Part 1: Mandatory Reporting

1a) Confirmed Cases of Mandatory Reportable Diseases	Respiratory or Direct Contact	Enteric, Food & Waterborne Disease	Vector Borne and Zoonotic Disease	Sexually Transmitted & Bloodborne Infections	Other	
	 Anthrax Brucellosis Chickenpox (Varicella) Coronavirus (SARS) Diphtheria Encephalitis/Meningitis Group A Streptococcal Disease, Invasive Group B Streptococcal Disease, Neonatal Haemophilus Influenzae B, Invasive Hantavirus Pulmonary Syndrome Hemorrhagic Fevers Influenza Lassa Fever Legionellosis Leprosy Measles Meningococcal Disease, Invasive Mumps Ophthalmia Neonatorum Pertussis (Whooping Cough) Pneumococcal Disease, Invasive Rubella Smallpox Tuberculosis (Inactive) 	 Amebiasis Botulism Campylobacter Enteritis Cholera Cryptosporidiosis Cyclosporiasis Food Poisoning, All causes Giardiasis Hepatitis A Listeriosis Paralytic Shellfish Poisoning Paratyphoid Fever Poliomyelitis, Acute Salmonellosis Shigellosis Trichinosis Typhoid Fever Verotoxin-producing E. coli (including Hemolytic Uremic Syndrome) Yersiniosis 	 Lyme Disease Malaria Plague Q Fever Rabies (Human) Tularemia Yellow Fever West Nile Virus 	 Chancroid Chlamydia Trachomatis Infections Gonorrhea Hepatitis B Hepatitis C HIV Syphilis 	 Acute flaccid Paralysis Adverse Events Following Immunization Rubella Congenital Tetanus Creutzfeldt – Jakob Disease (CJD), All types 	
1b) Confirmed Outbreaks Reportable to Public Health	Community Outbreaks**	Institutional Outbreaks*				
	 Day Care/Child Care Centres (all types) Schools (all types) Private residences Food Premises 	 Long Term Care Homes Hospitals Residential Care Facilities / Retirement Homes Correctional Facilities Shelters Hospices Group Homes University or College Dormitories Military Barracks 	*Institutional Outbreaks occur in institutions that the Ministry of Health and Long Term Care (MOHLTC) has assigned an Institution Master Number. HPHS also defines other settings in the community as 'Institutional'; these settings are ones where clients sleep (e.g. jails, retirement homes), but excludes private residences. **Community Outbreaks are those which occur in any settings other than 'Institutional'.			

Note: People included in this section are confirmed cases who lived in the City of Hamilton at the time that they were diagnosed. Reportable diseases are typically under-reported. Changes to case definitions occurred for some reportable diseases in January 2014, December 2014, and April 2015, and therefore may impact year to year comparisons since 2012. Acute Flaccid Paralysis and Paralytic Shellfish Poisoning became reportable on December 4, 2013, therefore historical data for 2012 and 2013 are not available.

Part 2: Environmental Health

2a) Mandatory Program Services	Animal Bites	Ticks Submitted	Special Events	Food Handler Certifications	Red Signs Posted	Heat Alerts***	Cold Alerts
	 People who report being bitten or scratched by an animal that may have rabies. People who report that they have been exposed to an animal's saliva through a cut on their skin or mucous membrane exposure (e.g. mouth) by an animal that may have rabies. 	All ticks submitted for identification to Hamilton Public Health Services that were found on a person who lives in the City of Hamilton.	 An event that required a Special Event Advisory Team (S.E.A.T.) application approval from Hamilton Public Health Services. Farmer's Markets defined in regulations under the Health Protection and Promotion Act are not included. 	Certification through the City of Hamilton Public Health Services.	 A Red Sign designation for improper food handling. A Red Sign is counted only once, even if a new sign is needed at the same location, but the red card posting was still in effect at the time 	An Alert issued by and for the City of Hamilton (regardless of the duration of the heat alert). For example, a Heat Alert lasting 3 consecutive days is counted as a single heat alert.	An alert was issued by and for the City of Hamilton (regardless of the duration of the cold alert). For example, a Cold Alert lasting 3 consecutive days is counted as a single cold alert.
2b) Inspection and Enforcement	Smoke-Free Ontario Act Inspections (legal enforcement)	Electronic Cigarette Act inspections (legal enforcement)	City of Hamilton By- law #11-080 (Smoking in Parks/Recreational Properties)	Food	Water	Residential Care Facility	Personal Service Settings
	 Enforcement of the Smoke-Free Ontario Act by: Prohibiting smoking in enclosed workplaces, enclosed public spaces and other spaces The sale of tobacco products to anyone 18 years of age or younger Banning the public display of tobacco products at the cash register Prohibiting the sale of youth-targeted tobacco products (e.g. flavoured cigarillos). 	 Restriction on youth sales access to persons 19 years of age or older The Act came into effect on January 1, 2016. 	 Any action under By-law #11-080, the Smoke-Free Ontario Act (SFOA), and/or Health Protection and Promotion Act (HPPA) that results in ticketing, the assessment of fines, summons, and/or court appearances. The physical premises must be in the City of Hamilton. 	 High-, Moderate- and Low-Risk routine inspections 'Pre-Opening' consultations and inspections for new businesses Follow-up inspections for infractions(re- inspections) 	 All routine drinking water system and recreational facility(pools, etc.) inspections Follow-up (re- inspection) drinking water system inspections in response to deficiencies or infractions 'Pre-Opening' consultations and inspections for seasonal recreational water facilities Does not include beach sampling inspections 	 All routine inspections according to by-law Follow-up inspections for infractions, 'Pre-opening' consultations and inspections for new residential care facilities 	 All routine inspections according to OPHS 'Pre-Opening' consultations and inspections for new personal service settings Follow-up (re- inspections) inspections for infractions

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2b) Inspection and Enforcement	Day Cares	Other	Infection Prevention and Control (IPAC)
	 Licensed day cares/ day nurseries All routine inspections for safety and infection control Follow-up(re- inspections) for infractions 'Pre-Opening' consultations and inspections for new licensed day cares/ day nurseries 	 Includes funeral home inspections and enforcements 	 IPAC lapses that resulted in postings on the Hamilton website All IPAC Lapses identified and linked to the conduct of a regulated health professional All IPAC Lapses identified in Personal Services Settings All IPAC Lapses identified in settings not routinely inspected by the board of health Does not include complaints received.

Note: People included in this section are reported to be residents of the City of Hamilton at the time of the event. Only data for licensed facilities can be captured. The date that Hamilton Public Health Services is notified is used to determine the count of an event. 'Other' inspections include funeral homes and cemeteries. ***Change in definition of a heat alert occurred in the spring of 2015 as part of Toronto 2015 Pan Am/ Para Pan Am Emergency Preparedness Planning.

Part 3: Workload

3a) Complaints	Smoke-Free Ontario Act AND City of Hamilton By- law #11-080	Food	Water	Vectorborne Disease	Infection Control	Health Hazards
	Complaints about Tobacco Control inspections and follow-up enforcement checks	 Complaints about food adulteration, sanitation, suspect illness, garbage, and fire/flood in food premises 	Complaints about pools, spas, wading pools, splash pads, drinking water, recreational water (e.g. beaches), small drinking water systems, and cooling towers	Complaints about standing water, rabies, ticks and mosquitos	 General complaints about sanitation, maintenance, garbage and fire/flood Complaints about personal service settings (e.g. tattoo, barber, piercing, nail premises), licenced day nurseries, residential care facilities, long term care homes and retirement homes 	Complaints about the built environment/housing, bedbugs, mice, rats, cockroaches, insects, effects of hoarding behaviours, fleas, odour, sewage, residential care facilities and lodging homes
3b) Education, Requests for Non-Routine Inspections, Consults, Referrals	All educations presentations, education requests, consults and referrals related to each category of Section 3a (described above)					

Note: Counts in this table are for inspections occurring as a result of complaint(s). Complaints do not include referrals, routine inspections, inquiries, requests for inspection, education or consultations.

Part 4: Unusual Occurrences

This part is reserved for unusual occurrences that are not already described or accounted for in Parts 1, 2 or 3.