Please find attached the **Summary of Communicable Diseases for the Month of February 2006**. This report reflects the number of cases of reportable communicable diseases for which individuals in Manitoba tested positive* during the month of February 2006.

**Communicable Diseases**

In total, there were **304** new infections occurring across 20 communicable diseases** (excluding sexually transmitted infections and HIV) in February 2006. The observed number of cases were within the expected range for most of the reported communicable diseases with the exception of Methicillin resistant staphylococcus aureus (MRSA; 123 cases observed; expected range = 0-92 cases). The expected number of cases and accompanying range is based on the number of cases during January, February, and March 2001-2005.

MRSA and Clostridium difficile continue to account for the bulk (i.e., over 70%) of all non-STI/HIV related communicable diseases reported to Manitoba Health. Both MRSA and C. difficile tend to be concentrated in the 60+ age group, although cases of MRSA are observed in all age groups.

**Sexually Transmitted Infections & Blood-Borne Pathogens**

There were **446** cases of sexually transmitted infections (chlamydia, gonorrhoea, and syphilis) in February: 301 cases of chlamydia (Ct), 91 cases of gonorrhoea (GC), 49 GC-Ct co-infections, and 5 cases of syphilis. More than 60% of all GC and Ct cases in the province were reported among youth aged 15-24 years. About half of all GC and Ct cases were reported for individuals living in the Winnipeg health region (51.7%), and an additional 19.0% were from the Burntwood health region.

In February **18** individuals tested positive for hepatitis C (HCV), most of who were reported from the Winnipeg health region. Two-thirds of cases were reported in males, mostly in the 40-59 year age groups.

Nine Manitobans tested positive for HIV in February 2006; five of these new cases were among females.
*Note: Data for the monthly summary are aggregated based on the earliest of: symptom onset date, specimen collection date, or report date. For the majority of cases, the date used will be the specimen collection date.

**Note: The following communicable diseases are reportable to the Director of Communicable Disease Control for surveillance purposes, and are not reported out for public health follow-up:

ascariasis (ICD9: 127.0)
clostridium difficile (ICD9: 558.2)
leishmaniasis – unspecified (ICD9: 085.9)
methicillin or vancomycin resistant staphylococcus aureus (MRSA/VRSA)
penicillin-resistant streptococcus pneumoniae (ICD9: 481.9)
schistosomiasis (ICD9: 120)
streptococcus pneumoniae – other site (ICD9: 041.2)
strongyloides (ICD9: 127.2)
vancymycin resistant enterococci (VRE)
tuberculosis (ICD9: 013, 011, 010 – cases and contacts of tuberculosis are managed by the Provincial Tuberculosis Control Programme located at the Health Sciences Centre)

Cheers,

Dr. Carole Beaudoin
Epidemiologist, Communicable Diseases
## SUMMARY OF COMMUNICABLE DISEASE FOR February 2006

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* Mean of 15 month totals, from previous, comparable and subsequent months for the past 5 years

** Mean +/- 2 standard deviations of mean

*** Data collected for less than 5 years.
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**Missing Investigation Forms**

| 02/01/2005 - 01/31/2006 | 136 | 10 | 2 | 2 | 9 | 5 | 1 | 1 | 9 | 39 | 1 | 4 | 3 | 3 | 2 | 1 | 228 |

* F=Federal Jurisdiction (includes First Nations and Inuit Health Branch and Stony Mountain Penitentiary)  P=Provincial Jurisdiction
## STD Infection Summary Report - February 2006

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## Total Number of STD Cases by Age and Gender - February 2006

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## Regional STD Distribution - February 2006

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* F=Federal Jurisdiction (includes First Nations and Inuit Health Branch and Stony Mountain Penitentiary)  P=Provincial Jurisdiction