

Aug – 2005

EPI Gram is a monthly publication of the Stark County Public Health Coalition. It is a summary of provisional communicable disease reports and other key public health indicators in Stark County, Ohio. This report includes confirmed, probable and suspect cases. Some reportable conditions may be under investigation, and at any given time, data may fluctuate from month to month for a specific disease category.

Please refer to “Case Definitions for Infectious Conditions Under Public Health Surveillance,” MMWR (Morbidity and Mortality Weekly Report) 1997; 46 (No. RR-10), the Ohio Department of Health Infectious Disease Control Manual or visit www.cdc.gov/epo/dphsi/casedef/index.htm for case definitions.

Table 1 – Summary of Select Reportable Diseases for Aug 2005 in Stark County, Ohio (provisional data only)

	Alliance City Health			Canton City Health			Massillon City Health			Stark County Health			Stark County Totals			
	Aug 2005	YTD 2005	YTD 2004	Aug 2005	YTD 2005	YTD 2004	Aug 2005	YTD 2005	YTD 2004	Aug 2005	YTD 2005	YTD 2004	Aug 2005	YTD 2005	YTD 2004	5 Year annual average
Amebiasis											1		0	1	0	0.2
Campylobacteriosis		1	2	3	13	3		1	3	5	23	19	8	38	27	54.6
Creutzfeldt-Jakob Dis											1		0	1	0	0.4
Cryptosporidiosis			1		2						2	4	0	4	5	10
E Coli 0157													0	0	0	2.6
E Coli		1	2									1	0	1	3	1.8
Enceph., WNV													0	0	0	2.8
Enceph., Other	1	1										1	1	1	1	3.2
Giardiasis	7	7	1	3	9	4		3	2	6	17	24	16	36	32	54.6
Haemo. Influz., Bac				1	2	2			1		2	3	1	4	6	4.6
Hepatitis A											2	1	0	2	1	10
Hepatitis B*		5	4	1	17	13		1	5	2	15	22	3	38	44	62.5
Hepatitis C*	1	18	13	11	94	98	2	22	14	13	60	85	27	194	210	340**
Kawasaki Syndrome		1				1						2	0	1	3	3
Legionellosis					4	2	1	1	1		3	3	1	8	6	9
Listeriosis													0	0	2	1.4
Lyme Disease					1						3		0	4	1	2.8
Malaria											1		0	1	0	1
Meningitis, Asep	4	7	2	1	3	5			1	7	13	22	12	23	23	52.6
Meningitis Bac.											1	2	0	1	2	4.4
Meningococcal Dis.												3	0	0	3	2.8
Pertussis		7		2	10	1	2	3	2		16	8	4	36	11	7.2
Salmonellosis			2	1	5	8		3	3	3	19	20	4	27	33	47.4
Shigellosis						1				1	4		1	4	1	11.6
Strep Inv A GAS		2			1	3					5	3	0	8	6	10.2
Strep B Newborn					2	1						1	0	2	2	1.4
Strep Pneu ISP		4	4	1	14	12		4	3	3	9	20	4	31	39	25
Strep TSS												2	0	0	2	0.6
Typhoid Fever			1										0	0	1	0.2
Varicella													0	0	0	**
Vibriosis												1	0	0	1	0.2
Yersinosis													0	0	0	0.8

*This includes all hepatitis reports; acute, chronic, and status not known. **Incomplete 5 yr average due to a change in reporting requirements.

Table 2 Summary of Air Quality Index, Pollen, and Mold Counts for Stark County, Ohio, August 2005, including limited historical data.

	Aug 2005			Aug 2004			Sep 2004
	Monthly High	Monthly Low	Monthly Mean	Monthly High	Monthly Low	Monthly Mean	Monthly Mean
Pollen Count	205	5	48	130	15	63	34
Mold Count	10220	2810	7140	14950	3605	8699	8180
Air Quality Index	78	18	47	87	20	52	51

Pollen and Mold counts are derived from rotorod samples on the 2nd story roof of Canton City Hall. The readings are taken from a 24 hour period/24 hour avg. on all work days.

The Air Quality Index (AQI) is derived by comparison to EPA standards from the following readings: Particulate Matter 10, Particulate Matter 2.5 continuous on CCHD 2nd floor roof top; Sulfur Dioxide at Malone College; and ozone monitors in Canton, Brewster, Alliance, and Middlebranch. This index is produced from March to October. AQI ratings are 151-200: unhealthy; 101-150: unhealthy for sensitive groups; 51-100: moderate; 0-50: good.

Table 3 Summary of Select Vital Statistics for Stark County, Ohio

	Alliance City Health District			Canton City Health District			Massillon City Health District			Stark County Health District			Total in Stark County		
	Aug	YTD 2005	2004	Aug	YTD 2005	2004	Aug	YTD 2005	2004	Aug	YTD 2005	2004	Aug	YTD 2005	2004
Number of Live Births*	35	268	384	224	2434	4081	1	1	4	0	133	223	260	2836	4692
Number of Teenage births*	1	40	65	65	256	379	0	0	0	0	16	39	66	312	483
Number of Deaths*	27	256	326	202	1432	1928	39	280	389	96	993	1266	364	2961	3909

*These numbers represent occurrences within the jurisdiction and are not indicative of births and deaths of residents of each jurisdiction, therefore jurisdictional rates are not computed.

The 2002 Birth Rate for Stark County was 0.01266, 0.10262 for 2003 and 0.01243 for 2004. The 2002 Death Rate for Stark County was 0.01091, 0.0111 for 2003 and 0.0104 for 2004 (crude rates are based on US Census 2000 Stark County population of 377,438).

IN THE NEWS:

Hurricane Katrina Surveillance: Surveillance of Hurricane Katrina evacuee visits to hospital emergency departments is being conducted throughout the United States. In Stark County the local health departments have received no reports of evacuees reporting to them or local emergency rooms for treatment. Throughout the United States there have been varying reported illnesses seen in evacuees. The overwhelming majority of reported hospital visits have been related to Chronic Disease, either due to the need for medication or because their conditions have been exacerbated by their living conditions. The most commonly reported injuries are from falls. The most common illnesses that are being treated are those associated with gastroenteritis, typically Norwalk-like virus. Other illnesses that have been seen are described below:

Methicillin Resistant *Staphylococcus aureus* (MRSA) A cluster of 30 adults and children in a Texas evacuation center have skin abscesses: cultures from some of these patients indicated MRSA infection. The patients are receiving clinical care and infection control measures are ongoing.

***Vibrio vulnificus*, *Vibrio parahaemolyticus* and nontoxicogenic *Vibrio cholerae*.** Currently 32 cases, with 6 deaths, of *Vibrio* illnesses have been identified in individuals who were from the hurricane region of Mississippi and Louisiana. These organisms are acquired from the environment and are unlikely to cause outbreaks from person-to-person transmission. No cases of toxigenic *V. cholerae* serogroups 01 or 0139, the causative agents of cholera, were identified. 18 of the 22 identified cases were wound-associated *Vibrio*. Most of these patients were hospitalized and at least 13 had underlying medical conditions that might have increased risk for severe *Vibrio* illness. A particular concern of wound associated *Vibrio* is the sudden onset and severity of symptoms. In at least two case histories, patients died within 24 hours of hospitalization. Of those with non-wound associated illness there were no associated deaths. In four of the non-wound associated cases *V. cholerae* was isolated from gastroenteritis patients. Three of the gastroenteritis patients had a history of consuming raw oysters, a known risk factor for *V. cholerae*, and one patient had direct exposure to flood waters. MMWR Dispatch Vol 54/September 14, 2005 has case detailed information and pictures of Primary septicemic skin lesions caused by *Vibrio vulnificus*. More info can be found at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm54d914a1.htm>

Suspect *Mycobacterium tuberculosis* (TB) The following statements describe a suspect TB case in an evacuee transported to Philadelphia, PA:

On September 7, 2005, a flight evacuated 37 displaced persons (DPs) from New Orleans to Philadelphia. Duration of the flight was approximately 2.5 hours. Four air marshals and an undetermined number of crew members were also present on the flight.

Medical triage and screening of DPs was performed immediately after disembarkation by local public health and volunteer clinicians in an unused airport terminal. Persons were screened for active and chronic medical and mental health issues using a brief intake form. Four persons were referred for more extensive evaluation in an emergency department (ED). One of these persons was homeless before the hurricane, had a fever, and was complaining of cough. Tuberculosis (TB) was suspected, and the person was placed in a surgical mask and transported to an ED by EMS, who were prepositioned on-site.

Chest radiography performed at the ED revealed a cavitory lesion in the left upper lobe. The affected person was placed in a negative pressure room at the hospital and empiric anti-TB therapy was initiated. Smears for acid-fast bacilli were positive. The patient had spent the previous 6 days in New Orleans on a rooftop with two companions before their evacuation to Philadelphia. Chest radiography was also performed on these persons; no evidence of active disease was observed.

If you have any questions, including how to receive other copies of this report, please contact Matt Tillapaw at (330) 493-9928 x287 or Tillapawm@starkhealth.org or Christina Henning at (330) 489-3454 or Henningc@cantonhealth.org.