Our Services
Day-to-day work to support a healthy and safe community

#	Measure	Target	Q1-Q2 Results	Q3-Q4 Results	2022 Total	Comments
CHRONIC DISEASE PREVENTION AND WELL-BEING						
OBJECTIVE: To increase access to dental care						
P1	% of eligible clients enrolled in Senior Dental Services who accessed the clinic service	80%	70.7% (1,507/2,132)	63.3% (1,979/3,125)	66.3% (3,486/5,257)	Target unmet. There are many eligible seniors for this program with high demand and limited capacity. The Senior's Dental Health Bus was partially operational in August, increasing to 4 days per week by November and utilizing both dental chairs while continuing to work through IT issues. To maximize our capacity, we have opened up time at satellite clinics, improved booking processes, and tightly monitored appointments in our booking software. The wait list for services is on the City of Hamilton's dashboard.
FOOD SAFETY						
OBJECTIVE: To detect, identify, and respond to food-borne illnesses, their associated risk factors, emerging trends, and unsafe food offered for public consumption						
P2	% of special events inspected as a result of a completed risk assessment of high	100%	100% (11/11)	100% (28/28)	100% (39/39)	Target met. All Special Event Advisory Team applications were risk assessed, necessitating an inspection of the special event.
P3	% of year-round high-risk and moderate-risk food premises requiring re-inspections due to food safety concerns that have received a re-inspection	100%	100% (218/218)	100% (345/345)	100% (563/563)	Target met. Re-inspections occurred according to operational standards.
FOUNDATIONAL						
OBJECTIVE: To ensure all Hamilton residents attain full health potential without disadvantage due to the social determinants of health						
P4	Cumulative % of Public Health Services staff who have completed Indigenous Cultural Competency Training	7.7%	—	7.7% (45/587)	7.7% (45/587)	Target met. Training resumed in Q3-Q4 after suspension due to the COVID-19 response.
OBJECTIVE: In 2022, to identify, continuously improve, streamline, and implement Public Health Services' core business and planning processes across Public Health Services						

#	Measure	Target	Q1-Q2 Results	Q3-Q4 Results	2022 Total	Comments
P5	% of outstanding department policies and procedures reviewed and approved by year-end	100%	—	—	—	Target unmet. Due to staff recruitment challenges and competing operational demands impacting recovery work, this work was re-prioritized and delayed into 2023.
HEALTHY ENVIRONMENTS						
OBJECTIVE: To improve coordination in governance to address climate change						
P6	% of assigned milestones completed from the Bay Area Climate Change Partnership project	100%	80.0% (4/5)	20.0% (1/5)	100% (5/5)	Target met. The Bay Area Climate Change Office has been established, and City Council approved the Climate Change Impact Adaptation Plan in August 2022.
OBJECTIVE: To increase awareness of radon as a health hazard						
P7	# of radon kits distributed to the public	300	0	259	259	Target unmet. The promotion of radon awareness occurs in Q4 each year.
HEALTHY GROWTH AND DEVELOPMENT						
OBJECTIVE: To improve service delivery						
P8	Breastfeeding Support "Significant Interactions" by interaction type	F2F [a] / 156	5	76	81	Target unmet. Staff remained deployed due to supporting ongoing COVID-19 response until mid-year. As part of Public Health Services' recovery work, breastfeeding supports increased in the second half of 2022, and the program re-engaged with breastfeeding service providers to update the breastfeeding support pathway and ensure Public Health Services' services are aligned with community needs/targeting those most likely to stop breastfeeding. [a] face-to-face home visits [b] equipment provision [c] Ontario Telemedicine Network [d] Phone/text/email/consult support [e] Connection Support
		EP [b] / 52	17	5	22	
		OTN [c] / 260	24	10	34	
		Consult [d] / 1,820	403	905	1,308	
		Connection [e] / 185	77	548	625	

#	Measure	Target	Q1-Q2 Results	Q3-Q4 Results	2022 Total	Comments
P9	% of pregnant individuals in Hamilton who accessed Public Health Services prenatal support	25%	30.5% (831/2,727)	24.6% (706/2,871)	27.5% (1,537/5,598)	Target met. Connecting with individuals who are pregnant to provide access to prenatal education, screen for risk and link with appropriate supports and interventions is a high priority for the Healthy Growth and Development program.
P10	% of the annual total number of individuals who reside and give birth in Hamilton screened during pregnancy by the Healthy Babies Healthy Children program	18%	9.6% (463/4,846)	9.0% (437/4,846)	18.6% (900/4,846)	Target met. The prenatal Healthy Babies Healthy Children screening workgroup has collaborated effectively to identify and implement strategies to increase opportunities for individuals to be screened during pregnancy. Individuals at risk are referred to the Healthy Babies Healthy Children program for further assessment and support.
P11	% of high-risk clients who accept home visiting	90%	100% (149/149)	97.2% (175/180)	98.5% (324/329)	Target met. Almost all individuals/families who have an in-depth assessment by a Healthy Babies Healthy Children Public Health Nurse are confirmed to have challenges which may negatively impact their baby or child's growth and development, and accept long-term home visiting supports.
IMMUNIZATION						
OBJECTIVE: To improve vaccine management practices						
P12	% of publicly funded vaccine doses wasted	<5%	9.1% (8,882/97,236)	0.9% (996/117,056)	4.6% (9,878/214,292)	Target met. Publicly funded vaccine doses were wasted under the following categories in 2022: 1. 0.7% due to cold chain error 2. 1.5% due to excessive quantity (products ordered by healthcare providers) 3. 2.3% due to expired products The Q1-Q2 is high due to large returns of expired vaccines from 2021, largely attributed to the ongoing COVID-19 pandemic and the virtual care being

#	Measure	Target	Q1-Q2 Results	Q3-Q4 Results	2022 Total	Comments
						provided by healthcare provider offices in Hamilton.
P13	% of flu vaccine doses wasted	<5%	3.8% (3,949/104,360)	12.3% (12,803/104,360)	16.1% (16,752/104,360)	Target unmet. Flu vaccine doses were wasted under the following categories in 2022: 1. 1.3% due to Cold chain Error 2. 14% due to excessive quantity (return of products not utilized) 3. 0.7% due to expired product The increase in wastage is attributed to the vaccine returns from the 2021-2022 Universal Influenza Immunization Program and a decrease in the uptake of flu vaccine in the community with ongoing booster campaigns for COVID-19. The increase from Q1-Q2 to Q3-Q4 is attributed to the return cycle for the flu vaccine scheduled in Q3 and an internal delay in processing.
P14	% of premises storing publicly funded vaccines which are >12 months since the last routine cold chain inspection	<10%	25.4% (86/339)	0% (0/339)	0% (0/339)	Target met. All healthcare providers who store publicly funded vaccines are required to be inspected once annually by the public health unit. The Cold Chain Program introduced new work districts in 2022, realigning the timing of inspections for some premises. This was done to improve efficiencies and cost-effectiveness and was the reason for the increase noted for Q1 and Q2. All 339 premises did receive an annual inspection by year-end. "Cold chain" refers to all materials, equipment, and procedures used to maintain vaccines in the required temperature range from the time of

#	Measure	Target	Q1-Q2 Results	Q3-Q4 Results	2022 Total	Comments
						manufacture until the vaccines are administered to individuals.
OBJECTIVE: To increase community-based immunization outreach						
P15	% of grade 7 students who are up to date with Human Papillomavirus doses	80%	0% (2/5,770[f])	56.8% (3,496/6,151)	56.9% (3,498/6,151)	Target unmet. Fall of 2022 was the first return to school-based clinics since the COVID-19 pandemic.As such, staff were focused on providing catch-up vaccinations to grade 8 students at the same time as vaccinating grade 7 students. This resulted in a double cohort in schools and there were some instances where vaccination of grade 7 students was delayed. There was a significant increase from Q2 reports of 0% up to date to 57% at the end of 2022. [f] Data from Panorama records as of June 10, 2022. Denominator based on grade 6 enrollment at the time of data extraction.
P16	% of grade 7 students who are up to date with school-based Meningococcal vaccine	90%	3.4% (195/5,770[f])	65.7% (4,042/6,151)	68.9% (4,237/6,151)	Target unmet. See comment above (P22). At the end of 2022, approximately 69% of grade 7 students were up to date with the school-based Meningococcal vaccine.
P17	% of grade 7 students who are up to date with Hepatitis B doses	80%	9.1% (527/5,770[f])	56.0% (3,442/6,151)	64.5% (3,969/6,151)	Target unmet. See comment above (P22). At the end of 2022, approximately 65% of grade 7 students were up to date with the Hepatitis B vaccine.
P18	Hepatitis B coverage rate for students in grades 8 to 12 (as of the fall)	75%	——	52.9% (17,097/32,291)	52.9% (17,097/32,291)	Target unmet. Public Health Services began offering catch-up routine vaccine clinics at the Lime Ridge Mall COVID-19 vaccine clinic early in 2022. Although these clinics were successful, the largest increase in percentage from September to December 2022 was seen in grade 8 students who were being vaccinated with grade 7 students in a double cohort. The percentage of grade 8 students increased from 25% in September 2022 to 60% during the fall semester. This shows the importance of the school-based

#	Measure	Target	Q1-Q2 Results	Q3-Q4 Results	2022 Total	Comments
						vaccine program in providing a safe and convenient location for students to receive their vaccinations, also highlighting the importance of high school vaccine clinics in the catch-up of lapsed vaccinations. This measure's overall progress (inclusive of students in grades 8 to 12) increased from 48.7% to 52.9%. High school clinics were planned for February to March 2023 to assist in further catch-up of students in grades 9 to 12.
P19	Human Papillomavirus coverage rate for students in grades 8 to 12 (as of the fall)	70%	——	44.4% (14,324/32,291)	44.4% (14,324/32,291)	Target unmet. See comment above (P25). The percentage of grade 8 students increased from 17% to 53% over the fall semester. See comment above (P25). This measure's overall progress (inclusive of grades 8 to 12) increased from 39.9% to 44.4%. High school clinics were planned for February to March 2023 to assist in further catch-up of grades 9 to 12.
P20	Meningococcal coverage rate for students in grades 8 to 12 (as of the fall)	90%	——	73.9% (23,861/32,291)	73.9% (23,861/32,291)	Target unmet. See comment above (P25). The percentage of grade 8 students increased from 23% to 70% during the fall semester. See comment above (P25). This measure's overall progress (inclusive of students in grades 8 to 12) increased from 66.2% to 73.9%. High school clinics were planned for February to March 2023 to assist in further catch-up of students in grades 9 to 12.
INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL						
OBJECTIVE: To increase compliance with infectious and communicable diseases prevention and control (IPAC) standards						
P21	% of infection prevention and control complaints that were verified to be a lapse	N/A	0% (0/1)	0% (0/0)	0% (0/1)	Target met. 1 infection prevention and control lapse complaint investigation completed in 2022

#	Measure	Target	Q1-Q2 Results	Q3-Q4 Results	2022 Total	Comments
P22	% of high-risk childcare inspections completed (Food Safety and Infection Prevention and Control)	50%	16.3% (44/270)	50.4% (136/270)	66.7% (180/270)	Target met. All high-risk childcare premises are to receive three inspections annually; for 2022, this equated to 270 inspections across 90 high-risk childcare premises. The 50% target does not imply that only half of the high-risk childcare settings would be inspected; instead, the target was to complete at least 50% of the total number of required inspections during the 2022 year. This measure only provides metrics for the second and third inspection cycles (i.e., May to August and September to December, respectively). Routine inspections were not completed during the first inspection cycle (i.e., January to April) due to staff deployed to COVID-19 response and outbreak management. High-risk inspections were restarted in May 2022. 100% of high-risk inspections were completed in the second and third inspection cycles. Full resumption of inspection activity for Q1 in 2023.
P23	% of confirmed Human Immunodeficiency Virus cases where follow-up was completed within 2 months	75%	86.7% (13/15)	83.3% (20/24)	84.6% (33/39)	Target met.
P24	% of animals investigated that are current on their rabies vaccinations at the time of the bite	50%	50.7% (291/574)	50.6% (325/642)	50.7% (616/1,216)	Target met.
SCHOOL HEALTH						
OBJECTIVE: To increase capacity to address health-related topics among targeted schools						
P25	% of target schools that completed Ophea Healthy Schools Certification	60%	—	61.2% (63/103)	61.2% (63/103)	Target met. Target was based on the 2022-2023 school year. Anticipate full school year data for the 2023 Mid-Year Public Health Services Performance Report. Target on track in the first year of program-wide implementation of the HSC

#	Measure	Target	Q1-Q2 Results	Q3-Q4 Results	2022 Total	Comments
						process. This result indicates % of schools registered and engaging.
SCHOOL HEALTH – ORAL HEALTH						
OBJECTIVE: To increase the uptake of preventive dental services						
P26	% of clients screened as Preventive Services Options at a public health clinic who received preventive services in our clinics	50%	64.0% (16/25)	96.0% (95/99)	89.5% (111/124)	Target met. Most children and youth screened and found eligible for Healthy Smiles Ontario received a preventive appointment. Preventive clinic services were limited to the Robert Thompson Building clinic until August, when preventive clinics re-opened. Low numbers until school screening resumed in October.
SUBSTANCE USE AND INJURY PREVENTION						
OBJECTIVE: To increase access to harm reduction supplies and services						
P27	# of naloxone kits distributed	10% increase from 2021	4,013	6,785	10,798	Target met. In 2022, the Ontario Naloxone Program distributed 10798 naloxone kits, compared to 9008 in 2021. This represents an 11% increase. Note: this includes new kits only and not refills.
P28	% of Needle Exchange Van service requests that were responded to	100%	94.6% (2,015/2,129)	96.0% (1,974/2,057)	95.3% (3,989/4,186)	Target unmet. Continue to see increased demand for needle exchange services. COVID-19 also impacted staffing, which impacted operational service delivery.
P29	% of vapour product vendors in compliance with youth access legislation at the time of last inspection	90%	—–	82.4% (14/17)	82.4% (14/17)	Target unmet. Vapour product vendors may be selling to minors due to a possible reduction in the number of inspections as a result of the COVID-19 pandemic response shortly after the amended Smoke-Free Ontario Act to include vapour products in 2018.

ORAL HEALTH – NON-MANDATED PUBLIC HEALTH SERVICES						
OBJECTIVE: To improve access to dental care among adults						
P30	% of eligible clients enrolled in adult dental services who accessed the clinic service	75%	51.7% (778/1,504)	53.3% (870/1,632)	52.6% (1,648/3,136)	Target unmet. Wait lists were impacted by the recruitment of a 0.6 FTE dentist, full FTE complement anticipated to free up clinic time and decrease the wait list.

Monitoring Measures (Ministry of Health Q4 Standard Activity Report)

#	Measure	Year 2022						
HEALTHY ENVIRONMENTS								
Q1	Number of catch basins treated with larvicide per round	Round 1						44,206
		Round 2						44,955
		Round 3						44,683
Q2	Number of mosquito traps set per week							20 traps 10 weeks
Q3	Number of rabies exposures investigated, broken down by species/category of animal and type of exposure (e.g., bite, non-bite, or bat)		Bite exposures		Non-bite exposures		Bat exposures	Total # investigations
		Dog	572		310			882
		Cat	178		149			327
		Bat			110		17	127
		Livestock	3		1			4
		Wildlife	63		100			163
		Rodent	25		8			33
Q4	Rabies vaccination status data for all dogs, cats, ferrets, horses, cattle and sheep investigated following reported human exposures (i.e., vaccinated, unvaccinated, exempt or unknown)		Vaccinated		Un-vaccinated	Exempt from vaccination	Unknown status	Total # Investigations
			As per legislation O.Reg. 567	Non-Compliant				
		Dog	386	7	126	7	358	884
		Cat	105	1	74	4	144	328
		Ferret						—
		Horse	1				1	2
		Cattle						—
		Sheep						
IMMUNIZATION								
Q5	Total number and type of catch-up clinical services held by the board of health for students in grades 8 to 12 for Hepatitis B, Meningococcal, and Human Papillomavirus vaccinations (for September 1, 2021 to August 31, 2022)	Catch up clinic at a school						—
		Routine school-based clinic						108
		Catch up clinic at public health office location						4
		Appointments for catch-up school-based immunizations						300
		Doses provided to healthcare providers upon request						Yes

Q6	Number of Hepatitis B, Meningococcal, and Human Papillomavirus vaccine doses administered to students (for September 1, 2021 to August 31, 2022)	Total number of doses of Hepatitis B vaccine administered to students in grades 7 to 8 for the reporting period	1,869
		Total number of doses of Meningococcal vaccine administered to students in grades 7 to 12 for the reporting period	1,712
		Total number of doses of Human Papillomavirus vaccine administered to eligible students (i.e., male and female) in grades 7 to 12 for the reporting period	2,209
Q7	Number and percentage of refrigerators that store publicly funded vaccines that received their routine annual inspection as per the vaccine storage and handling requirements	Total number of refrigerators in operation in the public health unit jurisdiction as of Dec 31st, 2022 wsith completed routine cold chain inspection	506
		Total number of refrigerators in operation in the public health unit jurisdiction as of Dec 31st, 2022	506
		Percentage of refrigerators that store publicly funded vaccines with completed cold chain inspection	100%
INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL			
Q8	Number of infection prevention and control (IPAC) complaints received that triggered an inspection	Total Complaints	30
		Triggered Inspection	18
Q9	Total number of verbal and written IPAC-related section 13 health hazard orders issued under the Health Protection and Promotion Act (HPPA) in 2022.	No verbal or written IPAC-related section 13 health hazard orders were issued under the HPPA in 2022.	
Q10	Percentage of reported confirmed sexually transmitted and blood-borne infection (STBBI) cases where treatment and follow-up were conducted according to the Infectious Diseases Protocol, 2018 (or as current), for each of Hepatitis C, Gonorrhea, and Syphilis	Hepatitis C	82.5% (104/126)
		Gonorrhea	94.9% (407/429)
		Syphilis	91.9% (170/185)
		Total	92.0% (681/740)
Q11	Total number of cases with acquired drug resistance for tuberculosis (TB) identified in the public health unit jurisdiction		0
Q12	Board of health activities related to Tuberculosis Infection (TBI)	• Public health nurses receive reports of Tuberculosis Infection (TBI) identified through Immigration Medical Surveillance and/or other TBI screening methods. All reports received are reviewed and risk assessed to identify those at high risk of TBI activation. All high-risk individuals receive health teaching promoting the initiation of TBI Preventative Treatment (TPT) and are offered referral to the local TBI clinic. • Clients who initiate treatment for TBI are monitored by public health nurses for the duration of their treatment. Clients are assessed regarding current treatment status, side effects, compliance with medications, bloodwork, and adherence to scheduled medical appointments. If applicable, public health nurses will contact the client to provide health teaching and promote the continuation and completion of treatment.	

		• In response to COVID-19 and provincial lockdowns, public health nurses dispensed and delivered medications to client homes to reduce barriers to medication supply. As the pandemic restrictions began to lift, public health nurses continued to facilitate medication delivery to clients on TPT who faced significant barriers to compliance, thus facilitating treatment completion. • Hamilton has also worked closely with the local TBI Clinic to support 3HP therapy by delivering Directly Observed Therapy (DOT) for those identified as appropriate for the shortened regime. 3HP is the combination regimen of Isoniazid (INH) and Rifapentine (RPT) and is given as 12 weekly DOT doses • As part of the World TBI Day health promotion campaign, our program used social media platforms to promote our local website to bring awareness to TBI.	
Q13	Number of re-inspections of personal services settings		6
Q14	Number of tickets issued per section number under the Provincial Offences Act from January 1, 2022 - December 31, 2022		0
Q15	Total number of summonses issued per section number under the Provincial Offences Act from January 1, 2022 to December 31, 2022		0
Q16	Number of infection prevention and control (IPAC) lapses by setting		0
FOOD SAFETY			
Q17	Total number of all fixed year-round food premises in operation in 2022		3,007
Q18	Total number of all fixed seasonal food premises in operation in 2022		252
Q19	Total number of all fixed high-risk food premises in operation in 2022		629
Q20	Total number of moderate-risk food premises in operation in 2022		1,628
Q21	Total number of food safety complaints received for food premises that triggered an inspection		289
Q22	Total number of tickets issued per section number	Number of Tickets / Section Number	
		1 — 27 (1)	(temperature abuse, hazardous food)
		1 — 22	(sanitizing of work surfaces)
		1 — 7 (1) (g)	(floor/wall/ceiling not clean)
		1 — 7 (1) (a) (ii)	(health hazard condition)
		Total Number of Tickets — 4	
Q23	Total number of written section 13 orders (protection from pests) issued under the Health Promotion and Protection Act (HPPA)		13
SAFE WATER			
Q24	Recreational water: Total number of recreational water complaints that triggered an inspection		2

Q25	Recreational water: Total number of tickets issued by section number			0
Q26	Recreational water: Total number of Class A pools (general public admitted) in operation in the public health unit jurisdiction	Seasonal		12
		Year-round		34
		Total		46
Q27	Recreational water: Total number of Class B pools (apartment/hotel with 6+ units) in operation in the public health unit jurisdiction	Seasonal		32
		Year-Round		39
		Total		71
Q28	Recreational water: Total number of Class C facilities (splash pad, wading pool) in operation in the public health unit jurisdiction			65
Q29	Recreational water: Total number of spas (seasonal and year-round) in operation in the public health unit jurisdiction	Seasonal		1
		Year-Round		15
		Total		16
Q30	Recreational water: Total number of re-inspections for Class A, B, C and spas	Class A	(general public admitted)	2
		Class B	(apartment/hotel with 6+ units)	28
		Class C	(splash pad, wading pool)	10
		Spas		15
		Total		55
Q31	Drinking water: Percentage of adverse water quality incidents (AWQIs) that had an initial response by the board of health within 24 hours			100% (37/37)

Ministry Measures (Ministry of Health Annual Report and Attestation)

#	Measure	Year 2022	Epidemiological Interpretation	Comments
INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL				
A1	Number and percentage of Salmonella and E.Coli foodborne outbreaks investigated for which a probable source was identified			
	Salmonellosis	0% (0/0)	There were no Salmonella foodborne outbreaks investigated for which a probable source was identified.	Not applicable.
	Verotoxin Producing E. Coli Including HUS	0% (0/0)	There were no E. Coli foodborne outbreaks investigated for which a probable source was identified.	Not applicable.

A2	Incidence rate of reportable foodborne illness cases for each of Salmonella, Campylobacter and E. Coli per 100,000 population			
	Salmonellosis	74	Case incidence has been trending upward since 2019. In 2022 there were 74 cases reported. The lower incidence in 2020 and 2021 may be due to the COVID-19 pandemic's impacts on testing and reporting.	Health-seeking behaviours are generally low for mild to moderate gastrointestinal symptoms, leading to underestimating the true disease burden. The COVID-19 pandemic may have decreased health-seeking behaviours further due to pandemic restrictions or attributing enteric disease symptomatology to a COVID-19 infection as symptoms for these diseases overlap. Salmonellosis is commonly linked to frozen raw breaded chicken products. On April 1, 2019, the Canadian Food Inspection Agency introduced new measures. There were no reported Salmonellosis outbreaks in Hamilton in 2022.
	Campylobacter Enteritis	92	Case incidence is trending upward since 2019. In 2022 there were 92 cases reported. The lower incidence in 2020 and 2021 may be due to the COVID-19 pandemic's impacts on testing and reporting.	Not applicable.
	Verotoxin Producing E.Coli Including HUS	15	Case incidence is trending upward since 2019. In 2022 there were 15 cases reported. The 0 case count in 2020 may be due to the COVID-19 pandemic's impacts on testing and reporting and may not be a true 0.	While E. coli is trending upwards, there were no identified E. Coli outbreaks in Hamilton in 2022.
A3	Incidence rate of each of Hepatitis C, Gonorrhea, and Syphilis per 100,000 population			
	Hepatitis C	21.6	The Hepatitis C incidence rate is down from 2019 and has stabilized over the last three years.	Hepatitis C disproportionately affects persons who inject drugs. Although services for the provision of harm reduction supplies continued throughout the pandemic, access to testing for this at-risk population decreased during the pandemic. A decrease in testing could have contributed to a lower incidence rate of Hepatitis C in 2022 as programs slowly began to open. In late 2021 and early 2022, Public Health Services observed an increase in testing being offered at the local pharmacies and primary care by not-for-profit organizations, such as Hepcure. These

			organizations have reported that some populations, such as those who are underhoused and persons who use drugs, are often difficult to follow and link to care. The City of Hamilton continued to partner with key local organizations, such as the AIDS network, the De dwa da dehs nye s Aboriginal Health Centre, and Shelter Health Network, for our annual World Hepatitis Day in 2022.
Gonorrhea	85.8	The gonorrhea incidence rate has remained relatively stable since 2019.	Although gonorrhea rates remain stable, screening for this sexually transmitted infection (STI) remains a priority due to the increasing trends in multi-drug resistant (MDR) strains emerging globally. The City of Hamilton is working closely to monitor MDR trends and support clinicians to treat this STI as to the most up-to-date treatment guidelines and via the provision of free medications. In 2022, the City of Hamilton continued to provide STI screening for high-risk populations at our sexual health and street health clinics.
Syphilis	49.7	The syphilis incidence rate is trending upward from 2019 to 2022; the 2022 incidence rate is approximately 2.9 times the 2019 incidence rate.	Rates of infectious syphilis have increased in both males and females, and are highest among individuals aged 30 to 39 years old. Males, including gay, bisexual, and men who have sex with men (MSM), continue to be disproportionately affected. Since 2017, Hamilton has seen an increase in congenital syphilis cases. Contributing factors to the increase in congenital syphilis could relate to barriers to accessing prenatal care, as syphilis screening is part of routine testing for pregnant individuals or lack of repeat screening at 28 to 32 weeks for pregnant women at ongoing risk of infection. Similar to other jurisdictions, Hamilton is seeing the vast majority of their congenital syphilis cases in children born to mothers who belong to marginalized communities, such as those who are underhoused and persons who use drugs. The general increase in syphilis rates could be attributed to many factors, such as decreased sexual health promotion campaigns during the COVID-19 response, a lack of awareness of this emerging disease by the general population, and widespread

				uptake of HIV PrEP. As syphilis rates have sharply risen, Hamilton clinicians have expressed knowledge gaps with staging and treating syphilis, and Public Health Services is working with community partners to increase awareness and treatment capacity to prevent secondary cases of this sexually transmitted infection.
A4	Number and percentage of active respiratory Tuberculosis (TB) cases that complete recommended treatment			
	Ministry of Health Method	100% (7/7)	The percentage of TB cases completing treatment within the reporting year is stable.	The City of Hamilton partners with the St. Joseph's Tuberculosis (TB) Clinic to provide case and contact management for all active TB cases. Nurses highly specialized in public health management of this disease provide direct client care, including directly observed therapy to ensure treatment success. Nurses address health inequities by supporting individuals with food and housing security challenges and language and transportation barriers to ensure optimal health outcomes. Note: This indicator only includes respiratory TB, and other forms of active TB, such as extrapulmonary TB, receive the same level of support.
	Alternative Method	100% (7/7)	The percentage of TB cases completing treatment within 12 months of the treatment start date is stable.	
#	**Measure**	**2021-2022**	**Epidemiological Interpretation**	**Comments**
A5	Percentage of 7 and 17 year olds whose vaccinations are up-to-date for all Immunization of School Pupils Act (ISPA) designated diseases			
	7 year olds	44.5% (2,710/6,090)	There has been a significant decline in vaccination completion rates for all ISPA designated diseases in the 2021-2022 school year, with only 44.5% of 7-year-old students having up-to-date vaccination records compared to 86.4% in 2018-2019.	During the pandemic, regular ISPA screening was not done by public health units. Parents and caregivers were not provided with screening letters to remind them to report childhood vaccinations at this time. The transition to virtual primary care visits may also have impacted the opportunity for in-person appointments required for childhood vaccinations. This has not been fully assessed at this time; however, with the resumption of ISPA related screening in 2023, public health units may be better positioned to assess this as a potential secondary outcome of the COVID-19 pandemic.
	17 year olds	58.4% (3,780/6,471)	There has been a slight decrease in vaccination completion rates for all ISPA designated diseases in the 2021-2022 school year, with 58.4% of 17-year-olds	During the pandemic, regular ISPA screening was not done by public health units. Parents, caregivers and students were not provided screening letters to remind them to report vaccinations. Although many 17 year

			having up-to-date vaccination records compared to 66.4% in 2018-2019.	olds would have had the opportunity to have gone through a screening and suspension cycle prior to the pandemic, with the timing of the pandemic, many may not have been due for Tdap before the pandemic and did not have the opportunity to go through a screening cycle before they turned 18. The transition to virtual primary care visits may also have impacted the opportunity for in-person appointments that are required for vaccinations. This potential impact has not been fully assessed at this time.
A6	Percentage of grade 7 students whose vaccinations are up-to-date for Hepatitis B, Meningococcal, and Human Papillomavirus (12 and 13 year olds)			
	Hepatitis B	63.4% (3,886/6,133)	The percentage of grade 7 students with up-to-date Hepatitis B vaccinations has trended upward from 14.3% in 2019-2020 to 63.4% in 2021-2022, but is still not as high as in 2018-2019.	The increase from 2019 and 2020 is due to the restart of public health school-based clinics in the fall of 2022 and routine catch-up clinics available at other public health vaccine clinic locations. Data from the previous two years was during the COVID-19 pandemic when school clinics were not running. Data remains lower than during the 2018-2019 school year, which was the last full year of school-based clinics prior to the pandemic and is the best comparator for past vs current status. Public Health Services is engaged with significant catch-up vaccine work and is in the process of vaccinating a double cohort of grade 7 and 8 students at school-based clinics. Grade 8 students were prioritized for catch-up as they soon will age out of regular school-based vaccine clinics in elementary schools. Due to limitations in health and human resources available in base funding models, some grade 7 students will be delayed for catch-up in grade 8.
	Human Papillomavirus	58.5% (3,590/6,133)	There has been a significant increase in the percentage of students with up-to-date Human Papillomavirus vaccinations from 1.2% in 2019-2020 to 58.5% in 2021-2022.	See comment above (A6: Hepatitis B).
	Meningococcal	80.7% (4,950/6,133)	There is a slight decrease in the percentage of grade 7 students with up-to-date Meningococcal vaccinations from 80.7% in 2019-2020 to 75.1% in 2021-2022.	The increase from 2020-2021 numbers is due to the restart of public health school-based clinics in the fall of 2022 and routine catch-up clinics available at other public health vaccine clinic locations; however, the percentage remains lower than at the start of the pandemic where the majority of grade 7 students would have had at least one opportunity (in fall of

				2019) to receive Meningococcal vaccine. Public Health Services remains engaged with significant catch-up vaccine work and is in the process of vaccinating a double cohort of grade 7 and 8 students at school-based clinics. Grade 8 students were prioritized for catch-up as they will soon age out of regular school-based vaccine clinics in elementary schools. Due to limitations in health and human resources available in base funding models, some grade 7 students will be delayed for catch-up when clinics return to elementary schools for the second round of Human Papillomavirus and Hepatitis B vaccinations or in grade 8.