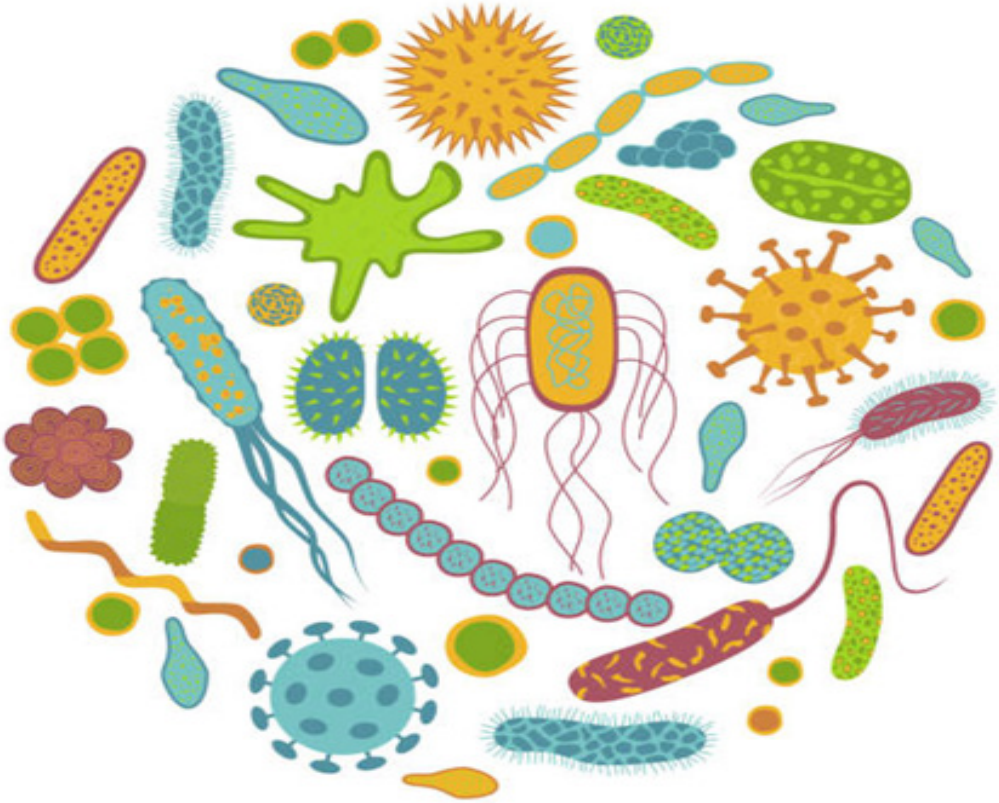


Hamilton County Public Health
Communicable Disease Surveillance Report

June 2026

Brady Wilson, 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 - JUNE 2026

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

Location	HCPH	SWOH	Ohio
Number of Reported Cases	66	390	3386
Rate per 100,000	13.9	22.2	29.3
Rate Ratio†	0.47	0.76	.
Confidence Interval (99%)‡	0.34 - 0.65	0.66 - 0.87	. - .

In June, the overall rates of reported communicable diseases for HCPH, SWOH, and Ohio increased by **8%**, **16%**, and **35%** respectively compared to the rates in May (Figure 1). The Ohio rate (29.3) was the highest of the three rates, followed by the SWOH rate (22.2) and the HCPH rate (13.9) (Table 1).

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

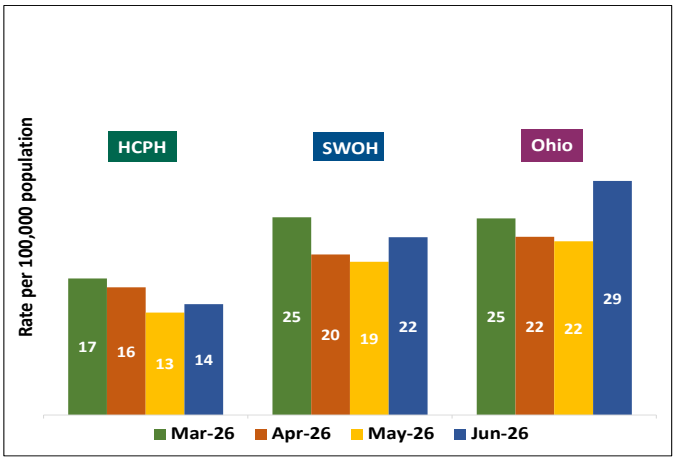


***Figure 2a. SWOH Commonly Reported Commmunicable Diseases, June 2026**

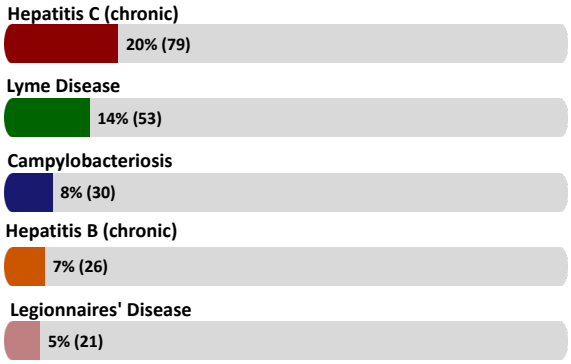
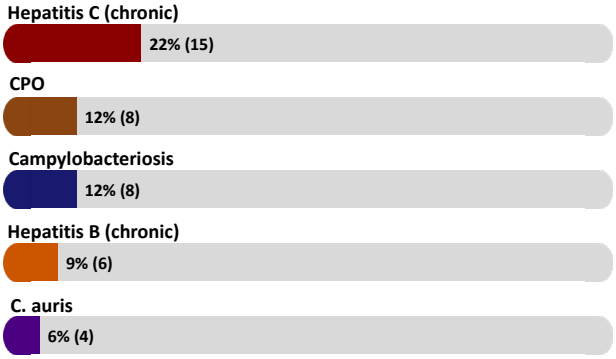


***Figure 2b. HCPH Commonly Reported Commmunicable Diseases, June 2026**



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

Chronic Hepatitis C was the 1st-most reported disease in SWOH and HCPH, while **Chronic Hepatitis B** was the 4th-most reported disease in these regions. Together, they accounted for 27% and 31% of all reported diseases in SWOH and HCPH respectively for the month of June. In SWOH, the total number of Hepatitis B and C cases for June (105), was 14.2% lower than the previous 12-month average (122). here were 6 cases of chronic hepatitis B and C per 100,000 SWOH residents, and this rate was 27% higher than the HCPH-specific rate of 4.3 cases per 100,000 HCPH resident.

Lyme Disease was the 2nd most frequently reported communicable disease for SWOH representing 14% of total disease for the month of June, but was not in the top 5 for HCPH. For SWOH, the case count for June (53) showed a 47% increase from the total in May (28). For HCPH, June's case count (4) was 33% higher than the case count in May (3) and accounted for just 8% of all cases in SWOH for June. SWOH observed a higher rate per 100,000 people (3 cases) compared to HCPH jurisdiction (0.8 cases).

Campylobacteriosis was the 3rd-most reported disease in the SWOH and HCPH jurisdictions in June. Cases in HCPH (8) represented 27% of all the cases in SWOH (30). SWOH saw a 50% increase in cases from May (20) to June (30), while HCPH saw a 60% increase in the total number of cases in the same timeframe. SWOH also observed a higher rate per 100,000 (1.7 cases) than HCPH (1.6 cases).

Legionnaire's Disease was the 5th-most reported disease in SWOH (5% of total), but was not one of the top 5 most reported diseases for HCPH. In SWOH, cases in June (21) were 24% higher than the total from May (17). The rate per 100,000 people in SWOH was 1.2. For HCPH, June's case count (2) was 33% lower than May's (3) and accounted for 10% of the total cases in SWOH.

CPOs were the 2nd most commony reported disease for HCPH accounting for 12% of the total reported diseases for June with 8 cases. These 8 cases were 42% of the CPO cases throughout SWOH (19). This was a 60% increase from the previous months total (5) and demonstrated a rate of 1.6 per 100,000 people topping the SWOH rate of 1.1 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.

June 2026 Highlight: Campylobacteriosis

This month, HCHP wanted to share some information on campylobacteriosis as it showed the largest increase in new cases for SWOH between May and June of 2026, and shared the largest increase in new cases in HCPH's jurisdiction . The disease also tends to cause more infections in the warmer months compared to when it is colder[1], therefore we may continue to see cases rise regionally over the next few months. Please see Figure 3b for a demonstration of this using data from 2025.

Campylobacteriosis is caused by infections from *Campylobacter* bacteria, the most common of which is *Campylobacter jejuni*[1,2]. Symptoms typically include diarrhea, abdominal pain/cramping, and nausea. In rare cases, it can cause infections outside of the intestinal tract, such bactermia or meningitis[2]. It is the most common cause of bacterial diarrhea in the United States, though many cases are not diagnosed or reported[1]. While anyone can contract the condition, children younger than 5, adults aged 65 and older, immunocomprosmied individuals, and people who work frequently with animals are at increased risk for infection or severe illness[1]. The bacteria commonly lives in pets and livestock, and is transmitted through the fecal-oral route, typically through eating contaminated meat or drinking contaminated water[2]. Human-to-human transmission is rare. Ensuring proper food safety protocols are being followed and proper handwashing is being conducted is the best way to prevent spread[1,2].

Figure 3a shows counts of campylobacteriosis cases in southwest Ohio for the last five years. From 2023 to 2024, SWOH saw a small (28%) decrease in cases before a rapid rise in 2025 (48%). Hamilton county saw a similar change for these years, though on a much smaller scale.

Figure 3a. SWOH and HCPH Clinical Campylobacteriosis Case Counts, 2021 -2025

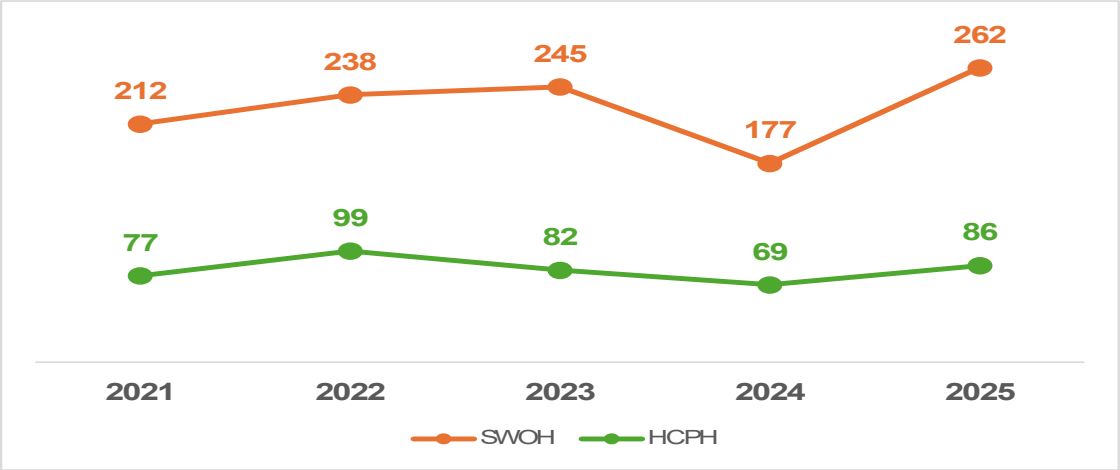


Figure 3b highlights the monthly trend of campylobacteriosis cases for the year of 2025 in both Southwest Ohio and Hamilton County. As noted above, infections rose in the warmer months between May and August. For SWOH, cases began increasing in June before peaking in August, then began to trend downwards with a small spike in October. HCPH cases varied a bit more, with a 50% decrease between June and July, then similarly peaking in August.

***Figure 3b. SWOH and HCPH Clinical Campylobactereosis Case Counts by Month, 2025**

References:

1. Centers for Disease Control and Prevention. (n.d.). About ***Campylobacter*** infection. Centers for Disease Control and Prevention.https://www.cdc.gov/campylobacter/about/index.html
2. Ohio Department of Health. (n.d.). Campylobacteriosis. Ohio Department of Health- Infectious Disease Control Manual. https://odh.ohio.gov/know-our-programs/infectious-disease-control-

Table 2. Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County, June 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	3	.	.	2	4	.	.	3	12	20%
C. auris - Colonization Screening	3	.	.	1	1	.	.	.	5	-17%
CPO	7	.	.	3	3	.	3	3	19	12%
CPO - Colonization Screening	.	2	.	.	.	.	.	.	2	N/A
Campylobacteriosis	12	.	.	10	3	1	1	3	30	131%
Coccidioidomycosis	2	.	.	.	.	.	.	.	2	
Cryptosporidiosis	3	.	.	.	.	.	.	1	4	33%
Cyclosporiasis	5	.	.	.	1	.	.	1	7	
E.Coli (shiga toxin producing)	2	.	.	3	1	.	.	2	8	33%
Ehrlichiosis/Anaplasmosis	1	1	1	1	1	.	.	1	6	N/A
Giardiasis	1	.	.	.	.	.	.	2	3	50%
Haemophilus influenzae (invasive)	2	.	.	2	1	.	.	1	6	200%
Hepatitis A	.	1	.	2	.	.	1	.	4	-43%
Hepatitis B (acute)	1	.	.	.	.	.	.	.	1	0%
Hepatitis B (chronic)	15	.	.	6	2	.	1	2	26	-37%
Hepatitis C (acute)	1	.	.	.	.	.	.	.	1	
Hepatitis C (chronic)	42	1	4	20	6	1	1	4	79	-1%
Hepatitis E	.	.	.	.	1	.	.	.	1	
Influenza-associated hospitalization	3	1	.	1	.	.	.	1	6	-70%
Legionnaires' Disease	8	.	.	10	1	.	.	2	21	600%
Listeriosis	.	.	.	1	.	.	.	.	1	
Lyme Disease	6	10	4	3	18	1	6	5	53	89%
Malaria	.	.	.	.	1	.	.	.	1	
Measles	.	.	.	.	.	.	.	2	2	
Meningitis (aseptic/viral)	2	.	.	.	.	.	.	.	2	
Meningitis (bacterial, not N. meningitidis)	2	.	.	1	.	.	.	.	3	50%
Pertussis	5	.	.	6	2	2	.	4	19	19%

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

Streptococcal pneumoniae (invasive)	5	.	1	.	1	.	.	.	**7**	**-30%**
Streptococcal, Group A (invasive)	3	1	.	2	.	.	.	1	**7**	**-56%**
Tuberculosis	5	.	.	3	.	.	.	1	**9**	**50%**
Tularemia	1	.	.	.	.	.	.	.	**1**	**N/A**
Varicella	2	.	.	1	.	.	.	2	**5**	**25%**
Vibriosis	3	.	.	.	.	.	.	.	**3**	**200%**
Yersiniosis	4	.	1	.	2	.	.	.	**7**	**75%**
Total	**158**	**17**	**11**	**83**	**54**	**5**	**15**	**47**	**390**	**-3%**

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 - June 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	0	0	0	2	0	0	0	0	**2**	**100%**
Botulism (Infant)	0	0	0	0	0	0	1	0	**1**	**0%**
Brucellosis	1	0	0	0	0	0	0	1	**2**	**100%**
C. auris	27	0	1	9	9	2	3	5	**56**	**27%**
C. auris - Colonization Screening	14	0	1	5	1	2	2	8	**33**	**18%**
Campylobacteriosis	39	0	4	22	12	2	1	18	**98**	**44%**
Coccidioidomycosis	4	0	0	1	1	0	0	1	**7**	**40%**
CPO	41	2	0	15	7	2	6	11	**84**	**29%**
CPO - Colonization Screening	2	8	0	1	1	0	0	0	**12**	**20%**
Creutzfeldt-Jakob Disease	0	0	0	1	0	0	0	0	**1**	**0%**
Cryptosporidiosis	9	0	1	8	1	1	1	6	**27**	**17%**
Cyclosporiasis	5	0	0	0	1	0	0	1	**7**	**N/A**
E.Coli (shiga toxin producing)	11	1	0	7	9	0	0	3	**31**	**35%**
Ehrlichiosis/Anaplasmosis	2	1	2	4	2	0	0	2	**13**	**86%**
Giardiasis	14	0	0	10	2	1	1	6	**34**	**10%**
Haemophilus influenzae (invasive)	8	0	2	6	1	0	0	6	**23**	**35%**
Hantavirus	0	0	0	1	0	0	0	0	**1**	**0%**
Hepatitis A	9	1	0	10	0	2	5	2	**29**	**16%**
Hepatitis B (acute)	6	0	1	2	0	1	1	0	**11**	**10%**
Hepatitis B (chronic)	115	2	2	37	15	1	2	21	**195**	**15%**
Hepatitis C - Perinatal Infection	0	1	0	0	0	0	0	0	**1**	**0%**
Hepatitis C (acute)	1	0	0	0	0	0	0	0	**1**	**N/A**
Hepatitis C (chronic)	261	12	16	118	44	7	11	39	**508**	**18%**
Hepatitis E	0	0	0	0	1	0	0	0	**1**	**N/A**
Influenza-associated hospitalization	386	20	17	181	111	14	38	115	**882**	**1%**
Influenza-associated pediatric	2	0	0	0	0	1	0	0	**3**	**0%**
Legionnaires' Disease	15	0	0	14	4	0	0	7	**40**	**111%**
Leprosy	1	0	0	0	0	0	0	0	**1**	**0%**
Listeriosis	1	0	0	1	0	0	0	0	**2**	**100%**

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

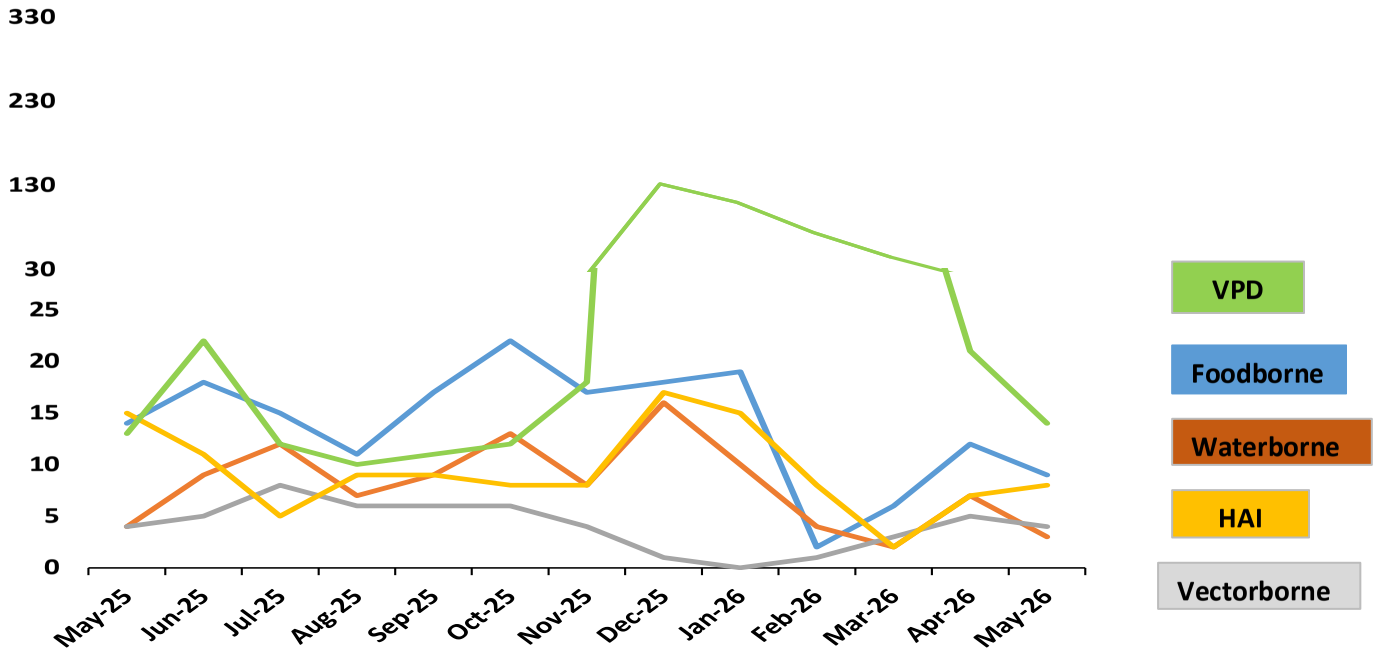
Reportable Condition	County								Total	Percent Change
	Hamilton	Adams	Brown	Butler	Clermont	Clinton	Highland	Warren		
Malaria	0	0	0	0	1	0	0	0	**1**	**N/A**
Measles	1	0	0	0	0	0	0	2	**3**	**200%**
Meningitis (aseptic/viral)	2	0	0	0	0	0	0	0	**2**	**N/A**
Meningitis (bacterial, not N. meningit-	11	0	0	3	1	0	0	4	**19**	**19%**
Mumps	2	0	0	0	0	0	0	1	**3**	**0%**
Pertussis	24	4	1	40	8	2	5	26	**110**	**21%**
Salmonella Paratyphi Infection	0	0	0	1	0	0	0	0	**1**	**0%**
Salmonellosis	31	2	5	19	12	3	3	8	**83**	**24%**
Shigellosis	16	0	0	3	0	0	0	5	**24**	**41%**
Spotted Fever Rickettsiosis (including	1	0	1	1	1	0	1	2	**7**	**40%**
Streptococcal pneumoniae (invasive)	37	0	2	26	11	3	1	11	**91**	**8%**
Streptococcal, Group A (invasive)	48	2	1	12	3	0	3	6	**75**	**10%**
Streptococcal, Group B (in newborn)	0	0	0	0	0	1	1	0	**2**	**0%**
Toxic shock syndrome (TSS)	0	0	0	0	0	0	0	1	**1**	**0%**
Tuberculosis	27	0	0	15	2	0	1	6	**51**	**21%**
Tularemia	1	0	0	0	0	0	0	0	**1**	**N/A**
Varicella	12	1	0	3	4	2	7	9	**38**	**15%**
Vibriosis	4	0	0	1	0	0	1	1	**7**	**75%**
Yersiniosis	12	0	3	5	6	0	2	0	**28**	**33%**
Total	**1226**	**72**	**68**	**599**	**303**	**48**	**109**	**348**	**2773**	**35%**

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

	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Total	Rate per 100,000 People
Foodborne	18	15	11	17	22	17	18	19	2	6	12	9	16	**182**	**37**
Waterborne	9	12	7	9	13	8	16	10	4	2	7	3	8	**108**	**22**
Vectorborne	5	8	6	6	6	4	1	0	1	3	5	4	5	**54**	**11**
HAI*	11	5	9	9	8	8	17	15	8	2	7	8	13	**120**	**25**
VPD*	22	12	10	11	12	18	132	110	74	45	21	14	7	**488**	**100**
Total	**65**	**52**	**43**	**52**	**61**	**55**	**184**	**154**	**89**	**58**	**52**	**38**	**49**	**952**	**195**

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

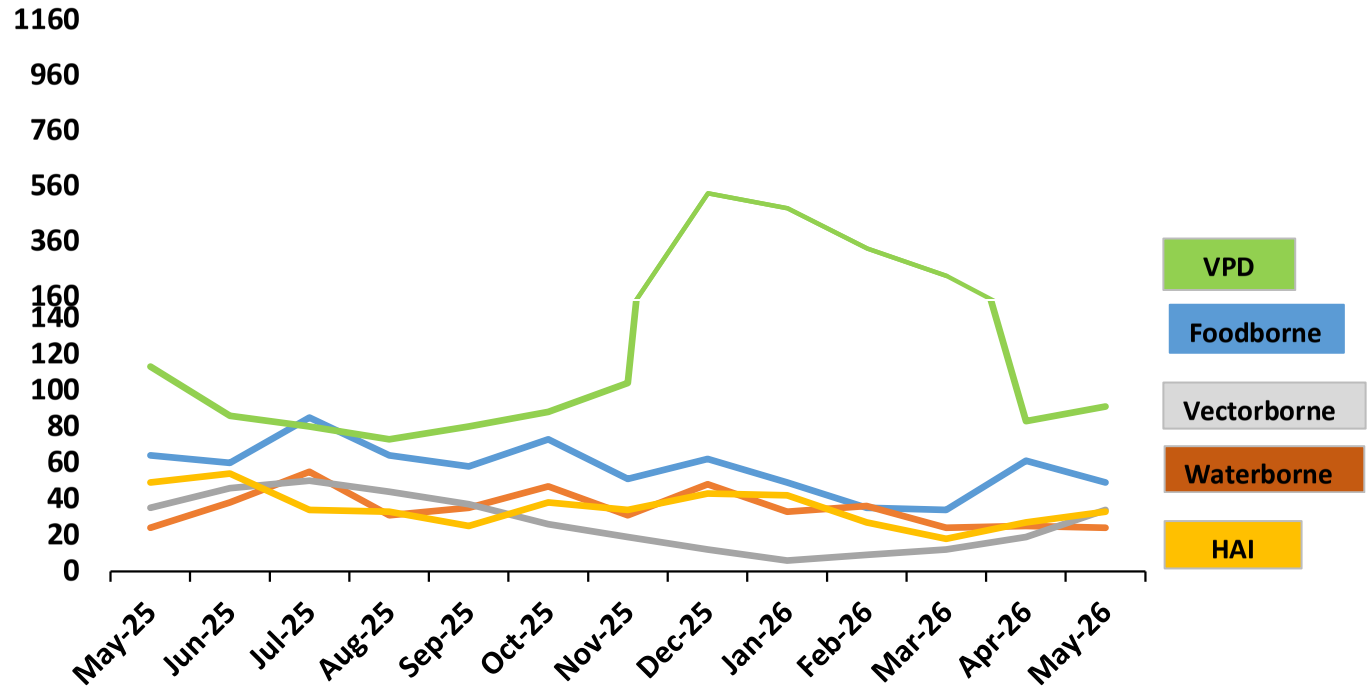


*NOTES: The VPD category represents all Vaccine Preventable Diseases and HAI refers to Healthcare Acquired Infections. A list of all Notifiable Diseases that are included in each category can be found in the Data Notes section on page 9 of this report. As of October 1st 2025 individual case of COVID-19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

	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Total	Rate per 100,000 People
Foodborne	60	85	64	58	73	51	62	49	35	34	61	49	76	**757**	**41**
Waterborne	38	55	31	35	47	31	48	33	36	24	25	24	57	**484**	**26**
Vectorborne	46	50	44	37	26	19	12	6	9	12	19	34	64	**378**	**21**
HAI*	54	34	33	25	38	34	43	42	27	18	27	33	38	**446**	**24**
VPD*	86	80	73	80	88	104	533	479	334	235	83	91	74	**2340**	**127**
Total	**284**	**304**	**245**	**235**	**272**	**239**	**698**	**609**	**441**	**323**	**215**	**231**	**309**	**4405**	**239**

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@hamilton-co.org
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 June 1 - 30, 2026. Data was accessed from the Ohio Disease Reporting System on 07/01/2026.

- 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).