



Monthly Communicable Disease Report Summit County January, 2026



Communicable Disease Investigations (Minus Tuberculosis)

- 124 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: 15 cases of Hepatitis- B Chronic, 13 cases of Campylobacter, 12 cases of CPO-Enterobacter, 11 cases of Lyme, 10 cases of Strep Penumo, 9 cases of Salmonella, 8 cases of Strep - Group A, 6 cases of C. Auris, 6 cases of C. Auris Colonization Screening, 5 cases of CPO-Acinetobacter, 4 cases of CPO-Pseudomonas, 4 cases of Varicella, 3 cases of E. Coli, 3 cases of Shigellosis 2 cases of Cryptosporidiosis, 2 cases of Haemophilus influenzae, 2 cases of Legionella, 2 cases of Yersiniosis and 1 case each of the following: CPO-Colonization Acinetobacter, Cyclosporiasis, Dengue, Gonococcal infection, Hemolytic Uremic Syndrome, Malaria and Measles.

Tuberculosis

- 0 new confirmed cases of TB reported.
- 2 cases are being provided Direct Observed Therapy.
- 2 total TB cases currently being followed.
- Contact tracing of these new TB cases yielded 0 new contacts.

Outbreaks

- 6 new outbreaks were identified.
 - The cause of these outbreaks included: 3 Influenza and 3 COVID-19.
 - The location type of outbreaks include: Long Term Care.

Epicenter

- Epicenter is an electronic surveillance system which provides instant notification of unusual symptomatic activity at local emergency departments.
- 9 Epicenter alerts were issued this month
 - Reasons for these alerts included: 9 Suspected Drug Overdose, 2 Hypoxia, 2 Eyes, 1 Diarrhea.

Influenza Surveillance

Surveillance for the 2024-2025 flu season has begun and the first report was issued at the end of October. Reports from previous influenza seasons are available on the SCPH website: <https://www.scph.org/flu-surveillance-reports>

Vector-borne Surveillance

Vector borne surveillance resumed for the season on May 19, 2024 the final report was issued at the end of October. Copies of the reports for 2024 and previous years may be accessed at: <https://www.scph.org/vector-surveillance-reports>

Communicable Disease Reports Received, January 2026

Reportable Condition	January 2026	December 2025	Year-to- Date 2026	Year-to- Date 2025
Amebiasis	0	0	0	1
Anaplasmosis-Anaplasma phagocytophilum	0	0	0	0
Babesiosis	0	0	0	0
Botulism - infant	0	0	0	0
Botulism, food borne	0	0	0	0
Brucellosis	0	0	0	0
C. auris	5	4	5	1
C. auris - Colonization Screening	7	3	7	5
Campylobacteriosis	12	6	12	4
Chikungunya virus	0	0	0	0
Chlamydia infection	184	149	184	190
Cholera	0	0	0	0
Coccidioidomycosis	0	0	0	1
COVID-19**	1	4	1	1002
CPO	16	8	16	8
CPO - Colonization Screening	1	1	1	4
Creutzfeld-Jakob Disease	0	0	0	0
Cryptosporidiosis	2	2	2	1
Cyclosporiasis	1	1	1	0
Dengue	0	0	0	0
Diphtheria	0	0	0	0
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	3	2	3	4
Ehrlichiosis-Ehrlichia chaffeensis	0	0	0	0
Giardiasis	0	2	0	5
Gonococcal infection	81	68	81	72
Haemophilus influenzae (invasive disease)	2	1	2	2
Hantavirus infection	0	0	0	0
Hemolytic uremic syndrome (HUS)	1	0	1	0
Hepatitis A	0	1	0	0
Hepatitis B - Perinatal Infection	0	0	0	0
Hepatitis B (including delta) - acute	0	0	0	0
Hepatitis B (including delta) - chronic	7	15	7	12
Hepatitis C - acute	0	0	0	0
Hepatitis C - chronic	23	25	23	15
Hepatitis C - Perinatal Infection	0	0	0	0
Hepatitis E	0	0	0	0
HIV/AIDS	5	4	5	7
Influenza - ODH Lab Results	4	3	4	2
Influenza-associated hospitalization	90	55	90	133
Influenza-associated pediatric mortality	0	0	0	0
LaCrosse virus disease	0	0	0	0
Legionellosis	2	5	2	1
Listeriosis	0	0	0	0
Lyme Disease	7	14	7	2
MIS-C associated with COVID-19	0	0	0	0

Communicable Disease Reports Received, January 2026

Reportable Condition	January 2026	December 2025	Year-to- Date 2026	Year-to- Date 2025
Malaria	1	0	1	0
MERS	0	0	0	0
Measles	0	0	0	0
Meningitis - aseptic/viral	0	0	0	0
Meningitis - bacterial (Not N. meningitidis)	0	0	0	1
Meningococcal disease - Neisseria meningitidis (call health department immediately)	0	0	0	0
Mpox	0	0	0	0
Mumps	0	0	0	0
Pertussis	0	0	0	2
Powassan virus disease	0	0	0	0
Psittacosis	0	0	0	0
Q fever, acute	0	0	0	0
Rubella	0	0	0	0
Salmonella Paratyphi infection	0	0	0	0
Salmonella typhi	0	0	0	0
Salmonellosis	9	0	9	6
Shigellosis	3	2	3	0
Spotted fever rickettsiosis, including RMSF	0	0	0	0
Staphylococcal aureus - intermediate resistance to vancomycin (VISA)	0	0	0	0
Streptococcal - Group A -invasive	5	9	5	6
Streptococcal - Group B - in newborn	0	0	0	2
Streptococcal toxic shock syndrome (STSS)	0	1	0	0
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	6	6	6	8
Streptococcus pneumoniae - invasive antibiotic resistant/intermediate	4	0	4	0
Syphilis - all stages	14	10	14	26
Syphilis - Congenital	0	2	0	1
Tetanus	0	0	0	0
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	0	2	0	1
Tularemia	0	0	0	0
Typhoid fever	0	0	0	0
Varicella	2	0	2	1
Vibriosis (not cholera)	0	0	0	0
West Nile virus disease (also current infection)	0	0	0	0
Yersiniosis	2	0	2	2
Zika virus infection	0	0	0	0
Total	500	405	500	1,528

**As of 10/1/2025, COVID-19 is no longer a Class B reportable disease in Ohio.

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 February 9, 2026.