

EPI Gram is a monthly publication of the Stark County Public Health Coalition. It contains a summary of provisional communicable disease reports and other key public health indicators, with summary tables for Stark County, Ohio. Some reportable conditions may be under investigation; and, at any given time, data may fluctuate from month to month for a specific category.

IN THE NEWS: The Ohio Department of Health has been reviewing OAC Chapter 3701-3 regarding infectious disease reporting. The rules are currently in the Public Health Council process. **The final Public Health Council action to approve the rules is scheduled for December 11, 2008. The anticipated effective date is January 1, 2009.** One change that will immediately affect disease reporting is a change in Influenza reporting. Currently, Influenza is reported by aggregated numbers, on January 1st the proposed changes would require case-based reporting of ONLY Influenza-associated Hospitalizations. Below is the **proposed** definition for -associated Hospitalizations: additional information on the proposed changes can be found at <http://www.odh.ohio.gov/rules/pending.aspx>.

INFLUENZA-ASSOCIATED HOSPITALIZATIONS (Ohio Reporting Class B2) CASE DEFINITION

Clinical Description, An illness compatible with influenza virus infection that must result in hospitalization.

A hospitalization should **not** be reported if: 1) There is no laboratory confirmation of influenza virus infection. 2) The positive influenza test is from a specimen obtained more than 3 days after hospital admission (to minimize the reporting of nosocomial rather than community acquired infections).

Comment Hospitalization is defined as an admission to an inpatient ward of the hospital. Patients who are admitted to and discharged from the hospital on the same day are considered hospitalized. An overnight stay is not required. Emergency room and outpatient visits are not hospitalizations. However, if the person is admitted to an inpatient ward directly following an emergency room or outpatient visit then he/she should be considered hospitalized. In this situation, date of admission should be the date the patient was admitted to the ward, not first seen in the emergency room or outpatient clinic.

Laboratory Criteria for Diagnosis

Laboratory testing for influenza virus infection, which may be done on pre- or post-mortem clinical specimens, must be performed at the hospital of admittance and include identification of influenza A or B virus infections by a positive result by at least one of the following:

- Influenza virus isolation in tissue cell culture from respiratory specimens
- Reverse-transcriptase polymerase chain reaction (RT-PCR) testing of respiratory specimens
- Direct or indirect immunofluorescent antibody staining of respiratory specimens
- Commercial rapid influenza diagnostic testing of respiratory specimens
- Immunohistochemical (IHC) staining for influenza viral antigens in respiratory tract tissue from autopsy specimens
- Four-fold rise in influenza hemagglutination inhibition (HI) antibody titer in paired acute and convalescent sera

Table 1 Summary of Air Quality Index, Pollen, and Mold Counts for Stark County, Ohio, including limited historical data.

	October 2008				November 2008			
	Monthly High	Monthly Low	Monthly Mean	Counts in highest reported health risk category	Monthly High	Monthly Low	Monthly Mean	Counts in highest reported health risk category
Pollen Count	10	1	4.3	N/A	Suspended for Season			N/A
Mold Count	18,430	1,170	7,994	4 High				N/A
Air Quality Index	43	15	26	All Good	47	5	24.1	All Good

Pollen and Mold counts are derived from rotorod samples on the 2nd story roof of the Canton City Health Department. The readings are from a 24-hour period\24-hour avg. on all work days. Mold counts of 6,500-12,999 are moderate and many individuals sensitive to molds may experience symptoms. Counts of 13,000 to 49,999 are high and most individuals with any sensitivity to molds will experience symptoms. These indices are produced from March to October. The Air Quality Index (AQI) is derived by comparison to EPA standards from the following readings: Particulate Matter 2.5 continuous monitoring on CCHD 2nd floor roof top and ozone monitors in Canton, Brewster, and Alliance. AQI ratings are 151-200: unhealthy (UH); 101-150: unhealthy for sensitive groups *(UH sg); 51-100: moderate (M); 0-50: good (g).

Table 2 Summary of Select Vital Statistics for Stark County, Ohio

	October-08	YTD 2008	2007 Total
Live Births	443	3710	5057
Births to Teens	55	394	537
Deaths	339	3290	4061

Due to the current method of reporting live births, all data is provisional.

Table 3 Stark County Crude Birth and Death Rates per 100,000 Population

Rates are based on the US Census 2000 Stark County population of 377,438.

	2003	2004	2005	2006	2007
Birth	1260	1240	1211	1282	1340
Death	1110	1040	1140	1076	1076

Table 4 – Summary of Select Reportable Diseases for October, 2008 in Stark County, Ohio (provisional data only)

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/eпо/dphsi/casedef/index.htm for case definitions.

This report includes confirmed, probable and suspect cases.

	Alliance City			Canton City			Massillon City			Stark County			Stark County Totals			
	Oct-08	YTD 2008	YTD 2007	Oct-08	YTD 2008	YTD 2007	Oct-08	YTD 2008	YTD 2007	Oct-08	YTD 2008	YTD 2007	Oct-08	YTD 2008	YTD 2007	5 Yr annual average
Amebiasis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.4
Campylobacteriosis	0	1	3	0	11	10	0	4	1	3	35	29	3	51	43	51.8
Chlamydia	8	81	83	54	497	537	6	67	65	26	262	266	94	907	951	1126.4
Creutzfeldt-Jakob Ds	0	0	0	0	0	0	0	0	0	0	3	3	0	3	3	0.6
Cryptosporidiosis	0	2	0	1	3	2	0	1	4	0	14	18	1	20	24	14
E Coli 0157	0	0	0	0	1	0	0	0	0	0	0	2	0	1	2	2.4
E Coli	0	1	0	0	0	0	0	0	0	0	1	1	0	2	1	3
Enceph., WNV	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	3.6
Enceph., Other	0	1	1	0	0	0	0	0	0	0	2	0	0	3	1	2.8
Giardiasis	0	1	5	1	9	6	0	1	5	4	21	19	5	32	35	49.2
Gonorrhea	1	15	16	29	383	365	2	25	43	5	70	102	37	493	526	646
Haemo. Influz., Bac	0	0	0	0	2	1	0	0	1	0	5	0	0	7	2	5.8
Hepatitis A	0	0	1	0	1	1	0	3	0	0	0	5	0	4	7	8
Hepatitis B*	0	1	2	2	12	17	0	5	3	6	19	23	8	37	45	44.6
Hepatitis C*#	1	26	20	8	67	80	2	22	20	12	83	96	23	198	216	273.5
Kawasaki Syndrome	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	3.6
Legionellosis	0	0	0	1	6	3	0	0	0	0	9	7	1	15	10	12.2
Listeriosis	0	0	0	0	0	0	0	0	0	1	3	2	1	3	2	2.4
Lyme Disease	0	0	0	0	0	0	0	0	0	0	4	0	0	4	0	2.6
Malaria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.8
Meningitis, Asep	0	3	1	0	6	21	0	1	3	0	14	25	0	24	50	53.8
Meningitis Bac.	0	0	0	0	1	0	0	0	0	0	2	1	0	3	1	4.4
Meningococcal Dis.	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1	2.4
Mumps	0	0	0	0	0	0	0	1	0	0	1	0	0	2	0	0.4
Pertussis	0	0	0	0	2	2	0	0	0	0	1	6	0	3	8	17
Salmonellosis	1	1	5	0	2	5	0	3	3	3	24	20	4	30	33	49.4
Shigellosis	0	0	0	8	57	2	1	36	0	13	61	0	22	154	2	11.8
Strep Inv A GAS	0	0	0	0	2	3	0	0	0	0	8	4	0	10	7	12.2
Strep B Newborn	0	0	1	0	0	1	0	0	0	0	2	1	0	2	3	2
Strep Pneu ISP	0	3	2	1	9	16	0	3	2	3	33	23	4	48	43	47.8
TSS Strep & Staph	0	1	0	0	0	0	0	0	0	1	2	2	1	3	2	0.4
Syphilis	0	0	1	3	11	2	0	1	0	0	2	7	3	14	10	21.6
Typhoid Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.4
Varicella#	2	6	9	0	7	20	0	2	4	1	28	99	3	43	132	#
Vibriosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.2
Yersiniosis	0	0	0	0	1	0	0	0	0	0	2	4	0	3	4	2

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

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