

April 2024

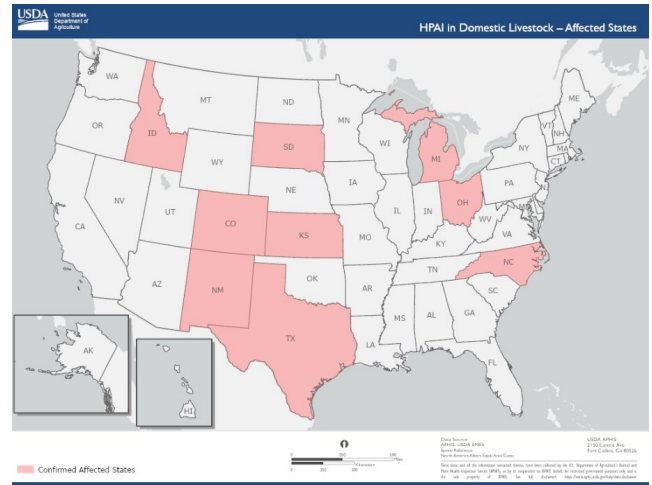
The EpiGram is a monthly publication of the Stark County Reportable and Emerging Disease Network (REDNET). It contains a summary of provisional communicable disease reports and other key public health indicators, with summary tables for each of the four local health department jurisdictions. Some reportable 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 or Kaelyn Boyd at 234.458.5135 or kboyd@cantonhealth.org.



Public Health
Prevent. Promote. Protect.

Monthly Highlight: Recent H5N1 Detections in Dairy Cows

Since late 2021, the United States has seen sporadic outbreaks of H5N1, an influenza virus widespread among wild birds, in commercial and backyard poultry and mammals. In 2024, H5N1 was detected for the first time in dairy cows in Texas and Kansas. Samples were collected from sick cows and the genetic clade detected, 2.3.4.4b, is the same clade that's widespread among birds globally. As of mid-May, 51 herds in 9 states, including one herd in Ohio, has had virus detections. Since the beginning of this outbreak in 2021, 2 cases of human infections have been reported in the United States. The most recent case associated with exposure to dairy cows reported conjunctivitis as their only symptom. An additional 300 people have been monitored after exposure and while 37 of those have developed flu-like symptoms while being monitored, all have tested negative for novel influenza A.



Public health and its partners continue to monitor the situation closely. While risk to the public remains low, a person infected with H5N1 may seek healthcare based on symptoms and their severity. If that's the case, it's important to remember infection control basics that could help minimize transmission in a facility:

- Prompt screening, triage and isolation of symptomatic patients.
- Airborne and Contact Precautions with use of eye protection (in addition to Standard Precautions).
- Engineering controls, which may include the use physical barriers in patient areas and appropriate air-handling systems.
- Appropriate monitoring and managing of exposed healthcare personnel.
- Proper cleaning and disinfection procedures. Standard cleaning and disinfection protocols are adequate for influenza virus environmental control in all healthcare facility settings.

The CDC has a [webpage](#) dedicated to information on H5N1 and the current outbreak, which include updates on any detections in animals and humans. Additionally, interim infection control guidance can be found [here](#).

Table 1: Select Vital Statistics for Stark County

	April 2024	YTD 2024	2023
Live Births	295	1,197	3,915
Births to Teens	16	55	215
Deaths	359	1,572	4,570

* Birth and death data are preliminary.

Table 2: Stark County Crude Birth and Death Rates

	2019	2020	2021*	2022*	2023*
Birth	11.1	10.6	10.6	10.4	10.6
Death	12.1	14.3	14.6	13.0	12.5

*2021-2023 data are preliminary.

**Source: Data Ohio. Rates are per 1,000 population.

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

	April 2024				May 2023			
	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	258	0	41	N/A	283	13	158	N/A
Mold Count	2,100	200	650	Low	1,826	300	606	Low
Air Quality Index	54	31	43	Moderate (3)	119	30	54	Unhealthy for Sensitive Groups (1)

**See the following websites for updated Air Quality Index and mold index terminology and color coding: <https://www.airnow.gov/aqi/aqi-basics/> <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	
	Apr	YTD	Apr	YTD	Apr	YTD	Apr	YTD	Apr	YTD
Campylobacteriosis	2	3	2	7	0	1	11	19	15	30
Chlamydia infection	9	44	68	259	19	59	42	184	138	546
COVID-19	8	187	20	427	7	195	95	1425	130	2234
CPO	0	0	0	1	0	0	2	7	2	8
CPO - Colonization Screening	0	0	0	0	0	0	0	2	0	2
Creutzfeldt-Jakob Disease	0	0	0	0	0	0	0	1	0	1
Cryptosporidiosis	0	0	0	0	0	0	0	1	0	1
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	0	0	0	1	0	0	3	7	3	8
Giardiasis	0	1	1	4	0	0	0	6	1	11
Gonococcal infection	1	8	27	94	4	8	11	53	43	163
Haemophilus influenzae (invasive disease)	0	0	0	1	0	0	0	5	0	6
Hepatitis B (including delta) - chronic	0	1	1	4	0	2	3	8	4	15
Hepatitis C - acute	0	0	1	2	0	0	0	0	1	2
Hepatitis C - chronic	1	2	4	21	1	5	2	10	8	38
Hepatitis C - Perinatal Infection	0	0	0	0	0	0	0	1	0	1
Influenza-associated hospitalization	2	16	9	77	0	24	10	141	21	258
Legionellosis	1	1	0	0	0	0	1	5	2	6
Lyme Disease	0	1	0	1	0	1	1	8	1	11
Meningitis - aseptic/viral	0	0	0	0	0	0	0	2	0	2
Meningitis - bacterial (Not N. meningitidis)	0	1	0	0	0	1	0	0	0	2
Mumps	0	0	0	0	0	0	0	1	0	1
Pertussis	0	0	1	1	0	1	0	1	1	3
Salmonellosis	1	1	1	4	1	1	2	12	5	18
Shigellosis	0	0	0	0	0	1	1	2	1	3
Streptococcal - Group A -invasive	0	1	1	6	1	1	0	7	2	15
Streptococcal - Group B - in newborn	0	0	0	0	0	0	0	1	0	1
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	0	2	1	3	0	1	0	8	1	14
Streptococcus pneumoniae - invasive antibiotic resistant/intermediate	0	1	0	2	0	0	1	3	1	6
Syphilis, Total	0	1	5	27	1	4	4	14	10	47
Syphilis, Primary, Secondary and Early Latent	0	1	4	21	1	3	2	10	7	35
Syphilis, Congenital	0	0	1	1	0	0	0	0	1	1
Tuberculosis	1	1	0	0	0	0	0	1	1	2
Varicella	0	0	0	0	0	0	1	3	1	3
Yersiniosis	0	0	0	0	1	1	1	6	2	7
Total	26	272	142	942	35	306	191	1,944	394	3,465

Source: Ohio Disease Reporting System, downloaded 5/14/2024.



Summary Table of Select Reportable Conditions Reported in the Previous 5 years within Stark County, OH (Provisional Data)	Apr 2024	Apr 2023	YTD 2024	YTD 2023	All of 2023	5 Year Annual Average	Rate
Anaplasmosis-Anaplasma phagocytophilum	0	0	0	0	1	0.6	0.16
Campylobacteriosis	15	8	30	21	108	74.6	20.10
Chlamydia infection	138	132	546	544	1,650	1,680.6	452.86
COVID-19	130	699	2,234	3,860	9,183	20,989.6	5,655.87
CPO	2	3	8	14	37	22.6	6.09
CPO - Colonization Screening	0	1	2	2	8	N/A	N/A
Creutzfeldt-Jakob Disease	0	0	1	0	1	0.8	0.22
Cryptosporidiosis	0	1	1	7	16	23.8	6.41
Cyclosporiasis	0	0	0	0	3	3.2	0.86
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	3	3	8	5	21	12.8	3.45
Ehrlichiosis-Ehrlichia chaffeensis	0	0	0	0	2	0.6	0.16
Giardiasis	1	1	11	3	16	10.4	2.80
Gonococcal infection	43	57	163	221	618	708.8	190.99
Haemophilus influenzae (invasive disease)	0	1	6	7	11	8.0	2.16
Hepatitis B (including delta) - acute	0	0	0	0	4	4.0	1.08
Hepatitis B (including delta) - chronic	4	6	15	10	34	36.0	9.69
Hepatitis C - acute	1	1	2	3	5	4.0	1.08
Hepatitis C - chronic	8	13	38	58	178	213.6	57.56
Hepatitis C - Perinatal Infection	0	0	1	1	1	0.8	0.22
Influenza-associated hospitalization	21	5	258	96	186	262.6	70.76
LaCrosse virus disease (other California serogroup virus disease)	0	0	0	0	2	0.8	0.22
Legionellosis	2	1	6	2	17	24.8	6.68
Listeriosis	0	0	0	1	1	1.2	0.32
Lyme Disease	1	0	11	4	90	37.6	10.13
Meningitis - aseptic/viral	0	3	2	4	16	15.2	4.10
Meningitis - bacterial (Not N. meningitidis)	0	1	2	1	3	2.0	0.54
Mumps	0	0	1	1	1	0.4	0.11
Pertussis	1	0	3	3	13	12.2	3.29
Salmonellosis	5	2	18	11	55	44.4	11.96
Shigellosis	1	1	3	5	11	10.8	2.91
Streptococcal - Group A -invasive	2	7	15	20	47	19.8	5.34
Streptococcal - Group B - in newborn	0	0	1	0	1	1.2	0.32
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	1	3	14	13	34	21.6	5.82
Streptococcus pneumoniae - invasive antibiotic resistant/intermediate	1	0	6	1	8	10.8	2.91
Syphilis, Total	10	10	47	40	128	57.6	15.50
Syphilis, Primary, Secondary and Early Latent	7	7	35	29	78	41.4	11.14
Syphilis, Congenital	1	0	1	1	2	0.6	0.16
Toxic shock syndrome (TSS)	0	0	0	1	1	0.2	0.05
Tuberculosis	1	0	2	2	2	1.0	0.27
Varicella	1	1	3	2	10	11.6	3.13
Yersiniosis	2	0	7	4	10	6.4	1.72

Source: Ohio Disease Reporting System, downloaded 05/14/2024. Rates are per 100K population and based on 5 yr. average incidence 2019-2023.