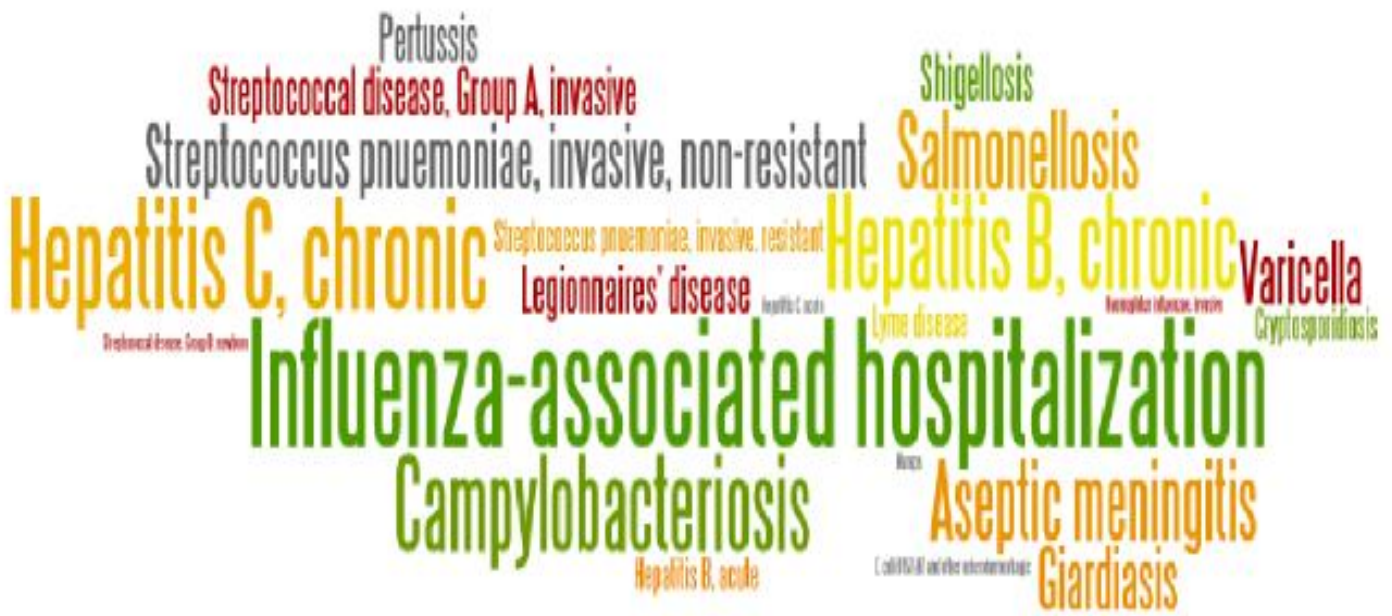


2012 Annual Summary of Reportable Infectious Diseases for Cuyahoga County, Ohio

Report Date: November 21, 2013



Public Health
Prevent. Promote. Protect.

Northeast Ohio Public Health Partnership

Acknowledgements

This report was a collaborative effort among the three health departments in Cuyahoga County. The individuals listed below contributed to the creation of the report.

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About the Cover

The cover of the 2012 Annual Summary of Reportable Infectious Diseases depicts what is known as a Word Cloud. The cloud is designed to provide a quick visualization and should not be utilized as an analytical tool.

The Word Cloud on the cover represents the 20 most reported infectious diseases in Cuyahoga County for 2012. The cloud is an arrangement of randomly positioned words where the size of the word is proportional to its frequency. In 2012, the three most frequent infectious diseases in Cuyahoga County were Influenza-associated hospitalizations, chronic Hepatitis C, and chronic Hepatitis B.

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Introduction

The 2012 Annual Communicable Disease Report is a collaborative effort between the Cuyahoga County Public Health Collaborative (CCPHC) which consists of the City of Cleveland Department of Public Health (CDPH), the Shaker Heights Health Department (SHHD), and the Cuyahoga County Board of Health (CCBH).

Certain infectious diseases in Ohio are reportable to local and state health departments under Ohio Administrative Code Chapter 3701-3. This report provides historical numbers for reportable diseases along with trends by select demographics (e.g., age, gender, and month of year). Attempts were also made to illustrate the geographic variation in select diseases provided there were enough cases to do so (i.e., at least five cases per city/municipality).

The report also provides a summary of the different type of illness outbreaks that were reported to the health departments in 2012.

The report does not include information on all reportable communicable diseases. Specifically, Tuberculosis data are exclusively managed by the Tuberculosis Clinic at MetroHealth Medical Center. Sexually transmitted disease data including HIV and AIDS are exclusively managed by the CDPH. Additional data reports for these diseases can be found at: <http://clevelandhealth.info/>.

The health departments are pleased to provide you with this report for the fourth consecutive year and anticipate its publication annually into the future. We are hopeful that you find the information useful as you gain a better understanding of the communicable disease burden in the county. The CCPHC also provides quarterly updates on select reportable diseases throughout the year. Although these quarterly updates do provide the number of cases, the scope of the updates is not as extensive as the information contained in the annual report (i.e., it does not include the trends by select demographics or illustrate the geographic variation).

Methods and Limitations

Data in this report are presented primarily as counts of cases or as incidence rates per 100,000 persons. Incidence rates are the number of new cases of a disease within a specified time period divided by the total population at risk in that time period. When the term “rate” is used alone, it can be assumed to be an incidence rate. Rates were calculated by using population estimates from the 2010 U.S. Census. The estimates were most recently updated on May 26, 2011. These estimates can be found online at <http://factfinder2.census.gov>.

The “median” and “mean” presented in Tables 1 through 5 represent the annual median and mean case counts and rates across the 2007-2011 time frame. This five year time frame was selected to help establish a baseline (e.g. endemic level) so comparisons can be made with the 2012 data. Additionally, this was done because counts and rates are subject to random variation and often fluctuate from year to year. This is especially the scenario when counts are very low, thus rates can become unstable and sometimes need to be interpreted with caution. For these reasons, rates have not been calculated when there are fewer than five cases in any given category and denoted with a “**”.

Data reflect counts and rates for Cuyahoga County residents only, but include diseases acquired by Cuyahoga County residents while traveling outside of the county and Ohio. For example, Lyme disease is not typically found in Cuyahoga County. Data were calculated using event date which is the earliest date associated with the case, usually the onset date.

Tetanus and Trichinosis were not included in the tables due to the fact that there were not any reported cases in the previous 5 years. Influenza-associated hospitalizations did not become reportable until 2009. Thus, the mean and median rates for Influenza-associated hospitalizations were not calculated for this report. Mean and median numbers for all other reportable infectious diseases were based on 2007-2011 data.

Case data were obtained from the Ohio Disease Reporting System (ODRS). Data includes confirmed, probable, and suspected cases based on case definitions determined by the Centers for Disease Control and Prevention (CDC). These case

Methods and Limitations

definitions can be found online at www.cdc.gov/ncphi/diss/nndss/casedef. For diseases that do not have a current CDC case definition, cases were determined using criteria from the Ohio Department of Health (ODH) Infectious Disease Control Manual (IDCM). The IDCM can be found online at www.odh.ohio.gov/healthresources/infectiousdiseasemanual.aspx.

The data presented in this report should be interpreted with respect to the following *limitations*:

1. It is known that diseases are often underreported since some cases do not always seek medical attention. The disease counts presented in this report are only reported cases, which is an underestimate of the amount of true disease. The amount of underreporting likely varies by disease.
2. Rates may be unreliable as described previously above. As the count decreases so does the stability of the rate.
3. Some demographic data may be incomplete. Thus, it may not always be possible to include reported cases in specific demographic analyses such as by age, gender, and/or geographic area. When age, gender, or city for a case was missing or unknown, that case may not be reflected in the corresponding graph.
4. Different dates may be used to classify the case year as mentioned above. Specifically, event date was used which is the earliest date associated with the case and usually the onset date. However, onset date was not always available. When unavailable, other dates such as specimen collection date and date of diagnosis were used as surrogates.

Selected Reportable Infectious Diseases by Year of Onset, Cuyahoga County, 2007-2012

Table 1. General Infectious Diseases	2007		2008		2009		2010		2011		Median		Mean		2012	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Aseptic Meningitis	62	4.8	74	5.8	68	5.3	96	7.5	116	9.1	74	5.8	83	6.5	73	5.7
Cytomegalovirus (CMV), congenital	3	**	4	**	1	**	5	0.4	3	**	3	**	3	**	7	0.5
Coccidioidomycosis	0	**	2	**	3	**	3	**	0	**	2	**	2	**	0	**
Creutzfeldt-Jakob disease (CJD)	2	**	2	**	7	0.5	1	**	0	**	2	**	2	**	2	**
<i>Haemophilus influenzae</i> , invasive	18	1.4	12	0.9	7	0.5	9	0.7	12	0.9	12	0.9	12	0.9	10	0.8
Legionnaires' disease	56	4.4	48	3.7	58	4.5	33	2.6	48	3.7	48	3.7	49	3.8	57	4.5
Meningitis, bacterial (non- <i>Neisseria</i>)	8	0.6	11	0.9	6	0.5	9	0.7	6	0.5	8	0.6	8	0.6	6	0.5
Streptococcal disease, Group A, invasive	28	2.2	26	2.0	24	1.9	23	1.8	34	2.7	26	2.0	27	2.1	27	2.1
Streptococcal disease, Group B, newborn	11	0.9	7	0.5	8	0.6	5	0.4	17	1.3	8	0.6	10	0.7	18	1.4
Streptococcal Toxic Shock Syndrome	1	**	4	**	0	**	1	**	0	**	1	**	1	**	0	**
<i>Streptococcus pneumoniae</i> , invasive disease, non-resistant or unknown resistance	61	4.8	60	4.7	71	5.5	55	4.3	71	5.5	61	4.8	64	5.0	63	4.9
<i>Streptococcus pneumoniae</i> , invasive disease, resistant	41	3.2	41	3.2	34	2.7	20	1.6	33	2.6	34	2.7	34	2.7	21	1.6
Toxic Shock Syndrome	1	**	1	**	0	**	0	**	0	**	0	**	0	**	0	**
<i>Staphylococcus aureus</i> , with intermediate resistance to vancomycin (VISA)	0	**	1	**	2	**	2	**	0	**	1	**	1	**	0	**

Table 2. Hepatitis	2007		2008		2009		2010		2011		Median		Mean		2012	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Hepatitis A	16	1.2	7	0.5	5	0.4	1	**	4	**	5	0.4	7	0.5	0	**
Hepatitis B, acute	26	2.0	32	2.5	19	1.5	23	1.8	18	1.4	23	1.8	24	1.8	12	0.9
Hepatitis B, chronic	206	16.1	183	14.3	181	14.1	173	13.5	162	12.7	181	14.1	181	14.1	163	12.7
Hepatitis C, acute	8	0.6	9	0.7	5	0.4	5	0.4	9	0.7	8	0.6	7	0.6	6	0.5
Hepatitis C, chronic	1049	81.9	963	75.2	1119	87.4	1122	87.6	569	44.4	1049	81.9	964	75.3	440	34.4
Hepatitis E	1	**	0	**	0	**	0	**	0	**	0	**	0	**	0	**

Selected Reportable Infectious Diseases by Year of Onset, Cuyahoga County, 2007-2012

Table 3.
Enteric Diseases

	2007		2008		2009		2010		2011		Median		Mean		2012	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Amebiasis	2	**	1	**	3	**	6	0.5	0	**	2	**	2	**	1	**
Botulism, foodborne	1	**	0	**	1	**	0	**	0	**	0	**	0	**	0	**
Campylobacteriosis	163	12.7	169	13.2	172	13.4	172	13.4	151	11.8	169	13.2	165	12.9	136	10.6
Cryptosporidiosis	23	1.8	14	1.1	15	1.2	30	2.3	9	0.7	15	1.2	18	1.4	6	0.5
Cyclosporiasis	0	**	0	**	0	**	0	**	0	**	0	**	0	**	0	**
<i>E.coli</i> O157:H7 and other enterohemorrhagic	6	0.5	13	1.0	11	0.9	7	0.5	9	0.7	9	0.7	9	0.7	17	1.3
Giardiasis	74	5.8	87	6.8	80	6.2	75	5.9	110	8.6	80	6.2	85	6.7	59	4.6
Hemolytic uremic syndrome (HUS)	1	**	0	**	8	0.6	0	**	0	**	0	**	2	**	0	**
Listeriosis	5	0.4	6	0.5	4	**	4	**	4	**	4	**	5	0.4	3	**
Salmonellosis	156	12.2	183	14.3	205	16.0	157	12.3	132	10.3	157	12.3	167	13.0	133	10.4
Shigellosis	101	7.9	217	17.0	244	19.1	14	1.1	31	2.4	101	7.9	121	9.5	53	4.1
Typhoid Fever	1	**	2	**	1	**	0	**	0	**	1	**	1	**	0	**
Vibriosis, other (not cholera)	1	**	2	**	2	**	1	**	3	**	2	**	2	**	1	**
Yersiniosis	10	0.8	10	0.8	5	0.4	6	0.5	4	**	6	0.5	7	0.5	2	**

Table 4.
Vaccine Preventable Diseases

	2007		2008		2009		2010		2011		Median		Mean		2012	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Influenza-associated hospitalizations	0	**	2	**	791	61.8	32	2.5	505	39.4	N/A	N/A	N/A	N/A	513	40.1
Influenza-associated pediatric mortality	0	**	0	**	3	**	0	**	0	**	N/A	N/A	N/A	N/A	0	**
Meningococcal disease	7	0.5	6	0.5	6	0.5	6	0.5	4	**	6	0.5	6	0.5	4	**
Mumps	4	**	0	**	2	**	15	1.2	9	0.7	4	**	6	0.5	6	0.5
Pertussis	39	3.0	21	1.6	20	1.6	29	2.3	28	2.2	28	2.2	27	2.1	48	3.7
Varicella	188	14.7	86	6.7	78	6.1	61	4.8	78	6.1	78	6.1	98	7.7	54	4.2

Table 5.
Zoonotic Diseases

	2007		2008		2009		2010		2011		Median		Mean		2012	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Arboviral	6	0.5	5	0.4	1	**	1	**	8	0.6	5	0.4	4	**	29	2.3
Brucellosis	0	**	0	**	1	**	0	**	0	**	0	**	0	**	0	**
Dengue	0	**	0	**	0	**	3	**	0	**	0	**	1	**	3	**
Lyme disease	5	0.4	8	0.6	10	0.8	6	0.5	9	0.7	8	0.6	8	0.6	25	2.0
Malaria	5	0.4	3	**	5	0.4	4	**	2	**	4	**	4	**	4	**
Rocky Mountain Spotted Fever	0	**	0	**	1	**	1	**	0	**	0	**	0	**	3	**

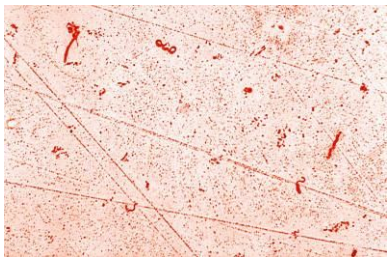
Campylobacteriosis

Infectious Agent: *Campylobacter jejuni* and less commonly, *C. coli* are the usual causes of Campylobacter diarrhea in humans. Other *Campylobacter* organisms, including *C. laridis* and *C. fetus spp*, have also been associated with diarrhea in normal hosts.

Mode of Transmission: Eating undercooked meat (especially poultry), and food, water, or raw milk contaminated with *Campylobacter*; contact with the stool (via fecal-oral route) of infected pets, livestock, or infected infants; and foods cross-contaminated from poultry via raw meat juice or misuse of cutting boards.

Incubation Period: 1-10 days, usually 2-5 days

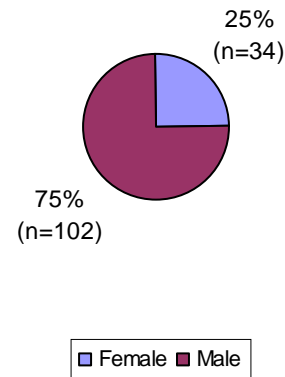
Symptoms: Fever, headache, myalgia, malaise, diarrhea (may contain blood or mucus), vomiting, nausea, and abdominal cramps.



Campylobacteriosis

- There were 136 cases of Campylobacteriosis reported in 2012 for a rate of 10.6 per 100,000. The Healthy People 2020 target is 8.5 per 100,000.
- Seventy-nine of the 136 cases (58%) were 40 years old or older.
- Peak activity occurred in the summer months which is consistent with historical trends.

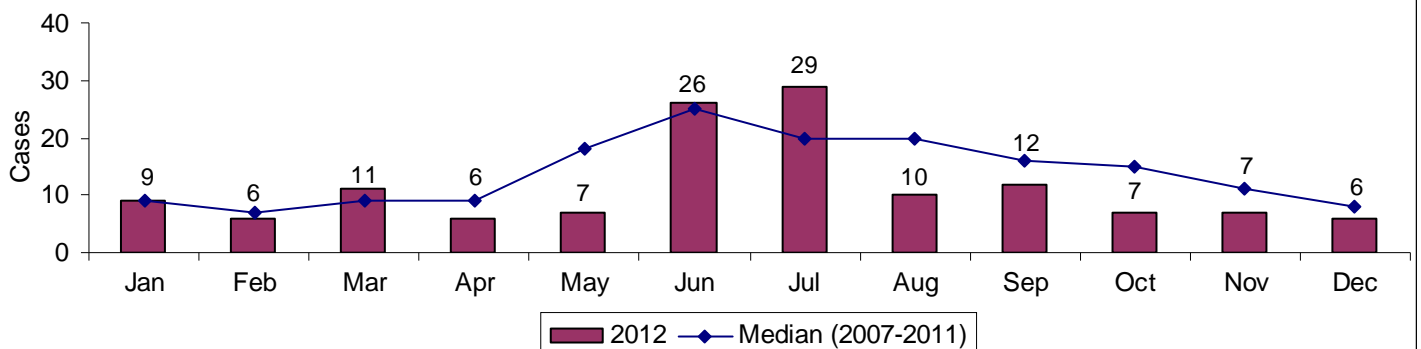
Campylobacteriosis Cases by Gender



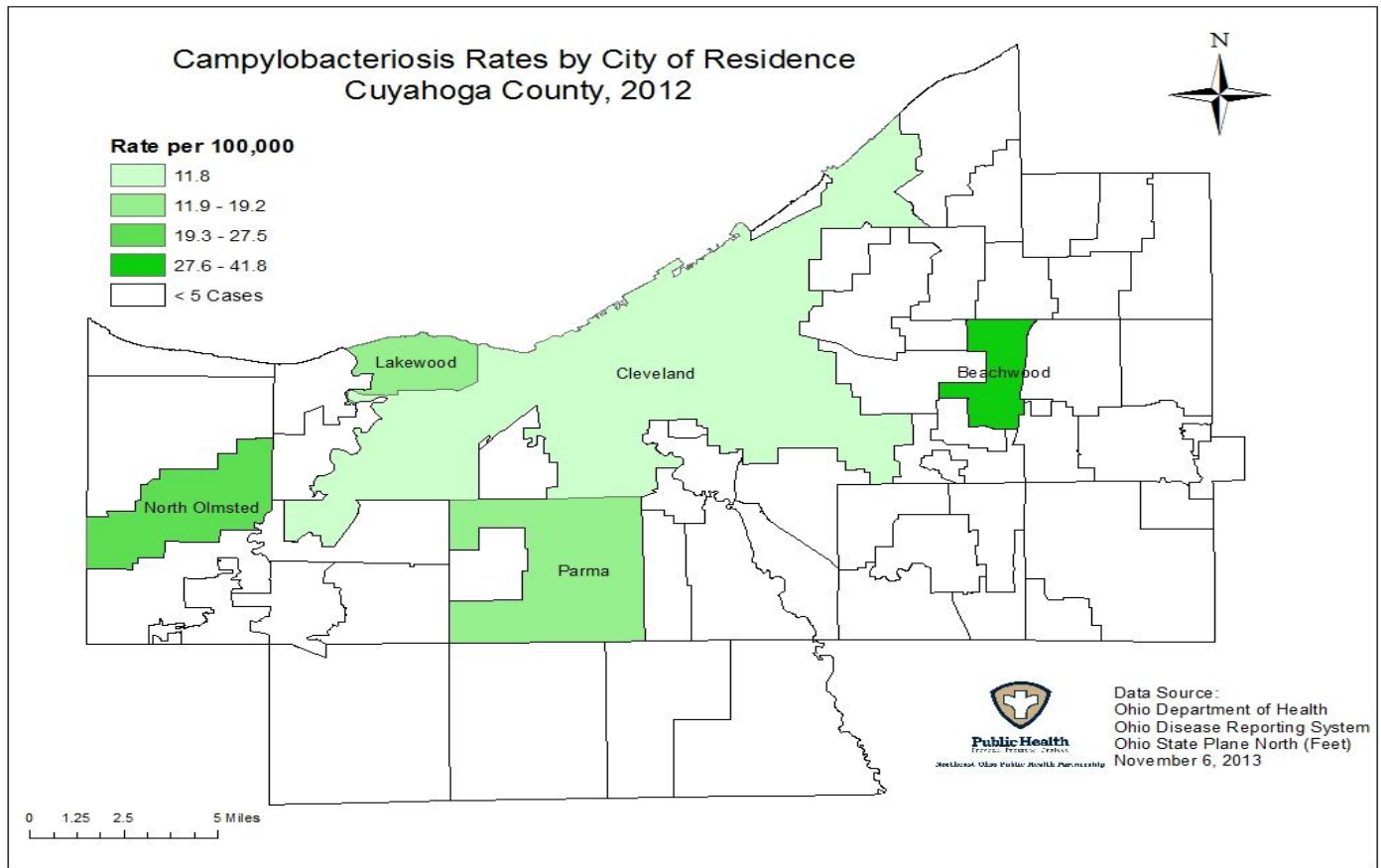
Campylobacteriosis Cases by Age



Campylobacteriosis Cases by Month



Campylobacteriosis



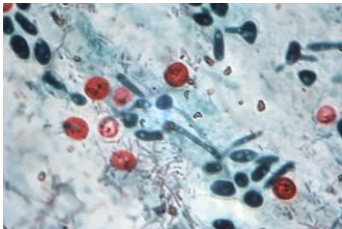
Cryptosporidiosis

Infectious Agent: *Cryptosporidium hominus* or *Cryptosporidium parvum*, protozoan parasites that produce oocysts. The oocysts are highly infective for humans and most animals. The oocysts are also resistant to chlorine and other disinfectants.

Mode of Transmission: Fecal-oral route, including person-to-person, animal-to-person, waterborne and foodborne transmission.

Incubation Period: 1-13 days, usually 1 week

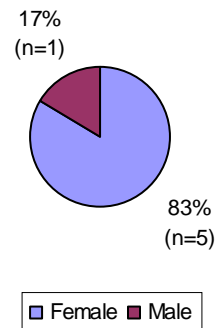
Symptoms: Watery diarrhea which may contain mucus often accompanied with abdominal pain. Less common symptoms include malaise, low-grade fever, anorexia, nausea, and vomiting.



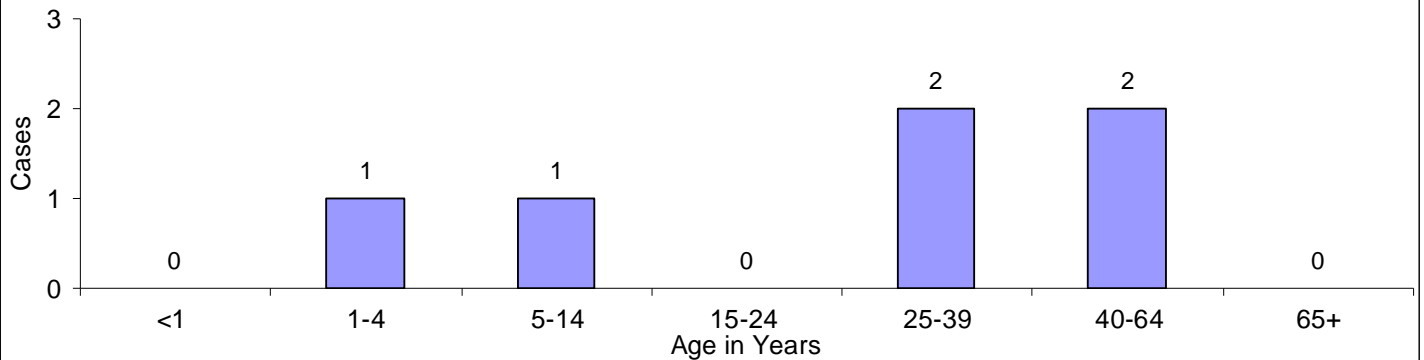
Cryptosporidiosis

- In 2012 there were 6 cases of Cryptosporidiosis reported in Cuyahoga County. This translates to a rate of 0.5 per 100,000.
- The majority of cases (83%) were female.
- Four of the 6 cases (67%) occurred in the summer months. Historical trends have shown peak activity in late summer and early fall.

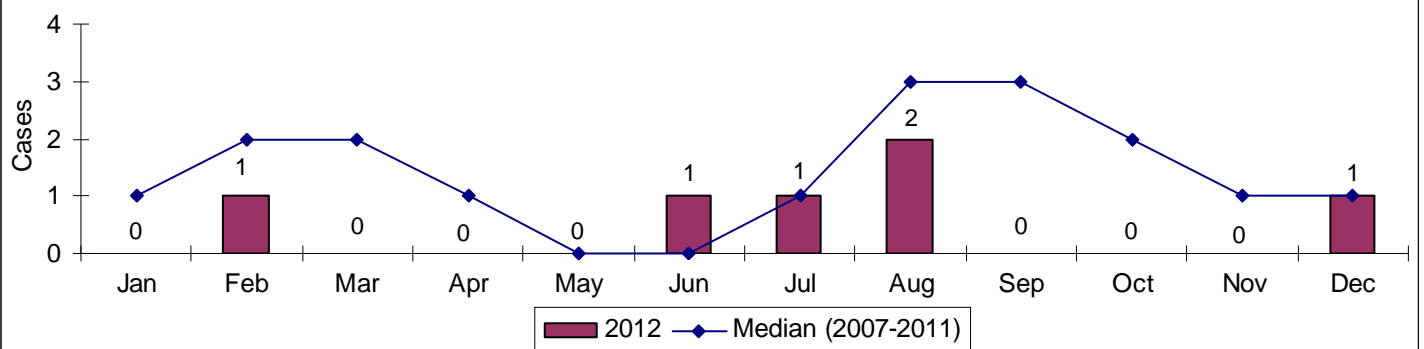
Cryptosporidiosis Cases by Gender



Cryptosporidiosis Cases by Age



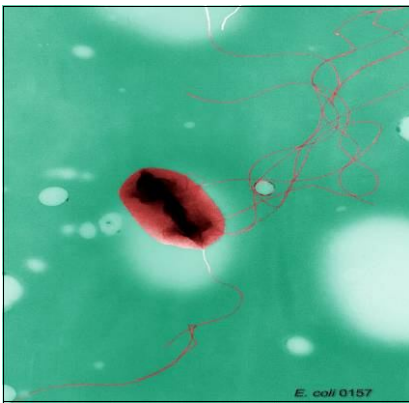
Cryptosporidiosis Cases by Month



Escherichia coli (E.coli) O157:H7 and other enterohemmor-

Enterohemorrhagic *E. coli*

- There were 17 cases of *E. coli* reported in 2012 for a rate of 1.3 per 100,000. The Healthy People 2020 target is 0.6 per 100,000.
- There was an 86% increase in the number of reported cases in 2012; however, no associations were observed among these cases.



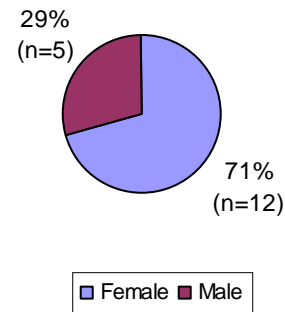
Infectious Agent: *E. coli* O157:H7 and other enterohemorrhagic strains.

Mode of Transmission: Person-to-person transmission via the fecal-oral route, eating contaminated beef that has been undercooked, or eating raw fruits and vegetables cross-contaminated with raw meat juices. Transmission has also occurred from swimming in contaminated water.

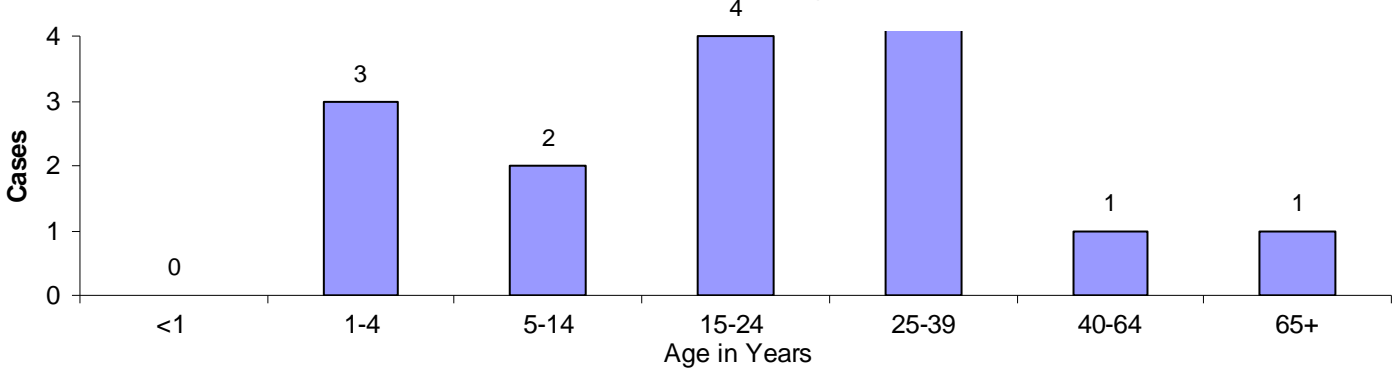
Incubation Period: 10 hours - 8 days, usually 3-4 days

Symptoms: One may be asymptomatic or have diarrhea ranging from mild to severe.

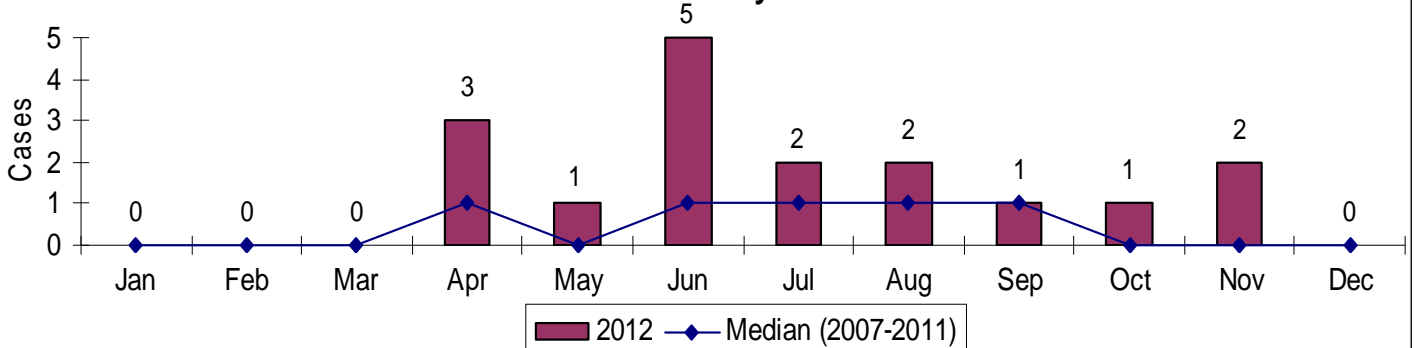
***E. coli* Cases by Gender**



***E. coli* Cases by Age**

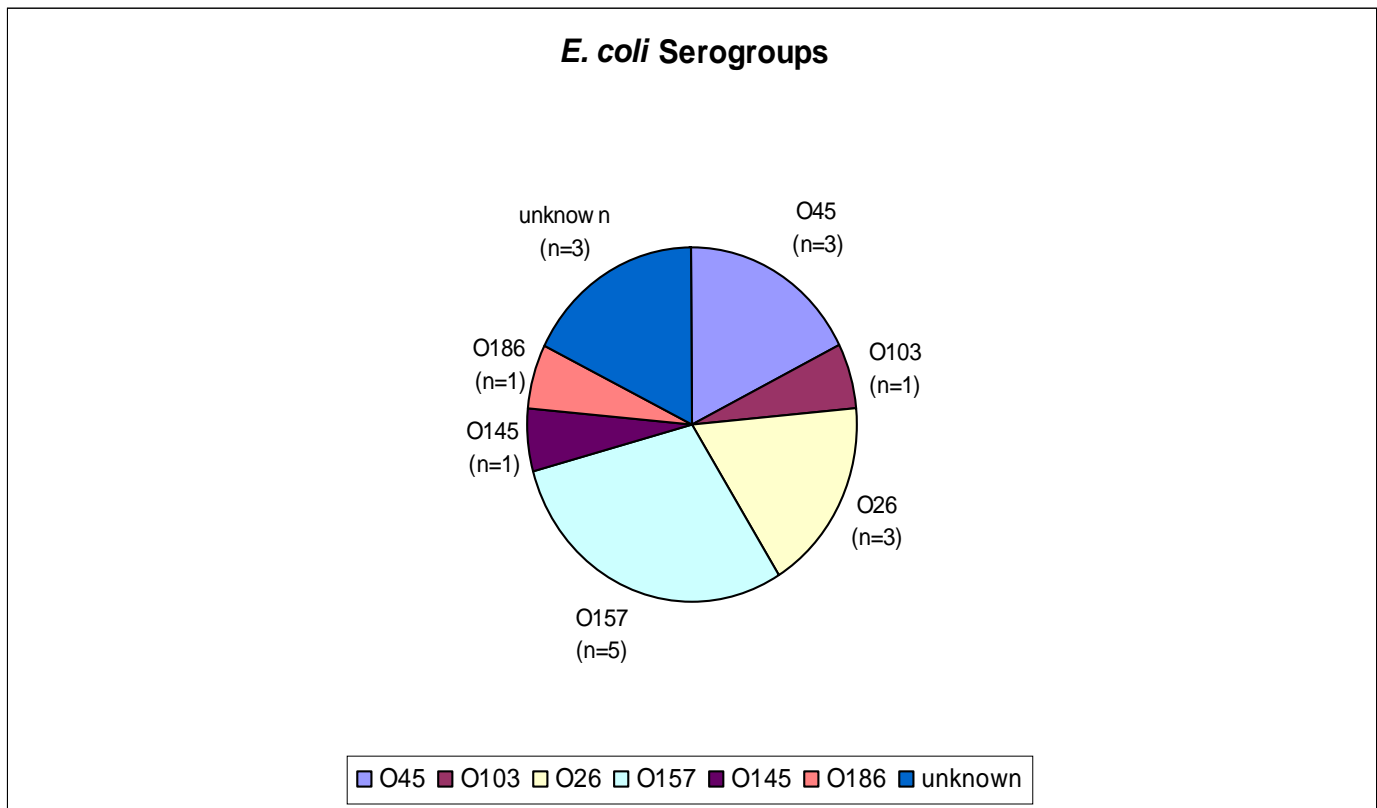


***E. coli* Cases by Month**



Escherichia coli (*E.coli*) O157:H7 and other enterohemmor-

E. coli Serogroups in Cuyahoga County Among All Specimens, 2012 (N=17)



In addition to the most common form of Shiga-toxin producing *E. coli* (STEC), *E. coli* O157, the Centers for Disease Control and Prevention (CDC) has identified six other strands, known as non-O157 STECs, that are just as hazardous as *E. coli* O157. The CDC estimates that non-O157 STECs cause 36,700 illnesses, 1,100 hospitalizations and 30 deaths in the United States each year.

The 6 non-O157 STEC strains, also known as the “Gang of Six”, are O26, O111, O103, O45, O121, and O145.

Studies in some states have shown that the prevalence of non-O157 STEC isolates is greater than or equal to that of *E. coli* O157:H7.

Over the past several years, there has been an increase in the number of non-O157 STEC strains reported in Cuyahoga County. In 2009, all 11 cases of *E. coli* reported in Cuyahoga County were O157:H7. However, in 2010 and 2011, 3 of the non-O157 STEC strains belonging to the “Gang of Six” were observed in Cuyahoga County. In 2012, 9 (64.3%) of the 14 specimens where serogroups were identified were non-O157 STEC strains.

References: fri.wisc.edu/docs/pdf/Kaspar_FRI_FRESH_3_9_10.pdf
www.foodprotection.org/events/european-symposia/11Ede/Keen.pdf

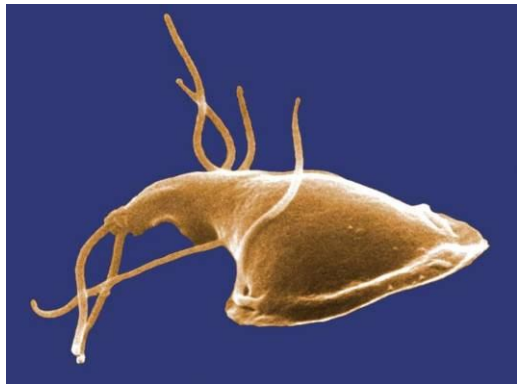
Giardiasis

Infectious Agent: *Giardia lamblia*, a protozoan

Mode of Transmission: Person-to-person transmission via the fecal-oral route. Transmission may also occur from contaminated food or water.

Incubation Period: 3-25 days, usually 7-10 days

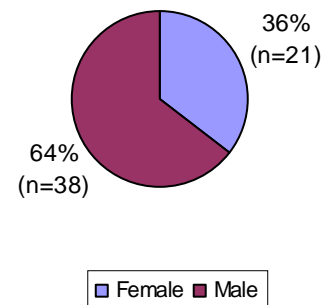
Symptoms: One may be asymptomatic. Illness may cause chronic diarrhea, cramps, bloating, frequent loose or pale, greasy stools, fatigue and weight loss.



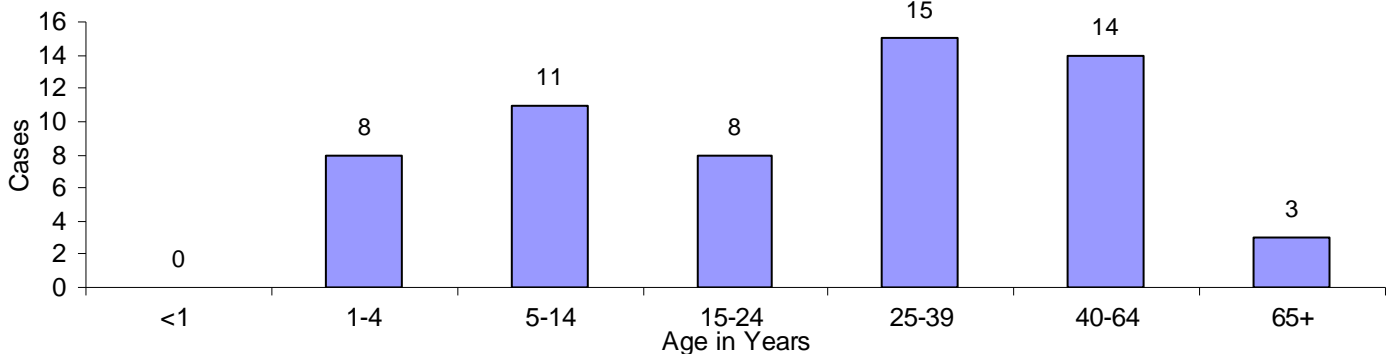
Giardiasis

- In 2012 there were 59 cases of Giardiasis reported in Cuyahoga County. This translates to a rate of 4.6 per 100,000.
- Asymptomatic cases of Giardiasis are no longer being included in the case count. As a result, the number of cases in 2012 is lower than in previous years.

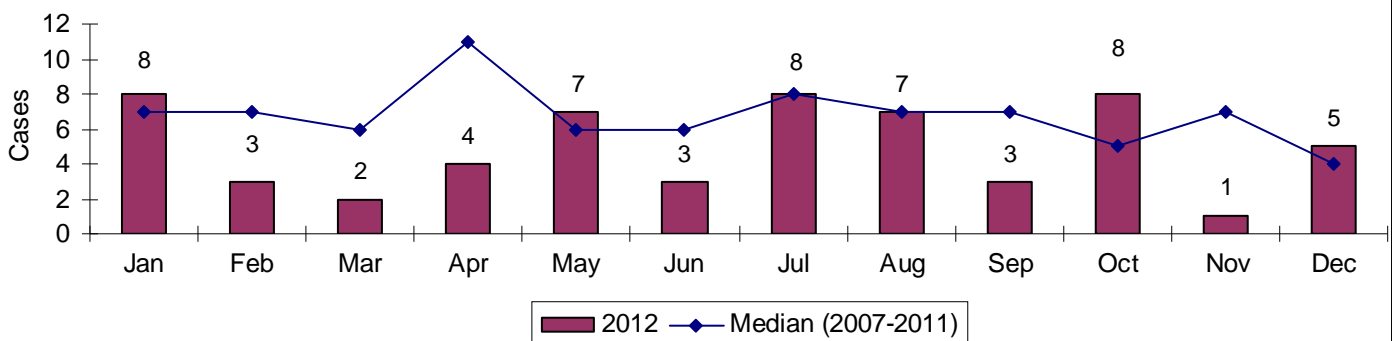
Giardiasis Cases by Gender



Giardiasis Cases by Age



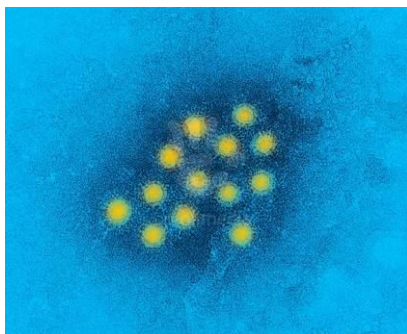
Giardiasis Cases by Month



Hepatitis A

Hepatitis A

- There were no cases of Hepatitis A reported in Cuyahoga County in 2012. Historically, the 5-year median number of Hepatitis A cases was 5.



Infectious Agent: Hepatitis A virus (HAV)

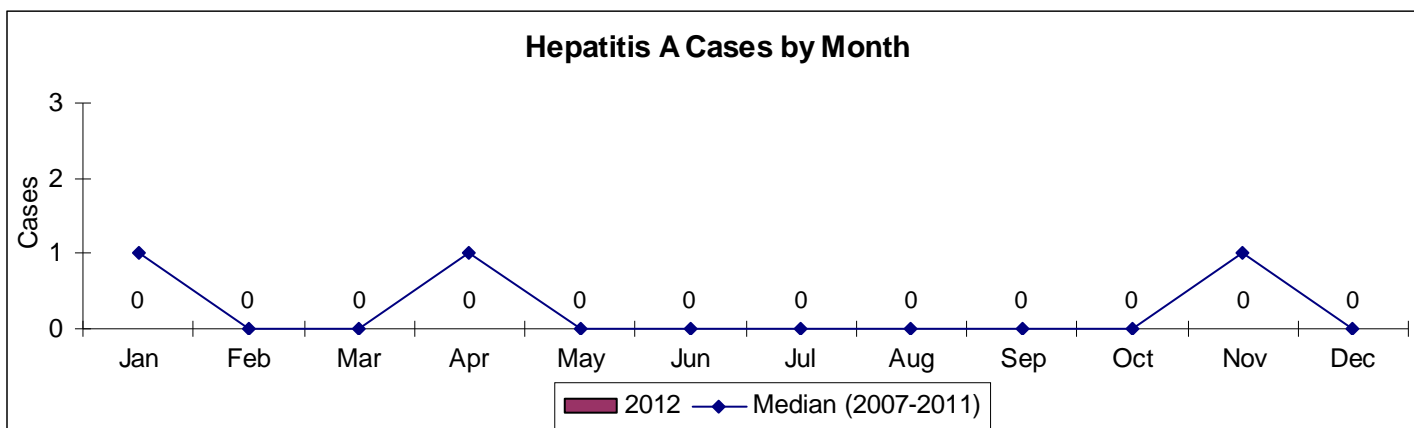
Mode of Transmission: Ingestion of the virus via the fecal-oral route. HAV is spread primarily by close person-to-person contact or through contaminated food.

Incubation Period: 15-50 days, usually 28-30 days

Symptoms: Fever, malaise, anorexia, nausea, abdominal pain, dark urine, clay-colored stools, and jaundice. Infected children, particularly infants and toddlers, are often asymptomatic.

Hepatitis A Cases by Gender pie chart intentionally removed from this report.

Hepatitis A Cases by Age bar graph intentionally removed from this report.



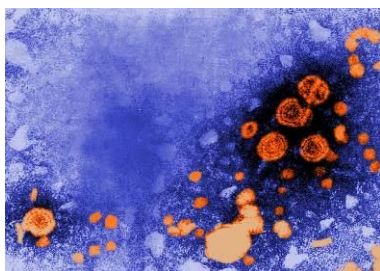
Hepatitis B, acute

Infectious Agent: Hepatitis B virus (HBV)

Mode of Transmission: Exposure to person with acute or chronic HBV infection. Transmission can occur through sexual contact; percutaneous inoculation by contaminated needles during injection-drug use, tattooing, ear piercing, and acupuncture; contamination of mucosal surfaces with infective serum or plasma during activities such as mouth pipetting; and perinatal transmission.

Incubation Period: 6 weeks - 6 months, usually 2-3 months

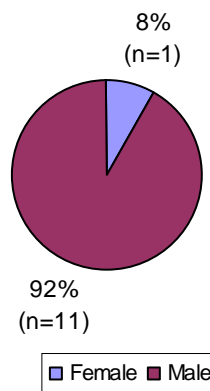
Symptoms: Fever, anorexia, malaise, nausea, vomiting, abdominal pain, and jaundice. There may also be occurrences of skin rashes, arthralgia, and arthritis.



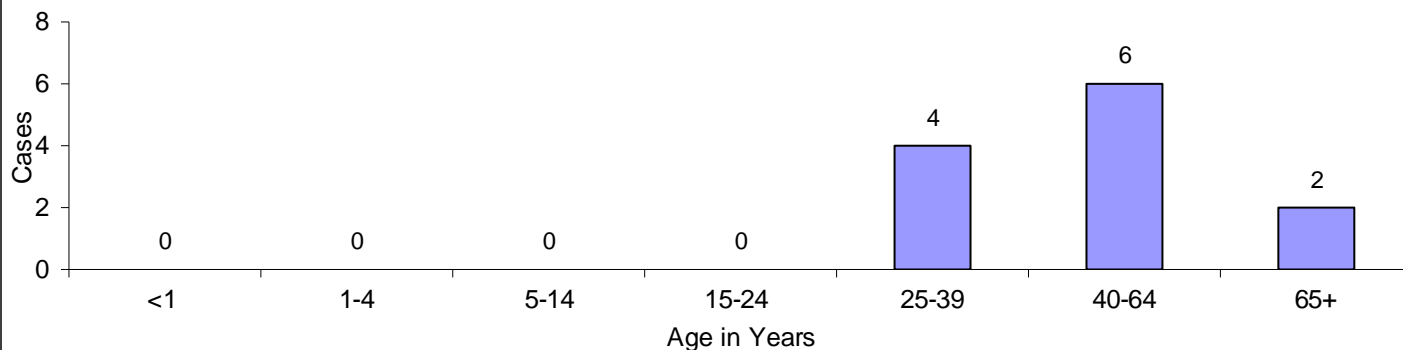
Hepatitis B, acute

- There were 12 cases of acute Hepatitis B reported in Cuyahoga County. This translates to a rate of 0.9 per 100,000.
- All 12 cases were adults 25 years of age and older.

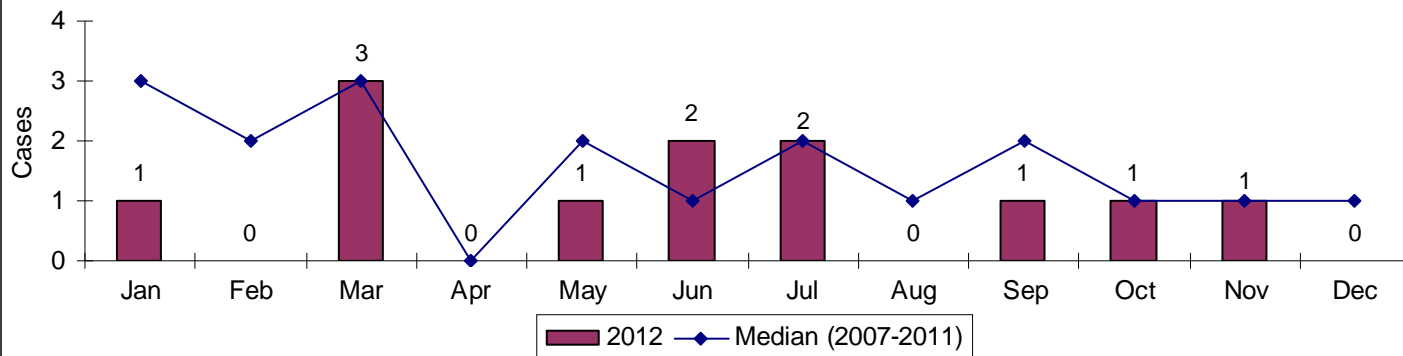
Hepatitis B, acute Cases by Gender



Hepatitis B, acute Cases by Age



Hepatitis B, acute Cases by Month



Hepatitis B, chronic

Infectious Agent: Hepatitis B virus (HBV)

Mode of Transmission: Exposure to person with acute or chronic HBV infection. Transmission can occur through sexual contact; percutaneous inoculation by contaminated needles during injection-drug use, tattooing, ear piercing, and acupuncture; contamination of mucosal surfaces with infective serum or plasma during activities such as mouth pipetting; and perinatal transmission.

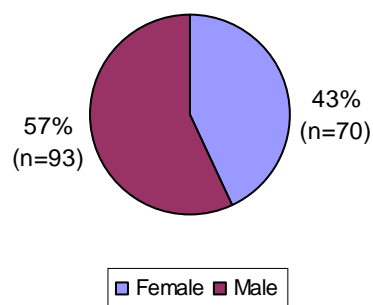
Incubation Period: 6 weeks - 6 months, usually 3-4 months

Symptoms: Persons may be asymptomatic. There may be no evidence of liver disease or a spectrum of disease ranging from chronic hepatitis to cirrhosis or liver cancer.

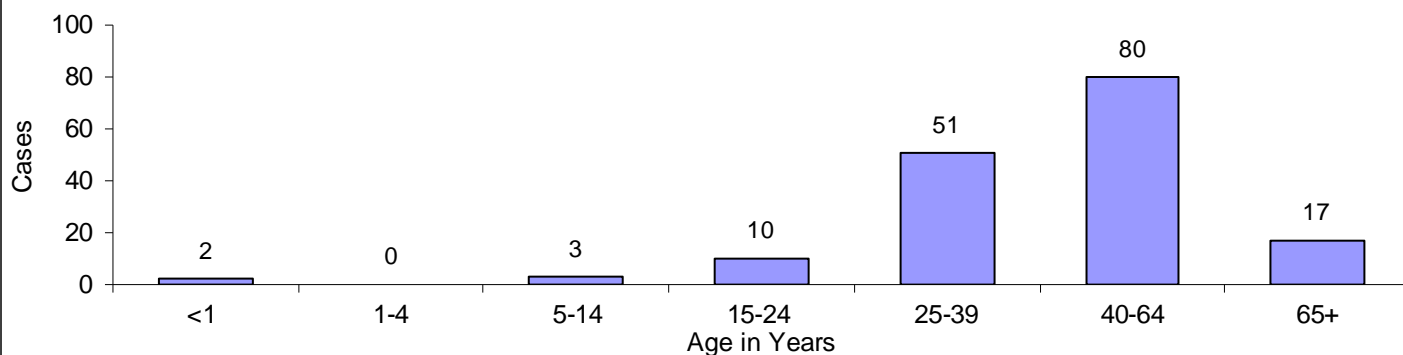
Hepatitis B, chronic

- In 2012 there were 163 cases of chronic Hepatitis B reported in Cuyahoga County. This translates to a rate of 12.7 per 100,000.
- The majority of cases were 25-64 years of age with 49% of cases in the 40-64 year age group.
- Fifty-four percent of the cases lived in the city of Cleveland.

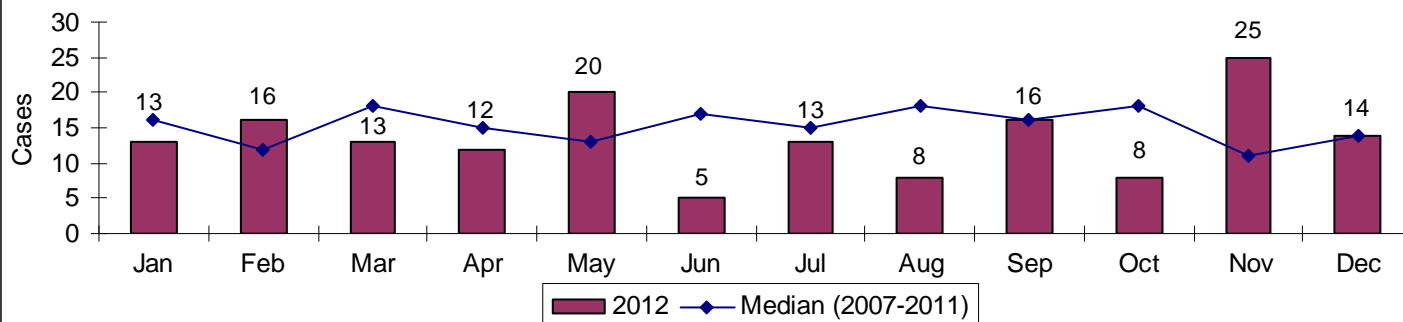
Hepatitis B, chronic Cases by Gender



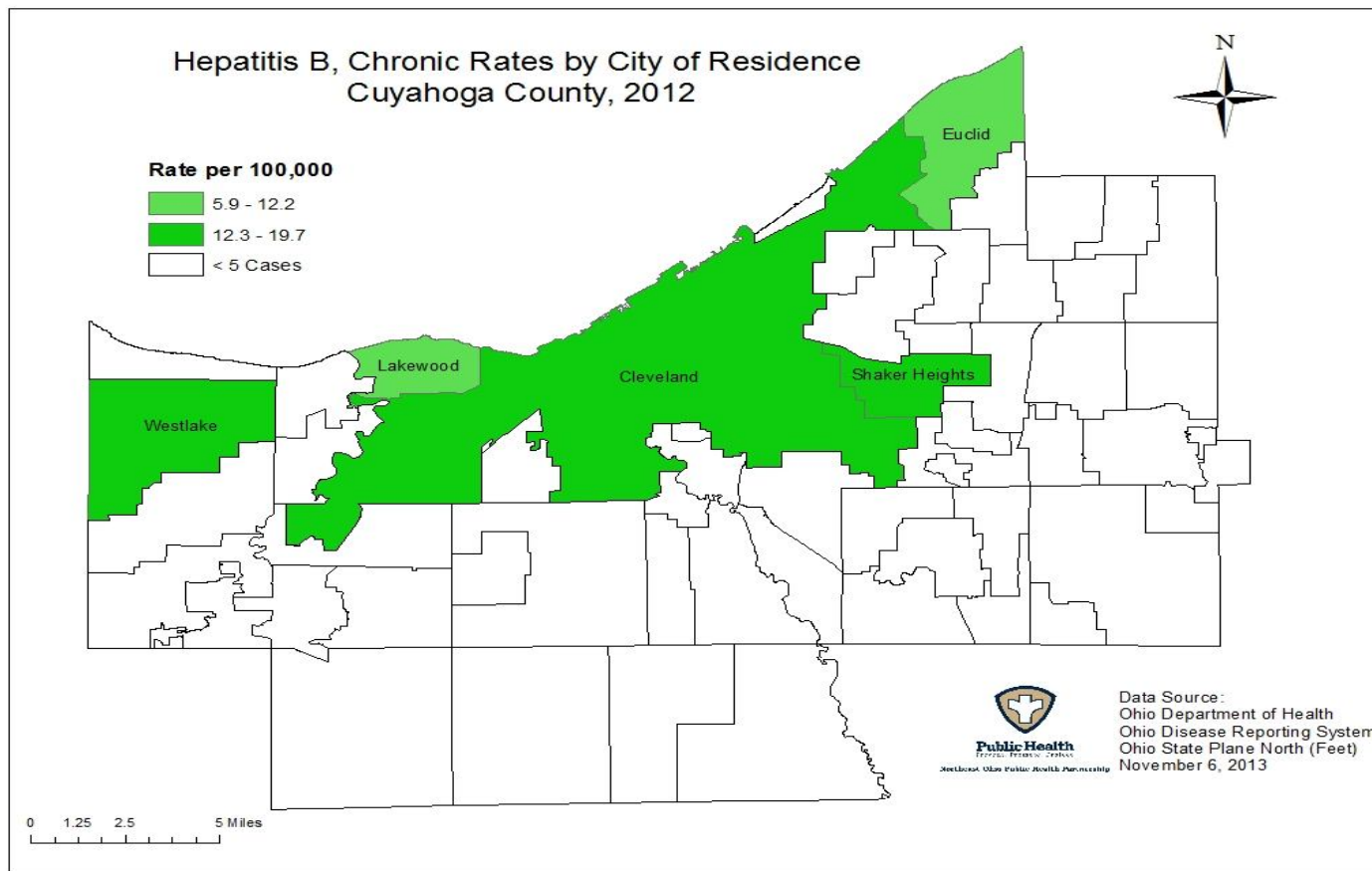
Hepatitis B, chronic Cases by Age



Hepatitis B, chronic Cases by Month



Hepatitis B, chronic



Hepatitis C, acute

Infectious Agent: Hepatitis C virus (HCV)

Mode of Transmission: Contact with an infected person's blood. Transmission occurs from injection drug use, receiving a blood transfusion or organ transplant before 1992, during child birth, sexual intercourse with an infected person, or sharing infected items such as razors or toothbrushes.

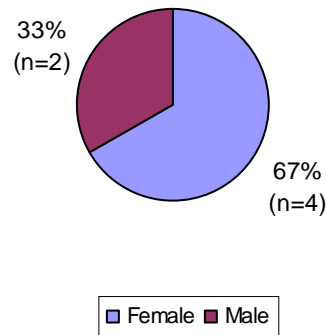
Incubation Period: 2 weeks - 6 months, usually 6-7 weeks

Symptoms: Nausea, vomiting, abdominal pain, diarrhea, jaundice, dark urine, clay-colored bowel movements, joint pain, or abnormal aminotransferase levels (ALT or AST).

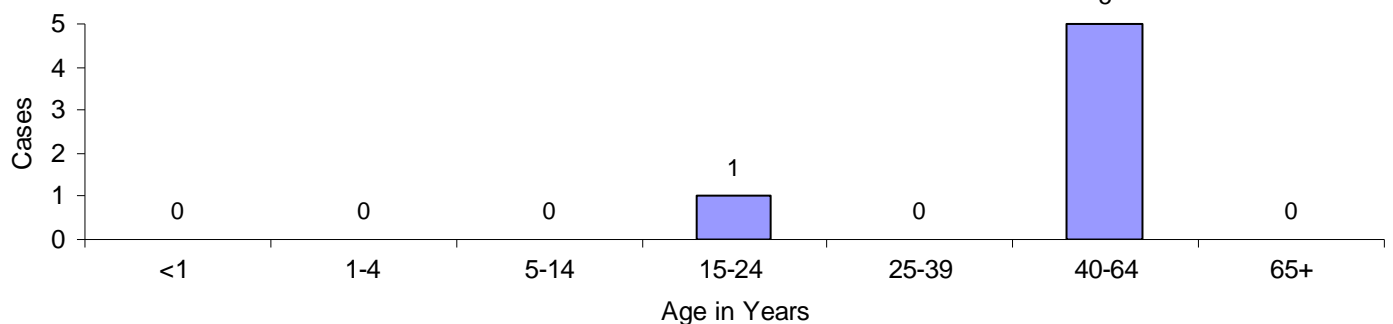
Hepatitis C, acute

- There were 6 cases of acute Hepatitis C reported in 2012 for a rate of 0.5 per 100,000. The Healthy People 2020 target is 0.2 per 100,000.
- Five of the six cases (83%) were 40-64 years of age.

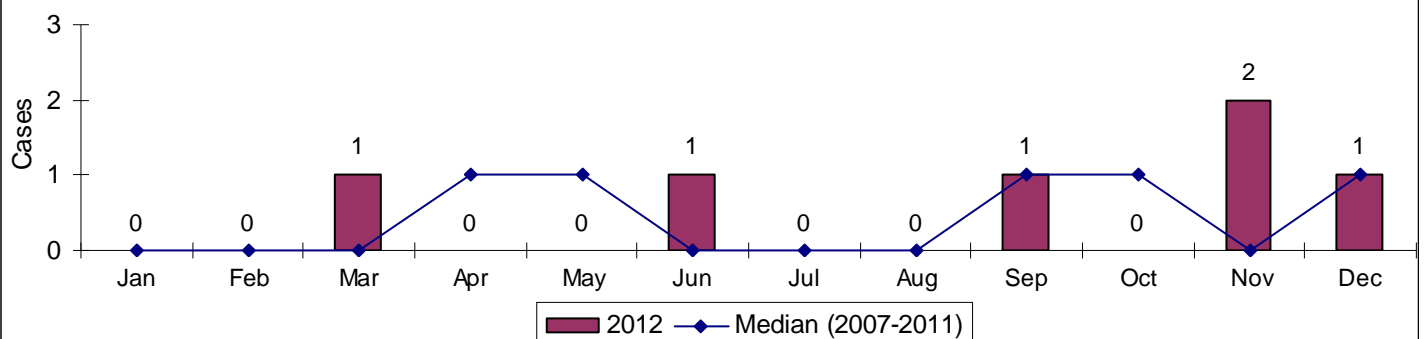
Hepatitis C, acute Cases by Gender



Hepatitis C, acute Cases by Age



Hepatitis C, acute Cases by Month



Hepatitis C, chronic

Infectious Agent: Hepatitis C virus (HCV)

Mode of Transmission: Contact with an infected person's blood. Transmission may occur from injection drug use, receiving a blood transfusion or organ transplant prior to 1992, during childbirth, sexual intercourse with an infected person, or sharing infected items such as razors or toothbrushes.

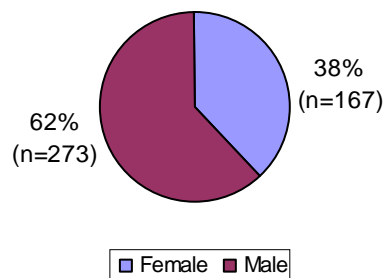
Incubation Period: 2 weeks - 6 months, usually 6-7 weeks.

Symptoms: Persons may be asymptomatic or have a spectrum of disease ranging from chronic hepatitis to cirrhosis or liver cancer.

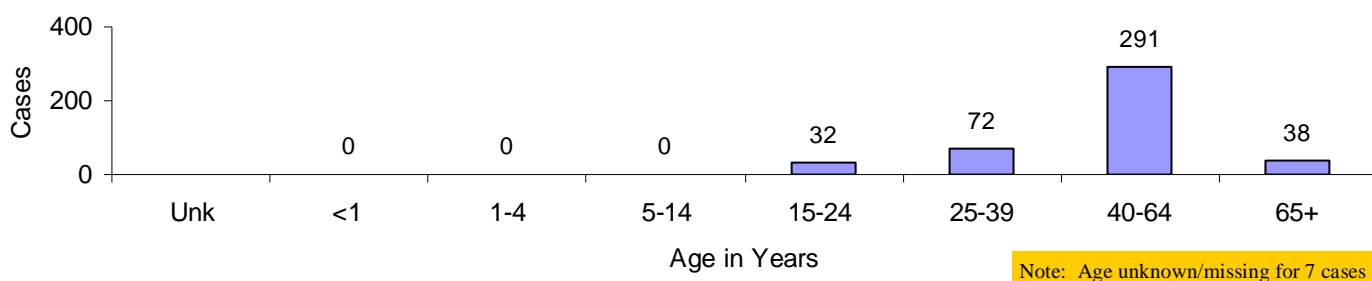
Hepatitis C, chronic

- There were 440 cases of chronic Hepatitis C in Cuyahoga County. This translates to a rate of 34.4 per 100,000.
- This is the smallest number of cases reported in the past 7 years.
- Sixty-six percent of the cases were 40-64 years of age.
- Fifty-seven percent of the cases lived in the city of Cleveland.

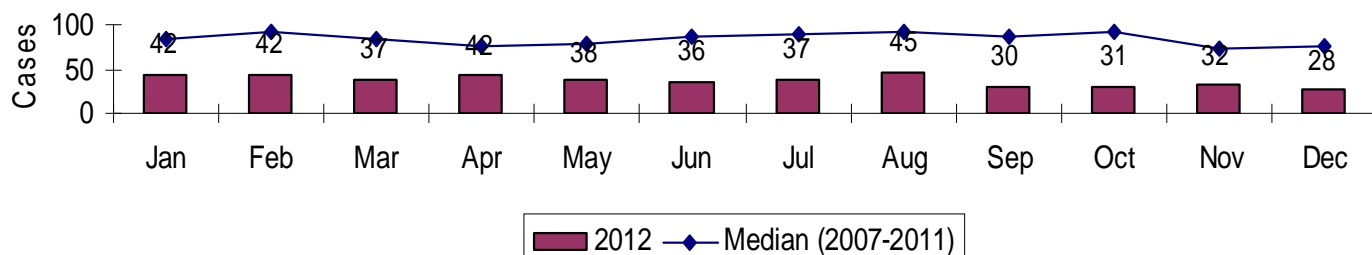
Hepatitis C, chronic Cases by Gender



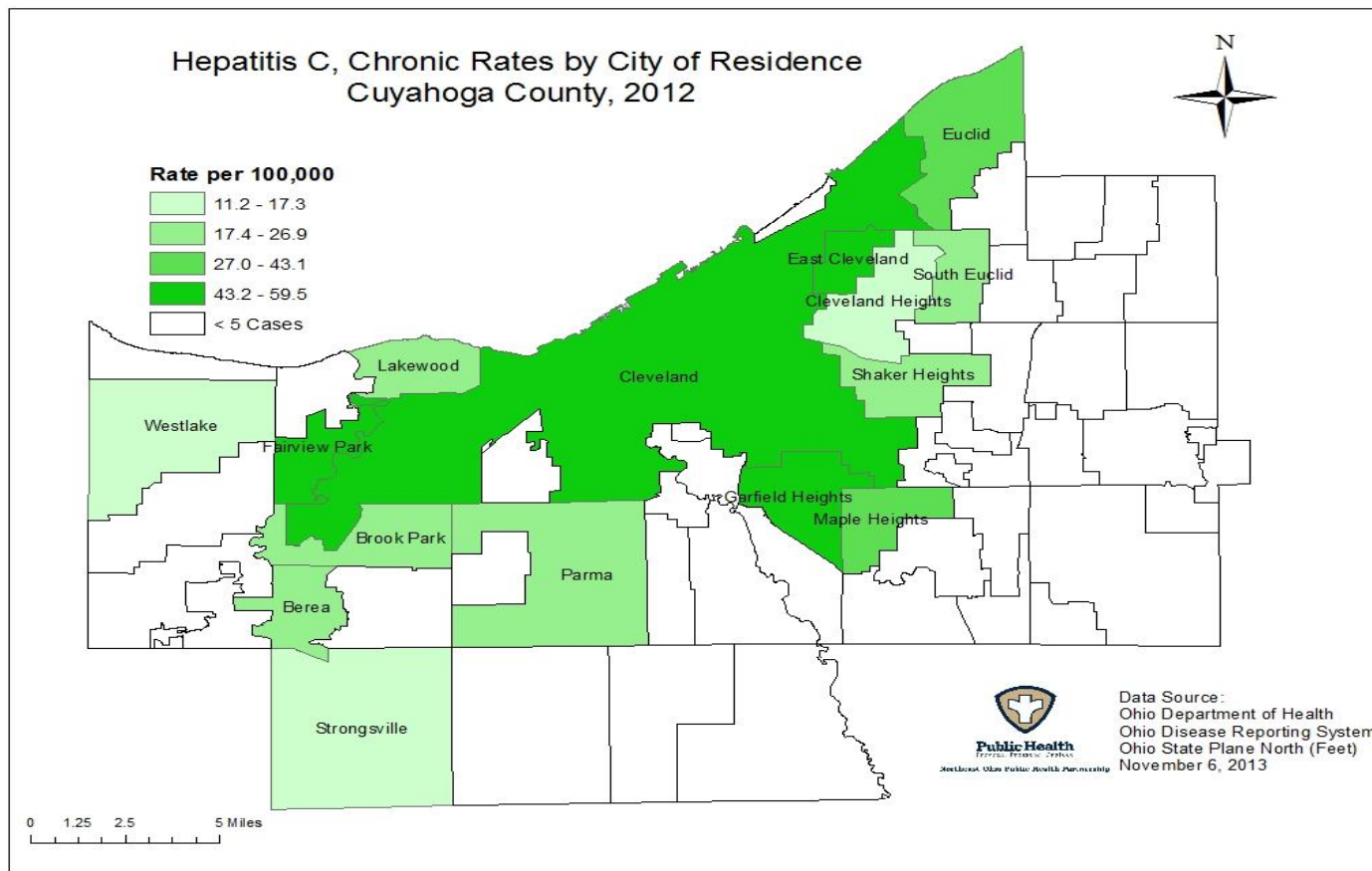
Hepatitis C, chronic Cases by Age



Hepatitis C, chronic Cases by Month

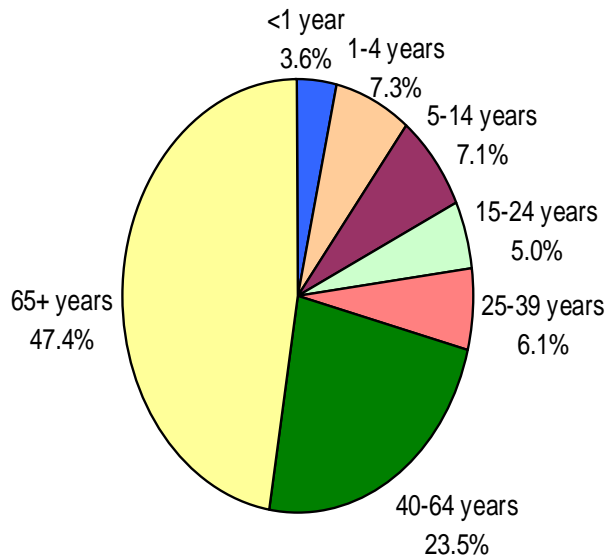


Hepatitis C, chronic



Influenza

Age Distribution of Influenza-associated Hospitalizations in Cuyahoga County



Infectious Agent: Influenza A and B flu viruses of various subtypes; 2009 H1N1.

Mode of Transmission: Airborne via large droplets produced by coughing and sneezing.

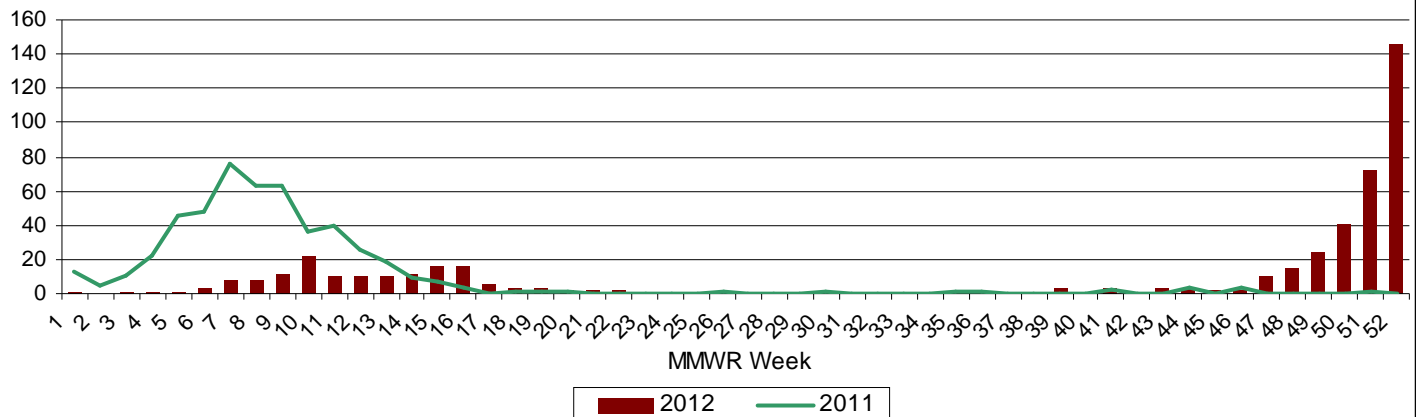
Incubation Period: 1-4 days, usually 2 days

Symptoms: Fever, cough, headache, myalgia, and sore throat.

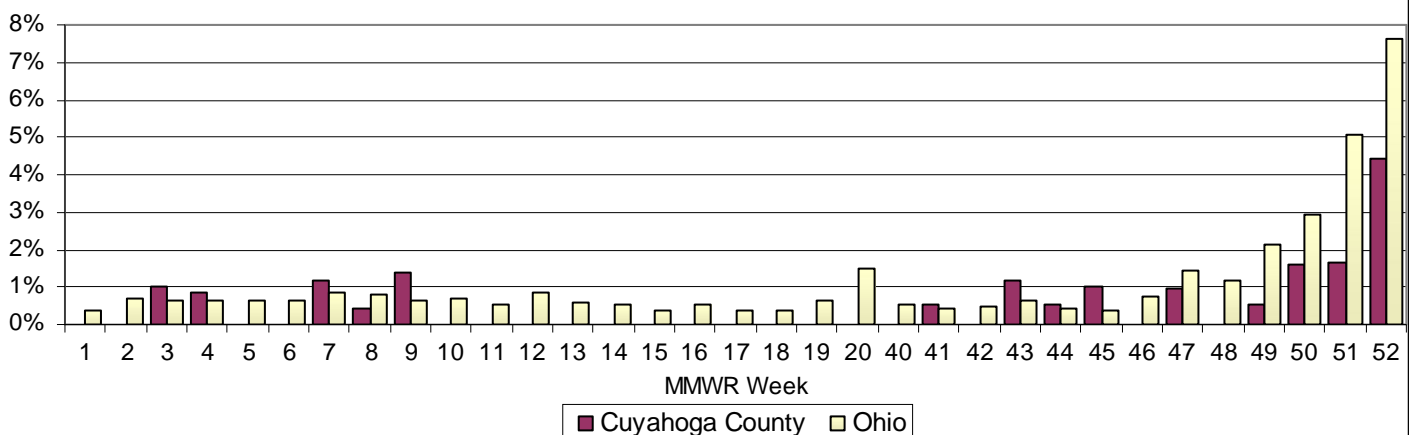
Influenza in Cuyahoga County

- 478 Influenza-associated hospitalizations occurred during 2012. 385 were subtype A and 93 were subtype B.
- Median percentage of Influenza-like illness visits to Cuyahoga County sentinel providers was 0.0% while the median was 0.7% for sentinel providers throughout Ohio.

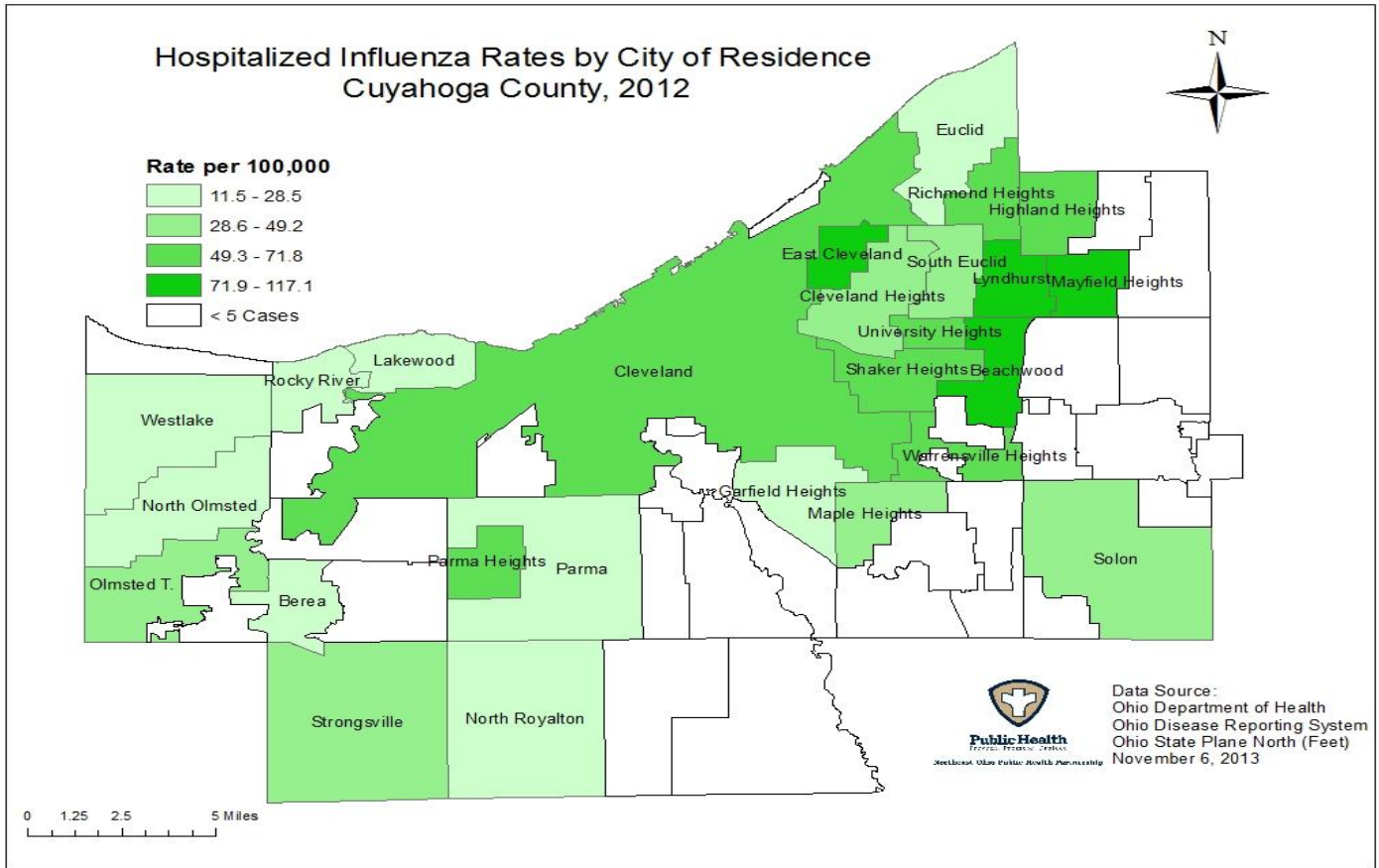
Influenza-associated Hospitalizations 2011-2012



Percent of Doctor Visits with Influenza-Like Illness (ILI) Symptoms



Influenza



Legionnaires' disease

Infectious Agent: *Legionella spp.* Thirteen species have been implicated in causing human disease. The most common species causing infection is *Legionella pneumophila* serogroup 1.

Mode of Transmission: The airborne route appears to be the mode of transmission, most commonly by inhalation of aerosolized contaminated water.

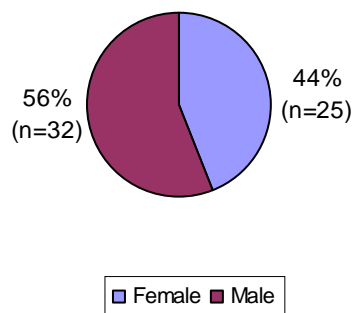
Incubation Period: Legionnaires' disease: 2-14 days, usually 5-6 days. Pontiac Fever: 5-66 hours, usually 24-48 hours.

Symptoms: There are two distinct clinical manifestations associated with *Legionella* infections. Patients with Legionnaires' disease usually have fever, chills, and cough, which may be dry or may produce sputum. Some patients also have muscle aches, headache, tiredness, loss of appetite, and occasionally diarrhea. Chest x-rays often show pneumonia. Persons with Pontiac Fever experience fever and muscle aches and do not have pneumonia.

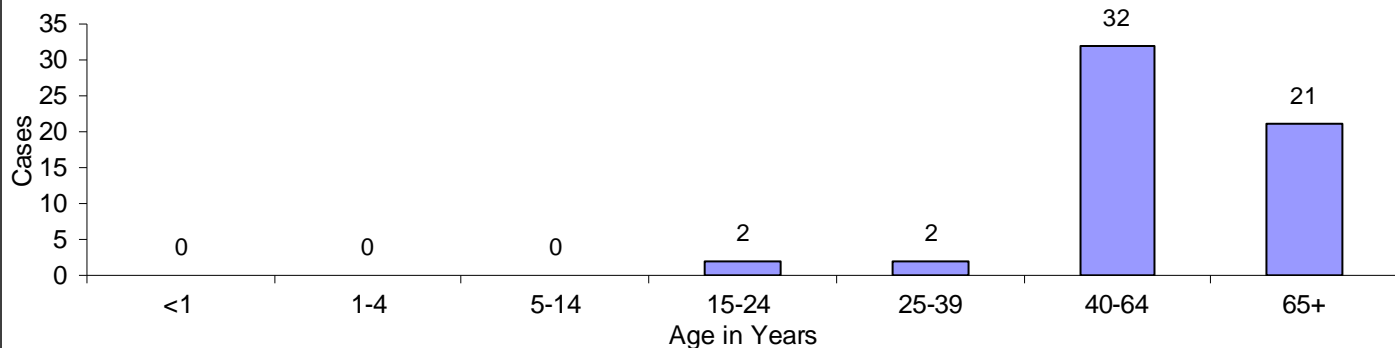
Legionnaires' disease

- There were 57 cases of Legionnaires' disease reported in 2012 for a rate of 4.5 per 100,000.
- Fifty-three of the 57 cases (93%) were 40 years of age or older.
- Peak activity occurred in the summer months which is consistent with historical trends.

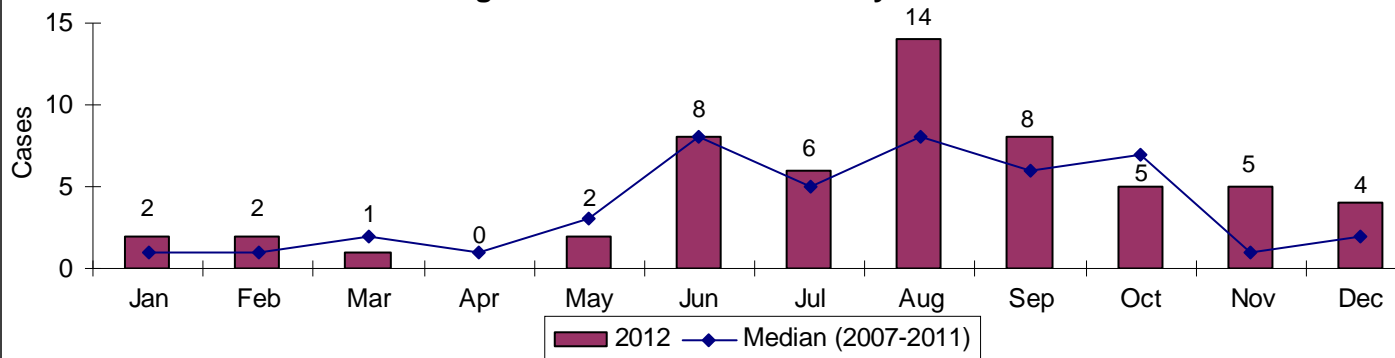
Legionnaires' disease Cases by Gender



Legionnaires' disease Cases by Age



Legionnaires' disease Cases by Month



Listeriosis

Infectious Agent: *Listeria monocytogenes*; the major serotypes that cause infection are serotypes 1/2a, 1/2b and 4b.

Mode of Transmission: Humans get Listeriosis by eating food contaminated with *Listeria*. Babies can be born with Listeriosis if their mothers eat contaminated food during pregnancy. Although healthy persons may consume contaminated foods without becoming ill, those at increased risk for infection can probably get Listeriosis after eating food contaminated with even a few bacteria. Persons at risk can prevent *Listeria* infection by avoiding certain high-risk foods and by handling food properly.

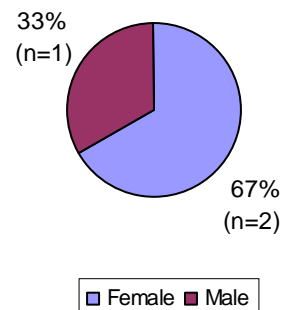
Incubation Period: 3-70 days, usually 3 weeks. The fetus is usually infected within several days after maternal disease.

Symptoms: There are two main clinical presentations accounting for over 97% of cases, **septicemia** (an acute, mild to severe febrile illness, sometimes with influenza-like and/or gastrointestinal symptoms) and **acute meningoenzephalitis** (a sudden onset of fever with intense headache, nausea, vomiting and signs of meningeal irritation, delirium and coma may result).

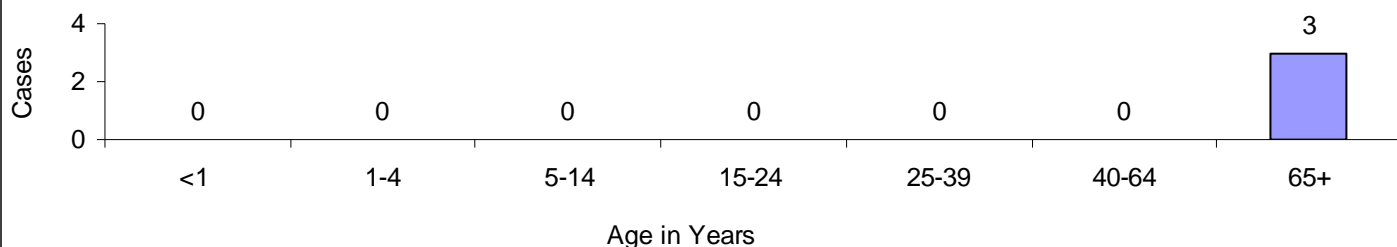
Listeriosis

- There were 3 cases of Listeriosis reported in 2012.
- All 3 reported cases were 65 years old or older.
- Unlike previous years, all 3 reported cases occurred in the first quarter of the year.

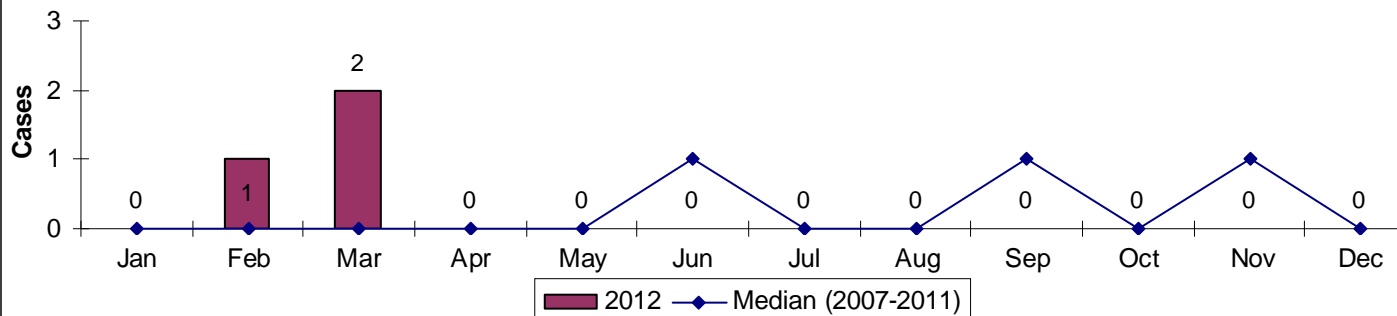
Listeriosis Cases by Gender



Listeriosis Cases by Age



Listeriosis Cases by Month

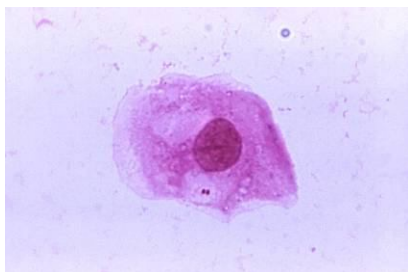


Meningococcal disease

Infectious Agent: *Neisseria meningitidis*. Multiple serogroups are known to cause invasive disease (i.e., A, B, C, X, Y, W-135). Serogroups B, C, and Y are the most prevalent in Ohio. Serogroup A has frequently been associated with epidemics in other parts of the world.

Mode of Transmission: Person-to-person through droplets of infected respiratory secretions.

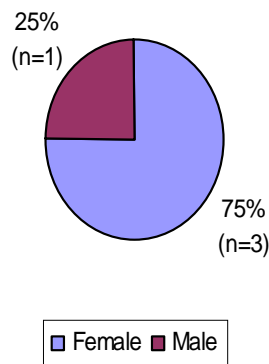
Incubation Period: 1-10 days, usually 3-4 days
Symptoms: Meningitis infection is characterized by a sudden onset of fever, headache, and stiff neck. It is often accompanied by other symptoms such as nausea, vomiting, photophobia (sensitivity to light), and altered mental status.



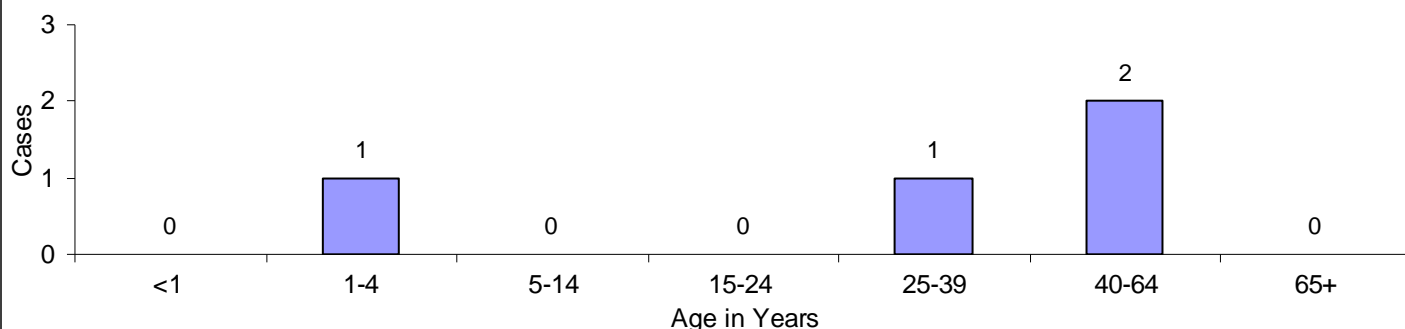
Meningococcal disease

- There were 4 cases of Meningococcal disease reported in 2012.
- Serogroup was known for 3 of the 4 cases. Two cases were identified as Group C and 1 case was identified as Group B.

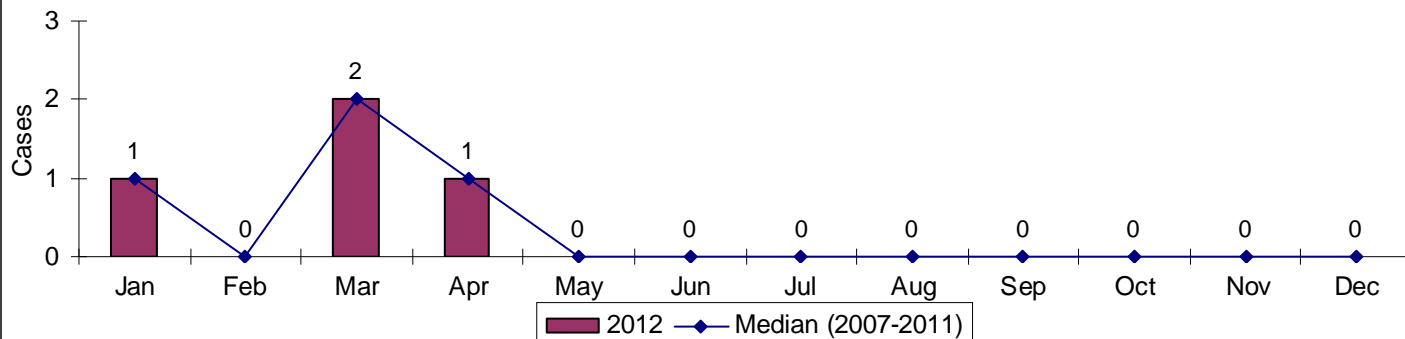
Meningococcal disease Cases by Gender



Meningococcal disease Cases by Age



Meningococcal disease Cases by Month



Pertussis

Infectious Agent: *Bordetella pertussis*. Pertussis-like syndrome can also be caused by *B. parapertussis*. Parapertussis is not reportable in Ohio.

Mode of Transmission: Pertussis is primarily spread by direct contact with the discharges from the nose and throat of infected individuals. Frequently, older siblings or other adult household members who may be harboring the bacteria in their nose and throat can bring the disease home and infect an infant in the household.

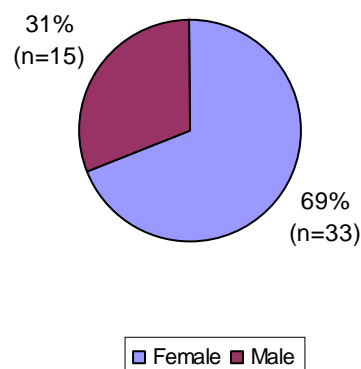
Incubation Period: 6-20 days, usually 9-10 days

Symptoms: Begins as a mild upper respiratory infection. Initially, symptoms resemble a common cold including sneezing, runny nose, low-grade fever, and a mild cough. Within two weeks, the cough becomes more severe and is characterized by episodes of numerous rapid coughs followed by a crowing or high-pitched whoop. A thick, clear mucous may be discharged with the coughing.

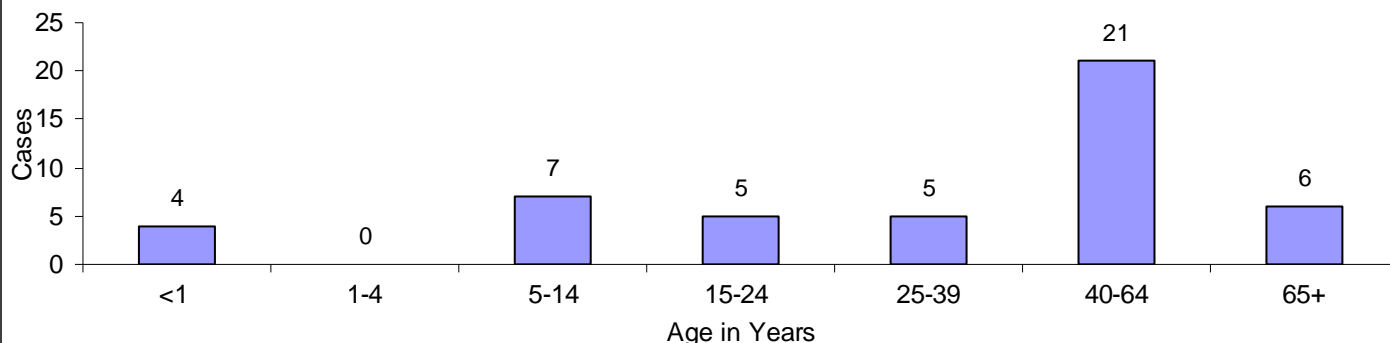
Pertussis

- There were 48 cases of Pertussis reported in 2012. This translates to a rate of 3.7 per 100,000.
- There was a 68% increase in the number of reported cases in 2012; however, no associations were observed among these cases.

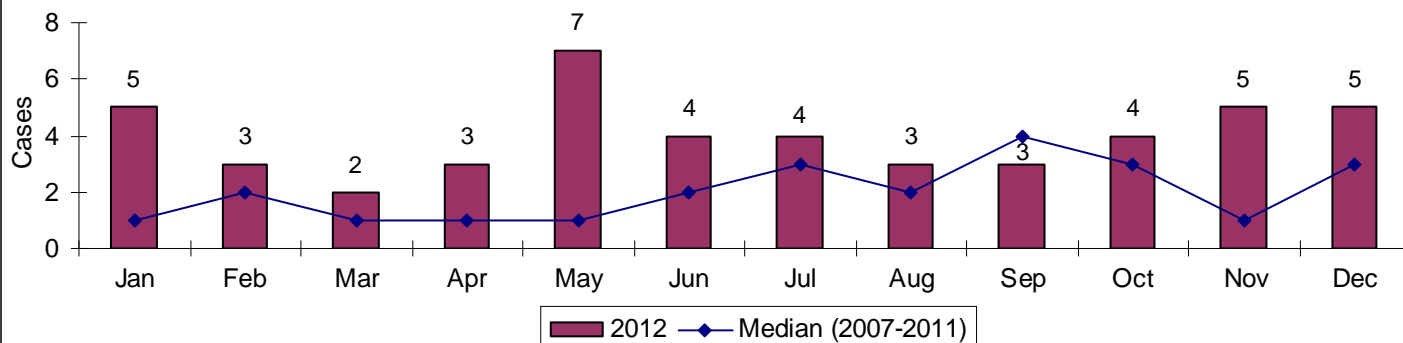
Pertussis Cases by Gender



Pertussis Cases by Age



Pertussis Cases by Month



Salmonellosis

Salmonellosis

- There were 133 cases of Salmonellosis reported in 2012 for a rate of 10.4 per 100,000. This is below the Healthy People 2020 target of 11.4 per 100,000.
- Serotyping was performed at the Ohio Department of Health Laboratory on 131 cases. As in the past 3 years, *S. enteritidis* was the most common serotype reported.



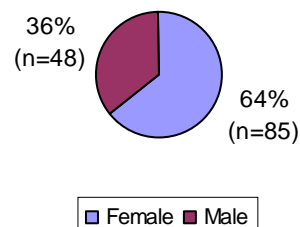
Infectious Agent: *Salmonella typhimurium* and *Salmonella enteritidis* are the most common in the United States.

Mode of Transmission: Humans may acquire *Salmonella* directly (via the fecal-oral route) from animals or from ingestion of contaminated food or water. Direct person-to-person transmission may occur via the fecal-oral route but is uncommon.

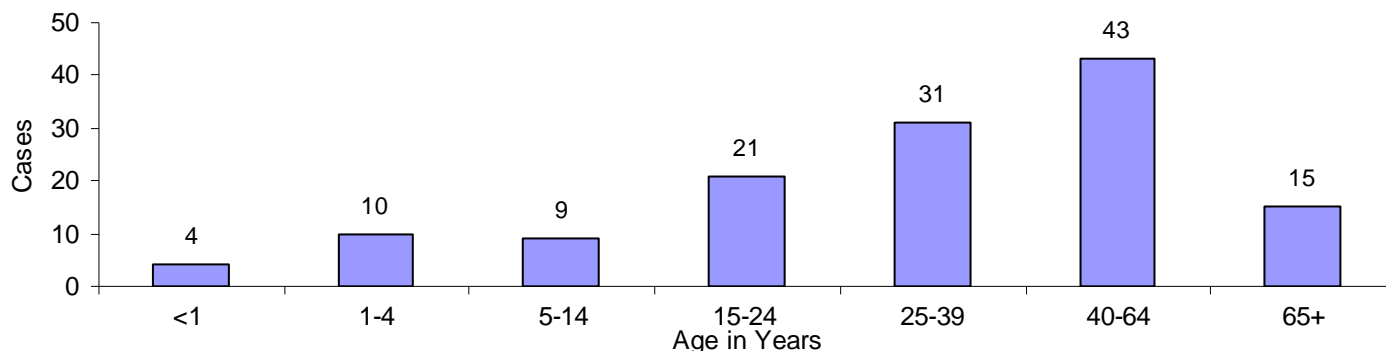
Incubation Period: 6-72 hours, usually 12-36 hours

Symptoms: Headache, nausea, diarrhea, abdominal pain, fever, and sometimes vomiting.

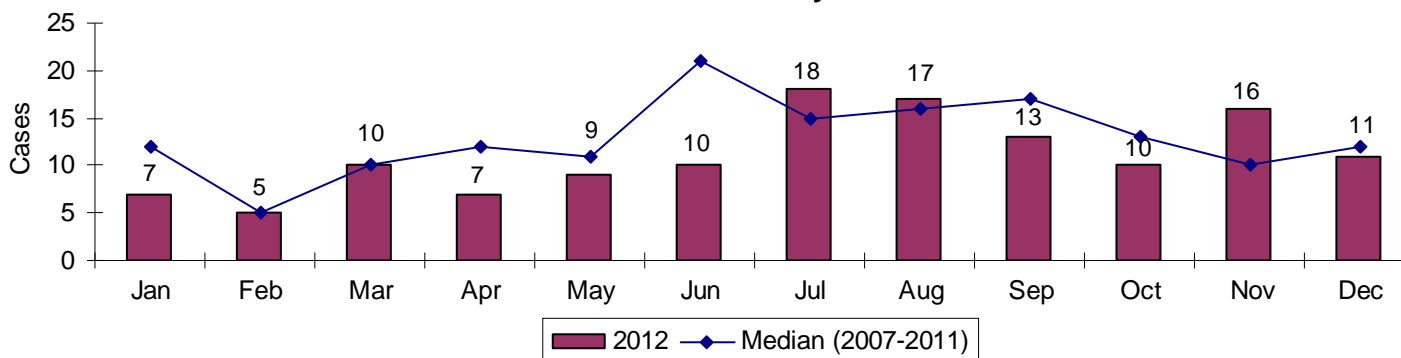
Salmonellosis Cases by Gender



Salmonellosis Cases by Age



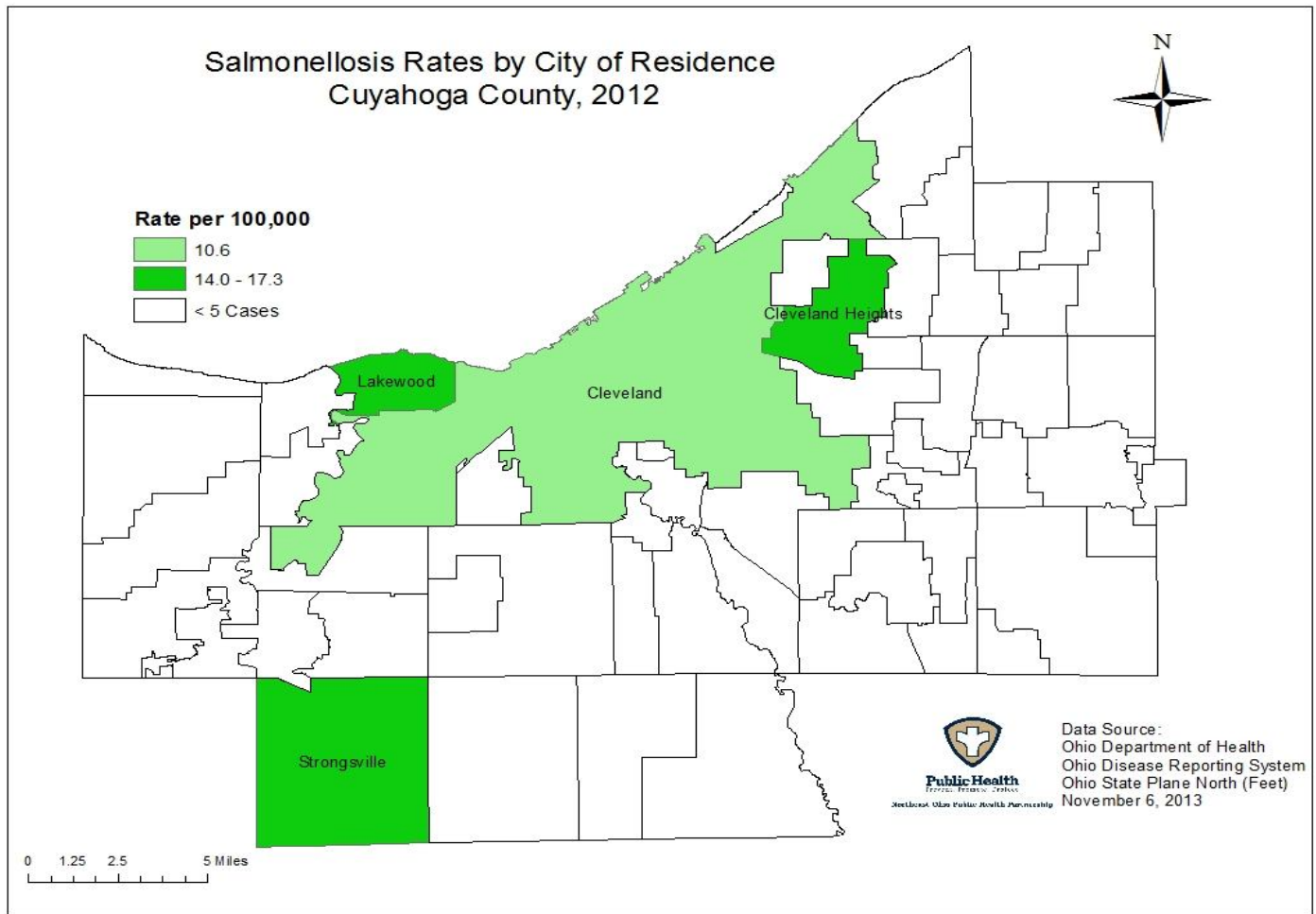
Salmonellosis Cases by Month



Salmonellosis

Most Frequent *Salmonella* Serotypes in Cuyahoga County among Specimens Typed at the Ohio Department of Health Laboratory, 2012 (N=133)

Serotype	Number of Cases	Percent
Enteritidis	43	32.3%
Typhimurium	12	9.0%
B:i:-(monophasic)	7	5.3%
Oranienburg	6	4.5%
All Other	65	48.9%



Shigellosis

Shigellosis

- There were 53 cases of Shigellosis reported in 2012 for a rate of 4.1 per 100,000.
- In 2012 there was an increase in cases during January and February. This increase of cases represents the continuation of an outbreak of Shigellosis in the Orthodox Jewish Community which began in December 2011.



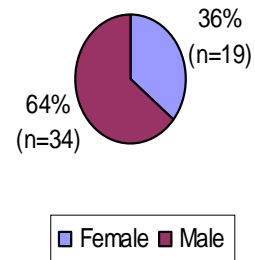
Infectious Agent: *Shigella* bacteria comprise 4 species/serogroups – *S. sonnei*, *S. flexneri*, *S. dysenteriae*, and *S. boydii*. *S. sonnei* account for most cases in Ohio.

Mode of Transmission: *Shigella* is usually transmitted person-to-person by the fecal-oral route. Food that is served raw or is contaminated after cooking can also carry *Shigella*. Swimming in contaminated water is also a vehicle for transmission.

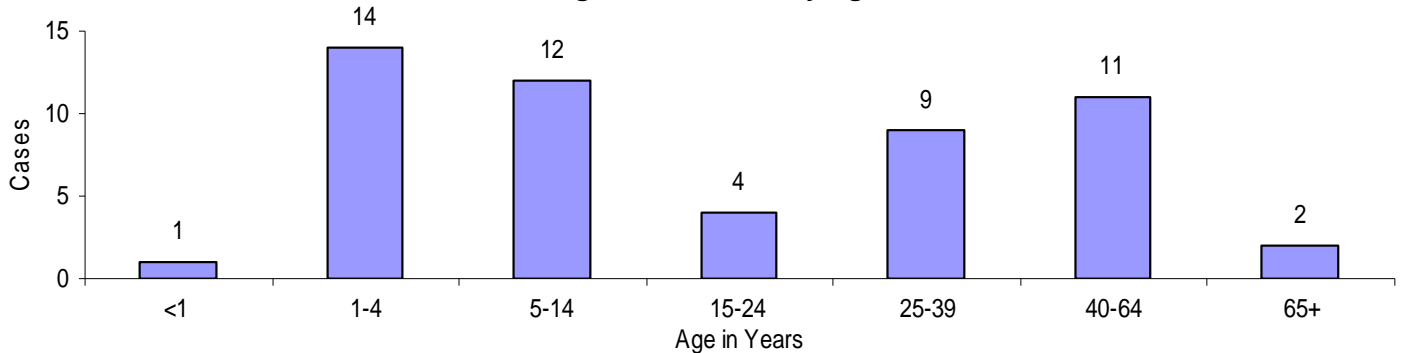
Incubation Period: 12-96 hours, usually 1-3 days

Symptoms: Diarrhea, fever, and sometimes vomiting. Diarrhea can be bloody.

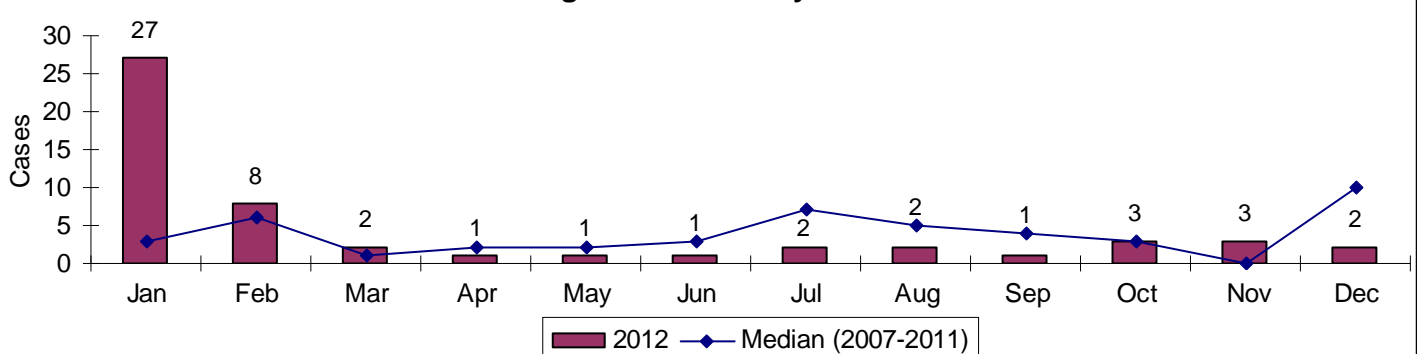
Shigellosis Cases by Gender



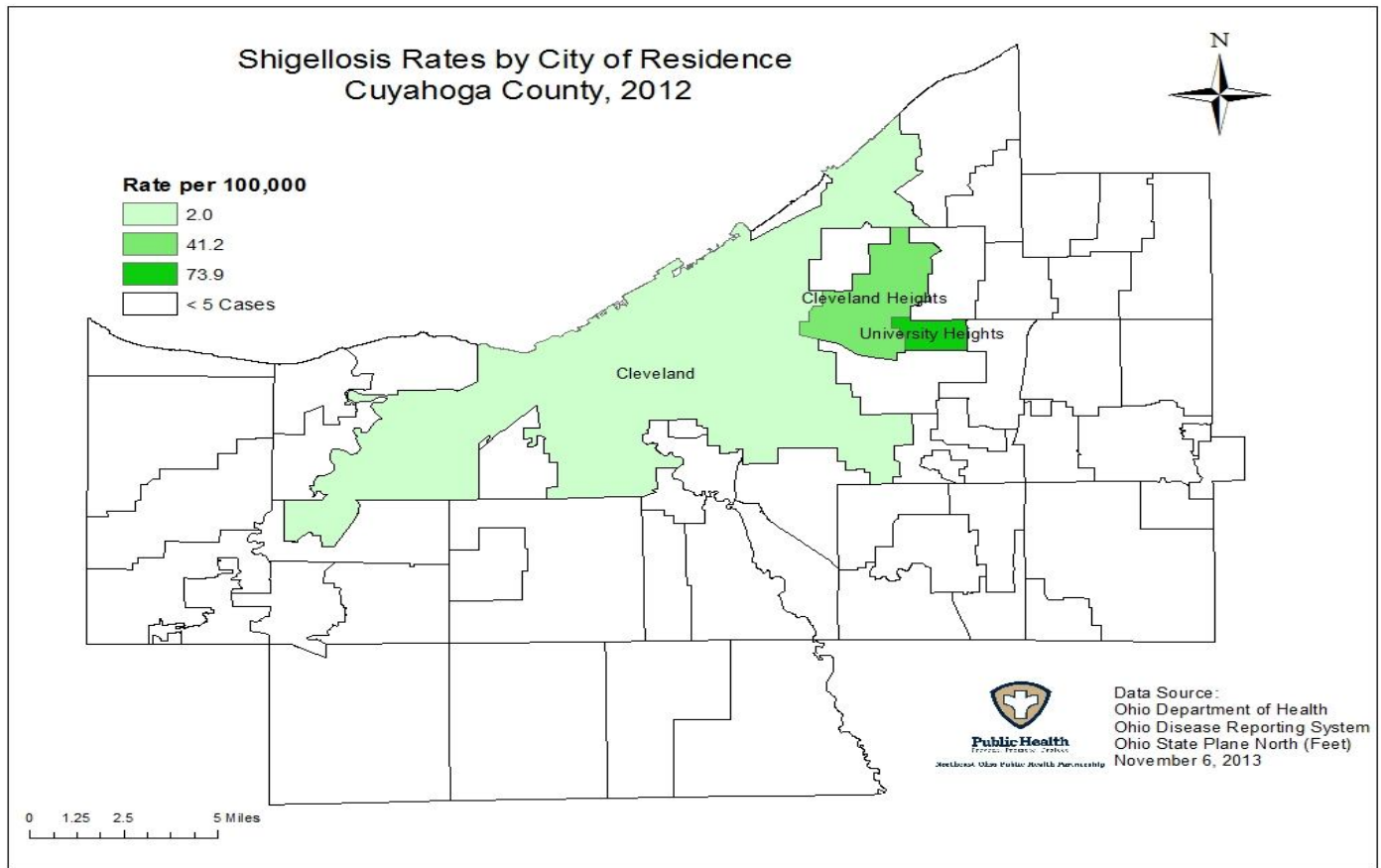
Shigellosis Cases by Age



Shigellosis Cases by Month



Shigellosis

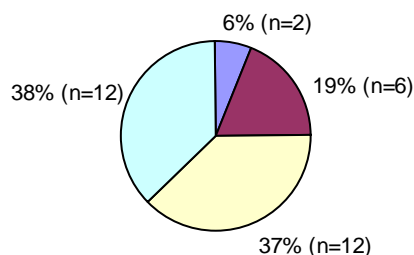


2012 Outbreaks

Outbreaks in Cuyahoga County

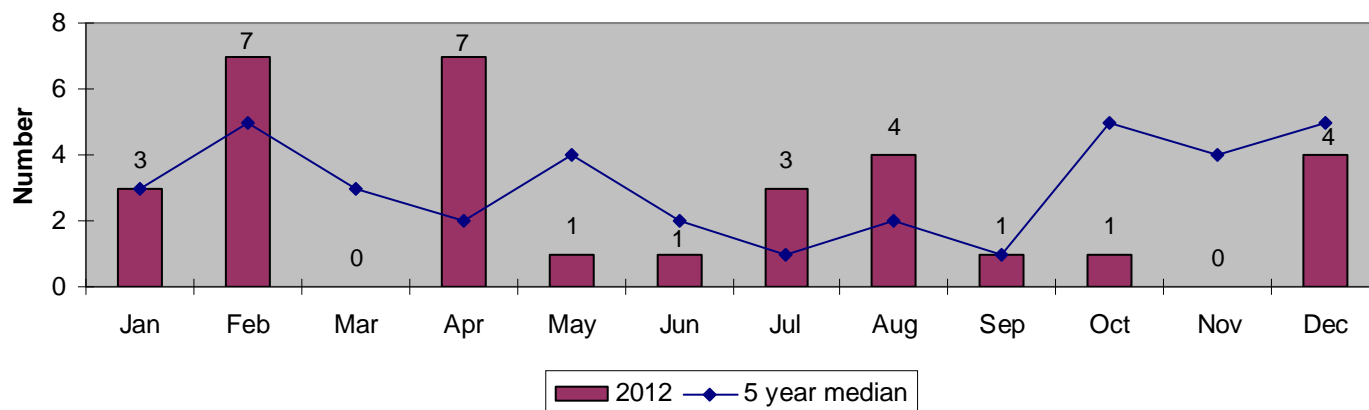
- In 2012, there were 32 outbreaks reported and investigated by the local public health departments in Cuyahoga County.
- Of these 32 reported outbreaks, 75% occurred in a healthcare or institutional setting.
- Norovirus was the leading causative agent resulting in 41% of all reported outbreaks.
- 19% of all reported outbreaks were the result of enteric pathogens (*Campylobacter* n=2, *Clostridium perfringens* n=2, *Giardia* n=1, *Shigella* n=1).

Outbreaks by Type



Community Foodborne Healthcare-associated Institutional

Outbreaks by Month



Type of Outbreak	Description
Community	Two or more cases of similar illness with a common exposure in the community and not considered a foodborne or waterborne disease outbreak.
Foodborne	The occurrence of two or more cases of a similar illness resulting from the ingestion of a food in common.
Healthcare-associated	The occurrence of cases of a disease (illness) above the expected or baseline level, usually over a given period of time, as a result of being in a healthcare facility.
Institutional	Two or more cases of similar illness with a common exposure at an institution (e.g. correctional facility, day care center, group home, school) and not considered a foodborne or waterborne disease outbreak.
Waterborne (from drinking water)	Two or more persons that are epidemiologically linked by location of exposure to water, time, and illness. This includes drinking water and water not intended for drinking (excluding recreational water).
Waterborne (from recreational water)	Two or more persons that are epidemiologically linked by location of exposure to recreational water (e.g. swimming pools, wading pools, spas, water slides, interactive fountains, wet decks, and fresh and marine bodies of water), time, and illness.
Zoonotic	The occurrence of two or more cases of a similar illness with a common exposure to an animal source and not considered a foodborne or waterborne disease outbreak.

Animal Rabies Cases, Cuyahoga County, 2008-2012

Infectious Agent: Lyssaviruses

Mode of Transmission: The most common form of exposure is virus-laden saliva from a rabid animal introduced through a bite or scratch (and very rarely into a fresh break in the skin or through intact mucous membranes). Person-to-person transmission is theoretically possible, but is rare and not well documented.

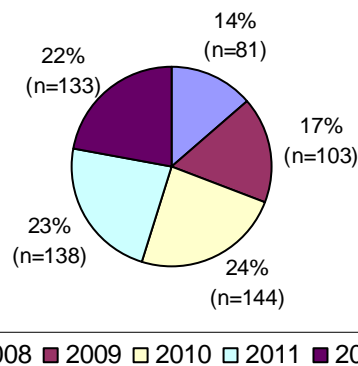
Incubation Period: Highly variable but usually 3-8 weeks, and very rarely as short as a few days or as long as several years. The length of the incubation period depends in part on wound severity.

Symptoms: Onset is generally heralded by a sense of apprehension, headache, fever, malaise, and sensory changes (paresthesia) at the site of an animal bite. Excitability, aero- and/or hydrophobia, often with spasms of swallowing muscles, are frequent symptoms. Delirium with occasional convulsions follows.

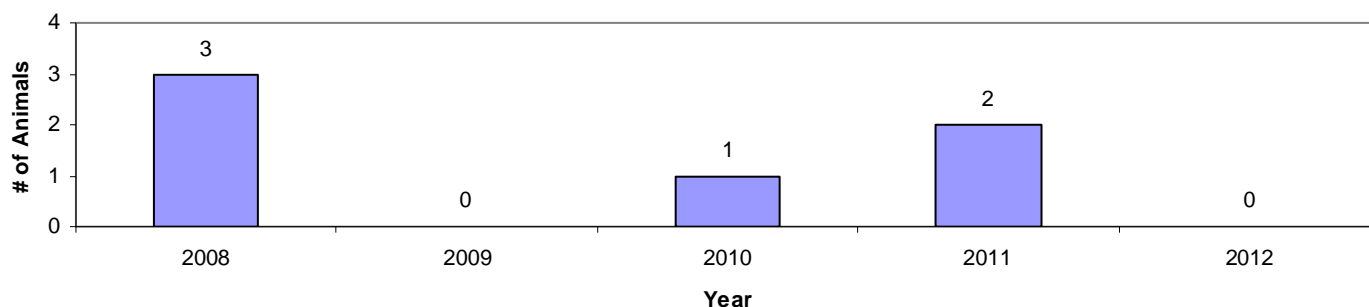
Animal Rabies

- There were 599 animals submitted for rabies testing from 2008-2012. A total of 1% (n=6) of the animals tested positive for rabies.
- All 6 of the animals that tested positive for rabies were bats.
- Three bats tested positive in 2008, 1 bat tested positive in 2010, and 2 bats tested positive in 2011. All were from the Cuyahoga County Board of Health jurisdiction.

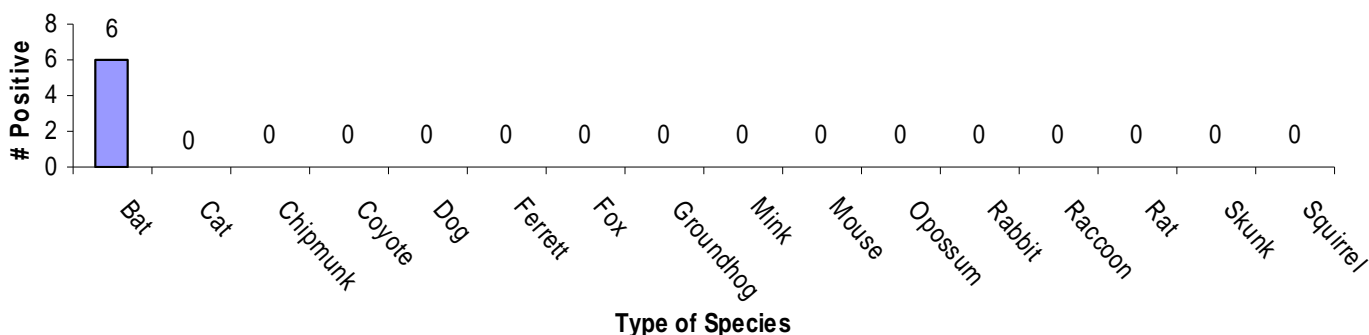
of Animals Submitted for Rabies Testing



Positive Animal Rabies Cases by Year



Positive Animal Rabies Cases by Species



Appendix

Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio from the Ohio Administrative Code Chapter 3701-3; Effective January 1, 2009

Class A Diseases of major public health concern because of the severity of disease or potential for epidemic spread - report by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result exists

Anthrax	Influenza A - novel virus	Rabies, human	Smallpox
Botulism, foodborne	Measles	Rubella (not congenital)	Tularemia
Cholera	Meningococcal disease	Severe acute respiratory syndrome (SARS)	Viral hemorrhagic fever (VHF)
Diphtheria	Plague		Yellow fever

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

Class B (1) Diseases of public health concern needing timely response because of potential for epidemic spread - report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known

Arboviral neuroinvasive and non-neuroinvasive disease:	Chancroid	Hepatitis B, perinatal	Rubella (congenital)
Eastern equine encephalitis virus disease	Coccidioidomycosis	Influenza-associated pediatric mortality	Salmonellosis
LaCrosse virus disease (other California serogroup virus disease)	Cyclosporiasis	Legionnaires' disease	Shigellosis
Powassan virus disease	Dengue	Listeriosis	<i>Staphylococcus aureus</i> , with resistance or intermediate resistance to vancomycin (VRSA, VISA)
St. Louis encephalitis virus disease	<i>E. coli</i> O157:H7 and other enterohemorrhagic (Shiga toxin-producing) <i>E. coli</i>	Meningitis, aseptic (viral)	Syphilis
West Nile Infection	Granuloma Inguinale	Meningitis, bacterial	Tetanus
Western equine encephalitis virus disease	<i>Haemophilus influenzae</i> (invasive disease)	Mumps	Tuberculosis, including multi-drug resistant tuberculosis (MDR-TB)
Other arthropod-borne disease	Hantavirus	Pertussis	Typhoid fever
	Hemolytic uremic syndrome (HUS)	Poliomyelitis (including vaccine-associated cases)	
	Hepatitis A	Psittacosis	
		Q fever	

Class B (2) Diseases of significant public health concern - report by the end of the work week after the existence of a case, a suspected case, or a positive laboratory result is known

Amebiasis	Cytomegalovirus (CMV) (congenital)	Hepatitis E	Streptococcal disease, group B, in newborn
Botulism, infant	Ehrlichiosis/Anaplasmosis	Herpes (congenital)	Streptococcal toxic shock syndrome (STSS)
Brucellosis	Giardiasis	Influenza-associated hospitalization	<i>Streptococcus pneumoniae</i> , invasive disease (ISP)
Campylobacteriosis	Gonococcal infections (urethritis, cervicitis, pelvic inflammatory disease, pharyngitis, arthritis, endocarditis, meningitis, and neonatal conjunctivitis)	Leprosy (Hansen disease)	Toxic shock syndrome (TSS)
Chlamydia infections (urethritis, epididymitis, cervicitis, pelvic inflammatory disease, neonatal conjunctivitis, pneumonia, and lymphogranuloma venereum (LGV))	Hepatitis B, non-perinatal	Leptospirosis	Trichinosis
Creutzfeldt-Jakob disease (CJD)	Hepatitis C	Lyme disease	Typhus fever
Cryptosporidiosis	Hepatitis D (delta hepatitis)	Mycobacterial disease, other than tuberculosis (MOTT)	Varicella
		Rocky Mountain spotted fever (RMSE)	Vibriosis
		Streptococcal disease, group A, invasive (IGAS)	Yersiniosis

Class C Report an outbreak, unusual incidence, or epidemic (e.g., histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day

Outbreaks:

- Community
- Foodborne
- Healthcare-associated
- Institutional
- Waterborne
- Zoonotic



NOTE: Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, and CD4 T-lymphocytes counts <200 or 14% must be reported on forms and in a manner prescribed by the Director.