

## Sexual Health Indicators List (2013 to 2016 Calendar Years Combined): Ontario Community Health Profiles Partnership (OCHPP)

Last Updated: November 30, 2017

Indicator/Definition	Source	Main Use	Limitations
<p><b>Sexually Transmitted Infection Rates</b></p> <p># confirmed cases gonorrhoea /100,000 males</p> <p># confirmed cases of gonorrhoea/ 100,000 females in specified time period for ages, 15+</p> <p># confirmed cases of /100,000 males and # confirmed cases of chlamydia /100,000 females in specified time period for ages, 15-24, 25-29 and 30+</p>	<p>Toronto Data: Data as of July 20, 2017, Toronto Public Health <b>integrated Public Health Information System [iPHIS]</b></p> <p>Population Data: Statistics Canada, 2011 Census of Canada.</p> <p>In Ontario, the <b>integrated Public Health Information System (iPHIS)</b> is the information system used for reporting case information on all reportable communicable diseases for provincial and national surveillance, as described in the Health Protection and Promotion Act (HPPA) (1). Each public health unit is responsible for collecting case information on reportable communicable diseases occurring within their boundaries and entering information into iPHIS.</p>	<p>To determine if there are neighbourhoods in the city with higher rates of sexually transmitted infections.</p> <p>To compare the distribution pattern of these infections with other health status indicators.</p>	<p>1. The number of cases and rates are under reported for several reasons including:</p> <ul style="list-style-type: none"> <li>-Not all infections with a reportable communicable disease cause clinical signs and symptoms.</li> <li>-Individuals who do experience illness do not all seek medical care.</li> <li>-Health care providers do not always recognize that a diagnostic laboratory test is warranted.</li> <li>-Reports rely on a passive surveillance system, wherein laboratories, physicians, other health care providers, and institution administrators are entrusted to know the regulations, recognize a disease they are suspecting is on the reportable disease list, and promptly inform public health.</li> <li>-For some individuals, postal code data was either invalid, missing or non-residential and these cases could not be mapped to a neighbourhood.</li> </ul> <p>2. Episode Date: Dates for episodes of diseases refer to the best estimates for when the disease was acquired. The date of symptom onset is usually the preferred date, but when that is unavailable the date a specimen was collected or the date the report was made to TPH are used.</p> <p>3. Place disease acquired: Cases summarized in this report reflect the neighbourhood of residence of each individual at the time of their diagnosis, not necessarily where they acquired the disease.</p>

Comments/notes:

- Date of download = July 20, 2017.
- Data for cases with episode dates between Jan 1, 2013 to Dec. 31, 2016
- Geographic coding based on Environics Analytics Enhanced Postal Code Conversion File, 2012
- There were a total of 42,366 chlamydia cases of which 1,206 were not assigned a census tract because of either a missing/invalid postal code or clinic/business as address.
- There were a total of 10,524 gonorrhea cases of which 321 not assigned a census tract because of either a missing/invalid postal code or clinic/business as address.