

Part 1: Mandatory Reporting

1a) Confirmed Cases of Mandatory Reportable Diseases					Top 3 diseases for each disease category (July – December 2018): Respiratory/Direct Contact: <ol style="list-style-type: none"> Influenza A Latent Tuberculosis Invasive Streptococcus Pneumoniae Enteric, Foodborne & Waterborne: <ol style="list-style-type: none"> Campylobacter Enteritis Salmonellosis Giardiasis Vector borne and Zoonotic: <ol style="list-style-type: none"> West Nile Virus Illness Lyme Disease Sexually Transmitted/Blood borne: <ol style="list-style-type: none"> Chlamydial Infections Gonorrhoea (all Types) Hepatitis C <p>¹ The 2018 influenza season was led by influenza A along with a greater contribution from influenza B (451 cases vs 89 cases from the 2017 season) leading to an increase in respiratory or direct contact cases.</p>
How It's Spread	2015	2016	2017	2018	
Respiratory or Direct Contact ¹	1309	1477	1254	1842	
Enteric, Foodborne & Waterborne	312	264	275	318	
Vector borne and Zoonotic Diseases	17	13	19	14	
Sexually Transmitted & Blood borne Infections ²	2038	2249	2420	2638	
Other	21	29	36	15	
1b) Confirmed Outbreaks Reportable to Public Health					
Type of Outbreak	2015	2016	2017	2018	
Community	4	6	5	1	
Institutional ³	129	80	125	143	

Part 2: Environmental Health

2a) Mandatory Program Services						<p>² This steady increase is largely the result of gonorrhea and chlamydia cases with increases of 149.7% and 19.6% respectively from 2015 to 2018.</p> <p>³ Influenza B also contributed to the increase in the number of institutional outbreaks observed during this time frame (30 of 143 institutional outbreaks were associated with influenza B compared to only 4 last season).</p> <p>⁴ Stemming from the Ontario raccoon rabies outbreak that began in December of 2015, the continued high number of reported animal bites is likely the result of the increased awareness of rabies in the City of Hamilton.</p> <p>⁵ A combination of increased public awareness (through program efforts and the declaration of a risk area in the city of Hamilton) along with a hotter, dryer summer in 2018 resulted in a lower number of ticks submitted from the public compared to the past.</p>
Programs	Areas	2015	2016	2017	2018	
Vector borne Disease	Animal Bites ⁴	1423	1508	1543	1502	
	Ticks Submitted ⁵	352	297	892	567	
Food	Special Events ⁶	73	56	55	47	
	Food Handler Certifications ⁷	2602	2572	2390	1607	

	Red Signs Posted⁶	31	25	23	50	<p>⁶ Over time, special events in the City of Hamilton have seen a change in size and popularity. Larger special events have gained popularity over smaller special events, resulting in a lower number of special events inspected over time. Also, the risk assessment process for special events has been refined resulting in lower number of special events requiring inspection.</p> <p>⁷ The Food Safety Program routinely employs continuous improvement practices to identify service-level improvements and efficiencies based on evidence. A review of Food Handler certification practices conducted in 2017/18 assessed Food Handler Certification registrant exam size, times the exams are being offered, and how these sessions are administrated and proctored by Certified Public Health Inspectors and administrative staff. The findings of this assessment resulted in an adjustment of the exam times offered being aligned within regular business hours and reduced administration and proctoring compliment. These changes resulted in cost savings in delivering Food Handler Certification. Public Health Services administers and delivers Food Handler Certification at a very competitive price-point comparative to the majority of third-party Ministry-accredited providers, resulting in exam bookings being scheduled two-three months out. The reported reduction in total Food Handler Certifications issued is a function of timing – whereas potential registrants self-elect to register with another provider.</p> <p>⁸ 18 of 50 closures were of restaurants closed multiple times. No access to hot water, unsanitary conditions, and presence of pests caused most restaurants closures in 2018.</p>
Health Hazards	Heat Alerts	4	9	2	6	
	Cold Alerts	8	8	4	5	

2b) Inspection and Enforcement					<p>⁹ The electronic cigarette act came in to effect on January 1st, 2016. With this introduction the tobacco program has been working to educate the public on the act and enforce its requirements with vendors; likely the reason why the number of enforcement activities continues to decline over time. On October 17th, 2018, the existing Smoke-Free Ontario Act 2006 and the Electronic Cigarettes Act, 2015 were repealed and replaced them with a single legislative framework.</p> <p>¹⁰ This city by-law has been in place for some time now (2011). Public awareness and compliance is likely contributing to a corresponding decrease in required enforcement activity.</p> <p>¹¹ In January of 2017, enforcement of the Healthy Menu Choices Act began, resulting in more food safety inspections completed in 2017. Since then, the food safety team has incorporated these requirements into their routine inspections.</p> <p>¹² The province of Ontario issued a revised public pool regulation in January of this year with an effective date of July 1st, 2018. This reduced the number of inspections</p>
Categories	2015	2016	2017	2018	
Smoke Free Ontario Act inspections (legal enforcement)	1640	1465	1271	1390	
Electronic Cigarette Act inspections (legal enforcement)⁹	n/a	544	427	299	
City of Hamilton By-law #11-080 Prohibiting Smoking within City Owned Parks and Recreation Property¹⁰	56	73	60	25	
Food¹¹	6616	5755	6141	6536	
Water¹²	853	884	884	797	
Residential Care Facilities	671	615	551	550	

Personal Service Settings	971	1015	1020	967	<p>required for seasonal recreational water facilities.</p> <p>¹³ In 2017, the food premises portion of day cares were assessed using the food premise risk characterization tool. Some high-risk premises (which require 3 inspections per year) were changed to moderate risk (requiring 2 inspections per year). This has resulted in fewer total inspections required. All day cares continue to receive 1 infection control inspection annually.</p> <p>¹⁴ The number of Infection Prevention and Control Lapses counted for 2017 was updated to reflect a change to the definition for this report category (see Appendix B).</p>
Day Cares¹³	569	608	534	528	
Other (e.g. funeral homes)	201	246	275	282	
Infection Prevention and Control Lapses¹⁴	n/a	0	3	2	

Part 3: Workload				
3a) Complaints				
Categories	2015	2016	2017	2018
Smoke Free Ontario Act	335	274	213	218
Electronic Cigarette Act	n/a	17	8	7
City of Hamilton By-law #11-080 Prohibiting Smoking within City Owned Parks and Recreation Property	39	28	25	28
Food ¹⁵	316	249	214	523
Water	35	37	13	16
Vector Borne Disease	102	109	126	133
Infection Control	129	64	86	112
Health Hazards ¹⁶	1502	1638	1429	1468
3b) Education, Requests for Non-Routine Inspections, Consults, Referrals				
Categories	2015	2016	2017	2018
Food	440	795	661	536
Water ¹⁷	480	487	562	765
Vector Borne Disease ¹⁸	48	44	47	138
Infection Control ¹⁹	580	1415	1097	646

¹⁵ The food safety team has handled more complaints this year compared to the past as the food safety team inspectors are now required to follow up on suspect foodborne illness complaints. This responsibility in the past was undertaken by the infectious disease team and does not represent more food complaints received by Public Health Services.

¹⁶ The majority of the health hazard complaints are related to pests (bed bugs, rats and cockroaches).

¹⁷ This steady increase is a result from regulatory changes in 2017 requiring all schools and childcare centres to test all drinking water taps for lead within a 3-year period.

¹⁸ Undertaken but not previously captured, animal to animal exposures and rabies consultations are now included and explain this increase.

¹⁹ Over the past few years the transition from a paper-based system to electronic systems has resulted in more specific classifications of consultations and calls received by the program. This has resulted in a less calls classified as general or non-routine infection control and instead classified as specific case management tasks.

Health Hazards	267	637	241	285	
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