

Hamilton County Public Health Communicable Disease Surveillance Report

September 2025

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Report Details: Local public health departments receive reports of infectious diseases whose reporting is required by state and federal law. The Ohio Department of Health (ODH) details these diseases in their [Infectious Disease Control Manual \(IDCM\)](#). The IDCM includes case classifications for disease which include suspected, probable, and confirmed; any cases that do not meet the criteria for these classifications are not included in this report. The Southwest Ohio region (SWOH) consists of Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren counties and the city local health departments that reside within these counties. Hamilton County Public Health (HCPH) has jurisdiction over City of Sharonville and those parts of Hamilton County that are not considered a part of the City of Cincinnati, Springdale or Norwood.

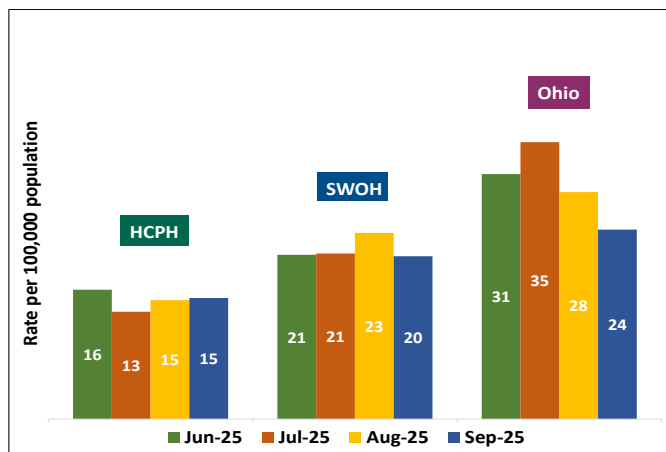
REPORTABLE INFECTIOUS DISEASES IN SOUTHWEST OHIO - SEPTEMBER 2025

Table 1. Comparison of the Number of Reported Cases of Notifiable Communicable Diseases by Location, September 2025

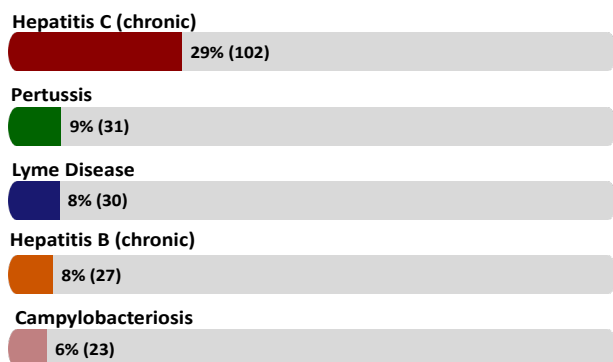
Location	HCPH	SWOH	Ohio
Number of Reported Cases	72	357	2740
Rate per 100,000	15.1	20.4	23.7
Rate Ratio†	0.64	0.86	.
Confidence Interval (99%)‡	0.47 - 0.87	0.74 - 0.99	. - .

In September, the overall rates of reported communicable diseases for HCPH increased by **2%** when compared to August. The SWOH and Ohio the rates decreased by **13%**, and **17%**, respectively compared to the rates in August (Figure 1). The Ohio rate (23.7) was the highest of the three rates, followed by the SWOH rate (20.4) and the HCPH rate (15.1) (Table 1).

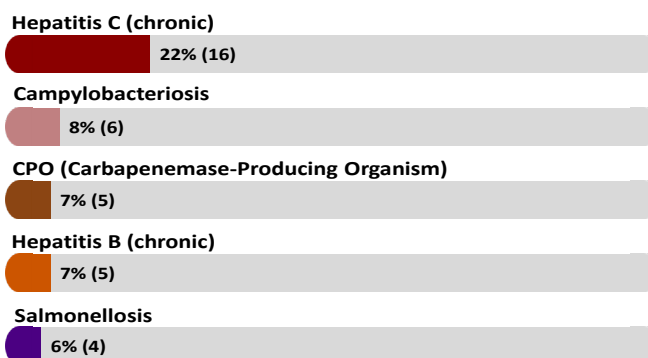
Figure 1. 30-Day Rates of Reported Communicable Diseases in Ohio, Southwest Ohio, and Hamilton County Public Health Jurisdiction, June 2025 - September 2025



***Figure 2a. SWOH Commonly Reported Communicable Diseases, September 2025**



***Figure 2b. HCPH Commonly Reported Communicable Diseases, September 2025**



*The colors used to identify each disease here are used to identify the same diseases in Table 2.

Chronic Hepatitis C and **Chronic Hepatitis B** were both present in the top 5 for SWOH and HCPH as 1st and 4th respectively. Together, they accounted for 36% and 29% of all reported diseases in SWOH and HCPH respectively for the month of September. In SWOH, the total number of Hepatitis B and C cases for September (129), was 5.7% lower than the previous 12-month average (137) and 16% lower than in August (153). The rate per 100,000 people in SWOH was 7.4 cases, which was 42% higher than the HCPH rate of 4.3 cases.

Pertussis was the 2nd most frequently reported communicable disease across SWOH (8.7% of total) but was not in the top 5 for HCPH. For SWOH, the case count for September (31) showed a 138% increase from the total in August (13). HCPH had 3 cases in September, accounting for 10% of the pertussis cases in SWOH. SWOH observed a 3 times higher rate per 100,000 people (1.8 cases) compared to the rate in HCPH jurisdiction (0.6 cases).

Lyme Disease was the 3rd most reported disease in SWOH jurisdiction (8.4% of total) and was not in the top 5 for HCPH in September. Only 6.7% of all the cases in SWOH occurred within HCPH's jurisdiction, and the total in SWOH (30) was consistent with the total from August (31). The rate per 100,000 people in SWOH of 1.7 was greater than the rate in HPCH (0.4 per 100,000).

For SWOH, **Campylobacteriosis** was the 5th most reported disease (6.4% of total) in September and was the 2nd for HCPH (7% of the total). Cases in HCPH represented 26% of all the case in SWOH. SWOH saw a decrease of 26% to September from August but HCPH saw a doubling of cases with 3 in August to 6 in September.

Carbapenemase Producing Organisms (CPOs) was the 3rd most commonly reported disease accounting for 7% of the total in HCPH and **Salmonellosis** was the 5th representing about 6% of the total for HCPH. These HCPH cases accounted for 42% of CPO cases in SWOH and for 25% of all Salmonellosis cases in SWOH in September.

NOTES:

†Ratio of local rate to the Ohio rate. These rates are standardized to be 30-day rates.

‡Confidence intervals that do not contain the value of 1 are considered statistically significant.

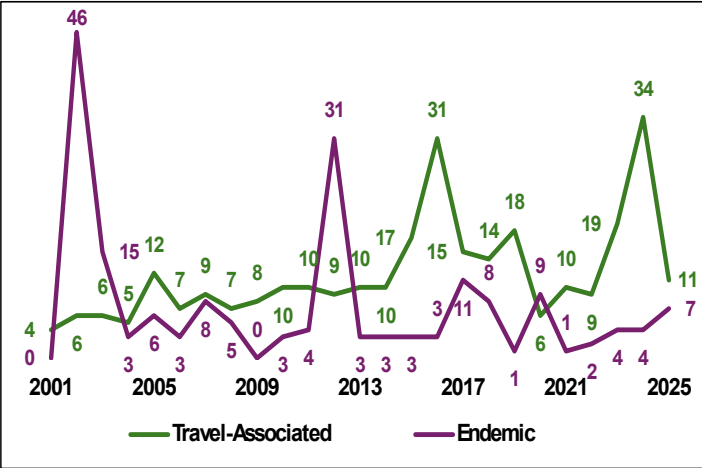
INFECTIOUS DISEASE HIGHLIGHT

Each month, a reportable disease or group of similar diseases will be selected to cover more in-depth details about their frequency, transmission, epidemiology, and risk factors. The intent is to inform and educate readers, to bring their attention to certain diseases that are known to have seasonal increases, have seen recent increases, or may occur rarely.

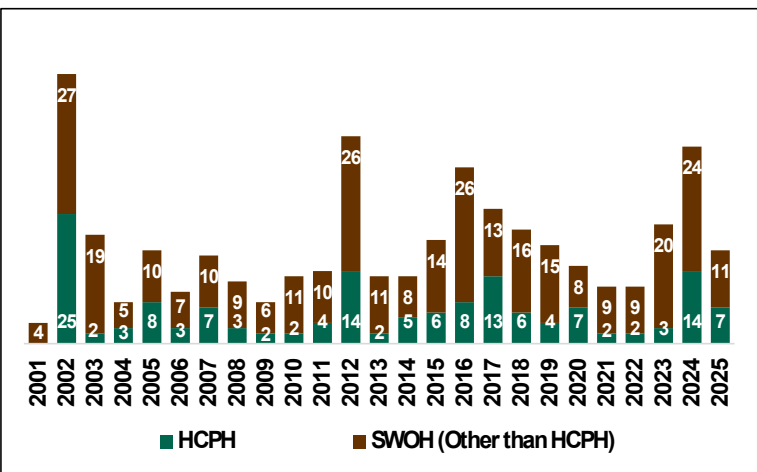
September 2025 Highlight: Mosquito-Borne Diseases

Mosquito-borne disease refers to a disease that is passed on to humans from an infected mosquito when the mosquito bites and takes a blood meal from a human. Mosquitoes can become infected by taking a blood meal from infected animals or humans, but only certain pathogens can survive in the mosquito to then be passed on. These are most commonly viruses with some parasites. Each pathogen is spread by slightly different species of mosquitoes which means that certain mosquito-borne diseases are more common in some parts of the world than others.¹ Therefore, mosquito-borne diseases can be further divided into 2 subgroups of travel-associated and endemic diseases. Travel-associated are those diseases acquired while visiting parts of the world where a certain disease is common rather than acquiring it locally here in the United States. The reportable conditions in Ohio that would be considered travel-associated include Chikungunya virus, Dengue, Malaria, Yellow Fever, and Zika virus.² Endemic disease refers to a disease that is commonly found with sustained transmission in a region or country, referring to those acquired here in the United States. Endemic reportable conditions in Ohio consist of Eastern and Western Equine Encephalitis, LaCrosse virus disease, St. Louis encephalitis virus disease, and West Nile virus disease.²

***Figure 3a. Case Counts by Year of Endemic and Travel-Associated Mosquito-Borne Diseases in SWOH**



***Figure 3b. Case Counts of Mosquito-Borne Disease by Year in SWOH and HCPH**



From 2001 through September 2025, Southwest Ohio (SWOH) had a total of 480 cases of mosquito-borne disease that have been classified as suspected*, probable, or confirmed in the Ohio Disease Reporting System (ODRS). Mosquito-borne disease cases in SWOH can be broken down into travel-associated and endemic cases, with 62% of cases being travel-associated (297 cases) and 38% were being endemic (183 cases). SWOH had cases of 4 reportable conditions that fall into the travel-associated category which were Chikungunya virus (26 cases, 9%), Dengue (51 cases, 17%), Malaria (201 cases, 68%), and Zika virus (19 cases, 6%). For the endemic mosquito-borne conditions there were 3 conditions which were LaCrosse virus disease (21 cases, 11%), St. Louis encephalitis virus disease (3 cases, 2%) and West Nile virus disease (159 cases, 87%).

During the same time period of 2001 through September 2025, 32% (154 cases) of all the mosquito-borne disease cases in SWOH occurred within Hamilton County Public Health's jurisdiction (HCPH). HCPH had a different trend from that observed in SWOH, in that 49% (75 cases) were caused by endemic diseases and 51% (79 cases) were caused by travel-associated conditions. HCPH had cases of the same 4 travel-associated conditions as in SWOH with Chikungunya virus (9 cases, 12%), Dengue (16 cases, 20%), Malaria (49 cases, 62%), and Zika virus (5 cases, 6%). HCPH also had cases of La Crosse virus disease (5 cases, 7%) and West Nile Virus Disease (70 cases, 93%).

Note: *Suspected cases reported in 2025 may still be under investigation. The total case counts for 2025 should not be interpreted as finalized statistics.

*References:

- Centers for Disease Control and Prevention. (n.d.). About mosquitoes in the United States. Centers for Disease Control and Prevention. <https://www.cdc.gov/mosquitoes/about/about-mosquitoes-in-the-united-states.html>
- Ohio Department of Health. (n.d.). Ohio Vector-borne Disease Surveillance Update. <https://odh.ohio.gov/know-our-programs/zoonotic-disease-program/news/vectorborne-disease-update>

Table 2. Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County, September 2025 (Highlighted colors correspond to the top 5 diseases listed on Page 1)

Reportable Condition	County								Total	Percent Change
	Hamilton	Adams	Brown	Butler	Clermont	Clinton	Highland	Warren		
Babesiosis	·	·	·	·	·	·	·	1	1	N/A
C. auris	3	·	·	2	1	·	·	1	7	0%
C. auris - Colonization Screening	3	·	·	2	·	·	·	1	6	-50%
CPO	5	2	·	·	2	1	·	2	12	300%
Campylobacteriosis	9	1	2	1	4	·	1	5	23	-26%
Coccidioidomycosis	3	·	·	·	·	·	·	·	3	200%
Creutzfeldt-Jakob Disease	1	·	·	·	1	·	·	·	2	0%
Cryptosporidiosis	2	·	·	2	·	·	·	2	6	500%
E.Coli (shiga toxin producing)	1	·	·	·	·	·	·	·	1	-67%
Ehrlichiosis/Anaplasmosis	2	·	·	·	1	·	·	·	3	200%
Giardiasis	4	·	·	2	2	·	·	3	11	120%
Haemophilus influenzae (invasive)	1	·	·	·	·	·	·	·	1	-75%
Hepatitis A	4	1	·	2	1	·	1	·	9	200%
Hepatitis B (acute)	·	·	1	·	·	·	·	·	1	-50%
Hepatitis B (chronic)	18	2	·	3	2	·	·	2	27	-31%
Hepatitis C (chronic)	49	3	5	24	5	2	4	10	102	-9%
Hepatitis C - Perinatal Infection	·	·	1	·	·	·	·	·	1	N/A
Influenza-associated hospitalization	2	·	1	1	·	·	1	·	5	400%
Legionnaires' Disease	2	·	·	·	·	·	·	1	3	-67%
Listeriosis	1	·	·	·	·	·	·	·	1	0%
Lyme Disease	5	5	1	4	10	1	1	3	30	-21%
Malaria	2	·	·	·	·	·	·	·	2	N/A
Meningitis (aseptic/viral)	3	·	·	1	·	·	1	1	6	-54%
Meningitis (bacterial, not N. meningitidis)	·	·	·	·	·	·	·	1	1	-80%
Mpox	2	·	·	·	·	·	·	·	2	N/A
Pertussis	11	·	2	8	5	·	·	5	31	138%
Salmonellosis	7	1	·	1	1	·	2	4	16	23%
Shigellosis	3	·	·	·	·	·	·	·	3	-40%
Streptococcal pneumoniae (invasive)	5	·	1	4	2	·	1	2	15	50%
Streptococcal, Group A (invasive)	2	·	·	1	1	·	·	·	4	-43%

Table 3. January - September 2025, Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County (Top 5 Increases Highlighted)

Reportable Condition	County								Total	Percent Change
	Hamilton	Adams	Brown	Butler	Clermont	Clinton	Highland	Warren		
Amebiasis	4	.	.	2	1	.	.	.	7	0%
Babesiosis	1	.	.	.	.	.	.	1	2	100%
Botulism - wound	.	.	.	.	.	.	.	1	1	0%
Brucellosis	1	.	.	.	.	.	.	.	1	0%
C. auris	42	1	.	12	9	3	2	7	76	10%
C. auris - Colonization Screening	51	.	1	24	5	.	1	10	92	7%
Campylobacteriosis	65	10	4	42	26	2	12	35	196	13%
Coccidioidomycosis	7	.	.	2	1	1	.	3	14	27%
CPO	28	7	2	15	9	4	3	11	79	18%
CPO - Colonization Screening	2	.	.	5	4	.	.	.	11	0%
Creutzfeldt-Jakob Disease	2	.	.	.	2	.	.	1	5	67%
Cryptosporidiosis	13	2	1	5	.	1	.	4	26	30%
Cyclosporiasis	7	.	.	.	.	.	.	2	9	0%
Dengue	1	.	.	.	.	.	.	.	1	0%
Diphtheria	.	.	.	1	.	.	.	.	1	0%
E.Coli (shiga toxin producing)	14	.	1	4	3	3	1	3	29	4%
Ehrlichiosis/Anaplasmosis	6	1	.	1	2	.	.	3	13	30%
Giardiasis	22	1	1	6	11	.	1	8	50	28%
Haemophilus influenzae (invasive)	20	.	5	5	2	1	2	3	38	3%
Hantavirus	1	.	.	.	.	.	.	.	1	0%
Hepatitis A	23	6	1	51	3	3	3	7	97	10%
Hepatitis B (acute)	7	3	1	8	.	4	.	4	27	4%
Hepatitis B (chronic)	182	7	3	81	13	7	6	38	337	9%
Hepatitis C - Perinatal Infection	1	.	2	1	.	.	.	.	4	33%
Hepatitis C (acute)	4	.	.	.	1	.	.	1	6	0%
Hepatitis C (chronic)	466	21	30	175	88	23	29	88	920	12%
Hepatitis E	.	.	.	.	.	1	.	.	1	0%
Influenza-associated hospitalization	910	20	57	386	271	54	89	266	2053	0%
Legionnaires' Disease	26	.	1	16	4	1	1	3	52	6%
Listeriosis	5	.	.	.	.	.	2	1	8	14%

Table 4a: Case Counts for Hamilton County Public Health Jurisdiction by Disease Category for Previous 12 Months

	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Total	Rate per 100,000 People
Foodborne	17	9	16	16	11	7	6	11	14	18	15	11	17	168	34
Waterborne	12	11	6	8	3	4	9	8	4	9	12	7	9	102	21
Vectorborne	4	2	2	4	1	0	1	2	4	5	8	6	6	45	9
HAI*	18	17	11	6	10	8	7	9	15	11	5	9	9	135	28
VPD*	15	31	49	94	147	341	167	40	13	22	12	10	11	952	195
COVID-19	1386	682	519	1008	929	1009	643	313	200	178	305	723	750	8645	1771
Total	1452	752	603	1136	1101	1369	833	383	250	243	357	766	802	8122	1663
Total (No COVID-19)	66	70	84	128	172	360	190	70	50	65	52	43	52	1402	287

Figure 4a: HCPH Counts of Disease Categories (excluding COVID-19) by Month

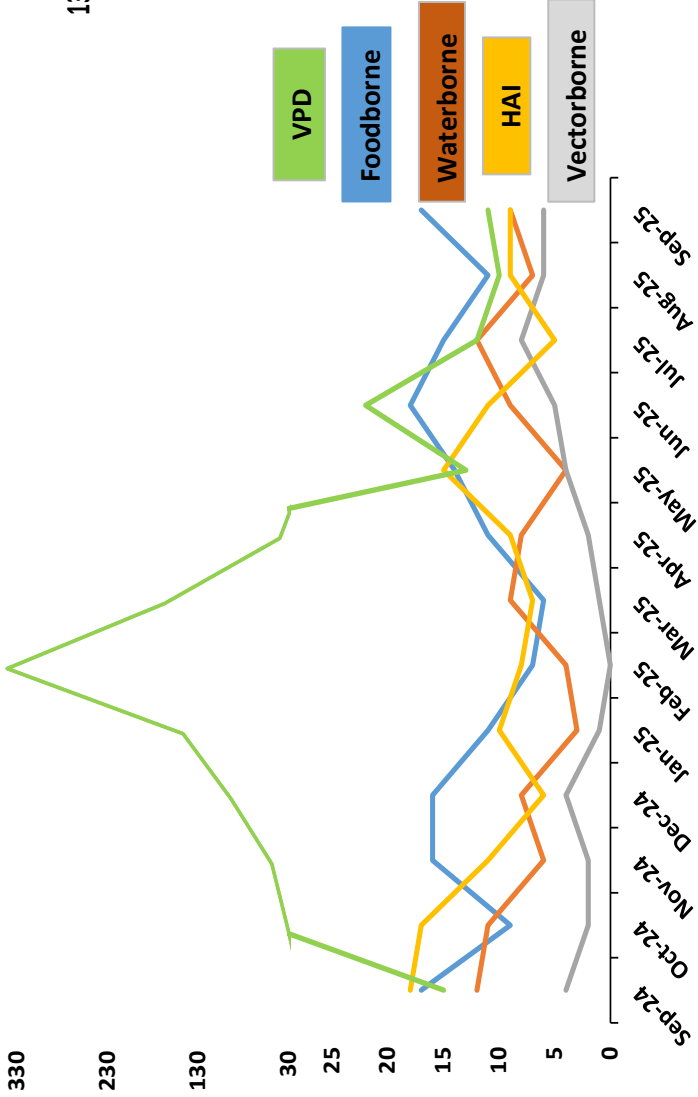
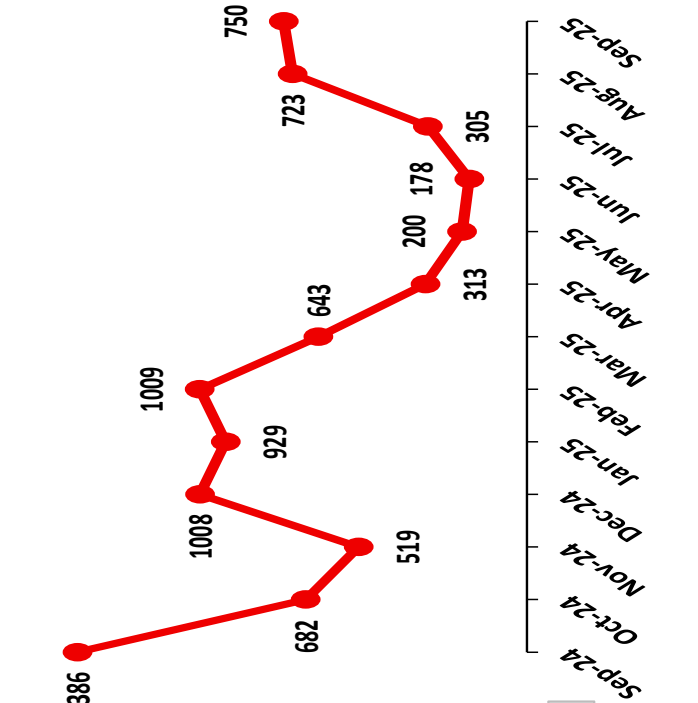


Figure 4b: HCPH Counts of COVID-19 by Month



*NOTES: The VPD category represents all Vaccine Preventable Diseases and HAI refers to Healthcare Acquired Infections. A list of all Notifiable Diseases that are included in each category can be found in the Data Notes section on page 9 of this report.

Table 4b: Case Counts for All Southwest Ohio Jurisdictions by Disease Category for Previous 12 Months

	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Total	Rate per 100,000 People
Foodborne	58	39	57	52	51	45	53	65	64	60	85	64	58	751	43
Waterborne	35	39	32	38	23	27	44	49	24	38	55	31	35	470	27
Vectorborne	29	12	19	10	9	1	7	22	35	46	50	44	37	321	18
HAI*	68	56	39	42	39	42	37	43	49	54	34	33	25	561	32
VPD*	84	148	180	310	555	1303	627	182	113	86	80	73	80	3821	220
COVID-19	5329	2208	1556	3743	3558	3572	2387	1222	673	512	986	2673	2727	31146	1790
Total	5603	2502	1883	4195	4235	4990	3155	1583	958	796	1290	2918	2962	31190	1793
Total (No COVID-19)	274	294	327	452	677	1418	768	361	285	284	304	245	235	5924	341

Figure 4c: SWOH Counts of Disease Categories (excluding COVID-19) by Month

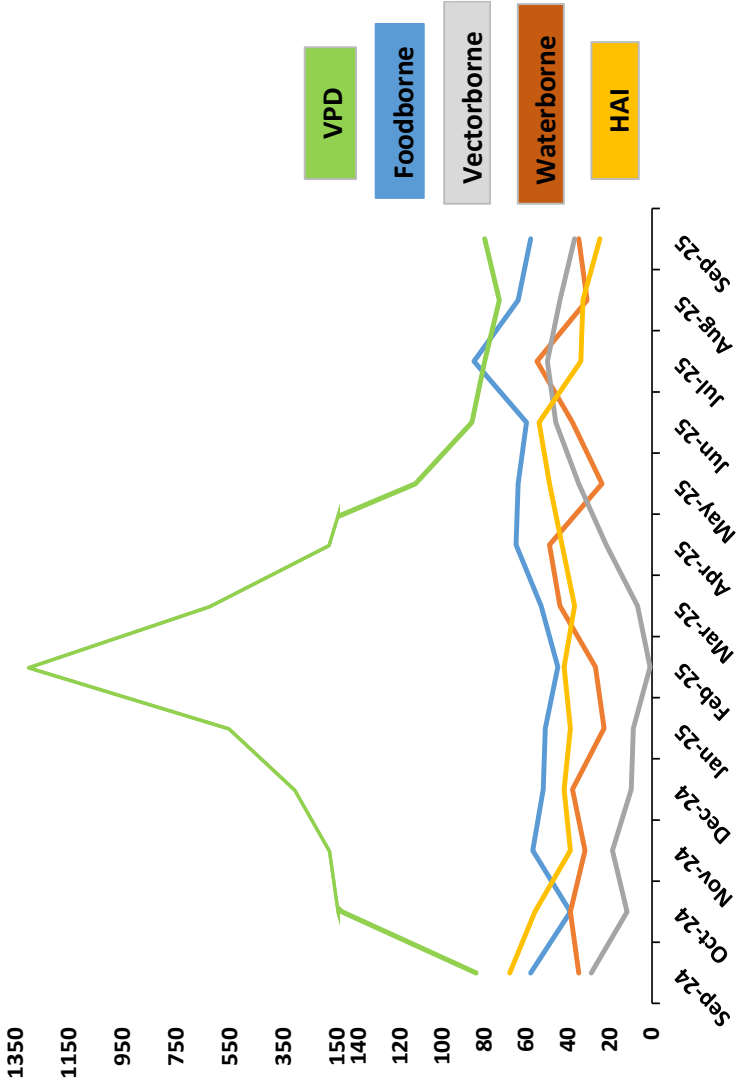
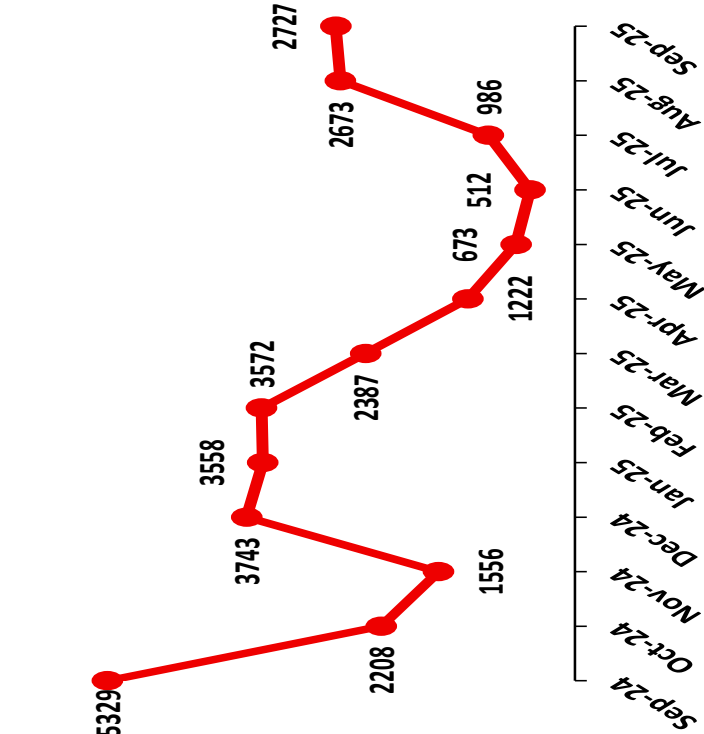


Figure 4d: SWOH Counts of COVID-19 by Month

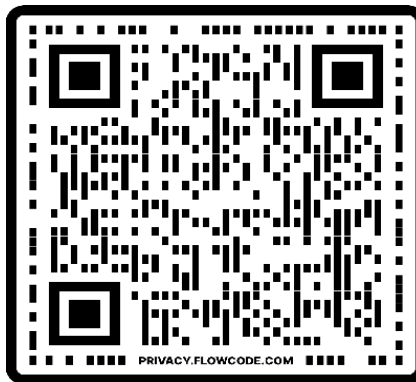


*NOTES: The VPD category represents all Vaccine Preventable Diseases and HAI refers to Healthcare Acquired Infections. A list of all Notifiable Diseases that are included in each category can be found in the Data Notes section on page 9 of this report.

CONTACT INFORMATION

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DATA NOTES

- Data are provisional and are subject to change as data becomes finalized. Suspected, probable and confirmed cases are included in counts except for arboviral encephalitis and Zika virus diseases, of which only probable and confirmed cases are reported. Only confirmed cases of Novel Influenza A are included. Chlamydia, Gonorrhea, HIV, and Syphilis are not reported within this report. The completeness of reporting varies by region and can impact the incidences of reported diseases.
- This report reflects the time period of September 1 - 30, 2025. Data was accessed from the Ohio Disease Reporting System on 10/01/2025.
- Case counts include all cases with classification of suspected, probable, or confirmed. The categories listed are not mutually exclusive and some cases can be counted in multiple categories. The categories listed do not encompass all reportable diseases. The diseases counted in each category are as follows:
 - Foodborne: Botulism (foodborne), Campylobacteriosis, C. perfringens, E. coli O157:H7, Hepatitis A, Listeriosis, Salmonella, VRSA/VISA (S. aureus), Shigellosis, Toxoplasmosis (non-congenital), Trichinellosis, Vibriosis, and Yersiniosis.
 - Waterborne: Amebiasis, Cholera, Cryptosporidiosis, Cyclospora, E. coli O157:H7, free living amoebae, Giardiasis, Hepatitis A, Legionnaire's disease, Norovirus, Shigellosis, and Vibriosis.
 - Vectorborne: Anaplasmosis, Ehrlichiosis, Babesiosis, Lyme disease, arboviral neuroinvasive and non-neuroinvasive disease (Chikungunya, EEE, LaCrosse Virus, Powassan virus disease, SLE, WNV, WEE, Yellow fever, Zika, other arthropod-borne diseases), Dengue, Malaria, Spotted Fever Rickettsiosis (including RMSF), Tularemia.
 - Vaccine Preventable: Diphtheria, Influenza-associated hospitalizations (pediatric mortalities), Measles, Mumps, Rubella, Pertussis, Meningococcal Disease, Varicella (Chickenpox/Shingles), Haemophilus influenzae, Polio, Pneumococcal disease, Tetanus, All Hepatitis B (perinatal, chronic, acute), Hepatitis A.
 - COVID-19: COVID-19.