

2025 ANNUAL SUMMARY OF COMMUNICABLE DISEASES

Tuscarawas County, Ohio



Public Health
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**Tuscarawas County
Health Department**

2025 ANNUAL SUMMARY OF COMMUNICABLE DISEASES

Tuscarawas County, Ohio

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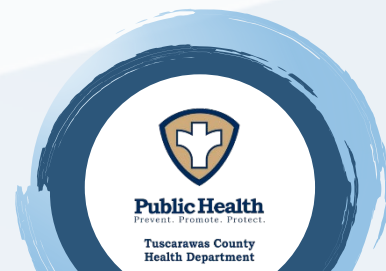


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DESCRIPTION OF DEPARTMENTS

Tuscarawas County is represented by both a city health department and a general health district. The New Philadelphia City Health Department (NPCHD) is responsible for communicable disease investigation and control for cases residing within the City limits of New Philadelphia. The Tuscarawas County General Health District, dba Tuscarawas County Health Department (TCHD), is responsible for disease investigation and control for all cases outside the City of New Philadelphia but inside the Tuscarawas County lines. This also includes the municipalities of Dover and Uhrichsville.

PERSONNEL

Staff at both agencies work on routine surveillance and outbreak investigations. The key personnel at both agencies responsible for routine communicable disease surveillance, prevention, and control include:

- Valerie Wallace, BSN, RN, Public Health Nurse, Tuscarawas County Health Department
- Amy Kaser, RN, Director of Nursing, Tuscarawas County Health Department
- Katie Seward, MPH, MBA, Health Commissioner, Tuscarawas County Health Department
- Natasha Yonley, MPH, CPH, CHES, Epidemiologist/Director of Prevention Services, Tuscarawas County Health Department
- Erica Schreckengost, MPH, Epidemiologist, Tuscarawas County Health Department
- Nichole Bache, BSN, RN, Health Commissioner, New Philadelphia City Health Department
- Maegan Cummings, RN, Director of Nursing, New Philadelphia City Health Department

INTRODUCTION

This report summarizes communicable diseases reported to the Tuscarawas County Health Department (TCHD) and the New Philadelphia City Health Department (NPCHD), described collectively throughout this report as “Tuscarawas County,” in 2025. Communicable diseases (also called “infectious diseases”) are illnesses caused by bacteria, viruses, and parasites (also called “microorganisms”), and are transmitted from one infected person or animal to another. The route of transmission varies by disease; however, it may include contact with contaminated objects, direct contact with contaminated body fluids (e.g., blood) or respiratory secretions, the bite of an animal or vector (e.g., insect) carrying the microorganism, inhalation of contaminated airborne particles, or ingestion of contaminated food or water.

The Annual Summary of Communicable Diseases 2025 includes cases of reportable diseases that were reported among residents of Tuscarawas County, reported to public health, and found to meet the public health surveillance definition of a confirmed case. This data does not represent all cases of reportable infectious disease that occurred in the community, as individuals may not seek medical care for mild or asymptomatic infections, or laboratory

confirmation tests are not always conducted. Data contained in this summary is considered preliminary.

According to Ohio Administrative Code 3701-3-02, “cases and suspected cases of selected infectious diseases are required to be reported to Ohio and local public health agencies.” TCHD and NPCHD report, track, and investigate infectious disease cases through the Ohio Disease Reporting System (ODRS). Many diseases must also be reported by the Ohio Department of Health (ODH) to the Centers for Disease Control and Prevention (CDC) as part of national public health surveillance of infectious diseases. Please note that data in tables 2a-2f are grouped by *type* of disease. Only **Confirmed** cases will be reported for communicable disease except for Lyme Disease which will include suspected cases.

Lyme Disease has a high number of suspected cases based on completed laboratory testing (e.g. Western blot, IgM Antibody, and IgG Antibody). If the case is past thirty (30) days from the symptom onset date, results rely heavily on the IgG. If the testing is completed within 1-3 weeks after exposure, the IgM would be positive. If the testing is conducted between 4-6 weeks, the IgG would be positive. Lyme disease must have Erythema Migrans (EM) [bullseye rash] to be confirmed. The western blot laboratory test must be completed as well and have at least five (5) bands present. Classification of cases relies heavily on the onset date. If the onset date was two (2) months before testing, that case would be ruled suspected.

Beginning October 1, 2025, the state of Ohio changed the COVID-19 and Respiratory Syncytial Virus reporting to only report COVID-19 and RSV associated hospitalizations. These changes are reflected in tables 2a-2g on pages 11-14, which are represented by using the “∞” symbol. Only the diseases reported in Tuscarawas County have been included in this report. A comprehensive list of Reportable Diseases for Ohio is displayed on page 6 of this report. All data provided is accurate as of January 13, 2026; however, case finalizations may lead to fluctuations in the results.

This document is intended to be a resource for individuals and public health partners concerned about infectious diseases in Tuscarawas County. Further information on communicable diseases may be obtained by contacting the Tuscarawas County Health Department or New Philadelphia City Health Department directly.

METHODOLOGY

All communicable disease data is obtained from the Ohio Disease Reporting System (ODRS) and is collected from both Tuscarawas County and New Philadelphia City Health Departments. The data is then entered into an excel document for the calculation of the case rate per 100,000 population. The number of confirmed cases is calculated against the current population estimate and then multiplied by 100,000. This then shows, based on the number of confirmed cases in the population, what we could expect to see. To ensure that cases remain unidentified, case counts are combined for both jurisdictions and reported as a total number for the entire county.

OHIO REPORTABLE DISEASES¹



Department of Health

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:
 - o Chikungunya virus infection.
 - o Eastern equine encephalitis virus disease.
 - o La Crosse virus disease (other California serogroup virus disease).
 - o Powassan virus disease.
 - o St. Louis encephalitis virus disease.
 - o West Nile virus infection.
 - o Western equine encephalitis virus disease.
 - o Yellow fever.
 - o Zika virus disease.
 - o 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 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):
 - o Active disease.
 - o 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.
- 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.

KEY FINDINGS

In 2025, there were 1,167 total disease investigations completed by the New Philadelphia City Health Department (NPCHD) and the Tuscarawas County Health Department (TCHD). This represents a 25.6% decrease from 2024 to 2025. According to the Ohio Department of Health (ODH), Tuscarawas County investigated 319 cases of vaccine preventable infectious disease in 2025 compared to 11 cases in 2020 and 5 cases in 2021. Since 2022, communicable disease decreased, most likely due to Covid-19 individual cases no longer being reported. Only Covid-19 hospitalizations are being reported as of October 1st, 2025.

The chart to the left shows all confirmed communicable disease cases that were reported among Tuscarawas County Residents.

Numbers are subject to change due to delayed laboratory reporting or jurisdictional changes after diagnosis.

Graph 1: Disease Investigations in Tuscarawas County

Tuscarawas County, Ohio had an 105.3% decrease in disease investigations from 2020 compared to 2025.

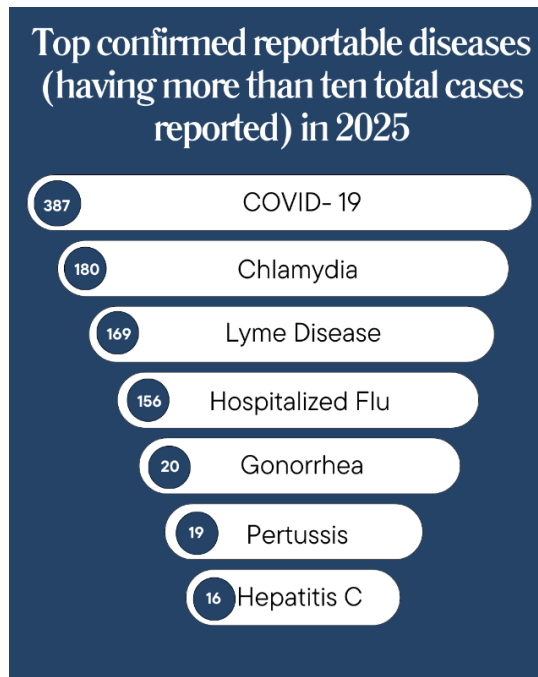
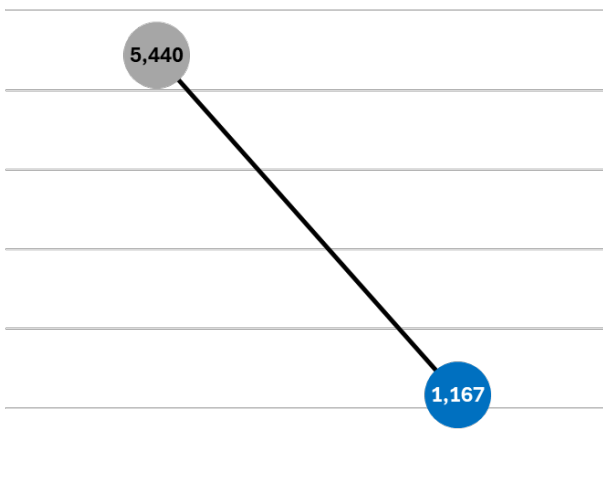


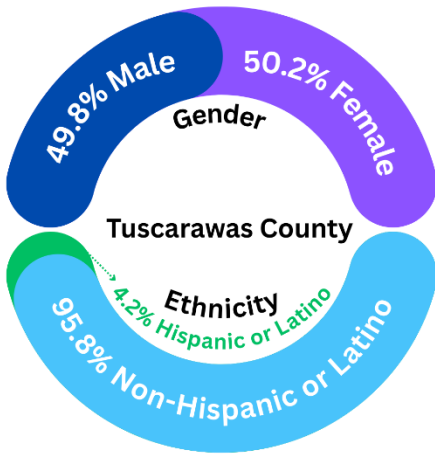
Table 1: Top Reportable Diseases Broken Down by Age Group, Tuscarawas County, Ohio.

	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
1	Covid-19 (350.0)	Lyme (482.9)	Chlamydia (1,155.6)	Covid-19 (369.9)	Covid-19 (341.1)	Covid-19 (356.1)	Covid-19 (328.4)	Covid-19 (624.7)	Covid-19 (849.0)	Covid-19 (1,474.8)
2	Lyme (227.5)	Covid-19 (465.0)	Covid-19 (311.1)	Chlamydia (324.8)	Lyme (92.3)	Lyme (187.4)	Lyme (213.4)	Influenza Hospitalized (428.4)	Influenza Hospitalized (623.8)	Influenza Hospitalized (761.2)
3	Influenza Hospitalized (140.0)	Pertussis (196.7)	Lyme (80.0)	Lyme (135.3)	Chlamydia (73.8)	Influenza Hospitalized (178.0)	Influenza Hospitalized (156.0)	Lyme (330.2)	Lyme (190.6)	
4	Pertussis (87.5)	Influenza Hospitalized (53.7)	Gonorrhea (53.3)	Influenza Hospitalized (63.2)	Gonorrhea, Hepatitis C (46.1)	Chlamydia (37.5)	Streptococcus Pneumoniae (32.8)	Legionellosis, Streptococcus Pneumoniae, CPO (26.8)	Streptococcus Pneumoniae (52.0)	
5		La Crosse (35.8)	Influenza Hospitalized (44.4)	Gonorrhea (54.1)		Hepatitis C, Salmonella (18.7)	Streptococcal Group A (24.6)			

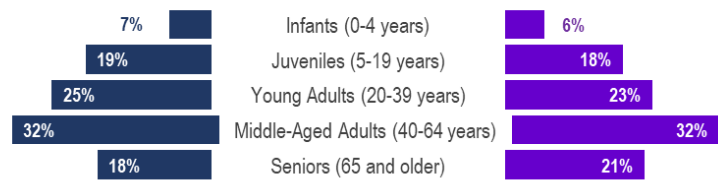
DEMOGRAPHIC PROFILE OF TUSCARAWAS COUNTY

Tuscarawas County Population, 2020 Census

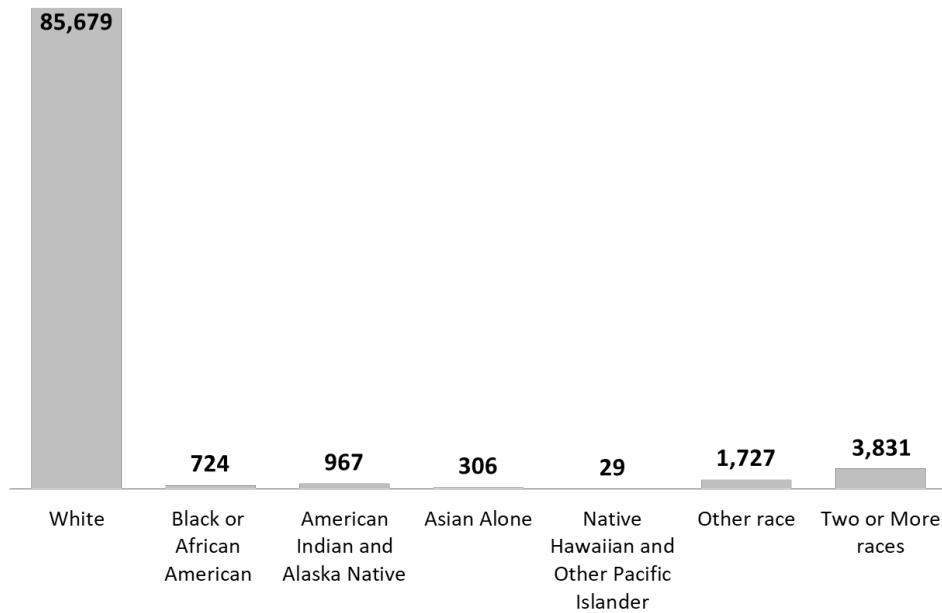
- The demographic profile of Tuscarawas County is described in graphs 3a-3c.
 - Tuscarawas County is served by two local health departments:
 - New Philadelphia City Health Department serves a population of 17,288*.
 - Tuscarawas County Health Department serves a population of 75,448*.
- *According to data taken from Ohio Department of Health's Profile and Performance database*



Half of Tuscarawas County **male** and **female** residents are over the age of 40.



Tuscarawas County, Ohio population by Race, 2020.



COUNTS AND RATE OF CONFIRMED COMMUNICABLE DISEASE

Table 2a: Counts and Rate of Enteric Reportable Diseases among Tuscarawas County Residents,2024-2025

† = Rate per 100,000 population *= reporting time to local health department (A= immediately, B=by end of next business day)

Enteric Diseases										
Tuscarawas County (Entire County)						Gender		Ethnicity		Healthy People
Disease Name	Class*	2024		2025		2025		2025		2030
		# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	Female Case Rate	Male Case Rate	Non-Hispanic/ Latino Case Rate	Hispanic/ Latino Case Rate	Target
Campylobacteriosis	B	3	3.2	4	4.3	3.2	1.1	3.2	0.0	10.9
Cyclosporiasis	B	0	0.0	1	1.1	1.1	0.0	1.1	0.0	N/A
Cryptosporidiosis	B	3	3.2	6	6.4	5.4	1.1	5.4	0.0	N/A
<i>E. coli</i>	B	1	1.1	1	1.1	1.1	0.0	1.1	0.0	3.7
Giardiasis	B	4	4.3	2	2.1	1.1	1.1	2.1	0.0	N/A
Listeriosis	B	0	0.0	0	0.0	0.0	0.0	0.0	0.0	0.22
Salmonellosis	B	14	15.0	8	8.6	4.3	4.3	6.4	0.0	11.5
Shigellosis	B	2	2.1	0	0.0	0.0	0.0	0.0	0.0	N/A
Yersiniosis	B	2	2.1	1	1.1	1.1	0.0	1.1	0.0	N/A

Table 2b: Counts and Rate of Reportable Hepatitis among Tuscarawas County Residents, 2024-2025

† = Rate per 100,000 population *= reporting time to local health department (A= immediately, B=by end of next business day)

Hepatitis										
Tuscarawas County (Entire County)						Gender		Ethnicity		Healthy People
Disease Name	Class*	2024		2025		2025		2025		2030
		# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	Female Case Rate	Male Case Rate	Non-Hispanic/ Latino Case Rate	Hispanic/ Latino Case Rate	Target
Hepatitis B, non-perinatal (acute and chronic)	B	6	6.4	5	5.4	0.0	5.4	5.4	0.0	0.1
Hepatitis C (acute and chronic)	B	24	25.7	16	17.2	8.6	8.6	12.0	0.0	0.1

Table 2c: Counts and Rate of Reportable Sexually Transmitted Infections among Tuscarawas County Residents,2024-2025

† = Rate per 100,000 population * = reporting time to local health department (A= immediately, B=by end of next business day)

^ = Class is not determined in the IDCM-3.

Sexually Transmitted Infections										
Tuscarawas County (Entire County)						Gender		Ethnicity		Healthy People
Disease Name	Class*	2024		2025		2025		2025		2030
		# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	Female Case Rate	Male Case Rate	Non-Hispanic/Latino Case Rate	Hispanic/Latino Case Rate	Target
<i>Chlamydia trachomatis</i> infections	B	222	238.0	180	193.0	140.4	53.0	122.2	49.3	N/A
Gonorrhea (<i>Neisseria gonorrhoeae</i>)	B	25	26.8	20	21.4	11.0	11.0	17.2	0.0	N/A
Human Immunodeficiency Virus Infection/Acquired Immunodeficiency Syndrome (HIV/AIDS)	^	1	1.1	6	6.4	Data is not reported due to it being potentially identifiable.				0.88

Table 2d: Counts and Rate of Reportable Vaccine-Preventable Diseases among Tuscarawas County Residents, 2024-2025

† = Rate per 100,000 population * = reporting time to local health department (A= immediately, B=by end of next business day)

∞ Reporting change.

Vaccine-Preventable Diseases										
Tuscarawas County (Entire County)						Gender		Ethnicity		Healthy People
Disease Name	Class*	2024		2025		2025		2025		2030
		# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	Female Case Rate	Male Case Rate	Non-Hispanic/Latino Case Rate	Hispanic/Latino Case Rate	Target
COVID-19∞	B	1,073	1,150.5	387	415.0	232.7	182.3	387.1	24.0	N/A
COVID-19, Hospitalized∞	B	N/A	N/A	20	21.4	15.0	3.2	18.2	0.0	N/A
RSV-associated hospitalization∞	B	N/A	N/A	1	1.1	1.1	0.0	1.1	0.0	N/A
<i>Haemophilus influenzae</i> , invasive	B	5	5.4	3	3.2	2.1	1.1	3.2	0.0	N/A
Influenza-associated hospitalization	B	55	59.0	156	167.3	92.2	75.1	90.0	5.4	N/A
Pertussis	B	1	1.1	19	20.4	14.0	6.4	8.6	0.0	0.71
Varicella	B	0	0.0	0	0.0	0.0	0.0	0.0	0.0	N/A

Table 2e: Counts and Rate of Reportable Vector-borne and Zoonotic Diseases among Tuscarawas County Residents, 2024-2025

† = Rate per 100,000 population, *= reporting time to local health department (A= immediately, B=by end of next business day)

Vector-borne and Zoonotic Diseases										
Tuscarawas County (Entire County)						Gender		Ethnicity		Healthy People
Disease Name	Class*	2024		2025		2025		2025		2030
		# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	Female Case Rate	Male Case Rate	Non-Hispanic/Latino Case Rate	Hispanic/Latino Case Rate	Target
Anaplasmosis	B	0	0.0	1	1.1	1.1	0.0	1.1	0.0	N/A
La Crosse virus	B	0	0.0	2	2.1	2.1	0.0	2.1	0.0	N/A
Lyme disease, confirmed	B	92	98.6	169	181.2	89.0	92.2	146.0	1.1	N/A
Lyme disease, <i>suspect</i>	B	127	136.2	134	144.0	59.0	80.4	113.0	1.1	N/A

Table 2f: Counts and Rate of Other Reportable Diseases (excluding COVID-19) among Tuscarawas County Residents, 2024-2025

† = Rate per 100,000 population, *= reporting time to local health department (A= immediately, B=by end of next business day)

Other Reportable Diseases										
Tuscarawas County (Entire County)						Gender		Ethnicity		Healthy People
Disease Name	Class*	2024		2025		2025		2025		2030
		# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	Female Case Rate	Male Case Rate	Non-Hispanic/Latino Case Rate	Hispanic/Latino Case Rate	Target
Botulism, infant	A	0	0.0	1	1.1	1.1	0.0	1.1	0.0	N/A
Creutzfeldt-Jakob Disease	B	1	1.1	0	0.0	0.0	0.0	0.0	0.0	N/A
CP-CRE/CPO	B	5	5.4	3	3.2	2.1	1.1	3.2	0.0	N/A
Legionnaires' disease	B	5	5.4	5	5.4	1.1	4.3	4.3	0.0	N/A
Meningitis, aseptic (viral)	B	1	1.1	0	0.0	0.0	0.0	0.0	0.0	N/A
Streptococcal disease, group A, invasive (IGAS)	B	8	8.6	5	5.0	1.1	4.3	5.4	0.0	N/A
Streptococcal disease, group B, in Newborn	B	1	1.1	0	0.0	0.0	0.0	0.0	0.0	N/A
<i>Streptococcus pneumoniae</i> , invasive disease (ISP)	B	15	16.1	12	13.0	8.6	4.3	11.0	0.0	N/A
Tuberculosis (TB), including multi-drug-resistant TB (MDR-TB)	B	1	1.1	0	0.0	0.0	0.0	0.0	0.0	1.4

Table 2g: Counts and Rate of Covid-19 among Tuscarawas County Residents, 2022-2025

† = Rate per 100,000 population * = reporting time to local health department (A= immediately, B=by end of next business day)

∞Reporting change.

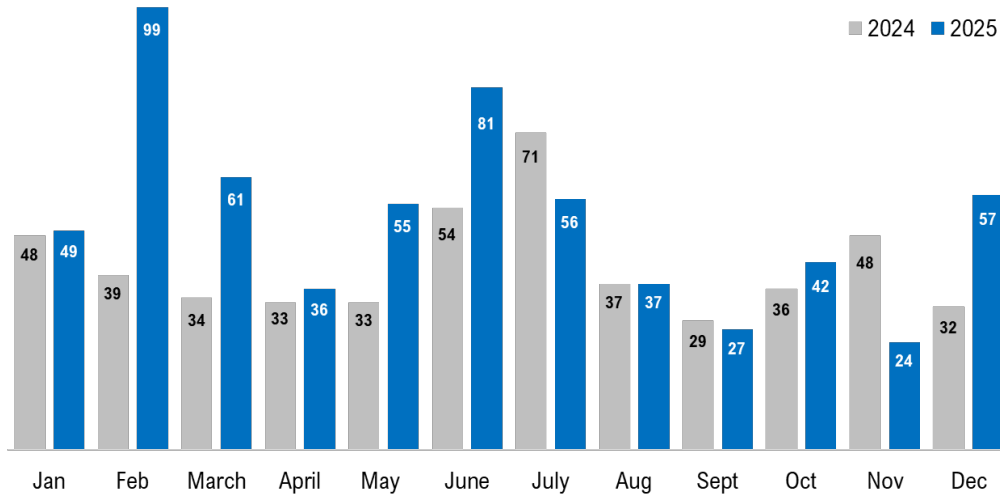
Covid-19									
Tuscarawas County (Entire County)									
Disease Name	Class*	2022		2023		2024		2025	
		# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]	# of Cases	Case Rate [†]
Covid-19 Individual Cases ∞	B	7,919	8,491.0	2,565	2,750.3	1,073	1,150.5	387	415.0
COVID-19, Hospitalized∞	B	N/A	N/A	N/A	N/A	N/A	N/A	20	21.4

Covid-19 Updates

Beginning October 1st, 2025, the Ohio Department of Health changed the way that Covid-19 cases are reported. The State of Ohio no longer reports individual confirmed, probable, or suspected Covid-19 cases. Instead, the reporting now focuses on Covid-19 hospitalizations submitted by local hospital systems to the Ohio Department of Health and to Local Health Departments.

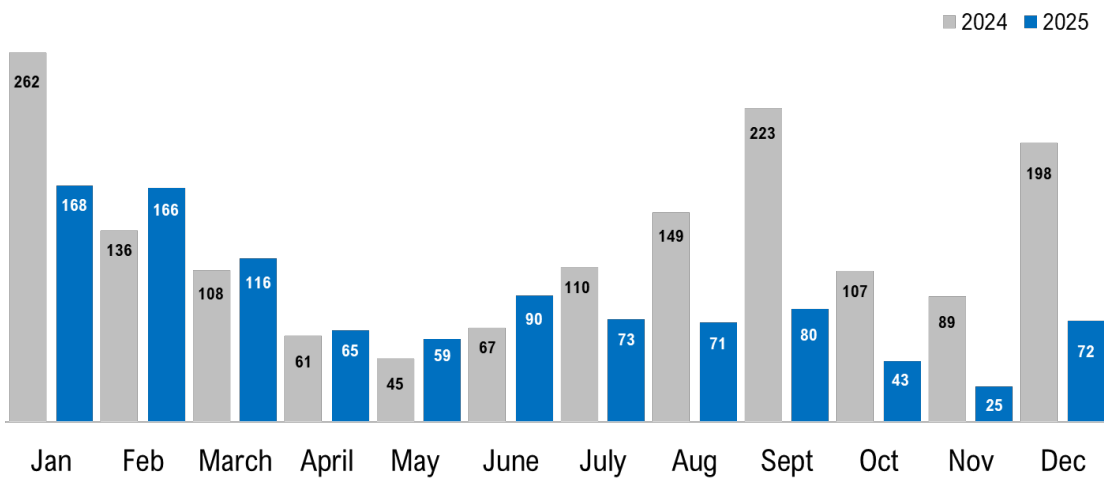
Graph 4: Reportable Communicable Diseases by Month excluding COVID-19

In a 2024-2025 comparison of Tuscarawas County confirmed (excluding Covid-19) reportable diseases, **February 2025** had the highest number of cases by month.



Graph 5: Reportable Communicable Diseases by Month including COVID-19

In a 2024-2025 comparison of Tuscarawas County confirmed (including COVID-19) reportable diseases, **November 2025** had the lowest number of cases by month. ** Covid-19 is no longer reportable by individual case. Covid-19 is only reported by hospitalizations.*



INFECTIOUS DISEASE OUTBREAKS IN TUSCARAWAS COUNTY

OUTBREAK DEFINITIONS⁴

Community: Two (2) or more cases of similar illness with a common exposure in the community and not considered foodborne, waterborne, zoonotic, healthcare-associated, or institutional disease outbreak.

Foodborne: The occurrence of two (2) or more cases of a similar illness resulting from the ingestion of a common food.

Healthcare-Associated: The occurrence of cases of an illness above the expected or baseline level, usually over a given time period, as a result of being in a healthcare facility or receiving healthcare-associated products or procedures. The number of cases indicating the presence of an outbreak will vary per disease agent, size and type of population exposed, previous exposure to the agent, and the time and place of occurrence.

Institutional: Two (2) or more cases of similar illness with a common exposure at an institution (e.g., correctional facility, day care center, group home, school, assisted-living facility) and not considered a foodborne or waterborne disease outbreak.

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

Unusual Incidence: Two (2) or more cases of infectious disease that can be connected by person, place, and time, and do not meet the criteria for another type of outbreak.

Waterborne: Waterborne disease outbreaks are divided into two categories, depending on the type of water implicated in the outbreak. Outbreaks associated with water (excluding recreational water) must meet two criteria: first, two or more people must be epidemiologically linked by location of exposure to water, by time, and characteristics of illness; second, the epidemiologic evidence must implicate water as the probable source of illness. Outbreaks associated with recreational water must also meet two criteria. First, two or more persons must be epidemiologically linked by the location of the exposure to recreational water, time, and illness. Recreational water settings include swimming pools, wading pools, spas, waterslides, interactive fountains, wet decks, and fresh and marine bodies of water. Second, the epidemiological evidence must implicate water or volatilization of water-associated compounds into the air surrounding an aquatic facility as the probable source of the illness.

Zoonotic: Occurs when two (2) or more cases of similar illness occur after exposure to the same animal or the same or similar species of animals and epidemiologic evidence implicating animals as the probable source of illness.

Table 3: Number of Confirmed Outbreaks (including COVID-19)

Year:	2023	2024	2025
Cluster	0	0	1
Community	1	1	1
Foodborne	0	0	0
Healthcare-Associated	0	4	1
Institutional	0	4	1
Unspecified (Class A)	0	0	0
Unusual Incidence	0	0	0
Waterborne	0	0	0
Zoonotic	0	0	0
Other	0	0	0
Year Total	1	9	4

TIMELINESS OF DISEASE REPORTING

A key part of good public health practice is timeliness of disease reporting.⁵ Time requirements for reporting each reportable disease vary based on the communicability and severity of the disease. According to Ohio Administrative Code 3701-36-05 there are select public health quality indicators shall collect and report on. One indicator is related to communicable disease, and these are all listed in Table 4. The indicator is “Measured by meeting the median number of days between date of diagnosis and report to the health department in the Ohio disease reporting system for the following reportable infectious disease.”

Using Ohio Disease Reporting Systems (ODRS), it is possible to query the date when a healthcare provider diagnosed an illness, onset date, and the date when the local health department received notification. Table 4 lists selected diseases and the corresponding median and mean numbers of days between healthcare provider diagnosis and reporting to the local health department. The reporting lag time is the difference between the date a case was reported to the local health department (LHD) and the case’s diagnosis date. If the diagnosis date is blank, ODRS is defaulted to the date fields in the following order: lab specimen collection date, lab result date, onset date, date reported to ODH or created date. For class A diseases (immediately reported), mean and median lag time values should be less than one (1). For class B diseases, the lag time values should be less than two (2).

Table 4: Reporting Lag Time for Selected Reportable Diseases, Tuscarawas County, 2025

Reportable Condition	Reporting Requirement	# of Cases	Mean (Days)	Median (Days)	% of Cases Missing Diagnosis Date
Campylobacteriosis	By end of next business day	4	7.5	6.5	100%
Cryptosporidiosis	By end of next business day	6	2.7	3.0	83%
E. coli	By end of next business day	1	3.0	3.0	100%
Giardiasis	By end of next business day	2	7.0	7.0	100%
Hepatitis A	By end of next business day	0	-	-	-
Influenza Hospitalizations	By end of next business day	156	2.6	1.0	88%
Legionnaires’ Disease	By end of next business day	5	2.4	1.0	40%
Listeriosis	By end of next business day	0	-	-	-
Measles	Immediately	0	-	-	-
Meningococcal disease - Neisseria meningitidis	Immediately	0	-	-	-
Mumps	By end of next business day	0	-	-	-
Pertussis	By end of next business day	19	2.1	2.0	100%
Rubella	By end of next business day	0	-	-	-
Salmonellosis	By end of next business day	8	3.0	2.5	100%
Shigellosis	By end of next business day	0	-	-	-
Vibrio	By end of next business day	0	-	-	-

In 2025, there were zero (0) reported class A diseases, of the diseases listed above, which must be reported immediately to the local health department. Out of the class B diseases listed above, none of them meet the goal for reporting lag time. Delays in lag time can be attributed to the cases being mailed or faxed and arriving over the weekend or holidays. Also, some cases are sent to other counties, and they then send them to the correct Tuscarawas County jurisdiction.

DISEASE SPOTLIGHT:

Table 5: Confirmed Cases of Influenza Associated Hospitalizations in Tuscarawas County

	2024	2025	Percent Change
Number of Cases	55	156	Increased by 184%
Rate (per 100,000 pop.)	59.0	167.3	

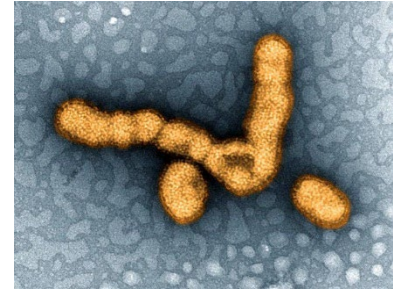


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EPIDEMIOLOGY:^{5,6,7}

Infectious agents: Influenza viruses A, B, and C.

Case Definition: Influenza (the flu) is a contagious viral respiratory infection of the nose, throat, bronchial tubes, and lungs. There are two main types of Influenza virus: A and B. Type A virus tends to cause more severe illness than type B. Each type includes many different strains which tend to change each year.

Mode of Transmission: Influenza is spread through respiratory droplets when a person with influenza coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby or are inhaled into the lungs. Less often, influenza may spread when a person touches a surface that has influenza virus on it (a door handle, for instance) and then touches his or her nose or mouth.

Incubation Period: 1 to 4 days.

Symptoms: Typically, influenza symptoms include sudden onset of body aches, fever, and respiratory symptoms (such as cough, sore throat, or runny nose). While vomiting, diarrhea, and being “sick to your stomach” can sometimes be related to the flu (particularly in children), these problems are rarely the main symptoms of influenza, and they are often due to infection with a different virus or a bacteria or parasite. Most people will recover in one to two weeks, but some people will develop life-threatening complications because of the flu.

Treatment: People sick with influenza should rest, drink plenty of liquids, avoid using alcohol and tobacco, and take medication to relieve the symptoms of the flu. Influenza is caused by a virus, so antibiotics don’t work to cure the infection. Although the flu shot is the best way to prevent the flu, antiviral drugs are other tools that can be used to help prevent and treat influenza. Antiviral drugs must be prescribed by a doctor. It’s very important that people who are very sick with influenza or who are at higher risk of getting very sick with influenza contact a healthcare provider right away if they have flu symptoms so that antiviral drugs can be started early. When started early in the illness, these drugs can make the illness milder and help prevent serious complications.

Prevention: The single best way to prevent influenza is for individuals, especially people at high risk for serious complications from the flu, to get a flu shot each fall. Individuals at a higher risk for influenza complications include adults 65 and over, children under 5 years, pregnant women, and individuals with chronic health conditions like asthma, heart disease, or diabetes. Occasionally, physicians may prescribe antiviral medications after exposure to prevent some individuals from getting the flu. Good handwashing, respiratory hygiene (e.g., covering coughs and sneezes), staying home if sick, and avoiding sick people are also good preventive measures for any illness.

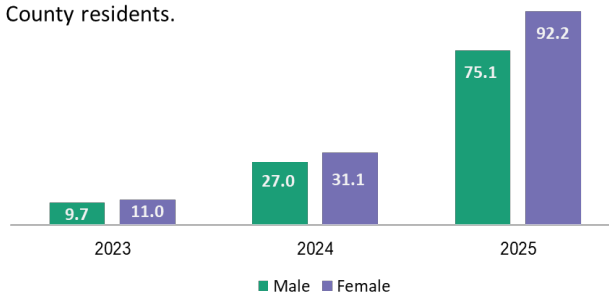
Healthy People 2030: Increase the proportion of people who get the flu vaccine every year. Data from 2022-2023 show that 50.5% of individuals received a flu vaccine nationwide. Nationwide data shows that 51.6% of persons aged 6 months and over were vaccinated against seasonal influenza for the 2019-2020 flu season.

Disease Deep Dive:

In 2025, Tuscarawas County, Ohio, reported 156 confirmed cases of hospitalized influenza, reflecting an increase from 55 cases recorded in 2024. This is an 184% increase in one year of influenza related hospitalizations. To help reduce hospitalized influenza in the community, strategies include receiving an annual flu vaccine, good hand hygiene, covering your mouth and nose when coughing or sneezing, avoiding touching your face (eyes, nose, and mouth), staying home when you are sick, and avoiding close contact with people who are sick. Healthy people 2030 seeks to increase the proportion of people who get the flu vaccine every year. Currently 45.2% of Tuscarawas County residents are receiving their annual flu vaccine, while Healthy People 2030 has set a target to raise the percentage to 70%. The baseline percentage is 51.6% of persons aged 6 months and over who were vaccinated against seasonal influenza for the flu season 2019-2020. In the 2025 flu season 377 flu vaccines were administered through the Tuscarawas County Health Department and 665 were administered through the New Philadelphia City Health Department.

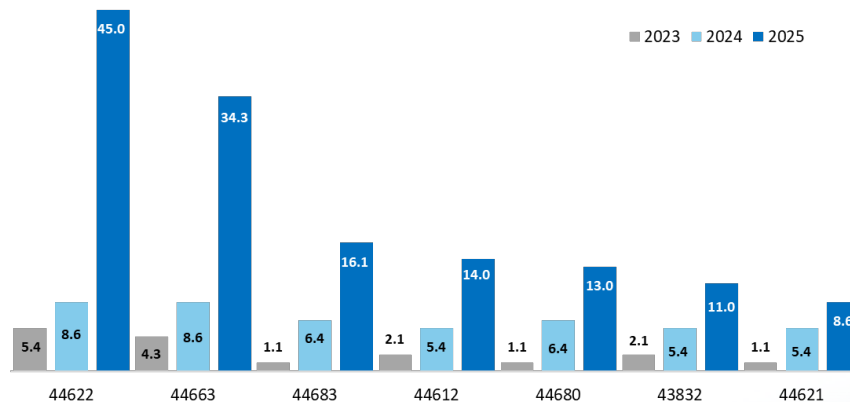
Graph 6: Tuscarawas County Confirmed Influenza Associated Hospitalizations by Gender.

In a 2023-2025 comparison, hospitalized influenza case rates are highest among **female** Tuscarawas County residents.



Graph 7: Tuscarawas County Confirmed Influenza Associated Hospitalizations by Zip Code.

In a 2023-2025 comparison showed that the **44622** zip code had the highest case rate of confirmed hospitalized influenza.



DISEASE SPOTLIGHT: La Crosse Virus

Table 6: Confirmed Cases of La Crosse Virus in Tuscarawas County

	2024	2025	Percent Change
Number of Cases	0	2	Undefined
Rate (per 100,000 pop.)	0.0	2.1	

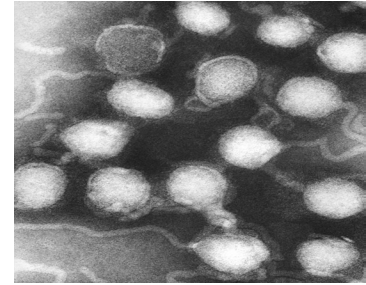


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EPIDEMIOLOGY:^{8,9}

Infectious agents: *Bunyavirus*

Case Definition: La Crosse encephalitis is a rare disease caused by the bite of a mosquito infected with La Crosse virus. La Crosse virus, also known as California encephalitis, is one of a group of mosquito-transmitted viruses that can cause inflammation of the brain (encephalitis). In the United States, about 50-150 La Crosse virus disease cases are reported each year. Ohio averages 20 cases each year, more than in any other state. Seven fatalities, all children, have been documented in Ohio from 1963 to 2023.

Mode of Transmission. La Crosse virus is spread by the bite of an infected mosquito. Most people become infected by the tree hole mosquito (*Aedes triseriatus*), which is commonly found in wooded areas of Ohio. La Crosse virus is **not** spread by coughing, sneezing, touching, or other contact with someone who is infected. It is not known if La Crosse virus can be spread through blood or tissue donation.

Incubation Period: 5-15 days.

Symptoms: Most people infected with La Crosse have no apparent illness. Initial symptoms in those who become ill include fever, headache, nausea, vomiting, and tiredness. Severe disease (involving encephalitis, an inflammation of the brain) occurs most commonly in children under 16 and is often accompanied by seizures. Coma or paralysis occur in some cases.

Treatment: There is no specific treatment for La Crosse virus disease. Antibiotics are not effective against viruses, and no effective antiviral drugs have been discovered. Severe illnesses are treated by supportive therapy which may include hospitalization, respiratory support, IV fluids, and prevention of other infections.

Prevention: There is no vaccine or preventive drug currently available. Vector investigation should be made in the vicinity of the home and travel sites to identify potential breeding sites for tree hole mosquitoes, especially tree holes, containers such as tires, cans, buckets, etc. Adult mosquito control tree hole mosquitoes are daytime biting that may not be as effectively controlled by standard ultra-low volume (ULV) applications. Early morning or late evening applications are recommended. Larval mosquito control should be done to remove larval habitats. Containers should be disposed of, placed under cover so they will not collect rainwater, or properly maintained (e.g. flushing bird baths weekly, cleaning out gutters). Encourage the public to participate in efforts by discarding materials or closing containers (e.g. flowerpots, buckets, tires, garbage cans). The best way to prevent La Crosse virus infection is to avoid mosquito bites. Prevention tips are similar to those for other viral diseases transmitted by mosquitoes, such as dengue or West Nile virus: Use insect repellent with the U.S. Environmental Protection Agency (EPA) on exposed skin. Wear long sleeves, pants, and

socks if feasible. Wear permethrin-treated clothing to repel and kill mosquitoes. Use screens on windows and doors to exclude mosquitoes. Participate in community and homeowner-based vector control strategies.

PREVENTION¹¹

There are several ways to protect yourself and others from infectious diseases. Learn, practice, and teach healthy habits.

1. **Handle & Prepare Food Safely:** Food can carry germs. Wash hands, utensils, and surfaces often when preparing any food, especially raw meat. Always wash fruits and vegetables. Cook and keep food at proper temperatures. Don't leave food out – refrigerate promptly.
2. **Wash Hands Often:** One of the most important healthy habits to prevent the spread of germs is to clean your hands. Our hands can carry germs, so it is important to wash them often, even if they don't look dirty.
3. **Clean & Disinfect Commonly Used Surfaces:** Germs can live on the surface. Cleaning with soap and water is usually enough. However, you should disinfect your bathroom and kitchen regularly. Disinfect other areas if someone in the house is ill. You can use an EPA-certified disinfectant (look for the EPA registration number on the label) or a bleach solution.
4. **Cough and Sneeze into a Tissue or Your Sleeve:** If you are sick, the air that comes out of your mouth when you cough, or sneeze may contain germs. Someone close by can breathe in your air, or touch a surface contaminated with your germs, and become ill. Cough or sneeze into a tissue or your shirt sleeve-not into your hands. Remember to throw away the tissue and wash your hands. You can wear a face mask and consider distancing yourself from others when you are sick with a cough or sneezing illness.
5. **Don't Share Personal Items:** Avoid sharing personal items that can't be disinfected, like toothbrushes and razors, or sharing towels between washes. Needles should never be shared, should only be used once, and then thrown away properly.
6. **Practice Safer Sex:** The only guaranteed method to prevent Sexually Transmitted Infections (STIs) is to abstain from all sexual contact. However, there are effective steps you can take to reduce your risk of STIs. Effective STI prevention begins before any sexual activity. Here are some steps you can take to reduce your STI risk:
 - a. Talk honestly with potential partners about both of your sexual histories.
 - b. Get tested, along with your partner, before having sex.
 - c. Avoid sexual contact when under the influence of alcohol or drugs.
 - d. Consider pre-exposure prophylaxis (PrEP), a medication that someone who is HIV negative can take to reduce their risk of contracting HIV.
 - e. Use barrier methods every time you engage in sexual activity.
7. **Get Vaccinated:** Vaccines can prevent many infectious diseases. You should get some vaccinations in childhood, some as an adult, and some for special situations like pregnancy and travel. Make sure you and your family are up to date on your vaccinations.
8. **Avoid Touching Wild Animals:** You and your pets should avoid touching wild animals which can carry germs that cause infectious diseases. If you are bitten, talk to your doctor. Make sure that your pet's vaccinations are up to date.
9. **Stay Home When Sick:** When you are sick, stay home and rest. You will get well sooner and will not spread germs.

VACCINES

Vaccinations are an important tool to prevent infection and the spread of some diseases. It is important that you and your family are up to date on your immunizations. Talk with your medical provider to see what vaccines are recommended. For informational purposes view the American Academy of Pediatrics recommendations for vaccines Birth- Age 18: [AAP-Immunization-Schedule.pdf](#) and view the CDC recommendations Birth-Age 18 and those over the age of 18: [Vaccine Schedules For You and Your Family | Vaccines & Immunizations | CDC](#).

Table 7: Vaccines administered by TCHD by type and year for 2023-2025:

All vaccine information was obtained from the Ohio Department of Health (ODH) vaccine reporting system, ImpactSIIS.

Tuscarawas County Health Department					
Vaccine	Protects Against	Number of Recommended Doses	2023	2024	2025
DTap	Diphtheria, tetanus, and whooping cough (pertussis)	5 doses	32	32	21
DTaP-Hep B-IPV	Diphtheria, tetanus, and whooping cough (pertussis), hepatitis B, polio	3 doses	106	75	47
DTap-IPV	Diphtheria, tetanus, and whooping cough (pertussis), polio	Booster only	46	36	25
HPV9	Cervical, vaginal, anal cancers or genital warts caused by certain types of HPV	2 or 3 doses	189	155	70
Hep A; adult	Hepatitis A	2 or 3 doses	4	6	5
Hep A; ped/adol, 2 dose	Hepatitis A	2 doses	61	59	33
Hep A-Hep B	Hepatitis A and B	3 doses	15	9	6
Hep B; ped/adol	Hepatitis B	4 doses	21	13	16
Hep B; adult	Hepatitis B	2 or 3 doses	60	55	59
Hib	Haemophilus influenzae Type B	3 doses	126	97	67
IPV	Polio	4 doses	23	18	15
Influenza	Influenza or seasonal flu	Annually	501	489	377
MMR	Measles, mumps, rubella	2 doses	67	37	55
MMRV	Measles, mumps, rubella, varicella	2 doses	57	52	26
Meningococcal B	Meningitis	2 doses	90	65	25
Meningococcal MCV4O	Meningitis	2 doses	344	258	214
Pneumococcal PCV 13	Pneumonia	4 doses	125	19	8
Td, adult	Tetanus, diphtheria	2 doses	5	8	3
Tdap	Tetanus, diphtheria pertussis	5 doses	241	198	144
Meningococcal MCV4P	Meningitis	2 doses	0	0	0
Pneumococcal Polysaccharide PPV23	Pneumonia	2 doses	6	0	0
Pneumococcal PCV 20	Pneumonia	4 doses	26	91	65
Rotavirus	Rotavirus	2 or 3 doses	39	40	23
Varicella	Varicella (chicken pox)	2 doses	54	47	49
Rabies	Rabies	2 doses	8	6	14
RSV, mRNA	Respiratory Syncytial Virus	1 dose	-	2	3
COVID-19 mRNA ped/adult	COVID-19	2 doses + booster	1,048	578	251
COVID-19 Janssen	COVID-19	1 dose + booster	4	0	0
Novavax	COVID-19	2 doses	4	0	0
Total			3,302	2,445	1,621

Table 8: Vaccines administered by NPCHD by type and year for 2023-2025:*All vaccine information below was obtained from New Philadelphia City Health Department.*

New Philadelphia City Health Department					
Vaccine	Protects Against	Number of Recommended Doses	2023	2024	2025
DTap	Diphtheria, tetanus, and pertussis	5 doses	40	37	25
DTaP-Hep B-IPV	Diphtheria, tetanus, and pertussis, hepatitis B, polio	3 doses	21	18	15
HPV9	Cervical, vaginal, anal cancers or genital warts caused by certain types of HPV	2 or 3 doses	118	59	29
Hep A; adult	Hepatitis A	2 doses	3	1	5
Hep A; ped/adol	Hepatitis A	2 doses	64	24	7
Hep A-Hep B	Hepatitis A and B combination	3 doses	14	10	12
Hep B; adult	Hepatitis B	2 or 3 doses	33	76	128
Hep B; ped/adol	Hepatitis B	4 doses	197	123	32
Hib	Haemophilus influenzae Type B	3 doses	28	24	20
IPV	Polio	4 doses	206	219	128
Influenza	Influenza or seasonal flu	1 dose annually	757	767	665
MMR	Measles, mumps, rubella	2 doses	105	102	87
MMRV	Measles, mumps, rubella, varicella	2 doses	52	37	16
Meningococcal B	Meningitis B	2 doses	43	16	6
Meningococcal MCV40	Meningitis ACWY	2 doses	230	169	157
Pneumococcal PCV 13	Pneumonia	4 doses	12		
Pneumococcal PCV 15	Pneumonia	4 doses	20		
Pneumococcal PCV 20	Pneumonia	4 doses	40	43	63
Rotavirus	Rotavirus	2 or 3 doses	9	10	6
RSV, adult	Respiratory Syncytial Virus	1 dose	65	41	16
RSV, ped	Respiratory Syncytial Virus	1 dose		3	11
Shingles Zoster	Shingles	1 dose		34	35
Td	Tetanus, diphtheria	2 doses	116	52	1
Tdap	Tetanus, diphtheria pertussis	5 doses	210	262	225
Varicella	Varicella (chicken pox)	2 doses	164	196	116
COVID -19	COVID-19		350	349	195
Annual Total			2,897	2,672	2,000

BASIC INFORMATION ON REPORTABLE COMMUNICABLE DISEASES

The following gives information on commonly reported communicable diseases in Tuscarawas County. Each of the diseases follows the following format:

Disease Name:

Infectious Agent: what causes the illness

Reservoir: where the disease lives, grows, and multiplies

Mode of Transmission: how the disease is spread

Incubation Period: how long it can be in your body after exposure, prior to seeing signs and symptoms

Prevention Measures: how to eliminate the spread of disease

Campylobacteriosis:

- **Infectious Agent:** *Campylobacter jejuni*, *Campylobacter Coli*.
- **Reservoir:** Poultry, cattle, farm animals. Most raw poultry meat is contaminated.
- **Mode of Transmission:** Ingestion of undercooked poultry, contaminated water or milk from an infected cow, improper hand sanitization after handling farm animals.
- **Incubation Period:** 2–5-day, range 1-10 days.
- **Prevention Measures:** Pasteurize all milk, boil/chlorinate all water. Thoroughly cook meat and sanitize utensils/cutting boards. Implement stringent hand washing practices.

Chlamydia Infection:

- **Infectious Agent:** *Chlamydia trachomatis* (subtypes D-K).
- **Reservoir:** Humans.
- **Mode of Transmission:** Sexual Intercourse.
- **Incubation Period:** 7-14 days or longer.
- **Prevention Measures:** Sex education, condom use, screening of at-risk populations (>25 years old).

Cryptosporidiosis:

- **Infectious Agent:** *Cryptosporidium parvum* – a coccidian protozoan parasite.
- **Reservoir:** Humans, cattle, domesticated animals.
- **Mode of Transmission:** Fecal-oral – including person-to-person, animal-to-person, waterborne and foodborne.
- **Incubation Period:** 7 days, range 1-12 days.
- **Prevention Measures:** Personal hygiene education, sanitary handling of feces, stringent hand washing practices and boiling and filtering water.

Giardiasis:

- **Infectious Agent:** *Giardia lamblia*, *Giardia intestinalis*, *Giardia duodenalis*, a flagellate protozoan parasite.
- **Reservoir:** Humans, possibly Beaver and other domesticated animals.
- **Mode of Transmission:** Fecal-oral, hand-to-mouth transfer. Most common at day care centers. Also, anal intercourse, contamination of foodstuffs and unfiltered stream and lake waters (given human or animal fecal contamination).
- **Incubation Period:** 3 to >25 days, median 7-10 days.
- **Prevention Measures:** Protect public water supplies against contamination, implement emergency boiling procedures, and promote stringent hand washing procedures.

Gonococcal Infection:

- **Infectious Agent:** *Neisseria gonorrhoeae*
- **Reservoir:** Humans.
- **Mode of Transmission:** Sexual Contact
- **Incubation Period:** 2-7 days.
- **Prevention Measures:** Safe sex practices, monogamy or abstinence.

Hepatitis C:

- **Infectious Agent:** Hepatitis C Virus (HCV).
Reservoir: Humans.
- **Mode of Transmission:** Usually by skin puncture (needlestick, cut, abrasion, etc). No evidence for oral route.
- **Incubation Period:** 6-9 weeks. Chronic infections may persist up to 20 years before onset of cirrhosis or hepatoma.
- **Prevention Measures:** Immunization of all children, screening of donated blood products. Safe sex practices and eliminate recreational drug use.

Influenza:

- **Infectious Agent:** Multiple (ex: H1N1, H3N2)
- **Reservoir:** Humans, Birds, Swine.
- **Mode of Transmission:** Airborne spread of droplets or direct contact with mucous membranes of infected individual.
- **Incubation Period:** 1-3 days.
- **Prevention Measures:** Education on sanitization, annual vaccination, universal precautions.

Lyme Disease:

- **Infectious Agent:** *Borrelia burgdorferi*, *Borrelia garinii*, *Borrelia afzelii*
- **Reservoir:** Deer Ticks
- **Mode of Transmission:** Tick bite
- **Incubation Period:** 7-10 days.
- **Prevention Measures:** Education on tick habitat, prevention, and removal. Avoidance of tick infested areas, application of tick repellent and use of long shirts and pants.

Pertussis:

- **Infectious Agent:** *Bordetella Pertussis*.
- **Reservoir:** Humans.
- **Mode of Transmission:** Airborne, droplets.
- **Incubation Period:** 9-10 days.
- **Prevention Measures:** Pertussis vaccination as part of standard DPT.

Shigellosis:

- **Infectious Agent:** *Shigella dysenteriae*, *S. flexneri*, *S. boydii*, *S. Sonnei*.
- **Reservoir:** Humans, primates.
- **Mode of Transmission:** Direct or indirect fecal-oral contact by infected individual. Most commonly, poor hand washing followed by food preparation. Also, flies may land on an infected latrine and subsequently on an exposed food.
- **Incubation Period:** 1-3 days.

- **Prevention Measures:** Educate on proper hand-washing techniques, implement fly-proof latrines, pasteurize, refrigerate, and thoroughly cook all foods. Enforce quality control measures in food preparation (restaurants and industry).

Varicella (Chickenpox):

- **Infectious Agent:** Human α -Herpesvirus 3 (Varicella-Zoster Virus, VZV).
- **Reservoir:** Humans.
- **Mode of Transmission:** Direct contact, airborne, droplets from spread of vesicle fluid or secretions of the respiratory tract. Indirect contact, surfaces or fabrics contaminated with discharges from vesicles or membranes of the infected.
- **Incubation Period:** 2-3 weeks.
- **Prevention Measures:** Vaccination of children, isolate infected children.

Yersinosis:

- **Infectious Agent:** *Yersinia pseudotuberculosis*, *Y. enterocolitica*.
- **Reservoir:** Swine, rodents.
- **Mode of Transmission:** Fecal-oral transmission through contaminated food or water. Consumption of raw pork.
- **Incubation Period:** 3-7 days.
- **Prevention Measures:** Prepare foods in a sanitary manner, protect and sanitize the water supply, control the rodent population, wash hands thoroughly after caring for or slaughtering animals.

NOTES

Ohio Administrative Code 3701-3-02, 3701-3-05, and 3701-3-12 require that communicable diseases be reported to local health departments.

Case and Outbreak Classifications

- Case and outbreak definitions can be found in the Infectious Disease Control Manual for reporting purposes in the state of Ohio.

Reportable Disease Class Definitions⁴

Reportable diseases in Ohio are grouped into three classes: Class A, Class B, and Class C.

- **Class A:** Diseases are to be reported immediately upon recognition that a case, suspected case, or a positive laboratory result exists. These are of major public health concern because of their ease of transmission and ability for epidemic spread.
- **Class B:** Diseases are to be reported by the end of the next business day after the existence of a case, suspected case, or a positive laboratory result is known. These diseases also have public health concerns needing timely response because of their potential for epidemic spread.
- **Class C:** Diseases are to be reported by the end of the next business day.

Reportable Disease Changes in Ohio in 2025

Ohio Administrative Code 3701-3-02

- The following conditions are newly specified as Class A reportable conditions and should be reported immediately via telephone:
 - Infant and wound botulism, in addition to foodborne botulism.
 - Free-living amoeba infection.
 - Tularemia, inhalation.
- The following conditions were added as Class B conditions and should be reported by the end of the next business day:
 - Carbapenemase-producing organisms (replacing carbapenemase-producing carbapenem-resistant Enterobacteriaceae, CP-CRE).
 - Cholera.
 - Cronobacter, invasive infection in infants less than 12 months of age.
 - Melioidosis.
 - Mpox.
 - Latent tuberculosis (TB) infection in a child 2 years of age or younger.
 - Tularemia, non-inhalation.
- The following conditions were removed as reportable conditions:
 - Amebiasis.
 - Aseptic meningitis

Ohio Administrative Code 3701-3-04

- This rule requires submission of isolates and patient specimens that were previously solicited under ODH's "Request for Bacterial Isolates or Patient Specimens."
 - Note: sending isolates does not constitute a report of the positive findings.

Ohio Administrative Code 3701-3-07

- This rule requires syndromic surveillance reporting from emergency departments (EDs).
 - EDs that submit data to ODH electronically will be considered "in compliance" with the syndromic surveillance portion of the rule. ODH has contracted with

Health Monitoring Systems, Inc. (HMS) to collect syndromic surveillance data in Ohio.

- Local health departments will continue to access syndromic surveillance data through the EpiCenter system which is managed by HMS.
- The following health conditions were moved from 3701-3-02 to 3701-3-07 and are still reportable by the end of the next business day as Class B conditions:
 - Hemolytic uremic syndrome (HUS).
 - Influenza-associated hospitalization.
 - Influenza-associated pediatric mortality.
 - Toxic shock syndrome.
- The following health conditions were added and should be reported by the end of the next business day as Class B conditions:
 - Acute flaccid myelitis (AFM).
 - Hospitalizations of:
 - Coronavirus disease 2019 (COVID-19).
 - Respiratory syncytial virus (RSV).

Case Definition Changes in 2025 for Nationally Notifiable Diseases¹²

- Case Definition Updates:
 - Anthrax (*Bacillus spp.*)
 - Babesiosis
 - Brucellosis (*Brucella spp.*)
 - Leprosy (*Mycobacterium leprae*)/ (Hansen's Disease)
 - Leptospirosis (*Leptospira interrogans*)
 - Rubella /German Measles
 - Viral Hemorrhagic Fever (VHF)
 - Crimean-Congo hemorrhagic fever virus
 - Ebola virus
 - Lassa virus
 - Lujo virus
 - Marburg virus
 - New World arenavirus- Chapare virus
 - New World arenavirus- Guanarito virus
 - New World arenavirus- Junin virus
 - New World arenavirus- Machupo virus
 - New World arenavirus- Sabia virus
 - Rift Valley fever virus

Notes about Reporting Systems^{13,14}

The Ohio Disease Reporting System (ODRS) was developed to make disease reporting timelier and more efficient for disease reporters (i.e. laboratories, physicians, hospitals), and to improve communication about infectious diseases between disease reporters, local departments of health (LHD), and the Ohio Department of Health (ODH). Currently, ODH, LHD, and infection preventionists can enter and update case and laboratory reports in ODRS. The system uses patient addresses to determine the correct jurisdiction in which to send the report for follow-up and investigation. The Ohio ImpactSIIS (Statewide Immunization Information System) is a secure system that keeps track of adult and childhood immunizations and lead test results for Ohio Residents; only those who are authorized users may access the data.

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