

# Hamilton County Public Health Communicable Disease Surveillance Report

January 2026

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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.

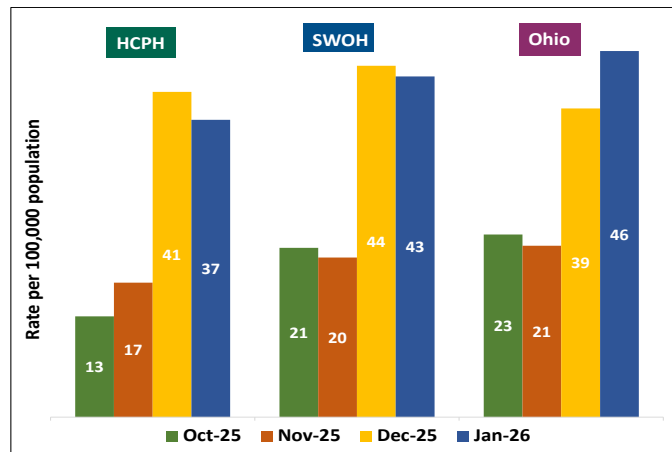
# REPORTABLE INFECTIOUS DISEASES IN SOUTHWEST OHIO - JANUARY 2026

**Table 1. Comparison of the Number of Reported Cases of Notifiable Communicable Diseases by Location, January 2026**

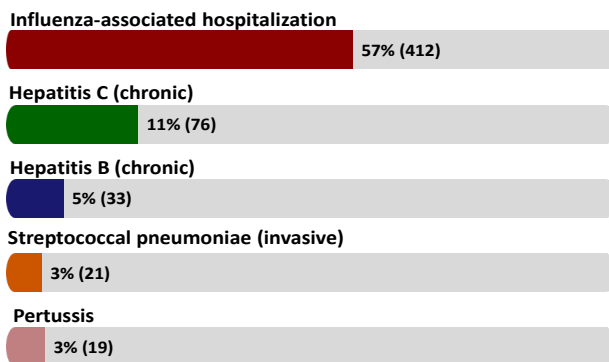
Location	HCPH	SWOH	Ohio
Number of Reported Cases	171	722	5118
Rate per 100,000	35.9	41.1	44.2
Rate Ratio <sup>†</sup>	0.81	0.93	.
Confidence Interval (99%) <sup>‡</sup>	0.66 - 0.99	0.84 - 1.03	.-.

In January, the overall rates of reported communicable diseases for Ohio increased by **19%** when compared to December. The HCPH and SWOH the rates decreased by **9%** and **3%**, respectively compared to the rates in December (Figure 1). The Ohio rate (45.7) was the highest of the three rates, followed by the SWOH rate (42.6) and the HCPH rate (37.1) (Table 1).

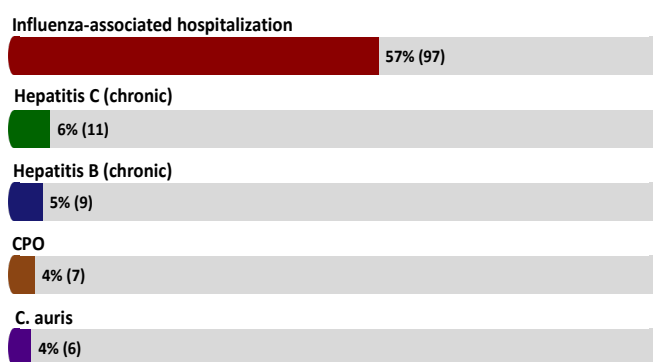
**Figure 1. 30-Day Rates of Reported Communicable Diseases in Ohio, Southwest Ohio, and Hamilton County Public Health Jurisdiction, September 2025 - January 2026**



**\*Figure 2a. SWOH Commonly Reported Communicable Diseases, January 2026**



**\*Figure 2b. HCPH Commonly Reported Communicable Diseases, January 2026**



\*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% of total disease for the month of January for both SWOH and HCPH. For SWOH, the case count for January (412) showed a 9% decrease from the total in December (454). For HCPH, January's case count (97) was 20% lower than the case count in December (121). SWOH observed a higher rate per 100,000 people (23.7 cases) compared to HCPH jurisdiction (19.9 cases).

**Chronic Hepatitis C** and **Chronic Hepatitis B** were the 2<sup>nd</sup> and 3<sup>rd</sup>-most reported disease in SWOH and HCPH, respectively. Together, they accounted for 16% and 11% of all reported diseases in SWOH and HCPH respectively for the month of January. In SWOH, the total number of Hepatitis B and C cases for January (109), was 19% lower than the previous 12-month average (135). The rate per 100,000 people in SWOH was 6.3 cases, which was 35% higher than the HCPH rate of 4.1 cases.

**Invasive Streptococcal pneumoniae** were the 4<sup>th</sup>-most reported disease in SWOH and was not in the top 5 for HCPH. Cases in HCPH (5) represented 24% of all the cases in SWOH. SWOH saw a 19% decrease in cases from December (26) to January (21), while HCPH saw an decrease of 50% in the same timeframe (10 to 5).

**Pertussis** was the 5<sup>th</sup>-most reported disease in SWOH jurisdiction (3% of total) and was not in the top 5 for HCPH in January. Only 1 of the 19 cases in SWOH occurred within HCPH's jurisdiction, but the total in SWOH (19) was 27% lower than the total from December (26). The rate per 100,000 people in SWOH (1.2) was greater than the rate in HPCH (0.2 per 100,000).

**CPOs** and **C. auris** were the 4<sup>th</sup> and 5<sup>th</sup>-most reported diseases in HCPH in January. HCPH cases represented 41% and 43% of the cases observed in SWOH for each disease, respectively. Regionwide from December to January, CPOs saw a decrease of 41% while C. auris increased by 27%.

## 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.

Table 2. Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County, January 2026 (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
Brucellosis	1	.	.	.	.	.	.	.	1	N/A
C. auris	7	.	.	3	2	1	1	.	14	27%
C. auris - Colonization Screening	5	.	.	.	.	1	.	4	10	400%
CPO	10	2	.	2	1	.	.	2	17	-41%
CPO - Colonization Screening	1	.	.	.	.	.	.	.	1	0%
Campylobacteriosis	8	.	.	2	1	1	.	3	15	-6%
Coccidioidomycosis	1	.	.	.	.	.	.	.	1	N/A
Cryptosporidiosis	.	.	1	2	.	1	.	2	6	50%
E.Coli (shiga toxin producing)	.	.	.	1	2	.	.	.	3	0%
Giardiasis	5	.	.	3	.	1	.	.	9	29%
Haemophilus influenzae (invasive)	2	.	1	1	.	.	.	2	6	-25%
Hepatitis A	1	.	.	1	.	.	1	1	4	-20%
Hepatitis B (acute)	1	.	1	.	.	.	.	.	2	-33%
Hepatitis B (chronic)	21	.	.	6	1	.	.	5	33	18%
Hepatitis C (chronic)	37	3	3	17	5	1	.	10	76	9%
Influenza-associated hospitalization	192	1	10	79	55	2	17	56	412	-9%
Legionnaires' Disease	1	.	.	.	1	.	.	1	3	-85%
Lyme Disease	1	.	1	.	1	.	.	1	4	-56%
Measles	1	.	.	.	.	.	.	.	1	N/A
Meningitis (bacterial, not N. meningitidis)	3	.	.	1	.	.	.	1	5	-17%
Mumps	1	.	.	.	.	.	.	.	1	0%
Pertussis	4	3	1	6	1	.	.	4	19	-27%
Salmonellosis	7	1	1	1	2	.	.	.	12	-50%
Shigellosis	6	.	.	1	.	.	.	.	7	17%
Spotted Fever Rickettsiosis (including	.	.	.	1	.	.	.	.	1	N/A
Streptococcal pneumoniae (invasive)	10	.	.	5	4	1	.	1	21	-19%
Streptococcal, Group A (invasive)	9	.	.	4	.	.	.	1	14	75%
Tuberculosis	2	.	.	4	.	.	.	2	8	33%

Table 2. Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County, January 2026, Continued (Highlighted colors correspond to the top 5 diseases listed on Page 1)

Table 3. January - January 2026, Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County (Top 5 Increases Highlighted)

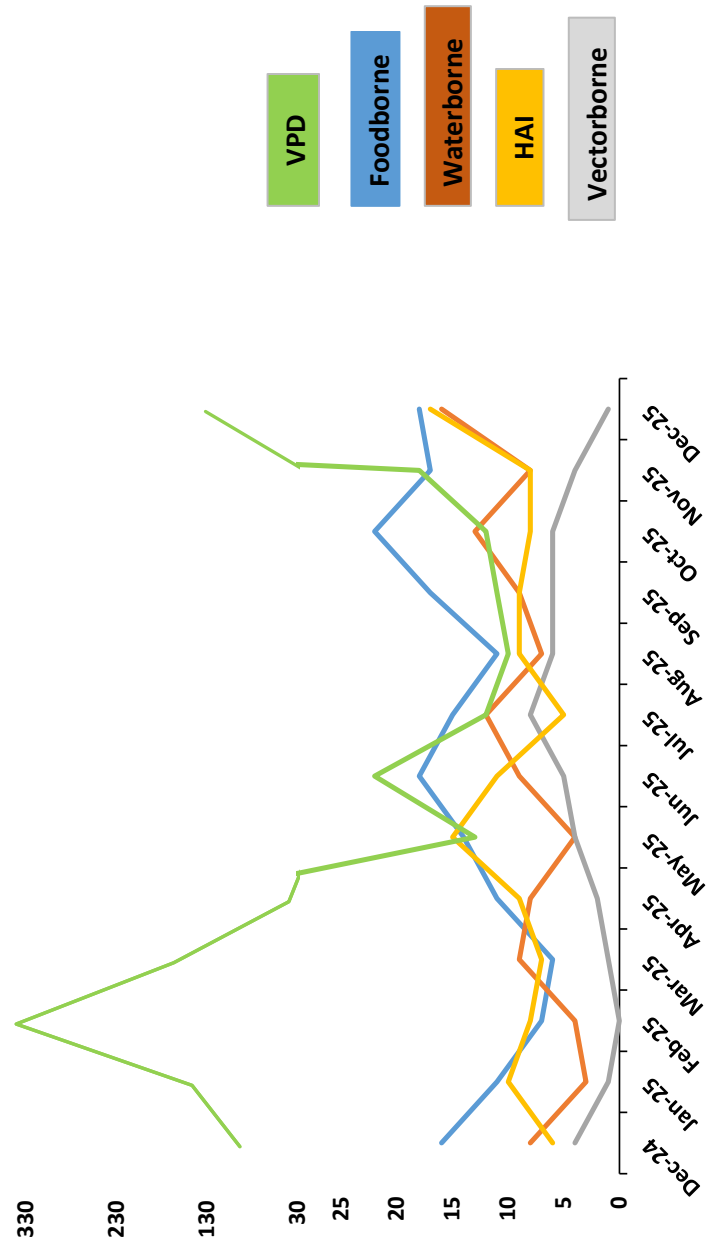
Reportable Condition	County								Total	Percent Change
	Hamilton	Adams	Brown	Butler	Clermont	Clinton	Highland	Warren		
Babesiosis	.	.	.	1	.	.	.	.	1	N/A
Brucellosis	1	.	.	.	.	.	.	.	1	N/A
C. auris	7	.	.	3	2	1	1	1	14	N/A
C. auris - Colonization Screening	5	.	.	.	.	1	1	.	10	N/A
CPO	10	2	.	2	1	.	.	2	17	N/A
CPO - Colonization Screening	1	.	.	.	.	.	.	.	1	N/A
Campylobacteriosis	8	.	.	2	1	1	1	3	15	N/A
Coccidioidomycosis	1	.	.	.	.	.	.	.	1	N/A
Cryptosporidiosis	.	.	1	2	.	1	1	2	6	N/A
E.Coli (shiga toxin producing)	.	.	.	1	2	.	.	.	3	N/A
Giardiasis	5	.	.	3	.	1	1	.	9	N/A
Haemophilus influenzae (invasive)	2	.	1	1	.	.	.	2	6	N/A
Hepatitis A	1	.	.	1	.	.	1	1	4	N/A
Hepatitis B (acute)	1	.	1	.	.	.	.	.	2	N/A
Hepatitis B (chronic)	21	.	.	6	1	.	.	5	33	N/A
Hepatitis C (chronic)	37	3	3	17	5	1	.	10	76	N/A
Influenza-associated hospitalization	192	1	10	79	55	2	17	56	412	N/A
Legionnaires' Disease	1	.	.	.	1	.	.	1	3	N/A
Lyme Disease	1	.	1	.	1	.	.	1	4	N/A
Measles	1	.	.	.	.	.	.	.	1	N/A
Meningitis (bacterial, not N. men-	3	.	.	1	.	.	.	1	5	N/A
Mumps	1	.	.	.	.	.	.	.	1	N/A
Pertussis	4	3	1	6	1	.	.	4	19	N/A
Salmonellosis	7	1	1	1	2	.	.	.	12	N/A
Shigellosis	6	.	.	1	.	.	.	.	7	N/A
Spotted Fever Rickettsiosis (includ-	.	.	.	1	.	.	.	.	1	N/A
Streptococcal pneumoniae (inva-	10	.	.	5	4	1	.	1	21	N/A
Streptococcal, Group A (invasive)	9	.	.	4	.	.	.	1	14	N/A
Tuberculosis	2	.	.	4	.	.	.	2	8	N/A
Varicella	2	.	.	.	.	.	.	5	7	N/A



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

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Total	Rate per 100,000 People
Foodborne	11	7	6	11	14	18	15	11	17	22	17	18	19	186	38
Waterborne	3	4	9	8	4	9	12	7	9	13	8	16	10	112	23
Vectorborne	1	0	1	2	4	5	8	6	6	6	4	1	0	44	9
HAI*	10	8	7	9	15	11	5	9	9	8	8	17	15	131	27
VPD*	147	341	167	40	13	22	12	10	11	12	18	132	110	1035	212
Total	172	360	190	70	50	65	52	43	52	61	55	184	154	1508	309

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

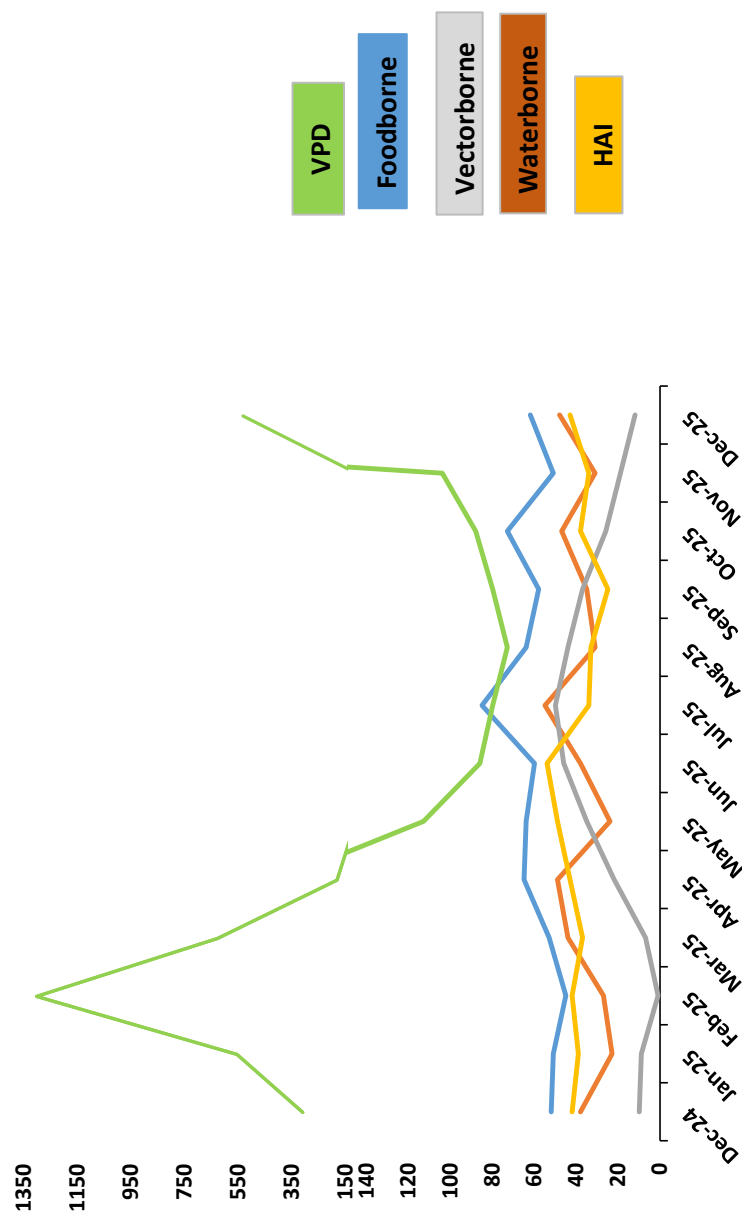


\*NOTES: The VPD category represents all Vaccine Preventable Diseases and HAI refers to Healthcare Acquired Infections. A list of all Notifiable Diseases that are included in each category can be found in the Data Notes section on page 9 of this report. As of October 1<sup>st</sup> 2025 individual case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

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Total	Rate per 100,000 People
Foodborne	51	45	53	65	64	60	85	64	58	73	51	62	49	780	45
Waterborne	23	27	44	49	24	38	55	31	35	47	31	48	33	485	28
Vectorborne	9	1	7	22	35	46	50	44	37	26	19	12	6	314	18
HAI*	39	42	37	43	49	54	34	33	25	38	34	43	42	513	29
VPD*	555	1303	627	182	113	86	80	73	80	88	104	533	479	4303	247
Total	677	1418	768	361	285	284	304	245	235	272	239	698	609	6395	368

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



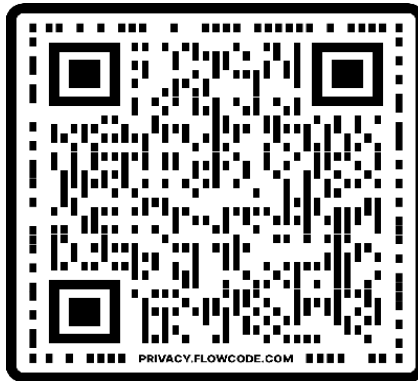
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# CONTACT INFORMATION

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 January 1 - 29, 2026. Data was accessed from the Ohio Disease Reporting System on 01/30/2026.
- 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).