EPI GRAM March, 2013

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.*

Monthly Highlight: Tuberculosis (TB)

Stark County Tuberculosis Case Registry 1st Quarter Report 2013	
Suspects Reported	8
Culture Confirmed Mycobacterium Tuberculosis (TB)	0
Culture Confirmed Mycobacterium Other Than TB (MOTT)	6
Not TB, Not MOTT	0
Suspects Pending	2

Tuberculosis Quarterly Summary: During the first quarter of 2013, there been no confirmed cases of tuberculosis (TB) reported in Stark County. See table to the right for the complete data set.

National shortage of products for TB testing and treatment: The Centers for Disease Control and Prevention continue to advise Public Health and Clinicians about shortages of skin testing agents and treatments for TB. The most recent update was sent on 04/12/2013 and addressed continued shortages of TUBERSOL®, one of two purified-protein derivative (PPD) TB products used for skin testing in the United States. A shortage that is expected to last at least through the end of May 2013. In the latest message the CDC recommends any of three general approaches for addressing the shortages of tuberculin skin test antigens:

1. Substitute IGRA blood tests for TSTs. The costs associated with using the blood tests can be greater than the cost of TSTs. The blood tests require phlebotomy, preparation of blood specimens, and specific laboratory services for analysis. Thus, these tests are not available in all practice settings. Clinicians who use the IGRA blood tests should be aware that the criteria for test interpretation are different than the criteria for interpreting TSTs (*1*).
2. Allocate TSTs to priority indications, such as TB contact investigations, as determined by public health authorities. This might require deferment of testing some persons. CDC does not recommend testing persons who are not at risk of TB (*4*).
3. Substitute APLISOL® for TUBERSOL® for skin testing. In cross-sectional studies, the two products give similar results for most patients. Shortages of APLISOL® are expected to become more widespread, thus limiting the feasibility of this approach.

An earlier notice sent to local clinicians through the local Health Alert Network, HAN 1-2013, described shortages of Isoniazid (INH) and Tubersol (PPD) and provided recommendations for prioritizing Tuberculosis (TB) Control. As described in the HAN: "Local health authorities recommend prioritizing treatment with INH for 1) those with active TB disease; 2) recently diagnosed contacts to current infectious TB cases; and 3) those individuals with LTBI who are at the greatest risk for progression to active TB disease. In addition, screening for latent M. tuberculosis infection (LTBI) should be conducted based upon a facility's risk for transmission of TB." Stark County is a low risk community and most facilities in Stark County are low risk. For more information on TB in Stark County, please contact the TB Registrar at 330.493.9928.

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

	March 2013				April 2012			
	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	Information not collected during winter months				750	55	122.5	
Mold Count					4,560	200	635	**All Low**
Air Quality Index	38	23	32	**All Good**	55	29	40	**2 Moderate**

**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 Summaries of Select Vital Statistics for Stark County

	March 2013	YTD 2013	2012
Live Births	362	1007	4058
Births to Teens	33	93	365
Deaths	319	1169	4110

Birth and Death Data is reported by the 4 health districts and may include non county residents.

Table 3 Stark County Crude Birth and Death Rates

	2006	2007	2008	2009	2010
Birth	1191*	1190*	1166*	1139	1085
Death	1000*	1035*	1055*	1072	1094

*Source: Ohio Department of Health Data Warehouse. Rates are per 100,000 population.

If you have any questions, including how to receive copies of this report, please contact Christina Henning at 330.489.3327 or Chenning@cantonhealth.org or Lauren Drinkard at 330.493.9928 or Drinkardl@starkhealth.org.

Table 4: Jurisdictional Summary of Reportable Diseases in Stark County, OH

(Provisional Data)	Alliance City		Canton City		Massillon City		Stark County		All Departments	
	Mar	YTD	Mar	YTD	Mar	YTD	Mar	YTD	Mar	YTD
Campylobacteriosis	0	0	1	4	0	0	2	6	3	10
Chlamydia infection	6	29	56	169	10	28	37	132	109	358
Cryptosporidiosis	0	0	0	3	0	0	2	4	2	7
E. coli-STP-Not O157:H7	0	0	0	0	0	0	1	1	1	1
Giardiasis	0	0	1	3	0	2	1	8	2	13
Gonococcal infection	2	14	30	82	2	14	5	33	39	143
Haemophilus influenzae (invasive disease)	0	1	0	0	0	0	1	2	1	3
Hepatitis A	0	0	0	0	0	0	1	1	1	1
Hepatitis B - Perinatal Infection	0	0	0	0	0	0	0	1	0	1
Hepatitis B (including delta) - acute	0	0	0	1	0	0	0	1	0	2
Hepatitis B (including delta) - chronic	0	0	1	1	0	0	1	5	2	6
Hepatitis C - acute	0	1	0	3	0	0	0	0	0	4
Hepatitis C - chronic	4	7	4	14	1	9	9	21	18	51
Influenza-associated hospitalization	0	7	9	87	1	28	21	149	31	271
Legionellosis - Legionnaires' Disease	0	0	0	0	0	1	0	3	0	4
Listeriosis	0	0	0	1	0	0	0	0	0	1
Lyme Disease	0	0	0	0	0	0	0	2	0	2
Meningitis - aseptic/viral	0	0	0	1	0	0	0	1	0	2
Meningitis - bacterial (Not N. meningitidis)	0	0	0	0	0	0	0	1	0	1
Mycobacterial disease - other than tuberculosis	0	0	0	1	0	0	3	5	3	6
Pertussis	0	1	0	0	0	0	2	4	2	5
Q fever	0	0	0	0	0	0	1	1	1	1
Salmonellosis	0	0	1	2	0	1	4	7	5	10
Shigellosis	0	0	0	3	0	1	0	1	0	5
Streptococcal - Group A -invasive	0	0	1	1	1	1	1	4	3	6
Streptococcal - Group B - in newborn	0	0	1	1	0	0	0	0	1	1
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	0	0	1	3	0	1	1	8	2	12
Streptococcus pneumoniae - invasive antibiotic resistant/intermediate	1	1	0	6	1	1	1	4	3	12
Syphilis, Total	0	0	0	1	1	1	1	1	2	3
Syphilis, Primary and Secondary	0	0	0	0	0	0	1	1	1	1
Toxic shock syndrome (TSS)	0	0	0	0	0	0	0	2	0	2
Varicella	1	1	0	0	0	0	5	8	6	9
Yersiniosis	0	0	0	1	0	0	0	0	0	1

Source: Ohio Disease Reporting System, downloaded 4/15/2013.

Table 5 – Summary Table of Diseases Reported in the Previous 5 years within Stark County

(Provisional Data)	Mar 2013	Mar 2012	YTD 2013	YTD 2012	5 Yr annual average	Rate
Brucellosis		0	0	1	0.2	0.053
Campylobacteriosis	3	4	10	7	52.8	14.058
Chlamydia	109	121	358	384	1327.4	353.421
Coccidioidomycosis		0	0	1	0.2	0.053
Creutzfeldt-Jakob Disease		0	0	0	1.6	0.426
Cryptosporidiosis	2	7	7	7	25.2	6.71
Cytomegalovirus, Congenital		0	0	0	0.4	0.107
Dengue		0	0	1	0.8	0.213
Ehrlichiosis		0	0	0	0.2	0.053
Escherichia coli , STP, Not O157:H7	1	0	1	0	1.2	0.32
Escherichia coli O157:H7		0	0	0	2.2	0.586
Escherichia coli , STP, Unk Serotype		0	0	0	1.4	0.373
Giardiasis	2	5	13	9	51.8	13.792
Gonorrhea	39	57	143	167	539.6	143.669
Haemophilus influenzae , Invasive	1	0	3	1	8.2	2.183
Hemolytic Uremic Syndrome (HUS)		0	0	0	0.4	0.107
Hepatitis A	1	1	1	2	2.6	0.692
Hepatitis B, Acute		1	2	1	3.6	0.959
Hepatitis B, Chronic	2	8	6	10	34	9.053
Hepatitis C, Acute		0	4	0	6	1.598
Hepatitis C, Chronic	18	19	51	59	227.4	60.545
Hepatitis E		0	0	0	0.2	0.053
Herpes, Congenital		0	0	0	0.4	0.107
Influenza A - novel virus infection		0	0	0	0.4	0.107
Influenza-associated hospitalization	31	8	271	10	123.5*	32.882
LaCrosse virus disease		0	0	0	0.8	0.213
Legionellosis		1	4	2	15.6	4.154
Listeriosis		0	1	0	2.2	0.586
Lyme Disease		2	2	3	7	1.864
Malaria		0	0	0	1.2	0.32
Meningitis, Aseptic		4	2	4	35.8	9.532
Meningitis, Other Bacterial		0	1	2	3.2	0.852
Meningococcal Disease		0	0	0	1	0.266
Mumps		0	0	0	1	0.266
Mycobacterial disease - Not TB	3	3	6	3	24.8	6.603
Pertussis	2	0	5	1	36.4	9.692
Q fever, acute	1	0	1	0	0	0
Rocky Mountain Spotted Fever		0	0	0	0.6	0.16
Salmonellosis	5	0	10	6	37.2	9.905
Shigellosis		0	5	0	50.4	13.419
Streptococcal Dis, Group A, Invasive	3	1	6	5	13.4	3.568
Streptococcal Dis, Group B, in Newborn	1	0	1	0	3.2	0.852
Streptococcal Toxic Shock Syndrome		0	0	0	0.8	0.213
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	2	12	12	26	36	9.585
Streptococcus pneumo - inv antibiotic resistant/intermediate	3	3	12	6	20	5.325
Syphilis, Total	2	1	3	2	11.6	3.089
Syphilis, Primary and Secondary	1	0	1	0	4.2	1.118
Toxic Shock Syndrome (TSS)		0	2	0	0.6	0.16
Tuberculosis		1	0	1	2.6	0.692
Typhoid Fever		0	0	0	0.2	0.053
Varicella	6	3	9	12	46.8	12.461
Vibriosis - other (not cholera)		0	0	0	0.25	0.067
West Nile Virus		0	0	0	0.2	0.053
Yersiniosis		0	1	1	0.8	0.213

Source: Ohio Disease Reporting System, downloaded 04/15/2013. Rates are per 100,000 population and based on 5 year average. *Average based on 4 years of data.