



# Communicable Disease Report

## Summit County

### May, 2018



#### **May 2018 Report:**

**1. Monthly Highlights/Observations:** SCPH CDU continued to investigate contacts to previous pulmonary TB cases. One new case of suspected pulmonary TB initiated DOT in May. SCPH CDU provides DOT to 7 cases-3 cases of pulmonary TB, 1 case of dual diagnosed pulmonary and extra pulmonary TB and 2 cases of poly resistant extra pulmonary TB. CDU continues to provide weekly visits with medication monitoring for one case of extra pulmonary TB who has had side effects and multiple medication changes since initiating therapy. All cases are complex and require resources including obtaining the medications, collecting sputum samples and initiating contact investigations; require collaboration and coordination between multiple agencies and external community services.

In addition to Tuberculosis, the CDU investigated 3 cases of legionella, 3 Lyme cases, 4 pertussis, and 20 enteric cases (10 campy, 2 crypto, 2 cyclo and 6 E coli). Presently there are 197 cases of E coli involving 35 states regarding the national romaine lettuce investigation. Ohio has 7 and Summit county has 4 which matched with the national investigation. These were reported at the beginning of the month and at the end of May no new cases were reported.

The Carbapenem Resistant Enterobacteriaceae (CRE)-the new reportable, is continuing to increase with 7 new case investigations this month. ODH is still in the process of developing the protocol.

**2. Outbreaks:** No new outbreaks, but we're watching for any increase in Hep A. California, Utah, Michigan, Kentucky, Indiana, West Virginia & Tennessee all have outbreaks. SCPH continues to stay ahead of the curve in purchasing a second portable Hand Washing Station and scheduling additional Hep A vaccine days for the at risk population.

**3. Epicenter:** Epicenter is an electronic surveillance system which provides instant notification of unusual symptomatic activity at local Emergency Departments. Four Epicenter alerts were issued during May for the following communicable disease symptoms or syndromes: Stiff Neck (2 alerts), Ears, Nose and Throat (1 alert), and Rash (1 alert). All alerts were investigated, and none were determined to be of public health concern.

**4. Influenza Surveillance:** Influenza surveillance began in October, 2017 and officially ended on May 12, 2018. Hospitals, labs, schools, primary care physicians, a university clinic, pharmacies, extended care facilities, and a correctional facility participated in the 2017-2018 surveillance program, and the final report was issued on May 25. Throughout early May, influenza hospitalizations showed a decreasing trend, with an average rate of 8 admits per week. The number of ILI-related ER visits continued to fluctuate in early May, with 53 visits in the first weeks and 82 visits during the second week (May 6-12). Positive lab tests for influenza continued to decrease during the first two weeks in May, with 40 cases in the first week and 20 cases in the second. Type A was the predominate type of influenza, representing 60.1% of the positive lab tests. Two influenza deaths were reported in May, increasing the total number of deaths during the 2017-18 season to 35. 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>

**5. Vector-borne Surveillance:** Vector borne surveillance concluded with the final report issued on November 2, 2017, and data collection will start again on May 27, 2018.

### Communicable Disease Reports Received, May 2018

Reportable Condition	May 2018	April 2018	Total Year-to-Date	May 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	0	0	0	0
Campylobacteriosis	10	8	27	5
Chlamydia infection	314	265	1,447	258
Cholera	0	0	0	0
Coccidioidomycosis	1	1	5	0
Creutzfeld-Jakob Disease	0	1	1	0
Cryptosporidiosis	2	2	6	1
Cyclosporiasis	2	0	2	0
Dengue	0	0	0	0
E. coli, Shiga Toxin-Producing (O157:H7, Not O157,	6	1	10	1
Ehrlichiosis/ anaplasmosis	0	0	0	0
Giardiasis	3	5	18	4
Gonococcal infection	112	87	469	88
Haemophilus influenzae	2	0	7	0
Hemolytic uremic syndrome (HUS)	0	0	1	0
Hepatitis A	0	1	2	1
Hepatitis B - acute	2	1	11	4
Hepatitis B - chronic	9	16	60	14
Hepatitis B - perinatal (see Notes on page 3)	3	1	6	1
Hepatitis C- acute	3	3	8	0
Hepatitis C- chronic	53	55	299	63
Hepatitis E	0	0	0	0
HIV/AIDS	10	2	24	6
Influenza - ODH Lab Results	0	0	0	0
Influenza-associated hospitalization	17	108	961	5
Influenza-associated pediatric mortality	0	0	1	0
LaCrosse virus disease (other california serogroup virus diseases)	0	0	0	0
Legionellosis - Legionnaires' Disease	3	3	13	1
Listeriosis	1	0	1	0
Lyme Disease	3	2	11	0
Malaria	0	1	1	0
MERS	0	0	0	0
Measles	0	0	0	0
Meningitis - aseptic/viral	2	0	7	1
Meningitis-bacterial (Not N. meningitidis)	0	0	2	1
Meningococcal disease-Neisseria meningitidis	0	0	0	0
Mumps	0	0	0	0

## Communicable Disease Reports Received, May 2018

Reportable Condition	May 2018	April 2018	Total Year-to-Date	May 2017
Other arthropod-borne disease	0	0	0	0
Pertussis	4	3	13	2
Q Fever	0	0	0	0
Rubella	0	0	0	0
Salmonellosis	5	3	21	8
Shigellosis	1	1	7	1
Spotted fever rickettsiosis, including RMSF	0	1	1	0
Streptococcal - Group A invasive	3	2	9	4
Streptococcal - Group B in newborn	0	1	1	1
Streptococcal toxic shock syndrome (STSS)	0	0	1	0
Streptococcus pneumoniae - invasive - unknown resistance	8	4	25	1
Streptococcus pneumoniae - invasive - resistant	1	1	6	0
Syphilis - all stages	7	8	32	7
Trichinellosis	0	0	0	0
Tuberculosis	1	0	4	1
Tularemia	0	0	0	0
Typhoid fever	0	0	1	0
Varicella	2	1	10	0
Vibriosis (not cholera)	0	0	0	0
West Nile	0	0	0	0
Yersiniosis	2	0	4	0
Zika virus	0	0	0	0
<b>Total</b>	<b>592</b>	<b>588</b>	<b>3,535</b>	<b>479</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 **June 8, 2018**.