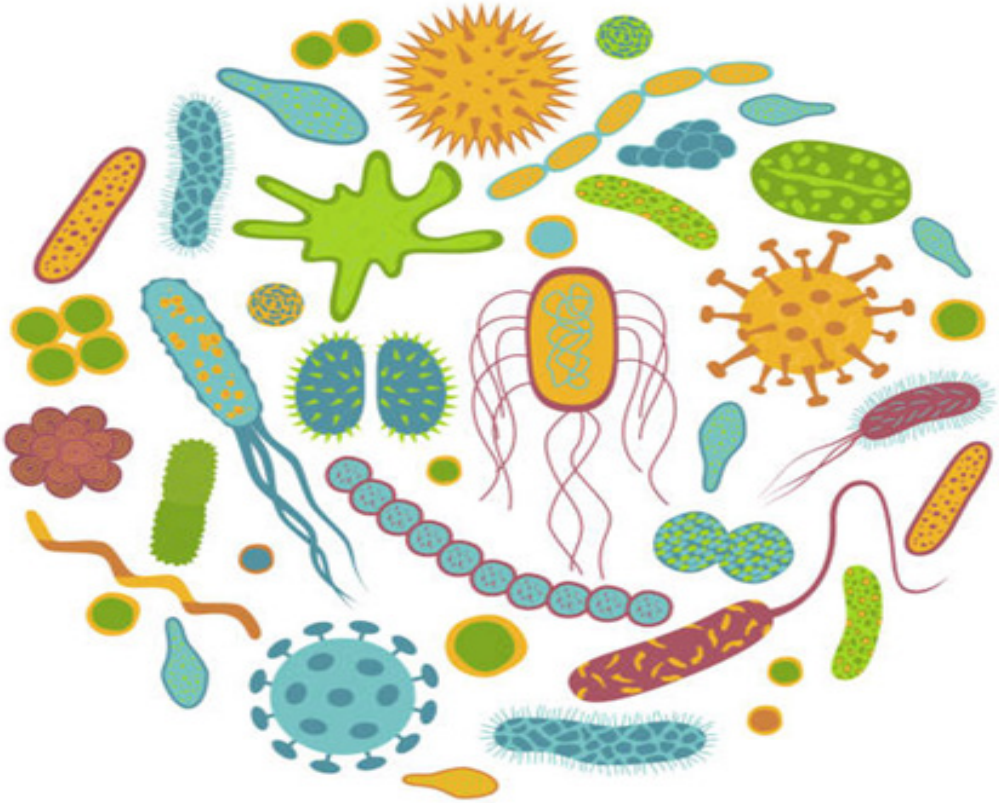


Hamilton County Public Health
Communicable Disease Surveillance Report

October 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 - OCTOBER 2026

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

Location	HCPH	SWOH	Ohio
Number of Reported Cases	68	363	3042
Rate per 100,000	14.3	20.7	26.3
Rate Ratio†	0.54	0.79	.
Confidence Interval (99%)‡	0.40 - 0.75	0.68 - 0.91	. - .

In October, the overall rates of reported communicable diseases idecreased by **11%** for HCPH compated to the rates in September. For SWOH, the overall rates decreased by **3%** from the last month. For Ohio, the rates did not significantly change (Figure 1). The Ohio rate (26.3) was the highest of the three rates, followed by the SWOH rate (20.7) and the HCPH rate (14.3) (Table 1).

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

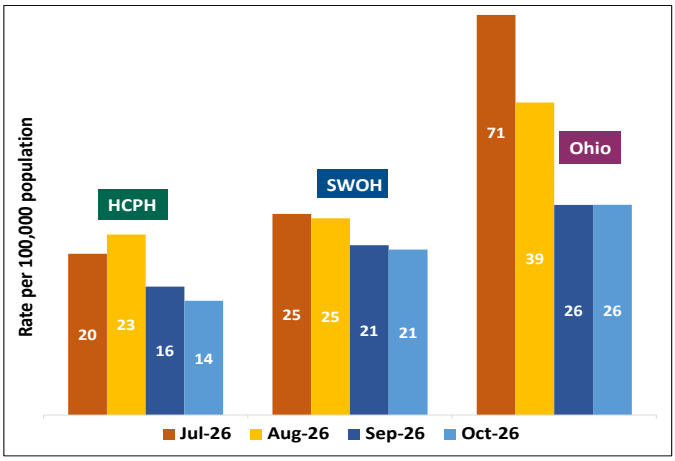


***Figure 2a. SWOH Commonly Reported Commmunicable Diseases, October 2026**

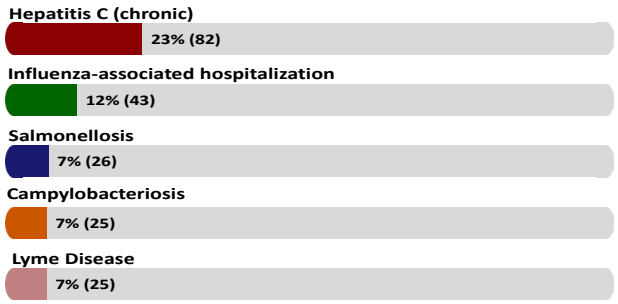
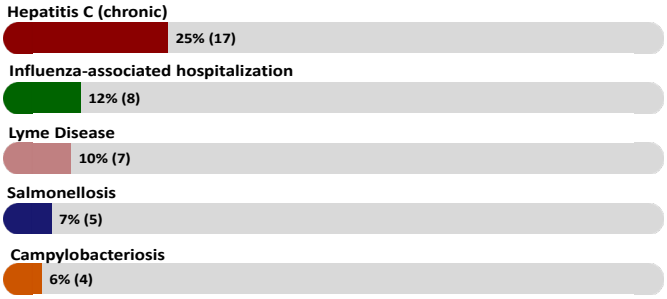


***Figure 2b. HCPH Commonly Reported Commmunicable Diseases, October 2026**



*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 both SWOH and HCPH. **Chronic Hepatitis B** was not in the top 5-most reported disease for either region. Together, they accounted for 29% and 31% of all reported diseases in SWOH and HCPH respectively for the month of October. In SWOH, the total number of Hepatitis B and C cases for October (105), was 12% lower than the previous 12-month average (119). There were 6 cases of chronic hepatitis B and C per 100,000 SWOH residents, and this rate was higher than the HCPH-specific rate of 4.3 cases per 100,000 HCPH resident.

Influenza-associated hospitalizations were the 2nd-most frequently reported communicable disease for SWOH and HCPH in October. Hospitalizations related to influenza represented 12% of the total cases in SWOH and HCPH for the month of October. For SWOH, the case count for October (43) showed a 95% increase from the total in September (22). SWOH observed a higher rate per 100,000 people (2.5 cases) compared to HCPH jurisdiction (1.6 cases).

Salmonellosis was the 3rd-most frequently reported disease for SWOH and the 4th-most frequently reported disease for HCPH. Salmonellosis cases represented 7% of the total cases in both SWOH and HCPH, and cases in HCPH represented 19% of the total cases in SWOH. SWOH observed a higher rate per 100,000 people (1.5 cases) compared to HCPH jurisdiction (1 case).

Campylobacteriosis was the 4th-most commonly reported disease for SWOH (7%) and the 5th-most commonly reported disease for HCPH (9%) in October. The rate per 100,000 in SWOH was 1.4, which was 75% higher than HCPH's rate of 0.8 cases. For SWOH, October's case count (25) was 24% lower than September's (33).

Lyme Disease was the 5th-most reported disease in SWOH (7%), and the for the 3rd-most reported disease for HCPH (10%). In SWOH, cases in October (25) were 19% lower than the total from September (31). The rate per 100,000 people for both SWOH and HCPH was 1.4 cases. Cases belonging to HCPH accounted for 28% of the total cases in SWOH. Between September (12) and October (7), cases decreased by 42% for HCPH.

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.

October 2026 Highlight: Vector-Borne Diseases

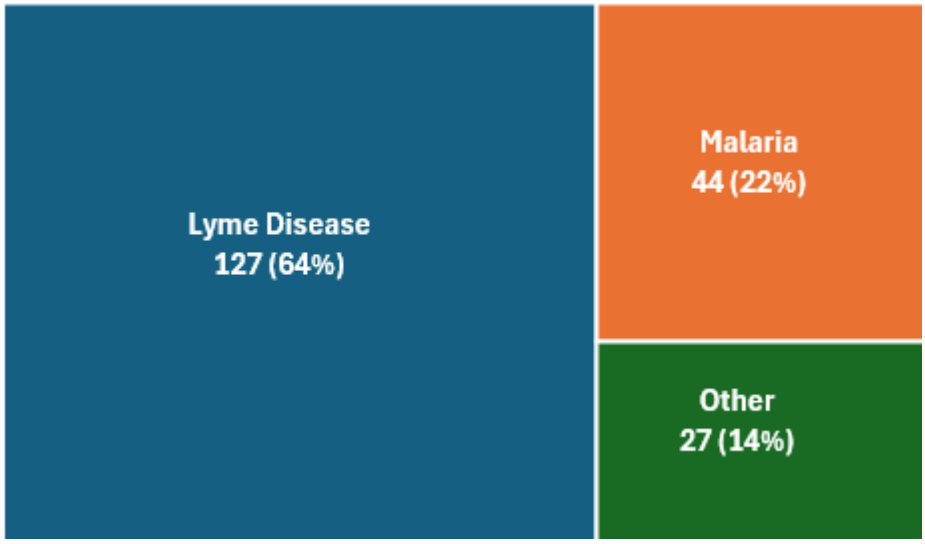
This month, Hamilton County Public Health is focusing this page on the broad category of vector-borne diseases (VBDs).

Vector-borne diseases are any diseases that are spread between species by a living organism, called vectors[1]. Common vectors include ticks, mosquitos, and fleas[2]. Please see the data notes section on the last page of this report for a list of reportable VBDs. In Hamilton County, the most commonly reported VBD is Lyme Disease.

There are various complex, intersecting factors for developing a VBD, but everyone who is exposed to mosquitos and ticks are at risk[2]. The best way to protect yourself from mosquito and tick bites is to avoid wooded and bushy areas, use insect repellents, and to wear long clothing that is loose-fitting[3]. If traveling, vaccines are available for some diseases such as chikungunya, tick-borne encephalitis, and yellow fever[2].

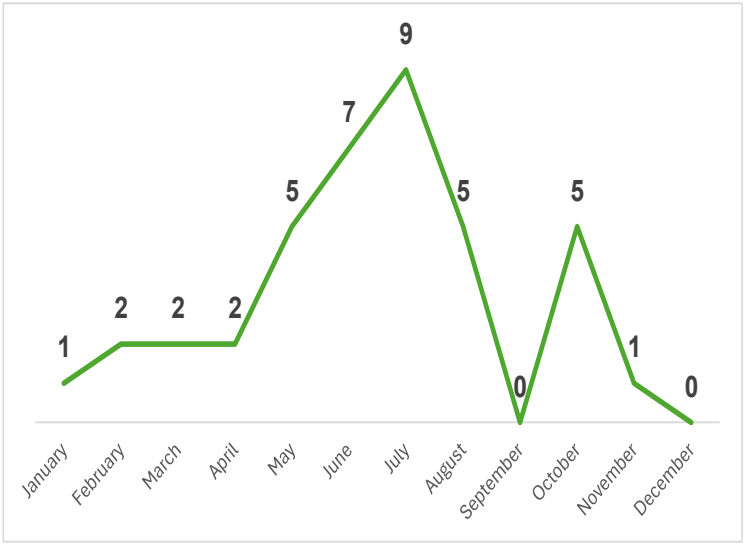
Lyme disease is the most commonly reported VBD in the region, followed by malaria

(Total of cases in Hamilton County by disease, January 2021- October 2026)



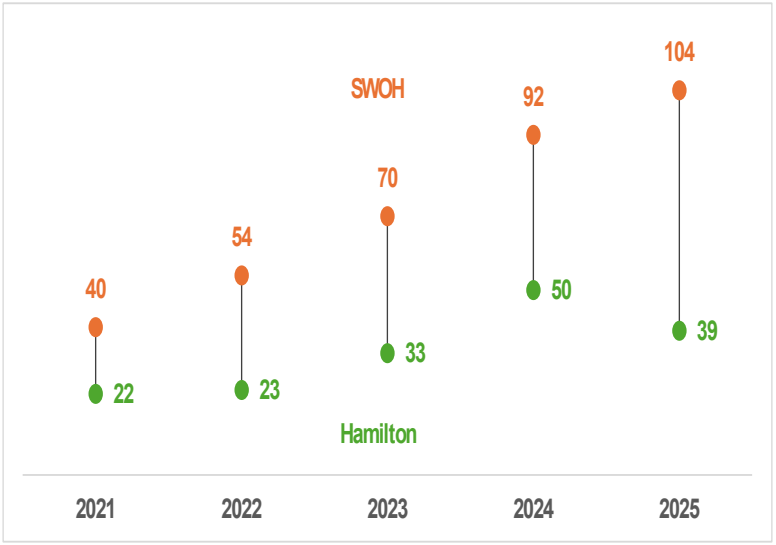
Vector-borne diseases tend to be more prevalent in summer, but can occur at any time of the year

(Number of monthly cases in Hamilton County, 2025)



While vector-borne diseases are increasing in SWOH overall, cases in Hamilton County have not been following this trend

(Number of yearly cases in SWOH and Hamilton County, 2021-2025)



References:

1. World Health Organization (September 2024). Vector-borne diseases. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/vector-borne-diseases
2. Center for Disease Control (June 2024). About Vector-Borne Diseases. https://www.cdc.gov/vector-borne-diseases/about/index.html
3. Center for Disease Control (January 2025). How to Prevent Mosquito and Tick Bites. Center for Disease Control.https://www.cdc.gov/vector-borne-diseases/prevention/index.html

Data sources: Summary of Infectious Diseases in Ohio

Table 2. Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County, October 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
Botulism (Infant)	1	.	.	.	.	.	.	.	1	N/A
C. auris	4	.	.	2	.	.	.	1	7	-53%
C. auris - Colonization Screening	2	.	.	.	.	.	.	1	3	-70%
CPO	3	.	.	1	3	.	1	2	10	-55%
CPO - Colonization Screening	.	.	.	.	.	.	7	.	7	250%
Campylobacteriosis	10	1	2	7	2	.	2	1	25	-24%
Coccidioidomycosis	.	.	.	1	1	.	.	1	3	200%
Cryptosporidiosis	3	.	.	.	.	1	.	2	6	-25%
Cyclosporiasis	1	.	.	.	.	.	.	.	1	-83%
E.Coli (shiga toxin producing)	1	.	.	1	.	.	.	.	2	-71%
Giardiasis	2	.	.	.	.	.	.	.	2	-78%
Haemophilus influenzae (invasive)	.	.	.	.	1	.	.	1	2	-67%
Hepatitis A	1	2	.	3	.	.	.	1	7	250%
Hepatitis B (acute)	1	.	.	.	.	.	.	.	1	0%
Hepatitis B (chronic)	12	1	.	3	3	.	.	4	23	-28%
Hepatitis C (chronic)	41	2	3	24	6	3	.	3	82	8%
Influenza-associated hospitalization	17	1	1	10	5	1	1	7	43	95%
Legionnaires' Disease	5	.	.	3	1	.	.	2	11	450%
Leptospirosis	1	.	.	1	.	.	.	.	2	N/A
Lyme Disease	9	3	.	5	5	.	3	.	25	-19%
Meningitis (bacterial, not N. meningitidis)	3	.	.	.	.	.	.	.	3	-50%
Mumps	.	.	.	1	.	.	.	.	1	N/A
Pertussis	2	.	2	12	.	.	.	5	21	163%
Salmonellosis	8	1	.	7	6	.	2	2	26	0%
Shigellosis	3	.	.	1	.	.	.	1	5	-38%
Spotted Fever Rickettsiosis (including Rocky Mountain spotted fever (RMSF))	.	1	.	.	.	.	.	.	1	-80%
Streptococcal pneumoniae (invasive)	5	.	.	1	3	.	1	.	10	-9%

Table 2. Cases of Notifiable Diseases in Southwest Ohio as Reported in ODRS by County, October 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)	4	.	.	3	1	.	1	2	**11**	**38%**
Streptococcal, Group B (in newborn)	1	.	.	.	.	.	.	.	**1**	**17%**
Tuberculosis	5	.	.	.	1	.	.	1	**7**	**-33%**
Varicella	.	.	.	2	1	.	.	3	**6**	**0%**
Vibriosis	1	.	.	1	.	.	.	.	**2**	**N/A**
Yersiniosis	1	.	1	1	.	.	.	2	**5**	**25%**
Total	**148**	**12**	**9**	**90**	**39**	**5**	**18**	**42**	**363**	**-6%**

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 - October 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**	**0%**
Babesiosis	2	.	.	2	.	.	.	.	**4**	**33%**
Botulism (Infant)	1	.	.	.	.	.	1	.	**2**	**100%**
Brucellosis	1	.	.	.	.	.	.	1	**2**	**0%**
C. auris	52	.	2	22	12	2	3	8	**101**	**6%**
C. auris - Colonization Screening	19	1	1	17	1	4	2	12	**57**	**-3%**
CPO	134	5	5	44	21	6	12	24	**251**	**11%**
CPO - Colonization Screening	1	8	.	1	5	.	10	.	**25**	**39%**
Campylobacteriosis	76	7	12	62	26	7	9	40	**239**	**12%**
Chikungunya virus	.	.	.	1	.	.	.	.	**1**	**0%**
Coccidioidomycosis	4	1	.	3	2	.	.	4	**14**	**27%**
Creutzfeldt-Jakob Disease	.	.	.	2	.	.	.	.	**2**	**0%**
Cryptosporidiosis	27	1	4	13	2	2	2	12	**63**	**11%**
Cyclosporiasis	81	1	1	38	11	2	8	21	**163**	**1%**
Dengue	.	.	.	1	.	.	.	.	**1**	**0%**
E.Coli (shiga toxin producing)	28	3	.	18	16	.	3	9	**77**	**3%**
Ehrlichiosis/Anaplasmosis	4	3	2	4	2	.	.	2	**17**	**0%**
Giardiasis	27	.	.	18	4	2	2	7	**60**	**3%**
Haemophilus influenzae (invasive)	12	.	3	7	4	.	.	8	**34**	**6%**
Hepatitis A	13	7	1	16	.	4	6	5	**52**	**16%**
Hepatitis B (acute)	9	1	2	3	.	1	1	.	**17**	**6%**
Hepatitis B (chronic)	178	5	5	49	24	1	4	39	**305**	**8%**
Hepatitis C (acute)	1	.	.	.	.	.	.	.	**1**	**0%**
Hepatitis C (chronic)	451	18	26	202	60	14	14	67	**852**	**9%**
Hepatitis C - Perinatal Infection	.	.	1	1	.	.	.	.	**2**	**-33%**
Hepatitis E	1	.	.	.	1	.	.	.	**2**	**0%**
Influenza-associated hospitalization	428	17	18	202	122	16	40	129	**972**	**5%**
Influenza-associated pediatric mortality	1	.	.	.	.	1	.	.	**2**	**0%**

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

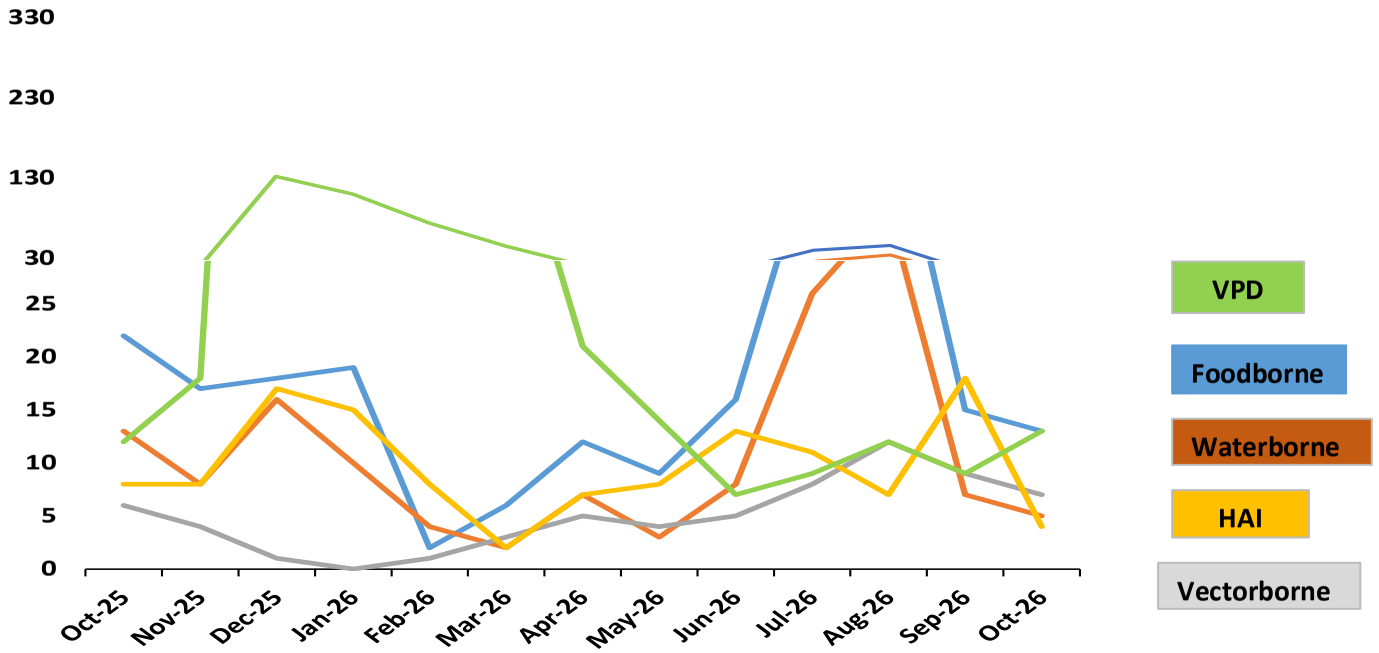
Reportable Condition	County								Total	Percent Change
	Hamilton	Adams	Brown	Butler	Clermont	Clinton	Highland	Warren		
Legionnaires' Disease	33	1	2	24	7	.	.	12	**79**	**16%**
Leprosy	1	.	.	1	.	.	.	.	**2**	**0%**
Leptospirosis	1	.	.	1	.	.	.	.	**2**	**N/A**
Listeriosis	1	.	.	2	1	1	.	.	**5**	**0%**
Lyme Disease	62	30	15	38	64	2	26	20	**257**	**9%**
Malaria	1	.	.	4	1	.	.	.	**6**	**0%**
Measles	.	.	.	.	.	.	.	2	**2**	**-50%**
Meningitis (aseptic/viral)	2	.	.	.	.	.	.	.	**2**	**0%**
Meningitis (bacterial, not N. meningit-	27	.	2	5	3	.	1	5	**43**	**8%**
Meningococcal disease	1	.	.	.	.	.	.	.	**1**	**0%**
Mumps	2	.	.	1	.	.	.	1	**4**	**33%**
Pertussis	33	4	3	63	13	2	5	41	**164**	**14%**
Salmonella Paratyphi Infection	.	.	.	1	.	.	.	.	**1**	**0%**
Salmonellosis	89	10	7	45	36	8	9	22	**226**	**14%**
Shigellosis	24	.	.	9	.	.	1	9	**43**	**13%**
Spotted Fever Rickettsiosis (including Rocky Mountain spotted fever (RMSF))	7	4	2	3	3	.	2	3	**24**	**4%**
Streptococcal pneumoniae (invasive)	52	.	4	32	15	4	3	16	**126**	**9%**
Streptococcal, Group A (invasive)	67	2	1	20	4	.	4	11	**109**	**11%**
Streptococcal, Group B (in newborn)	1	.	.	.	.	1	1	.	**3**	**50%**
Toxic shock syndrome (TSS)	.	.	.	.	.	.	.	1	**1**	**0%**
Tuberculosis	29	.	.	13	1	.	.	6	**49**	**11%**
Varicella	13	2	.	11	4	2	9	14	**55**	**10%**
Vibriosis	8	.	.	3	2	.	1	4	**18**	**13%**
West Nile virus infection (WNV)	2	.	1	1	.	.	.	1	**5**	**150%**
Yersiniosis	17	1	4	9	11	.	2	5	**49**	**11%**
Total	**2024**	**132**	**124**	**1012**	**478**	**82**	**181**	**563**	**4596**	**8%**

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

	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Total	Rate per 100,000 People
Foodborne	22	17	18	19	2	6	12	9	16	40	46	15	13	**235**	**48**
Waterborne	13	8	16	10	4	2	7	3	8	26	34	7	5	**143**	**29**
Vectorborne	6	4	1	0	1	3	5	4	5	8	12	9	7	**65**	**13**
HAI*	8	8	17	15	8	2	7	8	13	11	7	18	4	**126**	**26**
VPD*	12	18	132	110	74	45	21	14	7	9	12	9	13	**476**	**97**
Total	**61**	**55**	**184**	**154**	**89**	**58**	**52**	**38**	**49**	**94**	**111**	**58**	**42**	**1045**	**214**

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

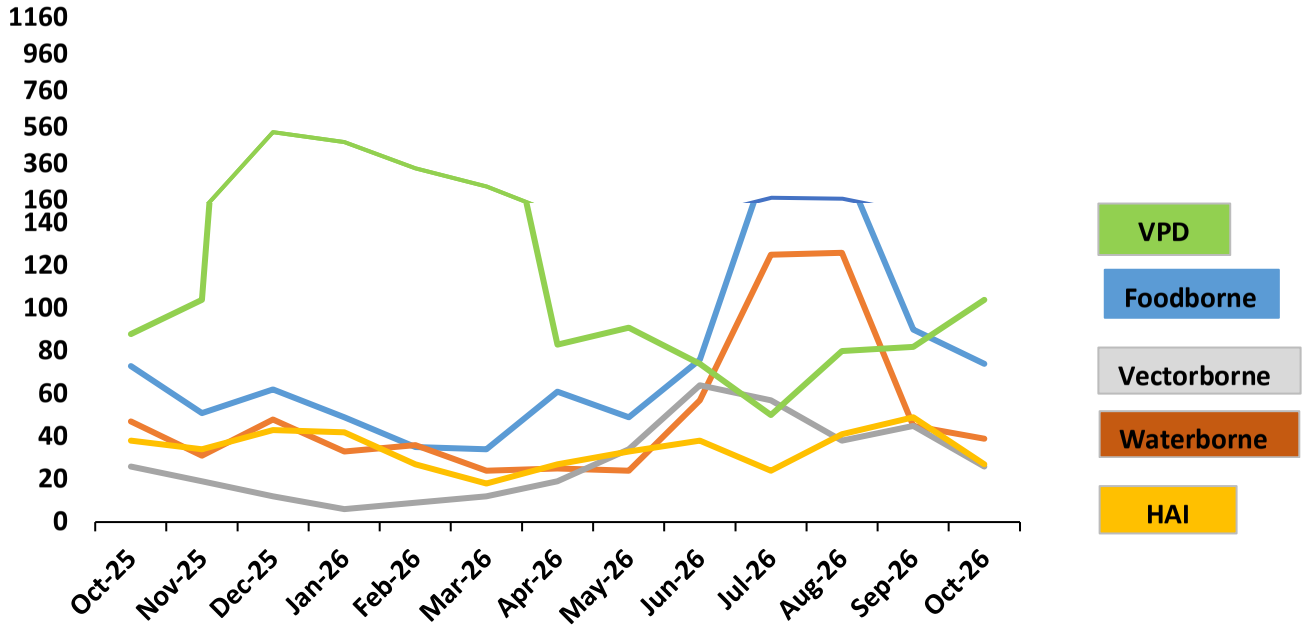


*NOTES: The VPD category represents all Vaccine Preventable Diseases and HAI refers to Healthcare Acquired Infections. A list of all Notifiable Diseases that are included in each category can be found in the Data Notes section on page 9 of this report. As of October 1st 2025 individual case of COVID-19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

	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Total	Rate per 100,000 People
Foodborne	73	51	62	49	35	34	61	49	76	173	169	90	74	**996**	**54**
Waterborne	47	31	48	33	36	24	25	24	57	125	126	45	39	**660**	**36**
Vectorborne	26	19	12	6	9	12	19	34	64	57	38	45	26	**367**	**20**
HAI*	38	34	43	42	27	18	27	33	38	24	41	49	27	**441**	**24**
VPD*	88	104	533	479	334	235	83	91	74	50	80	82	104	**2337**	**127**
Total	**272**	**239**	**698**	**609**	**441**	**323**	**215**	**231**	**309**	**429**	**454**	**311**	**270**	**4801**	**261**

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 October 1 - 30, 2026. Data was accessed from the Ohio Disease Reporting System on 10/30/2026.

- 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 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).