EPI GRAM January, 2017
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 Julia Wagner at 330.493.9914 or** Wagnerj@starkhealth.org**, or Amanda Archer at 330.489.3327 or** aarcher@cantonhealth.org**.**

Recommended Immunization Schedules for Adults 2017

Every year, the Advisory Committee on Immunization Practices (ACIP) reviews and approves immunization schedules recommended for persons living in the United States. The adult immunization schedule provides a summary of ACIP recommendations on the use of licensed vaccines routinely recommended for adults aged 19 years or older. Changes for the 2017 schedule include new or revised recommendations for influenza, human papillomavirus, hepatitis B and meningococcal vaccines. Highlights of these changes are briefly outlined below: (For more info: https://www.cdc.gov/mmwr/volumes/66/wr/mm6605e2.htm)

Annual economic burden of vaccine-preventable diseases by pathogen, 2015

- o *Influenza vaccination:* Changes are related to the low effectiveness of the live attenuated influenza vaccine (LAIV) (FluMist, MedImmune) against influenza A (H1N1)pdm09 in the United States during the 2013–2014 and 2015–2016 influenza seasons and revised recommendations for the use of influenza vaccine among patients with egg allergy.
- o *Human papillomavirus vaccination:* Healthy adolescents who start their human papillomavirus (HPV) vaccination series before age 15 years are recommended to receive 2 doses of HPV vaccine. Adults and adolescents who did not start their HPV vaccination series before age 15 years should receive 3 doses of HPV vaccine. Changes in recommendations in the adult immunization schedule include updates regarding HPV vaccination for adults who did not complete the HPV vaccination series as adolescents.
- o *Hepatitis B vaccination:* Chronic liver disease conditions for which a hepatitis B vaccine (HepB) series is recommended has been updated.
- o *Meningococcal vaccination:* There are two changes in meningococcal vaccination recommendations for 2017. First, the ACIP recommends that adults with human immunodeficiency virus (HIV) infection receive a 2-dose primary series of serogroups A, C, W, and Y meningococcal conjugate vaccine (MenACWY). Second, the ACIP has provided updated dosing guidance for one of the serogroup B meningococcal vaccines (MenB) (MenB-FHbp [Trumenba, Pfizer]). Three doses of MenB-FHbp should be administered at 0, 1–2, and 6 months to adults who are at increased risk for meningococcal disease, and those who are vaccinated during serogroup B meningococcal disease outbreaks. When MenB-FHbp is given to healthy adolescents and young adults who are not at increased risk for meningococcal disease, 2 doses of MenB-FHbp should be administered at 0 and 6 months (MenB-FHbp was previously recommended as a 3-dose series at 0, 2, and 6 months, consistent with the original vaccine licensure for this population). The dosing frequency and interval for the other MenB, MenB-4C (Bexsero, GlaxoSmithKline), have not changed: MenB-4C remains a 2-dose series, with doses administered at least 1 month apart. Either MenB vaccine can be used when vaccination is indicated. The change in ACIP recommendations on the use of MenB-FHbp does not imply a preference for one MenB over the other.

Combined cases of meningococcal disease, influenza-associated hospitalizations and newly diagnosed cases of Hep B in Stark County make up almost 10% of the annual communicable disease caseload. With yearly updates and revisions to the vaccination schedule, public health can continue to provide quality recommendations to our residents to aid in the decrease in vaccine-preventable disease.
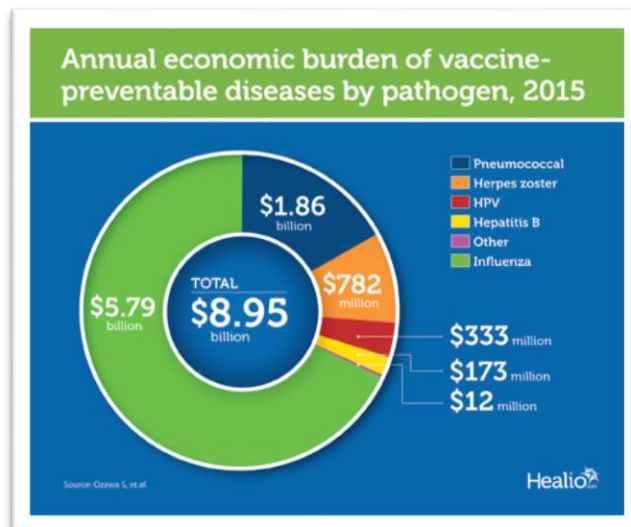
Table 1 Summary of Air Quality Index, Pollen, and Mold Counts for Stark County, Ohio, including historical data.

	January 2017				February 2016			
	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	Data collected seasonally and currently not available				Data collected seasonally and currently not available			
Mold Count								
Air Quality Index	75	20	28	2 (Moderate)	30	3	16	Good

**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 the Canton City Health Department.

Table 2 Select Vital Statistics for Stark County			
	Jan 2017	**YTD 2017**	**2016**
Live Births	330	330	4187
Births to Teens	28	28	263
Deaths	415	415	4350
* Birth and death data may include non county residents.			

Table 3 Stark County Crude Birth Rate and Death Rates					
	2010	**2011**	**2012**	**2013**	**2014**
Birth	10.8	10.8	10.9	11.2	12.0
Death	10.9	11.3	11.4	11.3	11.4

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

Table 4: Jurisdictional Summary of Reportable Diseases in Stark County, OH (Provisional Data)

	Alliance City		Canton City		Massillon City		Stark County		All Departments	
	Jan	**YTD**	**Jan**	**YTD**	**Jan**	**YTD**	**Jan**	**YTD**	**Jan**	**YTD**
Amebiasis	0	0	0	0	1	1	0	0	1	1
Campylobacteriosis	0	0	4	4	0	0	3	3	7	7
Chlamydia infection	11	11	86	86	17	17	60	60	174	174
Giardiasis	0	0	0	0	1	1	1	1	2	2
Gonococcal infection	1	1	29	29	4	4	11	11	45	45
Haemophilus influenzae	0	0	0	0	0	0	2	2	2	2
Hepatitis A	0	0	0	0	1	1	1	1	2	2
Hepatitis B - Perinatal Infection	0	0	0	0	0	0	2	2	2	2
Hepatitis B - chronic	0	0	1	1	0	0	2	2	3	3
Hepatitis C - chronic	3	3	17	17	6	6	18	18	44	44
Influenza-associated hospitalization	4	4	21	21	5	5	53	53	83	83
Legionellosis	1	1	1	1	0	0	0	0	2	2
Lyme Disease	0	0	0	0	0	0	2	2	2	2
Meningitis - aseptic/viral	0	0	2	2	0	0	4	4	6	6
Pertussis	0	0	0	0	0	0	1	1	1	1
Salmonellosis	0	0	2	2	0	0	1	1	3	3
Shigellosis	0	0	1	1	0	0	0	0	1	1
Streptococcal - Group A -invasive	0	0	0	0	0	0	3	3	3	3
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	1	1	3	3	1	1	3	3	8	8
Streptococcus pneumoniae - invasive antibiotic resistant/ intermediate	1	1	1	1	1	1	0	0	3	3
Syphilis, Total	0	0	0	0	0	0	1	1	1	1
• Syphilis, Primary, Secondary and Early Latent	0	0	0	0	0	0	0	0	0	0
Varicella	0	0	1	1	0	0	0	0	1	1
Yersiniosis	0	0	1	1	0	0	3	3	4	4
Total	22	22	170	170	37	37	171	171	400	400

Source: Ohio Disease Reporting System, downloaded 02/13/2017.

Table 5 – Summary Table of Diseases Reported in the Previous 5 years within Stark County (Provisional Data)	Jan-17	Jan-16	YTD 2017	YTD 2016	All of 2016	5 Yr annual average	Rate
Amebiasis	1	0	1	0	0	0.2	0.053
Anaplasmosis	0	0	0	0	1	0.4	0.107
Babesiosis	0	0	0	0	0	0.2	0.053
Brucellosis	0	0	0	0	0	0.2	0.053
Campylobacteriosis	7	4	7	4	83	69.6	18.531
Chlamydia	174	165	174	165	1899	1626.0	432.923
Coccidioidomycosis	0	0	0	0	1	0.6	0.160
Creutzfeldt-Jakob Disease	0	0	0	0	2	0.6	0.160
Cryptosporidiosis	0	2	0	2	47	35.4	9.425
Cyclosporiasis	0	0	0	0	4	1.2	0.320
Dengue	0	0	0	0	0	0.2	0.053
Escherichia coli , STP, Not O157:H7	0	1	0	1	16	4.0	1.065
Escherichia coli O157:H7	0	0	0	0	0	1.8	0.479
Escherichia coli , STP, Unk Serotype	0	0	0	0	0	3.4	0.905
Giardiasis	2	1	2	1	25	28.8	7.668
Gonorrhea	45	50	45	50	679	599.6	159.644
Haemophilus influenzae , Invasive	2	1	2	1	5	6.8	1.811
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0	0.2	0.053
Hepatitis A	2	0	2	0	3	6.2	1.651
Hepatitis B, Perinatal	2	0	2	0	4	4.0	1.065
Hepatitis B, Acute	0	1	0	1	4	5.4	1.438
Hepatitis B, Chronic	3	6	3	6	55	40.0	10.650
Hepatitis C, Acute	0	1	0	1	9	8.4	2.237
Hepatitis C, Chronic	44	28	44	28	328	284.6	75.775
Hepatitis E	0	0	0	0	1	0.2	0.053
Influenza-associated hospitalization	83	4	83	4	196	274.2	73.006
Influenza-associated pediatric mortality	0	0	0	0	0	0.2	0.053
LaCrosse virus disease	0	0	0	0	1	0.4	0.107
Legionellosis	2	0	2	0	16	15.6	4.154
Listeriosis	0	0	0	0	1	1.2	0.320
Lyme Disease	2	1	2	1	27	16.6	4.420
Malaria	0	0	0	0	1	0.6	0.160
Measles (indigenous to Ohio)	0	1	0	1	1	2.0	0.532
Meningitis, Aseptic	6	3	6	3	30	28.6	7.615
Meningitis, Other Bacterial	0	0	0	0	5	3.8	1.012
Meningococcal Disease	0	0	0	0	0	1.0	0.266
Mumps	0	1	0	1	2	2.4	0.639
Pertussis	1	1	1	1	31	38.6	10.277
Q fever, acute	0	0	0	0	0	0.4	0.106
Q fever, chronic	0	0	0	0	0	0.0	0.000
Salmonellosis	3	6	3	6	51	45.4	12.088
Shigellosis	1	0	1	0	8	35.8	9.532
Spotted Fever Rickettsiosis	0	0	0	0	0	0.4	0.106
Staphylococcal aureus - intermediate resistance to vancomycin (VISA)	0	0	0	0	1	0.2	0.053
Streptococcal Dis, Group A, Invasive	3	0	3	0	10	12.8	3.408
Streptococcal Dis, Group B, in Newborn	0	0	0	0	4	1.8	0.479
Streptococcal Toxic Shock Syndrome	0	0	0	0	1	1.0	0.266
Streptococcus pneumo - inv antibiotic resistance unknown or non-resistant	8	8	8	8	37	36.8	9.798
Streptococcus pneumo - inv antibiotic resistant/intermediate	3	5	3	5	16	17.6	4.686
Syphilis, Total	1	1	1	1	21	12.0	3.195
➤ Syphilis, Primary, Secondary and Early Latent	0	1	0	1	15	7.6	2.024
Toxic Shock Syndrome (TSS)	0	0	0	0	0	0.8	0.213
Tuberculosis	0	0	0	0	2	1.2	0.320
Thyphoid Fever	0	0	0	0	0	0.4	0.107
Varicella	1	5	1	5	35	29.4	7.828
Vibriosis - other (not cholera)	0	0	0	0	4	1.8	0.479
Vibrio parahaemolyticus infection	0	0	0	0	0	0.2	0.053
West Nile Virus	0	0	0	0	0	0.6	0.160
Yersiniosis	4	1	4	1	9	4.6	1.225
Zika virus infection	0	0	0	0	5	5.0	1.331

Source: Ohio Disease Reporting System, downloaded 02/13/2017. Rates are per 100K population and based on 5 yr average incidence '12-'16.