EPI GRAM April, 2016

A Monthly Publication of the Stark Public Health Infrastructure Coalition

EPI Gram is a monthly publication of the Stark County Public Health Infrastructure Coalition. It contains a summary of provisional communicable disease reports and other key public health indicators, with summary tables for Stark County, Ohio. Some reportable conditions may be under investigation and, at any given time, data may fluctuate from month to month for a specific category.

Monthly Highlight: Staphylococcus aureus

Staphylococcus aureus is a bacteria commonly found on skin or in the nose and generally does not cause illness. On occasion however it can cause an infection. These infections can be treated and don't become an issue unless they enter the bloodstream. When it enters the bloodstream a more serious infection may occur. These more serious infections may include things such as pneumonia, endocarditis which is an infection of a heart valve and can lead to heart failure, and osteomyelitis which is a bone infection. On occasion these more severe infections have been fatal.

In Ohio, *Staphylococcus aureus* is required to be reported to the local health department if there is some resisitance to vancomycin, a specific antibiotic. On average, there are eight cases reported in Ohio each year. In April, the first case was reported in Stark County. People who are more suspectible to aquire Vancomycin-intermediate Staphylococcus aureus (VISA) or Vancomycin-resistant Staphylococcus aureus (VRSA) are those who have underlying health conditions, tubes such as catheters going into their bodies, previous infections, or recent exposure to someone else who had a VISA or VRSA infection. Detecting antibioitic resistance early is important to implementing a different, more effective treatment and prevent the development of more severe infections.



Susceptibility testing at the Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention also state that when presumptive results for resisitance come back the primary care physician, patient care personel and infection control personel should all be notified in order to initiate effective control measures. Laboratories should not wait until the final results come back in order to make this notification. Transmission can be prevented when contact with the wound or materials contaminated by the wound are avoided. Personal protective equipment, such as gloves, should be worn if contact must be made. Thorough hand washing with soap and water should be done frequently.

Table 1 Summary of Air Quality Index, Pollen, and Mold Counts for Stark County, Ohio, including historical data.

| | April 2016 | | | | May 2015 | | | | | |
|-------------------|--------------|-------------|----------------|--|--------------|-------------|----------------|--|--|--|
| | Monthly High | Monthly Low | Monthly Median | Counts in highest reported health risk category | Monthly High | Monthly Low | Monthly Median | Counts in highest reported health risk category | | |
| Pollen Count | 430 | 3 | 30 | N/A | 1,610 | 30 | 140 | | | |
| Mold Count | 1,630 | 50 | 310 | Good (0) | 9,280 | 400 | 2,440 | Moderate (2) | | |
| | 114 | 37 | 46 | Unhealthy for Sensitive | | | | Moderate (4) | | |
| Air Quality Index | | | | Groups (2) | 94 | 29 | 43 | Moderate (4) | | |

**See the following websites for updated Air Quality Index and mold index terminology and color coding: <u>http://www.airnow.gov/index.cfm?pareading_charts</u>. Data source for this table is the Air Quality Division of the Canton City Health Department.

Table 2 Summaries of Select Vital Statistics for Stark County

| April 2016 | YTD 2016 | 2015 |
|------------|----------|--|
| 315 | 1,419 | 4,314 |
| 27 | 111 | 308 |
| 402 | 1,583 | 4,362 |
| | L · · · | 315 1,419 27 111 |

Birth and death data is reported by the four health districts and may include non county residents.

Table 3 Stark County Crude Birth Rate and Death Rates

| | 2010 | 2011 | 2012 | 2013 | 2014 |
|-------|------|------|------|------|------|
| Birth | 10.8 | 10.8 | 10.9 | 11.2 | 12.0 |
| Death | 10.9 | 11.3 | 11.4 | 11.3 | 11.4 |

*Source: Ohio Department of Health Data Warehouse. Rates are per 1,000 population.

If you have any questions please contact Julia Wagner at 330.493.9914 or Wagnerj@starkhealth.org, or Amanda Archer at 330.489.3327 or aarcher@cantonhealth.org.

| Table 4: Jurisdictional Summary ofReportable Diseases in Stark County | Alliance City | | Canton City | | Massillon City | | Stark County | | Total | |
|---|---------------|-----|-------------|-----|----------------|-----|--------------|-----|-------|-------|
| | April | YTD | April | YTD | April | YTD | April | YTD | April | YTD |
| Campylobacteriosis | 0 | 0 | 6 | 7 | 0 | 0 | 2 | 14 | 8 | 21 |
| Chlamydia infection | 11 | 38 | 84 | 325 | 11 | 62 | 37 | 212 | 143 | 637 |
| Cryptosporidiosis | 0 | 0 | 1 | 2 | 0 | 2 | 1 | 3 | 2 | 7 |
| E. coli, Shiga Toxin-Producing | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 3 | 2 | 3 |
| Giardiasis | 0 | 0 | 2 | 4 | 0 | 0 | 3 | 4 | 5 | 8 |
| Gonococcal infection | 1 | 13 | 29 | 154 | 3 | 15 | 15 | 53 | 48 | 235 |
| Haemophilus influenzae | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 2 |
| Hepatitis B – acute | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| Hepatitis B - chronic | 0 | 0 | 2 | 5 | 1 | 2 | 1 | 10 | 4 | 17 |
| Hepatitis B - perinatal | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 |
| Hepatitis C - acute | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 1 | 1 | 3 |
| Hepatitis C - chronic | 2 | 10 | 8 | 35 | 3 | 13 | 15 | 52 | 28 | 110 |
| Hepatitis E | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 |
| Influenza-associated hospitalization | 1 | 6 | 16 | 46 | 11 | 24 | 22 | 74 | 50 | 150 |
| Influenza-associated pediatric mortality | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Legionellosis | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 |
| Listeriosis | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 |
| Lyme Disease | 0 | 1 | 1 | 1 | 0 | 0 | 3 | 5 | 4 | 7 |
| Malaria | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Measles - indigenous to Ohio | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| Meningitis - aseptic/viral | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 7 | 1 | 7 |
| Meningitis-bacterials (not N. meningitides) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| Mumps | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| Mycobacterial Disease- other than tuberculosis | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 12 | 4 | 12 |
| Other Arthropod-borne Disease | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 | 1 | 3 |
| Pertussis | 0 | 0 | 2 | 3 | 0 | 5 | 0 | 3 | 7 | 11 |
| Q fever, acute | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 |
| Salmonellosis | 0 | 1 | 0 | 3 | 0 | 2 | 2 | 5 | 3 | 11 |
| Shigellosis | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 1 | 1 |
| Staphylococcal aureus | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 |
| Streptococcal-Group A, invasive | 0 | 0 | 1 | 3 | 0 | 0 | 0 | 1 | 1 | 4 |
| Streptococcus pneumoniae - invasive antibiotic | 0 | 0 | 1 | 10 | 1 | 0 | 0 | 8 | 2 | 21 |
| resistance unknown or non-resistant | | | | | | | | | | |
| Streptococcus pneumoniae - invasive antibiotic resistant/intermediate | 0 | 0 | 1 | 5 | 0 | 3 | 1 | 5 | 2 | 10 |
| Syphilis, Total | 0 | 2 | 1 | 5 | 0 | 0 | 0 | 0 | 1 | 7 |
| Primary, Secondary and Early Latent | 0 | 0 | 1 | 3 | 0 | 0 | 0 | 0 | 1 | 3 |
| Tuberculosis | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 |
| Varicella | 0 | 1 | 1 | 6 | 0 | 3 | 2 | 9 | 3 | 19 |
| Vibriosis (not cholera) | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 2 | 2 |
| Yersiniosis | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 2 |
| Total | 15 | 72 | 158 | 615 | 38 | 134 | 117 | 494 | 328 | 1,315 |

Source: Ohio Disease Reporting System, downloaded 05/11/2016.

| Table 5 Summary Table of Dissages Departed | | | | | | - | |
|---|-------|-------|--------|------|--------|-------------|---------|
| Table 5 – Summary Table of Diseases Reported | | | | | | | 5 Yr. |
| in the Previous 5 years within Stark County | April | April | YTD | YTD | All of | 5 Yr Annual | Annual |
| (Provisional Data) | 2016 | 2015 | 2016 | 2015 | 2015 | Average | Rate |
| Amebiasis | 0 | 0 | 0 | 1 | 1 | 0.2 | 0.053 |
| Babesiosis | 0 | 1 | 0 | 1 | 1 | 0.2 | 0.053 |
| Brucellosis | 0 | 0 | 0 | 0 | 0 | 0.2 | 0.053 |
| Campylobacteriosis | 8 | 2 | 21 | 9 | 59 | 61.0 | 16.235 |
| Chlamydia | 143 | 128 | 637 | 508 | 1702 | 1539.0 | 409.596 |
| Coccidioidomycosis Creutzfeldt-Jakob Disease | 0 | 0 | 0 | 0 | 0 | 0.4 | 0.106 |
| Cryptosporidiosis | 2 | 0 | 0 7 | 7 | 0 | 0.6 | 0.160 |
| Cyclosporiasis | 0 | 0 | 0 | 0 | | 0.4 | 0.106 |
| Dengue | 0 | 0 | 0 | 0 | 0 | 0.4 | 0.100 |
| Ehrlichiosis/ Anaplasmosis | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.100 |
| Escherichia coli, Shiga Toxin-Producing | 2 | 1 | 3 | 2 | 17 | 6.8 | 1.810 |
| Giardiasis | 5 | 0 | 8 | 6 | 29 | 36.2 | 9.634 |
| Gonorrhea | 48 | 42 | 235 | 136 | 530 | 586.8 | 156.173 |
| Haemophilus influenzae, Invasive | | | 233 | 3 | 8 | 7.4 | 1.969 |
| Hemolytic Uremic Syndrome (HUS) | 0 | 0 | 0 | 0 | 0 | 0.2 | 0.053 |
| Hepatitis A | 0 | 0 | 0 | 1 | 5 | 5.8 | 1.544 |
| Hepatitis B, Perinatal | 1 | 0 | 1 | 1 | 5 | 3.4 | 0.905 |
| Hepatitis B, Acute | 4 | 0 | 1 | 1 | 4 | 5.0 | 1.331 |
| Hepatitis B, Chronic | 1 | 4 | 17 | 18 | 45 | 33.6 | 8.942 |
| Hepatitis C, Acute | 0 | 2 | 3 | 7 | 13 | 7.8 | 2.076 |
| Hepatitis C, Chronic | 28 | 34 | 110 | 118 | 374 | 275.8 | 73.403 |
| Hepatitis E | 1 | 0 | 1 | 0 | 0 | 0.2 | 0.053 |
| Influenza-associated hospitalization | 50 | 42 | 150 | 272 | 284 | 263.6 | 70.156 |
| Influenza-associated pediatric mortality | 0 | 0 | 0 | 0 | 0 | 0.2 | 0.053 |
| LaCrosse virus disease | 0 | 0 | 0 | 0 | 0 | 0.4 | 0.106 |
| Legionellosis | 0 | 1 | 2 | 2 | 19 | 14.2 | 3.779 |
| Listeriosis | 1 | 0 | 1 | 0 | 1 | 1.4 | 0.373 |
| Lyme Disease | 4 | 1 | 7 | 3 | 18 | 13.6 | 3.620 |
| Malaria | 0 | 0 | 1 | 0 | 0 | 0.6 | 0.160 |
| Measles (indigenous to Ohio) | 0 | 0 | 1 | 0 | 0 | 1.8 | 0.479 |
| Meningitis, Aseptic | 0 | 1 | 7 | 7 | 31 | 35.2 | 9.368 |
| Meningitis, Other Bacterial | 1 | 0 | 1 | 1 | 3 | 3.4 | 0.905 |
| Meningococcal Disease | 0 | 1 | 0 | 3 | 3 | 1.2 | 0.319 |
| Mumps | 0 | 0 | 1 | 3 | 4 | 2.0 | 0.532 |
| Mycobacterial disease - Not TB | 4 | 3 | 12 | 8 | 36 | 31.0 | 8.250 |
| Other arthropod-borne disease | 1 | 0 | 3 | 0 | 0 | 0.2 | 0.052 |
| Pertussis | 7 | 4 | 11 | 24 | 51 | 34.6 | 9.209 |
| Q fever, acute | 0 | 0 | 0 | 0 | 0 | 0.4 | 0.106 |
| Salmonellosis | 3 | 2 | 11 | 6 | 53 | 41.6 | 11.072 |
| Shigellosis | 1 | 0 | 1 | 0 | 6 | 34.4 | 9.155 |
| Spotted Fever Rickettsiosis | 0 | 0 | 0 | 0 | 0 | 0.4 | 0.106 |
| Staphylococcal aureaus | 1 | 0 | 1 | 0 | 0 | 0.0 | 0.000 |
| Streptococcal Dis, Group A, Invasive | 1 | 0 | 4 | 5 | 9 | 15.2 | 4.045 |
| Streptococcal Dis, Group B, in Newborn | 0 | 0 | 0 | 0 | 0 | 1.6 | 0.426 |
| Streptococcal Toxic Shock Syndrome | 0 | 0 | 0 | 1 | 1 | 1.2 | 0.319 |
| Streptococcus pneumo. – inv. antibiotic resistance unknown or non-resistant | 2 | 4 | 21 | 8 | 29 | 36.8 | 9.794 |
| Streptococcus pneumo. – inv. antibiotic resistant/intermediate | 2 | 3 | 10 | 10 | 15 | 17.8 | 4.737 |
| Syphilis, Total | 1 | 0 | 7 | 2 | 7 | 10.4 | 2.768 |
| Syphilis, Primary, Secondary and Early Latent Taria Shack San dama (TSS) | 1 | 0 | 3 | 1 | 5 | 6.6 | 1.757 |
| Toxic Shock Syndrome (TSS) Tuberculosis | 0 | 0 | 0 | 0 | 1 | 0.8 | 0.213 |
| | 1 | 0 | 1 | 0 | 1 | 1.0 | 0.266 |
| Thyphoid Fever | 0 | 0 | 0 | 0 | 0 | 0.4 | 0.106 |
| Typhus Fever | 0 | 0 | 0 | 0 | 0 | 0.2 | 0.053 |
| Varicella Vibrioria ather (not shelara) | 3 | 1 | 19 | 5 | 26 | 29.2 | 7.771 |
| Vibriosis - other (not cholera) Vibriosis parahaemolyticus | 2 | 0 | 2 | 0 | 3 | <u> </u> | 0.319 |
| West Nile Virus | 0 | 0 | 0 | 0 | - | 0.2 | |
| Yersiniosis | 2 | 0 | 0 2 | 2 | 1 | 2.8 | 0.160 |
| 1 01511110515 | 2 | U | 4 | 2 | ð | 2.0 | 0.745 |

Source: Ohio Disease Reporting System, downloaded 05/11/16. Rates are per 100K population and based on 5 yr average incidence '11-'15.