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# Annual Summary of **REPORTABLE DISEASES** 2006

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Compiled and Prepared by:

Abdoul Shmohamed, M.P.H./H.S.A.  
Epidemiologist, Center for Assessment and Preparedness, Columbus Public Health

Radhika Nagisetty, M.P.H.  
Communicable Disease Epidemiologist, Franklin County Board of Health



240 Parsons Avenue  
Columbus, Ohio 43215

[www.publichealth.columbus.gov](http://www.publichealth.columbus.gov)

**Franklin County**



**Board of Health**

280 E. Broad St., Rm. 300  
Columbus, Ohio 43215

[www.franklincountyohio.gov/board\\_of\\_health](http://www.franklincountyohio.gov/board_of_health)

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## Introduction

Communicable diseases are illnesses caused by microorganisms such as bacteria, viruses and parasites and are transmitted from an infected person/animal and/or contaminated food or water source to another person or animal. Most communicable diseases spread from direct contact to the bacteria or viruses that are expelled into the air by an infected person. Some diseases can be spread only indirectly through contaminated food and water sources. Other diseases are introduced into the body by animals or insects carrying the infectious agent.

The annual summary represents the 2006 communicable disease data reported to state and local public health agencies as required by Ohio Administrative Code 3701-3-02. Only selected communicable diseases determined to be of public health significance are reportable; therefore, the data presented here do not represent all cases of communicable disease that occur in Columbus and Franklin County. Additionally confirmed cases of disease have been analyzed for this summary. The data are considered provisional but provide valuable insight into these diseases.

The summary is intended to be a resource for individuals and our public health partners for whom communicable diseases are of concern. Further information on communicable disease may be obtained by contacting either Columbus Public Health or the Franklin County Board of Health.

For over seven years, the Columbus and Franklin County Health Departments have joined forces to make the reporting, tracking and investigation of communicable disease cases easier and more convenient through the Communicable Disease Reporting System (CDRS). This provides early identification of potential outbreaks and new trends in infectious diseases. The Communicable Disease staff ensures proper investigation, timely case follow-up of all reports and preventive interventions to reduce secondary cases.

### KEY FINDINGS ARE SUMMARIZED BELOW:

- In 2006, a total of 3,918 cases of communicable disease (excluding sexually transmitted diseases) were reported among Franklin County residents. Of these, 1,978 were confirmed, 848 were probable, 981 were suspect, and 111 cases were unknown or not a case.
- Franklin County's total rate of confirmed communicable diseases in 2006 was 180.5 cases per 100,000 people.
- The incidence rates of sexually transmitted disease (gonorrhea, chlamydia, and syphilis) and hepatitis C remained the highest in the state.
- The rate of campylobacteriosis increased slightly from 8.1 cases per 100,000 in 2005 to 9.0 cases per 100,000 in 2006.
- The rate of pertussis decreased significantly to 14.4 cases per 100,000 in 2006 from a high of 23.5 cases per 100,000 in 2005.

# Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio

from the Ohio Administrative Code 3701-3-02. Effective January 1, 2006

## Class A Diseases

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

|                     |                       |  |                               |
|---------------------|-----------------------|--|-------------------------------|
| Anthrax             | Measles               | Rubella (not congenital)                 | Tularemia                     |
| Botulism, foodborne | Meningococcal disease | Severe Acute Respiratory Syndrome (SARS) | Viral Hemorrhagic Fever (VHF) |
| Cholera             | Plague                | Smallpox                                 | Yellow Fever                  |
| Diphtheria          | Rabies, human         |  |                               |

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

**(2) diseases of public health concern needing timely response because of potential for epidemic spread – report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known**

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

**(3) diseases of significant public health concern -- report by the end of the work week after the existence of a case, a suspected case, or a positive laboratory result is known**

|   |   |   |  |
|---|---|---|--|
| Amebiasis   | Encephalitis, post infection  | Leptospirosis   | <i>Streptococcus pneumoniae</i> , invasive disease (ISP) |
| Botulism, wound   | Giardiasis  | Lyme disease  | Toxic shock syndrome (TSS)                               |
| Botulism, infant  | Gonococcal infections (urethritis, cervicitis, pelvic inflammatory disease, pharyngitis, arthritis, endocarditis, meningitis and neonatal conjunctivitis) | Meningitis, including other bacterial                 | Toxoplasmosis (congenital)                               |
| Bruceellosis  | Hepatitis B, non perinatal  | Mycobacterial disease, other than tuberculosis (MOTT) | Trichinosis  |
| Campylobacteriosis  | Hepatitis C   | Reye syndrome   | Typhus fever   |
| Chlamydia infections (urethritis, epididymitis, cervicitis, pelvic inflammatory disease, neonatal conjunctivitis and pneumonia) | Hepatitis D (delta hepatitis)   | Rheumatic fever                                       | Varicella  |
| Creutzfeldt-Jakob disease (CJD)   | Hepatitis E   | Rocky Mountain spotted fever (RMSF)                   | Vibriosis  |
| Cryptosporidiosis   | Herpes (congenital)   | Streptococcal disease, group A, invasive (IGAS)       | Yersiniosis  |
| Cytomegalovirus (CMV) (congenital)  | Kawasaki disease (mucocutaneous lymph node syndrome)  | Streptococcal disease, group B, in newborn            |  |
| Ehrlichiosis  | Leprosy (Hansen disease)  | Streptococcal toxic shock syndrome (STSS)             |  |
| Encephalitis, other viral   |   |   |  |

## Class B Disease - the number of cases is to be reported by the close of each working week

Influenza

## Class C Diseases - report an outbreak, unusual incidence, or epidemic by the end of the next working day

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

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

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

## Reportable Disease Table 2004-2006 for Franklin County, Ohio

|   | 2004       |            | 2005       |            | 2006       |            |
|---|------------|------------|------------|------------|------------|------------|
| Population                                  | 1,088,971  |            | 1,090,771  |            | 1,095,662  |            |
| Disease Name                                | # of Cases | Case Rate* | # of Cases | Case Rate* | # of Cases | Case Rate* |
| HIV/AIDS*                                   | 281        | 25.8       | 274        | 25.1       | 222        | 20.3       |
| Amebiasis                                   | 4          | 0.4        | 9          | 0.8        | 7          | 0.6        |
| Anthrax                                     | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Botulism (foodborne)                        | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Botulism (infant)                           | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Brucellosis                                 | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Campylobacter                               | 87         | 8.0        | 88         | 8.1        | 101        | 9.2        |
| Cholera                                     | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Chlamydia*                                  | 4,606      | 423.0      | 4,908      | 450.0      | 5,429      | 495.5      |
| Cryptosporidiosis                           | 13         | 1.2        | 33         | 3.0        | 17         | 1.6        |
| Cytomegalovirus                             | 0          | 0.0        | 0          | 0.0        | 1          | 0.1        |
| Dengue                                      | 0          | 0.0        | 0          | 0.0        | 1          | 0.1        |
| Diphtheria                                  | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| E. coli O157:H7                             | 7          | 0.6        | 9          | 0.8        | 24         | 2.2        |
| E. coli Unspecified                         | 3          | 0.3        | 2          | 0.2        | 7          | 0.6        |
| Encephalitis, (Vector Born)                 | 1          | 0.1        | 1          | 0.1        | 1          | 0.1        |
| Encephalitis, West Nile                     | 0          | 0.0        | 0          | 0.0        | 1          | 0.1        |
| Giardiasis                                  | 88         | 8.1        | 93         | 8.5        | 125        | 11.4       |
| Gonorrhea*                                  | 2,857      | 262.4      | 3,155      | 289.2      | 3,286      | 299.9      |
| Haemophilus influenzae-Type B               | 4          | 0.4        | 3          | 0.3        | 2          | 0.2        |
| Hantavirus                                  | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Hemolytic uremic syndrome                   | 0          | 0.0        | 0          | 0.0        | 3          | 0.3        |
| Hepatitis A                                 | 10         | 0.9        | 7          | 0.6        | 7          | 0.6        |
| Hepatitis B (acute, chronic, undetermined)* | 77         | 7.1        | 77         | 7.1        | 97         | 8.9        |
| Hepatitis C (acute, chronic, undetermined)* | 812        | 74.6       | 812        | 74.4       | 826        | 75.4       |
| Legionellosis                               | 64         | 5.9        | 35         | 3.2        | 52         | 4.7        |
| Leprosy                                     | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Leptospirosis                               | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Listeriosis                                 | 2          | 0.2        | 3          | 0.3        | 0          | 0.0        |
| Lyme disease                                | 9          | 0.8        | 5          | 0.5        | 5          | 0.5        |
| Malaria                                     | 6          | 0.6        | 5          | 0.5        | 6          | 0.5        |
| Measles                                     | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Meningitis Aseptic (viral)                  | 125        | 11.5       | 86         | 7.9        | 67         | 6.1        |
| Meningococcal disease (N. meningitidis)     | 7          | 0.6        | 10         | 0.9        | 8          | 0.7        |
| Meningitis (bacterial)                      | 5          | 0.5        | 2          | 0.2        | 0          | 0.0        |

## Reportable Disease Table 2004-2006 for Franklin County, Ohio

|   | 2004       |            | 2005       |            | 2006       |            |
|---|------------|------------|------------|------------|------------|------------|
| Population                                | 1,088,971  |            | 1,090,771  |            | 1,095,662  |            |
| Disease Name                              | # of Cases | Case Rate* | # of Cases | Case Rate* | # of Cases | Case Rate* |
| Kawasaki Disease                          | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Mumps                                     | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Pertussis                                 | 202        | 18.5       | 256        | 23.5       | 158        | 14.4       |
| Plague                                    | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Polio                                     | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Psittacosis                               | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Rocky Mountain Spotted Fever (RMSF)       | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Rubella (congenital)                      | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Salmonellosis                             | 87         | 8.0        | 110        | 10.1       | 110        | 10.0       |
| Severe Acute Respiratory Syndrome (SARS)  | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Shigellosis                               | 37         | 3.4        | 13         | 1.2        | 11         | 1.0        |
| Smallpox                                  | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Streptococcus pneumoniae invasive         | 112        | 10.3       | 105        | 9.6        | 113        | 10.3       |
| Streptococcal disease-group A Invasive    | 25         | 2.3        | 18         | 1.7        | 28         | 2.6        |
| Streptococcal disease-group B (perinatal) | 12         | 1.1        | 11         | 1.0        | 9          | 0.8        |
| Syphilis*                                 | 104        | 9.6        | 105        | 9.6        | 103        | 9.4        |
| Tetanus                                   | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Tuberculosis (TB)*                        | 55         | 5.1        | 77         | 7.1        | 85         | 7.8        |
| Tularemia                                 | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |
| Typhoid Fever                             | 3          | 0.3        | 2          | 0.2        | 3          | 0.3        |
| Vibriosis                                 | 1          | 0.1        | 2          | 0.2        | 1          | 0.1        |
| Varicella*                                | 0          | 0.0        | 0          | 0.0        | 125        | 11.4       |
| Yersiniosis                               | 10         | 0.9        | 11         | 1.0        | 9          | 0.8        |
| Yellow Fever                              | 0          | 0.0        | 0          | 0.0        | 0          | 0.0        |

\* Please see technical notes for explanation.

# Highlights of Selected Diseases

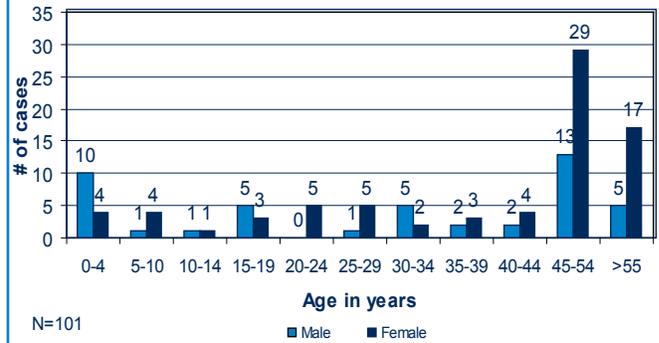
## CAMPYLOBACTERIOSIS

Campylobacteriosis is an acute enteric disease characterized by diarrhea, malaise, abdominal pain, fever, nausea and vomiting. The disease, caused by *Campylobacter* bacteria, has an onset within two to five days after exposure to the organism and commonly lasts another two to five days. People can spread the disease for several days to several weeks after they are infected. However, the period of communicability can be shortened to a few days by providing effective treatment, which may include rehydration and electrolyte replacement.

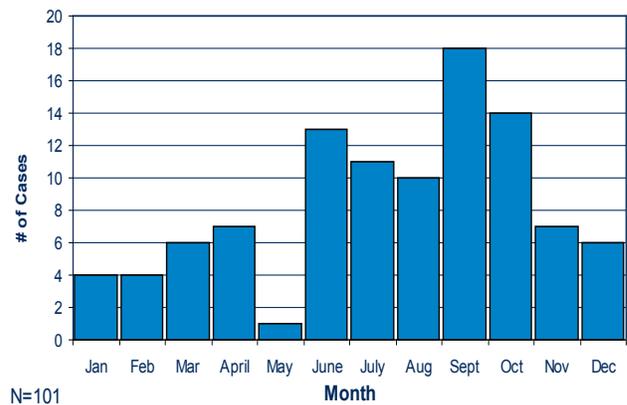
People can become infected with *Campylobacter* by handling raw chicken, eating undercooked poultry or drinking unpasteurized milk. Transmission occurs most commonly by ingestion of the infectious agent in undercooked poultry and pork, and by contact with infected infants, pets, or farm animals. Water streams and wells contaminated with animal feces may also pose a hazard. *Campylobacter* contamination can be prevented by thoroughly cooking all animal-derived foods, especially those from poultry. Cross-contamination can be avoided by hand washing after handling animals or raw poultry and thoroughly washing cutting boards and utensils with soap after contact with food.

Campylobacteriosis is one of the most commonly reported gastrointestinal illnesses in Franklin County. In 2006, there were 101 confirmed cases, which is an incidence rate of 9.2 cases per 100,000 persons. The age of the cases ranged from less than 1 year to 86 years with a median age of 39 years and more cases (59%) were reported among women than men (Figure 1). Figure 2 shows that more campylobacteriosis cases were reported between the months of June and October, with a peak in September.

**Figure 1**  
Campylobacteriosis Cases in Franklin County  
by Age and Gender 2006

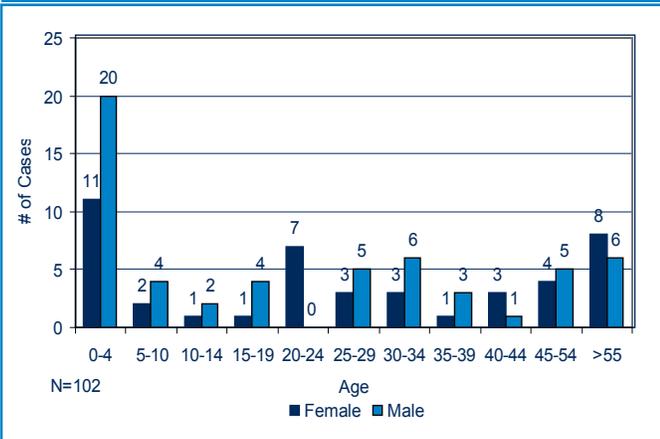


**Figure 2**  
Campylobacteriosis Cases in Franklin County  
by Month 2006

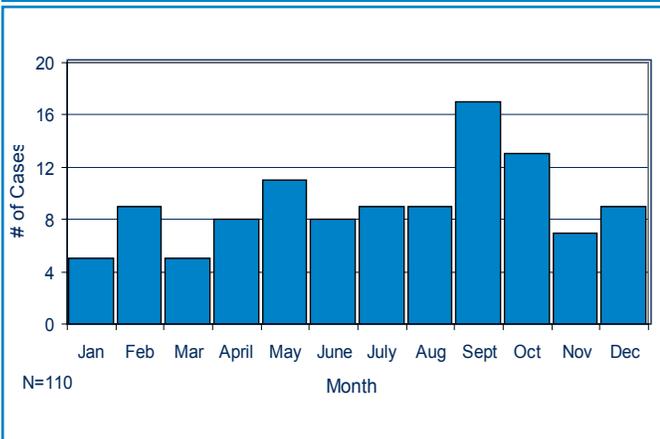


## Highlights of Selected Diseases

**Figure 3**  
Salmonellosis Cases in Franklin County by Age and Gender 2006



**Figure 4**  
Salmonellosis Cases in Franklin County by Month 2006



### SALMONELLOSIS

Salmonellosis is a bacterial illness characterized by acute abdominal pain, diarrhea, and often fever that begins 12 hours to 5 days after infection. The majority of human infections are thought to result from the ingestion of fecally contaminated food or water. Undercooked or raw products of animal origin such as eggs, milk, meat, and poultry have been implicated as common sources of human salmonellosis. A wide range of domestic and wild animals are carriers of *Salmonella*, including poultry, swine, cattle, rodents, iguanas, tortoises, turtles, terrapins, chicks, dogs and cats. Though uncommon, person-to-person spread can occur in humans — via acutely ill patients, convalescent carriers and, especially mild and unrecognized cases. The incidence of infection is highest in infants and young children.

*Salmonella* contamination can be prevented by thoroughly cooking all animal-derived foods, especially those from poultry. Cross-contamination can be avoided by hand washing after handling animals or raw poultry and thoroughly washing cutting boards and utensils with soap after contact with food.

In 2006, a total of 110 confirmed cases were reported in Franklin County with an incidence rate of 10 cases per 100,000 population. The ages ranged from less than 1 year to 80 years of age with a median age of 22 years. Fifty-three percent of the cases were males (Figure 3). Figure 4 shows that the months with the highest number of cases reported were September and October.

## Highlights of Selected Diseases

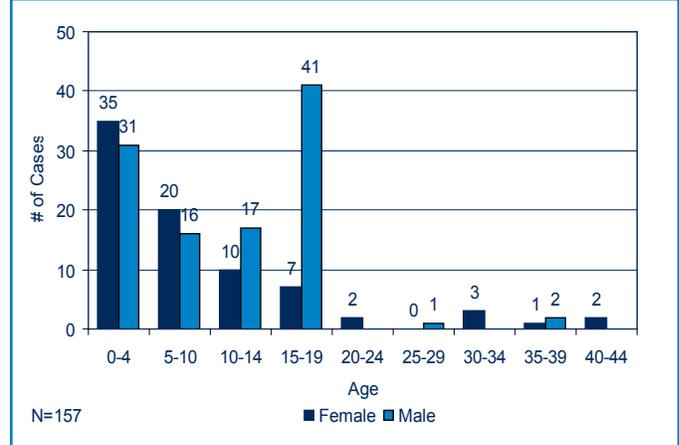
### PERTUSSIS

Pertussis, also known as whooping cough, is a highly contagious bacterial infection of the respiratory tract caused by the bacterium *Bordetella pertussis*. Pertussis causes violent spells of coughing that may be followed by difficulty in breathing, vomiting, or "whooping." Transmission of pertussis occurs primarily by aerosol droplet and is most easily transmitted in the period starting 7 days following exposure to three weeks after the onset of spasmodic coughing. Seventy to 90 percent of susceptible household and other close contacts of a person with pertussis will develop the disease within 7 to 14 days, commonly 5 to 10 days. The disease may last up to 3 months and be complicated by pneumonia, seizures, or encephalopathy.

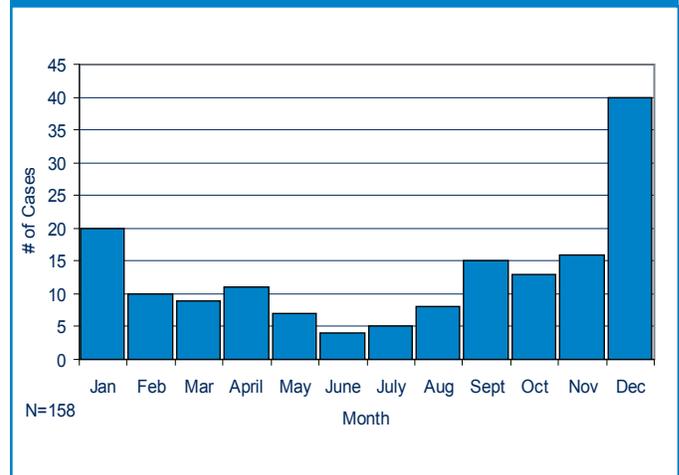
Because immunity induced by pertussis vaccine wanes 6 to 10 years after complete childhood vaccination, adolescents and adults become susceptible to infection and transmission. In recent years, older patients are accounting for higher percentages of pertussis cases. Given this, neonates and infants who are too young to have received full vaccination are at risk of infection from contact with infected adults.

Franklin County has seen its first decline in the number of pertussis cases reported in recent years. 158 cases were reported in 2006 with an incidence rate of 14.4 cases per 100,000 population. Among the 157 cases with known age, 42% occurred among children under age 5, while 28% of all the cases were among adolescents 10-19 years, 10 cases were hospitalized. Typically, the beginning of the school year have the highest pertussis incidence in Franklin County (Figure 6).

**Figure 5**  
Pertussis Cases in Franklin County  
by Age and Gender 2006

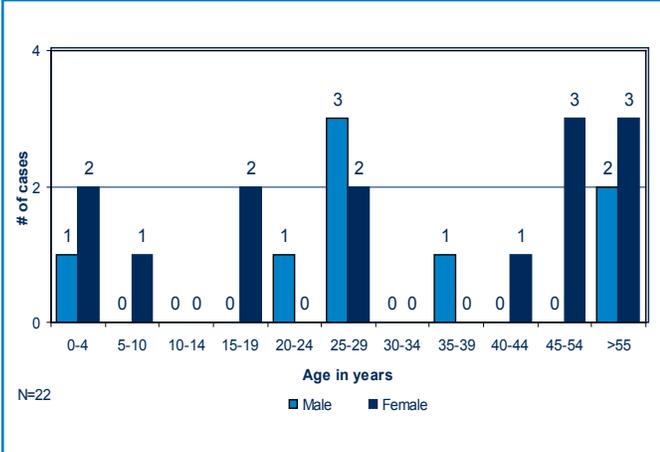


**Figure 6**  
Pertussis Cases in Franklin County by Month 2006

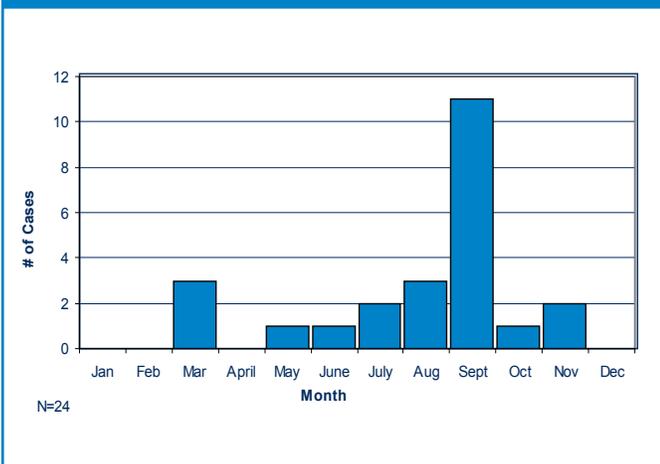


## Highlights of Selected Diseases

**Figure 7**  
**E. coli Cases in Franklin County**  
**by Age and Gender 2006**



**Figure 8**  
**E. coli Cases in Franklin County by Month 2006**



### **E. coli O157:H7**

Although harmless strains of *E. coli* are normal in the intestines of both people and animals, a few strains produce toxins that can cause diarrhea. *E. coli* O157:H7 is one of the virulent strains, and can cause serious illness in people, such as severe diarrhea and kidney damage.

Most commonly, the foodborne infections are associated with contaminated beef products that are not thoroughly cooked. Other implicated sources include produce, such as sprouts or lettuce contaminated by cow manure, unpasteurized milk and fruit juice, and recreational or drinking water contaminated by sewage. Person-to-person transmission can also occur if infected people do not properly wash their hands after using the toilet.

In most cases, severe diarrhea and abdominal cramps develop about three to nine days after exposure, and the illness resolves in 5 to 10 days. Children under 5 years of age and the elderly are more likely to develop a serious complication called hemolytic uremic syndrome (HUS), in which the red blood cells are destroyed and kidneys fail.

Twenty-four cases of *E. coli* O157:H7 infection were reported in Franklin County during 2006. Nearly half (11) of the cases were part of the national outbreak detected in September 2006. These cases were found to be infected with identical subtypes which were epidemiologically linked to contaminated fresh spinach. Two of the 24 cases developed HUS (including one from the outbreak). Sixty-one percent of cases were females and most cases were reported in the summer (17 cases during June through September) (Figures 7 and 8).

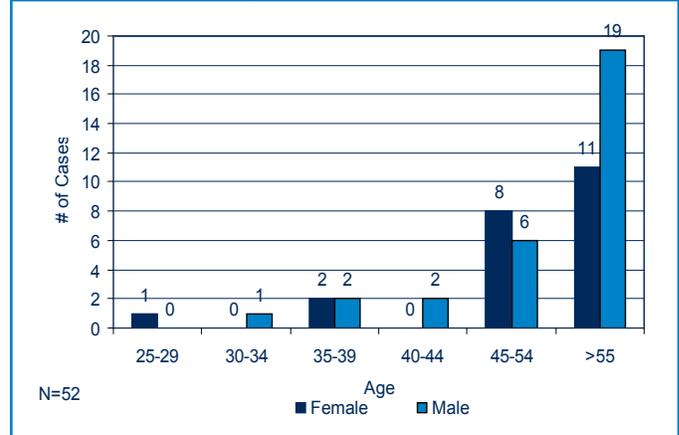
## Highlights of Selected Diseases

### LEGIONELLOSIS

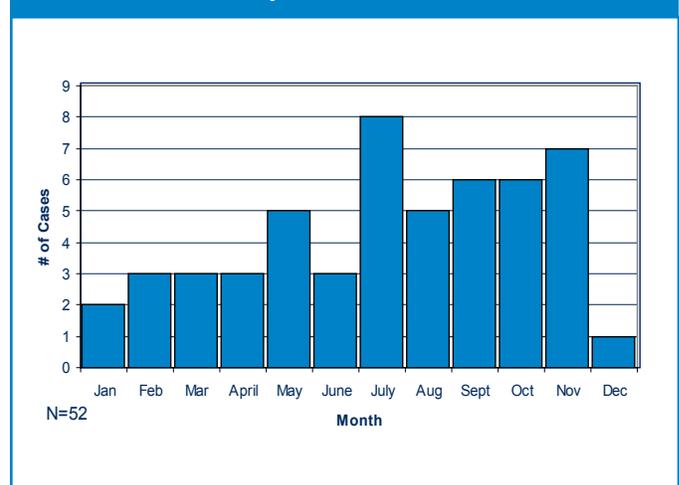
Legionellosis is an infection caused by the bacteria *Legionella pneumophila*. Legionella can cause a very mild respiratory illness or it can cause severe pneumonia. *Legionella* bacteria are widely distributed in the environment and are prevalent in warm stagnant water (90°-100°). The disease is acquired after inhaling aerosols from a water source, and it cannot be spread from person-to-person. Symptoms may include muscles aches, headache, fatigue, fever, chills and dry cough. The time between exposure and onset of illness is 2 to 10 days.

In 2006, 52 cases were confirmed as legionellosis (4.7 cases per 100,000 population). There were no fatalities. This infection occurs most frequently in older adults, people who smoke heavily or have chronic lung disease. Eighty-four percent of the cases were 45 years of age or older and 57% of cases were males. More cases of legionellosis were reported in the months of July through November (Figure 10).

**Figure 9**  
Legionellosis Cases in Franklin County  
by Age and Gender 2006

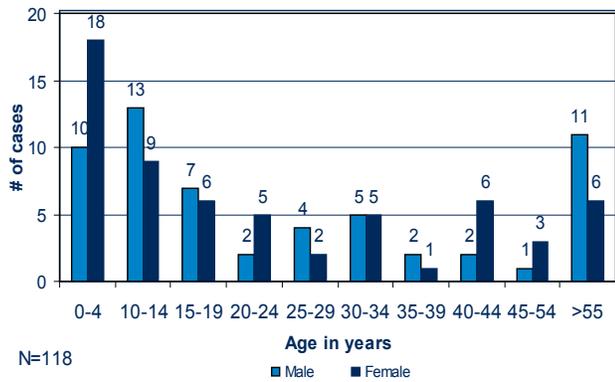


**Figure 10**  
Legionellosis Cases in Franklin County  
by Month 2006

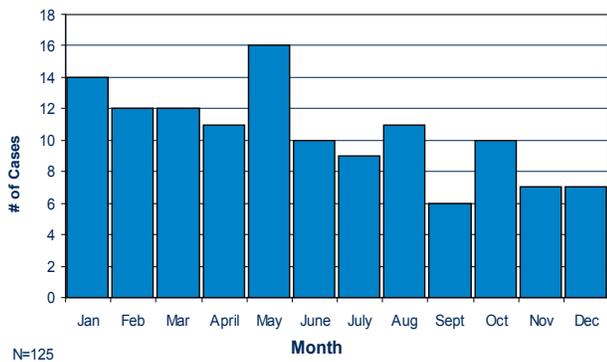


## Highlights of Selected Diseases

**Figure 11**  
Giardiasis Cases in Franklin County  
by Age and Gender 2006



**Figure 12**  
Giardiasis Cases in Franklin County  
by Month 2006



### GIARDIASIS

Giardiasis is a diarrheal illness caused by a one-celled, microscopic parasite, *Giardia lamblia*. Once an animal or person has been infected, the most common symptoms are chronic diarrhea, abdominal cramps, bloating, and loose, pale, greasy stools. Symptoms appear 1-2 weeks after exposure to the protozoan. Asymptomatic infections and prolonged shedding in the feces are common. Transmission through the fecal-oral route, person-to-person, especially in institutions and day care centers, and animal-to-person are the principal modes of spread.

The incidence rate of giardiasis in Franklin County in 2006 was 11.1 cases per 100,000 population. Sixty-one (50%) of the giardia cases were female. Over half of the total cases (67 cases) were reported in children who were less than 19 years of age. More cases of Giardia were reported in the months of January through August (Figure 12).

## Highlights of Selected Diseases

### MENINGOCOCCAL DISEASE

Meningococcal disease is an acute bacterial infection caused by *Neisseria meningitidis*. The most common serogroups of *N. meningitidis* in Ohio are B, C, and Y. Late winter to early spring is the peak season for infection, but infections can occur at any time of the year. Even with early diagnosis and appropriate treatment, the fatality rate of meningococcal disease is 5-15%. The disease manifests most commonly as meningitis and/or meningococemia that may progress rapidly to shock and death. The disease is characterized by sudden onset fever, intense headache, nausea and often vomiting, and stiff neck. The incubation period ranges from two to 10 days, usually three to four days. Transmission of *N. meningitidis* is from direct contact with respiratory droplets from the nose and throat of infected people. A vaccine is available for use when outbreaks are implicated. Chemoprophylaxis is used for close contacts of cases (e.g., household members, intimate contacts, daycare center play-mates).

The number of cases of meningococcal disease reported in Franklin County remained low; eight confirmed cases were reported in 2006. Five of the 8 cases were male and 4 of the cases were under the age of 19 years.

Note: The U.S. Advisory Committee on Immunizations Practices has modified its guidelines for use of the meningococcal vaccine, particularly for college students who live in dormitories. This group has been found to be at increased risk relative to other persons their age. The Ohio Revised Code now requires all students living in college dormitories to be vaccinated against meningococcal disease.

Data reflect disease incidence for Columbus and Franklin County residents only.

The Ohio Administrative Code 3701-3-02, 3701-5-05, and 3701-3-12 specifies which diseases need to be reported to local health departments, by whom, and in what time frame.

### CASE CRITERIA AND DEFINITIONS

Case definitions are determined by the Council of State and Territorial Epidemiologists (CSTE) in conjunction with the CDC and are published in the MMWR [1997; 46(RR-10)]. Cases are grouped into the following categories:

**Suspected case:** a case for which a reportable condition is being considered in the differential diagnosis, but for which confirmatory laboratory testing has not yet been completed

**Probable case:** a case that is classified as "probable" for reporting purposes

**Confirmed case:** a case that is classified as "confirmed" for reporting purposes

For a complete list of reportable diseases in Ohio, please visit <http://www.odh.state.oh.us>

### NOTES ON SPECIFIC DISEASES AND RATES

**Hepatitis:** chronic cases of hepatitis B and past or present cases of hepatitis C became reportable in 2003.

**Varicella:** became a Class A reportable disease January 1, 2006. Prior to 2006, varicella was a Class B reportable disease, reported in aggregate form on a weekly basis

STDs, TB and HIV/AIDS data are from separate ODH sources. Syphilis numbers include primary and secondary cases only.

Disease totals and calculated disease rates are limited to confirmed cases. Suspects and probable cases are not included.

The 2006 population estimates obtained from the United States Census Bureau were used in rate calculations.

### DISEASES NOT INCLUDED IN THE TABLE

There were no known confirmed cases in Franklin County of the following Class A reportable diseases; therefore, they were not included in the table: Creutzfeldt-Jakob disease, coccidioidomycosis, ehrlichiosis, hepatitis D, hepatitis E, herpes (congenital), lymphogranuloma venereum, mycobacterial disease (other than TB), pelvic inflammatory disease (PID), Q-fever, reye syndrome, rheumatic fever, streptococcal toxic shock syndrome (STSS), toxic shock syndrome (TSS), toxoplasmosis, trichinosis. Class B and C reportable diseases are also not included in the table.

### NOTES ON REPORTING SYSTEMS

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

### REFERENCES

#### Centers for Disease Control and Prevention. Summary of Notifiable Diseases:

<http://www.cdc.gov/epo/dphsi/annsum/index.htm>

<http://www.cdc.gov/about/organization/ccid.htm>

#### The Ohio Department of Health Infectious Disease Control Manual:

<http://www.odh.ohio.gov/healthResources/infectiousDiseaseManual.aspx>