



# Monthly Communicable Disease Report Summit County June, 2024



## Communicable Disease Investigations (Minus Tuberculosis)

- 131 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: 33 Lyme Disease, 24 Hepatitis B-Chronic, 10 Legionella, 9 Campylobacter, 7 Giardia, 5 CPO-Enterobacter, 4 CPO-Acinetobacter, 4 CPO-Pseudomonas, 4 Streptococcal - Group A-Invasive, 3 E. Coli, 3 Pertussis, 3 Salmonella, 2 Amebiasis, 2 Coccidiomycosis, 2 Mpox, 2 Strep Pneumo, 2 Varicella, 2 Yersiniosis and one case each of the following: Babesiosis, C. Auris, C. Auris - Colonization Screening, CPO-Colonization Screening-Acinetobacter, Cryptosporidiosis, Haemophilus influenzae, Hepatitis A, Hepatitis C-Perinatal, Influenza-Associated Hospitalization and Vibriosis.

## Tuberculosis

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

## Outbreaks

- 1 New Outbreak was identified.
  - The cause of these outbreaks include: Legionella
  - The location type of outbreaks include: Medical Facility.
- 0 open COVID outbreaks to be investigated.

## Epicenter

- Epicenter is an electronic surveillance system which provides instant notification of unusual symptomatic activity at local emergency departments.
- 5 Epicenter alerts were issued this month
  - Reasons for these alerts included: Paralysis (2), Constitutional (1), Hemorrhaging (1) and Nausea (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, June 2024

Reportable Condition	June 2024	May 2024	Year-to- Date 2024	Year-to- Date 2023
Amebiasis	2	2	15	5
Anaplasmosis- <i>Anaplasma phagocytophilum</i>	0	0	0	1
Babesiosis	1	0	1	0
Botulism - infant	0	0	0	0
Botulism, food borne	0	0	0	0
Brucellosis	0	0	0	2
C. auris	0	1	11	2
C. auris - Colonization Screening	3	10	21	14
Campylobacteriosis	10	11	48	34
Chikungunya virus	0	0	1	0
Chlamydia infection	220	221	1,358	1,443
Cholera	0	0	0	0
Coccidioidomycosis	1	0	2	4
COVID-19	242	150	3,840	6,597
CPO	6	16	58	47
CPO - Colonization Screening	1	0	6	10
Creutzfeld-Jakob Disease	0	0	0	1
Cryptosporidiosis	1	3	10	11
Cyclosporiasis	0	0	0	2
Dengue	0	0	0	0
Diphtheria	0	0	0	0
<i>E. coli</i> , Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	3	2	17	3
Ehrlichiosis- <i>Ehrlichia chaffeensis</i>		0	0	1
Giardiasis	7	16	71	43
Gonococcal infection	96	79	530	548
<i>Haemophilus influenzae</i> infection	1	0	9	6
Hantavirus infection	0	0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0	0
Hepatitis A	0	0	1	5
Hepatitis B - acute	0	0	3	3
Hepatitis B - chronic	6	6	40	55
Hepatitis B - perinatal (see Notes on page 3)	0	0	2	6
Hepatitis C - perinatal infection	1	0	3	2
Hepatitis C- acute	0	0	2	0
Hepatitis C- chronic	15	17	127	176
Hepatitis E	0	0	0	0
HIV/AIDS	1	11	32	15
Influenza - ODH Lab Results	0	6	33	15
Influenza-associated hospitalization	1	1	312	46
Influenza-associated pediatric mortality	0	0	0	0
LaCrosse virus disease	0	0	0	0
Legionellosis	9	7	27	11
Listeriosis	0	1	1	1

## Communicable Disease Reports Received, June 2024

Reportable Condition	June 2024	May 2024	Year-to- Date 2024	Year-to- Date 2023
Lyme Disease	33	13	59	50
MIS-C associated with COVID-19	0	0	0	0
Malaria	0	0	1	5
MERS	0	0	0	0
Measles	0	0	0	1
Meningitis - aseptic/viral	0	0	1	2
Meningitis-bacterial (Not N. meningitidis)	0	0	0	2
Meningococcal disease- <i>Neisseria meningitidis</i>	0	1	1	0
Mpox (confirmed and probable)	0	0	6	0
Mumps	0	0	0	0
Pertussis	3	3	8	5
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	2	12	43	30
Shigellosis	0	2	7	4
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	2	0	17	30
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	1	5	22	20
<i>Streptococcus pneumoniae</i> - invasive - resistant	1	0	12	7
Syphilis - all stages	27	34	134	166
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	2	7
Tularemia	0	0	0	0
Typhoid fever	0	0	0	0
Varicella	1	1	10	3
Vibriosis (not cholera)	1	2	4	3
West Nile virus infection	0	0	0	0
Yersiniosis	1	2	8	3
Zika virus infection	0	0	0	0
<b>Total</b>	<b>699</b>	<b>635</b>	<b>6,919</b>	<b>9,452</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 July 2, 2024.*