



Communicable Disease Report

Summit County

March, 2020



1. Monthly Highlights/Observations:

Tuberculosis- Five suspected cases of TB were investigated in March and three are still pending until doctor's final determination or lab results are completed. SCPH CDU continued to investigate local contacts for four TB cases that were confirmed in 2018 and 2019. The interjurisdictional transfer case did not arrive in March. SCPH CDU currently provides direct observed therapy (DOT) to 12 cases (8 cases of pulmonary TB and 4 extra pulmonary cases). In March, two DOT cases (one pulmonary and one extra-pulmonary) were initiated, zero 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 12 cases of hepatitis B, 2 Lyme disease, 3 *Haemophilus influenzae* infection, 1 varicella, 2 legionellosis, and 1 carbapenem resistant enterobacteriaceae (CP-CRE). 20 enteric cases (5 campylobacteriosis, 1 *E. coli* (Shiga Toxin-Producing), 4 giardiasis, 4 hepatitis A, 4 salmonellosis, 1 shigellosis, and 1 yersiniosis) were investigated in March.

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

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 March 31, 2020, there were 207 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 early March.

COVID-19: There were 132 confirmed cases of COVID-19 reported in Summit County, all were investigated by the CDU staff. 3,110 COVID-19 cases were reported in Ohio in March.

3. Epicenter: Epicenter is an electronic surveillance system which provides instant notification of unusual symptomatic activity at local Emergency Departments. 6 Epicenter alerts were issued during March for the following communicable disease symptoms: Cough (6). These alerts were investigated and determined to be associated with seasonal influenza and the arrival of COVID-19 in Ohio and Summit County.

4. Influenza Surveillance: Surveillance for the 2019-2020 influenza season began on October 6, and the initial report was issued on October 25. Due to COVID-19 mitigation measures, influenza activity decreased rapidly in March, with 1,107 positive flu tests (755 type A and 352 type B) and 60 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, March 2020

Reportable Condition	March 2020	February 2020	Year-to-Date 2020	Year-to-Date 2019
Amebiasis	0	0	0	0
Babesiosis	0	0	1	0
Botulism - infant	0	0	0	0
Botulism, food borne	0	0	0	0
Brucellosis	0	0	0	0
COVID-19	132	0	132	-
CP-CRE	1	3	8	3
Campylobacteriosis	5	5	19	25
Chlamydia infection	223	258	791	784
Cholera	0	0	0	0
Coccidioidomycosis	0	0	0	0
Creutzfeld-Jakob Disease	0	0	0	1
Cryptosporidiosis	0	3	7	7
Cyclosporiasis	0	0	0	0
Dengue	0	0	0	0
<i>E. coli</i> , Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	1	3	6	5
Ehrlichiosis/ anaplasmosis	0	0	1	0
Giardiasis	4	0	4	8
Gonococcal infection	114	118	360	254
<i>Haemophilus influenzae</i> infection	3	0	5	5
Hantavirus infection	0	0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0	0
Hepatitis A	4	4	13	29
Hepatitis B - acute	1	0	2	10
Hepatitis B - chronic	11	16	39	33
Hepatitis B - perinatal (see Notes on page 3)	0	1	1	2
Hepatitis C- acute	0	1	2	3
Hepatitis C- chronic	58	54	165	175
Hepatitis C - perinatal infection	0	0	0	3
Hepatitis E	0	0	0	0
HIV/AIDS	5	6	19	12
Influenza - ODH Lab Results	0	1	1	1
Influenza-associated hospitalization	128	272	564	457
Influenza-associated pediatric mortality	1	0	1	0
LaCrosse virus disease	0	0	0	0
Legionellosis	2	0	5	2
Listeriosis	0	0	0	1
Lyme Disease	2	3	7	2
Malaria	0	0	0	0
MERS	0	0	0	0
Measles	0	0	0	0
Meningitis - aseptic/viral	0	0	4	1
Meningitis-bacterial (Not <i>N. meningitidis</i>)	0	0	0	0
Meningococcal disease- <i>Neisseria meningitidis</i>	0	0	0	0

Communicable Disease Reports Received, March 2020

Reportable Condition	March 2020	February 2020	Year-to- Date 2020	Year-to- Date 2019
Mumps	0	0	0	1
Pertussis	0	1	1	24
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	0	1	0
Salmonellosis	4	1	7	7
Shigellosis	1	1	2	5
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	7	4	13	15
Streptococcal - Group B in newborn	1	0	1	1
Streptococcal toxic shock syndrome (STSS)	0	0	0	0
<i>Streptococcus pneumoniae</i> - invasive - unknown resistance	2	7	16	14
<i>Streptococcus pneumoniae</i> - invasive - resistant	1	0	5	4
Syphilis - all stages	4	11	24	17
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	2	0	4	0
Tularemia	0	0	0	0
Typhoid fever	0	0	0	0
Varicella	1	1	4	0
Vibriosis (not cholera)	0	0	0	0
West Nile virus infection	0	0	0	0
Yersiniosis	1	1	2	2
Zika virus infection	0	0	0	0
Total	722	777	2,237	1,915

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 April 3, 2020.