



Monthly Communicable Disease Report Summit County March, 2022



Monthly Highlights/Observations:

1. Tuberculosis- Two new suspected cases of TB were reported in March, and 24 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 four cases; one DOT case was closed and none were opened in March. 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 67 communicable disease cases: 1 case of coccidiomycosis, 1 case of CP-CRE, 3 cases of *Haemophilus influenzae* infection, 29 cases of chronic hepatitis B, 1 case of chronic hepatitis C, 2 cases of legionellosis, 1 case of Lyme disease, 1 case of MIS-C, 1 case of pertussis, 1 case of streptococcal disease Group A invasive, 1 case of *Streptococcus pneumoniae*, 6 cases of varicella infection, and 19 enteric cases (3 amebiasis, 5 campylobacteriosis, 3 cryptosporidiosis, 1 *E. coli* infection, 5 giardiasis, 1 hepatitis A, and 1 salmonellosis) in March. **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 exceed the counts in the table.*

2. Outbreaks: 11 COVID-19 outbreaks were reported to the CDU in March, occurring in long term care, day care, workplace, and K-12 school settings. Nine non-COVID-19 outbreaks were investigated in March, and were associated with hospital, day care, restaurant, and long term care settings.

COVID-19: There were 501 confirmed or probable cases of COVID-19 reported in Summit County. A preliminary total of 13,132 COVID-19 cases were reported in Ohio in March. 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: Congestion (4), Diarrhea - Watery / Bloody (2), Diarrhea - Not Watery / Bloody (1), Hemorrhaging (2), and Eyes (2). These alerts were investigated and were determined to be related to COVID-19 and / or 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 March increased but was still classified as low: there were 669 positive flu tests (661 type A and 8 type B) and 48 influenza 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, March 2022

Reportable Condition	Mar 2022	Feb 2022	Year-to- Date 2022	Year-to- Date 2021
Amebiasis	2	2	5	0
Babesiosis	0	0	0	1
Botulism - infant	0	0	0	0
Botulism, food borne	0	0	0	0
Brucellosis	0	0	0	0
COVID-19	501	1,550	20,458	15,274
CP-CRE	1	3	4	5
Campylobacteriosis	5	5	17	8
Chlamydia infection	252	244	724	818
Cholera	0	0	0	0
Coccidioidomycosis	1	0	1	1
Creutzfeld-Jakob Disease	0	0	0	0
Cryptosporidiosis	3	3	7	2
Cyclosporiasis	0	0	0	0
Dengue	0	0	0	0
<i>E. coli</i> , Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	1	0	5	1
Ehrlichiosis/ anaplasmosis	0	0	0	0
Giardiasis	5	17	27	9
Gonococcal infection	100	126	388	489
<i>Haemophilus influenzae</i> infection	3	0	3	0
Hantavirus infection	0	0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0	0
Hepatitis A	0	0	2	3
Hepatitis B - acute	1	1	4	8
Hepatitis B - chronic	9	12	31	15
Hepatitis B - perinatal (see Notes on page 3)	0	1	1	8
Hepatitis C- acute	0	0	0	1
Hepatitis C- chronic	35	40	103	123
Hepatitis C - perinatal infection	0	1	1	1
Hepatitis E	0	0	0	0
HIV/AIDS	4	6	13	15
Influenza - ODH Lab Results	2	2	4	0
Influenza-associated hospitalization	3	4	8	0
Influenza-associated pediatric mortality	0	0	0	0
LaCrosse virus disease	0	0	0	0
Legionellosis	1	1	4	4
Listeriosis	0	0	1	1
Lyme Disease	2	1	6	7
MIS-C associated with COVID-19	1	2	8	13
Malaria	0	0	0	1
MERS	0	0	0	0
Measles	0	0	0	0
Meningitis - aseptic/viral	0	0	0	4
Meningitis-bacterial (Not <i>N. meningitidis</i>)	0	1	1	3

Communicable Disease Reports Received, March 2022

Reportable Condition	Mar 2022	Feb 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	1	2	3	3
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	0	1	0
Salmonellosis	0	1	3	9
Shigellosis	0	1	1	1
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	1	2	5	7
Streptococcal - Group B in newborn	0	0	2	1
Streptococcal toxic shock syndrome (STSS)	0	0	0	1
<i>Streptococcus pneumoniae</i> - invasive - unknown resistance	0	1	6	0
<i>Streptococcus pneumoniae</i> - invasive - resistant	0	1	2	0
Syphilis - all stages	22	34	70	64
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	2	0	3	0
Tularemia	0	0	0	0
Typhoid fever	0	0	0	0
Varicella	2	0	3	2
Vibriosis (not cholera)	0	0	1	1
West Nile virus infection	0	0	0	0
Yersiniosis	0	1	1	4
Zika virus infection	0	0	0	0
Total	963	2,067	21,927	16,908

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 April 8, 2022.