

Monthly Communicable Disease Report Summit County December, 2022



Monthly Highlights/Observations:

1. Tuberculosis- 0 new suspected cases of TB were reported in December and 8 contacts from current and previous cases continue to be investigated. In addition, the program remains open to continue the tuberculosis screening process for up to 150 refugees, in collaboration with other agencies and healthcare providers. SCPH CDU currently provides direct observed therapy (DOT) to 3 cases. Additionally, no DOT cases were closed in December and none were opened. DOT clients receive daily to monthly visits via video calls depending on side effects and where the client is in treatment. All cases are complex, which requires collaboration and coordination between multiple agencies and external community services.

The Communicable Disease Unit investigated 85 communicable disease cases in December: 16 Cases of Hepatits B - Chronic, 11 cases of Streptococcus pneumoniae, 6 cases of Campylobacter, 6 cases of CP-CRE, 6 cases of Strep - Group A. 6 cases of Varicella, 5 cases of Giardiasis, 5 cases of Haemophilus Influenzae, 4 cases of Legionella, 3 cases of C. Auris, 3 cases of Cryptosporidiosis, 3 cases of Hepatitis B - Acute, 2 cases each of Hepatitis A, Lyme Disease, meningitis - Bacterial, Salmonella, Yersiniosis and one case of Hepatitis C - Perinatal infection . Note: Since some reported cases end up being classified as "Not A Case" in ODRS or the case may have been previously reported, the investigation case totals may vary compared to the counts in the table.

2. Outbreaks: 11 COVID-19 outbreaks were identified by the CDU in December, occurring in Daycare and long-term care settings. 5 non-COVID-19 outbreaks were investigated in December.

COVID-19: There were 2,920 confirmed or probable cases of COVID-19 reported in Summit County in December. COVID-19 information, a weekly COVID-19 report, and a dashboard with data for Summit County can be accessed here: https://www.scph.org/covid

- **3. Epicenter**: Epicenter is an electronic surveillance system which provides instant notification of unusual symptomatic activity at local Emergency Departments. 4 Epicenter alerts were issued during December: Nausea (3) and Hemorrhaging (1).
- **4. Influenza Surveillance:** Surveillance for the 2022-2023 influenza season resumed on October 2, 2022; The first report was issued on October 21, 2022. Data from previous influenza seasons are available in an influenza dashboard, which is located on the SCPH website: https://www.scph.org/dashboards Weekly influenza reports for the 2022-23 season and previous seasons may be accessed here: https://www.scph.org/flu-surveillance-reports
- **5. Vector-borne Surveillance:** Vector borne surveillance concluded on October 23, 2022 and the first report was issued in mid-June. Copies of the reports for 2022 and previous years may be accessed at: https://www.scph.org/vector-surveillance-reports

Communicable Disease Reports Received, December 2022

Reportable Condition	December 2022	November 2022	Year-to-Date 2022	Year-to-Date 2021
Amebiasis	0	1	9	2
Babesiosis	0	0	0	1
Botulism - infant	0	0	0	1
Botulism, food borne	0	0	0	0
Brucellosis	0	0	0	1
C. auris	1	0	2	NR
COVID-19	2,920	2,174	47,860	63,892
CP-CRE	3	1	22	25
Campylobacterosis	7	13	103	61
Chikungunya virus	0	0	1	NR
Chlamydia infection	221	235	2,879	2,984
Cholera	0	0	0	0
Coccidioidomycosis	0	0	2	3
Creutzfeld-Jakob Disease	0	0	0	0
Cryptosporidiosis	2	1	29	16
Cyclosporiasis	0	0	1	10
Dengue	0	0	0	0
E. coli , Shiga Toxin-Producing (O157:H7, Not O157,				
Unknown Serotype)	0	0	23	17
Ehrlichiosis/ anaplasmosis	0	0	0	2
Giardiasis	3	4	58	54
Gonococcal infection	80	109	1,337	1,748
Haemophilus influenzae infection	0	2	9	3
Hantavirus infection	0	0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0	0
Hepatitis A	0	1	6	16
Hepatitis B - acute	0	1	5	11
Hepatitis B - chronic	8	8	90	130
Hepatitis B - perinatal (see Notes on page 3)	0	0	11	12
Hepatitis C- acute	1	0	2	4
Hepatitis C- chronic	28	30	402	478
Hepatitis C - perinatal infection	1	0	4	2
Hepatitis E	0	0	0	0
HIV/AIDS	4	5	43	52
Influenza - ODH Lab Results	8	4	53	12
Influenza-associated hospitalization	168	62	268	3
Influenza-associated pediatric mortality	0	0	0	0
LaCrosse virus disease	0	0	0	2
Legionellosis	3	4	38	30
Listeriosis	0	0	2	5
Lyme Disease	2	4	93	86
MIS-C associated with COVID-19	0	0	9	18
Malaria	0	0	3	2
MERS	0	0	0	0
Measles	0	0	0	0

Meningitis - aseptic/viral	0	2	14	8
Meningitis-bacterial (Not N. meningitidis)	2	0	3	4

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Reportable Condition	December 2022	November 2022	Year-to-Date 2022	Year-to-Date 2021
Meningococcal disease-Neiserria meningitidis	0	0	0	0
Monkeypox (confirmed and probable)	0	1	17	NR
Mumps	0	0	0	0
Pertussis	0	2	8	10
Powassan virus disease	0	0	0	0
Psittacosis	0	0	0	0
Q Fever	0	0	0	2
Rubella	0	0	0	0
Salmonella typhi	0	0	1	1
Salmonellosis	1	5	46	50
Shigellosis	0	1	10	13
Spotted fever rickettsiosis, including RMSF	0	0	0	1
Staphylococcal aureus - intermediate resistance to				
vancomycin (VISA)	0	0	0	0
Streptococcal - Group A invasive	5	1	25	30
Streptococcal - Group B in newborn	0	0	2	2
Streptococcal toxic shock syndrome (STSS)	0	0	0	2
Streptococcus pneumoniae - invasive - unknown				
resistance	5	4	36	18
Streptococcus pneumoniae - invasive - resistant	2	1	10	9
Syphilis - all stages	21	28	298	192
Syphilis - Congenital	0	0	8	NR
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	0	0	5	10
Tularemia	0	0	0	0
Typhoid fever	0	0	0	0
Varicella	0	3	12	7
Vibriosis (not cholera)	0	0	3	1
West Nile virus infection	0	0	0	1
Yersiniosis	2	1	13	10
Zika virus infection	0	0	0	0
Total	3,498	2,708	53,875	70,054

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, IDCM 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. <u>Because case classifications can change over time, monthly figures should not be considered final until the annual report is complete.</u>
- 3) The number of perinatal hepatitis B cases reflect the number of infants born to hepatitis B positive mothers during the reporting period. 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 the Communicable Disease Unit at (330) 375-2662. This report was issued on January 4, 2022.