



Monthly Communicable Disease Report Summit County May, 2024



Communicable Disease Investigations (Minus Tuberculosis)

- 148 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: 21 Hepatitis B-Chronic, 16 Giardiasis, 15 Lyme Disease, 12 Salmonella, 11 Campylobacter, 10 C. Auris-Colonization Screening, 8 CPO-Enterobacter, 8 Legionella, 7 Varicella, 6 CPO-Acinetobacter, 5 CPO-Pseudomonas, 5 Strep Pneumo, 3 Cryptosporidiosis, 3 Pertussis, 2 Amebiasis, 2 E. Coli, 2 Shigellosis, 2 Strep - Group A, 2 Vibriosis and 1 case each of C. Auris, Chlamydia, Hepatitis A, Listeriosis, Meningococcal Disease, Mumps, West Nile Virus and Yersiniosis.

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

- 2 New Outbreaks were identified.
 - The cause of these outbreaks include: Lice and Suspect/Confirmed Noro Virus
 - The location type of outbreaks include: Long Term Care Facilities and Elementary School.
- 5 Ongoing 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: Class A Neisseria meningitidis (2), Exacerbation (2), Diarrhea (2), Vomiting (1), and Eyes (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 for 2024 will be issued by mid June. 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, May 2024

Reportable Condition	May 2024	April 2024	Year-to- Date 2024	Year-to- Date 2023
Amebiasis	2	0	13	3
Anaplasmosis- <i>Anaplasma phagocytophilum</i>	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	2
C. auris	1	4	11	2
C. auris - Colonization Screening	10	1	18	10
Campylobacteriosis	11	12	38	29
Chikungunya virus	0	0	1	0
Chlamydia infection	221	217	1,141	1,212
Cholera	0	0	0	0
Coccidioidomycosis	0	0	1	4
COVID-19	150	259	3,600	6,261
CPO	16	12	54	35
CPO - Colonization Screening	0	3	5	6
Creutzfeld-Jakob Disease	0	0	0	0
Cryptosporidiosis	3	2	9	8
Cyclosporiasis	0	0	0	0
Dengue	0	0	0	0
Diphtheria	0	0	0	0
<i>E. coli</i> , Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	2	3	14	3
Ehrlichiosis- <i>Ehrlichia chaffeensis</i>	0	0	0	1
Giardiasis	16	21	64	31
Gonococcal infection	79	84	435	477
<i>Haemophilus influenzae</i> infection	0	1	8	5
Hantavirus infection	0	0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0	0
Hepatitis A	0	0	1	5
Hepatitis B - acute	0	1	3	2
Hepatitis B - chronic	6	8	34	49
Hepatitis B - perinatal (see Notes on page 3)	0	1	2	2
Hepatitis C - perinatal infection	0	0	2	2
Hepatitis C- acute	0	0	2	0
Hepatitis C- chronic	17	22	127	161
Hepatitis E	0	0	0	0
HIV/AIDS	11	3	32	12
Influenza - ODH Lab Results	6	7	33	13
Influenza-associated hospitalization	1	31	311	46
Influenza-associated pediatric mortality	0	0	0	0
LaCrosse virus disease	0	0	0	0
Legionellosis	7	0	18	9
Listeriosis	1	0	1	1

Communicable Disease Reports Received, May 2024

Reportable Condition	May 2024	April 2024	Year-to- Date 2024	Year-to- Date 2023
Lyme Disease	13	3	26	19
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	1	1	2
Meningitis-bacterial (Not N. meningitidis)	0	0	0	2
Meningococcal disease- <i>Neisseria meningitidis</i>	1	0	1	0
Mpox (confirmed and probable)	0	6	6	0
Mumps	0	0	0	0
Pertussis	3	1	5	4
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	12	7	41	22
Shigellosis	2	1	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	0	3	15	28
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	5	6	21	18
<i>Streptococcus pneumoniae</i> - invasive - resistant	0	1	11	6
Syphilis - all stages	34	18	134	143
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	1	2	4
Tularemia	0	0	0	0
Typhoid fever	0	0	0	0
Varicella	1	1	9	3
Vibriosis (not cholera)	2	1	3	1
West Nile virus infection	0	0	0	0
Yersiniosis	2	2	7	3
Zika virus infection	0	0	0	0
Total	635	744	6,271	8,661

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 June 4, 2024.