

Monthly Communicable Disease Report Summit County August, 2025



Communicable Disease Investigations (Minus Tuberculosis)

- 153 communicable disease investigations were completed.
 - Note: After an investigation has been completed, some reported cases are determined to not be a case. Therefore, the number of cases investigated may not equal the number of reportable conditions in the table below.
 - Disease investigations included: 41 Lyme disease, 21 Campylobacter, 15 Hepatitis B-Chronic, 11 CPO-Acinetobacter, 11 CPO-Enterobacter, 7 Salmonella, 6 Legionella, 4 E. coli, 4 Hepatitis C-Chronic, 4 Strep Pneumo, 4 Varicella, 3 C. Auris, 3 Cryptosporidiosis, 3 Meningitis Aseptic, 3 Shigellosis, 2 Hepatitis A, 2 Strep Group A, 1 CPO-Pseudomonas, 1 Cyclosporiasis, 1 Giardiasis, 1 Haemophilus influenzae, 1 Hepatitis B-Acute, 1 Pertussis, 1 Staph Aureus VRSA, 1 Vibriosis and 1 Yersiniosis.

Tuberculosis

- 0 new confirmed cases of TB reported.
- 3 cases are being provided Direct Observed Therapy.
- 3 total TB cases currently being followed.

Outbreaks

- 5 new outbreaks were identified.
 - The cause of these outbreaks included: 5 Hand, Foot and Mouth.
 - The location type of outbreaks included: 3 sports teams, 2 daycares.
 - 3 open COVID outbreaks continue to be investigated (3 new outbreaks reported in August).

Epicenter

- Epicenter is an electronic surveillance system which provides instant notification of unusual symptomatic activity at local emergency departments.
- 20 Epicenter alerts were issued this month
 - Reasons for these alerts included: Exacerbation (7), Botulinic (4), Vision (3), Diarrhea (2), Constitutional (1), Ear, Nose, Throat (1), Stiff Neck (1), Vomiting (1).

Influenza Surveillance

Surveillance for the 2024-2025 flu season has concluded and the last report was issued in May. Reports from previous influenza seasons are available on the SCPH website: https://www.scph.org/flu-surveillance-reports

Vector-borne Surveillance

Vector borne surveillance has resumed for the season as of May 18, 2025. Reports may be accessed at: https://www.scph.org/vector-surveillance-reports

Communicable Disease Reports Received, August 2025						
Reportable Condition	August 2025	July 2025	Year-to-Date 2025	Year-to-Date 2024		
Amebiasis	0	0	7	18		
Anaplasmosis-Anaplasma phagocytophilum	0	2	3	1		
Babesiosis	0	0	0	2		
Botulism - infant	0	0	0	1		
Botulism, food borne	0	0	0	0		
Brucellosis	0	0	0	0		
C. auris	1	2	11	16		
C. auris - Colonization Screening	2	2	25	35		
Campylobacteriosis	22	16	93	64		
Chikungunya virus	0	1	1	1		
Chlamydia infection	165	178	1446	1817		
Cholera	0	0	0	0		
Coccidioidomycosis	0	0	3	3		
COVID-19	363	120	2886	5875		
CPO	19	9	87	81		
CPO - Colonization Screening	1	0	20	9		
Creutzfeld-Jakob Disease	0	0	0	0		
Cryptosporidiosis	2	4	12	16		
Cyclosporiasis	1	1	3	2		
Dengue	0	0	0	0		
Diphtheria	0	0	0	0		
E. coli, Shiga Toxin-Producing (O157:H7, Not O157,						
Unknown Serotype)	4	3	18	22		
Ehrlichiosis-Ehrlichia chaffeensis	0	0	0	0		
Giardiasis	1	3	41	78		
Gonococcal infection	76	75	511	716		
Haemophilus influenzae (invasive disease)	1	1	9	10		
Hantavirus infection	0	0	0	0		
Hemolytic uremic syndrome (HUS)	0	0	0	0		
Hepatitis A	1	1	3	2		
Hepatitis B - Perinatal Infection	1	1	8	2		
Hepatitis B (including delta) - acute	1	0	2	3		
Hepatitis B (including delta) - chronic	6	5	72	54		
Hepatitis C - acute	0	1	3	3		
Hepatitis C - chronic	35	18	176	175		
Hepatitis C - Perinatal Infection	0	0	1	5		
Hepatitis E	0	0	0	0		
HIV/AIDS	4	5	27	38		
Influenza - ODH Lab Results	2	1	17	40		
Influenza-associated hospitalization	0	2	544	313		
Influenza-associated pediatric mortality	0	0	0	0		
LaCrosse virus disease	0	0	0	0		
Legionellosis	6	6	21	46		
Listeriosis	0	0	0	1		
Lyme Disease	42	52	147	114		
MIS-C associated with COVID-19	0	0	0	0		

Communicable Disease Reports Received, August 2025						
Reportable Condition	August 2025	July 2025	Year-to-Date 2025	Year-to-Date 2024		
Malaria	0	0	1	2		
MERS	0	0	0	0		
Measles	0	0	0	0		
Meningitis - aseptic/viral	3	4	11	3		
Meningitis - bacterial (Not N. meningitidis)	0	0	3	0		
Meningococcal disease - Neisseria meningitidis (call health						
department immediately)	0	0	0	1		
Mpox	0	0	1	6		
Mumps	0	0	0	0		
Pertussis	1	5	20	11		
Powassan virus disease	0	0	0	0		
Psittacosis	0	0	0	0		
Q fever, acute	0	0	0	1		
Rubella	0	0	0	0		
Salmonella Paratyphi infection	0	0	0	0		
Salmonella typhi	0	0	0	0		
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Salmonellosis	7	3	48	61		
Shigellosis	3	1	7	12		
Spotted fever rickettsiosis, including RMSF	0	0	0	0		
Staphylococcal aureus - intermediate resistance to						
vancomycin (VISA)	0	0	0	1		
Streptococcal - Group A -invasive	2	6	41	17		
Streptococcal - Group B - in newborn	0	0	4	1		
Streptococcal toxic shock syndrome (STSS)	0	0	0	0		
Streptococcus pneumoniae - invasive antibiotic resistance						
unknown or non-resistant	3	2	40	22		
Streptococcus pneumoniae - invasive antibiotic						
resistant/intermediate	1	0	12	12		
Syphilis - all stages	11	29	140	209		
Syphilis - Congenital	0	0	3	1		
Tetanus	0	0	0	0		
Toxic Shock Syndrome (TSS)	0	0	0	0		
Trichinellosis	0	0	0	0		
Tuberculosis	0	1	2	3		
Tularemia	0	0	0	0		
Typhoid fever	0	0	0	0		
Varicella	0	0	6	13		
Vibriosis (not cholera)	1	0	2	6		
West Nile virus disease (also current infection)	0	0	0	0		
Yersiniosis	1	0	13	8		
Zika virus infection	0	0	0	0		
Total	789	560	6,551	9,953		

Notes:

- 1) This report includes the number of reports of disease received and investigated by Summit County Public Health (SCPH). This includes all reports that were determined to be probable, suspected, or confirmed. Based on case investigation, clinical diagnoses, IDCM case definitions, and lab results, the case status may change. NR = not reported in previous year.
- 2) The Total Year-to-Date column reflects all cases of disease where SCPH is identified as the local health department in the Ohio Disease Reporting System (ODRS) as of the date that data was extracted. This includes the cases of disease entered into ODRS after last month's report was generated which will now be included in the Previous Month Revised column. Data may also vary in response to recent changes in data extraction and analysis.

 Because case classifications can change over time, monthly figures should not be considered final until the annual report is complete.
- 3) The number of perinatal hepatitis B cases reflect the number of infants born to hepatitis B positive mothers during the reporting period. These infants will be followed by the Perinatal Hepatitis B Prevention Program (PHBPP) until serology indicates that the child has immunity.

For questions or comments about this report, please contact the Communicable Disease Unit at (330) 375-2662. This report was issued on September 4, 2025.