



Communicable Disease Report Summit County August, 2019



1. Monthly Highlights/Observations: Tuberculosis- Three new cases of TB were reported in August. Fifteen possible TB cases have been investigated so far in 2019: eight 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); three new DOT cases were initiated in August. 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 21 cases of hepatitis B, 3 *Haemophilis influenzae*, 3 pertussis, 8 Lyme disease, 6 Legionnaire's disease, 3 aseptic/viral meningitis, and 1 carbapenem resistant enterobacteriaceae (CP-CRE). 75 enteric cases (19 campylobacteriosis, 8 cryptosporidiosis, 9 *E. coli*, 5 giardiasis, 16 hepatitis A, 1 listeriosis, 9 salmonellosis, 7 shigellosis, and 1 yersiniosis) were investigated in August.

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 August.

Hepatitis A: As of September 3, the Ohio Department of Health reported 3,291 hepatitis A cases linked to the statewide outbreak in 2018-19. **As of August 31, 2019, there were 158 reported hepatitis A cases in Summit County in 2018 and 2019, 131 of which were linked to the outbreak.** SCPH continued preventative action by offering the hepatitis A vaccine to vulnerable populations: 34 vaccines were administered at three different locations in Summit County in August (588 total in 2019).

3. Epicenter: Epicenter is an electronic surveillance system which provides instant notification of unusual symptomatic activity at local Emergency Departments. Three Epicenter alerts were issued during August for the following communicable disease symptoms: cough (1), diarrhea (not watery or bloody) (1), and paralysis (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 August 31, there were 50 tests for human West Nile virus (or arbovirus panels) ordered at Summit County hospitals, 4 of which were positive for WNV (none were active infections, all patients had antibodies from a previous infection). As of September 5, environmental testing identified 36 locations in Summit County with mosquito pools that were positive for WNV (at the same time in 2018, there 602 positive pools). There were 489 Lyme disease tests ordered at Summit County hospitals from May 26 to August 31, with 49 positive results.

Communicable Disease Reports Received, August 2019

Reportable Condition	August 2019	July 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	12	12
Campylobacteriosis	19	22	91	62
Chlamydia infection	275	320	2,352	2,313
Cholera	0	0	0	0
Coccidioidomycosis	0	0	0	6
Creutzfeld-Jakob Disease	0	0	1	1
Cryptosporidiosis	8	3	22	27
Cyclosporiasis	0	6	7	24
Dengue	0	0	0	1
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	9	2	27	23
Ehrlichiosis/ anaplasmosis	0	0	0	0
Giardiasis	5	3	31	37
Gonococcal infection	121	112	829	740
Haemophilus influenzae	3	1	18	8
Hemolytic uremic syndrome (HUS)	0	0	0	1
Hepatitis A	16	35	148	9
Hepatitis B - acute	4	3	29	19
Hepatitis B - chronic	17	12	99	82
Hepatitis B - perinatal (see Notes on page 3)	2	0	6	13
Hepatitis C- acute	5	4	28	10
Hepatitis C- chronic	58	64	426	455
Hepatitis C - perinatal infection	0	1	4	0
Hepatitis E	0	0	0	0
HIV/AIDS	3	8	36	34
Influenza - ODH Lab Results	0	1	3	0
Influenza-associated hospitalization	0	0	533	963
Influenza-associated pediatric mortality	0	0	0	1
LaCrosse virus disease	0	0	0	0
Legionellosis - Legionnaires' Disease	6	7	31	26
Listeriosis	1	2	4	1
Lyme Disease	8	7	22	22
Malaria	0	0	2	3
MERS	0	0	0	0
Measles	0	0	0	0
Meningitis - aseptic/viral	3	7	16	21
Meningitis-bacterial (Not <i>N. meningitidis</i>)	0	0	1	2
Meningococcal disease- <i>Neisseria meningitidis</i>	0	0	0	0

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Reportable Condition	August 2019	July 2019	Year-to-Date 2019	Year-to-Date 2018
Mumps	0	1	2	1
Other arthropod-borne disease	0	0	0	0
Pertussis	3	8	43	32
Powassan virus disease	0	0	0	
Psittacosis	0	0	0	1
Q Fever	0	0	1	0
Rubella	0	0	0	0
Salmonellosis	9	13	44	51
Shigellosis	7	2	16	9
Spotted fever rickettsiosis, including RMSF	0	1	2	4
Staphylococcal aureus - intermediate resistance to vancomycin (VISA)	0	0	1	0
Streptococcal - Group A invasive	2	2	33	14
Streptococcal - Group B in newborn	0	1	4	1
Streptococcal toxic shock syndrome (STSS)	0	0	1	1
Streptococcus pneumoniae - invasive - unknown resistance	0	2	23	27
Streptococcus pneumoniae - invasive - resistant	0	1	12	11
Syphilis - all stages	3	2	35	52
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	3	0	6	9
Tularemia	0	0	0	0
Typhoid fever	0	0	0	1
Varicella	0	0	6	15
Vibriosis (not cholera)	0	0	1	0
West Nile	0	0	0	0
Yersiniosis	1	1	8	6
Zika virus	0	0	0	0
Total	600	662	5,016	5,152

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 **September 6, 2019**.