



STAFF REPORT INFORMATION ONLY

Communicable Diseases in Toronto 2005

Date:	March 22, 2007
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

Communicable Diseases in Toronto 2005 describes trends in reportable communicable diseases for the City of Toronto. The data in this report updates trends described in previous annual reports and highlights significant considerations for communicable disease control in Toronto. As in the past, Toronto's status as Canada's most populous and diverse urban setting, significantly influences the range of communicable diseases faced by the city. While the media focused much attention in 2005 on the threat of avian influenza in parts of Asia, Toronto Public Health dealt with several important local communicable disease events.

This report identifies areas of progress from the past and priority areas for further improvement. Ongoing vigilance in monitoring, detecting and controlling communicable diseases in Toronto continues to be a priority.

Financial Impact

There are no financial implications stemming directly from this report.

ISSUE BACKGROUND

The attached report titled "*Communicable Diseases in Toronto 2005*" summarizes 2005 data for diseases designated as "reportable" and "communicable" under the Health Protection and Promotion Act (HPPA) and associated regulations (see Appendix 1). Laboratories, physicians, hospitals, schools, and long-term care homes are required to report communicable diseases to the Medical Officer of Health so that the appropriate public health action may be taken.

Surveillance and case management data are collected through routine case and outbreak investigations and stored and maintained in the integrated Public Health Information System (iPHIS), a new provincial system which was adopted at the end of 2005. The data in this report were acquired by reconciling information from the previous provincially-mandated information system (Reportable Disease Information System) with those collected in the new replacement system iPHIS. This process delayed the release of this report in comparison with previous years.

COMMENTS

Communicable Diseases in Toronto 2005 provides an update to the three previous annual reports on communicable diseases in Toronto, focusing on trends for 2005. This information complements weekly and monthly communicable disease bulletins posted on the Toronto Public Health (TPH) website, to allow a broader understanding of how communicable diseases affect particular subpopulations in Toronto and how trends have recently evolved. Comparisons of Toronto data with the rest of Ontario and Canada also highlight the ways in which Toronto is uniquely affected by the burden of communicable diseases. These data continue to inform the ongoing development of Toronto Public Health's communicable disease prevention and control strategies.

The most notable communicable disease highlights for 2005 in Toronto include:

1. An outbreak of Legionellosis in a long-term care facility linked to a contaminated cooling tower. There were 134 identified cases associated with this outbreak, making this one of the largest documented *Legionella* outbreaks affecting a long-term care facility. There were 23 deaths reported among the elderly population exposed at this site.
2. A province-wide outbreak of *Salmonella enteritidis* PT13 was linked to the consumption of mung bean sprouts from a local producer and distributor. A total of 522 confirmed cases of salmonellosis were associated with this outbreak across Ontario (162 were Toronto residents), making it the largest documented *Salmonella* outbreak related to mung bean sprouts.
3. A cluster of cyclosporiasis was detected among a Toronto group who attended a high school retreat in April 2005. Illness was linked with the consumption of a pasta salad containing fresh basil, which was believed to be the source of the parasite. The basil originated in a Central American country, underscoring the concerns associated with the globalization of our food supply.
4. Reports of pertussis reached the highest level since current electronic records were maintained (1991). A total of 177 cases were reported in 2005, most of whom were previously vaccinated and younger than in previous years (with a median age of 3 years). The increase was related to an outbreak that began in November 2005. Increased awareness, testing and the concurrent use of a more sensitive laboratory test may explain some of the increase.

5. As observed in other cities, the number of West Nile virus cases fluctuates from year to year. The number of cases increased to 38 cases in 2005, after only six cases were reported in 2004.
6. The infectious syphilis outbreak primarily affecting men who have sex with men that began in 2002 showed signs of abating. Case numbers decreased 35% from the previous year (2004).
7. While the overall reported HIV incidence rate for Toronto fell for the third consecutive year, specific groups (e.g. males 20 to 24 years) recorded large increases in their rates, underscoring the need for continued vigilance and targeted programs.
8. Female rates of chlamydia remained steady, while rates for males continued to rise for the 9th consecutive year, increasing 7.3% between 2004 and 2005.
9. 2005 was the first full year of publicly-funded vaccine for chickenpox in Ontario. The number of chickenpox cases reported declined in 2005 to levels similar to those before 2004.
10. There were no cases of invasive meningococcal disease due to serogroup C reported in Toronto in 2005 for the first time since 1995. This coincides with the first year of the publicly-funded vaccine campaign for this disease in Ontario which targeted 15 to 20 year olds.

This report will be posted to the TPH website, and its availability will be announced through letters to the Ministry of Health and Long-Term Care, Public Health Agency of Canada, Ontario Public Health Units, Toronto hospitals, laboratories, school boards and universities, the Association of Local Public Health Agencies (ALPHA), the Association of Public Health Epidemiologists in Ontario (APHEO), the Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO), the Institute for Clinical Evaluative Sciences (ICES) and the Ontario Public Health Association (OPHA). CD-ROMs with the report will also be available on request, in limited supply.

CONTACT

Effie Gournis
Manager, Communicable Disease Surveillance Unit
Tel: 416-338-7926
Fax: 416-392-0047
Email: egourni@toronto.ca

Dr. Barbara Yaffe,
Director, Communicable Disease Control & Associate Medical Officer of Health
Tel: 416-392-7405
Fax: 416-392-0713
Email: byaffe@toronto.ca

SIGNATURE

Dr. David McKeown
Medical Officer of Health

ATTACHMENTS

Appendix 1: *Communicable Diseases in Toronto 2005*