



# Communicable Disease Report Summit County May, 2020



## 1. Monthly Highlights/Observations:

**Tuberculosis-** Three suspected cases of TB were investigated in May, which 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, and continue evaluation of 10 suspect cases. SCPH CDU currently provides direct observed therapy (DOT) to 9 cases (6 cases of pulmonary TB and 3 extra pulmonary cases). In May, one DOT case (extra-pulmonary) was initiated, and one was closed (extra-pulmonary). 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 9 cases of hepatitis B and 12 enteric cases (1 E. coli, 1 giardiasis, 1 hepatitis A, 8 salmonellosis, and 1 yersiniosis) in May.

**2. Outbreaks:** Nineteen COVID-19 outbreaks were reported to the CDU in May, and were located at long term care facilities, group homes, day cares, manufacturing sites, and nonprofit agencies.

**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 May 31, 2020, there were 209 reported hepatitis A cases in Summit County in 2018 through 2020, 157 of which were linked to the outbreak.

**COVID-19:** There were 884 confirmed or probable cases of COVID-19 reported in Summit County, all were investigated by the CDU staff. Investigation of COVID-19 cases includes (but is not limited to) patient interviews, contact tracing, and follow up with healthcare providers and employers. 14,570 COVID-19 cases were reported in Ohio in May.

**3. Epicenter:** Epicenter is an electronic surveillance system which provides instant notification of unusual symptomatic activity at local Emergency Departments. 5 Epicenter alerts were issued during May for the following communicable disease symptoms: Paralysis (3), Eyes (1), and Rash (1). These alerts were investigated and were determined to not be of public concern.

**4. Influenza Surveillance:** Surveillance for the 2019-2020 influenza season ended on May 9, and the final report was issued on May 15. Due to COVID-19 social distancing measures, influenza activity in May remained minimal, with no positive flu tests or 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 began on May 24, and the first report will be issued on June 11. 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, May 2020

Reportable Condition	May 2020	April 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	884	517	1,533	NR
CP-CRE	0	1	9	7
Campylobacteriosis	3	0	22	37
Chlamydia infection	225	164	1,180	1,494
Cholera	0	0	0	0
Coccidioidomycosis	0	0	0	0
Creutzfeld-Jakob Disease	0	0	0	1
Cryptosporidiosis	0	0	7	8
Cyclosporiasis	0	0	0	0
Dengue	0	0	0	0
<i>E. coli</i> , Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	1	0	7	13
Ehrlichiosis/ anaplasmosis	0	0	1	0
Giardiasis	1	4	9	21
Gonococcal infection	150	110	620	491
<i>Haemophilus influenzae</i> infection	0	0	5	10
Hantavirus infection	0	0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0	0
Hepatitis A	1	1	15	72
Hepatitis B - acute	2	2	6	17
Hepatitis B - chronic	7	6	53	60
Hepatitis B - perinatal (see Notes on page 3)	0	0	1	3
Hepatitis C- acute	0	0	2	12
Hepatitis C- chronic	29	19	210	268
Hepatitis C - perinatal infection	0	0	0	3
Hepatitis E	0	0	0	0
HIV/AIDS	2	1	22	22
Influenza - ODH Lab Results	0	0	6	1
Influenza-associated hospitalization	0	0	565	532
Influenza-associated pediatric mortality	0	0	1	0
LaCrosse virus disease	0	0	0	0
Legionellosis	0	2	7	7
Listeriosis	0	0	0	1
Lyme Disease	0	2	7	4
Malaria	0	0	0	0
MERS	0	0	0	0
Measles	0	0	0	0
Meningitis - aseptic/viral	0	1	5	5
Meningitis-bacterial (Not <i>N. meningitidis</i> )	0	2	2	0
Meningococcal disease- <i>Neisseria meningitidis</i>	0	0	0	0

## Communicable Disease Reports Received, May 2020

Reportable Condition	May 2020	April 2020	Year-to-Date 2020	Year-to-Date 2019
Mumps	0	0	0	1
Pertussis	0	1	2	29
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	NR
Salmonellosis	8	1	16	15
Shigellosis	0	0	2	6
Spotted fever rickettsiosis, including RMSF	0	0	0	0
<i>Staphylococcal aureus</i> - intermediate resistance to vancomycin (VISA)	0	0	0	1
Streptococcal - Group A invasive	1	1	15	26
Streptococcal - Group B in newborn	0	1	2	3
Streptococcal toxic shock syndrome (STSS)	0	0	0	1
<i>Streptococcus pneumoniae</i> - invasive - unknown resistance	2	0	18	19
<i>Streptococcus pneumoniae</i> - invasive - resistant	0	0	5	11
Syphilis - all stages	6	4	34	24
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	0	0	6	1
Tularemia	0	0	0	0
Typhoid fever	0	0	0	0
Varicella	0	0	4	4
Vibriosis (not cholera)	0	0	0	1
West Nile virus infection	0	0	0	0
Yersiniosis	1	1	4	4
Zika virus infection	0	0	0	0
<b>Total</b>	<b>1,328</b>	<b>845</b>	<b>4,405</b>	<b>3,236</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. NR = not reported in previous year.

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 June 5, 2020.