

The Communicable Disease Team at the Simcoe Muskoka District Health Unit (SMDHU) performs ongoing surveillance of infectious diseases. We depend on disease reporting from health care practitioners, laboratory results, and our active surveillance to generate a continually monitored database to detect disease clusters and outbreaks. This Health Surveillance report provides information to health care practitioners on pertinent diseases in Simcoe Muskoka to improve your clinical decision making, patient care, and detection of unusual clusters.

Incidence of Most Relevant Reportable Diseases in Simcoe Muskoka, 2010

Data Source: Integrated Public Health Information System (iPHIS), Extracted October 2010

	Jan -Sept, 2010		5 Year Mean*, Jan-Sept, 2005-09		Comments
	# of Cases	Rate per 100,000 Population	# of Cases	Rate per 100,000 Population	
Respiratory Diseases:					
Invasive Group A Streptococcus	14	2.7	16	3.1	
Tuberculosis ↑↑	9	1.7	2	0.3	Increase in mainly sporadic cases. Lower than urban areas in Ontario
Influenza ↓↓	3	0.6	215	43.6	Low activity post H1N1 pandemic
Mumps	1	0.2	2	0.4	
Pertussis	1	0.2	11	2.1	High variability year to year
Legionellosis	1	0.2	1	0.3	
Meningococcal disease, invasive	0	0.0	2	0.4	
Gastro-intestinal Diseases:					
Campylobacter	76	14.6	67	13.3	
Salmonellosis ↑	74	14.2	55	11.0	Increased provincial incidence. Cause not yet determined.
Giardiasis	26	5.0	26	5.2	
Other enteric Diseases:					
Amebiasis, Cryptosporidium, Cyclosporiasis, Shigellosis, and Yersinia	11	2.1	22	4.3	
Verotoxigenic E.coli	4	0.8	6	1.1	
Hepatitis A	2	0.4	2	0.3	
Listeriosis	0	0.0	1	0.2	

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	Jan -Sept, 2010		5 Year Mean*, Jan-Sept, 2005-09		Comments
	# of Cases	Rate per 100,000 Population	# of Cases	Rate per 100,000 Population	
Sexually Transmitted Infections and Bloodborne Infections:					
Chlamydia ↑	658	126.2	502	100.7	Increasing provincial incidence for past several years, mostly in ages 15-24. Some attributable to increase in testing
Hepatitis C	75	14.4	109	21.9	
Gonorrhoea ↓	20	3.8	29	5.8	Rates relatively stable in Ontario
Syphilis	7	1.3	9	1.8	Increase in men who have sex with men in urban centers e.g. Toronto, Ottawa
Hepatitis B (acute and chronic)	6	1.2	10	2.1	
HIV/AIDS ↓	1	0.2	6	1.1	Highest incidence in urban centers - SMDHU rate < 1/3 of provincial rates
Vectorborne and Zoonotic Diseases:					
Lyme Disease	3	0.6	3	0.6	Slight increase in Ontario cases
West Nile virus	0	0.0	0	0.0	
Rare Diseases:					
Malaria	2	0.4	1	0.1	
Group B Streptococcus, Haemophilus influenzae b and measles	0	0.0	0-1	0.0-0.1	Last large scale Ontario measles outbreak in 2008
Diphtheria, polio, rubella and tetanus.	0	0.0	0	0.0	Last large-scale Ontario rubella outbreak in 2005
Rabies	No human cases in Ontario in 20+ yrs. Animals with highest incidence in Ontario are: bats, skunks, foxes and livestock. Cats and dogs can also become infected with rabies				
Moderate (1-2 Standard Deviation (SD)) increase (↑) or decrease (↓), and significant (>2 SD's) increase (↑↑) or decrease (↓↓) compared to the historical average. * Outbreak years are excluded from historical average calculations					

For more information on infectious diseases statistics in Simcoe Muskoka and Ontario, please visit: www.simcoemuskokahealthstats.org

Looking Ahead:

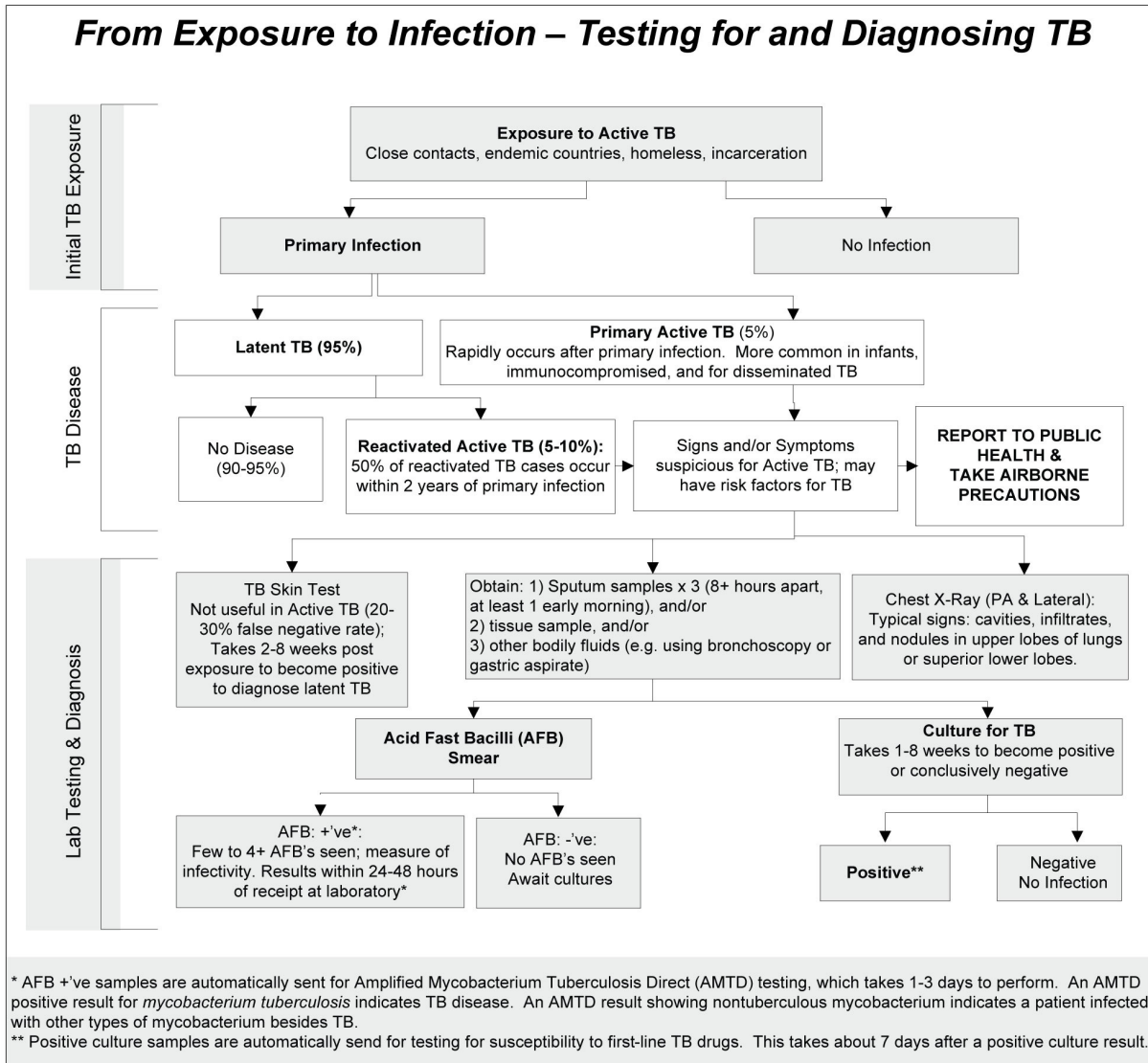
There have been a few long term care facility outbreaks of seasonal influenza A H3 in Ontario since September 1, 2010.

Please continue to report all confirmed or suspected cases of reportable diseases to the SMDHU via phone: (705) 721-7520 ext. 8809 (After hours: 1-888-225-7851), or fax: (705) 733-7738. A list of reportable diseases can be found at:

http://www.simcoemuskokahealth.org/Libraries/TOPIC_InfectiousDisease/Simcoe_Muskoka_Reportable_Disease_List_2008.sflb

Active Tuberculosis (TB): An Update

There has been an increase in the number of active TB cases in 2010 in Simcoe Muskoka. There have been 9 confirmed cases to date, compared to 7 cases in the past four years combined. Investigations show an epidemiological link between 2 cases.



Action Items:

- **Consider** TB as diagnosis in those with chronic cough and constitutional symptoms
- **Report** all suspected cases of active TB to SMDHU – lab confirmation not necessary
- **Place** suspected TB cases on airborne precautions (surgical mask to patient, N95 mask to providers, negative pressure room if available) immediately.
- For more TB resources please go to:
<http://www.simcoemuskokahealth.org/JFY/HealthProfessionals/PrimaryHealthCare/InfectiousDisease/PracticeGuidelines/TuberculosisTB.aspx>