



Newfoundland and Labrador Communicable Disease Surveillance

2025 Annual Report

Department of Health and Community Services

A Message from the Chief Medical Officer of Health

I am pleased to publish the 2025 Newfoundland and Labrador Communicable Disease Surveillance report in accordance with paragraph 9(3)(j) of the **Public Health Protection and Promotion Act**.

Health surveillance is an essential function of the public health system. The assessment of epidemiology is essential to gain an understanding of the determinants of health and communicable disease transmission.

In 2025, Canada experienced a resurgence of measles, a highly contagious yet vaccine-preventable disease. Public health teams in Newfoundland and Labrador worked diligently to ensure systems and response plans were prepared should any cases arise. Thanks to our province's strong immunization coverage and the dedicated efforts of our public health nurses to maintain it, no measles cases were reported in Newfoundland and Labrador.

However, most notable this past year were outbreaks of syphilis, which began in 2024, and tuberculosis. Both impacted several communities in 2025, underscoring the importance of prevention and early detection in communicable disease transmission. Assessment of the epidemiology of these outbreaks was essential to understanding transmission dynamics and supported the outbreak response by public health teams in Newfoundland and Labrador Health Services.

The following report will provide insight into communicable disease trends seen throughout 2025. Having a thorough understanding of the epidemiology is essential to prevent disease transmission, reduce severe outcomes, and protect the health and well-being of the population. A strong public health surveillance system will help ensure our public health vision of healthy, vibrant, and resilient communities.



Dr. Janice Fitzgerald, Chief Medical Officer of Health



Table of Contents

A Message from the Chief Medical Officer of Health	1
Section 1: Introduction	3
Section 2: Highlights	4
2.1 Diseases Transmitted via Direct Contact and the Respiratory Route	4
2.1.1 Tuberculosis Activity	5
2.1.2 Invasive Pneumococcal Disease (IPD) Activity	6
2.2 Enteric, Food and Waterborne Diseases	7
2.3 Sexually Transmitted and Bloodborne Infections	8
2.3.1 Syphilis Activity.....	9
2.3.2 Human Immunodeficiency Virus (HIV) Activity	10
2.4 Vector-borne and Other Zoonotic Diseases.....	11
2.5 Vaccine Preventable Diseases	12
Section 3: Reportable Events	13
3.1 Reportable Disease Events in Humans	13
3.2 Reportable Disease Events in Animals	16
Section 4: Outbreaks.....	17
4.1 Facility Outbreaks	17
4.2 Zoonotic Disease Outbreaks	17
Section 5: Public Health Emergencies	18
Technical Notes.....	19
Data Sources	19
Endnotes	19

Section 1: Introduction

Introduction to Provincial Communicable Disease Surveillance

Health surveillance is an essential function of public health. The collection and analysis of surveillance data allow for the assessment of trends in communicable disease epidemiology and for appropriate resource allocation.

Authority

The **Public Health Protection and Promotion Act (PHPPA)** constitutes the statutory basis for the surveillance of communicable diseases in Newfoundland and Labrador.

The Minister of Health and Community Services has overall responsibility for the PHPPA and has several duties and powers under the Act. The Chief Medical Officer of Health (CMOH) and Regional Medical Officers of Health (RMOH) within Newfoundland and Labrador Health Services (NLHS) are also responsible for exercising certain powers and discharging duties under the **PHPPA**.

Purpose

Under the **PHPPA**, all notifiable diseases are required to be reported to the CMOH or an RMOH. The CMOH must prepare and publish an annual report within six months of the end of the year with respect to the reportable events, outbreaks, public health emergencies, and number and results of inspections conducted under the PHPPA during the year (paragraph 9(3)(j)). The purpose of this report is to fulfill this statutory duty for 2025.

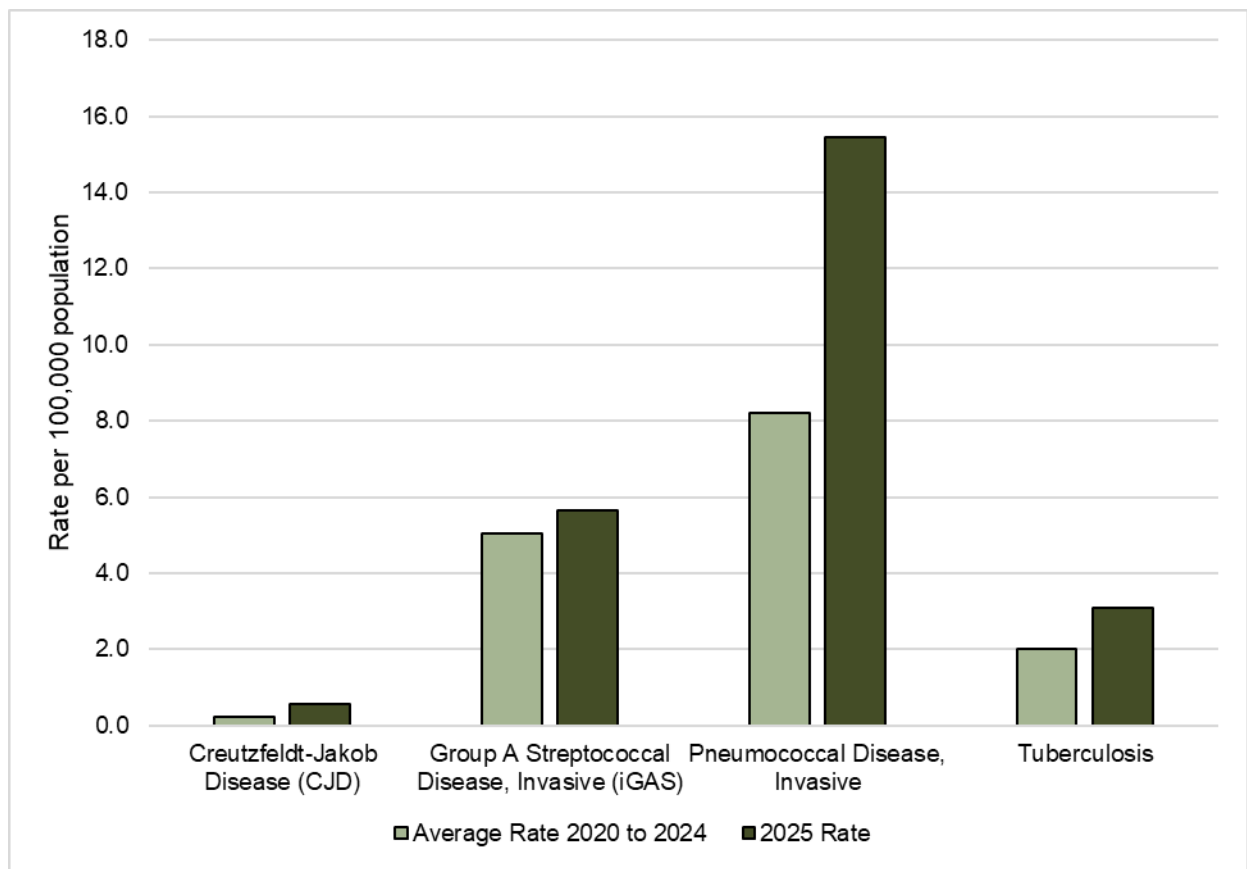
Section 2: Highlights

The following section outlines notable communicable disease trends for 2025, categorized by disease type.

2.1 Diseases Transmitted via Direct Contact and the Respiratory Route

In 2025, incidence rates of invasive group A streptococcal disease (iGAS), invasive pneumococcal disease (IPD), Creutzfeldt-Jacob Disease (CJD), and tuberculosis were higher compared to the five-year average rate. Incidence rates of tuberculosis were higher due to the outbreak that was declared in November 2025.

Figure 1. Average Rate¹ Compared with 2025 Rate, Diseases Transmitted via Direct Contact and the Respiratory Route



For information on influenza and COVID-19 activity, please visit the [provincial respiratory dashboard](#).

2.1.1 Tuberculosis Activity

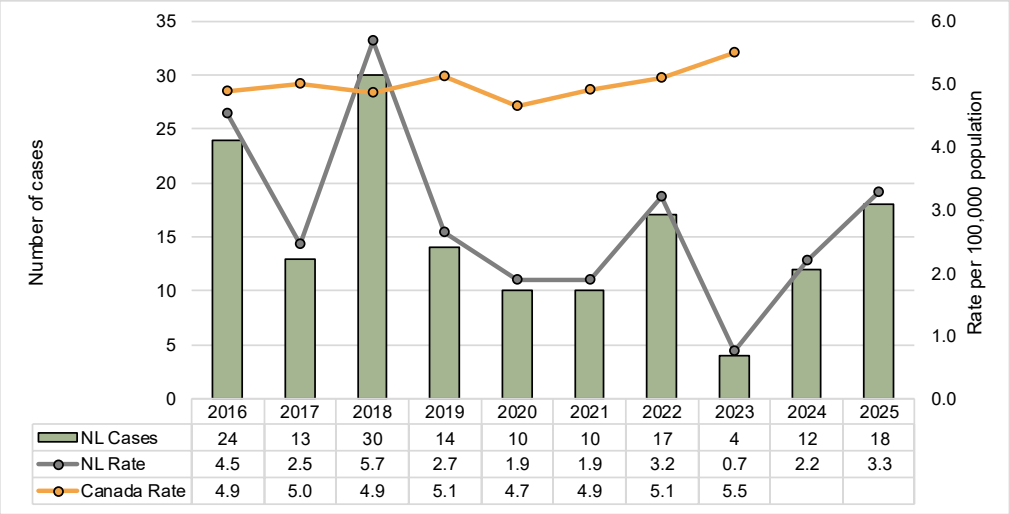
TB is caused by the bacteria, *Mycobacterium tuberculosis*, and is transmitted through inhalation.

Annual incidence rates of active TB disease reported in NL over the past decade have been subject to considerable year-to-year variability. Peaks in the incidence of active TB disease correspond to outbreaks in the Labrador-Grenfell region. Annual

incidence rates of active TB disease tended to be lower in NL compared to the national level for all years between 2016 and 2023, except for 2018.

Throughout the years, Labrador-Grenfell zone has been disproportionately impacted by TB disease and experiences the highest rates of TB disease. This includes an outbreak in the region in late 2025.

Figure 2. Annual Incident Case Counts and Rates of Reported Active TB in NL, 2016 to 2025, and Canada, 2016 to 2023



2.1.2 Invasive Pneumococcal Disease (IPD) Activity

Invasive Pneumococcal Disease (IPD) is a vaccine-preventable disease and is caused by the bacteria *Streptococcus pneumoniae*. These bacteria typically cause infections of the ears, sinuses or lungs.

However, when they cause infections of the blood or brain, they are classified as IPD.

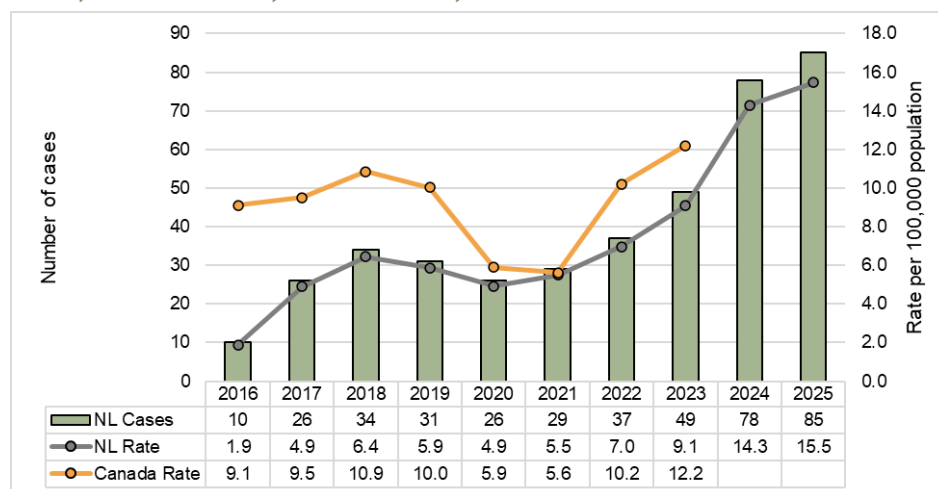
From 2023-2025, an increased incidence of IPD was observed in NL after years of rates that were lower than the national average.

Those 65 years of age and older experience the highest burden of disease

in NL and across the rest of Canada. From 2021 to 2025, 45.7 per cent of all IPD cases were among older adults 65 years of age and older. The Department of Health and Community Services recommends and offers publicly funded pneumococcal vaccine (Pneu-C-20) to adults 65 years of age and older as well as adults 18 years of age and older with conditions resulting in high risk factors for IPD.

The best way to prevent IPD is through vaccination. The Pneu-C-20 vaccine protects against 20 different serotypes of the *Streptococcus pneumoniae* bacteria. In 2025, 49 per cent of the IPD cases reported among the 65 and over age group were vaccine preventable serotypes.

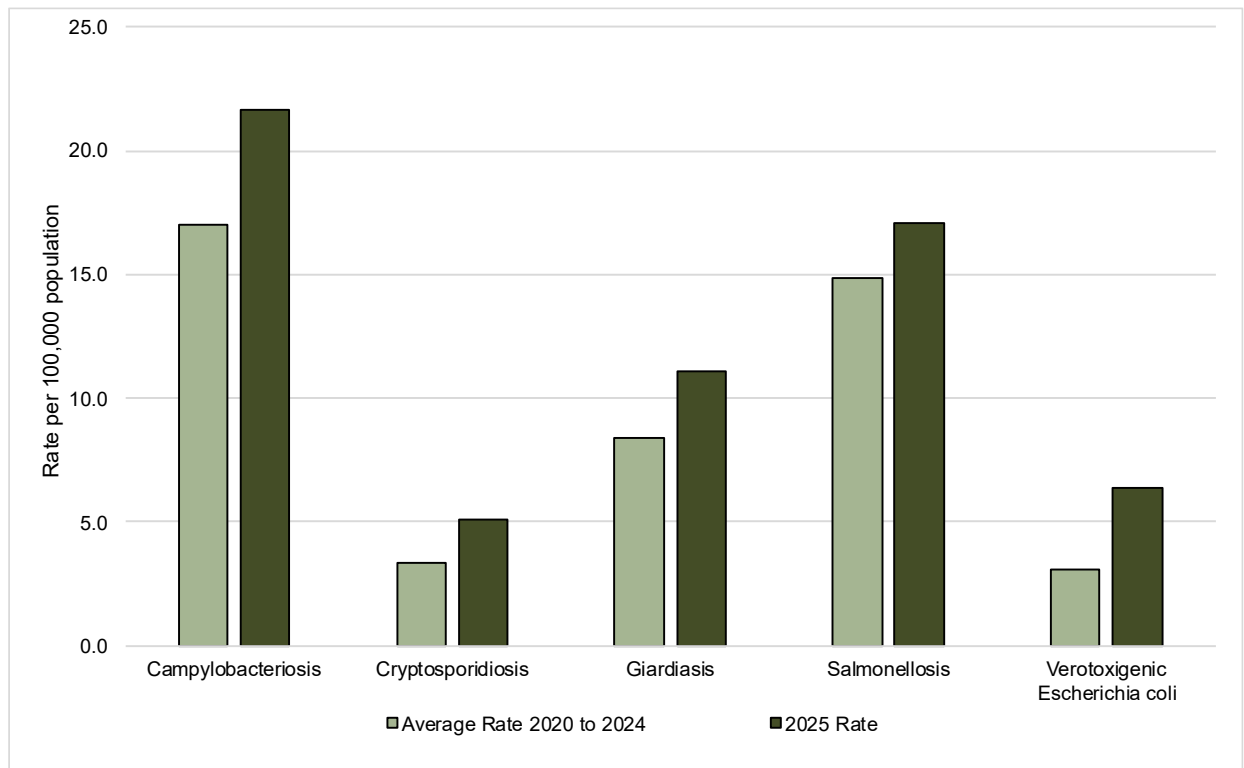
Figure 3. Annual Incident Case Counts and Rates of Reported IPD in NL, 2016 to 2025, and Canada, 2016 to 2023



2.2 Enteric, Food and Waterborne Diseases

In 2025, incidence rates of campylobacteriosis, cryptosporidiosis, giardiasis, salmonellosis, and *Verotoxigenic Escherichia coli* (VTEC) were higher compared to the average rate.

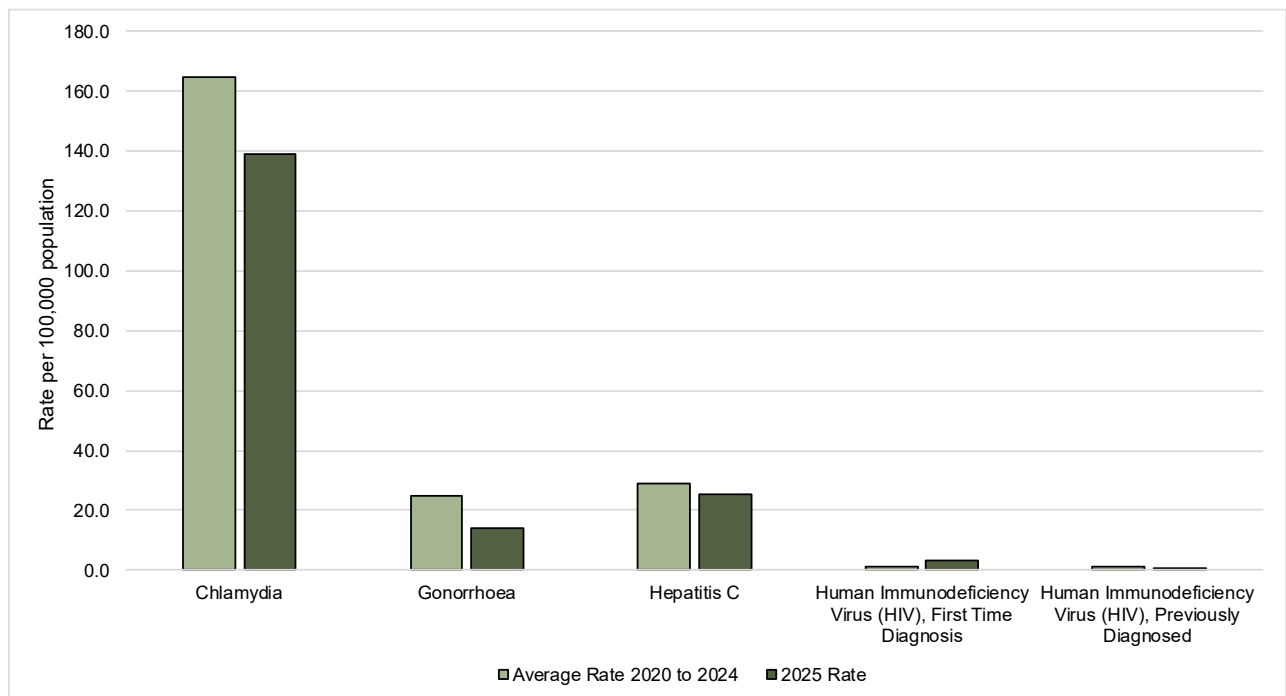
Figure 4. Average Rate¹ Compared with 2025 Rate, Enteric, Food and Waterborne Diseases



2.3 Sexually Transmitted and Bloodborne Infections

In 2025, the provincial incidence rates of chlamydia, gonorrhea, hepatitis C virus (HCV), and previously diagnosed HIV² were lower compared to the five-year average rate. Incidence rates of first time HIV diagnoses³ were higher in 2025 compared to the five-year average rate.

Figure 5. Average Rate Compared with 2025 Rate, Sexually Transmitted and Bloodborne Infections



2.3.1 Syphilis Activity

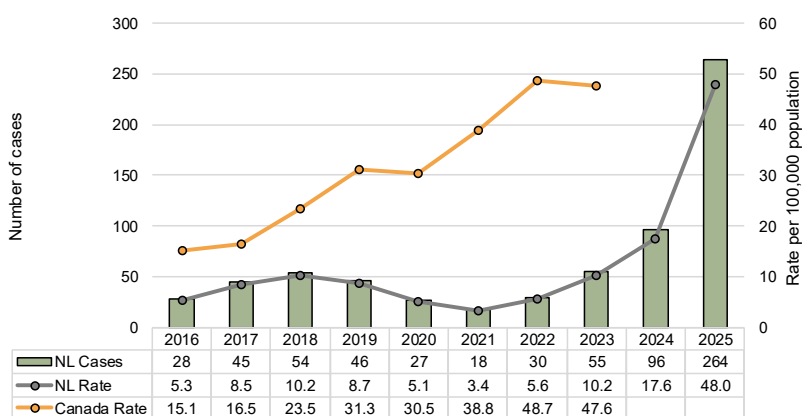
Syphilis is a sexually transmitted bacterial infection (STI) with symptoms that may go unnoticed in both early and late stages of infection. If untreated, syphilis infection can result in long-term health effects and spread to the developing fetus if infection occurs during pregnancy. Early detection and treatment are essential to reduce the spread of syphilis.

In September 2024, an outbreak of syphilis in the Labrador-Grenfell zone was declared. The outbreak continued through 2025 with efforts focused on prevention, detection and early treatment.

In 2025, 264 cases of syphilis (non-infectious and infectious) were reported provincially. Typically, NL reports 37 cases on average per year (10-year average). Over time, the 20- to 39-year-old age group has been most impacted by syphilis in NL. Incidence of syphilis has been increasing in Canada and other areas of the

world over the last 10 years, excluding pandemic years. According to the Public Health Agency of Canada, risk factors associated with syphilis infection include sexual activity without the use of barrier protection, multiple sexual partners, and substance use - particularly sexual activity while under the influence of drugs. Limited access to healthcare, poor awareness of syphilis, and stigma can deter individuals from seeking health care and may be driving the global increase of syphilis according to the World Health Organization.

Figure 6. Annual Incident Case Counts and Rates of Reported Syphilis (Infectious and Non-Infectious) in NL, 2016 to 2025, and Canada, 2016 to 2023

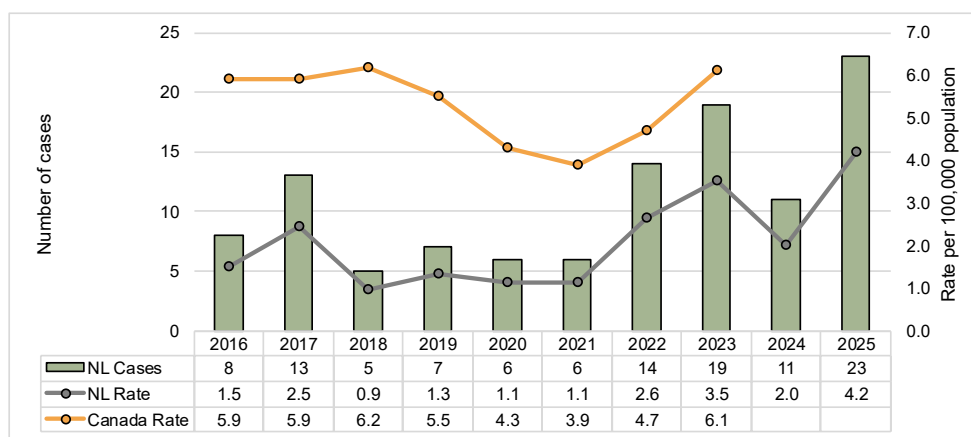


2.3.2 Human Immunodeficiency Virus (HIV) Activity

HIV is a virus that attacks the body's immune system. While HIV is a manageable chronic condition, if left untreated, HIV can cause a weakened immune system and may progress to acquired immune deficiency syndrome (AIDS).

Incidence rates of reported HIV in NL have consistently been lower compared to the national rate. Similar to the rise in the national rate of first time HIV diagnoses since 2022, NL has seen an increase in the rate of HIV cases between 2022 to 2025. Those

Figure 7. Annual Incident Case Counts and Rates of Reported HIV (first time³ and previously diagnosed² cases) in NL, 2016 to 2025, and



who are 25- to 39 years old have historically been most impacted by HIV in NL.

In 2025, NL reported the highest number of first time HIV diagnoses³ above since 2001. This increase underscores the importance of early detection and prevention. HIV treatment improves health outcomes and prevents the transmission of HIV to others. For the distinction between first time and previously diagnosed HIV cases, please see the endnotes.

HIV is transmitted when blood, semen, rectal fluid, vaginal fluid, or breastmilk containing the virus infects the mucous membrane such as the lining in the penis, foreskin, vagina or rectum or through breaks in the skin such as through sharing needles used to inject drugs or through a needlestick injury. Activities that increase the risk of HIV transmission are: unprotected sexual activity including oral sex and sharing sex toys and sharing or reusing needles or other equipment used to use drugs. HIV can be passed from a pregnant person living with untreated HIV infection to a fetus or infant during pregnancy or breastfeeding.

HIV is not transmitted through other bodily fluids and does not survive well outside the human body. It cannot be transmitted through casual contact with a person living with HIV.

If a person living with HIV is treated and clears the virus from their bloodstream, they are not contagious and cannot transmit HIV to anyone else.

2.4 Vector-borne and Other Zoonotic Diseases

In NL, rates of vector-borne and other zoonotic diseases are low as cases are sporadic and related to travel.

2.5 Vaccine Preventable Diseases

In NL, rates of vaccine preventable disease (VPD) are generally low. Chickenpox and hepatitis B virus (HBV) are usually the two most reported VPDs. In 2025, rates of most notifiable diseases in this disease class ranged from 0 to 5.5 cases per 100,000 population.

Section 3: Reportable Events

3.1 Reportable Disease Events in Humans

Under the [PHPPA](#), all [notifiable diseases](#) must be reported to Newfoundland and Labrador Communicable Disease Control. For Canadian rates of nationally notifiable diseases, please see [Notifiable Diseases Online \(NDO\)](#).

Table 1: Number and Rate of Reportable Diseases Identified in Newfoundland and Labrador, 2025

Disease Name	Newfoundland and Labrador Total	
	# of Cases	# of Cases per 100,000 Population
Acute Flaccid Paralysis	0	0
Amoebiasis	1	0.2
Anthrax	0	0
Antimicrobial Resistant Organisms ⁴	-	-
Arbovirus	1	0.2
Botulism	0	0
Brucellosis	0	0
Campylobacteriosis	119	21.6
Chancroid	0	0
Chlamydia	765	139.1
<i>Clostridium difficile</i> ²	-	-
Syphilis – Congenital, Confirmed	0	0
COVID-19 (laboratory-confirmed only)	1046	190.2
Creutzfeldt-Jakob Disease (CJD)	3	0.5
Cryptosporidiosis	28	5.1
Cyclosporiasis	10	1.8
Diphtheria	0	0
<i>Escherichia coli</i> ⁵	297	54.0
Giardiasis	61	11.1
Gonorrhea	76	13.8
Group A Streptococcal Disease, Invasive (iGAS)	31	5.6
Group B Streptococcal Disease of the Newborn	0	0
Haemophilus Influenza Non-B Disease, Invasive	7	1.3
Haemophilus Influenza type B Disease, Invasive (HIB)	0	0
Hantavirus Pulmonary Syndrome	0	0
Hepatitis A	0	0

Disease Name	Newfoundland and Labrador Total	
	# of Cases	# of Cases per 100,000 Population
Hepatitis B	31	5.6
Hepatitis C	139	25.3
Human Immunodeficiency Virus (HIV), First Time Diagnosis ³	19	3.5
Human Immunodeficiency Virus (HIV), Previously Diagnosed ² above	4	0.7
Influenza (laboratory-confirmed only)	1534	278.9
Legionellosis	1	0.2
Leprosy	0	0
Listeria	5	0.9
Louse or Tick-borne Diseases	3	0.5
Lymphogranuloma venereum	2	0.4
Malaria	1	0.2
Measles	0	0
Meningococcal Disease, Invasive	2	0.4
Multisystem Inflammatory Syndrome in Children	0	0
Mumps	0	0
Nontuberculosis Mycobacterial Disease	0	0
Pertussis	9	1.6
Plague	0	0
Pneumococcal Disease, Invasive	85	15.5
Poliomyelitis	0	0
Q fever	0	0
Rabies	0	0
Rubella	0	0
Salmonellosis	94	17.1
Severe Acute Respiratory Illness (SARI)	0	0
Shigellosis	17	3.1
Smallpox	0	0
Syphilis ⁶	264	48.0
Tetanus	0	0
Tuberculosis	18	3.3
Tularemia	3	0.5
Typhoid Fever	0	0
Unspecified Hepatitis	0	0
Varicella (Chickenpox)	10	1.8
<i>Verotoxigenic Escherichia coli</i> (VTEC)	35	6.4

Disease Name	Newfoundland and Labrador Total	
	# of Cases	# of Cases per 100,000 Population
Viral Hemorrhagic Fevers	0	0
Yersiniosis	2	0.4

3.2 Reportable Disease Events in Animals

Pursuant to section 8 of the **Public Health Protection and Promotion Regulations**, the Chief Veterinary Officer reported the below zoonotic diseases to Public Health.

Table 2. Reportable Disease Events in Animals Identified in Newfoundland and Labrador, 2025

Zoonotic Disease	# of Affected Animals
Arbovirus	0
Bovine Spongiform Encephalopathy (BSE)	0
Brucellosis	0
Chlamydiosis or Psittacosis in birds	0
Cystic Echinococcosis	0
Influenza A in swine	0
Influenza H5 and H7 (Avian Influenza)	62
Louse or Tick-borne diseases	0
Plague	0
Q Fever	0
Rabies	1
Trichinosis or Trichinellosis	0
Tuberculosis due to <i>Mycobacterium bovis</i>	0
Tularaemia	0

Section 4: Outbreaks

4.1 Facility Outbreaks

In Newfoundland and Labrador, both single cases of disease and outbreaks are investigated. Health professionals within NLHS, under the direction of the MOH, conduct outbreak investigations. The known causative agent(s) for respiratory outbreaks in 2025 included adenovirus, seasonal coronavirus, COVID-19, human metapneumovirus (hMPV), influenza, parainfluenza, rhinovirus, and RSV. The known causative agent(s) for enteric outbreaks in 2025 were norovirus and salmonellosis. The outbreaks reported in Table 3 occurred in either long-term care (LTC), personal care homes (PCH), assisted living facilities, or acute care.

Table 3. Confirmed Outbreaks (LTC, PCH, assisted living, acute care), Newfoundland and Labrador, 2025

Type of Outbreak	# of Confirmed Outbreaks
Respiratory	255
Enteric	58

4.2 Zoonotic Disease Outbreaks

Pursuant to section 8 of the **Public Health Protection and Promotion Regulations**, the Chief Veterinary Officer reported the below zoonotic disease outbreaks to Public Health.

Table 4. Zoonotic Disease Outbreaks in 2025, by Disease Type

Zoonotic Disease	# Outbreaks
Arbovirus	0
Bovine Spongiform Encephalopathy (BSE)	0
Brucellosis	0
Chlamydiosis or Psittacosis in birds	0
Cystic Echinococcosis	0
Influenza A in swine	0
Influenza H5 and H7 (Avian Influenza)	2
Louse or Tick-borne diseases	0
Plague	0
Q Fever	0
Rabies	0
Trichinosis or Trichinellosis	0
Tuberculosis due to <i>Mycobacterium bovis</i>	0
Tularemia	0

Section 5: Public Health Emergencies

No public health emergencies were declared in 2025.

Technical Notes

Data are subject to fluctuation and revision.

Data is verified as of April 30, 2026.

Data Sources

Reportable Human Disease Events: Communicable Disease Control System, Department of Health and Community Services, Government of Newfoundland and Labrador.

Respiratory and Enteric Outbreaks: Canadian Network for Public Health Intelligence (CNPHI) Outbreak Summaries, COVID-19 Surveillance System (Department of Health and Community Services, Government of Newfoundland and Labrador).

Reportable Zoonotic Disease Events and Outbreaks: Office of the Chief Veterinary Officer, Department of Forestry, Agriculture and Lands, Government of Newfoundland and Labrador

Population statistics: Statistics Canada Annual Population Estimates.

Endnotes

¹ The average rate is calculated from 2020 to 2024.

² Previously diagnosed HIV refers to cases where HIV-positive status was previously diagnosed outside of Canada.

³ First time HIV diagnoses refer to cases that are residents of Newfoundland and Labrador and were diagnosed in Newfoundland and Labrador for the first time.

⁴ Data pending for 2025.

⁵ *Escherichia coli* includes Enteroaggregative *E.coli*, Enteropathogenic *E.coli*, and Enterotoxigenic *E.coli*

⁶ Cases of syphilis include confirmed cases of infectious syphilis and non-infectious syphilis.