



Monthly Communicable Disease Report Summit County November, 2022



Monthly Highlights/Observations:

1. Tuberculosis- 0 new suspected cases of TB were reported in November and 15 contacts from current and previous cases continue to be investigated. In addition, the program remains open to continue the tuberculosis screening process for up to 150 refugees, in collaboration with other agencies and healthcare providers. SCPH CDU currently provides direct observed therapy (DOT) to 3 cases. Additionally, no DOT cases were closed in November and none were opened. DOT clients receive daily to monthly visits via video calls depending on side effects and where the client is in treatment. All cases are complex, which requires collaboration and coordination between multiple agencies and external community services.

The Communicable Disease Unit investigated 80 communicable disease cases in November: 21 Cases of Hepatitis B - Chronic, 13 cases of Campylobacter, 8 cases of Lyme disease, 5 cases of Salmonella, 5 cases of Streptococcus pneumoniae, 5 cases of Varicella, 4 cases of Giardiasis, 4 cases of Legionella, 2 cases of Haemophilus Influenzae, 2 cases of Meningitis Viral/aseptic, 2 cases of Pertussis, and one case each of Amebiasis, CP-CRE, Hepatitis A, Hepatitis B - Acute, Influenza A - Novel, Monkeypox, Shigellosis, Strep- Group A and Yersiniosis. Note: Since some reported cases end up being classified as "Not A Case" in ODRS or the case may have been previously reported, the investigation case totals may vary compared to the counts in the table.

2. Outbreaks: 9 COVID-19 outbreaks were identified by the CDU in November, occurring in School/ Daycare and long-term care settings. 5 non-COVID-19 outbreaks were investigated in November.

COVID-19: There were 2,174 confirmed or probable cases of COVID-19 reported in Summit County in November. COVID-19 information, a weekly COVID-19 report, and a dashboard with data for Summit County 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. 15 Epicenter alerts were issued during November: Fever (4), Exacerbation (4), Cough (2), Constitutional (2), Edema (1), Respiratory (1) and Suspected Drug Overdose (1).

4. Influenza Surveillance: Surveillance for the 2022-2023 influenza season resumed on October 2, 2022; The first report was issued on October 21, 2022. During week 47 There were 548 positive flu tests, 543 type A, 5 type B and 64 influenza hospitalizations, at reporting Summit County labs and hospitals. Data from previous influenza seasons are available in an influenza dashboard, which is located on the SCPH website: <https://www.scph.org/dashboards> Weekly influenza reports for the 2022-23 season and previous seasons may be accessed here: <https://www.scph.org/flu-surveillance-reports>

5. Vector-borne Surveillance: Vector borne surveillance concluded on October 23, 2022 and the first report was issued in mid-June. Copies of the reports for 2022 and previous years may be accessed at: <https://www.scph.org/vector-surveillance-reports>

Communicable Disease Reports Received, November 2022

Reportable Condition	November 2022	October 2022	Year-to-Date 2022	Year-to-Date 2021
Amebiasis	1	0	9	2
Babesiosis	0	0	0	1
Botulism - infant	0	0	0	1
Botulism, food borne	0	0	0	0
Brucellosis	0	0	0	1
C. auris	1	0	1	NR
COVID-19	2,174	2,045	44,936	42,778
CP-CRE	1	0	18	21
Campylobacteriosis	13	5	96	60
Chikungunya virus	0	0	1	NR
Chlamydia infection	235	253	2,656	2,750
Cholera	0	0	0	0
Coccidioidomycosis	0	0	2	3
Creutzfeld-Jakob Disease	0	0	0	0
Cryptosporidiosis	0	2	26	16
Cyclosporiasis	0	0	1	10
Dengue	0	0	0	0
<i>E. coli</i> , Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	0	1	23	15
Ehrlichiosis/ anaplasmosis	0	0	0	2
Giardiasis	4	3	55	46
Gonococcal infection	109	109	1,257	1,587
<i>Haemophilus influenzae</i> infection	2	1	9	2
Hantavirus infection	0	0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0	0
Hepatitis A	2	0	7	14
Hepatitis B - acute	1	0	5	11
Hepatitis B - chronic	8	6	83	116
Hepatitis B - perinatal (see Notes on page 3)	0	0	12	10
Hepatitis C- acute	0	0	1	4
Hepatitis C- chronic	31	38	379	443
Hepatitis C - perinatal infection	0	0	3	2
Hepatitis E	0	0	0	0
HIV/AIDS	5	3	39	50
Influenza - ODH Lab Results	4	14	45	3
Influenza-associated hospitalization	62	5	100	1
Influenza-associated pediatric mortality	0	0	0	0
LaCrosse virus disease	0	0	0	2
Legionellosis	4	4	35	28
Listeriosis	0	0	2	5
Lyme Disease	5	7	92	81
MIS-C associated with COVID-19	0	1	9	17
Malaria	0	1	3	2
MERS	0	0	0	0
Measles	0	0	0	0

Meningitis - aseptic/viral	3	3	15	8
Meningitis-bacterial (Not N. meningitidis)	0	0	1	4
Communicable Disease Reports Received, November 2022				
Reportable Condition	November 2022	October 2022	Year-to-Date 2022	Year-to-Date 2021
Meningococcal disease- <i>Neisseria meningitidis</i>	0	0	0	0
Monkeypox (confirmed and probable)	1	0	17	NR
Mumps	0	0	0	1
Pertussis	2	1	8	10
Powassan virus disease	0	0	0	0
Psittacosis	0	0	0	0
Q Fever	0	0	0	2
Rubella	0	0	0	0
<i>Salmonella typhi</i>	0	0	1	0
Salmonellosis	5	3	45	46
Shigellosis	1	1	10	11
Spotted fever rickettsiosis, including RMSF	0	0	0	1
<i>Staphylococcal aureus</i> - intermediate resistance to vancomycin (VISA)	0	0	0	0
Streptococcal - Group A invasive	1	1	20	29
Streptococcal - Group B in newborn	0	0	2	2
Streptococcal toxic shock syndrome (STSS)	0	0	0	2
<i>Streptococcus pneumoniae</i> - invasive - unknown resistance	4	4	31	14
<i>Streptococcus pneumoniae</i> - invasive - resistant	1	1	8	6
Syphilis - all stages	28	37	277	183
Syphilis - Congenital	0	0	8	NR
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	0	0	4	10
Tularemia	0	0	0	0
Typhoid fever	0	0	0	0
Varicella	3	1	12	6
Vibriosis (not cholera)	0	0	3	1
West Nile virus infection	0	0	0	1
Yersiniosis	1	1	11	10
Zika virus infection	0	0	0	0
Total	2,712	2,551	50,369	48,431
Notes:				
1) This report includes the number of reports of disease received and investigated by Summit County Public Health (SCPH). <u>This includes all reports that were determined to be probable, suspected, or confirmed.</u> Based on case investigation, clinical diagnoses, IDCM 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 reporting period. 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 the Communicable Disease Unit at (330) 375-2662. This report was issued on December 5, 2022.