EPI GRAM

A Monthly Publication of the Stark Public Health Infrastructure Coalition

Feb – 2005

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

Please 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.

Table 1 – Summary of Select Reportable Diseases for Feb 2005 in Stark County, Ohio (provisional data only)

	Alliance City Health			Canton City Health			Massillon City Health			Stark County Health			Stark County Totals			
	Feb 2005	YTD 2005	YTD 2004	Feb 2005	YTD 2005	YTD 2004	Feb 2005	YTD 2005	YTD 2004	Feb 2005	YTD 2005	YTD 2004	Feb 2005	YTD 2005	YTD 2004	5 Year annual average
Amebiasis													0	0	0	0.2
Campylobacteriosis				1	2					1	3	2	2	5	2	54.6
Creutzfeldt-Jakob Dis													0	0	0	0.4
Cryptosporidiosis				1	1							1	1	1	1	10
E Coli 0157												1	0	0	1	2.6
E Coli		1	2										0	1	2	1.8
Enceph., WNV													0	0	0	2.8
Enceph., Other												1	0	0	1	3.2
Giardiasis						1		1		3	5	8	3	6	9	54.6
Haemo. Influz., Bac						2					1	1	0	1	3	4.6
Hepatitis A				4						1	1	1	5	1	1	10
Hepatitis B*	1	3	2	1		6			2	2	4	7	4	7	17	62.5
Hepatitis C*	2	3	5	20	27	20	1	5	2	12	20	19	35	55	46	340**
Kawasaki Syndrome													0	0	0	3
Legionellosis				1	1								1	1	0	9
Listeriosis													0	0	0	1.4
Lyme Disease										1	1		1	1	0	2.8
Malaria											1		0	1	0	1
Meningitis, Asep	1	1			1	1				1	1	1	2	3	2	52.6
Meningitis Bac.													0	0	0	4.4
Meningococcal Dis.													0	0	0	2.8
Pertussis					1						4	1	0	5	1	7.2
Salmonellosis					2			1			3	3	0	6	3	47.4
Shigellosis										1	1		1	1	0	11.6
Strep Inv A GAS		1				1				1	1	1	1	2	2	10.2
Strep B Newborn													0	0	0	1.4
Strep Pneu ISP	2	2	3	1	2	6				3	12	12	6	16	21	25
Strep TSS												1	0	0	1	0.6
Typhoid Fever			1										0	0	1	0.2
Varicella													0	0	0	**
Vibriosis													0	0	0	0.2
Yersinosis													0	0	0	0.8

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

Table 2 Summary of Air Quality Index, Pollen, and Mold Counts for Stark County, Ohio has been suspended for the season. The index will resume in March 2005.
Table 3 Summary of Select Vital Statistics for Stark County, Ohio

	Alliance City Health District			Canton City Health District			Massillon City Health District			Stark County Health District			Total in Stark County		
	Feb	YTD 2005	2004	Feb	YTD 2005	2004	Feb	YTD 2005	2004	Feb	YTD 2005	2004	Feb	YTD 2005	2004
Number of Live Births*	39	66	384	293	803	4081			4			223			4692
Number of Teenage births*	7	14	65	24	71	379						39			483
Number of Deaths*	29	63	326	189	510	1928	44	81	389			1266			3909

*These numbers represent occurrences within the jurisdiction and are not indicative of births and deaths of residents of each jurisdiction, therefore jurisdictional rates are not computed.
The 2002 Birth Rate for Stark County was 0.01266, 0.10262 for 2003 and 0.01243 for 2004. The 2002 Death Rate for Stark County was 0.01091, 0.0111 for 2003 and 0.0104 for 2004.. (crude rates are based on US Census 2000 Stark County population of 377,438)

IN THE NEWS:

INFLUENZA:

National Synopsis: During week 9 (February 27-March 5, 2005)*, influenza activity continued to decline in the United States. Eight hundred thirty-eight (21.0%) specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories were positive for influenza viruses. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) remained above the national baseline but has declined during the last 2 weeks. The proportion of deaths attributed to pneumonia and influenza is above the epidemic threshold for the third consecutive week. There have been 15 influenza-associated pediatric deaths reported to CDC this season. Twenty-four states reported widespread influenza activity and 20 states reported regional influenza activity. Five states, the District of Columbia, and New York City reported local activity and Puerto Rico reported sporadic activity.

Laboratory Surveillance During week 9, WHO and NREVSS laboratories in the United States reported testing 3,985 specimens for influenza viruses, of which 838 (21.0%) were positive. Of these, 73 were influenza A (H3N2) viruses, 541 were influenza A viruses that were not subtyped, and 224 were influenza B viruses.
Since October 3, WHO and NREVSS laboratories in the United States have tested a total of 99,198 specimens for influenza viruses and 15,642 (15.8%) were positive. Among the 15,642 influenza viruses, 12,855 (82.2%) were influenza A viruses and 2,787 (17.8%) were influenza B viruses. Four thousand one hundred seventy-six (32.5%) of the 12,855 influenza A viruses have been subtyped; 4,163 (99.7%) were influenza A (H3N2) and 13 (0.3%) were influenza A (H1) viruses. The percentage of specimens testing positive for influenza A during the last three weeks has ranged from 9.9% in the Pacific region to 33.1% in the South Atlantic region**. The percentage of influenza B isolates in the United States has increased during the last 3 weeks overall to 24.0% from 15.8% during the preceding 3 weeks (weeks 4-6).

Locally, During week 7-9 our laboratory confirmed cases peaked. As of the 15th of March, week 10 reports show a significant decline in the number of total Influenza reports. Overall, the number of positive Influenza B lab reports has shown a slight but distinct increase over the past 4 weeks. Influenza B reports for the2004-2005 season account for 6% of all reports, however, to date Influenza B reports account for 21% of week 10 reports.

PERTUSSIS:

Yes, Pertussis is still in the news! For yet another reporting period Pertussis is listed as the leading cause of communicable disease in the State of Ohio. With the addition of 32 cases during week 10, the State of Ohio Year to Date Total is now 444 cases. As a comparison, 767 cases were reported in 2004, with the greatest amount reported from late spring through early fall. Nearly 60% of all counties in Ohio have reported cases in 2005, including Stark County. The counties with the highest reported cases are Hamilton and Franklin. The age group that continues to have the highest incident rate is 11-19 year olds. Pertussis for most adolescents and adults continues to produce symptoms that are seen as not much more than a nuisance, but infants and very young children with poor or no immunization history may have life long sequela or death.

INTERNATIONAL TRAVEL ASSOCIATED ILLNESS:

From Egypt to Oregon, from Indonesia to New York, and from Armenia to Arizona; these all sound like odd bedfellows but actually each grouping represents an imported case of measles in 2005. States from every portion of our country and Countries from different regions of our world are represented. Measles is just one notable disease that continues to be imported into the United States. Other imported diseases include many that are vaccine preventable in this country, from Polio to the more common “travelers diarrhea”. It has been reported that in a group of travelers to Mexico and Guatemala as many as 65% of travelers reporting diarrheal illness had a Norovirus infection. Further a majority of those were also positive for E. coli infection; this, at a time when E. coli infection rates have declined in the United States.

Locally, we have not been spared from imported diseases. Cases of Malaria and Cryptosporidiosis are believed to have originated outside of our area.

For our hospitals and Infectious Disease Personnel, this means we must continue to go above and beyond when filling out questionnaires. One of our main responsibilities is to ask questions, so please keep remembering to ask about a patients travel history when a communicable disease is suspected. Although this is not always required, you never know when it could be you that prevents an epidemic from taking hold in our community.

If you have any questions, including how to receive other copies, please contact Matt Tillapaw at (330) 493-9928 x287 or Tillapawm@starkheatlh.org
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