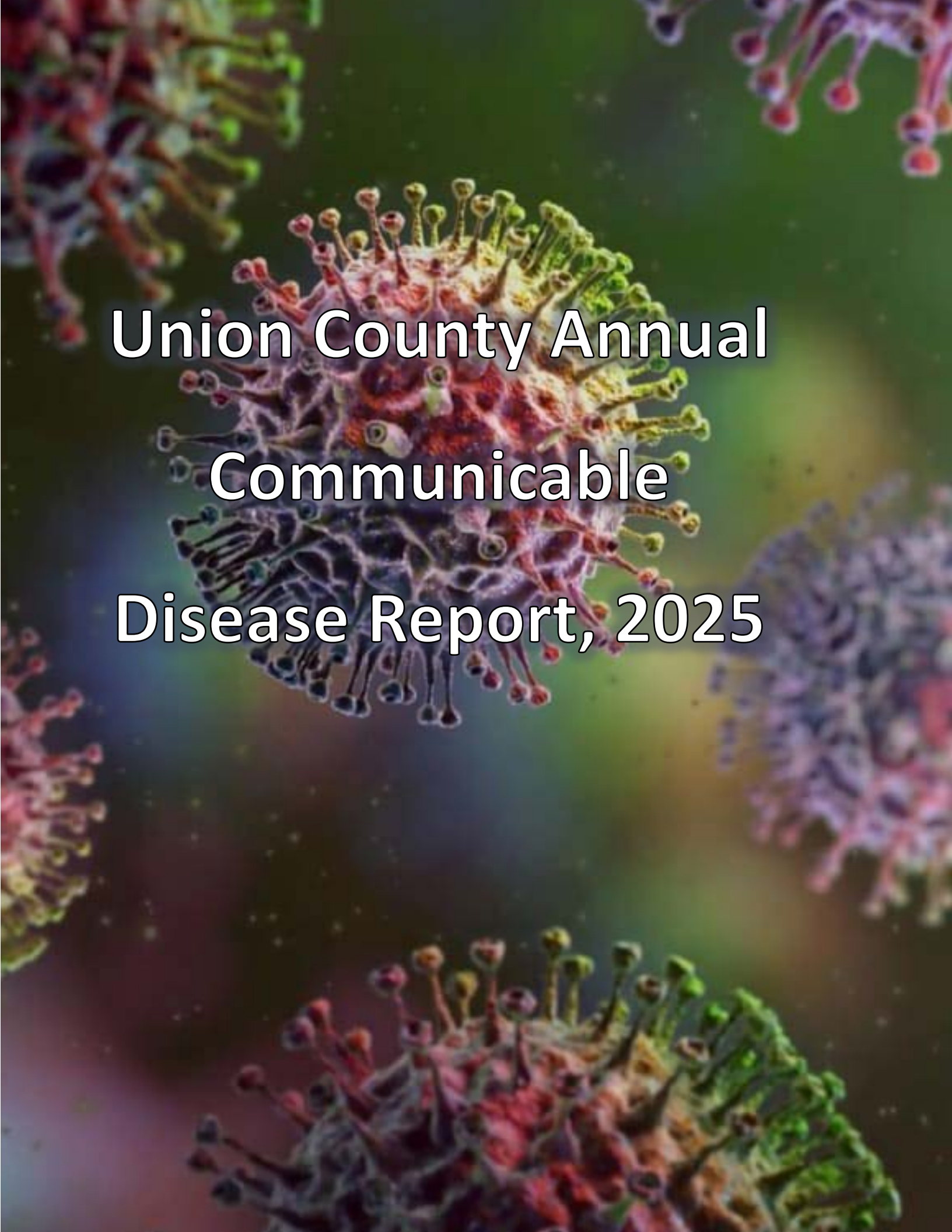

Union County Annual Communicable Disease Report, 2025

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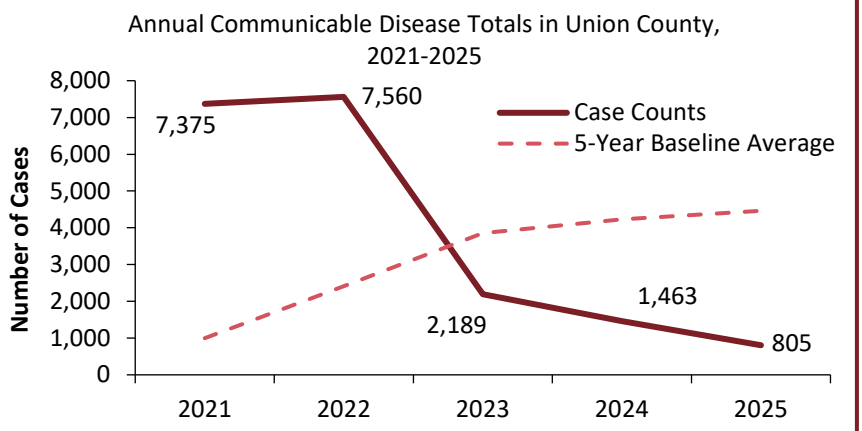
Communicable Disease Summary

This report provides an overview of the reportable infections occurring within Union County, Ohio. Nearly 90 diseases are reportable to the local and state health departments per Ohio Administrative Code 3701-3 (see Page 3 for a complete list of these illnesses). Using the Ohio Disease Reporting System (ODRS) and REDCap, health departments monitor the health of the community, investigate how individuals became ill, provide education to those ill, and assist medical providers in the treatment and management of these contagious diseases.

In 2025, Union County saw a 45% decrease in communicable disease cases from 2024 (805 and 1,463 cases, respectively). Cases ranged in age from 1 day to 98 years old with an average age of 45.2 years and a median age of 44 years. Overall, 56.3% of cases were female and 43.7% were male. The most frequently reported illnesses were COVID-19 (463 cases), chlamydia (99 cases), influenza-associated hospitalizations (93 cases), gonorrhea (21 cases), campylobacteriosis (18 cases), Hepatitis C (18 cases), and salmonella (18 cases).

Figure 1. Reportable Disease Cases Continue Falling in Union County



1. Case counts include confirmed, probable, and suspect disease classifications
2. COVID-19 case counts include confirmed and probable disease classifications
3. Case counts do not include cases among those incarcerated

Figure 1. shows the number of disease cases occurring annually over the past five years. Table 1. on Page 4 lists the diseases reported in the community in 2025 and the number of cases for each of these illnesses. Additionally, the figure on Page 5 categorizes those illnesses by type. The remainder of this document provides epidemiological information, brief demographic information, and disease trends for each of the top illnesses reported over the past five years.

Ohio's Reportable Diseases

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:
  - 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.
- 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.

Diseases Reported in 2025

Table 1. Communicable Disease Cases[1] Reported in Union County,[2] 2025		
	Number of Cases	**Case Rate[3]**
Class B Reportable Diseases		
Babesiosis	1	1
C. auris	2	3
Campylobacteriosis	18	26
Carbapenemase-Producing Organisms (CPO)	1	1
Chlamydia	99	142
Coccidioidomycosis	1	1
COVID-19[4, 5]	463	665
Creutzfeldt-Jakob Disease	1	1
Cryptosporidiosis	5	7
Cyclosporiasis	1	1
E. coli, Shiga Toxin-Producing	2	3
Giardiasis	4	6
Gonorrhea	21	30
Haemophilus influenzae (invasive disease)	1	1
Hepatitis A	2	3
Hepatitis B (including delta)	12	17
Hepatitis C	18	26
Influenza-Associated Hospitalization	93	134
Lyme Disease	5	7
Meningitis - aseptic/viral	3	4
Meningitis - bacterial (Not N. meningitidis)	1	1
Mpox	1	1
Pertussis	14	20
Respiratory Syncytial Virus (RSV) Hospitalization[6]	5	7
Salmonellosis	18	26
Streptococcal Disease - Group A -invasive	1	1
Streptococcus pneumoniae - invasive	2	3
Syphilis	5	7
Typhus Fever	1	1
Varicella	3	4
West Nile Virus Disease	1	1
Grand Total	**805**	**1,156**

[1]Case counts include confirmed, probable and suspected disease classifications

[2]Cases do not include those incarcerated within Union County

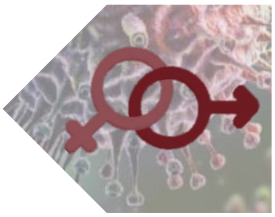
[3]Case rates per 100,000 people

[4]COVID-19 cases only include confirmed and probable disease classifications

[5]As of 9/30/2025, individual COVID-19 cases are not reportable. As of 10/1/2025, only COVID-19 hospitalizations are reportable. Since 10/1/2025, 12 COVID hospitalizations were reported.

[6]RSV hospitalizations became reportable as of 10/1/2025

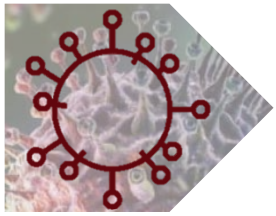
Types of Diseases Reported



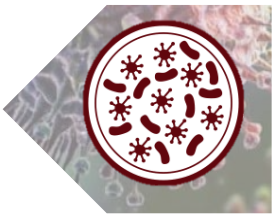
125 **Sexually Transmitted Infections**

Sexually transmitted infections include chlamydia, gonorrhea, and syphilis

463 **COVID-19**



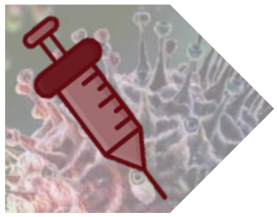
COVID-19 includes all reported cases and hospitalizations. As of 9/30/2025, individual COVID-19 cases are not reportable. As of 10/1/2025, only COVID-19 hospitalizations are reportable.



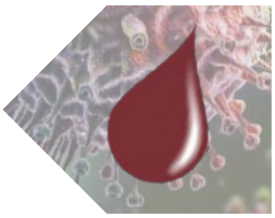
49 **Enteric Diseases**

Enteric illnesses include campylobacteriosis, CPO, cryptosporidiosis, cyclosporiasis, *E. coli*, giardia, and salmonella

132 **Vaccine Preventable Diseases**



Vaccine preventable illnesses include *Haemophilus influenzae*, Hepatitis A, Hepatitis B, influenza-associated hospitalizations, pertussis, RSV hospitalizations, *Streptococcus pneumoniae*, and varicella.

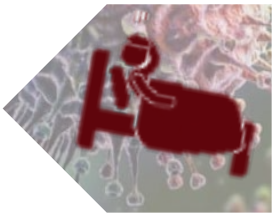


18 **Bloodborne Infections**

Bloodborne pathogens include Hepatitis C

8 **Vectorborne Disease**

Vectorborne diseases include babesiosis, Lyme disease, typhus fever, and West Nile virus disease



10 **Other Diseases**

Other illnesses include *C. auris*, coccidioidomycosis, Creutzfeldt-Jakob Disease, viral meningitis, bacterial meningitis, mpox, and Streptococcal disease

COVID-19

463
Cases

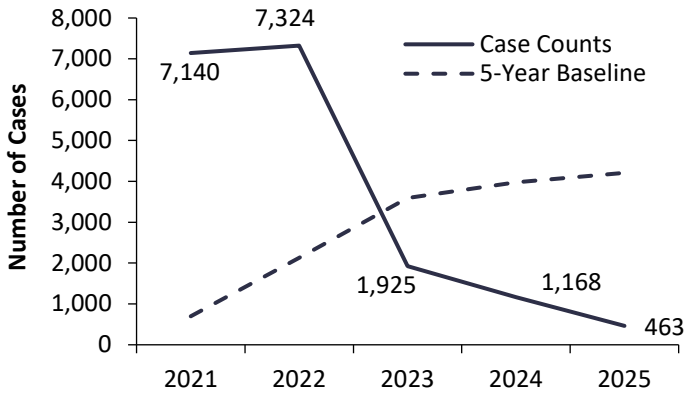
Cause: SARS-CoV-2 virus

Spread: Person-to-person

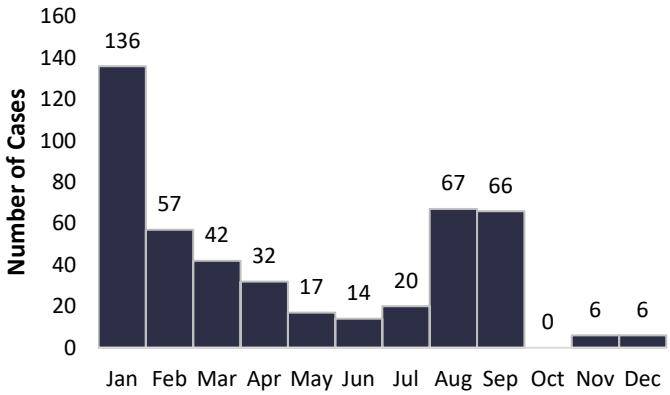
Incubation Period: 1-14 days

Prevention: Avoid those ill with COVID-19, social distance, wear a cloth facemask that covers the mouth and nose, wash hands, disinfect frequently touched surfaces, and vaccination

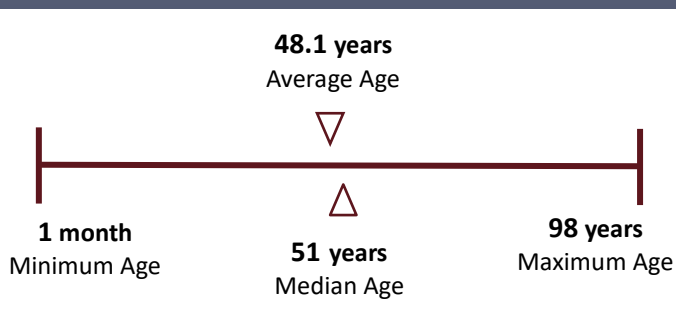
COVID-19 Cases Continue Falling in Union County



COVID-19 Case Reporting Changed in October



COVID-19 Affects Residents of all Ages



Chlamydia

99
Cases

58.6% **41.4%**

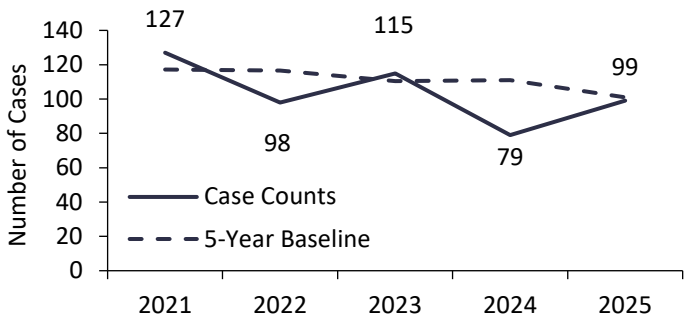
Cause: *Chlamydia trachomatis*

Spread: Sexually

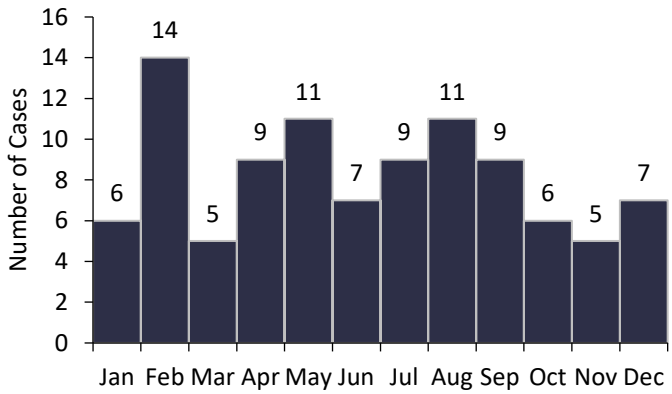
Incubation Period: 7-21 days

Prevention: Abstinence, appropriate condom use, and identification and treatment of sexual contacts of those with chlamydia

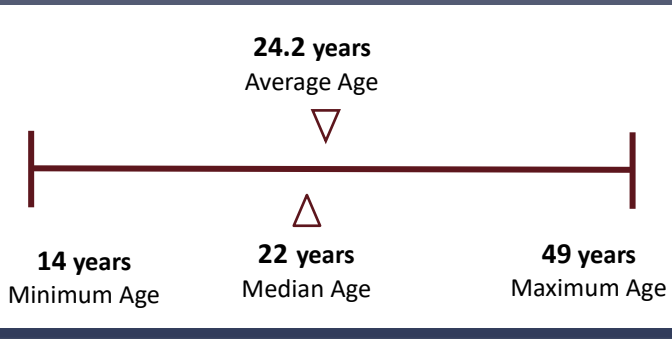
Chlamydia Cases Have Fluctuated Over the Past 5 Years



Cases Peaked in February, May, and August



Chlamydia Cases Occurred Mainly in Early to Mid-20 Year Olds



Influenza-Associated Hospitalizations

93
Cases

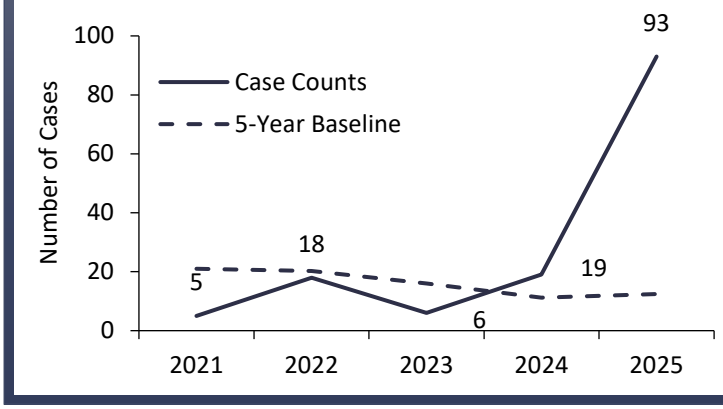
Cause: Influenza A or B virus

Spread: Person-to-person

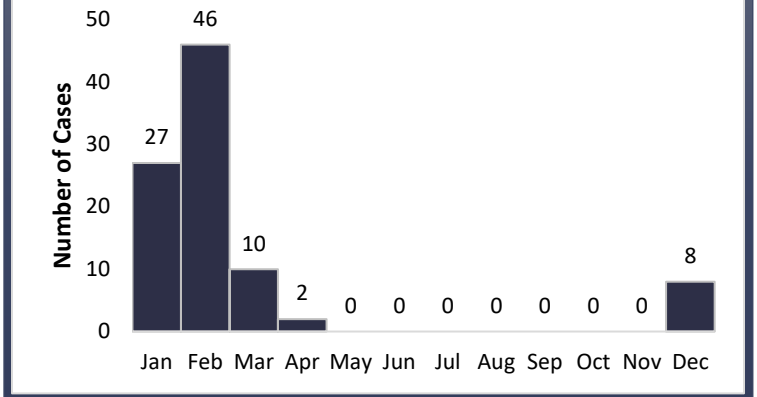
Incubation Period: 1-4 days

Prevention: Annual vaccination, social distancing, and proper cough and sneeze etiquette

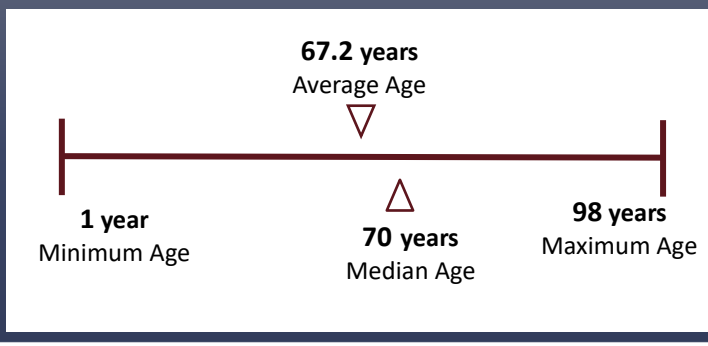
Flu Hospitalizations Rose Significantly in 2025



Most Flu Cases Occur in the Winter Months



Cases Mainly Occurred in Those Older than 65 Years Old



Gonorrhea

21
Cases

47.6% **52.4%**

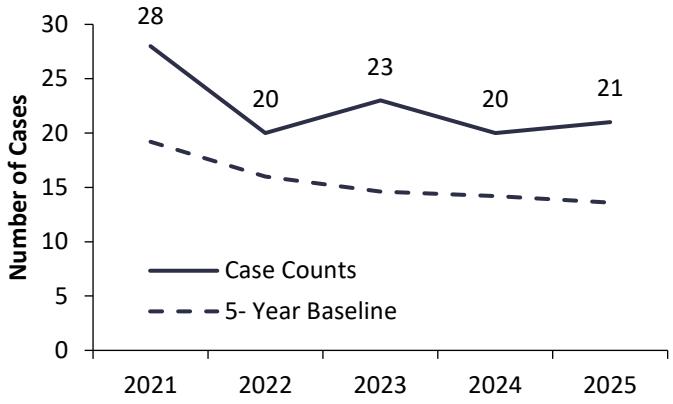
Cause: *Neisseria gonorrhoeae*

Spread: Sexually

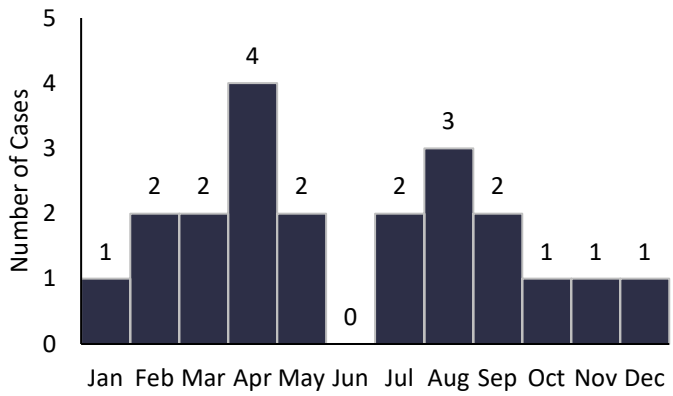
Incubation Period: 3-8 days

Prevention: Abstinence, appropriate condom use, and identification and treatment of sexual contacts of those with gonorrhea

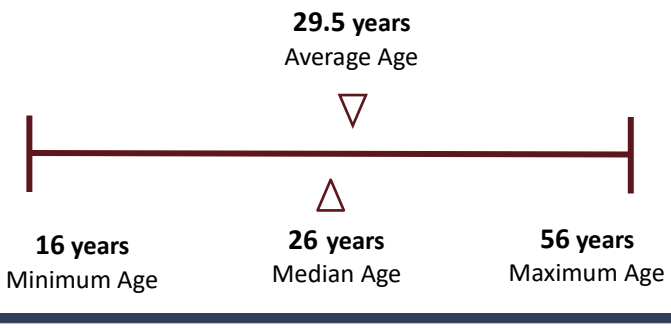
Gonorrhea Cases Have Remained Stable Since 2022



Cases Peaked in April and August



Cases Occurred Mainly in Mid to Late-20 Year Olds



Campylobacteriosis

18
Cases

50.0% **50.0%**

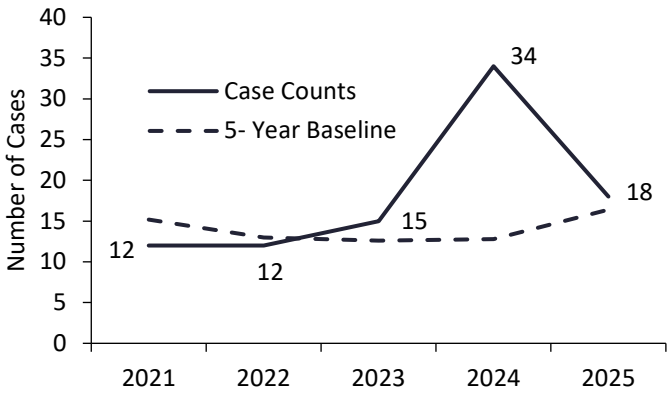
Cause: Campylobacter organisms

Spread: Fecal-oral route through contaminated food or water. Also, direct contact with infected animals

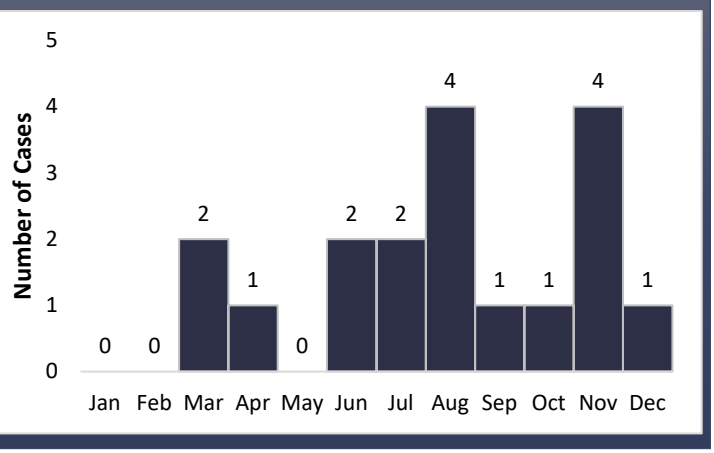
Incubation Period: 1-10 days

Prevention: Thoroughly cook food, avoid unpasteurized milk, and thoroughly wash hands.

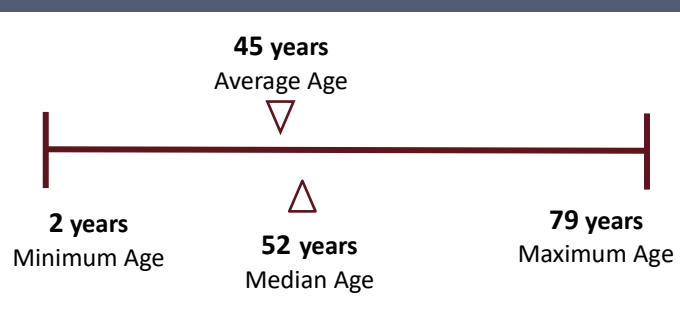
Campy Cases Have Normalized from 2024



Most Cases were in Spring to Summer Months



Most Cases Occurred in Those Older than 40 Years Old



Hepatitis C

18
Cases

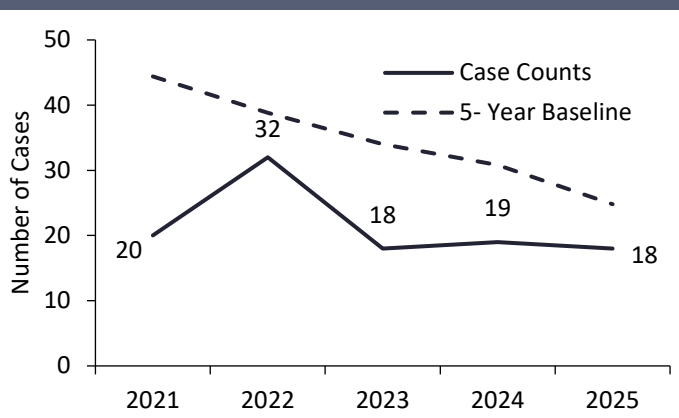
Cause: Hepatitis C virus

Spread: Bloodborne

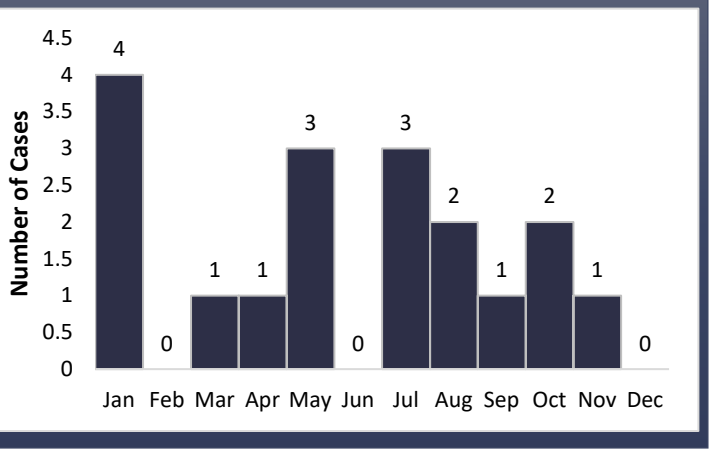
Incubation Period: 2 weeks – 6 months

Prevention: Avoid HCV infected blood, unregulated tattoos and piercings, having sex with a person with HCV, and sharing needles and other drug equipment

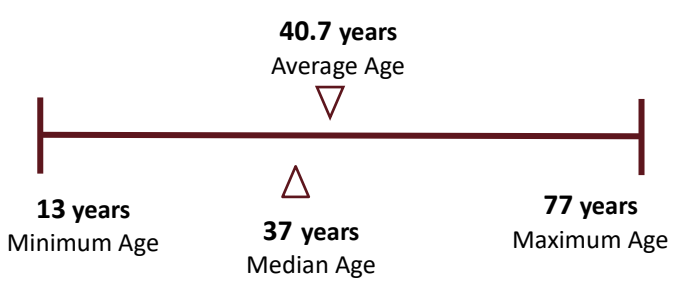
Hepatitis C Cases Have Remained Stable Since 2023



January Saw the Most Hepatitis C Cases



Most Cases were Seen in Those Older than 30 Years Old



Salmonella

18
Cases

50.0% **50.0%**

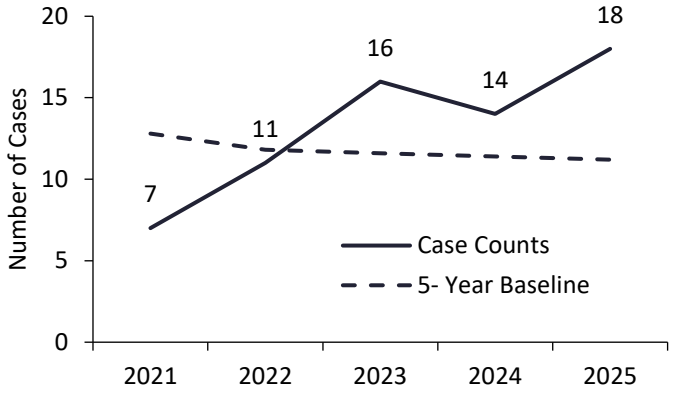
Cause: *Salmonella enterica*

Spread: Fecal-oral route

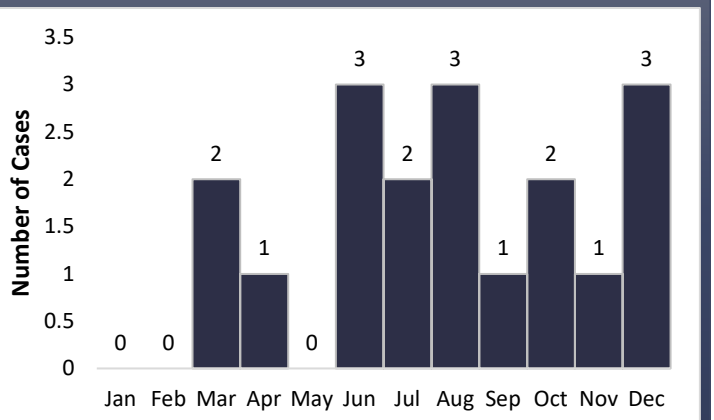
Incubation Period: 6-72 hours

Prevention: Thoroughly cook meats and eggs, avoid cross-contaminating food with raw meat juices, and wash hands after contact with animals and before preparing foods

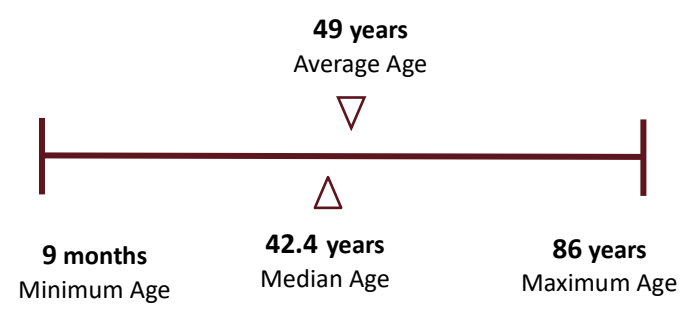
Cases Have Been Increasing Since 2021



Cases Occurred in Spring to Summer Months



About 30% of Cases were in Children



Contact Information

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UNION COUNTY
HEALTH DEPARTMENT

Prepared by the Union County Health Department's epidemiologist.

All data was queried from the Ohio Disease Reporting System's

Data Extract and REDCap on February 6, 2026.