



# Communicable Disease Report Summit County February, 2019



## February 2019 Report:

**1. Monthly Highlights/Observations: Tuberculosis-** No new cases of TB were reported in February. Four possible TB cases have been investigated so far in 2019: two were determined to not be a case, and two 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 6 cases (2 cases of pulmonary TB and 4 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 10 cases of hepatitis B, 1 *Haemophilis influenzae*, 2 pertussis, 1 Lyme disease, and 1 carbapenem resistant enterobacteriaceae (CP-CRE),

30 enteric cases (8 campylobacteriosis, 4 cryptosporidiosis, 2 *E. coli*, 5 giardiasis, 6 hepatitis A, 1 listeriosis, 3 shigellosis and 1 yersiniosis) were investigated in February.

**2. Outbreaks:** There were no reported outbreaks in Summit County in February.

**Hepatitis A:** As of March 4, the Ohio Department of Health reported 1889 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 12 reported hepatitis A cases in Summit County, 9 of which were linked to the outbreak and 3 are pending.*** SCPH continued preventative action by offering the combined hepatitis A/B vaccine (Twinrix) at needle exchange sites in February, and 27 vaccines were given in 2019.

**3. Epicenter:** Epicenter is an electronic surveillance system which provides instant notification of unusual symptomatic activity at local Emergency Departments. 14 Epicenter alerts were issued during February for the following communicable disease symptom: Shock (6), Fever (4), Congestion (2), Hemorrhaging (1) and Headache (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. Influenza activity increased to moderate levels in February. 1,238 positive flu tests (1,221 Type A and 17 Type B) and 180 hospitalizations at Summit County hospitals were reported in February (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 did not increase in February, and has remained extremely low all season. So far this season, there have been 3 reported deaths due to influenza, and there were 29 deaths from pneumonia in February. 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, February 2019

Reportable Condition	February 2019	January 2019	Total Year-to-Date	February 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	0	1	0
Campylobacterosis	8	5	13	3
Chlamydia infection	246	298	544	284
Cholera	0	0	0	0
Coccidioidomycosis	0	0	0	0
Creutzfeld-Jakob Disease	1	0	1	0
Cryptosporidiosis	4	1	5	0
Cyclosporiasis	0	0	0	0
Dengue	0	0	0	0
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	2	2	4	0
Ehrlichiosis/ anaplasmosis	0	0	0	0
Giardiasis	5	1	6	3
Gonococcal infection	88	93	181	91
Haemophilus influenzae	1	3	4	3
Hemolytic uremic syndrome (HUS)	0	0	0	0
Hepatitis A	6	6	12	1
Hepatitis B - acute	0	5	5	5
Hepatitis B - chronic	10	11	21	9
Hepatitis B - perinatal (see Notes on page 3)	0	2	2	1
Hepatitis C- acute	0	2	2	1
Hepatitis C- chronic	65	51	116	65
Hepatitis C - perinatal infection	1	1	2	0
Hepatitis E	0	0	0	0
HIV/AIDS	5	4	9	3
Influenza - ODH Lab Results	0	1	1	0
Influenza-associated hospitalization	146	61	207	227
Influenza-associated pediatric mortality	0	0	0	0
LaCrosse virus disease (other california serogroup virus diseases)	0	0	0	0
Legionellosis - Legionnaires' Disease	0	2	2	0
Listeriosis	0	1	1	0
Lyme Disease	1	1	2	1
Malaria	0	0	0	0
MERS	0	0	0	0
Measles	0	0	0	0
Meningitis - aseptic/viral	0	1	1	0
Meningitis-bacterial (Not <i>N. meningitidis</i> )	0	0	0	1

## Communicable Disease Reports Received, February 2019

Reportable Condition	February 2019	January 2019	Total Year- to-Date	February 2018
Meningococcal disease- <i>Neisseria meningitidis</i>	0	0	0	0
Mumps	0	0	0	0
Other arthropod-borne disease	0	0	0	0
Pertussis	2	18	20	0
Psittacosis	0	0	0	0
Q Fever	0	1	1	0
Rubella	0	0	0	0
Salmonellosis	0	4	4	1
Shigellosis	3	1	4	0
Spotted fever rickettsiosis, including RMSF	0	0	0	1
Streptococcal - Group A invasive	6	5	11	1
Streptococcal - Group B in newborn	1	0	1	0
Streptococcal toxic shock syndrome (STSS)	0	0	0	0
Streptococcus pneumoniae - invasive - unknown resistance	5	6	11	3
Streptococcus pneumoniae - invasive - resistant	1	1	2	1
Syphilis - all stages	2	4	6	5
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	0	0	0	0
Tularemia	0	0	0	0
Typhoid fever	0	0	0	1
Varicella	0	0	0	0
Vibriosis (not cholera)	0	0	0	0
West Nile	0	0	0	0
Yersiniosis	1	1	2	0
Zika virus	0	0	0	0
<b>Total</b>	<b>611</b>	<b>593</b>	<b>1,204</b>	<b>711</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 Leanne Beavers BSN, RN at (330) 926-5617. This report was issued on **March 8, 2019**.