



STARK COUNTY HEALTH DEPARTMENT

2013 Annual Report



Health Commissioner's Report



Kirkland K. Norris
Health Commissioner

What an extremely productive year it has been for the Stark County Combined General Health District. We have worked collaboratively throughout the district and have worked on enhancing existing partnerships while cultivating new relationships along the way. We have, as a community, accomplished a great deal and are working towards the accomplishment of many high value projects.

- The Community Health Improvement Plan is in its first year of implementation and we are beginning evaluation of the plan's progress towards its goals and objectives to ensure a healthier Stark County.
- The Health Department's first Strategic Plan was approved by the Board of Health in September of 2013 and together, with the input of the townships, cities, and villages, we identified four main strategic priorities. Those priorities being – Sustainability of Services/Staff, Health Promotion/Prevention/Educational Services, Enhanced Partnerships, and Upgraded Technology.
- Due to State and Federal cutbacks the department has implemented innovative strategies to ensure that essential services are maintained and that quality service is not compromised.
- The department is actively working towards Public Health Accreditation in accordance with the State's requirement that was enacted in 2012. The State of Ohio is requiring all health departments to apply for accreditation by 2018 and become accredited by 2020.

Leading Causes of Death 2013

Cancer	429
Diseases of the Heart	397
Alzheimer's Disease	225
Chronic Lower Respiratory	163
Cerebrovascular Disease	144
Diseases of the Kidney	68
Influenza and Pneumonia	53
Accidents (Unintentional Injuries)	46
Septicemia	41
Suicide	30
Diabetes	16
Other	142
TOTAL	1,754

The health department also saw the retirements of two exceptionally devoted directors. Emily Caniford, Director of Administration and Support Services, and Lynn McCoy, Director of Nursing, retired from the department in 2013. Emily and Lynn served the citizens of Stark County for 30 and 25 years, respectively. A very heartfelt thank you goes out to both of them for their dedication to public health. Their experience, knowledge, and dedication will be missed.

I want to thank all of you for your continued support of the Stark County Health Department. The health of our community is our number one priority and the dedicated health professionals of the Stark County Health Department are working hard to assure a healthier and safer Stark County.

Respectfully Submitted,
Kirkland K. Norris, Health Commissioner

THE ROAD TO PUBLIC HEALTH ACCREDITATION

The Stark County Health Department initiated the process of public health accreditation in 2013. Accreditation is based on standards that health departments can put into practice to ensure continuously improving services for the community. Departments can obtain accreditation through the Public Health Accreditation Board (PHAB) which is the national accrediting organization for public health departments.

Our department is committed to becoming Accredited and have assigned a team consisting of representatives from each Division and every professional level. There are a number of benefits of Accreditation that should result in a more energized staff and enhanced management, an increased understanding of public health, and strengthened relationships with the community. The first steps in the accreditation process have already been completed. They include three prerequisites: 1) Community Health Assessment; 2) Community Health Improvement Plan; and 3) Department Strategic Plan. The next steps will include submitting our application to PHAB and developing Quality Improvement and Workforce Development Plans for the department.

While this endeavor may be challenging, the results of our efforts will include improving the quality of our department and enhancing the skills of our workforce, in addition to increased opportunities for funding. The Board, management and staff are excited to begin this process and look forward to traveling the road to Accreditation!

The Affordable Care Act (ACA) & PUBLIC HEALTH

The passage of the Affordable Care Act (ACA) has changed a number of rules in healthcare and left much of the public and public health officials confused about what to do. As insurers enter the marketplace and citizens become insured, public health will need to continually monitor and evaluate community services and resources. While the ACA added confusion and stress for public health officials in the short term, it brings with it needed new provisions that in the long term will potentially increase public health funding. This potential increase in public health funding starts with the newly established Prevention and Public Health Fund.

Four main objectives of the Prevention and Public Health Fund are:

- Clinical Prevention
- Community Prevention
- Public Health Workforce and Infrastructure including Accreditation
- Environmental Research and Disease Tracking

Additionally with the ACA comes the expansion of Medicaid which opens up increased opportunities for public health to bill for some of its previously unfunded services. The expanded Medicaid program should also increase the number of residents eligible to receive W.I.C. (Women, Infants, and Children) and help more women have access to healthcare before, during, and after pregnancy leading to healthier mothers and babies.

Included in this process is the need to in 2014, implement electronic health records (EHR) which is forecasted to open up more public health revenue through enhanced practice management. Ultimately, the changes that come with the ACA will be a good thing for public health and the Stark County community, more people in Stark County will be receiving the medical care they need.

STARK COUNTY'S Institute for Equity in Birth Outcomes

More than 1,000 Ohio babies die before their first birthday every year and the deaths aren't equal across races: black babies are dying twice as often as white babies in our State. Ohio's overall infant mortality rate puts the state as 47th worst in the country. Even direr, Stark County ranks as one of the worst urban communities in the State both in terms of overall infant mortality and in the disparity in infant mortality. On average, for every 5 white infant deaths in Stark County there are 13 black infant deaths. This is unacceptable! In 2013, Stark County was one of nine Ohio communities who joined together with the Ohio Department of Health and CityMatCH, the national organization of urban maternal and child health leaders, to form the Ohio Institute for Equity in Birth Outcomes (Ohio Equity Institute). The Ohio Equity Institute is an initiative designed by CityMatCH to strengthen the scientific focus and evidence base for realizing equity in birth outcomes. The Institute is a data-driven, high-visibility movement occurring during a three-year span, upon which public health, hospitals, and others making up the Stark County community participate in and receive training through face-to-face Equity Institute Trainings, conference calls and webinars, online curriculum components, mentoring relationships with experts, and technical assistance to support us as we create a broad based community coalition and equity project in Stark County. The Stark County coalition named T.H.R.I.V.E. (Toward a Healthier Resiliency for Infant Vitality and Equity) seeks to both decrease the infant mortality rate in Stark County and to decrease the disparity in birth outcomes seen between white and black infants. The project, conducted over a three year period will:

- Identify and convene a coalition of public health, health, and community leaders committed to addressing the issue of infant mortality in our community.
- Receive advanced training on the intermediate and root causes of infant mortality with the added emphasis that race and racism adds to these causes in our community.
- Study in a very detailed manner the risk factors that are unique to our community that contribute to our infant mortality problem.
- Work closely with other Ohio Health Equity Institute members to develop strategies that are unique and targeted or the specific needs of our community.
- Work with community groups to apply these evidence based strategies and tactics and measure the intermediate outcomes of these activities.
- Reduce the infant mortality rate in Stark County to 7 per 1,000 live births and reduce the disparity in birth outcomes by race by 20% over current levels.



Beginning in just July of 2013, stay tuned for more information as this important project gets underway in our community!

Division Directors



Kay Conley
Director of Administration & Support Services



Paul DePasquale
Director of Environmental Health



Sherry Smith
Director of Nursing

STARK COUNTY YOUTH NUTRITION

Stark County is working to reduce youth obesity by increasing access to healthy foods and implementing nutritional programming through Live Well Stark County, the Stark County Health Department and the Ohio State Extension Program.

Live Well Stark County is a group of community leaders working together to make Stark County healthier by promoting policy and environmental changes aimed at reducing the incidence of obesity and obesity-related diseases. Live Well Stark County is addressing youth obesity through funding, provided by the Sisters of Charity Foundation, to create community gardens within or near food deserts. Green Alliance, Beech Creek Botanical Gardens and Nature Preserve, Lighthouse Ministries of Canton, People Building Community and JR Coleman were the five organizations awarded community garden grants in 2013. All five locations were required to provide access to healthier foods for low-income families with children and offer a nutritional education program for children.

The Stark County Health Department is implementing the My Plate Program in its effort to address youth obesity. The My Plate Program is a fun, interactive way for children to learn about nutrition and physical activity. The curriculum consists of three age-appropriate lessons designed to integrate nutrition with several school subjects including: math, language and art. The program teaches 1st, 3rd and 5th grade students how to build a healthy, nutritionally balanced plate and increase their fruit and vegetable intake. The Health Department has been offering My Plate in Stark County for the past three years. The first year My Plate was implemented in just three school districts, reaching approximately 900 students. Now, in its third year, the program is active in nine school districts and reaches approximately 1,800 students.

The Ohio State Extension Program is also addressing youth obesity through their Expanded Food and Nutrition Education Program (EFNEP) to youth K-12 in schools and community settings. EFNEP is a series of six evidence based educational lessons that cover basic nutrition, food safety, increasing physical activity and resource management. This program teaches youth the importance of the 5 food groups, increasing vegetables and fruit, drinking low-fat milk instead of sugary drinks, eating breakfast and making healthier food choices. EFNEP is free to the participants and to sponsoring schools/groups. The youth nutritional program started in August 2013 and has reached over 50 youth so far this school year. Stark County is only one of five counties that was selected to offer this youth nutrition education program.

Through the collaborative efforts of Live Well Stark County, the Stark County Health Department and the Ohio State Extension Program thousands of Stark County youth are becoming healthier each year.



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New Environmental Health Division Software

The Environmental Division has been involved in the Ohio Department of Health's (ODH) new venture into buying environmental health software. ODH contracted the design of the software to a company called Health Space. ODH also purchased 500 user licenses from Health Space Software for the first five years for state and local health department use. The software will be an improvement over current software, as it is web-based and very robust in its abilities. The Environmental Division has priced various software packages to replace our current software in the past, but costs have been prohibitive. Health Space Software design and license fees are paid for by the Ohio Department of Health, and is the most cost effective way to advance the Stark County Health Department into a web-based and robust database system.

On May 20, 2013, the first phase of training our staff was completed for new environmental health

HEALTHSPACE
HARMONIZED INTELLIGENCE

software. Three staff members attended the four day training at the Ohio Department of Health to learn system functionality and administration. For example, when administering the software, Health Space uses a Primary Administrative Contact (PAC) as the primary point of contact between their company and the local health department to streamline the flow of information and to report system problems and the training provided critical education for our Department PAC.

The software goes live in 2014, making the food, campground, swimming pool, and complaint modules operable. Currently, we continue to work with ODH on the Local Health Department Stakeholders Group that guide, review and affirm business requirements for operation of the system. The 2014 Stakeholder Group is reviewing the following program modules: Rabies, School Environmental Health, Tattoo/Body Piercing, Resident Camps and Private Water Systems.

UPDATING OHIO'S SEWAGE RULES: A WIN FOR OHIO HOMEOWNERS

State minimum rules for sewage treatment system construction and operation were adopted in 1977. In 2007, new state rules became effective, but were rescinded six months later due to significant opposition. In 1994 Stark County adopted more stringent rules than the state minimum; these rules were revised in 2007, when the state rules were rescinded. Since 2010 the state has been working on reestablishing a set of rules that could reach consensus among the varied stakeholders and local health departments, as well as the general public. It is expected that the new state rules will become effective in 2014.

As with anything new, there are many homeowners across the state who fear the rule update. Below are some facts to dispel some of the common fears:

- The rules do not require that all systems be upgraded. State law specifically states that all existing systems are deemed approved until they fail (causing a public health nuisance) and cannot be repaired.
- The draft rules carefully balance the protection of public health and safety from sewage related diseases with system cost using basic, proven designs in addition to new, innovative technologies. The rules provide a wide range of system choices for building new homes and installing replacement systems on different lot sizes, with different soils and topography.
- Lower cost, low maintenance systems, such as septic tanks to leaching trenches that use the natural soils for treatment are the preferred design and will continue to be the primary system installed in Ohio.
- New technologies are available for use where the soils present greater challenges for sewage treatment or where lot sizes are smaller.
- The rules promote proper system maintenance, ensuring systems are sustainable for many years.

Ultimately, the goal of the proposed rules is to provide a wide range of sewage system choices and technologies for new or replacement sewage systems that provide safe and sustainable treatment in the diverse soils and geology of the state. This promotes healthy communities and safe development in suburban and rural areas not served by public sewers. During the first draft rule comment period, the Ohio Department of Health received more than 2,000 comments. Many of these suggestions were incorporated into the current draft of the rules. At the writing of this article, many more suggestions were being added from the second comment period. The rules are slated to become effective in April or May of 2014. For more information, log onto www.odh.ohio.gov/HomeSewageRules.

MEMORANDUM OF UNDERSTANDING REACHED ON EXIT C&D LANDFILL



It has been a little over ten years since the former Exit C&D Landfill has been capped. Since then, there have been some significant changes. When "Exit C&D" became a defunct company, a series of Sheriff and Auditor's auctions occurred. Due to the assumed responsibility of the site, the property has not sold. As a result, the State of Ohio assumed ownership of the facility and property by default.

Since the property has been closed, there are several issues that need continual attention. The amount of leachate that is being generated at the site needs to be addressed regularly in order to prevent a release or affect neighboring properties. Additionally, the vegetative cap is mowed periodically and erosion rills corrected as needed to protect the integrity of the cap. In addition to the cost of cap maintenance, electricity is needed to power the five pumps that operate the leachate system. The final cost component is the regular equipment replacement or repairs to the leachate collection system.

During the past several years, the Stark County Health Department had entered into a grant with the Ohio EPA to secure funding to maintain and monitor site conditions at the former construction and demolition debris disposal facility. Eventually the funding mechanism had been exhausted. Coincidentally, the landfill is located in the geographical area targeted by the oil and gas companies looking to Frack the Utica Shales. Due to the fact that the State of Ohio is the property owner, the state is therefore, entitled to the mineral rights of the property. The royalties from the mineral rights have been designated to continue the operation and maintenance of the site.

In an effort to maintain the site's environmental controls, a Memorandum Of Understanding (MOU) was established between the Ohio EPA and the Stark County Health Department. The MOU establishes roles for the Stark County Health Department, and designates the royalty money acquired for maintenance and monitoring. This collective effort replaces the need for a grant and provides a well needed resource to maintain the site.

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2013 INSPECTIONS BREAKDOWN

The number of property transfer inspections that have been conducted over the past six years has increased, but our overall failure rate has remained about the same. Table 1 shows that individual township failure rates differ; this

Township	Total Inspections	Total Failure		Gray Water		Recommended Minor Corrections	
		Count	Percentage	Count	Percentage	Count	Percentage
Bethlehem	14	3	21%	3	21%	4	29%
Canton	45	8	18%	6	13%	8	18%
Jackson	85	10	12%	3	4%	25	29%
Lake	147	20	14%	11	7%	56	38%
Lawrence	74	12	16%	4	5%	25	34%
Lexington	28	7	25%	4	14%	4	14%
Marlboro	33	7	21%	4	12%	9	27%
Nimishillen	61	9	15%	8	13%	10	16%
Osnaburg	34	9	26%	4	12%	8	24%
Paris	37	8	22%	1	3%	12	32%
Perry	22	2	9%	4	18%	5	23%
Pike	26	8	31%	2	8%	4	15%
Plain	81	10	12%	10	12%	28	35%
Sandy	8	1	13%	0	0%	0	0%
Sugarcreek	32	5	16%	3	9%	3	9%
Tuscarawas	39	12	31%	2	5%	5	13%
Washington	37	12	32%	8	22%	2	5%
TOTALS	803	143	18%	77	10%	208	26%

is primary due to two factors: housing (system) age and soil type. All older systems are not required to be replaced simply because they are "old," but if they are causing a public health nuisances, which is defined by Ohio Revised Code 3718.011 (A) & (B). Public health nuisances include: missing system components, surfacing sewage, pipe blockage, and poor effluent quality for discharging systems. Recall that inspections are conducted both by the Health Department and registered service providers. All inspections are submitted to the Health Department for review and a certificate is issued stating recommended or required corrections.

Year	2008	2009	2010	2011	2012	2013
Count	593	739	471	583	694	803

Stark County Health Department Strategic Plan for 2014-2018

The Stark County Health Department initiated a strategic planning process in the spring and summer of 2013. This process was an important initiative that established a unified vision for the health department's future and aligns with the priority areas identified in the Community Health Improvement Plan (CHIP). Staff, Board members and key stakeholders representing the political subdivisions were asked to participate in a survey, which identified key issues, concerns, and priorities, that was used as a framework for two (2), half-day planning sessions.

The main items included in the Strategic Plan document include a revised agency Mission, the development of a Vision Statement, and identification of five (5) Organizational Values. A Strength, Weakness, Opportunities & Challenges (SWOC) analysis was completed and four (4) strategic priorities were identified including the development of goals and strategies for each area. The priorities are:

- Sustainability of Services/Staff
- Health promotion/prevention/educational services
- Enhanced Partnerships
- Upgraded Technology

The Department is looking forward to making progress in these priority areas during the next five years and sustaining and improving public health services for the community. The Strategic Plan can be found at www.starkhealth.org

STARK COUNTY HEALTH DEPARTMENT MISSION:

"Our mission is to assess, protect, promote, and improve the health of Stark County through leadership, quality service, and community partnerships."

VISION

"Public Health Excellence"

ORGANIZATIONAL VALUES

A customer & community focus • Continuous improvement
Accountability • Integrity • Dedication

Reportable Infectious Disease Summary

DISEASE	2013	2012	DISEASE	2013	2012
Anaplasmosis	1	0	Listeriosis	1	1
Brucellosis	0	1	Lyme Disease	12	11
Campylobacteriosis	45	32	Meningitis – Aseptic/Viral	14	20
Chlamydia	524	563	Meningitis – Bacterial (Not N. Meningitidis)	3	1
Coccidioidomycosis	0	1	Mumps	0	1
Cryptosporidiosis	17	28	Mycobacterium Other Than TB	8	16
Dengue	0	1	Pertussis	11	10
E. Coli 0157:H7	1	2	Q Fever-Acute	2	0
E. Coli (unknown serotype)	0	1	Salmonellosis	27	31
Giardiasis	25	31	Shigellosis	25	2
Gonorrhea	151	177	Streptococcal – Group A Invasive	9	13
Haemophilus Influenza Bacteremia	2	6	Streptococcal-Group B Newborn	1	1
Hepatitis A - Acute	7	4	Streptococcal Toxic Shock Syndrome (STSS)	3	1
Hepatitis B – Acute	4	2	Streptococcal – Invasive Pneumoniae	34	45
Hepatitis B – Chronic	14	23	Tuberculosis	0	1
Hepatitis C - Acute	1	1	Typhoid Fever	0	1
Hepatitis C - Chronic	98	97	Typhus Fever	1	0
Influenza-associated Hospitalization	184	90	Varicella	17	22
Influenza-associated Pediatric Mortality	1	0	Yersiniosis	0	2
LaCrosse Virus Disease	0	1			
Legionellosis	15	10			

*This report includes confirmed, probable, and suspect cases reported 01/01/2013 – 12/31/2013.

2012 Communicable diseases (also known as infectious diseases) are caused by microorganisms, such as bacteria and viruses. A person can contract a communicable disease from an infected person, an infected animal, and/or another infected source such as water or food. Stark County Health Department communicable disease staff keeps track of the number of persons infected by different communicable diseases throughout the year. They also conduct follow-up investigations on all reported diseases by collecting demographic and clinical information, as well as exposures to potential sources of disease. By collecting this data, we are able to determine potential sources of disease, quickly implement control measures, detect trends and outbreaks, and create targeted policies and programs to protect or improve the health of the community. This annual summary represents the 2013 communicable disease data required by Ohio law to be reported to state and local health departments. Only selected communicable diseases determined to be of public health importance are reportable therefore this summary does not reflect all communicable disease in our community. Additionally, the summary represents only cases of disease for residents of Stark County Health Department jurisdiction therefore does not include disease data for the cities of Alliance, Canton, or Massillon.

Financial Statement Fiscal Year 2013 (unaudited)

SOURCES OF REVENUE

Contract Fees	512,409
Fees for Services	321,223
C&D User Fees	917,463
Inspection Fees	196,968
Vital Statistics	240,913
Permits	1,192,047
Fines/Late Charges	43,865
State Subsidy	46,736
Local Tax Subdivisions	1,091,720
Public Health Infrastructure	106,857
CFHS State Grant	395,288
Immunization Grant	22,513
WIC Grant	341,964
Dental Grant	-
SIDS Funding	3,000
Reproductive Health Grant	65,909
Injury Prevention Grant	61,420
NACCHO Funding	4,000
Area Health Education Grant	22,100
Other Receipts	98,317
Carryover from 2012	547,442

TOTAL SOURCES OF REVENUE 6,232,154

EXPENDITURES

Salaries	2,932,339
Insurance	466,819
Medicare	42,447
PERS	595,293
Workers Compensation	42,832
Unemployment	15,778
Supplies	131,447
Utilities	26,044
Contracts & Purchased Services	205,025
Phones & Communications	33,994
Equipment / Vehicle Rental	21,832
Rent	297,766
Equipment	10,235
Other Expenses	9,920
State Remittances	909,793
Travel	68,552
Refunds	14,528
Payouts For Sick & Vacation Leave	59,617
Encumbrances Carried Over To 2014	245,249

TOTAL EXPENDITURES 6,129,510

COMMUNICABLE DISEASE PROGRAM HIGHLIGHTS, 2013

1) In 2013 SCHD reported and/or investigated **5 communicable disease outbreaks**. Among these were:

- **2 outbreaks of Scabies** (associated with an assisted living and skilled nursing facility)
- **1 outbreak of Clostridium** (associated with a catering company)
- **1 outbreak of Salmonella** (associated with a restaurant)
- **1 outbreak of Shigella** (associated with a child care facility)

Each of these outbreaks was managed utilizing the guidelines and regulations developed by the Ohio Department of Health, and in conjunction with other local health departments. Through the cooperation of every organization and private party impacted, SCHD was able to terminate and/or assist in termination of each outbreak.

2) According to the Drug Resistance Threat Report of 2013 published by the Centers for Disease Control and Prevention the threat level is serious for **antibiotic resistance in Shigellosis** and has been on the rise since 2006. *Shigella* causes approximately 5,500 hospitalizations a year and around 40 deaths across the nation. Each year 27,000 *Shigella* infections are drug resistant. The 2013 *Shigella* outbreak for Stark County has seen evidence of resistance and prompted additional communication with the area healthcare providers reminding them to check susceptibility panels in order to prescribe the appropriate antibiotics when necessary. This *Shigella* outbreak has continued into 2014. The first case associated with the child care facility was reported to the health department on December 2nd. Since then over twenty cases have been associated with the facility. In addition to ongoing facility attendance surveillance and case education, two facility site visits have been made by the Stark County communicable disease nurse, epidemiologist, and sanitarian. The incidence of Shigellosis seems to peak every five to six years, but regardless good hand washing and hygiene is the most effective form of prevention.

3) The year of **2013 as a whole showed twice as many influenza-associated hospitalizations** as the year before. Additionally, Stark County also experienced an influenza-associated pediatric mortality (2012-2013 influenza season). The Centers for Disease Control and Prevention noted that approximately 90% of influenza-associated pediatric deaths occur among children who were not vaccinated. Furthermore, 40% occurred among children with no recognized chronic complication. This illustrates the importance of vaccinations even among those who are generally healthy. Influenza or flu season can begin as early as October and last until March. Though mortality is rare, common symptoms include: fever, cough, sore throat, body aches, headaches, chills and fatigue. As seen in the chart above these symptoms can be severe enough for an individual to be hospitalized.

4) There were a few **diseases** reported in 2013 that are **not commonly seen within Ohio and/or SCHD jurisdiction**, and are briefly discussed in the order in which they are listed in the chart.

• **Anaplasmosis** is a disease caused by the *Anaplasma phagocytophilum* bacterium and is passed to humans through tick bites. Common symptoms include: fever, headache, chills, and muscle aches which normally occur one to two weeks after the tick bite. It is not seen on the west coast of the United States at all and most often appears in states such as New York, New Jersey, Maine, New Hampshire and a few others. This particular individual had traveled to New York in the two weeks prior to diagnosis and though the link was not confirmed it was suspected and the case was closed after investigation.

• **Q Fever** is a bacteria caused illness that is seen worldwide, but with an extremely low incidence in the state of Ohio. Transmission occurs through inhalation of the bacteria when it is airborne, such as in barnyard dust after birthing cattle, tick bites, drinking unpasteurized dairy products, or very rarely through human to human contact. Some of the general symptoms are a high fever, diarrhea, and vomiting.

• **Typhus fever** is an illness diagnosed in people who have traveled to tropical and sub-tropical regions. Though generally Typhus fever is highly responsive to antibiotic treatment there have been cases of mortality. Besides the general symptoms of headache, fever, muscle pain, joint pain, nausea and vomiting, 40-50% develop a discrete rash and 45% have neurological symptoms such as confusion or seizures. In this particular case the interview did not reveal any travel that occurred, but the individual was being treated with antibiotics, the rash was healing and the case was closed.

*The approximate population of the Stark County Health Jurisdiction is **248,108** (U.S. Census Bureau: State and County Quick Facts).

STARK COUNTY BOARD OF HEALTH



STARK COUNTY HEALTH DEPARTMENT

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