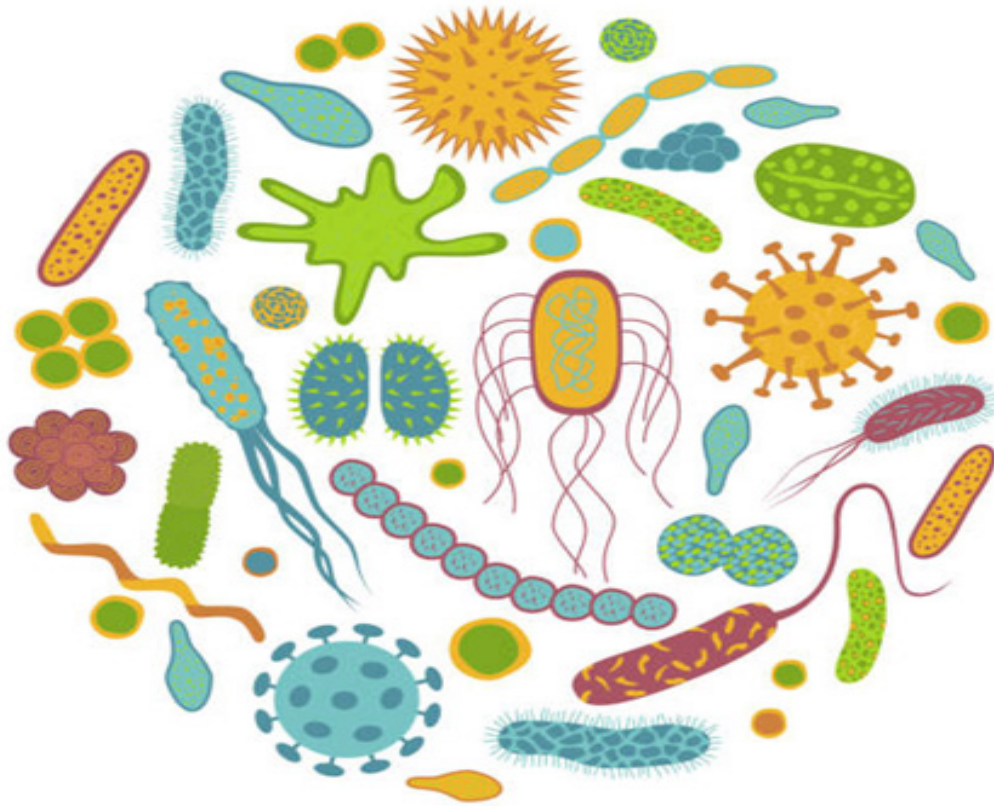




Hamilton County Public Health Communicable Disease Surveillance Report

May 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.

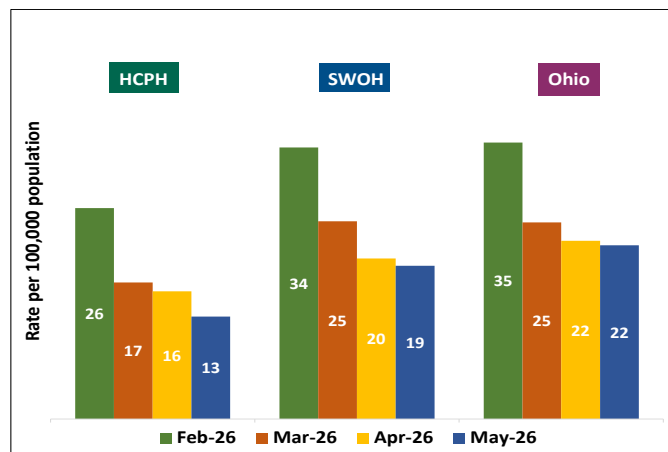
REPORTABLE INFECTIOUS DISEASES IN SOUTHWEST OHIO - MAY 2026

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

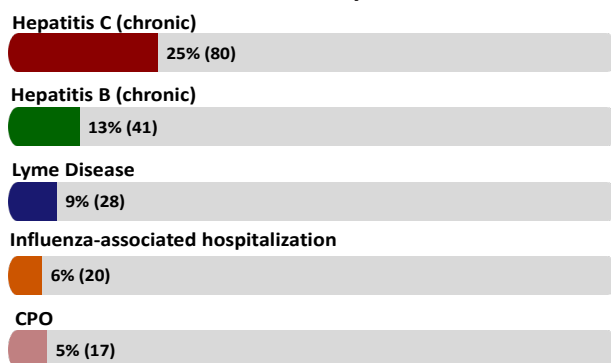
Location	HCPH	SWOH	Ohio
Number of Reported Cases	59	325	2429
Rate per 100,000	12.4	18.5	21.0
Rate Ratio [†]	0.59	0.88	.
Confidence Interval (99%) [‡]	0.42 - 0.83	0.76 - 1.03	.-.

In May, the overall rates of reported communicable diseases for HCPH, SWOH, and Ohio decreased by **20%**, **4%**, and **3%** respectively compared to the rates in April (Figure 1). The Ohio rate (21.0) was the highest of the three rates, followed by the SWOH rate (18.5) and the HCPH rate (12.4) (Table 1).

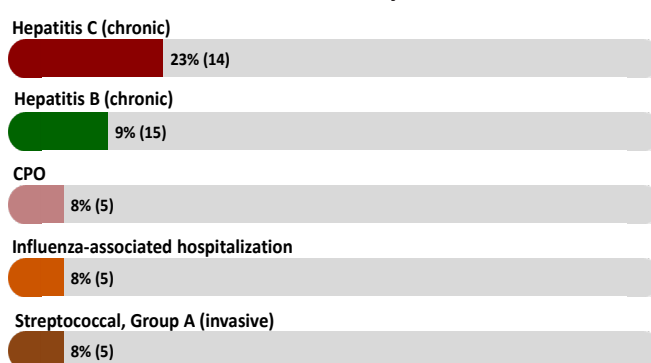
Figure 1. 30-Day Rates of Reported Communicable Diseases in Ohio, Southwest Ohio, and Hamilton County Public Health Jurisdiction, February 2026 - May 2026



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



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



*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 1st and 2nd-most reported diseases in SWOH and in HCPH. Together, they accounted for 38% and 31% of all reported diseases in SWOH and HCPH respectively for the month of May. In SWOH, the total number of Hepatitis B and C cases for May (121), was 2.7% lower than the previous 12-month average (124). The rate per 100,000 people in SWOH was 7.0 cases, which was 16% higher than the HCPH rate of 5.9 cases.

Lyme Disease was the 3rd most frequently reported communicable disease for SWOH representing 9% of total disease for the month of May, but was not in the top 5 for HCPH. For SWOH, the case count for May (28) showed a 56% increase from the total in April (18). For HCPH, May's case count (3) was 40% lower than the case count in April (5) and accounted for just 11% of all cases in SWOH for May. SWOH observed a higher rate per 100,000 people (1.6 cases) compared to HCPH jurisdiction (0.6 cases).

Influenza-associated hospitalization was the 4th-most reported disease in SWOH and in HCPH jurisdiction in May. Cases in HCPH (5) represented 25% of all the cases in SWOH (20). SWOH saw an 5% increase in cases from April (19) to May (20), while HCPH saw no change in the total number of cases in the same timeframe (5). SWOH also observed a higher rate per 100,000 (1.1 cases) than HCPH (1.0 cases).

CPOs were the 5th-most reported disease in SWOH (5% of total) and was 3rd HCPH jurisdiction (8% of total) in the month of May. 5 of the 17 cases (29%) in SWOH occurred within HCPH's jurisdiction, and the total in SWOH (17) was 183% higher than the total from April (6). In HCPH, May (5) saw an increase of 25% from the total cases in March (4). The rate per 100,000 people in SWOH (1.0) was the same as the rate in HCPH (1.0 per 100,000).

Invasive Group A Streptococcal infection was the 5th most commonly reported disease for HCPH accounting for 8% of the total for May with 5 cases. These 5 cases were 31% of the total in SWOH (16). This was a 150% increase from the previous months total (2) and had a rate of 1.0 per 100,000 people topping the SWOH rate of 0.9 per 100,000.

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.

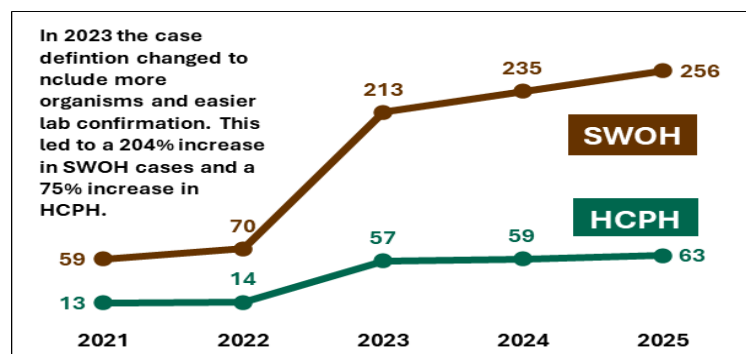
May 2026 Highlight: Healthcare Associated Infections, Part 2

Last month, this page highlighted healthcare-associated infections (HAIs) with brief descriptions of the reportable conditions in Ohio that fall under this category of disease. These are diseases that spread in healthcare settings, commonly by way of insufficient handwashing or improper reuse of medical supplies. Once the germ has spread to one person, that individual can spread to other individuals receiving care. This prompts the need to test other individuals admitted and cared for in the same facility.² There are two reportable conditions in the state of Ohio that are classified as HAIs: Carbapenemase-producing organisms (CPOs) and *Candida auris* (*C. auris*).

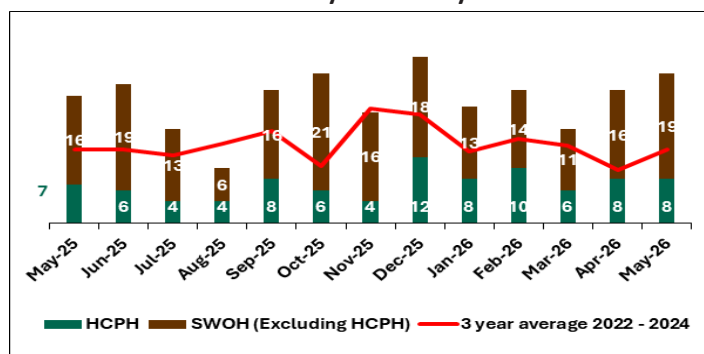
CPOs are pathogens that produce enzymes which convey resistance to carbapenem antibiotics, often the last line of antibiotics that can be used. These organisms are routinely tested for specific genes that indicate these enzymes are being produced. Additionally, susceptibilities for several antibiotic classes the pathogen may have to inform treatment options.² These HAIs often lead to complications such as pneumonia, bloodstream infections, urinary tract infections, intra-abdominal infections, and surgical site infections. Individuals with chronic medical conditions or compromised immune systems are more likely to develop an invasive infection of these organisms.²

Figure 3a shows counts of CPO cases in southwest Ohio (SWOH). SWOH and HCPH saw an increase in CPOs in 2023 when the case definition changed to include more organisms and to expand acceptable lab criteria for new cases.¹ This change resulted in a 204% increase in cases in SWOH and a 75% increase in HCPH jurisdiction. From 2023 to 2025 case counts remained consistent with small increases each year for both SWOH and HCPH. In Figure 3b, it can be observed that over the past year (May 2025 through May 2026), regionwide in SWOH there were 11 months where case counts exceeded the average monthly count of the previous 3 years (2022-2024). Over that time period HCPH accounted for 46% (91) of all cases in the region (198). Overall cases month to month followed the trend of the 3-year average line over the course of the year.

***Figure 3a. SWOH and HCPH Clinical CPO case counts, 2021-2025**



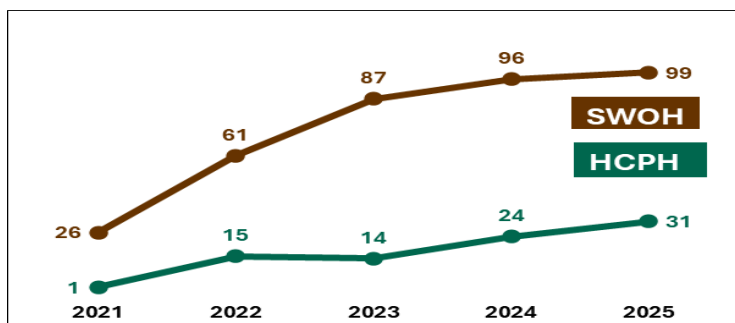
***Figure 3b. SWOH and HCPH Clinical CPO Case Counts by Month May 2025 - May 2026**



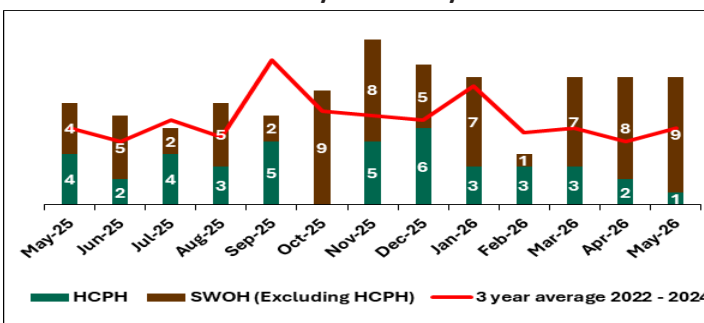
Candida auris (*C. auris*) is a fungus that can cause severe illness and can develop resistance to drugs that can treat the infection. Symptoms for *C. auris* infection differ depending on where the infection is located and there is no defined list because of this.¹ As with CPOs, *C. auris* commonly affects patients with existing medical conditions that require complex care including invasive medical devices. These devices create opportunity for *C. auris* to enter the body. Some examples would be breathing tubes, feeding tubes, urinary catheters, and catheters into the vein. *C. auris* also likes to live on the surfaces in medical settings and can be picked up by individuals working or living in these environments. It can survive on these surfaces for an extended period of time, which emphasizes the need for timely identification of cases for awareness. Most strains of *C. auris* have resistance to at least one of three types of antifungal medications that can be used to treat the infection.¹

Figure 3c highlights the rapid rise in clinical *C. auris* cases from 2021 to 2023 and subsequent stabilization from 2024 to 2025 in both SWOH and HCPH. From 2021 to 2022 SWOH experienced an increase of 134% and HCPH had an increase of 1400%, which were the largest jumps seen between years for this time period. Over the total time span, HCPH accounted for 23% of SWOH's clinical cases with 85 of the 369. In Figure 3d, the average case count by month from 2022 – 2024 is compared to the monthly counts from May 2025 to May 2026. These counts were below the average in only 3 of the past 13 months over this time span.

***Figure 3c. SWOH and HCPH Clinical *C. auris* case counts, 2021-2025**



***Figure 3d. SWOH and HCPH Clinical CPO Case Counts by Month May 2025 - May 2026**



References:

- Centers for Disease Control and Prevention. (n.d.). About *C. auris*. Centers for Disease Control and Prevention. <https://www.cdc.gov/candida-auris/about/index.html>
- Ohio Department of Health. (n.d.). Carbapenemase-Producing Organisms (CPO). Ohio Department of Health- Infectious Disease Control Manual. <https://odh.ohio.gov/>

Table 2. Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County, May 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	2	.	1	3	1	1	.	2	10	-9%
C. auris - Colonization Screening	3	.	.	1	.	1	.	1	6	50%
CPO	7	.	.	4	2	1	2	1	17	183%
Campylobacteriosis	7	.	2	1	2	.	.	1	13	-19%
Cryptosporidiosis	2	.	.	1	.	.	.	.	3	-40%
E.Coli (shiga toxin producing)	1	1	.	2	2	.	.	.	6	0%
Ehrlichiosis/Anaplasmosis	1	.	.	3	.	.	.	1	5	N/A
Giardiasis	.	.	.	2	.	.	.	.	2	-60%
Haemophilus influenzae (invasive)	.	.	1	.	.	.	.	1	2	0%
Hepatitis A	2	.	.	2	.	2	.	1	7	133%
Hepatitis B (acute)	1	.	.	.	.	.	.	.	1	-80%
Hepatitis B (chronic)	21	.	1	8	4	1	.	6	41	17%
Hepatitis C (chronic)	40	1	.	21	10	2	3	3	80	-27%
Hepatitis C - Perinatal Infection	.	1	.	.	.	.	.	.	1	-99%
Influenza-associated hospitalization	8	.	.	.	.	.	11	1	20	5%
Legionnaires' Disease	2	.	.	.	1	.	.	.	3	0%
Leprosy	1	.	.	.	.	.	.	.	1	N/A
Lyme Disease	5	3	1	6	8	.	3	2	28	56%
Meningitis (bacterial, not N. meningitidis)	1	.	.	.	.	.	.	1	2	-67%
Pertussis	1	1	.	6	3	.	.	5	16	-11%
Salmonellosis	6	.	1	5	1	1	1	1	16	-38%
Shigellosis	1	.	.	.	.	.	.	1	2	0%
Spotted Fever Rickettsiosis (including	.	.	.	.	.	.	.	1	1	N/A
Streptococcal pneumoniae (invasive)	3	.	.	3	1	1	1	1	10	0%
Streptococcal, Group A (invasive)	14	.	.	1	1	.	.	.	16	45%
Streptococcal, Group B (in newborn)	.	.	.	.	.	.	1	.	1	N/A
Tuberculosis	4	.	.	1	1	.	.	.	6	-57%
Varicella	1	.	.	2	1	.	.	.	4	0%

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

Table 3. January - May 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	0%
Brucellosis	1	.	.	.	.	.	.	.	1	0%
C. auris	24	.	1	7	5	2	3	2	44	29%
C. auris - Colonization Screening	11	.	1	4	.	2	2	8	28	27%
Campylobacteriosis	27	.	4	12	9	1	.	15	68	24%
Coccidioidomycosis	2	.	.	1	1	.	.	1	5	0%
CPO	34	2	.	12	4	2	3	8	65	35%
CPO - Colonization Screening	2	6	.	1	1	.	.	.	10	0%
Creutzfeldt-Jakob Disease	.	.	.	1	.	.	.	.	1	0%
Cryptosporidiosis	6	.	1	8	1	1	1	5	23	15%
E.Coli (shiga toxin producing)	9	1	.	4	8	.	.	1	23	35%
Ehrlichiosis/Anaplasmosis	1	.	1	3	1	.	.	1	7	250%
Giardiasis	13	.	.	10	2	1	1	4	31	7%
Haemophilus influenzae (invasive)	6	.	2	4	.	.	.	5	17	13%
Hantavirus	.	.	.	1	.	.	.	.	1	0%
Hepatitis A	9	.	.	8	.	2	4	2	25	39%
Hepatitis B (acute)	5	.	1	2	.	1	1	.	10	11%
Hepatitis B (chronic)	100	2	2	31	13	1	1	19	169	32%
Hepatitis C - Perinatal Infection	.	1	.	.	.	.	.	.	1	N/A
Hepatitis C (chronic)	219	11	12	98	38	6	10	35	429	23%
Influenza-associated hospitalization	383	19	17	180	111	14	38	114	876	2%
Influenza-associated pediatric mortality	2	.	.	.	.	1	.	.	3	0%
Legionnaires' Disease	7	.	.	4	3	.	.	5	19	19%
Leprosy	1	.	.	.	.	.	.	.	1	N/A
Listeriosis	1	.	.	.	.	.	.	.	1	0%
Lyme Disease	17	5	4	12	14	.	6	9	67	72%
Measles	1	.	.	.	.	.	.	.	1	0%
Meningitis (bacterial, not N. meningitidis)	9	.	.	2	1	.	.	4	16	14%

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

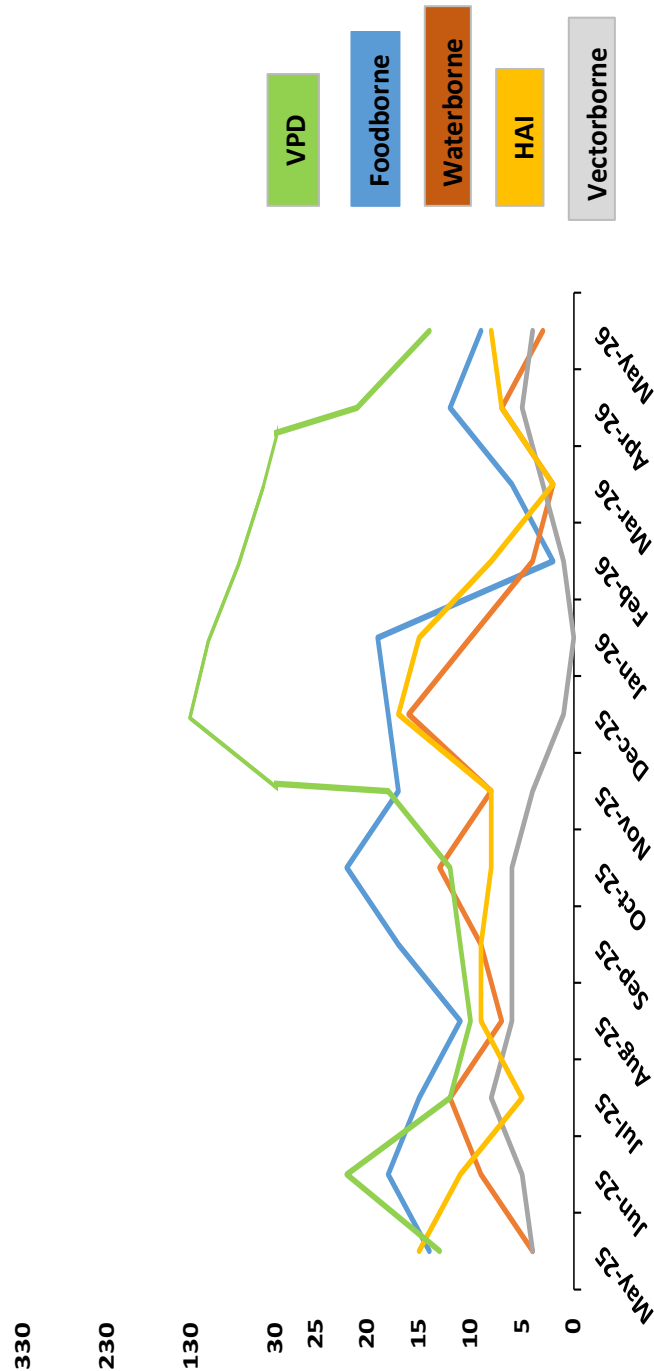
Reportable Condition	County								Total	Percent Change
	Hamilton	Adams	Brown	Butler	Clermont	Clinton	Highland	Warren		
Pertussis	19	4	1	34	6	.	5	22	91	21%
Salmonella Paratyphi Infection	.	.	.	1	.	.	.	.	1	0%
Salmonellosis	27	2	5	15	7	3	2	6	67	31%
Shigellosis	11	.	.	3	.	.	.	3	17	13%
Spotted Fever Rickettsiosis (including Rocky Mountain spotted fever (RMSF))	1	.	1	1	1	.	.	1	5	25%
Streptococcal pneumoniae (invasive)	32	.	1	26	10	3	1	11	84	14%
Streptococcal, Group A (invasive)	45	1	1	10	3	.	3	5	68	31%
Streptococcal, Group B (in newborn)	.	.	.	.	.	1	1	.	2	100%
Toxic shock syndrome (TSS)	.	.	.	.	.	.	.	1	1	0%
Tuberculosis	22	.	.	12	2	.	1	5	42	17%
Varicella	10	1	.	2	4	2	7	7	33	14%
Vibriosis	1	.	.	1	.	.	1	1	4	33%
Yersiniosis	8	.	2	5	4	.	2	.	21	24%

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

	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Total	Rate per 100,000 People
Foodborne	14	18	15	11	17	22	17	18	19	2	6	12	9	180	37
Waterborne	4	9	12	7	9	13	8	16	10	4	2	7	3	104	21
Vectorborne	4	5	8	6	6	6	4	1	0	1	3	5	4	53	11
HAI*	15	11	5	9	9	8	8	17	15	8	2	7	8	122	25
VPD*	13	22	12	10	11	12	18	132	110	74	45	21	14	494	101
Total	50	65	52	43	52	61	55	184	154	89	58	52	38	953	195

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

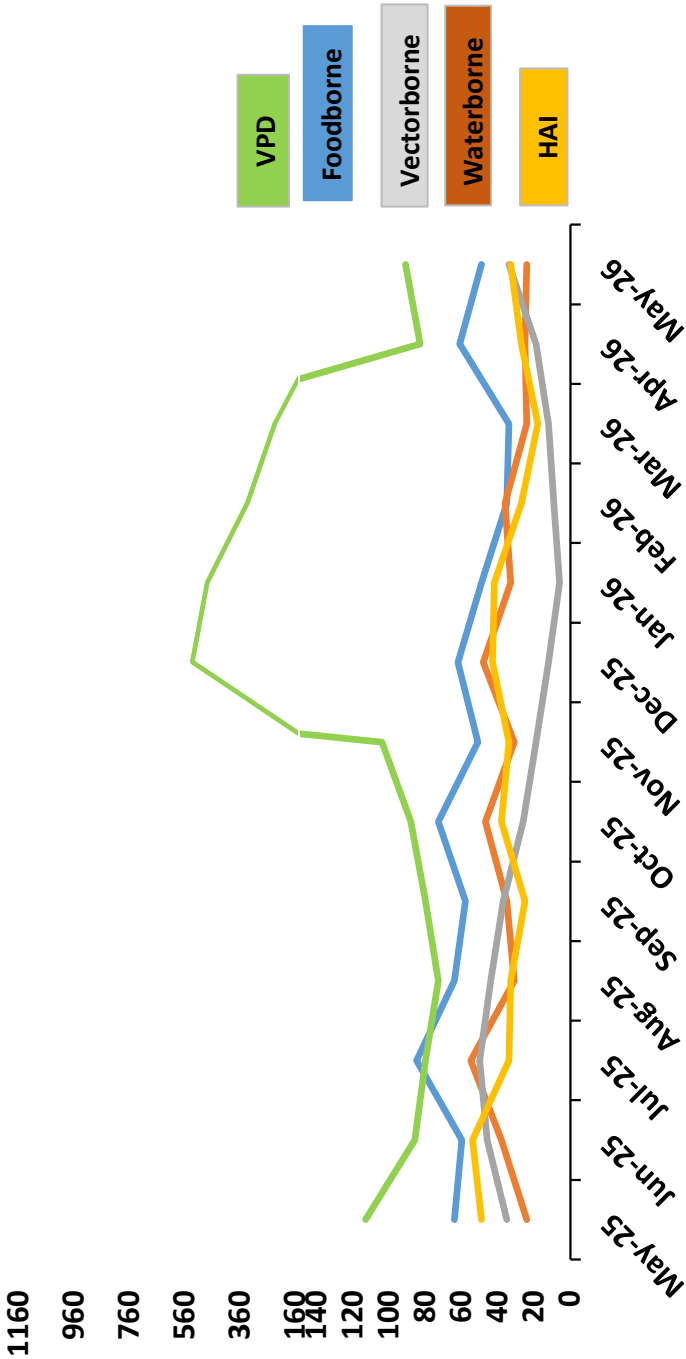


*NOTES: The VPD category represents all Vaccine Preventable Diseases and HAI refers to Healthcare Acquired Infections. A list of all Notifiable Diseases that are included in each category can be found in the Data Notes section on page 9 of this report. As of October 1st 2025 individual case of COVID-19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

	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Total	Rate per 100,000 People
Foodborne	64	60	85	64	58	73	51	62	49	35	34	61	49	745	40
Waterborne	24	38	55	31	35	47	31	48	33	36	24	25	24	451	24
Vectorborne	35	46	50	44	37	26	19	12	6	9	12	19	34	349	19
HAI*	49	54	34	33	25	38	34	43	42	27	18	27	33	457	25
VPD*	113	86	80	73	80	88	104	533	479	334	235	83	91	2379	129
Total	285	284	304	245	235	272	239	698	609	441	323	215	231	4381	238

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



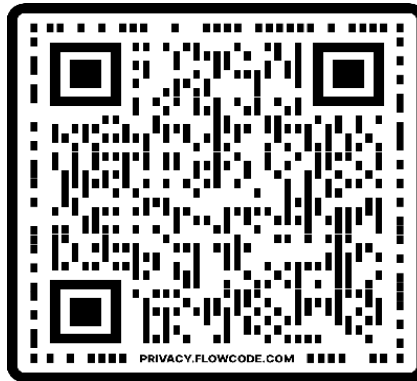
*NOTES: The VPD category represents all Vaccine Preventable Diseases and HAI refers to Healthcare Acquired Infections. A list of all Notifiable Diseases that are included in each category can be found in the Data Notes section on page 9 of this report. As of October 1st 2025 individual case of COVID-19 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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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 May 1 - 29, 2026. Data was accessed from the Ohio Disease Reporting System on 05/29/2026.
- 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).