ANNUAL SUMMARY OF REPORTABLE DISEASES

5050



Delaware Public Health District

DISEASE CONTROL AND RESPONSE UNIT

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INTRODUCTION

The 2020 Annual Summary of Reportable Diseases represents an overview of the incidence of suspect, probable, and confirmed reportable disease within the jurisdiction of the Delaware Public Health District (DPHD). This report also includes annual highlights (diseases, outreach and outbreaks), the top 10 reported diseases, historical counts of reportable diseases, outbreaks, and disease trends.

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. The list of diseases reportable during the 2020 year is provided on the following page.

Data for this report was acquired through Nightingale Notes (electronic record system of DPHD) and the Ohio Disease Reporting System (ODRS).

*Due to the COVID-19 pandemic, data may not be representative of actual incidence. More information regarding how the pandemic may affect communicable disease data is described in the conclusions section of this report.

DELAWARE COUNTY DEMOGRAPHICS

Total Population*:	201,135
DPHD Jurisdiction Population:	189,436
Approx. Number of Households**:	74,243
Median Age**:	38.8
Percent of Population Below Poverty Level**:	4.8%

^{*}Based on 2019 census estimates: https://data.census.gov/cedsci/profile?g=0500000US39041

Portions of Delaware County are annexed to Columbus Public Health and Franklin County Public Health based on tax jurisdiction, including Dublin, Washington Township, Columbus, and Westerville. If a resident is diagnosed with a reportable disease in one of those jurisdictions, that case would not be included in Delaware Public Health District. When reporting out data, the Ohio Department of Health (ODH), includes the annexed portions of the county.



^{*}Estimate based off of Total Population

LIST OF REPORTABLE DISEASES 2020

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

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

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.

- Anthray
- · Botulism, foodborne
- Cholera
- · Diphtheria
- Influenza A novel virus
- Measles
- · Meningococcal disease
- Middle East Respiratory Syndrome (MERS)
- Plaque
- · 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

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.

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.

- · 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
- Cvclosporiasis
- · 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

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

NOTE:

Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV,

all CD4 T-lymphocyte counts and all tests used to diagnose HIV must be reported on forms and in a manner prescribed by the Director.



*COVID-19 falls under the Class A reportable disease, Influenza A- novel virus infection. COVID-19 was declared to be a reportable condition in a Director's Journal Entry on 01/23/20:

https://odh.ohio.gov/wps/wcm/connect/gov/d82ea367-a55a-4792-8c2d-f2743f08f8cc/DJE+2019+nCov+1-23-2020.pdf?MOD=AJPERES&CONVERT TO=url&CACHEID=ROOTWORKSPACE.Z18 M1HGGIK0N0JO00QO9DDDDM3000-d82ea367-a55a-4792-8c2d-f2743f08f8cc-m.CYwlc

2020 DISEASE HIGHLIGHT

COVID-19

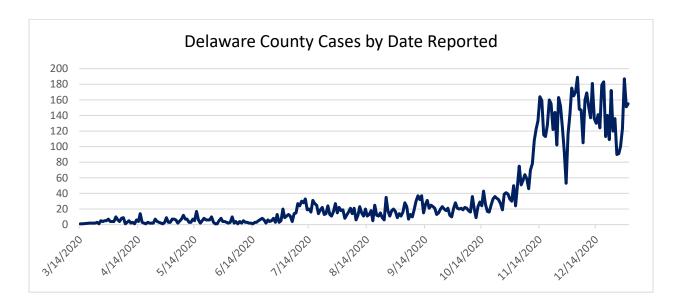
Coronavirus disease 2019 (COVID-19) is a viral respiratory illness caused by a new coronavirus. Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. COVID-19 was first identified in Wuhan, China, in December 2019. Although most people who have COVID-19 have mild symptoms, COVID-19 can also cause severe illness and even death. Some groups, including older adults and people who have certain underlying medical conditions, are at increased risk of severe illness. More information about COVID-19 can be found here: https://www.cdc.gov/coronavirus/2019-nCoV/index.html

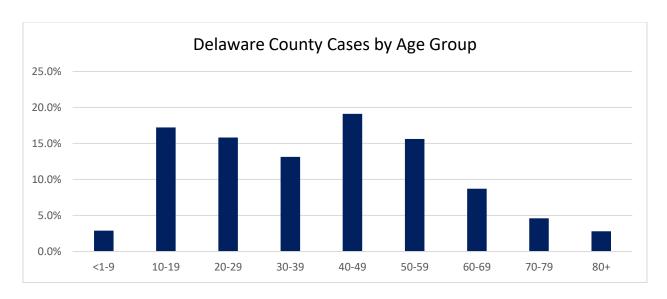
DATA AS OF 12/31/2020

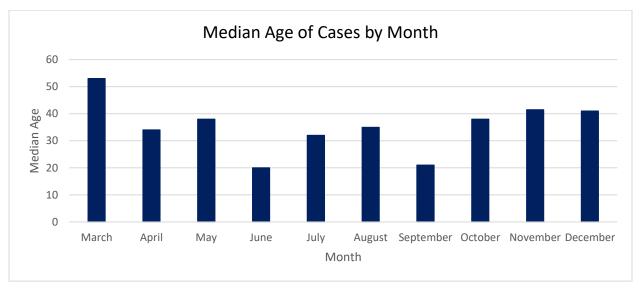
DELAWARE COUNTY	
Number of Cases*:	10,604
Hospitalizations (Total)	169
Deaths	61
Asymptomatic Cases	13%

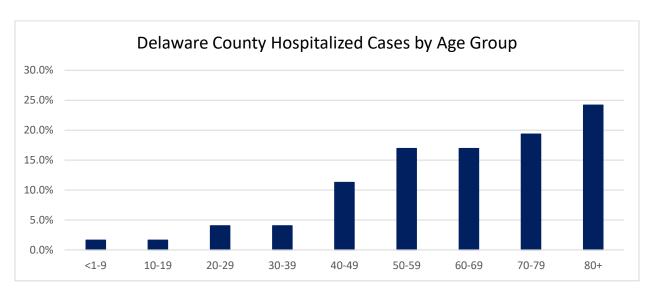
^{*}Suspect, probable and confirmed cases. There were 498 suspect cases. Suspect cases are not included in the data points below.

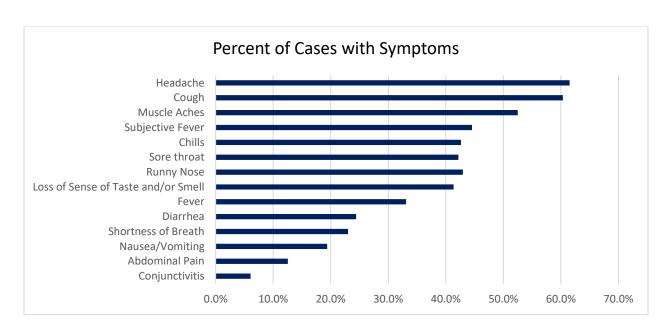
	DELAWARE COUNTY	ОНІО	
Median Age of Deceased Cases	82	80	
Median Age	40	42	
Sex	48% Male 52% Female	46% Male 53% Female	

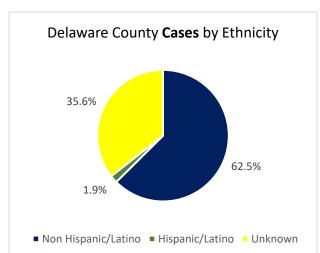


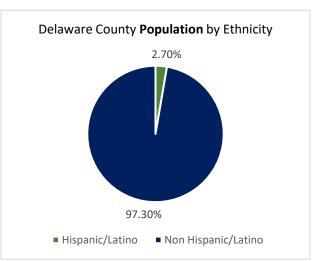


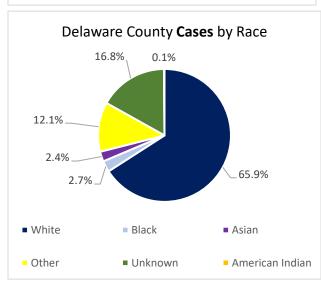


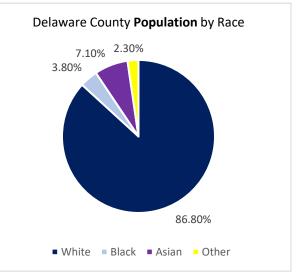




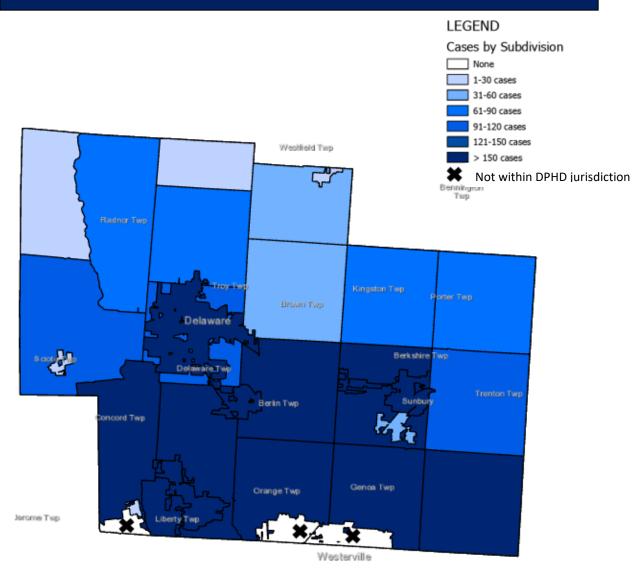








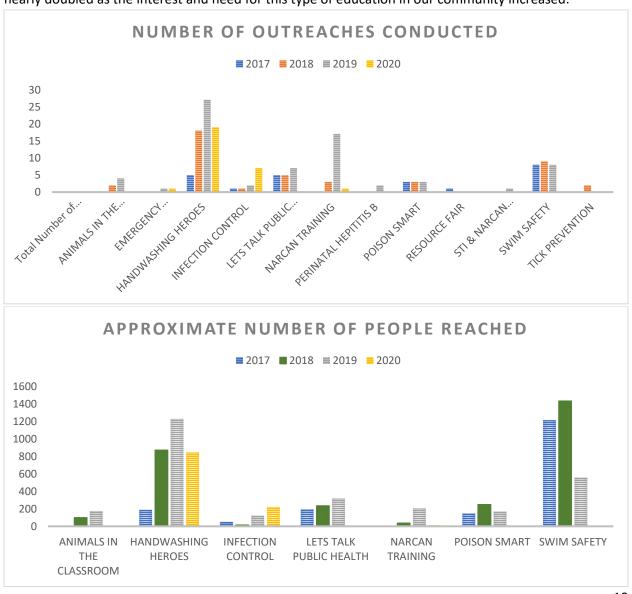
TOTAL PROBABLE AND CONFIRMED CASES BY SUBDIVISION



Additional COVID-19 county and state data can be found here: https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards

2020 DISEASE PREVENTION OUTREACH

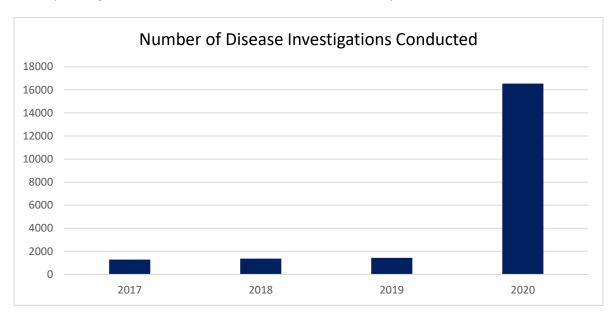
In 2020, the Disease Control and Response Unit conducted 28 outreach events reaching 1,076 people in order to reduce the incidence of communicable disease and promote healthy behaviors. All of these outreaches were conducted in just a short 3 months as in-person outreaches were suspended due to the pandemic. As a result, our outreach and education efforts concentrated on mass messaging via verbal and written education. The DPHD also increased fit-testing. N95 Respirator Fit Testing is part of the Respiratory test. Health care providers must receive training and pass the test to ensure the N95 is working properly on their faces. The DPHD had the ability to fit-test multiple agencies including long term care facilities and first responders. Additionally, the DPHD conducted Infection Control Assessment and Response Programs with 12 long-term care facilities. These assessments are intended to are used to systematically assess a healthcare facility's infection prevention and control (IPC) practices and guide quality improvement activities. Fit-testing and ICAR data re not included in the charts below. Over the last three years, outreach events have increased throughout the county. Our infection control outreach nearly doubled as the interest and need for this type of education in our community increased.



DELAWARE COUNTY 2020 REPORTABLE DISEASES

OVERVIEW

In 2020 the DPHD's Disease Control and Response Unit conducted 16,454* disease investigations (not including outbreak data), an increase of 1,048% from the number of investigations conducted in 2019. The increase in investigations between 2017-2019 may be due to a multitude of factors including; Delaware county population growth, better reporting, increases in disease/illness, and/or an increase in laboratory testing. The increase in 2020 was due to the COVID-19 pandemic.



The numbers of disease reports in this summary include all investigations that were classified as confirmed, probable or suspect. Numbers are subject to change due to jurisdiction changes and when reportable conditions are diagnosed and reported.

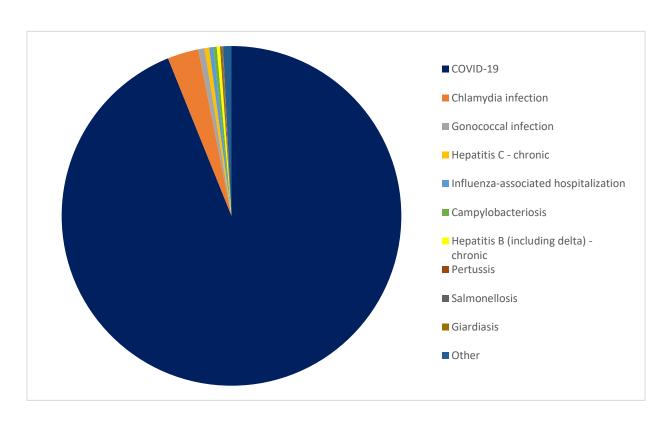
^{*}Number of investigations may be underreported in 2020 as charting/documentation is being carried over into 2021.

Top 10 Most Reported Diseases All Ages

Delaware County in 2020 (Only lists diseases designated as reportable in the State of Ohio)

Reportable Disease	Number of Cases	Percent*
COVID-19	10,604	93.93
Chlamydia	334	2.96
Gonococcal infection	68	0.6
Hepatitis-C Chronis	49	0.43
Influenza-Associated Hospitalization	45	0.4
Campylobacteriosis	36	0.32
Hepatitis B- chronic (non-perinatal)	36	0.32
Pertussis	11	0.1
Salmonellosis	11	0.1
Giardiasis	9	0.08
Other	86	.79

^{*}Percent is based on the total number of diseases reported for all ages



Top 10 Most Reported Diseases 0-14 years of age

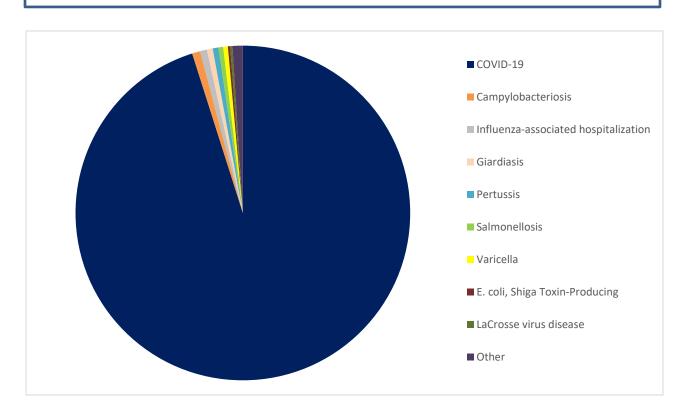
Delaware County in 2020

(Only lists diseases designated as reportable in the State of Ohio)

Reportable Disease	Number of Cases	Percent*
COVID-19	852	95.09
Campylobacteriosis	7	0.78
Influenza-associated hospitalization	6	0.67
Giardiasis	5	0.56
Pertussis	5	0.56
Salmonellosis	4	0.45
Varicella	4	0.45
E. coli, Shiga Toxin-Producing	2	0.22
LaCrosse virus disease	2	0.22
Other	9	.99

^{*}Percent is based on the total number of diseases reported in 0-14 year olds

Pertussis, Varicella, and influenza are all vaccine-preventable diseases



^{**}Cryptosporidiosis, Lyme Disease, Aseptic Meningitis, Shigellosis, Strep Group A, Strep Group B newborn, Streptococcus pneumoniae, congenital syphilis, and yersiniosis all had 1 case reported.

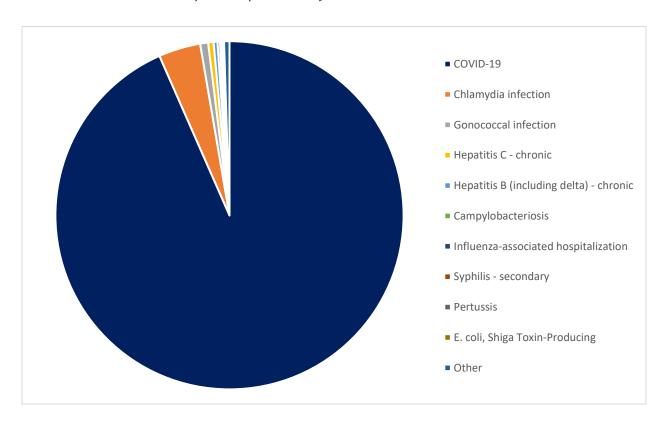
Top 10 Most Reported Diseases 15-59 years of age

Delaware County in 2020

(Only lists diseases designated as reportable in the State of Ohio)

Reportable Disease	Number of Cases	Percent*
COVID-19	7,999	93.39
Chlamydia infection	333	3.89
Gonococcal infection	63	0.74
Hepatitis C - chronic	43	0.5
Hepatitis B (including delta) - chronic	31	0.36
Campylobacteriosis	20	0.23
Influenza-associated hospitalization	14	0.16
Syphilis - secondary	7	0.08
Pertussis	6	0.07
E. coli, Shiga Toxin-Producing	5	0.06
Other	44	0.5

^{*}Percent is based on the total number of diseases reported in 15-59 year olds



Top 10 Most Reported Diseases 60+ years of age

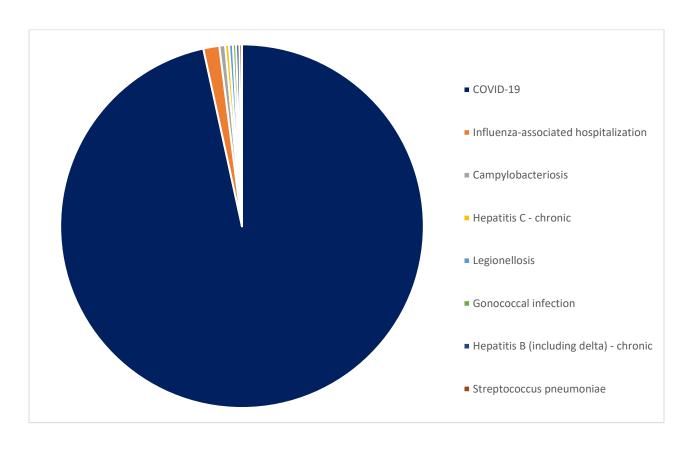
Delaware County in 2020

(Only lists diseases designated as reportable in the State of Ohio)

Reportable Disease	Number of Cases	Percent*
COVID-19	1,695	95.82
Influenza-associated hospitalization	25	1.41
Campylobacteriosis	9	0.51
Hepatitis C - chronic	6	0.34
Legionellosis	6	0.34
Gonococcal infection	5	0.28
Hepatitis B (including delta) - chronic	5	0.28
Streptococcus pneumoniae	4	0.23
Other**	4	0.23

^{*}Percent is based on the total number of diseases reported in 60+ year olds

^{**} Salmonellosis, Shigellosis, Strep Group A, and Yersiniosis all had two cases reported . CP-CRE, Cyclosporasis, Haemophilus influenzae, Listeriosis, lyme disease, Rickettsiosis all had one case reported (tied for 9th/10th spot).



REPORTABLE DISEASE COUNTS 2016-2020

ENTERIC DISEASES							
Reportable disease 2016 2017 2018 2019 20							
Campylobacteriosis	27	20	38	31	36		
Cryptosporidiosis	150	6	12	13	3		
Cyclosporiasis	0	0	6	18	7		
E. coli, Shiga toxin-producing	7	16	13	17	7		
Giardiasis	11	8	9	12	9		
Salmonellosis	25	19	25	28	11		
Salmonella Typhi	-	-	-	1	0		
Shigellosis	11	1	2	5	5		
Typhoid fever	0	5	0	0	0		
Vibriosis (not cholera)	0	2	0	1	2		
Yersiniosis	1	5	1	4	3		
TOTAL	232	82	106	130	83		

HEPATITIS					
Reportable disease	2016	2017	2018	2019	2020
Hepatitis A	0	0	5	12	2
Hepatitis B, Perinatal	0	0	3	2	0
Hepatitis B Non-Perinatal	36	17	21	30	36
Hepatitis C Perinatal	-	-	1	1	0
Hepatitis C Non-Perinatal	98	106	87	58	49
TOTAL	130	123	117	103	87

SEXUALLY TRANSMITTED INFECTIONS							
Reportable disease 2016 2017 2018 2019 2020							
Chlamydia infection	363	381	367	396	334		
Gonococcal infection	72	77	83	80	68		
Syphilis	8	14	17	14	13		
TOTAL	443	472	467	490	415		

HIV/AIDS information can be found at ODH HIV/AIDS Surveillance Data

TUBERCULOSIS							
Reportable disease 2016 2017 2018 2019 2020							
Tuberculosis 1 2 2 2 0							

VACCINE PREVENTABLE						
Reportable disease	2016	2017	2018	2019	2020	
Haemophilis influenza	0	0	2	1	1	
Influenza-associated hospitalization	22	84	94	73	45	
Influenza-associated pediatric deaths	0	0	0	0	0	
Measles	0	0	0	1	0	

VACCINE PREVENTABLE DISEASE CONT'D	2016	2017	2018	2019	2020
Meningococcal disease	0	0	0	0	0
Mumps	1	1	0	1	1
Pertussis	51	36	22	115	11
Strep pneumoniae, invasive	11	12	15	10	6
Varicella	19	25	14	4	4
TOTAL	104	158	147	205	68

VECTOR-BORNE					
Reportable disease	2016	2017	2018	2019	2020
Anaplasmosis	0	0	0	1	0
Babesiosis	0	0	0	2	0
Chikungunya	0	0	0	1	0
LaCrosse virus	0	1	0	0	2
Lyme disease	2	10	11	15	6
Malaria	0	1	1	0	0
Rocky Mountain Spotted Fever	0	1	0	0	0
St Louis encephalitis	0	0	1	0	0
West Nile	0	0	0	0	0
Zika	1	0	0	0	0
Other Artropod	-	-	-	1	0
TOTAL	3	13	13	17	8

OTHER REPORTABLE CONDITIONS						
Reportable Disease	2016	2017	2018	2019	2020	
Botulism – infant	0	0	0	0	0	
Brucellosis	0	0	0	1	0	
Coccidioidomycosis	1	5	1	1	2	
COVID-19	-	-	-	_	10,604	
CP-CRE*	-	-	1	1	2	
Hemolytic Uremic Syndrome (HUS)	1	0	0	0	0	
Legionellosis - Legionnaires' Disease	3	6	16	12	8	
Leptospirosis	0	0	0	0	0	
Listeriosis		0	1	0	0	
Meningitis (aseptic/viral)		5	7	6	4	
Meningitis (bacterial)	2	1	1	0	0	
Streptococcal - Group A -invasive	6	7	5	11	7	
Streptococcal - Group B - in newborn	0	2	0	1	1	
Streptococcal Toxic Shock Syndrome (STSS)	0	0	0	0	0	
Tularemia		0	1	0	0	
TOTAL	15	26	33	33	10,628	

⁻ Indicates that disease was not reportable during coinciding year *Carbapenemase-producing carbapenem-resistant Enterobacteriaceae

REPORTABLE DISEASES: 0 CASES IN DELAWARE COUNTY 2020

Amebiasis Poliomyelitis

Anthrax Powassan virus disease

Botulism- foodborne Psittacosis
Botulism- wound or infant Q fever

Candida Auris Rabies (human)
Chancroid Rubella (congenital)

Chikungunya Rubella (not congenital)
Cholera Salmonella Paratyphi

Creutzfeldt-Jakob disease Severe acute respiratory syndrome (SARS)

Dengue Smallpox

Diphtheria Spotted fever rickettsiosis

Eastern equine encephalitis St Louis Encephalitis

Ehrlichiosis/anaplasmosis Staphylococcus aureus (with resistance or Hantavirus intermediate resistance to vancomycin)

Hemolytic uremic syndrome Streptococcal toxic shock syndrome

Hepatitis B, Perinatal Tetanus

Tetanus

Hepatitis C, Perinatal Toxic shock syndrome
Hepatitis D (delta hepatitis) Trichinellosis

Hepatitis E Tuberculosis

Influenza - associated pediatric mortality Tularemia

LaCrosse virus Typhoid fever

Leprosy (Hansen's disease)

Viral hemorrhagic fevers

Leptospirosis

West Nile virus infection

Malaria Western equine encephalitis virus

Meningitis (bacterial)

Yellow fever

Meningococcal disease

Zika virus

Middle East respiratory syndrome (MERS)

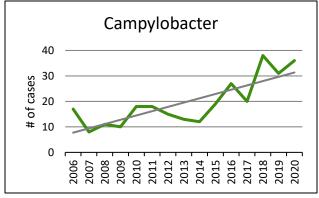
Plague

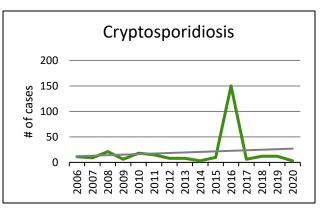
2020 DISEASE TRENDS

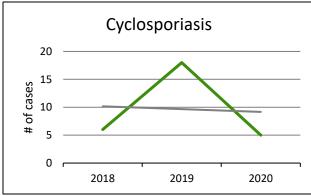
The following graphs show selected reportable diseases that have been positively or negatively trending over the past several years.

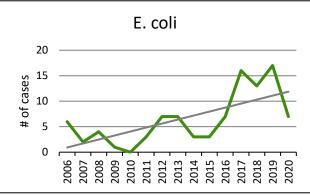
ENTERIC DISEASES

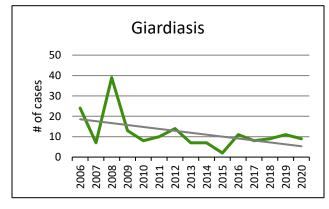
*Some reportable diseases may not be included as they have been reportable for less than 3 years or if there was insufficient data to indicate a trend.

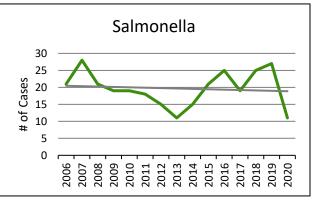


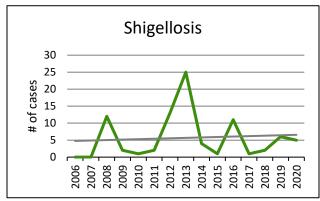


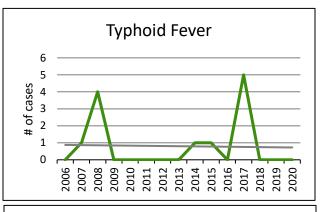


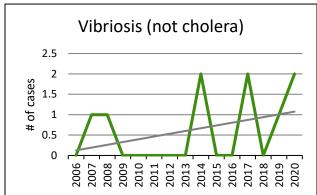


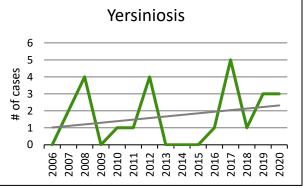




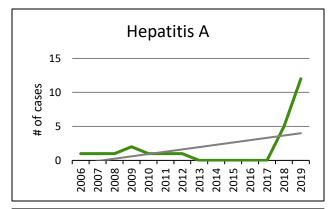


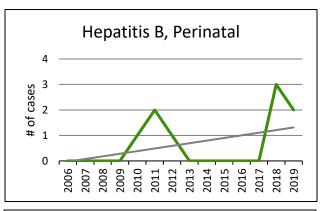


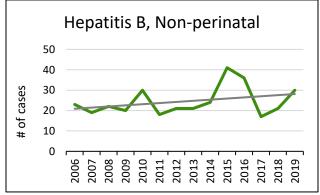


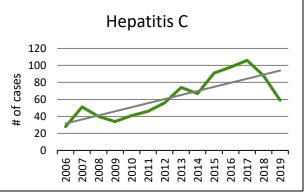


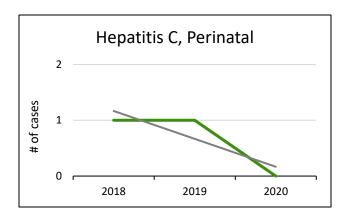
HEPATITIS DISEASES



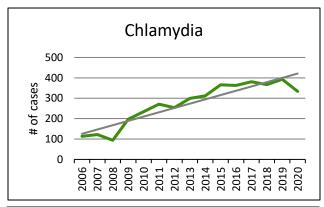


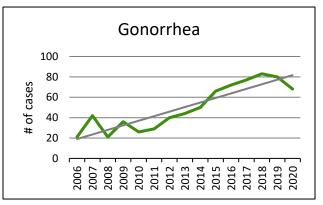


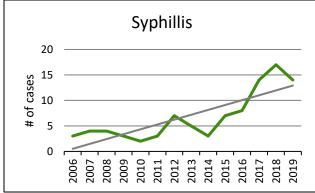


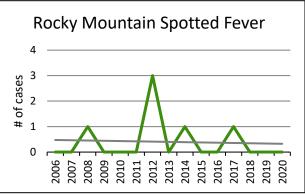


SEXUALLY TRANSMITTED DISEASES

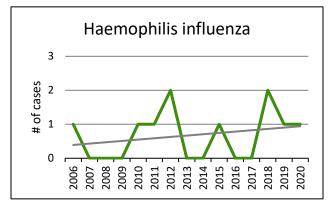


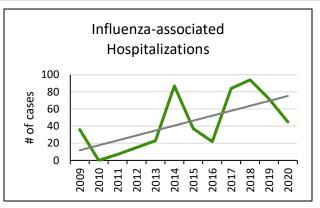


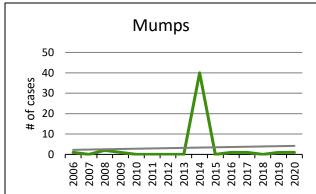


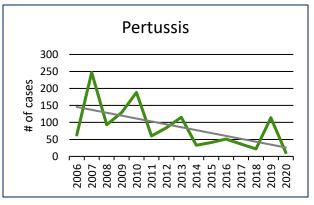


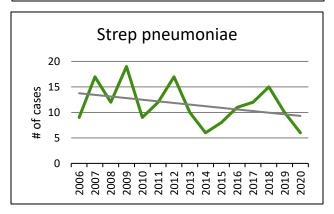
VACCINE PREVENTABLE DISEASES

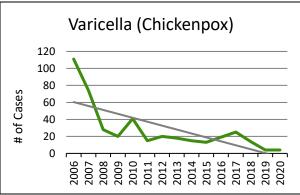




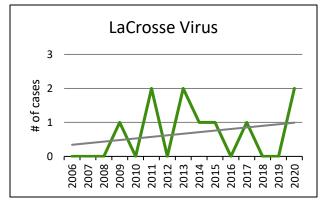


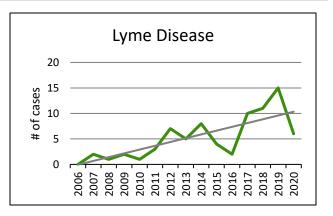


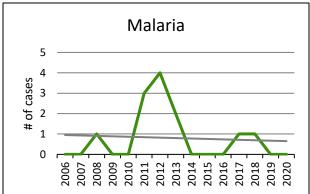




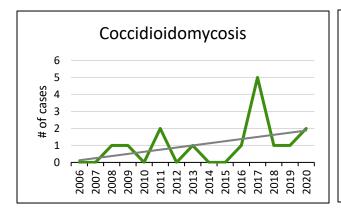
VECTOR-BORNE DISEASES

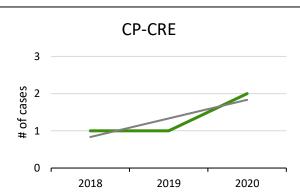


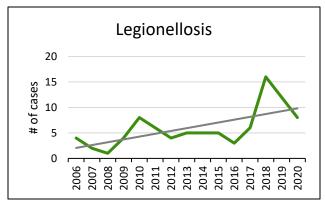


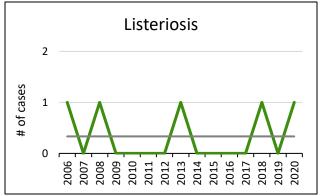


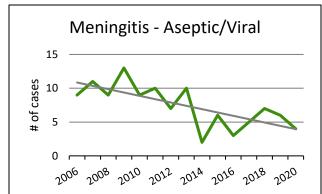
OTHER DISEASE TRENDS

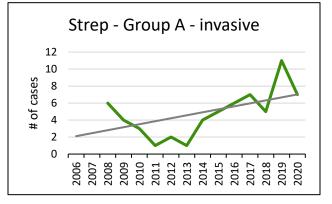


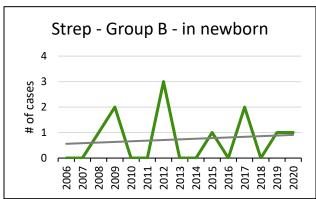












2020 OUTBREAKS

The DPHD routinely conducts follow up on reported illnesses. An outbreak is determined based on circumstances and the agent involved or suspected to be involved. Only one case of a 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. If an outbreak is determined, the DPHD initiates an outbreak investigation to confirm the agent (if possible), collect information to better define the outbreak and recommend prevention/control measures. The DPHD investigated 51 outbreaks in 2020, this is a 168% increase from 2019. Suspect, probable, and confirmed outbreaks are included in the data below. If the outbreak occurred in Delaware County, all individuals linked to the outbreak are reflected in the 'Number of people ill' column below- even if an individual does not reside in Delaware County.

YEAR	2016	2017	2018	2019	2020
NUMBER OF					
OUTBREAKS	9	16	22	19	51
INVESTIGATED					

2020 Outbreak type	Agent	Number of people ill*
	Unknown	12
Gastrointestinal	Unknown	8
	Norovirus	2
Vaccine-Preventable	Varicella	2
	COVID-19	4
	COVID-19	4
	COVID-19	2
	COVID-19	12
	COVID-19	3
	COVID-19	5
	COVID-19	25
	COVID-19	17
Respiratory	COVID-19	20
	COVID-19	46
	COVID-19	6
	COVID-19	7
	COVID-19	3
	COVID-19	4
	COVID-19	52
	COVID-19	7
	COVID-19	5

	COVID-19	23
	COVID-19	4
	COVID-19	19
	COVID-19	5
	COVID-19	2
	COVID-19	2
	COVID-19	9
	COVID-19	9
	COVID-19	33
	COVID-19	4
	COVID-19	3
	COVID-19	3
	COVID-19	3
	COVID-19	40
	COVID-19	6
	COVID-19	10
	COVID-19	9
	COVID-19	12
	COVID-19	4
	COVID-19	5
	COVID-19	6
	COVID-19	6
	COVID-19	20
	COVID-19	3
	COVID-19	26
	COVID-19	6
	COVID-19	12
	Influenza	14
*NIl	Influenza	24

^{*}Number of people ill are subject to change as some outbreaks have carried over into 2021 or have pending information.

^{**}The number of COVID-19 outbreaks may be underreported due to wide community spread making smaller outbreaks undetectable.

CONCLUSIONS

This report serves to describe communicable disease data and trends from 2020. The data from this report is used to drive future communicable disease investigations, planning of resources, policy development, training, and education. The number of disease investigations has increased over the past 5 years. This increase may be due to a multitude of factors including; Delaware county population growth, better reporting, increases in disease/illness, and/or an increase in laboratory testing. To accommodate for this increase, the Disease Control and Response Unit added an additional epidemiologist to the team in 2019 and expanded outreach efforts to better protect the health of the community.

In response to the COVID-19 pandemic, the Delaware Public Health District initiated an Incident Command Structure (ICS). The Disease Control and Response Unit trained additional staff to assist with investigations and response, growing the team of 5 to approximately 51 staff to assist as needed throughout 2020. External staff was also hired and volunteers were recruited to assist in investigation and response. The COVID-19 pandemic has consequentially affected incidence and reporting for other communicable disease conditions. More research on how COVID-19 has impacted the field of infectious disease is needed to better understand the cause of certain increases and decreases in disease. It is important to note that correlation does not mean causation.

In 2020,

- Sexually Transmitted Infections, which have been trending up over the past 5 five years, decreased 9.27% when compared to the five year average.
- Enteric Diseases decreased 34.44% when compared to the five year average.
- Hepatitis infections decreased 22.35% when compared to the five-year average.
- Vaccine-preventable diseases decreased 50.15% when compared to the five-year average.

Due to the pandemic, individuals may have been less likely to seek medical care for non-COVID conditions. The pandemic has also indirectly triggered a marked decrease in patient demand for non-COVID-19-related care. While adherence to stay-at-home orders and social distancing guidelines have partly motivated this decrease, fear of contracting COVID-19 in health care settings is an important and pervasive factor. 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. Another factor to consider is the pandemic has induced widespread unemployment, loss of employer-sponsored insurance coverage, and income reductions, exacerbating concerns over the affordability of care. In addition, more individuals may have stayed home more often leading to less exposure to disease out in the community. Closing of restaurants, schools, daycares, and other mass gatherings could have contributed to this decrease in certain diseases. Furthermore, increased use of masks and other PPE, an increase in number of people working from home, and social distancing may have contributed to decrease in non-COVID diseases.

COVID-19 was the top reported disease across all age groups. Reported COVID-19 outbreaks occurred in a wide variety of settings such as; long-term care facilities, athletic teams, restaurants, workplaces, and daycares.