



Communicable Disease Report

Summit County

March, 2019



2019 Report:

1. Monthly Highlights/Observations: Tuberculosis- No new cases of TB were reported in March. Six possible TB cases have been investigated so far in 2019: two were determined to not be a case, and four are waiting for the doctors' final determination. SCPH CDU continued to investigate contacts to previous pulmonary TB cases, including local contact investigations for two pulmonary TB cases that were diagnosed post-mortem. SCPH CDU currently provides DOT to 5 cases (2 cases of pulmonary TB and 3 extra pulmonary cases). 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.

In addition to tuberculosis, the CDU investigated 18 cases of hepatitis B, 1 *Haemophilis influenzae*, 4 pertussis, 1 Lyme disease, and 2 carbapenem resistant enterobacteriaceae (CP-CRE),

38 enteric cases (12 campylobacteriosis, 2 cryptosporidiosis, 1 *E. coli*, 2 giardiasis, 17 hepatitis A, 3 salmonellosis, and 1 shigellosis) were investigated in February.

2. Outbreaks: SPCH CDU investigated one confirmed Norovirus outbreak in an long term care facility in March.

Hepatitis A: As of April 1, the Ohio Department of Health reported 2044 hepatitis A cases linked to the statewide outbreak in 2018-19. Of the 11 cases of hepatitis A reported in Summit County in 2018, 7 were linked to the outbreak. ***So far in 2019 there are 29 reported hepatitis A cases in Summit County, 17 of which were linked to the outbreak and 10 are pending.*** SCPH continued preventative action by offering the hepatitis A vaccine at needle exchange sites and the former Tent City site; 30 vaccines were administered in March (57 total in 2019).

3. Epicenter: Epicenter is an electronic surveillance system which provides instant notification of unusual symptomatic activity at local Emergency Departments. 5 Epicenter alerts were issued during February for the following communicable disease symptom: Eyes (2), Diarrhea - Watery/Bloody (1), Stiff Neck (1) and Rash (1). All of these alerts were investigated and determined be either due to seasonal illness or not of public health concern.

4. Influenza Surveillance: Surveillance for the 2018-2019 influenza season began on October 7. Although still elevated, Influenza activity decreased from moderate to low levels in March. 1,764 positive flu tests (1,764 Type A and 21 Type B) and 190 hospitalizations at Summit County hospitals were reported in March (some of which were not Summit County residents). Influenza Type A has been dominant in Summit County and Ohio, with subtypes pdmH1N1 and H3N2 co-circulating. Type B activity continued to be extremely low in March. So far this season, there have been 9 reported deaths due to influenza, and there were 32 deaths from pneumonia in March. Surveillance data from the 2018-2019 season and previous seasons are available in an influenza dashboard, which is located on the SCPH website: <https://www.scph.org/dashboards>

5. Vector-borne Surveillance: Vector borne surveillance ended on October 27, 2018, and the final report was issued on November 2. Surveillance will resume in May, 2019.

Communicable Disease Reports Received, March 2019

Reportable Condition	March 2019	February 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	0
CP-CRE	2	1	3	0
Campylobacteriosis	12	8	25	9
Chlamydia infection	241	246	784	855
Cholera	0	0	0	0
Coccidioidomycosis	0	0	0	3
Creutzfeld-Jakob Disease	0	1	1	0
Cryptosporidiosis	2	4	7	2
Cyclosporiasis	0	0	0	0
Dengue	0	0	0	0
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	1	2	5	3
Ehrlichiosis/ anaplasmosis	0	0	0	0
Giardiasis	2	5	8	10
Gonococcal infection	73	88	254	261
Haemophilus influenzae	1	1	5	5
Hemolytic uremic syndrome (HUS)	0	0	0	1
Hepatitis A	17	6	29	1
Hepatitis B - acute	5	1	10	9
Hepatitis B - chronic	13	8	33	32
Hepatitis B - perinatal (see Notes on page 3)	0	0	2	2
Hepatitis C- acute	1	0	3	4
Hepatitis C- chronic	58	65	175	190
Hepatitis C - perinatal infection	1	1	3	0
Hepatitis E	0	0	0	0
HIV/AIDS	13	5	12	14
Influenza - ODH Lab Results	0	0	1	0
Influenza-associated hospitalization	250	146	457	837
Influenza-associated pediatric mortality	0	0	0	1
LaCrosse virus disease (other california serogroup virus diseases)	0	0	0	0
Legionellosis - Legionnaires' Disease	0	0	2	7
Listeriosis	0	0	1	0
Lyme Disease	1	1	2	5
Malaria	0	0	0	0
MERS	0	0	0	0
Measles	0	0	0	0
Meningitis - aseptic/viral	0	0	1	5
Meningitis-bacterial (Not <i>N. meningitidis</i>)	0	0	0	2

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Reportable Condition	March 2019	February 2019	Year-to-Date 2019	Year-to-Date 2018
Meningococcal disease- <i>Neisseria meningitidis</i>	0	0	0	0
Mumps	1	0	1	1
Other arthropod-borne disease	0	0	0	0
Pertussis	4	2	24	6
Psittacosis	0	0	0	0
Q Fever	0	0	1	1
Rubella	0	0	0	0
Salmonellosis	3	0	7	12
Shigellosis	1	3	5	5
Spotted fever rickettsiosis, including RMSF	0	0	0	1
Streptococcal - Group A invasive	4	6	15	4
Streptococcal - Group B in newborn	0	1	1	0
Streptococcal toxic shock syndrome (STSS)	0	0	0	1
Streptococcus pneumoniae - invasive - unknown resistance	3	5	14	13
Streptococcus pneumoniae - invasive - resistant	2	1	4	4
Syphilis - all stages	12	2	17	26
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	0	0	0	3
Tularemia	0	0	0	0
Typhoid fever	0	0	0	1
Varicella	0	0	0	6
Vibriosis (not cholera)	0	0	0	0
West Nile	0	0	0	0
Yersiniosis	0	1	2	2
Zika virus	0	0	0	0
Total	727	612	1,915	2,344

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 **April 5, 2019**.