Explanatory notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 01, Year 2010 (weeks 1 to 4, 3 January to 30 January)

Mumps: Transmission is ongoing in Montréal and in the regions

Five cases have been confirmed in Montréal since January 3: most were female and one was from the Jewish community. One person was in her 50s and had received at least one dose of vaccine; the others were all under the age of 8 and had not been vaccinated. The number of cases remains higher than that expected for Period 1. Moreover, around 50 cases of mumps, most of them in Native communities, have been reported to public health authorities in the Outaouais, Terres-Cries-de-la-Baie-James and Abitibi-Témiscamingue regions. A provincial investigation is underway and recommendations concerning vaccination might be modified. Public health should also increase vigilance regarding transmission. The MSSS suggests that the medical community offer vaccination to the unvaccinated population affected. In addition, it is requested that samples be taken from cases who have no epidemiological link with a confirmed case so that genotyping can be performed for all cases.

We wish to thank Julie Dwyer and the MSSS for sharing this information.

Measles: Case imported from Vietnam

A case of measles was confirmed with a positive result for IgM antibodies and a significant rise in IgG between acute-phase and convalescent-phase serum. The patient is in her twenties, of Vietnamese origin and thinks she has received at least one dose of vaccine. Symptoms began in Vietnam, just before she returned from her trip. The transmission and incubation periods for contacts are now over and no secondary cases have been reported in Montréal. Characterization of the strain is in progress. Note that the case reported in the previous Explanatory Notes has been disconfirmed. Only laboratory confirmed cases are included for surveillance purposes.

Chagas disease: The first case in two years in Montréal

A case of Chagas disease in a woman in her 60s has been reported. Only three cases had been reported in Montréal since 2003. The parasite *T. cruzi* spreads through a bloodsucking insect, the conenose bug (*Triatoma infestans*). The acute phase is usually asymptomatic. Over a third of infected individuals develop the chronic phase after several years. Irreversible lesions can affect several organs. The disease is found in the southern United States and in the southern part of Southern America. Aside from applying insecticides for vector control, there is no other way to control this disease, no vaccine and no effective treatment for chronic disease. The parasite can also be transmitted through blood transfusion or organ transplant and across the placenta. This is why Chagas disease is reportable. We are waiting for the results of the investigation conducted with the attending physician to ensure haemovigilance.

Hepatitis A: Children coming from Haiti

Since the end of the period, there have been two confirmed cases of hepatitis A in children who have recently arrived from Haiti. One lives in Montréal. Susceptible contacts, either in the household or in early childhood centres or daycares, should be given post-exposure prophylaxis (vaccine or immunoglobulin, depending on their age, health status and time since exposure).

We wish to thank Mariane Pâquet for writing this text.

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Explanatory notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 02, Year 2010 (weeks 5 to 8, 31 January to 27 February)

Mumps: still spreading

The outbreak previously reported in several *Explanatory notes* continues unabated. It affects mostly, but not exclusively, the Jewish community, and cases are concentrated in the central west part of the island. Period 2 comprises the largest number of cases (14), compared with the other periods since the beginning of the outbreak in period 11, 2009. Although 67% of cases are men, the number of cases in women has increased significantly since 1 January (from 1 case out of 21 between 1 October and 31 December, 2009 to 13 cases out of 22 between 1 January and 9 March, 2010). Sex is the only characteristic of cases that differs significantly between these two periods. A total of 48% of cases have received at least one dose of MMR vaccine, 16% have received 2 doses and 25% have not been vaccinated. Compared with the mumps outbreak currently affecting the United Sates and Israel, Montréal has the highest proportion of unvaccinated cases and the lowest proportion of cases who have received 2 doses of vaccine.

We wish to thank Nashira Khalil for her assistance.

Typhoid fever: cases associated with travel

All four cases, two of whom are from one family, are associated with travel to endemic countries: India, Bangladesh and Mexico. Typhoid vaccination would have been recommended for all these individuals and their travelling companions since they were either on tourist trips to less common areas or visiting family. No one with the disease has an occupation where there is a risk of local transmission. Among the four other cases reported in 2010, three had travelled to Haiti, before the earthquake.

We wish to thank Anna Urbanek for the information provided.

Epidemic gastroenteritis in institutions: season late but active

There are 35 outbreaks in hospital centres and long-term care facilities. The gastroenteritis season in institutions began late this year (January rather than October) but the intensity of the outbreak is similar to that which occurred in October 2008. For information on preventive measures, visit http://www.santepub-mtl.qc.ca/Mi/nosocomiale/index.html.

Influenza: activity is low

According to *Flash Influenza*, the influenza activity index is low and stable in Québec, and the percentage of tests positive for influenza is 0.5%, and 0.6% for influenza A(H1N1). However, respiratory syncytial virus (RSV) detections have been high for several weeks in Québec. During the week ending 27 February, 27% of analyzed samples tested positive. For the recommendations currently in force in institutions, go to http://www.msss.gouv.qc.ca/extranet/pandemie/index.php?prevention_et_protection#soins. Note that *laboratories* have to report all cases of influenza A(H1N1) confirmed by PCR, and *other professionals* have to report cases of influenza A(H1N1) admitted to intensive care because of the disease (using the Reporting form, 15 February 2010 version).

Source: Flash Influenza, MSSS. We wish to thank Jérôme Latreille for the information provided.

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Explanatory notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 03, Year 2010 (weeks 9 to 12, 28 February to 27 March)

Mumps: still spreading

The mumps virus is still circulating in Montréal, especially in the Orthodox Jewish community. Since the beginning of the year there have been 26 confirmed, 1 probable and 3 suspected cases; only confirmed cases are included in the statistics. Distribution between the sexes is equal, and is also similar among age decades up to 60, after which there are no more cases. The number of new reported cases is increasing every period (from 14 at period 2 to 17 at period 3). The Québec Ministry of Health suggests offering the vaccine to unvaccinated persons among the population affected.

We wish to thank Nashira Khalil for her assistance.

Cryptosporidiosis: short-lived excess

There was a statistically significant excess of 3 cases between 24 February and 11 March: they were adults of both sexes, of different ages, and living in the downtown area, and were tested last February. At least one case is linked to travel and was reported to us by the state of Arizona. Cases of this reportable disease are only investigated when the excess is prolonged.

Epidemic gastroenteritis in institutions is ongoing

There is no indication yet that the number of new outbreaks is decreasing. Between October 2009 and 7 April 2010, there were 46 in 17 acute care hospitals and 56 in 40 long-term care facilities. Most hospitals have been affected and have reported, on average, 2.7 outbreaks; the long-term care facilities affected have reported an average of 1.4 outbreaks. Of the 46 outbreaks in hospitals, no agent was identified for 16, while for 10 the agent was *Clostridium difficile* and for 20 it was norovirus. For information on preventive measures, visit http://www.santepub-mtl.qc.ca/Mi/nosocomiale/index.html.

Influenza activity is low

According to *Flash Influenza* of 26 March, there is no influenza in Québec and the situation is stable. Detections of respiratory syncytial virus are declining.

Source: Flash Influenza, MSSS.

Delays in case report entry

There has been a delay in entering reports of some MADO that do not require rapid intervention. As a result, we are seeing artifactual decreases in the numbers of some reportable diseases included in the statistics, for instance, chlamydia and hepatitis B and C. This situation will be corrected as quickly as possible.

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Explanatory notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 04, Year 2010 (weeks 13 to 16, 28 March to 24 April 2010)

Mumps: Evolution of the epidemic

Disease incidence in Montréal shows no signs of declining. New cases, including those reported in period 5, are mostly in adolescents living in the West Island. More specifically, there have been several clinical cases among members of a water polo team, and one laboratory confirmed case involving the father of one of the players. The team had participated in a provincial tournament but it has yet to be determined whether the cases were exposed to the virus during this event. The DSP encourages clinicians to get cases confirmed by a laboratory. See Appel à la vigilance http://www.santepub-mtl.qc.ca/Mi/vaccination/appelvigilance/27062007.html

We wish to thank Lucie Dufault for the information provided.

Cryptosporidiosis: New cases

Two new cases have been reported. One is due to the patient drinking well water at the parents' cottage. Other family members who had drank the water also presented gastrointestinal symptoms (undiagnosed). The other case was in an adult and was not investigated.

We wish to thank Lucie Dufault and Julie Dwyer for the information provided.

Gastroenteritis epidemic in institutions: Incidence is falling

Since 27 April, no more than one outbreak a day has been reported to the DSP; earlier in the year, there were often 2 or 3 reports daily. Information on preventive measures is available at http://www.santepub-mtl.qc.ca/Mi/nosocomiale/index.html.

Food poisoning

Early on in period 5, a severe episode of food poisoning was associated with a charitable event attended by several hundred people. A number of buffets were served at this event. About 45 cases were identified in the descriptive epidemiological investigation conducted by public health, including at least 6 secondary cases who did not attend the event. Symptoms, estimated incubation period and occurrence of secondary cases are all compatible with norovirus infection. Indeed, the norovirus genotype 2 that is currently going around in Québec was isolated from one of the two human specimens tested. An investigation of the foods served and their preparation was conducted by the City of Montréal's food inspection division, the Ministère de l'Agriculture, Pêcherie et Alimentation du Québec (MAPAQ), and the Canadian Food Inspection Agency (CFIA). Reported cases will appear in the statistics for period 5. Moreover, in the days following the event, we noted a significant increase of a few dozen calls to Info-Santé concerning gastrointestinal symptoms from the part of the island were the event took place. This suggests that there may have been other cases in addition to those we know about.

We wish to thank Paul LeGuerrier and Hugues Charest from the LSPQ for the information provided.

Delays in entering reported cases

Data entry of some reportable diseases that do not require rapid intervention continues to be delayed. Artifactual declines in the number of diseases mostly involve campylobacter infection, chlamydia, hepatitis C, gonorrhoea, and invasive *S. pneumoniae* infections.

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Explanatory notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 05, Year 2010 (weeks 17 to 20, 25 April to 22 May 2010)

Measles: Case imported

The case, which has been confirmed, was in a French resident in his early twenties, with no known contact with another case of measles. He was on the second day of a training course in Montréal when he developed symptoms. The LSPQ reported the case to the DSP three weeks after the medical consultation. Note that clinical diagnoses must be reported. A major outbreak of measles has been ongoing in France since 2008. A total of 604 cases were reported in 2008, 1525 in 2009, and 659 in the first 3 months of 2010. A high index of suspicion for measles is indicated for patients from France who present signs and symptom consistent with the illness. It is important to keep in mind the Soccer World Cup that is taking place from 11 June to 11 July in South Africa, a country also dealing with a measles outbreak. At this time, there is no known local transmission of the disease in Montréal; consequently, for now, only imported cases are expected. A Call for Vigilance will soon be issued and will be accessible at http://www.santepub-mtl.qc.ca/appel/appelvigilance.html

Source: Institut de Veille sanitaire (France).

We wish to thank Anna Urbanek for the information provided.

Mumps: The epidemic is ongoing

New cases continue to be reported but much less frequently than last February, March and April. There are no marked changes to the characteristics of new cases.

We wish to thank Lucie Dufault for the information provided.

Food poisoning: Probably norovirus

The cases included in the statistics are those noted in the Explanatory Notes for period 4. These cases were linked to a charitable event during which several buffets prepared beforehand were served. The cases were all reported between 29 April and 3 May, five days after the event. As stated previously, there are indications that the outbreak was caused by norovirus.

Increase in cases of lymphogranuloma venereum infection

The 5 cases reported in 2010 represent a recrudescence when compared with the two previous years. All cases are middle-aged MSM who have histories of STBI.

Delays in entering reported cases

We are catching up on the delays in entering reported cases of some MADO. However, declines in the number of reported cases of campylobacter infections, chlamydia, hepatitis C, gonorrhoea and syphilis should still be considered as artefactual.

Reportable diseases don't go away in summer!

Please plan to train summer replacements in MADO reporting, especially for infections that require putting preventive measures in place rapidly. Thank you for your collaboration.

H a v e a g r e a t s u m m e r !

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Explanatory notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 07, Year 2010 (weeks 25 to 28, 20 June to 17 July 2010)

Mumps slowing down

Transmission of the disease seems to have slowed in Montréal; there have been no apparent changes in the personal characteristics and geographical distribution of cases. In Québec, the region of Terres-Cries-de-la-Baie-James continues to be the most affected by far, with 15 cases during period 7. There were 2 cases in Montréal and 1 case in the rest of the province.
Source: MSSS.

Whooping cough outbreak in the United States

Reported incidence of whooping cough remains lower in Montréal and in the rest of the province than for the same period in previous years. However, there are significant outbreaks in California (over 1200 cases including 5 deaths, all among infants under 3 months of age), in Idaho and in the adjacent region of Kootenay Valley, British Columbia. The presence of whooping cough in these regions suggests that this diagnosis should be considered if a patient returning from these areas has symptoms consistent with the illness; as well, the vaccination status of anyone intending to travel there should be verified.
Sources: MSSS and CIOSC

Shigella: Changes in epidemiology in Montréal

Shigella incidence continues to be high in Montréal in 2010, just as it was in 2008. Unlike previous years, most cases are due to *S. flexneri*, and some cases that are due to *S. sonnei* are showing resistance to ciprofloxacin. A quarter of the 62 cases that have occurred in 2010 are in MSM, half of whom are HIV positive. During the 2010 Montréal Pride week, held from 10 to 15 August, various preventive measures were put in place to try to avoid an outbreak of transmission, especially in bathhouses frequented by MSM
We wish to thank Ruwan Ratnayake and Christine Savard for the information provided.

Measles outbreaks around the world

The case included in the statistics has been confirmed, and occurred in a child under 12 months old adopted in Vietnam. At the time of adoption, there was an outbreak of measles in the orphanage. The child was no longer infectious upon arrival in Montréal. Several other outbreaks have occurred recently or are currently underway, in particular in Europe, the Philippines and South Africa.
We wish to thank Lucie Dufault for the information provided.

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Explanatory Notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 08, Year 2010 (weeks 29 to 32, 18 July to 14 August 2010)

Norovirus: Active summer

In Québec, summer 2010 has been more active than previous ones. In Montréal during period 8, two outbreaks of gastroenteritis were reported, one in a hospital centre and the other in a long-term care facility. Last year during the same period, there were none. No agent has been identified, however. Information on strain characterization will most likely be available in time for the next Explanatory Notes.
Source: LSPQ
We wish to thank Renée Paré and Guy Lapierre for the information provided.

Listeriosis
Two confirmed cases of listeriosis were reported. One individual, around 50 years old and immunosuppressed, developed septicaemia but had had no suspect dietary exposure nor had the person travelled outside Canada. The other case had bloody diarrhoea followed by toxic shock, and was admitted to intensive care. This case was over 70 years old and had just spent a few weeks in Greece.

Shigellosis: No effect linked to Gay Pride celebrations?
As of 14 August, 81 cases, ranging in age from 2 to 78, had been reported to the DSP in 2010: 68% (55/81) were male, including 36% (20/55) MSM, and 23 other cases were associated with travel. Although the number of cases for period 8 represents an excess (Figure 1), to date there has been no indication that either the number or the percentage of cases among MSM had increased over the three previous weeks, during which various events linked to Gay Pride celebrations took place. Prevention activities conducted during Gay Pride included putting up posters and handing out bags (that included information, soap and a condom) in bathhouses, and distributing leaflets during some events. Collaboration with saunas regarding shigella prevention is ongoing.
We wish to thank Ruwan Ratnayake and Élysabeth Lacombe for the information provided.

Eastern equine encephalitis
Four cases have been diagnosed in horses in the Lanaudière region. The index of suspicion should be high when seeing patients who present symptoms consistent with the disease, whether or not the person has visited the region since birds can transport the disease over long distances, then infect a mosquito, that later infects humans.

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Explanatory Notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 09, Year 2010 (weeks 33 to 36, 15 August to 11 September 2010)

Typhoid: preventable cases

Three cases have been confirmed in Montréal since August 15. They are 7, 8 and 14 years old, and two are female. Two are linked to family-related travel to endemic countries (Egypt and India). The source of infection has not been determined for the third case. No one else in any of the three families has had similar symptoms. Vaccination against typhoid should have been recommeded for the first 2 cases and for the people travelling with them. We remind you that you should encourage your patients to get vaccinated against typhoid if they plan on travelling to endemic countries.

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

Salmonella: 3 cases associated with the outbreak in Ontario

There were 44 cases during Period 9, distributed evenly among the sexes. They were between the ages of 2 months and 89 years. Among the 23 cases investigated, the strains identified were the following: 16 enteritidis, three 04512: HB:H-, two Hartford-C1, one Javiana-D1 and one typhimurium. At least 8 cases had travelled: 4 to Cuba and 1 each to Mexico, Algeria, the Dominican Republic and Morocco. Among the 15 other cases, 4 had eaten suspect food and 1 had been in contact with a suspected case, and no risk factor was identified for the remaining 8 cases. Finally, the last 3 cases—all male and all of which occurred between 31 July and 22 August 2010—involved PFGE type PBXAI.0063/PBBNI.0120, related to the salmonella strain that caused a cluster of 7 cases in Ontario between 29 July and 22 August 2010. Among the Montréal cases, two were hospitalized: one for septicaemia and the other for pneumonia. No common exposure was found for the three other cases. Investigations will be conducted again using the standard federal questionnaire.

We wish to thank Julie Dwyer for the information provided.

Shigella: male-female ratio balanced

After several months during which male cases greatly outnumbered female ones, 13 cases were reported during Period 9: 6 female and 7 male. There is no known link among these cases. Three of the men were unable to identify a possible source, one identified the source as a turkey sandwich, and one had had sexual contact with a confirmed case. The other two were MSM but these cases were linked to travel to Barcelona and to France. None of the MSM had gone to a bathhouse. Among the women, one had travelled to Pakistan and one had swum in Lake Champlain; the source of infection is undetermined for three of the cases, and one woman could not be reached.

We wish to thank Lydia Gosselin for the information provided.

We wish to thank Nassima Chirane for helping with this text.

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Explanatory Notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 10, Year 2010 (weeks 37 to 40, 12 September to 9 October 2010)

Cyclosporiasis
Both cases occurred in adults. One person had travelled to Mexico during the exposure period. The other person had not travelled but had eaten berries cultivated in Québec. The Food Inspection Agency was notified of the places where the fruit was bought. No one close to these two individuals contracted the illness. Of the 13 cases reported in Québec since the beginning of the year, 10 were Montrealers; Montrealers may be exposed to the agent more frequently, access to the diagnostic test may be better in Montreal, or a combination of both may explain this figure.
We wish to thank Jean-Loup Sylvestre for the information provided.

Mumps
Due to the rarity of this disease, the sole case of mumps represents a significant excess, according to the method used to create Figure 1. However, the case is not linked to the recent outbreak in Montreal, which mostly affected the Orthodox Jewish community. The individual, an unvaccinated child, acquired the disease during a trip to Algeria, where he was in contact with a cousin who had the illness. The case's brother apparently also had the disease but the case was not reported.
We wish to thank Mélanie Charron for the information provided.

Typhoid fever
The case, a child whose vaccination status is unknown, required hospitalization. The child acquired the disease during a visit to India, the parents' country of origin.
We wish to thank Julie Dwyer for the information provided.

Lyme disease
The case acquired the disease in New England. The person had been gardening and noticed a tick while taking a shower.
We wish to thank Lydia Gosselin for the information provided.

General comment
Several aforementioned cases (and some of the ones in the Explanatory Notes for period 9) were associated with travel to countries where the disease in question was endemic. Some cases could have been prevented either by routine or travellers' immunization or by other preventive measures, such as education regarding dietary precautions.

Gastroenteritis outbreak of undetermined origin
There were outbreaks in an elementary school, a senior citizens' home and a long-term care facility. No agent has been identified to date. A guide for the control of viral gastroenteritis in health care settings is available at http://www.inspq.qc.ca/pdf/publications/446-EclosionsGastroEnterite_Norovirus.pdf.

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Explanatory Notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance) Period 11, Year 2010 (weeks 41 to 44, 10 October to 6 November 2010)

Mumps
Unlike the case in period 10, the one included in period 11 is linked to the Jewish Orthodox community, which has been affected by an outbreak for several months in Montréal and in other cities. The case is probable but has not been confirmed by laboratory investigation. It involves a child who travelled to New York City during the exposure period, even though the child had received two doses of vaccine as per the recommended schedule.
We wish to thank Jean-Loup Sylvestre for the information provided.

Legionellosis
No links among the cases or obvious individual risk factors have been discovered, except possibly water heaters kept at temperatures that were too low, in four cases.

Outbreaks of vancomycin-resistant enterococcus (VRE)
There are four VRE outbreaks affecting four different hospitals. There are only a few colonized patients in each hospital. Three of the outbreaks are ongoing. One of these hospitals has also reported two other outbreaks: one due to MRSA and one due to *Clostridium difficile*.
We wish to thank Guy Lapierre for the information provided.

Cholera in Haiti
A case imported from Haiti has just been diagnosed in Florida. On 12 November, the Montréal DSP sent out a call for vigilance to infection prevention and control teams, medical microbiologists, emergency physicians and other clinicians. It recommends 1) maintaining a high level of suspicion of cholera in patients who have returned from Haiti less than 5 days ago and in their contacts, if they show signs and symptoms associated with cholera, and 2) notifying the microbiology laboratory ahead of time of any suspicion of cholera to ensure that the required tests are conducted on the sample. We would like to remind readers that *cholera is a disease under extreme surveillance that must be reported immediately to the public health physician on call. The latter will notify the regional and provincial public health directors.*

Poliomyelitis in Europe
Poliomyelitis has recently been reintroduced in countries where it was no longer endemic, notably the Russian Federation. In this context, we wish to remind you that, as an adjunct to poliomyelitis surveillance, acute flaccid paralysis must be reported. Recommendations for investigation are available at http://www.cps.ca/English/surveillance/cpsp/Studies/acute.htm.

Outbreaks of influenza and gastroenteritis in long-term care facilities
The first influenza outbreak of the season has been confirmed in a long-term care facility where patients had not yet been vaccinated. Since immunity does not last as long in seniors as in younger people, vaccination in long-term care facilities is usually carried out in mid-November to ensure that protection lasts until the end of the flu season, usually in April. To date, most strains of influenza identified in Canada have been influenza A H3N2 (included in the 2010-2011 vaccine). Moreover, the first gastroenteritis outbreak, also in a long-term care facility, has been confirmed as due to norovirus.
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 12, Year 2010 (weeks 45 to 48, 7 November to 4 December 2010)

Risk of listeriosis linked to a commercial product

On 26 November, the Canadian Food Inspection Agency (CFIA) identified products (cheese slices) made by Saputo that may be contaminated with *Listeria monocytogenes*. According to CFIA, these products were sold in bulk (restaurants, hospital, seniors residences). A product recall is underway. Two very rare and linked pulsotypes were isolated in the cheese samples. On 3 December, the Québec Public Health Laboratory (LSPQ) notified us that a case due to one of the pulsotypes (type 315 in the Québec nomenclature) was identified in a 68-year-old Montreal woman. For now, no other cases due to this pulsotype have been identified in Canada.
We thank Julie Dwyer for the information provided.

Amoebiasis: excess of *Entamoeba histolytica/dispar*

Twenty cases of amoebiasis were reported in period 12, three times the number in comparison with the same period in 2009. All cases are adults and therefore were not investigated. However, since 3/4 of them are male, half of them are between the ages of 40 and 59, and half live in the territory covered by CSSS Jeanne-Mance, we can suspect that transmission is largely among MSM. Although the agent is probably mostly *E. dispar*, which is non-pathogenic, its transmission indicates a risk of transmission of more serious agents among this community, recently affected by syphilis and shigellosis.

Influenza: season underway

Calls to Info-Santé related to fever and influenza are on the rise. For the week ending 11 December, the LSPQ has confirmed 42 cases of influenza A, all sub-type H3 (when it is known), and 1 case of influenza B among Montrealers. Seven outbreaks of influenza-like illness, five of which are due to influenza A, have occurred in Montréal-area long-term care facilities and hospital centres this season. The sub-typed influenza strains in Québec are similar to those in this year's vaccine. It is important to complete vaccination of clienteles with chronic diseases. Preventive measures and respiratory hygiene remain important.
We thank Renée Paré for the information provided.

Epidemic gastroenteritis of undetermined origin: the season is well-established

Five outbreaks were reported during period 12. This is double the number of outbreaks reported during the same period last year. The outbreaks affected hospital centres and long-term care facilities in the CSSS Jeanne-Mance, de la Montagne and Ahuntsic–Montréal-Nord territories. Three of the outbreaks in long-term care facilities are attributable to norovirus and one to rotavirus. In hospital centres, no agent other than *Clostridium difficile* has been identified to date. For information about food safety during the holiday season, go to http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/food-aliment/holiday-fete-eng.php
We thank Nassima Chirane for her help with this text.

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

Happy Holidays and a Happy New Year!

Explanatory note prepared by

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Explanatory Notes on statistics for reportable diseases (MADO and other infectious diseases under surveillance)
Period 13, Year 2010
(weeks 49 to 52, 5 December 2010 to 1 January 2011)

Measles: Two imported cases

As of 19 January 2011, two cases of measles affecting Montrealers who had recently returned from France had been reported. One case was in a university student who had received only one dose of measles vaccine and who went skiing with a friend who had the illness at the time. In Montréal, this student had many contacts with people in classes and at the university sports centre. The other case was in an unvaccinated man who had gone to visit his family and had had no contact with a known case. When he returned to Montréal, he was seen in a medical clinic and was referred to the emergency department of a large hospital, without advance notice. He was diagnosed and hospitalized for two days. He works in an open office but by the time the disease was reported, it was too late to offer immune globulin prophylaxis to contacts at risk of measles. No secondary case has been reported to date and neither case had travelled by plane during the contagious period. Their places of study or work were notified and their close contacts in Montréal, including a pregnant woman who had been vaccinated, were given appropriate preventive advice. The infection control team at the hospital where the second case went was notified that patients and staff members may have been exposed. Primary care physicians, paediatricians and other health professionals in the region have been advised to be vigilant.

In 2010, there were three cases of measles, two of which were contracted in Vietnam and the other in France. A measles outbreak was reported in France in early 2008 and is still ongoing. It has caused over 5000 cases. When indicated by the clinical diagnosis, measures to prevent other persons from being exposed have to be taken and the case reported to the DSP. The fact that a case was hospitalized (a man in his thirties) shows the potential seriousness of measles; its prevention has been based on two doses of MMR being given to all individuals born since 1980. Travellers to countries where this disease is circulating should check their immunization status and receive any missing doses.

We wish to thank Lydia Gosselin, Mélanie Charron and Alexandra Kossowski for the information provided.

Influenza and viral gastroenteritis epidemics: early and active season

As of 21 January, influenza activity was high but decreasing in Québec. The strains involved are type A (99%) and type B (1%). Of the type A strains, 97% are subtype A(H2N3) and only 8 are pandemic subtype A(H1N1) (none of the 8 were cases in Montréal). No resistance to oseltamivir or zanamivir has been detected in Québec since 1 September 2010. For the current season, as of 21 January, in Montréal, 3 outbreaks of influenza-like illness (ILI) had been reported in hospital centres, all due to influenza A; one outbreak was ongoing. There had also been 26 outbreaks of ILI reported in long-term care facilities: 17 were due to influenza A and 11 were ongoing. Gastroenteritis outbreaks in hospital centres and long-term care facilities continue to occur (36 as of 20 January), and the LSPQ has identified two different noroviruses circulating.

Source: Flash Grippe, MSSS.

We wish to thank Renée Paré for the information provided.

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