



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	October 19, 2015
SUBJECT/REPORT NO:	Infectious Disease and Environmental Health Semi-Annual Report BOH15024 (City Wide)
WARD(S) AFFECTED:	City Wide
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Council Direction:

This report fulfils the Board of Health (BOH) policy on communication between the Medical Officer of Health and the BOH, as outlined in Report PH06038.

Information:

Background Information

This is a summary report covering the period from January 1, 2015 to June 30, 2015 (Q1 & Q2, 2015). 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 program areas for Infectious Diseases and

Environmental Health in the OPHS are the focus for this report. These program areas are:

Infectious Diseases: (Includes Reportable Diseases under the *Health Protection and Promotion Act [HPPA]*):

- 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
- Vector Borne Diseases Control
- Tobacco Control

Reportable Disease cases are from individuals who reside in the City of Hamilton at the time of their diagnosis. Information in Appendix A has been extracted from the Ontario Ministry of Health and Long-term Care (MOHLTC) integrated Public Health Information System (iPHIS) database and databases maintained by Public Health Services, and are subject to change due to case follow-up procedures and/or delayed diagnosis.

Updates to Appendices

Appendix A has been revised to provide more information to the Board of Health in a summarized format based on issues brought commonly to staff by Board of Health members. Previous reports included data from the prior and current year only. The revised Appendix A includes data for 3 prior years and the current year which allows for more meaningful trend monitoring. Appendix A has also been reorganized to more clearly delineate information for routine monitoring of infectious diseases and environmental health issues (Part 1 and 2, respectively), workload (Part 3) and a section that may be used for unusual occurrences of interest to the Board of Health (Part 4). Technical Notes (Appendix B) are provided for this report only so that Board of Health members will have an understanding of the definitions of the indicators in Appendix A moving forward.

January 1 - June 30 (2015) PROGRAM HIGHLIGHTS**INFECTIOUS DISEASE PREVENTION & TUBERCULOSIS CONTROL PROGRAMS**Measles

In March 2015, Hamilton PHS (HPS) investigated a confirmed case of travel-related red measles. Measles is highly contagious and this single case investigation resulted in the follow-up of over 300 potentially exposed people. The management of this case clearly demonstrated collective ownership across HPS. Staff outside of the Health Protection division assisted in staffing the measles hotline and making individual client calls. Over a 10-day period, 6 Public Health Nurses (PHNs) assisted with receiving calls through the hotline, 2 PHNs conducted contact tracing, and 2 program secretaries helped with business operations. HPS's Incident Management System (IMS) was used to manage this investigation, which allowed for clear communication, the rapid deployment of staff, and maintained other essential business operations. The Customer Contact Centre supported the effort by redirecting measles-related calls to the hotline.

Ebola Virus Disease

The Public Health Agency of Canada refers travellers who have returned from Ebola-affected areas to their local health unit for follow-up. Each referred client requires a risk assessment of the regions in which they have travelled and their activities during their travel. The risk assessment informs how often HPS needs to monitor a client during the 21-day incubation period and any restrictions that need to be made to a client's daily activities to help protect others from the potential spread of disease. In the first half of 2015, HPS was involved in monitoring 13 returned travellers from Sierra Leone, Liberia and Guinea (all who were categorized as low risk). Ongoing communication is required between HPS and each client to ensure that each person is healthy and knows what to do if they develop symptoms. HPS also works collaboratively with Public Health Ontario (and sometimes with other health units) to continue to monitor clients who travel beyond Hamilton during their 21-day monitoring period.

Enteric (Gastrointestinal) Disease

Today's food distribution networks allow food to travel long distances in short periods of time, making the identification of foodborne illness and outbreaks challenging. Having the same interview tool for food investigations across public health units in Ontario is needed. In 2013, Public Health Ontario, in collaboration with multiple health units, began working on a standardized tool for health units' investigations of enteric reportable diseases. The goal of the standardized tool is to compare investigation data across Ontario. HPS participates in this working group and continues to provide input into the process. The standardized interview tool developed by the working group was used to date by HPS to investigate 49 cases of Campylobacteriosis, Verotoxigenic

Escherichia coli (E. coli), Listeriosis, Typhoid Fever, Paratyphoid Fever and Cyclosporiasis.

SEXUAL HEALTH PROGRAM

Clinics

The Sexual Health program relocated two clinic sites to be more accessible to clients. In March, the Upper Ottawa and Stonechurch HPHS clinic moved to a more central location on Upper James and Mohawk Road. On May 27th, the clinic at the Hamilton General Hospital moved to the new David Braley Health Sciences Centre. Attendance at the new Downtown HPHS clinic has already doubled since opening. Also new this year is the implementation of a common electronic medical record across all HPHS sexual health clinics. This allows a client's records to be accessed at any HPHS clinic.

HARM REDUCTION PROGRAM

Naloxone Overdose Prevention

Naloxone reverses the effects of overdose from narcotic drugs. Ninety-four (94) overdose kits containing the drug naloxone were distributed with training. Clients reported that naloxone was given 24 times during this time period, preventing deaths from overdose.

High Risk Clients

In addition to providing street health clinic services, Public Health staff worked collaboratively with community partners to deliver point of care (rapid) HIV testing to clients at high risk for sexually transmitted or blood borne infections.

VACCINE PREVENTABLE DISEASES PROGRAM

Panorama

In 2014, HPHS began using Panorama, a provincial electronic public health information system. Panorama includes point-of-care data entry and real time access to client information. It has also been used to determine immunization coverage rates throughout Hamilton schools, so that HPHS can target interventions to the public. As with any new system, ongoing issues with importing data are still being worked through.

On June 15th, HPHS began using the Inventory component of Panorama. All health care sites that store publicly funded vaccine (approximately 435) have been registered on this new system. HPHS is now better able to track vaccine orders and returns, leading to improved forecasting and inventory management practices.

Measles Prevention

In February 2015, measles cases were reported in some parts of Ontario. In response, the Vaccine program used Panorama to review approximately 66,000 student records for measles coverage. Schools with the lowest coverage rates against measles had letters mailed to students who were potentially susceptible to measles. Parents were advised to review the immunization status of their child(ren) with their health care provider and to report all immunizations to HPHS. No measles cases were reported in Hamilton children during this time period.

FOOD SAFETY PROGRAM

Food Inspections

Food safety inspections protect the public from foodborne illnesses. The Food Safety program has successfully met the Ontario Public Health Standards (OPHS) goals by completing inspections for over 99% of all high- and moderate-risk food establishments in the first inspection cycle of 2015. Inspections of high-risk food establishments were completed between January and April of this year, and moderate-risk establishments were completed between January and June. Public Health Inspectors have started their second high-risk inspection cycle that runs from May to August of this year. In addition, over 70% of all high-risk establishments received an inspection prior to the start of the Pan Am games, minimizing the risk of athletes, fans and Hamilton residents from foodborne illnesses.

SAFE WATER & HEALTH HAZARDS PROGRAMS

Lead Exposure

Lead exposure is a potential risk to health, particularly for the developing brains of young children. Several potential sources of lead exist, including older homes with lead paint or lead pipes, or in soil near historical industrial sites. To assist those at potential risk from lead pipes that connect older residences to the municipal drinking water system, HPHS is conducting a neighbourhood pilot to determine the interest in and uptake of tap water filters that help to reduce dissolved lead (from old lead pipes or old solder) that could leach into tap water and pose a possible health risk to residents. To date, staff have distributed 356 tap water filters to Gibson and Landsdale Area (GALA) neighbourhood residents. Additionally, staff have attended 9 public education and outreach events in the GALA neighbourhood. An evaluation is underway and the results will inform the potential for scaling up the pilot to other neighbourhoods.

TOBACCO CONTROL PROGRAM

Tobacco Inspections and Enforcement

There is no safe level of exposure to tobacco smoke. The best way to get full protection from exposure to tobacco is to create tobacco-free environments. A tobacco-free environment is one where people are protected from the physical and social exposure to tobacco products.

Annual tobacco inspections and enforcement determines and guarantees that retail access and compliance laws are followed. Tobacco Enforcement conducts over 2000 inspections and enforcement checks each year. HPHS checks for compliance with the provincial *Smoke-Free Ontario Act* and the *City of Hamilton By-law #11-080* (Prohibiting Smoking within City Parks and Recreation Properties). Inspections and enforcement checks are done at tobacco retailers, schools, hospitals, long-term care facilities, public places and workplaces. The Tobacco Enforcement group has started inspections and enforcement of restaurant and bar patios in accordance with Regulatory 48/06 Amendments to the *Smoke-Free Ontario Act*. The number of inspections and enforcement checks will likely increase in the coming years with the addition of “new” Regulations to the provincial *Smoke-Free Ontario* and the *Making Healthy Choices Acts*.

Tobacco inspection and enforcement is important for a number of reasons. All youth and young adults may be considered at risk for starting to smoke and should be a target for prevention and efforts to stop smoking. Effective strategies to prevent youth and young adults from starting to smoke will reduce the health consequences and lifetime burden related to tobacco use. Smoke-free policy interventions are an effective way to reduce exposure to tobacco smoke, prevent people from starting to smoke, encourage people to stop smoking, support recent quitters and contribute to the denormalization of tobacco use.

APPENDICES / SCHEDULES ATTACHED

Appendix A to Report BOH15024 – Infectious Disease and Environmental Health
Report: January – June, 2015

Appendix B to Report BOH15024 - Infectious Disease and Environmental Health
Report: January – June, 2015 (Technical Notes)