

Jan – 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 Jan 2005 in Stark County, Ohio (provisional data only)

	Alliance City Health			Canton City Health			Massillon City Health			Stark County Health			Stark County Totals			
	Jan 2005	YTD 2005	YTD 2004	Jan 2005	YTD 2005	YTD 2004	Jan 2005	YTD 2005	YTD 2004	Jan 2005	YTD 2005	YTD 2004	Jan 2005	YTD 2005	YTD 2004	5 Year annual average
Amebiasis													0	0	0	0.2
Campylobacteriosis				1	1					2	2	1	3	3	1	54.6
Creutzfeldt-Jakob Dis													0	0	0	0.4
Cryptosporidiosis													0	0	0	10
E Coli 0157													0	0	0	2.6
E Coli	1	1	1										1	1	1	1.8
Enceph., WNV													0	0	0	2.8
Enceph., Other												1	0	0	1	3.2
Giardiasis							1	1		2	2	5	3	3	5	54.6
Haemo. Influz., Bac						2				1	1		1	1	2	4.6
Hepatitis A												1	0	0	1	10
Hepatitis B*	2	2	1	5	5	2	1	1		2	2	4	10	10	7	62.5
Hepatitis C*	1	1	1	7	7	10	4	4		8	8	8	20	20	19	340**
Kawasaki Syndrome													0	0	0	3
Legionellosis													0	0	0	9
Listeriosis													0	0	0	1.4
Lyme Disease													0	0	0	2.8
Malaria										1	1		1	1	0	1
Meningitis, Asep				1	1								1	1	0	52.6
Meningitis Bac.													0	0	0	4.4
Meningococcal Dis.													0	0	0	2.8
Pertussis				1	1					4	4	1	5	5	1	7.2
Salmonellosis				1	1		1	1		3	3	3	5	5	3	47.4
Shigellosis						1							0	0	1	11.6
Strep Inv A GAS													0	0	0	10.2
Strep B Newborn													0	0	0	1.4
Strep Pneu ISP	1	1	3	1	1	5				9	9	12	11	11	20	25
Strep TSS												1	0	0	1	0.6
Typhoid Fever			1										0	0	1	0.2
Varicella													0	0	0	**
Vibriosis													0	0	0	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 has been suspended for the season. The index will resume in March 2005.

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		
	Jan	YTD 2005	2004	Jan	YTD 2005	2004	Jan	YTD 2005	2004	Jan	YTD 2005	2004	Jan	YTD 2005	2004
Number of Live Births*	27	27	384	319	319	4081			4	10	10	223	356	356	4692
Number of Teenage births*	7	7	65	30	30	379				2	2	39	39	39	483
Number of Deaths*	34	34	326	159	159	1928	37	37	389	131	131	1266	361	361	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:

INFLUENZA:

Nationally Synopsis: During week 6 (February 6–12, 2005), influenza activity continued to increase in the United States. Nine hundred twelve (25.3%) specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories were positive for influenza viruses. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) has been above the national baseline for 5 consecutive weeks. The proportion of deaths attributed to pneumonia and influenza is below the epidemic threshold. Six influenza-associated pediatric deaths have been reported to CDC this season. Twenty-nine states reported widespread influenza activity, 19 states and New York City reported regional influenza activity, and 2 states and the District of Columbia reported local activity.

Laboratory Surveillance: During week 6, WHO and NREVSS laboratories in the United States reported testing 3,610 specimens for influenza viruses, of which 912 (25.3%) were positive. Of these, 180 were influenza A (H3N2) viruses, 603 were influenza A viruses that were not subtyped, and 129 were influenza B viruses.

Locally, we have seen a **several fold increase** in reports. Reports have been received for both Influenza A and B. Due to the sudden increase in reports a Health Alert Notification (HAN) was produced. The increase is believed to be from an actual increase in the number of influenza cases seen in the county and not just an increase in reporting or testing. This increase in reported cases has also been seen in several neighboring counties. Likewise, the neighboring counties and Stark County have not yet seen a peak in cases.

PERTUSSIS:

Yes, Pertussis is still in the news! The State of Ohio Year to Date Totals continue to be remarkably high. In Ohio, there have been 362 cases reported for the first seven weeks of 2005. As a comparison, 767 cases were reported the entire year last year with the greatest amount reported from late spring through early fall. Reasons for the increased numbers are starting to get some attention and we may be seeing a request for more information on these cases to help determine why the reported incidence continues to sharply rise.

AVIAN INFLUENZA:

Recent developments: Beginning in late June 2004, new lethal outbreaks of H5N1 among poultry were reported by several countries in Asia: Cambodia, China, Indonesia, Malaysia (1st-time reports), Thailand and Viet Nam. There has not been a resurgence of avian influenza in South Korea and Japan, and the outbreaks are reported to be controlled in those countries. It is unknown to what extent H5N1 outbreaks in the other countries may be ongoing. For more information about outbreaks in poultry, visit the World Organization for Animal Health [OIE] website: <http://www.oie.int/eng/en_index.htm>.

The new outbreaks of H5N1 in poultry in Asia were followed by renewed sporadic reporting of human cases of H5N1 infection in Viet Nam and Thailand beginning in August 2004 and continuing into 2005. Of particular note is one isolated instance of probable limited human-to-human transmission occurring in Thailand in September 2004. On 2 Feb 2005, the 1st human case of avian influenza A H5 infection from Cambodia was reported.

As of 17 Feb 2005, there have been 55 human cases of avian influenza A (H5N1) in Viet Nam (37), Thailand (17) and Cambodia (1) resulting in 42 deaths. For more information about H5N1 infections in humans, visit the World Health Organization (WHO) website: <<http://www.who.int/csr/don/en/>>.

Assessment of current situation: The avian influenza A (H5N1) epizootic outbreak in Asia is not expected to diminish significantly in the short term. It is likely that H5N1 infection among birds has become endemic to the region and that human infections will continue to occur. So far, no sustained human-to-human transmission of the H5N1 virus has been identified, and no evidence for genetic reassortment between human and avian influenza virus genes has been found; however, the epizootic outbreak in Asia poses an important public health threat.

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