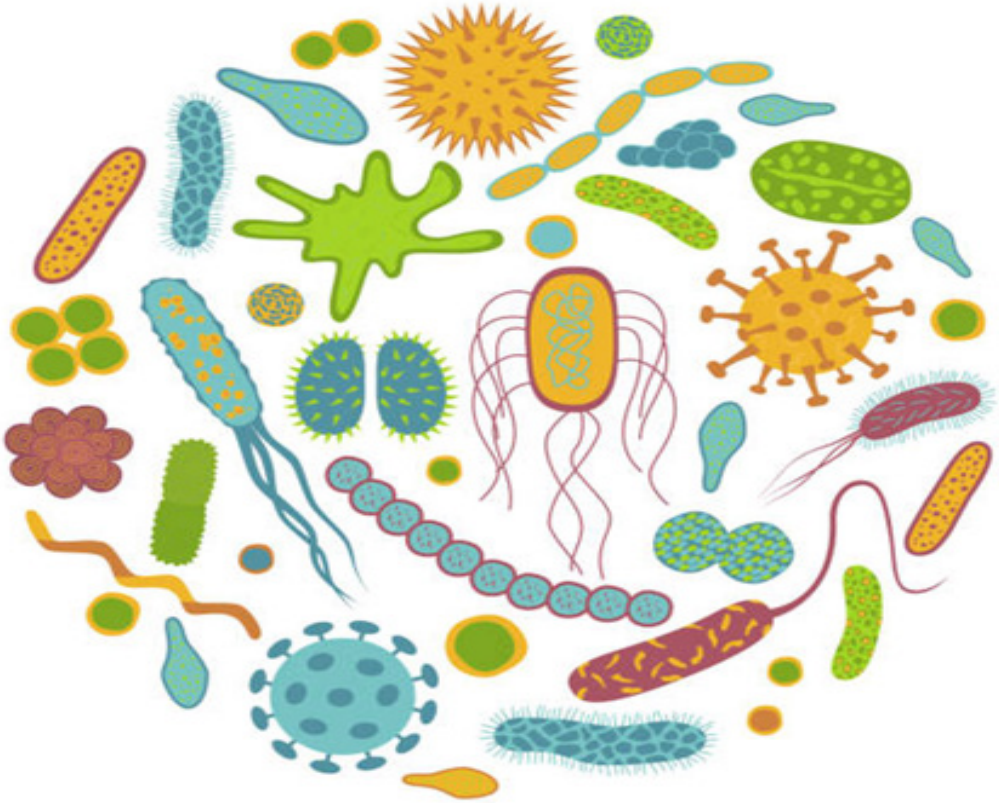


Hamilton County Public Health
Communicable Disease Surveillance Report

August 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 - AUGUST 2026

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

Location	HCPH	SWOH	Ohio
Number of Reported Cases	111	446	4673
Rate per 100,000	23.3	25.4	40.4
Rate Ratio†	0.58	0.63	.
Confidence Interval (99%)‡	0.45 - 0.74	0.55 - 0.72	. - .

In August, the overall rates of reported communicable diseases increased by **12%** for HCPH compated to the rates in July. For SWOH and Ohio, the overall rates decreased by **2%**, and **45%**, respectively from the last month (Figure 1). The Ohio rate (40.4) was the highest of the three rates, followed by the SWOH rate (25.4) and the HCPH rate (23.3) (Table 1).

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

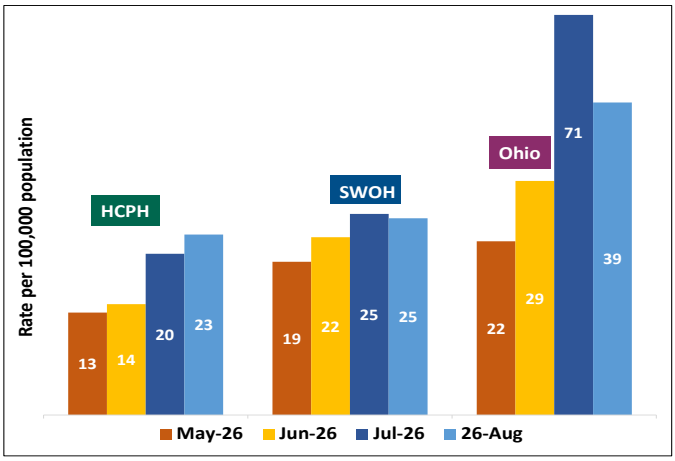


***Figure 2a. SWOH Commonly Reported Commmunicable Diseases, August 2026**

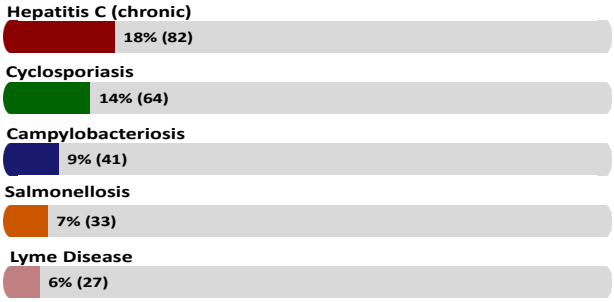
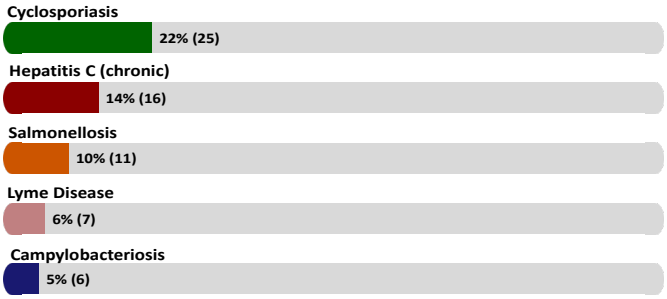


***Figure 2b. HCPH Commonly Reported Commmunicable Diseases, August 2026**



*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 the 2nd-most reported disease in HCPH. **Chronic Hepatitis B** was the 6th-most reported disease in these for SWOH and the 7th-most reported disease for HCPH. Together, they accounted for 23.5% and 20% of all reported diseases in SWOH and HCPH respectively for the month of August. In SWOH, the total number of Hepatitis B and C cases for August (105), was 16% lower than the previous 12-month average (125). There were 6 cases of chronic hepatitis B and C per 100,000 SWOH residents, and this rate was 32% higher than the HCPH-specific rate of 4.1 cases per 100,000 HCPH resident.

Cyclosporiasis was the 2nd-most frequently reported communicable disease for SWOH and the 1st-most reported disease for HCPH, representing 14% and 22% of the total disease counts, respectively, for the month of August. For SWOH, the case count for August (64) showed a 4.5% decrease from the total in July (67). For HCPH, August's case count (25) was 14% higher than the case count in July (22) and accounted for 39% of all cases in SWOH for August. SWOH observed a lower rate per 100,000 people (3.7 cases) compared to HCPH jurisdiction (5.1 cases).

Campylobacteriosis was the 3rd-most reported disease in SWOH (9%), and was tied for 5th in HCPH (5%) for August. Cases in HCPH (6) represented 15% of all the cases in SWOH (41). SWOH saw a 15% decrease in cases from July (48) to August (41), while HCPH saw a 14% decrease in the total number of cases in the same timeframe. SWOH also observed a higher rate per 100,000 (2.4 cases) than HCPH (1.2 cases).

Salmonellosis was the 4th-most commonly reported disease for SWOH (9%) and the 3rd-most reported disease for HCPH (9%) in August. Cases in HCPH (11) represented 33% of cases in SWOH (33). The rate per 100,000 in SWOH was 1.9, which was lower than HCPH's rate of 2.3 cases.

Lyme Disease was the 5th-most reported disease in SWOH (6%), and the 4th-most reported disease for HCPH (6%). In SWOH, cases in August (27) were 23% lower than the total from July (35). The rate per 100,000 people in SWOH was 1.6. For HCPH, August's case count (6) was 14% lower than July's (7) and accounted for 26% 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

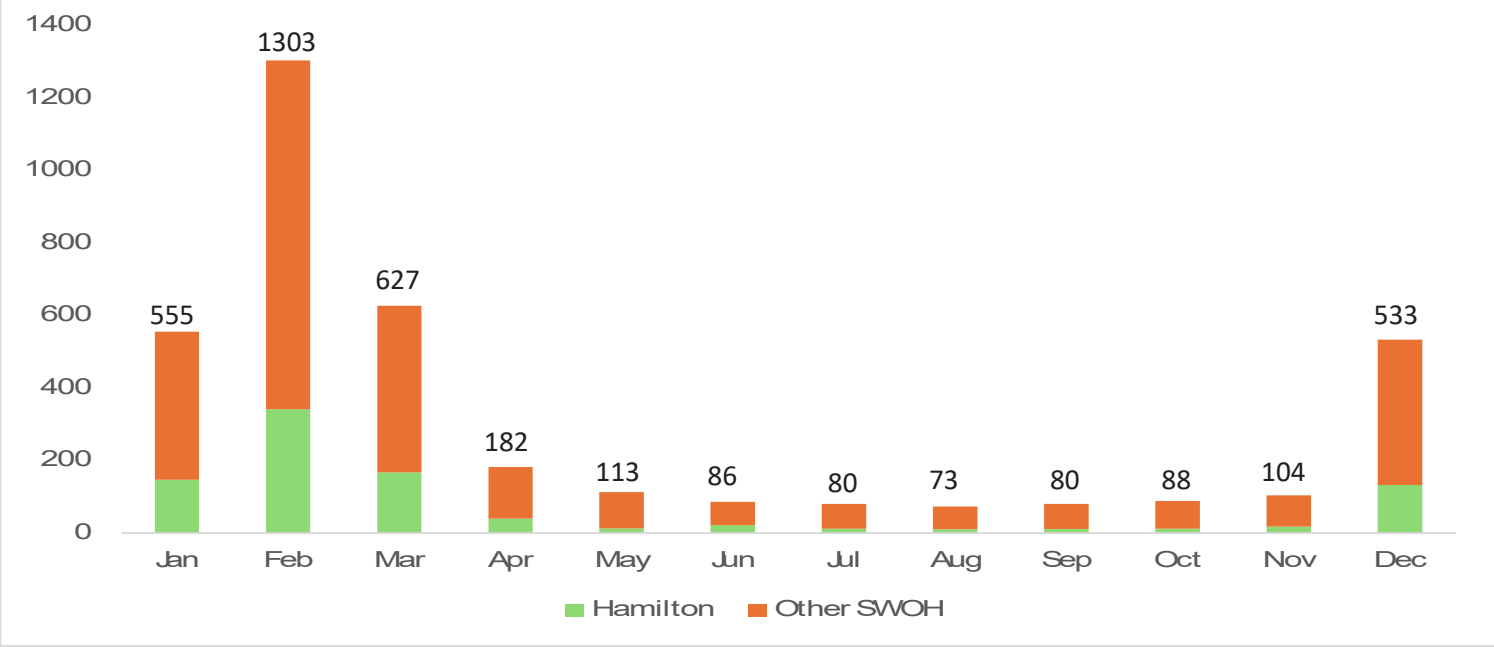
Each month, a reportable disease or group of similar diseases will be selected to cover more in-depth details about their frequency, transmission, epidemiology, and risk factors. The intent is to inform and educate readers, to bring their attention to certain diseases that are known to have seasonal increases, have seen recent increases, or may occur rarely.

August 2026 Highlight: Vaccine Preventable Diseases

Hamilton County Public Health is focusing this page on Vaccine Preventable Diseases (VPD) in honor of August being National Immunization Awareness Month. Vaccine preventable diseases are any infection in which an effective immunization prevention method is available. There are over 30 diseases that are considered VPD, with the Ohio Department of Health having a goal to eliminate 17[1]. Some common infections from VPD in Hamilton County include pertussis, hepatitis B, and influenza. Despite having these prevention tools, Hamilton County county experienced 925 non-COVID infections from VPD in 2025. It is also estimated that only 71% of children in Ohio were classfied as up-to-date on all reccommended vaccines in 2023[2], representing an area of growth for preventing new VPD cases. Please see the last page for a complete list of VPD.

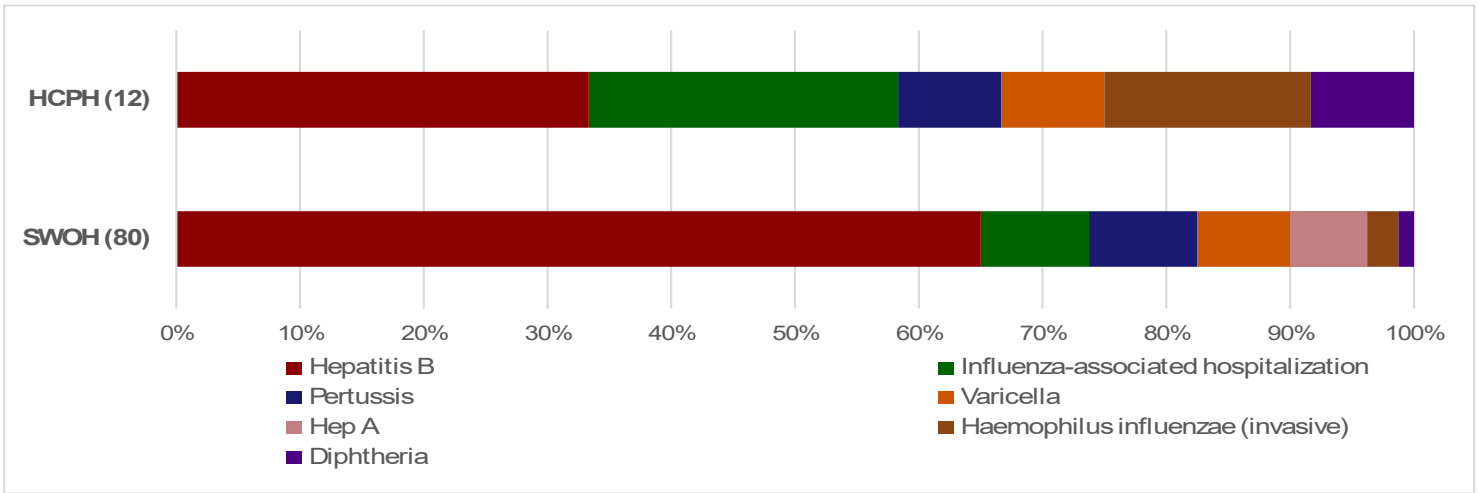
Often driven by influenza hospitilizations, VPD cases are usually higher in the winter months

(Total number of non-COVID VPD cases in SWOH, 2025)



For the month of August 2026, Hepatitis B was overwhelmingly the most reported VPD for SWOH. For HCPH, it was roughly 25% of cases.

(Proportion of cases for SWOH and Hamilton County, August 2026)



References:

1. Ohio Department of Health (n.d.). Immunization | Ohio Department of Health. Ohio Department of Health. https://odh.ohio.gov/know-our-programs/immunization/immunization

2.. Ohio Department of Health (n.d.). Child and Adolescent Immunization Coverage in Ohio. Ohio Department of Health. https://odh.ohio.gov/know-our-programs/Immunization/Immunization-Rates/

Table 2. Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County, August 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		
Amebiasis	.	.	.	.	.	.	.	1	1	N/A
Babesiosis	1	.	.	.	.	.	.	.	1	N/A
C. auris	4	.	1	4	.	.	.	1	10	25%
C. auris - Colonization Screening	3	.	.	4	.	1	.	1	9	N/A
CPO	10	.	.	8	2	.	.	1	21	40%
CPO - Colonization Screening	.	.	.	.	.	.	1	.	1	0%
Campylobacteriosis	8	1	2	11	5	3	2	9	41	17%
Coccidioidomycosis	.	1	.	.	.	.	.	1	2	100%
Cryptosporidiosis	7	.	3	.	.	.	.	2	12	20%
Cyclosporiasis	34	.	1	13	4	1	3	8	64	-4%
Diphtheria	1	.	.	.	.	.	.	.	1	N/A
E.Coli (shiga toxin producing)	6	1	.	4	3	.	1	3	18	29%
Ehrlichiosis/Anaplasmosis	1	1	.	.	.	.	.	.	2	100%
Giardiasis	3	.	.	2	.	.	.	1	6	-40%
Haemophilus influenzae (invasive)	2	.	.	.	.	.	.	.	2	N/A
Hepatitis A	.	3	.	.	.	1	.	1	5	-44%
Hepatitis B (acute)	.	1	.	.	.	.	.	.	1	0%
Hepatitis B (chronic)	15	.	.	4	.	.	.	4	23	10%
Hepatitis C (chronic)	46	2	2	20	5	.	1	6	82	-5%
Hepatitis E	1	.	.	.	.	.	.	.	1	N/A
Influenza-associated hospitalization	3	.	.	1	2	.	.	1	7	17%
Legionnaires' Disease	3	1	1	4	1	.	.	1	11	-8%
Lyme Disease	10	.	1	3	9	.	.	4	27	-44%
Malaria	.	.	.	3	.	.	.	.	3	N/A
Meningitis (bacterial, not N. meningitidis)	7	.	1	.	1	.	.	1	10	67%
Pertussis	2	.	.	2	1	.	.	2	7	-22%
Salmonellosis	16	2	.	3	3	1	1	7	33	-13%
Shigellosis	1	.	.	2	.	.	1	.	4	300%
Spotted Fever Rickettsiosis (including Rocky Mountain spotted fever (RMSF))	4	.	.	.	1	.	.	.	5	-17%

Table 2. Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County, August 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		
Streptococcal, Group A (invasive)	6	.	.	2	.	.	.	2	**10**	**100%**
Tuberculosis	5	.	.	2	.	.	.	.	**7**	**-50%**
Varicella	2	.	.	1	1	.	1	1	**6**	**100%**
Vibriosis	2	.	.	1	1	.	.	1	**5**	**150%**
Yersiniosis	1	1	.	1	.	.	.	.	**3**	**-50%**
Total	**204**	**14**	**13**	**98**	**39**	**8**	**11**	**59**	**446**	**2%**

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 - August 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		
Amebiasis	.	.	.	.	.	.	.	1	**1**	**0%**
Babesiosis	1	.	.	2	.	.	.	.	**3**	**50%**
Botulism (Infant)	.	.	.	.	.	.	1	.	**1**	**0%**
Brucellosis	1	.	.	.	.	.	.	1	**2**	**0%**
C. auris	42	.	2	14	10	2	3	6	**79**	**16%**
C. auris - Colonization Screening	17	.	1	12	1	4	2	11	**48**	**23%**
CPO	101	4	6	33	16	6	9	15	**190**	**23%**
CPO - Colonization Screening	1	8	.	2	5	.	1	.	**17**	**6%**
Campylobacteriosis	62	3	8	44	19	6	6	33	**181**	**32%**
Chikungunya virus	.	.	.	1	.	.	.	.	**1**	**N/A**
Coccidioidomycosis	4	1	.	1	1	.	.	3	**10**	**25%**
Creutzfeldt-Jakob Disease	.	.	.	2	.	.	.	.	**2**	**0%**
Cryptosporidiosis	20	1	4	10	2	1	2	9	**49**	**40%**
Cyclosporiasis	77	1	1	38	10	2	7	20	**156**	**111%**
Dengue	.	.	.	1	.	.	.	.	**1**	**0%**
Diphtheria	1	.	.	.	.	.	.	.	**1**	**-98%**
E.Coli (shiga toxin producing)	25	3	.	16	15	.	2	7	**68**	**353%**
Ehrlichiosis/Anaplasmosis	4	3	2	4	2	.	.	2	**17**	**-60%**
Giardiasis	21	.	.	15	3	2	1	7	**49**	**104%**
Haemophilus influenzae (invasive)	10	.	2	7	1	.	.	6	**26**	**-32%**
Hepatitis A	12	5	1	11	.	4	6	5	**44**	**214%**
Hepatitis B (acute)	7	1	2	3	.	1	1	.	**15**	**-93%**
Hepatitis B (chronic)	144	3	2	44	20	1	3	32	**249**	**13%**
Hepatitis C (acute)	1	.	.	.	.	.	.	.	**1**	**0%**
Hepatitis C (chronic)	367	15	22	167	47	10	13	59	**700**	**14%**
Hepatitis C - Perinatal Infection	.	.	1	1	.	.	.	.	**2**	**0%**
Hepatitis E	1	.	.	.	1	.	.	.	**2**	**100%**
Influenza-associated hospitalization	398	16	17	189	116	14	39	118	**907**	**1%**
Influenza-associated pediatric mortality	1	.	.	.	.	1	.	.	**2**	**0%**

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

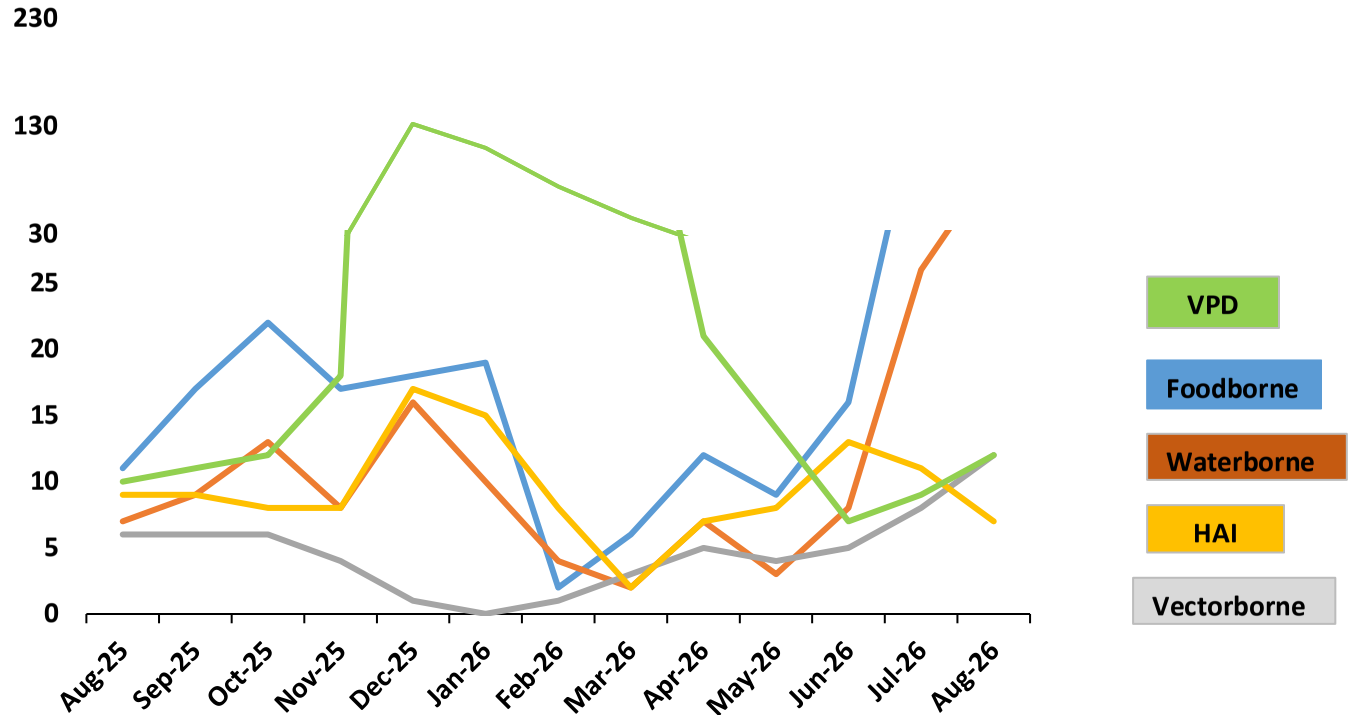
Reportable Condition	County								Total	Percent Change
	Hamilton	Adams	Brown	Butler	Clermont	Clinton	Highland	Warren		
Leprosy	1	.	.	1	.	.	.	.	**2**	**100%**
Listeriosis	1	.	.	1	1	.	.	.	**3**	**0%**
Lyme Disease	43	19	14	30	57	1	21	19	**204**	**18%**
Malaria	1	.	.	4	1	.	.	.	**6**	**200%**
Measles	.	.	.	.	.	.	.	2	**2**	**0%**
Meningitis (aseptic/viral)	2	.	.	.	.	.	.	.	**2**	**0%**
Meningitis (bacterial, not N. meningit-	22	.	1	4	3	.	.	5	**35**	**40%**
Meningococcal disease	1	.	.	.	.	.	.	.	**1**	**0%**
Mumps	2	.	.	.	.	.	.	1	**3**	**0%**
Pertussis	29	4	1	49	11	2	5	35	**136**	**7%**
Salmonella Paratyphi Infection	.	.	.	1	.	.	.	.	**1**	**0%**
Salmonellosis	68	7	6	34	25	7	6	19	**172**	**33%**
Shigellosis	18	.	.	5	.	.	1	6	**30**	**15%**
Spotted Fever Rickettsiosis (including Rocky Mountain spotted fever (RMSF))	6	2	2	1	3	.	2	2	**18**	**38%**
Streptococcal pneumoniae (invasive)	43	.	3	30	12	4	2	11	**105**	**5%**
Streptococcal, Group A (invasive)	59	2	1	13	3	.	3	9	**90**	**13%**
Streptococcal, Group B (in newborn)	.	.	.	.	.	1	1	.	**2**	**0%**
Toxic shock syndrome (TSS)	.	.	.	.	.	.	.	1	**1**	**0%**
Tuberculosis	29	.	.	11	.	.	.	6	**46**	**0%**
Varicella	12	1	.	7	4	2	8	8	**42**	**11%**
Vibriosis	5	.	.	2	2	.	1	4	**14**	**56%**
West Nile virus infection (WNV)	.	.	.	1	.	.	.	.	**1**	**0%**
Yersiniosis	14	1	3	8	9	.	2	3	**40**	**8%**
Total	**1701**	**101**	**104**	**840**	**405**	**71**	**148**	**476**	**3846**	**15%**

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

	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Total	Rate per 100,000 People
Foodborne	11	17	22	17	18	19	2	6	12	9	16	40	46	**235**	**48**
Waterborne	7	9	13	8	16	10	4	2	7	3	8	26	34	**147**	**30**
Vectorborne	6	6	6	4	1	0	1	3	5	4	5	8	12	**61**	**12**
HAI*	9	9	8	8	17	15	8	2	7	8	13	11	7	**122**	**25**
VPD*	10	11	12	18	132	110	74	45	21	14	7	9	12	**475**	**97**
Total	**43**	**52**	**61**	**55**	**184**	**154**	**89**	**58**	**52**	**38**	**49**	**94**	**111**	**1040**	**213**

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

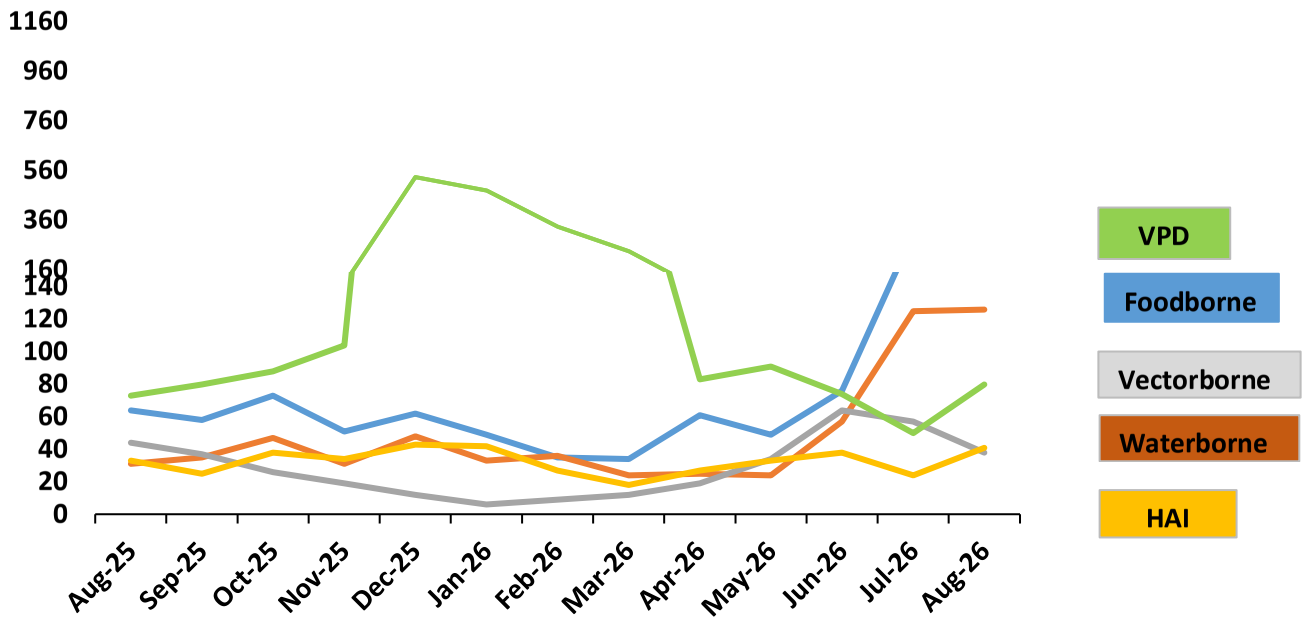


*NOTES: The VPD category represents all Vaccine Preventable Diseases and HAI refers to Healthcare Acquired Infections. A list of all Notifiable Diseases that are included in each category can be found in the Data Notes section on page 9 of this report. As of October 1st 2025 individual case of COVID-19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

	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Total	Rate per 100,000 People
Foodborne	64	58	73	51	62	49	35	34	61	49	76	173	169	**954**	**52**
Waterborne	31	35	47	31	48	33	36	24	25	24	57	125	126	**642**	**35**
Vectorborne	44	37	26	19	12	6	9	12	19	34	64	57	38	**377**	**20**
HAI*	33	25	38	34	43	42	27	18	27	33	38	24	41	**423**	**23**
VPD*	73	80	88	104	533	479	334	235	83	91	74	50	80	**2304**	**125**
Total	**245**	**235**	**272**	**239**	**698**	**609**	**441**	**323**	**215**	**231**	**309**	**429**	**454**	**4700**	**255**

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 August 1 - 31, 2026. Data was accessed from the Ohio Disease Reporting System on 09/01/2026.

- 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, Cyclosporiasis, 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).