

# **INFORMATION REPORT**

TO: Mayor and Members Board of Health	WARD(S) AFFECTED: CITY WIDE									
COMMITTEE DATE: November 19, 2012										
<b>SUBJECT/REPORT NO:</b> Infectious Disease and Environmental Health Report - January 1, 2012 to June 30, 2012 - BOH12030 (City Wide)										
<b>SUBMITTED BY:</b> Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	PREPARED BY: Michelle Baird (905) 546-2424 Ext. 3529									
SIGNATURE:										

# **Council Direction:**

This report is provided in keeping with the Board of Health policy on communication between the Medical Officer of Health and the Board of Health, as outlined in Report PH06038.

### Information:

This is a summary report covering the period from January 1, 2012 to June 30, 2012.

Public Health Services (PHS) has been providing this reporting since 2006. In 2011, a review of the format was completed with BOH members to ensure that the information provided aligned with BOH members' needs.

The Ontario Public Health Standards (OPHS) are the guidelines for the provision of mandatory health programs and services for Boards of Health in Ontario. Investigations completed by the program areas for Infectious Diseases and Environmental Health within the OPHS are the focus for this report. These program areas are as follows:

- **Infectious Diseases** (which includes the Reportable Diseases under the *Health Protection and Promotion Act*):
  - Infectious Diseases Prevention and Control
  - Rabies Prevention and Control
  - Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)
  - Tuberculosis Prevention and Control
  - Vaccine Preventable Diseases
- Environmental Health
  - Food Safety
  - Safe Water
  - Health Hazard Prevention and Management

Reportable Disease cases are reported among individuals who reside within the City of Hamilton at the time of their diagnosis. The figures in Appendix A have been extracted from the Ontario Ministry of Health and Long-term Care integrated Public Health Information System (iPHIS) database and are subject to change due to case follow-up procedures and/or delayed diagnosis.

## Significant Program Activities Completed During Q1 and Q2, 2012

### Infectious Diseases:

- TB website was launched for the general public. Frequently asked questions were addressed with additional resources made available through links and our TB intake line.
- World Hepatitis Awareness Campaign included distribution of educational materials such as pamphlets, testing cards and posters to youth residences and physician offices. A presentation was also done at the Living Rock Dinner program.
- Sexually Transmitted Infection Awareness Campaign included Facebook advertising, promotional materials in washroom stalls in bars and restaurants, inside local mall and in local movie theatres. The campaign was effective as measured by website hits to the Sexual Health homepage (www.hamilton.ca/sti) which showed a 723% increase from January - March 31 2012, compared to the same period in 2011. Clinic visits for testing at PHS sexual health clinics increased by 44% in the first quarter of 2012 compared to 2011.

### Environmental Health:

• North Hamilton Blood Lead Study concluded and findings were reported to the Board of Health in September 2011.

Vision: To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities. Values: Honesty, Accountability, Innovation, Leadership, Respect, Excellence, Teamwork

- Safe Water Team completed and distributed a Rural Well Water Quality Report to well users in March 2012 which brings together all well water quality lab test data for water wells in Hamilton. The report also recommended water quality lab tests that well users should consider, how to maintain a well, and how to sample and test well water for bacteria.
- Health Hazards program responded to an all-time high of 660 complaints and/or inquiries about bed bugs. This increase in reporting may likely be due in part to increased public awareness achieved through an advertising campaign occurring between September 2011 and April 2012.

Further details and trend information is included in the attached Appendix A.

## Infectious Disease and Environmental Health Report: Q1 & Q2 2012

Number of reportable diseases investigations\* conducted by report quarter, City of Hamilton, 2011 and 2012.

Program	Туре		Repo	orted 20	11*	Reported 2012*					
		Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Infectious Diseases (ID)	Cases	618	272	284	270	1444	543	281			824
Tuberculosis (TB)	Active TB	14	9	3	11	37	11	13			24
	Latent TB	165	167	186	190	708	144	130			274
Sexually Transmitted Infections	Cases	487	471	455	510	1923	479	513			992
	Total	1284	919	928	981	4112	1177	937			2114

Top 5 IDs occurring in order (including Vaccine Preventable Diseases and Human Rabies reporting)

- Influenza
- Hepatitis C
- Salmonellosis
- Campylobacter enteritis
- Streptococcus pneumoniae

Top Sexually Transmitted Infection

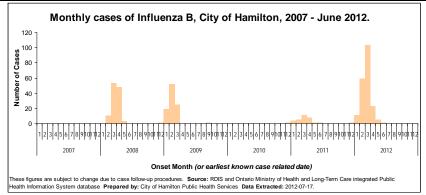
Chlamydia

		Reported 2011*							Reported 2012*					
		Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total			
Outbreak Activity	Community Outbreaks	8	3	5	6	22	9	2			11			
	Institutional Outbreaks <sup>†</sup>	50	14	8	21	93	42	9			51			
Total		58	17	13	27	115	51	11			62			

\* Data Source: Ontario Ministry of Health and Long-Term Care Integrated Public Health Information System database. Prepared by: City of Hamilton Public Health Services. Data Extracted: 2012-07-23. <sup>†</sup> Institutional: hospitals, long term care homes, residential care facilities, detention centre

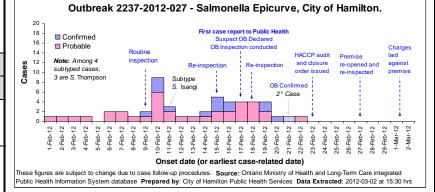
Most significant community outbreak:

Salmonellosis outbreak associated with a local food premise



Interpretation: Influenza B was the dominant circulating influenza virus this season. In Ontario, about 35% of the influenza isolates characterized were of a strain and lineage different from the influenza B component of this season's influenza vaccine. The population was therefore more susceptible to infection due to a vaccine mismatch.

**Program Impacts:** Significant number of Influenza outbreaks in longterm care facilities requiring prophylaxis of all residents and health care workers as a result of a mismatch between circulating strain of influenza and vaccine strain. This resulted in ongoing education sessions with long-term care facility staff for the duration of influenza season.



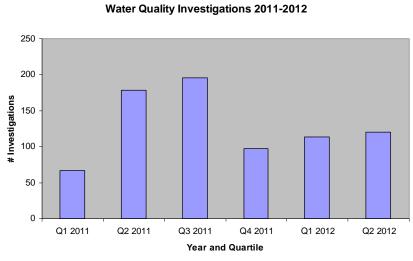
Interpretation: Outbreak of salmonellosis associated with local food premise.

### **Program Impacts:**

Food handler education and ongoing enforcement and monitoring processes implemented at site of outbreak. Significant program resources dedicated to individual case management and outbreak management.

### Infectious Disease and Environmental Health Report: Q1 & Q2 2012

	nvironmental Health investigations responded to by Site Visit, Telephone Call or mail, 2011 and 2012									250		Water Quality	
	Reported 2011 Reported 2012									200	_		
·	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total			
Food Safety	139	161	139	120	559	172	191			363	# Investigations	-	
Water Quality	63	178	196	97	534	114	120			234	∎ 100 #	-	
Health Hazard Abatement	336	351	418	399	1504	340	314			654	50	-	
<b>Tobacco Control</b> under Smoke Free Ontario Act	76	72	54	81	283	94	74			168	In Q1 2		re were 114 inv during the same
West Nile Virus	0	63	62	2	127	0	52			52	an incre	ase in	calls received for Orkney in Q1 and
Infection Control/Injury Prevention	242	596*	553	227	1618	278	223			501	report ir	n Q1 20	
Rabies Potential Exposure Investigations	226	346	510	216	1298	224	379			603	30		
Total	1082	1767	1932	1142	5923	1222	1353			2575	<b>su</b> 20		
<ol> <li>Water</li> <li>Smok</li> </ol>	al Health Bug Com Quality ing Relat	i issues 2 plaints (u Inquiries ted Comp	012 nder Hea	lith Hazai nder Toba	nd custon rd Abater acco Con	nent)	r-up on st	erilizer	failure	in	15 15 # Investigati	D - D - D -	ostres duperes du



vestigations compared to 63 period in 2011. This increase is due to ollowing a water quality survey d the release of the rural water quality

### stigations by Type Q1-Q2 2012

