EPI GRAM July, 2019 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. If you have any questions please contact Avinash Joseph at 330.493.9914 or josepha@starkhealth.org, or Amanda Archer at 330.489.3327 or aarcher@cantonhealth.org.



Monthly Highlight: Varicella

In Ohio, varicella (or chicken pox) is a Class B reportable disease, which requires cases, suspect cases or positive laboratory results to be reported to local public health by the end of the next business day. Laboratory confirmation of cases of varicella is not routinely recommended outside of an outbreak setting. Because of this, the majority of cases are classified as probable, meaning they meet the clinical case definition only (an illness with acute onset of diffuse (generalized) papulovesicular rash without other apparent cause). Two probable cases that are epidemiologically linked are considered confirmed, even in the absence of laboratory confirmation.

Because of the lack of laboratory testing, cases of varicella in Stark County might be under-reported. Currently, the majority of cases reported to local public health are through Varicella reporting forms often initiated by school nurses (versus physician's offices or laboratories). Our county 5-year annual average is at 24.2/year, but has shown a steady decrease over the last 10 years

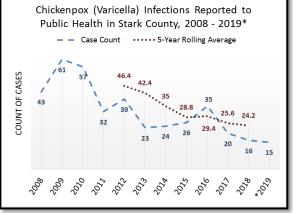


Figure 1: *2019 case count is current through 7/31/2019

(Figure 1). However, through July 2019, Stark County has recorded 15 cases, which is one less case than what was reported in all of 2018. Sixty percent of the 2019 cases have been connected with a cluster or an outbreak, either associated with a familial unit or a daycare center. An outbreak of varicella is defined as the occurrence of five or more cases in a specific setting (e.g. school) that are epidemiologically linked. A cluster is defined as three to four cases. Clusters should also be reported and investigated in the same manner as an outbreak.

Vaccination against varicella is key to prevention. A live attenuated varicella vaccine was licensed in the United States in 1995. Studies show that one dose of varicella vaccine is 85% effective and that two doses will provide additional protection (88 to 98% vaccine effectiveness). Starting in the 2010-2011 school year, Ohio required all students to receive two doses of varicella vaccine for school entry. It is important to note that the CDC's Advisory Committee on Immunization Practices (ACIP) did not recommend the second dose of varicella vaccine until 2006. Although the introduction of the single dose vaccine prompted widespread use of the vaccine with a coverage rate of 88%, and the vaccine had proven to be 85% effective, with an 87% decline in hospitalizations, 66% decline in deaths, and an 87% decline in costs between 1995 and 2001, sporadic outbreaks continued to occur in schools—even where high rates of immunization were achieved. Varicella outbreaks involved both infections in unvaccinated children and "breakthrough disease" in those who had been vaccinated. If a vaccinated person is exposed to varicella, the risk of suffering a breakthrough infection is about 15%. A 2-dose series of varicella vaccine reduces the risk by about 75%. It was this ongoing risk of varicella that prompted the ACIP to recommend this change. This change has created a cohort of mid-late adolescents and 20 year olds who may not have received their 'catch up' second dose and who may be more susceptible to illness.

For more information: https://www.cdc.gov/chickenpox/vaccination.html

| Table 1 Summary of Air Quality Index, Pollen, and Mold Cou | nts for Stark County, Ohio, including historical data. |
|--|--|
| | |

| | July 2019 | | | | August 2018 | | | | |
|-------------------|-----------------|----------------|-------------------|---|-----------------|----------------|-------------------|---|--|
| | 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 | 22 | 1 | 4 | n/a | 163 | 1 | 42 | n/a | |
| Mold Count | 8500 | 880 | 2530 | (2) Moderate | 6680 | 2220 | 4100 | (1) Moderate | |
| Air Quality Index | 100 | 36 | 52 | (11) Moderate | 71 | 40 | 51 | (12) Moderate | |

**See the following websites for updated Air Quality Index and mold index terminology and color coding: http://www.airnow.gov/index.cfm?action=aqibasics.aqi https://pollen.aaaai.org/nab/index.cfm?p=reading_charts. Data source for this table is the Air Quality Division of Canton City Public Health

| Table 2 Select Vital Statistics for Stark County | | | | | | | | | |
|--|-------|------|-------|--|--|--|--|--|--|
| July 2019 YTD 2019 201 | | | | | | | | | |
| Live Births | 333 | 2439 | 4060 | | | | | | |
| Births to Teens | 17 | 159 | 230 | | | | | | |
| Deaths | 314 | 2499 | 4230* | | | | | | |
| * Death data are prelim | inary | | | | | | | | |

Table 3 Stark County Crude Birth Rate and Death Rates

| | - | | | | |
|-------|------|------|------|------|-------|
| | 2014 | 2015 | 2016 | 2017 | 2018 |
| Birth | 11.3 | 11.2 | 11.3 | 10.7 | 10.9 |
| Death | 11.4 | 11.6 | 11.7 | 11.9 | 11.4* |

*Source: Ohio Department of Health Data Warehouse. Rates are per 1,000 population. 2018 death data are preliminary.

| Table 4: Jurisdictional Summary of Reportable Diseases in Stark County, | | Alliance | | Canton | | Massillon | | Stark | | All | |
|--|-----|----------|-----|--------|-----|-----------|------|--------|-----|-------------|--|
| | | City | | City | | City | | County | | Departments | |
| OH (Provisional Data) | Jul | YTD | Jul | YTD | Jul | YTD | Jul | YTD | Jul | YTD | |
| Campylobacteriosis | 0 | 0 | 2 | 7 | 0 | 3 | 9 | 38 | 11 | 48 | |
| Chlamydia infection | 12 | 88 | 74 | 473 | 16 | 98 | 68 | 391 | 170 | 1050 | |
| CP-CRE | 0 | 0 | 0 | 3 | 0 | 4 | 1 | 7 | 1 | 14 | |
| Creutzfeldt-Jakob Disease | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | |
| Cryptosporidiosis | 0 | 3 | 1 | 2 | 0 | 0 | 5 | 17 | 6 | 22 | |
| Cyclosporiasis | 0 | 0 | 1 | 1 | 0 | 0 | 2 | 3 | 3 | 4 | |
| E. coli, Shiga Toxin-Producing | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 3 | 0 | 6 | |
| Giardiasis | 0 | 0 | 1 | 3 | 1 | 2 | 0 | 7 | 2 | 12 | |
| Gonococcal infection | 2 | 19 | 23 | 192 | 2 | 35 | 18 | 83 | 45 | 329 | |
| Haemophilus influenzae (invasive disease) | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 3 | |
| Hepatitis A | 1 | 2 | 0 | 1 | 0 | 3 | 2 | 7 | 3 | 13 | |
| Hepatitis B - Perinatal Infection | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | |
| Hepatitis B (including delta) - acute | 1 | 1 | 1 | 3 | 0 | 2 | 0 | 0 | 2 | 6 | |
| Hepatitis B (including delta) - chronic | 1 | 2 | 1 | 12 | 0 | 3 | 3 | 24 | 5 | 41 | |
| Hepatitis C - acute | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | |
| Hepatitis C - chronic | 5 | 17 | 10 | 75 | 8 | 26 | 10 | 90 | 33 | 208 | |
| Hepatitis C - Perinatal Infection | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 2 | 2 | 3 | |
| Hepatitis E | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | |
| Immigrant Investigation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 3 | |
| Influenza-associated hospitalization | 0 | 15 | 1 | 115 | 0 | 32 | 2 | 250 | 3 | 412 | |
| Legionellosis - Legionnaires' Disease | 0 | 1 | 1 | 4 | 0 | 2 | 0 | 5 | 1 | 12 | |
| Listeriosis | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 1 | 2 | |
| Lyme Disease | 1 | 1 | 1 | 1 | 0 | 0 | 13 | 29 | 15 | 31 | |
| Measles - imported from outside Ohio | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | |
| Measles - indigenous/imported Status Not Determined | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | |
| Meningitis - aseptic/viral | 0 | 1 | 1 | 2 | 0 | 3 | 2 | 2 | 3 | 8 | |
| Meningitis - bacterial (Not N. meningitidis) | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | |
| Mumps | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | |
| Pertussis | 0 | 2 | 2 | 9 | 0 | 2 | 3 | 17 | 5 | 30 | |
| Salmonellosis | 0 | 0 | 0 | 3 | 0 | 3 | 3 | 12 | 3 | 18 | |
| Shigellosis | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 18 | 0 | 21 | |
| Streptococcal - Group A -invasive | 0 | 0 | 0 | 2 | 0 | 1 | 1 | 8 | 1 | 11 | |
| Streptococcal - Group B - in newborn | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | |
| Streptococcus pneumoniae – inv. antibiotic resistance | | | | | | | | | | | |
| unknown or non-resistant | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 10 | 0 | 14 | |
| Streptococcus pneumoniae - inv antibiotic | | | | | | | | | | | |
| resistant/intermediate | 0 | 2 | 0 | 1 | 0 | 2 | 0 | 3 | 0 | 8 | |
| Syphilis, Total | 0 | 2 | 2 | 11 | 1 | 1 | 1 | 8 | 4 | 22 | |
| Syphilis, Primary, Secondary and Early Latent | 0 | 2 | 0 | 6 | 1 | 1 | 1 | 7 | 2 | 16 | |
| Tuberculosis | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 | 1 | 3 | |
| Varicella | 0 | 0 | 0 | 6 | 0 | 1 | 0 | 8 | 0 | 15 | |
| Vibriosis (not cholera) | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | |
| Yersiniosis | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 1 | 3 | |
| Total | 23 | 157 | 125 | 938 | 28 | 226 | 149 | 1062 | 325 | 2383 | |
| Source: Ohio Disease Reporting System, downloaded 08/12/2019 | -0 | 101 | | 200 | -0 | | - 12 | | | | |

Source: Ohio Disease Reporting System, downloaded 08/12/2019



Alliance City Health Department cityofalliance.com/health



Canton City Public Health

Canton City Public Health cantonhealth.org



Health Department Massillon City Health Department massillonohio.com/health



"Striving Toward a Healthier Community."

Stark County Health Department starkhealth.org

| Table 5 – Summary Table of Diseases Reported in the | | | | | All | 5 Yr | |
|---|-----------|-----------|------|---------------|---------------|---------|---------|
| • | Jul- | Jul- | YTD | YTD | of | Annual | Rate |
| Previous 5 years within Stark County (Provisional Data) | 19 | 18 | 2019 | 2018 | 2018 | Average | Nate |
| Amebiasis | 0 | 0 | 0 | 0 | 0 | 0.4 | 0.107 |
| Anaplasmosis | 0 | 1 | 0 | 2 | 2 | 0.4 | 0.107 |
| Babesiosis | 0 | 0 | 0 | 2 | 2 | 0.8 | 0.101 |
| Brucellosis | 0 | 0 | 0 | <u>2</u> 0 | <u>2</u> 0 | 0.8 | 0.054 |
| | * | ÷ | 48 | 48 | 85 | 77.6 | 20.761 |
| Campylobacteriosis | 11 170 | 18 130 | 48 | 48 979 | 85 1712 | 1720.0 | |
| Chlamydia CP-CRE | - | | | | | | 460.169 |
| | 1 | 3 | 14 | 7 | 23 | 24.0 | 6.421 |
| Coccidioidomycosis | 0 | 0 | 0 | 0 | 0 | 0.4 | 0.107 |
| Creutzfeldt-Jakob Disease | 0 | 0 | 2 | 0 | 1 | 1.2 | 0.321 |
| Cryptosporidiosis | 6 | 7 | 22 | 18 | 33 | 33.8 | 9.043 |
| Cyclosporiasis | 3 | 6 | 4 | 7 | 8 | 3.0 | 0.803 |
| E. coli, Shiga Toxin-Producing | 0 | 3 | 6 | 10 | 17 | 14.0 | 3.746 |
| Giardiasis | 2 | 2 | 12 | 11 | 23 | 21.8 | 5.832 |
| Gonorrhea | 45 | 58 | 329 | 329 | 641 | 580.2 | 155.227 |
| Haemophilus influenzae, Invasive | 0 | 0 | 3 | 2 | 4 | 6.4 | 1.712 |
| Hemolytic Uremic Syndrome (HUS) | 0 | 0 | 0 | 0 | 0 | 0.2 | 0.054 |
| Hepatitis A | 3 | 0 | 13 | 3 | 11 | 7.6 | 2.033 |
| Hepatitis B, Perinatal | 0 | 0 | 1 | 0 | 1 | 1.8 | 0.482 |
| Hepatitis B, Acute | 2 | 2 | 6 | 7 | 11 | 6.4 | 1.712 |
| Hepatitis B, Chronic | 5 | 11 | 41 | 54 | 84 | 57.6 | 15.410 |
| Hepatitis C, Acute | 1 | 1 | 1 | 4 | 7 | 6.2 | 1.659 |
| Hepatitis C, Chronic | 33 | 34 | 208 | 192 | 301 | 313.0 | 83.740 |
| Hepatitis C - Perinatal Infection | 2 | 0 | 3 | 0 | 4 | 4.0 | 1.070 |
| Hepatitis E | 0 | 0 | 1 | 0 | 0 | 0.2 | 0.054 |
| Influenza-associated hospitalization | 3 | 0 | 412 | 580 | 595 | 379.0 | 101.398 |
| LaCrosse virus disease | 0 | 1 | 0 | 2 | 4 | 1.0 | 0.268 |
| Legionellosis | 1 | 3 | 12 | 13 | 33 | 18.0 | 4.816 |
| Listeriosis | 1 | 0 | 2 | 0 | 1 | 1.0 | 0.268 |
| Lyme Disease | 15 | 11 | 31 | 21 | 38 | 24.0 | 6.421 |
| Malaria | 0 | 0 | 0 | 0 | 0 | 0.4 | 0.107 |
| Measles - imported from outside Ohio | 1 | 0 | 1 | 0 | 0 | 0.0 | 0.000 |
| Measles (indigenous to Ohio) | 0 | 0 | 0 | 0 | 0 | 2.0 | 0.535 |
| Measles - indigenous/imported Status Not Determined | 1 | 0 | 1 | 0 | 0 | 0.0 | 0.000 |
| Meningitis, Aseptic | 3 | 4 | 8 | 22 | 46 | 34.6 | 9.257 |
| Meningitis, Other Bacterial | 1 | 1 | 1 | 3 | 4 | 3.4 | 0.910 |
| Meningococcal Disease | 0 | 0 | 0 | 0 | 0 | 1.0 | 0.268 |
| Mumps | 0 | 0 | 1 | 2 | 2 | 3.2 | 0.856 |
| Pertussis | 5 | 5 | 30 | 31 | 54 | 50.4 | 13.484 |
| Q fever, chronic | 0 | 0 | 0 | 0 | 0 | 0.2 | 0.054 |
| Salmonellosis | 3 | 8 | 18 | 32 | 61 | 47.8 | 12.788 |
| Shigellosis | 0 | 1 | 21 | 22 | 25 | 26.2 | 7.010 |
| Spotted Fever Rickettsiosis | 0 | 1 | 0 | 3 | 5 | 2.2 | 0.589 |
| Staphylococcal aureus - intermediate resistance to vancomycin (VISA) | 0 | 0 | 0 | 0 | 0 | 0.2 | 0.054 |
| Streptococcal Dis, Group A, Invasive | 1 | 0 | 11 | 22 | 25 | 15.2 | 4.067 |
| Streptococcal Dis, Group B, in Newborn | 0 | 1 | 1 | 1 | 23 | 1.6 | 0.428 |
| Streptococcal Toxic Shock Syndrome | 0 | 0 | 0 | 0 | 0 | 0.8 | 0.428 |
| Streptococcus pneumoniae - inv antibiotic resistance unknown or non-resistant | 0 | 1 | 14 | 19 | 29 | 30.6 | 8.187 |
| Streptococcus pneumo - inv antibiotic resistance unknown of non-resistant | 0 | 0 | 8 | 4 | 10 | 13.4 | 3.585 |
| | | | 22 | 4 | 33 | | |
| Syphilis, Total | 4 | 1 | | | | 19.4 | 5.190 |
| Syphilis, Primary, Secondary and Early Latent Toxia Shaek Sundrome (TSS) | 2 | 0 | 16 | 7 | 20 | 11.8 | 3.157 |
| Toxic Shock Syndrome (TSS) | 0 | 0 | 0 | 0 | 0 | 0.2 | 0.054 |
| Tuberculosis | 1 | 0 | 3 | 1 | 5 | 2.4 | 0.642 |
| Varicella | 0 | 1 | 15 | 8 | 16 | 24.2 | 6.474 |
| Vibriosis - other (not cholera) | 0 | 0 | 1 | 0 | 1 | 2.2 | 0.589 |
| Vibrio parahaemolyticus infection | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.000 |
| West Nile Virus | 0 | 0 | 0 | 0 | 8 | 2.2 | 0.589 |
| Yersiniosis | 1 | 0 | 3 | 1 | 3 | 6.4 | 1.712 |
| Zika virus infection | 0 | 0 | 0 | 0 | 0 | 1.0 | 0.268 |

Source: Ohio Disease Reporting System, downloaded 08/12/2019. Rates are per 100K population and based on 5 yr average incidence '14 - '18.