



Monthly Highlights/Observations:

1. Tuberculosis- Three confirmed cases of TB were reported in October and 40 contacts from current and previous cases continue to be investigated. In addition, the program remains open to continue the tuberculosis screening process in collaboration with other agencies and healthcare providers. SCPH CDU currently provides direct observed therapy (DOT) to 10 cases. No DOT cases were closed in October. 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 129 communicable disease cases in October: 22 cases of Hepatitis B - Chronic, 16 cases of Giardia, 15 cases of Campylobacter, 13 cases of CPO-Acinetobacter, 10 cases of Varicella, 8 cases of CPO-Pseudomonas, 6 cases of Strep Pneumo, 5 cases of CPO-Enterobacter, 5 cases of Salmonella, 4 cases of Legionella, 4 cases of Lyme, 3 cases of Amebiasis, 3 cases of Hepatitis B - Acute, 2 cases each of CPO- Colonization Screening Enterobacter, CPO-Colonization Screening Acinetobacter, Cryptosporidiosis, E Coli, and Hepatitis A and 1 case each of C. Auris Colonization screening, Coccidiomycosis, Meningitis - Aseptic, Spotted Fever Rickettsiosis and Vibriosis. 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: 10 new COVID-19 outbreaks were identified by the CDU in October. 2 non-COVID-19 outbreaks were investigated in October. 4 additional COVID-19 outbreaks remain open and investigation will continue until no new cases are reported. All of the current COVID-19 outbreaks are occuring in Long Term Care Facilities.

COVID-19: There were 1,009 confirmed or probable cases of COVID-19 reported in Summit County in October. COVID-19 information 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. 6 Epicenter alerts were issued during October: Cough (2), Hemorrhaging (2), Paralysis (1), and Gastrointestinal (1).

4. Influenza Surveillance: Surveillance for the 2023-2024 season resumed on October 1, 2023. Reports will be available on a weekly bases. Reports from current and previous influenza seasons are available on the SCPH website: https://www.scph.org/flu-surveillance-reports

5. Vector-borne Surveillance: Vector borne surveillance concluded for the season on October 21, 2023 and reports for 2023 are available. Copies of the reports for 2023 and previous years may be accessed at: https://www.scph.org/vector-surveillance-reports

| Communicable Disease Reports Received, October 2023 | | | | | | |
|--|---------|-----------|-----------|----------|--|--|
| Reportable Condition | October | September | Year-to- | Year-to- | | |
| | 2023 | 2023 | Date 2023 | | | |
| Amebiasis | 3 | 2 | 12 | 8 | | |
| Anaplasmosis-Anaplasma phagocytophilum | 0 | 0 | 1 | NR | | |
| Babesiosis | 0 | 0 | 2 | 0 | | |
| Botulism - infant | 0 | 0 | 0 | 0 | | |
| Botulism, food borne | 0 | 0 | 0 | 0 | | |
| Brucellosis | 0 | 0 | 2 | 0 | | |
| C. auris | 0 | 0 | 3 | 1 | | |
| C. auris - Colonization Screening | 1 | 2 | 20 | NR | | |
| COVID-19 | 1,009 | 1,242 | 9,906 | 42,758 | | |
| СРО | 16 | 15 | 98 | 18 | | |
| CPO - Colonization Screening | 4 | 11 | 34 | NR | | |
| Campylobacterosis | 16 | 12 | 85 | 83 | | |
| Chikungunya virus | 0 | 0 | 0 | 1 | | |
| Chlamydia infection | 238 | 252 | 2,394 | 2,421 | | |
| Cholera | 0 | 0 | 0 | 0 | | |
| Coccidioidomycosis | 0 | 0 | 4 | 2 | | |
| Creutzfeld-Jakob Disease | 0 | 0 | 1 | 0 | | |
| Cryptosporidiosis | 2 | 0 | 16 | 26 | | |
| Cyclosporiasis | 0 | 0 | 3 | 1 | | |
| Dengue | 0 | 0 | 1 | 0 | | |
| <i>E. coli</i> , Shiga Toxin-Producing (O157:H7, Not O157, Unknown | | | | | | |
| Serotype) | 1 | 2 | 13 | 23 | | |
| Ehrlichiosis/ anaplasmosis | 0 | 0 | 2 | 0 | | |
| Giardiasis | 16 | 12 | 90 | 51 | | |
| Gonococcal infection | 81 | 92 | 880 | 1,148 | | |
| Haemophilus influenzae infection | 0 | 0 | 8 | 7 | | |
| Hantavirus infection | 0 | 0 | 0 | 0 | | |
| Hemolytic uremic syndrome (HUS) | 0 | 0 | 0 | 0 | | |
| Hepatitis A | 1 | 0 | 7 | 5 | | |
| Hepatitis B - acute | 2 | 0 | 6 | 4 | | |
| Hepatitis B - chronic | 14 | 9 | 98 | 75 | | |
| Hepatitis B - perinatal (see Notes on page 3) | 0 | 0 | 6 | 12 | | |
| Hepatitis C- acute | 0 | 0 | 0 | 1 | | |
| Hepatitis C- chronic | 27 | 15 | 258 | 355 | | |
| Hepatitis C - perinatal infection | 0 | 0 | 238 | 3 | | |
| Hepatitis E | 0 | 0 | 1 | 0 | | |
| • | | | | 34 | | |
| HIV/AIDS | 6 | 3 | 30 | | | |
| Influenza - ODH Lab Results | 2 | 4 | 24 | 41 | | |
| Influenza-associated hospitalization | 0 | 2 | 49 | 37 | | |
| Influenza-associated pediatric mortality | 0 | 0 | 0 | 0 | | |
| LaCrosse virus disease | 0 | 0 | 0 | 0 | | |
| Legionellosis | 4 | 8 | 30 | 31 | | |
| Listeriosis | 0 | 0 | 1 | 2 | | |
| Lyme Disease | 3 | 14 | 167 | 87 | | |
| MIS-C associated with COVID-19 | 0 | 0 | 0 | 9 | | |
| Malaria | 0 | 0 | 6 | 3 | | |

| Communicable Disease Reports Received, October 2023 | | | | | | |
|---|-----------------|-------------------|-----------------------|-----------------------|--|--|
| Reportable Condition | October 2023 | September 2023 | Year-to- Date 2023 | Year-to- Date 2022 | | |
| MERS | 0 | 0 | 0 | 0 | | |
| Measles | 0 | 0 | 1 | 0 | | |
| Meningitis - aseptic/viral | 2 | 0 | 6 | 12 | | |
| Meningitis-bacterial (Not N. meningitidis) | 0 | 0 | 2 | 1 | | |
| Meningococcal disease-Neiserria meningitidis | 0 | 0 | 0 | 0 | | |
| Mpox (confirmed and probable) | 0 | 0 | 0 | 16 | | |
| Mumps | 0 | 0 | 0 | 0 | | |
| Pertussis | 0 | 1 | 8 | 6 | | |
| Powassan virus disease | 0 | 0 | 0 | 0 | | |
| Psittacosis | 0 | 0 | 0 | 0 | | |
| Q Fever | 0 | 0 | 0 | 0 | | |
| Rubella | 0 | 0 | 0 | 0 | | |
| Salmonella typhi | 0 | 0 | 0 | 1 | | |
| Salmonellosis | 4 | 9 | 61 | 40 | | |
| Shigellosis | 0 | 0 | 9 | 9 | | |
| Spotted fever rickettsiosis, including RMSF | 1 | 0 | 2 | 0 | | |
| Staphylococcal aureus - intermediate resistance to vancomycin | | | | | | |
| (VISA) | 0 | 0 | 0 | 0 | | |
| Streptococcal - Group A invasive | 0 | 4 | 46 | 19 | | |
| Streptococcal - Group B in newborn | 0 | 1 | 2 | 2 | | |
| Streptococcal toxic shock syndrome (STSS) | 0 | 0 | 0 | 0 | | |
| Streptococcus pneumoniae - invasive - unknown resistance | | | | | | |
| | 4 | 1 | 25 | 27 | | |
| Streptococcus pneumoniae - invasive - resistant | 2 | 0 | 10 | 7 | | |
| Syphilis - all stages | 23 | 28 | 261 | 249 | | |
| Syphilis - Congenital | 0 | 0 | 3 | NR | | |
| Tetanus | 0 | 0 | 1 | NR | | |
| Toxic Shock Syndrome (TSS) | 0 | 0 | 0 | 0 | | |
| Trichinellosis | 0 | 0 | 0 | 0 | | |
| Tuberculosis | 3 | 2 | 12 | 4 | | |
| Tularemia | 0 | 0 | 0 | 0 | | |
| Typhoid fever | 0 | 0 | 0 | 0 | | |
| Varicella | 1 | 0 | 4 | 9 | | |
| Vibriosis (not cholera) | 1 | 0 | 6 | 3 | | |
| West Nile virus infection | 0 | 1 | 1 | 0 | | |
| Yersiniosis | 1 | 0 | 5 | 10 | | |
| Zika virus infection | 0 | 0 | 0 | 0 | | |
| Total | 1,488 | 1,744 | 14,725 | 47,662 | | |

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</u> <u>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. <u>Because case</u> 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 November 8, 2023.