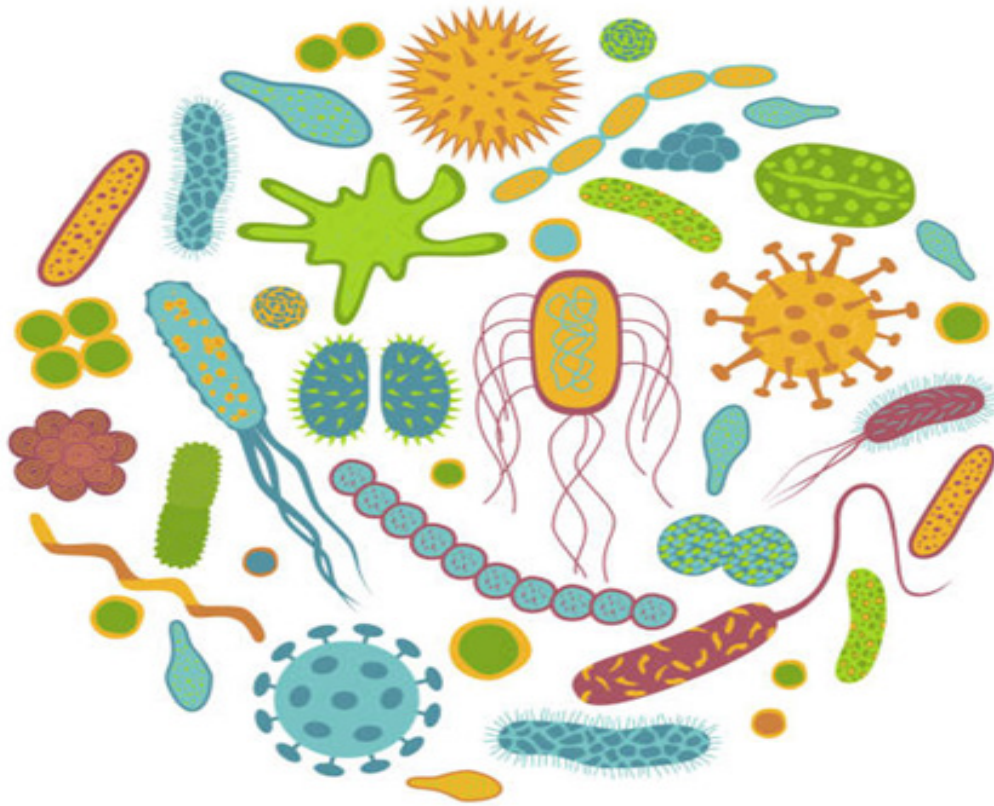




Hamilton County Public Health Communicable Disease Surveillance Report

September 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.

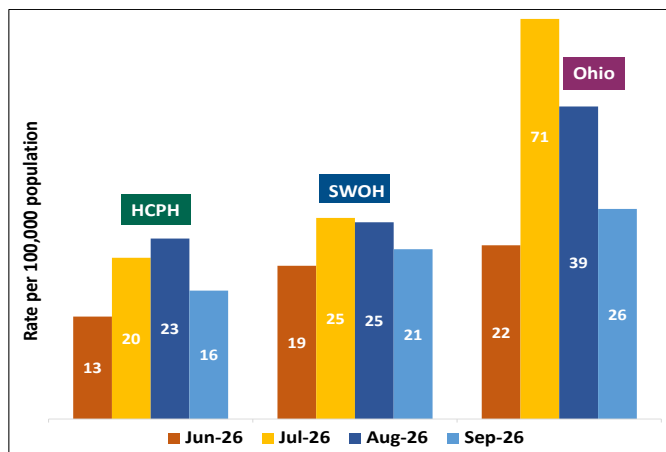
REPORTABLE INFECTIOUS DISEASES IN SOUTHWEST OHIO - SEPTEMBER 2026

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

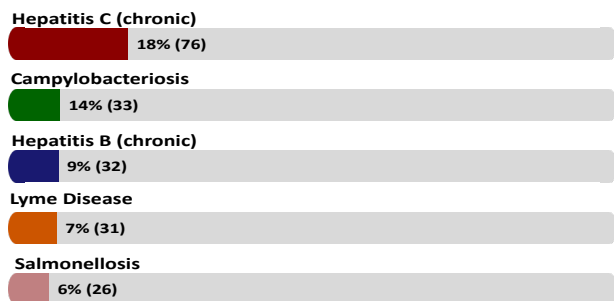
Location	HCPH	SWOH	Ohio
Number of Reported Cases	79	385	3141
Rate per 100,000	16.6	21.9	27.1
Rate Ratio [†]	0.61	0.81	.
Confidence Interval (99%) [‡]	0.46 - 0.82	0.70 - 0.93	.-.

In September, the overall rates of reported communicable diseases idecreased by **29%** for HCPH compated to the rates in August. For SWOH and Ohio, the overall rates decreased by **14%**, and **33%**, respectively from the last month (Figure 1). The Ohio rate (27.1) was the highest of the three rates, followed by the SWOH rate (21.9) and the HCPH rate (16.6) (Table 1).

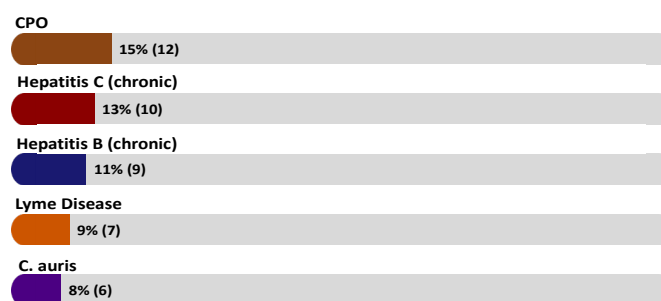
Figure 1. 30-Day Rates of Reported Communicable Diseases in Ohio, Southwest Ohio, and Hamilton County Public Health Jurisdiction, June 2026 - September 2026



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



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



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

Chronic Hepatitis C was the most commonly reported disease in SWOH and the 2nd-most reported disease in HCPH. **Chronic Hepatitis B** was the 3rd-most reported disease in both SWOH and HCPH. Together, they accounted for 28% and 27% of all reported diseases in SWOH and HCPH respectively for the month of September. In SWOH, the total number of Hepatitis B and C cases for September (108), was 11% lower than the previous 12-month average (122). There were 6.2 cases of chronic hepatitis B and C per 100,000 SWOH residents, and this rate was 60% higher than the HCPH-specific rate of 3.9 cases per 100,000 HCPH resident.

Campylobacteriosis was the 2nd-most frequently reported communicable disease for SWOH in September and was not in the top 5-most reported conditions for HCPH. In the SWOH region, campylobacteriosis represented 14% of the total disease counts. For SWOH, the case count for September (33) showed a 48% decrease from the total in August (64). SWOH observed a higher rate per 100,000 people (1.9 cases) compared to HCPH jurisdiction (0.4 cases).

Lyme Disease was the 4th-most commonly reported disease for SWOH (7%) and HCPH (9%) in September. Cases in HCPH (7) represented 23% of cases in SWOH (31). The rate per 100,000 in SWOH was 1.8, which was 29% higher than HCPH's rate of 1.4 cases. For HCPH, September's cases count (7) was 30% lower than August's (10).

Salmonellosis was the 5th-most reported disease in SWOH (6%), and tied for the 5th-most reported disease for HCPH (6%). In SWOH, cases in September (27) were slightly higher than the total from August (26). The rate per 100,000 people in SWOH was 1.6. For HCPH, September's case count (6) was 14% lower than August's (7) and accounted for 26% of the total cases in SWOH.

Unusual for the region, **CPOs** were the most commonly reported disease for HCPH (15%) in September. There was a 140% increases from August (5) to September (12). CPOs in HCPH accounted for 55% of the total cases in SWOH. The rate for per 100,00 in HCPH (2.5) was almost double the rate for SWOH (1.3). Another healthcare aquired infection, **C. auris**, was tied for the 5th-most commonly reported disease for HCPH, representing 8% of total cases for the region.

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.

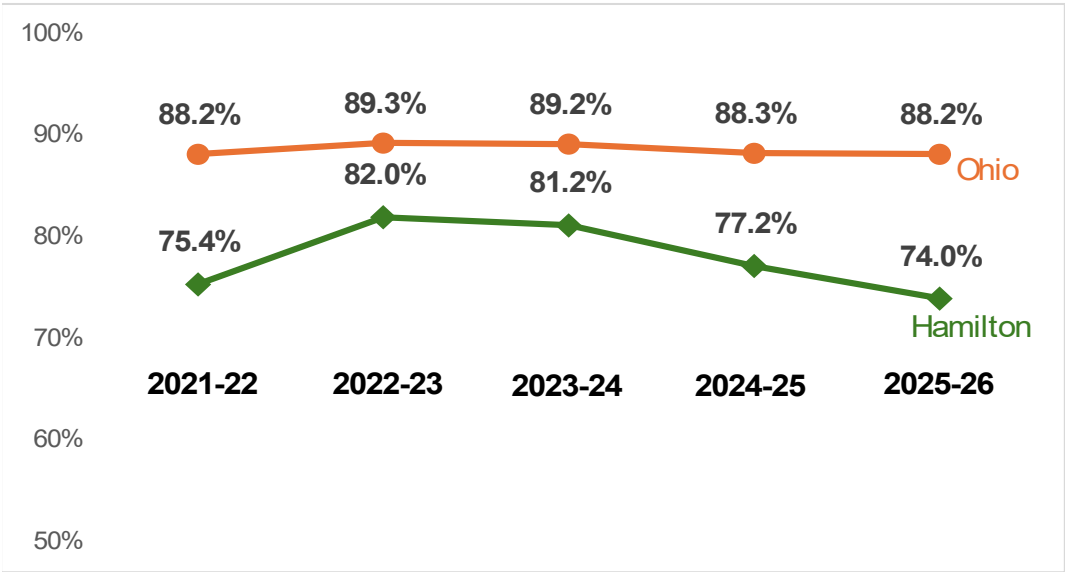
September 2026 Highlight: Measles

Hamilton County Public Health is focusing this page on measles due to a recent exposure within the county.

Measles is a highly contagious virus belonging to the genus *Morbillivirus*¹. Infection is characterized by a high fever, a rash lasting for over three days, and one or more of the "three C's" (cough, coryza, and conjunctivitis)^{1,2}. The virus is spread person-to-person through airborne droplets or direct nasal/oral secretions of an infected individual. These droplets can linger in the air for up to two hours¹.

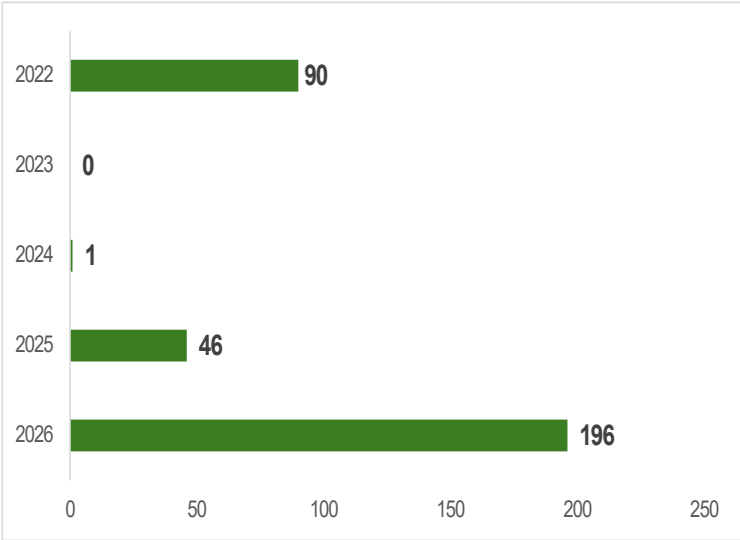
In 2000, measles was declared eradicated in the United States³. However, new outbreaks and cases still occur due to measles being endemic in other parts of the world¹. Vaccination continues to be best way to prevent new infections, though break-through infections are still possible in an estimated 3% of individuals³. Within the last five years, there has no been no confirmed measles cases in Hamilton County, and only 1 in southwest Ohio.

School vaccinations against measles have lagged in Hamilton County compared to the state overall.
(Percentage of elementary school children who have received the MMR vaccination in Hamilton County and Ohio, 2021-2026)

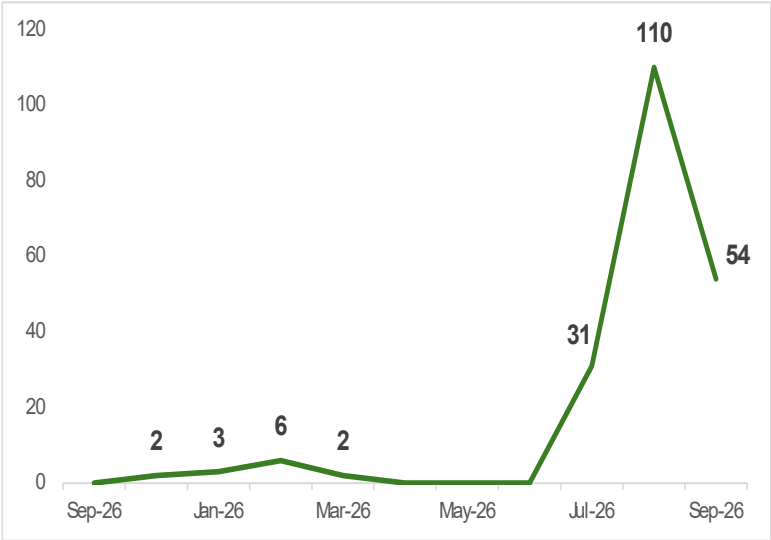


Measles infections in Ohio tend to be driven by clusters of outbreaks rather than regularly throughout the year. These can be driven by domestic travel to areas experiencing an outbreak.

Measles cases in Ohio, 2022-2026



Measles cases in Ohio, October 2025-September 2026



References:
1. Ohio Department of Health (July 2025). Measles. Ohio Department of Health. <https://odh.ohio.gov/know-our-programs/infectious-disease-control-manual/section3/section-3-measles>
2. Center for Disease Control (August 2026). Clinical Overview of Measles. Center for Disease Control. <https://www.cdc.gov/measles/hcp/clinical-overview/index.html>
3. Center for Disease Control (April 2026). Measles Vaccination. Center for Disease Control. <https://www.cdc.gov/measles/vaccines/index.html>
Data sources: [School Immunizations Dashboard](#); [Summary of Infectious Diseases in Ohio](#)

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		
Amebiasis	·	·	·	·	·	·	·	·	1	1	N/A
C. auris	7	·	·	5	2	·	·	·	1	15	N/A
C. auris - Colonization Screening	1	1	·	7	1	·	·	·	·	10	11%
CPO	12	·	·	6	3	·	·	1	·	22	5%
CPO - Colonization Screening	·	·	·	·	·	·	·	2	·	2	100%
Campylobacteriosis	4	3	2	11	5	1	1	1	6	33	-20%
Coccidioidomycosis	·	·	·	1	·	·	·	·	·	1	-50%
Cryptosporidiosis	4	·	·	3	·	·	·	·	1	8	-33%
Cyclosporiasis	3	·	·	·	1	·	·	1	1	6	-91%
E.Coli (shiga toxin producing)	2	·	·	1	1	·	·	1	2	7	-61%
Giardiasis	4	·	·	3	1	·	·	1	·	9	50%
Haemophilus influenzae (invasive)	2	·	1	·	2	·	·	·	1	6	200%
Hepatitis A	·	·	·	2	·	·	·	·	·	2	-60%
Hepatitis B (acute)	1	·	·	·	·	·	·	·	·	1	0%
Hepatitis B (chronic)	21	1	3	3	1	·	1	1	2	32	39%
Hepatitis C (chronic)	45	2	2	14	7	1	1	1	4	76	-7%
Hepatitis C - Perinatal Infection	·	1	·	·	·	·	·	·	·	1	N/A
Influenza-associated hospitalization	11	·	·	3	3	1	·	·	4	22	214%
Legionnaires' Disease	1	·	·	·	1	·	·	·	·	2	-82%
Listeriosis	·	·	·	1	·	1	·	·	·	2	N/A
Lyme Disease	12	9	1	3	2	1	1	2	1	31	15%
Measles	2	·	·	·	·	·	·	·	·	2	N/A
Meningitis (bacterial, not N. meningitidis)	3	·	1	1	·	·	·	1	·	6	-40%
Pertussis	3	·	·	2	2	·	·	·	1	8	14%
Salmonellosis	12	2	1	3	5	1	1	1	1	26	-21%
Shigellosis	3	·	·	3	·	·	·	·	2	8	100%
Spotted Fever Rickettsiosis (including Rocky Mountain spotted fever (RMSF))	1	1	·	2	·	·	·	·	1	5	0%
Streptococcal pneumoniae (invasive)	4	·	1	1	·	·	·	·	5	11	120%

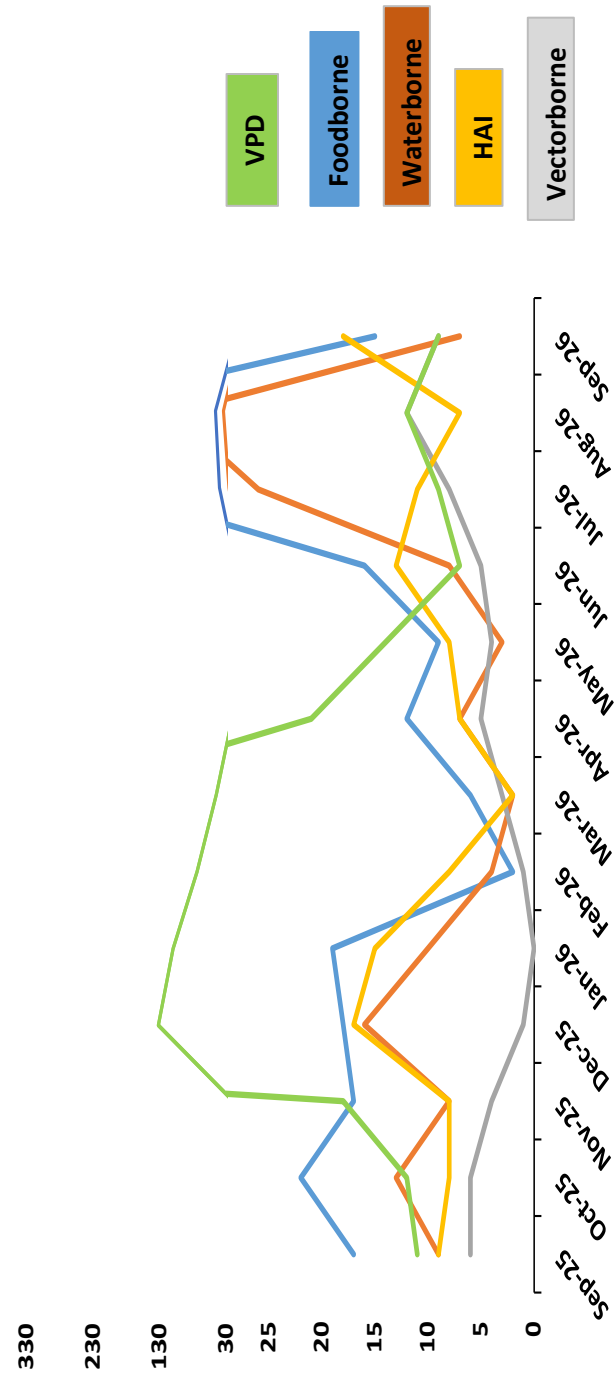
Table 3. January - September 2026, Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County (Top 5 Increases Highlighted)

Reportable Condition	County								Total	Percent Change
	Hamilton	Adams	Brown	Butler	Clermont	Clinton	Highland	Warren		
Amebiasis	.	.	.	.	.	.	.	2	2	100%
Babesiosis	1	.	.	2	.	.	.	.	3	0%
Botulism (Infant)	.	.	.	.	.	.	1	.	1	0%
Brucellosis	1	.	.	.	.	.	.	1	2	0%
C. auris	49	.	2	20	12	2	3	7	95	20%
C. auris - Colonization Screening	18	1	1	20	2	4	2	11	59	23%
CPO	123	4	6	41	18	6	12	17	227	19%
CPO - Colonization Screening	1	8	.	1	5	.	3	.	18	6%
Campylobacteriosis	66	6	10	55	24	7	7	39	214	18%
Chikungunya virus	.	.	.	1	.	.	.	.	1	0%
Coccidioidomycosis	4	1	.	2	1	.	.	3	11	10%
Creutzfeldt-Jakob Disease	.	.	.	2	.	.	.	.	2	0%
Cryptosporidiosis	24	1	4	13	2	1	2	10	57	16%
Cyclosporiasis	80	1	1	38	11	2	8	21	162	4%
Dengue	.	.	.	1	.	.	.	.	1	0%
E.Coli (shiga toxin producing)	27	3	.	17	16	.	3	9	75	10%
Ehrlichiosis/Anaplasmosis	4	3	2	4	2	.	.	2	17	0%
Giardiasis	25	.	.	18	4	2	2	7	58	18%
Haemophilus influenzae (invasive)	12	.	3	7	3	.	.	7	32	23%
Hepatitis A	12	5	1	13	.	4	6	4	45	2%
Hepatitis B (acute)	8	1	2	3	.	1	1	.	16	7%
Hepatitis B (chronic)	166	4	5	47	21	1	4	35	283	14%
Hepatitis C (acute)	1	.	.	.	.	.	.	.	1	0%
Hepatitis C (chronic)	415	17	24	180	55	11	14	64	780	11%
Hepatitis C - Perinatal Infection	.	1	1	1	.	.	.	.	3	50%
Hepatitis E	1	.	.	.	1	.	.	.	2	0%
Influenza-associated hospitalization	409	16	17	192	119	15	39	122	929	2%
Influenza-associated pediatric mortality	1	.	.	.	.	1	.	.	2	0%

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

	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Total	Rate per 100,000 People
Foodborne	17	22	17	18	19	2	6	12	9	16	40	46	15	239	49
Waterborne	9	13	8	16	10	4	2	7	3	8	26	34	7	147	30
Vectorborne	6	6	4	1	0	1	3	5	4	5	8	12	9	64	13
HAI*	9	8	8	17	15	8	2	7	8	13	11	7	18	131	27
VPD*	11	12	18	132	110	74	45	21	14	7	9	12	9	474	97
Total	52	61	55	184	154	89	58	52	38	49	94	111	58	1055	216

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

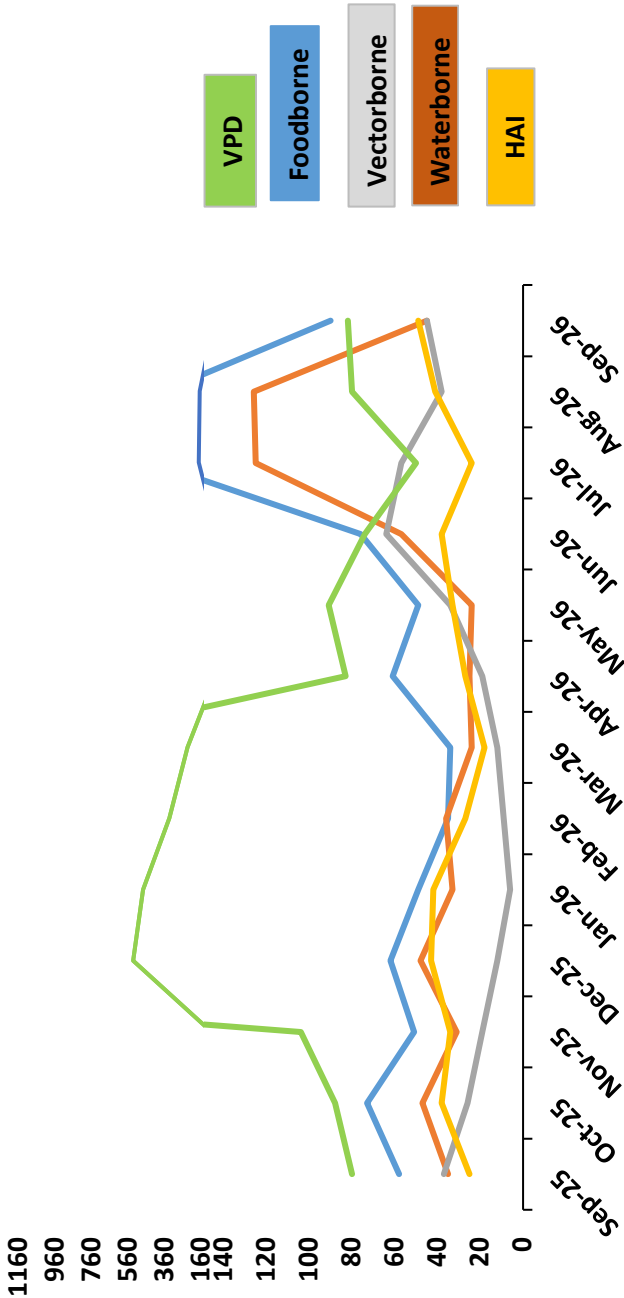


*NOTES: The VPD category represents all Vaccine Preventable Diseases and HAI refers to Healthcare Acquired Infections. A list of all Notifiable Diseases that are included in each category can be found in the Data Notes section on page 9 of this report. As of October 1st 2025 individual case of COVID-19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

	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Total	Rate per 100,000 People
Foodborne	58	73	51	62	49	35	34	61	49	76	173	169	90	980	53
Waterborne	35	47	31	48	33	36	24	25	24	57	125	126	45	656	36
Vectorborne	37	26	19	12	6	9	12	19	34	64	57	38	45	378	21
HAI*	25	38	34	43	42	27	18	27	33	38	24	41	49	439	24
VPD*	80	88	104	533	479	334	235	83	91	74	50	80	82	2313	126
Total	235	272	239	698	609	441	323	215	231	309	429	454	311	4766	259

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



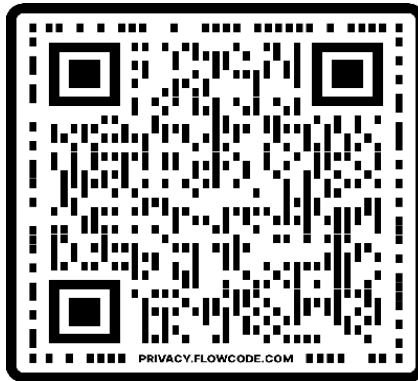
*NOTES: The VPD category represents all Vaccine Preventable Diseases and HAI refers to Healthcare Acquired Infections. A list of all Notifiable Diseases that are included in each category can be found in the Data Notes section on page 9 of this report. As of October 1st 2025 individual case of COVID-19 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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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 September 1 - 30, 2026. Data was accessed from the Ohio Disease Reporting System on 10/01/2026.
- 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 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).