EPIDEMIOLOGICAL REPORT ON COVID-19

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

June 02, 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 06.02.2020 12:00pm (for Stark County data) and/or 2:00pm (for Ohio data). 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.”

For questions regarding this report, please contact:

Amanda Archer, MPH aarcher@cantonhealth.org

Jessica Boley, RD, LD jboley@cantonhealth.org

Avinash Joseph, MPH JosephA@starkhealth.org

EPIDEMIOLOGICAL REPORT ON COVID-19

Stark County Epi Situational Report - COVID-19
Table 1 as of: 06/02/2020 2:00PM

Next report scheduled: 06/05/2020

Cases Reported to Stark LHDs		
Data as of 06.02.2020 1200		
Positive/Confirmed	709	
Hospitalized	160	22.57%
ICU Admissions	37	5.22%
Deaths in Confirmed Cases	93	13.12%
Probable Cases	42	
Deaths in Probable Cases	5	

Cases Reported to ODH*		
Data as of 06.02.2020 1400		
Positive/Confirmed	33892	
Hospitalized	6176	18.22%
ICU Admissions	1583	4.67%
Deaths in Confirmed Cases	2041	6.02%
Probable Cases	2521	
Deaths in Probable Cases	217	

Descriptive Statistics for Stark County Confirmed Cases

Gender			
	Confirmed Cases		Deaths
Male	298	42.0%	46
Female	410	57.8%	47
Unknown	1	0.1%	0
Total	709		93

Ethnicity			
	Hispanic	Non-Hisp	Unknown
Count	57	492	103
%	8%	69%	15%

Race					
	White	Black	Asian/Pacific Islander	Other	Unknown
Count	489	68	11	69	72
%	69%	10%	2%	10%	10%

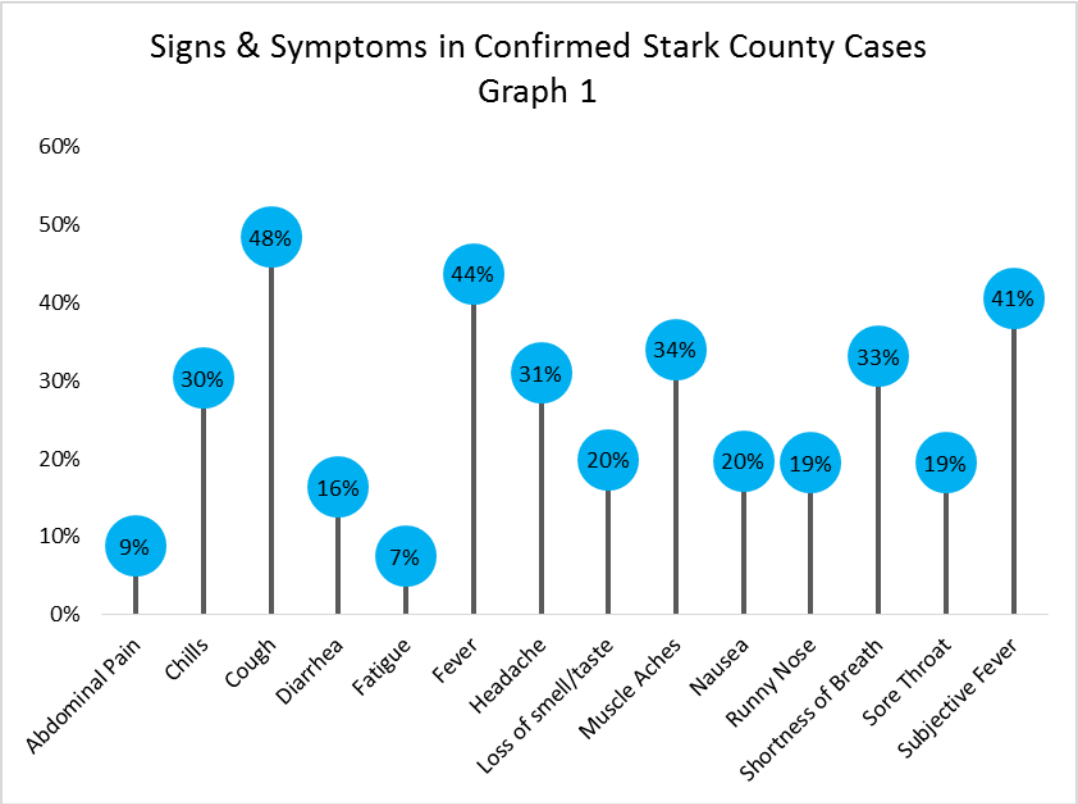
Illness Information for Stark County Confirmed Cases

Hospitalized		
Yes	160	23%
No	539	76%
Unknown	5	1%

Pre-existing Conditions		
Yes	417	59%
No	292	41%

If hospitalized, in ICU?		
Yes	37	23%
No	123	77%

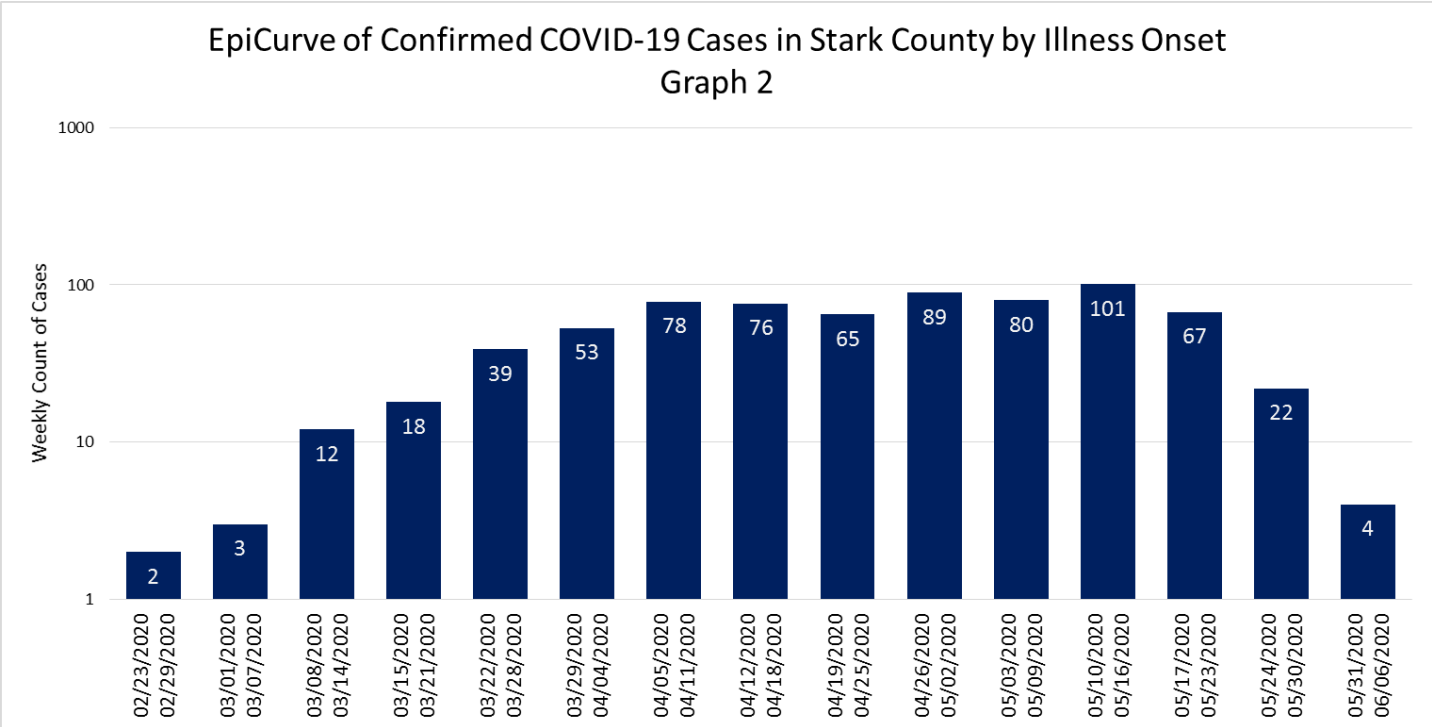
Discharged from Hospital		
ICU	29	
Other	64	
Some cases may be discharged due to death.		



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.

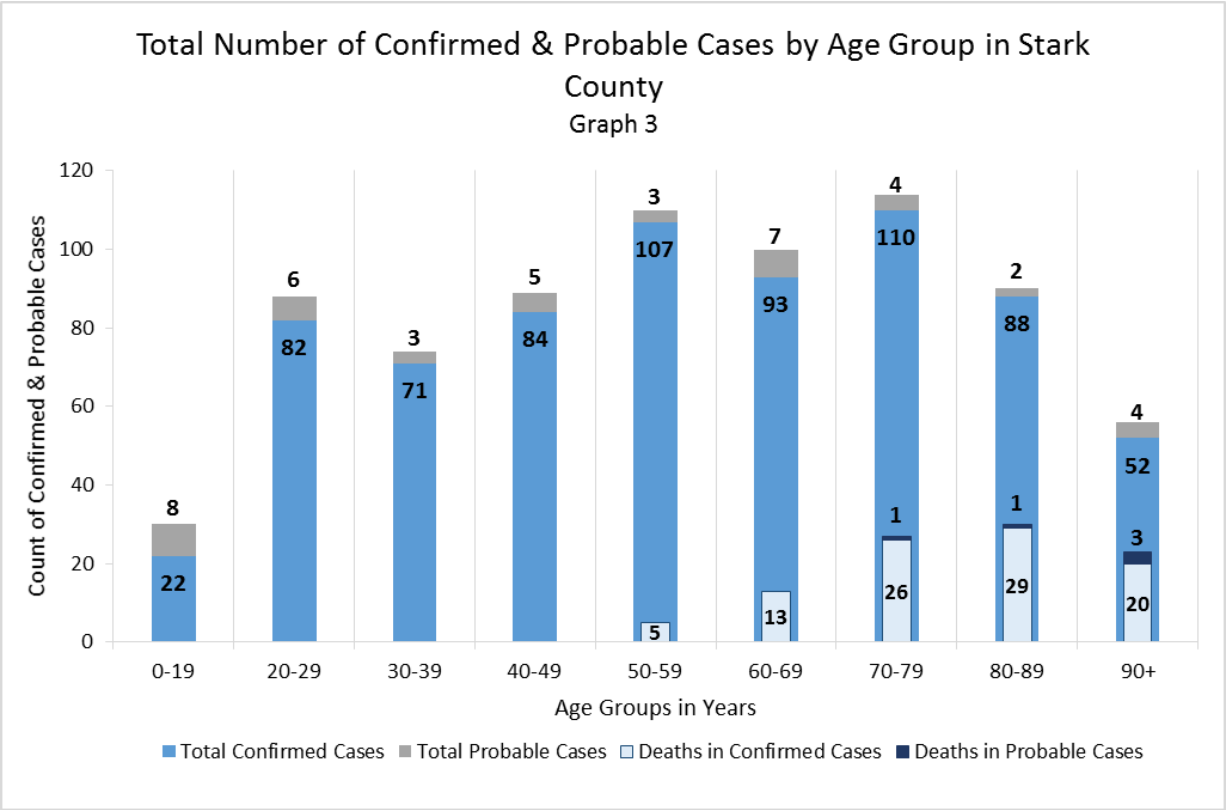
Signs/Symptoms Reported by Cases Table 2			
	Yes	No/ Unknown	% Yes
Abdominal Pain	62	647	8.7%
Chills	215	494	30.3%
Cough	343	366	48.4%
Diarrhea	116	593	16.4%
Fatigue	53	656	7.5%
Fever	310	399	43.7%
Headache	220	489	31.0%
Loss of smell/taste	141	568	19.9%
Muscle Aches	241	468	34.0%
Nausea	140	569	19.7%
Runny Nose	138	571	19.5%
Shortness of Breath	235	474	33.1%
Sore Throat	138	571	19.5%
Subjective Fever	288	421	40.6%

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.

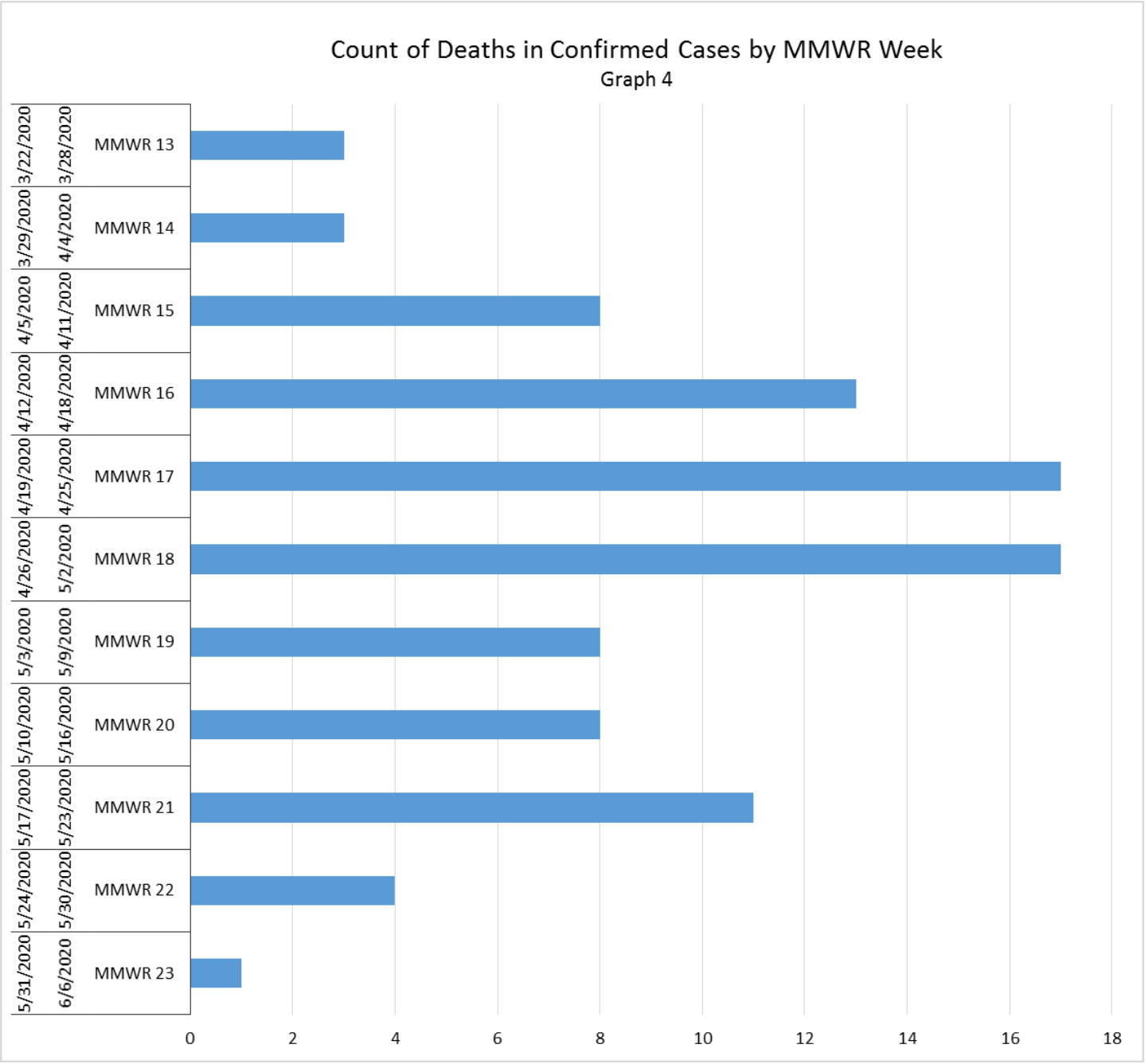


Graph 2 shows the EpiCurve which displays the total number of laboratory-confirmed cases per week, based on the illness onset date for Stark County. If the illness onset date is not available, the earliest known date is utilized, which could include the date the specimen was collected, the date of the 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. **This data is as of 12:00pm on 5/29/2020. State data as of 6/2/2020 was unavailable at time of report publishing.**

This graph has changed since the report released on 5/26/2020: *Due to the number of days that are now included, this graph has been changed to a weekly count.*



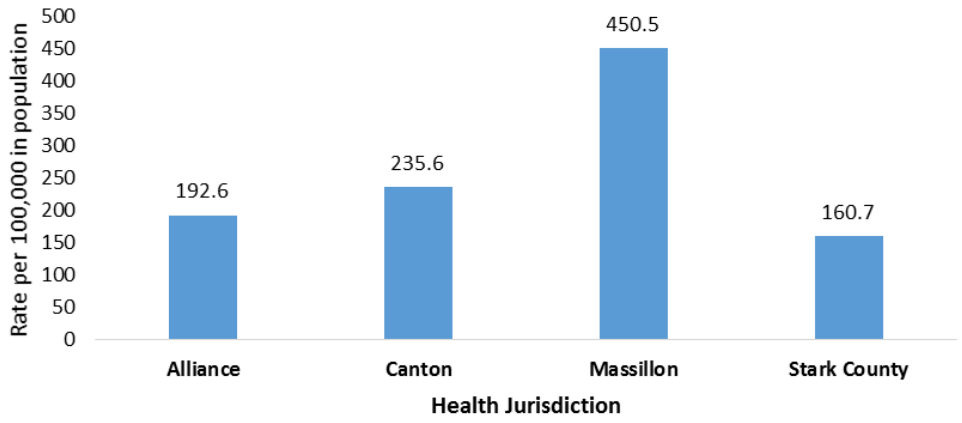
Graph 3 shows the total number of confirmed and probable cases and deaths in those cases by age group. As the number of cases have increased, we are now able to align with the age grouping reported at the state level. Age groups may be broken down further as new cases emerge. Deaths counted are based on both laboratory-confirmed cases and probable cases.



Graph 4 is a breakdown of death counts in laboratory-confirmed cases by MMWR (Morbidity and Mortality Weekly Report) week in which the death occurred. MMWR 23 includes only deaths documented as of 12:00pm on 06/02/2020.

Rate of Confirmed and Probable Cases by Health Jurisdiction

Graph 5

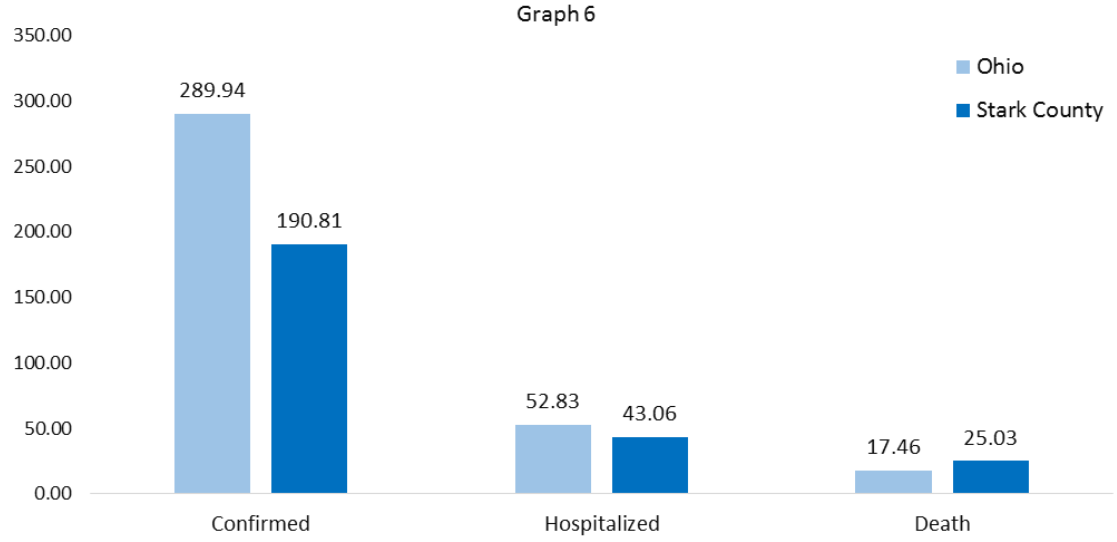


	Probable Cases	Confirmed Cases	Total
Alliance	1	42	43
Canton	18	148	166
Massillon	10	136	146
Stark County	13	383	396

Graph 5 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= (case count/population) *100000

Rates of Confirmed Cases by Population

Graph 6

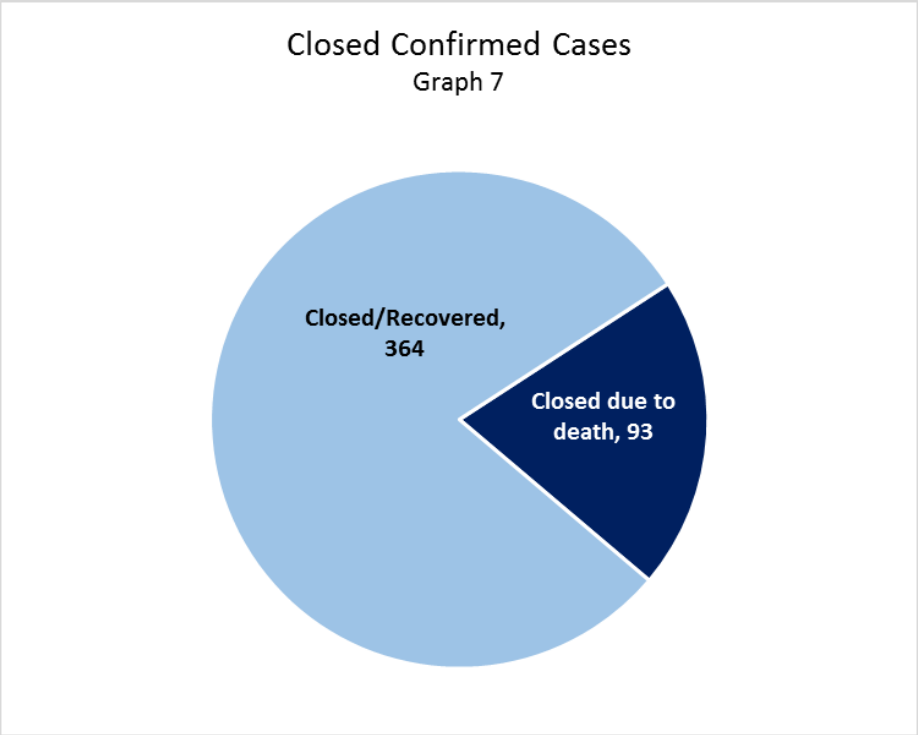


Counts of Cases	Ohio	Stark County
Confirmed	33892	709
Hospitalized	6176	160
Deaths	2041	93

Rates based on 2018 population from data.census.gov.
Rates=(count/population)*100000

Graph 6 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 1.5x higher than those in Stark County.
- Ohio's rate of laboratory confirmed cases who require hospitalization is 1.2x higher than Stark County's rate.
- Stark County's rate of death due to COVID-19 complications is 1.4x higher than Ohio's rate.

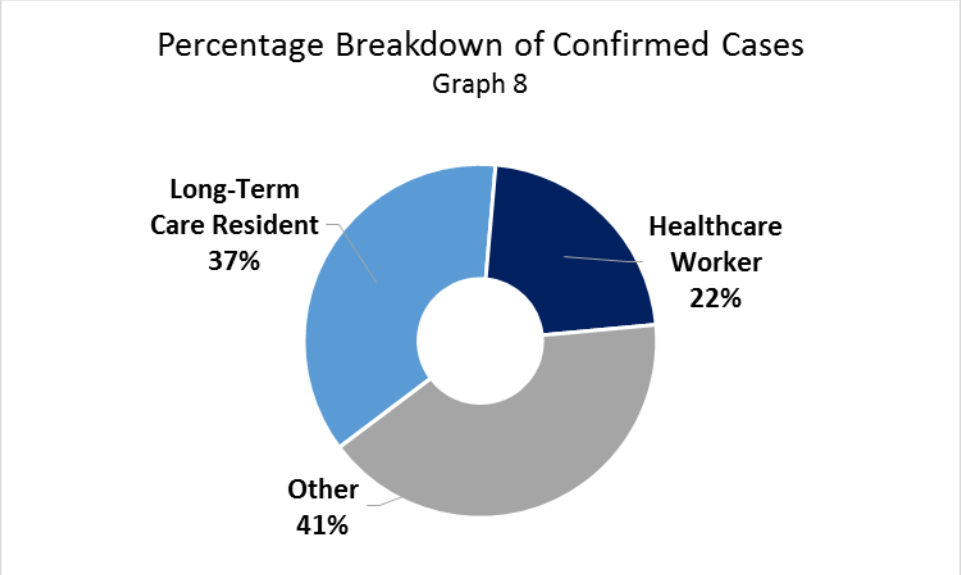


Graph 7 is the counts of cases closed, either due to closed/recovered or closed due to death. Stark County has a total of 457 cases closed of which 93 (19%) are due to death.

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.



Graph 8* shows a breakdown of categories in confirmed cases. Healthcare workers account for 22% of the confirmed cases while long-term care residents account for 37% of confirmed cases. The remaining 41% 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/cases
https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards/long-term-care-facilities/mortality

*Due to priority testing guidelines both long-term care residents and healthcare workers, are in Priority groups 1, & 2 for testing. Priority categories are listed starting on page 9 of this report. This may cause numbers for those groups to be skewed.

On May 4, 2020, 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. COVID-19 Hospital Preparedness Zones/Regions and community-based coalitions will work together to ensure equitable implementation of effective testing strategies that align with Ohio's cohesive statewide plan.

Testing is only one component of Ohio's response to COVID-19. The role of testing is to quickly identify individuals infected with COVID-19, promptly isolate them, and trace and quarantine any contacts to minimize spread of the virus to others. Testing does not change treatment in any way, nor does it replace comprehensive infection control and prevention activities.

Testing must be first available to individuals described in Priorities 1, 2, and 3. At a later date yet to be determined, Priorities 4 and 5 will be implemented. Further priorities may be added in the future. The purpose of this prioritization is to assure access to testing for the most ill and vulnerable Ohioans and those who care for them in order to limit the risk of spread in congregate living environments and communities. The prioritization also recognizes the appropriate use and preservation of personal protection equipment (PPE) across all health care and community settings to ensure safety.

Priority 1 is to ensure optimal and safe care for all hospitalized patients, lessen the risk of hospital-acquired infections, and ensure staff safety. Individuals in Priority 1 testing include:

- Hospitalized patients with symptoms.
- Healthcare personnel with symptoms. This includes behavioral health providers, home health workers, nursing facility and assisted living employees, emergency medical technicians (EMTs), housekeepers and others who work in healthcare and congregate living settings.

Priority 2 is to ensure that people at highest risk of complications from COVID-19 and those who provide essential public services are rapidly identified and appropriately prioritized in accordance with the CDC's April 30 guidance for testing in nursing homes. Individuals in Priority 2 testing include:

- Residents of long-term care facilities and other congregate living settings who are symptomatic.
- Residents and staff of long-term care facilities and congregate living settings who are asymptomatic with known exposure to COVID-19 in the context of an outbreak (e.g., two or more cases in the same area, wing or building).The purpose of testing individuals who are exposed and asymptomatic is to facilitate more specific isolation and quarantine within the congregate living setting to reduce the risk of virus transmission to other residents3. In these cases, the extent of testing will be determined by the local health department in consultation with the facility medical director or other clinical leadership.
- Patients 65 years of age and older with symptoms.
- Patients with underlying conditions with symptoms.
    - Consideration should be given for testing racial and ethnic minorities with underlying illness, as they are at increased risk for COVID-19 and more severe illness.
- First responders, public health workers, and critical infrastructure workers with symptoms.
- Other individuals or groups designated by public health authorities to evaluate and manage community outbreaks, including those within workplaces and other large gatherings.

Priority 3 is to test individuals with and without symptoms to implement health care services across all health care settings, as outlined in the Stay Safe Ohio Order and Governor DeWine's Responsible RestartOhio Guide for Health Care. The purpose of Priority 3 testing is to minimize risk of post-procedure complications and transmission of COVID-19. Individuals in Priority 3 testing include:

- Individuals receiving essential surgeries and procedures, including those that were reassessed after a delay, as outlined in Responsible RestartOhio for Health Care Step 1.
- Individuals receiving all other medically necessary procedures that do not require an overnight stay or an inpatient hospital admission, as outlined in Responsible RestartOhio for Health Care Step 2, which became effective on May 1, 2020.
- Providers/facilities should develop policies to define the necessity for testing based on procedural and individual patient risk factors. Zone/region leaders may be consulted for alignment with best practices.

Priority 4: Individuals in the community to decrease community spread, including individuals with symptoms who do not meet any of the above categories.

Priority 5: Asymptomatic individuals not mentioned above.