

ANNUAL SUMMARY OF REPORTABLE DISEASES 2020

Columbus & Franklin County, Ohio



THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

**COLUMBUS
PUBLIC HEALTH**



Franklin County
Public Health

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Cover Image: This is a transmission electron microscopic image of an isolate from the first U.S. case of COVID-19, formerly known as 2019-nCoV. The spherical viral particles, colorized blue, contain cross-section through the viral genome, seen as black dots. Image obtained from www.cdc.gov.

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INTRODUCTION

Infectious diseases are illnesses caused by microorganisms such as bacteria, viruses, parasites and fungi. The route of transmission varies by disease and may include direct contact with contaminated body fluids or excretions, contact with contaminated objects, inhalation of contaminated airborne particles, ingestion of contaminated food or water, or transmission from an animal or vector (i.e., arthropod) carrying the microorganism.

According to Ohio Administrative Code Chapter 3701-3, cases and suspected cases of selected infectious diseases are required to be reported to state and local public health agencies. These “reportable diseases” or “reportable conditions” were determined to be of public health significance in Ohio. Many of these diseases must also be reported to the Centers for Disease Control and Prevention (CDC) as part of national public health surveillance. Outbreaks of infectious diseases must also be reported to state and local public health agencies in Ohio, even if the individual disease is not classified as a reportable disease.

For over 20 years, Columbus Public Health and Franklin County Public Health have joined forces to make the reporting, tracking, and investigation of infectious disease cases easier and more convenient through the centralized Infectious Disease Reporting System (IDRS). This system provides early identification of potential outbreaks and new trends in infectious diseases. Infectious disease staff ensures proper investigation, timely follow-up of case reports, and interventions to prevent additional cases.

The 2020 Annual Summary includes cases of reportable diseases that were diagnosed among residents of Columbus and Franklin County, reported to public health, and found to meet the public health surveillance definition of a confirmed, probable or suspected case. This report also includes data on confirmed and probable infectious disease outbreaks in Columbus and Franklin County. These data do not represent all reportable infectious disease cases or outbreaks that occurred in the community because individuals may not seek medical care for mild or asymptomatic infections, case information (such as exposure history) may be unavailable, and reported cases or clusters of illness may not meet public health surveillance definitions. Surveillance definitions are designed to standardize data collection and reporting across public health jurisdictions and may differ from clinical definitions used in patient management. Public health messaging or media coverage of a particular disease can also influence testing and reporting rates. Data in this summary are considered provisional.

This summary is intended to be a resource for individuals and public health partners concerned about infectious diseases in Columbus and Franklin County. Further information on infectious diseases and reporting procedures may be obtained by contacting Columbus Public Health or Franklin County Public Health or by visiting www.IDRSinfo.org.

KEY FINDINGS:

- Rates of the following reportable diseases increased from 2017 to 2020: Amebiasis, CP-CRE, Cryptosporidiosis, Cyclosporiasis, *E. coli* O157:H7 and Shiga Toxin-producing *E. coli* (STEC), Giardiasis, *Haemophilus influenzae* (invasive disease), Legionnaires’ disease, Lyme disease, Malaria, aseptic Meningitis (viral), Salmonellosis, Invasive Group A Streptococcal disease (IGAS), Yersiniosis, and sexually transmitted infections including chlamydia, gonorrhea and primary and secondary Syphilis.
- A total of 255 confirmed and probable outbreaks were reported in 2020, involving 6,847 cases. Institutional-associated outbreaks were the most common type with 140 outbreaks (55%), followed by healthcare-associated outbreaks with 100 outbreaks (39%).
- The largest outbreak was caused by *Severe Acute Respiratory Syndrome-related Coronavirus* (SARS-CoV-2) and involved 420 cases.

DEMOGRAPHIC PROFILE OF FRANKLIN COUNTY

FRANKLIN COUNTY POPULATION, 2020¹

- The population of Franklin County increased 0.6% from 2019 to 1.32 million in 2020.
- 51.2% of Franklin County residents were female and 48.8% were male.
- 66.2% of Franklin County residents were White; 24.1% were Black or African American; 5.9% were Asian; 0.3% were American Indian or Alaskan Native; 0.1% were Native Hawaiian and Other Pacific Islander; and 3.5% identified as two or more races.
- 6% of Franklin County residents were Hispanic or Latino.

TABLE 1: FRANKLIN COUNTY POPULATION BY GENDER, 2020¹

GENDER	2020	
	POPULATION	PERCENT
Female	677,682	51.2%
Male	646,942	48.8%
Total	1,324,624	100%

TABLE 3: FRANKLIN COUNTY POPULATION BY ETHNICITY, 2020¹

ETHNICITY	2020	
	POPULATION	PERCENT
Hispanic or Latino	79,087	6%
Non-Hispanic or Non-Latino	1,245,537	94%
Total	1,324,624	100%

TABLE 2: FRANKLIN COUNTY POPULATION BY RACE, 2020¹

RACE	2020	
	POPULATION	PERCENT
American Indian or Alaska Native	4,216	0.3%
Asian	78,355	5.9%
Black or African American	319,146	24.1%
Native Hawaiian and Other Pacific Islander	821	0.1%
White	876,322	66.2%
Two or more races	45,764	3.5%
Total	1,324,624	100%

TABLE 4: FRANKLIN COUNTY POPULATION BY AGE GROUP, 2020¹

AGE (YEARS)	2020	
	POPULATION	PERCENT
0-4	90,463	6.8%
5-14	169,009	12.8%
15-24	173,926	13.1%
25-34	240,525	18.2%
35-44	181,685	13.7%
45-54	152,278	11.5%
55-64	148,856	11.2%
65-74	103,793	7.8%
75-84	45,681	3.4%
85+	18,408	1.4%
Total	1,324,624	100%

TABLE 5: ENTERIC DISEASES AMONG FRANKLIN COUNTY RESIDENTS, 2017-2020

ENTERIC DISEASES																	
Year:		2017				2018				2019				2020			
Population:		1,291,981				1,310,300				1,316,756				1,324,624			
CLASS	DISEASE NAME	Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses	
		# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]
B	Amebiasis	4	0.3	6	0.5	1	0.1	1	0.1	2	0.2	3	0.2	6	0.5	8	0.6
A	Botulism, Foodborne	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Campylobacteriosis	226	17.5	226	17.5	249	19.0	249	19.0	227	17.2	227	17.2	151	11.5	151	11.5
A	Cholera	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Cryptosporidiosis	66	5.1	67	5.2	69	5.3	71	5.4	123	9.3	123	9.3	29	2.2	29	2.2
B	Cyclosporiasis	6	0.5	6	0.5	18	1.4	18	1.4	38	2.9	38	2.9	14	1.1	18	1.4
B	<i>Escherichia coli</i> O157:H7 and Shiga toxin-producing <i>E. coli</i> (STEC)	61	4.7	87	6.7	105	8.0	107	8.2	108	8.2	110	8.4	62	4.7	63	4.8
B	Giardiasis	94	7.3	98	7.6	115	8.8	122	9.3	101	7.7	107	8.1	52	3.9	63	4.8
B	Hemolytic uremic syndrome (HUS)	1	0.1	1	0.1	0	0.0	0	0.0	2	0.2	2	0.2	0	0.0	0	0.0
B	Hepatitis A	7	0.5	17	1.3	175	13.4	192	14.7	297	22.6	377	28.6	5	0.4	24	1.8
B	Hepatitis E	2	0.2	6	0.5	1	0.1	4	0.3	0	0.0	2	0.2	0	0.0	2	0.2
B	Listeriosis	3	0.2	3	0.2	4	0.3	4	0.3	0	0.0	0	0.0	5	0.4	5	0.4
B	Salmonellosis	151	11.7	151	11.7	193	14.7	194	14.8	199	15.1	199	15.1	126	9.5	127	9.6
B	<i>Salmonella</i> Paratyphi infection	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	0.1	1	0.1	0	0.0	0	0.0
B	<i>Salmonella</i> Typhi infection (typhoid fever)	27	2.1	31	2.4	1	0.1	2	0.2	2	0.2	3	0.2	0	0.0	1	0.1
B	Shigellosis	218	16.9	220	17.0	200	15.3	201	15.3	94	7.1	94	7.1	58	4.4	58	4.4
B	Trichinellosis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Vibriosis	6	0.5	6	0.5	9	0.7	9	0.7	6	0.5	6	0.5	3	0.2	3	0.2
B	Yersiniosis	2	0.2	10	0.8	8	0.6	12	0.9	22	1.7	25	1.9	18	1.4	18	1.4

† Rate per 100,000 population.

N/A = Not a reportable condition during the specified time period.

TABLE 6: HEPATITIS B & C AMONG FRANKLIN COUNTY RESIDENTS, 2017-2020

HEPATITIS B & C																	
Year:		2017				2018				2019				2020			
Population:		1,291,981				1,310,300				1,316,756				1,324,624			
		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses	
CLASS	DISEASE NAME	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]
B	Hepatitis B, acute	71	5.5	71	5.5	72	5.5	72	5.5	63	4.8	63	4.8	30	2.3	30	2.3
B	Hepatitis B, chronic	515	39.9	515	39.9	481	36.7	481	36.7	472	35.8	472	35.8	334	25.4	334	25.4
B	Hepatitis B, perinatal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Hepatitis C, acute	43	3.3	43	3.3	57	4.4	57	4.4	75	5.7	75	5.7	10	0.8	10	0.8
B	Hepatitis C, chronic	2,315	179.2	2,315	179.2	1,762	134.5	1,762	134.5	1,399	106.2	1,399	106.2	1,077	81.8	1,077	81.8
B	Hepatitis C, perinatal	N/A	N/A	N/A	N/A	7	38.3	7	38.3	7	38.1	7	38.1	9	51.4	9	51.4

[†] Rate per 100,000 population for all diseases except "hepatitis B, perinatal" and "hepatitis C, perinatal" which is per 100,000 live births²

N/A = not a reportable condition during the specified time period.

TABLE 7: SEXUALLY TRANSMITTED INFECTIONS AMONG FRANKLIN COUNTY RESIDENTS, 2017-2020

SEXUALLY TRANSMITTED INFECTIONS																	
Year:		2017				2018				2019				2020			
Population:		1,291,981				1,310,300				1,316,756				1,324,624			
		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses	
CLASS	DISEASE NAME	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]
^	HIV/AIDS*	222	17.2	222	17.2	198	15.1	198	15.1	216	16.4	216	16.4	204	15.4	204	15.4
B	Chancroid	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.2	2	0.2
B	<i>Chlamydia trachomatis</i> infections	9,413	728.6	9,413	728.6	10,178	776.8	10,178	776.8	10,344	791.0	10,344	791.0	8,623	654.9	8,623	654.9
B	Gonorrhea (<i>Neisseria gonorrhoeae</i>)	4,447	344.2	4,447	344.2	4,935	376.6	4,935	376.6	4,972	380.2	4,972	380.2	4,621	350.9	4,621	350.9
B	Syphilis, congenital	8	42.6	8	42.6	7	38.3	7	38.3	7	38.3	7	38.3	5	28.6	5	28.6
B	Syphilis, primary and secondary	323	25.0	323	25.0	212	16.2	212	16.2	213	16.3	213	16.3	307	23.2	307	23.2

[†] Rate per 100,000 population for all diseases except "syphilis, congenital" which is per 100,000 live births²

*Report on forms and in a manner prescribed by the director, described in Ohio Administrative Code Chapter 3701-3-12

*Case counts obtained from the Ohio Department of Health (see Technical Notes).

TABLE 8: VACCINE-PREVENTABLE DISEASES AMONG FRANKLIN COUNTY RESIDENTS, 2017-2020

VACCINE-PREVENTABLE DISEASES																	
Year:		2017				2018				2019				2020			
Population:		1,291,981				1,310,300				1,316,756				1,324,624			
CLASS	DISEASE NAME	Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses	
		# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]
A	Diphtheria	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	<i>Haemophilus influenzae</i> (invasive disease)	22	1.7	22	1.7	25	1.9	26	2.0	43	3.3	43	3.3	18	1.4	18	1.4
B	Influenza-associated hospitalization	784	60.7	785	60.8	1,103	84.2	1,104	84.3	819	62.2	829	62.2	732	55.6	735	55.8
B	Influenza-associated pediatric mortality	0	--	0	--	0	--	0	--	1	--	1	--	0	--	0	--
A	Measles	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	0.3	0	0.0	0	0.0
A	Meningococcal disease	1	0.1	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	1	0.1
B	Mumps	8	0.6	8	0.6	0	0.0	7	0.5	10	0.8	16	1.2	1	0.1	2	0.2
B	Pertussis	277	21.4	393	30.4	134	10.2	174	13.3	142	10.8	208	15.8	38	2.9	44	3.3
B	Poliomyelitis (including vaccine-associated cases)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Rubella, congenital	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
A	Rubella, not congenital	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0
B	<i>Streptococcus pneumoniae</i> , invasive disease (ISP)*	161	12.5	167	12.9	132	10.1	133	10.2	167	12.7	167	12.7	88	6.7	89	6.8
B	Tetanus	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Varicella	50	3.9	54	4.2	81	6.2	85	6.5	45	3.4	47	3.6	21	1.6	38	2.9

[†] Rate per 100,000 population for all diseases except "rubella, congenital" which is per 100,000 live births²

-- No rate is calculated

TABLE 9: VECTORBORNE AND ZOONOTIC DISEASES AMONG FRANKLIN COUNTY RESIDENTS, 2017-2020

VECTORBORNE AND ZOONOTIC DISEASES																	
Year:		2017				2018				2019				2020			
Population:		1,291,981				1,310,300				1,316,756				1,324,624			
CLASS	DISEASE NAME	Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses	
		# of Cases	Case Rate†	# of Cases	Case Rate†	# of Cases	Case Rate†	# of Cases	Case Rate†	# of Cases	Case Rate†	# of Cases	Case Rate†	# of Cases	Case Rate†	# of Cases	Case Rate†
B	Babesiosis	0	0.0	5	0.4	0	0.0	3	0.2	0	0.0	2	0.2	0	0.0	0	0.0
B	Brucellosis	0	0.0	5	0.4	0	0.0	0	0.0	0	0.0	2	0.2	0	0.0	2	0.2
B	Chikungunya	1	0.1	1	0.1	0	0.0	0	0.0	1	0.1	1	0.1	0	0.0	0	0.0
B	Dengue	2	0.2	3	0.2	2	0.2	2	0.2	3	0.2	5	0.4	1	0.1	1	0.1
B	Eastern equine encephalitis virus disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Ehrlichiosis/Anaplasmosis	1	0.1	1	0.1	0	0.0	0	0.0	0	0.0	5	0.4	1	0.1	2	0.2
B	Hantavirus	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Jamestown Canyon Virus	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0
B	La Crosse virus disease (other California serogroup virus disease)	0	0.0	0	0.0	2	0.2	2	0.2	2	0.2	2	0.2	0	0.0	0	0.0
B	Leptospirosis	1	0.1	1	0.1	1	0.1	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0
B	Lyme disease	16	1.2	76	5.9	16	1.2	42	3.2	16	1.2	44	3.3	21	1.6	82	6.2
B	Malaria	23	1.8	23	1.8	29	2.2	29	2.2	27	2.1	27	2.1	7	0.5	7	0.5
B	Other arthropod-borne disease*	0	0.0	0	0.0	1	0.1	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0
A	Plague	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Powassan virus disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Psittacosis	0	0.0	1	0.1	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0	2	0.2
B	Q fever	0	0.0	1	0.1	0	0.0	0	0.0	1	0.1	2	0.2	0	0.0	2	0.2
A	Rabies, human	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Spotted fever rickettsiosis, including Rocky Mountain spotted fever (RMSF)	5	0.4	9	0.7	2	0.2	11	0.8	3	0.2	7	0.5	1	0.1	8	0.6
B	St. Louis encephalitis virus disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
A	Tularemia	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
A	Viral hemorrhagic fever (VHF)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	West Nile virus infection	1	0.1	1	0.1	2	0.2	3	0.2	0	0.0	0	0.0	0	0.0	0	0.0
B	Western equine encephalitis virus disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	5	0.4
A	Yellow fever	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Zika virus infection	2	0.2	4	0.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Rate per 100,000 population.

* Includes cases of arthropod-borne disease that did not belong to an individual disease category during the reporting period.

TABLE 10: OTHER REPORTABLE INFECTIOUS DISEASES AMONG FRANKLIN COUNTY RESIDENTS, 2017-2020

OTHER REPORTABLE INFECTIOUS DISEASES																	
Year:		2017				2018				2019				2020			
Population:		1,291,981				1,310,300				1,316,756				1,324,624			
CLASS	DISEASE NAME	Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses	
		# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]
A	Anthrax	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
A	Any unexpected pattern of cases, deaths or disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Botulism, infant	0	--	0	--	1	--	1	--	2	--	2	--	2	--	2	--
B	Botulism, wound	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1
B	<i>Candida auris</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0.0	0	0.0	0	0.0	0	0.0
B	Carbapenemase-producing carbapenem-resistant <i>Enterobacteriaceae</i> (CP-CRE)	N/A	N/A	N/A	N/A	24	1.8	25	1.9	37	2.8	38	2.9	25	1.9	31	2.4
B	Coccidioidomycosis	7	0.5	22	1.7	5	0.4	13	1.0	6	0.5	18	1.4	1	0.1	9	0.7
A	Coronavirus Disease 2019 (COVID-19)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	90,311	6,817.9	93,786	7,080.2
B	Creutzfeldt-Jakob disease	1	0.1	1	0.1	0	0.0	0	0.0	2	0.2	2	0.2	2	0.2	2	0.2
A	Influenza A- novel virus infection	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Legionnaires' disease	129	10.0	129	10.0	213	16.3	213	16.3	143	10.9	144	10.9	101	7.7	109	8.3
B	Leprosy (Hansen's disease)	2	0.2	2	0.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Meningitis, aseptic (viral)	32	2.5	32	2.5	89	6.8	89	6.8	115	8.7	115	8.7	41	3.1	41	3.1
B	Meningitis, bacterial (not <i>N. meningitidis</i>)	17	1.3	18	1.4	18	1.4	21	1.6	27	2.1	28	2.1	14	1.1	16	1.2
A	Middle East Respiratory Syndrome (MERS)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
A	Multisystem Inflammatory Syndrome in Children (MIS-C)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	15	--	15	--

Table continued on next page.

TABLE 10: OTHER REPORTABLE DISEASES AMONG FRANKLIN COUNTY RESIDENTS, 2017-2020, *continued*

OTHER REPORTABLE DISEASES																	
Year:		2017				2018				2019				2020			
Population:		1,291,981				1,310,300				1,316,756				1,324,624			
		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses	
CLASS	DISEASE NAME	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]
A	Severe acute respiratory syndrome (SARS)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
A	Smallpox	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	<i>Staphylococcus aureus</i> , with resistance or intermediate resistance to vancomycin (VRSA, VISA)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Streptococcal disease, group A, invasive (IGAS)	103	8.0	107	8.3	135	10.3	141	10.8	137	10.4	142	10.8	115	8.7	115	8.7
B	Streptococcal disease, group B, in newborn	8	0.4	8	0.4	10	0.5	10	0.5	15	0.8	16	0.9	10	0.6	10	0.6
B	Streptococcal toxic shock syndrome (STSS)	5	0.4	5	0.4	21	1.6	21	1.6	15	1.1	15	1.1	1	0.1	1	0.1
B	Toxic shock syndrome (TSS)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Tuberculosis (TB), including multi-drug resistant TB (MDR-TB)	53	4.1	53	4.1	78	6.0	78	6.0	47	3.6	47	3.6	52	3.9	52	3.9

[†] Rate per 100,000 population for all diseases except "streptococcal disease, group B, in newborn," which is per 1,000 live births²

N/A = not a reportable condition during the specified time period

-- No rate is calculated

DEATHS ASSOCIATED WITH DISEASE

In 2020, a total of 1,489 deaths occurred among confirmed and probable cases of reportable diseases in Franklin County. Twenty-five of these deaths were associated with multiple reportable diseases. Coronavirus (COVID-19) was associated with the most deaths (n=1,440), followed by Influenza-associated hospitalizations (n=20), followed by *Streptococcus pneumoniae* invasive disease (n=10), and Legionnaires' disease (n=8). The greatest number of deaths occurred among individuals aged 65 years and older (n=1,189). Three deaths occurred among cases less than 18 years old.

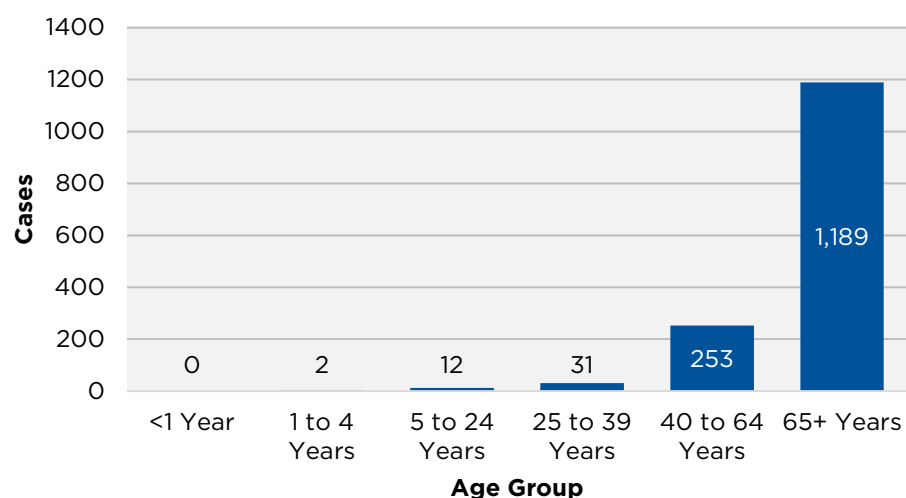
Death data were obtained from the Ohio Disease Reporting System (ODRS) and are subject to several limitations. A death is only captured in the ODRS record if the person dies during the course of a case or outbreak investigation. If a person dies after the investigation has ended, the record is not necessarily updated. Therefore, the number of deaths reported in Table 11 may underestimate the true number of deaths that occurred among reportable disease cases. Furthermore, investigators do not determine whether a reportable disease contributed to an individual's death. It is not possible to determine the true cause(s) of death without additional information from death or medical records.

TABLE 11: NUMBER OF DEATHS* AMONG CONFIRMED AND PROBABLE CASES OF REPORTABLE DISEASE, EXCLUDING SEXUALLY TRANSMITTED INFECTIONS, FRANKLIN COUNTY, 2020

REPORTABLE DISEASE	DEATHS*
COVID-19	1,440
Campylobacteriosis	1
Creutzfeldt-Jakob Disease (CJD)	2
Carbapenemase-producing carbapenem-resistant <i>Enterobacteriaceae</i> (CP-CRE)	2
Cryptosporidiosis	1
<i>Haemophilus influenzae</i> (invasive disease)	4
Hepatitis B, chronic	7
Hepatitis C, chronic	5
Influenza-associated hospitalization	20
Invasive Group A Streptococcal Disease (IGAS)	6
Legionnaires' disease	8
Meningitis, aseptic (viral)	2
Salmonellosis	2
<i>Streptococcus pneumoniae</i> , invasive disease (ISP)	10
Streptococcal toxic shock syndrome (STSS)	1
Tuberculosis	3

*The number of deaths is specific to the reportable disease category. Twenty-five deaths were associated with multiple reportable diseases and are represented more than once in this table.

AGE DISTRIBUTION OF DEATHS AMONG CONFIRMED AND PROBABLE CASES OF REPORTABLE DISEASE, 2020 (N=1,489)*



*2 deaths are missing ages

INFECTIOUS DISEASE OUTBREAKS

According to Ohio Administrative Code 3701-3, outbreaks, unusual incidence, or epidemics of infectious diseases must be reported to state and local public health agencies. Outbreaks are Class C reportable conditions categorized by the setting or mode of transmission: community; foodborne; healthcare-associated; institutional; waterborne; zoonotic; and, other.³ Franklin County Public Health (FCPH) and Columbus Public Health (CPH) may identify an outbreak through reportable disease case investigation, review of surveillance data, or report from an individual or institution. CPH and FCPH investigate outbreaks and implement prevention measures to help stop the spread of illness. Prevention measures can include, but are not limited to: increased surveillance for additional cases; laboratory testing; vaccination; post-exposure prophylaxis; exclusion of ill persons from a particular setting; and/or notification of individuals who may have been exposed.

NUMBER OF CONFIRMED AND PROBABLE OUTBREAKS REPORTED BY YEAR, FRANKLIN COUNTY, 2017-2020

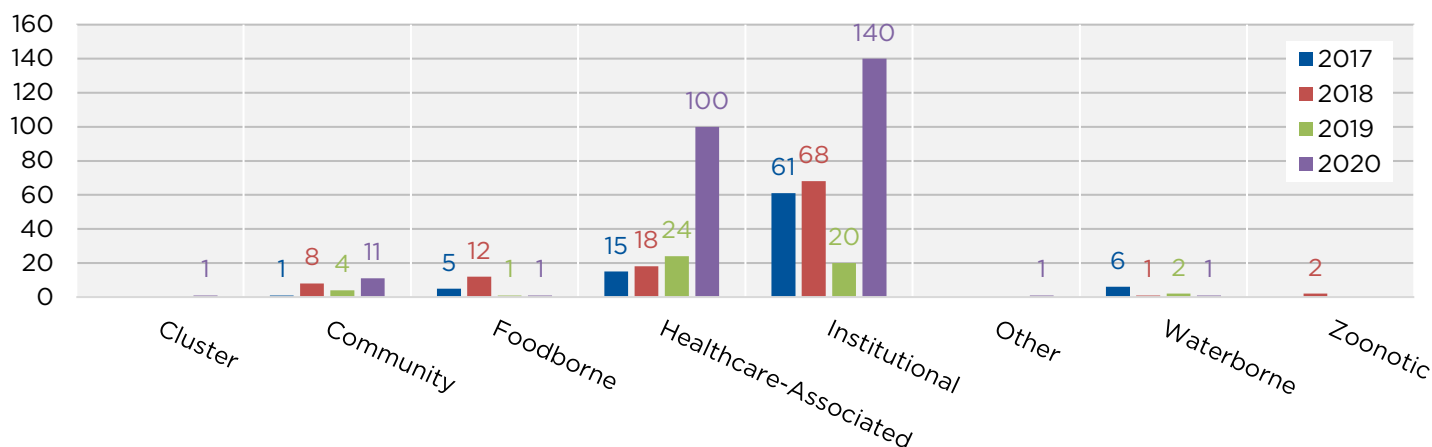


TABLE 12: NUMBER OF CONFIRMED AND PROBABLE OUTBREAKS, MOST COMMON SETTING, AND MOST COMMON ETIOLOGY, BY TYPE OF OUTBREAK, FRANKLIN COUNTY, 2020

OUTBREAK TYPE	NUMBER OF OUTBREAKS	MOST COMMON SETTING	MOST COMMON ETIOLOGY
Cluster	1	Blank	Severe acute respiratory syndrome-related coronavirus (SARS-CoV-2) [1]
Community	11	Private home, workplace	Severe acute respiratory syndrome-related coronavirus (SARS-CoV-2) [9]
Foodborne	1	Blank	<i>Escherichia coli</i> [1]
Health Care-Associated	100	Long term care facility	Severe acute respiratory syndrome-related coronavirus (SARS-CoV-2) [91]
Institutional	140	School	Severe acute respiratory syndrome-related coronavirus (SARS-CoV-2) [131]
Other	1	Blank	Severe acute respiratory syndrome-related coronavirus (SARS-CoV-2) [1]
Waterborne	1	Unknown	<i>Legionella sp.</i> [1]

In Columbus and Franklin County in 2020:

- A total of 255 confirmed and probable outbreaks were reported; institutional was the most common type (55% of outbreaks), followed by Healthcare-associated outbreaks (39%).
- Overall, schools were the most common setting with 41 outbreaks (16%), and *Severe acute respiratory syndrome-related coronavirus* (SARS-CoV-2) was the most common etiology with 233 outbreaks (91%).
- The largest outbreak was caused by *Severe acute respiratory syndrome-related coronavirus* (SARS-CoV-2) and involved 420 cases.
- In total, 6,847 cases were associated with an outbreak.

DISEASE SPOTLIGHT:

CORONAVIRUS (COVID-19)

CORONAVIRUS (COVID-19)		2020
Number of Cases		90,311
Rate*	Overall	6,817.9
	Female	3,555.3
	Male	3,197.7
Age of cases (in years)	Mean	38.5
	Median	35.0
	Range	0-107

* Rate per 100,000 population

LOCAL FACTS:

In Columbus and Franklin County in 2020:

- The COVID-19 rate among females was higher than the rate among males.
- The overall rate of COVID-19 was higher than any other reportable condition due to the ongoing pandemic nature of the virus.
- Vaccines became available to help prevent COVID-19 illnesses in late 2020. This has helped control the spread of disease, especially in long term care and assisted living settings.

EPIDEMIOLOGY³

Infectious Agent: SARS-CoV-2, a novel species of the *Coronaviridae* virus family, Beta-CoV lineage B.d

Case Definition: Please see the Ohio Infectious Disease Control Manual.

Mode of Transmission: Most commonly person to person spread between people in close contact with one another through respiratory droplets produced when an infected person coughs, sneezes, talks or breathes. It may also be possible to be spread by airborne transmission, but less common. The mode of transmission continues to be studied.

Incubation Period: 2 to 14 days (with an average of 5 days) after exposure to the virus.

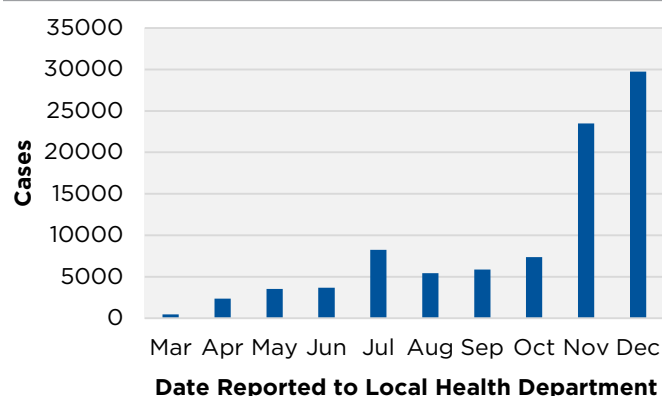
Symptoms: Disease presentation can range from being asymptomatic to severe pneumonia and death. Approximately 80% of individuals evaluated with the disease have mild to moderate illness, including fever, chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion, runny nose, cough, shortness of breath, difficulty breathing or new olfactory or taste disorders. More severe illness, requiring supplemental oxygen or mechanical ventilation occurs in approximately 20% of those evaluated with COVID-19

Treatment: Current clinical management includes infection prevention and control measures and supportive care, including supplemental oxygen and mechanical ventilatory support when indicated. There is one US Food and Drug Administration approved drug, Remdesivir (Veklury), for treatment in certain situations.

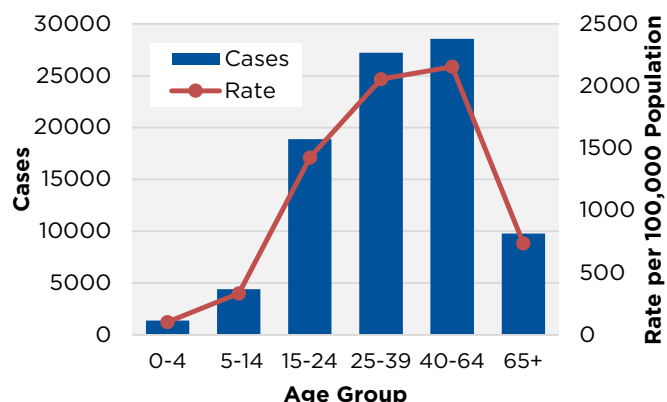
Prevention: There are vaccines available to help prevent COVID-19. Additionally, people can prevent being exposed to COVID-19 by avoiding close contact with people who are sick, using facial coverings when around others, cleaning and disinfecting frequently touched surfaces daily, frequent hand washing, and avoiding touching eyes, nose and mouth with unwashed hands.

Case counts and rates include confirmed and probable cases.

COVID-19 CASES, FRANKLIN COUNTY, 2020



COVID-19 CASES AND RATES BY AGE GROUP, FRANKLIN COUNTY, 2020



DISEASE SPOTLIGHT:

INVASIVE GROUP A STREPTOCOCCAL DISEASE (IGAS)

INVASIVE GROUP A STREPTOCOCCAL DISEASE		2020
Number of Cases		115
Rate*	Overall	8.7
	Female	8.7
	Male	8.7
Age of cases (in years)	Mean	49
	Median	47
	Range	1-93

* Rate per 100,000 population

LOCAL FACTS:

In Columbus and Franklin County in 2020:

- The rate of Invasive Group A Streptococcal Disease (IGAS) was highest among persons over 65 years old; 24% of cases occurred in this age group.
- The IGAS rate among African Americans and individuals reporting multiple races was more than twice the rate among Whites.
- In 2019, a healthcare-associated outbreak of IGAS was identified.

EPIDEMIOLOGY³

Infectious Agent: *Streptococcus pyogenes* (Group A *Streptococcus* or GAS). There are more than 80 serologically distinct types of *S. pyogenes* which cause a variety of diseases ranging from mild illnesses such as pharyngitis and impetigo to severe infections including septicemia and streptococcal toxic shock syndrome (STSS).

Case Definition: Please see the Ohio Infectious Disease Control Manual.

Mode of Transmission: Transmission is by direct contact with secretions from infected persons. The same strain of GAS can cause different disease in different hosts ranging from asymptomatic or mild infection to invasive disease.

Incubation Period: Varies depending on the type of *S. pyogenes*.

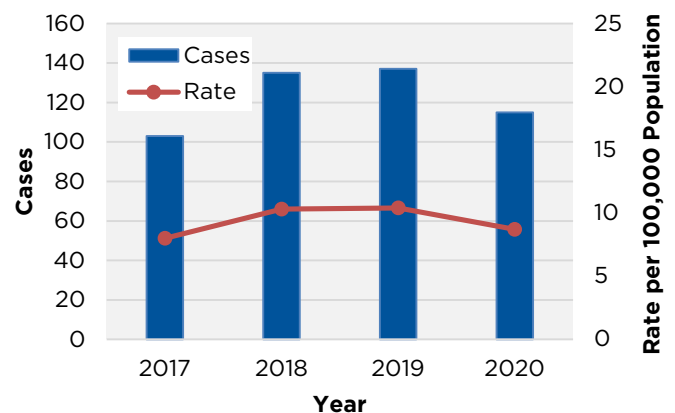
Symptoms: Invasive GAS infections can be severe, with or without an identified focus of local infection, and can be associated with streptococcal toxic syndrome. The portal of entry of invasive infections often is the skin but often may not be identified. Infection can follow minor or unrecognized trauma.

Treatment: Early recognition of invasive GAS infections is important because of their potential for rapid progression and fatal outcome. Penicillin is effective for treating most invasive GAS infections. Intravenous fluids and other supportive measure typically used in the management of shock and multi-organ failure are often necessary.

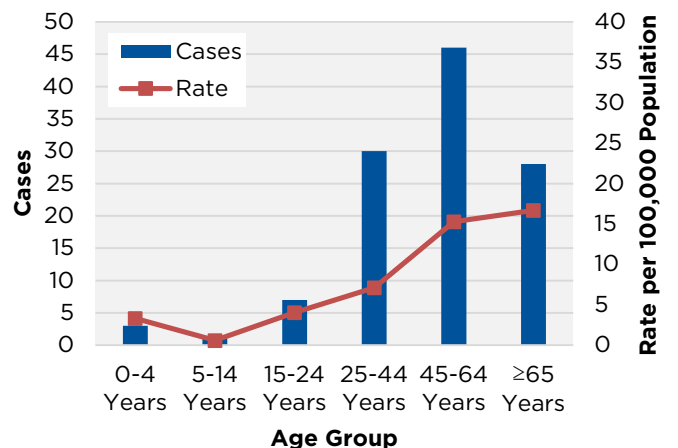
Prevention: The most important means of controlling any GAS disease is prompt identification and treatment of infections. Wash hands with soap and warm water and clean and disinfect frequently touched surfaces often.

Case counts and rates include confirmed and probable cases.

IGAS CASES AND RATES, FRANKLIN COUNTY, 2017-2020



IGAS CASES AND RATES BY AGE GROUP, FRANKLIN COUNTY, 2020



FEATURED OUTBREAK INVESTIGATION:

HEPATITIS A

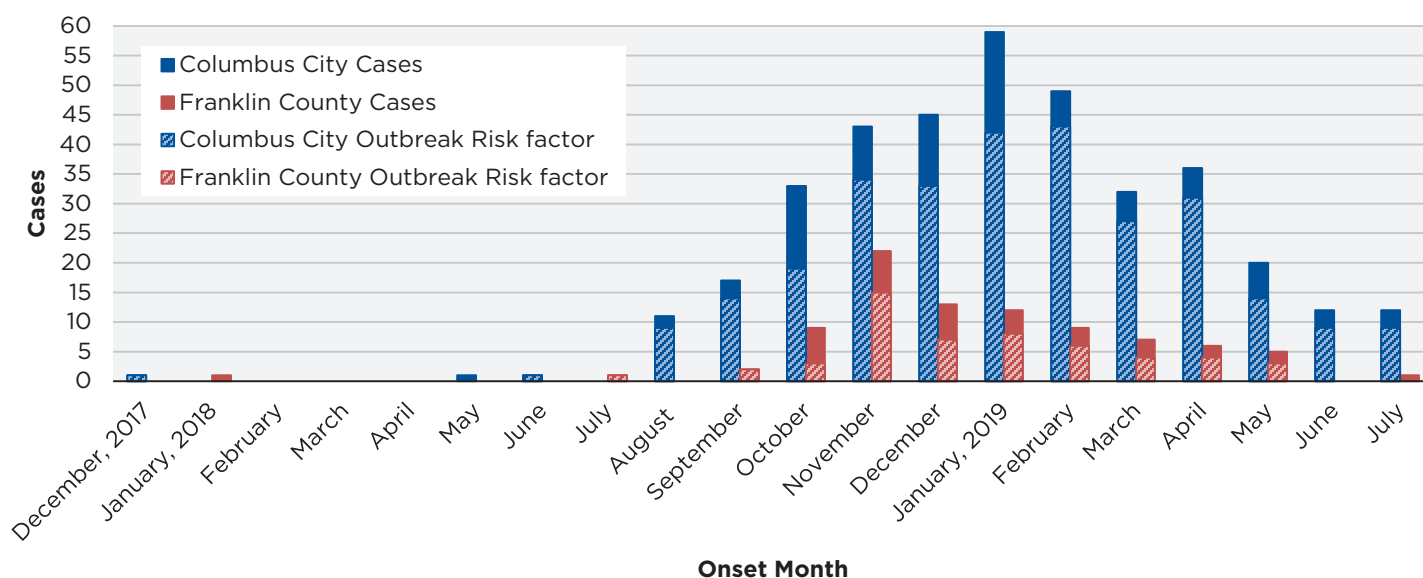
NOTE: This was not a 2020 outbreak. Due to staff resources being primarily focused on the COVID-19 pandemic, last year's report was scaled back and this summary was not included.

In late June 2018, the Ohio Department of Health (ODH) declared a statewide community outbreak of Hepatitis A. From July 2018 to July 2019, Columbus Public Health (CPH) and Franklin County Public Health (FCPH) investigated and tracked reported cases of Hepatitis A linked to this statewide outbreak. The high risk populations (also referred to as outbreak risk factors as shown in the below graph) for Hepatitis A in this outbreak included people who use drugs (injection or non-injection), people experiencing unstable housing or homelessness, people who are currently or were recently incarcerated, men who have sex with men, and people with chronic liver disease. Educational campaigns and outreach events were held to provide information to the high risk populations regarding healthy practices, distribute hygiene kits, and administer vaccine. Hepatitis A vaccines administered from July 2018 to July 2019 totaled 6,120 doses. Educational materials were developed and 2,590 "hot cards" were distributed, along with 252 hygiene kits.

In total, 460 cases in Franklin County met the Hepatitis A statewide outbreak case definition as of July 27, 2019. The majority of cases were male (285, 62%), and 175 (38%) cases were female. Cases' ages ranged from 7 years to 83 years, with a mean age of 41 years. Nearly three-fourths were hospitalized (330 cases, 72%), and there was 1 (<1%) death.

Hepatitis A characteristically has an abrupt onset. Symptoms can include fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, abdominal discomfort, dark urine, clay-colored stools and jaundice. Many infections are mild and without jaundice. Infected children, particularly infants and toddlers, are frequently asymptomatic. Illness can last one to two weeks or rarely several months. The fatality rate is less than 0.1%. Modes of transmission include person-to-person through the fecal-oral route and exposure to contaminated food or water. Hepatitis A transmission is common with close personal contact with an infected person, sex among men who have sex with men, and behaviors associated with injection drug use.³

HEPATITIS A CASES*, COLUMBUS AND FRANKLIN COUNTY, N=460



*Cases reported through 7/27/2019

FEATURED OUTBREAK INVESTIGATION: LEGIONNAIRES' DISEASE

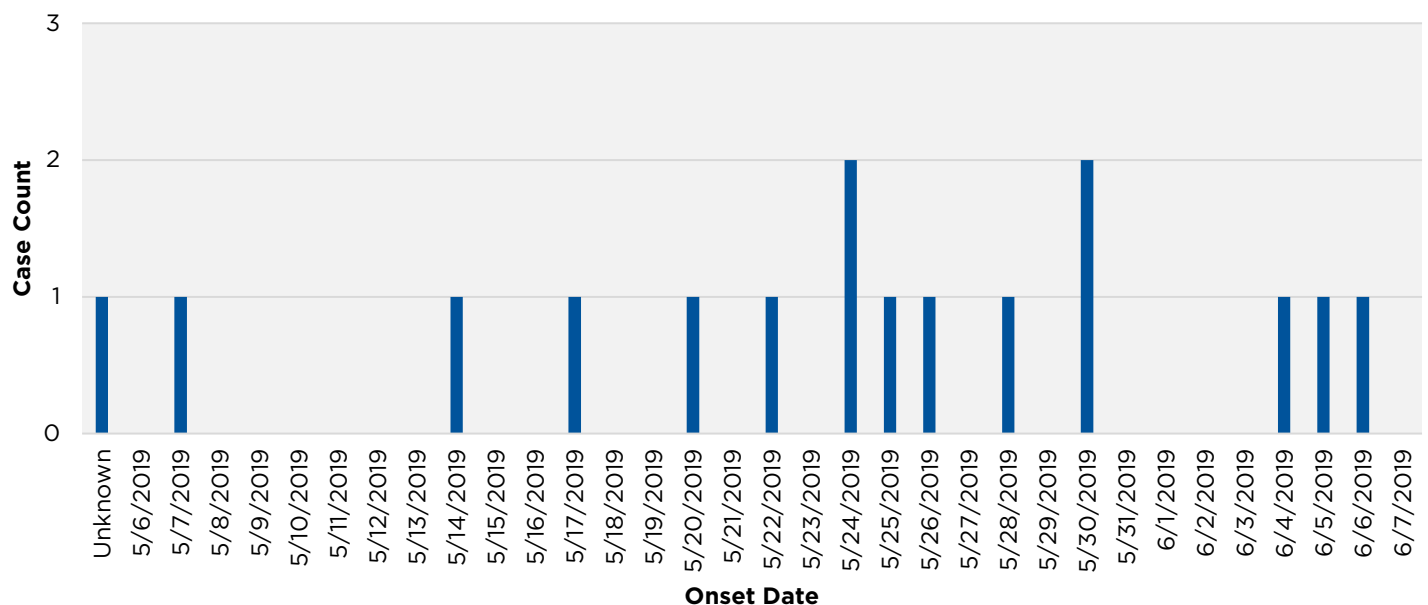
NOTE: This was not a 2020 outbreak. Due to staff resources being primarily focused on the COVID-19 pandemic, last year's report was scaled back and this summary was not included.

In May 2019, Franklin County Public Health (FCPH) investigated three reported Legionnaires' disease cases and identified a cluster after recognizing all had exposure to Mount Carmel Grove City (MCGC) Hospital prior to symptom onset. Upon further investigation by public health and MCGC staff, additional cases were identified. MCGC Hospital is a seven story, 210 bed facility that opened for business on April 28, 2019. FCPH and the Ohio Department of Health (ODH) completed an environmental health assessment and water samples were collected. The results of the water samples showed significant Legionella bacteria in the hospital's hot water system with a possible cause being inadequate disinfection prior to MCGC Hospital's opening. Water restrictions were implemented throughout the hospital and MCGC partnered with a nationally recognized legionella risk management expert to identify possible sources of bacteria and resolve Legionella at the hospital. ODH issued an adjudication order outlining steps the hospital must take to ensure clean water in the facility. The hospital's entire water supply was disinfected through hyperchlorination. Every water fixture had a 0.2-micron filter installed. The hospital installed a permanent supplemental disinfection system allowing for 24/7 monitoring and controlling of the water supply.

A total of 16 confirmed legionellosis cases were associated with this outbreak. Of these 16 cases, nine (56.3%) were female, and seven (43.7%) were male. Cases' ages ranged from 48 to 90 years old, with a mean age of 69 years. Of the 16 cases, 15 were patients at MCGC Hospital and one was an employee.

Legionnaires' disease is a serious form of pneumonia that is spread from aerosolized water that contains Legionella bacteria. People contract Legionnaires' disease when they breathe in a mist or vapor (small droplets of water in the air) that has been contaminated with the bacteria. Air conditioning cooling towers, whirlpool spas, and showers have previously been shown to be sources of Legionnaires' disease outbreaks. The illness cannot be spread by person-to-person contact. Individuals usually develop symptoms, including fever, chills, cough, fatigue, loss of appetite, muscle aches and headache, within two to 14 days of exposure to the bacteria. People at higher risk of getting ill are those over 50 years of age, current or former smokers, or those with underlying health conditions such as chronic lung disease or diabetes or a weakened immune system. Most individuals can be treated effectively with specific antibiotics.³

EPIDEMIOLOGICAL CURVE OF CASES OF LEGIONNAIRES' DISEASE LINKED TO MOUNT CARMEL GROVE CITY HOSPITAL, 2019



TIMELINESS OF DISEASE REPORTING

As part of reportable disease surveillance, Columbus Public Health (CPH) and Franklin County Public Health (FCPH) monitor and work to improve timeliness of disease reports and completeness of reportable disease records. While CPH and FCPH continually work to improve data completeness through internal processes and procedures, timeliness largely depends on recognition and rapid reporting of cases by healthcare providers and laboratories.

Timely infectious disease reporting enables public health agencies to track disease occurrence and implement appropriate interventions for disease prevention. Timeliness requirements vary based on the communicability and severity of the disease as seen in the below table.

Table 13 lists selected diseases and their corresponding case counts, median and mean lag times, and proportion of cases missing diagnosis date. Median and mean lag time values should be less than one business day for Class A diseases (immediately reportable) and less than two business days for Class B diseases (reportable by end of next business day). Values that meet the lag time goal are shown in **green**. Values that do not meet the goal are shown in **red**.

Regular monitoring of timeliness data helps to address two key issues: late reporters and missing data. If specific reporters are found to be contributing to longer lag times, data will be shared with the reporter, challenges to timely reporting will be identified and addressed, and closer monitoring of reports will follow. Addressing missing or incorrect dates will improve data accuracy and aid in implementing appropriate interventions.

In addition to quality improvement efforts of CPH and FCPH, the Ohio Department of Health and the Association of Ohio Health Commissioners publish a public health quality indicators report including timeliness and completeness data for selected reportable diseases.

For more information on ODH public health quality indicators and to view the reports, please visit: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/local-health-departments/accreditation/2018-public-health-quality-indicators-report>.

TABLE 13: REPORTING LAG TIME* FOR CONFIRMED & PROBABLE CASES OF SELECTED REPORTABLE DISEASES, FRANKLIN COUNTY, 2020

REPORTABLE CONDITION	Reporting Requirement	2020			
		Confirmed & Probable Cases	Median Lag Time (business days)	Mean Lag Time (business days)	% of Cases Missing Diagnosis Date
<i>E. coli</i> O157:H7 and Shiga toxin-producing <i>E. coli</i> (STEC) (Class B)	By end of next business day	62	1.0	1.2	19.4%
Hepatitis A (Class B)	By end of next business day	5	1.0	0.8	0.0%
Listeriosis (Class B)	By end of next business day	5	2.0	1.6	40.0%
Measles (Class A)	Immediately	0	N/A	N/A	N/A
Meningococcal disease (Class A)	Immediately	1	1.0	1.0	0.0%
Mumps (Class B)	By end of next business day	1	1.0	1.0	0.0%
Pertussis (Class B)	By end of next business day	38	1.0	0.82	2.6%
Rubella (Class A)	Immediately	0	N/A	N/A	N/A
Salmonellosis (Class B)	By end of next business day	126	1.0	1.8	31.7%

*Reporting lag time = Difference between the diagnosis date** and the date the case was reported to the local health department

**If blank, "Diagnosis Date" defaulted to the following ODRS date fields (in order): specimen collection date, laboratory result date, onset date, date reported to Ohio Department of Health, created date. If a date occurred after the date of report to the local health department, the diagnosis date defaulted to the next proxy. These dates were obtained from case records in the Ohio Disease Reporting System (ODRS).

TECHNICAL NOTES

Ohio Administrative Code 3701-3-02, 3701-3-05 and 3701-3-12 require that communicable diseases be reported to local health departments.

TABLES OF DISEASE COUNTS AND RATES

Reportable disease data are likely to underestimate true disease occurrence. For a case to be included in this report, a disease must have been diagnosed among a resident of Columbus or Franklin County, reported to public health, met the public health surveillance case definition, and been recorded in the Ohio Disease Reporting System (ODRS) at the time of data analysis. Data in this report are considered provisional.

All Statuses includes confirmed, probable and suspected cases.

Year refers to the case event date in ODRS for sexually transmitted infections; the date the case was counted for hepatitis B, hepatitis C, and tuberculosis; and the date the case record was created in ODRS for all other conditions. For outbreaks, year is the year that the outbreak record was created in ODRS.

Event Date is calculated automatically in ODRS. If specimen collection date is blank, event date is the earliest of the following dates: illness onset date, diagnosis date, date reported to the local health department, or date reported to the Ohio Department of Health (ODH).

Counts of newly diagnosed HIV/AIDS cases were obtained from the ODH HIV/AIDS Surveillance Program. Diagnoses of HIV infection include persons with a diagnosis of HIV infection (not AIDS), a diagnosis of HIV infection and a later AIDS diagnosis, and concurrent diagnoses of HIV infection and AIDS. Yearly HIV case counts include all reported cases diagnosed in a given year.

CASE AND OUTBREAK CLASSIFICATIONS

Case definitions for nationally notifiable diseases are determined by the Council of State and Territorial Epidemiologists (CSTE) in conjunction with the Centers for Disease Control and Prevention (CDC). Definitions are published in the *Morbidity and Mortality Weekly Report* and posted to CDC's National Notifiable Diseases Surveillance System website.⁴ In Ohio, case and outbreak definitions can be found in Section 3 of the Infectious Disease Control Manual.³ More information on reportable diseases and reporting procedures in Columbus and Franklin County can be found at www.IDRSinfo.org.

REPORTABLE DISEASE CLASS DEFINITIONS³

Reportable conditions in Ohio are grouped by class. Class definitions in 2020 were as follows:

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.

Class B: Disease 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.

Class C: Outbreak, unusual incidence, or epidemic of other infectious diseases. Report by the end of the next business day.

DISEASE COUNTS AND RATES	DATA ARE CURRENT AS OF:
Chlamydia, gonorrhea and syphilis	June 22, 2021
HIV/AIDS data from the Ohio Department of Health	June 30, 2021
Infectious Disease Outbreaks	July 15, 2021
All other reportable conditions	May 25, 2021

Technical Notes continued on next page.

REPORTABLE DISEASE CHANGES IN OHIO IN 2020

The following changes took effect on January 23, 2020:
Additions: Director's Journal added 2019-nCoV (COVID-19)

CASE DEFINITION CHANGES FOR NATIONALLY NOTIFIABLE DISEASES IN 2020⁴

Coronavirus Disease 2019 (COVID-19)

REPORTING SYSTEMS

Most disease cases in this summary were reported through the Infectious Disease Reporting System (IDRS), a joint effort between Columbus Public Health and Franklin County Public Health. Cases of sexually transmitted infections, HIV/AIDS and tuberculosis have separate reporting systems.

The Ohio Disease Reporting System (ODRS)⁵ was developed as a web-based system to make disease reporting more timely and efficient for disease reporters (e.g., hospitals, laboratories and physicians) and to improve communication about infectious disease cases between disease reporters, local health departments and ODH. Currently, ODH, local health departments and infection preventionists have the ability to enter and update case and laboratory reports in ODRS. The system uses patient address to determine the correct local health jurisdiction to receive the report for follow-up and investigation. In addition, some laboratories have the ability to electronically upload batches of reports from their databases into ODRS via Electronic Laboratory Reporting (ELR), minimizing paperwork and data re-entry. If a disease report is inadvertently assigned to an incorrect health jurisdiction, the health department receiving the report can re-direct it to the correct jurisdiction. Updates to information can be made to the record in the database, and all fields in the ODH and CDC reporting forms are included in ODRS.

JURISDICTION

Each case is reported based on the address of residence, and each jurisdictional boundary is determined by tax district. Franklin County Public Health and Columbus Public Health jurisdictions have boundaries that include parts of other counties such as Delaware, Fairfield, Licking and Union. Cases represented in the tables may live in one of these neighboring counties. If a case lives in a neighboring county but is served by Franklin County Public Health or Columbus Public Health, the case would not be represented in Franklin County population estimates listed in the Demographic Profile in this report. Listed below are jurisdictions that Franklin County Public Health or Columbus Public Health serve that may be located in part of another county:

- Canal Winchester (Fairfield)
- Columbus (Delaware, Fairfield)
- Dublin (Delaware, Union)
- New Albany (Licking)
- Pickerington (Fairfield)
- Reynoldsburg (Fairfield, Licking)
- Westerville (Delaware)

PAST REPORTS

Previous CPH-FCPH Annual Summaries of Reportable Diseases are available at idsinfo.org/data.

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