



# Monthly Communicable Disease Report Summit County July, 2024



## Communicable Disease Investigations (Minus Tuberculosis)

- 167 communicable disease investigations were completed.
  - Note: After an investigation has been completed, some reported cases are determined to not be a case. Therefore, the number of cases investigated may not equal the number of reportable conditions in the table below.
  - Disease investigations included: 47 cases of Lyme Disease, 26 cases of Hepatitis B - Chronic, 13 cases of Campylobacter, 13 cases of Legionella, 11 cases of CPO-Enterobacter, 7 cases of Salmonella, 7 cases of Varicella, 6 cases of CPO-Acinetobacter, 6 cases of C. Auris colonization screening, 4 cases of C. Auris, 3 cases each of CPO-Pseudomonas, E. Coli, MPox, and Shigellosis, 2 cases of Cryptosporidiosis, 2 cases of Giardiasis, and 1 case each of Amebiasis, CPO-Colonization-Acinetobacter, CPO-Colonization- Enterobacter, Haemophilus Influenzae, Malaria, Meningitis, Meningitis-Aseptic, Pertussis, Rabies Contact, Strep-Group A, Vibriosis and West Nile Virus.

## Tuberculosis

- 0 new confirmed cases of TB were reported.
- 8 cases are being provided Direct Observed Therapy.
- 8 total TB cases currently being followed.
- Contact tracing of these new TB cases yielded 0 new contacts.

## Outbreaks

- 0 New Outbreaks were identified.
  - The cause of these outbreaks include: N/A
  - The location type of outbreaks include: N/A
- 6 open COVID outbreaks continue to be investigated.

## Epicenter

- Epicenter is an electronic surveillance system which provides instant notification of unusual symptomatic activity at local emergency departments.
- 8 Epicenter alerts were issued this month
  - Reasons for these alerts included: Botulinic (5), Diarrhea (1), Headache (1), and Edema (1).

## Influenza Surveillance

Surveillance for the 2023-2024 season concluded on May 4, 2024. Surveillance will resume in the fall. Reports from previous influenza seasons are available on the SCPH website: <https://www.scph.org/flu-surveillance-reports>

## Vector-borne Surveillance

Vector borne surveillance resumed for the season on May 19, 2024 the first VBS report has been issued and subsequent reports will be available on a bi-weekly basis. Copies of the reports for 2023 and previous years may be accessed at: <https://www.scph.org/vector-surveillance-reports>

## Communicable Disease Reports Received, July 2024

Reportable Condition	July 2024	June 2024	Year-to-Date 2024	Year-to-Date 2023
Amebiasis	1	2	16	6
Anaplasmosis- <i>Anaplasma phagocytophilum</i>	0	0	0	1
Babesiosis	0	1	1	1
Botulism - infant	0	0	0	0
Botulism, food borne	0	0	0	0
Brucellosis	0	0	0	2
C. auris	2	0	13	3
C. auris - Colonization Screening	5	3	26	17
Campylobacterosis	12	10	60	46
Chikungunya virus	0	0	1	0
Chlamydia infection	189	225	1,553	1,670
Cholera	0	0	0	0
Coccidioidomycosis	0	1	2	4
COVID-19	778	242	4,620	6,862
CPO	14	6	70	59
CPO - Colonization Screening	1	1	7	12
Creutzfeld-Jakob Disease	0	0	0	1
Cryptosporidiosis	2	1	12	13
Cyclosporiasis	0	0	0	3
Dengue	0	0	0	1
Diphtheria	0	0	0	0
<i>E. coli</i> , Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	3	3	20	9
Ehrlichiosis- <i>Ehrlichia chaffeensis</i>	0	0	0	1
Giardiasis	2	7	73	47
Gonococcal infection	96	97	627	629
<i>Haemophilus influenzae</i> infection	1	1	10	7
Hantavirus infection	0	0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0	0
Hepatitis A	0	0	1	6
Hepatitis B - acute	0	0	3	4
Hepatitis B - chronic	9	6	48	62
Hepatitis B - perinatal (see Notes on page 3)	0	0	2	7
Hepatitis C - perinatal infection	0	1	3	2
Hepatitis C- acute	1	0	3	9
Hepatitis C- chronic	15	15	155	195
Hepatitis E	0	0	0	0
HIV/AIDS	3	1	32	17
Influenza - ODH Lab Results	2	0	39	16
Influenza-associated hospitalization	1	1	313	47
Influenza-associated pediatric mortality	0	0	0	0
LaCrosse virus disease	0	0	0	0
Legionellosis	12	9	39	14
Listeriosis	0	0	1	1

## Communicable Disease Reports Received, July 2024

Reportable Condition	July 2024	June 2024	Year-to-Date 2024	Year-to-Date 2023
Lyme Disease	44	32	102	117
MIS-C associated with COVID-19	0	0	0	0
Malaria	1	0	2	5
MERS	0	0	0	0
Measles	0	0	0	1
Meningitis - aseptic/viral	1	0	2	3
Meningitis-bacterial (Not N. meningitidis)	0	0	0	2
Meningococcal disease- <i>Neisseria meningitidis</i>	0	0	1	0
Mpox (confirmed and probable)	0	0	6	0
Mumps	0	0	0	0
Pertussis	1	3	9	6
Powassan virus disease	0	0	0	0
Psittacosis	0	0	0	0
Q Fever	0	0	1	0
Rubella	0	0	0	0
Salmonella Paratyphi infection	0	0	0	NR
Salmonella typhi	0	0	0	0
Salmonellosis	7	2	50	38
Shigellosis	3	0	10	8
Spotted fever rickettsiosis, including RMSF	0	0	0	0
<i>Staphylococcal aureus</i> - intermediate resistance to vancomycin (VISA)	0	0	1	0
Streptococcal - Group A invasive	0	2	17	33
Streptococcal - Group B in newborn	0	0	0	1
Streptococcal toxic shock syndrome (STSS)	0	0	0	0
<i>Streptococcus pneumoniae</i> - invasive - unknown resistance	0	1	22	20
<i>Streptococcus pneumoniae</i> - invasive - resistant	0	1	12	8
Syphilis - all stages	24	27	134	188
Syphilis - Congenital	0	0	1	3
Tetanus	0	0	0	1
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	0	0	3	7
Tularemia	0	0	0	0
Typhoid fever	0	0	0	0
Varicella	1	1	11	3
Vibriosis (not cholera)	1	1	5	3
West Nile virus infection	0	0	0	0
Yersiniosis	1	1	8	4
Zika virus infection	0	0	0	0
<b>Total</b>	<b>1,233</b>	<b>704</b>	<b>8,147</b>	<b>10,225</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, 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 until serology indicates that the child has immunity. "

**\*\*A significant number of ER visits are expected to be unaccounted for due to limited reporting partner participation. As a result, epicenter figures should not be compared to previous year's reports.\*\***

*For questions or comments about this report, please contact the Communicable Disease Unit at (330) 375-2662. This report was issued on August 6, 2024.*