

Hamilton County Public Health Communicable Disease Surveillance Report

November 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.

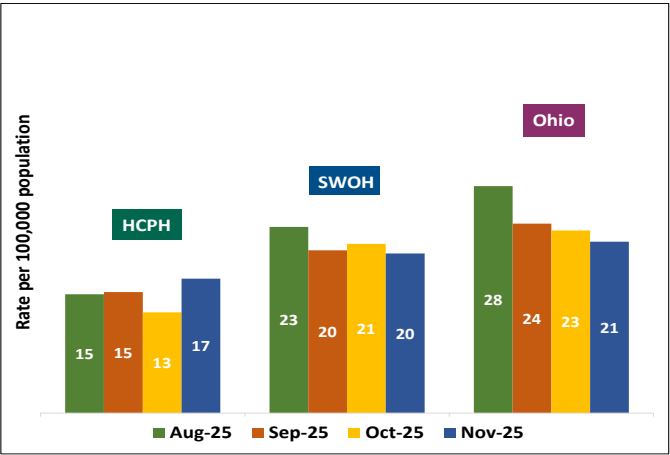
REPORTABLE INFECTIOUS DISEASES IN SOUTHWEST OHIO - NOVEMBER 2025

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

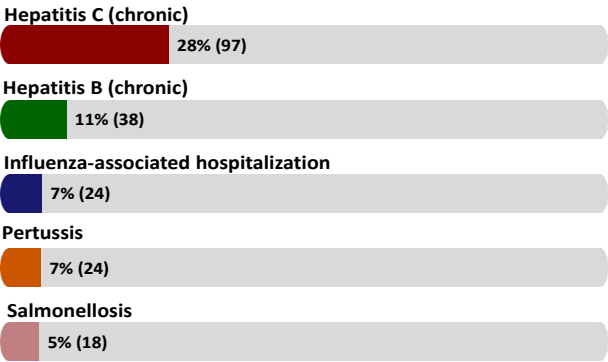
Location	HCPH	SWOH	Ohio
Number of Reported Cases	80	350	2479
Rate per 100,000	16.8	19.9	21.4
Rate Ratio†	0.78	0.93	.
Confidence Interval (99%)‡	0.59 - 1.05	0.80 - 1.08	. - .

In November, the overall rates of reported communicable diseases for HCPH increased by 33% when compared to October. The SWOH and Ohio the rates decreased by 6%, and 6%, respectively compared to the rates in October (Figure 1). The Ohio rate (21.4) was the highest of the three rates, followed by the SWOH rate (19.9) and the HCPH rate (16.8) (Table 1).

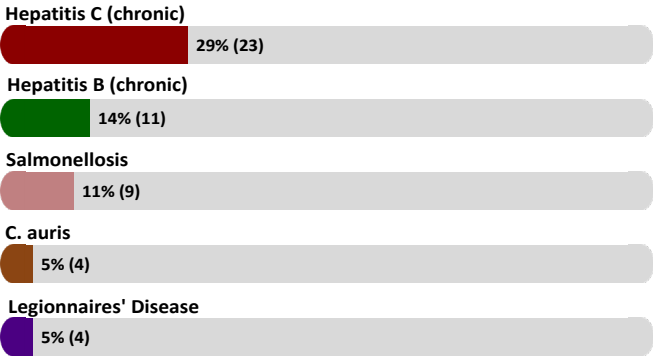
Figure 1. 30-Day Rates of Reported Communicable Diseases in Ohio, Southwest Ohio, and Hamilton County Public Health Jurisdiction, August 2025 - November 2025



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



*Figure 2b. HCPH Commonly Reported Communicable Diseases, November 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 the top 2 diseases reported in SWOH and or HCPH. Together, they accounted for 39% and 43% of all reported diseases in SWOH and HCPH respectively for the month of November. In SWOH, the total number of Hepatitis B and C cases for November (135), was 2.1% lower than the previous 12-month average (138) and 13% lower than in October (156). The rate per 100,000 people in SWOH was 7.8 cases, which was 38% higher than the HCPH rate of 7.0 cases.

Influenza-associated hospitalization was the 3rd most frequently reported communicable disease for SWOH but was not among the top 5 for HCPH, representing 7% of total disease for the month of November in SWOH. For SWOH, the case count for November (24) showed a 500% increase from the total in October (4). HCPH had 2 cases in November, accounting for only 8% of the influenza-associated hospitalization cases in SWOH. SWOH observed a higher rate per 100,000 people (1.4 cases) compared to the rate in HCPH jurisdiction (0.4 cases).

Pertussis was the 4th most reported disease in SWOH jurisdiction (6.9% of total) and was not in the top 5 for HCPH in November. Only 4% of all the cases in SWOH occurred within HCPH’s jurisdiction, and the total in SWOH (24) was 4% higher than the total from October (23). The rate per 100,000 people in SWOH of 1.4 was greater than the rate in HPCH (0.2 per 100,000).

For SWOH, **Salmonellosis** was the 5th most reported disease (5.1% of total) in November and was the 3rd for HCPH (11% of the total). Cases in HCPH represented 50% of all the cases in SWOH. SWOH saw a decrease of 22% from October to November while HCPH saw an increase of 33% in November. The HCPH rate of 1.8 cases per 100,000 was greater the SWOH rate or 1.0 per 100,000.

C. auris and **Legionnaires' Disease** were the 4th and 5th most reported diseases in HCPH in November. HCPH cases represented 33% and 50% respectively of the cases observed in SWOH for each disease. Overall there was a decrease of cases reported in SWOH and an increase in HCPH (Figure 1).

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.

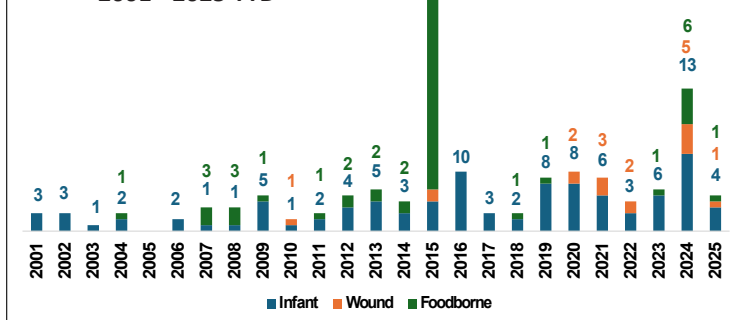
INFECTIOUS DISEASE HIGHLIGHT

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.

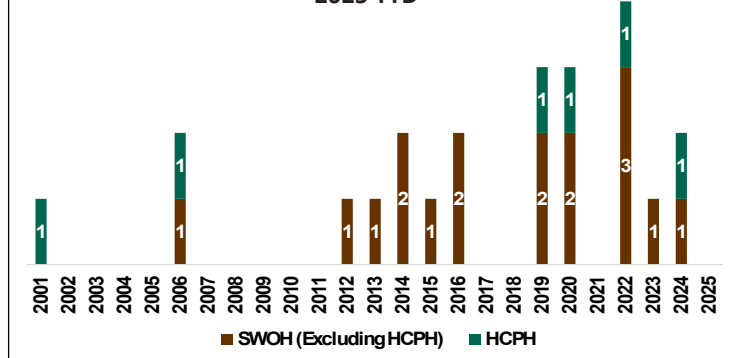
November 2025 Highlight: Botulism

Botulism is an illness that comes in 3 different forms each causing severe disease that can lead to paralysis as well as death. These 3 forms are foodborne (ingestion of contaminated foods), wound (infection of large or chronic wounds), and infant (spores ingested by infants).¹ In each form, the illness is caused by the botulinum toxin that is made by the bacteria *Clostridium botulinum*, and *Clostridium butyricum* and *Clostridium baratii* less commonly. These bacteria are found worldwide in many habitats and can survive conditions that will kill other bacteria due to their ability to create spores. Spores are a dormant, protected form of bacteria, that reactivate and cause disease when consumed.¹ Botulism is a Class A reportable condition in the state of Ohio in all forms. Class A diseases require immediate notification of local public health authorities and immediate follow-up to ensure that the proper lab testing is performed, and adequate treatment is provided.²

***Figure 3a. Case Counts by Year of Botulism (By type) for Ohio, 2001 - 2025 YTD**



***Figure 3b. Botulism Cases for SWOH and HCPH, 2001 - 2025 YTD**



In all forms of Botulism, the toxin causes paralysis and weakens the muscles involved in breathing which leads to difficulties with breathing and, eventually, death.¹ The generalized symptoms of botulism include:

- Difficulty swallowing
- Muscle weakness
- Double vision
- Droopy eyelids
- Blurry vision
- Slurred speech
- Difficulty breathing
- Difficulty moving eyes

Importantly, many people who become sick with botulism may have some, but not all, of these symptoms. Because of this the presence of any one symptom along with a potential exposure prompts an investigation for suspected botulism. Two forms of botulism have additional symptoms that can also occur:

Foodborne

- Vomiting
- Nausea
- Stomach pain
- Diarrhea

Infant

- Constipation
- Poor feeding
- Drooping eyelids
- Slow rearing pupils to light
- Less facial expressions
- Weak cry

If you are experiencing these signs and symptoms, seek care at an emergency room. If testing is warranted a sample of serum, stool, vomit, stomach contents or food can be tested for presence of the toxin. *C. botulinum* can also be cultured from stool, a wound, or contaminated food.¹ In some cases, with strong suspicion of botulism, treatment may be given prior to a positive test result. Treatment for most forms of botulism is an antitoxin, but for infants, the treatment is called Botulism Immune Globulin Intravenous (BIG-IV) or commercially BabyBIG. BabyBIG can only be released by its national sponsor, the California Department of Health through their California Infant Botulism Treatment and Prevention Program by way of reporting a clinically compatible case.²

Since 2001 in Ohio there have been 178 suspected, probable, or confirmed cases of Botulism reported in the Ohio Disease Reporting System (ODRS). Infant botulism is the most common form reported (101 cases, 57%), followed by foodborne (61 cases, 34%), and wound (16 cases, 9%).

***Suspected cases reported in 2025 may still be under investigation. The totals for 2025, and any rates calculated using these counts, should not be interpreted as finalized statistics.**

*References:

1. "About Botulism." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, www.cdc.gov/botulism/about/index.html. Accessed 25 Nov. 2025.
2. "Botulism." Ohio Department of Health- Infectious Disease Control Manual, odh.ohio.gov/know-our-programs/infectious-disease-control-manual/section3/section-3-botulism. Accessed 25 Nov. 2025.

Table 2. Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County, November 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	7	.	1	2	2	.	.	.	12	50%
C. auris - Colonization Screening	1	.	.	1	2	.	.	1	5	0%
CPO	8	1	.	6	1	1	.	.	17	13%
Campylobacteriosis	4	.	1	5	1	.	.	3	14	-42%
Coccidioidomycosis	.	.	.	1	.	.	.	.	1	N/A
Cryptosporidiosis	1	.	.	.	.	.	.	1	2	-67%
E.Coli (shiga toxin producing)	1	.	.	2	.	.	.	1	4	-50%
Ehrlichiosis/Anaplasmosis	.	.	.	2	.	.	1	.	3	-25%
Giardiasis	3	1	.	1	1	.	.	.	6	-14%
Haemophilus influenzae (invasive)	2	.	.	.	.	.	.	.	2	-67%
Hepatitis A	.	3	.	.	.	.	1	.	4	-56%
Hepatitis B (acute)	1	1	.	.	.	.	.	.	2	-33%
Hepatitis B (chronic)	25	1	.	4	.	.	.	8	38	6%
Hepatitis C (chronic)	54	2	4	15	7	6	2	7	97	-16%
Influenza-associated hospitalization	7	.	1	6	1	1	2	6	24	500%
Legionnaires' Disease	5	.	.	1	1	.	.	1	8	-33%
Listeriosis	1	.	.	.	.	.	.	.	1	0%
Lyme Disease	4	1	1	1	3	.	3	.	13	-32%
Measles	1	.	.	.	.	.	.	.	1	N/A
Meningitis (bacterial, not N. meningitidis)	1	.	.	.	1	.	.	.	2	0%
Meningococcal disease	1	.	.	.	.	.	.	.	1	N/A
Mumps	.	.	.	1	.	.	.	.	1	N/A
Pertussis	5	.	1	13	1	.	.	4	24	4%
Q fever (acute)	2	.	.	.	.	.	.	.	2	N/A
Salmonellosis	14	.	.	1	1	1	.	1	18	-22%
Shigellosis	5	1	.	1	.	.	.	.	7	75%
Spotted Fever Rickettsiosis (including	.	.	1	.	.	.	1	.	2	0%
Streptococcal pneumoniae (invasive)	6	.	.	3	.	.	.	1	10	0%
Streptococcal, Group A (invasive)	6	.	.	3	1	.	.	.	10	150%

Table 2. Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County, November 2025, Continued (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		
Streptococcal, Group B (in newborn)	1	.	.	.	.	.	.	.	1	N/A
Toxic shock syndrome (TSS)	1	N/A
Tuberculosis	3	1	33%
Varicella	3	.	.	4	0%
Yersiniosis	3	.	.	1	1	25%
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NOTE: The Percent Change Column provides the change from the prior month total to the report month total for each Notifiable Disease.

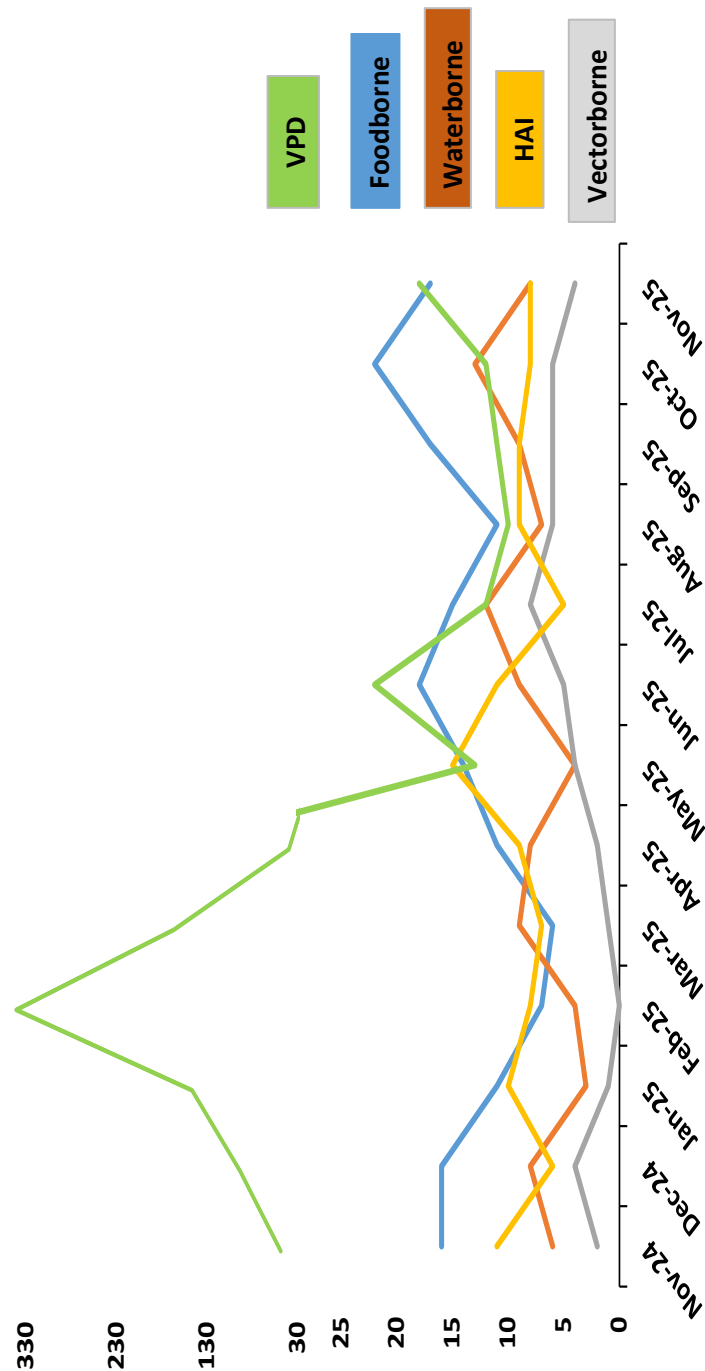
Table 3. January - November 2025, Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County (Top 5 Increases Highlighted)

Reportable Condition	County								Total	Percent Change
	Hamilton	Adams	Brown	Butler	Clermont	Clinton	Highland	Warren		
Amebiasis	4	.	.	4	1	.	.	.	9	0%
Babesiosis	1	.	.	1	.	.	.	1	3	50%
Botulism - wound	.	.	.	.	.	.	.	1	1	0%
Brucellosis	1	.	.	.	.	.	.	.	1	0%
C. auris	53	1	1	16	11	3	3	8	96	14%
C. auris - Colonization Screening	53	.	1	26	8	.	1	13	102	5%
Campylobacteriosis	75	10	9	53	29	3	13	42	234	6%
Coccidioidomycosis	7	.	.	3	1	1	.	3	15	7%
CPO	39	8	2	25	14	5	4	14	111	18%
CPO - Colonization Screening	2	.	.	5	4	.	.	.	11	0%
Creutzfeldt-Jakob Disease	2	.	.	.	2	.	.	1	5	0%
Cryptosporidiosis	15	2	1	7	1	1	.	7	34	6%
Cyclosporiasis	7	.	.	.	.	.	.	2	9	0%
Dengue	1	.	.	.	.	.	.	.	1	0%
Diphtheria	.	.	.	1	.	.	.	.	1	0%
E.Coli (shiga toxin producing)	16	.	1	9	3	3	2	7	41	11%
Ehrlichiosis/Anaplasmosis	7	1	1	4	3	.	1	3	20	18%
Giardiasis	30	2	1	8	12	.	1	9	63	11%
Haemophilus influenzae (invasive)	24	.	6	6	3	1	2	4	46	5%
Hantavirus	1	.	.	.	.	.	.	.	1	0%
Hepatitis A	26	9	1	56	3	4	4	7	110	4%
Hepatitis B (acute)	9	4	1	8	.	5	.	5	32	7%
Hepatitis B (chronic)	226	8	3	91	17	9	7	50	411	10%
Hepatitis C - Perinatal Infection	2	.	2	1	.	.	.	.	5	0%
Hepatitis C (acute)	4	.	.	.	1	.	.	1	6	0%
Hepatitis C (chronic)	581	26	41	208	105	31	36	104	1132	9%
Hepatitis E	1	.	.	.	.	1	.	.	2	0%
Influenza-associated hospitalization	918	20	58	393	273	56	91	272	2081	1%
Legionnaires' Disease	34	.	1	22	6	1	1	7	72	13%
Leptospirosis	.	.	.	.	.	.	.	1	1	0%

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

	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Total	Rate per 100,000 People
Foodborne	16	16	11	7	6	11	14	18	15	11	17	22	17	181	37
Waterborne	6	8	3	4	9	8	4	9	12	7	9	13	8	100	20
Vectorborne	2	4	1	0	1	2	4	5	8	6	6	6	4	49	10
HAI*	11	6	10	8	7	9	15	11	5	9	9	8	8	116	24
VPD*	49	94	147	341	167	40	13	22	12	10	11	12	18	936	192
COVID-19	519	1008	929	1009	643	313	200	178	305	723	750	-	-	6577	1347
Total	603	1136	1101	1369	833	383	250	243	357	766	802	61	55	7041	1442
Total (No COVID-19)	84	128	172	360	190	70	50	65	52	43	52	61	55	1382	283

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

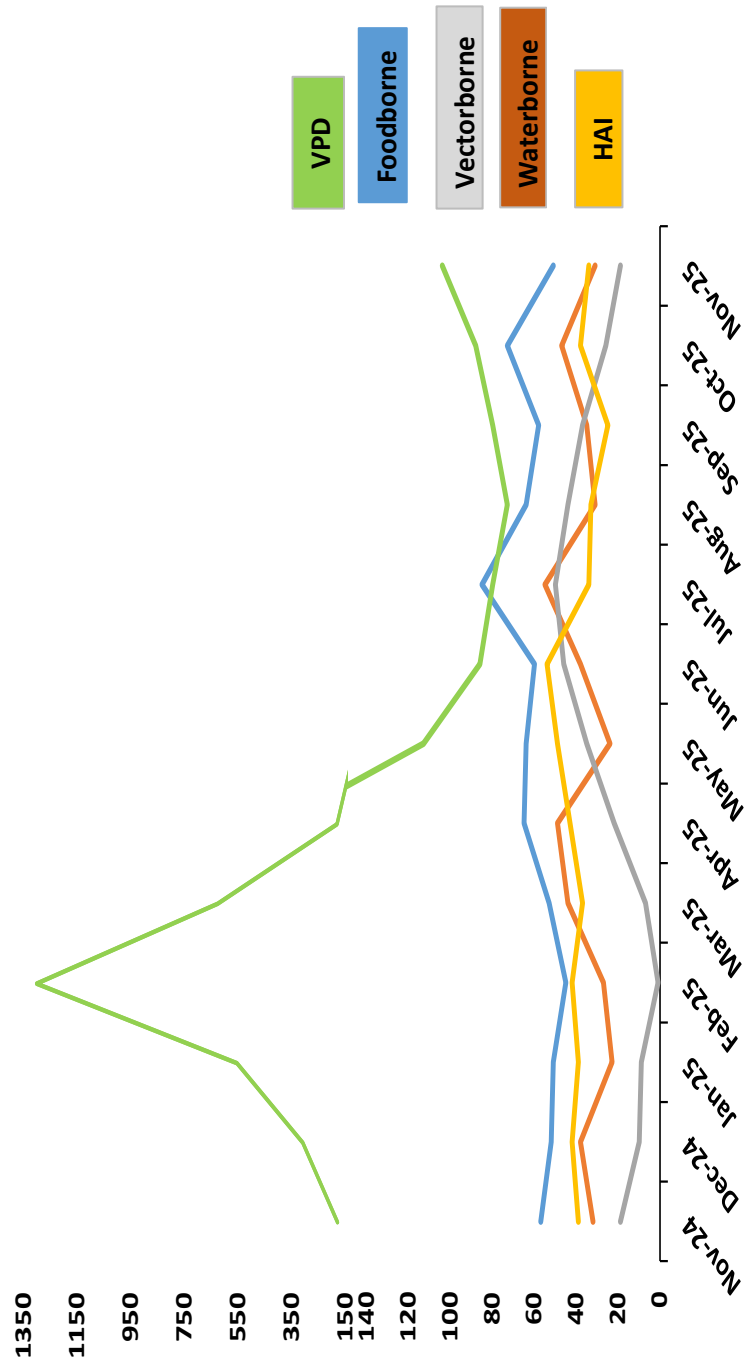


*NOTES: The VPD category represents all Vaccine Preventable Diseases and HAI refers to Healthcare Acquired Infections. A list of all Notifiable Diseases that are included in each category can be found in the Data Notes section on page 9 of this report. As of October 1st 2025 individual case of COVID-19 are no longer reportable in the state of Ohio.

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

	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Total	Rate per 100,000 People
Foodborne	57	52	51	45	53	65	64	60	85	64	58	73	51	778	45
Waterborne	32	38	23	27	44	49	24	38	55	31	35	47	31	474	27
Vectorborne	19	10	9	1	7	22	35	46	50	44	37	26	19	325	19
HAI*	39	42	39	42	37	43	49	54	34	33	25	38	34	509	29
VPD*	180	310	555	1303	627	182	113	86	80	73	80	88	104	3781	217
COVID-19	1556	3743	3558	3572	2387	1222	673	512	986	2673	2727	-	-	23609	1357
Total	1883	4195	4235	4990	3155	1583	958	796	1290	2918	2962	272	239	28965	1665
Total (No COVID-19)	327	452	677	1418	768	361	285	284	304	245	235	272	239	5867	337

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

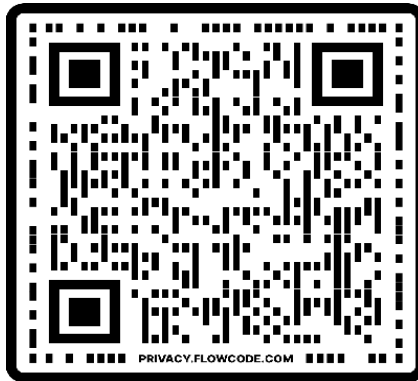


*NOTES: The VPD category represents all Vaccine Preventable Diseases and HAI refers to Healthcare Acquired Infections. A list of all Notifiable Diseases that are included in each category can be found in the Data Notes section on page 9 of this report. As of October 1st 2025 individual case of COVID-19 are no longer reportable in the state of Ohio.

CONTACT INFORMATION

For questions about this report please email
HCPH.ID@hamilton-co.org

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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.
- Starting on October 1, 2025, the Ohio Department of Health began using CliniSync to automatically report COVID, flu, and RSV hospitalizations directly from Ohio hospitals. Due to unexpected delays in this new reporting system, COVID, flu, and RSV hospitalizations should be considered under-reported for the 2024-2025 respiratory disease season while all local hospitals are onboarded into this system.
- This report reflects the time period of November 1 - 30, 2025. Data was accessed from the Ohio Disease Reporting System on 12/01/2025.
- 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.
 - Healthcare Acquired Infections: CPO (clinical and screening), *C. auris* (clinical and screening).