



Communicable Disease Report Summit County May, 2019



1. Monthly Highlights/Observations: Tuberculosis- No new cases of TB were reported in May. Ten possible TB cases have been investigated so far in 2019: five 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 local contacts for two pulmonary TB cases that were diagnosed post-mortem. SCPH CDU currently provides DOT to 5 cases (3 cases of pulmonary TB and 2 extra pulmonary cases). One DOT case was completed in May, 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 16 cases of hepatitis B, 2 *Haemophilis influenzae*, 4 pertussis, 1 Lyme disease, 3 Legionnaire's disease, 3 aseptic/viral meningitis, 3 Varicella, and 2 carbapenem resistant enterobacteriaceae (CP-CRE). 44 enteric cases (6 campylobacteriosis, 1 cryptosporidiosis, 4 *E. coli*, 1 giardiasis, 16 hepatitis A, 4 salmonellosis, 1 shigellosis, and 1 yersiniosis) were investigated in May.

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

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

Hepatitis A: As of June 3, the Ohio Department of Health reported 2997 hepatitis A cases linked to the statewide outbreak in 2018-19. ***As of May 31, 2019, there were 72 reported hepatitis A cases in Summit County, 59 of which were linked to the outbreak and 3 are pending. SCPH continued preventative action by offering the hepatitis A vaccine to vulnerable populations: 282 vaccines were administered at five different locations in Summit County in May (363 total in 2019).***

3. Epicenter: Epicenter is an electronic surveillance system which provides instant notification of unusual symptomatic activity at local Emergency Departments. Eight Epicenter alerts were issued during May for the following communicable disease symptoms: Congestion (4), edema (1), vision (1), paralysis (1), and exacerbation (1). These alerts were investigated and determined be not of public health concern. There were two Class A reportable condition alerts: Anthrax (1) and Rubella (1); both were investigated and determined to be not a case.

4. Influenza Surveillance: Surveillance for the 2018-19 season concluded on May 11, and the final report was issued on May 18. Throughout early May, influenza hospitalizations at Summit County hospitals were low, with 3 admissions total. The number of ILI-related ER visits were also low in early May, with 55 visits in the first weeks and 47 visits during the second week (May 5-11). There were 10 positive lab tests for influenza during the first two weeks in May, 8 of which were Type A and 2 Type B. For the entire flu season, Type A was the predominate type of influenza, representing 98% of the positive lab tests. Zero influenza deaths were reported in May, the total number of deaths during the 2018-19 season remained at 13. 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; the first report will be issued on June 14, 2019.

Communicable Disease Reports Received, May 2019

Reportable Condition	May 2019	April 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	2	2	7	2
Campylobacteriosis	6	5	37	27
Chlamydia infection	292	273	1,494	1,421
Cholera	0	0	0	0
Coccidioidomycosis	0	0	0	4
Creutzfeld-Jakob Disease	0	0	1	1
Cryptosporidiosis	1	0	8	6
Cyclosporiasis	0	0	0	2
Dengue	0	0	0	0
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	4	4	13	10
Ehrlichiosis/ anaplasmosis	0	0	0	0
Giardiasis	1	12	21	18
Gonococcal infection	88	95	491	453
Haemophilus influenzae	2	3	10	7
Hemolytic uremic syndrome (HUS)	0	0	0	1
Hepatitis A	26	18	72	2
Hepatitis B - acute	2	5	17	12
Hepatitis B - chronic	14	15	60	58
Hepatitis B - perinatal (see Notes on page 3)	1	0	3	2
Hepatitis C- acute	4	4	12	6
Hepatitis C- chronic	45	46	268	293
Hepatitis C - perinatal infection	0	0	3	1
Hepatitis E	0	0	0	0
HIV/AIDS	3	6	22	24
Influenza - ODH Lab Results	0	0	1	0
Influenza-associated hospitalization	7	58	532	957
Influenza-associated pediatric mortality	0	0	0	1
LaCrosse virus disease (other california serogroup virus diseases)	0	0	0	0
Legionellosis - Legionnaires' Disease	3	2	7	13
Listeriosis	0	0	1	1
Lyme Disease	1	1	4	8
Malaria	0	0	0	1
MERS	0	0	0	0
Measles	0	0	0	0
Meningitis - aseptic/viral	4	0	5	7
Meningitis-bacterial (Not <i>N. meningitidis</i>)	0	0	0	2

Communicable Disease Reports Received, May 2019

Reportable Condition	May 2019	April 2019	Year-to-Date 2019	Year-to-Date 2018
Meningococcal disease- <i>Neisseria meningitidis</i>	0	0	0	0
Mumps	0	0	1	0
Other arthropod-borne disease	0	0	0	0
Pertussis	4	1	29	13
Psittacosis	0	0	0	0
Q Fever	0	0	1	0
Rubella	0	0	0	0
Salmonellosis	4	4	15	20
Shigellosis	1	0	6	7
Spotted fever rickettsiosis, including RMSF	0	0	0	1
Staphylococcal aureus - intermediate resistance to vancomycin (VISA)	1	0	1	0
Streptococcal - Group A invasive	5	4	26	9
Streptococcal - Group B in newborn	1	1	3	1
Streptococcal toxic shock syndrome (STSS)	1	0	1	1
Streptococcus pneumoniae - invasive - unknown resistance	1	4	19	23
Streptococcus pneumoniae - invasive - resistant	3	3	11	8
Syphilis - all stages	7	5	24	32
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	0	1	1	4
Tularemia	0	0	0	0
Typhoid fever	0	0	0	1
Varicella	3	1	4	9
Vibriosis (not cholera)	0	1	1	0
West Nile	0	0	0	0
Yersiniosis	1	1	4	4
Zika virus	0	0	0	0
Total	538	575	3,236	3,473

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 **June 6, 2019**.