



Monthly Communicable Disease Surveillance Report

February 2025

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NOTIFIABLE COMMUNICABLE DISEASES

Hamilton County Public Health (HCPH) Jurisdiction

Number of Communicable Diseases Reported: **365**
 Most frequently reported communicable diseases:

- **Influenza-associated Hospitalization (n=304)**
- **Chronic Hepatitis C (n=15)**
- **Pertussis (n=12)**
- **Invasive Streptococcal Group A (n=6)**
- **Chronic Hepatitis B (n=5)**

Southwest Ohio (SWOH)

Number of Communicable Diseases Reported: **1508**
 Most frequently reported communicable diseases:

- **Influenza-associated Hospitalization (n=1155)**
- **Chronic Hepatitis C (n=97)**
- **Pertussis (n=38)**
- **Chronic Hepatitis B (n=37)**
- **Invasive Streptococcal pneumoniae (n=37)**

Summary

In February, the overall rates of reported communicable diseases for HCPH, SWOH, and Ohio increased by 122%, 113%, and 107%, respectively. The Ohio rate (93.5) was the highest of the three rates, followed by the SWOH rate (86.0) and the HCPH rate (76.6) (Table 1).

Influenza-associated hospitalization was the most reported communicable disease across SWOH, with Chronic Hepatitis C and Chronic Hepatitis B the 2nd- and 5th-most reported, respectively (Table 2). Chronic Hepatitis B and C cases accounted for 9% of the total communicable diseases reported during February. The number of chronic hepatitis cases seen in Southwest Ohio during February was 11.8% lower than the 12-month average of 147 cases seen between February 2024 and January 2025. The number of chronic hepatitis cases reported in SWOH in February (134) was lower than the number of cases reported in the previous month (165). The rate of chronic hepatitis within Hamilton County for January was 9.6 per 100,000 residents. This rate was higher than the SWOH rate of 7.8 per 100,000 residents.

Influenza-associated hospitalization was the most frequently reported disease in SWOH, accounting for 77% of the total communicable diseases reported during February. The number of influenza-associated hospitalizations reported during February (1155) was much higher than the number of cases reported in the previous month (379); this is expected during flu season. The rate of influenza-associated hospitalizations within Hamilton County for February was 64.6 per 100,000 residents. This rate was lower than the SWOH rate of 66.4 per 100,000 residents.

Figure 1. 30-Day Rates of Reported Communicable Diseases in Ohio, Southwest Ohio, and Hamilton County Public Health Jurisdiction, November 2024 - February 2025

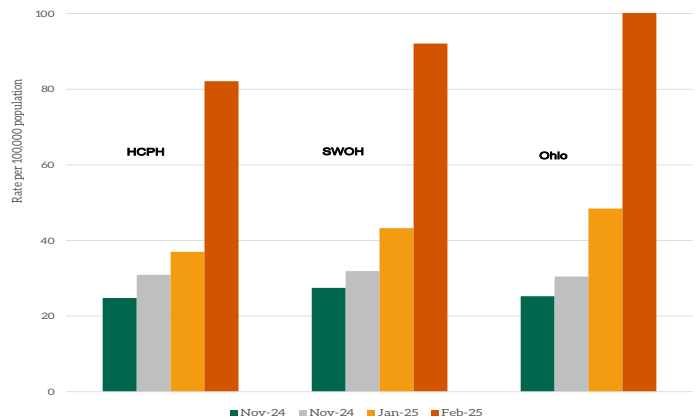


Table 1. Comparison of the Reported Cases of Notifiable Communicable Diseases by Location, February 2025

Location	Number of Reported Cases	Rate per 100,000	Rate Ratio†	Confidence Interval (99%)‡
HCPH	365	76.63	0.82	0.71 - 0.94
SW OHIO	1508	85.94	0.92	0.86 - 0.99
OHIO	10,822	93.49	.	. - .

Pertussis cases reported in February (38) was lower than the number of cases reported in the previous month (64). The rate of pertussis cases within Hamilton County for February was 2.1 per 100,000 residents. This rate was lower than the SWOH rate of 2.2 per 100,000 residents.

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. Novel Influenza A cases are only confirmed cases. COVID-19, 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 February 1-28, 2025. Data was accessed from the Ohio Disease Reporting System on 02/28/2025.

†Ratio of local rate to the Ohio rate.

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

Table 2. Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County, January 2025

Reportable Condition	County										Total
	Hamilton	Adams	Brown	Butler	Clermont	Clinton	Highland	Warren			
C. auris	7	1	.	2	.	.	.	.	.	.	10
C. auris - Colonization Screening	6	.	.	1	.	.	.	.	.	.	7
CPO	3	1	1	5	2	1	.	1	.	1	14
CPO - Colonization Screening	1	.	.	1	.	.	.	.	.	.	2
Campylobacteriosis	5	1	.	2	2	.	.	4	.	1	14
Coccidioidomycosis	2	.	.	.	.	.	.	1	.	.	3
Creutzfeldt-Jakob Disease	.	.	.	.	1	.	.	.	.	.	1
Cryptosporidiosis	.	.	.	1	.	.	.	1	.	.	2
Diphtheria	.	.	.	1	.	.	.	.	.	.	1
E.Coli (shiga toxin producing)	.	.	.	.	.	.	1	.	.	.	1
Giardiasis	1	.	.	.	1	.	.	.	.	.	2
Haemophilus influenzae (invasive)	5	.	3	1	1	.	.	1	.	1	11
Hepatitis A	4	1	.	7	.	.	.	2	.	2	14
Hepatitis B (acute)	1	.	.	1	.	.	.	.	.	.	2
Hepatitis B (chronic)	20	.	1	10	2	1	1	2	2	2	37
Hepatitis C (chronic)	56	1	2	21	4	2	4	7	7	7	97
Hepatitis C - Perinatal Infection	.	.	1	1	.	.	.	.	.	.	2
Influenza-associated hospitalization	518	14	28	218	144	40	41	152	41	152	1155
Legionnaires' Disease	2	.	.	.	1	.	.	.	.	.	3
Listeriosis	.	.	.	.	.	.	2	.	.	.	2
Lyme Disease	.	.	.	1	.	.	.	.	.	.	1
Measles	.	.	.	.	.	.	.	2	.	2	2
Meningitis (aseptic/viral)	2	2	.	3	1	.	.	1	.	1	9
Meningitis (bacterial, not N. meningitidis)	1	.	.	1	.	.	.	.	.	.	2
Mumps	2	.	.	.	.	.	.	.	.	.	2
Pertussis	17	.	1	5	5	.	.	10	.	10	38
Salmonellosis	1	.	.	.	2	.	.	1	.	1	4
Shigellosis	.	.	.	5	.	.	.	.	.	.	5

Table 2. Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County, January 2025, Continued

Reportable Condition	County											Total
	Hamilton	Adams	Brown	Butler	Clermont	Clinton	Highland	Warren				
Streptococcal pneumoniae (invasive)	9	.	.	9	9	2	2	6				37
Streptococcal, Group A (invasive)	5	.	.	6	2	.	3	1				17
Streptococcal, Group B (in newborn)	.	.	.	1	.	.	.	.				1
Varicella	3	.	.	.	1	.	.	2				6
Vibriosis	1	.	.	.	.	.	.	.				1
Yersiniosis	1	.	.	.	1	.	.	1				3
Total	673	21	37	303	179	46	54	195				1508

Table 3. YTD Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County, February 2025

Reportable Condition	County										Total	
	Hamilton	Adams	Brown	Butler	Clermont	Clinton	Highland	Warren				
Amebiasis	1	.	.	.	.	.	.	.	.	.	.	1
C. auris	15	1	.	2	.	.	.	.	.	.	1	19
C. auris - Colonization Screening	12	.	.	2	.	.	.	.	.	.	2	16
Campylobacteriosis	12	2	.	6	4	1	.	.	.	7	32	
Coccidioidomycosis	2	.	.	.	.	.	.	.	.	3	5	
CPO	4	2	1	7	4	3	.	.	.	3	24	
CPO - Colonization Screening	1	.	.	1	2	.	.	.	.	.	.	4
Creutzfeldt-Jakob Disease	.	.	.	.	1	.	.	.	.	.	.	1
Cryptosporidiosis	.	.	.	1	.	.	.	.	.	1	.	2
Cyclosporiasis	1	.	.	.	.	.	.	.	.	.	.	1
Diphtheria	.	.	.	1	.	.	.	.	.	.	.	1
E.Coli (shiga toxin producing)	.	.	.	.	.	.	.	1	.	.	.	1
Giardiasis	1	1	.	.	1	.	.	.	.	.	.	3
Haemophilus influenzae (invasive)	8	.	4	2	1	1	.	.	.	2	.	18
Hepatitis A	4	1	1	10	.	.	.	.	.	4	.	20
Hepatitis B (acute)	1	.	.	2	.	.	.	.	.	1	.	4
Hepatitis B (chronic)	45	.	1	21	3	3	3	11	.	.	.	87
Hepatitis C - Perinatal Infection	.	.	1	1	.	.	.	.	.	.	.	2
Hepatitis C (chronic)	114	2	3	40	15	8	6	22	.	.	.	210
Influenza-associated hospitalization	696	15	38	283	194	47	53	208	.	.	.	1534
Legionnaires' Disease	5	.	.	6	2	.	.	.	.	1	.	14
Listeriosis	.	.	.	.	.	.	2	1	.	.	.	3
Lyme Disease	2	1	.	1	2	1	1	1	.	.	.	9
Malaria	1	.	.	.	.	.	.	.	.	.	.	1
Measles	.	.	.	.	.	1	.	2	.	.	.	3
Meningitis (aseptic/viral)	4	2	1	3	2	1	1	1	.	.	.	15
Meningitis (bacterial, not N. meningitidis)	2	.	.	2	1	.	.	.	.	.	.	5
Mumps	2	.	.	.	1	.	.	.	.	.	.	3

SYNDROMIC SURVEILLANCE

Emergency Department Visits

Number of EpiCenter alerts received: **42**

Types of EpiCenter alerts:

- **Infectious Disease Symptoms (n=37)**
- **Syndromic Symptoms (n=5)**

The alerts received for Hamilton County from February 1 - February 28 are partially summarized in Table 5 below. EpiCenter generates more alerts during the winter respiratory disease season, so not all alerts are shown in the table. 13 of the anomalies received in EpiCenter were dispositioned as Not a Health Event or Not of Public Health Concern, and 21 were dispositioned as seasonal illness. At the time of this report, 9 anomaly investigations are still active. There were 5 syndromic alerts in February. The syndromic surveillance charts for Gastrointestinal, Constitutional, and Respiratory ED visits are shown in Figures 6, 7, and 8, respectively.

Table 5. Emergency Department Visit Anomalies for Hamilton County, February 2025

Anomaly Classifier	Event Date	Alert Category	Analysis Method	Aggregated By	Actual Value	Predicted Value	Threshold Value	Final Disposition
Edema	2/24/2025	Infectious Disease	Exponential Moving Average	Facility Location	42	23.87	41.15	Active
Edema	2/24/2025	Infectious Disease	Recursive Least Squares	Facility Location	42	24.68	41.98	Active
Edema	2/24/2025	Infectious Disease	Recursive Least Squares	Home Location	35	18.75	33.92	Active
Edema	2/23/2025	Infectious Disease	Exponential Moving Average	Home Location	33	18.82	32.41	Active
Vision	2/22/2025	Infectious Disease	Exponential Moving Average	Home Location	17	6.11	16.90	Active
Vision	2/22/2025	Infectious Disease	Recursive Least Squares	Home Location	17	6.16	16.74	Active
Botulinic	2/21/2025	Syndromic	Recursive Least Squares	Home Location	20	6.06	19.38	Active
Botulinic	2/21/2025	Syndromic	Exponential Moving Average	Home Location	20	6.65	19.67	Active
Stiff Neck	2/19/2025	Infectious Disease	Recursive Least Squares	Facility Location	21	6.40	20.55	Active
Fever	2/13/2025	Infectious Disease	Cusum EMA	Facility Location	117	100.41	111.45	Seasonal Illness - ILI/Respiratory
Fever	2/12/2025	Infectious Disease	Cusum EMA	Facility Location	109	98.60	108.97	Seasonal Illness - ILI/Respiratory
Constitutional	2/12/2025	Syndromic	Cusum EMA	Facility Location	226	169.18	192.83	Seasonal Illness - ILI/Respiratory
Fever	2/12/2025	Infectious Disease	Cusum EMA	Home Location	103	87.35	98.07	Seasonal Illness - ILI/Respiratory
Constitutional	2/12/2025	Syndromic	Cusum EMA	Home Location	178	150.32	174.60	Seasonal Illness - ILI/Respiratory
Lymphadenitis	2/11/2025	Infectious Disease	Cusum EMA	Home Location	12	2.40	10.98	Indeterminate - Not of Public Health Concern

Figure 6. Botulinic-related ED Visits, Hamilton County, Ohio, February 2025

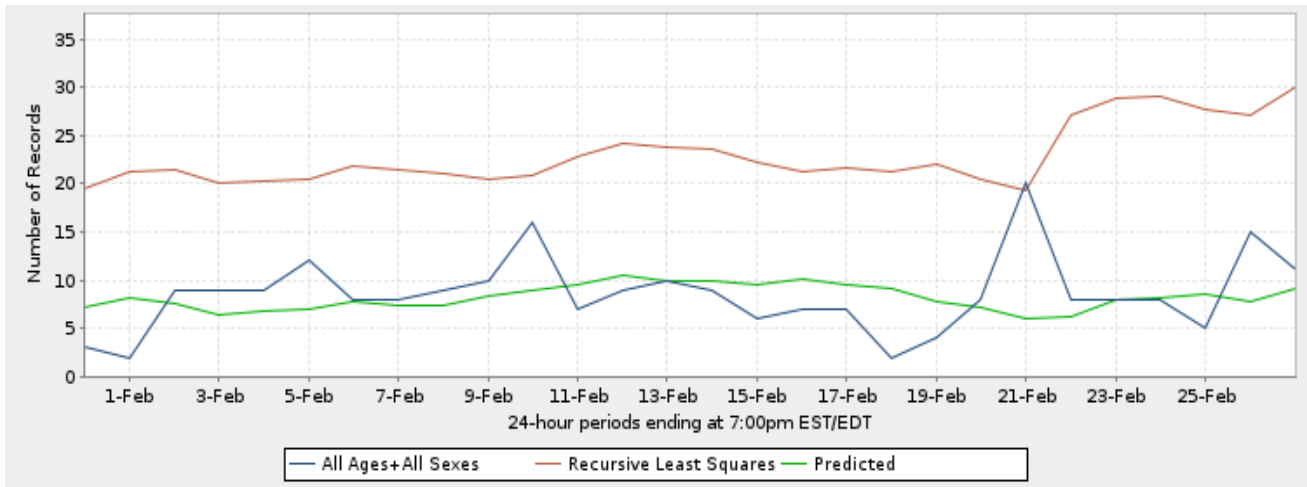


Figure 7. Constitutional-related ED Visits, Hamilton County, Ohio, February 2025

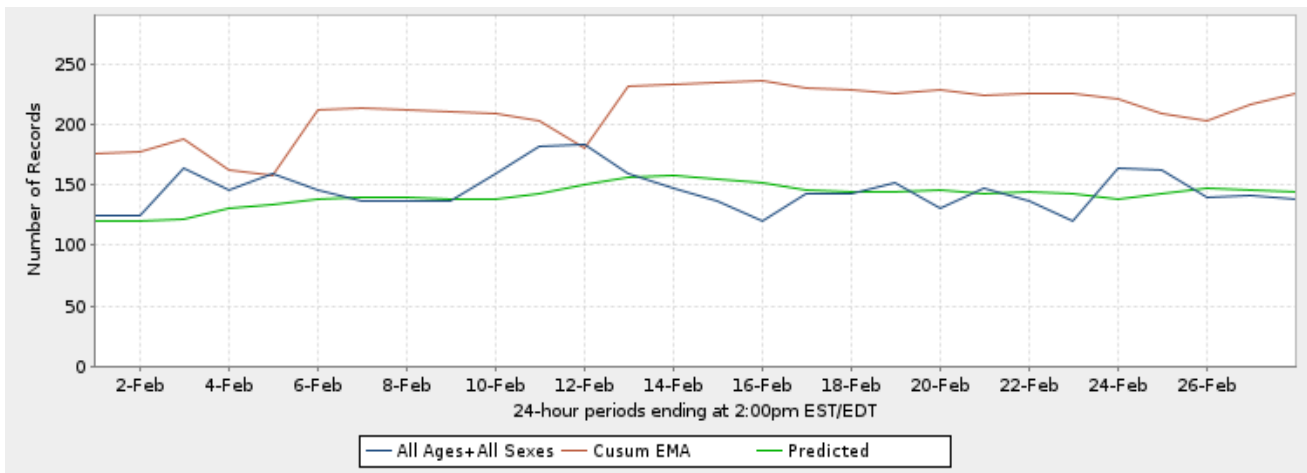


Figure 8. Respiratory-related ED Visits, Hamilton County, Ohio, February 2025

