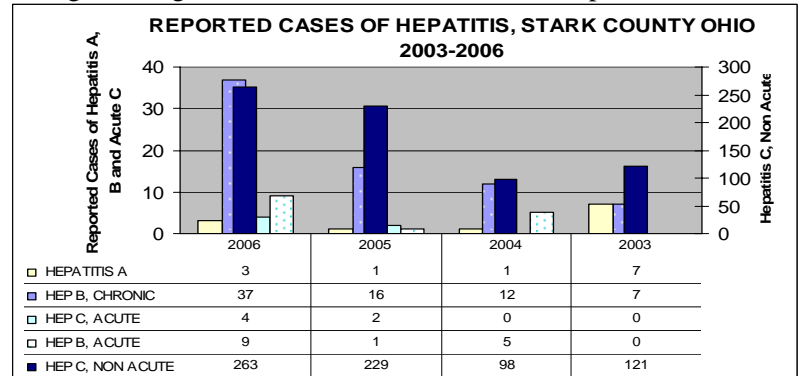


EPI Gram is a monthly publication of the Stark County Public Health Coalition. It contains a summary of provisional communicable disease reports and other key public health indicators, with summary tables for Stark County, Ohio. Some reportable conditions may be under investigation, and at any given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

IN THE NEWS: Changes in Hepatitis Case Definitions Finalized:

The Ohio Department of Health Surveillance Program recently updated case definitions for Hepatitis B and C. No changes have been made to Hepatitis A or Acute Hepatitis B. The primary change for Hepatitis B is, a single positive lab result for, HBsAg, HBeAg, or HBV DNA now classifies the patient as a probable chronic case. Any of those tests combined with a negative IgM anti-HBc is now considered strong enough evidence for confirmed chronic status. Hepatitis C patients with ALT levels > 400 combined with specific serologic markers and an onset date of symptoms are now considered to be Acute confirmed. Chronic cases are easily identified with positive HCV RNA, RIBA, or Anti-HCV lab results.

With respect to Hepatitis B, progression to chronic infection is highly dependent on age at first exposure, (i.e., 2% to 6% of people over aged 5 years; 30% of children aged 1-5 years; and up to 90% of infants). The best prevention for transmission is through early and complete vaccination. In 2006 chronic cases were identified in individuals as young as 16 years of age. As vaccination rates increase, Stark Counties previous 4 year history of increasing Hepatitis B cases is expected to decrease. However, the burden of existing liver disease including Cirrhosis and Cancer is expected to continue to increase for at least the next 20 years.



Without vaccination, reduction of the disease burden of Hepatitis C can be accomplished through early identification and treatment. Treatment is affective in 45 to 85% of the affected population. The most predictive measure of treatment response is the type of Hepatitis C identified (genotype 1=42% and genotypes 2 and 3=75-85%). Another important predictor of treatment response is age. Those treated prior to age 40 were significantly more likely to achieve sustained virologic response (SVR) than there older counterparts. The disease burden of Hepatitis C in Stark County has been increasing over the previous 4 years. With an estimated 70% of chronically ill cases expected to develop chronic liver disease and 10 to 20% of those developing cirrhosis and then 1-5% of those dieing of HCV-related chronic liver disease, it can easily be surmised that the affects of Hepatitis C in our community will be staggering.

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

	April 2007				May 2006			
	Monthly High	Monthly Low	Monthly Mean	Counts in highest reported health risk category	Monthly High	Monthly Low	Monthly Mean	Counts in highest reported health risk category
Pollen Count	335	5	58	N/A	1240	2	291	N/A
Mold Count	5660	650	2268	All good	11030	1410	4890	6 Moderate
Air Quality Index	66	23	39.1	1 Moderate	93	21	45	3 Moderate

Pollen and Mold counts are derived from rotorod samples on the 2nd story roof of Canton City Hall. The readings are from a 24 hour period/24 hour avg. on all work days. Mold counts of 6,500-12,999 are moderate and many individuals sensitive to molds may experience symptoms, counts of 13,000 to 49,999 are high and most individuals with any sensitivity to molds will experience symptoms. The Air Quality Index (AQI) is derived by comparison to EPA standards from the following readings: Particulate Matter 10, Particulate Matter 2.5 continuous on CCHD 2nd floor roof top; Sulfur Dioxide at Malone College; and ozone monitors in Canton, Brewster, Alliance, and Middlebranch. This index is produced from March to October. AQI ratings are 151-200: unhealthy (UH); 101-150: unhealthy for sensitive groups (UH sg); 51-100: moderate (M); 0-50: good (g).

Table 2 Summary of Select Vital Statistics for Stark County, Ohio

	April 2007	YTD 2007	2006
Live Births	354	1601	4839
Births to Teens	42	164	434
Deaths	343	1477	4061

Table 3 Stark County Crude Birth and Death Rates per 100,000 population Rates are based on the US Census 2000 Stark County population of 377,438.

	2002	2003	2004	2005	2006
Birth	1270	1260	1240	1211	1282
Death	1090	1110	1040	1140	1141

Table 4 – Summary of Select Reportable Diseases for April 2007 in Stark County, Ohio (provisional data only)

Refer to “Case Definitions for Infectious Conditions Under Public Health Surveillance,” MMWR (Morbidity and Mortality Weekly Report) 1997; 46 (No. RR-10), the Ohio Department of Health Infectious Disease Control Manual or visit www.cdc.gov/epo/dphsi/casedef/index.htm for case definitions.

This report includes confirmed, probable and suspect cases.

	Alliance City			Canton City			Massillon City			Stark County			Stark County Totals			
	Apr 2007	YTD 2007	YTD 2006	Apr 2007	YTD 2007	YTD 2006	Apr 2007	YTD 2007	YTD 2006	Apr 2007	YTD 2007	YTD 2006	Apr 2007	YTD 2007	YTD 2006	5 Year annual average
Amebiasis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.4
Campylobacteriosis	0	0	0	1	1	3	0	1	2	2	8	9	3	10	14	51.8
Chlamydia	7	29	23	14	182	233	7	17	25	12	97	112	40	325		1126.4
Creutzfeldt-Jakob Ds	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.6
Cryptosporidiosis	0	0	0	1	1	2	1	2	0	2	3	3	4	6	5	14
E Coli 0157	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2.4
E Coli	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Enceph., WNV	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.6
Enceph., Other	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	2.8
Giardiasis	0	3	1	0	1	5	2	2	0	1	6	10	3	12	16	49.2
Gonorrhea	0	7	12	14	154	126	1	16	13	5	46	33	20	223		646
Haemo. Influz., Bac	0	0	0	0	1	1	0	0	0	0	0	1	0	1	2	5.8
Hepatitis A	0	1	1	0	0	0	0	0	1	0	0	1	0	1	3	8
Hepatitis B*	0	0	2	2	4	6	1	2	0	3	4	9	6	10	17	44.6
Hepatitis C*#	4	8	7	13	36	41	0	3	5	13	38	48	30	85	101	273.5
Kawasaki Syndrome	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.6
Legionellosis	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	12.2
Listeriosis	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1	2.4
Lyme Disease	0	0	0	0	0	0	1	1	0	0	0	0	1	1	0	2.6
Malaria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.8
Meningitis, Asep	0	0	1	2	5	3	1	1	0	1	4	3	4	10	7	53.8
Meningitis Bac.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4.4
Meningococcal Dis.	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	2.4
Mumps	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.4
Pertussis	0	0	0	0	2	0	0	0	0	2	5	0	2	7	0	17
Salmonellosis	0	2	0	0	2	7	0	0	0	3	7	7	3	11	14	49.4
Shigellosis	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	11.8
Strep Inv A GAS	0	0	2	2	3	2	0	0	0	1	2	1	3	5	5	12.2
Strep B Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Strep Pneu ISP	0	0	0	1	9	14	0	1	0	2	14	9	3	24	23	47.8
Strep TSS	0	0	0	0	0	0	0	0	0	0	2	0	0	2	0	0.4
Syphilis	0	0	0	0	0	1	0	0	0	0	3	3	0	3		21.6
Typhoid Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.4
Varicella#	0	5	8	5	16	25	0	4	6	3	77	139	8	102	178	
Vibriosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.2
Yersiniosis	0	0	0	0	0	0	0	0	0	1	4	0	1	4	0	2

*This includes all hepatitis reports; acute, chronic, and status not known. # Incomplete 5 yr average due to a change in reporting.

If you have any questions, including how to receive copies of this report, please contact Karen Schanz at (330) 493-9928 x287 or Schanzk@starkhealth.org or Christina Henning at (330) 489-3454 or Chenning@cantonhealth.org.