

December – 2003

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 December, 2003 in Stark County, Ohio (provisional data only)

	Alliance City Health			Canton City Health			Massillon City Health			Stark County Health			Stark County Totals		
	December 2003	YTD 2003	2002	December 2003	YTD 2003	2002	December 2003	YTD 2003	2002	December 2003	YTD 2003	2002	December 2003	YTD 2003	2002
Amebiasis					1	1							0	1	1
Campylobacteriosis		4	7		8	19	1	4	2	1	40	40	2	56	68
Creutzfeldt-Jakob Ds			2								2		0	2	2
Cryptosporidiosis		1				1		9	1	1	8	9	1	18	11
E Coli		3									2		0	5	0
E Coli 0157		1									2		0	3	0
Enceph., WNV		1	1			3		1	1		4	3	0	6	8
Enceph., Other		2	5								3	2	0	5	7
Giardiasis		2	2	1	7	14	1	8	5	3	40	32	5	57	53
Haemo. Influz., Bac				1	1	3				1	3	2	2	4	5
Hepatitis A*		3	2		5	6		1	1		9	5	0	18	14
Hepatitis B*		3	2	1	19	2		1	2		38	3	1	61	9
Hepatitis C*	3	27		17	171		3	31		8	155		31	384	0
Kawasaki Syndrome					3	1		1		2	6	1	2	10	2
Legionellosis			2		8	2					8	5	0	16	9
Listeriosis								1			1	1	0	2	1
Lyme Disease								2			5		0	7	0
Meningitis, Asep	1	6		2	24	19		5	3	1	33	49	4	68	71
Meningitis Bac.		1			2		1	1	2		7	2	1	11	4
Meningococcal Dis.					1	2					1	1	0	2	3
Pertussis					1	1					3	3	0	4	4
Salmonellosis	1	3	2		8	5		5	4	1	34	41	2	50	52
Shigellosis		2			1	7			2		20	11	0	23	20
Strep B Newborn					1				1				0	1	1
Strep Inv A GAS			2		9	3		3			12	1	0	24	6
Strep Pneu ISP	1	7	6	4	20	12		6	2	5	41	32	10	74	52
Yersiniosis											2	2	0	2	2

*This includes all hepatitis reports; acute, chronic, and status not known. 2002 case counts are not complete. As soon as the information is available they will be updated.

Table 2 Summary of Air Quality Index, Pollen, and Mold Counts for Stark County, Ohio for October, 2003 (March-October)

	Oct-03			Oct-02			Mar-03
	Monthly High	Monthly Low	Monthly Mean	Monthly High	Monthly Low	Monthly Mean	Monthly Mean
Pollen Count	10	1	4	15	5	9	460
Mold Count	10350	1330	4,317	20,700	6,600	12,227	4,509
Air Quality Index	30	19	24	75	25	53	35

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 Matter₁₀, 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 April 1st to October 31st. 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 for Stark County		
	December 2003		2002	December 2003		2002	December 2003		2002	December 2003		2002	December 2003		2002
	YTD 2003	2002	YTD 2003	2002	YTD 2002	2002	YTD 2003	2002	YTD 2003	2002	YTD 2003	2002	YTD 2003	2002	
Number of Live Births*	29	339	464	203	4145	3903	1**	92	170	13	195	249	245	4771	4786
Number of Teenage births*	6	64	76	12	429	424	0	10		0	27	38	18	530	538
Number of Deaths*	28	357	393	225	2089	2064	42	415	421	150	1327	1248	445	4188	4126

*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 sudden drop in births in Massillon is due to the Massillon Hospital closing its birthing center.

The 2002 Birth Rate for Stark County was 0.01266 and 0.1262 for 2003. The 2002 Death Rate for Stark County was 0.01091 and 0.0111 for 2003. (crude rates are based on US Census 2000 Stark County population of 377,438)

In the News: Influenza

Throughout the United States, including in our local area, reports of new cases have dropped drastically. National morbidity rates continue to be above the National epidemic threshold. However locally we have been spared with only 2 reported cases of death related to influenza. (Please see the weekly influenza report for details)

Avian Influenza In Viet Nam there have been 5 laboratory-confirmed cases of infection with A(H5N1) virus. All have died. On Tuesday 6 January, WHO announced influenza pandemic preparedness Phase 0 Level 2. At this level, preparation of a vaccine is placed on top priority. To date there have been no documented cases of human to human transmission. For more information please refer to <http://www.who.int/csr/don/en/>.

Recent SARS Cases in China

On January 5, 2004, Chinese and WHO authorities announced that laboratory results confirmed evidence of SARS-associated coronavirus infection (SARS-CoV) in a 32-year-old man in Guangdong Province who had become ill on December 16, 2003. On January 8, 2004, a suspect case of SARS was reported in a 20-year-old woman who works in a restaurant in Guangdong Province and had onset of illness on December 25, 2003. On January 12, 2004, a suspect case of SARS was reported in a 35-year-old man from Guangdong Province who had onset of illness on December 31, 2003, and was admitted to Guangdong People's Hospital and placed in isolation on January 6. All three patients are reported to be doing well, and no signs or symptoms of SARS-like illness have been reported among their identified contacts to date. Details on the clinical features and laboratory results of the 2 suspect SARS cases are not yet available.

Recommended U.S. SARS Control Measures

In light of these reports, the CDC is recommending that U.S. physicians maintain a greater index of suspicion of SARS in patients who require hospitalization for radiographically confirmed pneumonia or acute respiratory distress syndrome (ARDS) AND who have a history of travel to Guangdong Province (or close contact with an ill person with a history of recent travel to Guangdong Province) in the 10 days before onset of symptoms. When such patients are identified, the following actions should be taken:

Patients should immediately be placed in appropriate isolation precautions for SARS (i.e., contact and airborne precautions)

Patients should promptly be reported to the state or local health department

Patients should promptly be tested for evidence of SARS-CoV infection as part of the diagnostic evaluation (see Appendix 2 "Updated Guidelines for Collecting Specimens from Potential SARS Patients," in the CDC document, "In the Absence of SARS-CoV Transmission Worldwide: Guidance for Surveillance, Clinical and Laboratory Evaluation, and Reporting" at www.cdc.gov/ncidod/sars/absenceofsars.htm

The health department should identify, evaluate, and monitor relevant contacts of the patient, as indicated. In particular, the health status of household contacts or persons who provided care to symptomatic patients should be assessed.

In addition, CDC continues to recommend that health care providers and public health officials identify and report patients who require hospitalization for radiographically confirmed pneumonia or ARDS without identifiable etiology AND who have one of the following risk factors in the 10 days before the onset of illness:

Travel to mainland China, Hong Kong, or Taiwan, or close contact with an ill person with a history of recent travel to one of these areas, OR

Employment in an occupation associated with a risk for SARS-CoV exposure (e.g., health care worker with direct patient contact; worker in a laboratory that contains live SARS-CoV),

OR Part of a cluster of cases of atypical pneumonia without an alternative diagnosis.

Diagnostic testing for SARS should be considered in such patients, as described in the guidelines at www.cdc.gov/ncidod/sars/absenceofsars.htm. Infection control practitioners and other health care personnel should also be alert for clusters of pneumonia among two or more health care workers who work in the same facility.

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