



Monthly Communicable Disease Report Summit County November, 2025



Communicable Disease Investigations (Minus Tuberculosis)

- 94 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: 21 cases of Lyme, 11 cases of CPO-Acinetobacter, 8 cases of Campylobacter, 8 cases of Hepatitis B- Chronic, 6 cases of Strep-Group A, 5 cases of Salmonella, 5 cases of Strep Pneumo, 4 cases of C. Auris, 4 cases of CPO-Enterobacter, 3 cases of Haemophilus influenzae, 2 cases of Chlamydia, 2 cases of E. Coli, 2 cases of Giardiasis, 2 cases of Pertussis, and 1 case each of the following: C. Auris Colonization Screening, COVID-19 Hospitalization, CPO-Pseudomonas, Gonococcal infection, Hepatitis C-Acute, Hepatitis E, Legionella, Mpox, Mumps, Shigellosis, and Varicella.

Tuberculosis

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

Outbreaks

- 8 new outbreaks were identified.
 - The causes of these outbreaks include: Hand, Foot and Mouth and COVID-19
 - The location type of outbreaks included: Daycares, Schools and LTC.

Epicenter

- Epicenter is an electronic surveillance system which provides instant notification of unusual symptomatic activity at local emergency departments.
- 12 Epicenter alerts were issued this month
 - Reasons for these alerts included: Suspected Drug Overdose (8), Congestion (3), and Ear, Nose, Throat (1).

Influenza Surveillance

Surveillance for the 2025-2026 flu season began on October 6th, 2025. The first report of the season was issued at the end of October, weekly reports will be released until the end of the season. Reports from previous influenza seasons are available on the SCPh website: <https://www.scph.org/flu-surveillance-reports>

Vector-borne Surveillance

Vector borne surveillance concluded on October 18th, 2025. Reports may be accessed at: <https://www.scph.org/vector-surveillance-reports>

Communicable Disease Reports Received, November 2025

Reportable Condition	November 2025	October 2025	Year-to-Date 2025	Year-to-Date 2024
Amebiasis	0	0	7	23
Anaplasmosis-Anaplasma phagocytophilum	0	0	4	3
Babesiosis	0	0	0	2
Botulism - infant	0	0	0	1
Botulism, food borne	0	0	0	0
Brucellosis	0	0	0	1
C. auris	2	1	17	22
C. auris - Colonization Screening	2	0	27	57
Campylobacteriosis	10	14	126	89
Chikungunya virus	0	0	1	1
Chlamydia infection	181	188	2000	2425
Cholera	0	0	0	0
Coccidioidomycosis	0	0	3	3
COVID-19**	1	10	3369	8177
CPO	13	15	129	90
CPO - Colonization Screening	0	0	20	17
Creutzfeld-Jakob Disease	0	0	0	0
Cryptosporidiosis	0	4	18	21
Cyclosporiasis	0	0	3	2
Dengue	0	0	0	0
Diphtheria	0	0	0	0
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	2	1	24	34
Ehrlichiosis-Ehrlichia chaffeensis	0	1	3	1
Giardiasis	2	4	51	108
Gonococcal infection	83	87	747	979
Haemophilus influenzae (invasive disease)	3	1	13	15
Hantavirus infection	0	0	0	0
Hemolytic uremic syndrome (HUS)	0	0	0	1
Hepatitis A	0	0	5	3
Hepatitis B - Perinatal Infection	0	2	12	3
Hepatitis B (including delta) - acute	0	0	2	6
Hepatitis B (including delta) - chronic	9	11	97	79
Hepatitis C - acute	0	0	3	6
Hepatitis C - chronic	22	27	241	252
Hepatitis C - Perinatal Infection	0	0	1	5
Hepatitis E	0	0	1	0
HIV/AIDS	2	4	40	61
Influenza - ODH Lab Results	4	4	30	47
Influenza-associated hospitalization	0	0	546	323
Influenza-associated pediatric mortality	0	0	0	0
LaCrosse virus disease	0	0	0	0
Legionellosis	1	7	32	60
Listeriosis	0	0	0	1
Lyme Disease	23	13	195	150
MIS-C associated with COVID-19	0	0	0	0

Communicable Disease Reports Received, November 2025

Reportable Condition	November 2025	October 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	0	0	16	7
Meningitis - bacterial (Not N. meningitidis)	0	0	3	4
Meningococcal disease - Neisseria meningitidis (call health department immediately)	0	0	0	1
Mpox	1	0	2	6
Mumps	1	0	1	0
Pertussis	2	0	25	17
Powassan virus disease	0	0	0	0
Psittacosis	0	0	0	0
Q fever, acute	0	0	0	3
Rubella	0	0	0	0
Salmonella Paratyphi infection	0	0	0	0
Salmonella typhi	0	0	0	0
Salmonellosis	5	6	66	92
Shigellosis	1	3	11	18
Spotted fever rickettsiosis, including RMSF	0	0	0	0
Staphylococcal aureus - intermediate resistance to vancomycin (VISA)	0	0	0	0
Streptococcal - Group A -invasive	6	2	53	19
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	5	6	55	30
Streptococcus pneumoniae - invasive antibiotic resistant/intermediate	2	1	17	14
Syphilis - all stages	14	15	182	303
Syphilis - Congenital	3	2	5	4
Tetanus	0	0	0	0
Toxic Shock Syndrome (TSS)	0	0	0	0
Trichinellosis	0	0	0	0
Tuberculosis	0	0	2	5
Tularemia	0	0	0	0
Typhoid fever	0	0	0	0
Varicella	0	1	7	18
Vibriosis (not cholera)	0	0	2	7
West Nile virus disease (also current infection)	0	0	1	1
Yersiniosis	0	3	17	9
Zika virus infection	0	0	0	0
Total	400	433	8,237	13,629

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

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 December 3, 2025.