

ANNUAL REPORT 2024

FAIRFIELD COUNTY COMMUNICABLE DISEASE SUMMARY



Fairfield County
**Health
Department**



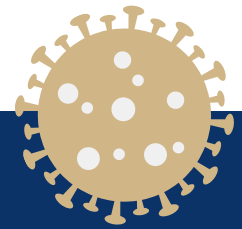
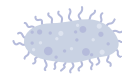
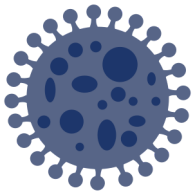
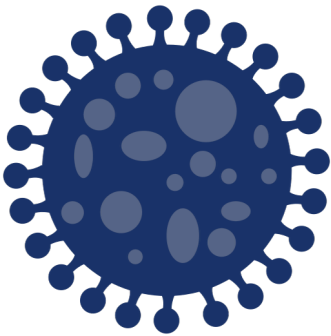


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Introduction

Communicable diseases are illnesses caused by bacteria, viruses, parasites, or fungi and can spread from person to person or through contaminated food, water, air, or vectors like mosquitoes and ticks. The method of transmission varies by disease and may include direct contact with infected individuals, bodily fluids, contaminated surfaces, or inhalation of airborne particles.

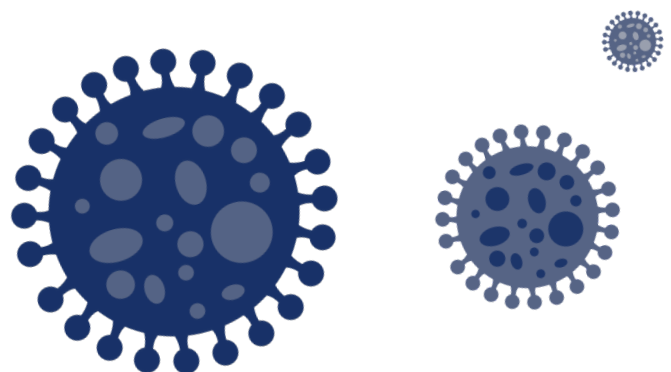
Under Ohio Administrative Code 3701-3, healthcare providers and laboratories are required to report cases and suspected cases of certain infectious diseases to local and state public health agencies. These diseases are considered significant threats to public health and are seen listed on page 4. Many of them must also be reported to the Centers for Disease Control and Prevention (CDC) for national surveillance. Even if a disease isn't listed as reportable, outbreaks must still be reported promptly.

This report provides an overview of communicable diseases reported in Fairfield County in 2024, including confirmed, probable, and suspected cases. It highlights key annual trends, demographics, and top reported diseases, and also includes historical comparisons, an overview of outbreaks, and mortality data. With the support of the Ohio Disease Reporting System (ODRS), our epidemiology team monitors local disease trends, conducts case investigations, educates the public and providers, and supports the timely treatment and prevention of disease in the community.

To learn more about reporting requirements or communicable disease prevention in Fairfield County, visit our [communicable disease webpage](http://www.fairfieldhealth.org) at www.fairfieldhealth.org or contact our Communicable Disease Specialist at 740-652-2832. —

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Reportable Diseases in Ohio: Know Your ABCs

Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio

From the Ohio Administrative Code Chapter 3701-3; Effective August 1, 2019

Class A:

Diseases of major public health concern because of the severity of disease or potential for epidemic spread – report immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists.

- Anthrax
- Botulism, foodborne
- Cholera
- Diphtheria
- Influenza A – novel virus infection
- Measles
- Meningococcal disease
- Middle East Respiratory Syndrome (MERS)
- Plague
- Rabies, human
- Rubella (not congenital)
- Severe acute respiratory syndrome (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic fever

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

Class B:

Disease of public health concern needing timely response because of potential for epidemic spread – report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

- Amebiasis
- Arboviral neuroinvasive and non-neuroinvasive disease:
 - Chikungunya virus infection
 - Eastern equine encephalitis virus disease
 - LaCrosse virus disease (other California serogroup virus disease)
 - Powassan virus disease
 - St. Louis encephalitis virus disease
 - West Nile virus infection
 - Western equine encephalitis virus disease
 - Yellow fever
 - Zika virus infection
 - Other arthropod-borne diseases
- Babesiosis
- Botulism
 - infant
 - wound
- Brucellosis
- Campylobacteriosis
- *Candida auris*
- Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)
 - CP-CRE *Enterobacter* spp.
 - CP-CRE *Escherichia coli*
 - CP-CRE *Klebsiella* spp.
 - CP-CRE other
- Chancroid
- *Chlamydia trachomatis* infections
- Coccidioidomycosis
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC)
- Ehrlichiosis/anaplasmosis
- Giardiasis
- Gonorrhea (*Neisseria gonorrhoeae*)
- *Haemophilus influenzae* (invasive disease)
- Hantavirus
- Hemolytic uremic syndrome (HUS)
- Hepatitis A
- Hepatitis B (non-perinatal)
- Hepatitis B (perinatal)
- Hepatitis C (non-perinatal)
- Hepatitis C (perinatal)
- Hepatitis D (delta hepatitis)
- Hepatitis E
- Influenza-associated hospitalization
- Influenza-associated pediatric mortality
- Legionnaires' disease
- Leprosy (Hansen disease)
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Meningitis:
 - Aseptic (viral)
 - Bacterial
- Mumps
- Pertussis
- Poliomyelitis (including vaccine-associated cases)
- Psittacosis
- Q fever
- Rubella (congenital)
- *Salmonella* Paratyphi infection
- *Salmonella* Typhi infection (typhoid fever)
- Salmonellosis
- Shigellosis
- Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)
- *Staphylococcus aureus*, with resistance or intermediate resistance to vancomycin (VISA, VRSA)
- Streptococcal disease, group A, invasive (IGAS)
- Streptococcal disease, group B, in newborn
- Streptococcal toxic shock syndrome (STSS)
- *Streptococcus pneumoniae*, invasive disease (ISP)
- Syphilis
- Tetanus
- Toxic shock syndrome (TSS)
- Trichinellosis
- Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)
- Varicella
- Vibriosis
- Yersiniosis

Class C:

Report an outbreak, unusual incident or epidemic of other diseases (e.g. histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day.

Outbreaks:

- Community
- Foodborne
- Healthcare-associated
- Institutional
- Waterborne
- Zoonotic

NOTE:

Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, all CD4 T-lymphocyte counts and all tests used to diagnose HIV must be reported on forms and in a manner prescribed by the Director.



Department
of Health

Fairfield County, Ohio - Demographic Profile



Total Population
161,289

Fairfield County Population by Gender

	Population	Percent
Female	80,705	50.0%
Male	80,584	50.0%
Total	161,289	100%

Fairfield County Population by Age Group

	Population	Percent
0-17	38,598	23.9%
18-44	54,010	33.5%
45-64	42,204	26.2%
65+	26,477	16.4%
Total	161,289	100%

Fairfield County Population by Ethnicity

	Population	Percent
Hispanic or Latino (of any race)	4,294	2.7%
Not Hispanic or Latino	156,995	97.3%
Total	161,289	100%

Fairfield County Population by Race Alone or in Combination with One or More Other Races

	Population	Percent
White	140,054	86.8%
Black or African American	17,649	10.9%
American Indian and Alaska Native	1,830	1.1%
Asian	5,079	3.1%
Native Hawaiian and Other Pacific Islander	339	0.2%
Other	4,340	2.7%
Total	169,291	104.8%

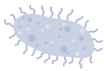
Fairfield County Population by Education Attainment (Ages 25 and older)

	Population	Percent
High School Graduate	35,961	32.8%
Associate's Degree	9,440	8.6%
Bachelor's Degree	22,781	20.8%
Graduate or Professional Degree	12,206	11.1%
Other	29,259	26.7%
Total	109,647	100%

Source: U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates

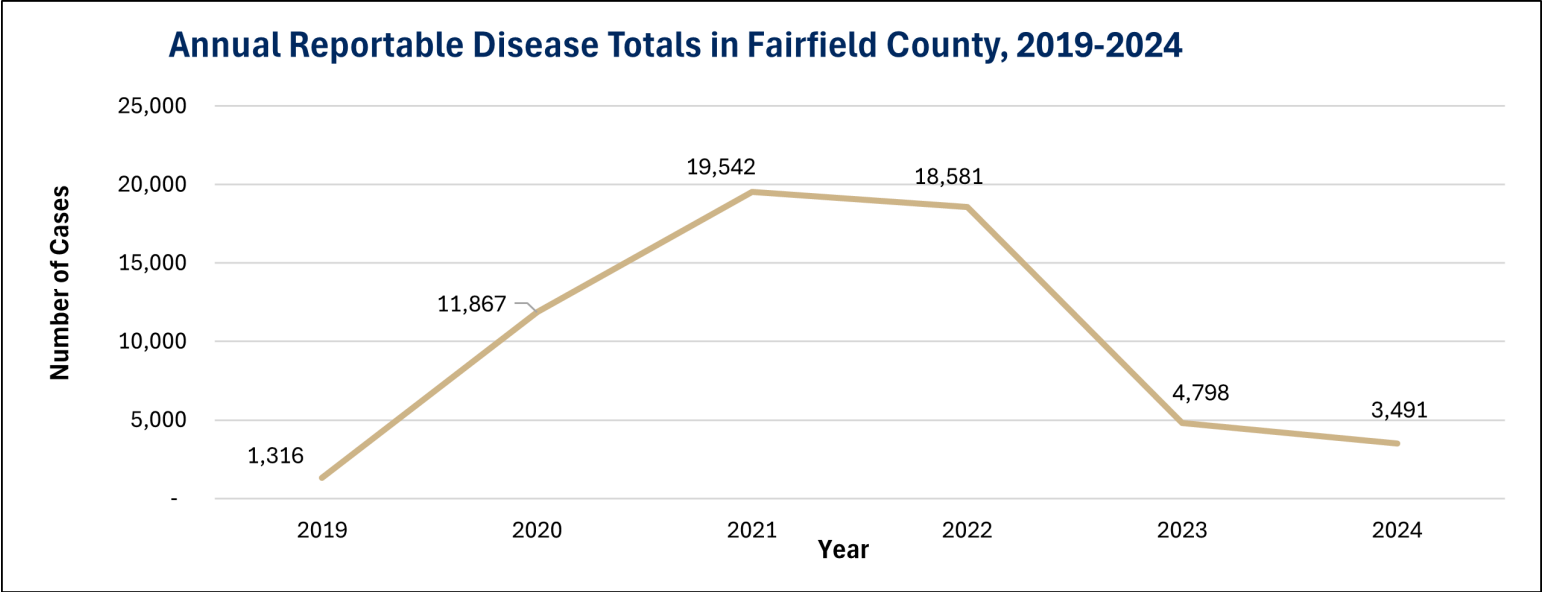
Communicable Disease Key Findings

In 2024, Fairfield County reported 3,491 communicable disease cases, a significant decline from the COVID-19 peak years. COVID-19 remained the most reported condition (2,429 cases), followed by chlamydia (413), influenza-associated hospitalizations (103), and gonorrhea (102).



Pertussis, cryptosporidiosis, and campylobacteriosis reached multi-year highs, while chronic hepatitis C and STIs showed gradual declines. Females accounted for 57% of all cases, and adults aged 18–44 years had the highest overall burden.

Top 10 Communicable Diseases in Fairfield County, Ohio 2024	
Reportable Condition	2024
Covid-19	2,429
Chlamydia Trachomatis	413
Influenza-associated Hospitalization	103
Gonorrhea (gonococcal infection)	102
Lyme Disease	79
Hepatitis C (Chronic: non-perinatal)	55
Campylobacteriosis	44
Hepatitis B (Chronic: non-perinatal)	40
Pertussis	38
Salmonella (Salmonellosis)	21



A total of 14 disease related deaths were reported in 2024, mostly related to COVID-19 and influenza. There were 10 outbreaks, down from 14 in 2023 and 38 in 2022, most commonly due to COVID-19.

These trends highlight ongoing needs for vaccination, STI prevention, and targeted outreach to high-risk groups. Continued surveillance helps guide resources and track emerging health threats.



Counts of Reportable Diseases by Year

Reportable Condition	2019	2020	2021	2022	2023	2024
Amebiasis	0	0	0	0	0	0
Anaplasmosis-Anaplasma phagocytophilum	0	0	1	1	0	0
Anthrax	0	0	0	0	0	0
Arboviral Disease (Both Neuro & Nonneuro Invasive)	0	0	0	0	0	0
Babesiosis	0	1	0	0	2	0
Botulism (Foodborne)	0	0	0	0	0	0
Botulism, infant	0	0	0	0	0	0
Botulism, wound	0	0	0	0	0	0
Brucellosis	1	0	0	0	0	1
Campylobacteriosis	20	8	32	27	33	44
Candida auris	0	0	0	0	0	2
Carapenemase-producint carbapenem-resistant Enterobacter (CP-CRE)	0	0	0	0	0	0
Chancroid	0	0	0	0	0	0
Chikungunya	0	0	0	0	0	0
Chlamydia Trachomatis	606	524	491	443	460	413
Cholera	0	0	0	0	0	0
Coccidioidomycosis	0	5	4	2	0	1
Covid-19	1	10,831	18,541	17,546	3,704	2,429
CPO	5	1	3	1	12	13
CPO - Colonization Screening	0	0	0	0	2	1
Creutfeldt-Jakob Disease	0	0	0	0	0	0
Cryptosporidiosis	1	5	3	9	6	20
Cyclosporiasis	1	2	0	1	5	2
Dengue	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0
E.Coli 0157:H7 and Shiga toxin-producing E.Coli (STEC)	10	2	7	7	14	11
Eastern Equine Encephalitis Viris Disease	0	0	0	0	0	0
Ehrlichiosis/Anaplasmosis - Undetermined	0	0	0	0	0	0
Ehrlichiosis-Ehrlichia chaffeensis	1	1	0	1	0	0
Giardiasis	9	8	0	8	7	10
Gonorrhea (gonococcal infection)	203	159	158	134	117	102
Haemophilus Influenzae (invasive disease)	5	2	4	4	2	5
Hantavirus	0	0	0	0	0	0
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	1	0
Hepatitis A	43	3	4	0	0	1
Hepatitis B (Acute)	5	2	1	0	0	2
Hepatitis B (Chronic: non-perinatal)	48	28	32	43	46	40
Hepatitis B (Perinatal)	2	2	1	1	7	0
Hepatitis C (Acute)	12	7	4	0	2	1
Hepatitis C (Chronic: non-perinatal)	133	96	109	98	94	55
Hepatitis C (perinatal)	0	2	0	2	1	2
Hepatitis D (delta virus)	0	0	0	0	0	0
Hepatitis E	0	0	1	0	0	0

Counts of Reportable Diseases by Year

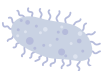
Reportable Condition	2019	2020	2021	2022	2023	2024
Influenza A- novel virus	0	0	0	0	0	0
Influenza-associated Hospitalization	82	72	8	76	19	103
Influenza-associated Pediatric Mortality	0	0	0	0	0	1
LaCrosse virus Disease (other California serogroup virus disease)	0	1	0	0	0	0
Legionellosis	15	8	19	2	6	8
Leprosy (Hansen disease)	0	0	0	0	0	0
Leptospirosis	0	1	0	0	0	1
Listeriosis	0	1	2	0	0	1
Lyme Disease	15	17	39	56	87	79
Malaria	0	0	4	2	3	5
Measles	0	0	0	4	0	1
Meningitis - aseptic/viral	12	7	8	6	6	8
Meningitis - bacterial (Not N. meningitidis)	1	4	2	4	0	0
Meningococcal Disease - Neisseria meningitidis	0	0	0	0	0	1
Middle East Respiratory Syndrome (MERS)	0	0	0	0	0	0
MIS-C Associated with COVID-19	0	1	5	4	0	0
Monkeypox	0	0	0	5	1	0
Mumps	1	0	0	0	5	1
Pertussis	9	6	3	2	10	38
Pittacosis	0	0	0	0	0	0
Plague	0	0	0	0	0	0
Poliomyelitis	0	0	0	0	0	0
Powassan virus Disease	0	0	0	0	0	0
Q fever	0	0	0	0	0	0
Rabies, Animal	0	0	0	0	0	0
Rubella (congenital)	0	0	0	0	0	0
Rubella (not congenital)	0	0	0	0	0	0
Salmonella (Salmonellosis)	19	21	10	26	36	21
Salmonella Typhi infection (typhoid fever)	0	0	0	0	0	0
Samonella Paratyphi Infection	0	0	0	0	0	0
Severe acute respiratory syndrome (SARS)	0	0	0	0	0	0
Shigellosis	1	2	1	3	3	3
Smallpox	0	0	0	0	0	0
Spotted Fever Rickettsiosis, including Rocky Mountain Spotted Fever (RMSF)	0	2	0	1	0	0
St. Louis Encephalitis Virus Disease	0	0	0	0	0	0
Staphylococcus aureus, with resisitance or intermediate resistance to vancomycin	0	0	1	0	0	0
Streptococcal Disease, group A, Invasive (iGAS)	19	15	8	11	32	16
Streptococcal Disease, group B., in newborn	2	1	0	0	0	0
Streptococcal Toxic Shock Syndrome (STSS)	0	0	0	0	0	0



Counts of Reportable Diseases by Year

Reportable Condition	2019	2020	2021	2022	2023	2024
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	22	10	3	17	17	17
Streptococcus pneumoniae - invasive antibiotic resistant/intermediate	4	2	1	4	2	6
Syphilis	4	2	12	12	45	14
Tetanus	0	0	0	0	0	0
Toxic Shock Syndrome	0	0	0	0	0	0
Trichinellosis	0	0	0	0	0	0
Tuberculosis (TB)	0	0	3	0	1	1
Tularemia	0	0	0	1	0	0
Varicella	4	3	14	13	7	5
Vibriosis	0	0	1	2	0	1
Viral Hemorrhagic Fever (VHF)	0	0	0	0	0	0
West Nile Virus	0	0	0	0	0	0
Western Equine Encephalitis	0	0	0	0	0	0
Yellow Fever	0	0	0	0	0	0
Yersiniosis	0	2	2	2	3	5
Zika Virus Infection	0	0	0	0	0	0
Totals	1,316	11,867	19,542	18,581	4,798	3,491

This table summarizes confirmed, probable, and suspected cases of reportable diseases in Fairfield County from 2019 to 2024.



As expected, COVID-19 had a significant impact on communicable disease surveillance, with over 17,000 cases reported in both 2021 and 2022. These numbers drastically declined by 2024, with 2,429 reported cases. Beyond COVID-19, several conditions experienced sharp increases or shifts in patterns. For example, Campylobacteriosis and Cryptosporidiosis both reached six-year highs in 2024, with 44 and 20 cases respectively. Pertussis also saw a notable resurgence, increasing from just 10 cases in 2023 to 38 in 2024. On the other hand, chlamydia and gonorrhea, two of the most frequently reported conditions, have shown a gradual decline over the past several years. Chronic Hepatitis C reports have also decreased significantly, from a high of 133 cases in 2019 to just 55 in 2024.

This data not only reflect changes in disease transmission, but may also indicate shifts in testing, reporting practices, and public health response capacity over time. Continued monitoring and year-over-year comparison help identify emerging threats, measure the effectiveness of public health interventions, and guide resource allocation moving forward.



Rates of Reportable Diseases by Year

Per 100,000 Persons

Reportable Condition	2019	2020	2021	2022	2023	2024
Amebiasis	0.00	0.00	0.00	0.00	0.00	0.00
Anaplasmosis-Anaplasma phagocytophilum	0.00	0.00	0.63	0.63	0.00	0.00
Anthrax	0.00	0.00	0.00	0.00	0.00	0.00
Arboviral Disease (Both Neuro & Nonneuro Invasive)	0.00	0.00	0.00	0.00	0.00	0.00
Babesiosis	0.00	0.64	0.00	0.00	1.24	0.00
Botulism (Foodborne)	0.00	0.00	0.00	0.00	0.00	0.00
Botulism, infant	0.00	0.00	0.00	0.00	0.00	0.00
Botulism, wound	0.00	0.00	0.00	0.00	0.00	0.00
Brucellosis	0.65	0.00	0.00	0.00	0.00	0.62
Campylobacteriosis	12.95	5.12	20.30	16.94	20.46	27.28
Candida auris	0.00	0.00	0.00	0.00	0.00	1.24
Carapenemase-producint carbapenem-resistant Enterobacter (CP-CRE)	0.00	0.00	0.00	0.00	0.00	0.00
Chancroid	0.00	0.00	0.00	0.00	0.00	0.00
Chikungunya	0.00	0.00	0.00	0.00	0.00	0.00
Chlamydia Trachomatis	392.34	335.46	311.50	277.97	285.20	256.06
Cholera	0.00	0.00	0.00	0.00	0.00	0.00
Coccidioidomycosis	0.00	3.20	2.54	1.25	0.00	0.62
Covid-19	0.65	6,933.88	11,762.95	11,009.53	2,296.50	1,505.99
CPO	3.24	0.64	1.90	0.63	7.44	8.06
CPO - Colonization Screening	0.00	0.00	0.00	0.00	1.24	0.62
Creutfeldt-Jakob Disease	0.00	0.00	0.00	0.00	0.00	0.00
Cryptosporidiosis	0.65	3.20	1.90	5.65	3.72	12.40
Cyclosporiasis	0.65	1.28	0.00	0.63	3.10	1.24
Dengue	0.00	0.00	0.00	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00	0.00
E.Coli 0157:H7 and Shiga toxin-producing E.Coli (STEC)	6.47	1.28	4.44	4.39	8.68	6.82
Eastern Equine Encephalitis Viris Disease	0.00	0.00	0.00	0.00	0.00	0.00
Ehrlichiosis/Anaplasmosis - Undetermined	0.00	0.00	0.00	0.00	0.00	0.00
Ehrlichiosis-Ehrlichia chaffeensis	0.65	0.64	0.00	0.63	0.00	0.00
Giardiasis	5.83	5.12	0.00	5.02	4.34	6.20
Gonorrhea (gonococcal infection)	131.43	101.79	100.24	84.08	72.54	63.24
Haemophilus Influenzae (invasive disease)	3.24	1.28	2.54	2.51	1.24	3.10
Hantavirus	0.00	0.00	0.00	0.00	0.00	0.00
Hemolytic Uremic Syndrome (HUS)	0.00	0.00	0.00	0.00	0.62	0.00
Hepatitis A	27.84	1.92	2.54	0.00	0.00	0.62
Hepatitis B (Acute)	3.24	1.28	0.63	0.00	0.00	1.24
Hepatitis B (Chronic: non-perinatal)	31.08	17.93	20.30	26.98	28.52	24.80
Hepatitis B (Perinatal)	1.29	1.28	0.63	0.63	4.34	0.00
Hepatitis C (Acute)	7.77	4.48	2.54	0.00	1.24	0.62
Hepatitis C (Chronic: non-perinatal)	86.11	61.46	69.15	61.49	58.28	34.10
Hepatitis C (perinatal)	0.00	1.28	0.00	1.25	0.62	1.24
Hepatitis D (delta virus)	0.00	0.00	0.00	0.00	0.00	0.00
Hepatitis E	0.00	0.00	0.63	0.00	0.00	0.00

Rates of Reportable Diseases by Year

Reportable Condition	2019	2020	2021	2022	2023	2024
Influenza A- novel virus	0.00	0.00	0.00	0.00	0.00	0.00
Influenza-associated Hospitalization	53.09	46.09	5.08	47.69	11.78	63.86
Influenza-associated Pediatric Mortality	0.00	0.00	0.00	0.00	0.00	0.62
LaCrosse virus Disease (other California serogroup virus disease)	0.00	0.64	0.00	0.00	0.00	0.00
Legionellosis	9.71	5.12	12.05	1.25	3.72	4.96
Leprosy (Hansen disease)	0.00	0.00	0.00	0.00	0.00	0.00
Leptospirosis	0.00	0.64	0.00	0.00	0.00	0.62
Listeriosis	0.00	0.64	1.27	0.00	0.00	0.62
Lyme Disease	9.71	10.88	24.74	35.14	53.94	48.98
Malaria	0.00	0.00	2.54	1.25	1.86	3.10
Measles	0.00	0.00	0.00	2.51	0.00	0.62
Meningitis - aseptic/viral	7.77	4.48	5.08	3.76	3.72	4.96
Meningitis - bacterial (Not N. meningitidis)	0.65	2.56	1.27	2.51	0.00	0.00
Meningococcal Disease - Neisseria meningitidis	0.00	0.00	0.00	0.00	0.00	0.62
Middle East Respiratory Syndrome (MERS)	0.00	0.00	0.00	0.00	0.00	0.00
MIS-C Associated with COVID-19	0.00	0.64	3.17	2.51	0.00	0.00
Monkeypox	0.00	0.00	0.00	3.14	0.62	0.00
Mumps	0.65	0.00	0.00	0.00	3.10	0.62
Pertussis	5.83	3.84	1.90	1.25	6.20	23.56
Pittacosis	0.00	0.00	0.00	0.00	0.00	0.00
Plague	0.00	0.00	0.00	0.00	0.00	0.00
Poliomyelitis	0.00	0.00	0.00	0.00	0.00	0.00
Powassan virus Disease	0.00	0.00	0.00	0.00	0.00	0.00
Q fever	0.00	0.00	0.00	0.00	0.00	0.00
Rabies, Animal	0.00	0.00	0.00	0.00	0.00	0.00
Rubella (congenital)	0.00	0.00	0.00	0.00	0.00	0.00
Rubella (not congenital)	0.00	0.00	0.00	0.00	0.00	0.00
Salmonella (Salmonellosis)	12.30	13.44	6.34	16.31	22.32	13.02
Salmonella Typhi infection (typhoid fever)	0.00	0.00	0.00	0.00	0.00	0.00
Samonella Paratyphi Infection	0.00	0.00	0.00	0.00	0.00	0.00
Severe acute respiratory syndrome (SARS)	0.00	0.00	0.00	0.00	0.00	0.00
Shigellosis	0.65	1.28	0.63	1.88	1.86	1.86
Smallpox	0.00	0.00	0.00	0.00	0.00	0.00
Spotted Fever Rickettsiosis, including Rocky Mountain Spotted Fever (RMSF)	0.00	1.28	0.00	0.63	0.00	0.00
St. Louis Encephalitis Virus Disease	0.00	0.00	0.00	0.00	0.00	0.00
Staphylococcus aureus, with resisitance or intermediate resistance to vancomycin	0.00	0.00	0.63	0.00	0.00	0.00
Streptococcal Disease, group A, Invasive (iGAS)	12.30	9.60	5.08	6.90	19.84	9.92
Streptococcal Disease, group B., in newborn	1.29	0.64	0.00	0.00	0.00	0.00
Streptococcal Toxic Shock Syndrome (STSS)	0.00	0.00	0.00	0.00	0.00	0.00

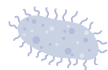
Per 100,000 Persons

Rates of Reportable Diseases by Year



Reportable Condition	2019	2020	2021	2022	2023	2024
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	14.24	6.40	1.90	10.67	10.54	10.54
Streptococcus pneumoniae - invasive antibiotic resistant/intermediate	2.59	1.28	0.63	2.51	1.24	3.72
Syphilis	2.59	1.28	7.61	7.53	27.90	8.68
Tetanus	0.00	0.00	0.00	0.00	0.00	0.00
Toxic Shock Syndrome	0.00	0.00	0.00	0.00	0.00	0.00
Trichinellosis	0.00	0.00	0.00	0.00	0.00	0.00
Tuberculosis (TB)	0.00	0.00	1.90	0.00	0.62	0.62
Tularemia	0.00	0.00	0.00	0.63	0.00	0.00
Varicella	2.59	1.92	8.88	8.16	4.34	3.10
Vibriosis	0.00	0.00	0.63	1.25	0.00	0.62
Viral Hemorrhagic Fever (VHF)	0.00	0.00	0.00	0.00	0.00	0.00
West Nile Virus	0.00	0.00	0.00	0.00	0.00	0.00
Western Equine Encephalitis	0.00	0.00	0.00	0.00	0.00	0.00
Yellow Fever	0.00	0.00	0.00	0.00	0.00	0.00
Yersiniosis	0.00	1.28	1.27	1.25	1.86	3.10
Zika Virus Infection	0.00	0.00	0.00	0.00	0.00	0.00

Per 100,000 Persons



This table presents reportable disease rates per 100,000 residents in Fairfield County from 2019 to 2024. Unlike raw counts, rates account for population size, allowing for more accurate comparisons across years.

Population data used for these calculations were obtained from the U.S. Census Bureau's 5-Year Estimates. Because 2024 population estimates were not available at the time of reporting, 2023 estimates were used for both 2023 and 2024 rates.

Although the trends largely mirror those in the case counts, reviewing rates highlights disease burden in proportion to the population. For example, while raw COVID-19 case numbers declined significantly by 2024, the rate remained substantial relative to other reportable conditions. Similarly, the notable increase in Pertussis is emphasized even more clearly when viewed as a rate (23.56 per 100,000), the highest in recent years.



Evaluating disease rates over time helps identify meaningful shifts in public health risk that may not be as obvious through raw numbers alone. This approach supports more equitable comparisons across years and diseases, guiding local response priorities in Fairfield County.

Reportable Diseases by Age Group

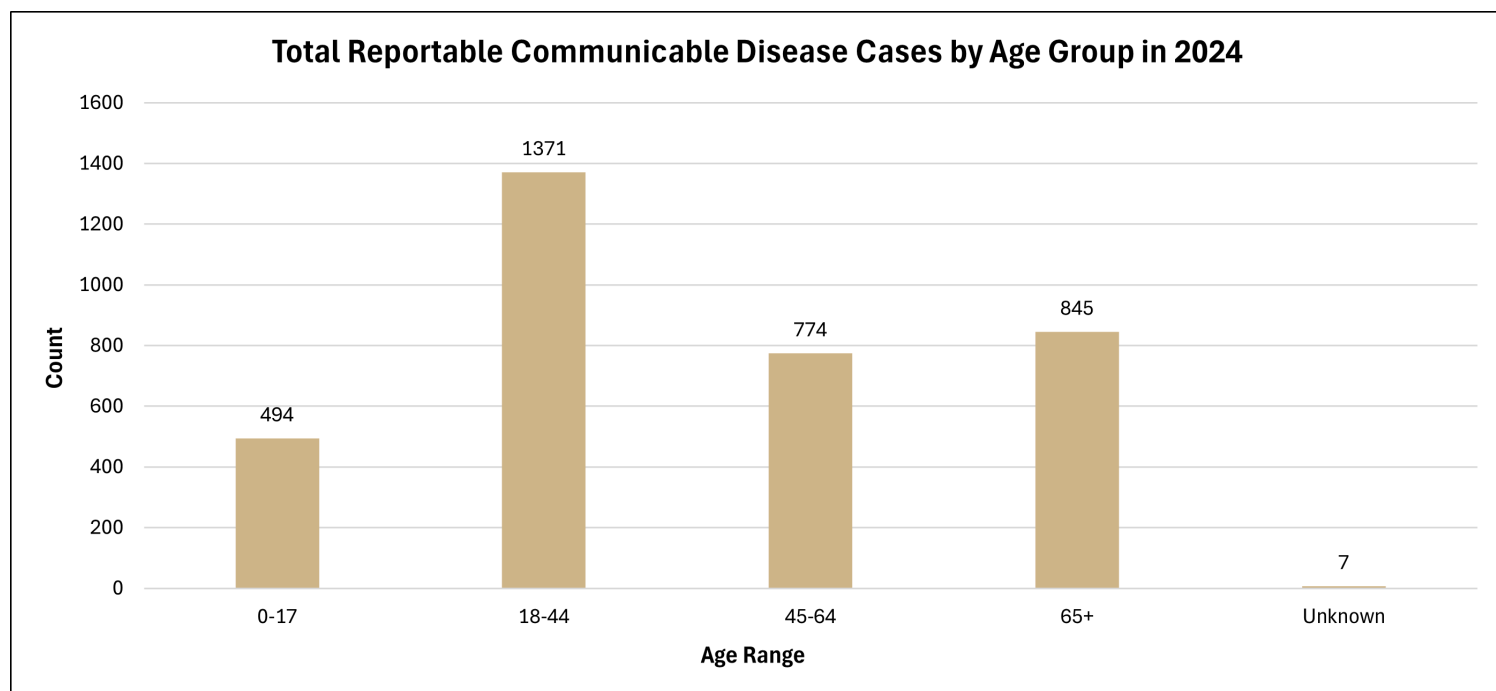
Reportable Condition	0-17 (%)	18-44 (%)	45-64 (%)	65+ (%)	Total Count
Brucellosis	Suppressed*	Suppressed*	Suppressed*	Suppressed*	1
C. auris	Suppressed*	Suppressed*	Suppressed*	Suppressed*	2
Campylobacteriosis	18.2%	22.7%	31.8%	27.3%	44
Chlamydia infection	8.7%	88.1%	3.1%	0.0%	413
Coccidioidomycosis	Suppressed*	Suppressed*	Suppressed*	Suppressed*	1
COVID-19	14.4%	32.0%	24.9%	28.4%	2429
CPO	7.7%	7.7%	30.8%	53.8%	13
CPO - Colonization Screening	Suppressed*	Suppressed*	Suppressed*	Suppressed*	1
Cryptosporidiosis	40.0%	20.0%	20.0%	20.0%	20
Cyclosporiasis	Suppressed*	Suppressed*	Suppressed*	Suppressed*	2
E. coli	36.4%	36.4%	9.1%	18.2%	11
Giardiasis	30.0%	20.0%	30.0%	20.0%	10
Gonococcal infection	4.9%	83.3%	10.8%	1.0%	102
Haemophilus influenzae	0.0%	20.0%	20.0%	60.0%	5
Hepatitis A	Suppressed*	Suppressed*	Suppressed*	Suppressed*	1
Hepatitis B - acute	Suppressed*	Suppressed*	Suppressed*	Suppressed*	2
Hepatitis B - chronic	5.0%	52.5%	32.5%	10.0%	40
Hepatitis C - acute	Suppressed*	Suppressed*	Suppressed*	Suppressed*	1
Hepatitis C - chronic	1.8%	58.2%	30.9%	9.1%	55
Hepatitis C - Perinatal Infection	Suppressed*	Suppressed*	Suppressed*	Suppressed*	2
Influenza-associated hospitalization	2.9%	8.7%	32.0%	56.3%	103
Influenza-associated pediatric mortality	Suppressed*	Suppressed*	Suppressed*	Suppressed*	1
Legionellosis	0.0%	25.0%	37.5%	37.5%	8
Leptospirosis	Suppressed*	Suppressed*	Suppressed*	Suppressed*	1
Listeriosis	Suppressed*	Suppressed*	Suppressed*	Suppressed*	1
Lyme Disease	17.7%	27.8%	29.1%	25.3%	79
Malaria	20.0%	40.0%	20.0%	20.0%	5
Measles - indigenous/imported Status Not Determined	Suppressed*	Suppressed*	Suppressed*	Suppressed*	1
Meningitis - aseptic/viral	25.0%	37.5%	12.5%	25.0%	8
Meningococcal disease - Neisseria meningitidis	Suppressed*	Suppressed*	Suppressed*	Suppressed*	1
Mumps	Suppressed*	Suppressed*	Suppressed*	Suppressed*	1
Pertussis	92.1%	7.9%	0.0%	0.0%	38
Salmonellosis	19.0%	33.3%	33.3%	14.3%	21
Shigellosis	Suppressed*	Suppressed*	Suppressed*	Suppressed*	3
Streptococcal - Group A -invasive	25.0%	18.8%	12.5%	43.8%	16
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	17.6%	0.0%	35.3%	47.1%	17
Streptococcus pneumoniae - invasive antibiotic resistant/intermediate	0.0%	16.7%	16.7%	66.7%	6
Syphilis - unknown duration or late	7.1%	64.3%	21.4%	7.1%	14
Tuberculosis	Suppressed*	Suppressed*	Suppressed*	Suppressed*	1
Varicella	60.0%	20.0%	20.0%	0.0%	5
Vibriosis (not cholera)	Suppressed*	Suppressed*	Suppressed*	Suppressed*	1
Yersiniosis	60.0%	0.0%	20.0%	20.0%	5

* Percentages are suppressed for diseases with fewer than five total cases to protect patient confidentiality.

Reportable Diseases by Age Group

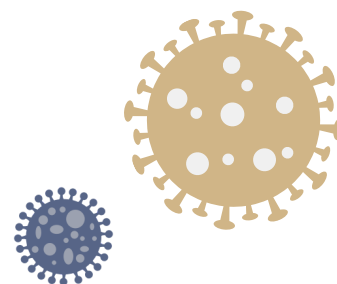
This section breaks down 2024 reportable communicable disease cases in Fairfield County by age group. The chart below shows the total number of cases reported in each age range, while the previous table displays the percentage distribution for each disease.

Understanding how diseases affect different age groups supports more targeted prevention, education, and intervention strategies. Certain conditions show strong age-based patterns—such as pertussis in children, STIs in young adults, and influenza-related hospitalizations in older adults.

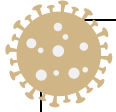


Adults aged 18–44 had the highest number of reportable disease cases in 2024, largely due to chlamydia and gonorrhea. The 65+ age group followed, with higher reports of influenza hospitalizations, CPO, and *Streptococcus pneumoniae*.

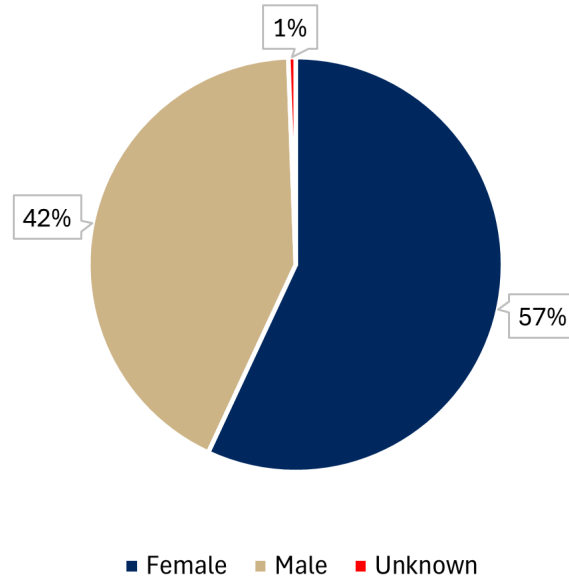
The 0–17 age group experienced elevated cases of pertussis (over 90% of total pertussis cases), cryptosporidiosis, and giardiasis. Those aged 45–64 had a more even distribution of disease burden across conditions.



Reportable Diseases by Sex



Total Reportable Communicable Disease Cases by Sex in 2024

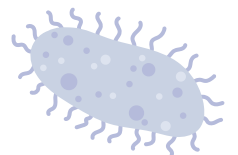


In 2024, 57% of reportable communicable disease cases in Fairfield County were among females, compared to 42% among males, with an additional 1% reported with unknown sex. This distribution aligns with national trends for several sexually transmitted infections and other reportable conditions that disproportionately affect females.

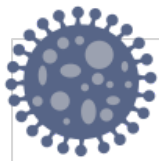
Among the top diseases reported in 2024, chlamydia was more often reported in females, while gonorrhea was slightly more common among males. Pertussis and influenza-associated hospitalizations also contributed to the female case burden, particularly among children and older adults. Diseases such as COVID-19, Lyme disease, and campylobacteriosis showed more balanced distributions across sexes, and gastrointestinal illnesses like cryptosporidiosis and salmonellosis were also fairly evenly split.

These patterns highlight the need for targeted prevention and outreach strategies. Expanded access to STI screening and education for young adults, especially females, remains a key priority. Public health efforts should also promote vaccination uptake and support chronic disease management, particularly among populations at greater risk. Continued surveillance of sex-based trends informs equitable programming and helps ensure resources are directed where most needed.

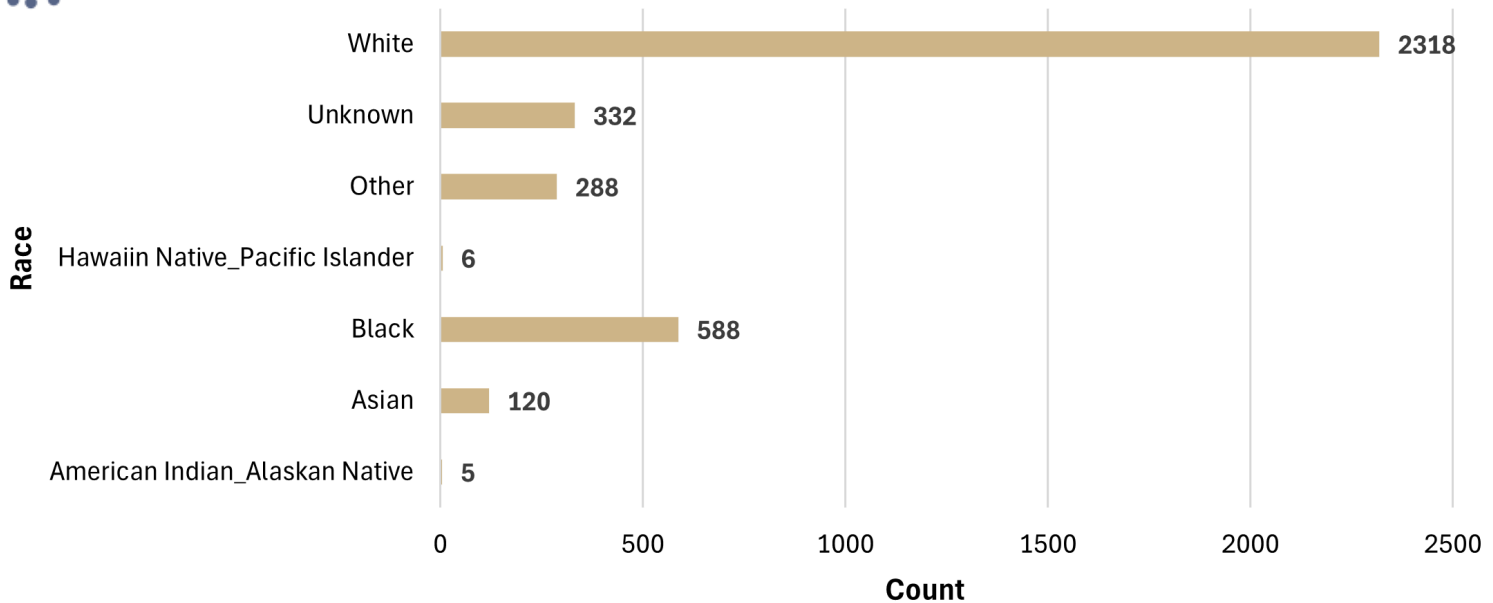
Note: Sex-specific data are not shown by disease to protect confidentiality.



Reportable Diseases by Race



Total Reportable Communicable Disease Cases by Race in 2024



Race counts may exceed the total number of cases due to individuals reporting more than one race.

In 2024, the majority of reportable communicable disease cases in Fairfield County were among individuals identifying as White (63.4%), followed by Black (16.1%), Other (7.9%), Unknown (9.1%), Asian (3.3%), Native Hawaiian/Pacific Islander (0.2%), and American Indian/Alaskan Native (0.1%).

These data generally reflect the county's demographic makeup but may also be influenced by testing access, healthcare-seeking behaviors, and disease-specific risk factors. Continued monitoring of race-related trends supports more equitable resource allocation and highlights the importance of collecting complete demographic data.

Note: Ethnicity data were available for most but not all cases. In 2024, 2.0% of cases were reported as Hispanic or Latino, 78.8% as non-Hispanic, and 18.6% were unknown. Due to small counts, ethnicity data are not visualized but remain important for health equity surveillance.



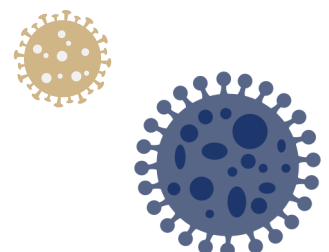
Deaths in Reportable Disease Cases

In 2024, 14 deaths were reported among individuals with a confirmed reportable disease in Fairfield County. The highest number of deaths were associated with COVID-19 (4 deaths), followed by influenza-associated hospitalizations (3 deaths). Other diseases contributing to reported deaths included CPO, chronic Hepatitis B, E. coli, influenza-associated pediatric mortality, and invasive *Streptococcus pneumoniae*.

Death data were obtained from the Ohio Disease Reporting System (ODRS) and are subject to several important limitations. A death is only recorded in ODRS if it occurs during the time an investigation is active; deaths that occur after an investigation is closed may not be captured. As a result, the numbers presented here may underestimate the true mortality burden of reportable diseases.

Additionally, during a disease investigation, FCHD does not determine whether the reportable disease contributed to an individual's death, unless the individual was under the age of 18. As a result, while a disease may be present at the time of death, it is not necessarily confirmed as the cause.

Reportable Disease	Deaths
COVID-19	4
CPO	2
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	1
Hepatitis B (including delta) - chronic	2
Influenza-associated hospitalization	3
Influenza-associated pediatric mortality	1
<i>Streptococcus pneumoniae</i> - invasive antibiotic resistant/intermediate	1
Total	14



Communicable Disease Outbreaks in Fairfield County

In 2024, a total of 10 outbreaks were reported to the Fairfield County Health Department. The majority were associated with COVID-19 (7 outbreaks), reflecting its continued impact on congregate settings and general community transmission. Additional outbreaks included Cryptosporidium, Norovirus, and one foodborne illness with an unidentified source.

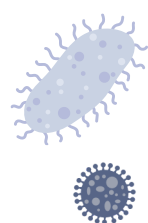
In comparison, past years saw 14 outbreaks in 2023, 38 in 2022, 32 in 2021, 19 in 2020, and 6 in 2019. The sharp increase in 2021 and 2022 was primarily due to the high number of COVID-19 outbreaks during the pandemic.



When an outbreak is identified, the FCHD epidemiology team initiates a comprehensive response. This includes interviewing cases, identifying common exposures, providing prevention guidance, and coordinating with the Ohio Department of Health. All outbreak investigations follow current guidance from the Centers for Disease Control and Prevention (CDC), ensuring consistency with best practices in public health. Control measures may involve isolation protocols, public notification, environmental assessments, and communication with impacted facilities.

To reduce the risk of outbreaks, FCHD supports ongoing public health education, targeted vaccination campaigns, timely disease reporting, and infection control training. These proactive efforts help minimize spread, especially in high-risk settings.

Not all clusters of illness meet the formal definition of an outbreak, which typically requires two or more linked cases of the same disease. Additionally, underreporting can occur if testing is not completed or if cases are not linked during investigation. As a result, the total number of outbreaks presented here may underestimate the true burden in the community.



Reportable Disease	Number of Outbreaks
Covid-19	7
Cryptosporidium	1
Foodborne Unknown	1
Norovirus	1

Technical Notes

All data presented in this report were extracted from the Ohio Disease Reporting System (ODRS) on March 13, 2025. ODRS is a secure, web-based system used for reporting and managing infectious disease data across Ohio. Case information is submitted by laboratories, infection preventionists, and healthcare providers, and is verified and updated by local health departments and the Ohio Department of Health. Because ODRS is a live system, data are subject to change as new or updated information becomes available. This may include reclassification of cases, delayed reporting, or corrections to demographic or clinical details.

This report includes confirmed, probable, and suspected cases of reportable diseases among Fairfield County residents, regardless of where the illness was acquired. Case jurisdiction is assigned based on the individual's address at the time of diagnosis. In the event a report is misdirected, the case is reassigned to the correct jurisdiction based on residency.

Most case reports are received through Electronic Laboratory Reporting (ELR), which allows laboratory data to be submitted automatically. ELR has significantly increased the timeliness and completeness of disease reporting. Providers may also submit reports manually via fax, phone, or electronic communication to the FCHD Epidemiology Team.

Please note that this is Fairfield County Health Department's first annual Communicable Disease Report. As such, 2024 serves as the baseline year for future comparison and continued improvement of data quality and surveillance.

