listed are per 100,000 population; YTD, year-to-date; IRR, incidence rate ratio; † 5-year averages cannot be reported due to the disease becoming newly reportable within the past 5 years and there being no prior reported cases in iPHIS; ↑ Current year or month estimate is significantly greater than the historical estimate based on the IRR 90% confidence interval excluding the null value of 1; ↓ Current year or month estimate is significantly lower than the historical estimate based on the IRR 90% confidence interval excluding the null value of 1. Where any zero-value existed for the current or historical average counts, 0.5 was added to all values included in the IRR calculation to avoid an error from dividing by zero, as per the Haldane-Anscombe correction; the unaltered counts and rates are reported here. NA indicates that there were no cases in the current month or year and no cases historically in the past 5 years to compare.

Source: iPHIS, January 19, 2023; CCM (COVID-19 cases and AEFIs) January 16, 2023

- Please note that the numbers of 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.
- As of December 4th, 2013, the following diseases have been removed from the Ontario Reportable Disease List (now named diseases of public health significance): Cytomegalovirus infection, congenital; Neonatal herpes; Hepatitis D (Delta hepatitis); Fatal Familial Insomnia; Gerstmann-Straussler-Scheinker Syndrome; Kuru. Acute flaccid paralysis (AFP) and Paralytic shellfish poisoning (PSP) were added.
- As of December 6th, 2014, Ebola is included in Hemorrhagic Fever.
- As of March, 2018, all serotypes of Haemophilus influenzae are reportable.
- As of May 1st, 2018, Malaria and Yellow Fever have been removed from the diseases of public health significance, and Echinococcus multilocularis and Carbapenemase-producing Enterobacteriaceae (CPE) were added.
- As of January 22nd, 2021, diseases caused by a novel coronavirus, including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS), were added.
- In this report, cases of Tuberculosis are reported by month of symptom onset date (accurate episode date) not diagnosis date. Counts over the same time period may vary from those reported by Public Health Ontario and the Ontario Ministry of Health and Long-Term Care.
- As of August 16, 2022, Monkeypox was added.

Data Note: Case definitions for some of the diseases of public health significance have changed over years and may have an impact on the number of cases reported; changes up until 2016 are described by PHO in their Appendix to the Trends in Reportable Diseases Report:

<https://www.publichealthontario.ca/en/eRepository/Appendix-Factors-reportable-diseases-Ontario-1991-2016.pdf>. Current case definitions are provided by MOHLTC through the Infectious Diseases Protocol:

http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/infdispro.aspx. 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. The data presented in this report represent the most current disease counts in the HKPR District Health Unit and they replace all previous monthly reported statistics. The impact of PCR testing on the incidence of cryptosporidiosis, giardiasis and amebiasis should be considered while interpreting and comparing the rates: a marked increase in cryptosporidiosis reported for 2018 compared to the baseline, slight increase in the incidence of giardiasis in 2018 compared to baseline, and continued decrease in the incidence of amebiasis cases that meet the confirmed and probable case definitions.



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