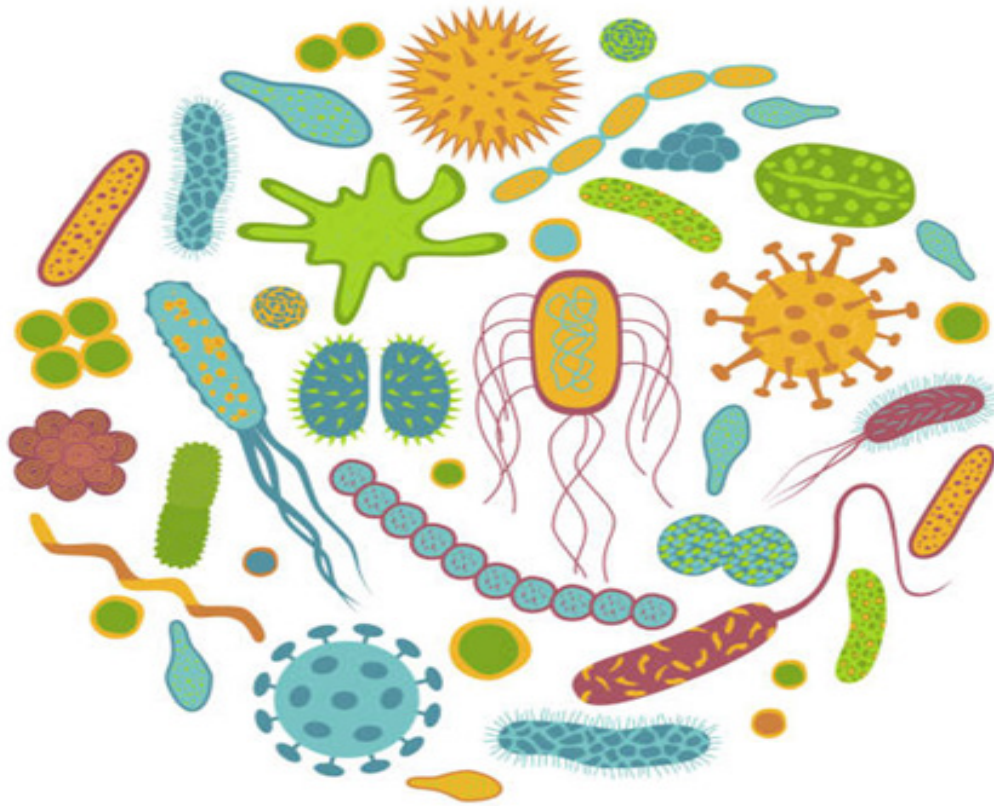




Hamilton County Public Health Communicable Disease Surveillance Report

July 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.

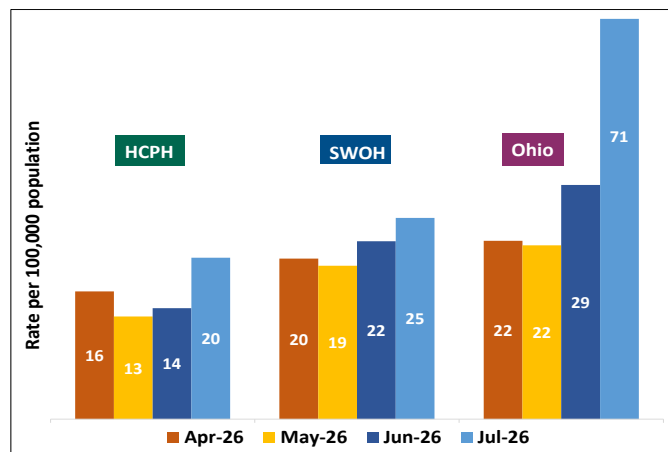
REPORTABLE INFECTIOUS DISEASES IN SOUTHWEST OHIO - JULY 2026

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

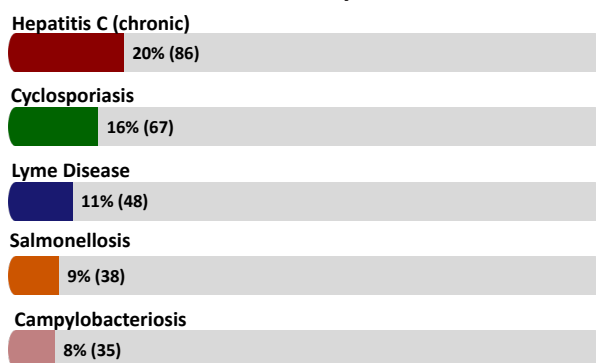
Location	HCPH	SWOH	Ohio
Number of Reported Cases	96	441	8173
Rate per 100,000	20.2	25.1	70.6
Rate Ratio [†]	0.29	0.36	.
Confidence Interval (99%) [‡]	0.22 - 0.37	0.31 - 0.40	.-.

In July, the overall rates of reported communicable diseases for HCPH, SWOH, and Ohio increased by **45%**, **13%**, and **141%** respectively compared to the rates in June (Figure 1). The Ohio rate (70.6) was the highest of the three rates, followed by the SWOH rate (25.1) and the HCPH rate (20.2) (Table 1).

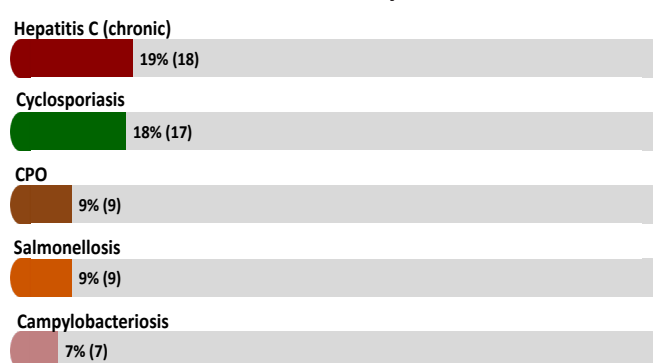
Figure 1. 30-Day Rates of Reported Communicable Diseases in Ohio, Southwest Ohio, and Hamilton County Public Health Jurisdiction, April 2026 - July 2026



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



***Figure 2b. HCPH Commonly Reported Communicable Diseases, July 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 6th-most reported disease in these regions. Together, they accounted for 24% and 25% of all reported diseases in SWOH and HCPH respectively for the month of July. In SWOH, the total number of Hepatitis B and C cases for July (107), was 14% lower than the previous 12-month average (124). There were 6.2 cases of chronic hepatitis B and C per 100,000 SWOH residents, and this rate was 22.4% higher than the HCPH-specific rate of 4.9 cases per 100,000 HCPH resident.

Cyclosporiasis was the 2nd-most frequently reported communicable disease for both SWOH and HCPH, representing 16% and 18% of the total disease counts, respectively, for the month of July. For SWOH, the case count for July (67) showed a 89.6% increase from the total in June (7). For HCPH, July's case count (17) was 84.4% higher than the case count in June (3) and accounted for 25% of all cases in SWOH for July. SWOH observed a higher rate per 100,000 people (3.9 cases) compared to HCPH jurisdiction (3.5 cases).

Lyme Disease was the 3rd-most reported disease in SWOH (11%), and was tied for 5th in HCPH (7%) for July. Cases in HCPH (7) represented 14.5% of all the cases in SWOH (48). SWOH saw a 9.4% decrease in cases from June (53) to July (48), while HCPH saw a 133.3% increase in the total number of cases in the same timeframe. SWOH also observed a higher rate per 100,000 (2.8 cases) than HCPH (1.4 cases).

Salmonellosis was the 4th-most commonly reported disease for SWOH (9%) and HCPH (9%) in July. Cases in HCPH (9) represented 23.7% of cases in SWOH (38). SWOH saw a 137.5% increase from June (16) to July, while HCPH saw a 125% increase in the total number cases in the same timeframe. The rate per 100,000 in SWOH was 2.2, which was higher than HCPH's rate of 1.8 cases.

Campylobacteriosis was the 5th-most reported disease in SWOH (8% of total), and tied for 5th for HCPH (7%). In SWOH, cases in July (35) were 16.7% higher than the total from June (30). The rate per 100,000 people in SWOH was 2.0. For HCPH, July's case count (7) was 12.5% lower than June's (8) and accounted for 20% of the total cases in SWOH.

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.

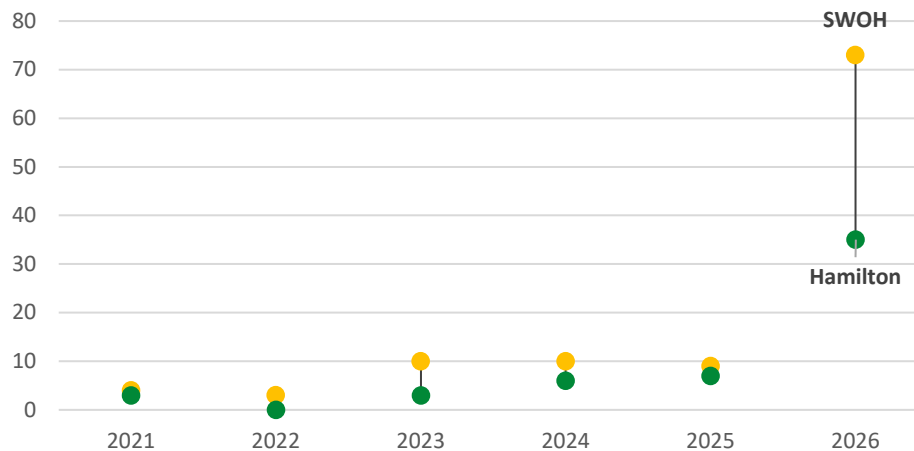
July 2026 Highlight: Cyclosporiasis

This month, HCPH is sharing information regarding cyclosporiasis due to Ohio being one of the most heavily affected states in what is turning out to be one of the largest outbreaks of cyclosporiasis in recorded U.S. history¹. Ohio is one of 9 states linked to an outbreak with an identified, domestically-acquired source. As of the end of July 2026, the CDC has reported 6,707 laboratory confirmed domestically acquired cases nationally¹. Ohio has reported 4,009 cases since May 1st 2026, though this includes cases that may have pending laboratory results⁴. Locally in the same time frame, there have been 52 cases in SWOH, with Hamilton County making up 24 of those cases.

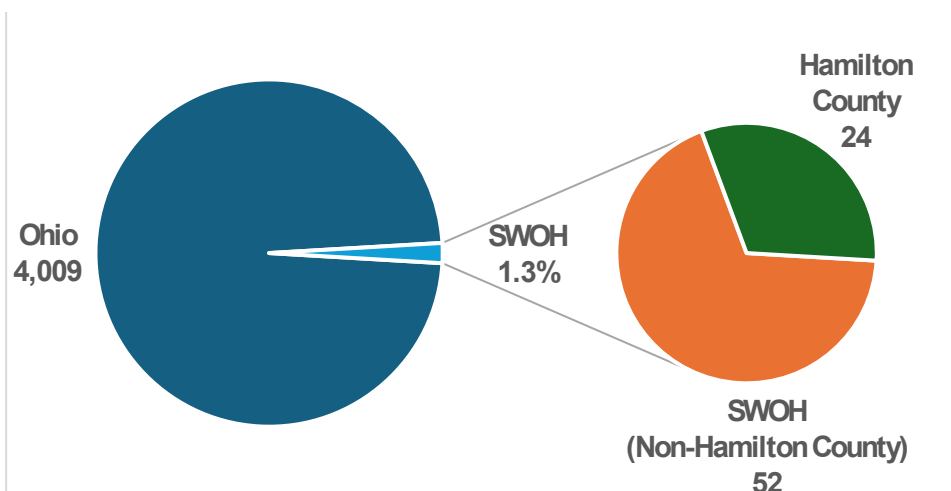
Cyclosporiasis is a gastrointestinal infection caused by the *Cyclospora cayatanensis* parasite². It is spread when someone ingests food or water that has been contaminated with oocysts (a cycle in the parasite's reproduction cycle where it can live outside of its host) produced by the parasite³. The parasite is not infectious until it has begun to reproduce and produce spores outside the human body for 1-2 weeks, meaning human-to-human transmission is unlikely^{2,3}. The most common symptom is watery diarrhea, but loss of appetite, stomach cramps, weight loss, nausea, and fatigue are also commonly reported³. Symptoms usually start one week after infection. Incubation periods can range from 2 days to 2 weeks. Asymptomatic infection is also possible². Due to intermittent shedding of the parasite in stool, specimen collection for laboratory testing can include up to three stool samples collected at least 48 hours apart to ensure detection, representing a barrier in timely diagnosis³. While symptoms can resolve on their own, it is still important for infected individuals to seek medical care to prevent recurrent symptoms. The parasite is mostly endemic to tropical regions, with most historical outbreaks in the US being linked to imported fresh produce³.

Despite the year not being finished, local cases in 2026 far exceed counts of the previous five years

(Number of cyclosporiasis cases per year in SWOH and Hamilton County, 2021-2026)



Even with the large surge of new cases compared to last year, Hamilton County does not even make up 1% of new infections in Ohio (May 1, 2026 - July 28th, 2026)



References:

- Centers for Disease Control and Prevention. (July, 2026). Surveillance of Cyclosporiasis. Centers for Disease Control and Prevention. <https://www.cdc.gov/cyclosporiasis/php/surveillance/index.html>
- Centers for Disease Control and Prevention. (July, 2026). About Cyclosporiasis. Centers for Disease Control and Prevention. <https://www.cdc.gov/cyclosporiasis/about/index.html>
- Ohio Department of Health. (January, 2026). Cyclosporiasis. Ohio Department of Health. <https://odh.ohio.gov/know-our-programs/infectious-disease-control-manual/section3/section-3-cyclosporiasis>

Table 2. Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County, July 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	5	.	.	1	.	.	1	1			8	-33%
CPO	12	.	.	2	1	.	.	.			15	-21%
CPO - Colonization Screening	.	.	.	1	.	.	.	.			1	-50%
Campylobacteriosis	10	2	2	9	2	1	3	6			35	17%
Coccidioidomycosis	.	.	.	.	.	.	.	1			1	-50%
Creutzfeldt-Jakob Disease	.	.	.	1	.	.	.	.			1	N/A
Cryptosporidiosis	3	1	.	3	1	.	.	2			10	150%
Cyclosporiasis	31	.	.	20	4	.	4	8			67	857%
E.Coli (shiga toxin producing)	7	1	.	4	1	.	.	1			14	75%
Ehrlichiosis/Anaplasmosis	1	.	.	.	.	.	.	.			1	-83%
Giardiasis	3	.	.	4	1	1	.	1			10	233%
Hepatitis A	3	1	1	.	.	1	1	2			9	125%
Hepatitis B (acute)	.	.	.	1	.	.	.	.			1	0%
Hepatitis B (chronic)	10	1	.	3	4	.	.	3			21	-19%
Hepatitis C (chronic)	38	2	7	23	5	1	2	8			86	9%
Influenza-associated hospitalization	2	.	.	3	1	.	.	.			6	0%
Legionnaires' Disease	7	.	1	3	.	.	.	1			12	-43%
Listeriosis	.	.	.	.	1	.	.	.			1	0%
Lyme Disease	9	4	5	8	12	.	9	1			48	-9%
Meningitis (bacterial, not N. meningitidis)	4	.	.	1	1	.	.	.			6	N/A
Meningococcal disease	1	.	.	.	.	.	.	.			1	N/A
Pertussis	.	.	.	4	1	.	.	4			9	-53%
Salmonellosis	14	3	1	7	8	.	2	3			38	138%
Shigellosis	1	.	.	.	.	.	.	.			1	-86%
Spotted Fever Rickettsiosis (including	1	2	1	.	1	.	1	.			6	200%
Streptococcal pneumoniae (invasive)	3	.	.	.	.	.	.	.			3	-57%
Streptococcal, Group A (invasive)	4	.	.	.	.	.	.	1			5	-29%
Tuberculosis	9	.	1	2	.	.	.	2			14	56%
Varicella	.	.	.	2	.	.	.	1			3	-40%

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

Table 3. January - July 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	0%
Botulism (infant)	0	0	0	0	0	0	1	0			1	0%
Brucellosis	1	0	0	0	0	0	0	1			2	0%
C. auris	37	0	1	10	10	2	3	5			68	21%
C. auris - Colonization Screening	14	0	1	8	1	3	2	10			39	18%
Campylobacteriosis	52	2	6	32	14	3	4	24			137	40%
Chikungunya virus	0	0	0	1	0	0	0	0			1	N/A
Coccidioidomycosis	4	0	0	1	1	0	0	2			8	14%
CPO	88	2	3	22	12	5	9	14			155	85%
CPO - Colonization Screening	1	8	0	2	5	0	0	0			16	33%
Creutzfeldt-Jakob Disease	0	0	0	2	0	0	0	0			2	100%
Cryptosporidiosis	12	1	1	10	2	1	1	7			35	30%
Cyclosporiasis	36	0	0	20	5	0	4	9			74	957%
Dengue	0	0	0	1	0	0	0	0			1	N/A
E.Coli (shiga toxin producing)	18	2	0	11	12	0	1	4			48	55%
Ehrlichiosis/Anaplasmosis	3	2	2	4	2	0	0	2			15	15%
Giardiasis	18	0	0	13	3	2	1	6			43	26%
Haemophilus influenzae (invasive)	8	0	2	7	1	0	0	6			24	4%
Hepatitis A	12	2	1	10	0	3	6	4			38	31%
Hepatitis B (acute)	7	0	2	3	0	1	1	0			14	27%
Hepatitis B (chronic)	127	3	1	40	20	1	3	26			221	13%
Hepatitis C - Perinatal Infection	0	0	1	1	0	0	0	0			2	100%
Hepatitis C (acute)	1	0	0	0	0	0	0	0			1	0%
Hepatitis C (chronic)	319	13	20	145	43	10	13	52			615	21%
Hepatitis E	0	0	0	0	1	0	0	0			1	0%
Influenza-associated hospitalization	395	16	17	188	114	14	39	117			900	2%
Influenza-associated pediatric	1	0	0	0	0	1	0	0			2	-33%
Legionnaires' Disease	24	0	1	17	4	0	0	8			54	35%
Leprosy	1	0	0	0	0	0	0	0			1	0%

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

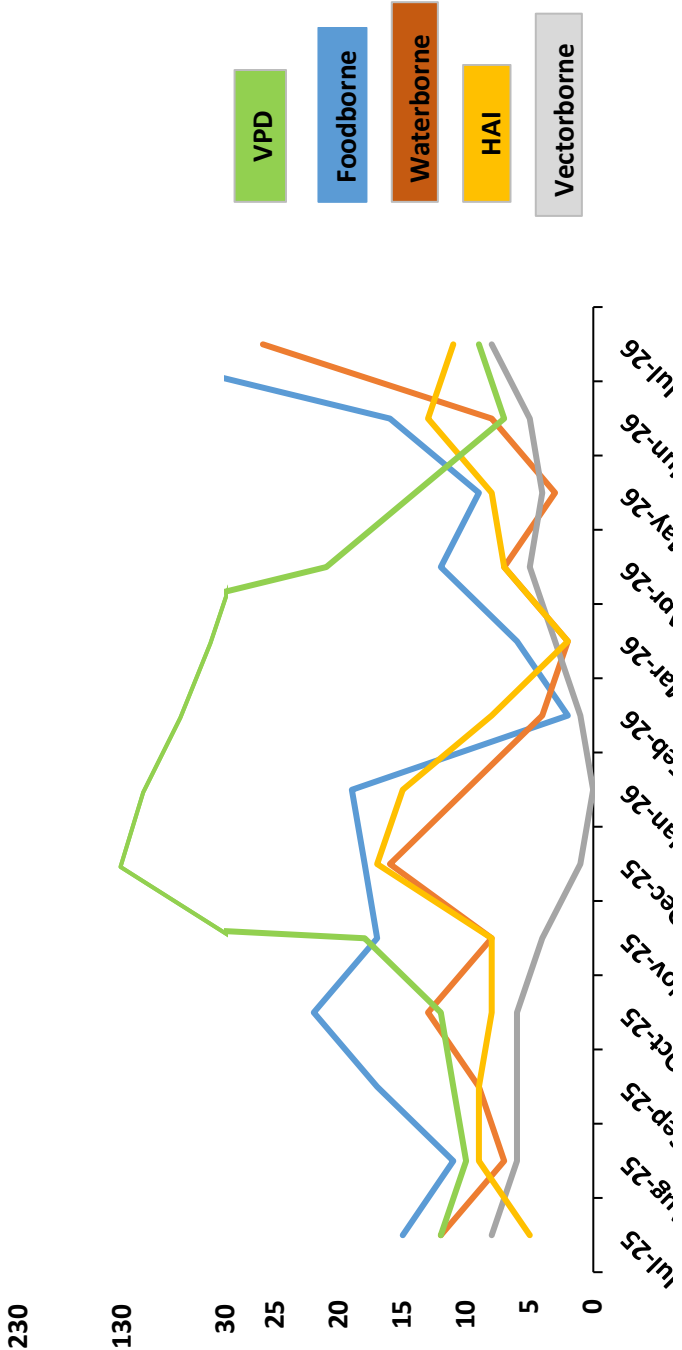
Reportable Condition	County								Total	Percent Change
	Hamilton	Adams	Brown	Butler	Clermont	Clinton	Highland	Warren		
Lyme Disease	33	19	13	24	47	1	21	15	173	44%
Malaria	1	0	0	0	1	0	0	0	2	100%
Measles	0	0	0	0	0	0	0	2	2	-33%
Meningitis (aseptic/viral)	2	0	0	0	0	0	0	0	2	0%
Meningitis (bacterial, not N. meningitidis)	15	0	0	4	2	0	0	4	25	32%
Meningococcal disease	1	0	0	0	0	0	0	0	1	N/A
Mumps	2	0	0	0	0	0	0	1	3	0%
Pertussis	26	4	1	46	10	2	5	33	127	15%
Salmonella Paratyphi Infection	0	0	0	1	0	0	0	0	1	0%
Salmonellosis	48	5	6	27	20	6	5	12	129	55%
Shigellosis	17	0	0	3	0	0	0	6	26	8%
Spotted Fever Rickettsiosis (including	2	2	2	1	2	0	2	2	13	86%
Streptococcal pneumoniae (invasive)	43	0	2	27	12	3	2	11	100	10%
Streptococcal, Group A (invasive)	53	2	1	11	3	0	3	7	80	7%
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	29	0	1	10	0	0	0	6	46	-10%
Varicella	11	1	0	6	3	2	7	8	38	0%
Vibriosis	3	0	0	1	1	0	1	3	9	29%
West Nile virus infection (WNV)	1	0	0	0	0	0	0	0	1	N/A
Yersiniosis	13	0	3	7	9	0	2	3	37	32%

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

	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Total	Rate per 100,000 People
Foodborne	15	11	17	22	17	18	19	2	6	12	9	16	23	187	38
Waterborne	12	7	9	13	8	16	10	4	2	7	3	8	26	125	26
Vectorborne	8	6	6	6	4	1	0	1	3	5	4	5	8	57	12
HAI*	5	9	9	8	8	17	15	8	2	7	8	13	11	120	25
VPD*	12	10	11	12	18	132	110	74	45	21	14	7	9	475	97
Total	52	43	52	61	55	184	154	89	58	52	38	49	77	964	197

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

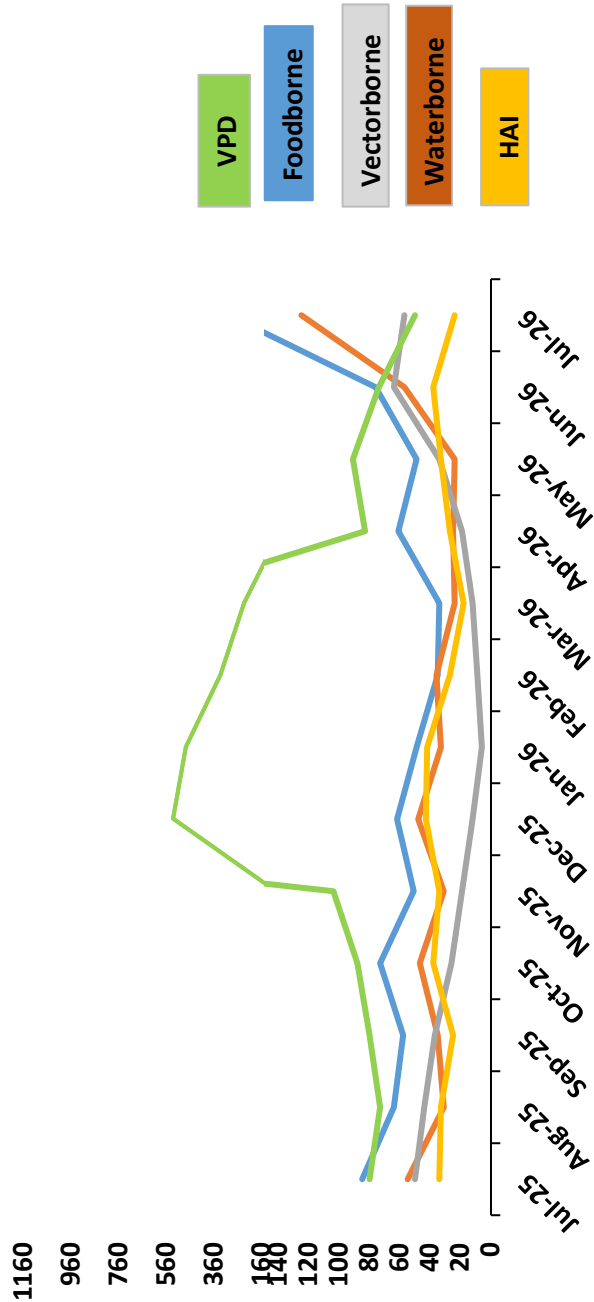


*NOTES: The VPD category represents all Vaccine Preventable Diseases and HAI refers to Healthcare Acquired Infections. A list of all Notifiable Diseases that are included in each category can be found in the Data Notes section on page 9 of this report. As of October 1st 2025 individual case of COVID-19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

	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Total	Rate per 100,000 People
Foodborne	85	64	58	73	51	62	49	35	34	61	49	76	107	804	44
Waterborne	55	31	35	47	31	48	33	36	24	25	24	57	125	571	31
Vectorborne	50	44	37	26	19	12	6	9	12	19	34	64	57	389	21
HAI*	34	33	25	38	34	43	42	27	18	27	33	38	24	416	23
VPD*	80	73	80	88	104	533	479	334	235	83	91	74	50	2304	125
Total	304	245	235	272	239	698	609	441	323	215	231	309	363	4484	243

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



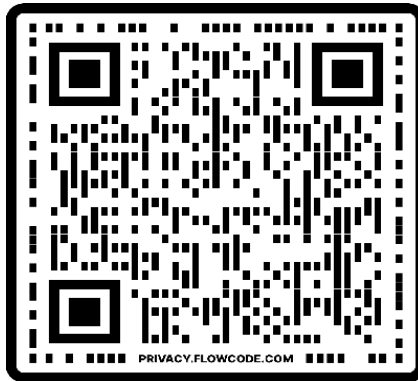
*NOTES: The VPD category represents all Vaccine Preventable Diseases and HAI refers to Healthcare Acquired Infections. A list of all Notifiable Diseases that are included in each category can be found in the Data Notes section on page 9 of this report. As of October 1st 2025 individual case of COVID-19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

CONTACT INFORMATION

For questions about this report please email

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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 July 1 - 30, 2026. Data was accessed from the Ohio Disease Reporting System on 07/30/2026.
- 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, Cyclosporiasis, 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.
 - Healthcare Acquired Infections: CPO (clinical and screening), *C. auris* (clinical and screening).