

Part 1: Mandatory Reporting							
1a) Confirmed Cases of Mandatory Reportable Diseases						Top 3 diseases for each disease category (July – December 2016): Respiratory/Direct Contact: 1. Latent (non-infectious) tuberculosis 2. Influenza 3. Invasive Streptococcus pneumoniae Enteric, Foodborne & Waterborne: 1. Campylobacter enteritis 2. Salmonellosis 3. Giardiasis Vectorborne and Zoonotic: 1. Lyme disease 2. Malaria 3. West Nile Virus Sexually Transmitted/Bloodborne: 1. Chlamydial infections 2. Gonorrhoea 3. Hepatitis C ¹ The increase in sexually transmitted and bloodborne infections in 2016 compared to 2015 was driven by an increase in gonorrhoea cases. See Part 4 below for detailed comments about gonorrhoea and hepatitis C.	
How It's Spread	2013	2014	2015	Jan-Jun 2016	Jul-Dec 2016		
Respiratory or Direct Contact	958	1238	1306	1040	407		
Enteric, Foodborne & Waterborne	274	301	312	115	145		
Vectorborne and Zoonotic Diseases	24	11	17	< 5	9		
Sexually Transmitted & Bloodborne Infections ¹	1951	1900	2035	1113	1102		
Other	24	35	21	11	19		
1b) Confirmed Outbreaks Reportable to Public Health							
Type of Outbreak	2013	2014	2015	Jan-Jun 2016	Jul-Dec 2016		
Community	2	8	4	3	3		
Institutional	131	107	129	43	37		
Part 2: Environmental Health							
2a) Mandatory Program Services						² A public awareness campaign about rabies was launched in 2016. This, along with increased media attention to rabies, might explain the increase in animal bites investigated by Vector Borne Disease in 2016 compared to previous years. ³ In 2016, there were fewer special events requiring food safety inspections compared to previous years. However, the number of special events with attendees over 1000 increased, requiring additional inspections over evenings and weekends. ⁴ The Food Safety Inspection Disclosure program (Red Signs Posted) came into effect in January 2014. Data were not available for this service in 2013. ⁵ 2016 was a hot year, with the highest number of days above 30° Celsius in the past six years. This explains the high number of heat alerts in 2016.	
Programs	Areas	2013	2014	2015	Jan-Jun 2016		Jul-Dec 2016
Vectorborne Disease	Animal Bites ²	1348	1433	1423	730		778
	Ticks Submitted	373	146	352	229		67
Food	Special Events ³	67	76	73	26		30
	Food Handler Certifications	2856	2696	2602	1439		1133
	Red Signs Posted ⁴	n/a	26	31	11		14
Health Hazards	Heat Alerts ⁵	2	3	4	1		8
	Cold Alerts	7	13	8	6	2	

2b) Inspection and Enforcement						<p>⁶Tobacco Control Enforcement is reporting a decrease in annual Smoke Free Ontario Act (legal enforcement) inspections for 2016 as a result of increased compliance with the Regulations concerning tobacco sales to minors. The increased compliance resulted in less follow-up enforcement checks being required during the operating year.</p> <p>⁷The Electronic Cigarette Act came in effect on January 1, 2016. The only Regulations associated with the Act currently in effect concern the restriction on youth sales access to persons nineteen years of age or older.</p> <p>⁸The increase in the number of inspections regarding By-law #11-080 in 2016 is due to a few factors, including increasing public awareness and increasing re-inspections resulting from earlier non-compliance. In addition, PHS has received an increasing number of requests from local neighbourhood associations and sports organizations, and more festivals and special events being hosted on City owned parks and recreation properties.</p> <p>⁹There were fewer food premise inspections conducted in 2016 compared to 2015. This was due to a few factors including several unanticipated short term disability absences in the summer and fall of 2016, and a relatively high number of additional inspections done in 2015 ahead of the Pan Am Games.</p>
Categories	2013	2014	2015	Jan-Jun 2016	Jul-Dec 2016	
Smoke Free Ontario Act inspections (legal enforcement) ⁶	1823	1760	1640	795	670	
Electronic Cigarette Act inspections (legal enforcement) ⁷	n/a	n/a	n/a	180	364	
City of Hamilton By-law #11-080 Prohibiting Smoking within City Owned Parks and Recreation Property ⁸	46	56	56	44	29	
Food ⁹	6326	6524	6616	3231	2524	
Water	811	885	853	363	521	
Residential Care Facilities	576	567	671	355	260	
Personal Service Settings	851	946	971	398	617	
Day Cares	491	558	569	302	306	
Other (e.g. funeral homes)	166	225	201	121	125	
Part 3: Workload						
3a) Complaints						<p>¹⁰Tobacco Enforcement has seen reduction in complaints regarding Bylaw #11-080. Prior statistics reflect a time when the By-law was in its earlier stages. Since then, all City parks and recreation properties have been signed, and cooperation between PHS and other departments and divisions has increased to further educate and raise awareness about the By-law.</p> <p>¹¹As of January 2016, complaints about residential care facilities are captured under Health Hazards instead of Infection Control.</p>
Categories	2013	2014	2015	Jan-Jun 2016	Jul-Dec 2016	
Smoke Free Ontario Act	242	241	335	138	136	
Electronic Cigarette Act	n/a	n/a	n/a	15	2	
City of Hamilton By-law #11-080 Prohibiting Smoking within City Owned Parks and Recreation Property ¹⁰	111	32	39	9	19	
Food	402	415	316	152	97	
Water	46	47	35	19	18	
Vectorborne Disease	95	97	102	65	44	
Infection Control ¹¹	122	119	129	28	36	
Health Hazards	1066	1250	1502	587	1051	

3b) Education, Requests for Non-Routine Inspections, Consults, Referrals					
Categories	2013	2014	2015	Jan-Jun 2016	Jul-Dec 2016
Food ¹²	311	378	440	358	437
Water	478	547	480	173	314
Vectorborne Disease	28	56	48	35	9
Infection Control ¹³	444	409	580	845	570
Health Hazards ¹⁴	316	234	267	361	276

¹²Calls concerning Food Safety are now being more accurately logged in OSCAR, an electronic system, which may explain the increase in calls in 2016 compared to previous years.

¹³The increase in the number of calls concerning Infection Control in 2016 may have been due to a change in the way calls were documented, from a paper-based system to OSCAR.

¹⁴There was an increase in the number of calls related to pests in 2016.

Part 4: Unusual Occurrences

In 2016, there were 343 new **Gonorrhoea** infections reported to Public Health Services, almost double the number of cases (188) reported in 2015. Most cases occur in people between the ages of 20 and 45 years. These findings are consistent with increases in gonorrhoea seen across Canada and globally. PHS continues to promote sexual health by encouraging people to be tested for sexually transmitted infections and offering free treatment for gonorrhoea.

Hepatitis C cases decreased from 122 (in Q1/Q2, 2016) to 103 (in Q3/Q4, 2016). The top 3 risk factors reported for contracting the virus were: 1) Injection drug use, 2) Correctional facility and 3) HIV status. Overall, the rate of Hepatitis C cases in Hamilton has fluctuated over time. Since 2010, Hamilton has had a higher rate of Hepatitis C compared to the provincial rate; in 2016, the rate of Hepatitis C in Hamilton rose again to 40.0 per 100,000 people, compared to 30.9 per 100,000 people in Ontario.