Agence de la santé et des services sociaux de Montréal
Québec

Explanatory Notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance)
Period 1, Year 2011
(weeks 1 to 4, 2 to 29 January 2011)

Congenital syphilis: First case in Montréal since 1994

Since 2005, there have been between 7 to 10 cases of congenital syphilis every year in Canada. In Québec, the most recent case was reported in 2003. In Montréal, a confirmed case of congenital syphilis was reported in January 2011, the first since 1994. Diagnosed at three months of age, the case had some of the usual manifestations of the illness, including skin lesions, nasal discharge and failure to thrive. Treatment was started during the last of several hospitalizations and the baby is recovering. The baby's father had a history of secondary syphilis that had been treated a few months prior to the pregnancy. The mother's prenatal screening results for syphilis were negative. Once the baby was diagnosed, all family contacts and some health professionals were tested, because skin lesions and secretions can contain the infectious agent. In Québec, the number of cases of infectious syphilis (primary, secondary and early latent, that is, of less than one year's duration) rose from 3 to 511 cases between 1998 and 2010, mainly because of sexual transmission among men. Although low since the resurgence of infectious syphilis in Québec, the number of female cases increased sharply in 2009 and 2010, and 75% of these cases were in women of childbearing age. In addition to providing systematic syphilis screening at first prenatal visit (baseline checkup), one should repeat the test, more than once if necessary, and at least once around the 28th week of pregnancy and at delivery, in situations where there has been a new exposure, persistence of risky behaviour, or when the partner has a risk factor such as sex with men.

We wish to thank Nashira Khalil for writing this text and Jérôme Latreille and Geneviève Boily for the information provided.

Sources: MSSS and Health Canada

Measles imported

The two cases appearing in the statistics are the ones discussed in the Explanatory Notes for period 13 of 2010.

Epidemics of influenza and viral gastroenteritis

As of 29 January, influenza activity in Québec was high but decreasing. Among the strains identified, about 95% are subtype A(H3N2), 4% type B, and 1% subtype A(H1N1). In Montréal, as of 10 February, there had been 32 outbreaks of viral gastroenteritis in hospital centres and 33 in long-term care facilities, and 6 and 10 were ongoing, respectively. The agents involved are norovirus/calicivirus, rotavirus and *C. difficile*. There had also been 5 ILI outbreaks in hospitals and 36 in long-term care facilities, 0 and 2 of which were ongoing, respectively; most were due to influenza A and one to human metapneumovirus.

Source: Flash Grippe, MSSS.

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Explanatory Notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 2, Year 2011 (weeks 5 to 8, 30 January to 26 February 2011)

Mumps

The case of mumps that appears in the statistics and in Figure 1 is the first one in a Montrealer since 12 October 2010. The case is in a man in his forties who is vaccinated, but without proof, and who had not travelled outside of Québec during the period when he acquired the disease. The patient first went to a private clinic, where three people were exposed in the waiting room. A letter was sent to this clinic, recommending that exposed patients be notified. The clinic doctor sent the patient to a hospital emergency department for confirmation of the diagnosis. As the hospital had been warned that the patient was coming, he wore a mask and no one was exposed subsequently. The patient had worked for one day during the contagious period, and an information letter was sent to work contacts. He spent the rest of the contagious period in isolation at home.

We wish to thank Jean-Loup Sylvestre for the information provided.

Influenza-like illness (ILI) and viral gastroenteritis epidemics in health care institutions

As of 25 February, in Québec, influenza activity was still high but decreasing; strains recently isolated were mostly type A (non-H1N1), but the proportion of type B strains has been rising. Respiratory syncytial virus is also circulating widely. As of March 3, in Montréal, there had been 8 outbreaks of ILI in hospitals and 37 in long-term care facilities, 2 and 1 of which were ongoing respectively, and were mostly caused by influenza A. In proportion to their numbers, ILI outbreaks in hospitals have decreased the least. As for viral gastroenteritis outbreaks, since the beginning of the season there have been 38 in hospitals and 41 in long-term care facilities, 2 and 5 of which were ongoing, respectively.

Sources: LSPQ and Flash Grippe du MSSS

We wish to thank Renée Paré for the information provided.

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Explanatory notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 3, Year 2011 (weeks 9 to 12, 27 February to 26 March 2011)

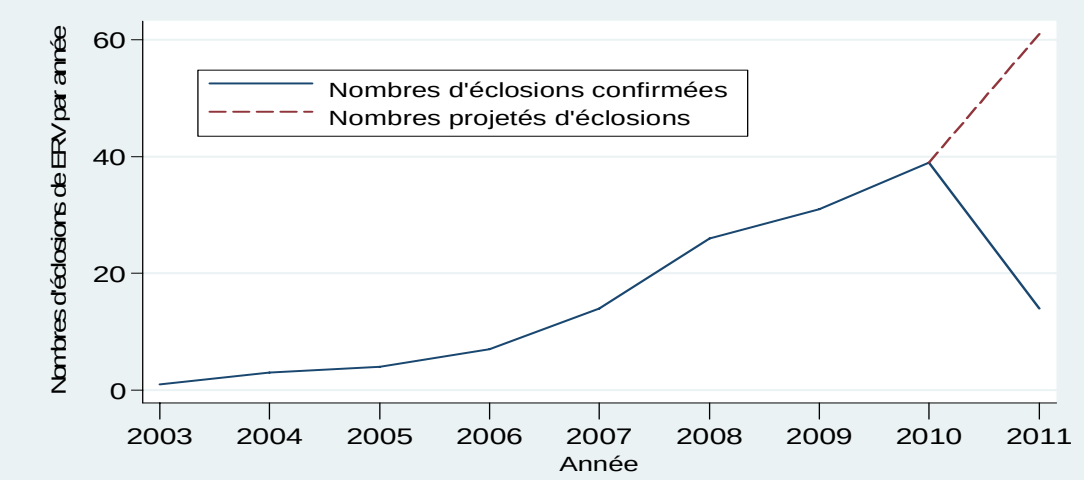
Outbreak of verocytotoxin-producing E. coli (VTEC) infections linked to walnuts

Since 31 January, 14 cases of *E. coli* infection (PFGE type 608), some very serious, have been reported in Canada; 10 of these cases were in Québec, 4 of which were in Montréal, including 2 who were hospitalized. At least 7 of these patients had eaten walnuts distributed by Amira Enterprises Inc., a company located in Montréal. Three of the Montrealers had consumed walnuts, but only one or two of them had eaten nuts sold under the brand names suspected. Although no contamination of walnuts has been demonstrated, the Canadian Food Inspection Agency (CFIA) and the distributor have issued a warning not to eat walnuts (http://www.inspection.gc.ca/english/corpaffr/recarapp/2011/20110403e.shtml) sold under the brand names affected. The Public Health Agency of Canada (PHAC) has also advised consumers to roast the walnuts in the oven prior to eating them (350˚F for 10 minutes, turning them over once after 5 minutes) (http://www.phac-aspc.gc.ca/alert-alerte/ecoli/ advisory-avis_ 20110404-eng.php). The public health department has issued a call for vigilance http://www.dsp.santemontreal.qc.ca/espace_du_directeur/ la_voix_du_ directeur/nouveautes/article/appel_a_la_vigilance_noix_de_grenoble_contaminees_par_le_coli_o157h7.html.

We wish to thank Jérôme Latreille and Julie Dwyer from the DSP, Françoise Desroches from MAPAQ, and the CFIA and PHAC for the information provided.

Hospital outbreaks of vancomycin-resistant Enterococcus (VRE)

The number of VRE outbreaks was particularly high in the first 3 periods of 2011. The following graph shows the annual numbers in acute care hospitals and long-term care facilities in Montréal, the number observed up to 26 March 2011 (solid line), and the projected number for the entire 2011 year (dotted line):



Although most patients affected only become carriers of VRE, the rise in the number of outbreaks puts some people at risk of severe infection, especially those with immune suppression. The degree to which increased screening and improved test sensitivity have contributed to this increase remains to be seen. In December 2010, the Director of Public Health for Québec asked health institutions to keep in place the VRE prevention and control measures outlined in the 1998 guidelines (updated in 1999).

We wish to thank Renée Paré for the information provided.

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Explanatory Notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 4, Year 2011 (weeks 13 to 16, 27 March to 23 April 2011)

Ciprofloxacin-resistant *Campylobacter coli* infections

In 2010, 24 cases of *C. coli* infection were reported and 5 have been reported to date this year. The proportion of cases caused by ciprofloxacin-resistant strains has increased regularly: 16% in 2008, 37% in 2009, 62% in 2010 and 80% in 2011. In 2010 and 2011, 54% of the 19 male cases were resistant to ciprofloxacin (with or without resistance to tetracyclin or erythromycin), as were 80% of the 10 female cases. Cases of campylobacteriosis are not systematically investigated, but their age, sex and place of residence suggest that sexual transmission between men plays a lesser role than in cases of ciprofloxacin-resistant shigellosis (see *Explanatory Notes* for periods 7 to 9, 2010). In the current situation, the transmission potential of resistant strains among the population may be greater, with the risk of resistance transferring to other enterobacteria.
We wish to thank Melissa Helferty and Pierre Pilon for the information provided.

Hospital outbreaks of vancomycin-resistant enterococcus (VRE)

VRE outbreaks continue to occur, with no decrease in frequency since the beginning of 2011, as projected in the previous Explanatory Notes. The eight outbreaks noted in period 4 are in five different acute care hospitals, two of which had not had prior outbreaks in 2011. A detailed document entitled *Mesures de contrôle et prévention des infections à entérocoques résistants à la vancomycine au Québec, 1998* (updated in 1999) is available from the DSP; a summary of the information can be accessed at http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2006/06-209-04.pdf.

Outbreak of verocytotoxin-producing E. coli (VTEC) infections linked to raw walnuts

The two cases in period 4 were discussed in the previous issue of Explanatory Notes. A recall of the walnut products involved seems to be associated with a decrease in incidence of the illness for period 4, at least in Québec. In Canada, the latest case associated with walnuts became ill on March 25 and was reported on April 7.
Sources: MSSS, Rapport vigie maladies entériques, week17, and PHAC, Public Advisory: E. coli *outbreak, updated on 28 April 2011.*

Measles

Measles transmission is ongoing in Québec, especially in the Capitale Nationale and the Mauricie–Centre-du-Québec regions; there have been 69 confirmed or clinical cases and 36 pending cases to date in 2011. The Director of Public Health's *Reminder to be vigilant* issued last April remains in effect: http://www.dsp.santemontreal.qc.ca/fileadmin/documents/1_Espace_du_directeur/0_Voix_du_directeur/Appels_vigilance/2011/rougeole_140411.pdf.
Source: MSSS, Éclosion de rougeole au Québec : état de situation au 10 mai 2011.

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Explanatory Notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 5, Year 2011 (weeks 17 to 20, 24 April to 21 May 2011)

Hospital outbreaks of vancomycin-resistant enterococcus (VRE)

Six new outbreaks of VRE occurred during Period 5 in five different general and specialized hospitals (CHSGS), two of which had had no outbreaks in 2011. Three other outbreaks have been reported since the end of Period 5. At this pace, the projected number of outbreaks for the year 2011 is no longer 60, as indicated in Period 3 (see Explanatory Notes for that period), but 73. There were 39 in all in 2010. Recent developments in our informational technologies allow us to better follow how nosocomial outbreaks evolve in each institution and in the region, based on information sent by healthcare providers, whom we would like to thank.
We wish to thank Guy Lapierre for the information provided.

Measles

The case that appears in the statistics for Period 5 acquired the infection while travelling in France. Since the end of the period, two other cases have been reported: one also acquired the disease in France, the other in Montréal following contact with a visitor from France who had a skin rash that was diagnosed as scarlet fever. This third case is the first one in Montréal to occur as a result of local transmission since the beginning of the outbreak. The three cases are middle-aged, were hospitalized and have all recovered well. Two had not been vaccinated and one did not know his or her immunization status.

As of 27 May, in the province as a whole there had been 172 cases of measles: 152 confirmed and 20 probable; as previously, most were in the Capitale Nationale and Mauricie–Centre-du-Québec regions.

As long as the outbreak is ongoing, it would be prudent to consider anyone presenting with a skin rash that could be measles-related as having the disease until serologic tests prove otherwise, especially if the person has been in contact with a possible or confirmed case of the disease, or if he or she has recently travelled to Europe. Precautions should be taken to avoid transmission. Read the document at http://www.dsp.santemontreal.qc.ca/fileadmin/documents/1_Espace_du_directeur/0_Voix_du_directeur/Appels_vigilance/2011/rougeole_140411.pdf and contact the DSP if you require additional information. It is also indicated to check a person's measles vaccination status before he or she travels abroad, especially to France.
Source: MSSS, Éclosion de rougeole au Québec : état de situation au 27 mai 2011.

Invasive meningococcal infections

No link has been found among the three cases that appear in the statistics and that represent a significant excess in Figure 1. They make up a statistical cluster but not an outbreak.

MADO non-reporting

Since the beginning of 2011, we have sent out 14 letters concerning cases of MADO that had been reported by the LSPQ but not by the hospital that had generated the first positive result. For some of these cases the urgent intervention required was delayed. With summer fast approaching, a time when the problem is exacerbated by staff replacements, we would appreciate your verifying that the individuals concerned are familiar with reporting procedures.

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Explanatory Notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance)
Period 6, Year 2011
(weeks 21 to 24, 22 May to 18 June 2011)

Hospital outbreaks of vancomycin-resistant enterococcus (VRE)

There were seven new outbreaks of VRE during period 6. At this rate, the number of outbreaks for 2011 could reach 76. There were 39 in all in 2010.

Chagas disease

The case reported in period 6 was a middle-aged immunosuppressed individual of South American origin. The person presented with progressive aphasia and hemiparesis, compatible with one or several cerebral abscesses, which can develop in immunosuppressed individuals with Chagas disease. Because of these clinical manifestations, a serology for the disease was requested and the positive result was reported to the DSP. However, a biopsy showed that the cerebral lesions were due to progressive multifocal leukoencephalopathy, a viral infection also associated with immune suppression. Nonetheless, the case meets the definition of Chagas disease for surveillance purposes, the objective of which is haemovigilance. The patient, who was thrombopenic, died from a cerebral haemorrhage.

We wish to thank Ms Mélanie Charron and Dr Geneviève Matte for the information provided

Measles

None of the four cases reported during the period were known to be vaccinated. One acquired the disease in an endemic Asian country; another in a Canadian province currently affected by an epidemic; one in Québec through contact with someone visiting from a heavily affected European country and who was suffering from an eruptive disease diagnosed as varicella; and another also in Québec, but with no known contact with a case. These recent cases differ as to the conditions in which they acquired the disease, but they all have in common the fact that they had not been vaccinated. Of the 9 cases in Montréal in 2011, most (6) were reported during periods 6 and 7, which represents a marked increase in incidence but one that might not be significant. In Québec, as of 29 June 2011, there had been 562 cases, 80% of whom were considered not to have been immune when they acquired the disease. Incidence may be decreasing slightly across the province, but transmission is ongoing. For recent measles-related advisories issued by the DSP, visit http://www.dsp.santemontreal.qc.ca/espace_du_directeur/rubriques/nouveautes/article/appel_a_la_vigilance_rougeole_intervenants_milieu_scolaire_copie_1.html

We wish to thank Jean-Loup Sylvestre and Julie Dwyer for the information provided.
Source: MSSS, Éclosion de rougeole au Québec : état de situation, au 8 juillet 2011.

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Explanatory Notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 7, Year 2011 (weeks 25 to 28, 19 June to 16 July 2011)

Hospital outbreaks of vancomycin-resistant enterococcus (VRE)

Four VRE outbreaks were reported during Period 7, three in hospitals and one in a long-term care facility. There have been as many outbreaks reported during the first 7 periods of 2011—some 39—than in all of 2010.

Measles: Still going around

Two of the cases in Period 7 were contracted during travel in France: one following contact with family members who had measles, the other without known contact. The two other cases were acquired in Montréal and are members of a family where other siblings had had the illness. For philosophical or religious reasons, no one in this family had been vaccinated; it is not possible to document the vaccination status of the individuals who acquired the disease in France.

As of 20 July, there had been 649 cases this year in Québec, including 11 in Montréal. Over 70% of cases are from the Mauricie-Centre-du-Québec region, and more than 80% were seemingly unprotected (not immune) at the time of disease acquisition. Measles transmission in Québec continues to abate but has not ceased; therefore, preventive measures should not be relaxed. For recent measles-related advisories issued by the DSP, visit http://www.dsp.santemontreal.qc.ca/espace_du_directeur/rubriques/nouveautes/article/appel_a_la_vigilance_rougeole_intervenants_milieu_scolaire_copie_1.html
Source: MSSS, Éclosion de rougeole au Québec : état de situation au 20 juillet 2011.

Syphilis: Reporting problems ongoing

Reports of new episodes now depend entirely on hospital laboratories (and on physicians, in case of a threat to blood safety). To avoid receiving a call from one of our investigators, your report must include

- results of confirmation by treponemal tests (TP-PA, MHA-TP, EIA, INNO-LIA or any other recognized test);
- results of non-treponemal tests (VDRL, RPR (qualitative or quantitative), TRUST or other), whether positive or negative, for all syphilis cases confirmed by treponemal testing;
- results (dilution titres) when non-treponemal test results are positive;
- positive VDRL results on a cerebrospinal fluid sample from tests conducted according a specific validated procedure; and
- when performed, positive results of *Treponema pallidium* observation by darkfield microscopy or direct fluorescent antibody testing (DFA-TP) of an appropriate sample (chancroid, lymph node, mucocutaneous lesion or condyloma latum).

Surveillance remains important because reported syphilis incidence has been rising in 2011 compared with 2010; the disease still mostly affects MSM, but the first case of congenital syphilis in Montréal since 1994 was reported this year.

Disease reporting: An unexplained decrease

The number of reports received this year to date is about 5% lower than at the same time in 2010. Aside from fewer reports of hepatitis C, the decrease does not seem to be related either to particular reporting sources or to specific diseases. If any of our readers has an explanation, or if anyone is having difficulties with reporting, please let us know.

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Explanatory Notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance)
Period 8, Year 2011
(weeks 29 to 32, 17 July to 13 August 2011)

Hospital outbreaks of vancomycin-resistant enterococcus (VRE)

Five VRE outbreaks were reported during Period 8, all in acute care hospitals (CHSGS). The frequency at which outbreaks occur is stable; therefore we can expect 71 outbreaks in 2011, compared to 39 in 2010. VRE outbreaks have been increasing throughout the province since 2007, but Montréal remains the region most affected.

Source: INSPQ

We wish to thank Guy Lapierre for the information provided.

Measles: The virus has not ceased circulating in Québec

There were no new cases in Montréal during Period 8. However, the measles is still circulating in three regions (Montérégie, Mauricie-et-Centre-du-Québec and Capitale-Nationale), in other provinces and in several countries, mostly in Europe, from where it is very possible that the virus be reimported to Montréal. For recent advisories relating to the measles issued by the DSP, visit http://www.dsp.santemontreal.qc.ca/espace_du_directeur/rubriques/nouveautes/article/appel_a_la_vigilance_rougeole_intervenants_milieu_scolaire_copie_1.html

Source: MSSS, Éclosion de rougeole au Québec : état de situation au 17 août 2011.

Lyme disease and West Nile virus infection: Locations of acquisition

The case of Lyme disease that appears in the statistics was acquired last May in Massachusetts, as a result of a tick bite noticed by the patient. She presented typical symptoms, which disappeared following treatment. Another possible but not yet confirmed case was seemingly acquired in New Jersey. This reminds us to keep Lyme disease in mind as a diagnosis, especially for individuals who have travelled to New England. Conversely, a more recently reported case of West Nile virus infection seems to have been acquired locally. This illustrates a known difference in the epidemiology of these diseases in Montréal, where tick-borne transmission of Lyme disease does not occur but West Nile virus transmission through mosquitoes has been documented.

We wish to thank Anna Urbanek and Julie Dwyer for the information provided.

Cholera: first case in a Montrealer

The case of cholera was acquired in Haiti and did not result in local transmission in Montréal. This is the third case diagnosed in Montréal that is linked to the outbreak in Haiti, but the first in a resident of the city.

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Explanatory Notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 9, Year 2011 (weeks 33 to 36, 14 August to 10 September 2011)

Hospital outbreaks of vancomycin-resistant enterococcus (VRE): Still frequent

Four VRE outbreaks were reported during Period 9, all in specialized hospitals where there had been several previous outbreaks. There have continuously been 4 or 5 new outbreaks per period since the beginning of the year; at this time, the expected total number of outbreaks for 2011 is 69, a marked increase compared with previous years.

West Nile Virus (WNV) infection: First cases since 2006

Three laboratory-proven cases were reported during Period 9, and there have been six others since the end of the period; these cases are the first in Montrealers since October 2006. They were all symptomatic (four in particular, who showed clinical evidence of encephalitis and two of meningitis), and two were hospitalized. The World Health Organization (WHO) has reported an increase in reported cases of WNV in Europe this summer, attributed to greater clinical awareness, improved laboratory confirmation techniques, and climatic conditions favourable to mosquito proliferation. In Québec, up to and including week 37, there had been 16 reported cases; no cases had been reported in all of 2010. The reported incidence for 2011 in Québec is similar to that for epidemic years 2002 and 2003, when there were 20 and 17 cases, respectively. For information on the illness and useful links, go to http://msss.gouv.qc.ca/sujets/santepub/environnement/index.php?virus_du_nil.

Sources: WHO and Ministère de la Santé et des Services sociaux du Québec

We wish to thank Pierre Pilon for the information provided.

Hepatitis C: Interpreting the decline in the number of infections reported

The number of reported cases has been decreasing since the year 2000. However, we should not conclude that incidence of this infection is declining since most reported cases were infected in the past without ever being diagnosed or were diagnosed without being reported until recently. Results are somewhat blurred by anonymous reports, which make it impossible to eliminate all duplicates from the registry of reported cases. We also know that the number of cases with complications (cirrhosis, tumours or death) is increasing because infected individuals are ageing. Lastly, despite the efforts made to facilitate access to treatment, only a small proportion of patients who could benefit from such treatment have received it. Prevention, screening and treatment continue to be public health priorities.

We wish to thank Klaus Jochem for the information provided.

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Explanatory Notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 10, Year 2011 (weeks 37 to 40, 11 September to 8 October 2011)

West Nile Virus (WNV) infection: No new cases

The six cases in the statistics for Period 10 were mentioned in the Explanatory Notes for Period 9. Information about the WNV situation in Québec is available at the following Web sites: http://msss.gouv.qc.ca/sujets/santepub/environnement/index.php?surveillance-vno et http://msss.gouv.qc.ca/sujets/santepub/environnement/index.php?virus_du_nil

Measles: Three new cases in Montréal

Three confirmed cases of measles were reported during period 10; all are young adults and none had complications. Two cases are associated with travelling to France and Italy; the third was acquired locally from one of the other two. One patient had not been vaccinated; the vaccination status for the others is not known. As of 19 October, 758 cases of measles had been reported in Québec—750 were confirmed or clinical cases and 8 were pending—since 3 April 2011, the date on which local transmission began. In Montréal, 12 cases were reported during the same period, all confirmed cases. In all, 10 of 18 Québec regions have reported at least one confirmed case. (http://www.msss.gouv.qc.ca/sujets/prob_sante/rougeole/portrait2011.php. A catch-up vaccination campaign for elementary and high school students will begin in the next few weeks.
Source: BSV, DPSP, MSSS on 19 October 2011, 12:00.

Water quality in the West Island: Health effects?

On Thursday, October 13, as a result of construction work, a preventive boil-water advisory was issued for the Town of Kirkland. The following day, an abnormal quantity of ammonium nitrogen in the water caused a dramatic reduction in chlorine levels. As a result, a non-consumption advisory was issued for Pointe-Claire, Beaconsfield, Kirkland, Baie-d'Urfé, Ste-Anne-de-Bellevue, Dollard-des-Ormeaux and Senneville south. The city completely flushed out the water distribution system and the non-consumption advisory was changed to a second boil-water advisory, which was then lifted on Sunday at 6:00 p.m. This situation affected the haemodialysis service at the Lakeshore Hospital and dialysis patients had to be temporarily redirected to another hospital in the area. From Friday the 14th to Sunday the 16th, Info-Santé received a significant excess of calls concerning gastrointestinal problems from the region affected by the advisories. Info-Santé also reported three calls from people with gastrointestinal signs and symptoms they attributed to drinking water.
We wish to thank Lucie-Andrée Roy, Maxime Roy and Jean-François Nadeau for the information provided.

Cholera: A case imported to Montréal

On 14 October 2011, a hospital laboratory reported a case of cholera, acquired during a trip to the Dominican Republic, where the Public Health Agency of Canada had already reported the presence of cholera. It recommends that travellers to the Dominican Republic consider cholera vaccination and, once there, to practice "safe food and water precautions" (http://www.phac-aspc.gc.ca/tmp-pmv/thn-csv/rep-cholera-eng.php).

We wish to thank Karima Rebbah-Hanafi for her help with this text.

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Explanatory Notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 11, Year 2011 (weeks 41 to 44, 9 October to 5 November 2011)

Hospital outbreaks of vancomycin-resistant enterococcus (VRE)

The seven outbreaks were in 5 different acute care hospitals (CHSGS), all of which had had previous outbreaks. Incidence of VRE outbreaks has been high since the beginning of 2011. We can thus expect a jump in the total annual number of cases from 39 in 2010 to 69 in 2011. A detailed document entitled *Mesures de contrôle et prévention des infections à entérocoques résistants à la vancomycine au Québec, 1998* (updated in 1999) is available from the DSP's Web site; a summary of the information for patients and staff can also be accessed from the link: http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2006/06-209-04.pdf.

West Nile Virus (WNV) infection: A new case

The case, which has been confirmed, was probably acquired while gardening in Montréal. Information about the situation of WNV in Québec is available on the following Web sites: http://msss.gouv.qc.ca/sujets/santepub/environnement/index.php?surveillance-vno and http://msss.gouv.qc.ca/sujets/santepub/environnement/index.php?virus_du_nil.

We wish to thank Jean-Loup Sylvestre for the information provided.

Measles: A new case in Montréal

According to the public health investigation conducted following a report submitted by a school nurse, the new case corresponds to the definition of a clinical case used during the current epidemic as regards the presence of fever, cough and skin rash. However, this case occurred a month after the last confirmed case in Montréal, the adolescent in question had not travelled outside the region, had not been in contact with a known case and had written proof of completed MMR vaccination. No medical diagnosis was made and no lab test performed. Therefore, the case remains unconfirmed and the source is unidentified. In Québec, the last confirmed case dates back to the week of October 2nd.

We wish to thank Diane Arla Felipe for the information provided.
Source: BSV, DPSP, MSSS on 9 November 2011, 12:00.

Increase in chlamydiosis

The reported incidence of Chlamydia infection continues to rise in both sexes and in all age groups. The most recent report published by Montréal's Director of public health includes a discussion of STBBI issues: http://emis.santemontreal.qc.ca/sante-des-montrealais/maladies-a-declaration-obligatoire/rapport-itss-2010/. Profiles by CSSS region are available on the same site.

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Explanatory Notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 12, Year 2011 (weeks 45 to 48, 6 November to 3 December 2011)

Lyme disease: Acquired in Europe

The case reported in Period 12 involves a man bitten on the back last July while visiting a farm in Lithuania, where the disease is endemic. A few days later, he developed a circular skin rash around the bite that lasted about a week, that is, two days after the initiation of doxycycline treatment administered on site. When he returned to Montréal, he consulted a physician, who requested a blood test in early November; results were negative for IgG and positive for IgM.

We wish to thank Jean-Loup Sylvestre for the information provided.

Invasive meningococcal infection: An instructive case

During Period 12, the DSP de Laval informed us that a 10-week-old infant from this region had died as a result of serogroup B *Neisseria meningitidis* meningitis. The evening before, the infant's parents had brought him to the emergency department of a Montréal hospital, where he was examined and then discharged at about midnight. During the night, at the family's home, his health condition deteriorated rapidly and he was taken to another hospital, where he died three hours later. This sequence of events is a reminder of how difficult but important it is to properly diagnose these infections. A serogroup B meningococcus vaccine is awaiting approval in Canada.

We wish to thank Karima Rebbah for the information provided and for helping with this text.

Influenza: Still rare, but other respiratory viruses are going around

Influenza cases are still rare in Montréal (and in the rest of the province); however, adenovirus and especially respiratory syncytial virus have often been isolated. Still, influenza vaccination of people for whom it is indicated should not be omitted or postponed.

Source: Surveillance de l'influenza et des infections respiratoires virales, *for the week ending 10 December 2011*.

Measles: No new cases in Montréal

Despite many measles reports, all of which have been investigated, there have not been any new confirmed cases (by laboratory or epidemiological link) in Montréal during this period. For information that can be useful in various clinical settings where cases of measles may eventually be seen, go to http://agence.santemontreal.qc.ca/index.php?id=936/.

We wish to thank Jérôme Latreille for the information provided.

Thank you for contributing to disease surveillance. We wish you all

Happy Holidays and a Happy New Year!

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Explanatory Notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 13, Year 2011 (weeks 49 to 52, 4 December to 31 December 2011)

Whooping cough

The three cases, all under age 20, represent a statistically significant excess; however, no epidemiological link can be established with the information currently available.

Shigellosis: Two different outbreaks

The 16 cases reported for this period are mostly from the Jewish Orthodox and MSM communities, where outbreaks are occurring. There have been 15 cases since September 15 in the first outbreak, most of them children aged 10 or younger. No common source has been identified. The second outbreak began on September 26 and involves 7 cases. They all have the same electrophoretic profile, which confirms that they are linked even though the sources of infection are varied: bathhouses, private parties or the Black 'n Blue festival. Of note is a case in a microbiology laboratory technician who handles *Shigella* isolates and has no other known risk factor for the disease.

We wish to thank Guy Lapierre and Pierre Pilon for the information provided.

Measles: An imported case in Montréal

During period 13, we continued to receive numerous reports of measles, but only one case has been confirmed by laboratory. The case is not included in the statistics because the patient is not a Montréal resident. She is in her 20s, unvaccinated and originally from Québec but now living London, England, and returned for the holidays. She had been exposed to a case of measles at work and the symptoms appeared shortly before her departure from London. Post-exposure prophylaxis was offered to close contacts and to several patients with whom she had been in contact in the waiting room of a large Montréal hospital emergency department, as a consequence of her not having been isolated upon arriving at the ER. See http://agence.santemontreal.qc.ca/index.php?id=936/ and in particular the last document in Outils médecins: *Algorithme d'aide à la décision pour la prévention et le contrôle de la rougeole : Établissement de santé.*

We wish to thank Jérôme Latreille for the information provided.

Influenza and respiratory syncytial virus (RSV): Increasing numbers

Influenza and RSV circulation is increasing, with the latter being more frequent: during the first week of 2012, the LSPQ obtained 23 positive tests for influenza and 260 for RSV.
Source: LSPQ, Surveillance de laboratoire des virus respiratoires : semaine 2012-01 se terminant le 7 janvier 2012.

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