

# Hamilton County Public Health Communicable Disease Surveillance Report

December 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.

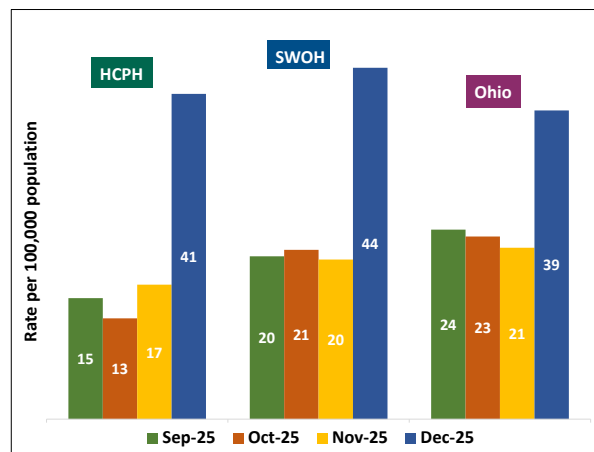
# REPORTABLE INFECTIOUS DISEASES IN SOUTHWEST OHIO - DECEMBER 2025

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

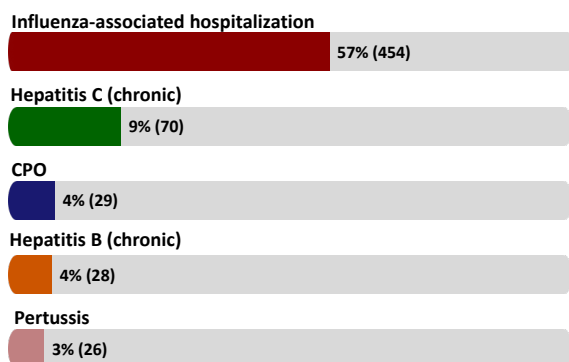
Location	HCPH	SWOH	Ohio
Number of Reported Cases	200	796	4613
Rate per 100,000	42.0	45.4	39.8
Rate Ratio <sup>†</sup>	1.05	1.14	.
Confidence Interval (99%) <sup>‡</sup>	0.87 - 1.27	1.03 - 1.26	.-.

In December, the overall rates of reported communicable diseases for HCPH increased by **142%** when compared to November. The SWOH and Ohio the rates increased by **120%**, and **80%**, respectively compared to the rates in November (Figure 1). The SWOH rate (45.4) was the highest of the three rates, followed by the Ohio rate (42.0) and the Ohio rate (39.8) (Table 1).

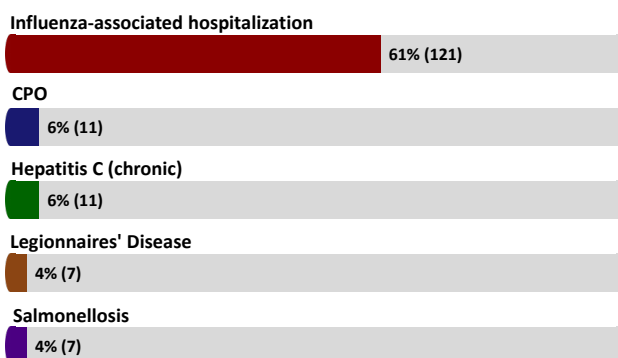
**Figure 1. 30-Day Rates of Reported Communicable Diseases in Ohio, Southwest Ohio, and Hamilton County Public Health Jurisdiction, August 2025 - December 2025**



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



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



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

**Influenza-associated hospitalization** was the most frequently reported communicable disease for SWOH and HCPH, representing 57% and 61% of total disease for the month of December in SWOH and HCPH, respectively. For SWOH, the case count for December (454) showed was nearly 19x greater than the total in November (24). For HCPH, December's case count (121) was nearly 61x greater than the case count in November (2). SWOH observed a higher rate per 100,000 people (26.1 cases) compared to HCPH jurisdiction (24.8 cases).

**Chronic Hepatitis C** was the 2nd-most reported disease in SWOH and the tied for 2nd-most in HCPH, and **Chronic Hepatitis B** was the 4th-most reported disease in SWOH. Together, they accounted for 12.3% and 7% of all reported diseases in SWOH and HCPH respectively for the month of December. In SWOH, the total number of Hepatitis B and C cases for December (98), was 30.4% lower than the previous 12-month average (136). The rate per 100,000 people in SWOH was 5.6 cases, which was 93% higher than the HCPH rate of 2.9 cases.

**CPOs** were the 3rd-most reported disease in SWOH and tied for 2nd-most in HCPH. Cases in HCPH represented 38% of all the cases in SWOH. SWOH saw a 71% increase in cases from November (17) to December (29), while HCPH saw an increase of 38% in the same timeframe (8 to 11).

**Pertussis** was the 5th-most reported disease in SWOH jurisdiction (3% of total) and was not in the top 5 for HCPH in December. Only 12% of all the cases in SWOH occurred within HCPH's jurisdiction, and the total in SWOH (26) was 8% higher than the total from November (24). The rate per 100,000 people in SWOH (1.5) was greater than the rate in HPCH (0.6 per 100,000).

**Legionnaire's Disease** and **Salmonellosis** were tied for the 4th-most reported diseases in HCPH in December. HCPH cases represented 63% and 41% of the cases observed in SWOH for each disease, respectively. However, both diseases did see regionwide increase throughout SWOH, with a 150% increase in Legionnaire's Disease and a 33% increase in Salmonellosis.

## NOTES:

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

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

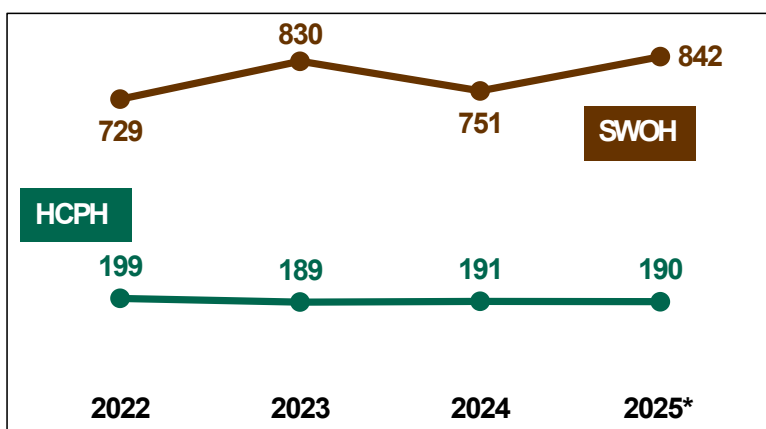
# INFECTIOUS DISEASE HIGHLIGHT

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.

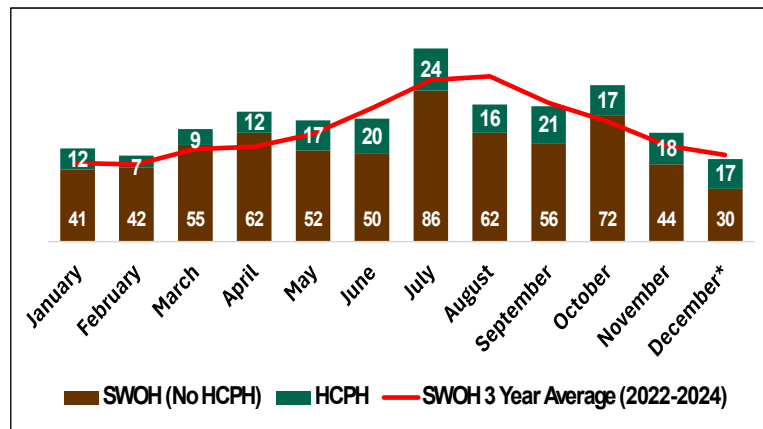
## December 2025 Highlight: Gastrointestinal Illnesses

Gastrointestinal (GI) illnesses are diseases that affect the GI tract. These illnesses typically present as one or more of a set of common symptoms that includes nausea, vomiting, diarrhea, abdominal pain, and fever. Infectious GI illnesses can be caused by viral, bacterial, and parasitic pathogens that are responsible for these symptoms, many of which are reportable in the state of Ohio. Both individual cases and outbreaks of infectious GI illnesses are investigated by public health to narrow down the source of the infection and take action to remediate it. GI illnesses are typically spread through the consumption of food or water that has been contaminated with infectious material. Some common pathways for this contamination include: infected individuals preparing food for others without properly washing their hands after using the restroom; infected individuals swimming while having diarrhea; and inadequate cleaning and sanitization of manufacturing environments for prepared foods.

\*Figure 3a. Case Counts by Year of GI Illnesses, 2022 - 2025 YTD



\*Figure 3b. Cases of GI illnesses for SWOH and HCPH, YTD 2025



A comprehensive questionnaire is used to interview individuals with infectious GI illness to gather information that may assist in identifying when and where their exposure occurred. An outbreak of GI illness is suspected when a common source is identified among 2 or more cases within a small window of time.<sup>1</sup> This common source is often a location such as schools, daycares, or restaurants where noncompliant practices may lead to contamination of food. These outbreaks can be self-reported or identified by local health departments through surveillance and case interviews. For all restaurants, grocery stores, and other exposure locations that are identified in these investigations, local health departments consider sending environmental health specialists out to conduct an inspection to identify anything that may be out of compliance.

The individually reportable GI conditions in Ohio include:

- **Botulism (Foodborne only)**
- **Campylobacteriosis**
- **Cholera**
- **Cryptosporidiosis**
- **Cyclosporiasis**
- **E. Coli (O157:H7 and STEC)**
- **Giardiasis**
- **Hepatitis**
- **Listeriosis**
- **Salmonella (Typhi and Paratyphi Infections)**
- **Salmonellosis**
- **Shigellosis**
- **Staphylococcus aureus (VRSA, VISA)**
- **Trichinellosis**
- **Vibriosis (all species)**
- **Yersiniosis**

There are also GI illnesses that do not need to be reported individually, but rather only when an outbreak of the illness occurs. The most common of these is Norovirus, which is often incorrectly labelled as the “stomach flu” in media and anecdotally. Norovirus is usually only tested for in the setting of an outbreak when individuals who are involved are willing to submit a sample for testing. Samples that can be tested for these pathogens causing GI illness include stool, vomitus, and the contaminated food or water.<sup>1</sup>

Since 2022, the number of GI cases in Southwest Ohio (SWOH) has fluctuated, with a 14% increase from 2022 to 2023 leading into, an 11% decrease in 2024, followed by an 11% increase for 2025 as of December 17th, 2025 (Figure 3a). The number of GI cases for Hamilton County Public Health (HCPH) jurisdiction over the same time period showed little fluctuation, peaking in 2022 and then remaining almost constant between 2023 and 2025 year to date (YTD) (Figure 3a). HCPH has accounted for 23% of all GI cases in SWOH in 2025 YTD, with month-to-month figures shown in Figure 3b. When comparing the monthly 3-year averages from 2022-2024 to 2025 YTD, the number of GI cases in 2025 was greater than the average in 8 of the 11 months with complete data. The peak of the 3-year average covers the months from June through September, and in 2025, 3 of those months (excluding July) were below this 3-year average. The Winter, Spring, and Fall months of 2025 show larger than average numbers of GI cases when compared to the past 3 years.

\*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. Ohio Department of Health- Infectious Disease Manual. Ohio Department of Health- Infectious Disease Control Manual. (n.d.). <https://odh.ohio.gov/know-our-programs/infectious-disease-control-manual/welcome>

Table 2. Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County, December 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		
C. auris	8	.	1	1	1	.	.	.	11	-8%
C. auris - Colonization Screening	.	.	.	1	.	.	.	1	2	-60%
CPO	18	1	1	4	4	.	1	.	29	71%
CPO - Colonization Screening	1	.	.	.	.	.	.	.	1	N/A
Campylobacteriosis	8	1	.	2	1	.	2	2	16	14%
Creutzfeldt-Jakob Disease	1	.	.	.	.	.	.	.	1	N/A
Cryptosporidiosis	1	.	.	.	1	.	2	.	4	100%
E.Coli (shiga toxin producing)	.	.	.	1	.	.	1	1	3	-25%
Ehrlichiosis/Anaplasmosis	1	.	.	1	.	.	.	.	2	-33%
Giardiasis	4	.	.	1	2	.	.	.	7	17%
Haemophilus influenzae (invasive)	3	.	.	1	2	.	1	1	8	300%
Hepatitis A	1	.	1	1	1	.	1	.	5	25%
Hepatitis B (acute)	.	.	.	2	1	.	.	.	3	50%
Hepatitis B (Chronic)	12	2	.	9	1	.	1	3	28	-26%
Hepatitis C (Chronic)	33	1	4	14	7	1	3	7	70	-28%
Hepatitis C - Perinatal Infection	.	.	.	2	.	.	.	.	2	N/A
Influenza-associated hospitalization	231	3	8	105	44	5	10	48	454	1792%
Legionnaires' Disease	11	.	.	6	.	1	.	2	20	150%
Leptospirosis	1	.	.	.	.	.	.	.	1	N/A
Lyme Disease	2	2	.	1	3	.	1	.	9	-31%
Meningitis (bacterial, not N. meningitidis)	2	.	.	1	1	.	.	2	6	200%
Mumps	.	.	.	1	.	.	.	.	1	0%
Pertussis	5	.	2	8	1	.	.	10	26	8%
Salmonellosis	17	.	1	4	1	.	.	1	24	33%
Shigellosis	3	.	.	3	.	.	.	.	6	-14%
Streptococcal pneumoniae (invasive)	10	.	1	8	1	2	2	2	26	160%
Streptococcal, Group A (invasive)	3	.	1	2	.	.	1	1	8	-20%
Tuberculosis	3	.	.	2	.	.	.	1	6	50%
Varicella	2	.	.	.	.	.	.	6	8	14%



Table 3. January - December 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	0%
Botulism - wound	.	.	.	.	.	.	.	1	1	0%
Brucellosis	1	.	.	.	.	.	.	.	1	0%
C. auris	61	1	2	17	12	3	3	8	107	11%
C. auris - Colonization Screening	53	.	1	27	8	.	1	14	104	2%
Campylobacteriosis	83	11	9	55	30	3	15	44	250	7%
Coccidioidomycosis	7	.	.	3	1	1	.	3	15	0%
CPO	57	9	3	29	18	5	5	14	140	26%
CPO - Colonization Screening	3	.	.	5	4	.	.	.	12	9%
Creutzfeldt-Jakob Disease	3	.	.	.	2	.	.	1	6	20%
Cryptosporidiosis	16	2	1	7	2	1	2	7	38	12%
Cyclosporiasis	7	.	.	.	.	.	.	2	9	0%
Dengue	1	.	.	.	.	.	.	.	1	0%
Diphtheria	.	.	.	1	.	.	.	.	1	0%
E.Coli (shiga toxin producing)	16	.	1	10	3	3	3	8	44	7%
Ehrlichiosis/Anaplasmosis	8	1	1	5	3	.	1	3	22	10%
Giardiasis	34	2	1	9	14	.	1	9	70	11%
Haemophilus influenzae (invasive)	27	.	6	7	5	1	3	5	54	17%
Hantavirus	1	.	.	.	.	.	.	.	1	0%
Hepatitis A	27	9	2	57	4	4	5	7	115	5%
Hepatitis B (acute)	9	4	1	10	1	5	.	5	35	9%
Hepatitis B (chronic)	238	10	3	100	18	9	8	53	439	7%
Hepatitis C- Perinatal Infection	2	.	2	3	.	.	.	.	7	40%
Hepatitis C (acute)	4	.	.	.	1	.	.	1	6	0%
Hepatitis C (chronic)	614	27	45	222	112	32	39	111	1202	6%
Hepatitis E	1	.	.	.	.	1	.	.	2	0%
Influenza-associated hospital-	1149	23	66	498	317	61	101	320	2535	22%
Legionnaires' Disease	45	.	1	28	6	2	1	9	92	28%
Leptospirosis	1	.	.	.	.	.	.	1	2	100%

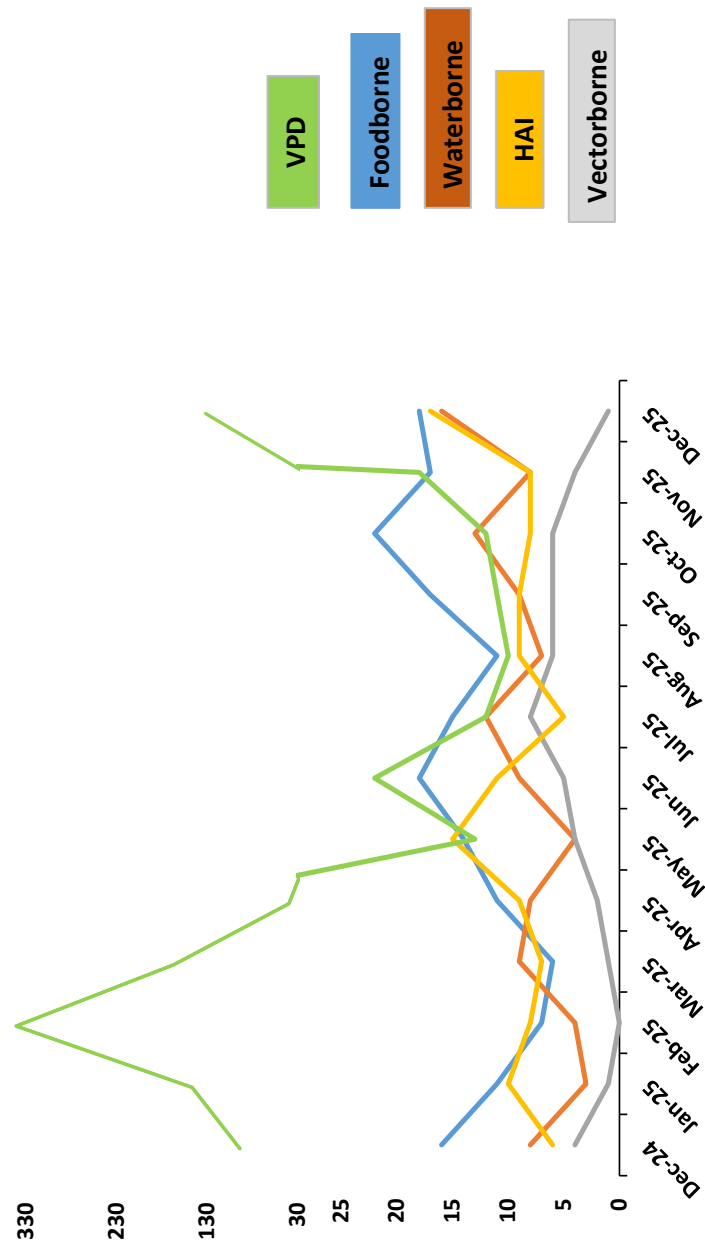




Table 4a: Case Counts for **Hamilton County Public Health Jurisdiction** by Disease Category for Previous 12 Months

	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Total	Rate per 100,000 People
Foodborne	16	11	7	6	11	14	18	15	11	17	22	17	18	183	37
Waterborne	8	3	4	9	8	4	9	12	7	9	13	8	16	110	23
Vectorborne	4	1	0	1	2	4	5	8	6	6	6	4	1	48	10
HAI*	6	10	8	7	9	15	11	5	9	9	8	8	17	122	25
VPD*	94	147	341	167	40	13	22	12	10	11	12	18	132	1019	209
COVID-19	1008	929	1009	643	313	200	178	305	723	750	-	-	-	6058	1241
Total	1136	1101	1369	833	383	250	243	357	766	802	61	55	184	7540	1544
Total (No COVID-19)	128	172	360	190	70	50	65	52	43	52	61	55	184	1482	304

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



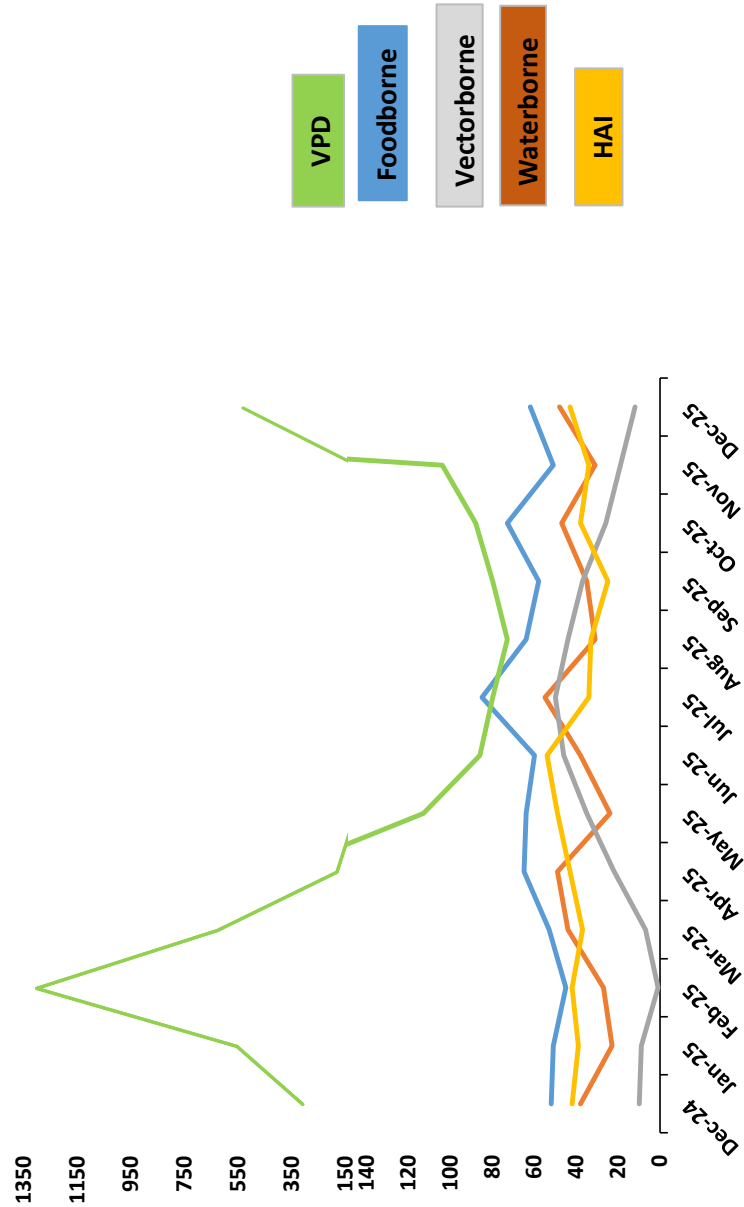
\*NOTES: The VPD category represents all Vaccine Preventable Diseases and HAI refers to Healthcare Acquired Infections. A list of all Notifiable Diseases that are included in each category can be found in the Data Notes section on page 9 of this report. As of October 1<sup>st</sup> 2025 individual case 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

	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Total	Rate per 100,000 People
Foodborne	52	51	45	53	65	64	60	85	64	58	73	51	62	783	45
Waterborne	38	23	27	44	49	24	38	55	31	35	47	31	48	490	28
Vectorborne	10	9	1	7	22	35	46	50	44	37	26	19	12	318	18
HAI*	42	39	42	37	43	49	54	34	33	25	38	34	43	513	29
VPD*	310	555	1303	627	182	113	86	80	73	80	88	104	533	4134	238
COVID-19	3743	3558	3572	2387	1222	673	512	986	2673	2727	-	-	-	22053	1268
Total	4195	4235	4990	3155	1583	958	796	1290	2918	2962	272	239	698	28291	1626
Total (No COVID-19)	452	677	1418	768	361	285	284	304	245	235	272	239	698	6238	359

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

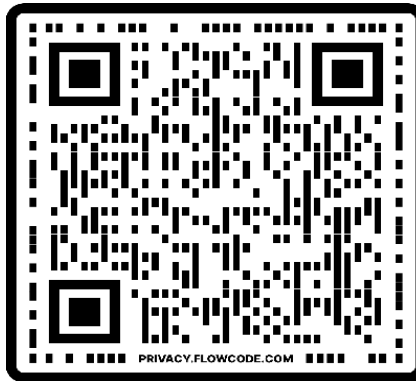


\*NOTES: The VPD category represents all Vaccine Preventable Diseases and HAI refers to Healthcare Acquired Infections. A list of all Notifiable Diseases that are included in each category can be found in the Data Notes section on page 9 of this report. As of October 1<sup>st</sup> 2025 individual case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

# CONTACT INFORMATION

For questions about this report please email  
HCPH.ID@hamiltoncountyohio.gov

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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 2025-2026 respiratory disease season while all local hospitals are onboarded into this system.
- This report reflects the time period of December 1 - 31, 2025. Data was accessed from the Ohio Disease Reporting System on 01/02/2026.
- 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).