
Glossary of Terms

Active tuberculosis

Active tuberculosis (TB) occurs when the TB bacteria spread and cause damage to the lungs and other parts of the body.

Age-specific rate

An incidence rate limited to a particular age group. The numerator is the number of cases in the age group in the population; the denominator is the number of persons in the age group.

Age-standardized (or adjusted) rate

An incidence rate statistically modified to eliminate the effect of different age distributions in different populations. The 1991 Canadian population is used in this method.

Crude rate

The rate of a disease or health condition in a population expressed as a number per 100,000.

Directly Observed Therapy (DOT)

A technique where a trained individual observes the tuberculosis (TB) patient swallow each dose of medication. DOT is an effective way to monitor adherence with therapy.

Drug resistance

A person is said to have drug-resistant tuberculosis (TB) if the strain causing his or her disease is resistant to one or more of the five first-line drugs: isoniazid, rifampin, pyrazinamide, ethambutol or streptomycin.

Endemic

The constant presence of a disease or infectious agent within a given geographic area or population group; may also refer to the usual prevalence of a given disease within such area or group.

Immigrant

People who are, or have been, landed immigrants in Canada. A landed immigrant is a person who has been granted the right to live in Canada permanently by immigration authorities. Some immigrants have resided in Canada for a number of years while others are recent arrivals.

Inactive tuberculosis

Inactive tuberculosis (TB) occurs when the TB bacteria cultures from an infected person are negative for at least six months or, in the absence of cultures, chest or other x-rays are stable for a minimum of six months.

Incidence

A measure of the frequency with which an event, such as a new case of illness, occurs in a population over a period of time. The denominator is the population at risk; the numerator is the number of new cases occurring during a given time period.

Latent infection

People with a latent tuberculosis (TB) infection usually have a positive skin test while their chest x-ray and sputum test appear normal. They have no symptoms and cannot spread TB to others.

Miliary tuberculosis

Miliary tuberculosis (TB) is characterized by a chronic, contagious bacterial infection, caused by *Mycobacterium tuberculosis*, which has spread to other organs of the body by way of the blood or lymph system.

Multi-drug resistant tuberculosis

Tuberculosis (TB) bacteria with resistance to isoniazid and rifampin with or without resistance to other drugs.

Non-pulmonary tuberculosis

Tuberculosis (TB) that occurs in parts of the body other than the lungs (lymph nodes, bones and kidneys).

Pleura

The membrane lining the chest cavity and covering the lungs.

Recent immigrant

An immigrant who arrived in Canada within the last five years. For the 1996 Census, this definition includes any person who arrived from 1991 to 1995.

Risk factor

An aspect of personal behaviour or lifestyle, an environmental exposure or an inborn or inherited characteristic that is associated with an increased occurrence of disease, other health-related event or condition.

Sanitarium

Hospital or clinic dedicated to the treatment of tuberculosis (TB).

Sensitivity

A measure of the effectiveness of antibiotic therapy against micro-organisms that have been isolated and identified from cultures.

Tuberculosis surveillance

Follow-ups with tuberculosis (TB) patients to ensure adherence and compliance to treatment.

Data Sources and Methods

Only selected reportable diseases were included in this report. A complete listing of reportable diseases can be found in Appendix 1 (*see page 47*).

The communicable diseases described in this report must be reported to the local Medical Officer of Health under the Health Protection and Promotion Act (HPPA).² Since 1990, reportable diseases have been monitored through a public health surveillance system called the Reportable Diseases Information System (RDIS). Data for Peel for the years 1992 to 2001 were obtained from the Region of Peel Health Department; data for Ontario for the years 1992 to 1999 were obtained from the Public Health Branch of the Ontario Ministry of Health and Long-Term Care.

Comparative data for Ontario were provided in the figures and appendices when available and appropriate. Data for 2001 were the latest that were available for Peel. It is recognized that data for Peel (and Ontario) may change in future years, especially for diseases such as tuberculosis (TB) which can take up to six months to be reported to the Health Department. The Peel-specific Reportable Disease Information System (RDIS) data (with the exception of TB) were downloaded on February 15, 2002. Peel TB data were downloaded on July 22, 2002 so that pending cases could be confirmed. The Ontario RDIS data provided by the Ministry of Health and Long-Term Care were downloaded on July 17, 2001. The latest year for which Ontario data were available was 1999. The Ontario data are provisional.

In addition to the above mentioned, pre-RDIS tuberculosis (TB) cases in Peel from 1982 to 1989 and Ontario from 1920 to 1989 were obtained from Public Health Branch at the Ontario Ministry of Health and Long-Term Care. All TB data are referred to as active in this report.

Age-specific rates were provided for most of the diseases contained in this report. Where the annual cases of the more common diseases (such as chlamydia or salmonellosis) were large enough, age-specific rates were provided for 2001. In some instances, sex-specific data were provided. For diseases having low annual numbers of cases (such as hepatitis B and syphilis), age- and sex-specific rates were based on average annual rates for the Region of Peel for the years 1992 to 2001 combined and for the province of Ontario for the years 1992 to 1999 combined.

Age can be a factor in whether a person acquires a disease and in the progression of that disease. When comparing two populations, it is possible to control for any differences in the age distributions by using the process of age-standardization. The process of age-standardization minimizes the

effect of differences in age distributions between populations. In this report, direct age-standardization was used for reporting total rates of diseases such as chlamydia, gonorrhoea, influenza, salmonellosis and others.

For some diseases such as hepatitis B, numbers were too small for this method to be employed. Age-standardization was not used for AIDS (Acquired Immunodeficiency Syndrome) and HIV (Human Immunodeficiency Virus). In these instances, crude incidence rates were used.

Rates were age-standardized using the 1991 Canadian population provided by Statistics Canada, Population Estimates and Projections, and distributed by the Ontario Ministry of Health and Long-Term Care.

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