



Communicable Disease Report

Summit County

November, 2019



1. Monthly Highlights/Observations:

Tuberculosis- Two suspected cases of TB were investigated in November, one was determined to be not a case and the other's status is pending. 23 possible TB cases have been investigated so far in 2019: Eleven were determined to not be a case, seven cases were confirmed, and four cases are 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 9 cases (5 cases of pulmonary TB and 4 extra pulmonary cases). 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 16 cases of hepatitis B, 2 *Haemophilis influenzae*, 1 pertussis, 7 Lyme disease, 4 Legionnaire's disease, 2 aseptic/viral meningitis, 1 brucellosis, 1 hantavirus infection, and 6 carbapenem resistant enterobacteriaceae (CP-CRE). 22 enteric cases (5 campylobacteriosis, 1 cryptosporidiosis, 1 hemolytic uremic syndrome (HUS), 1 giardiasis, 9 hepatitis A, 3 salmonellosis, and 3 yersiniosis) were investigated in October. ***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, 2019; no other confirmed cases have been reported in Ohio.***

2. Outbreaks: No outbreaks were reported to the CDU in November, but one was reported in late October and was investigated in November.

Hepatitis A Community Outbreak: As of December 2, the Ohio Department of Health reported 3,406 hepatitis A cases linked to the statewide outbreak in 2018-19. ***As of November 30, 2019, there were 190 reported hepatitis A cases in Summit County in 2018 and 2019, 144 of which were linked to the outbreak.*** SCPH continued preventative action by offering the hepatitis A vaccine to vulnerable populations: 755 vaccines were administered in 2019).

3. Epicenter: Epicenter is an electronic surveillance system which provides instant notification of unusual symptomatic activity at local Emergency Departments. 9 Epicenter alerts were issued during November for the following communicable disease symptoms: Suspected drug overdose (3), Nausea (2), Stiff Neck (1), Cough (1), Eyes (1), and Fever (1). These alerts were investigated and determined to be not of public health concern.

4. Influenza Surveillance: Surveillance for the 2019-2020 influenza season began on October 6, and the initial report was issued on October 25. Influenza activity in November continued to be minimal, but there was an increasing trend. There were 33 positive flu tests (13 type A and 20 type B) and one influenza related hospitalization at Summit County hospitals reported during November. 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 ended on October 26, 2019, and the final report was issued on November 5. 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, November 2019

Reportable Condition	November 2019	October 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	1	0	1	1
CP-CRE	6	4	22	16
Campylobacteriosis	5	11	113	92
Chlamydia infection	257	336	3,244	3,075
Cholera	0	0	0	0
Coccidioidomycosis	0	0	0	6
Creutzfeld-Jakob Disease	0	0	1	1
Cryptosporidiosis	1	4	28	34
Cyclosporiasis	0	1	8	24
Dengue	0	0	0	1
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	0	4	32	25
Ehrlichiosis/ anaplasmosis	0	0	2	0
Giardiasis	1	6	48	46
Gonococcal infection	114	144	1,189	1017
<i>Haemophilus influenzae</i> infection	2	5	27	9
Hantavirus infection	1	0	1	0
Hemolytic uremic syndrome (HUS)	1	0	1	1
Hepatitis A	9	8	179	10
Hepatitis B - acute	1	5	36	30
Hepatitis B - chronic	15	9	126	101
Hepatitis B - perinatal (see Notes on page 3)	3	1	10	15
Hepatitis C- acute	1	1	30	13
Hepatitis C- chronic	44	64	571	611
Hepatitis C - perinatal infection	0	1	5	0
Hepatitis E	0	0	0	0
HIV/AIDS	6	5	52	47
Influenza - ODH Lab Results	1	0	4	0
Influenza-associated hospitalization	3	0	536	970
Influenza-associated pediatric mortality	0	0	0	1
LaCrosse virus disease	0	0	0	0
Legionellosis - Legionnaires' Disease	4	3	42	37
Listeriosis	0	0	3	2
Lyme Disease	7	4	33	29
Malaria	0	0	2	4
MERS	0	0	0	0
Measles	0	0	1	0
Meningitis - aseptic/viral	2	2	22	31
Meningitis-bacterial (Not <i>N. meningitidis</i>)	0	2	4	4
Meningococcal disease- <i>Neisseria meningitidis</i>	0	0	0	0

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Reportable Condition	November 2019	October 2019	Year-to- Date 2019	Year-to- Date 2018
Mumps	0	0	2	1
Other arthropod-borne disease	0	0	0	0
Pertussis	1	4	51	53
Powassan virus disease	0	0	0	0
Psittacosis	0	0	0	0
Q Fever	0	0	1	0
Rubella	0	0	0	0
Salmonellosis	3	6	59	61
Shigellosis	0	1	20	12
Spotted fever rickettsiosis, including RMSF	0	2	4	5
<i>Staphylococcal aureus</i> - intermediate resistance to vancomycin (VISA)	0	0	1	0
Streptococcal - Group A invasive	0	2	37	19
Streptococcal - Group B in newborn	1	0	5	2
Streptococcal toxic shock syndrome (STSS)	0	0	1	1
<i>Streptococcus pneumoniae</i> - invasive - unknown resistance	3	2	29	31
<i>Streptococcus pneumoniae</i> - invasive - resistant	0	0	14	15
Syphilis - all stages	2	7	50	71
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	0	2	7	13
Tularemia	0	0	0	0
Typhoid fever	0	0	0	1
Varicella	0	0	8	18
Vibriosis (not cholera)	0	0	2	1
West Nile virus infection	0	0	0	3
Yersiniosis	3	0	12	7
Zika virus infection	0	0	0	0
Total	497	646	6,675	6,567

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 December 6, 2019.