



Communicable Disease Report Summit County August, 2020



1. Monthly Highlights/Observations:

Tuberculosis- No suspected cases of TB reported or investigated in August. SCPH CDU continued to investigate local contacts for one TB case that was confirmed in 2017, and continued evaluation of four suspected cases. SCPH CDU currently provides direct observed therapy (DOT) to 13 cases (9 cases of pulmonary TB, 3 extra pulmonary cases and 1 pulmonary / extra pulmonary). This includes two DOT cases (1 pulmonary and 1 pulmonary / extra-pulmonary) that were initiated in August. DOT clients receive daily to monthly visits 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 CDU also investigated 9 cases of hepatitis B, 6 cases CP-CRE, 6 cases legionellosis, 1 case listeriosis, 6 cases Lyme disease, and 24 enteric cases (8 campylobacteriosis, 1 cryptosporidiosis, 3 E. coli, 5 giardiasis, 1 hepatitis A, and 6 salmonellosis) in August.

2. Outbreaks: Fourteen COVID-19 outbreaks were reported to the CDU in August, and were associated with long term care facilities, manufacturing sites, office environments, sports teams, a church youth group, day cares / preschools, and group homes.

COVID-19: There were 1,303 confirmed or probable cases of COVID-19 reported in Summit County, all were investigated by the CDU staff. Investigation of COVID-19 cases includes (but is not limited to) patient interviews, contact tracing, and follow up with healthcare providers and employers. 28,570 COVID-19 cases were reported in Ohio in August. COVID-19 information, a weekly COVID-19 report, and a dashboard with data for Summit County and Ohio 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. Three Epicenter alerts were issued during August for the following communicable disease symptoms: Eyes (2) and Nausea (1). These alerts were investigated and were determined to not be of public concern.

4. Influenza Surveillance: Surveillance for the 2019-2020 influenza season ended on May 9, and the final report was issued on May 15. Surveillance for the 2020 - 2021 season will resume in early October. Data from the 2019-2020 season and previous seasons are available in an influenza dashboard, which is located on the SCPH website: <https://www.scph.org/dashboards> Weekly influenza reports may be accessed here: <https://www.scph.org/flu-surveillance-reports>

5. Vector-borne Surveillance: Vector borne disease surveillance resumed on May 24, with reports being distributed every other week through October. From August 1 to 29, there were 13 tests ordered for human West Nile virus (or arbovirus panels) at Summit County hospitals, one of which was positive for WNV (this was not an active infection, the patient had IgG antibodies from a previous infection). As of August 27, environmental testing has not yet identified any locations in Summit County with mosquito pools that were positive for WNV (Note: Mosquito collection and ODH testing is limited due to the COVID-19 pandemic). There were 109 Lyme disease tests ordered at Summit County hospitals from August 1 to 29, with 16 confirmed positive or indeterminate results. Copies of the reports may be accessed at: <https://www.scph.org/vector-surveillance-reports>

Communicable Disease Reports Received, August 2020

Reportable Condition	August 2020	July 2020	Year-to-Date 2020	Year-to-Date 2019
Amebiasis	0	0	0	0
Babesiosis	0	0	1	0
Botulism - infant	0	0	0	0
Botulism, food borne	0	0	0	0
Brucellosis	0	0	1	0
COVID-19	1,303	1,312	4,662	NR
CP-CRE	6	3	24	12
Campylobacteriosis	8	8	44	91
Chlamydia infection	308	286	2,040	2,352
Cholera	0	0	0	0
Coccidioidomycosis	0	0	0	0
Creutzfeld-Jakob Disease	0	0	0	1
Cryptosporidiosis	1	1	9	22
Cyclosporiasis	3	2	6	7
Dengue	0	0	0	0
<i>E. coli</i> , Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	3	3	15	27
Ehrlichiosis/ anaplasmosis	0	0	1	0
Giardiasis	5	5	20	31
Gonococcal infection	198	170	1,147	829
<i>Haemophilus influenzae</i> infection	0	0	5	18
Hantavirus infection	0	0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0	0
Hepatitis A	1	2	21	148
Hepatitis B - acute	1	1	9	29
Hepatitis B - chronic	8	8	75	99
Hepatitis B - perinatal (see Notes on page 3)	2	0	7	6
Hepatitis C- acute	0	1	3	28
Hepatitis C- chronic	64	34	344	426
Hepatitis C - perinatal infection	0	0	0	4
Hepatitis E	0	0	0	0
HIV/AIDS	1	6	31	36
Influenza - ODH Lab Results	0	0	6	3
Influenza-associated hospitalization	0	0	565	533
Influenza-associated pediatric mortality	0	0	1	0
LaCrosse virus disease	0	1	1	0
Legionellosis	6	4	20	31
Listeriosis	1	0	1	4
Lyme Disease	6	11	28	22
Malaria	0	0	0	2
MERS	0	0	0	0
Measles	0	0	0	0
Meningitis - aseptic/viral	0	2	9	16
Meningitis-bacterial (Not <i>N. meningitidis</i>)	0	1	3	1
Meningococcal disease- <i>Neisseria meningitidis</i>	0	0	0	0

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Reportable Condition	August 2020	July 2020	Year-to- Date 2020	Year-to- Date 2019
Mumps	0	0	1	2
Pertussis	0	0	2	43
Powassan virus disease	0	0	0	0
Psittacosis	0	0	0	0
Q Fever	0	0	0	1
Rubella	0	0	0	0
<i>Salmonella typhi</i>	0	0	1	NR
Salmonellosis	6	12	45	44
Shigellosis	0	2	4	16
Spotted fever rickettsiosis, including RMSF	0	0	0	2
<i>Staphylococcal aureus</i> - intermediate resistance to vancomycin (VISA)	0	0	0	1
Streptococcal - Group A invasive	2	3	23	33
Streptococcal - Group B in newborn	0	0	3	4
Streptococcal toxic shock syndrome (STSS)	0	0	0	1
<i>Streptococcus pneumoniae</i> - invasive - unknown resistance	1	2	22	23
<i>Streptococcus pneumoniae</i> - invasive - resistant	2	0	7	12
Syphilis - all stages	5	7	57	35
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	0	1	9	6
Tularemia	0	0	0	0
Typhoid fever	0	0	0	0
Varicella	0	0	4	6
Vibriosis (not cholera)	0	0	0	1
West Nile virus infection	0	0	0	0
Yersiniosis	0	2	7	8
Zika virus infection	0	0	0	0
Total	1,949	1,897	9,284	5,016

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. 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 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 4, 2020.