

# November 2023

The EpiGram is a monthly publication of the Stark County Reportable and Emerging Disease Network (REDNET). It contains a summary of provisional communicable disease reports and other key public health indicators, with summary tables for each of the four local health department jurisdictions. 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 Julianna Smith at 330.451.1650 or [smithj@starkhealth.org](mailto:smithj@starkhealth.org), Cassie Johnson at 330.451.1688 or [johnsonc@starkhealth.org](mailto:johnsonc@starkhealth.org) or Kaelyn Boyd at 234.458.5135 or [kboyd@cantonhealth.org](mailto:kboyd@cantonhealth.org).



## Monthly Highlight: Respiratory Syncytial Virus (RSV)

Respiratory Syncytial Virus (RSV) is a common respiratory virus that causes mild, cold-like symptoms among healthy individuals. However, among those that are immunocompromised, like infants and older adults, severe RSV is more likely to develop, which can lead to severe outcomes, like hospitalization. Like any respiratory virus, RSV spreads via droplets from an infected person. These droplets can spread from direct contact with the eyes, nose and mouth of an infected person when they sneeze or cough, or indirectly via a contaminated surface. The virus can typically stay alive on soft surfaces, like hands and tissues, for a relatively short amount of time, but can survive on hard surfaces, like cribs and tables, for several hours. Those with RSV are usually contagious for three to eight days following symptom onset and some individuals may be able to spread the virus a day or two prior to symptoms starting. Those with weakened immune systems can continue to spread the virus for up to four weeks, even after symptoms improve. Symptoms of RSV, like many respiratory viruses, include runny nose, coughing, sneezing, and fever, among others. Among young infants, symptoms may include difficulty breathing. For older adults and infants younger than 6 months of age, hospitalization may occur due to difficulty breathing and dehydration.

In December 2023, the CDC issued a HAN to alert healthcare providers of low vaccination rates against influenza, COVID-19 and RSV. Coupled with the increase of these three viruses as we head into respiratory season, the CDC is encouraging healthcare providers to administer vaccines for these three viruses as soon as possible. Healthcare providers should also recommend appropriate antivirals for all eligible patients and educate patients on basic infection prevention measures to keep them and those around them from becoming sick. As of December 29<sup>th</sup> 2023, only 17.4% of eligible adults (those 60+) in the United States have received an RSV vaccine. There are also several ways to protect infants from RSV, including vaccination for those 32-36 weeks pregnant and Nirsevimab for infants under 8 months of age. Administration of both products is not needed for most infants.

Who Does It Protect?	Type of Product	Is It for Everyone in Group?
Adults 60 and over	RSV vaccine	Talk to your doctor first
Babies	RSV antibody given to baby	All infants entering or born during RSV season. Small group of older babies for second season.
Babies	RSV vaccine given during pregnancy	Can get if you are 32-36 weeks pregnant during September-January

www.cdc.gov/rsv

For more information:

- [RSV \(Respiratory Syncytial Virus\) | CDC](#)
- [CDCHAN-00503](#)
- [Respiratory Virus Weekly Snapshot](#)

**Table 1: Select Vital Statistics for Stark County**

	November 2023	YTD 2023	2022
Live Births	313	3560	3,851
Births to Teens	15	194	183
Deaths	386	4151	4,807

\* Birth and death data are preliminary.

**Table 2: Stark County Crude Birth Rate and Death Rates**

	2018	2019	2020	2021*	2022*
Birth	10.9	11.0	10.5	10.5	10.3
Death	11.8	12.0	14.1	14.5	12.8

\*Source: Data Ohio. Rates are per 1,000 population. 2021 and 2022 data are preliminary.

**Table 3: Summary of Air Quality Index, Pollen, and Mold Counts for Stark County, Ohio, including historical data.**

	November 2023				December 2022			
	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.			N/A	Data collected seasonally and currently not available.			N/A
Mold Count				N/A				N/A
Air Quality Index	80	19	34	<b>Good</b>	79	17	41	<b>Moderate (5)</b>

\*\*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/#/pages/reading-the-levels>. Data source for this table is the Air Quality Division of the Canton City Health Department.

Jurisdictional Summary of Select Reportable Conditions in Stark County, OH (Provisional Data)	Alliance City		Canton City		Massillon City		Stark County		All Departments	
	Nov	YTD	Nov	YTD	Nov	YTD	Nov	YTD	Nov	YTD
Campylobacteriosis	1	4	2	22	1	8	6	68	10	102
Chlamydia infection	9	117	74	747	19	147	39	516	141	1,527
COVID-19	98	566	201	1,355	168	680	888	4,835	1,355	7,436
CPO	0	1	0	5	1	7	1	22	2	35
CPO-Colonization Screening	0	0	0	0	0	0	4	7	4	7
Cryptosporidiosis	1	2	0	1	0	1	0	11	1	15
Cyclosporiasis	0	0	0	2	0	0	0	1	0	3
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	0	0	0	1	0	2	0	16	0	19
Giardiasis	0	1	1	5	0	1	1	8	2	15
Gonococcal infection	3	32	31	337	8	54	14	150	56	573
Haemophilus influenzae (invasive disease)	0	0	1	1	1	2	1	8	3	11
Hepatitis B (including delta) - acute	0	0	0	1	0	0	0	1	0	2
Hepatitis B (including delta) - chronic	0	0	1	8	0	2	5	16	6	26
Hepatitis C - acute	0	0	0	1	0	0	0	3	0	4
Hepatitis C - chronic	1	16	5	69	5	29	3	46	14	160
Hepatitis C - Perinatal Infection	0	0	0	0	0	0	0	1	0	1
Hepatitis E	0	0	0	0	0	0	0	1	0	1
Influenza-associated hospitalization	0	4	0	28	1	10	7	68	8	110
Legionellosis	1	1	0	2	0	1	1	11	2	15
Listeriosis	0	0	0	0	0	0	0	1	0	1
Lyme Disease	0	1	0	3	0	5	1	58	1	67
Meningitis - aseptic/viral	0	0	0	5	1	2	1	8	2	15
Meningitis - bacterial (Not N. meningitidis)	0	0	0	2	0	0	0	0	0	2
Mumps	0	0	0	0	0	1	0	0	0	1
Pertussis	0	0	0	0	0	0	0	11	0	11
Salmonellosis	0	3	1	11	2	6	5	31	8	51
Shigellosis	0	0	1	5	0	0	0	6	1	11
Streptococcal - Group A -invasive	0	6	0	10	0	0	3	29	3	45
Streptococcal - Group B - in newborn	0	0	0	0	0	0	0	1	0	1
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	1	3	1	8	0	2	1	15	3	28
Streptococcus pneumoniae - invasive antibiotic resistant/intermediate	0	0	0	3	0	0	0	3	0	6
Syphilis, Total	0	3	4	63	0	16	1	29	5	111
Syphilis, Primary, Secondary and Early Latent	0	2	2	44	0	10	0	21	2	77
Syphilis, Congenital	0	0	0	2	0	0	0	0	0	2
Toxic shock syndrome (TSS)	0	0	0	0	0	0	0	1	0	1
Tuberculosis	0	0	0	0	0	1	0	1	0	2
Varicella	0	0	0	3	0	1	0	6	0	10
Yersiniosis	0	0	0	2	0	2	0	6	0	10
<b>Total</b>	<b>115</b>	<b>760</b>	<b>323</b>	<b>2,700</b>	<b>207</b>	<b>980</b>	<b>982</b>	<b>5,995</b>	<b>1,627</b>	<b>10,435</b>

Source: Ohio Disease Reporting System, downloaded 12/18/2023.



Summary Table of Select Reportable Conditions Reported in the Previous 5 years within Stark County, OH (Provisional Data)	Nov 2023	Nov 2022	YTD 2023	YTD 2022	All of 2022	5 Year Annual Average	Rate
Campylobacteriosis	10	1	102	65	71	70.0	18.83
Chlamydia	141	107	1,527	1,526	1,672	1692.8	455.46
CPO	2	2	35	20	22	15.2	4.09
CPO-Colonization Screening	4	0	7	0	0	N/A	N/A
Coccidioidomycosis	0	0	0	2	2	0.6	0.16
COVID-19	1,355	1,359	7,436	30,785	32,266	19,153.0	5,153.29
Cryptosporidiosis	1	1	15	17	18	27.0	7.26
Cyclosporiasis	0	0	3	1	1	4.2	1.13
Ehrlichiosis-Ehrlichia chaffeensis	1	0	2	1	1	0.2	0.05
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	0	0	19	9	10	11.8	3.17
Giardiasis	2	1	15	7	7	10.8	2.91
Gonorrhea	56	39	573	706	767	715.0	192.38
Haemophilus influenzae , Invasive	3	1	11	11	12	6.8	1.83
Hepatitis B, Acute	0	0	2	2	2	5.2	1.40
Hepatitis B, Chronic	6	2	26	28	29	36.0	9.69
Hepatitis C, Acute	0	0	4	6	7	7.0	1.88
Hepatitis C, Chronic	14	12	160	171	185	235.6	63.39
Hepatitis C - Perinatal Infection	0	0	1	1	1	0.8	0.22
Influenza-associated hospitalization	8	62	110	178	327	334.6	90.03
Legionellosis	2	0	15	27	28	27.8	7.48
Listeriosis	0	2	1	3	3	1.2	0.32
Lyme Disease	1	5	67	28	28	22.4	6.03
Malaria	0	1	0	2	2	0.4	0.11
Meningitis, Aseptic	2	2	15	14	14	20.6	5.54
Meningococcal disease- Neisseria meningitidis	0	0	0	1	1	0.2	0.05
Meningitis, Other Bacterial	0	0	2	1	1	2.0	0.54
Mpox	0	4	0	8	8	1.6	0.43
MIS-C associated with COVID-19	0	0	0	5	5	3.2	0.86
Mumps	0	0	1	0	0	0.4	0.11
Pertussis	0	0	11	0	0	21.8	5.87
Salmonellosis	8	2	51	44	47	45.6	12.27
Shigellosis	1	0	11	10	13	13.2	3.55
Spotted Fever Rickettsiosis	0	0	0	1	1	0.6	0.16
Streptococcal Dis, Group A, Invasive	3	2	45	17	20	15.4	4.14
Streptococcal Dis, Group B, in Newborn	0	0	1	1	1	1.4	0.38
Streptococcal toxic shock syndrome (STSS)	0	0	0	0	1	0.2	0.05
Streptococcus pneumoniae - inv antibiotic resistance unknown or non-resistant	3	0	28	17	20	20.0	5.38
Streptococcus pneumo - inv antibiotic resistant/intermediate	0	1	6	14	18	11.4	3.07
Syphilis, Total	5	9	111	105	113	57.6	15.50
Syphilis, Primary, Secondary and Early Latent	2	5	77	80	84	41.4	11.14
Syphilis, Congenital	0	0	2	2	2	0.6	0.16
Toxic shock syndrome (TSS)	0	0	1	0	0	0.0	0.00
Tuberculosis	0	0	2	0	0	1.6	0.43
Varicella	0	2	10	4	4	12.6	3.39
Vibriosis - other (not cholera)	0	0	2	1	1	1.8	0.48
Yersiniosis	0	0	10	5	5	5.0	1.35

Source: Ohio Disease Reporting System, downloaded 12/18/2023. Rates are per 100K population and based on 5 yr. average incidence 2018-2022.