



Communicable Disease Report Summit County July, 2019



1. Monthly Highlights/Observations: Tuberculosis- No new case of TB were reported in July. Eleven possible TB cases have been investigated so far in 2019: six were determined to not be a case, three cases were confirmed, and two are waiting for the doctors' final determination. SCPH CDU continued to investigate local contacts for two pulmonary TB cases that were diagnosed post-mortem. SCPH CDU currently provides DOT to 4 cases (3 cases of pulmonary TB and 1 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.

The CDU also investigated 18 cases of hepatitis B, 2 *Haemophilis influenzae*, 8 pertussis, 8 Lyme disease, 7 Legionnaire's disease, 7 aseptic/viral meningitis, 2 Varicella, 2 malaria (imported cases), 1 mumps, 1 West Nile virus infection, 1 spotted fever rickettsiosis and 1 carbapenem resistant enterobacteriaceae (CP-CRE). 90 enteric cases (22 campylobacteriosis, 3 cryptosporidiosis, 6 cyclosporiasis, 2 *E. coli*, 3 giardiasis, 36 hepatitis A, 2 listeriosis, 13 salmonellosis, 2 shigellosis, and 1 yersiniosis) were investigated in July.

There were no confirmed cases of measles reported in Summit County in 2019. There was one confirmed case of measles in Stark County in July.

2. Outbreaks: No outbreaks were reported to the CDU in July.

Hepatitis A: As of July 29, the Ohio Department of Health reported 3234 hepatitis A cases linked to the statewide outbreak in 2018-19. **As of July 31, 2019, there were 143 reported hepatitis A cases in Summit County in 2018 and 2019, 107 of which were linked to the outbreak and 25 are pending.** SCPH continued preventative action by offering the hepatitis A vaccine to vulnerable populations: 95 vaccines were administered at five different locations in Summit County in June (554 total in 2019).

3. Epicenter: Epicenter is an electronic surveillance system which provides instant notification of unusual symptomatic activity at local Emergency Departments. Seven Epicenter alerts were issued during June for the following communicable disease symptoms: Stiff neck (2), eyes (1), constitutional (1), paralysis (1), vision (1), and edema (1). These alerts were investigated and determined to be not of public health concern.

4. Influenza Surveillance: Surveillance for the 2018-19 season concluded on May 11, and the final report was issued on May 18. Surveillance data from the 2018-19 season and previous seasons are available in a dashboard, which is located on the SCPH website: <https://www.scph.org/dashboards>

5. Vector-borne Surveillance: Vector borne disease surveillance resumed on May 26, 2019; with reports being distributed every other week through October. As of July 20, there were 17 tests for human West Nile virus (or arbovirus panels) ordered at Summit County hospitals, two of which were positive for WNV (both were not active infections, both patient had antibodies from a previous infection). As of July 25, environmental testing identified 3 locations in Summit County with mosquito pools that were positive for WNV (at the same time in 2018, there 38 positive pools). There were 273 Lyme disease tests ordered at Summit County hospitals from May 26 to July 20, with 23 confirmed positive results.

Communicable Disease Reports Received, July 2019

Reportable Condition	July 2019	June 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	11	6
Campylobacteriosis	22	13	72	53
Chlamydia infection	314	258	2,071	1,971
Cholera	0	0	1	0
Coccidioidomycosis	0	0	0	6
Creutzfeld-Jakob Disease	0	0	0	1
Cryptosporidiosis	3	3	14	14
Cyclosporiasis	6	1	7	24
Dengue	0	0	0	1
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	2	3	18	19
Ehrlichiosis/ anaplasmosis	0	0	0	0
Giardiasis	3	2	26	34
Gonococcal infection	110	96	706	636
Haemophilus influenzae	1	4	15	7
Hemolytic uremic syndrome (HUS)	0	0	0	1
Hepatitis A	36	25	132	5
Hepatitis B - acute	4	5	27	17
Hepatitis B - chronic	14	12	84	72
Hepatitis B - perinatal (see Notes on page 3)	0	1	4	13
Hepatitis C- acute	3	4	19	9
Hepatitis C- chronic	68	42	376	392
Hepatitis C - perinatal infection	1	0	4	0
Hepatitis E	0	0	0	0
HIV/AIDS	8	3	33	31
Influenza - ODH Lab Results	1	1	3	0
Influenza-associated hospitalization	0	1	533	963
Influenza-associated pediatric mortality	0	0	0	1
LaCrosse virus disease	0	0	0	0
Legionellosis - Legionnaires' Disease	7	11	25	21
Listeriosis	2	0	3	1
Lyme Disease	8	5	16	19
Malaria	0	2	2	3
MERS	0	0	0	0
Measles	0	0	0	0
Meningitis - aseptic/viral	7	2	13	17
Meningitis-bacterial (Not <i>N. meningitidis</i>)	0	0	1	2
Meningococcal disease- <i>Neisseria meningitidis</i>	0	0	0	0

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Reportable Condition	July 2019	June 2019	Year-to-Date 2019	Year-to-Date 2018
Mumps	1	0	2	0
Other arthropod-borne disease	0	0	0	0
Pertussis	8	3	40	24
Powassan virus disease	0	0	0	0
Psittacosis	0	0	0	0
Q Fever	0	0	1	0
Rubella	0	0	0	0
Salmonellosis	13	7	35	32
Shigellosis	2	1	9	9
Spotted fever rickettsiosis, including RMSF	1	1	2	5
Staphylococcal aureus - intermediate resistance to vancomycin (VISA)	0	0	1	0
Streptococcal - Group A invasive	2	3	31	13
Streptococcal - Group B in newborn	1	0	4	1
Streptococcal toxic shock syndrome (STSS)	0	0	1	1
Streptococcus pneumoniae - invasive - unknown resistance	2	2	23	26
Streptococcus pneumoniae - invasive - resistant	1	0	12	9
Syphilis - all stages	2	6	32	45
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	0	1	3	6
Tularemia	0	0	0	0
Typhoid fever	0	0	0	1
Varicella	0	2	6	11
Vibriosis (not cholera)	0	0	1	0
West Nile	1	0	1	0
Yersiniosis	1	2	7	5
Zika virus	0	0	0	0
Total	663	530	4,427	4,527

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 **August 2, 2019**.