



# Communicable Disease Report

## Summit County

### February, 2020



#### 1. Monthly Highlights/Observations:

**Tuberculosis-** Two suspected cases of TB were investigated in February, and both are pending until doctor's final determination or lab results are completed. SCPH CDU prepared for one interjurisdictional case transfer, and continued to investigate local contacts for four TB cases that were confirmed in 2018 and 2019. SCPH CDU currently provides direct observed therapy (DOT) to 10 cases (7 cases of pulmonary TB and 3 extra pulmonary cases). In February, two DOT cases (one pulmonary and one extra-pulmonary) were closed. DOT clients receive daily to monthly visits depending on side effects and where client is in treatment. All cases are complex and require resources (including obtaining the medications, collecting sputum samples), which requires collaboration and coordination between multiple agencies and external community services.

The CDU also investigated 17 cases of hepatitis B, 4 Lyme disease, 1 pertussis, 1 varicella and 3 carbapenem resistant enterobacteriaceae (CP-CRE). 18 enteric cases (5 campylobacteriosis, 4 cryptosporidiosis, 3 *E. coli* (Shiga Toxin-Producing), 4 hepatitis A, 1 salmonellosis, 1 shigellosis, and 1 yersiniosis) were investigated in February.

**2. Outbreaks:** Two norovirus outbreaks were reported to the CDU in February.

**Hepatitis A Community Outbreak:** Although hepatitis A activity has decreased in Ohio and in Summit County, the Ohio Department of Health has not yet declared the end of the statewide outbreak. As of February 29, 2019, there were 203 reported hepatitis A cases in Summit County in 2018 through 2020, 155 of which were linked to the outbreak. SCPH continued preventative action by offering the combined hepatitis A/B vaccine (Twinrix) at needle exchange sites in February.

**Novel Coronavirus:** There were no confirmed cases of COVID-19 reported in Summit County or in Ohio in February.

**3. Epicenter:** Epicenter is an electronic surveillance system which provides instant notification of unusual symptomatic activity at local Emergency Departments. 3 Epicenter alerts were issued during February for the following communicable disease symptoms: Vision (1), Congestion (1), and Fever (1). These alerts were investigated and determined to be either not of public health concern or due to seasonal illness.

**4. Influenza Surveillance:** Surveillance for the 2019-2020 influenza season began on October 6, and the initial report was issued on October 25. Influenza activity in continued to increase in February, with 2,823 positive flu tests (1,656 type A and 1,167 type B) and 318 reported influenza related hospitalizations at Summit County hospitals. Surveillance data from the 2019-2020 season and previous seasons are available in an influenza dashboard, which is located on the SCPH website:

<https://www.scph.org/dashboards> The weekly influenza report may be accessed here:

<https://www.scph.org/flu-surveillance-reports>

**5. Vector-borne Surveillance:** Vector borne disease surveillance ended on October 26, 2019, and the final report was issued on November 5. Surveillance for the 2020 season will begin in late May. Copies of the reports may be accessed at: <https://www.scph.org/vector-surveillance-reports>

## Communicable Disease Reports Received, February 2020

Reportable Condition	February 2020	January 2020	Year-to- Date 2020	Year-to- Date 2019
Amebiasis	0	0	0	0
Babesiosis	0	1	1	0
Botulism - infant	0	0	0	0
Botulism, food borne	0	0	0	0
Brucellosis	0	0	0	0
CP-CRE	3	4	7	1
Campylobacteriosis	5	9	14	13
Chlamydia infection	259	310	569	544
Cholera	0	0	0	0
Coccidioidomycosis	0	0	0	0
Creutzfeld-Jakob Disease	0	0	0	1
Cryptosporidiosis	3	4	7	5
Cyclosporiasis	0	0	0	0
Dengue	0	0	0	0
<i>E. coli</i> , Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	3	2	5	4
Ehrlichiosis/ anaplasmosis	0	1	1	0
Giardiasis	0	0	0	6
Gonococcal infection	119	128	247	181
<i>Haemophilus influenzae</i> infection	0	2	2	4
Hantavirus infection	0	0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0	0
Hepatitis A	4	5	9	12
Hepatitis B - acute	0	1	1	5
Hepatitis B - chronic	16	12	28	21
Hepatitis B - perinatal (see Notes on page 3)	1	0	1	2
Hepatitis C- acute	2	1	3	2
Hepatitis C- chronic	54	53	107	116
Hepatitis C - perinatal infection	0	0	0	2
Hepatitis E	0	0	0	0
HIV/AIDS	6	8	14	9
Influenza - ODH Lab Results	1	0	1	1
Influenza-associated hospitalization	274	164	438	207
Influenza-associated pediatric mortality	0	0	0	0
LaCrosse virus disease	0	0	0	0
Legionellosis	0	3	3	2
Listeriosis	0	0	0	1
Lyme Disease	4	2	6	2
Malaria	0	0	0	0
MERS	0	0	0	0
Measles	0	0	0	0
Meningitis - aseptic/viral	0	4	4	1
Meningitis-bacterial (Not <i>N. meningitidis</i> )	0	0	0	0
Meningococcal disease- <i>Neisseria meningitidis</i>	0	0	0	0
Mumps	0	1	1	0

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Reportable Condition	February 2020	January 2020	Year-to- Date 2020	Year-to- Date 2019
Pertussis	1	0	1	20
Powassan virus disease	0	0	0	0
Psittacosis	0	0	0	0
Q Fever	0	0	0	1
Rubella	0	0	0	0
<i>Salmonella typhi</i>	0	1	1	0
Salmonellosis	1	2	3	4
Shigellosis	1	0	1	4
Spotted fever rickettsiosis, including RMSF	0	0	0	0
<i>Staphylococcal aureus</i> - intermediate resistance to vancomycin (VISA)	0	0	0	0
Streptococcal - Group A invasive	4	2	6	11
Streptococcal - Group B in newborn	0	0	0	1
Streptococcal toxic shock syndrome (STSS)	0	0	0	0
<i>Streptococcus pneumoniae</i> - invasive - unknown resistance	7	7	14	11
<i>Streptococcus pneumoniae</i> - invasive - resistant	0	4	4	2
Syphilis - all stages	11	9	20	6
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	0	2	2	0
Tularemia	0	0	0	0
Typhoid fever	0	0	0	0
Varicella	1	2	3	0
Vibriosis (not cholera)	0	0	0	0
West Nile virus infection	0	0	0	0
Yersiniosis	1	0	1	2
Zika virus infection	0	0	0	0
<b>Total</b>	<b>781</b>	<b>744</b>	<b>1,525</b>	<b>1,204</b>

### Notes:

1) This report includes the number of reports of disease received and investigated by Summit County Public Health (SCPH). This includes all reports that were determined to be probable, suspected, or confirmed. Based on case investigation, clinical diagnoses, epidemiological case definitions, and lab results, the case status may change.

2) The Total Year-to-Date column reflects all cases of disease where SCPH is identified as the local health department in the Ohio Disease Reporting System (ODRS) as of the date that data was extracted. This includes the cases of disease entered into ODRS after last month's report was generated which will now be included in the Previous Month Revised column. Data may also vary in response to recent changes in data extraction and analysis. Because case classifications can change over time, monthly figures should not be considered final until the annual report is complete.

3) The number of perinatal hepatitis B cases reflect the number of infants born to hepatitis B positive mothers during the time period indicated. These infants will be followed by the Perinatal Hepatitis B Prevention Program (PHBPP) until serology indicates that the child has immunity.

*For questions or comments about this report, please contact Joan Hall, MPH at (330) 926-5746 or the Communicable Disease Unit at (330) 375-2662. This report was issued on March 6, 2020.*