



Monthly Communicable Disease Report Summit County February, 2022



Monthly Highlights/Observations:

1. Tuberculosis- No new suspected cases of TB was reported in February, and 15 contacts from current and previous cases continue to be investigated. In addition, the CDU continued 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 five cases; two DOT cases was closed and none were opened in February. DOT clients receive daily to monthly visits via FaceTime calls depending on side effects and where 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 151 communicable disease cases: 1 case of babesiosis, 1 case of coccidiomycosis, 11 cases of CP-CRE, 1 case of gonococcal infection, 38 cases of hepatitis B (3 acute, 35 chronic), 1 case of hepatitis B perinatal infection, 3 cases of hepatitis C (1 acute, 2 chronic), 2 influenza associated hospitalizations, 2 cases of legionellosis, 1 case of listeriosis, 2 cases of Lyme disease, 1 case bacterial meningitis, 10 cases MIS-C, 2 cases of pertussis, 1 case of spotted fever rickettsiosis, 7 cases of streptococcal disease Group A invasive, 2 cases streptococcal disease Group B in newborn, 9 cases of Streptococcus pneumoniae, 8 cases of varicella infection, 1 case West Nile virus infection, and 47 enteric cases (3 amebiasis, 6 campylobacteriosis, 5 cryptosporidiosis, 1 cyclosporiasis, 2 *E. coli* infection, 19 giardiasis, 3 hepatitis A, 2 *Salmonella typhi* infection, 3 salmonellosis, 1 shigellosis, 1 vibriosis - not cholera, and 1 yersiniosis) in February.

Note: *Since some reported cases end up being classified as "Not A Case" in ODRS, the investigation case totals may exceed the counts in the table.*

2. Outbreaks: 17 COVID-19 outbreaks were reported to the CDU in February, occurring in long term care, day cares, workplaces, and K-12 schools settings. Five non-COVID-19 outbreaks were investigated in February, and were associated day care and long term care settings. In addition, a case possibly associated with the *Cronobacter sakazaki* infant formula outbreak was investigated.

COVID-19: There were 1,561 confirmed or probable cases of COVID-19 reported in Summit County. A preliminary total of 54,533 COVID-19 cases were reported in Ohio in February. 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. Five Epicenter alerts were issued during February for the following communicable disease symptoms: Gastrointestinal (2), Congestion (2), and Stiff Neck (1). These alerts were investigated and were determined to be related to COVID-19 and seasonal illness activity.

4. Influenza Surveillance: Surveillance for the 2021-2022 influenza season began on October 3, 2021; the first report was issued on October 22. Influenza activity in February was low: there were 99 positive flu tests (96 type A and 3 type B) and 9 hospitalizations at reporting Summit County labs and hospitals. Data from the 2019-20 and 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 2021-22 season and previous seasons may be accessed here: <https://www.scph.org/flu-surveillance-reports>

5. Vector-borne Surveillance: Vector borne surveillance ended on October 23, 2021 and the final report was issued on October 29. Copies of the reports for 2021 and previous years may be accessed at:

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

Communicable Disease Reports Received, February 2022

Reportable Condition	Feb 2022	Jan 2022	Year-to-Date 2022	Year-to-Date 2021
Amebiasis	2	1	3	0
Babesiosis	0	0	0	0
Botulism - infant	0	0	0	0
Botulism, food borne	0	0	0	0
Brucellosis	0	0	0	0
COVID-19	1,561	18,407	19,968	12,074
CP-CRE	3	0	3	3
Campylobacteriosis	5	7	12	5
Chlamydia infection	244	228	472	528
Cholera	0	0	0	0
Coccidioidomycosis	0	0	0	1
Creutzfeld-Jakob Disease	0	0	0	0
Cryptosporidiosis	3	1	4	1
Cyclosporiasis	0	0	0	0
Dengue	0	0	0	0
<i>E. coli</i> , Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	0	4	4	1
Ehrlichiosis/ anaplasmosis	0	0	0	0
Giardiasis	17	5	22	6
Gonococcal infection	126	162	288	328
<i>Haemophilus influenzae</i> infection	0	0	0	0
Hantavirus infection	0	0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0	0
Hepatitis A	0	2	2	3
Hepatitis B - acute	1	2	3	7
Hepatitis B - chronic	13	10	23	8
Hepatitis B - perinatal (see Notes on page 3)	1	0	1	5
Hepatitis C- acute	0	0	0	1
Hepatitis C- chronic	43	28	71	76
Hepatitis C - perinatal infection	0	0	0	0
Hepatitis E	0	0	0	0
HIV/AIDS	6	3	9	9
Influenza - ODH Lab Results	2	1	3	0
Influenza-associated hospitalization	4	1	5	0
Influenza-associated pediatric mortality	0	0	0	0
LaCrosse virus disease	0	0	0	0
Legionellosis	1	2	3	2
Listeriosis	0	1	1	1
Lyme Disease	1	3	4	7
MIS-C associated with COVID-19	2	5	7	10
Malaria	0	0	0	0
MERS	0	0	0	0
Measles	0	0	0	0
Meningitis - aseptic/viral	0	0	0	2
Meningitis-bacterial (Not <i>N. meningitidis</i>)	1	0	1	2

Communicable Disease Reports Received, February 2022

Reportable Condition	Feb 2022	Jan 2022	Year-to-Date 2022	Year-to-Date 2021
Meningococcal disease- <i>Neisseria meningitidis</i>	0	0	0	0
Mumps	0	0	0	0
Other arthropod-borne disease	0	0	0	0
Pertussis	2	0	2	2
Powassan virus disease	0	0	0	0
Psittacosis	0	0	0	0
Q Fever	0	0	0	0
Rubella	0	0	0	0
<i>Salmonella typhi</i>	0	1	1	0
Salmonellosis	1	2	3	7
Shigellosis	1	0	1	0
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	2	2	4	4
Streptococcal - Group B in newborn	0	2	2	1
Streptococcal toxic shock syndrome (STSS)	0	0	0	0
<i>Streptococcus pneumoniae</i> - invasive - unknown resistance	1	5	6	0
<i>Streptococcus pneumoniae</i> - invasive - resistant	1	1	2	0
Syphilis - all stages	34	14	48	38
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	0	1	1	0
Tularemia	0	0	0	0
Typhoid fever	0	0	0	0
Varicella	0	1	1	1
Vibriosis (not cholera)	0	1	1	1
West Nile virus infection	0	0	0	0
Yersiniosis	1	0	1	1
Zika virus infection	0	0	0	0
Total	2,079	18,903	20,982	13,135

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. 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 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 Joan Hall, MPH at (330) 926-5746 or the Communicable Disease Unit at (330) 375-2662. This report was issued on March 4, 2022.