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Building Nunavut Together
Nunavuliuqatigiingniq
Bâtir le Nunavut ensemble

Nunavut

Minister of Health's 2025 *Public Health Act*

Annual Report

INTRODUCTION

Pursuant to the *Public Health Act (PHA),* the Minister of Health (Minister) is required to prepare an annual report within six months following the end of each calendar year and to table the report during the first sitting of the Legislative Assembly after its completion.

This report covers the period from January 1, 2025, to December 31, 2025. The report provides an overview of reportable events, disease outbreaks, public health emergencies, and inspections conducted under the authority of the *PHA*. This year's report highlights several key public health issues, including the continued high incidence of sexually transmitted and blood-borne infections (STBBIs) across Nunavut. These findings underscore the importance of ongoing public health surveillance, prevention, education, and access to testing and treatment services to improve health outcomes for Nunavummiut.

Public health encompasses a wide range of functions and areas, such as health promotion and disease prevention, among others. The report reflects the ongoing efforts of many public health professionals, healthcare providers, and community partners working together to protect and promote the health and well-being of Nunavummiut.

PUBLIC HEALTH EMERGENCIES

Under the *PHA*, the Chief Public Health Officer (CPHO) of Nunavut may recommend to the Minister that a public health emergency be declared if additional special measures, such as public health orders, are needed to protect public health and prevent, remedy, or mitigate the effects of the emergency. No public health emergencies were declared in 2025.

REPORTABLE EVENTS & OUTBREAKS

Under the *PHA*, reportable events include the occurrence of communicable diseases and zoonotic diseases. Outbreaks are cases of a condition, usually a communicable disease, that are linked by person, place, or time, with a rise in the number of cases.

Table 1 outlines all the communicable diseases that were reported in Nunavut for 2025. The report also provides additional details on certain communicable and zoonotic diseases that occurred in 2025.

Table 1: Communicable disease count for 2025	
Communicable Disease	**Count**
Chlamydia	1424
Influenza A and B	948
Gonorrhea	551
Respiratory Syncytial Virus (RSV)	441
Syphilis	204
Methicillin-resistant S. aureus (MRSA)	177
COVID-19[1]	109
Norovirus	73
Pertussis	63
Active Tuberculosis	26
Cryptosporidiosis	22
Invasive Streptococcus pneumoniae infections	19
Invasive Group A Streptococcal infections	18
Chicken Pox (Varicella)	9
Campylobacteriosis	9
Salmonellosis	7
Invasive Haemophilus influenzae infections	6
C. difficile	5
Rotavirus	5
Hepatitis B - Unknown	5
Hepatitis B - Known carrier	5
Cyclospora	<5
Giardiasis	<5
Group B Streptococcal Infections	<5
Guillain-Barre Syndrome	<5
Hepatitis A	<5
Hepatitis B	<5
Hepatitis C	<5
Hepatitis C - Known carrier	<5
Hepatitis C - Unknown	<5
HIV/AIDS	<5

[1] COVID-19 has been part of seasonal respiratory surveillance including flu and RSV since the end of the COVID-19 pandemic.

Mumps	<5
Neonatal Group B Streptococcal infections	<5
Shigellosis	<5
Tapeworm infestation	<5
Vancomycin-Resistant Enterococci (VRE)	<5
Yersiniosis	<5
*Health does not release case counts under 5 due to privacy reasons and a < is included to account for these in the total. Counts may be underestimated due to the ongoing follow-up required for some case report forms.	

Tuberculosis (TB)

Table 2: Diagnosed cases of TB in Nunavut by year *											
Year	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
# of Total Cases	44	54	101	57	54	34	77	53	67	36	26
*The Department of Health does not release community-level TB data outside of outbreaks, as it could inadvertently identify and stigmatize individuals and groups.											

As of December 31, 2025, there are two ongoing TB outbreaks:

- A TB outbreak was declared in Naujaat on May 16, 2023. Currently, there are no ongoing transmissions of TB in the community, and the last case was detected in January 2025.
- A TB outbreak was declared in Arviat on February 11, 2025.
    - A focused community screening approach is being used by the Department of Health (Health) starting with high-risk contacts. The initiative started in February 2025.
    - Ongoing health promotion and community engagement to support increasing TB awareness and screening uptake is being done through radio talks, Facebook posts, and booths at the store.
- On July 2, 2025, the TB outbreaks in Pangnirtung and Pond Inlet were declared over.

There are public health staff in all communities with declared outbreaks dedicated to TB follow-up, including testing people with symptoms of TB, medication administration and TB screening for people who have had close contact with a person with active TB. The teams consist of direct observation therapy (DOT) workers, nurses, and paramedics.

Most TB infections in Nunavut involve the lungs (pulmonary). High TB rates in the territory are impacted by various social determinants of health and socio-economic factors, such as:

- Overcrowded housing.
- Population demographics (younger population), poor nutrition, and high rates of smoking.
- A colder climate that can lead to more time indoors, increasing the chances of spreading the infection to others.

For more information, consult the March 2026 Biennial CPHO Report, which focused on TB in Nunavut.

Syphilis

The syphilis outbreak in Nunavut has been ongoing since 2011. Health continues to follow the rates of syphilis closely and implements public health follow-up of all cases to keep the rates as low as possible.

While new infections of syphilis appear to have somewhat reduced from 2020-2022, this must be considered in the context of the COVID-19 pandemic, including travel and gathering restrictions, and possible changes to health care service delivery during COVID-19. However, since then, rates of syphilis surged from the pandemic through 2025. See Table 3 for more information.

Table 3: Syphilis cases by region from 2012 to 2025 *

Year	Qikiqtaaluk	Kitikmeot	Kivalliq	Total
2012	30	<5*	<5*	<40
2013	59	<5*	<5*	<69
2014	93	0	<5*	<98
2015	37	8	23	68
2016	23	10	88	121
2017	16	6	87	109
2018	34	0	76	110
2019	63	0	45	108
2020	26	<5*	27	<58
2021	41	<5*	10	<56
2022	48	<5*	11	<64
2023	91	13	14	118
2024	123	13	36	172
2025	135	60	9	204

Several initiatives are underway to help prevent further spread of syphilis and control the outbreak, including:

- Implementation on follow-up of all cases to reduce transmission.
- Nurses and other health care providers offer routine blood work screening for syphilis at all sexual health visits.
- Point of care HIV/syphilis testing is available in some communities to improve access to testing and reduce time to treatment. Results are available in 15 minutes, as opposed to the up to two-week wait time for laboratory testing. Health is exploring options to scale up testing in additional communities.
- An STBBI prevention campaign, with a focus on syphilis, was launched in Fall 2025 and included the distribution of brochures to homes, as well as television and radio ads.
- Nunavut participates in a national Syphilis Outbreak Investigation Coordinating Committee (SOICC) to adopt and share best practices in responding to the issue.

ENVIRONMENTAL HEALTH PROGRAM

The Environmental Health Program is designed to protect the public by addressing issues such as food safety, drinking water quality, sanitation, pest control, contaminants, and diseases in animals that can affect people, such as rabies. The Environmental Health Program is carried out by certified environmental health officers (EHOs) in each region. EHOs have the authority to enforce the *PHA* and regulations, along with parts of the *Tobacco and Smoking Act*. They carry out inspections to ensure compliance.

The majority of EHOs' work focuses on:

- Food safety.
- Drinking water quality and quantity.
- Inspection of facilities such as schools, childcare centres, recreational centres, swimming pools and food premises.
- Rabies prevention.
- Food and waterborne communicable disease investigations.
- Tobacco retailer inspections.

Reportable Zoonotic Diseases in Animals

Zoonotic diseases are infectious diseases that can be transmitted from animals to humans. These include foodborne illnesses transmitted by handling or eating meat from an infected animal, and other diseases such as influenza and rabies that can be transmitted through contact.

Rabies

There were five confirmed cases of rabies in animals in 2025. Cases were identified in two dogs, two foxes, and one caribou across the territory.

Trichinellosis

Trichinella parasites can be found in the meat of mammals, and the disease can be passed to people who eat this raw meat. Testing of meat samples (e.g., walrus, polar bear, whale) is carried out in Iqaluit by the Nunavut Research Institute (NRI) under a partnership between NRI, Nunavut Tunngavik Incorporated (NTI), and Health.

In 2025, one of 58 walrus samples tested positive and five of 11 polar bear samples tested positive

Avian Influenza

The Government of Canada records cases of high pathogenicity avian influenza in wildlife, from animal carcasses sent from across the country, including Nunavut. No confirmed cases of avian influenza were detected in in Nunavut during 2025.

Facility Inspections

Health is committed to the protection and promotion of public health through education, regular inspection of facilities, and investigation of environmental health hazards. During a community visit from an EHO, all public facilities are inspected, complaints are investigated, and relevant education is provided.

Community Visits

In 2025, EHOs conducted 41 community visits – not including communities that have positions and where inspections are conducted regularly – and carried out a total of 1,342 facility inspections. Health aims to conduct environmental health inspections of facilities twice a year. This is however not always possible due to various operational constraints including the availability of human resources, weather conditions or lack of accommodations in the community. See Table 4 for visits that took place in 2025.

Table 4: Site visits conducted by community in 2025*	
Community	**Visit**
Qikiqtaaluk	
Arctic Bay	May, November
Clyde River	April, September
Grise Fiord	March
Igloolik	February, July
Iqaluit	Position is based in Iqaluit and inspections are conducted regularly
Kimmirut	May, November
Kinngait	January, May, October
Pangnirtung	Position is based in Pangnirtung and inspections are conducted regularly
Pond Inlet	March, November
Qikiqtarjuaq	March, October
Resolute Bay	March, August
Sanirajak	February, July
Kivalliq	
Arviat	April, November
Baker Lake	July, November
Chesterfield Inlet	February, September
Coral Harbour	June
Naujaat	March, August
Rankin Inlet	Position is based in Rankin Inlet and inspections are conducted regularly
Sanikiluaq	February, June
Whale Cove	March, August
Kitikmeot	
Cambridge Bay	Position is based in Cambridge Bay, and inspections are conducted regularly
Gjoa Haven	April, August
Kugaaruk	May, August
Kugluktuk	March, September
Taloyoak	April, August
*EHO site visits are scheduled based on fiscal year so it may impact the number of visits conducted in calendar year (three or one visit in calendar year)	

Food Premise Inspections

Many routine inspections are conducted on food premises. If an EHO identifies infractions on a food premise, a written inspection report is provided to the owner/operator that details regulatory infractions and non-compliant public health conditions present at the time of inspection, as well as actions necessary to resolve those infractions or conditions.

The majority of infractions are rectified during the inspection, however the EHO can take the following actions if warranted:

- Give a verbal order, followed by a written one, regarding a health hazard.

- Seize and destroy food that could put the public's health and safety at risk.
- Close a restaurant if a health hazard exists that can affect the health of the public.

See Table 5 below for food premise inspections, including the number of violations.

Table 5: Environmental health food premise inspections conducted in 2025	
Total number of food premise inspections*	523
Total number of food premises with at least one inspection	318
Number of inspections with no infraction	194
Number of inspections with at least one infraction	329
**Some food premises may have been inspected more than once.*	

Drinking Water Advisories

Health works closely with Nunavut municipalities and the Departments of Transportation and Infrastructure (TIN) and Community Services (CS) to monitor water systems and respond quickly when issues arise.

When water quality is affected by mechanical failures, maintenance, or contamination risks, the CPHO may issue a drinking water advisory. Advisories provide guidance to the public on how to safely use water for drinking, cooking, and other consumption needs.

Water advisories may be issued for several reasons, including water line breaks, treatment system failures, or water quality test results indicating a potential risk.

- Boil Water Advisory (BWA): Issued when there is concern about contamination with bacteria, viruses, or parasites. Water must be boiled before drinking, cooking, or food preparation.
- Do Not Consume Advisory (DNCA): Issued when water contains contaminants that cannot be removed by boiling, such as elevated salt levels. Water should not be used for drinking or cooking but may be used for bathing and other household purposes.
- Do Not Use Advisory (DNUA): Issued when water is contaminated with hazardous substances, such as fuel or chemical spills. Water should not be used for drinking, cooking, bathing, washing, or any other purpose.

See table 6 for the number of drinking water advisories declared by community in 2025.

Table 6: Drinking water advisories declared in 2025[2]		
Community	**# Open**	**# Closed**
Kitikmeot	**2**	**2**
Kugaaruk	2	2
Kivalliq	**6**	**6**
Arviat	1	1
Baker Lake	1	1
Chesterfield Inlet	1	1
Coral Harbour	1	1
Rankin Inlet	2	2
Qikiqtaaluk	**13**	**12**
Clyde River	1	1
Igloolik	1	1
Iqaluit	8	8
Pangnirtung	1	1
Pond Inlet	1	0
Qikiqtarjuaq	1	1
Nunavut	**21**	**20**

HEALTH PROMOTION

The Office of the CPHO, Population Health Division and other Health divisions work together on various health promotion initiatives. Promotion activities are underway in several areas, including cancer screening, STBBIs, immunizations, and water and food safety.

Some examples of work this year are listed below[3]:

- Health, with the Departments of Community Services and Education, ran a Sexual Health Booth during tournaments in Iqaluit to provide knowledge and resources on puberty, healthy relationships, and safe sex. These tournaments were attended by youth from across the territory. Health also launched the STBBI awareness campaign to bring awareness of increased rates of STBBI's and encouraging prevention and testing. The campaign included radio shows, social media ads, and posters across Nunavut.

[2] Two advisories that started prior to 2025 and are still in effect are not included in the table. Sanikiluaq is on a DNCA due to high salinity since June 2016. Arctic Bay is on a BWA due to high turbidity since August 2024.
[3] This is not an exhaustive list of all health promotion activities; rather, examples of initiatives that took place in 2025.

- TB-related health promotion activities include World TB Day events, school visits to provide TB education, and regular outreach activities at the men's shelter, Tukisigiarvik Society, and correctional facilities in Iqaluit.
- Canada Day and Nunavut Day events featured the giant colon exhibit, which generated significant public engagement and awareness around colorectal cancer screening.
- Community outreach remains a key component of the health promotion approach, which includes for example community visits for colorectal cancer screening and TB-focused outreach. These visits typically involve a week of activities including radio shows, school-based education sessions, meetings with Elders, meetings with Hamlet and community leadership town hall discussions, and community feasts.
- There is also ongoing health promotion work related to alcohol, cannabis, food and nutrition, and other public health priorities through print media and community engagement activities.

CONCLUSION

The 2025 reporting year highlighted both the strengths and challenges of public health practices in Nunavut. While public health professionals, healthcare providers, and community partners continued to respond effectively to reportable diseases, outbreaks, and other public health issues, persistent challenges remain. Of particular concern are the continued high rates of STBBIs and the ongoing burden of communicable diseases that disproportionately affect Nunavummiut.

Nunavut's geographic, social, and environmental context requires a coordinated and sustained public health approach that emphasizes prevention, early intervention, surveillance, and community engagement. Continued collaboration among territorial departments, healthcare providers, Inuit organizations, municipalities, and community partners is essential.

Health remains committed to protecting and promoting the health and well-being of Nunavummiut through evidence-informed public health practice, responsive disease prevention and control measures.