EPI GRAM October, 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: Norovirus Season

Noroviruses have a seasonal pattern that usually begins in November and stretches in to March. Emergency department (ED) visits for a combination of diarrhea and vomiting have historically coincided with an increase in norovirus cases and outbreaks. Outbreaks are commonly associated with with close living and communal settings, including hospitals and nursing homes.

Norviruses are a group of highly contagious viruses that cause acute gastroenteritis. Symptoms include acute onset of vomiting, watery non-blood diarrhea, nausea and in some individuals a lowgrade fever, headaches and myalgias. In an average individual symptoms persist for 12 to 48 hours with few complications. Hospitalizations for symptoms with norovirus are rare but may occur in the very young, elderly, immunocomprimesed and those relying on oral medication.

There are six known genotypes of norovirus, many of which circulate simulatenously in a community. Therefore it is possible to have disease, despite a previous recent diagnosis. Diagnosis is based on an RT-qPCR. This testing is available through most large send out laboratories.

Disease transmission presented by the Centers for Disease Control and Prevention states:

A person with norovirus infection can shed **billions** of norovirus particles. But, it only takes as few as 18 viral particles to infect another person. Primarily, noroviruses are spread through-

- close personal contact with an infected person, or
- fecal-oral route when a person consumes contaminated food or water.

The virus can also spread through touching contaminated surfaces, objects, or substances.

It is possible for norovirus to spread through aerosolized vomit that lands on surfaces or enters a person's mouth then he or she swallows it. There is no evidence showing that people can get infected by breathing in the virus

The best prevention is through thorough handwashing, isolating ill and strongly discouraging ill employees from working.

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

			October 2013		November 2013				
	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	г	Data collected Se	asonally not curren	tly available	Data collected Seasonally, not currently available.				
Mold Count	L	Jala collected Se	asonany, not curren	ary available.					
Air Quality Index	56	24	32.5	4 Moderate	43	30	33	All Good	

**See the following websites for updated Air Quality Index and mold index terminology and color-coding http://www.airnow.gov/index.cfm?action=agibasics.agi 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

	Oct 2013	YTD 2013	2012
Live Births	367	3482	4058
Births to Teens	35	311	365
Deaths	Data	Pending	4110

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

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

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





Figure 1: Seasonal pattern of emergency department visits with a chief complaint that included both vomiting and diarrhea.

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.

Table 4: October Jurisdictional Summary of Reportable Diseases in Stark County

					Massillon		Otarik Caustu		All	
(Provisional Data, as of (11/21/2013)	Allian	ce City	Canto	on City	0	lity	Stark	County	Depar	tments
	Oct	YTD	Oct	YTD	Oct	YTD	Oct	YTD	Oct	YTD
Anaplasmosis	0	0	0	0	0	0	0	1	0	1
Campylobacter	0	0	6	19	0	0	4	38	10	57
Chlamydia	6	79	42	585	8	92	22	404	78	1160
Creutzfeldt-Jakob Disease	0	0	0	0	0	1	0	0	0	1
Cryptosporidium	0	2	2	7	0	0	1	16	3	25
Cyclospora	0	0	0	0	0	0	0	1	0	1
E. coli - enterohemorrhagic STP- Not O157:H7	0	0	0	1	0	0	0	1	0	2
Giardia	0	0	0	7	0	4	0	21	0	32
Gonorrhea	2	38	41	297	5	42	6	119	54	496
Haemophilus influenzae	0	1	0	4	0	0	0	2	0	7
Hepatitis A	0	0	0	0	0	0	1	5	1	5
Hepatitis B - Perinatal Infection	0	0	0	1	0	0	2	4	2	5
Hepatitis B - acute	0	2	0	3	0	0	0	3	0	8
Hepatitis B - chronic	0	1	1	5	0	1	1	14	2	21
Hepatitis C - acute	1	2	0	4	0	0	0	0	1	6
Hepatitis C - chronic	2	15	4	62	1	21	5	70	12	168
Influenza-associated										
hospitalization	0	7	0	92	0	29	0	162	0	290
Influenza-associated pediatric										
mortality	0	0	0	0	0	0	0	1	0	1
Legionella	0	1	0	3	0	1	1	14	1	19
Listeria	0	0	0	1	0	0	0	1	0	2
Lyme Disease	0	1	0	1	0	0	1	12	1	14
Malaria	0	0	0	1	0	0	0	0	0	1
Meningitis - aseptic/viral	0	1	2	6	0	3	2	11	4	21
Meningitis - bacterial (Not N.										
meningitidis)	1	1	0	1	0	0	0	3	1	5
Mycobacterial disease – Not TB	0	5	2	5	0	2	0	8	2	20
Pertussis	0	2	2	2	0	0	0	9	2	13
Q fever, chronic	0	0	0	0	0	0	0	2	0	2
Salmonella	0	1	2	9	1	3	2	26	5	39
Shigella	0	0	9	19	0	2	3	9	12	30
Streptococcal - Group A	0	0	1	2	0	2	1	9	2	13
Streptococcal - Group B - in newborn	0	0	0	1	0	0	0	1	0	2
Streptococcus pneumo antibiotic resistance unk or non-resistant	0	1	1	8	0	1	0	16	1	26
Streptococcus pneumo antibiotic										
resistant/intermediate	0	1	2	9	1	3	0	10	3	23
Syphilis, Total	0	2	0	5	0	1	0	4	0	12
Syphilis, Primary and Secondary	0	1	0	2	0	0	0	3	0	6
Toxic shock syndrome (TSS)	0	0	0	0	0	0	0	3	0	3
Varicella	1	3	0	1	0	0	4	15	5	19
V1brio parahaemolyticus infection	0	1	0	0	0	0	0	0	0	1
Yersiniosis	0	0	0	1	0	0	0	0	0	1

Source: Ohio Disease Reporting System, downloaded 11/21/2013.

	Oct	Oct	YTD	YTD		5 Yr	
(Provisional Data, as of 11/21/2013)	2013	2012	2013	2012	2012	average	Rate
Anaplasmosis	0	0	1	0	0	0	0
Brucellosis	0	0	0	1	1	0.2	0.053
Campylobacteriosis	10	6	57	55	65	52.8	14.058
Chlamydia	78	158	1160	1301	1530	1327.4	353.421
Cholera	0	0	0	0	0	0	0
Coccidioidomycosis	Ô	0	0	1	1	02	0.053
Creutzfeldt-Jakob Disease	0	0	0 1	0	0	1.6	0.025
Cryptosporidiosis	3	2	25	35	45	25.2	6.71
Cyclosporiasis	0	0	1	0	0	0	0.71
Cytomegalovirus Congenital	0	0	1	0	0	04	0 107
Dengue	0	0	0	1	1	0.4	0.107
Fhrlichiosis	0	0	0	0	0	0.0	0.053
Escherichia coli STP Not O157:H7	0	1	2	1	1	1.2	0.033
Escherichia coli (157:H7	0	1	0	2	3	2.2	0.52
Escherichia coli STP Unk Serotyne	0	0	0	1	1	1.4	0.300
Giardiasis	0	3	32	32	1 28	51 8	13 702
Generrhan	54	5	32 406	52/	50 648	530.6	1/3 660
Heemonhilus influenzee Investive	34	00	490	554	040 Q	<u> </u>	2 192
Haemophilus initializae, invasive	0	0	/	5	0	0.4	2.103
Hemolytic Orennic Syndrome (HUS)	1	0	0 5	0	0	0.4	0.107
Hepatitis P. A suite	1	0	5	4	0	2.0	0.092
Hepatitis B, Acute	0	1	ð 21	3 21	4	3.0	0.959
Hepatitis B, Chronic	<u> </u>	3	21	<u> </u>	3/	34	9.055
Hepatitis C, Acute	1	2	0	ð 192	10	0	1.598
Hepatitis C, Chronic	12	10	108	183	210	227.4	00.545
Hepatitis E	U	0	0	U	0	0.2	0.053
Herpes, Congenital	0	0	0	0	0	0.4	0.107
Influenza A - novel virus infection	0	0	0	0	0	0.4	0.107
Influenza-associated hospitalization	0	2	290	20	150	123.5*	32.882
Influenza-associated pediatric mortality	0	0	1	0	0	0	0
LaCrosse virus disease	0	0	0	1	1	0.8	0.213
Legionellosis	1	1	19	13	16	15.6	4.154
Listeriosis	0	0	2	0	1	2.2	0.586
Lyme Disease	1	2	14	12	14	7	1.864
Malaria	0	0	1	0	0	1.2	0.32
Meningitis, Aseptic	4	4	21	26	34	35.8	9.532
Meningitis, Other Bacterial	1	0	5	3	4	3.2	0.852
Meningococcal Disease	0	0	0	0	0	1	0.266
Mumps	0	0	0	0	1	1	0.266
Mycobacterial disease - Not TB	2	2	20	22	26	24.8	6.603
Pertussis	2	2	13	13	14	36.4	9.692
Q fever, acute	0	0	2	0	0	0	0
Rocky Mountain Spotted Fever	0	0	0	0	0	0.6	0.16
Salmonellosis	5	5	39	34	39	37.2	9.905
Shigellosis	12	3	30	6	8	50.4	13.419
Streptococcal Dis, Group A, Invasive	2	0	13	17	21	13.4	3.568
Streptococcal Dis, Group B, in Newborn	0	0	2	0	2	3.2	0.852
Streptococcal Toxic Shock Syndrome	0	0	0	0	1	0.8	0.213
Strep pneumoniae-antibiotic resistance unk or non-resistant	1	2	26	47	57	36	9.585
Streptococcus pneumo - inv antibiotic resistant/intermediate	3	2	23	14	21	20	5.325
Syphilis, Total	0	0	12	8	12	11.6	3.089
Syphilis, Primary and Secondary	0	0	6	0	3	4.2	1.118
Toxic Shock Syndrome (TSS)	0	0	3	0	0	0.6	0.16
Tuberculosis	0	0	0	2	2	2.6	0.692
Typhoid Fever	0	0	0	1	1	0.2	0.053
Varicella	5	4	19	32	39	46.8	12.461
Vibriosis - other (not cholera)	0	0	1	0	0	0.25	0.067
West Nile Virus	0	0	0	1	1	0.2	0.053

Source: Ohio Disease Reporting System, downloaded 11/21/2013. Rates are per 100,000 population and based on 5 year average. *Avg based on 4 years of data.