A joint collaboration between Stark County Public Health Agencies:

Alliance City Health Department Canton City Public Health
Massillon City Health Department Stark County Health Department

Stark County, Ohio May 5, 2020 Epi Report

Background from www.cdc.gov: Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

A confirmed case or death is defined by meeting confirmatory laboratory evidence for COVID-19. A probable case or death is defined by i) meeting clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19; or ii) meeting presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence; or iii) meeting vital records criteria with no confirmatory laboratory testing performed for COVID19.

All data contained is preliminary and is subject to change as more information is reported to Ohio Department of Health (ODH). Data presented in this document is based on data as of 5.5.2020. Cases from previous days are likely to change as more information is entered. See page 8 for details on testing priorities.

Counts and rates are based on date of illness onset. If onset date is unknown, the earliest known date is utilized. Any rates based on counts less than 10 are considered unreliable and caution should be exercised when interpreting. Due to testing restrictions, data may be skewed. Report compiled by Canton City Public Health.

Data is sourced from: coronavirus.ohio.gov, ODH data warehouse, and census.gov. "These data were provided by the Ohio Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions."

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Stark County Epi Situational Report - COVID-19 Table 1 as of: 05/05/2020 2:00PM

Next report scheduled: 5/8/2020

Cases Reported to Stark LHDs			
Data as of 05.05.2020 1400			
Positive/Confirmed	381		
Hospitalized	100	26.25%	
ICU Admissions	27	7.09%	
Deaths in Confirmed			
Cases	57	14.96%	
Probable Cases	29		
Deaths in Probable			
Cases	1		

Cases Reported to ODH*					
Data as of 05.05.2020 1400					
Positive/Confirmed	20072				
Hospitalized	3956	19.71%			
ICU Admissions	1123	5.59%			
Deaths in Confirmed					
Cases	1038	5.17%			
Probable Cases	897				
Deaths in Probable					
Cases	97				

Descriptive Statistics for Stark County Confirmed Cases

Gender				
	Confirmed Cases Deaths			
Male	146 38.3%		33	
Female	234 61.4%		24	
Unknown	1	0.3%	0	
Total	381		57	

Age Range (in Years)			
16	to	99	57.5
Min	ιο	Max	Median

		Race		
	White	Black	Other	Unknown
Count	202	33	21	125
%	53%	9%	6%	33%

Ethnicity					
Hispanic Non-Hisp Unknown					
Count	5	203	173		
%	1%	53%	45%		

Illness Information for Stark County Confirmed Cases

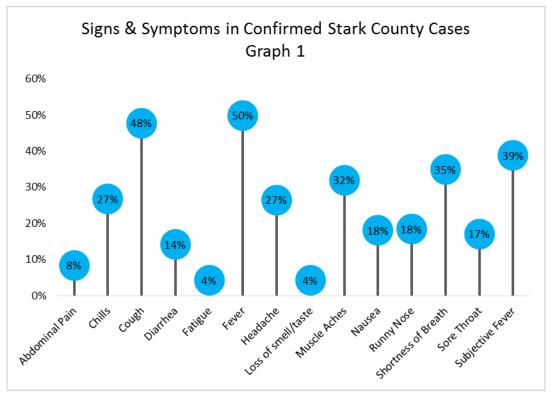
Hospitalized			
Yes	100	26%	
No	279	73%	
Unknown	2	1%	

If hospitalized, in ICU?			
Yes 27 27%			
No	73	73%	

Pre-existing Conditions				
Yes 255 67%				
No	126	33%		

Discharged from Hospital			
ICU	12		
Other	26		
Some cases may be discharged due			

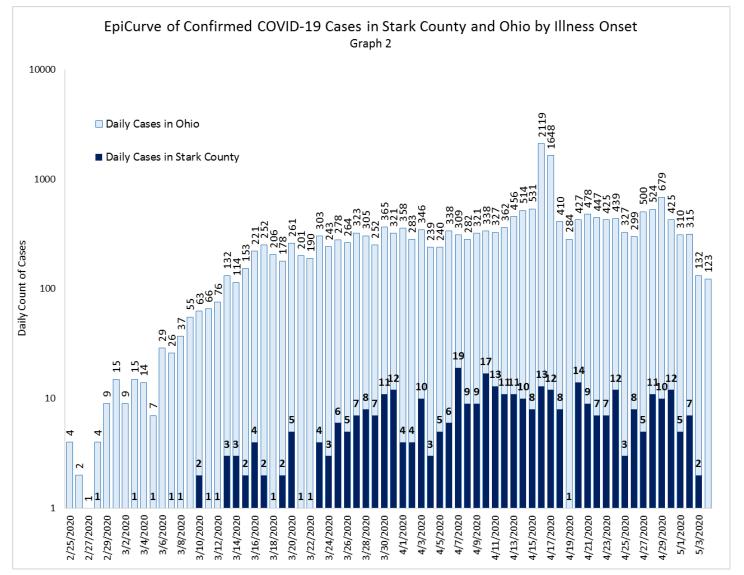
Some cases may be discharged due to death.



Graph 1 shows the incidence of signs and symptoms reported in confirmed cases of COVID-19 in Stark County. Two symptoms that are similar are subjective fever where in a patient felt feverish and fever in which is defined as a fever of >100.4F (38C). Additional symptoms may be added in the future as prevalence increases.

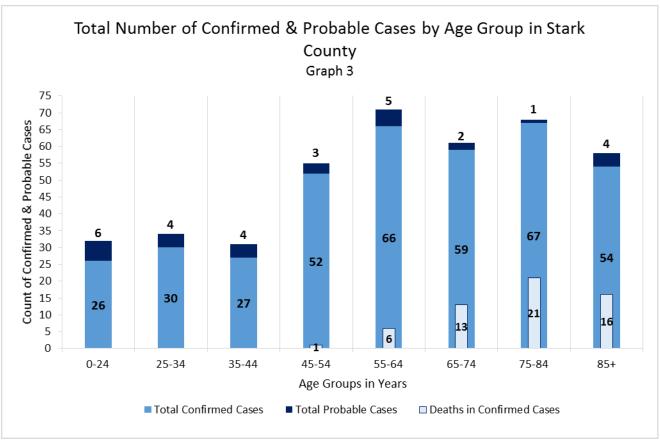
Signs/Symptoms Reported by Cases						
Table 2						
Yes No % Yes						
Abdominal Pain	32	177	8.4%			
Chills	102	100	26.8%			
Cough	182	56	47.8%			
Diarrhea	54	156	14.2%			
Fatigue	16	0	4.2%			
Fever	190	81	49.9%			
Headache	101	106	26.5%			
Loss of smell/taste	16	0	4.2%			
Muscle Aches	122	91	32.0%			
Nausea	69	147	18.1%			
Runny Nose	70	130	18.4%			
Shortness of Breath	133	96	34.9%			
Sore Throat	65	134	17.1%			
Subjective Fever	148	74	38.8%			

Table 2 is a count of known symptoms and number of cases in which those symptoms appear. Due to missing information, totals may not equal the total count of cases. Symptoms are listed in alphabetical order.

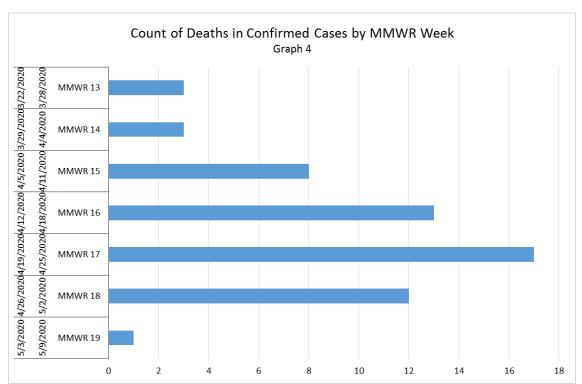


Graph 2 shows the EpiCurve which displays the total number of laboratory-confirmed cases per day, based on the illness onset date for Stark County and Ohio. If the illness onset date is not available, the earliest known date is utilized, which could include the date the specimen was collected, the date of the test results or the date reported to the local health department. Counts will change as additional information is collected. Totals may not equal the totals on Table 1 depending on when data was accessed. Stark County's first confirmed case reported an illness onset date of 2/25/2020, while Ohio had cases prior to 2/25/2020, those are not included.

This graph has changed since the report released on 4/17/2020: Due to a large increase in the number of reported cases in Ohio on 4/16 and 4/17, and to anticipate continued transmission and other large increases as facility clusters are identified, a logarithmic scale will be utilized to help visualize any skewness toward large values (daily case counts that are much larger than the bulk of the data).

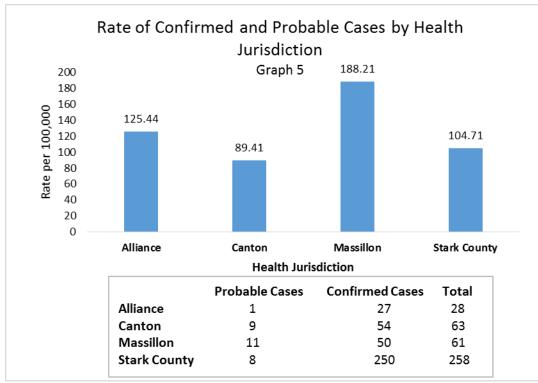


Graph 3 shows the total number of confirmed and probable cases and deaths of confirmed cases by age group. Due to low numbers in Stark County, the age groups are different than what is reported on a state level. Age groups may be broken down further as new cases emerge. Deaths counted are based on only laboratory-confirmed cases and does not include probable cases due to low counts.

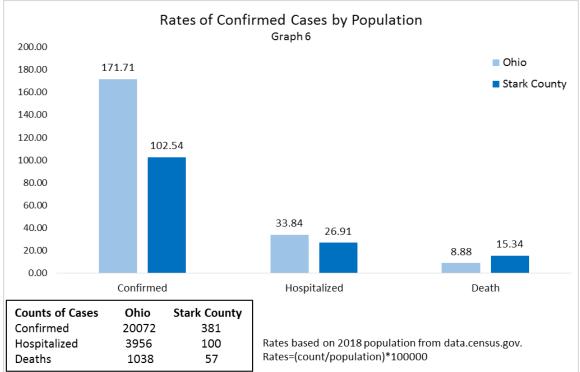


Graph 4 is a breakdown of death counts by MMWR (Morbidity and Mortality Weekly Report) week in which the death occurred. MMWR 19 includes only deaths documented as of 2:00pm on 5/5/2020.

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Graph 5 shows the rate of confirmed and probable cases by Stark County jurisdictions. Alliance, Canton and Massillon jurisdictions covers those within those particular city limits. Stark County jurisdiction covers all other areas outside of those three city limits. Rates calculated by 2018 population census data. Rates= (count/population) *100000



Graph 6 shows the rates dependent on the 2018 population in Ohio and Stark County. This graph works to compare cases in different populations by normalizing the cases per 100,000 persons.

- Ohio's rate of laboratory confirmed cases is 1.7x higher than those in Stark County.
- Ohio's rate of laboratory confirmed cases who require hospitalization is 1.3x higher than Stark County's rate.
- Stark County's rate of death due to COVID-19 complications is 1.7x higher than Ohio's rate.

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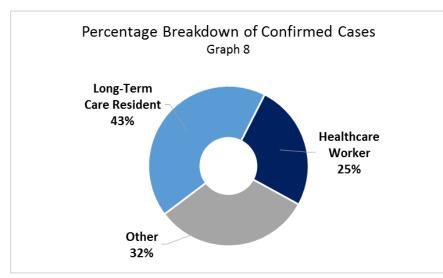


Graph 7 is the counts of cases closed, either due to closed/recovered or closed due to death. Stark County has a total of 185 cases closed of which 57 (31%) are due to death.

Cases can be closed for the following reasons:

- The person passed away.
- Symptoms have resolved in that case.
- The person is no longer being followed by the local health department.

As we are seeing more of a focus on health care workers and long-term care facilities, we are offering some additional information.



Graph 8* shows a breakdown of categories in confirmed cases. Healthcare workers account for 25% of the confirmed cases while long-term care residents account for 43% of confirmed cases. The remaining 32% do not belong in either of those categories. The percentages are based off of those that were affirmatively indicated to be either a healthcare worker or long-term care resident.

For more information on long-term care facilities including breakdown by facility and by resident/staff, please visit: https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards/long-term-care-facilities/mortality

*Due to priority testing guidelines both long-term care residents and healthcare workers, are in Priority groups 1, & 2for testing. Priority categories are listed on page 8 of this report. This may cause numbers for those groups to be skewed.

On May 4, 2020, the Ohio Department of Health (ODH) updated COVID-19 testing guidance. This guidance applies to all COVID-19 testing in the State of Ohio. The Centers for Disease Control and Prevention (CDC) has established priority groups for testing. Ohio has modified these groups to meet the specific needs of our state in light of changes in testing availability and evolving knowledge of COVID-19 and its impact on Ohioans.

Priority 1:

Ohioans with symptoms who are:

- Hospitalized.
- Healthcare workers. This includes behavioral health providers, home health workers, nursing facility and assisted living employees, emergency medical technicians (EMTs), housekeepers and others who work in healthcare and congregate living settings.*

Priority 2:

Ohioans with symptoms who are:

- Residents of long-term care/congregate living settings.
- First responders/public health workers/critical infrastructure workers.
- 65 and older.
- Living with underlying conditions.
 - Consideration should be given for testing racial and ethnic minorities with underlying illness, as they are at increased risk for COVID-19 and more severe illness.

Ohioans without symptoms who are:

• Residents or staff directly exposed during an outbreak in long-term care/congregate living settings.

Other Ohioans who are:

• Designated by public health officials to evaluate/manage community outbreaks (such as in workplaces, other large gatherings).

Priority 3:

Ohioans with and without symptoms who are:

- Receiving essential surgeries/procedures, including those that were reassessed after a delay.
- Receiving other medically necessary procedures not requiring an overnight stay/inpatient hospital admission, as defined by their providers' process for COVID-19 testing.

*Congregate living settings are those where more than six people live and where there is a propensity for rapid person-to-person spread of infectious disease. (Some examples are assisted living/nursing centers; Ohio Veterans Homes; residential facilities for mental health/substance use treatment; psychiatric hospitals/group homes; centers/facilities/group homes for people with intellectual disabilities; homeless and domestic violence shelters; youth detention centers; prisons; and jails.)

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