

A joint collaboration between Stark County Public Health Agencies:

Alliance City Health Department

Canton City Public Health

Massillon City Health Department

Stark County Health Department

Stark County, Ohio

April 24, 2020 Epi Report

Background from www.cdc.gov: Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

A confirmed case or death is defined by meeting confirmatory laboratory evidence for COVID-19. **A probable case or death** is defined by i) meeting clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19; or ii) meeting presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence; or iii) meeting vital records criteria with no confirmatory laboratory testing performed for COVID19.

All data contained is preliminary and is subject to change as more information is reported to Ohio Department of Health (ODH). Data presented in this document is based on data as of 4.24.2020. Cases from previous days are likely to change as more information is entered. See page 8 for details on testing priorities.

Counts and rates are based on date of illness onset. If onset date is unknown, the earliest known date is utilized. Any rates based on counts less than 10 are considered unreliable and caution should be exercised when interpreting. Due to testing restrictions, data may be skewed. Report compiled by Canton City Public Health.

Data is sourced from: coronavirus.ohio.gov, ODH data warehouse, and census.gov. "These data were provided by the Ohio Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions."

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Stark County Epi Situational Report - COVID-19

Table 1 as of: 04/24/2020 2:00PM

Next report scheduled: 4/27/2020

Cases Reported to Stark LHDs		
Data as of 04.24.2020 1400		
Positive/Confirmed	277	
Hospitalized	71	25.63%
ICU Admissions	21	7.58%
Deaths in Confirmed Cases	33	11.91%
Probable	18	
Deaths in Probable Cases	1	

Cases Reported to ODH*		
Data as of 04.24.2020 1400		
Positive/Confirmed	14581	
Hospitalized	3053	20.94%
ICU Admissions	920	6.31%
Deaths in Confirmed Cases	649	4.45%
Probable	588	
Deaths in Probable Cases	41	

Descriptive Statistics for Stark County Confirmed Cases

Gender			
	Confirmed Cases		Deaths
Male	106	38.3%	19
Female	169	61.0%	14
Unknown	2	0.7%	0
Total	277		33

Age Range (in Years)			
16	to	99	57.5
<i>Min</i>		<i>Max</i>	<i>Median</i>

Race				
	White	Black	Other	Unknown
Count	128	19	22	108
%	46%	7%	8%	39%

Ethnicity			
	Hispanic	Non-Hisp	Unknown
Count	2	114	161
%	1%	41%	58%

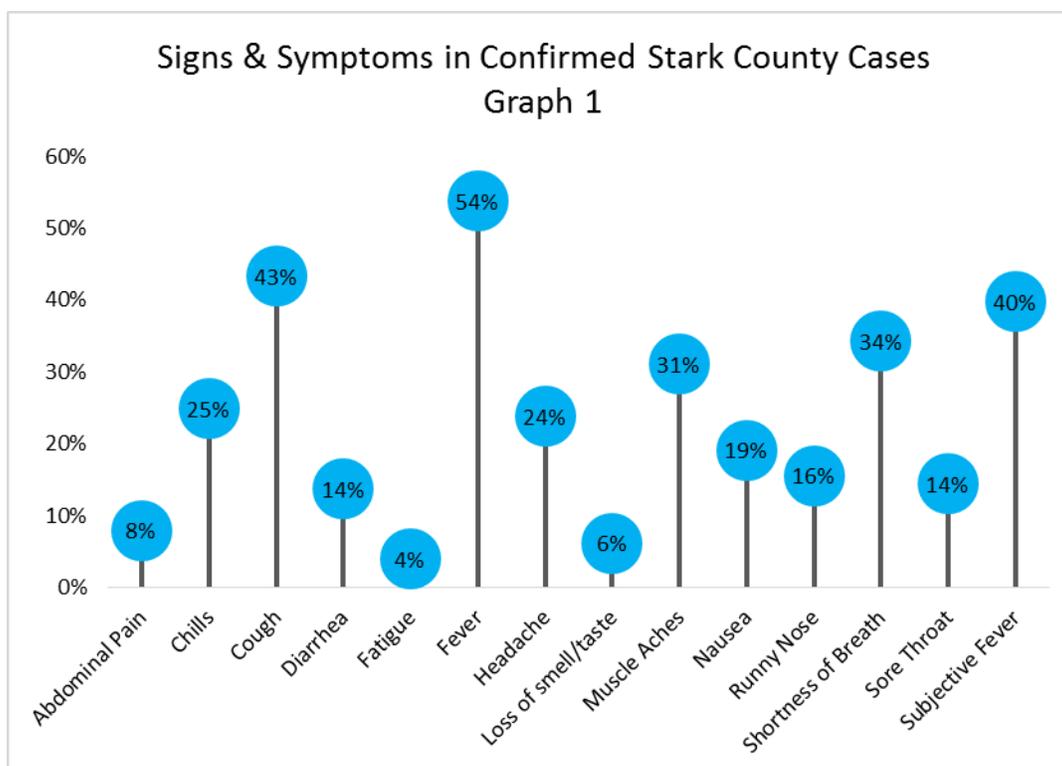
Illness Information for Stark County Confirmed Cases

Hospitalized		
Yes	71	26%
No	205	74%
Unknown	1	0%

Pre-existing Conditions		
Yes	178	64%
No	99	36%

If hospitalized, in ICU?		
Yes	21	30%
No	50	70%

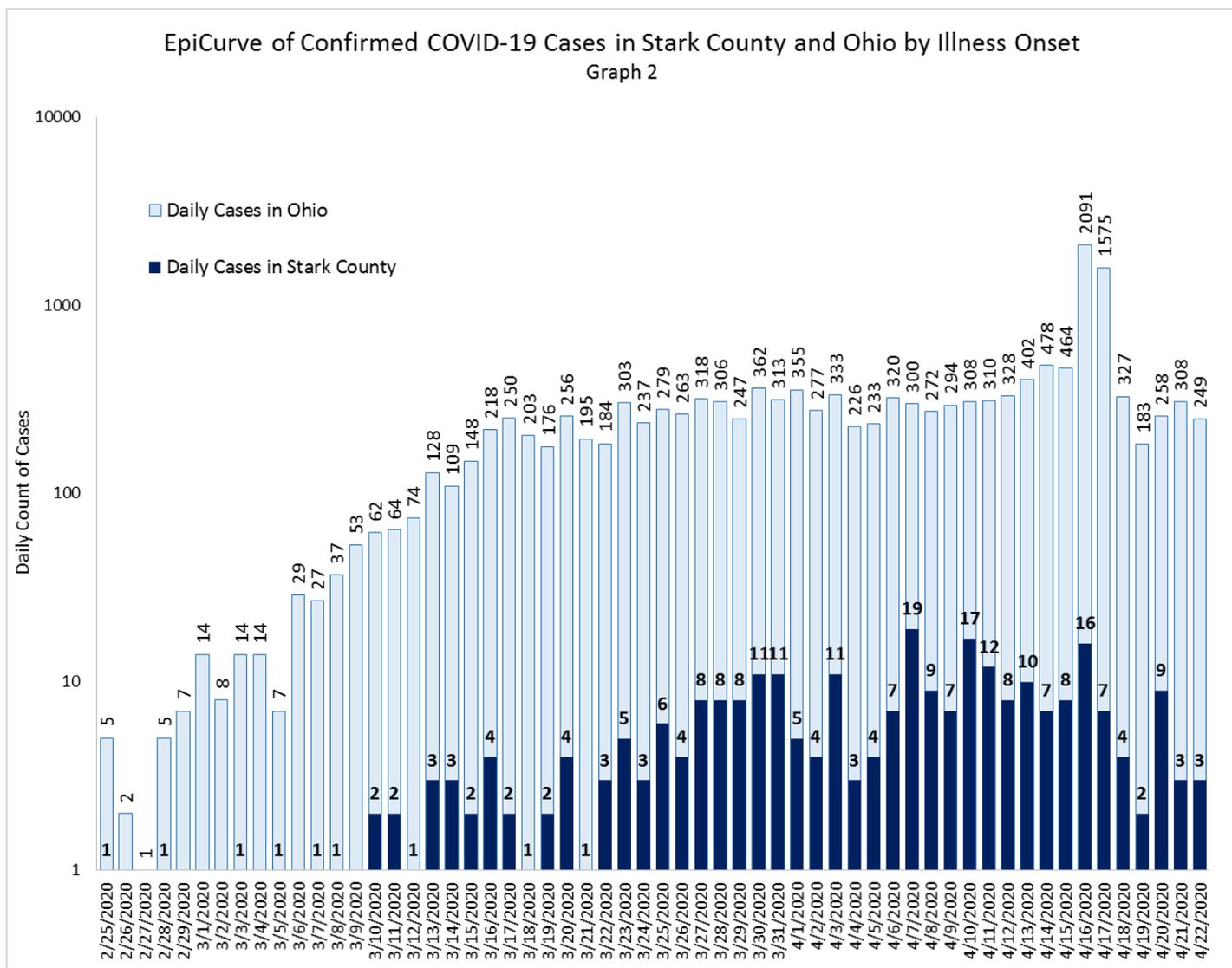
Discharged from Hospital		
ICU	8	
Other	20	
Some cases may be discharged due to death.		



Graph 1 shows the incidence of signs and symptoms reported in confirmed cases of COVID-19 in Stark County. Two symptoms that are similar are subjective fever where in a patient felt feverish and fever in which is defined as a fever of >100.4F (38C). Additional symptoms may be added in the future as prevalence increases.

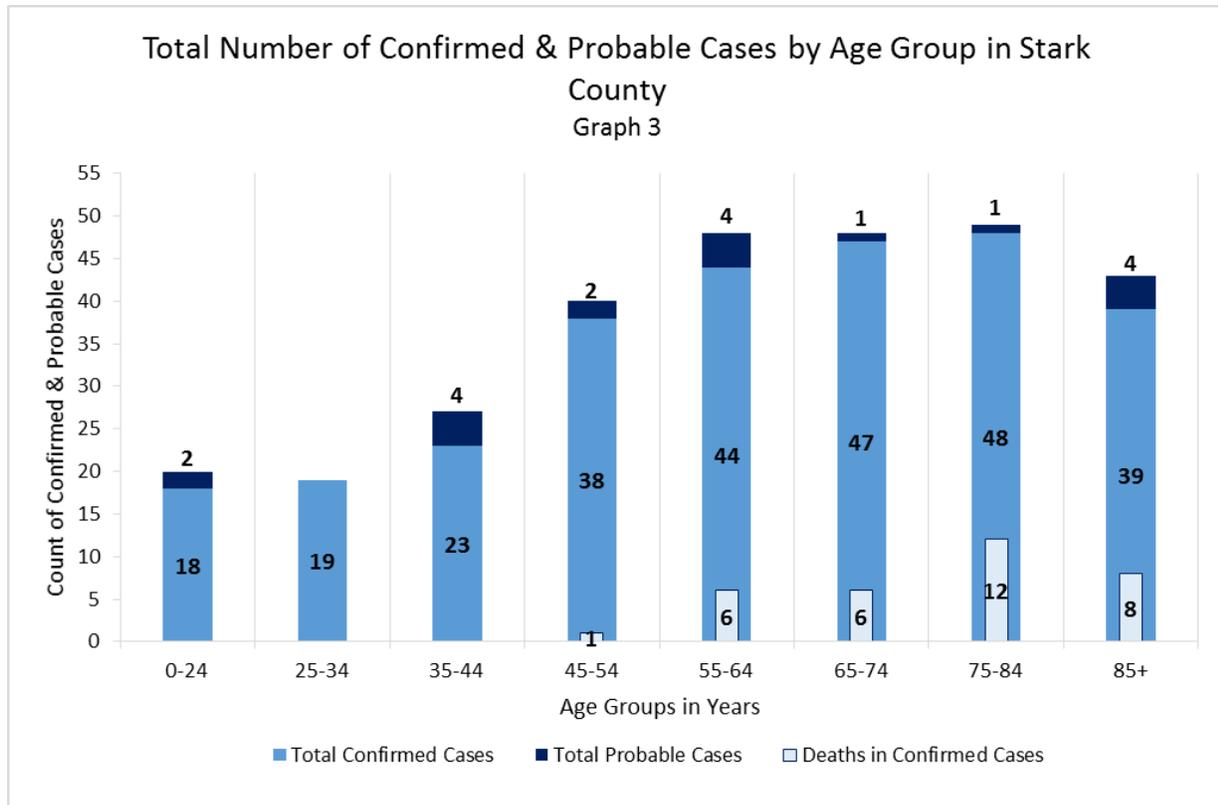
Signs/Symptoms Reported by Cases			
Table 2			
	Yes	No	% Yes
Abdominal Pain	22	116	7.9%
Chills	69	61	24.9%
Cough	120	39	43.3%
Diarrhea	38	100	13.7%
Fatigue	11	0	4.0%
Fever	149	48	53.8%
Headache	66	67	23.8%
Loss of smell/taste	17	0	6.1%
Muscle Aches	86	51	31.0%
Nausea	53	89	19.1%
Runny Nose	43	84	15.5%
Shortness of Breath	95	59	34.3%
Sore Throat	40	89	14.4%
Subjective Fever	110	42	39.7%

Table 2 is a count of known symptoms and number of cases in which those symptoms appear. Due to missing information, totals may not equal the total count of cases. Symptoms are listed in alphabetical order.

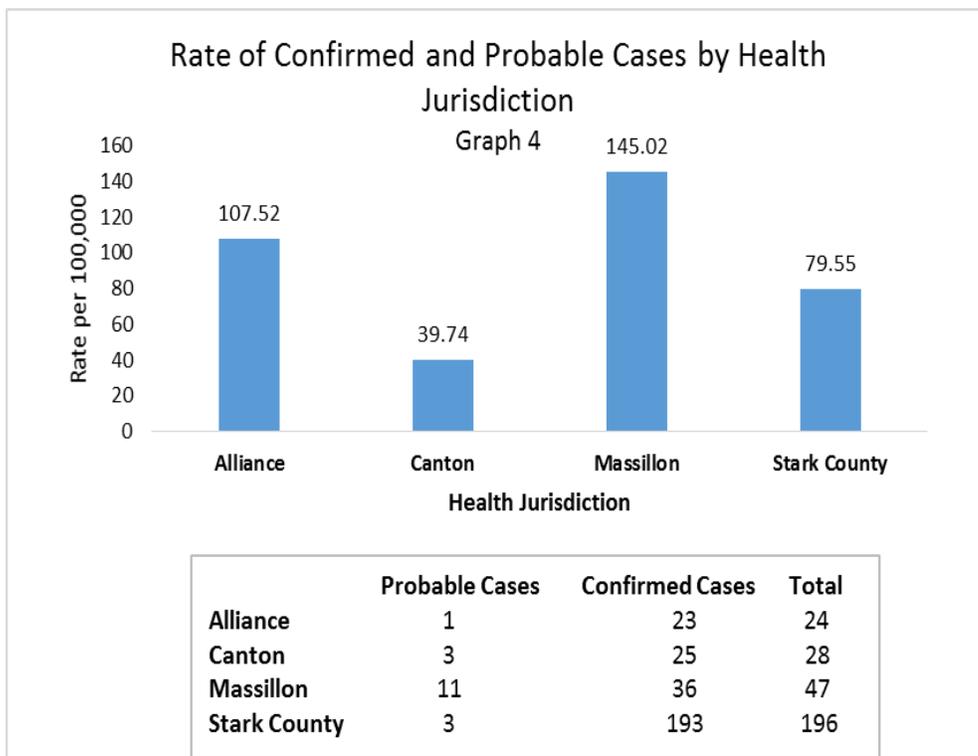


Graph 2 shows the EpiCurve which displays the total number of laboratory-confirmed cases per day, based on the illness onset date for Stark County and Ohio. If the illness onset date is not available, the earliest known date is utilized, which could include the date the specimen was collected, the date of the test results or the date reported to the local health department. Counts will change as additional information is collected. Totals may not equal the totals on Table 1 depending on when data was accessed. Stark County’s first confirmed case reported an illness onset date of 2/25/2020, while Ohio had cases prior to 2/25/2020, those are not included.

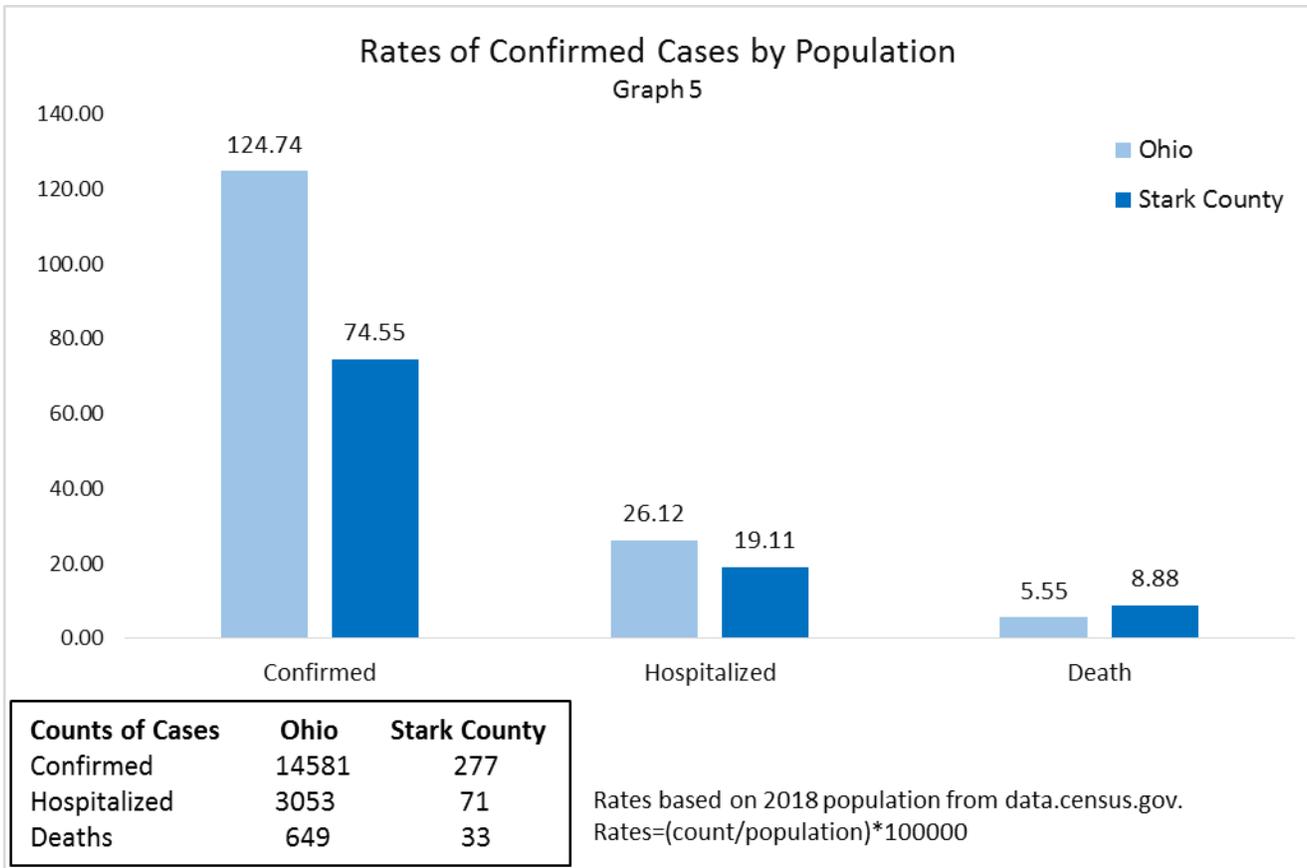
This graph has changed since the report released on 4/17/2020: Due to a large increase in the number of reported cases in Ohio on 4/16 and 4/17, and to anticipate continued transmission and other large increases as facility clusters are identified, a logarithmic scale will be utilized to help visualize any skewness toward large values (daily case counts that are much larger than the bulk of the data).



Graph 3 shows the total number of confirmed and probable cases and deaths of confirmed cases by age group. Due to low numbers in Stark County, the age groups are different than what is reported on a state level. Age groups may be broken down further as new cases emerge. Deaths counted are based on only laboratory-confirmed cases and does not include probable cases due to low counts. **There is one confirmed case that the age is currently unknown that is not included in the above graph.**

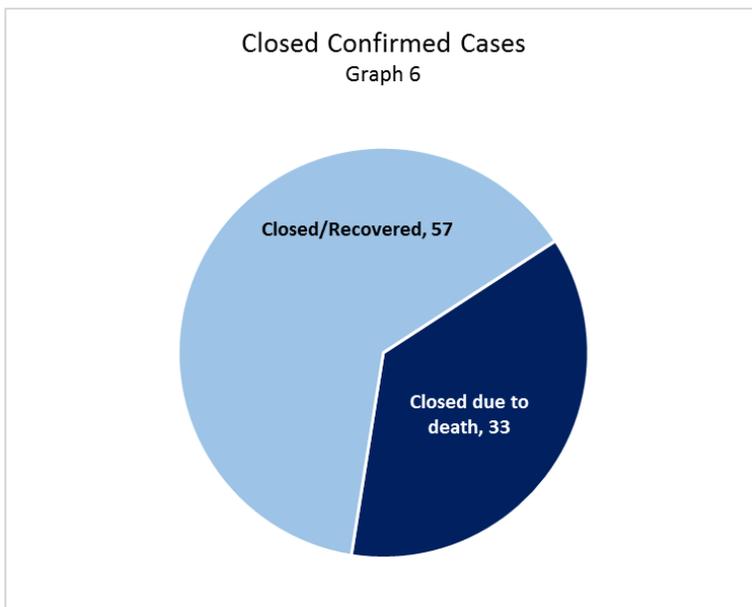


Graph 4 shows the rate of confirmed and probable cases by Stark County jurisdictions. Alliance, Canton and Massillon jurisdictions covers those within those particular city limits. Stark County jurisdiction covers all other areas outside of those three city limits. Rates calculated by 2018 population census data. Rates=(count/population)*100000



Graph 5 shows the rates dependent on the 2018 population in Ohio and Stark County. This graph works to compare cases in different populations by normalizing the cases per 100,000 persons.

- Ohio’s rate of laboratory confirmed cases is 1.7x higher than those in Stark County.
- Ohio’s rate of laboratory confirmed cases who require hospitalization is 1.4x higher than Stark County’s rate.
- Stark County’s rate of death due to COVID-19 complications is 1.6x higher than Ohio’s rate.



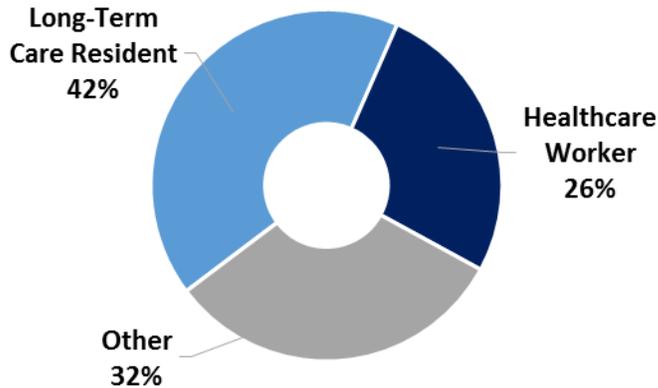
Graph 6 is the counts of cases closed, either due to closed/recovered or closed due to death. Stark County has a total of 90 cases closed of which 33 (37%) are due to death.

Cases can be closed for the following reasons:

- The person passed away.
- Symptoms have resolved in that case.
- The person is no longer being followed by the local health department.

As we are seeing more of a focus on health care workers and long-term care facilities, we are offering some additional information.

Percentage Breakdown of Confirmed Cases
Graph 7



Graph 7* shows a breakdown of categories in confirmed cases. Healthcare workers account for 26% of the confirmed cases while long-term care residents account for 42% of confirmed cases. The remaining 32% do not belong in either of those categories. The percentages are based off of those that were affirmatively indicated to be either a healthcare worker or long-term care resident.

For more information on long-term care facilities including breakdown by facility and by resident/staff, please visit: <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards/long-term-care-facilities>

*Due to priority testing guidelines both long-term care residents and healthcare workers, are in Priority groups 1, 2, & 2a for testing. Priority categories are listed on page 8 of this report. This may cause numbers for those groups to be skewed.

On April 22, the Ohio Department of Health (ODH) updated COVID-19 testing guidance.

This guidance applies to all COVID-19 testing in the State of Ohio.

The Centers for Disease Control and Prevention (CDC) has established priority groups for testing. Ohio has modified these groups to meet the specific needs of our state in light of changes in testing availability and evolving knowledge of COVID-19 and its impact on Ohioans.

The state continues to emphasize testing of patients who are most severely ill, patients who are moderately ill with a high risk of complications — such as those who are elderly and those with serious medical issues — and individuals who are critical to providing care and service to those who are ill. Expanded test availability will allow individuals in lower risk tiers to be tested and help to further contain and respond to COVID-19 in Ohio.

Priority 1 is to ensure optimal care options for all hospitalized patients, lessen the risk of hospital-incurred infections, and maintain the integrity of the healthcare system.

This includes testing for:

- Hospitalized patients with symptoms.
- Healthcare workers with symptoms. This includes behavioral health providers, home health workers, nursing facility employees, emergency medical technicians (EMTs) and others rendering care in any setting.

Priority 2 is to ensure that people at highest risk of complications from COVID-19 are rapidly identified and appropriately prioritized.

This includes testing for:

- Residents of long-term care facilities and other congregate living settings identified in Priority 2a below with symptoms.
- First responders and critical infrastructure with symptoms.
- Patients 65 years of age and older with symptoms.
- Patients with underlying conditions with symptoms.

Priority 2a—Enhanced Congregate Living Assessment: In the context of an outbreak (2 or more cases in the same wing) in a long-term care facility or other congregate living setting:

- Asymptomatic exposed residents and staff in congregate settings with known COVID exposure to identify infected individuals without symptoms and permit more specific cohorting and isolating of residents and staff.
- Congregate living setting includes but is not limited to assisted living or nursing facilities, substance use residential facilities, facilities serving individuals with developmental disabilities, homeless shelters and other residential treatment facilities.

Priority 3: As resources allow, test individuals in the surrounding community to decrease community spread, and ensure health of other essential workers:

- Individuals with symptoms who do not meet any of the above categories with symptoms.
- Individuals with mild symptoms in communities experiencing high numbers of COVID-19 hospitalizations.