August 2022

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 Chelsea Sadinski at 330. 451.1650 sadinskic@starkhealth.org or Kaelyn Boyd at 234.458.5135 or kboyd@cantonhealth.org

Monthly Highlight: Meningococcal Disease

Meningococcal disease is a rare, but serious, disease caused by the bacteria *Neisseria meningitidis*. The two most common meningococcal infections include meningitis and septicema. Symptoms of both include fever, chills and vomiting. Meningococcal meningitis symptoms also include headache, stiff neck and altered mental status while meningococcal septicema symptoms present as severe aches and pains, cold hands and feet and a dark purple rash. Although there are six serogroups of this bacteria, serogroups B, C and Y cause most illnesses seen in the United States. Rates



of meningoccal disease have declined the in the past thirty years and remain low today. In 2019, there were around 371 total cases reported in the United States. Stark County has had one confirmed case in the past five years.

Staying up-to-date with meningococcal vaccinations is one of the best tools we have to prevent this disease. There are two vaccines licensed in the United States: Meningococcal conjugate (MenACWY) vaccine and Serogroup B meningococcal (MenB) vaccine. All eligible eleven to twelve year olds should get the MenACWY vaccine, with a booster at sixteen. Teens may also get



the MenB vaccine at sixteen to eighteen years of age. Other groups of individuals may be recommended either the MenACWY or MenB vaccine if they are at an increased risk of meningococcal disease. Other prevention strategies include avoiding sharing silverware, drinks, cosmetics or anything else that may come in contact with the mouth.

For more information: https://www.cdc.gov/meningococcal/index.html

		22	September 2021						
	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	97	3	14	N/A	131	1	23	N/A	
Mold Count	12,200	3,200	5,000	Moderate (7)	14,390	3,100	9,090	High (3)	
Air Quality Index	61	26	43	Moderate (4)	61	24	43	Moderate (3)	

<u>https://pollen.aaaai.org/#/pages/reading-the-levels</u>. Data source for this table is the Air Quality Division of the Canton City Health Department.

Table 2: Select Vital Statistics for Stark County									
Aug 2022 YTD 2022 202									
Live Births	374	2,546	3,929						
Births to Teens	9	122	214						
Deaths	394	3.219	5.409						

* Birth and death data is preliminary

Table 3: Stark County Crude Birth Rate and Death Rates

	2017	2018	2019	2020	2021*
Birth	10.7	10.9	11.0	10.5	10.5
Death	12.0	11.8	12.0	14.1	14.5

*Source: Data Ohio. Rates are per 1,000 population. 2021 data is preliminary.



	Alliance City		Canton City		Massillon City		Stark County		All Departments	
Jurisdictional Summary of Reportable Conditions in										
Stark County, On (Provisional Data)	Aug	YTD	Aug	YTD	Aug	YTD	Aug	YTD	Aug	YTD
Anaplasmosis-Anaplasma phagocytophilum	0	0	0	0	0	0	0	1	0	1
Babesiosis	0	0	0	0	0	0	0	1	0	1
Campylobacteriosis	0	3	0	8	0	1	8	34	8	46
Chlamydia infection		70	81	552	13	102	50	375	153	1099
CP-CRE	0	0	0	0	0	4	2	12	2	16
Coccidioidomycosis	0	0	0	0	0	0	0	2	0	2
Cryptosporidiosis	0	0	1	2	0	0	3	12	4	14
Cyclosporiasis	0	0	0	0	0	0	0	1	0	1
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	0	1	0	0	0	0	2	6	2	7
Ehrlichiosis-Ehrlichia chaffeensis	0	0	0	0	0	0	0	1	0	1
Giardiasis	0	0	0	0	0	0	1	2	1	2
Gonococcal infection	14	60	35	309	3	32	9	118	61	519
Haemophilus influenzae (invasive disease)	0	0	0	2	0	0	1	5	1	7
Hepatitis A	0	0	0	0	0	0	1	1	1	1
Hepatitis B (including delta) - acute	0	0	0	0	0	0	0	1	0	1
Hepatitis B (including delta) - chronic	3	4	1	6	0	4	1	8	5	22
Hepatitis C - acute	0	0	0	3	0	0	0	2	0	5
Hepatitis C - chronic	3	10	8	60	3	9	3	55	17	134
Hepatitis C - Perinatal Infection	0	0	0	0	0	1	0	0	0	1
Influenza - ODH Lab Results	0	0	0	0	0	0	0	3	0	3
Influenza-associated hospitalization	0	7	0	36	0	4	0	65	0	112
Legionellosis	0	0	3	7	0	0	6	20	9	27
Listeriosis	0	0	0	0	0	0	0	1	0	1
Lyme Disease	0	0	0	0	0	1	2	10	2	11
Malaria	0	0	0	0	0	0	0	1	0	1
Meningitis - aseptic/viral	0	1	0	2	0	2	0	4	0	9
Meningitis - bacterial (Not N. meningitidis)	0	0	0	0	0	1	0	0	0	1
Meningococcal disease - Neisseria meningitidis (call	0	0	0	0	0	0	1	1	1	1
nealth department immediately)	•	•	0	0	0	•	4	-	4	2
Mis-C associated with COVID-19 (call health	0	1	0	1	0	1	0	2	0	5
department immediately)		-					_		_	
Salmonellosis	0	2	1	9	1	2	5	23	7	36
Shigellosis	0	0	0	2	0	0	3	7	3	9
Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)	0	0	0	0	0	0	0	1	0	1
Streptococcal - Group A -invasive	0	0	0	6	0	1	0	6	0	13
Streptococcal - Group B - in newborn	0	0	0	1	0	0	0	0	0	1
Streptococcus pneumoniae - invasive antibiotic	1	1	0	5	0	1	0	6	1	13
resistance unknown or non-resistant										
Streptococcus pneumoniae - invasive antibiotic	0	1	1	4	0	1	0	7	1	13
resistant/intermediate	4		6	20	4	2		20	12	70
Syphilis, Iotal	1	5	0	38	1	3	4	20	12	72
Syphilis, Primary, Secondary and Early Latent	1	4	3	24	0	1	3	21	/	50
Varicella	0	1	0	0	0	1	0	1	0	2
Tersiniosis	0	U	0	1070	0	172	100	3	0	5
Iotal	- 32	1/1	140	10/8	21	1/2	106	847	299	2268

Source: Ohio Disease Reporting System, downloaded 09/30/2022.









Summary Table of Diseases Reported in the Previous 5 years within Stark	Aug	Aug	YTD	YTD	All of 2021	5 Year annual	Rate	
County (Provisional Data)	2022	2021	2022	2021		Average		
Anaplasmosis-Anaplasma phagocytophilum	0	0	1	0	1	0.2	0.054	
Babesiosis	0	0	1	0	0	N/A	N/A	
Campylobacteriosis	8	7	46	32	58	74.6	20.086	
Chlamydia	153	148	1099	1144	1645	1729.8	465.742	
CP-CRE	2	0	16	8	18	13.0	3.500	
Coccidioidomycosis	0	0	2	1	1	0.2	0.054	
Creutzfeldt-Jakob Disease	0	0	0	2	3	1.0	0.269	
Cryptosporidiosis	4	4	14	14	19	29.6	7.970	
Cyclosporiasis	0	0	1	5	5	4.2	1.131	
Ehrlichiosis-Ehrlicha chaffeensis	0	0	1	0	0	N/A	N/A	
E. coli, Shiga Toxin-Producing								
(O157:H7, Not O157, Unknown	2	2	7	6	8	11.4	3.069	
Serotype)								
Giardiasis	1	0	2	2	4	12.6	3.393	
Gonorrhea	61	83	519	552	842	673.0	181.203	
Haemophilus influenzae, Invasive	1	1	7	4	10	6.0	1.615	
Hepatitis A	1	1	1	2	3	6.6	1.777	
Hepatitis B, Acute	0	0	1	0	2	6.4	1.723	
Hepatitis B, Chronic	5	2	22	24	35	39.0	10.501	
Hepatitis C, Acute	0	0	5	6	9	5.8	1.562	
Hepatitis C, Chronic	17	8	134	141	202	256.2	68.981	
Hepatitis C - Perinatal Infection	0	0	1	1	1	0.8	0.202	
Influenza-associated hospitalization	0	0	112	5	15	359.2	96.713	
LaCrosse virus disease	0	0	0	0	1	1.0	0.268	
Legionellosis	9	5	27	22	30	18.0	6.893	
Listeriosis	0	0	1	0	0	0.8	0.215	
Lyme Disease	2	6	11	39	43	19.4	5.223	
Malaria	0	0	1	0	0	N/A	N/A	
Meningitis, Aseptic	0	2	9	11	19	25.6	6.893	
Meningococcal disease- Neisseria								
meningitidis (call health department	1	0	1	0	0	N/A	N/A	
immediately)		-	-	-	-			
Meningitis, Other Bacterial	0	0	1	1	1	2.4	0.646	
Monkeypox	1	0	2	0	0	N/A	N/A	
MIS-C associated with COVID-19 (call	0	0	5	6	9	N/A	N/A	
	7	F	26	70	42	44.0	11 947	
Shirolleriosis	2	5	30	20	45	44.0	11.047	
Singenosis	0	0	9	0	3	15.4	4.140	
Spotted Fever Rickettsiosis	0	1	12	0	10	15.6	4 200	
Streptococcal Dis, Group A, Invasive	U	L	15	4	10	15.0	4.200	
Newborn	0	0	1	1	1	1.4	0.377	
Streptococcus pneumoniae – inv. antibiotic resistance unknown or non- resistant	1	2	13	8	15	23.0	6.193	
Streptococcus pneumo – inv. antibiotic resistant/intermediate	1	2	13	4	7	11.2	3.016	
Syphilis, Total	12	2	72	28	64	40.8	10.985	
Syphilis, Primary, Secondary and Early Latent	7	1	50	14	46	27.2	7.323	
Tuberculosis	0	0	0	2	3	2.0	0.538	
Varicella	0	1	2	6	8	14.8	3.985	
Vibriosis - other (not cholera)	0	1	0	2	3	2.0	0.538	
Yersiniosis	0	1	5	6	9	4.8	1.292	

Source: Ohio Disease Reporting System, downloaded 09/30/2022. Rates are per 100K population and based on 5 yr average incidence 2017-2021.