

January– 2006

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 2006 in Stark County, Ohio (provisional data only)

	Alliance City Health			Canton City Health			Massillon City Health			Stark County Health			Stark County Totals			
	Jan 2006	YTD 2006	YTD 2005	Jan 2006	YTD 2006	YTD 2005	Jan 2006	YTD 2006	YTD 2005	Jan 2006	YTD 2006	YTD 2005	Jan 2006	YTD 2006	YTD 2005	5 Year annual average
Amebiasis													0	0	0	0.4
Campylobacteriosis				2	2	1				3	3	2	5	5	3	51.6
Creutzfeldt-Jakob Dis													0	0	0	0.6
Cryptosporidiosis													0	0	0	11.6
E Coli 0157													0	0	0	2.4
E Coli			1										0	0	1	2.4
Enceph., WNV													0	0	0	3
Enceph., Other													0	0	0	3.2
Giardiasis	1	1						1	1	1	2	2	2	2	3	53
Haemo. Influz., Bac				1	1							1	1	1	1	5.6
Hepatitis A													0	0	0	9.2
Hepatitis B*			2	4	4	5		1	1	1	2	5	5	10		37.4
Hepatitis C*	1	1	1	7	7	7	2	2	4	7	7	8	17	17	20	281**
Kawasaki Syndrome													0	0	0	3.4
Legionellosis													0	0	0	11.4
Listeriosis										1	1		1	1	0	1.6
Lyme Disease													0	0	0	3.2
Malaria												1	0	0	1	1
Meningitis, Asep				2	2	1				1	1		3	3	1	58
Meningitis Bac.													0	0	0	4.4
Meningococcal Dis.													0	0	0	2.8
Pertussis						1						4	0	0	5	16.4
Salmonellosis				1	1	1		1	3	3	3	4	4	5		48.4
Shigellosis													0	0	0	12.4
Strep Inv A GAS	1	1		1	1								2	2	0	10.6
Strep B Newborn													0	0	0	1.8
Strep Pneu ISP			1	2	2	1			3	3	9	5	5	11		36
Strep TSS													0	0	0	0.6
Typhoid Fever													0	0	0	0.2
Varicella	2	2		13	13				63	63		78	78	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, including limited historical data.

	Jan 2006			Jan 2005			Feb 2005
	Monthly High	Monthly Low	Monthly Mean	Monthly High	Monthly Low	Monthly Mean	Monthly Mean
Pollen Count	Suspended for season**						
Mold Count							
Air Quality Index	36	3	19.1	39	5	21.3	30.3

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. **Suspended for the season: no readings October- March. 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		
	Jan	YTD 2006	2005	Jan	YTD 2006	2005	Jan	YTD 2006	2005	Jan	YTD 2006	2005	Jan	YTD 2006	2005
Number of Live Births*	37	37	404	211	211	3962	0	0	1	8	8	207	256	256	4574
Number of Teenage births*	0	0	57	78	78	430	0	0	0	1	1	21	79	79	508
Number of Deaths*	32	32	368	158	158	2092	37	37	438	113	113	1407	340	340	4305

*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 0.0127, 0.0126 for 2003, 0.0124 for 2004, and 0.0121 for 2005. The 2002 Death Rate for Stark County was 0.0109, 0.0111 for 2003, 0.0104 for 2004, and 0.0114 for 2005 (crude rates are based on US Census 2000 Stark County population of 377,438).

IN THE NEWS:

INFLUENZA:

Locally: Currently, in Stark County, several local providers report positive lab results. One of those facilities is also reporting age. The age reports have shown an unusual age pattern. Over the past eight weeks there has been a steady drop from an average age of 62 years to the current average age of 24. This is tempered by other known information. Our overall number of reported lab confirmed cases has been exceptionally low and there has been a very low level of school absenteeism due to Influenza Like Illnesses (ILI).

All of the subtyped Influenza A's in Stark County have been Influenza A: California-Like (H3N2).

Statewide: The state of Ohio remains at Local activity. Local activity is defined by CDC as: Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of the state. However, there is no one area in Ohio that has a strong outbreak or increase in ILI. In Ohio outbreaks and ILI's are used along with other indicators to determine activity. Other indicators include; over the counter sales, information from sentinel providers, and other sources.

Nationally: During week 5 (January 29 – February 4, 2006)*, influenza activity continued approximately at the same level as recent weeks in the United States. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) was above the national baseline. The proportion of deaths attributed to pneumonia and influenza was below the baseline level. Nine states and New York City reported widespread influenza activity; 21 states reported regional influenza activity; 13 states and the District of Columbia reported local influenza activity; and 6 states and Puerto Rico reported sporadic influenza activity.

Laboratory Surveillance: WHO and NREVSS laboratories reported 2,401 specimens tested for influenza viruses and 333 (13.9%) were positive. Of these, 96 were influenza A (H3N2) viruses, 2 were influenza A (H1N1) viruses, 211 were influenza A viruses that were not subtyped, and 24 were influenza B viruses.

Internationally/Avian: As of 13 February, 2006, the World Health Organization reports 91 deaths from 169 confirmed cases of Human Avian Influenza in six countries. All human cases have coincided with outbreaks of highly pathogenic H5N1 avian influenza in poultry. Poultry outbreaks have occurred in 23 countries.

COCCIDIOIDOMYCOSIS:

Coccidioidomycosis was added to the state of Ohio Reportable Disease List effective 1 January 2006. Since this time, there have been numerous reports made to the state of Ohio, only one of which has been confirmed. Due to common travel of Ohioans to Arizona it is not unlikely that cases may occur or be suspect in our area. The following information about this infection has been excerpted from: <http://www.doctorfungus.org/mycoses/human/cocci/coccidioidomycosis.htm>

Coccidioidomycosis is the infection caused by the dimorphic fungus *Coccidioides immitis*. The disease is endemic only in regions of the Western Hemisphere. In the United States, the endemic areas include southern Arizona, central California, Southern New Mexico, and west Texas. Outbreaks occur following dust storms, earthquakes, and earth excavation where dispersion for arthroconidia is favored. Coccidioidomycosis is acquired from inhalation of the spores (arthroconidia). Once in the lungs, the arthroconidia transform into spherical cells called "spherules". An acute respiratory infection occurs 7 to 21 days after exposure and typically resolves rapidly. However, the infection may alternatively result in a chronic pulmonary condition or disseminate to the meninges, bones, joints, and subcutaneous and cutaneous tissues. About 25% of the patients with disseminated disease have meningitis.

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