ANNUAL SUMMARY OF

REPORTABLE DISEASES 2012 & 2013

Columbus & Franklin County, Ohio

THE CITY OF COLUMBUS
MICHAEL B. COLEMAN, MAYOR
COLUMBUS PUBLIC HEALTH

Franklin County Public Health

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Compiled And Prepared By:

Brynn Berger, MPH, CIC
Epidemiologist
Center for Epidemiology, Preparedness, and Response
Columbus Public Health

Scott Brewer, MPH, RS
Infectious Disease Epidemiologist
Franklin County Public Health

Cover Image: Strain of Staphylococcus aureus bacteria taken from a vancomycin intermediate resistant culture (VISA); Janice Haney Carr; phil.cdc.gov

TABLE OF CONTENTS

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Columbus Public Health
Allen Emanuel, MPH
Kathy Cowen, MS
Denisse Licon, PhD, MPH
Anne Trinh, MPH
Brian Butler, MPH
Michelle Groux, MPH
Ben DeJesus, MS
Ann Luttfring
Elizabeth Koch, MD, MPH&TM
Naomi Tucker, RN, MPH
Michael J. Fielding, RS, MS
Mysheika Williams Roberts, MD, MPH
Teresa C. Long, MD, MPH

Franklin County Public Health
Radhika Iyer, MPH, CPH
Susan Tilgner, MS, LD, RD, RS
Debbie Wright, CNP, MS

INTRODUCTION

Infectious diseases (also called "communicable diseases") are illnesses caused by microorganisms, such as bacteria, viruses, and parasites, and transmitted from an infected person or animal to another person or animal. The route of transmission varies by disease and may include direct contact with contaminated body fluids (e.g., blood) or respiratory secretions, contact with contaminated objects, inhalation of contaminated airborne particles, ingestion of contaminated food or water, or the bite of an animal or vector (e.g., insect) carrying the microorganism.

According to Ohio Administrative Code 3701-3-02, cases and suspected cases of selected infectious diseases are required to be reported to Ohio 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 by state health departments to the Centers for Disease Control and Prevention (CDC) as part of national public health surveillance of infectious diseases.

For over thirteen years, Columbus 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 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 case follow-up of all reports, and preventive interventions to reduce secondary cases.

The 2012–2013 Annual Summary includes cases of reportable disease that were diagnosed among residents of Columbus City and Franklin County, reported to public health, and found to meet the public health surveillance definition of a confirmed, probable, suspected, or resolved case. These data do not represent all cases of reportable infectious disease that occurred in the community, as individuals may not seek medical care for mild or asymptomatic infections. Additionally, a reported case of disease may not meet the surveillance definition of a confirmed, probable, or suspected case. Surveillance definitions are designed to standardize data collection and reporting across public health jurisdictions and may differ slightly from clinical definitions used in patient management. Outbreaks or media coverage of a particular disease can also influence testing and reporting rates. Data in this summary are considered provisional. Please note that data in Tables 4-9 are grouped by type of disease.

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 communicable disease may be obtained by contacting Columbus Public Health or Franklin County Public Health.

KEY FINDINGS ARE SUMMARIZED BELOW:

- In 2012 and 2013, respectively, 2,942 and 1,975 cases of communicable disease* were reported among Columbus City and Franklin County residents. Much of the difference between 2012 and 2013 can be attributed to an extensive shigellosis outbreak that occurred during April 2012–June 2013.
- Franklin County's total rate of communicable disease* decreased from 246.1 cases per 100,000 population in 2012 to 162.9 cases per 100,000 in 2013. Much of the difference between 2012 and 2013 can be attributed to an extensive shigellosis outbreak that occurred during April 2012–June 2013.
- Due to the outbreak of shigellosis in childcare centers in 2012–2013, the rate of shigellosis in Franklin County increased from 1.1 cases per 100,000 population in 2011 to 102.0 cases per 100,000 in 2012. The rate then decreased to 24.1 cases per 100,000 in 2013.
- The rate of chlamydia increased from 593.0 cases per 100,000 population in 2012 to 669.0 cases per 100,000 in 2013, with the rate among females being approximately double the rate among males.
- The rate of legionellosis increased from 4.5 cases per 100,000 population in 2012 to 14.0 cases per 100,000 in 2013; 60 cases in 2013 were related to an outbreak in a long-term care facility.

**Includes confirmed, probable, and suspected cases of communicable disease, excluding sexually transmitted infections, hepatitis, tuberculosis, and other mycobacterial diseases.*

DEMOGRAPHIC PROFILE OF FRANKLIN COUNTY

FRANKLIN COUNTY POPULATION, 2012–2013

- The population of Franklin County increased 1.4% from nearly 1.20 million in 2012 to over 1.21 million in 2013.
- In both 2012 and 2013, 51.3% of Franklin County residents were female and 48.7% were male.
- In both 2012 and 2013, 70.7% of Franklin County residents were white; 21.8% were African American; 4.2% were Asian; 0.3% were American Indian or Alaska Native; and 0.1% were Native Hawaiian or Other Pacific Islanders.

TABLE 1: FRANKLIN COUNTY POPULATION BY GENDER, 2012–2013

GENDER	2012		2013	
	POPULATION	PERCENT	POPULATION	PERCENT
Female	613,310	51.3	621,891	51.3
Male	582,227	48.7	590,372	48.7

TABLE 2: FRANKLIN COUNTY POPULATION BY RACE, 2012–2013

RACE	2012		2013	
	POPULATION	PERCENT	POPULATION	PERCENT
White	845,245	70.7	857,070	70.7
Black or African American	260,627	21.8	264,273	21.8
Asian	50,213	4.2	50,915	4.2
American Indian and Alaska Native	3,587	0.3	3,637	0.3
Native Hawaiian and Other Pacific Islander	1,196	0.1	1,212	0.1
Other Races	34,671	2.9	35,156	2.9

TABLE 3: FRANKLIN COUNTY POPULATION BY AGE GROUP, 2012–2013

AGE (YEARS)	2012		2013	
	POPULATION	PERCENT	POPULATION	PERCENT
0-4	84,883	7.1	86,070	7.1
5-14	154,224	12.9	156,382	12.9
15-24	188,895	15.8	191,538	15.8
25-34	196,068	16.4	198,811	16.4
35-44	161,397	13.5	163,656	13.5
45-54	163,789	13.7	166,080	13.7
55-64	125,531	10.5	127,287	10.5
65-74	64,559	5.4	65,462	5.4
75-84	38,257	3.2	38,792	3.2
85+	15,542	1.3	15,759	1.3
Total	**1,195,537**		**1,212,263**	

TABLE 4: COUNTS AND RATES OF REPORTABLE ENTERIC DISEASES AMONG FRANKLIN COUNTY RESIDENTS, 2010–2013

ENTERIC DISEASES

Year:		2010				2011				2012				2013			
Population:		1,163,414				1,178,799				1,195,537				1,212,263			
		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 (2)	Amebiasis	6	0.5	6	0.5	4	0.3	5	0.4	7	0.6	7	0.6	2	0.2	2	0.2
B (2)	Campylobacteriosis	90	7.7	90	7.7	109	9.2	110	9.3	93	7.7	95	7.7	130	10.7	138	11.4
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 (2)	Cryptosporidiosis	43	3.7	43	3.7	62	5.3	81	6.9	16	1.3	17	1.4	24	2.0	30	2.5
B (2)	Cyclosporiasis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	0.2	3	0.2
B (1)	*E. coli* O157:H7	8	0.7	9	0.8	10	0.8	10	0.8	10	0.8	10	0.8	6	0.5	7	0.5
B (1)	*E. coli,* unspecified	1	0.1	11	0.9	1	0.1	7	0.6	1	0.1	6	0.5	2	0.2	10	0.8
B (1)	*E. coli,* not O157	19	1.6	19	1.6	16	1.4	16	1.4	25	2.1	25	2.1	40	3.3	40	3.3
B (2)	Giardiasis	191	16.4	191	16.4	140	11.9	141	12.0	110	9.2	111	9.3	65	5.4	65	5.4
B (1)	Hemolytic uremic syndrome (HUS)	0	0.0	0	0.0	2	0.2	2	0.2	2	0.2	2	0.2	1	0.1	1	0.1
B (1)	Listeriosis	4	0.3	4	0.3	1	0.1	3	0.3	5	0.4	5	0.4	2	0.2	2	0.2
B (1)	Salmonellosis	121	10.4	121	10.4	119	10.1	121	10.3	130	10.9	133	11.1	147	12.1	149	12.3
B (1)	Shigellosis	15	1.3	15	1.3	13	1.1	13	1.1	1,201	100.5	1,219	102.0	290	23.9	292	24.1
B (2)	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 (2)	Typhoid fever	2	0.2	2	0.2	0	0.0	0	0.0	6	0.5	6	0.5	0	0.0	3	0.2
B (2)	*Vibrio parahaemolyticus* infection	3	0.3	3	0.3	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	1	0.1
B (2)	Vibriosis, other (not cholera)	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 (2)	Yersiniosis	7	0.6	7	0.6	8	0.7	9	0.8	6	0.5	6	0.5	6	0.5	6	0.5

[†] Rate per 100,000 population

TABLE 5: COUNTS AND RATES OF REPORTABLE HEPATITIS AMONG FRANKLIN COUNTY RESIDENTS, 2010–2013

HEPATITIS																
Year:		**2010**				**2011**				**2012**				**2013**			
Population:		**1,163,414**				**1,178,799**				**1,195,537**				**1,212,263**			
		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 (1)	Hepatitis A	7	0.6	11	0.9	7	0.6	12	1.0	8	0.7	15	1.3	7	0.6	11	0.9
B (1)	Hepatitis B, perinatal	0	0.0	2	0.2	0	0.0	249	21.1	2	0.2	30	2.5	1	0.1	72	5.9
B (2)	Hepatitis B, acute	37	3.2	62	5.3	33	2.8	61	5.2	47	3.9	79	6.6	66	5.4	122	10.1
B (2)	Hepatitis B, chronic	320	27.5	525	45.1	492	41.7	665	56.4	311	26.0	452	37.8	436	36.0	599	49.4
B (2)	Hepatitis C, acute	1	0.1	3	0.3	4	0.3	5	0.4	4	0.3	5	0.4	4	0.3	4	0.3
B (2)	Hepatitis C, chronic	702	60.3	1,026	88.2	868	73.6	1,238	105.0	906	75.8	1,166	97.5	1,324	109.2	1,518	125.2
B (2)	Hepatitis E	0	0.0	2	0.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

† Rate per 100,000 population

TABLE 6: COUNTS AND RATES OF REPORTABLE SEXUALLY-TRANSMITTED DISEASES AMONG FRANKLIN COUNTY RESIDENTS, 2010–2013

SEXUALLY-TRANSMITTED DISEASES																
Year:		**2010**				**2011**				**2012**				**2013**			
Population:		**1,163,414**				**1,178,799**				**1,195,537**				**1,212,263**			
		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*	256	22.0	256	22.0	261	22.1	261	22.1	272	22.8	272	22.8	257	21.2	257	21.2
B (1)	Chancroid	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 (2)	Chlamydia	8,194	704.3	8,194	704.3	7,416	629.1	7,416	629.1	7,089	593.0	7,089	593.0	8,110	669.0	8,110	669.0
B (2)	Gonorrhea	3,158	271.4	3,158	271.4	2,836	240.6	2,836	240.6	2,600	217.5	2,600	217.5	2,991	247.0	2,991	247.0
B (1)	Granuloma inguinale	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 (2)	Herpes, congenital	1	0.1	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0
B (1)	Syphilis**	109	9.4	109	9.4	116	9.8	116	9.8	284	23.8	284	23.8	162	13.3	162	13.3

† Rate per 100,000 population

*Data obtained from the Ohio Department of Health

- HIV/AIDS data are provisional and subject to change. Cases of HIV infection include persons with HIV diagnosis (not AIDS), persons with HIV diagnosis and later AIDS diagnosis, and persons with concurrent HIV and AIDS diagnoses. Yearly HIV case counts include all reported cases diagnosed in a given year.

**Syphilis data include primary and secondary cases only.

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

TABLE 7: COUNTS AND RATES OF REPORTABLE VACCINE-PREVENTABLE DISEASES AMONG FRANKLIN COUNTY RESIDENTS, 2010–2013

VACCINE-PREVENTABLE DISEASES

		2010				2011				2012				2013			
Population:		**1,163,414**				**1,178,799**				**1,195,537**				**1,212,263**			
		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	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 (1)	*Haemophilus influenzae*, invasive	6	0.5	6	0.5	10	0.8	10	0.8	10	0.8	10	0.8	10	0.8	10	0.8
B (2)	Influenza-associated hospitalization	27	2.3	27	2.3	274	23.2	274	23.2	359	30.0	360	30.1	339	28.0	340	28.0
B (1)	Influenza-associated pediatric mortality	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	Influenza A novel virus	0	0.0	0	0.0	0	0.0	0	0.0	4	0.3	4	0.3	0	0.0	0	0.0
A	Measles	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	Meningococcal disease *(N. meningitidis)*	7	0.6	7	0.6	5	0.4	5	0.4	2	0.2	2	0.2	2	0.2	2	0.2
B (1)	Mumps	1	0.1	7	0.6	0	0.0	0	0.0	1	0.1	3	0.3	3	0.2	4	0.3
B (1)	Pertussis	619	53.2	964	82.9	319	27.1	424	36.0	302	25.3	396	33.1	324	26.7	423	34.9
B (1)	Poliomyelitis	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	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0	2	0.2	1	0.1	1	0.1
B (1)	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
B (1)	Tetanus	1	0.1	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B (2)	Varicella	72	6.2	77	6.6	85	7.2	92	7.8	73	6.1	82	6.9	73	6.0	78	6.4

† Rate per 100,000 population

TABLE 8: COUNTS AND RATES OF REPORTABLE VECTORBORNE AND ZOONOTIC DISEASES AMONG FRANKLIN COUNTY RESIDENTS, 2010–2013

VECTORBORNE AND ZOONOTIC DISEASES

Year:		2010				2011				2012				2013			
Population:		**1,163,414**				**1,178,799**				**1,195,537**				**1,212,263**			
		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 (2)	Anaplasmosis/ Ehrlichiosis	0	0.0	0	0.0	2	0.2	2	0.2	1	0.1	1	0.1	1	0.1	2	0.2
B (2)	Brucellosis	1	0.1	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B (1)	Dengue	2	0.2	2	0.2	0	0.0	0	0.0	1	0.1	1	0.1	2	0.0	3	0.0
B (1)	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 (1)	Hantavirus	0	0.0	0	0.0	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B (1)	LaCrosse virus disease	0	0.0	0	0.0	0	0.0	2	0.2	0	0.0	0	0.0	0	0.0	0	0.0
B (2)	Leptospirosis	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 (2)	Lyme disease	5	0.4	6	0.5	8	0.7	19	1.6	9	0.8	24	2.0	22	1.8	53	4.4
B (1)	Malaria	19	1.6	19	1.6	18	1.5	18	1.5	18	1.5	18	1.5	11	0.9	11	0.9
B (1)	Other arthropod-borne disease	1	0.1	1	0.1	1	0.1	1	0.1	0	0.0	0	0.0	0	0.0	1	0.1
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 (1)	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 (1)	Psittacosis	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 (1)	Q 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
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 (2)	Rocky Mountain spotted fever (RMSF)	1	0.1	1	0.1	0	0.0	1	0.1	5	0.4	7	0.6	5	0.4	10	0.8
B (1)	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
B (2)	Typhus fever	0	0.0	1	0.1	1	0.1	1	0.0	0	0.00	1	0.1	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 (1)	West Nile virus disease	0	0.0	0	0.0	0	0.0	0	0.0	6	0.5	6	0.5	2	0.2	2	0.2
B (1)	Western equine encephalitis virus diseases	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	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

[†] Rate per 100,000 population

TABLE 9: COUNTS AND RATES OF OTHER REPORTABLE DISEASES AMONG FRANKLIN COUNTY RESIDENTS, 2010–2013

OTHER REPORTABLE DISEASES

Year:		2010				2011				2012				2013			
Population:		1,163,414				1,178,799				1,195,537				1,212,263			
		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	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	Botulism, foodborne	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	1	0.1	0	0.0	0	0.0
B (2)	Botulism, infant	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 (2)	Botulism, wound	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 (1)	Coccidioidomycosis	6	0.5	6	0.5	2	0.2	2	0.2	11	0.9	11	0.9	1	0.1	4	0.3
B (2)	Creutzfeldt-Jakob disease	0	0.0	2	0.2	3	0.3	4	0.3	1	0.1	3	0.3	1	0.1	2	0.2
B (2)	Cytomegalovirus, congenital	7	0.6	7	0.6	3	0.3	3	0.3	1	0.1	1	0.1	5	0.4	5	0.4
B (1)	Encephalitis, primary viral	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 (1)	Legionellosis	61	5.2	62	5.3	109	9.2	114	9.7	54	4.5	54	4.5	149	12.3	170	14.0
B (2)	Leprosy	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 (1)	Meningitis, aseptic/ viral	100	8.6	100	8.6	158	13.4	160	13.6	86	7.2	86	7.2	165	13.6	165	13.6
B (1)	Meningitis, other bacterial	4	0.3	5	0.4	5	0.4	5	0.4	6	0.5	6	0.5	4	0.3	4	0.3
B (2)	Mycobacterial disease other than tuberculosis (MOTT)	207	17.8	207	17.8	203	17.2	203	17.2	213	17.8	213	17.8	211	17.4	211	17.4
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 (1)	*Staphylococcus aureus*, intermediate resistance to vancomycin (VISA)	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 (1)	*Staphylococcus aureus*, resistance to vancomycin (VRSA)	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 (2)	Streptococcal disease, group A, invasive	35	3.0	35	3.0	41	3.5	41	3.5	41	3.4	41	3.4	57	4.7	57	4.7

TABLE 9: COUNTS AND RATES OF OTHER REPORTABLE DISEASES AMONG FRANKLIN COUNTY RESIDENTS, 2010–2013, *continued*

OTHER REPORTABLE DISEASES																
	Year:	**2010**				**2011**				**2012**				**2013**			
	Population:	**1,163,414**				**1,178,799**				**1,195,537**				**1,212,263**			
		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 (2)	Streptococcal disease, group B, in newborn	6	0.5	6	0.5	12	1.0	12	1.0	8	0.7	8	0.7	5	0.4	5	0.4
B (2)	Streptococcal toxic shock syndrome (STSS)	0	0.0	0	0.0	1	0.1	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0
B (2)	*Streptococcus pneumoniae*, invasive, antibiotic resistance unknown or non-resistant	105	9.0	106	9.1	123	10.4	124	10.5	109	9.1	109	9.1	100	8.2	100	8.2
B (2)	*Streptococcus pneumoniae,* invasive, antibiotic-resistant/ intermediate	63	5.4	63	5.4	46	3.9	46	3.9	43	3.6	43	3.6	26	2.1	26	2.1
B (2)	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 (1)	Tuberculosis (TB)	67	5.8	67	5.8	50	4.2	52	4.4	42	3.6	42	3.6	50	4.2	50	4.2

† Rate per 100,000 population

Additional Table Notes:

"All Statuses" includes confirmed, probable, and suspected cases. Please see Technical Notes for information on case classification status.

Rate = number of cases/population x 100,000

Disease categories are not mutually exclusive (e.g., hepatitis A could be categorized as both "hepatitis" and "enteric disease"). For simplicity, each disease is listed in only one table. For more information about a particular disease, please visit www.idrsinfo.org.

DEATHS ASSOCIATED WITH DISEASE

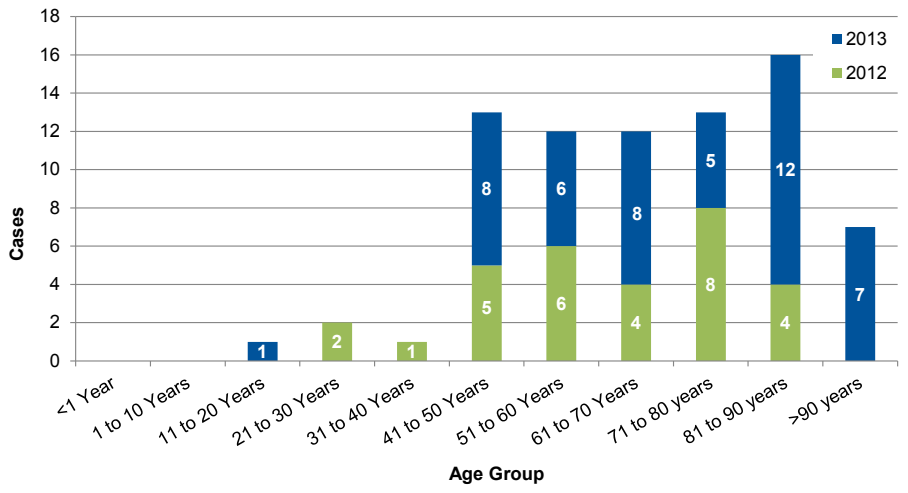
TABLE 10: NUMBER OF DEATHS AMONG CONFIRMED AND PROBABLE CASES OF REPORTABLE DISEASE, EXCLUDING SEXUALLY TRANSMITTED DISEASES AND TUBERCULOSIS, FRANKLIN COUNTY, 2012–2013.

DISEASE	2012	2013	TOTAL
Haemophilus influenzae, invasive disease	0	1	1
Hepatitis A	0	1	1
Hepatitis B, acute	1	1	2
Hepatitis C, chronic	3	4	7
Influenza-associated hospitalization	4	5	9
Legionellosis	4	17	21
Malaria	1	0	1
Meningitis, other bacterial (not *N. meningitidis*)	1	2	3
Mycobacterial disease other than tuberculosis (MOTT)	6	5	11
Salmonellosis	2	0	2
Streptococcal disease, group A, invasive	2	0	2
Streptococcus pneumoniae, invasive, antibiotic resistance unknown or non-resistant	2	8	10
Streptococcus pneumoniae, invasive, antibiotic-resistant/ intermediate	4	2	6
Total	**30**	**47**	**77**

From 2012 through 2013, 77 deaths occurred among confirmed and probable cases of reportable disease in Franklin County; 30 of these deaths occurred in 2012 and 47 occurred in 2013. The greatest numbers of deaths were reported among cases of legionellosis, invasive *Streptococcus pneumoniae*, and MOTT. Cumulatively during 2012 through 2013, the greatest number of deaths occurred among individuals aged 81 to 90 years. Few deaths occurred among individuals under 41 years old.

Death information was obtained from the Ohio Disease Reporting System (ODRS) and is subject to several limitations. Deaths that are identified during case or outbreak investigation are entered in ODRS, but cases are not followed to determine if death occurred after the investigation ended. Therefore, the number of deaths reported in Table 10 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 the death or medical records.

AGE DISTRIBUTION OF DEATHS AMONG CONFIRMED AND PROBABLE CASES OF REPORTABLE DISEASE (N=77)



OUTBREAKS IN FRANKLIN COUNTY

Outbreak Definitions:
Outbreaks are Class C reportable conditions unless otherwise specified.

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 similar illness resulting from the ingestion of a common food.

TABLE 11: NUMBER OF CONFIRMED OUTBREAKS REPORTED BY YEAR, FRANKLIN COUNTY, 2010–2013

SELECTED TYPE	2010	2011	2012	2013
Community	6	9	12	11
Foodborne	4	1	7	8
Healthcare-Associated	0	4	6	3
Institutional	19	17	43	33
Unspecified (Class A)	0	0	1	0
Unusual Incidence	1	0	0	0
Waterborne	0	2	0	6
Zoonotic	0	1	0	1
Total	**30**	**34**	**69**	**62**

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. The number of cases indicating the presence of an outbreak will vary according to the disease agent, the size and type of population exposed, previous exposure to the agent, and the time and place of occurrence.

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, assisted-living facility) and not considered a foodborne or waterborne disease outbreak.

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

Unusual Incidence: Two or more cases of infectious disease that can be connected by person, place, and time, and do not meet the criteria for another type of outbreak.

Waterborne: Waterborne disease outbreaks are divided into two categories, depending on the type of water implicated in the outbreak. Outbreaks associated with drinking water, water not intended for drinking (excluding recreational water), or water of unknown intent must meet two criteria: 1) two or more persons are epidemiologically linked by location of water exposure, time, and illness, and 2) epidemiologic evidence implicates water as the probable source of illness. Outbreaks associated with recreational water (e.g., must meet two criteria: 1) two or more persons are epidemiologically linked by location of recreational water exposure, time, and illness, and 2) epidemiologic evidence implicates water or volatilization of water-associated compounds into the air surrounding an aquatic facility as the probable source of illness.

Zoonotic: 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.

DISEASE SPOTLIGHT:

CHLAMYDIA

CHLAMYDIA		2012	2013
Number of Cases		7089	8110
Franklin County Rate (per 100,000 pop.)		593.0	669.0
Ages of Cases (in yrs)	*Mean*	23	23
	Median	21	22
	Range	1-79	1-68
Female Rate (per 100,000 pop.)		799.1	885.3
Male Rate (per 100,000 pop.)		375.8	441.0

FACTS:

- The number of chlamydia infections increased substantially between 2012 and 2013. In 2012, there were 7,089 cases of chlamydia in Franklin County. In 2013, there were 8,110 cases of chlamydia in Franklin County.
- In both 2012 and 2013, females had approximately double the rate of chlamydia infections than males.

EPIDEMIOLOGY:

Infectious agents: *Chlamydia trachomatis bacterium*

Case Definition: Illness compatible with chlamydia infection and laboratory confirmation through isolation of *C. trachomatis* by culture or through demonstration of C. trachomatis in a clinical specimen by detection of antigen or nucleic acid.

Mode of Transmission: Sexually transmitted, except in cases of ocular trachoma (rare in the US) and neonatal infection

Incubation Period: 7-21 days for adult genital infection; 5-17 days after delivery for conjunctivitis in infants; 3-16 weeks of age for infant pneumonitis.

Symptoms: In men, infection may be asymptomatic or include dysuria, urinary frequency, and mucoid to purulent discharge. Clinical syndromes associated with chlamydia in men include epididymitis, proctitis, conjunctivitis, and Reiter's syndrome. In women, infection may be asymptomatic or include mucopurulent discharge. Clinical syndromes associated with chlamydia in women include acute urethral syndrome, bartholinitis, cervicitis, cervical dysplasia, pelvic inflammatory disease, conjunctivitis, perihepatitis, and arthritis. Infants with neonatal infection may demonstrate purulent conjunctivitis or pneumonitis.

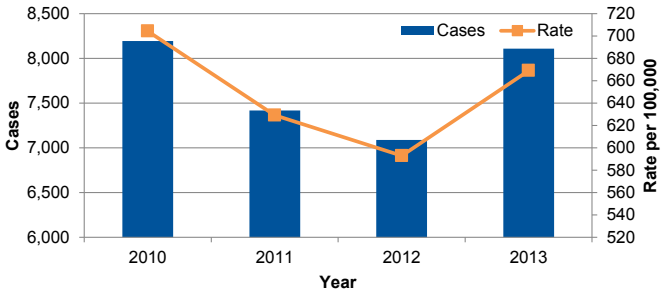
Treatment: Chlamydia can easily be treated and cured with antibiotics.

Prevention: The surest way to avoid transmission is to abstain from sexual contact or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected. Appropriate use of latex male condoms can reduce the risk of transmission.

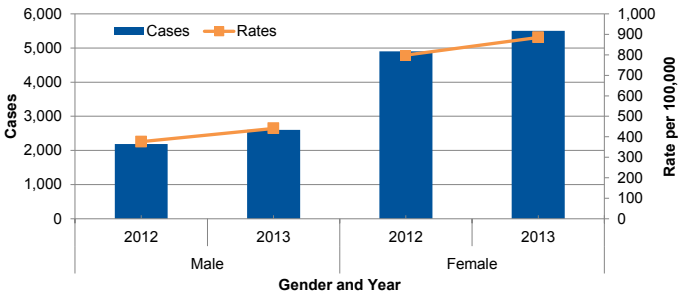
For more information, visit www.idrsinfo.org

Cases and rates include all statuses (confirmed and suspected)

CHLAMYDIA CASES AND RATES, FRANKLIN COUNTY 2010-2013



GENDER-SPECIFIC CASES AND RATES OF CHLAMYDIA, FRANKLIN COUNTY 2012-2013



DISEASE SPOTLIGHT:

LISTERIOSIS

LISTERIOSIS		2012	2013
Number of Cases		5	2
Franklin County Rate (per 100,000 pop.)		0.4	0.2
Ages of Cases (in yrs)	*Mean*	44.6	75
	Median	56	75
	Range	2-71	68-88
Female Rate (per 100,000 pop.)		0.3	0.0
Male Rate (per 100,000 pop.)		0.5	0.3

FACTS:

- In 2012 and 2013, the majority of listeriosis cases in Franklin County occurred in the spring and summer months.
- Of the seven cases in Franklin County during 2012-13, one was a child under 5 years old, one was a pregnant woman, and five were persons over 55 years old. All cases were hospitalized; none of the cases died.
- Listeriosis outbreaks are investigated through the Foodborne Diseases Centers for Outbreak Response and Enhancement (FoodCORE). Seven FoodCORE centers, including Ohio, receive CDC funding to develop new and better methods to detect, investigate, respond to, and control multistate outbreaks of foodborne diseases. For more information on FoodCORE, visit www.cdc.gov/foodcore.

EPIDEMIOLOGY:

Infectious agents: *Listeria monocytogenes*, a Gram-positive, rod-shaped bacterium.

Case Definition: Illness compatible with listeriosis and isolation of *L. monocytogenes* from a normally sterile site or from placental or fetal tissue in the setting of a miscarriage or stillbirth. Cases should be reported even if laboratory results are pending.

Mode of Transmission: Most infections are acquired by ingestion of contaminated meat, vegetables, or unpasteurized dairy products.

Incubation Period: 3-70 days, with an estimated median of 3 weeks

Symptoms: Mild infection may cause diarrhea, fever, headache, and muscle pain. Invasive infection is more common among pregnant women, individuals with weakened immune systems, the elderly, and the very young and may cause meningitis, septicemia, or other severe manifestations. Listeriosis in pregnant women can cause miscarriage, stillbirth, preterm labor, or illness or death in the newborn.

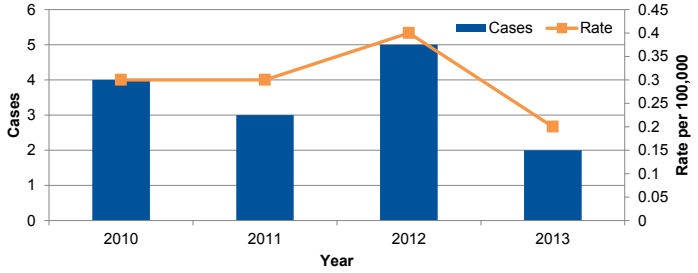
Treatment: Effective antimicrobial treatment is essential for invasive disease. Prompt treatment of pregnant women can often prevent infection of the fetus or newborn.

Prevention: Listeriosis is prevented by avoiding unpasteurized dairy products and practicing safe food preparation, cooking, and storage. Pregnant women and other high-risk persons should also avoid consuming hot dogs, deli meats, refrigerated meat spreads, soft cheeses, raw seafood, and refrigerated smoked seafood.

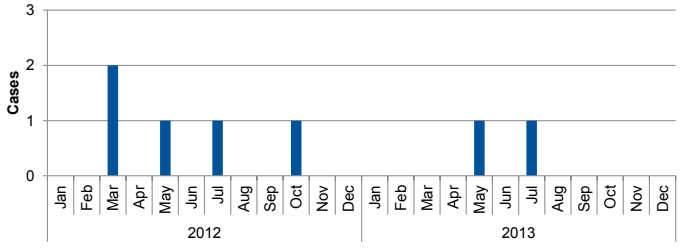
For more information, visit www.idrsinfo.org

Cases and rates include all statuses (confirmed and suspected)

LISTERIOSIS CASES AND RATES, FRANKLIN COUNTY 2010-2013



LISTERIOSIS CASES BY MONTH OF REPORTED DATE FRANKLIN COUNTY, 2012-2013



DISEASE SPOTLIGHT:

VARICELLA (CHICKENPOX)

VARICELLA		2012	2013
Number of Cases		82	78
Franklin County Rate (per 100,000 pop.)		6.9	6.4
Ages of Cases (in yrs)	*Mean*	9.9	8.1
	Median	8.0	5.5
	Range	3 wks-49 yrs	2 mos-49 yrs
Female Rate (per 100,000 pop.)		7.5	6.4
Male Rate (per 100,000 pop.)		6.2	6.4

FACTS:

- The number of varicella cases changed little between 2012 and 2013. In 2012, there were 82 cases of varicella in Franklin County. In 2013, there were 78 cases of varicella in Franklin County.
- In both 2012 and 2013, the mean and median ages of cases were less than ten years. The youngest cases were children too young to be vaccinated (less than 1 year old).

EPIDEMIOLOGY:

Infectious agents: Varicella-zoster virus (VZV), a member of the *Herpesvirus* group

Case Definition: Illness with acute onset of diffuse (generalized) papulovesicular rash without other apparent cause

Mode of Transmission: Chickenpox is spread by direct, droplet, or airborne contact with respiratory secretions or fluid from skin vesicles of an infected person. Infection can also be spread indirectly by contact with articles freshly soiled with discharge from vesicles or mucous membranes of an infected person.

Incubation Period: 11-21 days, with an average of 14-16 days

Symptoms: The predominant symptom of chickenpox is an itchy, blister-like rash that usually occurs on the face, scalp, and trunk. Infected individuals may also experience fever and malaise, and infection is typically more severe in adults. Complications are more common among pregnant women, newborns, and persons with weakened immune systems.

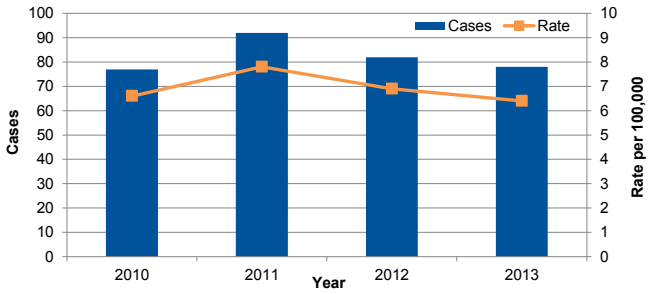
Treatment: Certain groups at increased risk for moderate to severe varicella should be considered for oral acyclovir treatment. Aspirin-containing products should never be used to treat children or adolescents with chickenpox because of the risk of developing Reye's syndrome.

Prevention: The best way to prevent chickenpox is to get vaccinated. Persons with chickenpox should remain home for one week after the rash began or until lesions become dry and crusted to prevent spreading the infection to others.

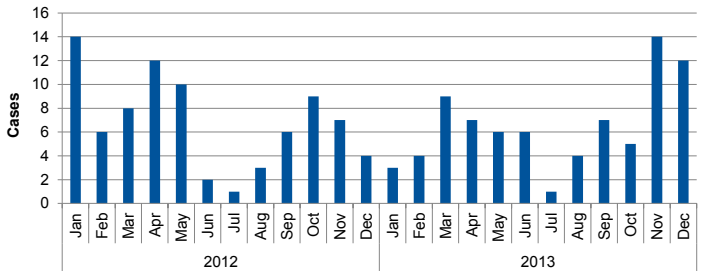
For more information, visit www.idrsinfo.org

Cases and rates include all statuses (confirmed and suspected)

VARICELLA CASES AND RATES, FRANKLIN COUNTY 2010-2013



VARICELLA CASES BY MONTH OF REPORTED DATE, FRANKLIN COUNTY, 2012-2013



FEATURED OUTBREAK INVESTIGATION:

SHIGELLOSIS IN CHILDCARE CENTERS, 2012–2013

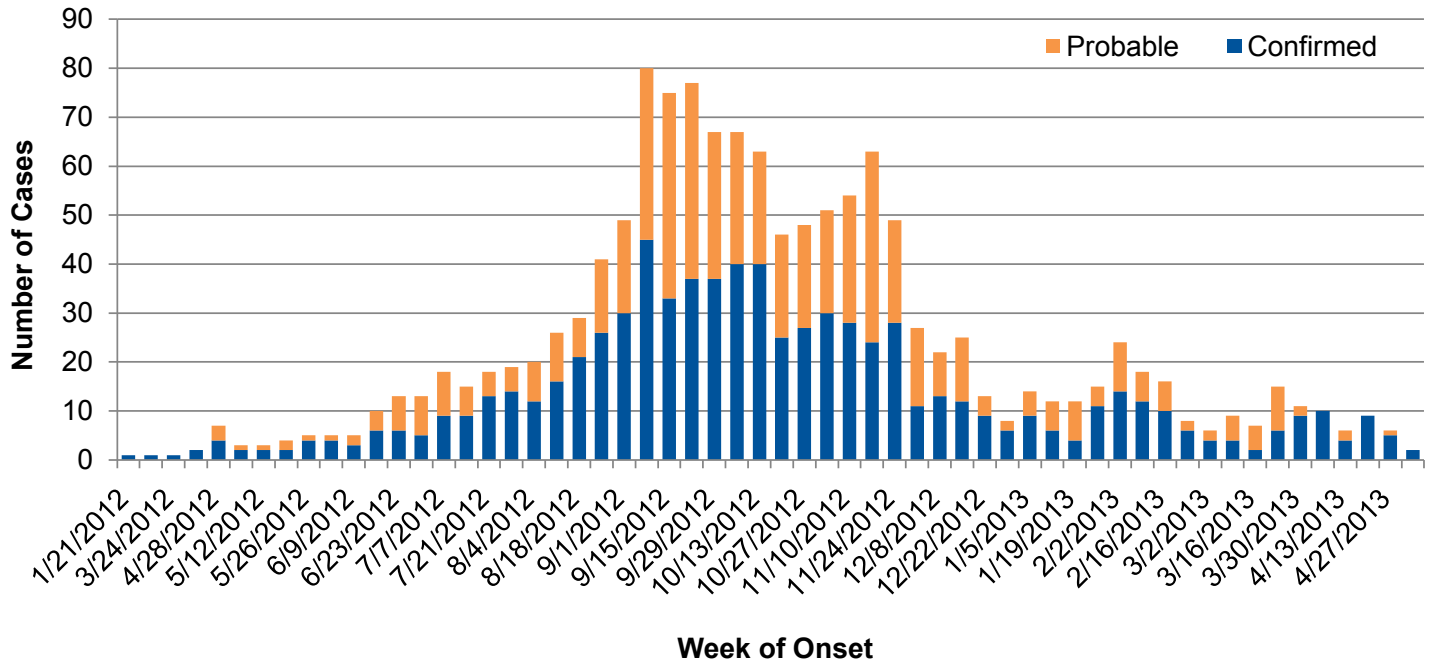
Shigellosis is a disease caused by *Shigella* bacteria and characterized by diarrhea, fever, and stomach cramps. The bacteria are transmitted from person to person through ingestion of fecal material, which can contaminate hands, food, drinks, or recreational water. The best way to prevent shigellosis is through frequent and thorough hand washing, especially after using the bathroom, after changing diapers, and before eating or preparing food.

During the beginning of May 2012, Columbus Public Health was notified of several cases of shigellosis caused by *Shigella sonnei* among attendees of a child care center. A couple of weeks later, more cases were confirmed at other child care centers throughout Franklin County. In a matter of months, the number of probable and confirmed cases surpassed 100.

Active case finding, testing, and exclusion were primary methods of controlling the spread of disease. A media campaign also helped to keep prevention messages relevant for families, community organizations, and businesses. Almost all child care centers with at least one confirmed case received an environmental health inspection and additional support if necessary.

Overall, 69 child care centers, 22 schools, and numerous clusters among extended families contributed 1,443 probable and confirmed cases among Columbus City and Franklin County residents, the largest shigellosis outbreak to date in those jurisdictions. There were 50 reported hospitalizations and no deaths. Of the cases, 38% were between 1 and 4 years old, and 58% were Black or African American. The highest case counts occurred in ZIP codes with lower socio-economic status.

SHIGELLA SONNEI OUTBREAK CASES BY WEEK OF ONSET* AND CLASSIFICATION STATUS, COLUMBUS CITY AND FRANKLIN COUNTY, 2012 - 2013



*100 cases with unknown onset date are not included in this graph

FEATURED OUTBREAK INVESTIGATION:

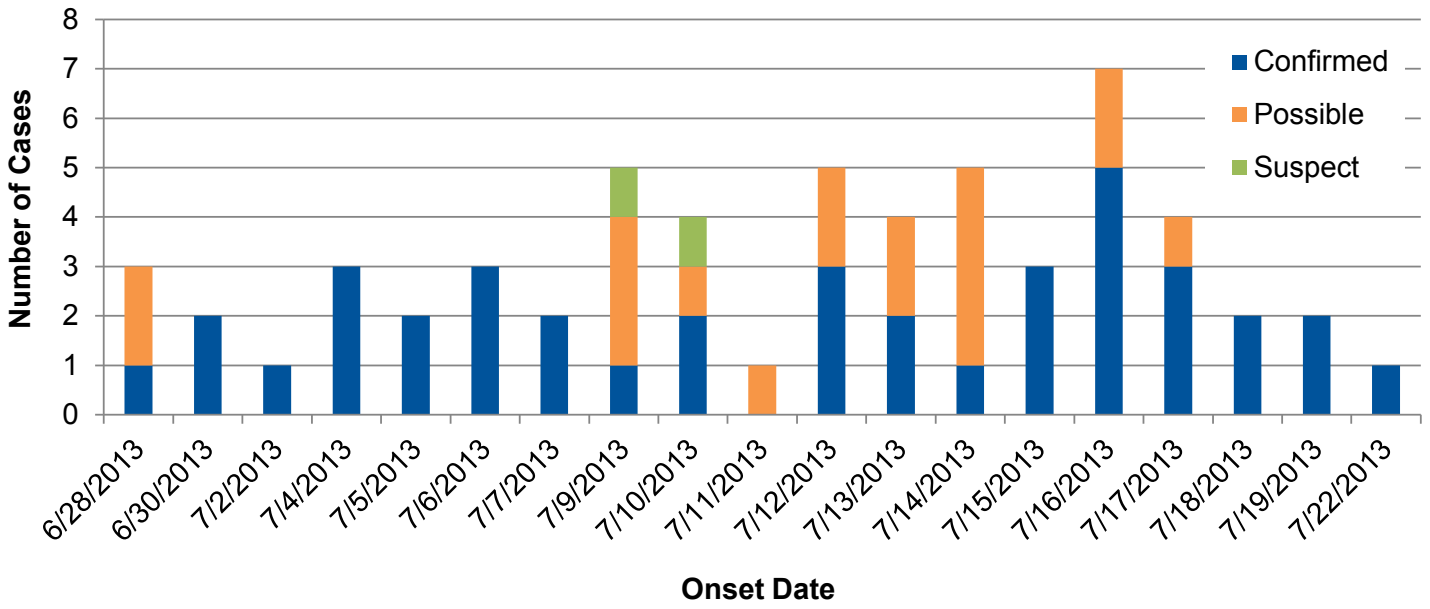
LEGIONELLOSIS IN A LONG-TERM CARE FACILITY, 2013

Legionellosis is a disease cause by *Legionella* bacteria and characterized by lack of appetite, general discomfort, muscle pain and headache. These symptoms are usually followed by a fever and cough. The airborne route appears to be the mode of transmission, most commonly by inhalation of aerosolized contaminated water, and person-to-person transmission has not been documented. Legionellosis infections are most commonly seen in the summer months. Treatment involves the use of antibiotics.

On July 9, 2013, Franklin County Public Health (FCPH) was notified of two cases of legionellosis, followed by an additional four cases on July 10, 2013. All six cases were residents of the same long-term care facility. As the investigation progressed, FCPH and the Ohio Department of Health decided to request an Epi-Aid from the Centers for Disease Control and Prevention (CDC) to assist with conducting an epidemiological investigation of the outbreak. Multiple steps were taken to control the spread of disease, including case confirmation, environmental assessments in each building, environmental assessment on the outdoor grounds of the campus, water use restrictions, screening and monitoring for additional cases, and providing education and prevention resources for the staff. Water samples were taken from all buildings on campus as well as a cooling tower on site.

The investigation resulted in detecting 60 Legionnaires' disease cases – 39 confirmed, 2 suspected, and 19 possible*. Cases occurred among residents, employees, and visitors who had been on the long-term care facility's campus during the exposure period. The onsets of illness ranged from June 28, 2013, to July 22, 2013. Six of the cases died. To date, this was the largest outbreak of Legionnaires' disease in the State of Ohio

LEGIONELLOSIS CASES BY ONSET DATE AND CLASSIFICATION STATUS*, FRANKLIN COUNTY LONG TERM CARE FACILITY, 2013



**For this outbreak, case classification status definitions differ from the Ohio Infectious Disease Control Manual. One suspect case with an unknown onset date is not included in this graph.*

TIMELINESS OF DISEASE REPORTS

Timeliness of disease reporting is a key part of good public health practice. In order to reduce the burden of disease in our community and to implement appropriate interventions, the public health system relies on healthcare providers and laboratories for identification of infectious diseases. Timeliness requirements for each reportable disease vary based on the communicability and severity of the disease.

In the Ohio Disease Reporting Systems (ODRS) application, it is possible to query the date when a healthcare provider diagnosed an illness and the date when the local health department received notification of the illness (i.e., the date the case was entered into ODRS).

Table 12 lists selected diseases and the corresponding median and mean number of days between healthcare provider diagnosis and reporting to the local health department. In 2009, *E. coli,* hepatitis A, listeriosis, mumps, pertussis, and salmonellosis became Class B (1) reportable conditions, which are required to be reported by the end of the next business day after the existence of a case is known. Measles, meningococcal disease, and rubella are Class A reportable conditions due to their severity and potential for epidemic spread; Class A reportable conditions are required to be reported immediately via telephone upon recognition of a case, suspected case, or positive laboratory result.

TABLE 12: REPORTING LAG TIME* FOR SELECTED REPORTABLE DISEASES, FRANKLIN COUNTY, 2012–2013.

REPORTABLE CONDITION	REPORTING REQUIREMENT	2012				2013			
		# OF CASES	MEDIAN (DAYS)	MEAN (DAYS)	% OF CASES MISSING DIAGNOSIS DATE	# OF CASES	MEDIAN (DAYS)	MEAN (DAYS)	% OF CASES MISSING DIAGNOSIS DATE
E. coli O157:H7	By end of next business day	10	0	1.0	10%	6	2.0	2.5	67%
Hepatitis A	By end of next business day	8	0.5	1.3	0%	7	1.0	0.9	14%
Listeriosis	By end of next business day	5	0	0.4	0%	2	0.5	0.5	0%
Measles	Immediately	0	N/A	N/A	N/A	0	N/A	N/A	N/A
Meningococcal disease	Immediately	2	0.5	0.5	0%	2	0.5	0.5	0%
Mumps	By end of next business day	1	0	0	0%	3	0	2.0	33%
Pertussis	By end of next business day	302	1.0	0.8	6%	324	1.0	1.1	6%
Rubella	Immediately	0	N/A	N/A	N/A	1	0	0	100%
Salmonellosis	By end of next business day	130	1.0	2.2	23%	147	1.0	2.7	36%

Cases include confirmed and probable

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

***"Diagnosis Date" in ODRS defaulted to the following date fields (in order) if blank: lab specimen collection date, lab result date, onset date, date reported to Ohio Department of Health, created date. If a diagnosis date occurred after the date reported to the local health department, then the diagnosis date defaulted to the next proxy.*

Continued on next page...

Median reporting lag time (i.e., time between the diagnosis date and the date reported to the local health department) values show that reporting goals were met for all selected diseases in 2012 and selected diseases except *E. coli* O157:H7 in 2013. The median lag time for *E. coli* O157:H7 in 2013 was 2.0 days, with the goal being less than two business days. Median and mean lag time values also increased for *E. coli* O157:H7 from 2012 to 2013. Although the median lag time for salmonellosis reporting met the goal of less than two business days, the mean lag time for salmonellosis reporting was longer than desired in both 2012 and 2013 (2.2 and 2.7 days, respectively).

Reporting lag is defined as the difference between the diagnosis date and when the case was reported to the local health department. If the diagnosis date field was empty, a proxy date was used according to the order listed in the notes for Table 12. A proxy date was needed for 10% of cases in 2012 and 16% of cases in 2013, with substantial variation by disease. The increased use of proxy dates from 2012 to 2013 demonstrates the need for continuing efforts to identify and enter diagnosis date in ODRS.

CPH and FCPH will periodically monitor the reporting lag times for these diseases. Regular monitoring will help address two key issues: late reporters and missing data. If specific reporters are found to be contributing to longer lag times, this information will be shared with them, challenges to timely reporting will be identified and addressed, and closer monitoring of reports will follow. Additionally, filling in missing or incorrect dates will aid in better, timelier interventions and prevention efforts.

TECHNICAL NOTES

The Ohio Administrative Code 3701-3-02, 3701-5-05, and 3701-3-12 requires by law that communicable diseases be reported to local health departments.

CASE AND OUTBREAK CRITERIA AND DEFINITIONS

Case definitions for nationally notifiable diseases are determined by the Council of State and Territorial Epidemiologists (CSTE) in conjunction with the CDC and are published in the *Morbidity and Mortality Weekly Report.*

In Ohio, case and outbreak definitions can be found in the Infectious Disease Control Manual (http://www.odh.ohio.gov/healthResources/infectiousDiseaseManual.aspx).

CLASS DEFINITIONS

Reportable diseases in Ohio are grouped by class. Class definitions in 2012 and 2013 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 (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.

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.

Class C: Report an outbreak, unusual incidence, or epidemic that does not meet the Class A definition by the end of the next business day.

CASE DEFINITION CHANGES IN 2012 AND 2013 FOR NATIONALLY NOTIFIABLE DISEASES

Changes in 2012: Cryptosporidiosis, Hepatitis A, Hepatitis B – acute, Hepatitis B – chronic, Hepatitis C – acute, Hepatitis C – past or present, Mumps, Salmonellosis, Shigellosis, Vibriosis

Changes in 2013: Hansen's disease, Measles, Influenza A – novel virus, Rubella (not congenital)

Changes obtained from the Centers for Disease Control National Notifiable Diseases Surveillances System (NNDSS). The following website can be accessed for additional information regarding each change: http://wwwn.cdc.gov/nndss/script/conditionlist.aspx?type=0&yr=2013

POPULATION DATA

Population estimate for 2012 was obtained from the United States Census Bureau. Annual Estimates of the Resident Population for Counties: April 1, 2010 to July 1, 2013. Source: U.S. Census Bureau, Population Division. Accessed: December, 2013.

Population estimate for 2013 was obtained from the United States Census Bureau. Annual Estimates of the Resident Population for Counties: April 1, 2010 to July 1, 2013. Source: U.S. Census Bureau, Population Division. Accessed: April, 2014.

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NOTES ON REPORTING SYSTEMS

Data are from the Ohio Department of Health and the Infectious Disease Reporting System (IDRS, a joint effort between Columbus Public Health Department and the Franklin County Public Health). Cases of sexually transmitted diseases, tuberculosis, HIV, and AIDS have separate reporting systems. Cases may have been excluded due to reporting time, onset date, or when the supplemental information was received.

The Ohio Disease Reporting System (ODRS) 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 diseases 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 in which to electronically send the report for follow-up and investigation. In addition, some laboratories have the ability to electronically up-load batches of reports via Electronic Laboratory Reporting (ELR) from their databases into ODRS, 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 one. 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.

REFERENCES

Centers for Disease Control and Prevention, Disease Factsheets A-Z.
http://www.cdc.gov/az/a.html

Centers for Disease Control and Prevention - National Center for Immunization and Respiratory Diseases, National Center for Emerging and Zoonotic Infectious Diseases, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
http://www.cdc.gov/oid/centers.html

Infectious Disease Reporting System, Disease Factsheets A-Z
http://www.idrsinfo.org/disease.php

Evaluation of Reporting Timeliness of Public Health Surveillance Systems for Infectious Diseases:
Ruth Ann Jajosky 1 and Samuel L Groseclose2, 3
Published online at BioMed Central, 2004 July 26. doi: 10.1186/1471-2458-4-29. PMCID: PMC50925
http://www.biomedcentral.com/content/pdf/1471-2458-4-29.pdf

The Ohio Department of Health Infectious Disease Control Manual:
http://www.odh.ohio.gov/healthResources/infectiousDiseaseManual.aspx

United States Census Bureau - Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2013; 2012 & 2013 Population Estimates, Ohio; Counties.
http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2013_PEPANNRES&prodType=table