



# Communicable Disease Report Summit County April, 2019



**1. Monthly Highlights/Observations: Tuberculosis-** One new cases of TB was reported in April. Nine possible TB cases have been investigated so far in 2019: four were determined to not be a case, one case was confirmed, 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). One DOT case was completed in April, and one was started. 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 24 cases of hepatitis B, 3 *Haemophilis influenzae*, 1 pertussis, 2 Lyme disease, 2 Legionnaire's disease, and 2 carbapenem resistant enterobacteriaceae (CP-CRE). 45 enteric cases (5 campylobacteriosis, 4 *E. coli*, 12 giardiasis, 18 hepatitis A, 4 salmonellosis, 1 yersiniosis, and 1 vibriosis) were investigated in April.

*There were no confirmed cases of measles reported in Summit County (or in Ohio) in 2019.*

**2. Outbreaks:** SPCH CDU investigated three confirmed Norovirus outbreaks in long term care and hospital facilities in April.

**Hepatitis A:** As of April 29, the Ohio Department of Health reported 2178 hepatitis A cases linked to the statewide outbreak in 2018-19. *So far in 2019, there were 47 reported hepatitis A cases in Summit County, 28 of which were linked to the outbreak and 7 are pending.* SCPH continued preventative action by offering the hepatitis A vaccine to vulnerable populations; 35 vaccines were administered in April (92 total in 2019).

**3. Epicenter:** Epicenter is an electronic surveillance system which provides instant notification of unusual symptomatic activity at local Emergency Departments. One Epicenter alert was issued during April for the following communicable disease symptom: Eyes. These alert was investigated and determined be not of public health concern.

**4. Influenza Surveillance:** Surveillance for the 2018-2019 influenza season began on October 7. Influenza activity continued to decrease throughout April to minimal or interseasonal levels by the end of the month. 254 positive flu tests (240 Type A and 14 Type B) and 33 hospitalizations at Summit County hospitals were reported in April (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 April, and was only 2% of positive influenza tests througghou the season. So far this season, there have been 13 reported deaths due to influenza, and there were 24 deaths from pneumonia in April. 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 late May, 2019.

## Communicable Disease Reports Received, April 2019

Reportable Condition	April 2019	March 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	1	2	5	0
Campylobacteriosis	5	13	31	18
Chlamydia infection	269	322	1,198	1,147
Cholera	0	0	0	0
Coccidioidomycosis	0	0	0	4
Creutzfeld-Jakob Disease	0	0	1	0
Cryptosporidiosis	0	2	7	4
Cyclosporiasis	0	0	0	0
Dengue	0	0	0	0
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	3	1	9	6
Ehrlichiosis/ anaplasmosis	0	0	0	0
Giardiasis	5	2	20	12
Gonococcal infection	88	111	396	356
Haemophilus influenzae	3	1	8	5
Hemolytic uremic syndrome (HUS)	0	0	0	1
Hepatitis A	18	17	47	2
Hepatitis B - acute	5	4	15	9
Hepatitis B - chronic	19	14	51	51
Hepatitis B - perinatal (see Notes on page 3)	0	0	2	3
Hepatitis C- acute	5	2	9	6
Hepatitis C- chronic	50	65	229	243
Hepatitis C - perinatal infection	0	1	3	0
Hepatitis E	0	0	0	0
HIV/AIDS	6	4	19	14
Influenza - ODH Lab Results	0	0	1	0
Influenza-associated hospitalization	58	260	525	949
Influenza-associated pediatric mortality	0	0	0	1
LaCrosse virus disease (other california serogroup virus diseases)	0	0	0	0
Legionellosis - Legionnaires' Disease	2	0	4	10
Listeriosis	0	0	1	0
Lyme Disease	2	1	4	6
Malaria	0	0	0	1
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

## Communicable Disease Reports Received, April 2019

Reportable Condition	April 2019	March 2019	Year-to-Date 2019	Year-to-Date 2018
Meningococcal disease- <i>Neisseria meningitidis</i>	0	0	0	0
Mumps	0	1	1	0
Other arthropod-borne disease	0	0	0	0
Pertussis	1	4	25	10
Psittacosis	0	0	0	0
Q Fever	0	0	1	0
Rubella	0	0	0	0
Salmonellosis	4	3	11	15
Shigellosis	0	1	5	6
Spotted fever rickettsiosis, including RMSF	0	0	0	1
Streptococcal - Group A invasive	4	6	21	6
Streptococcal - Group B in newborn	1	0	2	1
Streptococcal toxic shock syndrome (STSS)	0	0	0	1
Streptococcus pneumoniae - invasive - unknown resistance	4	3	18	17
Streptococcus pneumoniae - invasive - resistant	3	3	8	5
Syphilis - all stages	5	6	17	25
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	1	0	1	3
Tularemia	0	0	0	0
Typhoid fever	0	0	0	1
Varicella	1	0	1	7
Vibriosis (not cholera)	1	0	1	0
West Nile	0	0	0	0
Yersiniosis	1	0	3	2
Zika virus	0	0	0	0
<b>Total</b>	<b>574</b>	<b>849</b>	<b>2,701</b>	<b>2,955</b>

### 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 **May 3, 2019**.