Communicable Disease Report
Summit County
August, 2018

August 2018 Report:

1. Monthly Highlights/Observations: SCPH CDU continued to investigate contacts to previous pulmonary TB cases. One case of pulmonary diagnosed post-mortem requires contact investigation involving international communications and ODH. CDU provides DOT to 8 cases (4 cases of pulmonary TB, 1 case of dual diagnosed pulmonary and extra pulmonary TB , 1 case of poly-resistant extra pulmonary TB and 2 new extra pulmonary cases). CDU continues to provide weekly visits with medication monitoring for a rare case of extra pulmonary skin TB. This client has severe side effects and multiple medication changes since initiating therapy. All cases are complex and require resources including obtaining the medications, collecting sputum samples, require collaboration and coordination between multiple agencies and external community services.

In addition to tuberculosis , the CDU investigated 5 cases of legionella, 3 Lyme disease cases, 7 pertussis, and 47 enteric cases (9 campylobacteriosis, 13 cryptosporidiosis, 2 cyclosporiosis,3 giardiasis, 16 salmonellosis, 0 shigellosis, and 4 *E. coli.*

The Carbapenem Resistant Enterobacteriaceae (CP-CRE)-the new reportable, is continuing to increase monthly since all local hospitals are sending isolates to ODH. After reviewing the cases, ODH sends feedback and additional instructions for LHD's

2. Outbreaks: SPCH CDU is investigating a possible Norovirus outbreak in a LTC that was reported on 8/31 . SCPH continues preventative action by offering the hepatitis A vaccine at needle exchange sites during the month of August. We've vaccinated 45 individuals that fit the high risk profile.

3. Epicenter: Epicenter is an electronic surveillance system which provides instant notification of unusual symptomatic activity at local Emergency Departments. Five Epicenter alerts were issued during August for the following communicable disease symptoms: Gastrointestinal (2), Lymphadenitis (1), Stiff Neck (1), and Paralysis (1). Each of these alerts were investigated, and were determined not to be of public health concern.

4. Influenza Surveillance: Influenza surveillance began in October, 2017 and officially ended on May 12, 2018. Surveillance data from the 2017-2018 season has been imported into an influenza dashboard, which is located on the SCPH website: https://www.scph.org/dashboards
Surveillance for the 2018-2019 influenza season will begin in October.

5. Vector-borne Surveillance: Vector borne surveillance resumed on May 27, 2018, with reports being distributed every other week through October. In August, there were 20 tests for human West Nile virus (or arbovirus panels) ordered at Summit County hospitals, all of which were negative for WNV. So far this season, environmental testing has resulted in the identification of 602 locations in Summit County with mosquito pools that were positive for WNV. There were 89 Lyme disease tests ordered at Summit County hospitals from July 29 to August 31, with 5 confirmed positive results.

Communicable Disease Reports Received, August 2018				
Reportable Condition	August 2018	July 2018	Total Year-to-Date	August 2017
Amebiasis	**0**	0	0	0
Babesiosis	**0**	0	0	0
Botulism - infant	**0**	0	0	0
Botulism, food borne	**0**	0	0	0
Brucellosis	**1**	0	1	0
CP-CRE	**6**	5	12	0
Campylobacterosis	**9**	13	62	6
Chlamydia infection	**319**	261	2,313	287
Cholera	**0**	0	0	0
Coccidioidomycosis	**0**	0	6	0
Creutzfeld-Jakob Disease	**0**	0	1	0
Cryptosporidiosis	**13**	4	27	1
Cyclosporiasis	**2**	17	24	0
Dengue	**0**	1	1	0
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	**4**	7	23	1
Ehrlichiosis/ anaplasmosis	**0**	0	0	0
Giardiasis	**3**	7	37	1
Gonococcal infection	**94**	80	740	94
Haemophilus influenzae	**1**	0	8	1
Hemolytic uremic syndrome (HUS)	**0**	0	1	0
Hepatitis A	**3**	3	9	1
Hepatitis B - acute	**0**	2	19	5
Hepatitis B - chronic	**11**	4	82	12
Hepatitis B - perinatal (see Notes on page 3)	**0**	3	13	2
Hepatitis C- acute	**2**	1	10	1
Hepatitis C- chronic	**63**	39	455	64
Hepatitis E	**0**	0	0	0
HIV/AIDS	**3**	2	34	7
Influenza - ODH Lab Results	**0**	1	963	0
Influenza-associated hospitalization	**0**	0	1	0
Influenza-associated pediatric mortality	**0**	0	0	0
LaCrosse virus disease (other california serogroup virus diseases)	**0**	0	0	2
Legionellosis - Legionnaires' Disease	**5**	6	26	1
Listeriosis	**0**	0	1	0
Lyme Disease	**3**	5	22	3
Malaria	**0**	2	3	0
MERS	**0**	0	0	0
Measles	**0**	0	0	0
Meningitis - aseptic/viral	**4**	9	21	6
Meningitis-bacterial (Not *N. meningitidis*)	**0**	0	2	0
Meningococcal disease-*Neiserria meningitidis*	**0**	0	0	0

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Reportable Condition	August 2018	July 2018	Total Year-to-Date	August 2017
Mumps	**1**	0	1	0
Other arthropod-borne disease	**0**	0	0	0
Pertussis	**7**	7	32	6
Psittacosis	**1**	0	1	0
Q Fever	**0**	0	0	0
Rubella	**0**	0	0	0
Salmonellosis	**16**	3	51	7
Shigellosis	**0**	2	9	2
Spotted fever rickettsiosis, including RMSF	**0**	2	4	1
Streptococcal - Group A invasive	**1**	2	14	0
Streptococcal - Group B in newborn	**0**	0	1	1
Streptococcal toxic shock syndrome (STSS)	**0**	0	1	0
Streptococcus pneumoniae - invasive - unknown resistance	**1**	2	27	2
Streptococcus pneumoniae - invasive - resistant	**2**	0	11	1
Syphilis - all stages	**7**	4	52	8
Toxic Shock Syndrome (TSS)	**0**	0	0	0
Trichinellosis	**0**	0	0	0
Tuberculosis	**2**	0	9	1
Tularemia	**0**	0	0	0
Typhoid fever	**0**	0	1	0
Varicella	**2**	0	15	0
Vibriosis (not cholera)	**0**	0	0	0
West Nile	**0**	0	0	0
Yersiniosis	**2**	0	6	0
Zika virus	**0**	0	0	0
Total	**588**	**494**	**5,152**	**523**

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 September 7, 2018.