

ANNUAL REPORT 2025

FAIRFIELD COUNTY COMMUNICABLE DISEASE SUMMARY



Fairfield County
**Health
Department**



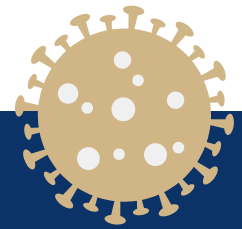
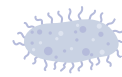
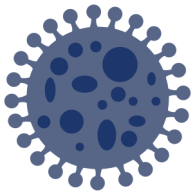
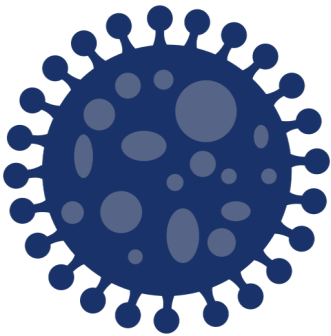
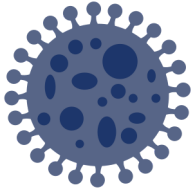


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Introduction

Communicable diseases are illnesses caused by bacteria, viruses, parasites, or fungi that 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 to public health and are 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.

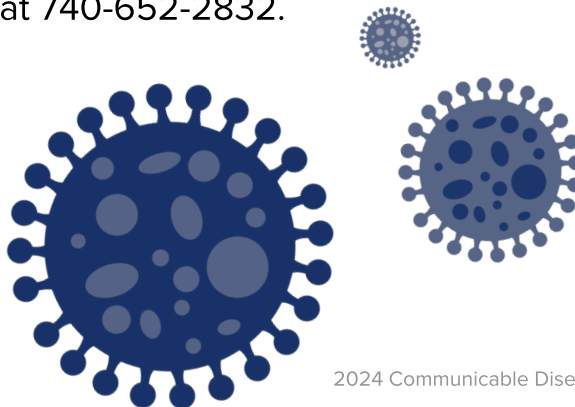
As of October 1, 2025, updates to Ohio reporting requirements resulted in changes to the list of reportable diseases. Some conditions were removed from mandatory reporting, while others were newly added. As a result, comparisons across years should be interpreted with caution. Diseases that were not reportable in certain years are marked as "N/A" in tables throughout this report.

This report provides an overview of communicable diseases reported in Fairfield County in 2025, including confirmed, probable, and suspected cases. It highlights key trends, demographic patterns, and the most commonly reported conditions. Data from the Ohio Disease Reporting System (ODRS) support ongoing surveillance, case investigation, and public health response efforts 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 October 1, 2025

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.
- Diphtheria.
- Free-living amoeba infection.
- 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, inhalation.
- 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:

Diseases 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.

- Acute flaccid myelitis (AFM).
- Anaplasmosis.
- Arboviral neuroinvasive and non-neuroinvasive disease:
 - Chikungunya virus infection.
 - Eastern equine encephalitis virus disease.
 - La Crosse 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 disease.
 - Other arthropod-borne diseases.
- Babesiosis.
- Brucellosis.
- Campylobacteriosis.
- *Candida auris*.
- Carbapenemase-producing organisms (CPO).
- Chancroid.
- *Chlamydia trachomatis* infections.
- Cholera.
- Coccidioidomycosis.
- COVID-19-associated hospitalization.
- Creutzfeldt-Jakob disease (CJD).
- *Cronobacter*, invasive infection in infants less than 12 months of age.
- Cryptosporidiosis.
- Cyclosporiasis.
- Dengue.
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC).
- Ehrlichiosis.
- 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.
- Melioidosis.
- Meningitis, bacterial.
- Mpox.
- Mumps.
- Pertussis.
- Poliomyelitis (including vaccine-associated cases).
- Psittacosis.
- Q fever.
- Respiratory syncytial virus (RSV)-associated hospitalization.
- 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 (VRSA, VISA).
- 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):
 - Active disease.
 - Latent infection in a child 2 years of age or younger.
- Tularemia, non-inhalation.
- Varicella.
- Vibriosis.
- Yersiniosis.

Class C:

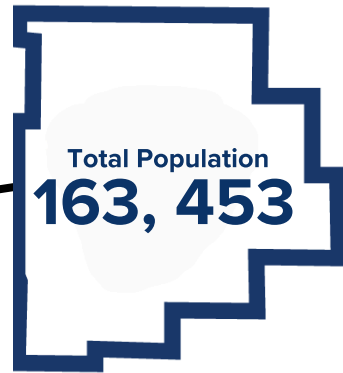
Report an outbreak, unusual incident, or epidemic of other diseases (e.g. histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day.

Outbreaks

- Community.
- Healthcare-associated.
- Waterborne.
- Foodborne.
- Institutional.
- 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.

Fairfield County, Ohio - Demographic Profile



Fairfield County Population by Gender

	Population	Percent
Male	81,780	50%
Female	81,673	50%

Fairfield County Population by Age Group

	Population	Percent
0-17	38,277	23.4%
18-44	55,765	34.1%
45-64	42,246	25.8%
65+	27,165	16.6%

Fairfield County Population by Ethnicity

	Population	Percent
Hispanic or Latino (of any race)	4,508	2.8%
Not Hispanic or Latino	158,945	97.2%

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

	Population	Percent
White	140,349	85.9%
Black or African American	18,822	11.5%
American Indian and Alaska Native	1,802	1.1%
Asian	5,911	3.6%
Native Hawaiian and Other Pacific Islander	334	0.2%
Other	4,595	2.8%

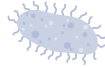
Fairfield County Population by Race Alone or in Combination with One or More Races

	Population	Percent
High School Graduate	35,753	32.1%
Associate's Degree	9,347	8.4%
Bachelor's Degree	22,962	20.6%
Graduate or Professional Degree	12,979	11.7%
Other	30,305	27.2%

Source: U.S. Census Bureau, 2024 American Community Survey 5-Year Estimates

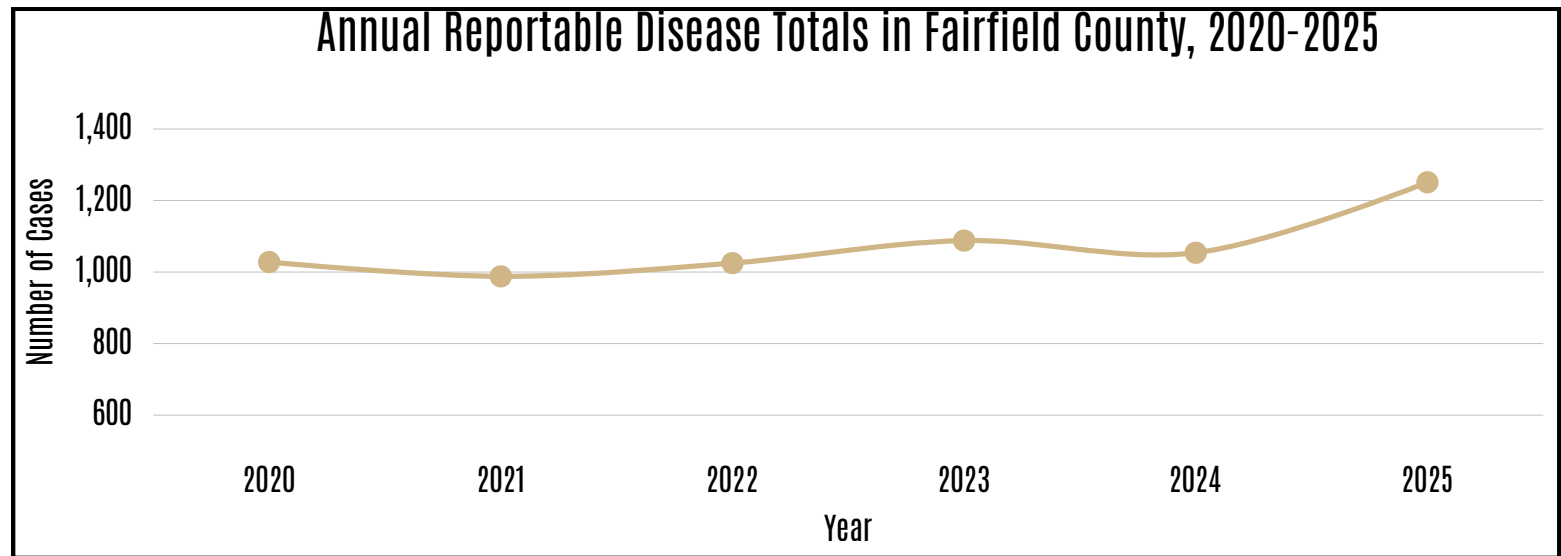
Communicable Disease Key Findings

In 2025, Fairfield County reported 1,251 communicable disease cases, a slight increase compared to previous years. Excluding COVID-19 from prior years for comparability, chlamydia remained the most frequently reported condition (383 cases), followed by influenza-associated hospitalizations (275), Lyme disease (117), and gonococcal infection (90).



Several conditions, including pertussis, influenza-associated hospitalizations, Lyme disease, and Haemophilus influenzae reached multi-year highs, with increases also seen in campylobacteriosis and salmonellosis. Chlamydia and gonococcal infections were at their lowest levels since 2020, while hepatitis-related conditions remained stable. Females accounted for 53.2% of all cases, and adults aged 18-44 years had the highest overall burden.

Reportable Condition	Count
Chlamydia infection	383
Influenza-associated hospitalization	275
Lyme Disease	117
Gonococcal infection	90
Pertussis	59
Hepatitis C - chronic	55
Campylobacteriosis	49
Hepatitis B (including delta) - chronic	33
Salmonellosis	31
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	27



A total of 26 deaths were reported among individuals with a communicable disease in 2025, most commonly associated with influenza. Additionally, 23 outbreaks were identified, an increase from recent years, with COVID-19 and hand, foot, and mouth disease being the most frequently reported outbreak types.

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	2020	2021	2022	2023	2024	2025
Acute flaccid myelitis (AFM)	N/A	N/A	N/A	N/A	N/A	0
Amebiasis	0	0	0	0	0	N/A
Anaplasmosis-Anaplasma phagocytophilum	0	1	1	0	0	1
Anthrax	0	0	0	0	0	0
Arboviral Disease (Both Neuro & Nonneuro Invasive)	0	0	0	0	0	1
Babesiosis	1	0	0	2	0	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	0	0	0	0	1	0
Campylobacteriosis	8	32	27	33	44	49
Candida auris	0	0	0	0	2	2
Carapenemase-productint 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	524	491	443	460	413	383
Cholera	0	0	0	0	0	0
Coccidioidomycosis	5	4	2	0	1	0
Covid-19	10,831	18,541	17,546	3,704	2,429	N/A
Covid-19 Hospitalizations	N/A	N/A	N/A	N/A	N/A	0
CPO	1	3	1	12	13	11
CPO - Colonization Screening	0	0	0	2	1	0
Creutfeldt-Jakob Disease	0	0	0	0	0	0
Cronobacter (infants less than 12 months of age)	N/A	N/A	N/A	N/A	N/A	0
Cryptosporidiosis	5	3	9	6	20	6
Cyclosporiasis	2	0	1	5	2	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)	2	7	7	14	11	8
Eastern Equine Encephalitis Viris Disease	0	0	0	0	0	0
Ehrlichiosis/Anaplasmosis - Undetermined	0	0	0	0	0	0
Ehrlichiosis-Ehrlichia chaffeensis	1	0	1	0	0	0
Free-living amoeba infection	N/A	N/A	N/A	N/A	N/A	0
Giardiasis	8	0	8	7	10	10
Gonorrhea (gonococcal infection)	159	158	134	117	102	90
Haemophilus Influenzae (invasive disease)	2	4	4	2	5	10
Hantavirus	0	0	0	0	0	0
Hemolytic Uremic Syndrome (HUS)	0	0	0	1	0	0
Hepatitis A	3	4	0	0	1	3
Hepatitis B (Acute)	2	1	0	0	2	1
Hepatitis B (Chronic: non-perinatal)	28	32	43	46	40	33
Hepatitis B (Perinatal)	2	1	1	7	0	4
Hepatitis C (Acute)	7	4	0	2	1	2
Hepatitis C (Chronic: non-perinatal)	96	109	98	94	55	55
Hepatitis C (perinatal)	2	0	2	1	2	0
Hepatitis D (delta virus)	0	0	0	0	0	0
Hepatitis E	0	1	0	0	0	0

Counts of Reportable Diseases by Year

Reportable Condition	2020	2021	2022	2023	2024	2025
Influenza A- novel virus	0	0	0	0	0	0
Influenza-associated Hospitalization	72	8	76	19	103	275
Influenza-associated Pediatric Mortality	0	0	0	0	1	0
LaCrosse virus Disease (other California serogroup virus disease)	1	0	0	0	0	3
Legionellosis	8	19	2	6	8	11
Leprosy (Hansen disease)	0	0	0	0	0	0
Leptospirosis	1	0	0	0	1	1
Listeriosis	1	2	0	0	1	0
Lyme Disease	17	39	56	87	79	117
Malaria	0	4	2	3	5	1
Measles	0	0	4	0	1	0
Melioidosis	N/A	N/A	N/A	N/A	N/A	0
Meningitis - aseptic/viral	7	8	6	6	8	N/A
Meningitis - bacterial (Not N. meningitidis)	4	2	4	0	0	3
Meningococcal Disease - Neisseria meningitidis	0	0	0	0	1	0
Middle East Respiratory Syndrome (MERS)	0	0	0	0	0	0
MIS-C Associated with COVID-19	1	5	4	0	0	N/A
Monkeypox	0	0	5	1	0	0
Mumps	0	0	0	5	1	0
Pertussis	6	3	2	10	38	59
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, Human	0	0	0	0	0	0
Respiratory syncytial virus (RSV)-associated hospitalization	N/A	N/A	N/A	N/A	N/A	0
Rubella (congenital)	0	0	0	0	0	0
Rubella (not congenital)	0	0	0	0	0	0
Salmonella (Salmonellosis)	21	10	26	36	21	31
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	2	1	3	3	3	5
Smallpox	0	0	0	0	0	0
Spotted Fever Rickettsiosis, including Rocky Mountain Spotted Fever (RMSF)	2	0	1	0	0	2
St. Louis Encephalitis Virus Disease	0	0	0	0	0	0
Staphylococcus aureus, with resisitance or intermediate resistance to vancomycin	0	1	0	0	0	0
Streptococcal Disease, group A, Invasive (iGAS)	15	8	11	32	16	20
Streptococcal Disease, group B., in newborn	1	0	0	0	0	0
Streptococcal Toxic Shock Syndrome (STSS)	0	0	0	0	0	0



Counts of Reportable Diseases by Year

Reportable Condition	2020	2021	2022	2023	2024	2025
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	10	3	17	17	17	27
Streptococcus pneumoniae - invasive antibiotic resistant/intermediate	2	1	4	2	6	4
Syphilis	2	12	12	45	14	11
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), active disease	0	3	0	1	1	2
Tuberculosis (TB), latent infection in a child 2 years of age or	N/A	N/A	N/A	N/A	N/A	0
Tularemia, inhalation	0	0	1	0	0	0
Tularemia, non-inhalation	N/A	N/A	N/A	N/A	N/A	0
Varicella	3	14	13	7	5	3
Vibriosis	0	1	2	0	1	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	2	2	2	3	5	4
Zika Virus Infection	0	0	0	0	0	0
Totals	11,867	19,542	18,581	4,798	3,491	1,251

This table summarizes confirmed, probable, and suspected cases of reportable diseases in Fairfield County from 2020 to 2025.



Changes to Ohio’s reportable disease requirements in October 2025 impact comparisons across years. Diseases that were not reportable in a given year are marked as “N/A,” and some observed changes may reflect reporting differences rather than true changes in disease occurrence.

COVID-19 had a substantial impact on communicable disease surveillance during 2020–2022, with cases declining significantly in later years and no longer reportable as of October 2025. Beyond COVID-19, several conditions showed notable trends. Campylobacteriosis and cryptosporidiosis increased in recent years, and pertussis experienced a resurgence following lower counts in earlier years. For example, pertussis increased from 10 cases in 2023 to 59 cases in 2025. Meanwhile, chlamydia, gonorrhea, and chronic hepatitis C have shown gradual declines over time.

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

Reportable Condition	2019	2020	2021	2022	2023	2024	2025
Acute flaccid myelitis (AFM)	N/A	N/A	N/A	N/A	N/A	N/A	0.00
Amebiasis	0.00	0.00	0.00	0.00	0.00	0.00	N/A
Anaplasmosis-Anaplasma phagocytophilum	0.00	0.00	0.63	0.63	0.00	0.00	0.61
Anthrax	0.00	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	0.61
Babesiosis	0.00	0.64	0.00	0.00	1.24	0.00	0.00
Botulism (Foodborne)	0.00	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	0.00
Botulism, wound	0.00	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	0.00
Campylobacteriosis	12.95	5.12	20.30	16.94	20.46	27.28	29.98
Candida auris	0.00	0.00	0.00	0.00	0.00	1.24	1.22
Carapenemase-productint carbapenem-resistant Enterobacter (CP-CRE)	0.00	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	0.00
Chikungunya	0.00	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	234.32
Cholera	0.00	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	0.00
Covid-19	0.65	6,933.88	11,762.95	11,009.53	2,296.50	1,505.99	N/A
Covid-19 Hospitalizations	N/A	N/A	N/A	N/A	N/A	N/A	0.00
CPO	3.24	0.64	1.90	0.63	7.44	8.06	6.73
CPO - Colonization Screening	0.00	0.00	0.00	0.00	1.24	0.62	0.00
Creutfeldt-Jakob Disease	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Cronobacter (infants less than 12 months of age)	N/A	N/A	N/A	N/A	N/A	N/A	0.00
Cryptosporidiosis	0.65	3.20	1.90	5.65	3.72	12.40	3.67
Cyclosporiasis	0.65	1.28	0.00	0.63	3.10	1.24	1.22
Dengue	0.00	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	0.00
E.Coli O157:H7 and Shiga toxin-producing E.Coli (STEC)	6.47	1.28	4.44	4.39	8.68	6.82	4.89
Eastern Equine Encephalitis Viris Disease	0.00	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	0.00
Ehrlichiosis-Ehrlichia chaffeensis	0.65	0.64	0.00	0.63	0.00	0.00	0.00
Free-living amoeba infection	N/A	N/A	N/A	N/A	N/A	N/A	0.00
Giardiasis	5.83	5.12	0.00	5.02	4.34	6.20	6.12
Gonorrhea (gonococcal infection)	131.43	101.79	100.24	84.08	72.54	63.24	55.06
Haemophilus Influenzae (invasive disease)	3.24	1.28	2.54	2.51	1.24	3.10	6.12
Hantavirus	0.00	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	0.00
Hepatitis A	27.84	1.92	2.54	0.00	0.00	0.62	1.84
Hepatitis B (Acute)	3.24	1.28	0.63	0.00	0.00	1.24	0.61
Hepatitis B (Chronic: non-perinatal)	31.08	17.93	20.30	26.98	28.52	24.80	20.19
Hepatitis B (Perinatal)	1.29	1.28	0.63	0.63	4.34	0.00	2.45
Hepatitis C (Acute)	7.77	4.48	2.54	0.00	1.24	0.62	1.22
Hepatitis C (Chronic: non-perinatal)	86.11	61.46	69.15	61.49	58.28	34.10	33.65
Hepatitis C (perinatal)	0.00	1.28	0.00	1.25	0.62	1.24	0.00
Hepatitis D (delta virus)	0.00	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	0.00

Per 100,000 Persons

Rates of Reportable Diseases by Year

Reportable Condition	2019	2020	2021	2022	2023	2024	2025
Influenza A- novel virus	0.00	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	168.24
Influenza-associated Pediatric Mortality	0.00	0.00	0.00	0.00	0.00	0.62	0.00
LaCrosse virus Disease (other California serogroup virus disease)	0.00	0.64	0.00	0.00	0.00	0.00	1.84
Legionellosis	9.71	5.12	12.05	1.25	3.72	4.96	6.73
Leprosy (Hansen disease)	0.00	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	0.61
Listeriosis	0.00	0.64	1.27	0.00	0.00	0.62	0.00
Lyme Disease	9.71	10.88	24.74	35.14	53.94	48.98	71.58
Malaria	0.00	0.00	2.54	1.25	1.86	3.10	0.61
Measles	0.00	0.00	0.00	2.51	0.00	0.62	0.00
Melioidosis	N/A	N/A	N/A	N/A	N/A	N/A	0.00
Meningitis - aseptic/viral	7.77	4.48	5.08	3.76	3.72	4.96	N/A
Meningitis - bacterial (Not N. meningitidis)	0.65	2.56	1.27	2.51	0.00	0.00	1.84
Meningococcal Disease - Neisseria meningitidis	0.00	0.00	0.00	0.00	0.00	0.62	0.00
Middle East Respiratory Syndrome (MERS)	0.00	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	N/A
Monkeypox	0.00	0.00	0.00	3.14	0.62	0.00	0.00
Mumps	0.65	0.00	0.00	0.00	3.10	0.62	0.00
Pertussis	5.83	3.84	1.90	1.25	6.20	23.56	36.10
Pittacosis	0.00	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	0.00
Poliomyelitis	0.00	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	0.00
Q fever	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Rabies, Human	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Respiratory syncytial virus (RSV)-associated hospitalization	N/A	N/A	N/A	N/A	N/A	N/A	0.00
Rubella (congenital)	0.00	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	0.00
Salmonella (Salmonellosis)	12.30	13.44	6.34	16.31	22.32	13.02	18.97
Salmonella Typhi infection (typhoid fever)	0.00	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	0.00
Severe acute respiratory syndrome (SARS)	0.00	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	3.06
Smallpox	0.00	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	1.22
St. Louis Encephalitis Virus Disease	0.00	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	0.00
Streptococcal Disease, group A, Invasive (iGAS)	12.30	9.60	5.08	6.90	19.84	9.92	12.24
Streptococcal Disease, group B., in newborn	1.29	0.64	0.00	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	0.00

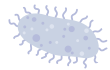
Per 100,000 Persons

Rates of Reportable Diseases by Year



Reportable Condition	2019	2020	2021	2022	2023	2024	2025
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	14.24	6.40	1.90	10.67	10.54	10.54	16.52
Streptococcus pneumoniae - invasive antibiotic resistant/intermediate	2.59	1.28	0.63	2.51	1.24	3.72	2.45
Syphilis	2.59	1.28	7.61	7.53	27.90	8.68	6.73
Tetanus	0.00	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	0.00
Trichinellosis	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Tuberculosis (TB), active disease	0.00	0.00	1.90	0.00	0.62	0.62	1.22
Tuberculosis (TB), latent infection in a child 2 years of age or	N/A	N/A	N/A	N/A	N/A	N/A	0.00
Tularemia, inhalation	0.00	0.00	0.00	0.63	0.00	0.00	0.00
Tularemia, non-inhalation	N/A	N/A	N/A	N/A	N/A	N/A	0.00
Varicella	2.59	1.92	8.88	8.16	4.34	3.10	1.84
Vibriosis	0.00	0.00	0.63	1.25	0.00	0.62	0.61
Viral Hemorrhagic Fever (VHF)	0.00	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	0.00
Western Equine Encephalitis	0.00	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	0.00
Yersiniosis	0.00	1.28	1.27	1.25	1.86	3.10	2.45
Zika Virus Infection	0.00	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 2020 to 2025. 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 2025 population estimates were not available at the time of reporting, 2024 estimates were used for both 2024 and 2025 rates.

Although the trends largely mirror those in the case counts, reviewing rates highlights disease burden in proportion to the population.

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.



2025 Reportable Diseases by Age Group

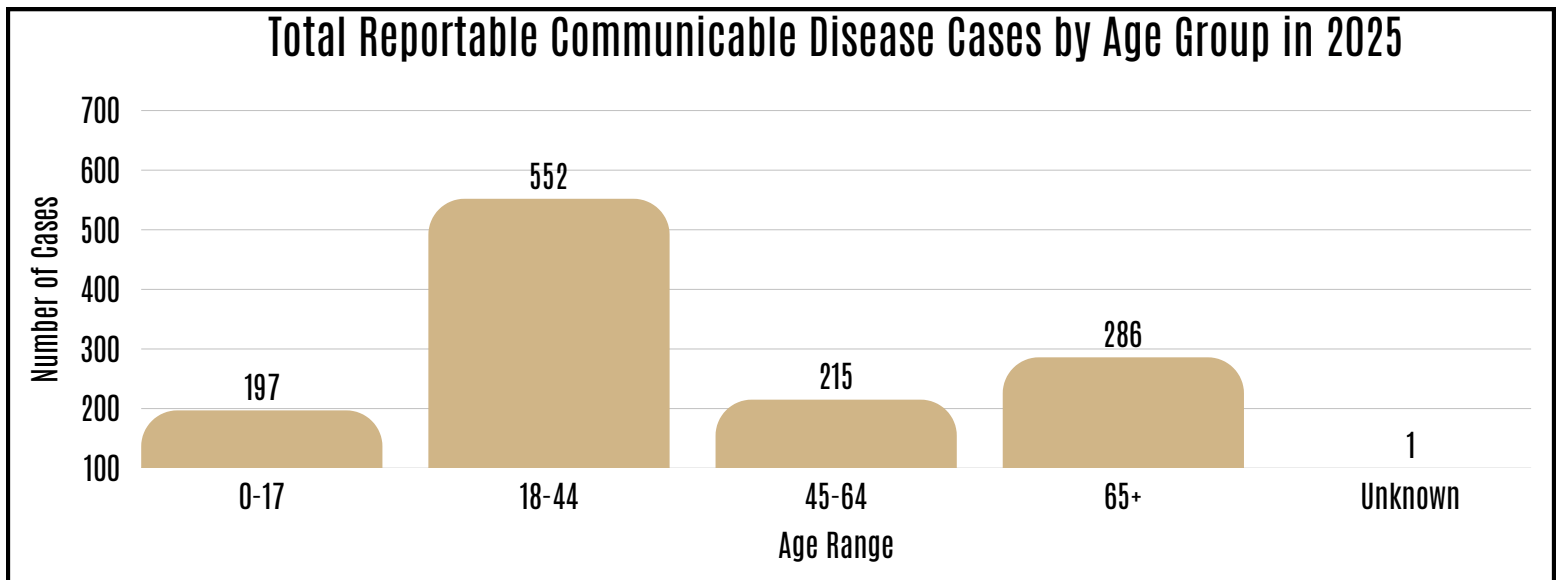
Reportable Condition	0-17 (%)	18-44 (%)	45-64 (%)	65+ (%)	Unknown	Total Count
Anaplasmosis-Anaplasma phagocytophilum	Supressed*	Supressed*	Supressed*	Supressed*	0.0%	1
C. auris	Supressed*	Supressed*	Supressed*	Supressed*	0.0%	1
C. auris - Colonization Screening	Supressed*	Supressed*	Supressed*	Supressed*	0.0%	1
Campylobacteriosis	20.4%	24.5%	34.7%	20.4%	0.0%	49
Chlamydia infection	11.2%	85.1%	3.7%	0.0%	0.0%	383
CPO	0.0%	18.2%	36.4%	45.5%	0.0%	11
Cryptosporidiosis	16.7%	33.3%	0.0%	50.0%	0.0%	6
Cyclosporiasis	Supressed*	Supressed*	Supressed*	Supressed*	0.0%	2
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	37.5%	12.5%	25.0%	25.0%	0.0%	8
Giardiasis	20.0%	10.0%	40.0%	30.0%	0.0%	10
Gonococcal infection	3.3%	87.8%	8.9%	0.0%	0.0%	90
Haemophilus influenzae (invasive disease)	20.0%	10.0%	10.0%	60.0%	0.0%	10
Hepatitis A	Supressed*	Supressed*	Supressed*	Supressed*	0.0%	3
Hepatitis B - Perinatal Infection	Supressed*	Supressed*	Supressed*	Supressed*	0.0%	4
Hepatitis B (including delta) - acute	Supressed*	Supressed*	Supressed*	Supressed*	0.0%	1
Hepatitis B (including delta) - chronic	0.0%	48.5%	30.3%	21.2%	0.0%	33
Hepatitis C - acute	Supressed*	Supressed*	Supressed*	Supressed*	0.0%	2
Hepatitis C - chronic	0.0%	52.7%	32.7%	14.5%	0.0%	55
Influenza-associated hospitalization	5.8%	9.1%	26.9%	58.2%	0.0%	275
LaCrosse virus disease (other California serogroup virus disease)	Supressed*	Supressed*	Supressed*	Supressed*	0.0%	3
Legionellosis	0.0%	9.1%	27.3%	63.6%	0.0%	11
Leptospirosis	Supressed*	Supressed*	Supressed*	Supressed*	0.0%	1
Lyme Disease	29.9%	18.8%	24.8%	26.5%	0.0%	117
Malaria	Supressed*	Supressed*	Supressed*	Supressed*	0.0%	1
Meningitis - bacterial (Not N. meningitidis)	33.3%	33.3%	33.3%	0.0%	0.0%	3
Pertussis	78.0%	15.3%	5.1%	0.0%	1.7%	59
Salmonellosis	35.5%	12.9%	16.1%	35.5%	0.0%	31
Shigellosis	80.0%	0.0%	0.0%	20.0%	0.0%	5
Spotted Fever Rickettsiosis,including Rocky Mountain spotted fever (RMSF)	Supressed*	Supressed*	Supressed*	Supressed*	0.0%	2
Streptococcal - Group A -invasive	10.0%	25.0%	40.0%	25.0%	0.0%	20
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	18.5%	3.7%	11.1%	66.7%	0.0%	27
Streptococcus pneumoniae - invasive antibiotic resistant/intermediate	Supressed*	Supressed*	Supressed*	Supressed*	0.0%	4
Syphilis - unknown duration or late	0.0%	72.7%	27.3%	0.0%	0.0%	11
Tuberculosis	Supressed*	Supressed*	Supressed*	Supressed*	0.0%	2
Typhus fever	Supressed*	Supressed*	Supressed*	Supressed*	0.0%	1
Varicella	Supressed*	Supressed*	Supressed*	Supressed*	0.0%	3
Vibriosis (not cholera)	Supressed*	Supressed*	Supressed*	Supressed*	0.0%	1
Yersiniosis	Supressed*	Supressed*	Supressed*	Supressed*	0.0%	4

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

2025 Reportable Diseases by Age Group

This section summarizes communicable disease cases in Fairfield County by age group for 2025. The table above displays the percentage distribution of cases by disease, while the chart shows the total number of cases by age group.

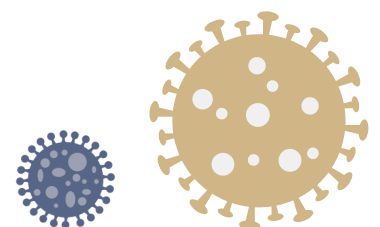
Understanding how diseases affect different age groups supports more targeted prevention, education, and intervention strategies. Certain conditions show strong age-based patterns such as pertussis in children, STIs in young adults, and influenza-related hospitalizations in older adults.



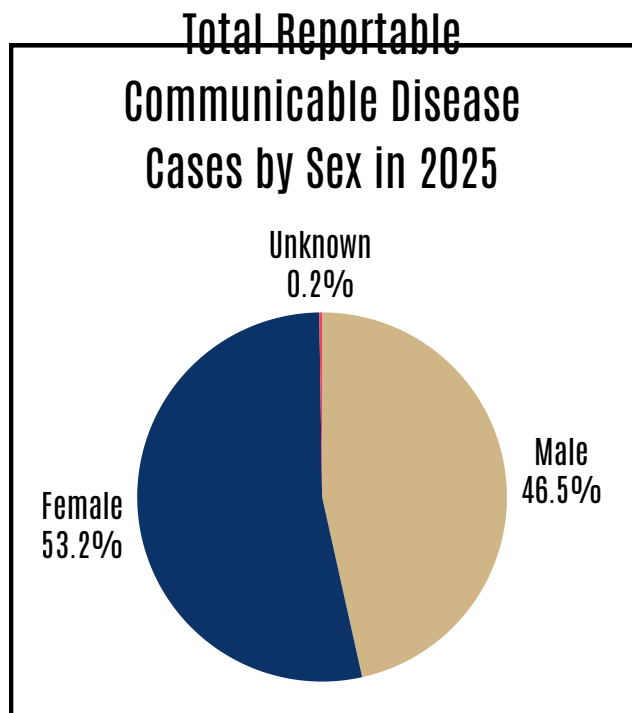
Adults aged 18-44 years accounted for the highest number of reported cases, largely driven by sexually transmitted infections such as chlamydia and gonorrhea. The 65+ age group had a higher burden of influenza-associated hospitalizations and other severe infections.

Children aged 0-17 years experienced higher proportions of select communicable diseases, while individuals aged 45-64 years showed a more even distribution across conditions.

Understanding age-specific patterns helps guide targeted prevention, vaccination efforts, and public health messaging.



2025 Reportable Diseases by Sex

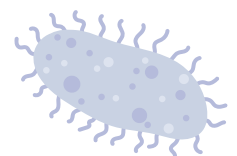


In 2025, 53.2% of reportable communicable disease cases in Fairfield County were among females, compared to 46.5% among males, with an additional 0.2% reported as unknown. This distribution aligns with national trends for several sexually transmitted infections and other reportable conditions that disproportionately affect females.

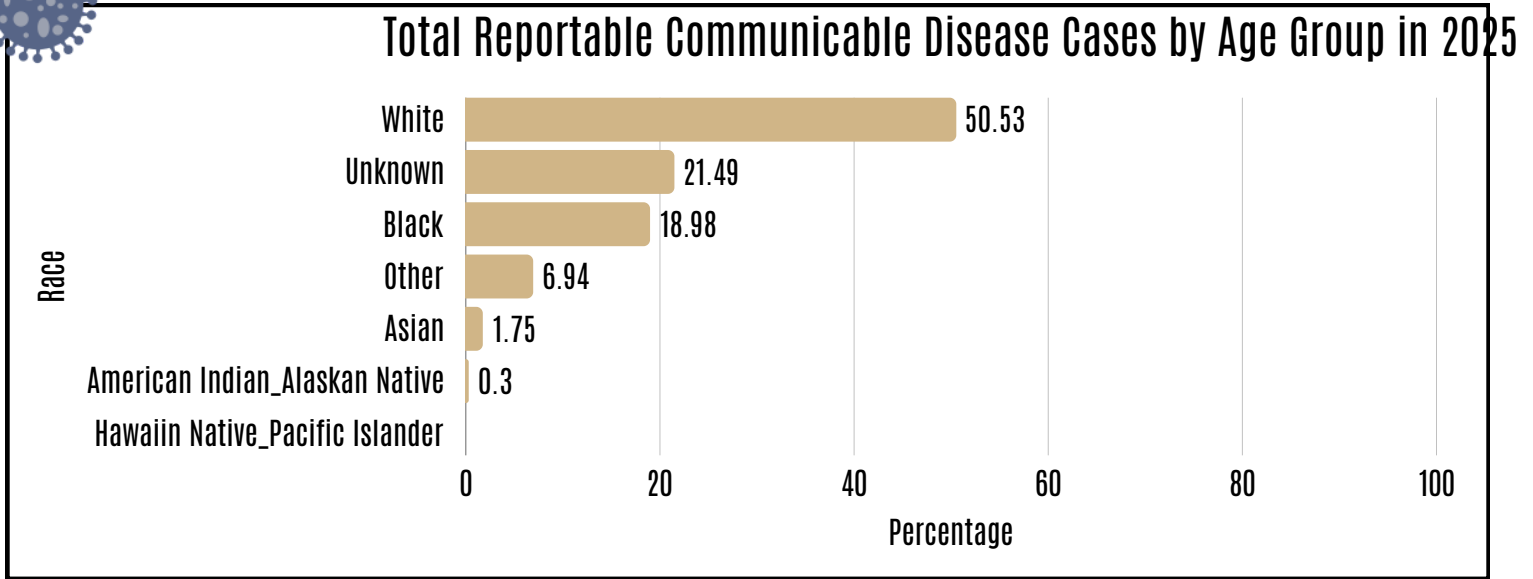
Among the top diseases reported in 2025, chlamydia was more frequently reported in females, while gonococcal infections were slightly more common among males. Pertussis and influenza-associated hospitalizations also contributed to the female case burden, particularly among children and older adults. In contrast, all *Haemophilus influenzae* cases were reported among males, and Lyme disease showed a higher burden in males in 2025, despite a more even distribution in 2024. Chronic hepatitis B, campylobacteriosis, and salmonellosis showed more balanced distributions across sexes.

These patterns highlight the need for targeted prevention and outreach strategies. Expanded access to STI screening and preventative education for young adults remains a key priority. Public health efforts should promote vaccination and support chronic disease management because these prevention strategies help address sex differences in disease patterns. Biological and social factors can cause men and women to experience, respond to, or be exposed to certain diseases differently. Continued surveillance of sex-based trends helps inform equitable programming and ensures resources are directed where most needed.

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



Reportable Diseases by Race



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



In 2025, the majority of reportable communicable disease cases in Fairfield County were among individuals identifying as White, followed by Black or African American, and other racial groups. While White individuals accounted for the largest share of cases, Black individuals represented 18.98% of reported communicable diseases despite comprising a smaller proportion of the county population (11.5%), indicating a disproportionate burden compared to White individuals (50.53%).

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.

A notable proportion of cases were reported with unknown race or ethnicity, which limits the ability to fully assess disparities. Improving completeness of demographic data remains an important priority for public health surveillance.

Note: Ethnicity data were available for most but not all cases. In 2025, 2.24% of cases were reported as Hispanic or Latino, 70.50% as non-Hispanic, and 27.26% were unknown. Due to small counts, ethnicity data are not visualized but remain important for health equity surveillance.



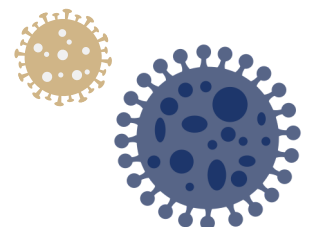
Deaths in Reportable Disease Cases

In 2025, 26 deaths were reported among individuals with a confirmed reportable disease in Fairfield County. The highest number of deaths was associated with influenza-associated hospitalizations (12 deaths). Other diseases contributing to reported deaths included CPO, Haemophilus Influenzae, Chronic Hepatitis B, Legionella, Invasive Strep Group, Streptococcus pneumoniae (antibiotic resistance unknown), and Streptococcus pneumoniae (antibiotic resistance).

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
CPO	2
Haemophilus influenzae (invasive disease)	3
Hepatitis B (including delta) - chronic	1
Influenza-associated hospitalization	12
Legionellosis	2
Streptococcal - Group A - invasive	2
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	3
Streptococcus pneumoniae - invasive antibiotic resistant/intermediate	1



Communicable Disease Outbreaks in Fairfield County

In 2025, a total of 23 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 multiple due to hand, foot, mouth disease, pertussis, and influenza.

In comparison, past years saw 10 outbreaks in 2024, 14 outbreaks in 2023, 38 in 2022, 32 in 2021, and 19 in 2020. The sharp increase in 2021 and 2022 was primarily due to the high number of COVID-19 outbreaks during the pandemic.

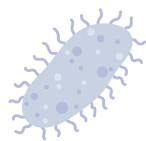
Reportable Disease	Number of Outbreaks
COVID-19	7
Fifth Disease	1
Hand, foot, mouth disease	6
Impetigo	1
Influenza	2
Norovirus	1
Pertussis	3
Pinworms	1
Rotavirus	1



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.



Technical Notes

All data presented in this report were extracted from the Ohio Disease Reporting System (ODRS) on March 17, 2026. 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.

Effective October 1, 2025, updates to Ohio Administrative Code 3701-3 modified the list of reportable diseases. Some conditions were removed, while others were newly added. As a result, certain diseases may appear as “N/A” in previous years or may not be directly comparable across time. Trends presented in this report should be interpreted with consideration of these changes.

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.



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