

## Sources and Explanatory Remarks

1. Numbers in this report were generated in April 2019 and are subject to change due to possible late reporting and/or data clean up in the regions. This may also explain changes in the number of reported cases in previous years for some diseases.
2. All geographic breakdowns reflect place of residence at time of reporting, diagnosis, or treatment. Subsequent movement is not reflected in this report.
3. Clinical, probable, suspect, and confirmed case reports are collected from the health regions in British Columbia through Panorama, unless otherwise specified. Only confirmed cases are described in the main report, in keeping with BC reporting to the Public Health Agency of Canada. For the breakdown of cases by their confirmed or clinical case status for 2005 and previous years, see the 2005 BC Annual Summary of Reportable Diseases posted on [www.bccdc.ca](http://www.bccdc.ca). The exceptions are Lyme disease and tetanus for which clinical cases are included and amebiasis for which probable cases are included.
4. All data for influenza, invasive meningococcal disease, invasive group A streptococcal disease, MRSA and VRE, as well as 2011 through 2018 data for measles, mumps, and rubella, are collected through surveillance databases maintained at BCCDC which are sourced from reporting by BC health authorities using forms specifically designed for each disease, and sometimes reconciliation with laboratory data. Data for invasive pneumococcal disease are collected through both Panorama (all age groups) and through a surveillance database (pediatric cases  $\leq 16$  years of age). The databases may not always correspond to Panorama reports, including by case classification (i.e., confirmed and clinical/probable status).
5. Enteric disease outbreak data are reported through a national, secure web-enabled outbreak reporting tool using the Canadian Network for Public Health Intelligence (CNPHI). Data were extracted from CNPHI on August 23. Viral outbreaks in residential facilities are excluded.
6. Invasive meningococcal disease, invasive group A streptococcal disease and zika virus are reported using episode date. Measles, mumps, and rubella are reported using reported date for 2008 through 2010 and episode date for 2011 through 2018. *Cryptococcus gattii* infections are reported using the date the diagnosis is reported by the laboratory. Other diseases are classified by the reported date which is the date reported to the health authority.
7. The BCCDC Public Health Laboratory and the National Microbiology Laboratory provide phage type data, genotyping results, and other subtyping data for several diseases included in this report.
8. Data for HIV and AIDS are collected through HAISYS, the HIV/AIDS Information System. Data for other sexually transmitted infections (STIs) are collected through the STI Information System. AIDS case reports are for 2017. The 2018 AIDS statistics will be available in our next report due to a delay associated with AIDS data collection. The BC total age group and sex numbers for AIDS, chlamydia (genital), gonorrhea (genital), HIV and syphilis (infectious) is the sum of the following genders: female, male, transgender and gender unknown.
9. The number of AIDS case reports by year from 2008 to 2017 in this report differ significantly from what is reported in the HIV Annual Report, as the HIV Annual Report includes non-BC and unknown geography AIDS case reports.
10. All TB surveillance data comes from Panorama, the public health solution for disease surveillance and management.

TB Services commenced using Panorama on March 12, 2016, with data conversion from the previous Integrated Public Health Information System (iPHIS). Minor differences in the aggregate counts may be seen if comparing annual report data to that found in iPHIS due to data conversion from iPHIS to Panorama. Numbers in this report are subject to change due to data clean up and possible late reporting as this new system is being adopted.

11. Active TB is rare in BC. Rates or percentages over time for some indicators may reflect minor differences in small numbers, and not meaningful changes in the underlying disease process. Active TB case totals may differ from those reported nationally by the Public Health Agency of Canada (PHAC). Briefly, PHAC only includes cases that started treatment in BC in the total counts for BC, while the BC-CDC includes all cases who have received treatment in BC in the total counts for BC, regardless of where their treatment initially began.
12. For information on Antimicrobial Resistant Organism (ARO) Surveillance in BC, please refer to: Antimicrobial Resistance Trends in the Province of British Columbia - 2012. Available at [www.bccdc.ca/prevention/AntibioticResistance](http://www.bccdc.ca/prevention/AntibioticResistance).
13. Amebiasis, cryptosporidiosis and listeriosis were removed from national surveillance in January 2000. Listeriosis was made reportable nationally again in 2007. Lyme disease became nationally notifiable in 2009; methicillin resistant Staphylococcus aureus, vancomycin resistant enterococci, Vibrio Infections and yersiniosis have not been nationally notifiable diseases in the period 2005 through 2018.
14. The Jenks Natural Breaks Classification method was used for defining different classifications of disease rates in the maps. This classification method identifies gaps or depressions within the data distribution and creates the categories based on the best fit of the data (i.e., groups based on similarities).
15. Health service delivery area boundaries are taken from BC STATS; BC STATS is the central statistical agency of the Province of British Columbia.
16. National rates are provided by the Public Health Agency of Canada -Division of Surveillance and Risk Assessment. In 2011, New Brunswick and Prince Edward Island did not report cyclosporiasis hence the population of those provinces have been removed for rate calculation. The resulting national rates are therefore based only on the data and populations for the remaining participating jurisdictions, and the national rates may change once reporting is complete. 2018 national rates are unavailable currently until data updates are finalized.
17. Population estimates come from BC Stats (<http://www.bcstats.gov.bc.ca/Home.aspx>). Please note for the 2010 BC Annual Summary of Reportable Diseases and previous years' reports, population estimates were taken from P.E.O.P.L.E. Projection (Population Extrapolation for Organizational Planning with Less Error).
18. The rates for neonatal group B Streptococcal infection under 2018 BC Reportable Disease Case Rates by HSDA ([pages 109-110](#)) are calculated based on the population under 12 months of age, instead of the entire BC population.
19. While we endeavour to include data on the majority of reportable diseases in this publication, data on some are not included. For information on the incidence of these diseases in 2018 in British Columbia, please contact [adminInfo@bccdc.ca](mailto:adminInfo@bccdc.ca).