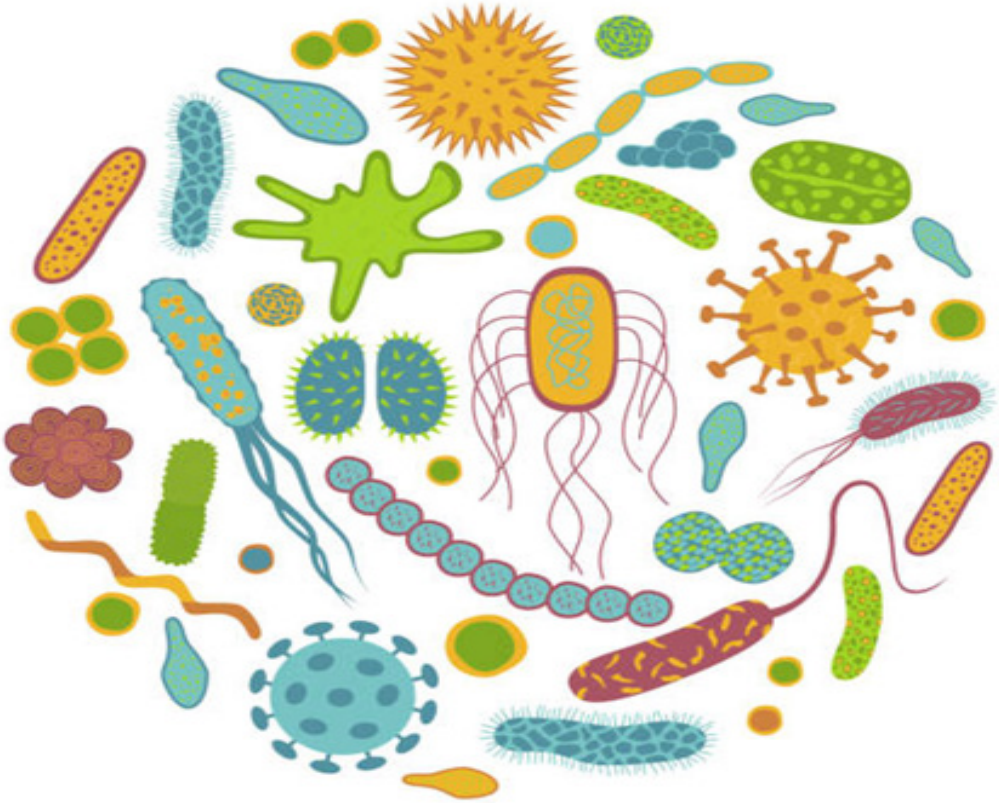


Hamilton County Public Health
Communicable Disease Surveillance Report

February 2026

Alec Rutkowski, MPH, Epidemiologist

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.

HAMILTON COUNTY PUBLIC HEALTH
PREVENT. PROMOTE. PROTECT.

REPORTABLE INFECTIOUS DISEASES IN SOUTHWEST OHIO - FEBRUARY 2026

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

Location	HCPH	SWOH	Ohio
Number of Reported Cases	113	536	3600
Rate per 100,000	23.7	30.5	31.1
Rate Ratio†	0.76	0.98	.
Confidence Interval (99%)‡	0.60 - 0.98	0.87 - 1.11	. - .

In February, the overall rates of reported communicable diseases for HCPH, SWOH, and Ohio decreased by **29%**, **20%**, and **24%** respectively compared to the rates in January (Figure 1). The Ohio rate (34.5) was the highest of the three rates, followed by the SWOH rate (33.9) and the HCPH rate (26.4) (Table 1).

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

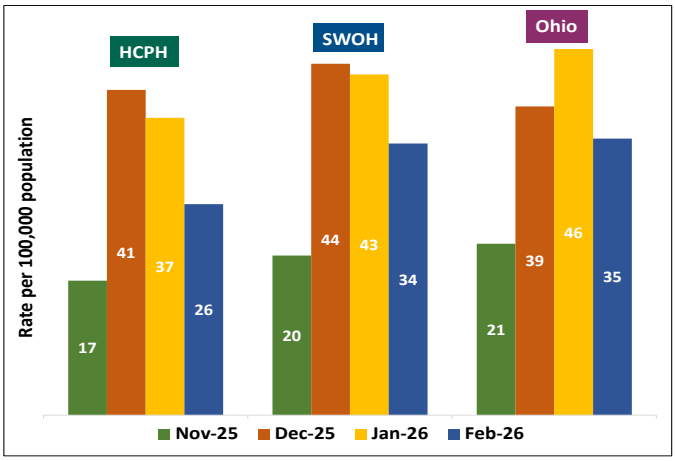


***Figure 2a. SWOH Commonly Reported Commmunicable Diseases, February 2026**

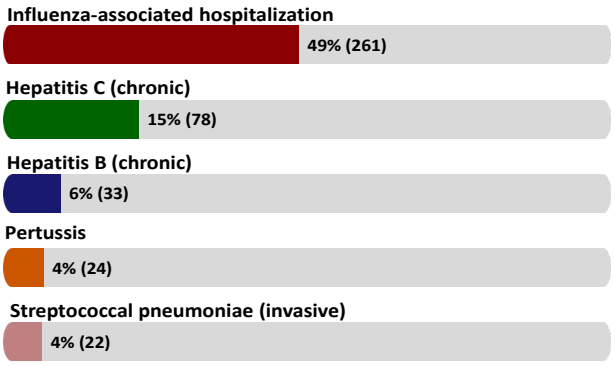
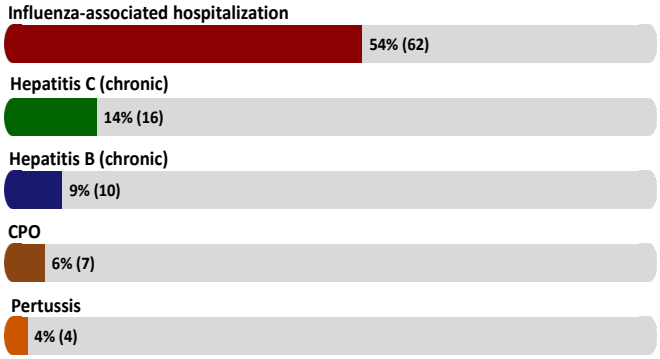


***Figure 2b. HCPH Commonly Reported Commmunicable Diseases, February 2026**



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

Influenza-associated hospitalization was the most frequently reported communicable disease for SWOH and HCPH, representing 49% and 54% of total disease for the month of Febraury for SWOH and HCPH respectively. For SWOH, the case count for February (261) showed a 37% decrease from the total in January (412). For HCPH, February's case count (62) was 36% lower than the case count in January (97). SWOH observed a higher rate per 100,000 people (14.2 cases) compared to HCPH jurisdiction (12.7 cases).

Chronic Hepatitis C and **Chronic Hepatitis B** were the 2nd and 3rd-most reported disease in SWOH and HCPH, respectively. Together, they accounted for 21% and 23% of all reported diseases in SWOH and HCPH respectively for the month of February. In SWOH, the total number of Hepatitis B and C cases for February (111), was 15% lower than the previous 12-month average (131). The rate per 100,000 people in SWOH was 6.0 cases, which was 12% higher than the HCPH rate of 5.3 cases.

Pertussis was the 4th-most reported disease in SWOH and 5th for HCPH jurisidction in February. Cases in HCPH (4) represented 17% of all the cases in SWOH. SWOH saw a 14% increase in cases from January (21) to February (24), while HCPH saw an decrease of 20% in the same timeframe (5 to 4). SWOH also observed a higher rate per 100,000 (1.3 cases) than HCPH (0.8 cases).

Invasive Streptococcal Pneumoniae was the 5th-most reported disease in SWOH jurisdiction (4% of total) and was not in the top 5 for HCPH in February. 4 of the 22 cases (18%) in SWOH occurred within HCPH's jurisdiction, and the total in SWOH (22) was 16% higher than the total from January (19). The rate per 100,000 people in SWOH (1.2) was greater than the rate in HPCH (0.8 per 100,000).

CPOs were the 5th-most reported disease in HCPH in February. HCPH cases represented 39% of the cases observed in SWOH for the month and there was the same amount of cases (7) in February as there was in January. Regionwide from Janaury to February, CPOs saw an increase of 6%.

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.

February 2026 Highlight: Lyme Disease

Lyme disease is the most commonly reported tickborne illness in the United States and in the state of Ohio. Throughout the United States, the most common cause of Lyme disease is the bacteria Borrelia burgdorferi which normally lives in the blood of small mammals such as the white-footed mouse. These bacteria can be picked up by the deer/blacklegged tick when the tick takes a blood meal from an infected animal. From there, an infected tick can transmit the bacteria when it bites an animal or human, especially if the tick can stay attached for a long period of time. In general, the longer a tick is attached to a host, the greater the risk that B. burgdorferi can be transmitted to that host. Observations have shown that a tick generally needs at least 24 hours of attachment to transmit Lyme disease. Ticks can also transmit a host of other pathogens through their bites. Different tickborne diseases require different attachment times for transmission, so early identification and removal of ticks is crucial for effective prevention of tickborne infections.[1]

Figure 3a. Case Counts by Year of Lyme Disease, 2022 - 2025 YTD

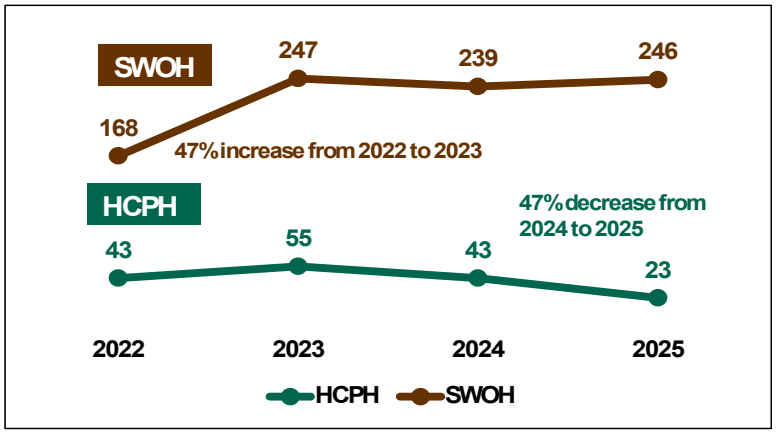
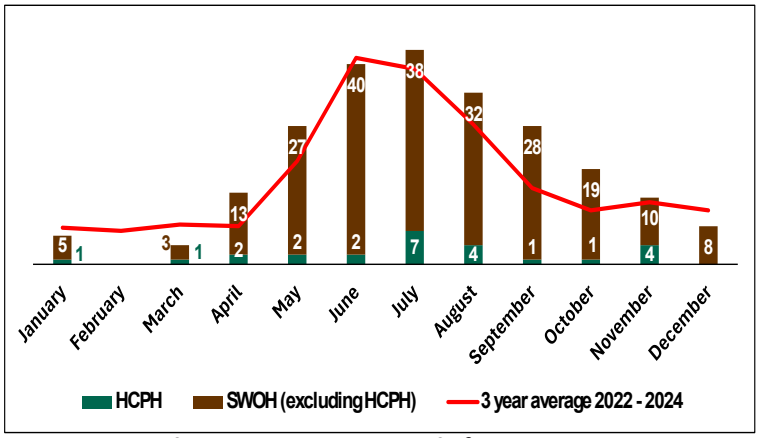


Figure 3b. Cases of Lyme Disease for SWOH and HCPH, 2025 YTD



In the first 3 to 30 days after a blacklegged tick bite, these are the signs and symptoms of Lyme disease to watch for[2]:

- **A distinctive bullseye rash at the bite site.**
- **Fever.**
- **Chills.**
- **Headache.**
- **Muscle and joint pain.**
- **Fatigue.**

Additional signs and symptoms that can occur days to weeks after the onset of illness include[2]:

- **Additional bullseye rashes.**
- **Facial paralysis on one side of the face.**
- **Fever.**
- **Stiff neck.**
- **Headache.**
- **Weakness, numbness or pain in arms or legs.**
- **Irregular heartbeat.**
- **Dizziness, feeling lightheaded, or heart palpitation.**
- **Persistent weakness and fatigue.**

Late manifestations of Lyme disease can begin weeks to months after illness onset and are described as[2]:

- **Joints swelling from arthritis in one or more joints, usually the knees (unilaterally).**
- **Problems with the nervous system.**
- **Persistent weakness and fatigue.**

Diagnosing Lyme disease relies on a combination of clinical symptoms, diagnosed by a physician (bullseye rash) or a healthcare provider for any other symptoms, and laboratory testing. Testing for antibodies is the most common laboratory testing done for Lyme disease and requires a 2-tiered approach for confirmatory lab evidence. There are 2 types of this tiered testing, standard and modified, which both begin with a first-tier screen of Borrelia burgdorferi antibodies. If positive, testing proceeds to the second tier, which will detect more specific antibodies.[2] The standard approach uses a different technique than the modified for this second-tier test, but both show the immune system's response to Lyme disease. Treatment for Lyme disease most commonly involves a regimen of the antibiotic doxycycline.

Figure 3a highlights the increase in Lyme disease seen regionwide in SWOH beginning in 2022 and continuing through 2025. HCPH counts, also observed in Figure 3a, are consistent over this timeframe before declining in 2025. Between 2022 and 2025, the median age of Lyme disease cases in SWOH was 37 years old, and the average age over the same timeframe was 38 years old. Throughout 2025, cases in HCPH jurisdiction (23) only accounted for 9% of the total cases for SWOH (246). Figure 3b shows the distribution of reported cases throughout 2025 compared to the prior 3 years of cases. Overall, Lyme disease cases in 2025 align with prior seasonality, showing typical rise beginning in April and peaking in June before slowly declining into October.

References

1. Centers for Disease Control and Prevention. (n.d.). About Lyme disease. Centers for Disease Control and Prevention. https://www.cdc.gov/lyme/about/index.html
2. Ohio Department of Health. (n.d.). Lyme Disease. Ohio Department of Health- Infectious Disease Control Manual. https://odh.ohio.gov/know-our-programs/infectious-disease-control-manual/section3/section-3-lyme-disease

Table 2. Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County, February 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		
C. auris	3	.	.	.	.	.	.	.	3	-79%
C. auris - Colonization Screening	2	.	.	.	.	.	1	1	4	-60%
CPO	12	.	.	2	1	.	1	2	18	6%
CPO - Colonization Screening	1	.	.	1	.	.	.	.	2	100%
Campylobacteriosis	4	.	.	4	3	.	.	1	12	-20%
Coccidioidomycosis	.	.	.	1	.	.	.	1	2	100%
Creutzfeldt-Jakob Disease	.	.	.	1	.	.	.	.	1	N/A
Cryptosporidiosis	1	.	.	3	.	.	.	1	5	-17%
E.Coli (shiga toxin producing)	1	.	.	.	3	.	.	.	4	33%
Giardiasis	1	.	.	4	1	.	.	4	10	11%
Haemophilus influenzae (invasive)	1	.	.	.	.	.	.	1	2	-67%
Hepatitis A	5	.	.	2	.	.	1	.	8	100%
Hepatitis B (acute)	.	.	.	.	.	1	.	.	1	-50%
Hepatitis B (chronic)	20	1	.	6	3	.	1	2	33	0%
Hepatitis C (chronic)	41	2	2	17	8	2	1	5	78	3%
Influenza-associated hospitalization	116	8	3	61	31	7	5	30	261	-37%
Influenza-associated pediatric mortality	1	.	.	.	.	.	.	.	1	N/A
Legionnaires' Disease	1	.	.	2	.	.	.	3	6	100%
Lyme Disease	3	.	.	2	1	.	1	.	7	75%
Meningitis (bacterial, not N. meningitidis)	.	.	.	.	.	.	.	1	1	-80%
Mumps	1	.	.	.	.	.	.	.	1	0%
Pertussis	5	.	.	9	1	.	3	6	24	26%
Salmonellosis	2	.	.	2	1	.	.	1	6	-50%
Shigellosis	2	.	.	.	.	.	.	1	3	-57%
Spotted Fever Rickettsiosis (including Rocky Mountain spotted fever (RMSF))	1	.	.	.	1	.	.	.	2	100%
Streptococcal pneumoniae (invasive)	9	.	.	7	2	1	.	3	22	5%
Streptococcal, Group A (invasive)	7	.	.	.	.	.	1	1	9	-36%
Tuberculosis	2	.	.	2	.	.	.	1	5	-38%

Table 2. Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County, February 2026, 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		
Varicella	1	.	.	.	1	1	.	.	**3**	**0%**
Yersiniosis	2	.	.	.	.	.	.	.	**2**	**0%**
Total	**245**	**11**	**5**	**126**	**57**	**12**	**15**	**65**	**536**	**0%**

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 - February 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**	**0%**
Brucellosis	1	.	.	.	.	.	.	.	**1**	**0%**
C. auris	10	.	.	3	2	1	1	.	**17**	**21%**
C. auris - Colonization Screening	7	.	.	.	.	1	1	5	**14**	**40%**
Campylobacteriosis	12	.	.	6	4	1	.	4	**27**	**80%**
Coccidioidomycosis	1	.	.	1	.	.	.	1	**3**	**200%**
CPO	22	2	.	4	2	.	1	4	**35**	**106%**
CPO - Colonization Screening	2	.	.	1	.	.	.	.	**3**	**200%**
Creutzfeldt-Jakob Disease	.	.	.	1	.	.	.	.	**1**	**N/A**
Cryptosporidiosis	1	.	1	5	.	1	.	3	**11**	**83%**
E.Coli (shiga toxin producing)	1	.	.	1	5	.	.	.	**7**	**133%**
Giardiasis	6	.	.	7	1	1	.	4	**19**	**111%**
Haemophilus influenzae (invasive)	3	.	1	1	.	.	.	3	**8**	**33%**
Hepatitis A	6	.	.	3	.	.	2	1	**12**	**200%**
Hepatitis B (acute)	1	.	1	.	.	1	.	.	**3**	**50%**
Hepatitis B (chronic)	41	1	.	12	4	.	1	7	**66**	**100%**
Hepatitis C (chronic)	78	5	5	34	13	3	1	15	**154**	**103%**
Influenza-associated hospitalization	308	9	13	140	86	9	22	86	**673**	**63%**
Influenza-associated pediatric	1	.	.	.	.	.	.	.	**1**	**N/A**
Legionnaires' Disease	2	.	.	2	1	.	.	4	**9**	**200%**
Lyme Disease	4	.	1	2	2	.	1	1	**11**	**175%**
Measles	1	.	.	.	.	.	.	.	**1**	**0%**
Meningitis (bacterial, not N. men-	3	.	.	1	.	.	.	2	**6**	**20%**
Mumps	2	.	.	.	.	.	.	.	**2**	**100%**
Pertussis	9	3	1	15	2	.	3	10	**43**	**126%**
Salmonellosis	9	1	1	3	3	.	.	1	**18**	**50%**
Shigellosis	8	.	.	1	.	.	.	1	**10**	**43%**
Spotted Fever Rickettsiosis (including Rocky Mountain spotted fever (RMSF))	1	.	.	1	1	.	.	.	**3**	**200%**
Streptococcal pneumoniae (inva-	19	.	.	12	6	2	.	4	**43**	**105%**

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

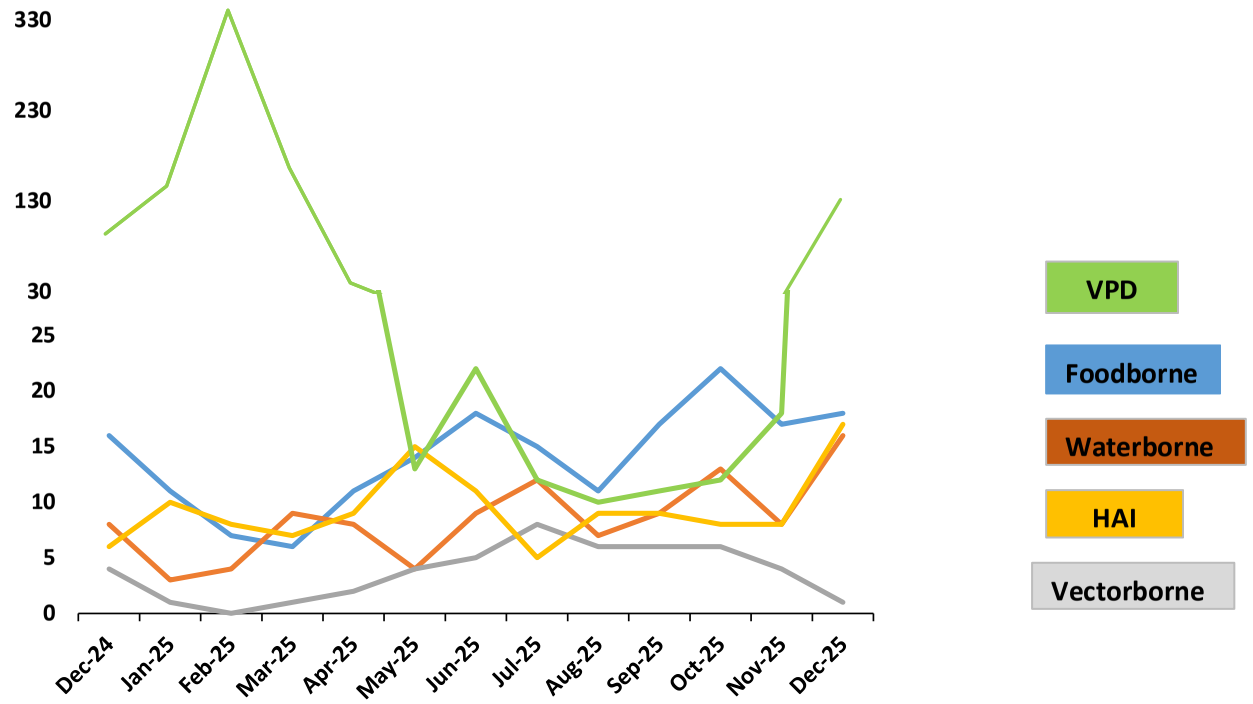
Reportable Condition	County								Total	Percent Change
	Hamilton	Adams	Brown	Butler	Clermont	Clinton	Highland	Warren		
Tuberculosis	4	.	.	6	.	.	.	3	**13**	**63%**
Varicella	3	.	.	.	1	1	.	5	**10**	**43%**
Vibriosis	1	.	.	.	.	.	.	.	**1**	**0%**
Yersiniosis	5	.	.	1	2	.	1	.	**9**	**29%**
Total	**588**	**21**	**24**	**268**	**135**	**21**	**35**	**166**	**1258**	**74%**

NOTE: The percent change column compares the total of each Notifiable Disease for the specified YTD time period (listed in the title of the table) to the same time period from the prior year.

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

	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Total	Rate per 100,000 People
Foodborne	7	6	11	14	18	15	11	17	22	17	18	19	2	**177**	**36**
Waterborne	4	9	8	4	9	12	7	9	13	8	16	10	4	**113**	**23**
Vectorborne	0	1	2	4	5	8	6	6	6	4	1	0	1	**44**	**9**
HAI*	8	7	9	15	11	5	9	9	8	8	17	15	8	**129**	**26**
VPD*	341	167	40	13	22	12	10	11	12	18	132	110	74	**962**	**197**
Total	**360**	**190**	**70**	**50**	**65**	**52**	**43**	**52**	**61**	**55**	**184**	**154**	**89**	**1425**	**291**

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

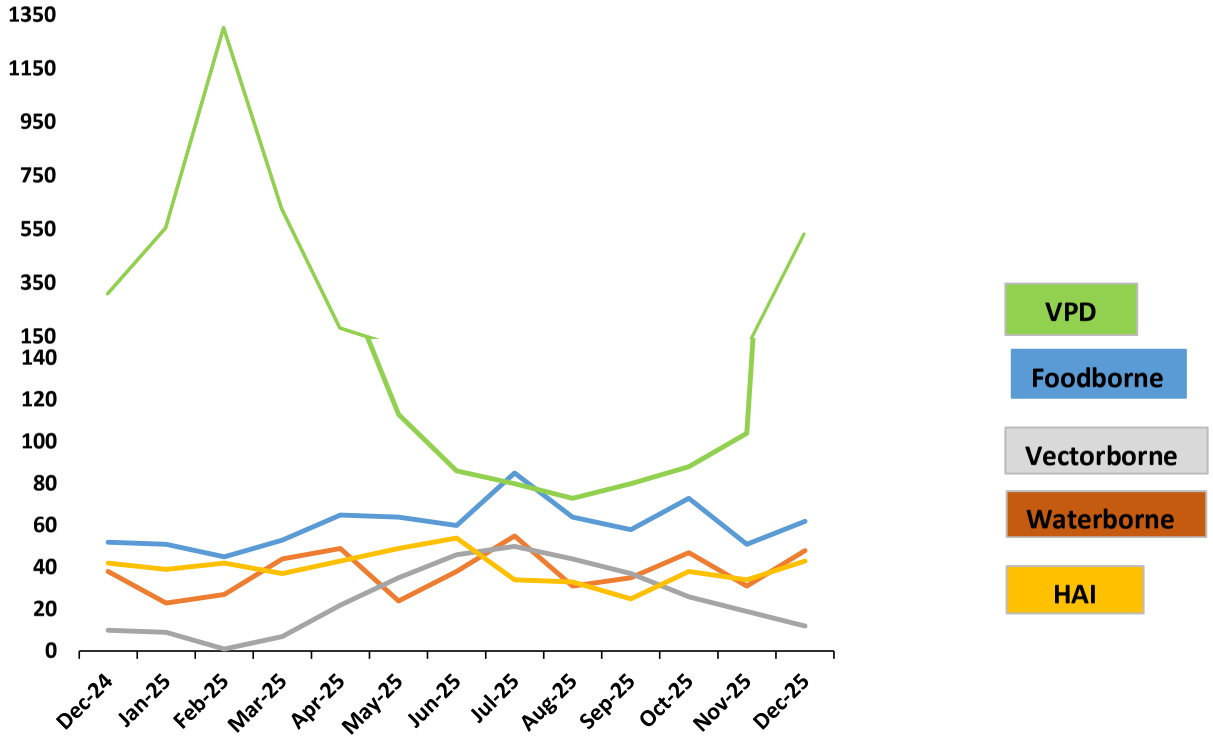


*NOTES: The VPD category represents all Vaccine Preventable Diseases and HAI refers to Healthcare Acquired Infections. A list of all Notifiable Diseases that are included in each category can be found in the Data Notes section on page 9 of this report. As of October 1st 2025 individual case of COVID-19 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

	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Total	Rate per 100,000 People
Foodborne	45	53	65	64	60	85	64	58	73	51	62	49	35	**764**	**41**
Waterborne	27	44	49	24	38	55	31	35	47	31	48	33	36	**498**	**27**
Vectorborne	1	7	22	35	46	50	44	37	26	19	12	6	9	**314**	**17**
HAI*	42	37	43	49	54	34	33	25	38	34	43	42	27	**501**	**27**
VPD*	1303	627	182	113	86	80	73	80	88	104	533	479	334	**4082**	**222**
Total	**1418**	**768**	**361**	**285**	**284**	**304**	**245**	**235**	**272**	**239**	**698**	**609**	**441**	**6159**	**334**

Figure 4c: SWOH Counts of Disease Catgories (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@hamiltoncountyohio.gov
To find this and all our other reports please visit our website at
hamiltoncountyhealth.org/reports/ or use the QR code below.

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 February 1 - 27, 2026. Data was accessed from the Ohio Disease Reporting System on 02/27/2026.

- 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 Yersinosis.

  -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 Rickettosis (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.

  -Healthcare Acquired Infections: CPO (clinical and screening), C. auris (clinical and screening).