



Monthly Communicable Disease Report Summit County October, 2022



Monthly Highlights/Observations:

1. Tuberculosis- 0 new suspected cases of TB were reported in October, and 16 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 October 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 82 communicable disease cases in October: 24 Cases of Hepatitis B - Chronic, 8 influenza associated hospitalization, 7 Streptococcus pneumoniae, 6 Campylobacter, 5 cases of Legionella, 5 cases of Varicella, 4 cases of Giardiasis, 3 cases of Cryptosporidiosis, 3 cases of Aseptic Meningitis, 3 cases of Salmonella, 2 cases of CP-CRE, 2 cases of Yersiniosis and 1 case each of C. Auris, E. Coli, Haemophilus Influenzae, Hepatitis A, Hepatitis B - Perinatal, Malaria, MIS-C, Pertussis, Shigellosis and Streptococcal - Group A. 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: 1 COVID-19 outbreak was identified by the CDU in October, occurring in a long-term care setting. 3 non-COVID-19 outbreaks were investigated in October.

COVID-19: There were 2,040 confirmed or probable cases of COVID-19 reported in Summit County in October. 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. 7 Epicenter alerts were issued during October. 4 of which were for the following communicable disease symptoms: Cough (2), Congestion (2). (3 alerts were issued for Influenza A Novel and were determined to be reported in error after follow up investigation).

4. Influenza Surveillance: Surveillance for the 2022-2023 influenza season resumed on October 2, 2022; The first report was issued on October 21, 2022. During week 3 (10/16-10/22) There were 33 positive flu tests, 31 type A, 2 type B and 2 influenza hospitalizations, at reporting Summit County labs and hospitals. 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, October 2022

Reportable Condition	October 2022	September 2022	Year-to- Date 2022	Year-to- Date 2021
Amebiasis	0	1	8	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	1	NR
COVID-19	2,040	2,701	42,758	35,010
CP-CRE	1	1	18	20
Campylobacteriosis	5	11	83	59
Chikungunya virus	0	1	1	NR
Chlamydia infection	253	224	2,421	2,223
Cholera	0	0	0	0
Coccidioidomycosis	0	0	2	3
Creutzfeld-Jakob Disease	0	0	0	0
Cryptosporidiosis	2	7	26	16
Cyclosporiasis	0	0	1	10
Dengue	0	0	0	0
<i>E. coli</i> , Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	1	2	23	15
Ehrlichiosis/ anaplasmosis	0	0	0	2
Giardiasis	3	7	51	36
Gonococcal infection	109	85	1,148	1,461
<i>Haemophilus influenzae</i> infection	1	1	7	2
Hantavirus infection	0	0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0	0
Hepatitis A	0	0	5	12
Hepatitis B - acute	0	0	4	9
Hepatitis B - chronic	6	3	75	108
Hepatitis B - perinatal (see Notes on page 3)	0	0	12	11
Hepatitis C- acute	0	0	1	3
Hepatitis C- chronic	41	26	355	411
Hepatitis C - perinatal infection	0	0	3	2
Hepatitis E	0	0	0	0
HIV/AIDS	3	3	34	46
Influenza - ODH Lab Results	14	3	41	0
Influenza-associated hospitalization	4	1	37	0
Influenza-associated pediatric mortality	0	0	0	0
LaCrosse virus disease	0	0	0	2
Legionellosis	4	6	31	24
Listeriosis	0	0	2	3
Lyme Disease	7	1	87	77
MIS-C associated with COVID-19	1	0	9	16
Malaria	1	1	3	2
MERS	0	0	0	0
Measles	0	0	0	0

Meningitis - aseptic/viral	3	4	12	6
Meningitis-bacterial (Not N. meningitidis)	0	0	1	4

Communicable Disease Reports Received, October 2022

Reportable Condition	October 2022	September 2022	Year-to-Date 2022	Year-to-Date 2021
Meningococcal disease- <i>Neisseria meningitidis</i>	0	0	0	0
Monkeypox (confirmed and probable)	0	6	16	NR
Mumps	0	0	0	0
Pertussis	1	0	6	7
Powassan virus disease	0	0	0	0
Psittacosis	0	0	0	0
Q Fever	0	0	0	2
Rubella	0	0	0	0
<i>Salmonella typhi</i>	0	0	1	0
Salmonellosis	3	12	40	39
Shigellosis	1	2	9	11
Spotted fever rickettsiosis, including RMSF	0	0	0	1
<i>Staphylococcal aureus</i> - intermediate resistance to vancomycin (VISA)	0	0	0	0
Streptococcal - Group A invasive	1	1	19	24
Streptococcal - Group B in newborn	0	0	2	2
Streptococcal toxic shock syndrome (STSS)	0	0	0	2
<i>Streptococcus pneumoniae</i> - invasive - unknown	4	0	27	9
<i>Streptococcus pneumoniae</i> - invasive - resistant	1	0	7	4
Syphilis - all stages	37	22	249	173
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	0	1	4	7
Tularemia	0	0	0	0
Typhoid fever	0	0	0	0
Varicella	1	1	9	6
Vibriosis (not cholera)	0	0	3	1
West Nile virus infection	0	0	0	1
Yersiniosis	1	3	10	9
Zika virus infection	0	0	0	0
Total	2,517	3,126	47,457	40,204

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 the Communicable Disease Unit at (330) 375-2662. This report was issued on November 4, 2022.