## **Quarterly Incidence of Selected Communicable Diseases**

## Selected Communicable Diseases Monthly Report Quarter 1, 2014

Count	Avg. Count	Rate	Avg. Rate						Decr	ease		Incre	ease				
77	2.8	1.63		Measles: Rubeola (Red)													
2	6.4	0.04		Mumps							_						
51	87.3	1.08		Pertussis													
0	0.6	0.00		Rubella (German Measles)							1						
18	17.2	0.38		E.coli, Verotoxigenic							ī						
277	344.0	5.87	7.80	Campylobacteriosis						(							
232	186.0	4.92	4.20	Salmonellosis													
26	46.7	0.55	1.06	Shigellosis													
7	8.5	0.15	0.19	Typhoid Fever						1							
9	17.8	0.19	0.40	Hepatitis A													
8	5.9	0.17	0.14	Hepatitis B: Acute								1					
532	615.1	11.27	14.04	Hepatitis C													
4	0.8	0.08	0.02	Lyme Disease													
42	51.1	0.89	1.16	Streptococcus Group A: Invasive						I							
8	6.5	0.17	0.15	Meningococcal Disease: Invasive													
133	115.4	2.82	2.62	Pneumococcal Disease: Invasive							1						
7	7.8	0.15	0.18	Malaria													
3130	2687.5	66.32	60.73	Genital Chlamydia							1						
469	332.1	9.94	7.49	Gonorrhea													
149	82.2	3.16	1.86	Infectious Syphilis													
66	86.9	1.40	1.99	HIV													
65	0.0	1.17	0.00	ТВ													
				-	3	-2.5	-2	-1.5	-1	-0.5	Ó	0.5	1	1.5	2	2.5	
									Lo	g ( rate	/ ave	rage ra	te)				
1easur	e:		pas	ratio (in natural log scale) of th t 10 years for selected commun ifications to BCCDC from Health	icab	ole dis	eases										
imitat	ions:		ma	ese reports are based on passive y be incomplete reporting or de gnitude of increase or decrease	laye	d repo	orting	. The				-					
ources	5:		-	iPHIS (integrated Public Health PARIS data uploads for Vancou Enhanced Invasive Meningococ Enhanced Invasive Group A Stu STI Division for genital Chlamy	iver cal repto	Coas Disea	tal He se da us dat	ealth A tabase tabase <sup>1</sup>	Autho 1 1	rity							

<sup>1</sup> For Streptococcus Group A; Invasive Meningococcal Disease, only data since 2002 were used to calculate the historical rate.

<sup>2</sup> Tuberculosis data included in this report are lagged by one quarter due to additional time needed for laboratory confirmation of cases and represent the previous quarter.

Trend:	The increase in measles reflects a large outbreak in a non-immunized community in Fraser
	Health. Multiple measures have been undertaken to try to control the outbreak and to
	date there has been limited spill over outside of the community. In addition there have
	been a number of imported cases from places such as the Philippines where there have
	been ongoing outbreaks. The increase in Lyme cases reflects four reported cases over the
	quarter and this is not unexpected. The continued increases in Chlamydia reflect longer
	term increasing trends of this sexually transmitted infection in BC related to unsafe sexual
	practices. This trend is seen in gonorrhea rates as well. Multiple interventions have been
	taken targeted at the main population at risk, men who have sex with men. The data also
	reflect a continuing decline in new HIV cases in BC.
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**Comments:** Monitoring of notifiable diseases is an important activity in BC for evaluation of the effectiveness of control programs and for detection and response to outbreaks. Note that targets are not specified as with few exceptions, these diseases are not under elimination strategies. Declines are anticipated for diseases with active prevention programs such as vaccine preventable diseases. Endemic rates of enteric and sexually transmitted diseases are expected.

## Action Plan:

Action Plan	Timeline	Expected Outcomes/Impact	Progress Notes			
Promotion of routine and recommended vaccines for all British Columbians.	Annual and ongoing promotion of routine vaccination;	Higher levels of vaccine uptake in all populations and improved control of vaccine preventable diseases.	Development of tools and materials including mass media and social networking messages to promote immunization.			
Improved surveillance of notifiable diseases through electronic data receipt from laboratories.	Development of common data standards by laboratory services in British Columbia for electronic reporting of notifiable diseases.	More timely and complete reporting of notifiable disease cases from laboratories in BC.	A provincial laboratory information system has been developed and is in the process of being implemented in BC.			