

REGIONAL MUNICIPALITY OF OTTAWA CARLETON
 MUNICIPALITÉ RÉGIONALE D'OTTAWA CARLETON

MEMORANDUM
 NOTE DE SERVICE

Our File/N/Réf.
 Your File/V/Réf.

DATE 25 September 1996

TO/DEST. Coordinator, Community Services Committee

FROM/EXP. Acting Medical Officer of Health

SUBJECT/OBJET **COMMUNICABLE DISEASES ANNUAL STATISTICAL
 REPORT 1995**

PURPOSE

The purpose of this report is to provide an annual review of the communicable disease activities in the Ottawa-Carleton Region. Results for 1994-1995 are summarized in Annex A. Highlights are summarized in the Discussion section. Figures appear in Annex B.

DISCUSSION

Tuberculosis

- There was a decrease in tuberculosis to 53 cases, from a high in 1993 and 1994 of 86 cases in each of those years (Fig. 1). This is a return to the kinds of levels we were seeing at the beginning of the 1990's. It is not yet clear whether this trend will continue, or whether it is a natural fluctuation in the presentation of this disease. It may be that TB in certain very high risk refugee groups, has already appeared, given that most cases of TB in immigrants and refugees occur within the first five years of arrival in Canada. importation are Vietnam and Somalia.
- Most of the decline occurred in pulmonary tuberculosis which is potentially infectious.
- There were only two cases of tuberculosis with drug resistance in 1995. Both of these cases were successfully treated with other anti-tuberculous medication.
- Since 1990, there have been, on average, three to six cases of co-infection with TB and HIV each year. In 1995, however, there were no cases of co-infection.

Vaccine Preventable Diseases

- There was only one case of H. influenza invasive disease in 1995. There has been a significant decline of this very serious illness which is a result of the HIB immunisation programme (Fig. 2).

- The 1994-95 influenza season showed a fairly even split between influenza A and influenza B. There were 31 cases of the former reported and 40 cases of the latter. Overall, the 71 cases constitute a moderate year for influenza activity. Many of the cases are under the age of 10; this finding is due to the fact that these children are unlikely to have previously been immunised against or exposed to these, or related strains of influenza.
- There were 11 cases of measles, a notable increase for this disease. Most of these cases were in the 10 to 19 age group, a group which has by and large been immunised previously. These findings demonstrate the need for the measles re-immunisation programme, which was completed in June 1996 (Fig. 3).
- There were 10 cases of mumps, mainly in the under the 20 age group.
- Pertussis activity was still high with 89 cases reported; nevertheless this number is a significant decrease over the 104 cases reported in 1994. Predictably, almost all the these cases are in the under 10 age group.
- There were no cases of rubella reported in 1995.

Enteric Diseases

- There was one case of cholera in a female child in 1995.
- All other enteric diseases had modest increases or decreases, which were not significant by different from 1994.

Other Sexually Transmitted Diseases

- Chlamydia continues to decline to 862 cases, a 12% decrease over 1994 (Fig. 4).
- There was a 24% increase in gonorrhoea from 86 cases to 107 cases in 1995. This change reverses the long-standing trend in the decline of this disease (Fig. 5).
- There is more resistant gonorrhoea being diagnosed. There were 24 cases in 1995, as opposed to 7 and 8 respectively for the two previous years. Prior to that, there were similar levels of resistant gonorrhoea to that in 1995.
- The primary form of resistance is low level tetracycline resistance, which accounted for half of the resistant strains. PPNG accounted for a third (8 cases).
- There was a slight increase in the number of carriers of hepatitis B. This disease continues to be a major public health concern with many situations arising throughout the year which were problematic: individuals exposed to hepatitis B without their knowledge or consent; concern about Hepatitis B in health care workers; and, as usual, many cases reported in which no risk factor was identified. This last finding is of some concern, given a situation in Scarborough in 1996, in which many neurological patients were infected inadvertently through EEGs.

Other Communicable Diseases

- Four bats with rabies were found in 1995. The fact that neither foxes nor skunks have been found with this disease for several years indicates the success of the Ministry of Natural Resources bait drop programme for these species. Nevertheless, the continued appearance of rabies in bats is worrisome since bats often have closer contacts with humans than other wild species because of their habitation in urban areas. Raccoon rabies is not yet present in Canada.
- Group A strep. The increase in group A strep in 1995 was mainly due to an expansion of the definition of this disease (Fig. 6). The case surveillance definition was expanded by the Ministry of Health to include group A strep isolated in normally sterile sites, not necessarily with severe disease, that caused an increase in reports of this disease. There were five severe cases reported in 1995, and seven, not severe that met surveillance case definition only. The Health Department began a programme of chemoprophylaxis for close contacts in co-operation with the local hospitals
- Hepatitis C was reported in very high numbers in 1995, primarily because of increased knowledge and awareness of this chronic disease and lookback programmes to identify those who may have been infected by it. Most of the cases are thought to have been acquired years ago. The total number of documented cases, however, is of significant concern: 558 were reported, primarily in males (70%) in primarily in the age group 20 to 49 (Fig. 7). This large number of cases is a concern because of the risk of transmission to others, not only through blood, but also potentially through sexual contact, and because of the large burden of illness that these cases represent for future care.
- Meningococcal disease: Only 2 cases of meningococcal disease were documented in 1995, both group B. This group is not in the available vaccines. It appears that the immunisation provided in 1991 is still providing a level of protection for this population for other groups of meningococcus. It is also possible that the prevalent strain may have changed naturally.

HIV/AIDS

- The total number of infections stayed relatively constant between 1994 and 1995 in both men and women, (males 111 vs 110, females 35 vs 37). However we continue to see shifts in patterns of transmission in the community (Fig. 8).
- AIDS incidence declined from 31 to 17 cases probably reflecting improved prophylactic treatment for persons with HIV, AIDS mortality increased from 39 to 48 deaths.
- In men, we see an ongoing decrease in the number of men infected through sexual activity with men, a stable number infected through injection drug use and an increased number infected through heterosexual contact.
- In women, we see a decline in the number infected through injection drug use but increases in the number infected abroad and through heterosexual contact.
- The levelling off of the number of males and the decrease in the number of women infected through injection drug use speaks to the impact of the SITE needle exchange program and the importance of a harm reduction approach in dealing with this population. However, this group is of considerable concern as part of the increase in those infected through heterosexual contact is due to infections of partners of injection drug users.

- The number of children infected through vertical transmission from their mothers has also increased. These are provisional data as a definite diagnosis can only be made at age 15 to 18 months. Infants can carry HIV antibody from their mother for over a year without actually being infected. Thus the numbers presented here are expected to decline but will still result in a significant increase over 1994. This increase is a reflection of the increase in the number of women who have become infected within the last few years.

*Approved by
Geoff Dunkley*

**OTTAWA-CARLETON HEALTH DEPARTMENT
COMMUNICABLE DISEASES
1994 & 1995 STATISTICAL REPORT**

DISEASE	1994	1995
AMEBIASIS	137	116
ANTHRAX	0	0
BOTULISM	0	0
BRUCELLOSIS	0	0
CAMPYLOBACTER	443	375
CHANCROID	0	0
CHICKENPOX	1459	1386
CHLAMYDIA	975	862
CHOLERA	0	1
CONGENITAL CYTOMEGALOVIRUS	0	1
DIPHTHERIA	0	0
ENCEPHALITIS/MENINGITIS	18	19
GIARDIASIS	256	238
GONORRHEA	86	107
GROUP A STREPTOCOCCAL	1	12
GROUP B STREPTOCOCCAL	N/A	1
HAEMOPHILUS INFLUENZAE	3	1
HEMORRHAGIC FEVERS	3	0
HEPATITIS A	21	17
HEPATITIS B (Cases) (Carriers)	50 309	27 347
HEPATITIS C	N/A	558

DISEASE	1994	1995
HERPES, NEONATAL	0	0
INFLUENZA Type A	51	34
Type B	0	40
LASSA FEVER	0	0
LEGIONELLA	0	1
LEPROSY	1	0
LISTERIOSIS	4	5
LYME DISEASE	3	1
MALARIA	12	17
MEASLES	1	11
MENINGOCOCCAL DISEASE	3	2
MUMPS	3	10
OPHTHALMIA NEONATORUM	0	0
PARATYPHOID FEVER	0	0
PERTUSSIS	104	89
PLAGUE	0	0
POLIOMYELITIS, ACUTE	0	0
PSITTACOSIS/ORNITHOSIS	0	0
Q FEVER	0	0
RUBELLA	1	0
RUBELLA, CONGENITAL	0	0
SALMONELLOSIS	155	174
SHIGELLOSIS	32	31
SYPHILIS	33	38
TETANUS	0	0

DISEASE	1994	1995
TRICHINOSIS	0	0
TUBERCULOSIS (all cases)	86	54
(pulmonary)	55	29
TULAREMIA	0	0
TYPHOID FEVER	5	0
VEROTOXIN-PRODUCING E.COLI INFECTIONS	23	32
YELLOW FEVER	0	0
YERSINIOSIS	26	33

Fig. 1 - TUBERCULOSIS Sites

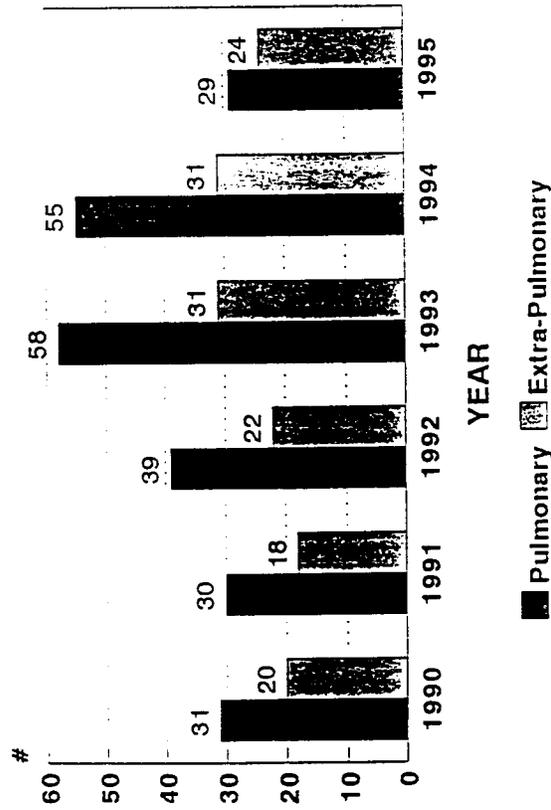


Fig. 2 - HAEMOPHILUS INFLUENZAE INVASIVE DISEASE

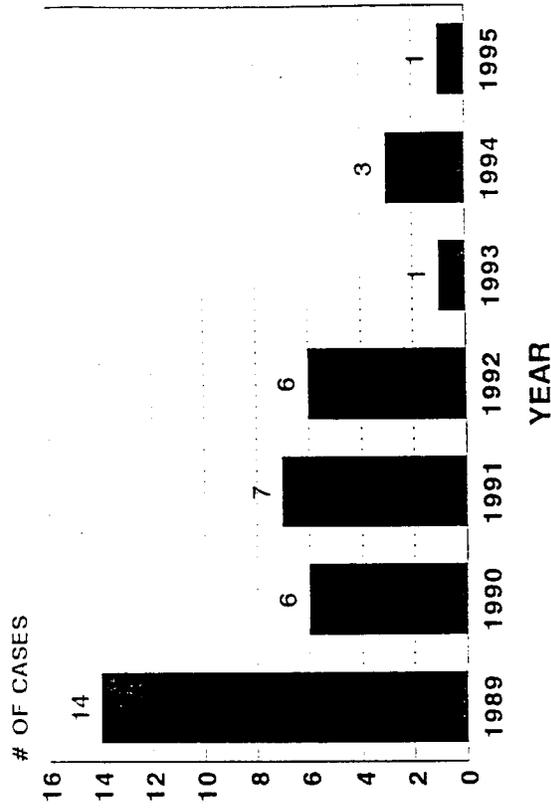


Fig. 3 - MEASLES

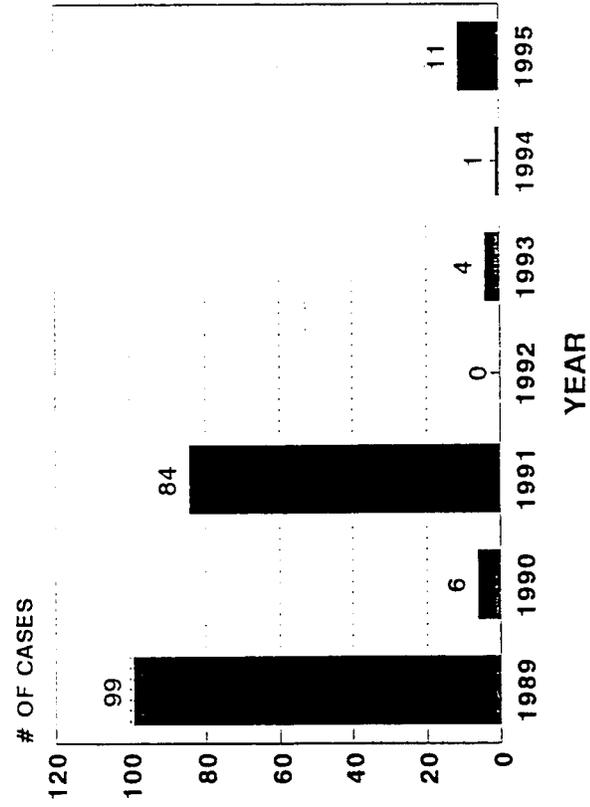


Fig. 4 - CHLAMYDIA

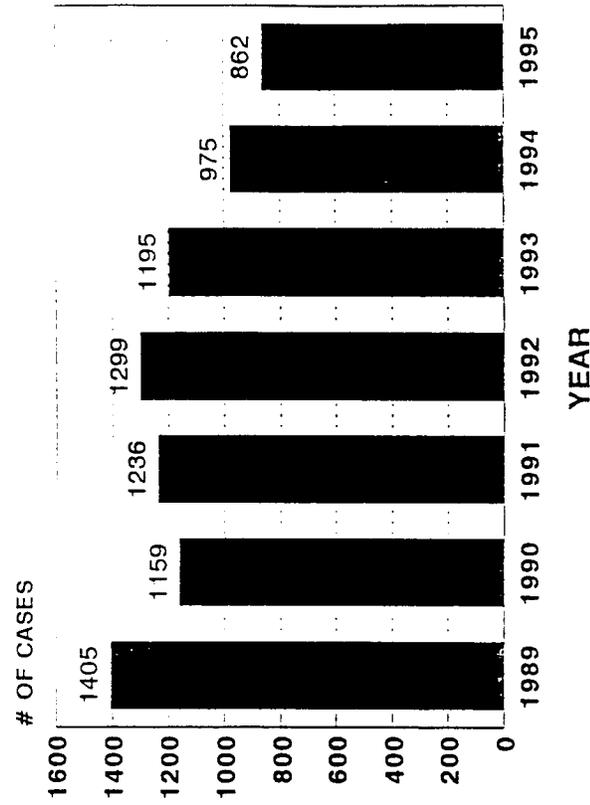
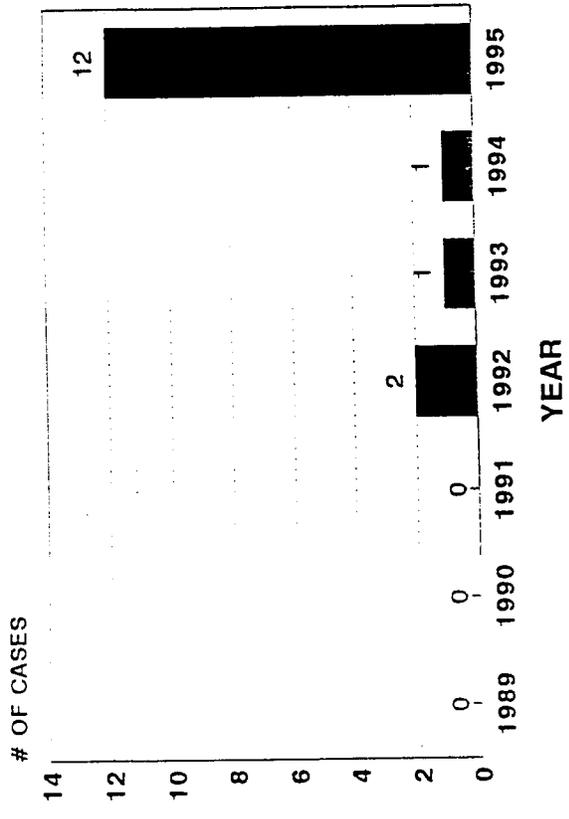


Fig. 6 - GROUP A STREPTOCOCCAL



* CASE DEFINITION CHANGE BY MINISTRY IN 1995

FIG 8 - OTTAWA-CARLETON HIV INCIDENCE BY EXPOSURE CATEGORY

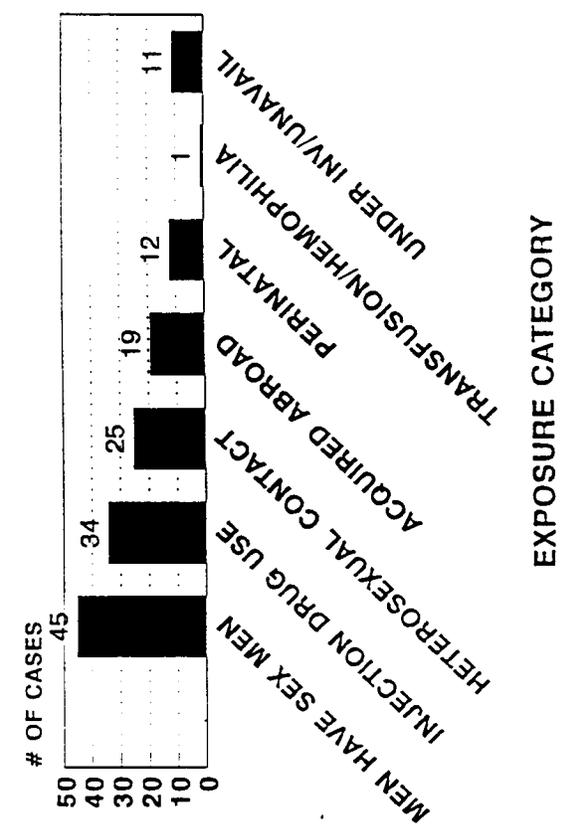


Fig. 5 - GONORRHEA

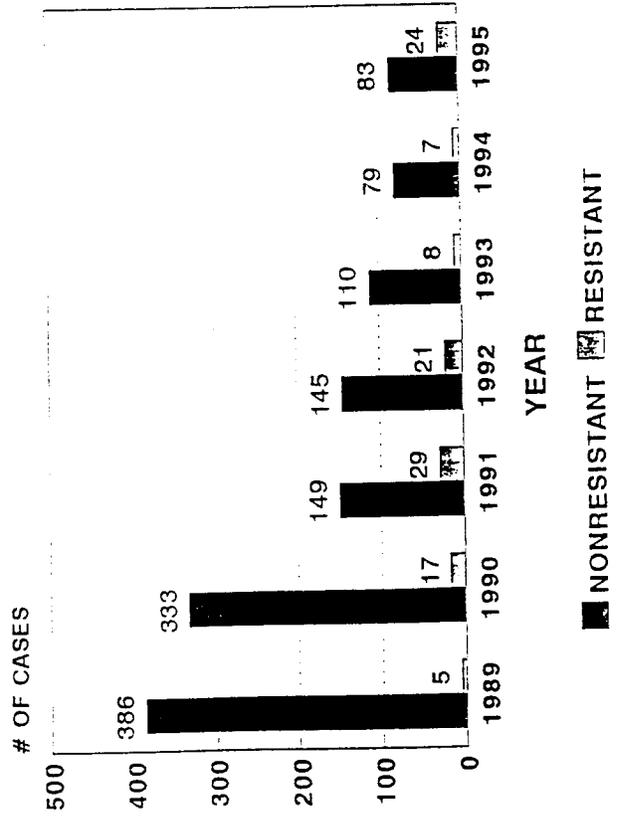
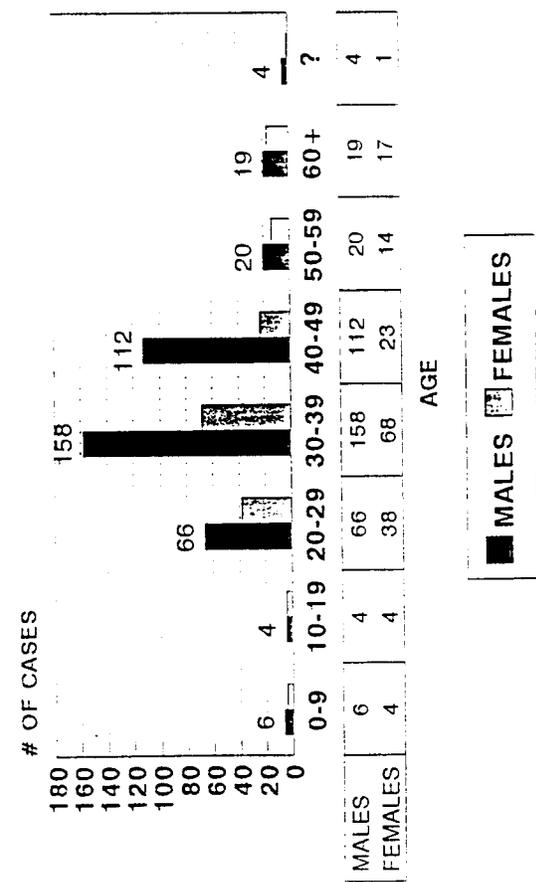


Fig. 7 - HEPATITIS C 1995 CASES



TOTAL = 558