

Hamilton County Public Health Communicable Disease Surveillance Report

March 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.

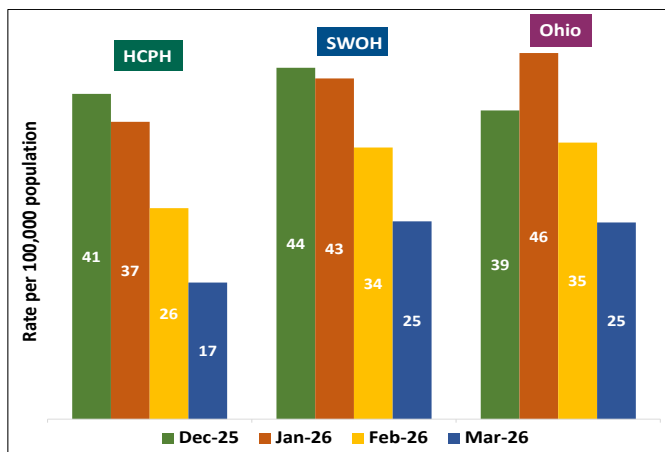
REPORTABLE INFECTIOUS DISEASES IN SOUTHWEST OHIO - MARCH 2026

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

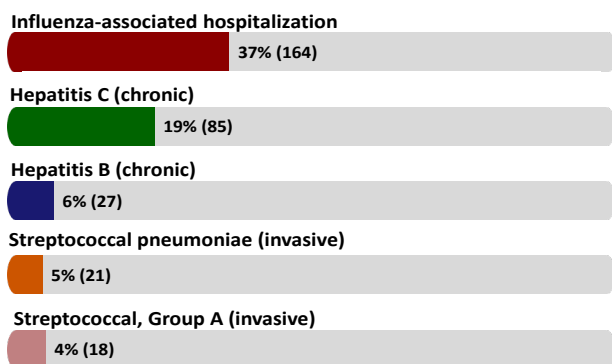
Location	HCPH	SWOH	Ohio
Number of Reported Cases	84	448	2940
Rate per 100,000	17.6	25.5	25.4
Rate Ratio [†]	0.69	1.01	.
Confidence Interval (99%) [‡]	0.52 - 0.92	0.88 - 1.15	..

In March, the overall rates of reported communicable diseases for HCPH, SWOH, and Ohio decreased by **35%**, **27%**, and **29%** respectively compared to the rates in February (Figure 1). The SWOH rate (24.7) was the highest of the three rates, followed by the Ohio rate (24.6) and the HCPH rate (17.1) (Table 1).

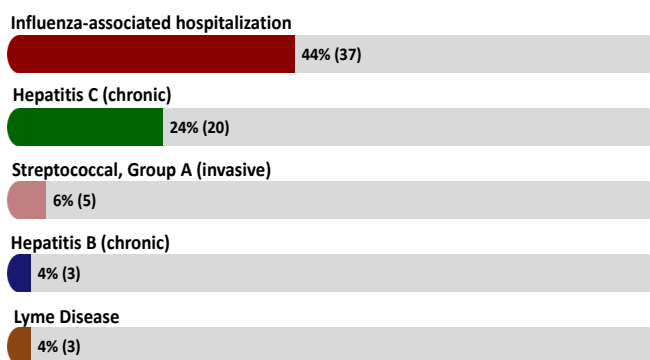
Figure 1. 30-Day Rates of Reported Communicable Diseases in Ohio, Southwest Ohio, and Hamilton County Public Health Jurisdiction, December 2025 - March 2026



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



***Figure 2b. HCPH Commonly Reported Communicable Diseases, March 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 37% and 44% of total disease for the month of March for SWOH and HCPH respectively. For SWOH, the case count for March (164) showed a 37% decrease from the total in February (261). For HCPH, March's case count (37) was 40% lower than the case count in February (62). SWOH observed a higher rate per 100,000 people (9.4 cases) compared to HCPH jurisdiction (7.6 cases).

Chronic Hepatitis C and **Chronic Hepatitis B** were the 2nd and 3rd-most reported diseases in SWOH and were 2nd and 4th in HCPH. Together, they accounted for 25% and 28% of all reported diseases in SWOH and HCPH respectively for the month of March. In SWOH, the total number of Hepatitis B and C cases for March (112), was 14% lower than the previous 12-month average (130). The rate per 100,000 people in SWOH was 6.4 cases, which was 36% higher than the HCPH rate of 4.7 cases.

Invasive Streptococcal pneumoniae was the 4th-most reported disease in SWOH and was not in the top 5 for HCPH jurisdiction in March. Cases in HCPH (2) represented 10% of all the cases in SWOH. SWOH saw a 5% decrease in cases from February (22) to March (21), while HCPH saw an decrease of 50% in the same timeframe (4 to 2). SWOH also observed a higher rate per 100,000 (1.2 cases) than HCPH (0.4 cases).

Invasive Streptococcal Group A infection was the 5th-most reported disease in SWOH (4% of total) and was 3rd in HCPH jurisdiction (6% of total) in the month of March. 5 of the 18 cases (28%) in SWOH occurred within HCPH's jurisdiction, and the total in SWOH (18) was 100% higher than the total from February (9). The rate per 100,000 people in SWOH (1.0) was the same as the rate in HCPH (1.0 per 100,000).

Lyme disease was the 5th-most reported disease in HCPH in March. HCPH cases represented 30% (3 out of 10) of the cases observed in SWOH for the month and there was a 200% increase from the number of cases in February (1). Regionwide from February to March, Lyme disease saw an increase of 91%.

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.

Table 2. Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRs by County, March 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					
Botulism (Infant)	.	.	.	.	.	.	.	.	.	.	1	.	N/A
C. auris	5	.	.	1	.	.	.	.	.	.	6	.	100%
C. auris - Colonization Screening	.	.	.	2	.	.	.	.	.	.	4	2	0%
CPO	1	.	.	2	.	1	.	.	.	.	7	3	-61%
CPO - Colonization Screening	.	.	.	.	1	.	.	.	.	.	1	.	-50%
Campylobacteriosis	4	.	.	3	1	.	.	.	.	.	12	4	0%
Coccidioidomycosis	.	.	.	.	1	.	.	.	.	.	1	.	-50%
Cryptosporidiosis	.	.	.	1	.	.	.	.	.	1	4	2	-20%
E.Coli (shiga toxin producing)	3	.	.	.	.	.	.	.	.	.	4	1	0%
Ehrlichiosis/Anaplasmosis	.	.	1	.	1	.	.	.	.	.	2	.	N/A
Giardiasis	3	.	.	1	.	.	.	.	.	.	5	.	-50%
Haemophilus influenzae (invasive)	1	.	.	3	.	.	.	.	.	.	5	1	150%
Hantavirus	.	.	.	1	.	.	.	.	.	.	1	.	N/A
Hepatitis A	.	.	.	2	.	.	.	.	1	.	3	.	-63%
Hepatitis B (acute)	2	.	.	2	.	.	.	.	.	1	5	.	400%
Hepatitis B (chronic)	16	1	.	4	3	.	.	.	.	.	27	3	-18%
Hepatitis C (chronic)	49	3	1	15	4	1	3	9			85		9%
Influenza-associated hospitalization	60	9	4	37	20	5	4	25			164		-37%
Influenza-associated pediatric mortality	1	.	.	.	.	1	.	.	.	.	2	.	100%
Legionnaires' Disease	2	.	.	.	1	.	.	1	.	.	4	1	-33%
Lyme Disease	3	1	2	1	.	.	1	2			10	2	43%
Meningitis (bacterial, not N. meningitidis)	.	.	.	1	1	.	.	.	.	.	2	.	100%
Pertussis	1	.	.	9	.	.	2	2			14	2	-42%
Salmonellosis	2	.	.	1	1	.	.	3			7	3	17%
Shigellosis	1	.	.	1	.	.	.	1			3	1	0%
Streptococcal pneumoniae (invasive)	6	.	1	9	2	.	.	3			21	3	-5%
Streptococcal, Group A (invasive)	13	.	.	2	1	.	.	2			18	2	100%
Streptococcal, Group B (in newborn)	.	.	.	.	.	1	.	.			1	.	N/A
Toxic shock syndrome (TSS)	.	.	.	.	.	.	.	1			1	1	N/A

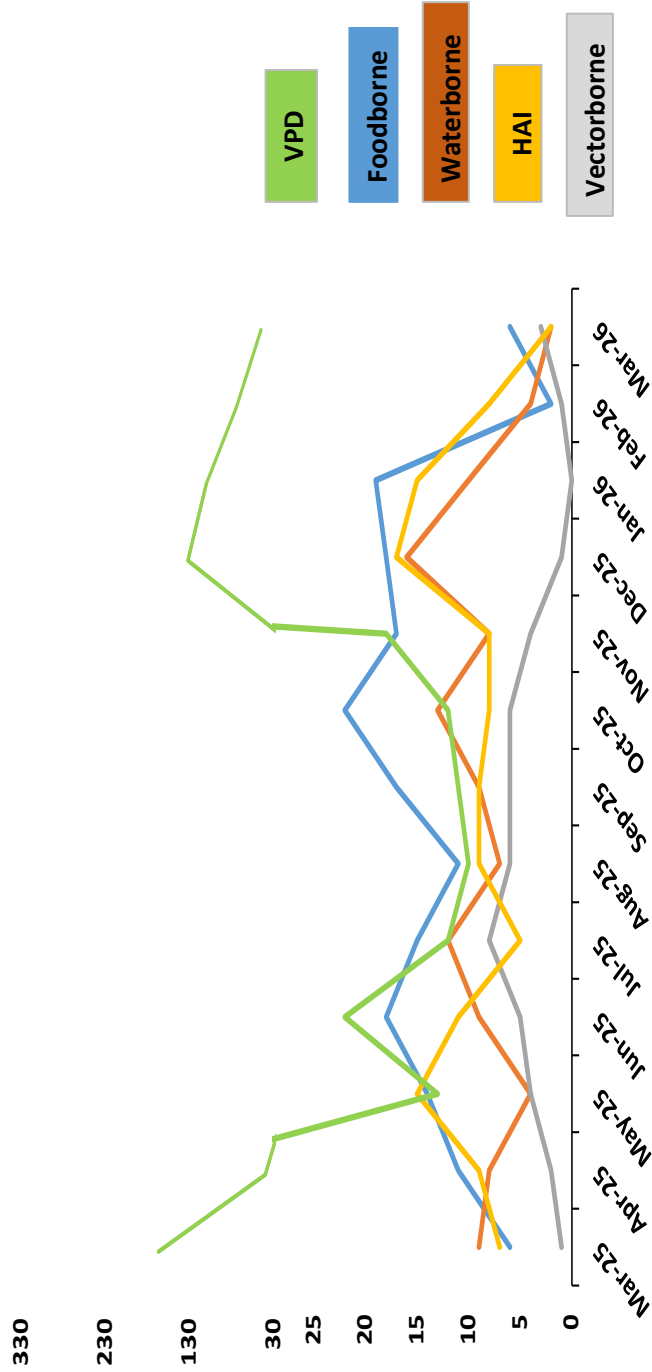
Table 3. January - March 2026, Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County (Top 5 Increases Highlighted)

Reportable Condition	County										Total	Percent Change
	Hamilton	Adams	Brown	Butler	Clermont	Clinton	Highland	Warren				
Babesiosis	.	.	.	1	.	.	.	.	.	.	1	0%
Botulism (infant)	.	.	.	.	.	.	1	.	.	.	1	N/A
Brucellosis	1	.	.	.	.	.	.	.	.	.	1	0%
C. auris	15	.	.	4	2	1	1	1	7	8	23	35%
C. auris - Colonization Screening	7	.	.	2	.	1	1	1	7	8	18	29%
Campylobacteriosis	16	.	.	9	5	1	.	.	.	.	39	44%
Coccidioidomycosis	1	.	.	1	1	.	.	.	1	1	4	33%
CPO	23	2	.	6	2	1	1	7	7	4	42	20%
CPO - Colonization Screening	2	.	.	1	1	.	.	.	.	.	4	N/A
Creutzfeldt-Jakob Disease	.	.	.	1	.	.	.	.	.	.	1	0%
Cryptosporidiosis	1	.	1	6	.	1	1	5	5	1	15	36%
E.Coli (shiga toxin producing)	4	.	.	1	5	.	.	.	1	1	11	57%
Ehrlichiosis/Anaplasmosis	.	.	1	.	1	.	.	.	.	.	2	N/A
Giardiasis	9	.	.	8	1	1	1	4	4	4	24	26%
Haemophilus influenzae (invasive)	4	.	1	4	.	.	.	.	4	4	13	63%
Hantavirus	.	.	.	1	.	.	.	.	.	.	1	N/A
Hepatitis A	6	.	.	5	.	.	3	1	1	1	15	25%
Hepatitis B (acute)	3	.	1	2	.	1	1	.	.	.	8	167%
Hepatitis B (chronic)	57	2	.	16	7	.	1	10	10	10	93	41%
Hepatitis C (chronic)	127	8	6	49	17	4	4	24	24	24	239	55%
Influenza-associated hospitalization	368	18	17	177	106	14	26	111	111	111	837	24%
Influenza-associated pediatric	2	.	.	.	.	1	.	.	.	.	3	200%
Legionnaires' Disease	4	.	.	2	2	.	.	5	5	5	13	44%
Lyme Disease	7	1	3	3	2	.	2	3	3	3	21	91%
Measles	1	.	.	.	.	.	.	.	.	.	1	0%
Meningitis (bacterial, not N. men-	3	.	.	2	1	.	.	2	2	2	8	33%
Mumps	2	.	.	.	.	.	.	.	.	.	2	0%
Pertussis	10	3	1	24	2	.	5	12	12	12	57	33%
Salmonellosis	11	1	1	4	4	.	.	4	4	4	25	39%
Shigellosis	9	.	.	2	.	.	.	2	2	2	13	30%

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

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total	Rate per 100,000 People
Foodborne	6	11	14	18	15	11	17	22	17	18	19	2	6	176	36
Waterborne	9	8	4	9	12	7	9	13	8	16	10	4	2	111	23
Vectorborne	1	2	4	5	8	6	6	6	4	1	0	1	3	47	10
HAI*	7	9	15	11	5	9	9	8	8	17	15	8	2	123	25
VPD*	167	40	13	22	12	10	11	12	18	132	110	74	45	666	136
Total	190	70	50	65	52	43	52	61	55	184	154	89	58	1123	229

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

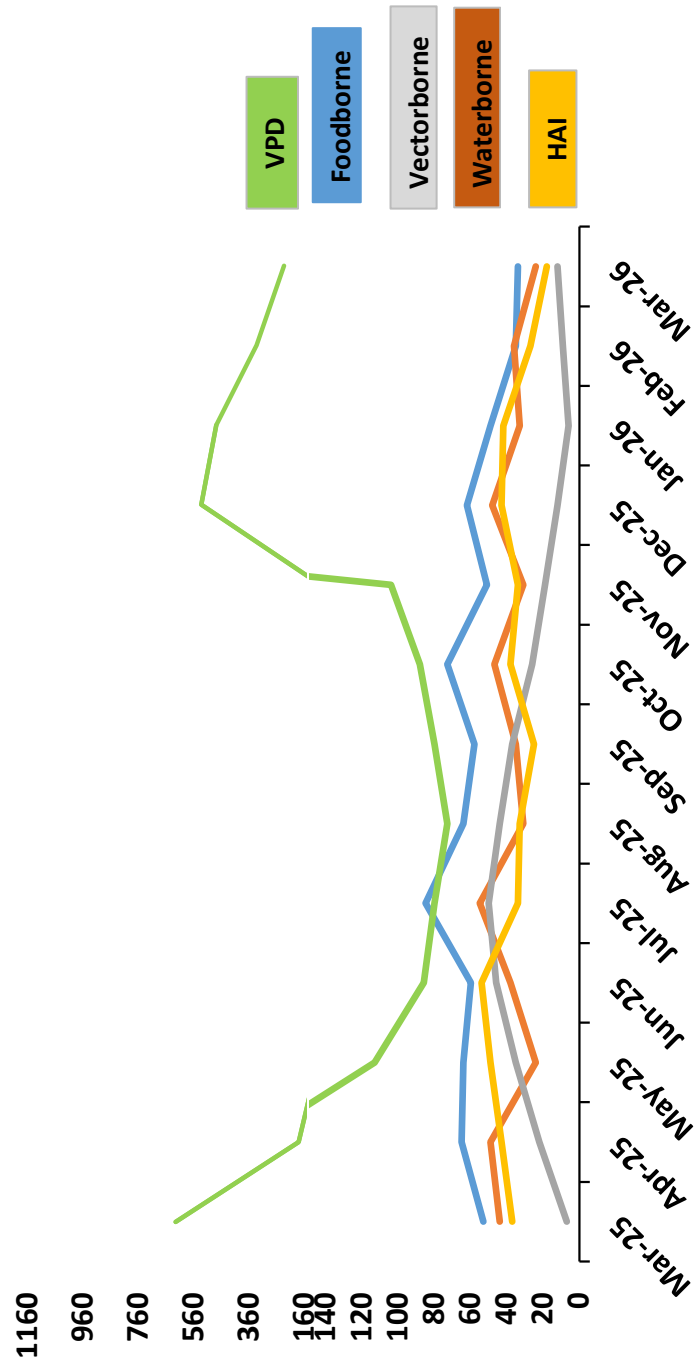


*NOTES: The VPD category represents all Vaccine Preventable Diseases and HAI refers to Healthcare Acquired Infections. A list of all Notifiable Diseases that are included in each category can be found in the Data Notes section on page 9 of this report. As of October 1st 2025 individual case of COVID-19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

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total	Rate per 100,000 People
Foodborne	53	65	64	60	85	64	58	73	51	62	49	35	34	753	41
Waterborne	44	49	24	38	55	31	35	47	31	48	33	36	24	495	27
Vectorborne	7	22	35	46	50	44	37	26	19	12	6	9	12	325	18
HAI*	37	43	49	54	34	33	25	38	34	43	42	27	18	477	26
VPD*	627	182	113	86	80	73	80	88	104	533	479	334	235	3014	164
Total	768	361	285	284	304	245	235	272	239	698	609	441	323	5064	275

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

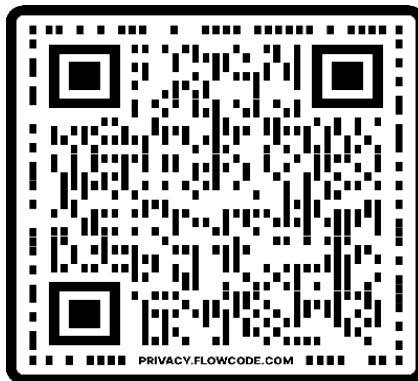


*NOTES: The VPD category represents all Vaccine Preventable Diseases and HAI refers to Healthcare Acquired Infections. A list of all Notifiable Diseases that are included in each category can be found in the Data Notes section on page 9 of this report. As of October 1st 2025 individual case of COVID-19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

CONTACT INFORMATION

For questions about this report please email
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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 March 1 - 31, 2026. Data was accessed from the Ohio Disease Reporting System on 04/03/2026.
- 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 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.
 - Healthcare Acquired Infections: CPO (clinical and screening), *C. auris* (clinical and screening).