

**Mahoning County**

## **DISTRICT BOARD OF HEALTH**

### **Annual Summary of Infectious Diseases in Mahoning County, 2000**

ANTHRAX CONCERNS have highlighted the need for better communication between medicine and public health in our community. Federal, state and local public health authorities rely heavily on the U.S. Centers for Disease Control and Prevention Health Alert Network (HAN) for quick dissemination of information about emerging public health threats like anthrax.

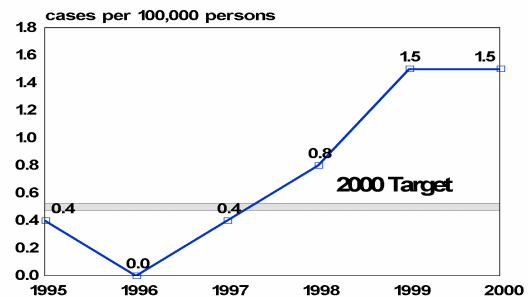
Physicians in our community who would like to receive Health Alert Network information about anthrax and other potential bioterrorism agents should contact me at [mstefanak@mahoning-health.org](mailto:mstefanak@mahoning-health.org). Earlier this month, I mailed guidelines for recognition, reporting, and management of diseases potentially linked to bioterrorism agents to hundreds of physicians in Mahoning County. I would strongly recommend that you also review information for clinicians about anthrax and other bioterrorism agents found on the CDC bioterrorism at [www.bt.cdc.gov](http://www.bt.cdc.gov).

We are pleased to present this third in a series of annual infectious disease summaries in which we characterize disease reports for the year, offer commentary on some emerging pathogens and diseases of ongoing concern to the community, and provide current requirements and guidance for disease reporting.

#### **Food-borne illnesses**

Food-related diseases continue to be the second most commonly reported communicable diseases after sexually-transmitted diseases. In 1999, 33 cases caused by *Salmonella* species, *Listeria monocytogenes*, *Campylobacter jejuni*, and *E. coli* O157H7 were reported in Mahoning County, an increase of 5 cases from the previous year. Listeriosis incidence did not change in 2000. Consequently, Mahoning County did not meet the Healthy People 2000 objective for reducing listeriosis incidence (Figure 1). Other foodborne disease rates remained well below 2000 targets. Although the actual number of listeriosis cases is low, invasive disease is particularly serious for immunocompromised individuals, pregnant women and their fetuses and neonates, and the elderly.

Figure 1: Listeriosis in Mahoning Co.



#### **Rabies**

The number of animal rabies cases declined from a high of 48 in 1997 to one in 2000, demonstrating the effectiveness of the twice-yearly oral vaccine baiting of the raccoon population to control epizootic rabies.

Animal bites are reportable in Ohio and must be reported to the local board of health in order to ascertain the risk of rabies transmission and recommend post-exposure prophylaxis. The rate of animal bites and exposures has increased in Youngstown almost every year during the 1990's (Figure 2).

Managing bat encounters and rabies risk is a particular challenge. Most of the human deaths from rabies in the United States in recent years have been due to infection with bat variants of the rabies virus. Consequently, the Centers for Disease Control and Prevention recommend an aggressive approach to managing potential human exposures to bats. Rabies treatment is recommended for these exposures after contact with a rabid or untestable bat:

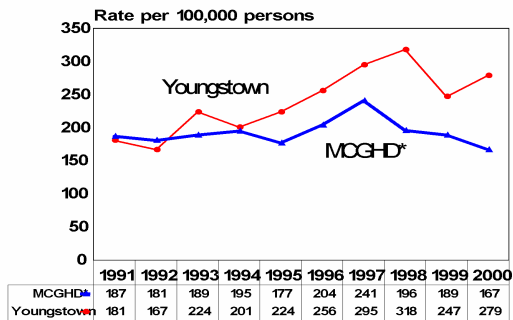
- bites
- scratches
- saliva or nervous tissue in contact with a mucous membrane or an open break in the skin

Because persons can develop rabies without an apparent exposure, rabies treatment is also recommended when there is a reasonable probability of exposure under these circumstances:

- a bat found in a room with a sleeping person
- a bat found in a room with an unattended child
- in some circumstances, a bat found in close proximity to an unattended child outdoors
- a bat found in a room with an individual under the influence of alcohol or drugs or with other sensory or mental impairment

The District Board of Health provides vaccine and rabies immune globulin for medically indigent persons.

Figure 2: Animal Bites in Mahoning Co.



\*Mahoning County General Health District (MCGHD) excludes Youngstown, Campbell and Struthers

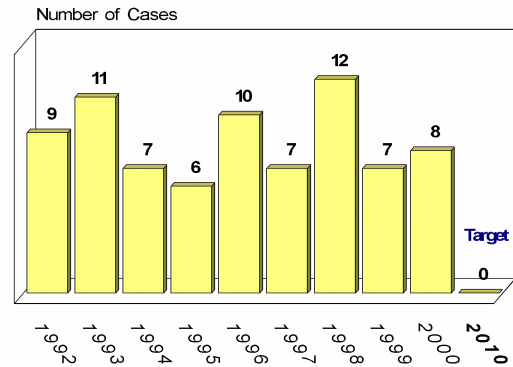
### Meningococcal disease

A 6-year-old Youngstown boy died of *Neisseria meningitidis* infection in May. Up to 5-10% of persons harbor *N. meningitidis* in their upper respiratory tracts but most never fall ill. A vaccine (Menomune) is available to prevent some strains of meningococcal disease, but neither the American Academy of Pediatrics nor the Centers for Disease Control and Prevention recommend routine immunization of children in this age group. Although members of the child’s family and school class received prophylaxis with rifampin, this case did not generate the same level of public hysteria that followed the deaths of two West Branch High School students one year later. Clinicians can find guidelines for prophylaxis and treatment of meningococcal disease on our website at [www.mahoning-health.org/reports](http://www.mahoning-health.org/reports).

### Tuberculosis

Tuberculosis incidence increased in 2000 to 3.0 cases per 100,000 population. The District Board of Health has established a goal of reducing the incidence of disease to no more than 1 case in a million in 2010 (Figure 3). Of the 2,742 county residents screened for tuberculosis by Mantoux test in 2000, 1.1 percent were infected with the tubercle bacillus.

Figure 3: Tuberculosis in Mahoning Co.



### Disease reporting “warm line”

Physician offices can report communicable diseases, animal bites, and any unusual or suspicious disease observations 24 hours a day/7 days a week through the District Board of Health disease reporting “warm line” at 330-270-2855. Calls to the warm line will activate our Health Alert Network pager and duty personnel will respond appropriately. Telephone numbers for the other health districts in Mahoning County are reprinted in the “clip-and-save” guide to disease reporting included with this publication.

Disease reporting for hospital infection control practitioners is getting easier through the **Ohio Disease Reporting System (ODRS)**. ODRS is a web-based system enabling laboratories, infection control practitioners to quickly share and update information about reportable diseases. Future plans for ODRS include granting access to the system to individual physicians.

Matthew A. Stefanak, M.P.H.  
Mahoning County Health Commissioner

We wish to acknowledge the assistance of Russ Henshaw, Ellen Salehi, and others from the Ohio Department of Health Infectious Disease Surveillance staff in compiling disease reports for 2000.

**“Class A” Reportable Diseases in Mahoning County, 2000**

	<u>MCGHD</u>	Youngstown	Campbell	Struthers	Unknown	Total	Median Age	Age Range	% Male
Chlamydia					484	484	20-24	--	11
Gonorrhea					340	340	20-24	--	42
Salmonellosis	11	1			5	17	30	2 mos. – 82	41
Giardiasis	8	2			1	11	34	3-64	55
AIDS					10	10	30-39		90
Campylobacteriosis	7	3				10	30	1-71	60
HIV infection						10	30-39		70
Tuberculosis	3	5				8	54	5-80	50
Infectious meningitis		2			2	4	29	6-44	50
Listeriosis	2	1			1	4	68	60-88	50
Cryptosporidiosis	3					3	9	1-12	0
Hepatitis B	2	1				3	39	29-55	67
Aseptic meningitis	2					2	50	49-50	50
<i>E. coli</i> 0157H7	2					2	34	7-60	50
Haemophilus influenzae (invasive disease)	2					2	68	66-70	100
Invasive Group A Streptococcal disease	2					2	58	41-75	100
Kawasaki disease	1	1				2	26	3-43	50
Streptococcal B in newborn	1			1		2	4 days	1-7	100
Syphilis					2	2	25-29	--	50
Animal rabies	1					1	--	--	--
Bacterial meningitis		1				1	48	--	100
Hepatitis A			1			1	20	--	0
Legionnaires' disease				1		1	61	--	0
Lyme disease		1				1	26	--	0
Primary encephalitis		1				1	7	--	100

# Know your ABCs: a quick guide to Reportable Infectious Diseases in Ohio

## From Ohio Administrative Code 3701-3-02, 3701-3-05 and 3701-3-12

**Phone numbers for reporting in Mahoning County:**

Youngstown	330-743-3333	Struthers	330-755-7977	Campbell	330-755-1451	All other cases	330-270-2855
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### *Diseases by class, with reporting requirements*

**Class A Diseases**

**(1) diseases of major public health concern because of the severity of disease or potential for epidemic spread -- report to the board of health of the health district in which the case resides by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result exists.**

Anthrax	Diphtheria	Plague	Rubella (not congenital)
Botulism, foodborne	Measles	Rabies, human	Smallpox
Cholera	Meningococcal disease		

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, an outbreak, epidemic, related public health hazard or act of bioterrorism.

**(2) 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.**

Chancroid	Hantavirus	Poliomyelitis (including vaccine-associated cases)	Syphilis
Cyclosporiasis	Hemolytic uremic syndrome	Psittacosis	Tetanus
Dengue	Hepatitis A	Q fever	Tuberculosis, including multi-drug resistant tuberculosis (MDR-TB)
<i>E. coli</i> O157:H7 and Other enterohemorrhagic (Shiga toxin-producing) <i>E. coli</i>	Legionnaires' disease	Rubella, congenital	Typhoid fever
Encephalitis, including arthropod-borne	Listeriosis	Salmonellosis	Waterborne disease outbreaks
Foodborne disease outbreaks	Malaria	Shigellosis	Yellow fever
Granuloma inguinale	Meningitis, aseptic including lymphocytic choriomeningitis & viral meningoencephalitis	<i>Staphylococcus aureus</i> , with resistance or intermediate resistance to Vancomycin (VISA, VRSA)	
Haemophilus influenzae (invasive disease)	Mumps		
	Pertussis		

**(3) 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	Ehrlichiosis	Mucocutaneous lymph node syndrome (Kawasaki disease)	Streptococcus pneumoniae, invasive disease
Botulism, wound	Encephalitis, other viral	Mycobacterial disease, other than tuberculosis	Toxic shock syndrome (TSS)
Botulism, infant	Encephalitis, post-infection	Pelvic inflammatory disease, gonococcal	Toxoplasmosis (congenital)
Brucellosis	Giardiasis	Reye syndrome	Trichinosis
Campylobacteriosis	Gonococcal infections	Rheumatic fever	Tularemia
Chlamydia infections (nonspecific urethritis, cervicitis, salpingitis, neonatal conjunctivitis, pneumonia, & lymphogranuloma venereum)	Hepatitis B, including delta hepatitis	Rocky Mountain spotted fever	Typhoid fever
Creutzfeldt-Jakob disease	Hepatitis C	Streptococcal disease, group A, invasive	Vancomycin-resistant enterococcus
Cryptosporidiosis	Hepatitis, acute viral, undeterminable etiology	Streptococcal B in newborn	Vibriosis
Cytomegalovirus (congenital)	Herpes (congenital only)	Streptococcal toxic shock syndrome (STSS)	Yersiniosis
	Leprosy		
	Leptospirosis		
	Lyme disease		
	Meningitis, including other bacterial		

**Class B Diseases - the number of cases is to be reported by the close of each working week.**

Chickenpox	Herpes-genital	Influenza
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**Class C Diseases - report an outbreak, unusual incidence, or epidemic by the end of the next working day.**

Blastomycosis	Scabies	Outbreak, usual incidence, or epidemic of other infectious diseases of known etiology not categorized as Class A or Class B or Class C
Conjunctivitis, acute	Sporotrichosis	
Histoplasmosis	Staphylococcal skin infections	
Nonsocomial infections of any type	Toxoplasmosis	
Pediculosis		

Except as otherwise required for the Class A(1) diseases, reports of cases and suspect cases and positive laboratory results shall be in writing, and shall include the name and address of the case, suspect case or person from whom the specimen was taken. A Board of Health may accept verbal reports by telephone or other electronic systems approved by the Director within the same time limitations. Reports shall include supplementary information relevant to the case or laboratory report as needed to complete official surveillance forms provided or approved by the Director.

**Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, and confirmed positive tests for HIV (human immunodeficiency virus) must be reported on forms and in a manner prescribed by the Director.**