A joint collaboration between Stark County Public Health Agencies:

Alliance City Health Department Massillon City Health Department Canton City Public Health Stark County Health Department

Stark County, Ohio

June 19, 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 06.19.2020 11:00am (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:

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STARK HEALTH



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

Next report scheduled: 06/23/2020

Cases Reported to Stark LHDs			
Data as of 06.19.2020 1200			
Positive/Confirmed	862		
Hospitalized	180	20.88%	
ICU Admissions	40	4.64%	
Deaths in Confirmed			
Cases	101	11.72%	
Probable Cases	58		
Deaths in Probable			
Cases	4		

Cases Reported to ODH*			
Data as of 06.19.2020 1400			
Positive/Confirmed	40549		
Hospitalized	7167	17.67%	
ICU Admissions	1820	4.49%	
Deaths in Confirmed			
Cases	2430	5.99%	
Probable Cases 3182			
Deaths in Probable			
Cases	237		

Descriptive Statistics for Stark County Confirmed Cases

Gender			
	Confirme	Deaths	
Male	381	44.2%	51
Female	478	55.5%	50
Unknown	3	0.3%	0
Total	862		101

Ethnicity				
	Hispanic Non-Hisp Unknowr			
Count	94	645	123	
%	11%	75%	14%	

Race					
			Asian/Pacific		
	White	Black	Islander	Other	Unknown
Count	606	82	14	105	55
%	70%	10%	2%	12%	6%

Illness Information for Stark County Confirmed Cases-Cumulative Counts

Hospitalized			
Yes	180	21%	
No	469	54%	
Unknown	5	1%	

If hospitalized, in ICU?			
Yes 40 22%		22%	
No 140 78%			

Pre-existing Conditions				
Yes 607 70%				
No	255 30%			

Discharged from Hospital		
ICU	32	
Other	80	
Some cases m to death.	nay be disc	harged due



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.

> Graph 2 shows the total number of confirmed and probable cases and deaths in those cases by age group. Age groups may be broken down further as new cases emerge. Deaths counted are based on both laboratoryconfirmed cases and probable cases.



Graph 3 shows the EpiCurve which displays the total number of laboratory-confirmed cases per week, 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 2/23/2020, those are not included. **This data is as of 11:00am on 6/19/2020.**

To help highlight shortterm daily changes, Graph 2 shows daily case counts of laboratory confirmed cases. Stark County saw an increase in confirmed cases on 6/2/2020 due to a coordinated testing event for an at risk population.





Graph 7 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 1.3x higher than Stark County's rate.
- Stark County's rate of death due to COVID-19 complications is 1.3x higher than Ohio's rate.



Graph 8 is the counts of cases closed, either due to closed/recovered or closed due to death. Stark County has a total of 600 cases closed of which 101 (17%) 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 9* shows a breakdown of categories in confirmed cases. Healthcare workers account for 20% of the confirmed cases while longterm care residents account for 32% of confirmed cases. The remaining 48% 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/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, were initially in High Priority groups for testing. As testing has progressed, other Stark County residents are able to be tested on a more regular basis. Priority categories are listed on page 8 of this report.

On June 11, 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.

As of June 11, testing may be made available to individuals described in all Priorities. The purpose of this prioritization is to assure access to testing for the most ill and vulnerable Ohioans and those who care for them and 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-incurred infections, and ensure staff safety. Individuals in Priority 1 testing include:

• Hospitalized patients with symptoms.

• Healthcare workers 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 May 19 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 potential exposure to COVID-19 when a case is detected in a facility. 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 residents. 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 disproportionately affected by adverse COVID-19 outcomes.

• 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 in implementing healthcare services across all healthcare settings. 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 who were reassessed after a delay.

- Individuals receiving all other medically necessary procedures.
- Individuals receiving non-essential/elective surgeries and procedures, effective June 2.

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.

For additional information regarding test priorities, please visit: <u>https://coronavirus.ohio.gov/static/docs/COVID-19-Testing-Guidance.pdf</u>