



Communicable Disease Report Summit County September, 2019



1. Monthly Highlights/Observations: Tuberculosis- No new cases of TB were reported in September. Sixteen possible TB cases have been investigated so far in 2019: nine were determined to not be a case, six cases were confirmed, and one case is waiting for the doctors' final determination. SCPH CDU continued to investigate local contacts for two pulmonary TB cases that were diagnosed post-mortem. SCPH CDU currently provides direct observed therapy (DOT) to 7 cases (4 cases of pulmonary TB and 3 extra pulmonary cases). DOT is accomplished by daily video phone calls or home visits, depending on where the patients is in treatment and how they are responding to the medications. 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 6 cases of hepatitis B, 2 *Haemophilis influenzae*, 3 pertussis, 2 Lyme disease, 4 Legionnaire's disease, 2 aseptic/viral meningitis, 1 bacterial meningitis, 2 ehrlichiosis, 2 varicella and 1 carbapenem resistant enterobacteriaceae (CP-CRE). 43 enteric cases (6 campylobacteriosis, 1 cryptosporidiosis, 1 *E. coli*, 10 giardiasis, 15 hepatitis A, 6 salmonellosis, 3 shigellosis, and 1 yersiniosis) were investigated in September.

There were no confirmed cases of measles reported in Summit County in 2019. There was one confirmed case of measles in Stark County in July.

2. Outbreaks: No outbreaks were reported to the CDU in September.

Hepatitis A: As of September 30, the Ohio Department of Health reported 3,340 hepatitis A cases linked to the statewide outbreak in 2018-19. **As of September 30, 2019, there were 173 reported hepatitis A cases in Summit County in 2018 and 2019, 141 of which were linked to the outbreak.** SCPH continued preventative action by offering the hepatitis A vaccine to vulnerable populations: 18 vaccines were administered at two different locations in Summit County in September (606 total in 2019).

3. Epicenter: Epicenter is an electronic surveillance system which provides instant notification of unusual symptomatic activity at local Emergency Departments. 17 Epicenter alerts were issued during September for the following communicable disease symptoms: Cough (4), Vision (4), Eyes (3), Botulinic (3), Hemorrhaging (1), Stiff Neck (1), and Nausea (1). These alerts were investigated and determined to be not of public health concern.

4. Influenza Surveillance: Surveillance for the 2019-2020 season will begin on October 6, and the first report will be issued in late October. Surveillance data from previous seasons are available in a dashboard, which is located on the SCPH website: <https://www.scph.org/dashboards>

5. Vector-borne Surveillance: Vector borne disease surveillance resumed on May 26, 2019; with reports being distributed every other week through October. As of September 28, there were 76 tests for human West Nile virus (or arbovirus panels) ordered at Summit County hospitals, 5 of which were positive for WNV (none were active infections, all patients had antibodies from a previous infection). As of October 4, environmental testing identified 36 locations in Summit County with mosquito pools that were positive for WNV (at the same time in 2018, there 646 positive pools). There were 607 Lyme disease tests ordered at Summit County hospitals from May 26 to September 28, with 63 positive results.

Communicable Disease Reports Received, September 2019

Reportable Condition	September 2019	August 2019	Year-to- Date 2019	Year-to- Date 2018
Amebiasis	0	0	0	0
Babesiosis	0	0	0	0
Botulism - infant	0	0	0	0
Botulism, food borne	0	0	0	0
Brucellosis	0	0	0	1
CP-CRE	1	1	13	14
Campylobacteriosis	6	19	97	78
Chlamydia infection	301	274	2,652	2,552
Cholera	0	0	0	0
Coccidioidomycosis	0	0	0	6
Creutzfeld-Jakob Disease	0	0	1	1
Cryptosporidiosis	1	8	23	28
Cyclosporiasis	0	0	7	24
Dengue	0	0	0	1
<i>E. coli</i> , Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	1	9	28	23
Ehrlichiosis/ anaplasmosis	2	0	2	0
Giardiasis	10	5	41	38
Gonococcal infection	101	121	931	814
<i>Haemophilus influenzae</i> infection	2	3	20	9
Hemolytic uremic syndrome (HUS)	0	0	0	1
Hepatitis A	15	16	162	9
Hepatitis B - acute	1	3	30	20
Hepatitis B - chronic	5	17	102	89
Hepatitis B - perinatal (see Notes on page 3)	0	2	6	13
Hepatitis C- acute	1	5	29	10
Hepatitis C- chronic	41	58	465	496
Hepatitis C - perinatal infection	0	0	4	0
Hepatitis E	0	0	0	0
HIV/AIDS	5	3	41	39
Influenza - ODH Lab Results	0	0	3	0
Influenza-associated hospitalization	0	0	533	964
Influenza-associated pediatric mortality	0	0	0	1
LaCrosse virus disease	0	0	0	0
Legionellosis - Legionnaires' Disease	4	6	35	32
Listeriosis	0	0	3	1
Lyme Disease	2	8	23	24
Malaria	0	0	2	4
MERS	0	0	0	0
Measles	0	0	1	0
Meningitis - aseptic/viral	2	3	18	27
Meningitis-bacterial (Not <i>N. meningitidis</i>)	1	0	2	2
Meningococcal disease- <i>Neisseria meningitidis</i>	0	0	0	0

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Reportable Condition	September 2019	August 2019	Year-to- Date 2019	Year-to- Date 2018
Mumps	0	0	2	1
Other arthropod-borne disease	0	0	0	0
Pertussis	3	3	46	39
Powassan virus disease	0	0	0	0
Psittacosis	0	0	0	0
Q Fever	0	0	1	0
Rubella	0	0	0	0
Salmonellosis	6	9	50	52
Shigellosis	3	7	19	9
Spotted fever rickettsiosis, including RMSF	0	0	2	5
<i>Staphylococcal aureus</i> - intermediate resistance to vancomycin (VISA)	0	0	1	0
Streptococcal - Group A invasive	2	2	35	16
Streptococcal - Group B in newborn	0	0	4	1
Streptococcal toxic shock syndrome (STSS)	0	0	1	1
<i>Streptococcus pneumoniae</i> - invasive - unknown resistance	2	0	25	28
<i>Streptococcus pneumoniae</i> - invasive - resistant	1	0	13	11
Syphilis - all stages	6	3	41	58
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	0	3	6	10
Tularemia	0	0	0	0
Typhoid fever	0	0	0	1
Varicella	2	0	8	15
Vibriosis (not cholera)	0	1	2	1
West Nile virus infection	0	0	0	1
Yersiniosis	1	1	9	6
Zika virus infection	0	0	0	0
Total	537	598	5,539	5,580

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 **October 4, 2019**.