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BUREAU OF INFECTIOUS DISEASE PREVENTION AND CONTROL

Infectious Diseases Quarterly

Ohio Department of Health Bathing Beach Monitoring Program

by Corey A. Schwab, RS, Bureau of Environmental Health

The Bathing Beach Monitoring program is a cooperative effort between the Ohio Department of Health (ODH), the Ohio Department of Natural Resources (ODNR), local health departments with public beaches within their jurisdictions and private and public organizations along the Lake Erie coast and throughout Ohio. The program is funded by a grant from the U.S. Environmental Protection Agency. The goal of the program is to assist people in making informed decisions regarding safety and health in aquatic recreational environment by informing the bathing public of the risks associated with exposure to contaminated water and waterborne diseases.

The services provided through the Bathing Beach Program include:

- Sampling and analyzing water from selected bathing beaches along the Lake Erie shoreline. This information is used to monitor changes in water quality and the status of pollution abatement activities within the Lake Erie water-shed.
- Sampling results from various bathing beaches, under the control of the ODNR, throughout the state to determine water quality and to monitor changes in the various state park watersheds.
- Providing prompt notification whenever the water samples at public beaches result in elevated bacteria levels, thereby helping to better inform the bathing public of the risks and ultimately prevent the spread of disease. While the program does not close beaches, an advisory sign is posted to warn swimmers of an elevated risk of illness if a sample exceeds an *E. coli* O157:H7 count of 235.
- Encouraging the development of localized beach water monitoring efforts, predictive models for assessing recreational water quality, pre-emptive warning systems to inform the public more effectively and aquatic sanitation programs for identifying and eliminating potential pollution sources.

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Ohio Department of Health Bathing Beach Monitoring Program—continued

ODH began the beach monitoring season on May 27. ODH conducts sampling at 12 Lake Erie beaches and contracts with local health districts in Lake, Erie and Cuyahoga counties to monitor beaches and to notify the public in their jurisdictions. ODH also contracts with the Northeast Ohio Regional Sewer District for sampling of other beaches in Cuyahoga County and the City of Cleveland. The Cleveland Department of Public Health has a contract with ODH to conduct education and outreach to beachgoers in the city and throughout Cuyahoga County.

This year there are two interns working to collect samples for ODH. The water samples are collected in Lucas, Ottawa, Sandusky, Lorain and Ashtabula counties.

Sample results are updated Monday through Friday, and can be viewed at http://www.odh.ohio.gov by following the bathing beach links on the front page to the sampling results.

For more information, please contact the Bathing Beach Monitoring program at (614) 466-1390 or 1-866-OHIO BCH (866-644-6224).

Immunization Myths and Facts by Amy Rae Bashforth, MPA, Immunization Program Chief and Lisa M. Lane, MS, General Infectious Disease Surveillance Supervisor

The success of immunization programs in Ohio and the United States may allow many to overlook the importance of continuing vaccination efforts. Smallpox was officially eradicated from the world in 1979, and polio eradication efforts are underway. Measles and rubella are no longer indigenous to the United States. However, diseases such as polio, measles, and rubella are prevalent in many countries – which means a risk still exists for those living in the United States. Improving and maintaining immunization rates in Ohio is crucial to reducing the occurrences of disease for Ohioans. The following are some common myths and facts about vaccine-preventable diseases.

Myth: Some vaccine-preventable diseases no longer pose a risk in Ohio.

Fact: Some vaccine-preventable diseases (e.g., measles, rubella, diphtheria) are truly not common in Ohio. However, international travel to countries where vaccine-preventable diseases are endemic can put Ohioans at risk when traveling abroad. In 2008, 132 measles cases were reported in the United States, the most reported since 1997. Most cases (91 percent) were reported in unvaccinated individuals and 89 percent were imported or associated with importations.

Myth: Vaccine-preventable diseases are not common in Ohio.

Fact: Some vaccine-preventable diseases are still quite common in Ohio. Varicella (chickenpox) is the most commonly reported vaccine-preventable disease in Ohio and is presumed to be underreported. In 2008, 2,403 cases of varicella were reported in Ohio and 2,039 of those were reported among children 5–19 years of age. Pertussis, also referred to as whooping cough, is the second-most commonly reported vaccine-preventable disease in Ohio. In 2008, 845 cases of pertussis were reported. Of the 845 cases, 452 were in school-aged children (5–19 years old). Pertussis is known to be underdiagnosed and underreported, so the true number of cases is likely to be higher than what is indicated through passive public health surveillance.

Myth: Many vaccine-preventable diseases are not serious.

Fact: Many vaccine-preventable diseases appear to be mild for some of the population, but can be particularly serious for certain groups (e.g., infants, individuals with chronic medical conditions). Pertussis often presents with mild symptoms in adolescents and adults. However, adolescents can spread the disease in the community and impact younger children and infants. Three infants in Ohio died from pertussis in 2008. Meningococcal disease, caused by *Neisseria meningitidis,* is a severe, acute bacterial infection that can affect all ages; the fatality rate of invasive meningococcal disease is 9 percent to 12 percent, even with appropriate antibiotic therapy. Furthermore, as many as 20 percent of survivors have permanent sequelae, such as hearing loss, neurological damage or loss of a limb(s). In 2008, 40 cases of meningococcal disease were reported in Ohio, three of which resulted in death. The age group showing the highest case rate was children aged less than 1 year (5.4 cases per 100,000 population; where n=8), for whom the vaccine is not licensed. Some groups are considered to be at higher risk than the general population, including military recruits and college freshman who live in dormitories. In 2008, three Ohio cases occurred in individuals aged 18–22 years of age (case rate of 0.4 for 100,000 population).

Immunization Myths and Facts—continued

The goal of the Ohio Department of Health Immunization program is to reduce the incidence of vaccine-preventable diseases. While Ohio's childhood immunization coverage levels are at an historical high, the incidence of vaccine-preventable diseases reported in 2008 demonstrates continued room for improvement.

For more information about vaccine-preventable diseases and immunizations, please call the ODH Immunization program at (614) 466-4643.

Quarterly Summary of Selected Reportable Infectious Diseases

Second Quarter, 2009*

March 29, 2009 – June 27, 2009

Reportable Condition	Quarter	Year
Amebiasis	7	16
Botulism, Foodborne	1	1
Botulism, Infant	0	1
Campylobacteriosis	258	431
Coccidioidomycosis	5	10
Creutzfeldt-Jakob Disease (CJD)	2	2
Cryptosporidiosis	116	175
Cytomegalovirus, Congenital	2	11
Ehrlichia chaffeensis	2	3
Escherichia coli O157:H7	25	35
Escherichia coli, Shiga Toxin-Producing, Not O157:H7	0	4
Escherichia coli, Shiga Toxin-Producing, Unknown Serotype	9	13
Giardiasis	189	362
Haemophilus influenzae, Invasive Disease	24	54
Hemolytic Uremic Syndrome (HUS)	4	5
Hepatitis A	10	24
Hepatitis B, Acute	47	138
Hepatitis B, Chronic	390	748
Hepatitis C, Acute	15	47
Hepatitis C, Past or Present	2,059	5,624
Influenza-Associated Hospitalization	161	610
Influenza-Associated Pediatric Mortality	0	5
Influenza A, Novel Human Virus	112	112
Legionellosis	36	77
Leprosy	1	1
Listeriosis	3	6
Lyme Disease	2	5
Meningitis, Aseptic	152	301
Meningitis, Other Bacterial	14	32
Meningococcal Disease	7	23
Mumps	3	4
Pertussis	283	523
Rocky Mountain Spotted Fever (RMSF)	3	6
Salmonellosis	367	631
Shigellosis	270	677
Staphylococcus aureus, Intermediate Resistance to Vancomycin (VISA)	2	4
Streptococcal Disease, Group A, Invasive	66	158
Streptococcal Disease, Group B, in Newborn	16	35
Streptococcal Toxic Shock Syndrome (STSS)	4	9
Streptococcus pneumoniae, Invasive Disease, Drug Resistant/Intermediate	114	236
Streptococcus pneumoniae, Invasive Disease, Drug Susceptible/Unknown	251	593
Tetanus	1	1
Typhoid Fever	2	6
Varicella	570	1,330
Vibriosis (Not Cholera)	0	2
Yersiniosis	11	18
Total	5,616	13,109

* 2009 data include confirmed, probable and suspected cases reported to the CDC. This report includes both quarter-specific and year-through-quarter cumulative frequencies for each disease. Quarter is determined by the MMWR week the case was sent to the CDC for all cases except for influenza-associated hospitalization and novel influenza A virus, which are by date of report to the Ohio Department of Health, and influenza-associated pediatric mortality, which are by date of death. This report includes only Class A and B reportable diseases. Data were reported to the Ohio Department of Health via the Ohio Disease Reporting System. Some reportable conditions may be under investigation. Therefore, all data in this report are provisional, but current as of July 6, 2009.

Source: Ohio Department of Health Infectious Disease Surveillance.

Quarterly Summary of Sexually Transmitted Diseases, Ohio

First Quarter, 2009*

January 1, 2009 - March 31, 2009

SEXUALLY TRANSMITTED DISEASES	2009		2008	
	QUARTER	YEAR	QUARTER	YEAR
CHLAMYDIA	9,070	9,070	11,427	11,427
GONORRHEA	2,754	2,754	4,293	4,293
SYPHILIS	136	136	195	195
TOTAL	**11,960**	**11,960**	**15,915**	**15,915**

* 2009 data include only confirmed cases, except for gonorrhea, which includes confirmed and suspected cases reported to the CDC. This report includes both quarter-specific and year-through-quarter cumulative frequencies for each disease. Quarter is determined by date of diagnosis. Some reportable conditions may be under investigation. Therefore, all data in this report are incomplete but current as of July 13, 2009.

Source: Ohio Department of Health STD Surveillance

Quarterly Summary of Tuberculosis Cases, Ohio

Second Quarter, 2009*

January 1, 2009 - June 30, 2009

	2009		2008	
	QUARTER	YEAR	QUARTER	YEAR
TUBERCULOSIS	54	86	58	109

* 2009 data include confirmed cases reported to the CDC. This report includes both quarter-specific and year-through-quarter cumulative frequencies for tuberculosis. Quarter is determined by count date, which is the date the ODH TB Surveillance Program determines the tuberculosis suspect meets the CDC Surveillance Case Definition for TB. All data in this report are provisional, but current as of July 10, 2009.

Source: Ohio Department of Health TB Surveillance

IDQ Announcements–Summer 2009

Influenza pandemic

The Ohio Department of Health (ODH) Immunization program continues to work with local health districts in Ohio to screen and approve specimens for testing for novel A H1N1 influenza virus. The ODH Public Health Laboratory continues to test specimens for surveillance purposes. Additionally, Immunization program staff are working with public health and civil authorities throughout Ohio to enhance surveillance and improve planning related to the influenza pandemic.

The Ohio H1N1 (swine flu) Information Line is available 8 a.m. to 5 p.m., Monday through Friday at 1-866-800-1404 to answer questions from the public.

Tick-borne disease reporting

Reporting of all tick-borne diseases has been transferred back to the Zoonotic Disease program at ODH.

All reports and questions about lyme disease, Rocky Mountain spotted fever, ehrlichiosis and anaplasmosis should be directed to:

Kim Winpisinger, Epidemiologist
Ohio Department of Health
Zoonotic Disease Program
8955 E. Main Street
Reynoldsburg, OH 43068
Phone (614) 752-1029, Option 2
Fax (614) 728-1126

Bed bug information

The Zoonoses/Vector-borne Disease Program has a new bed bug Web site. **For information on bed bugs**, visit the site: http://www.odh.ohio.gov/odhPrograms/dis/zoonoses/vbdp/bedbug.aspx

National Immunization Awareness Month

August is recognized as National Immunization Awareness Month, a time to make an extra effort to increase awareness about immunizations across the life span, from infants to the elderly. August is the month when parents, students and immunization providers are preparing for the upcoming school year—as well as the upcoming influenza season. Communities are encouraged to plan health screenings, media events or other outreach efforts to promote the benefits of immunization.

For information and links to resources for outreach efforts, visit the U.S. Centers for Disease Control and Prevention's National Immunization Awareness Month Web page:
http://www.cdc.gov/vaccines/events/niam/default.htm

IDQ Announcements–Summer 2009

World AIDS Day / Leadership Conference —Nov. 16–17, 2009

The Ohio AIDS Coalition, in collaboration with the HIV CARE Services Section and the HIV/STD/AVH Prevention program of the Ohio Department of Health and the Pennsylvania/Mid-Atlantic AIDS Education & Training Center (AETC), is pleased to announce the first combined **World AIDS Day / Leadership Conference**.

The conference will be held Nov. 16–17, 2009, at the Ramada Plaza Hotel in Columbus. A pre-conference program for people living with HIV will be held on Sunday, Nov. 15.

The 2009 conference participants will include community activists, social workers, health care providers, mental health professionals and other HIV prevention and care professionals, as well as people living with HIV/AIDS. Multi-level education and training opportunities will be offered to target attendees with entry level to advanced knowledge and skills.

In general, workshops will focus on the following seven tracks concerning the prevention, care and treatment of HIV disease:

1. HIV/STD/Adult Hepatitis Prevention
2. HIV Medical Updates
3. Ryan White Program
4. Advocacy & Leadership Training
5. Mental Health
6. Harm Reduction & Substance Abuse
7. Program Quality Improvement & Development

- Continuing education credits will be offered.
- Registration information will be available soon.

Please direct questions to Kevin Sullivan at the Ohio AIDS Coalition:

1-800-226-5554 or sullivan@ohioaidscoalition.org

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