



Hamilton

# INFORMATION REPORT

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	March 21, 2016
<b>SUBJECT/REPORT NO:</b>	Infectious Disease and Environmental Health Semi-Annual Report (BOH16004) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Luanne Jamieson (905) 546-2424, Ext. 6629  Kelty Hillier (905) 546-2424, Ext. 4868
<b>SUBMITTED BY &amp; SIGNATURES</b>	Michelle Baird, Director Planning and Business Improvement Division Public Health Services Department          Dr. Julie Emili, MD, CCFP, FRCPC Associate Medical Officer of Health Public Health Services Department

## 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 July 1, 2015 to December 31, 2015 (Q3 & Q4, 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 people 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 (PHS), and are subject to change due to case follow-up procedures and/or delayed diagnosis.

Appendix A provides information to the Board of Health in a summarized format based on issues brought commonly to staff by Board of Health members. Appendix A includes data for 3 prior years and the current year which allows for more meaningful trend monitoring. It 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).

### **PROGRAM HIGHLIGHTS (July 1 – December 31, 2016)**

#### ***Respiratory or Direct Contact Diseases***

In September 2015, PHS initiated a partial activation of the Public Health Emergency Operations Centre (PHEOC) to ensure appropriate outbreak response to a lab-confirmed case of *Neisseria meningitidis* meningitis in a university student living in residence. PHS worked with the university's Office of Public Relations, Housing Services and the Student Wellness Centre to quickly coordinate contact management. A total of 110 contacts were followed up to determine eligibility for chemoprophylaxis (antibiotics) to prevent disease and further transmission to susceptible persons. PHS assisted with two clinics at the university's Student Wellness Centre which provided chemoprophylaxis to a total of 76 contacts. Upon receiving notification the *Neisseria*

*meningitidis* was serogroup Y, a vaccine preventable strain, a sub-set of the close contacts of the case were recommended to receive immunoprophylaxis (immunization). The process followed the guidelines set forth in the Ontario Public Health Standards and the Canadian Immunization Guide, along with expert advice from Public Health Ontario. PHS set up two vaccination clinics at the university's Student Wellness Centre with forty-five contacts receiving vaccine.

### **Enteric, Foodborne & Waterborne Diseases**

Summer is a very busy time for special events. In order to protect the public from foodborne illness, during July-September 2015, the Food Safety Team monitored 169 special events, and of those, 35 events were attended by staff. This resulted in approximately 409 food vendors receiving at least one inspection/compliance check from a Public Health Inspector (re-inspections are conducted for vendors with critical food safety infractions).

### **Vectorborne & Zoonotic Diseases**

On December 4, 2015, PHS responded to a report of a raccoon in Hamilton positive with the raccoon strain of the rabies virus. This was the first animal positive with raccoon rabies strain in Ontario since 2005. Vector Borne Disease staff investigated the positive raccoon case to assess for potential human exposure. Fewer than 5 people needed post-exposure prophylaxis due to exposure to the raccoon. As of January 29, 2016, Hamilton has had 24 positive raccoons. More positive raccoons are expected based on the enhanced surveillance currently occurring to understand the extent of the spread of raccoon rabies. PHS has collaborated with the Ontario Ministry of Natural Resources and Forestry (MNRF), the Ontario Ministry of Agriculture, Food and Rural Affairs and City of Hamilton Animal Services. The MNRF has dropped approximately 220,000 vaccine baits. Work will be ongoing for at least 2 years to eliminate raccoon rabies from the area.

### **Sexually Transmitted & Bloodborne Diseases**

Naloxone reverses the effects of overdose from opiates. During the latter half of 2015, 136 overdose kits containing the drug naloxone were distributed with training, up from ninety-four in the first two quarters. Clients reported that naloxone was given 32 times during this time period, preventing deaths from overdose.

### **Vaccine Preventable Diseases**

PHS implemented the province's new vaccine inventory system (Panorama Inventory Module). This system will assist PHS in better tracking and monitoring vaccine that is distributed to vaccine providers, such as community physicians, and supporting work to minimize vaccine wastage.

PHS also initiated the vaccine records review process. This involves checking thousands of records for school children ~7 and ~17 years of age (born in 1998 and 2008) to ensure they are up to date with immunizations required under the Immunization of School Pupils Act. Failure to provide information to Public Health Services can result in suspension. This important work protects the community by protecting people from vaccine preventable diseases and allowing students to remain in school during outbreaks of vaccine preventable diseases.

### **Tobacco Control**

Changes to the Smoke-Free Ontario Act (SFOA) in January 2015 resulted in additional inspections and enforcement for Public Health Services' Tobacco Enforcement. Further legislative and regulatory changes to the SFOA and the Electronic Cigarettes Act (ECA) effective January 1, 2016 have and will continue to result in increased inspections and enforcement for tobacco retailers and prescribed public places and workplaces. Overall the total number of municipally licensed tobacco vendors has and continues to decline in the city of Hamilton. For 2016, a total of (n=399) tobacco retailers are identified. Further regulatory measures within the ECA related to the prohibition of e-cigarette use in public places and workplaces are anticipated to be proclaimed by the Ontario Government in mid-2016. It is anticipated that these measures will also contribute to increased inspections and enforcement.

### **APPENDICES ATTACHED**

Appendix A to Report BOH16004 – Infectious Disease and Environmental Health  
Report: July - December, 2015