

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 23, 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 COVID-19.

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 06.23.2020 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:

Amanda Archer, MPH aarcher@cantonhealth.org

Jessica Boley, RD, LD jboley@cantonhealth.org

Chelsea Sadinski, MPH SadinskiC@starkhealth.org



Stark County Epi Situational Report - COVID-19

Table 1 as of: 06/23/2020 2:00PM

Next report scheduled: 06/26/2020

Cases Reported to Stark LHDs		
Data as of 06.23.2020 1200		
Positive/Confirmed	902	
Hospitalized	184	20.40%
ICU Admissions	41	4.55%
Deaths in Confirmed Cases	102	11.31%
Probable Cases	58	
Deaths in Probable Cases	4	

Cases Reported to ODH*		
Data as of 06.23.2020 1400		
Positive/Confirmed	42767	
Hospitalized	7379	17.25%
ICU Admissions	1876	4.39%
Deaths in Confirmed Cases	2497	5.84%
Probable Cases	3360	
Deaths in Probable Cases	238	

Descriptive Statistics for Stark County Confirmed Cases

Gender		
	Confirmed Cases	Deaths
Male	402	44.6%
Female	496	55.0%
Unknown	4	0.4%
Total	902	102

Ethnicity			
	Hispanic	Non-Hisp	Unknown
Count	96	669	137
%	11%	74%	15%

Race					
	White	Black	Asian/Pacific	Islander	Other
Count	635	83	16	102	66
%	70%	9%	2%	11%	7%

Illness Information for Stark County Confirmed Cases-Cumulative Counts

Hospitalized		
Yes	184	20%
No	713	79%
Unknown	5	1%

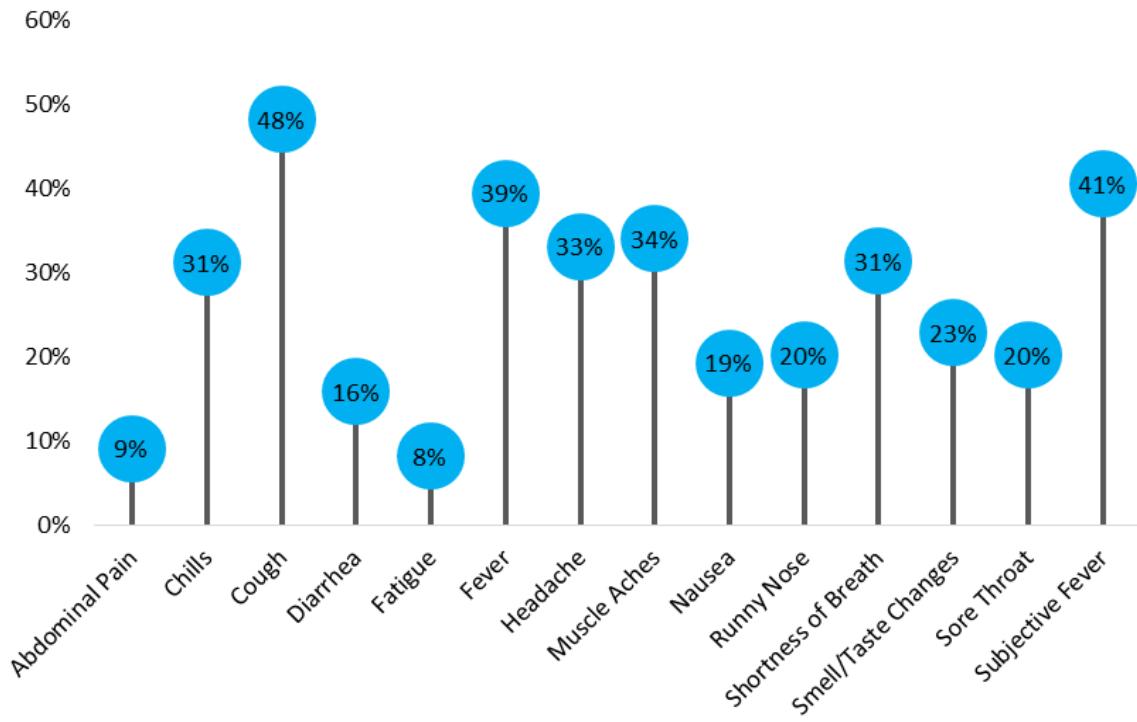
Pre-existing Conditions		
Yes	637	71%
No	265	29%

If hospitalized, in ICU?		
Yes	41	22%
No	143	78%

Discharged from Hospital		
ICU	33	
Other	82	

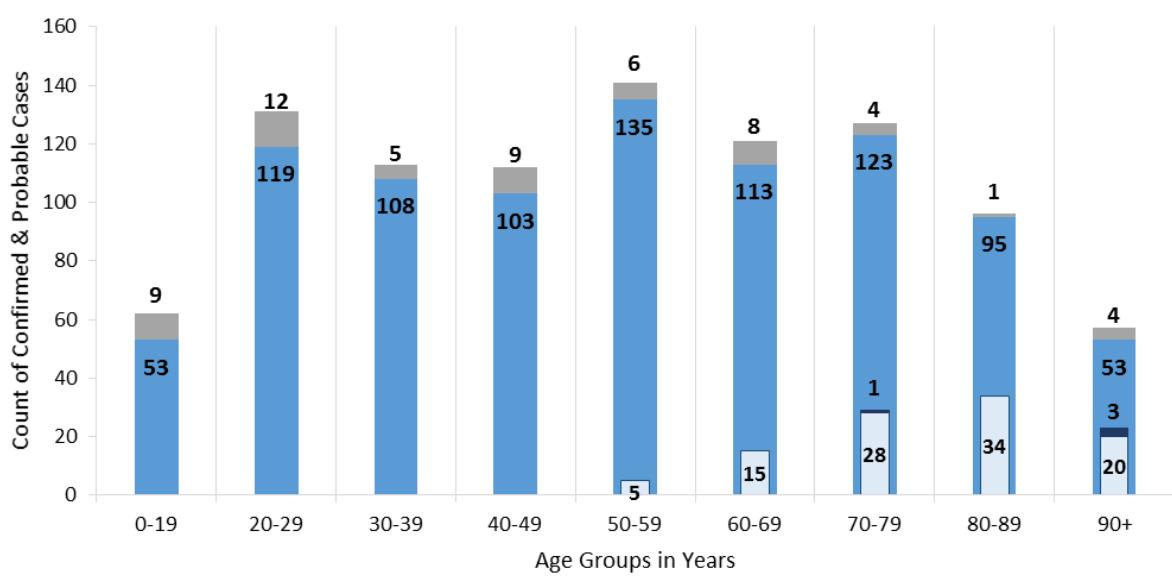
Some cases may be discharged due to death.

Signs & Symptoms in Confirmed Stark County Cases Graph 1



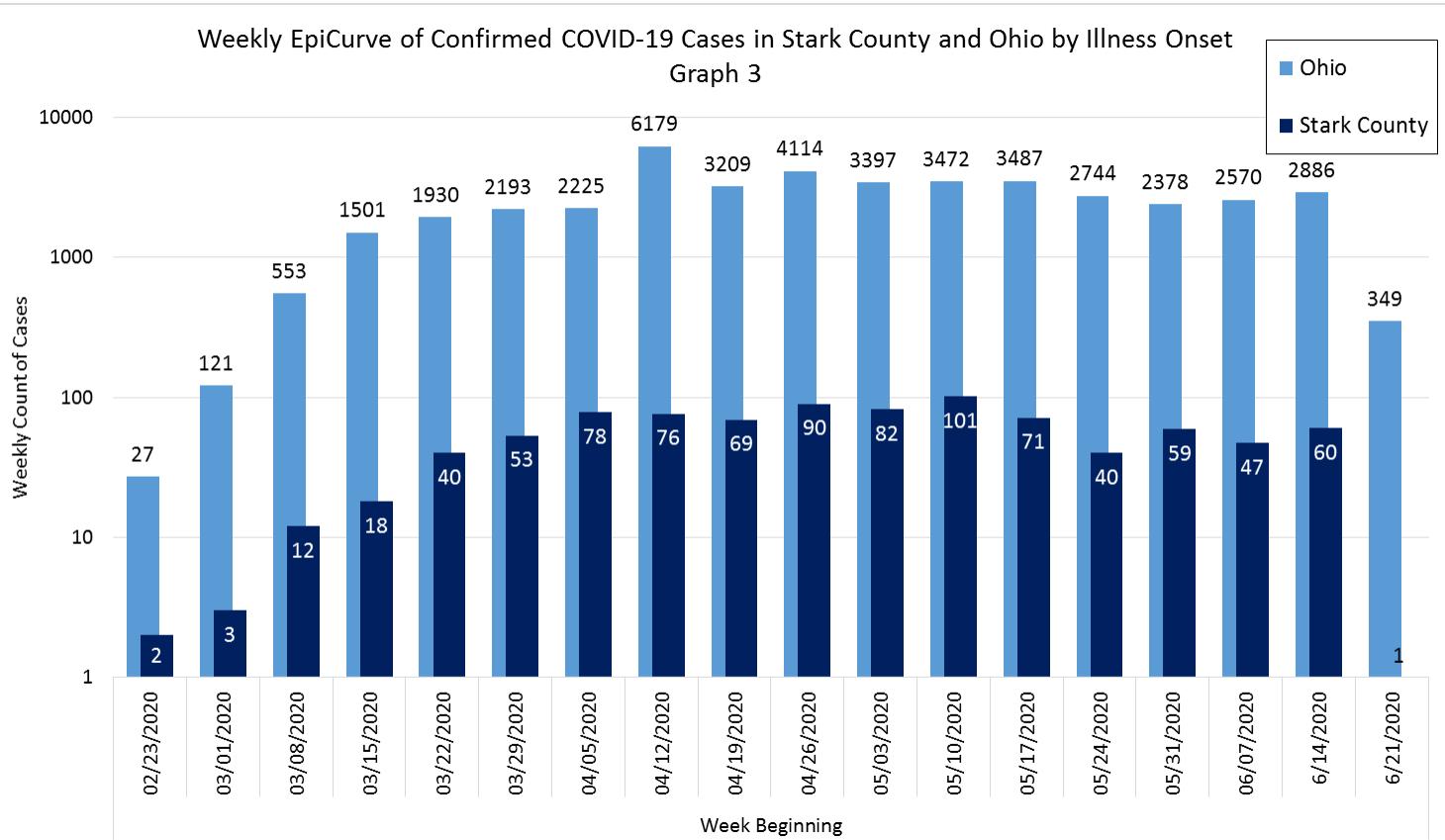
Graph 1 shows the incidence of signs and symptoms reported in confirmed cases of COVID-19 in Stark County. Two symptoms that are similar are subjective fever where in a patient felt feverish and fever in which is defined as a fever of $>100.4\text{F}$ (38C). Additional symptoms may be added in the future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

Total Number of Confirmed & Probable Cases by Age Group in Stark County Graph 2



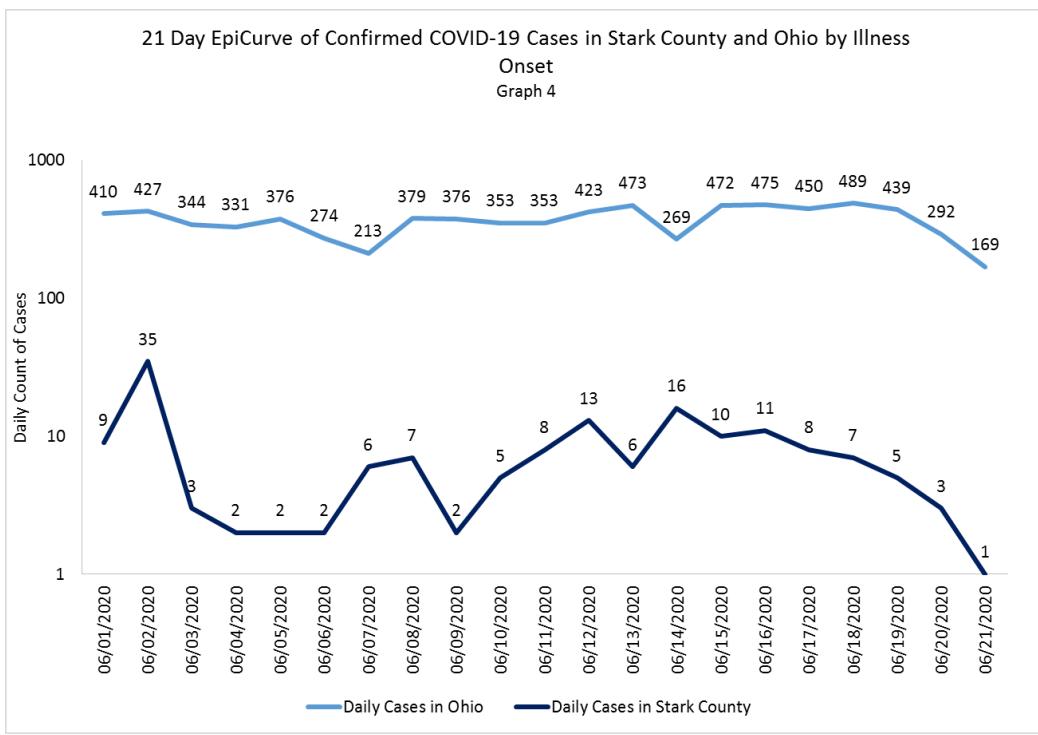
Graph 2 shows the total number of confirmed and probable cases and deaths in those cases by age group. Age groups may be broken down further as new cases emerge. Deaths counted are based on both laboratory-confirmed cases and probable cases.

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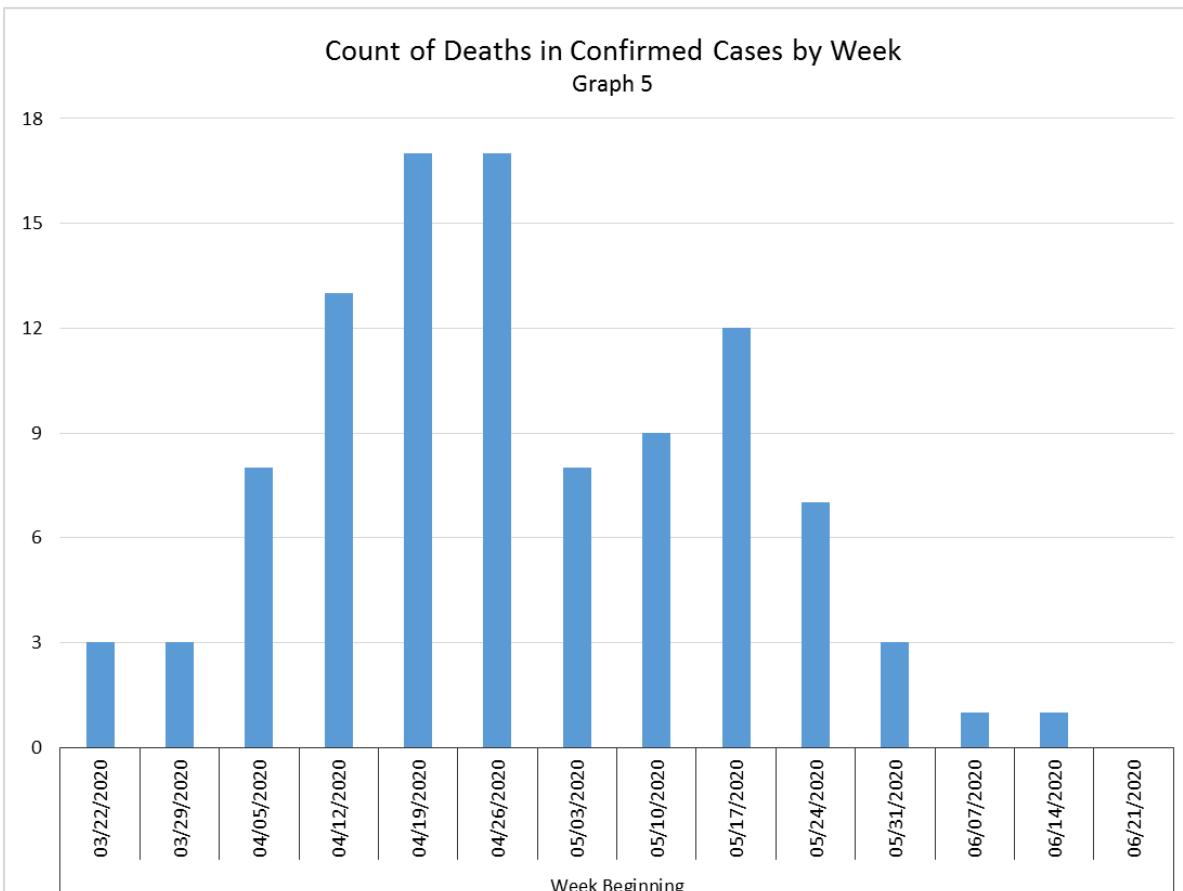
Graph 3 shows the EpiCurve which displays the total number of laboratory-confirmed cases per week, based on the illness onset date for Stark County and Ohio. If the illness onset date is not available, the earliest known date is utilized, which could include the date the specimen was collected, the date 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 6/23/2020.

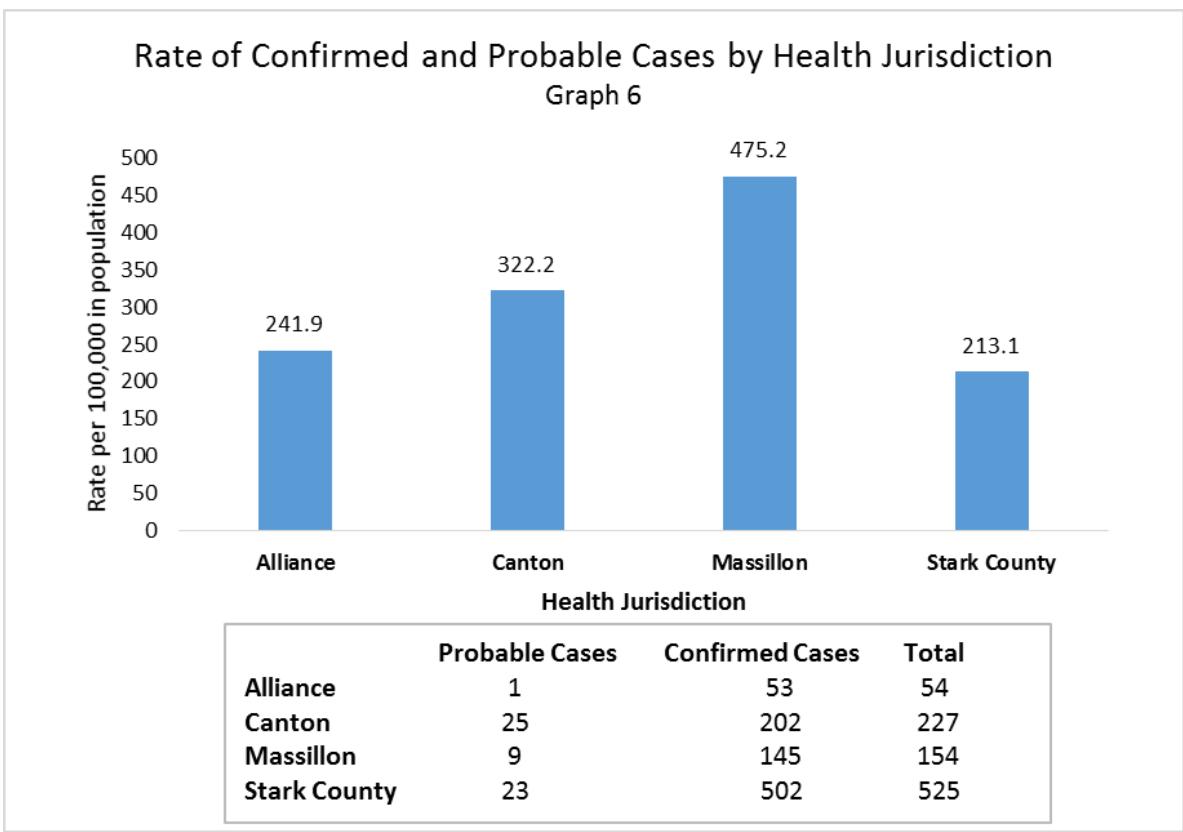


To help highlight short-term daily changes, Graph 4 shows daily case counts of laboratory confirmed cases. Stark County saw an increase in confirmed cases on 6/2/2020 due to a coordinated testing event for an at risk population.

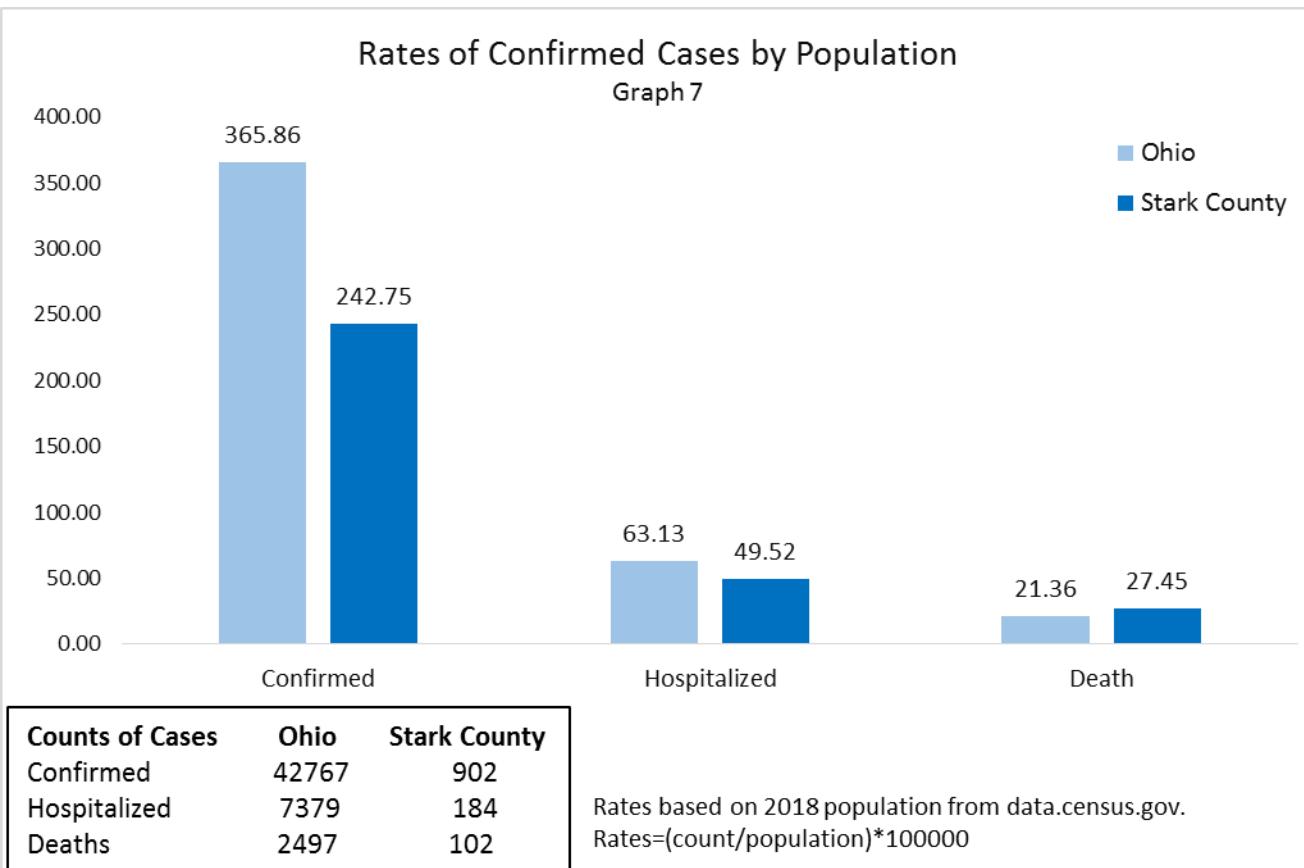
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Graph 5 is a breakdown of death counts in laboratory-confirmed cases by week in which the death occurred. Includes deaths documented as of 11:00am on 06/23/2020.

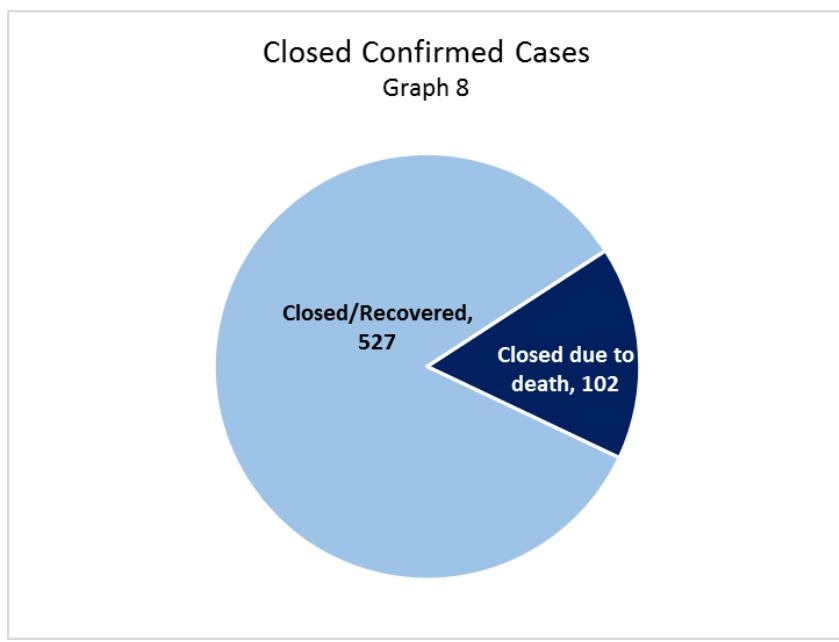


Graph 6 shows the rate of confirmed and probable cases by Stark County jurisdictions. Alliance, Canton and Massillon jurisdictions covers those within those particular city limits. Stark County jurisdiction covers all other areas outside of those three city limits. Rates calculated by 2018 population census data. Rates = (case count/population) *100000



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.



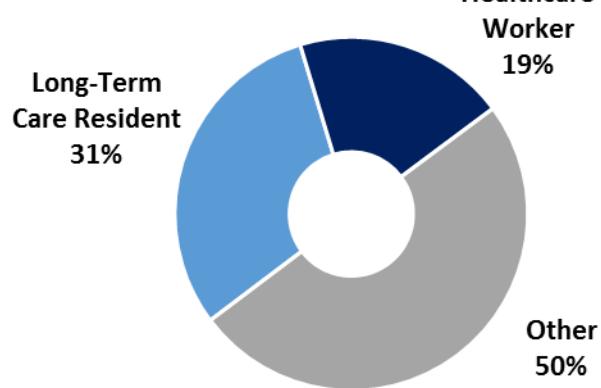
Graph 8 is the counts of cases closed, either due to closed/recovered or closed due to death. Stark County has a total of 629 cases closed of which 102 (16%) are due to death.

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 9



Graph 9* shows a breakdown of categories in confirmed cases. Healthcare workers account for 19% of the confirmed cases while long-term care residents account for 31% of confirmed cases. The remaining 50% 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, 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.

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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: <https://coronavirus.ohio.gov/static/docs/COVID-19-Testing-Guidance.pdf>