



Monthly Communicable Disease Report Summit County May, 2022



Monthly Highlights/Observations:

1. Tuberculosis- No new suspected cases of TB were reported in May, and 16 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 two cases; no DOT cases were opened or closed in May. 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 87 communicable disease cases: 29 cases of Hepatitis B, 8 Cases of Lyme Disease, 7 cases of Campylobacter, 7 cases of CP-CRE, 6 cases of Streptococcus pneumoniae, 5 cases of Giardia, 3 cases of Varicella, 3 cases of Salmonella, 3 cases of Hepatitis C, 3 cases of E. Coli, 2 cases of Influenza related hospitalization, 2 cases of Hepatitis A, and 1 case of MIS-C, Yersiniosis, Streptococcal Group A, Scabies, S. Typhi, Malaria, Listeriosis, Legionella and Cryptosporidiosis in May.

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: 34 COVID-19 outbreaks were reported to the CDU in May, occurring in long term care, congregate living, day care, and K-12 school settings. Two non-COVID-19 outbreaks were investigated in May, one was related to a school event and the other occurred in a congregate living situation.

COVID-19: There were 4,693 confirmed or probable cases of COVID-19 reported in Summit County. 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. Nine Epicenter alerts were issued during April for the following communicable disease symptoms: Eyes (4), Suspected drug overdose (2), Respiratory (1), Vision (1), Paralysis (1).

4. Influenza Surveillance: Surveillance for the 2021-2022 influenza season ended on May 7; the final report was issued on May 13, 2022. Influenza activity in May was classified as minimal: there were 161 positive flu tests (all type A) and 13 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 will resumed on May 22, 2022 and the first report will be 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, May 2022

Reportable Condition	May 2022	Apr 2022	Year-to- Date 2022	Year-to- Date 2021
Amebiasis	0	0	5	0
Babesiosis	0	0	0	1
Botulism - infant	0	0	0	1
Botulism, food borne	0	0	0	0
Brucellosis	0	0	0	0
COVID-19	4,693	1,432	26,574	20,178
CP-CRE	5	2	11	8
Campylobacteriosis	8	9	34	17
Chlamydia infection	219	282	1,225	1,293
Cholera	0	0	0	0
Coccidioidomycosis	0	0	1	1
Creutzfeld-Jakob Disease	0	0	0	0
Cryptosporidiosis	1	0	8	5
Cyclosporiasis	0	0	0	0
Dengue	0	0	0	0
<i>E. coli</i> , Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	3	2	10	4
Ehrlichiosis/ anaplasmosis	0	0	0	1
Giardiasis	5	3	35	13
Gonococcal infection	124	106	618	774
<i>Haemophilus influenzae</i> infection	0	0	3	0
Hantavirus infection	0	0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0	0
Hepatitis A	1	0	3	9
Hepatitis B - acute	1	2	6	9
Hepatitis B - chronic	9	6	47	30
Hepatitis B - perinatal (see Notes on page 3)	2	2	5	12
Hepatitis C- acute	0	0	0	1
Hepatitis C- chronic	45	50	195	192
Hepatitis C - perinatal infection	0	1	2	2
Hepatitis E	0	0	0	0
HIV/AIDS	1	5	19	25
Influenza - ODH Lab Results	7	5	16	0
Influenza-associated hospitalization	5	18	31	0
Influenza-associated pediatric mortality	0	0	0	0
LaCrosse virus disease	0	0	0	0
Legionellosis	1	0	5	7
Listeriosis	1	0	2	1
Lyme Disease	11	3	20	16
MIS-C associated with COVID-19	0	0	8	16
Malaria	1	0	1	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	0	1	4

Communicable Disease Reports Received, May 2022

Reportable Condition	May 2022	Apr 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	
Pertussis	0	0	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	4	5	12	18
Shigellosis	0	2	3	3
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	8	13
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	4	3	13	4
<i>Streptococcus pneumoniae</i> - invasive - resistant	1	1	4	1
Syphilis - all stages	22	16	108	104
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	0	0	3	3
Tularemia	0	0	0	0
Typhoid fever	0	0	0	0
Varicella	2	2	7	6
Vibriosis (not cholera)	0	0	1	1
West Nile virus infection	0	0	0	0
Yersiniosis	1	3	5	7
Zika virus infection	0	0	0	0
Total	5,178	1,971	29,055	22,790

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 June 3, 2022.