ANNUAL SUMMARY OF COMMUNICABLE DISEASES

2023

PICKAWAY COUNTY
PUBLIC HEALTH
We Care.

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INTRODUCTION

The 2023 Annual Summary of Communicable Diseases represents an overview of the incidence of suspect, probable, and confirmed reportable diseases within the jurisdiction of Pickaway County Public Health.

Information pertaining to prevention, control, and reporting of diseases can be found in the Infectious Disease Control Manual (IDCM) published by the Ohio Department of Health. The IDCM is based on Communicable Disease Rules 3703-3-01 through 3701-3-31 of the Ohio Administrative Code (OAC). The OAC designates which diseases are to be reported to the local health department and the time frame in which reporting must occur. Data for this report was acquired via the Ohio Disease Reporting System (ODRS).

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Data was extracted on 01/02/2024

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PICKAWAY COUNTY PUBLIC HEALTH
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PICKAWAY COUNTY DEMOGRAPHICS

Demographics	Pickaway County	State of Ohio
Total Population*:	60,023	11,759,697
Number of Households:	21,074	4,789,408
Median Age:	39.4 years	39.3 years
Percent of Population Below Poverty Level:	9.6%	13.4%
Individuals without Healthcare Coverage:	8.2%	7.1%
Disabled Population:	11.2%	10.1%
White:	93.4%	80.9%
Asian	0.6%	2.7%
Black or African American	3.7%	13.3%
Hispanic or Latino:	1.9%	4.5%
Other:	0.3%	0.4%

*Based on the 2022 census information: U.S. Census Bureau QuickFacts: Pickaway County, Ohio

LIST OF REPORTABLE DISEASES

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

From the Ohio Administrative Code Chapter 3701-3; Effective August 1, 2019

Class A:

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

- Anthrax
- Botulism, foodborne
- Cholera
- Diphtheria
- Influenza A – novel virus infection
- Measles
- Meningococcal disease
- Middle East Respiratory Syndrome (MERS)
- Plague
- Rabies, human
- Rubella (not congenital)
- Severe acute respiratory syndrome (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic fever

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

Class B:

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.

- Amebiasis
- Arboviral neuroinvasive and non-neuroinvasive disease:
  - Chikungunya virus infection
  - Eastern equine encephalitis virus disease
  - LaCrosse virus disease (other California serogroup virus disease)
  - Powassan virus disease
  - St. Louis encephalitis virus disease
  - West Nile virus infection
  - Western equine encephalitis virus disease
  - Yellow fever
  - Zika virus infection
  - Other arthropod-borne diseases
- Babesiosis
- Botulism
  - infant
  - wound
- Brucellosis
- Campylobacteriosis
- *Candida auris*
- Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)
  - CP-CRE *Enterobacter* spp.
  - CP-CRE *Escherichia coli*
  - CP-CRE *Klebsiella* spp.
  - CP-CRE other
- Chancroid
- *Chlamydia trachomatis* infections
- Coccidioidomycosis
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC)
- Ehrlichiosis/anaplasmosis
- Giardiasis
- Gonorrhea *(Neisseria gonorrhoeae)*
- *Haemophilus influenzae* (invasive disease)
- Hantavirus
- Hemolytic uremic syndrome (HUS)
- Hepatitis A
- Hepatitis B (non-perinatal)
- Hepatitis B (perinatal)
- Hepatitis C (non-perinatal)
- Hepatitis C (perinatal)
- Hepatitis D (delta hepatitis)
- Hepatitis E
- Influenza-associated hospitalization
- Influenza-associated pediatric mortality
- Legionnaires' disease
- Leprosy (Hansen disease)
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Meningitis:
  - Aseptic (viral)
  - Bacterial
- Mumps
- Pertussis
- Poliomyelitis (including vaccine-associated cases)
- Psittacosis
- Q fever
- Rubella (congenital)
- *Salmonella* Paratyphi infection
- *Salmonella* Typhi infection (typhoid fever)
- Salmonellosis
- Shigellosis
- Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)
- *Staphylococcus aureus*, with resistance or intermediate resistance to vancomycin (VRSA, VISA)
- Streptococcal disease, group A, invasive (IGAS)
- Streptococcal disease, group B, in newborn
- Streptococcal toxic shock syndrome (STSS)
- *Streptococcus pneumoniae*, invasive disease (ISP)
- Syphilis
- Tetanus
- Toxic shock syndrome (TSS)
- Trichinellosis
- Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)
- Varicella
- Vibriosis
- Yersiniosis

Class C:

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

Outbreaks:

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

TOP 5 MOST REPORTED DISEASES*

ALL AGES

Reportable Disease	Number of Cases	Percent
COVID-19	1,912	72.28%
Hepatitis-C Chronic	312	11.76%
Chlamydia Infection	217	8.21%
Gonococcal Infection	42	1.59%
Syphilis	23	0.87%

AGES 0-14

Reportable Disease	Number of Cases	Percent
COVID-19	235	93.63%
Influenza-Associated Hospitalization	2	0.80%
Lyme Disease	2	0.80%
Streptococcal- Group A Invasive	2	0.80%
Streptococcus pneumoniae	2	0.80%

AGES 15-64

Reportable Disease	Number of Cases	Percent
COVID-19	1183	63.84%
Hepatitis C- Chronic	302	16.30%
Chlamydia Infection	217	11.71%
Gonococcal Infection	42	2.27%
Syphilis	23	1.24%

AGES 65+

Reportable Disease	Number of Cases	Percent
COVID-19	492	91.26%
Influenza-Associated Hospitalization	11	2.04%
Hepatitis C- Chronic	9	1.67%
Campylobacteriosis	5	0.93%
Streptococcus pneumoniae	5	0.93%

*Only lists diseases designated as reportable in the State of Ohio

Age groupings reflect that of the U.S. Census

DISEASES REPORTED IN 2023

REPORTABLE CONDITIONS REPORTED IN PICKAWAY COUNTY[1], 2023		
	NUMBER OF CASES	5-YEAR AVERAGE
CLASS A REPORTABLE DISEASES		
COVID-19[2]	1,912	6,981[3]
CLASS B REPORTABLE DISEASES		
Campylobacteriosis	13	9.8
Chlamydia infection	217	178.2
Coccidioidomycosis	2	0.6
CPO	6	1.25[4]
Cryptosporidiosis	2	2
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	1	2.4
Giardiasis	5	3.4
Gonococcal infection	42	51.6
Haemophilus influenzae (invasive disease)	3	1.2
Hepatitis B (including delta) - chronic	17	50.4
Hepatitis C - acute	2	8.6
Hepatitis C - chronic	311	461.6
Influenza-associated hospitalization	22	50.6
Legionellosis	2	4.6
Lyme Disease	11	5
Meningitis - aseptic/viral	5	2.83
Meningitis - bacterial (Not N. meningitidis)	1	0.6
Mpox	1	0.5[5]
Pertussis	1	5.4
Salmonellosis	8	7
Shigellosis	1	0.6
Streptococcal - Group A -invasive	18	5
Streptococcal - Group B - in newborn	2	0.2
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	9	5.2
Streptococcus pneumoniae - invasive antibiotic resistant/intermediate	1	3
Syphilis - unknown duration or late	23	15.4
Varicella	1	2.2
Yersiniosis	2	1.6
TOTAL	**2,645**	**5,108**

[1] Case counts include confirmed, probable, and suspected disease classifications. Diseases in which there were 0 cases are not reported above.

[2] COVID-19 cases only include confirmed and probable case classifications

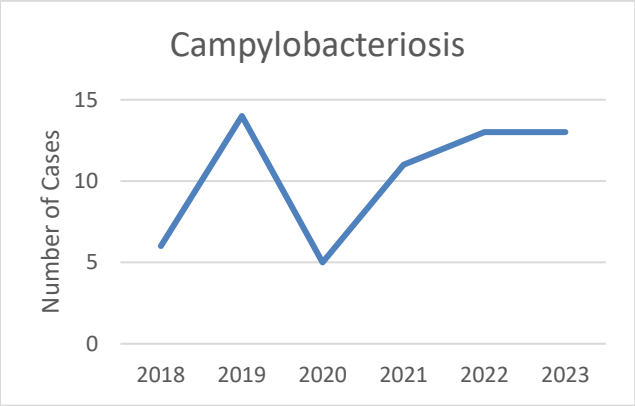
[3] 3-year average used since COVID-19 became a reportable condition in 2020

[4] 4-year average used since CPO became a reportable condition in 2019

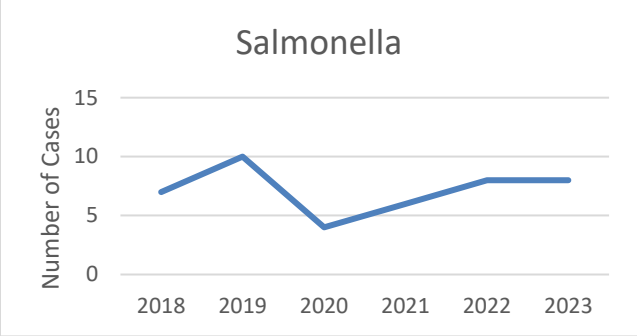
[5] 2-year average used since Mpox became a reportable condition in 2021

DISEASE TRENDS

ENTERIC DISEASES

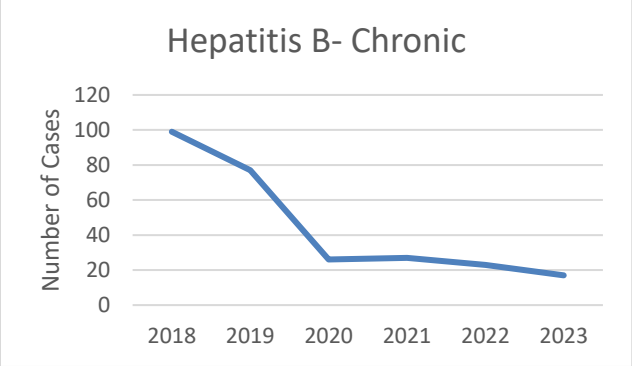


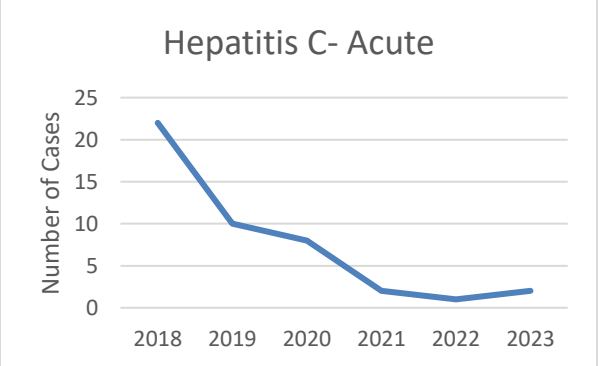
The number of 2023 Campylobacter cases in Pickaway Conty was higher than the 5-year average. However, no common source or similarities in age, gender, or location was identified. Two of these cases were serotyped. Both were Campylobacter jejuni non-drug resistant. Campylobacter jejuni is one of the most common causes of food poisoning in the U.S. and is the most common type of Campylobacter bacteria involved in human illness.

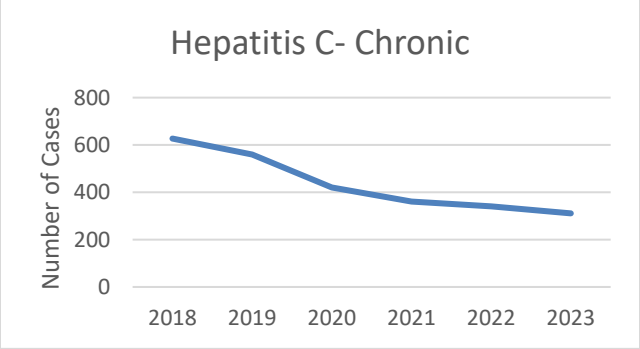


Salmonella cases have remained relatively steady. 6 of the 17 cases were serotyped: (2) Typhimurium, (1) enteritidis, (1) Telelkebir, and 2 “other”. 59% of cases were reported to be hospitalized. Median age of cases is 63 years. 65% of cases are Male.

HEPATITIS DISEASES

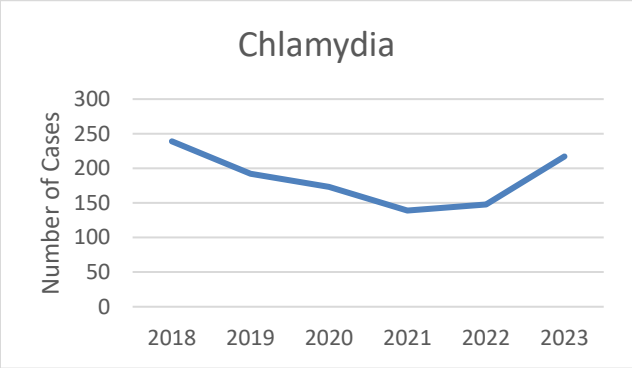


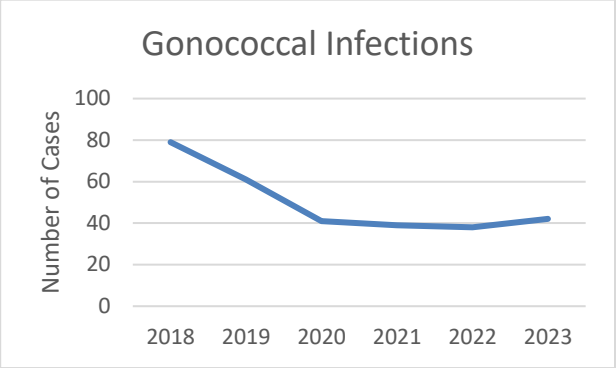


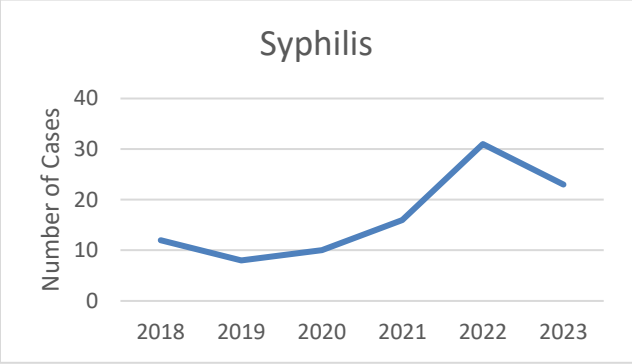


The findings in this report should be interpreted with caution. The number of viral hepatitis cases reported may be lower than in years before the COVID-19 pandemic began. The decrease may be related to fewer people seeking healthcare and being tested for viral hepatitis during the COVID-19 pandemic.

SEXUALLY TRANSMITTED DISEASES

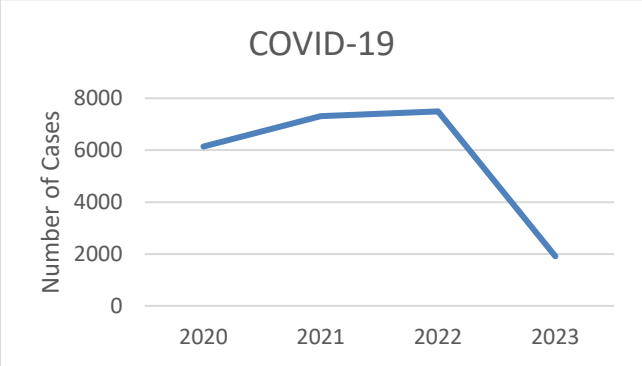


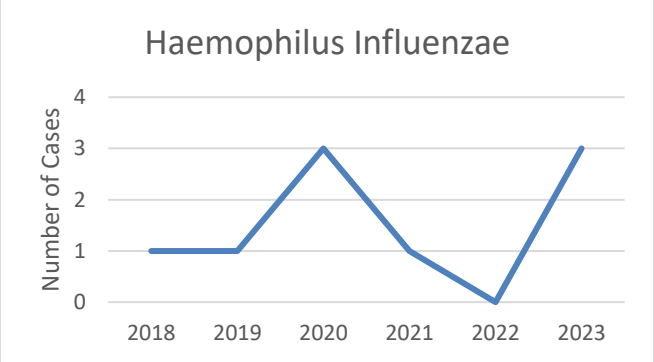


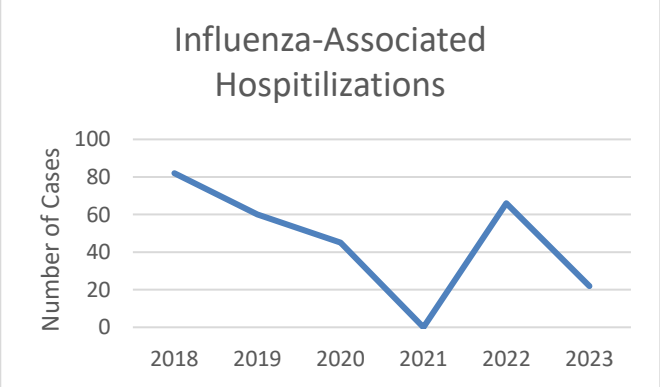


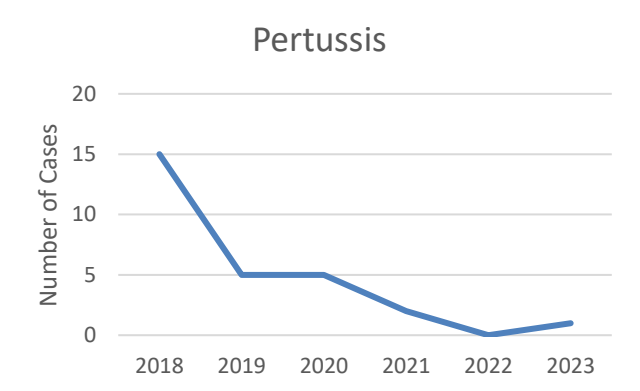
Syphilis cases have been steadily increasing across the state. Additionally, there have been several reported outbreaks in surrounding counties. The average age is 37.5 years. 87.5% of cases were Male. 58% of cases were White and 42& of cases are Black.

VACCINE PREVENTABLE DISEASES



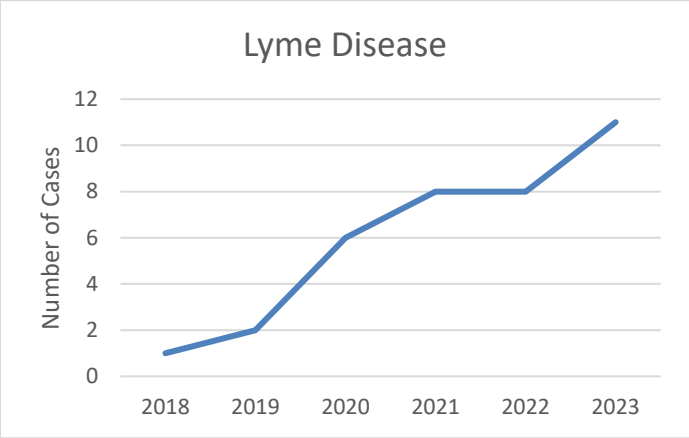






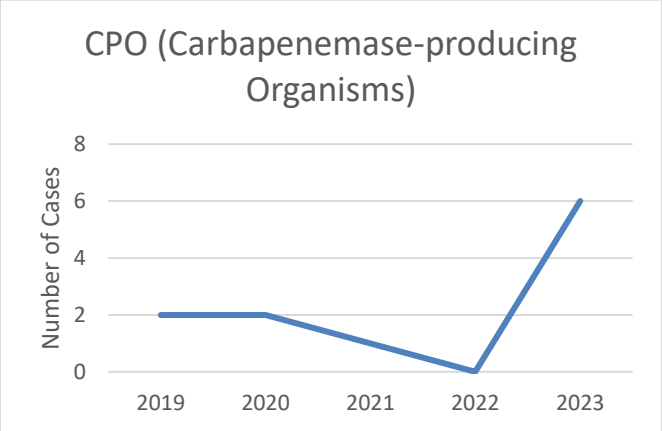
Influenza-associated hospitalizations; average age was 61.1 years. 73& of cases were Female. 64% of cases were Influenza A, 0.09% were Influenza B, and the rest did not have an organism listed.

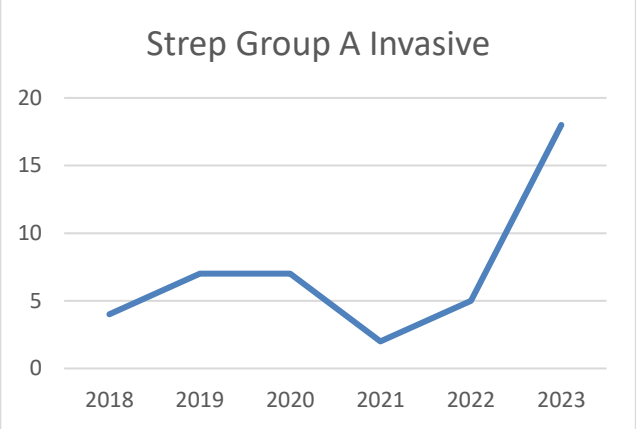
ZOONOTIC DISEASES



Diseases spread by ticks are an increasing concern in Ohio and are being reported more frequently in the past decade with Lyme disease being one of the most common. The Blacklegged tick is responsible for being a vector of Lyme disease. According to active surveillance conducted by the Ohio Department of Health, the blacklegged tick is an established tick species in Pickaway County.

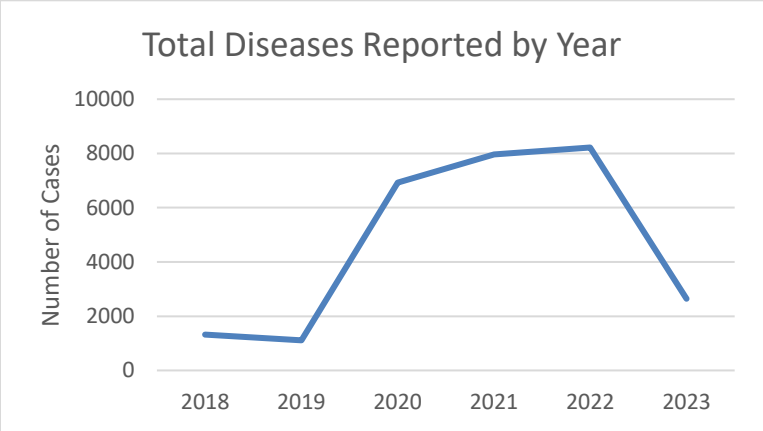
OTHER DISEASES





Carbapenemase-producing organisms (CPO) are an epidemiologically important group of multidrug-resistant pathogens and their increasing incidence has made these organisms an urgent threat to public health. The increasing occurrence of CPO may be related to the burden of work in healthcare systems from the COVID-19 pandemic.

TOTAL DISEASES REPORTED



OUTBREAKS

An outbreak is determined based on circumstances and the agent involved or suspected to be involved. Only one Class A disease is needed to be considered an outbreak. Otherwise, the definition of an outbreak is typically the occurrence of two or more cases of a similar illness with a common link. Suspect, probable, and confirmed outbreaks are included in the data below. Pickaway county cases included in nation-wide outbreaks are not included in this data.

	2019	2020	2021	2022	2023
NUMBER OF OUTBREAKS REPORTED	2	26	7	20	7

CAUSATIVE AGENT	OUTBREAK TYPE	NUMBER OF PEOPLE ILL
COVID-19	HEALTHCARE-ASSOCIATED	6
COVID-19	HEALTHCARE-ASSOCIATED	14
COVID-19	INSTITUTIONAL- SCHOOL	17
COVID-19	INSTITUTIONAL- SCHOOL	2
COVID-19	HEALTHCARE-ASSOCIATED	4
COVID-19	HEALTHCARE-ASSOCIATED	7
COVID-19	INSTITUTIONAL- SCHOOL	5

CONCLUSIONS

This report serves to describe communicable disease data and trends from 2023 for Pickaway County, Ohio. The data from this report is used to drive future communicable disease investigations, planning of resources, policy development, training, and education.

Data in this report should be interpreted with caution. The COVID-19 pandemic has consequentially affected incidence and reporting for other communicable disease conditions. Due to the pandemic, individuals may have been less likely to seek medical care for non-COVID conditions. Additionally, the increase use of tele-medicine, may have motivated healthcare providers to diagnose clinically so the patient did not have to complete testing in person.

While COVID-19 was the most reported disease among all age groups, overall cases decreased 72.6% when compared to the five-year average.