

EPIDEMIOLOGICAL SUMMARY

Tuberculosis in Ontario: July 1, 2019 to June 30, 2024

Published: October 2024

Introduction

This report, to be published on a quarterly basis, provides an epidemiologic summary of active tuberculosis (TB) disease and latent TB infection (LTBI) in Ontario and includes information available from Ontario's integrated Public Health Information System (iPHIS) as of **October 1, 2024**.

The current provincial case definition for TB can be found in Appendix 1 of the Infectious Disease Protocol for [Tuberculosis](#).

For further information regarding TB, including signs, symptoms, and how to reduce the risk of infection, visit Public Health Ontario's (PHO) [Tuberculosis \(TB\) webpage](#).

Surveillance data for active TB and latent TB infection reported between 2020 and 2022 should be interpreted with caution due to changes in the availability of health care, health seeking behaviour, public health follow-up, and case entry during the COVID-19 pandemic.

Key Messages

- Following a decline in the number of confirmed TB cases reported during the early phases of the COVID-19 pandemic, the provincial quarterly incidence of active TB has continued to increase, reaching its highest rate since July 1, 2019, of 1.7 cases per 100,000 population in Q2 (April to June) of 2024.
- This increasing provincial trend in confirmed TB cases underscores the ongoing need for effective TB prevention and care as well as ongoing local and provincial surveillance to further understand the factors that may be contributing to these recent increases. Reaching the World Health Organization's (WHO) [End TB Strategy](#)¹ target of a 90% reduction in incident TB cases by 2035 compared to 2015 will require continued collaboration between local and provincial public health and the broader health care system in Ontario.
- The COVID-19 pandemic appears to have coincided with a sharp decline in the number of provincial notifications of latent TB infection. Although the number of LTBI being reported in Ontario has since begun to increase, this suggests gaps in the identification and diagnosis of LTBI, which represents missed opportunities to prevent future active TB cases through preventive treatment of LTBI. Addressing LTBI is a key component of the WHO's [Framework Towards TB Elimination in Low Incidence Countries](#).²

Highlights

Active TB

- Between July 1, 2019 and June 30, 2024, the quarterly incidence of active TB ranged from a low of 1.0 case per 100,000 population to a high of 1.7 cases per 100,000 population. ([Figure 1](#))
- Rates of active TB have been generally higher in males compared to females, with the quarterly incidence ranging between 1.1 to 1.9 cases per 100,000 population for males and between 0.7 to 1.5 cases per 100,000 population for females. ([Figure 2](#))
- Overall, adults 80 years of age and older had the highest rates of active TB (range: 1.1 to 4.2 cases per 100,000 population), followed by those 20-39 years of age (range: 1.3 to 2.3 cases per 100,000 population) and those 60-79 years of age (range: 0.9 to 2.0 cases per 100,000 population). ([Figure 3](#))
- Between July 1, 2023 and June 30, 2024 (i.e., the last 12 months), Porcupine Health Unit had the highest rate of active TB at 18.4 cases per 100,000 population, followed by Toronto Public Health, Peel Public Health, and Ottawa Public Health at 11.4, 10.5, and 6.8 cases per 100,000 population, respectively. ([Figure 4](#))
- Over the last five years (July 1, 2019 to June 30, 2024), the Toronto region has consistently had the highest quarterly rates of active TB (range: 2.0 to 3.5 cases per 100,000 population). ([Figure 5](#))

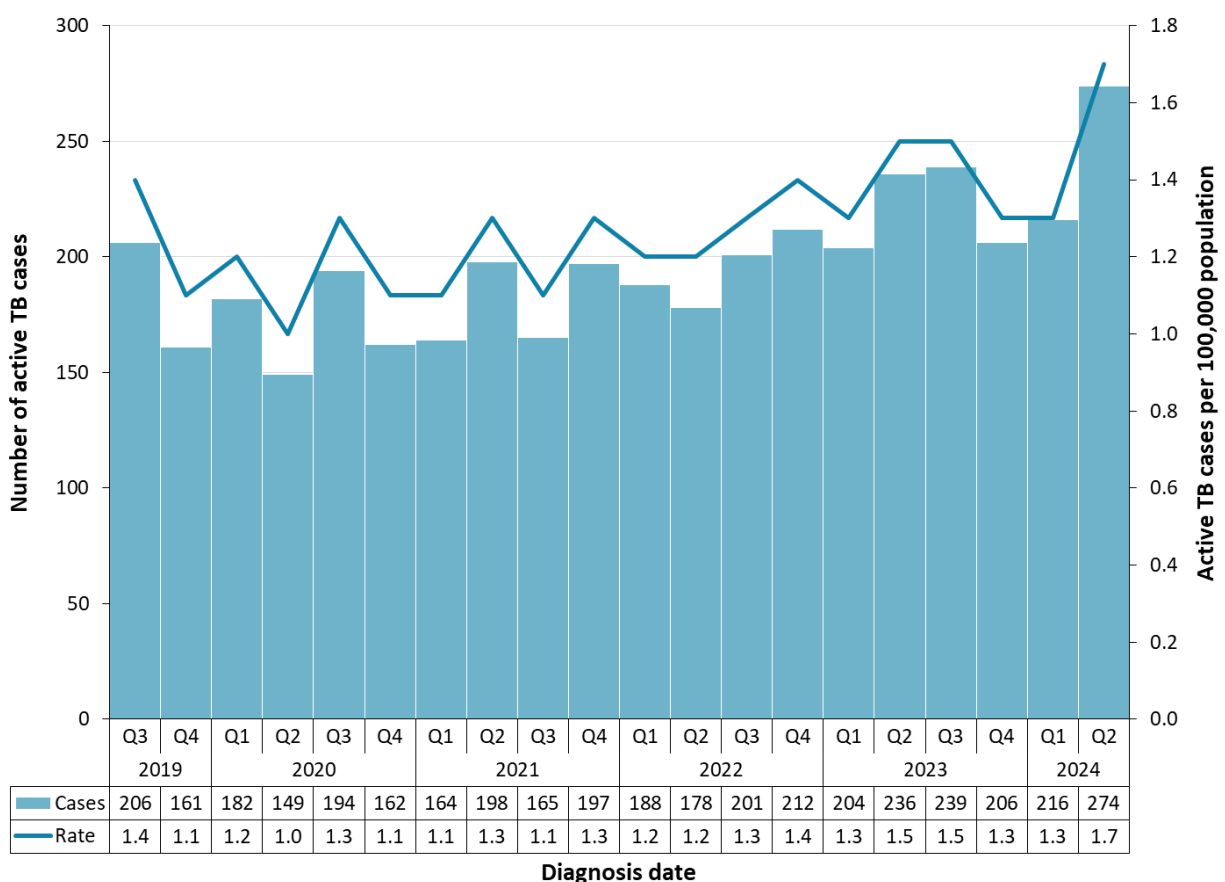
Latent TB Infection

- Between July 1, 2019 and March 31, 2020 (i.e., pre-COVID-19 pandemic), the quarterly incidence of LTBI ranged from 11.7 to 13.7 infections per 100,000 population. Following declines in notifications during the COVID-19 pandemic, LTBI rates have gradually increased, reaching an average quarterly rate of 12.1 infections per 100,000 population in the last 12 months. ([Figure 6](#))
- Rates of LTBI have been consistently higher in females compared to males. Since October 1, 2020 (i.e., following the sharp decrease observed at the start of the COVID-19 pandemic), the quarterly LTBI incidence has ranged from 7.8 to 16.0 infections per 100,000 population for females and between 4.5 to 8.8 infections per 100,000 population for males. ([Figure 7](#))
- Overall, those aged 20-39 years had the highest rates of LTBI which, since October 1, 2020, have ranged between 11.7 to 24.7 infections per 100,000 population. ([Figure 8](#))
- Between July 1, 2023 and June 30, 2024 (i.e., the last 12 months), Peterborough Public Health and Kingston, Frontenac, Lennox & Addington Public Health had the highest rates of LTBI at 184.7 and 103.2 infections per 100,000 population, respectively. ([Figure 9](#))
- Since October 1, 2020, the quarterly incidence rates of LTBI have fluctuated widely across the regions, with the Eastern and North East regions reporting the highest rates, averaging 13.6 and 11.6 infections per 100,000 population, respectively. ([Figure 10](#))

Active TB

Quarterly Trends

Figure 1. Active TB cases and rates per 100,000 population by diagnosis date: July 1, 2019 to June 30, 2024

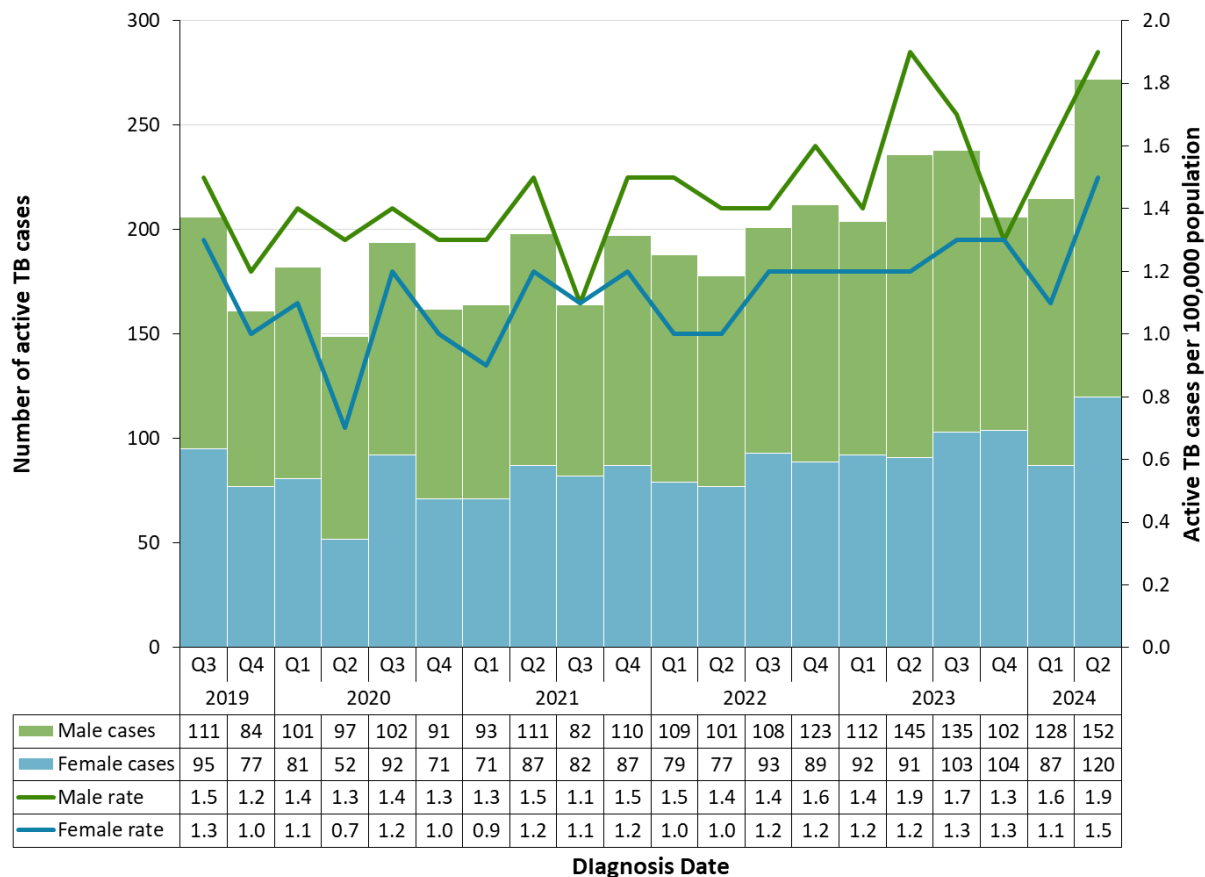


Data sources: Cases: Integrated Public Health Information System (iPHIS) [Database; extracted 1 Oct 2024]. Population denominators: Ministry of Finance.³

Note: Q1=January 1-March 31; Q2=April 1-June 30; Q3=July 1-September 30; Q4=October 1-December 31

Sex and Age Group

Figure 2. Active TB cases and rates per 100,000 population by sex and diagnosis date: July 1, 2019 to June 30, 2024

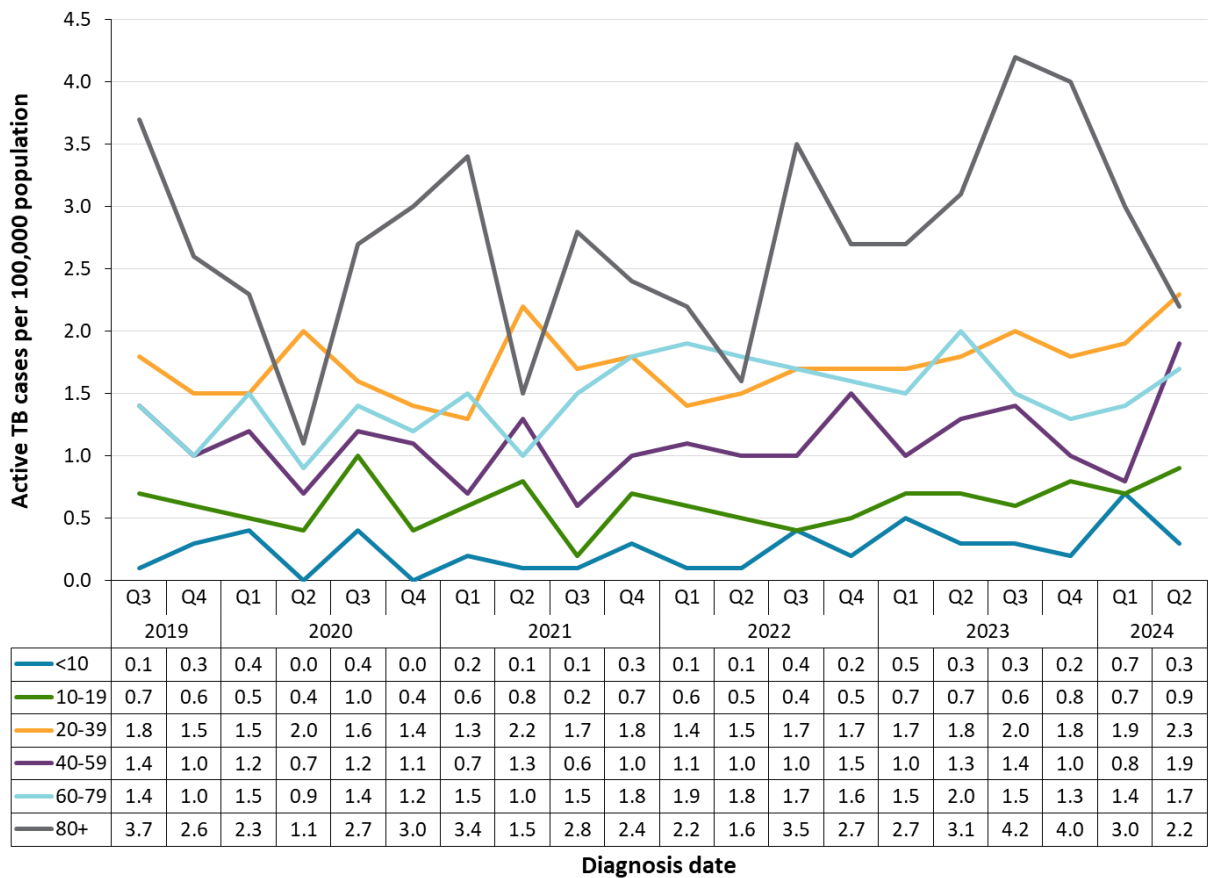


Data sources: Cases: iPHIS. [Database; extracted 1 Oct 2024]. Population denominators: Ministry of Finance.³

Notes: Q1=January 1-March 31; Q2=April 1-June 30; Q3=July 1-September 30; Q4=October 1-December 31.

Excludes active TB cases that did not identify as male or female.

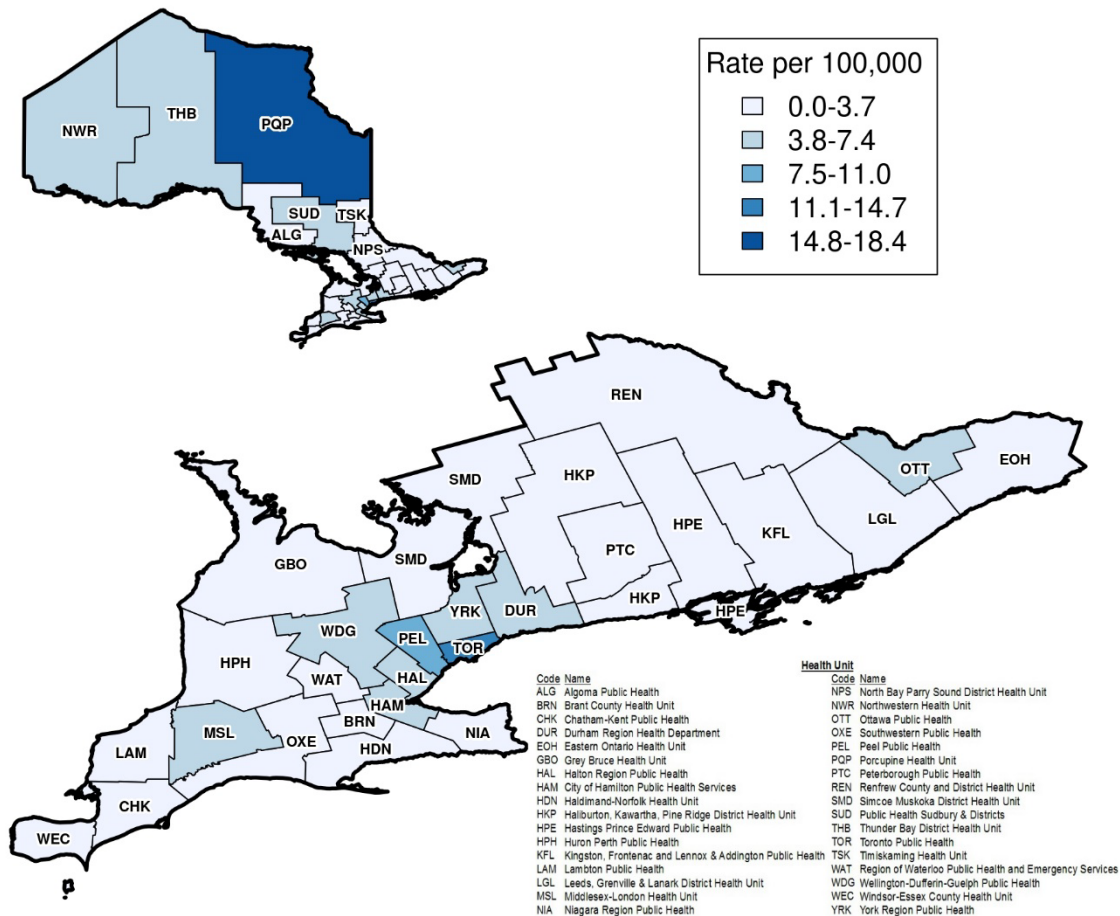
Figure 3. Active TB rates per 100,000 population by age group (years) and diagnosis date: July 1, 2019 to June 30, 2024



Data sources: Cases: iPHIS. [Database; extracted 1 Oct 2024]. Population denominators: Ministry of Finance.³
Note: Q1=January 1-March 31; Q2=April 1-June 30; Q3=July 1-September 30; Q4=October 1-December 31.
 Unknown ages were excluded from analyses.

Geography

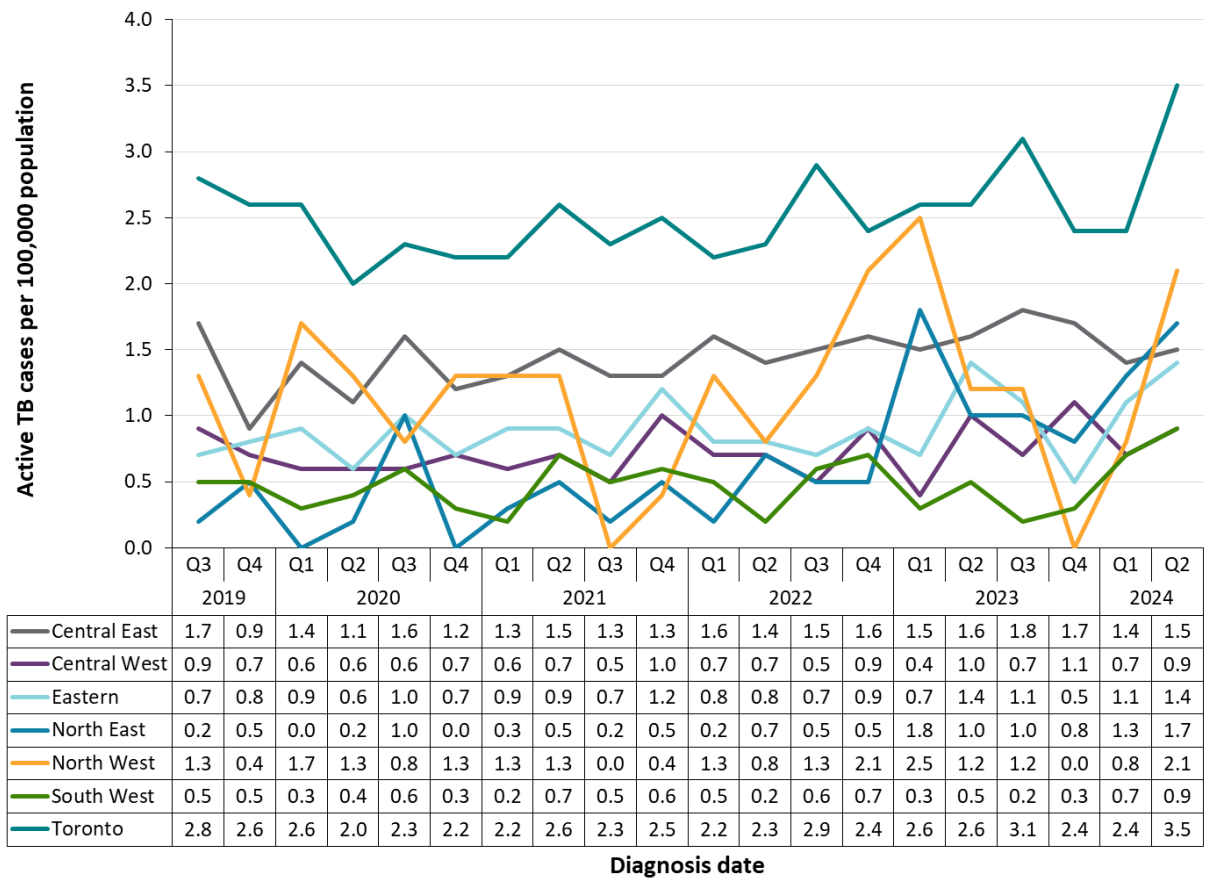
Figure 4: Active TB rates per 100,000 population by public health unit: July 1, 2023 to June 30, 2024 (i.e., last 12 months)



Data sources: Cases: iPHIS. [Database; extracted 1 Oct 2024]. Population denominators: Ministry of Finance.³

Note: See [Appendix 1](#) for the full list of public health unit names and their 3-letter abbreviations, as well as annual rates by PHU for the years 2019-2024.

Figure 5: Active TB rates per 100,000 population by provincial region: July 1, 2019 to June 30, 2024

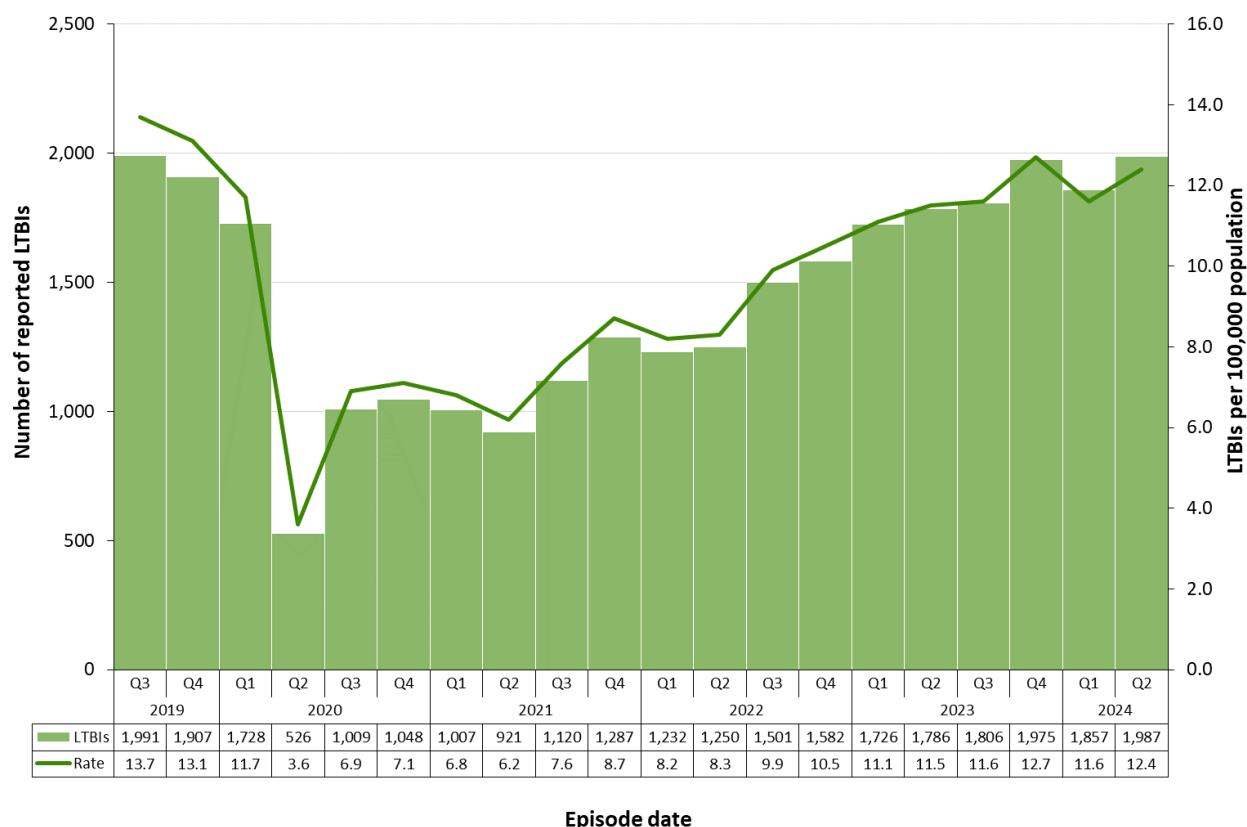


Data sources: Cases: iPHIS. [Database; extracted 1 Oct 2024]. Population denominators: Ministry of Finance.³
Notes: Q1=January 1-March 31; Q2=April 1-June 30; Q3=July 1-September 30; Q4=October 1-December 31
 The public health units that make up each provincial region can be found in [Appendix 1](#).

Latent TB Infections

Quarterly Trends

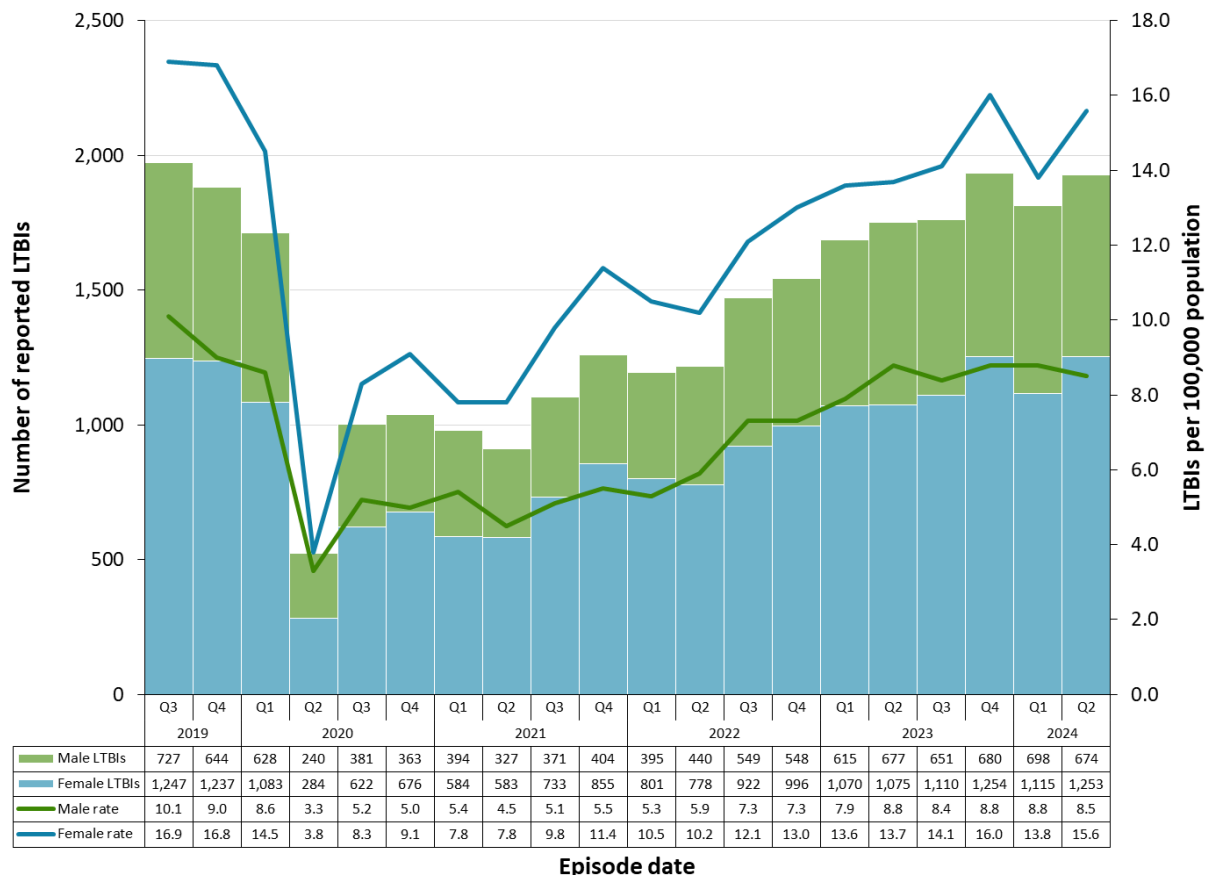
Figure 6. Reported LTBI cases and rates per 100,000 population by episode date: July 1, 2019 to June 30, 2024



Data sources: LTBIs: iPHIS. [Database; extracted 1 Oct 2024]. Population denominators: Ministry of Finance.³
Note: Q1=January 1-March 31; Q2=April 1-June 30; Q3=July 1-September 30; Q4=October 1-December 31

Sex and Age Group

Figure 7. Reported LTBI cases and rates per 100,000 population by sex and episode date: July 1, 2019 to June 30, 2024

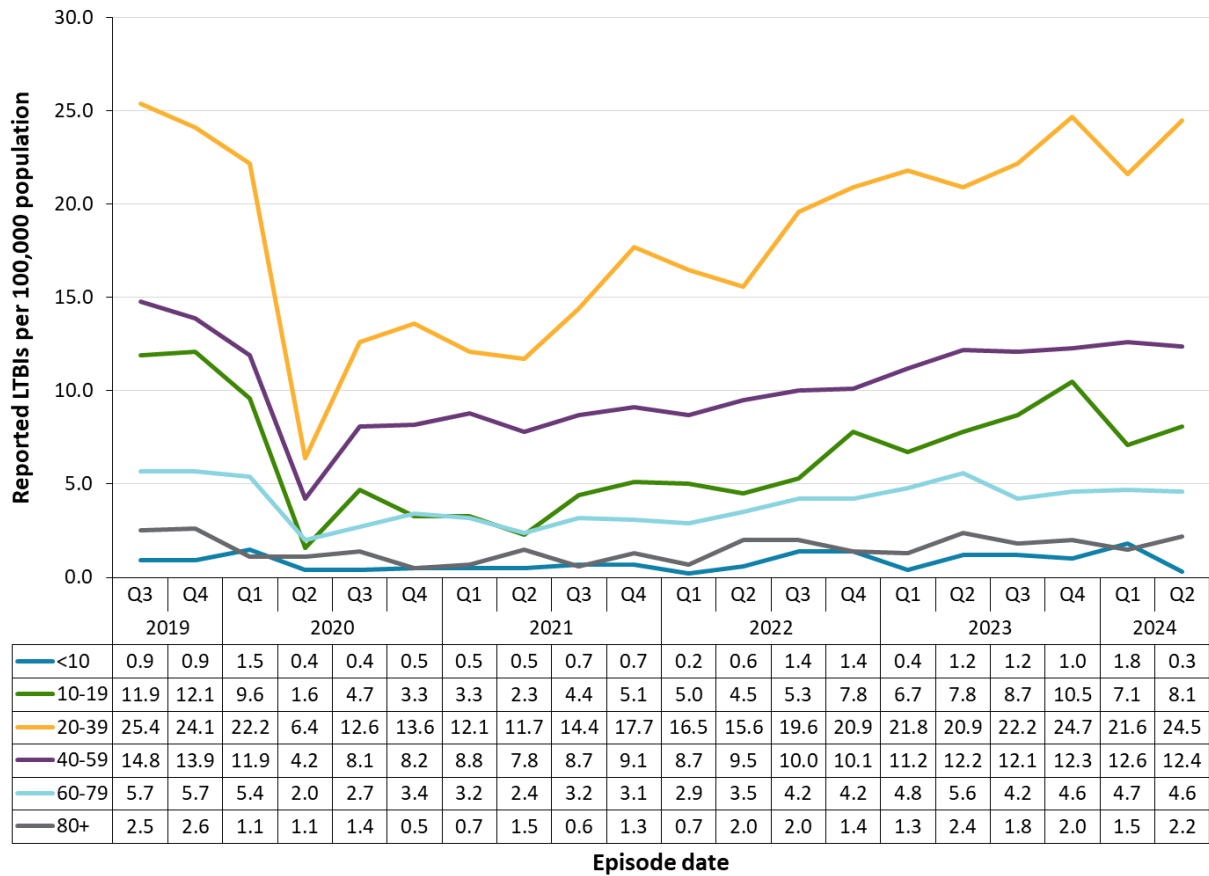


Data sources: LTBI: iPHIS. [Database; extracted 1 Oct 2024]. Population denominators: Ministry of Finance.³

Note: Q1=January 1-March 31; Q2=April 1-June 30; Q3=July 1-September 30; Q4=October 1-December 31.

Excludes reported cases of LTBI that did not identify as male or female.

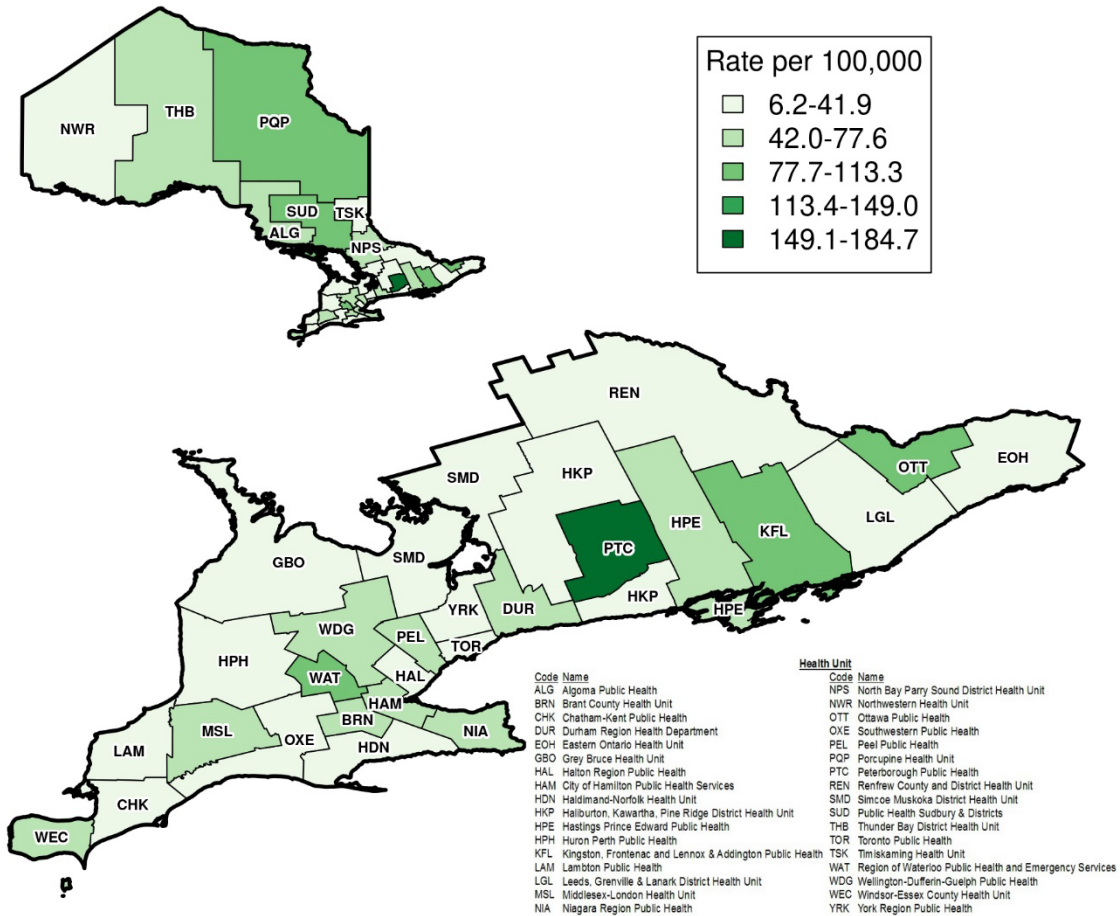
Figure 8. Reported LTBI rates per 100,000 population by age group (years): July 1, 2019 to June 30, 2024



Data sources: LTBI: iPHIS. [Database; extracted 1 Oct 2024]. Population denominators: Ministry of Finance.³
Note: Q1=January 1-March 31; Q2=April 1-June 30; Q3=July 1-September 30; Q4=October 1-December 31.
 Unknown ages were excluded from analyses.

Geography

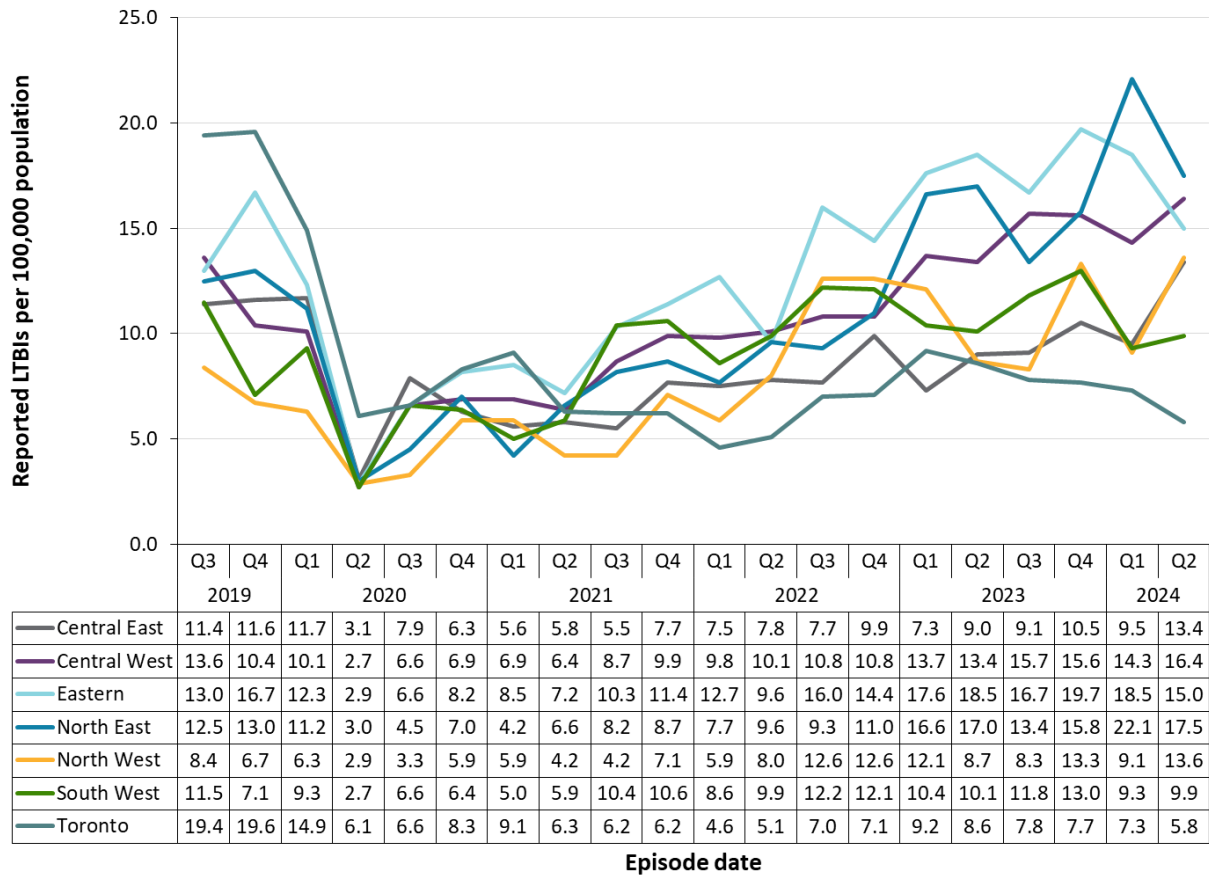
Figure 9: Reported LTBI rates per 100,000 population by public health unit: July 1, 2023 to June 30, 2024 (i.e., last 12 months)



Data sources: LTBI: iPHIS. [Database; extracted 1 Oct 2024]. Population denominators: Ministry of Finance.³

Note: See [Appendix 2](#) for the full list of public health unit names and their 3-letter abbreviations, as well as annual rates by PHU for the years 2019-2024.

Figure 10: Reported LTBI rates per 100,000 population by provincial region: July 1, 2019 to June 30, 2024



Data sources: LTBI: iPHIS. [Database; extracted 1 Oct 2024]. Population denominators: Ministry of Finance.³
Notes: Q1=January 1-March 31; Q2=April 1-June 30; Q3=July 1-September 30; Q4=October 1-December 31
 The public health units that make up each provincial region can be found in [Appendix 2](#).

Technical Notes

Data Sources

CASE DATA

- The data for this report were based on information entered in the Ontario Ministry of Health (MOH) integrated Public Health Information System (iPHIS) database as of **October 1, 2024 at 9:00a.m.**
- iPHIS is a dynamic disease reporting system that allows ongoing updates to previously entered data. As a result, data extracted from iPHIS represent a snapshot at the time of extraction and may differ from previous or subsequent reports.

ONTARIO POPULATION DATA

- Population estimates used to calculate rates per 100,000 population were calculated using the Ontario population estimates for 2018-2022 and population projections for 2023-2024 sourced from the Ontario Ministry of Finance.

DATA CAVEATS

- Data reported between 2020 and 2022 should be interpreted with caution. Both testing and iPHIS data entry practices were likely impacted by the COVID-19 pandemic response.
- These data only represent confirmed cases of tuberculosis (TB) and latent TB infection (LTBI) reported to public health and recorded in iPHIS. As a result, all case counts are subject to varying degrees of underreporting due to a variety of factors, such as disease awareness and medical care seeking behaviours that may depend on severity of illness, clinical practices, and changes in laboratory testing and reporting behaviours.
- This report includes data up to the end of the quarter that finished three months prior to data extraction because active TB and LTBI counts and corresponding data can take several months to stabilize.
- Only TB and LTBI cases meeting the confirmed case classification as listed in the [Ontario MOH surveillance case definitions](#) are included in the reported case counts.
 - Changes to provincial surveillance case definitions and disease classifications have occurred over the years and thus may impact the analysis and interpretation of trends over time. Cases are classified in iPHIS based on the Ontario MOH surveillance case definitions in use at the time the case was identified.
 - PHO's technical report, "[Factors Affecting Reporting Diseases in Ontario: Case Definition Changes and Associated Trends 1991-2016](#)" and its associated [appendix](#) provide more detailed information on this topic.
- TB cases are reported based on the Diagnosis Date. LTBI cases are reported based on the Episode Date, which is an estimate of the onset date of disease for a case. In order to determine this date, the following hierarchy exists in iPHIS: Onset Date > Specimen Collection Date > Lab Test Date > Reported Date.
 - For example: If an Onset Date exists, it will be used as the Episode Date. If Onset Date is not available, then the next available date in the hierarchy (i.e., Specimen Collection Date) will be used, and so on.

- Case counts by geography are based on the diagnosing health unit (DHU). DHU refers to the case's public health unit of residence at the time of illness onset or report to public health and not necessarily the location of exposure.
- The public health units that make up each geographic region can be found in [Appendix 1](#).
- Cases for which the Disposition Status was reported as ENTERED IN ERROR, DOES NOT MEET DEFINITION, DUPLICATE-DO NOT USE, or any variation on these values, were excluded from this analysis.
- The potential for duplicates exists because duplicate sets were not identified and excluded unless they were already resolved at either the local or provincial level prior to data extraction from iPHIS.

References

1. World Health Organization. Framework towards TB elimination in low-incidence countries. Geneva; World Health Organization: 2014. Available from: <https://www.who.int/publications/i/item/9789241507707>
2. World Health Organization. The end TB strategy. Geneva; World Health Organization: 2015. Available from: <https://www.who.int/teams/global-tuberculosis-programme/the-end-tb-strategy>
3. Population Reporting. Population projections public health unit, 2022-2046 [data file]. Toronto, ON: Ontario. Ministry of Finance [producer]; Toronto, ON: Ontario. Ministry of Health, IntelliHealth Ontario [distributor]; [data extracted 2023 May 10].

Appendix 1. Active TB Cases and Rates

Table A1: Active TB case counts and rates per 100,000 population by public health unit, region and year: Ontario, 2019-2024*
 (*January 1 to June 30, 2024 only)

Public health unit	3-Letter Code	2019 n (rate)	2020 n (rate)	2021 n (rate)	2022 n (rate)	2023 n (rate)	2024* n (rate)
Durham Region Health Department	DUR	27 (3.9)	10 (1.4)	15 (2.1)	25 (3.4)	30 (3.9)	20 (2.6)
Haliburton, Kawartha, Pine Ridge District Health Unit	HKP	2 (1.1)	0 (0.0)	2 (1.0)	0 (0.0)	0 (0.0)	0 (0.0)
Peel Public Health	PEL	139 (9.1)	145 (9.3)	156 (10.0)	174 (10.9)	196 (11.6)	80 (4.5)
Peterborough Public Health	PTC	2 (1.4)	4 (2.7)	1 (0.7)	3 (2.0)	3 (1.9)	3 (1.9)
Simcoe Muskoka District Health Unit	SMD	8 (1.3)	10 (1.7)	5 (0.8)	4 (0.6)	9 (1.4)	7 (1.0)
York Region Public Health	YRK	58 (4.9)	64 (5.3)	59 (4.9)	69 (5.6)	74 (5.9)	32 (2.5)
CENTRAL EAST	n/a	236 (5.4)	233 (5.3)	238 (5.3)	275 (6.0)	312 (6.6)	142 (2.9)
Brant County Health Unit	BRN	2 (1.3)	0 (0.0)	3 (1.9)	3 (1.9)	2 (1.2)	3 (1.8)
City of Hamilton Public Health Services	HAM	24 (4.2)	25 (4.3)	20 (3.4)	25 (4.2)	24 (3.9)	17 (2.7)
Haldimand-Norfolk Health Unit	HDN	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (1.6)	0 (0.0)
Halton Region Public Health	HAL	15 (2.5)	17 (2.8)	24 (3.9)	17 (2.7)	25 (3.9)	9 (1.4)
Niagara Region Public Health	NIA	9 (1.9)	9 (1.9)	9 (1.8)	12 (2.4)	19 (3.7)	6 (1.1)
Region of Waterloo Public Health and Emergency Services	WAT	19 (3.2)	15 (2.5)	17 (2.8)	22 (3.5)	16 (2.4)	8 (1.1)

Public health unit	3-Letter Code	2019 n (rate)	2020 n (rate)	2021 n (rate)	2022 n (rate)	2023 n (rate)	2024* n (rate)
Wellington-Dufferin-Guelph Public Health	WDG	8 (2.6)	6 (1.9)	6 (1.9)	6 (1.9)	10 (3.0)	7 (2.1)
CENTRAL WEST	n/a	77 (2.7)	72 (2.5)	79 (2.7)	85 (2.9)	98 (3.2)	50 (1.6)
Ottawa Public Health	OTT	54 (5.3)	53 (5.1)	61 (5.8)	60 (5.6)	68 (6.2)	44 (3.9)
Eastern Ontario Health Unit	EOH	0 (0.0)	1 (0.5)	2 (0.9)	0 (0.0)	2 (0.9)	1 (0.4)
Hastings Prince Edward Public Health	HPE	1 (0.6)	3 (1.7)	3 (1.7)	1 (0.6)	1 (0.6)	2 (1.1)
Kingston, Frontenac, Lennox & Addington Public Health	KFL	6 (2.9)	5 (2.4)	4 (1.9)	2 (0.9)	5 (2.3)	3 (1.4)
Leeds, Grenville & Lanark District Health Unit	LGL	1 (0.6)	1 (0.6)	1 (0.5)	0 (0.0)	0 (0.0)	0 (0.0)
Renfrew County and District Health Unit	REN	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.9)	0 (0.0)	1 (0.9)
EASTERN	n/a	62 (3.3)	63 (3.3)	71 (3.6)	64 (3.2)	76 (3.8)	51 (2.5)
Algoma Public Health	ALG	2 (1.7)	0 (0.0)	1 (0.9)	2 (1.7)	1 (0.8)	1 (0.8)
North Bay Parry Sound District Health Unit	NPS	2 (1.5)	2 (1.5)	0 (0.0)	1 (0.7)	0 (0.0)	1 (0.7)
Porcupine Health Unit	PQP	6 (7.1)	5 (5.9)	6 (7.1)	8 (9.4)	22 (25.4)	8 (9.1)
Public Health Sudbury & Districts	SUD	0 (0.0)	0 (0.0)	2 (1.0)	0 (0.0)	3 (1.4)	8 (3.7)
Timiskaming Health Unit	TSK	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (5.8)	0 (0.0)
NORTH EAST	n/a	10 (1.8)	7 (1.2)	9 (1.6)	11 (1.9)	28 (4.7)	18 (3.0)

Public health unit	3-Letter Code	2019 n (rate)	2020 n (rate)	2021 n (rate)	2022 n (rate)	2023 n (rate)	2024* n (rate)
Northwestern Health Unit	NWR	5 (6.1)	6 (7.4)	1 (1.2)	8 (9.8)	8 (9.7)	4 (4.9)
Thunder Bay District Health Unit	THB	3 (1.9)	6 (3.8)	6 (3.8)	5 (3.2)	4 (2.5)	3 (1.9)
NORTH WEST	n/a	8 (3.3)	12 (5.0)	7 (2.9)	13 (5.5)	12 (5)	7 (2.9)
Chatham-Kent Public Health	CHK	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.9)	0 (0.0)
Grey Bruce Health Unit	GBO	0 (0.0)	0 (0.0)	1 (0.6)	0 (0.0)	1 (0.5)	0 (0.0)
Huron Perth Public Health	HPH	1 (0.7)	0 (0.0)	1 (0.7)	0 (0.0)	0 (0.0)	1 (0.6)
Lambton Public Health	LAM	0 (0.0)	1 (0.8)	0 (0.0)	1 (0.7)	1 (0.7)	0 (0.0)
Middlesex-London Health Unit	MSL	11 (2.2)	15 (2.9)	20 (3.9)	23 (4.3)	9 (1.6)	21 (3.6)
Southwestern Public Health	OXE	2 (0.9)	1 (0.5)	3 (1.3)	2 (0.9)	4 (1.7)	0 (0.0)
Windsor-Essex County Health Unit	WEC	13 (3.1)	11 (2.6)	11 (2.6)	8 (1.8)	9 (2.0)	8 (1.7)
SOUTH WEST	n/a	27 (1.6)	28 (1.6)	36 (2.1)	34 (1.9)	25 (1.4)	30 (1.6)
Toronto Public Health	TOR	326 (11)	272 (9.1)	284 (9.6)	297 (9.8)	334 (10.7)	192 (5.9)
TORONTO	n/a	326 (11.0)	272 (9.1)	284 (9.6)	297 (9.8)	334 (10.7)	192 (5.9)
TOTAL	n/a	746 (5.1)	687 (4.7)	724 (4.9)	779 (5.2)	885 (5.7)	490 (3.1)

Data sources: Cases: iPHIS. [Database; extracted 1 Oct 2024]. Population denominators: Ministry of Finance.¹

*2024 includes data from January 1 to June 30 only.

Appendix 2. Reported Latent TB Infections and Rates

Table A2. Reported latent TB infections and rate per 100,000 population by public health unit, region and year: Ontario, 2019-2024* (*January 1 to June 30, 2024 only)

Public health unit	3-Letter Code	2019 n (rate)	2020 n (rate)	2021 n (rate)	2022 n (rate)	2023 n (rate)	2024* n (rate)
Durham Region Health Department	DUR	317 (45.4)	166 (23.3)	191 (26.2)	330 (44.3)	369 (48.3)	249 (31.9)
Haliburton, Kawartha, Pine Ridge District Health Unit	HKP	21 (11.1)	8 (4.2)	12 (6.2)	11 (5.6)	17 (8.6)	20 (10)
Peel Public Health	PEL	1,035 (67.5)	802 (51.5)	623 (39.8)	765 (47.8)	750 (44.4)	497 (28.2)
Peterborough Public Health	PTC	54 (36.7)	20 (13.5)	43 (29)	93 (61.6)	221 (143.1)	167 (106.1)
Simcoe Muskoka District Health Unit	SMD	73 (12.3)	58 (9.6)	40 (6.5)	45 (7.1)	56 (8.6)	30 (4.5)
York Region Public Health	YRK	433 (36.6)	229 (19.1)	191 (15.8)	258 (21.1)	281 (22.5)	145 (11.4)
CENTRAL EAST	n/a	1,933 (44.5)	1,283 (29.1)	1,100 (24.6)	1,502 (33)	1,694 (36)	1,108 (22.9)
Brant County Health Unit	BRN	22 (14.5)	20 (13)	12 (7.6)	37 (23)	64 (38.7)	40 (23.6)
City of Hamilton Public Health Services	HAM	423 (73.6)	199 (34.1)	247 (42)	320 (53.6)	408 (66.8)	209 (33.5)
Haldimand-Norfolk Health Unit	HDN	4 (3.4)	2 (1.7)	6 (4.9)	5 (4)	3 (2.4)	7 (5.4)
Halton Region Public Health	HAL	276 (46.2)	122 (20)	144 (23.4)	138 (22)	173 (27)	124 (18.9)
Niagara Region Public Health	NIA	185 (38.7)	123 (25.5)	170 (34.9)	216 (43.5)	320 (62.7)	209 (40)
Region of Waterloo Public Health and Emergency Services	WAT	319 (53.8)	238 (39.4)	263 (43)	383 (60.4)	561 (83.2)	256 (36.1)

Public health unit	3-Letter Code	2019 n (rate)	2020 n (rate)	2021 n (rate)	2022 n (rate)	2023 n (rate)	2024* n (rate)
Wellington-Dufferin-Guelph Public Health	WDG	108 (35)	51 (16.3)	85 (26.9)	128 (39.8)	257 (78.1)	119 (35.4)
CENTRAL WEST	n/a	1,337 (47.4)	755 (26.3)	927 (32.0)	1,227 (41.4)	1,786 (58.4)	964 (30.6)
Ottawa Public Health	OTT	745 (72.7)	409 (39.2)	601 (57.1)	696 (64.9)	984 (89.5)	529 (47.0)
Eastern Ontario Health Unit	EOH	10 (4.7)	8 (3.7)	5 (2.3)	10 (4.5)	16 (7.1)	7 (3.1)
Hastings Prince Edward Public Health	HPE	65 (38.1)	29 (16.8)	35 (20)	67 (37.8)	108 (59.6)	52 (28.2)
Kingston, Frontenac, Lennox & Addington Public Health	KFL	201 (96.8)	114 (54.5)	71 (33.8)	252 (117.9)	319 (146.3)	81 (36.5)
Leeds, Grenville & Lanark District Health Unit	LGL	9 (5.1)	14 (7.8)	6 (3.3)	9 (4.9)	13 (7.0)	8 (4.2)
Renfrew County and District Health Unit	REN	13 (12.0)	5 (4.6)	11 (10.0)	10 (9.0)	25 (22.5)	15 (13.4)
EASTERN	n/a	1,043 (54.8)	579 (30)	729 (37.4)	1,044 (52.7)	1,465 (72.5)	692 (33.6)
Algoma Public Health	ALG	57 (48.6)	28 (23.8)	17 (14.5)	36 (30.3)	62 (51.0)	43 (34.7)
North Bay Parry Sound District Health Unit	NPS	45 (34.8)	32 (24.7)	36 (27.5)	55 (40.9)	81 (58.8)	33 (23.5)
Porcupine Health Unit	PQP	24 (28.2)	16 (18.9)	24 (28.4)	38 (44.7)	72 (83.2)	50 (57.1)
Public Health Sudbury & Districts	SUD	141 (68.9)	65 (31.7)	75 (36.4)	83 (39.8)	148 (69.0)	106 (48.4)
Timiskaming Health Unit	TSK	8 (23.5)	6 (17.6)	7 (20.3)	7 (20.2)	11 (31.7)	8 (22.9)
NORTH EAST	n/a	275 (48.2)	147 (25.7)	159 (27.7)	219 (37.7)	374 (62.8)	240 (39.6)

Public health unit	3-Letter Code	2019 n (rate)	2020 n (rate)	2021 n (rate)	2022 n (rate)	2023 n (rate)	2024* n (rate)
Northwestern Health Unit	NWR	58 (71.3)	24 (29.5)	18 (22.0)	31 (37.8)	38 (46.3)	18 (21.9)
Thunder Bay District Health Unit	THB	40 (25.4)	20 (12.7)	33 (21.2)	62 (39.7)	64 (40.4)	37 (23.1)
NORTH WEST	n/a	98 (41.0)	44 (18.4)	51 (21.4)	93 (39.0)	102 (42.4)	55 (22.7)
Chatham-Kent Public Health	CHK	12 (11.3)	6 (5.6)	12 (11.1)	20 (18.3)	30 (27.1)	19 (17)
Grey Bruce Health Unit	GBO	3 (1.7)	2 (1.1)	4 (2.2)	21 (11.5)	13 (7.0)	9 (4.7)
Huron Perth Public Health	HPH	11 (7.6)	7 (4.8)	17 (11.5)	15 (10.0)	22 (14.3)	13 (8.3)
Lambton Public Health	LAM	39 (29.5)	24 (18.1)	25 (18.9)	35 (26.1)	42 (30.6)	17 (12.2)
Middlesex-London Health Unit	MSL	272 (54.1)	199 (39.0)	307 (59.5)	375 (70.5)	360 (64.4)	151 (26.0)
Southwestern Public Health	OXE	23 (10.7)	18 (8.2)	28 (12.5)	27 (11.8)	41 (17.5)	26 (10.9)
Windsor-Essex County Health Unit	WEC	211 (49.5)	172 (40.2)	159 (37.3)	267 (61.2)	323 (71.3)	126 (27.0)
SOUTH WEST	n/a	571 (33.6)	428 (24.9)	552 (31.8)	760 (42.9)	831 (45.3)	361 (19.1)
Toronto Public Health	TOR	2,192 (74)	1,075 (36)	817 (27.6)	720 (23.8)	1,042 (33.2)	424 (13.1)
TORONTO	n/a	2,192 (74)	1,075 (36)	817 (27.6)	720 (23.8)	1,042 (33.2)	424 (13.1)
TOTAL	n/a	7,449 (51.2)	4,311 (29.3)	4,335 (29.3)	5,565 (36.8)	7,294 (46.8)	3,844 (24.0)

Data sources: LTBI: iPHIS. [Database; extracted 1 Oct 2024]. Population denominators: Ministry of Finance.¹

*2024 includes data from January 1 to June 30 only.

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Enhanced epidemiological summary: tuberculosis in Ontario – July 1, 2019 to June 30, 2024. Toronto, ON: King's Printer for Ontario; 2024.

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