



HEALTH DISTRICT

ANNUAL COMMUNICABLE DISEASES REPORT

2023

PREPARED BY

Olivia Card, MA
Epidemiologist

PUBLIC HEALTH NURSE CONTRIBUTORS

Becky Barreca, MSN, RN
Catie Gellatly, MSN, RN
Kirsten Orr, BSN, RN

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Overview

This report summarizes data and trends for probable and confirmed communicable disease cases reported to the Portage County Health District in 2023. The World Health Organization defines a communicable disease as follows, “communicable, or infectious diseases, are caused by microorganisms such as bacteria, viruses, parasites and fungi that can be spread, directly or indirectly, from one person to another. Some are transmitted through bites from insects while others are caused by ingesting contaminated food or water.”

The State of Ohio has defined three groups of communicable diseases: Class A, Class B and Class C. Class A illnesses are “diseases of major public health concern because of the severity of disease or potential for epidemic spread.” Class A illnesses must be reported to the local health department immediately. Class B illnesses are “diseases of public health concern needing timely response because of potential for epidemic spread.” Class C illnesses are “outbreaks, unusual incidents or epidemics of other diseases.” There are various types of outbreaks: community, food-borne, healthcare associated, institutional, water-borne and zoonotic. Class B and C illnesses must be reported to the local health department by the end of the next business day after discovery. See Appendix.

Ohio Administrative Code 3701-3-02 establishes the legal reporting requirement of all Class A, B and C illnesses to the appropriate local health department. Upon receiving report of a communicable disease case, staff at the Portage County Health District may send educational materials regarding prevention/treatment of the diagnosed illness. Alternatively, they may conduct a phone interview with the patient to collect clinical information and determine possible routes of exposure to the illness. Follow-up efforts are aimed at preventing additional cases of the illness within the community. All communicable disease case information reported to the Portage County Health District remains private.



The objectives of this report are:

- To increase public awareness of which communicable disease are most prominent in our community.
- To educate members of the public about prevention methods for various communicable diseases.
- To provide communicable disease information to community stakeholder agencies that they may use in pursuit of their stated missions.

Any questions or concerns regarding the contents of this report should be directed to the Portage County Health District.

Disclaimer: Case definitions are subject to change at any time. Case numbers reported here represent the number of probable and confirmed cases for which Portage County held jurisdiction at the time of data export from the Ohio Disease Reporting System extract application. The terms *confirmed* and *probable* do not pertain to medical diagnoses, rather they denote the formal status of a case for public health surveillance purposes. Case statuses are determined using clinical and epidemiological information. Case data shown in tables and graphs was extracted prior to case data displayed in maps, and thus, may not be identical. Data are reported in aggregate.



Index of Illnesses

(Table 1)

Illness	Exposure Route	Signs/ Symptoms	Prevention and Mitigation Measures
Acute Hepatitis B	Bloodborne, Sexual	<ul style="list-style-type: none"> • Yellow-skin • Liver inflammation • Anorexia • Vomiting • Fever • Clay-colored stools 	<ul style="list-style-type: none"> • Safe sexual practices • Do not share needles • Wear proper PPE when appropriate • Vaccination
Acute Hepatitis C	Bloodborne	<ul style="list-style-type: none"> • Yellow skin • Fatigue • Asymptomatic 	<ul style="list-style-type: none"> • Do not share needles • Wear proper PPE when appropriate
Chronic Hepatitis B	Bloodborne, Sexual	Asymptomatic	<ul style="list-style-type: none"> • Use safe sexual practices • Do not share needles • Wear proper PPE when appropriate • Vaccination
Chronic Hepatitis C	Bloodborne	Asymptomatic	<ul style="list-style-type: none"> • Do not share needles • Wear proper PPE when appropriate
Perinatal Hepatitis B	Birth	<ul style="list-style-type: none"> • Varies case to case 	<ul style="list-style-type: none"> • Women should be tested for hepatitis during every pregnancy
Perinatal Hepatitis C	Birth	Asymptomatic	<ul style="list-style-type: none"> • Women should be tested for hepatitis during every pregnancy



Primary Syphilis (Stage 1)	Sexual	<ul style="list-style-type: none"> Lesions/sores at infection site 	<ul style="list-style-type: none"> Use safe sexual practices
Secondary Syphilis (Stage 2)	Sexual	<ul style="list-style-type: none"> Varies Typically a spreading of the lesions and swelling of lymph nodes 	<ul style="list-style-type: none"> Use safe sexual practices
Early Syphilis (Stage 3)	Sexual	Asymptomatic	<ul style="list-style-type: none"> Use safe sexual practices
Late Syphilis (Stage 4)	Sexual	Asymptomatic	<ul style="list-style-type: none"> Use safe sexual practices
Congenital Syphilis	Birth	Varies	<ul style="list-style-type: none"> Use safe sexual practices Women should be tested for syphilis during every pregnancy
Carbapenemase - producing organism (CPO)	Physical contact	<ul style="list-style-type: none"> If acute, typical infection symptoms If colonized, asymptomatic 	<ul style="list-style-type: none"> Direct patient care providers wear correct PPE Good hand hygiene Regular screenings in healthcare settings
Candida auris	Physical contact	<ul style="list-style-type: none"> If acute, typical infection symptoms If colonized, asymptomatic 	<ul style="list-style-type: none"> Direct patient care providers wear correct PPE Good hand hygiene Regular screenings in healthcare settings



<p>Food- or water-borne illnesses (salmonellosis, campylobacteriosis, yersinosis, cryptosporidiosis, legionellosis, listeriosis, vibriosis, Shiga toxin-producing E. Coli, shigellosis, giardiasis, cyclosporiasis)</p>	<p>Contaminated food/water</p>	<ul style="list-style-type: none"> • Diarrhea (sometimes bloody) • Abdominal cramping • Nausea/vomiting • Fever/chills 	<ul style="list-style-type: none"> • Prepare food according to proper guidelines and maintain proper food storage temperatures • Do not ingest non-potable water • Wash hands before eating, after contact with animals, after handling raw meat/eggs, after using the bathroom, and after being outdoors
<p>Streptococcal infections</p>	<p>Naturally occurs</p>	<ul style="list-style-type: none"> • Fever • Discomfort 	<ul style="list-style-type: none"> • Seek medical attention if you suspect an infection
<p>Viral/aseptic meningitis</p>	<p>Complication from some viral infections</p>	<ul style="list-style-type: none"> • Headache • Fever • Malaise • Stiff neck • Abdominal pain • Nausea/vomiting 	<ul style="list-style-type: none"> • Vaccinate against viral illness when possible • Practice good hand hygiene • Seek treatment for suspected meningitis cases immediately
<p>Haemophilus influenzae</p>	<p>Naturally occurs</p>	<ul style="list-style-type: none"> • Wide range of serious infections 	<ul style="list-style-type: none"> • Vaccinate against type B Haemophilus influenzae (3 or 4 doses) • Seek medical attention if you suspect an infection
<p>Meningococcal disease</p>	<p>Naturally occurs</p>	<ul style="list-style-type: none"> • Fever/chills • Body aches • Nausea/vomiting • Malaise • Rash • Limb pain 	<ul style="list-style-type: none"> • Vaccination (2 doses) • Seek treatment for suspected meningitis cases immediately



Varicella (chickenpox)	Physical contact	<ul style="list-style-type: none"> • Fever • Itching • Generalized rash 	<ul style="list-style-type: none"> • Vaccination (2 doses)
Influenza	Airborne, droplet	<ul style="list-style-type: none"> • Fever/chills • Headache • Congestion • Sore throat • Body aches • Nausea/vomiting • Fatigue • Malaise 	<ul style="list-style-type: none"> • Annual vaccination • Practice good hand hygiene
Pertussis	Airborne, droplet	<ul style="list-style-type: none"> • Uncontrolled coughing • Inability to breathe/turning blue while coughing • “Whoop” noise when breathing in after coughing • Throwing up when coughing 	<ul style="list-style-type: none"> • Vaccination (5 or more doses)
Lyme Disease	Tick bite	<ul style="list-style-type: none"> • Headache • Fever/chills • Joint swelling • Body aches • Extreme fatigue • Rash • Facial droopiness 	<ul style="list-style-type: none"> • Use approved repellants • Wear appropriate clothing while engaging in outdoor activities • Complete regular tick checks

(Table 1) This table can be referenced for information about signs/symptoms and prevention or mitigation measures appropriate for many of the conditions discussed in this report. This table is not intended to be comprehensive, but rather to summarize general disease information.

COVID-19

In 2023, the leading communicable disease was COVID-19 with 4,381 cases. This represents a significant decline from 2021 and 2022 when there were 18,606 and 13,678 cases, respectively. The decline may be attributed to lower levels of case reporting in 2023 than in previous years. With the rise in home testing kits, individuals no longer need to rely on healthcare professionals to confirm a COVID-19 diagnosis. If people with positive home tests do not self-report their case, their case will be unknown to their local health department. Alternatively, vaccination and acquired immunity may have resulted in fewer COVID-19 cases. Regardless of the reason for the decrease in reported COVID-19 cases in 2023, the CDC still recommends that anyone who is eligible be vaccinated against the illness. See the following website for more information: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>.

While COVID-19 was still the most prevalent communicable disease in Portage County during 2023, it will not be the focus of this report. For more information about COVID-19 cases in Portage County, please see the Portage County Health District COVID-19 dashboard at <https://pccghd.maps.arcgis.com/apps/dashboards/d26de50eb036453eb37622b07dd58c36>.

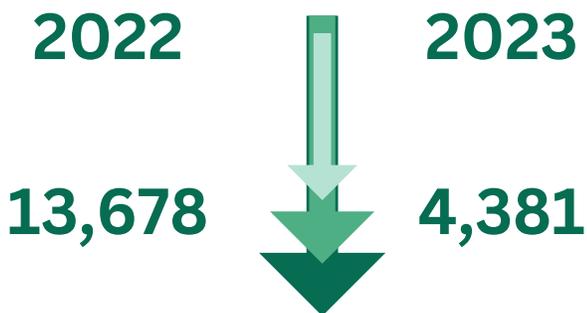


Figure a. COVID-19 significantly decreased from 2022 to 2023.

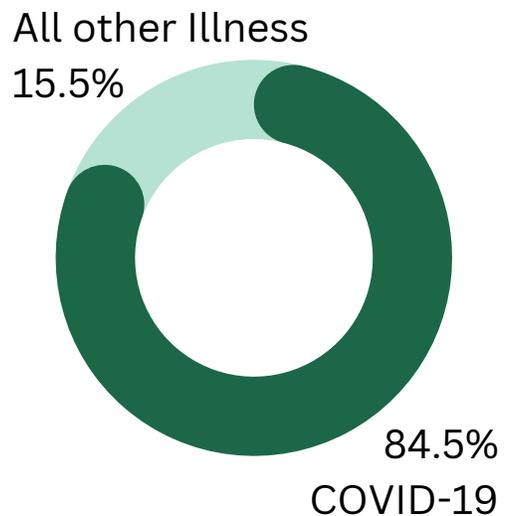
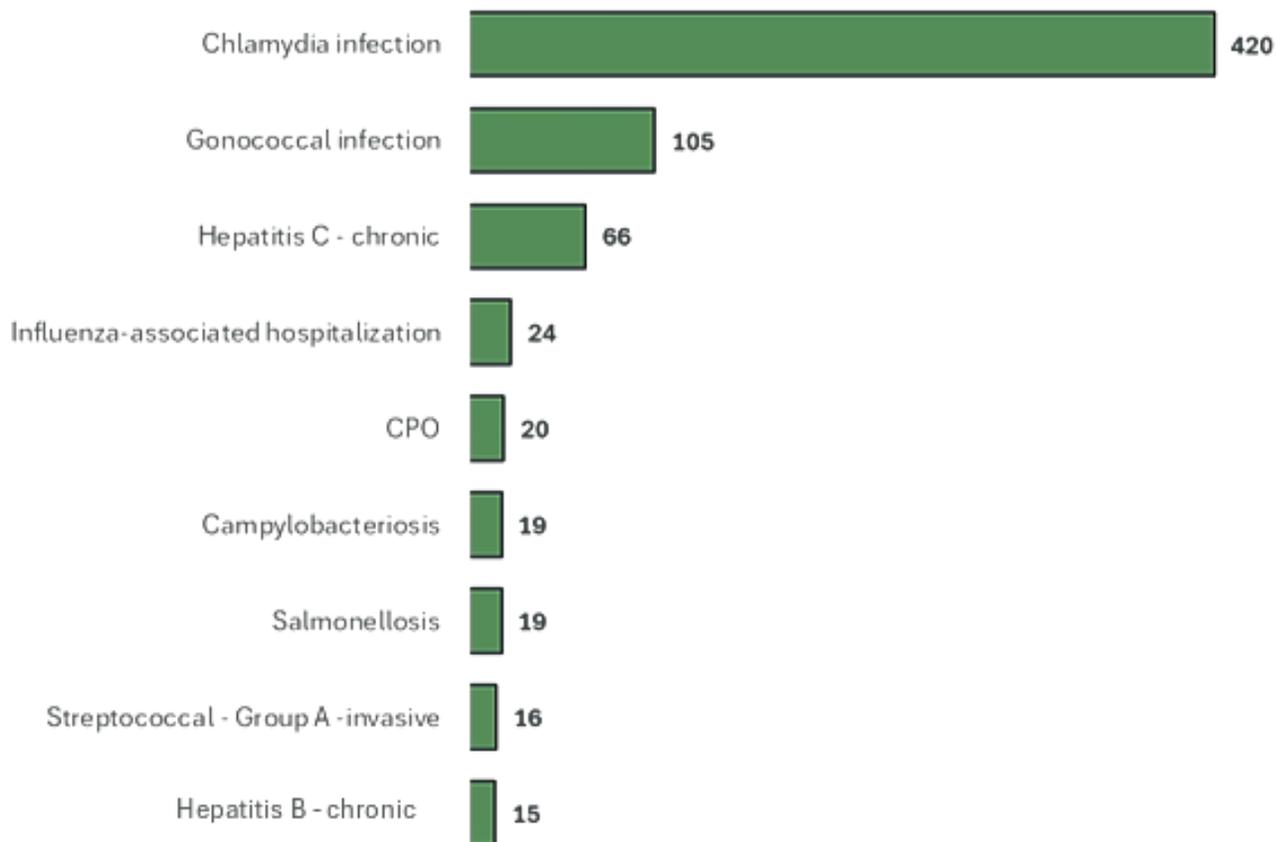


Figure b. Of all communicable illnesses in 2023, COVID-19 made up 84% compared to all other illnesses.

Top Non-COVID Communicable Diseases 2023

(Figure 1)



**CPO stands for carbapenemase-producing organism. CPOs are infections that are common in healthcare facilities, such as hospitals, rehabilitation centers, or assisted living facilities. They are resistant to a class of antibiotics called carbapenems, which are often used as last lines of defense against infections.*

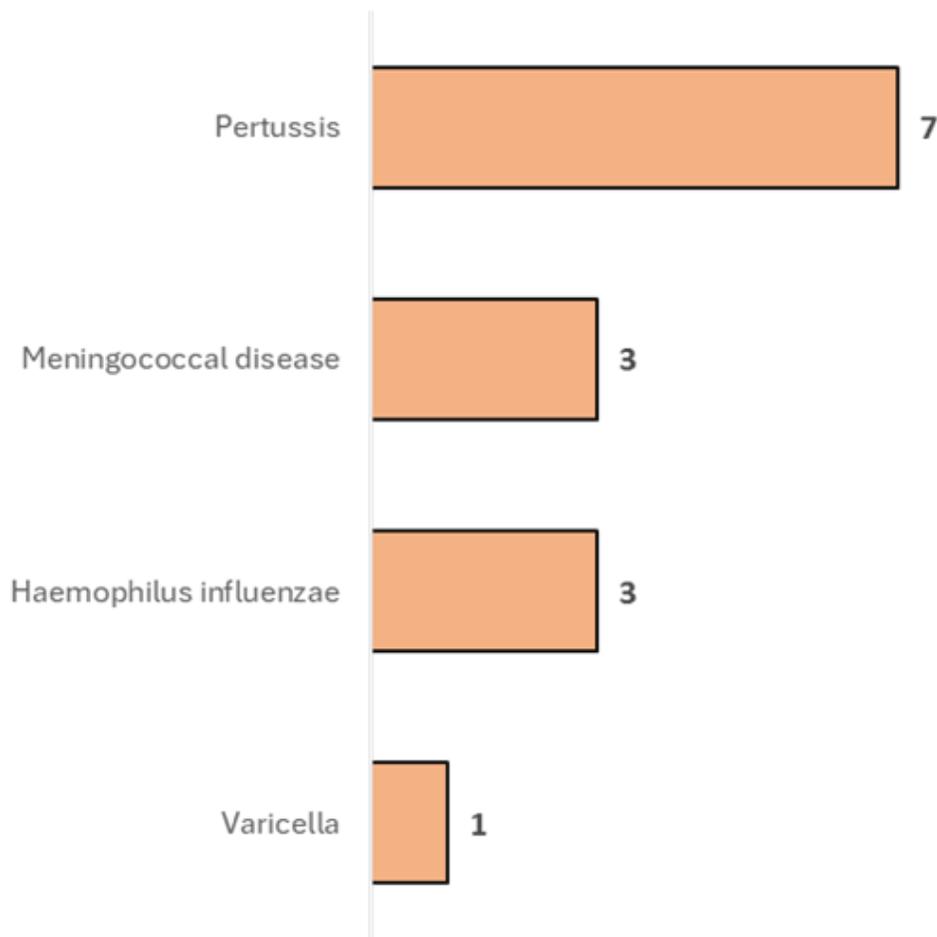
(Figure 1) This graph depicts the illnesses other than COVID which ranked within the top ten diseases reported to the Portage County Health District in 2023. Sexually transmitted infections (or STIs), are a major concern, as well as chronic illness, including Hepatitis B and C.

All Communicable Disease Cases 2023

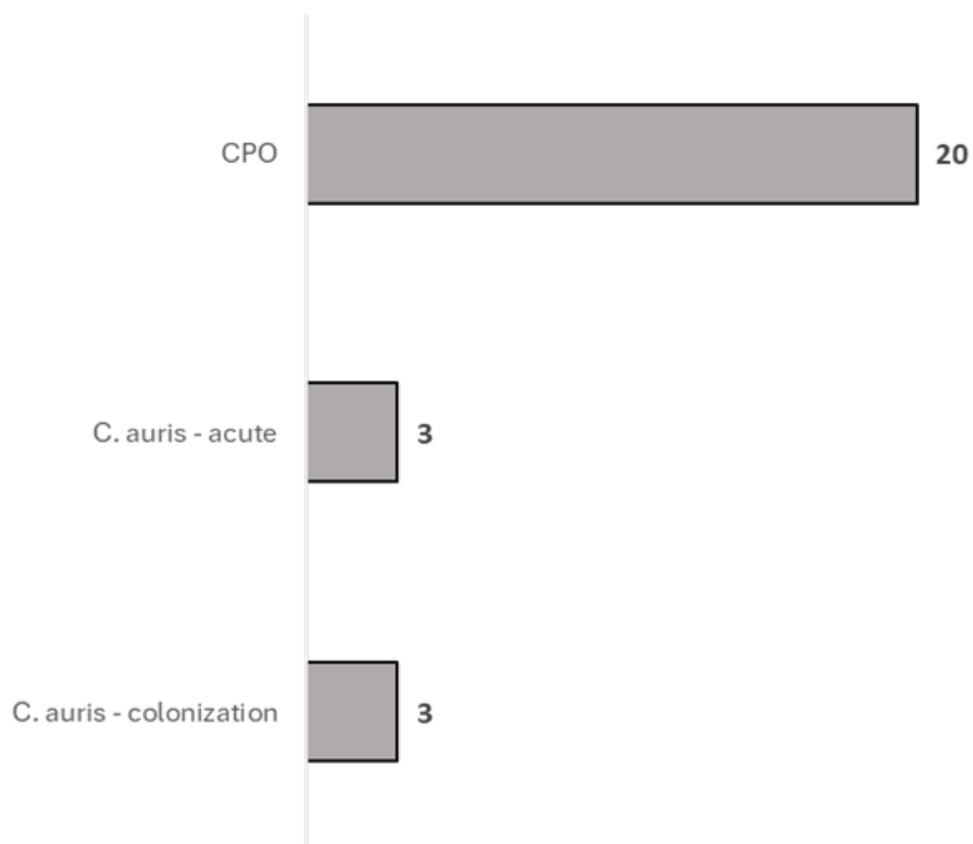
(Figures 2a-2f)

(Figures 2a-2f) These charts display the number of communicable disease cases in Portage County during 2023, split into six categories of illness: vaccine-preventable illnesses, healthcare-acquired infections, streptococcal infections, sexually transmitted infections, food borne illnesses, and miscellaneous other illnesses.

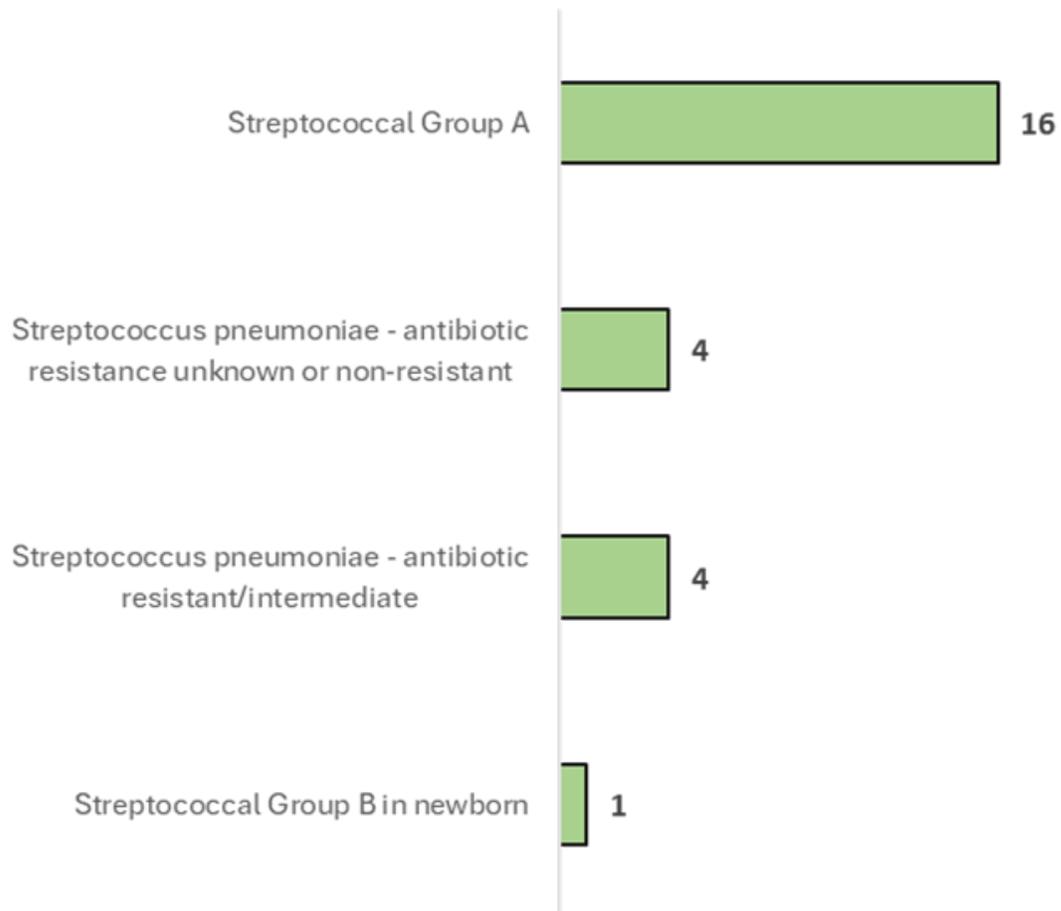
2a Vaccine-preventable illnesses



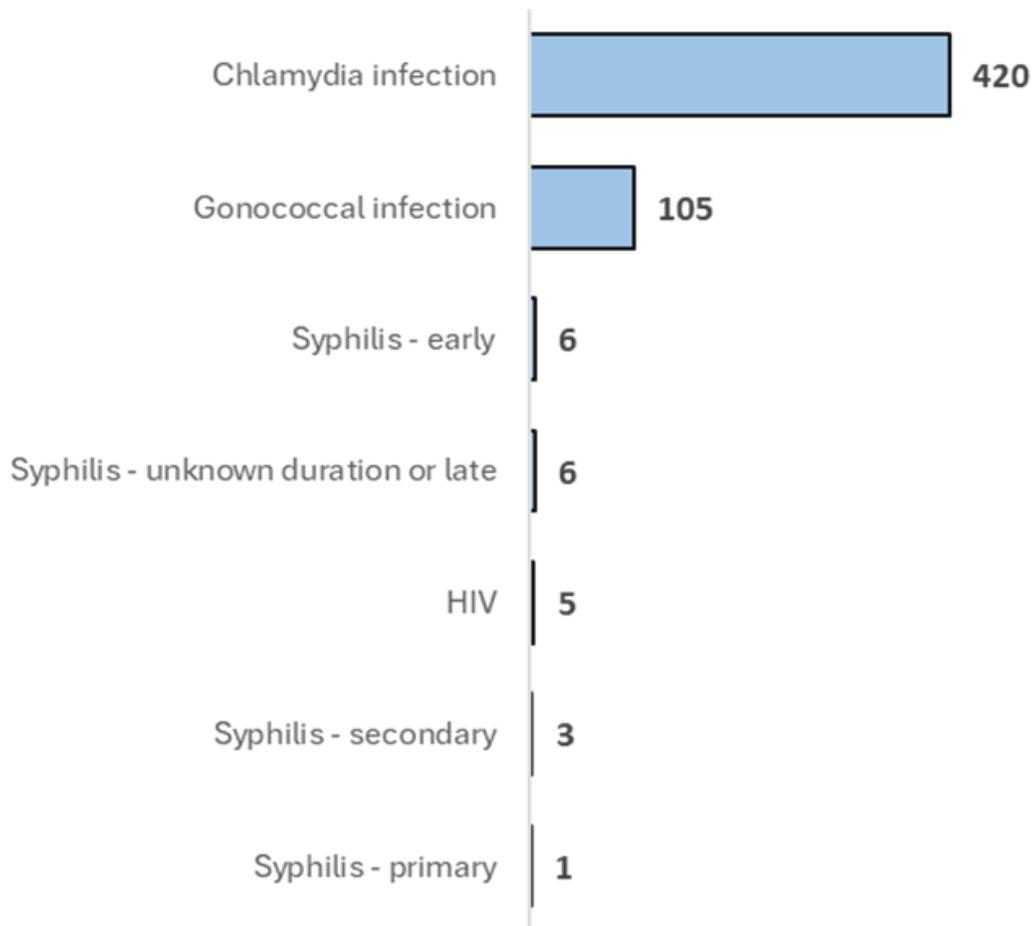
2b Healthcare-acquired infections



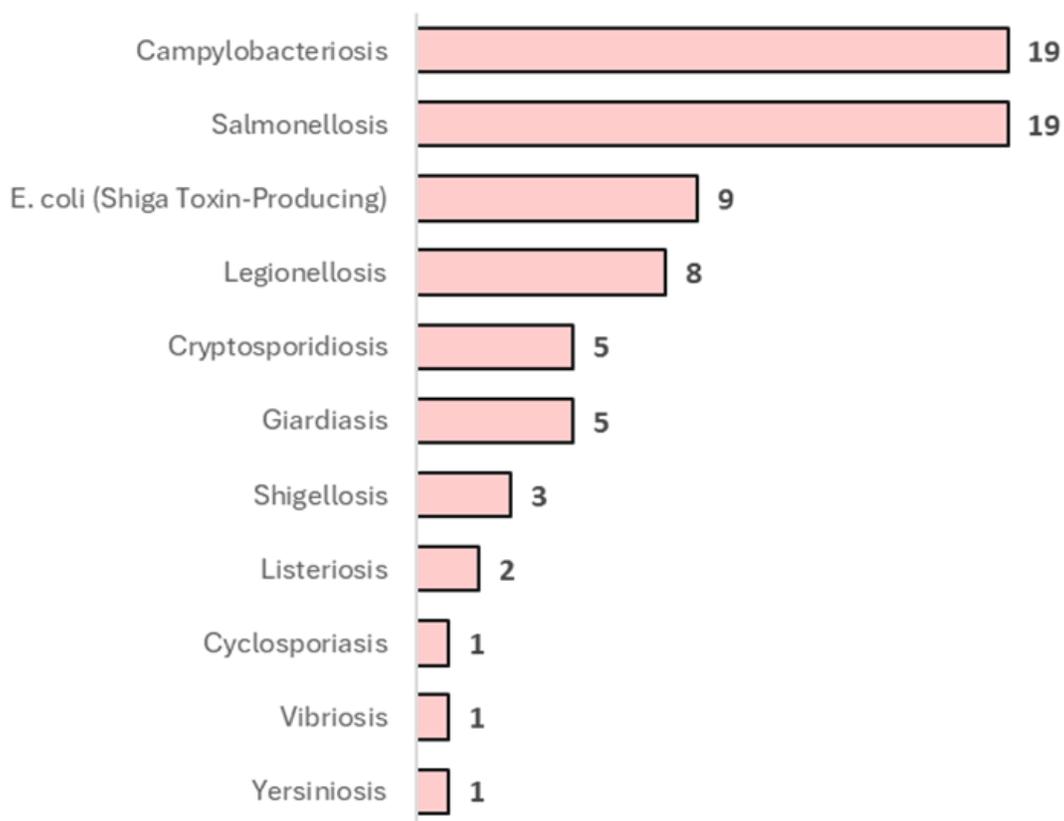
2c Streptococcal infections



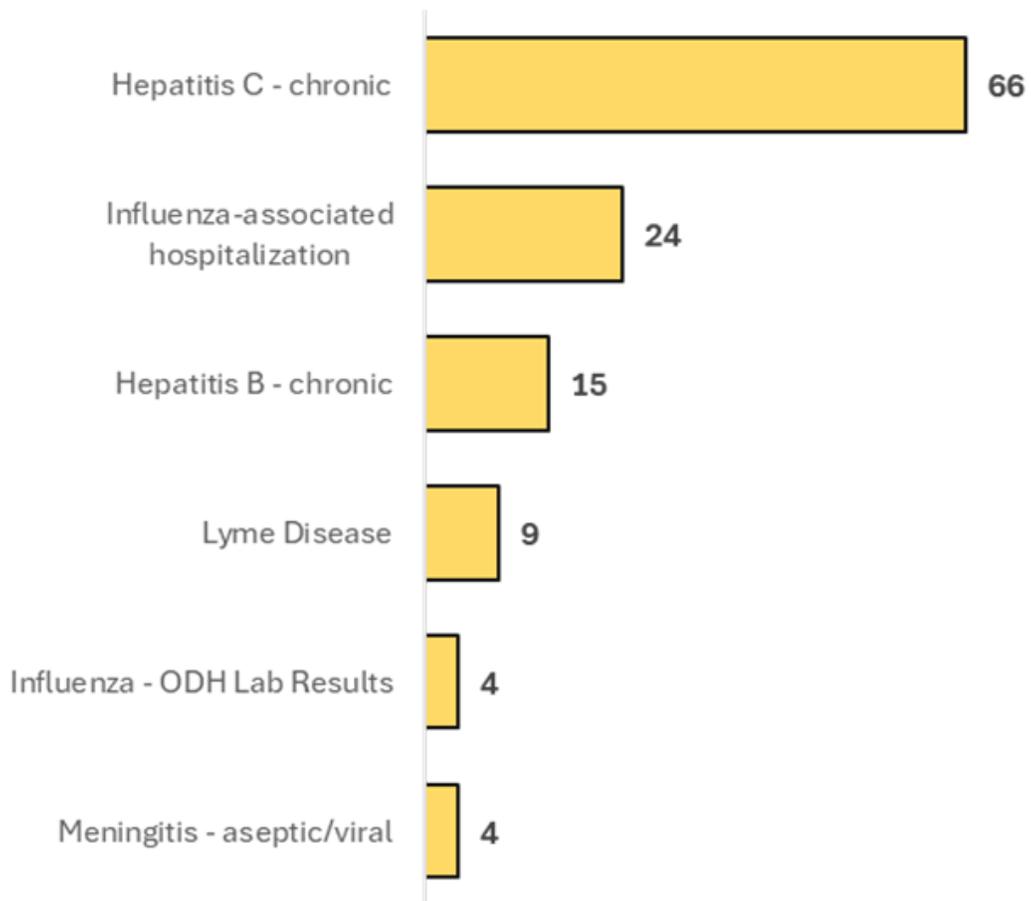
2d Sexually-transmitted infections



2e Food- and water-borne illnesses

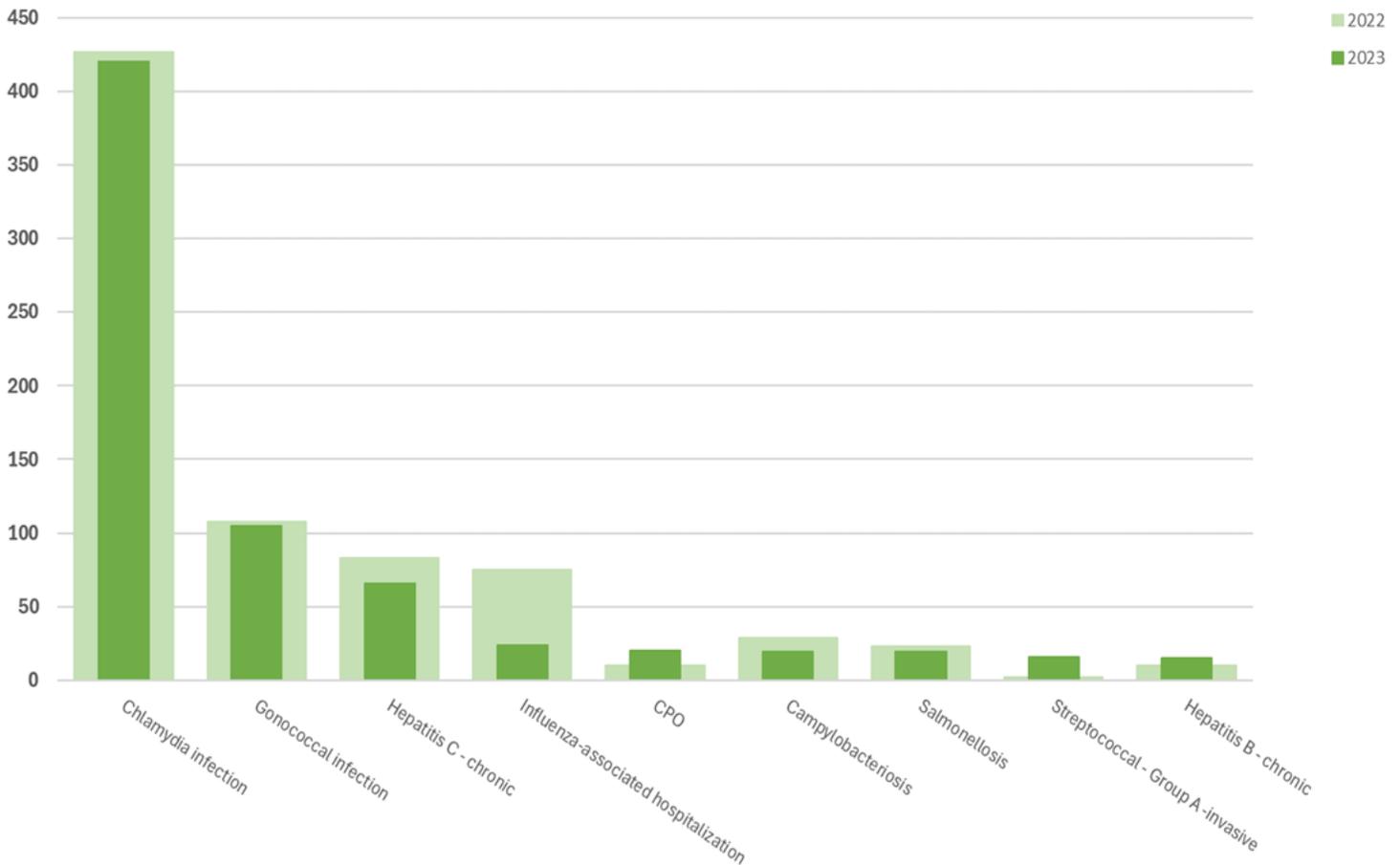


2f Other illnesses



Top Illnesses 2022 Compared to 2023

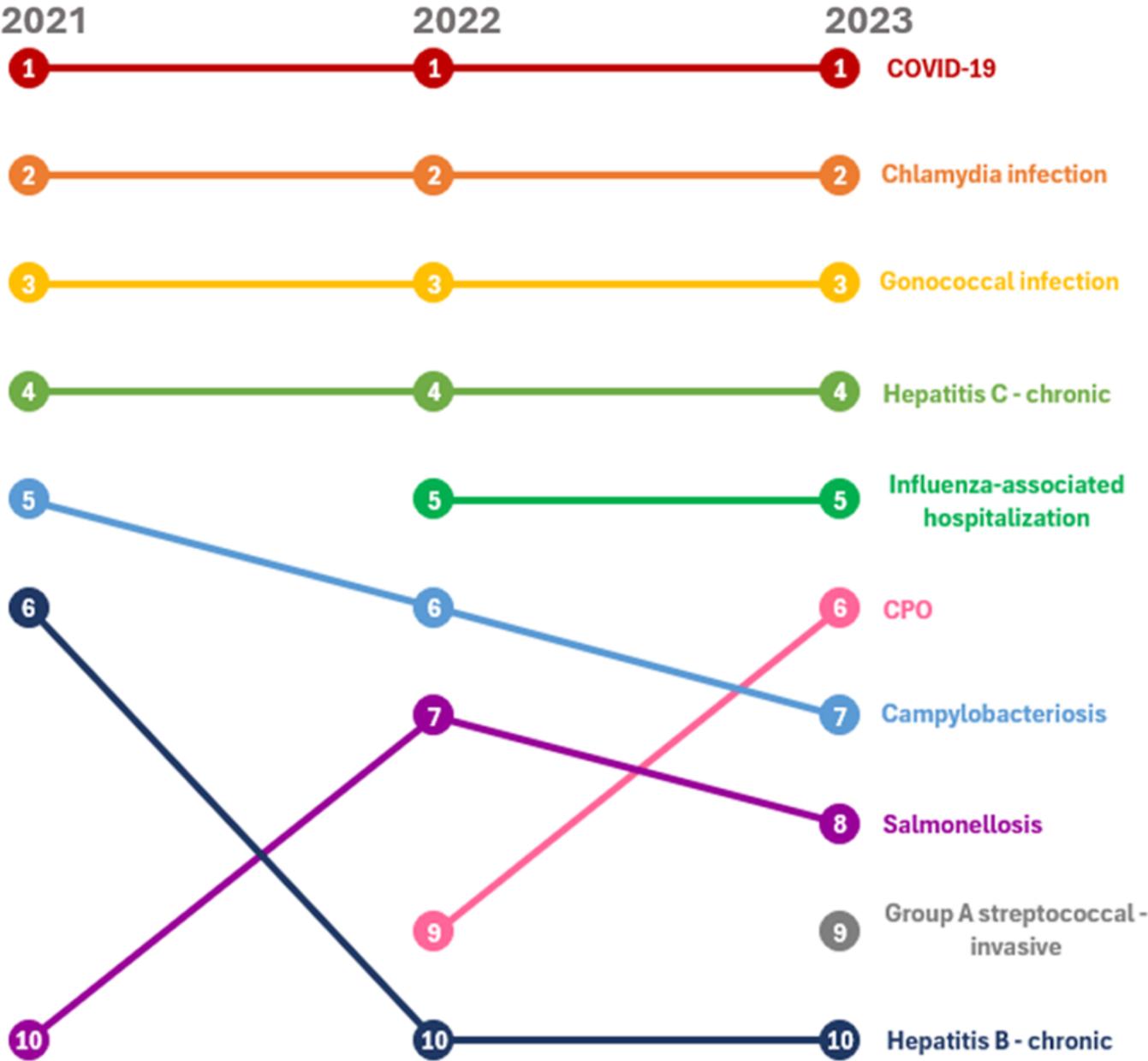
(Figure 3)



(Figure 3) This chart compares case numbers of the nine most common non-COVID reportable conditions in 2022 (light green bars) with the case numbers from 2023 (dark green bars). Cases of CPOs, Group A streptococcal infections and chronic Hepatitis B infections have increased in 2023. Conversely, influenza-associated hospitalizations, chronic Hepatitis C cases, and campylobacteriosis cases have decreased in number.

Three-Year Trends in Disease Rankings

(Figure 4)



As shown in Figure 4, the four most common communicable diseases reported in Portage County have remained consistent from 2021-2023: COVID-19, chlamydia infections, gonococcal infections and chronic Hepatitis C cases have held spots 1-4. Salmonellosis and campylobacteriosis, which are food-borne illnesses, have both varied in rank, but have remained among the top ten most common communicable diseases in Portage County since 2021.

Influenza-associated hospitalizations were absent from the top ten ranking in 2021, likely because COVID-19 precautions in place during that year also reduced influenza cases. However, as COVID-19 masking mandates and isolation requirements were relaxed in 2022 into 2023, influenza cases began to rise again. Concerningly, CPO infections, which were not ranked in the top ten communicable diseases reported in 2021, were the ninth rank in 2022, and have moved to the sixth rank in 2023. In part, that may be due to a broader range of infections now being reported in the CPO category, a policy instituted by the Ohio Department of Health in 2023.

While chronic Hepatitis B has remained in the top ten ranking for Portage County's communicable diseases since 2021, it has moved down through the ranks. This is somewhat puzzling considering Hepatitis B and C are both blood-borne pathogens, so one may expect both to decrease simultaneously. However, Hepatitis B can be prevented with a vaccine while Hepatitis C cannot. Thus, the lowering in rank of chronic Hepatitis B may be due to increased vaccination efforts.

Three-Year Trends in STI Case Numbers

(Figure 5)

Condition	2021	2022	2023
Chlamydia infection	370	427	420
Gonococcal infection	136	108	105
HIV	0	0	5
Syphilis - congenital	0	1	0
Syphilis - early	5	11	6
Syphilis - primary	3	6	1
Syphilis - secondary	2	10	3
Syphilis - unknown duration or late	6	2	6

Figure 5 displays the number of STI cases in Portage County for the last three years (2021-2023). The number of Chlamydia cases was very similar in 2022 compared to 2023, however both of those years display an increase of at least 50 cases compared to 2021. Gonococcal infection numbers have slightly trended downward for the last three years. Many areas within the United States, including several Ohio counties, have observed increasing Syphilis case burdens over the last year. However, that does not appear to be the case for Portage County for most stages of Syphilis. HIV trends are not as encouraging; Portage County had 5 HIV cases in 2023 after having none the previous 2 years.

Overall, the number of STI cases in Portage County is a small amount lower for 2023 than for 2022, but still higher than 2021. COVID-19 kept most people home and socially distanced from others in 2021, which could have resulted in fewer opportunities for people to engage in unprotected sexual activity with individuals whose STI status they did not know. As people returned to work, school and normal social activity in 2022 and 2023, STI case numbers show a corresponding elevation compared to 2021.

Education regarding safe sexual practices should be continued by medical providers, teachers, parents and public health professionals to further reduce STI case numbers in 2024. What does the Portage County Health District do to help progress towards this goal? We have a dedicated STI educator who provides sexual health education at health fairs, colleges, high schools and many other locations. She also provides free condoms at some of these educational events.



Three-Year Trends in Hepatitis Case Numbers

(Figure 6)

Condition	2021	2022	2023
Hepatitis B - chronic	17	10	15
Hepatitis C - chronic	109	83	66
Hepatitis B - acute	2	0	0
Hepatitis C - acute	1	0	0
Hepatitis B - perinatal	0	0	0
Hepatitis C - perinatal	0	1	0
Hepatitis B - chronic	17	10	15

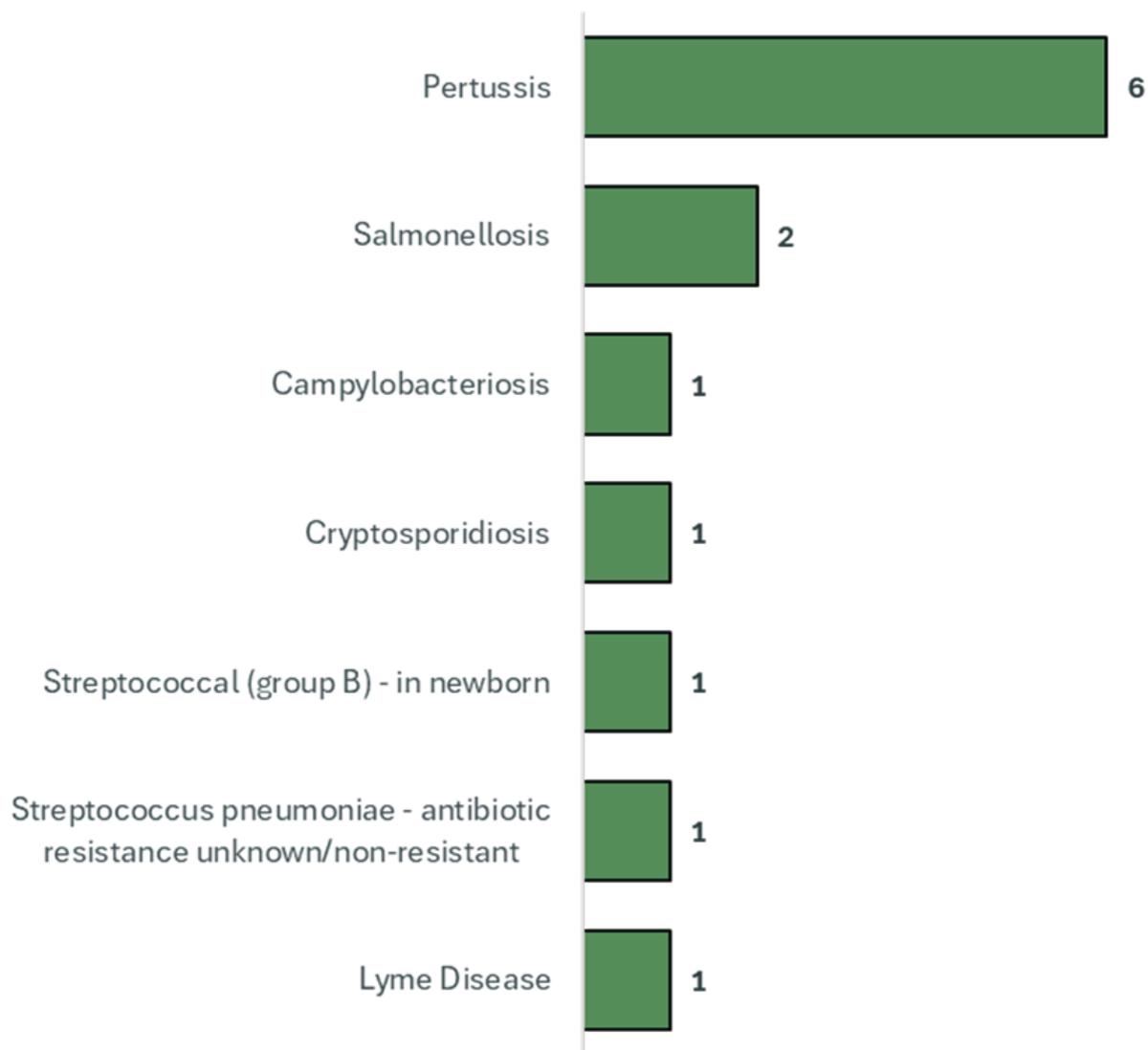
As shown in Figure 6, 2023 represents the lowest levels of acute Hepatitis B and C, perinatal Hepatitis B and C and chronic Hepatitis C in Portage County in the last three years. Only the number of chronic Hepatitis B cases was higher in 2022 than in 2023. However, there were fewer chronic Hepatitis B cases in 2023 than in 2021.

These encouraging trends could be the result of increasing educational efforts surrounding Hepatitis transmission. Specifically, education may have prompted a reduction in needle sharing, reduced use of injection drugs either in favor of other delivery methods or decreasing use of injection drugs in the pursuit of recovery. So, while chronic Hepatitis C has been the fourth-ranked communicable disease in Portage County for the last three years, case numbers have displayed a steady and promising decrease.



Case Numbers in Children Aged 0-4 Years

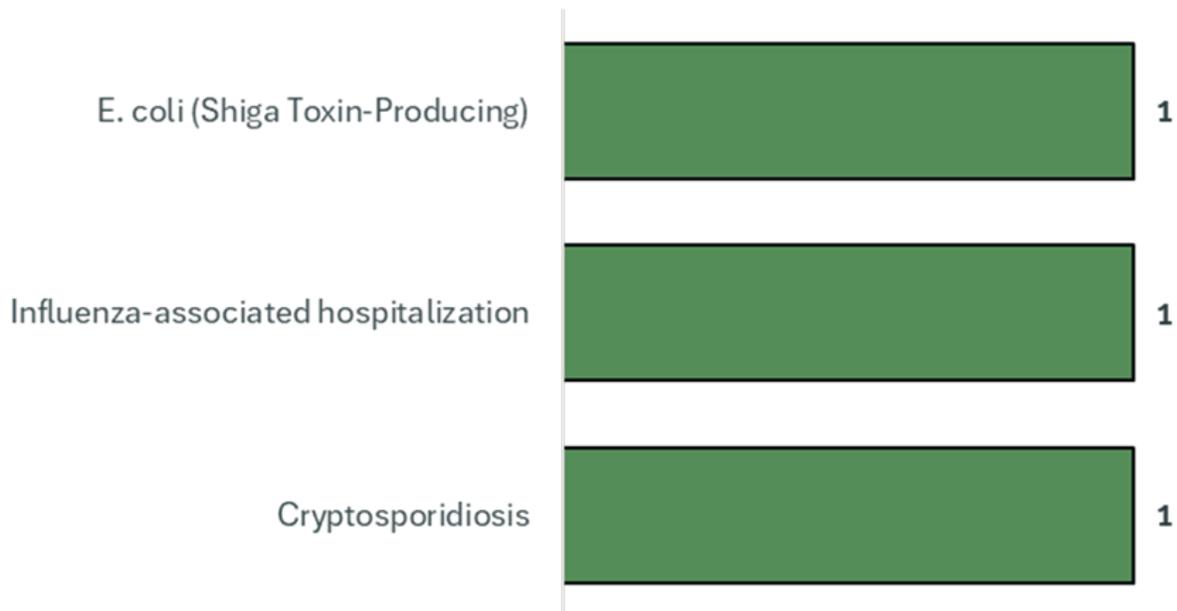
(Figure 7)



(Figure 7) The estimated number of infants/children 4 years old and under residing in Portage County in 2023 was 7,111. The primary illness afflicting this age group in 2023 was pertussis. Other conditions identified among members of this age group in 2023 are food- and water- borne illnesses, Streptococcal infections and Lyme disease.

Case Numbers in Children Aged 5-9 Years

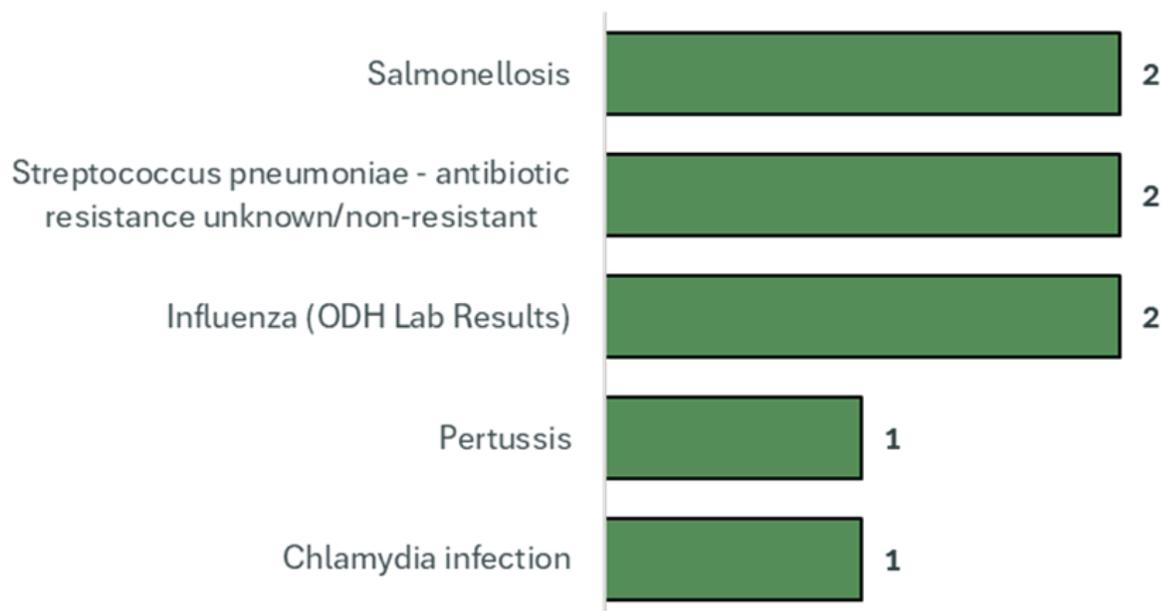
(Figure 8)



(Figure 8) The estimated number of children aged 5-9 years old residing in Portage County in 2023 was 7,612. Fortunately, there were only three reported cases of communicable disease in children of this age group in 2023. Influenza, while not normally reported to health departments in Ohio, is reported to local health departments (such as Portage County Health District) when an individual is hospitalized. This policy allows local public health agencies to determine when particularly severe strains of influenza are circulating in the community and issue recommendations.

Case Numbers in Children Aged 10-14 Years

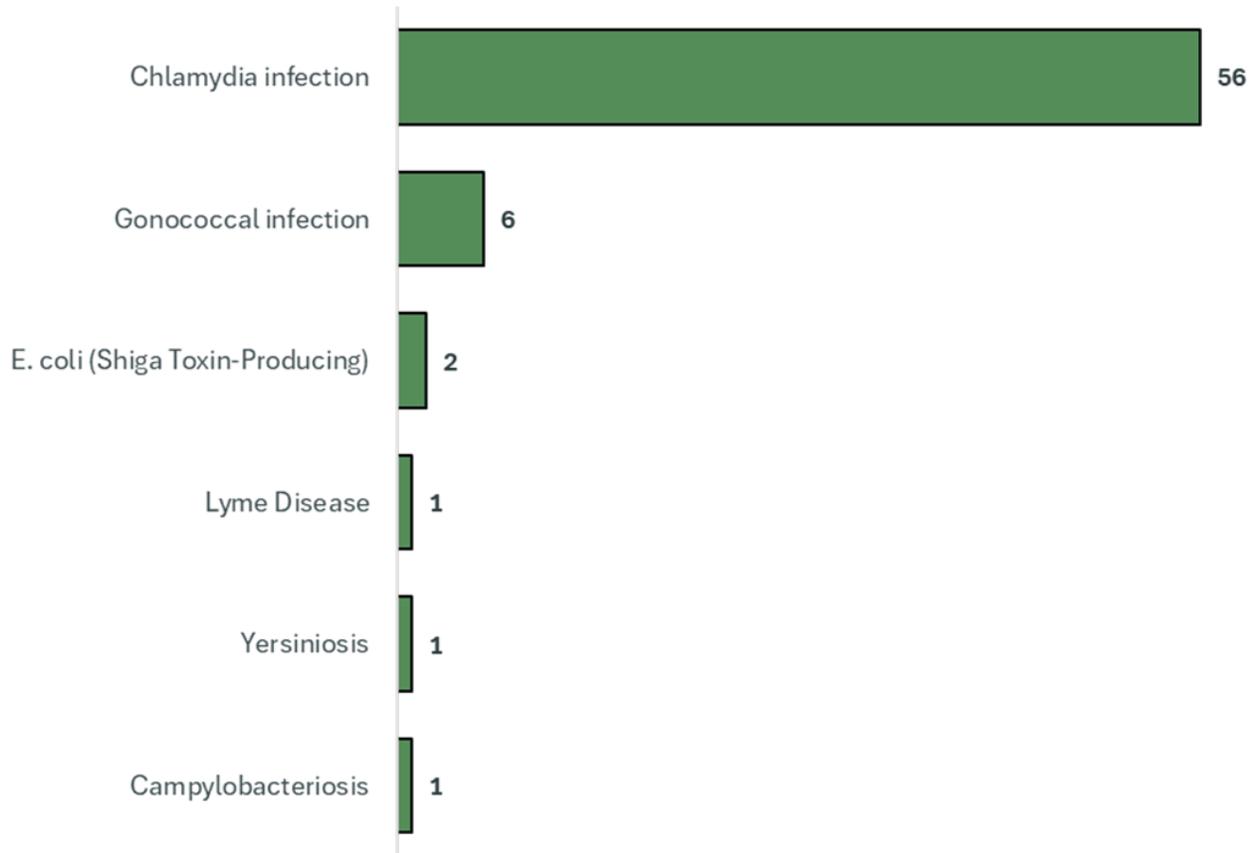
(Figure 9)



(Figure 9) The estimated number of children aged 10-14 years old residing in Portage County in 2023 was 8,449. Influenza, while not normally reported to health departments in Ohio, is reported to local health departments (such as Portage County Health District) when samples are sent to the Ohio Department of Health laboratory to be tested. This age group is the youngest for which an STI case was reported in 2023. The Portage County Health District recommends that safe sexual practices be discussed with children by families, teachers or religious leaders close to the onset of puberty, which is typically age 10 or earlier.

Case Numbers in Children Aged 15-17 Years

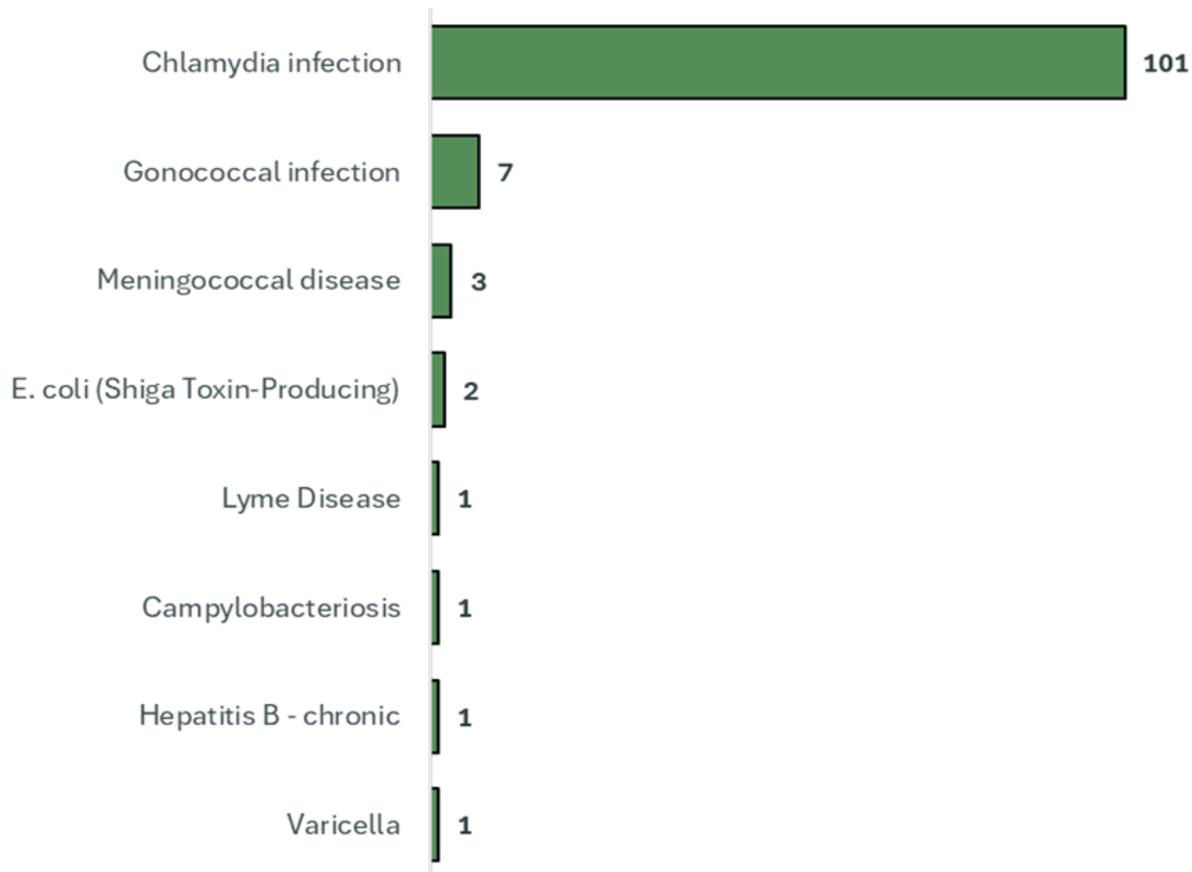
(Figure 10)



(Figure 10) The estimated number of children aged 15-17 years old residing in Portage County in 2023 was 5,742. STIs are the most prevalent communicable disease in this age group by a large margin. As referenced in the caption for figure 9, the Portage County Health District recommends education about safe sexual practices begin around the time of puberty onset before children reach this age group. Food- and water-borne illness cases are present among members of this age group at low numbers. Ensure any children this age cooking their own food are preparing and storing food safely.

Case Numbers in People Aged 18-20 Years

(Figure 11)

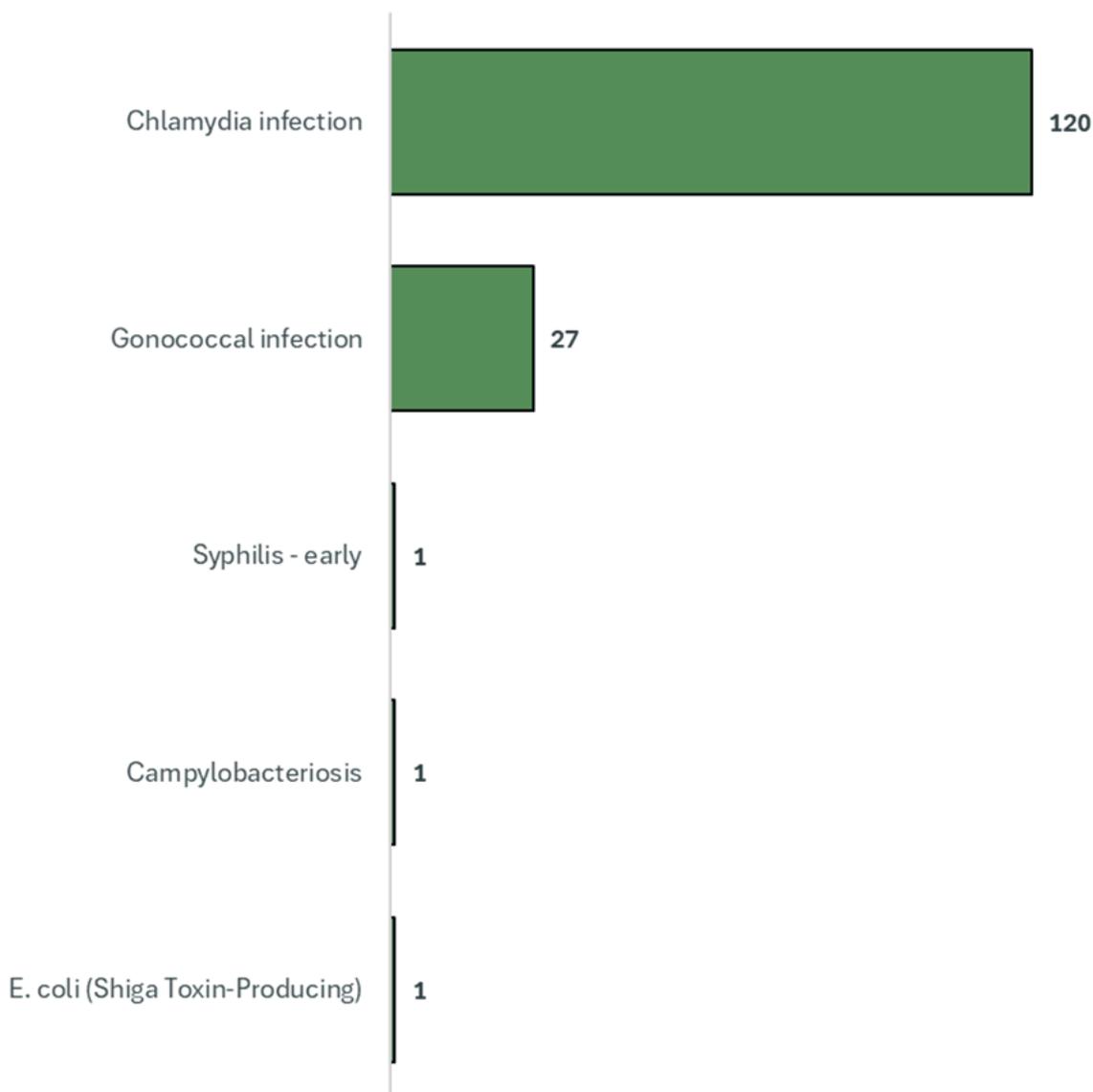


(Figure 11) The estimated number of people aged 18-20 years old residing in Portage County in 2023 was 10,488. STIs, food- and water-borne illness, and Lyme disease afflicted members of this age group in 2023. A key difference between 18-20-year-olds and 15-17-year-olds is that the former may have better access to STI testing, condoms, and other items to help them practice safe sex. Individuals of this age group should consider regular testing for STIs, as well as ensure that they ask any partners about recent STI testing they may have undergone.

Varicella is more commonly known as Chickenpox or Shingles. Cases reported here are only those diagnosed as Chickenpox and do not include shingles cases. Individuals belonging to this age group who are considering pregnancy should ensure that they have immunity to Chickenpox, as the Varicella virus can cause serious birth defects if a mother contracts it while pregnant.

Case Numbers in People Aged 21-24 Years

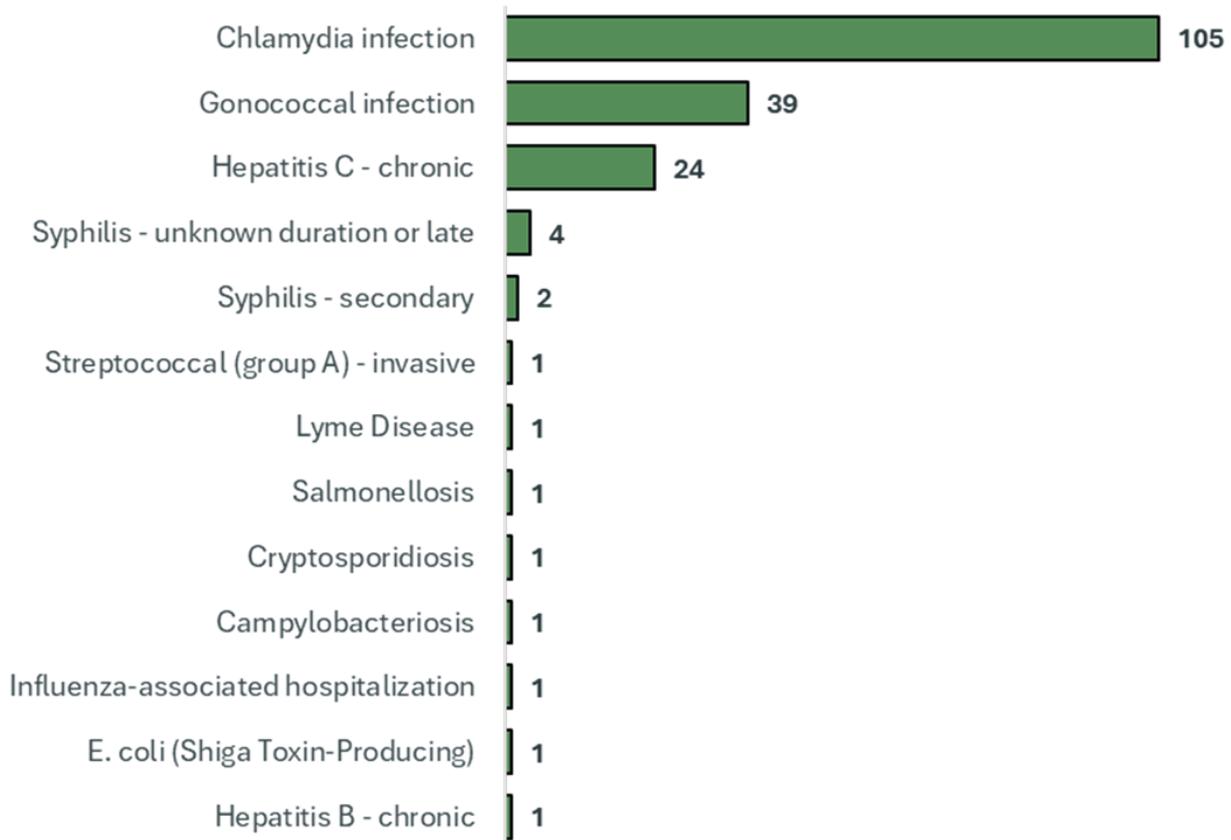
(Figure 12)



(Figure 12) The estimated number of people aged 21-24 years old residing in Portage County in 2023 was 12,745. Communicable disease cases in this age group in 2023 were almost exclusively STIs, further underscoring the importance of safe sex education and practices, as well as regular STI testing of sexually active individuals and discussions about recent testing with sexual partners.

Case Numbers in People Aged 25-34 Years

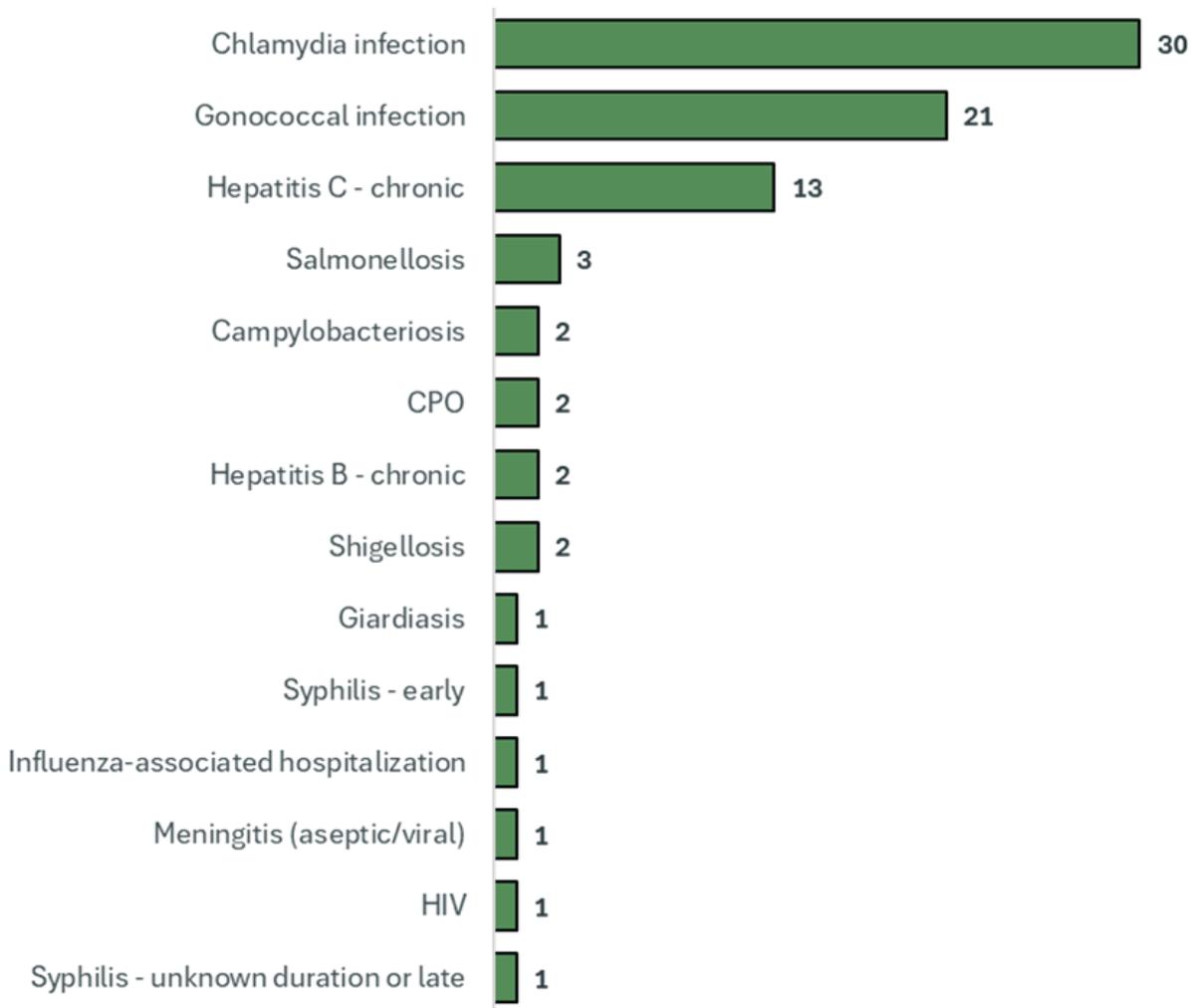
(Figure 13)



(Figure 13) The estimated number of people aged 25-34 years old residing in Portage County in 2023 was 20,787. Aside from STIs, chronic Hepatitis infections are the most prevalent communicable disease in the 25–34 year-old age group. Note that this is also the youngest age group with reported chronic Hepatitis C cases in Portage County.

Case Numbers in People Aged 35-44 Years

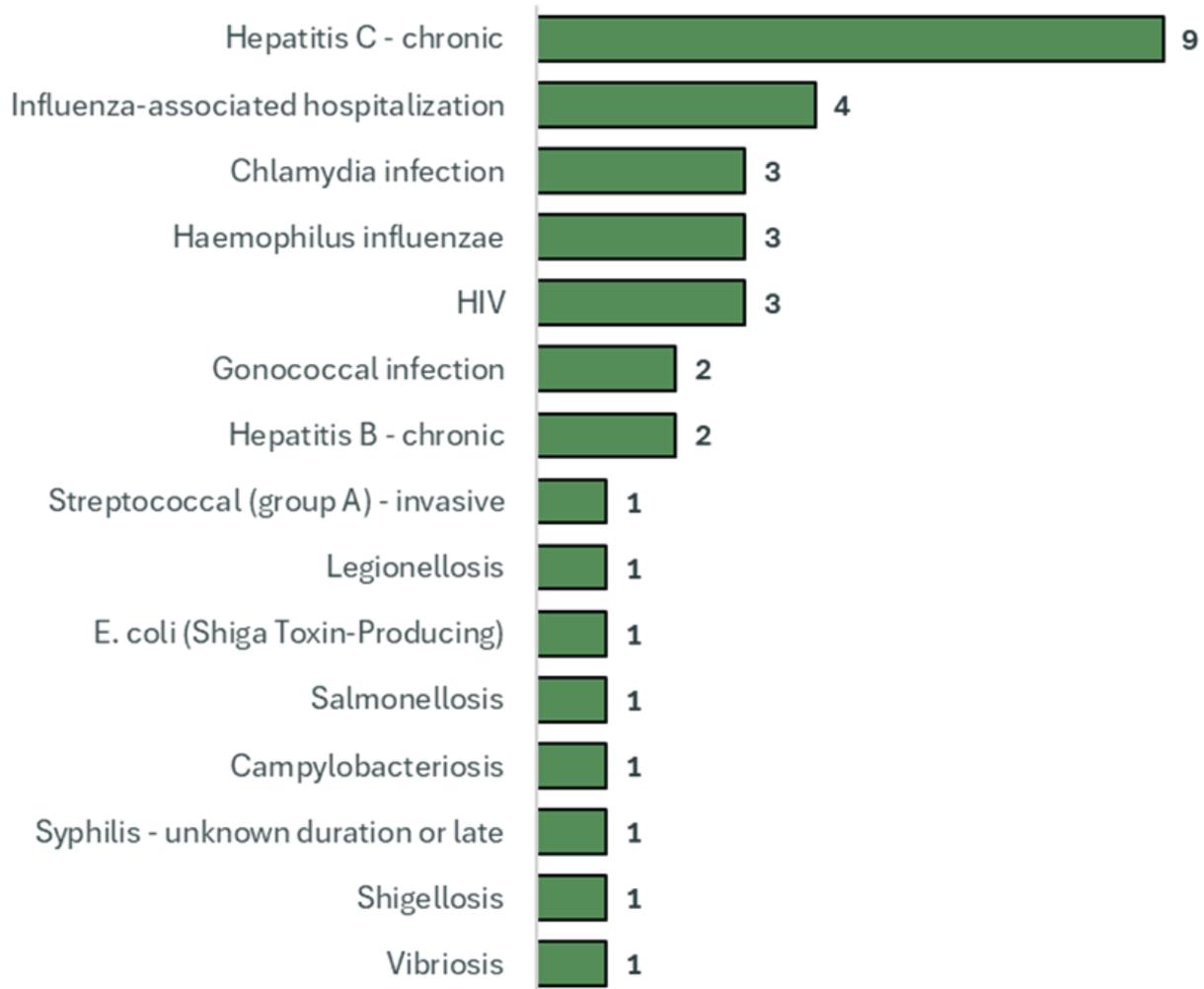
(Figure 14)



(Figure 14) The estimated number of people aged 35-44 years old residing in Portage County in 2023 was 17,516. Communicable disease cases among members of this group are fairly similar to the 25-34 age group, however, Chlamydia and Gonococcal infection case numbers are lower for the 35-44 age group. This could reflect the involvement of more individuals in this age group in monogamous sexual relationships. Additionally, this age group is the youngest group reporting CPO infections.

Case Numbers in People Aged 45-54 Years

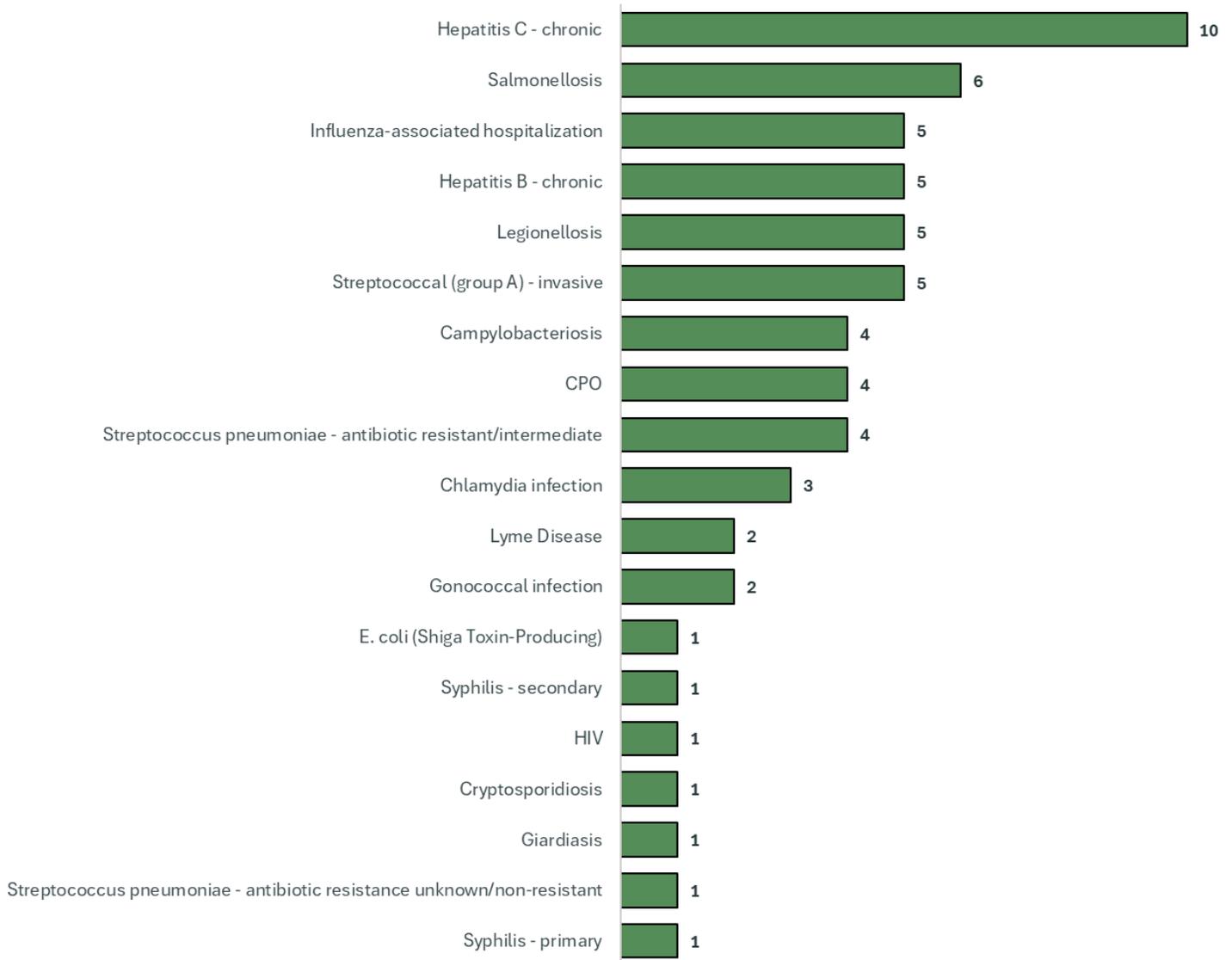
(Figure 15)



(Figure 15) The estimated number of people aged 45-54 years old residing in Portage County in 2023 was 18,413. Chronic Hepatitis C was the most prevalent communicable disease in this age group in 2023, followed by Influenza-associate hospitalizations. As individuals age, influenza may be harder for their bodies to fight off, and symptoms may become more severe, especially if they have been diagnosed with chronic conditions that can weaken the immune system (e.g., Cancer, HIV, chronic Hepatitis, Diabetes, COPD, organ failure or transplanted organ).

Case Numbers in People Aged 55-64 Years

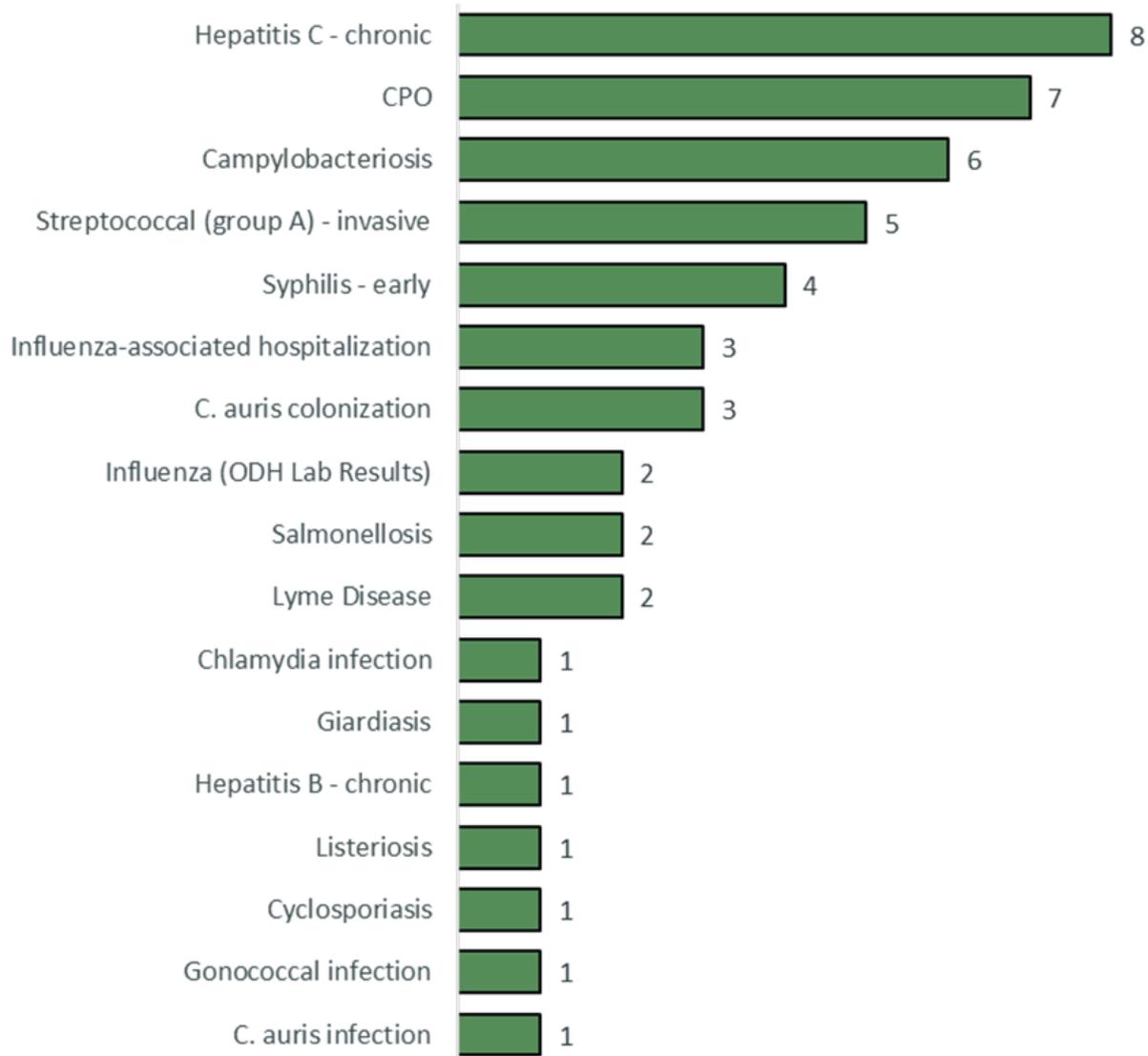
(Figure 16)



(Figure 16) The estimated number of people aged 55-64 years old residing in Portage County in 2023 was 22,581. Chronic Hepatitis C was the most prevalent communicable disease in this age group in 2023. Cases of food- and water-borne illness are also fairly common in this group, followed by invasive infections and influenza hospitalizations. These are all illnesses which are more likely to occur in individuals with weakened immune systems, which is more common as people age.

Case Numbers in People Aged 65-74 Years

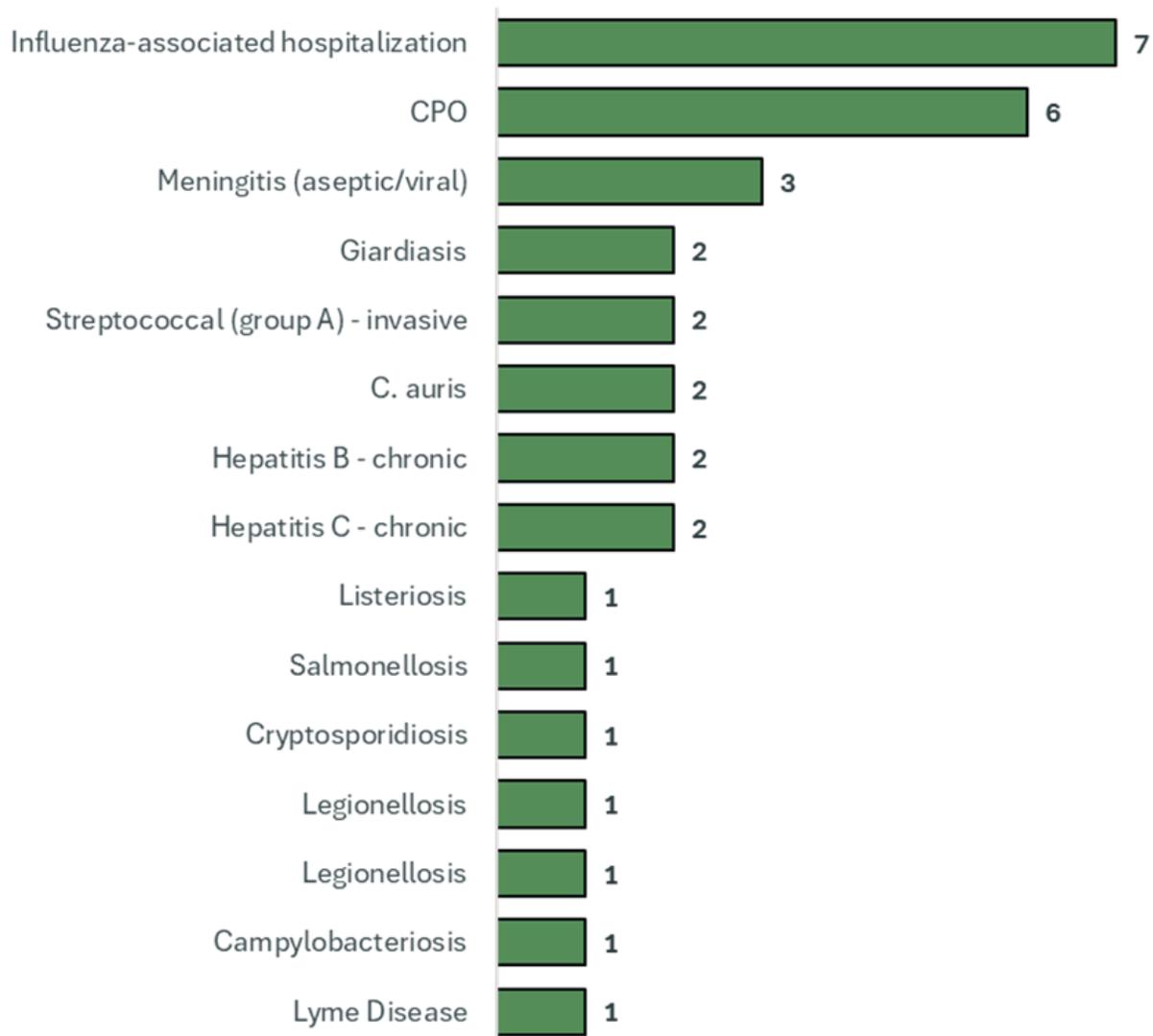
(Figure 17)



(Figure 17) The estimated number of people aged 65-74 years old residing in Portage County in 2023 was 19,002. Chronic Hepatitis C was the most prevalent communicable disease in this age group in 2023, followed by CPO infections. Individuals in this age group may be experiencing frequent stays in healthcare settings, which is a possible explanation for CPO cases being the second most common illness in this cohort.

Case Numbers in People Aged 75-84 Years

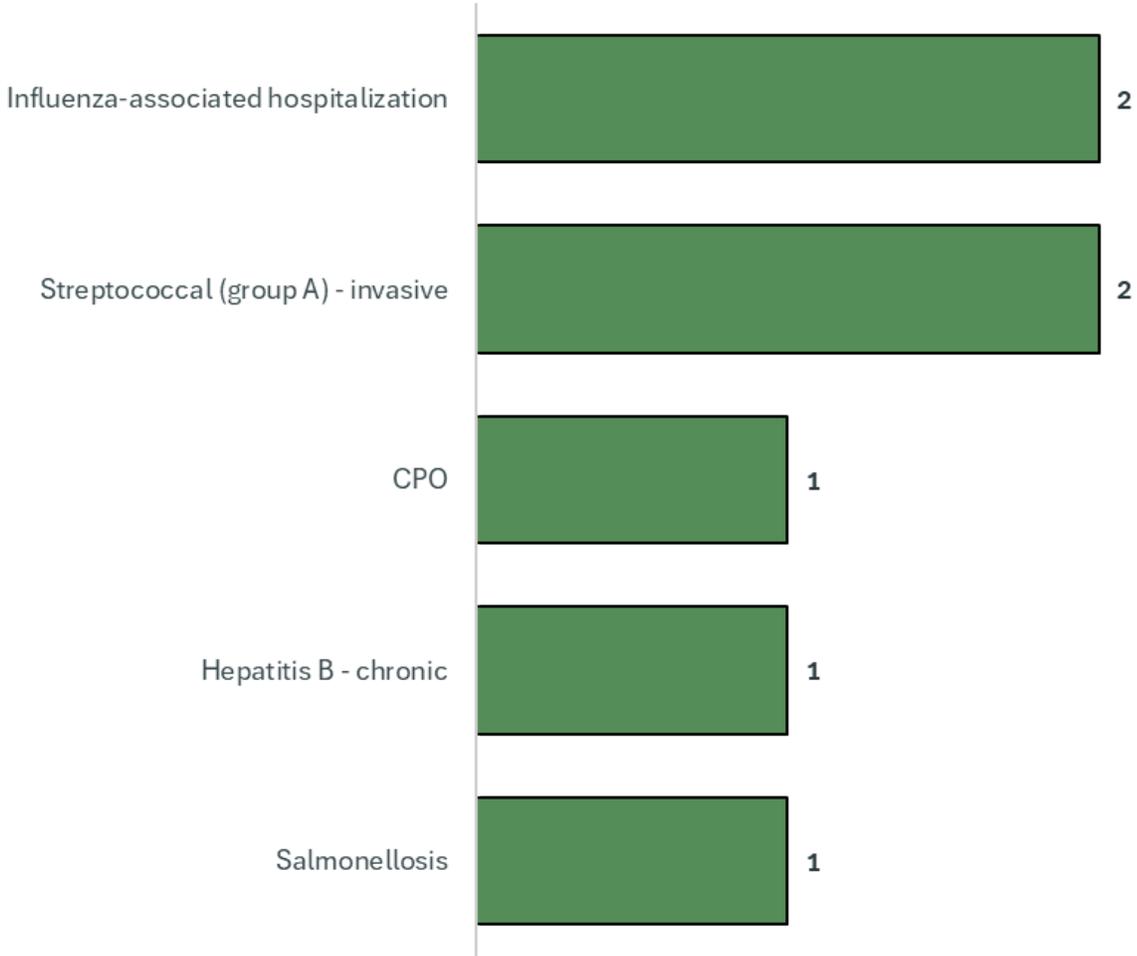
(Figure 18)



(Figure 18) The estimated number of people aged 75-84 years old residing in Portage County was 2023 is 8,675. Influenza hospitalizations and CPO infections are the most common illnesses in this age group. As in younger groups, immunosuppression and frequent healthcare stays contribute to illness burdens.

Case Numbers in People Aged 85 Years+

(Figure 19)



(Figure 19) The estimated number of people aged 85+ years old residing in Portage County in 2023 was 3,100. Communicable diseases common in this group are similar to the 65-74 and 75-84 age groups.

Rate of Top Five Non-COVID Illnesses by Race

(Figure 20)

Top 5 non-COVID illnesses	White	Black	Asian
Chlamydia	208 (150.49)	99 (1247.48)	1 (29.15)
Gonococcal infection	65 (47.03)	15 (189.01)	1 (29.15)
Hepatitis C - chronic	47 (34.01)	3 (37.80)	0
Influenza-associated hospitalization	23 (16.64)	0	0
CPO	8 (5.79)	8 (100.81)	0

(Figure 20) The estimated population size for each racial group in Portage County during 2023 was as follows: 138,212 white individuals, 7,936 Black/African American individuals, and 3,431 Asian individuals. Data in this table is reported in the following format: case number (rate per 100,000 individuals).



Rate of Top Five Non-COVID Illnesses by Sex

(Figure 21)

Top 5 non-COVID illnesses	Male	Female
Chlamydia	130 (163.79)	290 (350.03)
Gonococcal infection	67 (84.41)	38 (45.87)
Hepatitis C - chronic	31 (39.06)	35 (42.24)
Influenza-associated hospitalization	13 (16.38)	11 (13.28)
CPO	13 (16.38)	7 (8.45)

(Figure 21) The estimated population size for each gender group in Portage County during 2023 was as follows: 82,851 females and 79,370 males. Data in this table is reported in the following format: case number (rate per 100,000 individuals).

Rate of Top Five Non-COVID Illnesses by Age

(Figure 22)

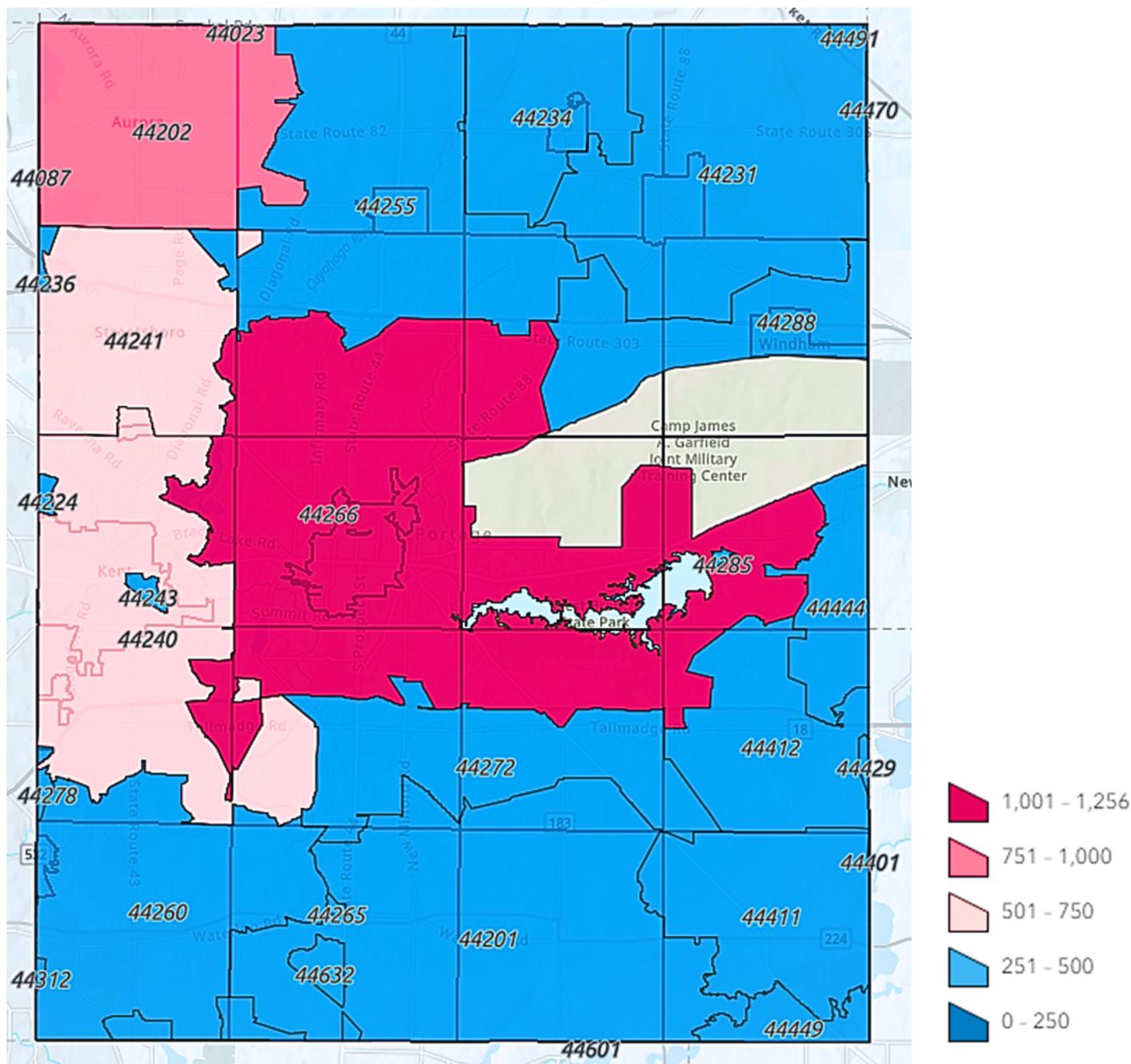
Top 5 non-COVID illnesses	5-9 years	10-14 years	15-17 years	18-20 years	21-24 years	25-34 years
Chlamydia	0	11.84	975.27	963.01	941.55	505.12
Gonococcal infection	0	0	104.49	66.74	211.85	187.62
Hepatitis C - chronic	0	0	0	0	0	115.46
Influenza-associated hospitalization	13.14	23.67	0	0	0	4.81
CPO	0	0	0	0	0	0

Top 5 non-COVID illnesses	35-44 years	45-54 years	55-64 years	65-74 years	75-84 years	85+ years
Chlamydia	171.27	16.29	13.29	5.26	0	0
Gonococcal infection	119.89	10.86	8.86	5.26	0	0
Hepatitis C - chronic	74.22	48.88	44.29	42.1	23.05	0
Influenza-associated hospitalization	5.71	21.72	22.14	15.79	80.69	64.52
CPO	11.42	0	17.71	36.84	69.16	32.26

(Figure 22) The estimated population size for each group in Portage County in 2023 is given in figure captions. Number of cases for each illness in each age group was reported in figures 7-19. Data in this table is reported as case rate per 100,000 individuals.

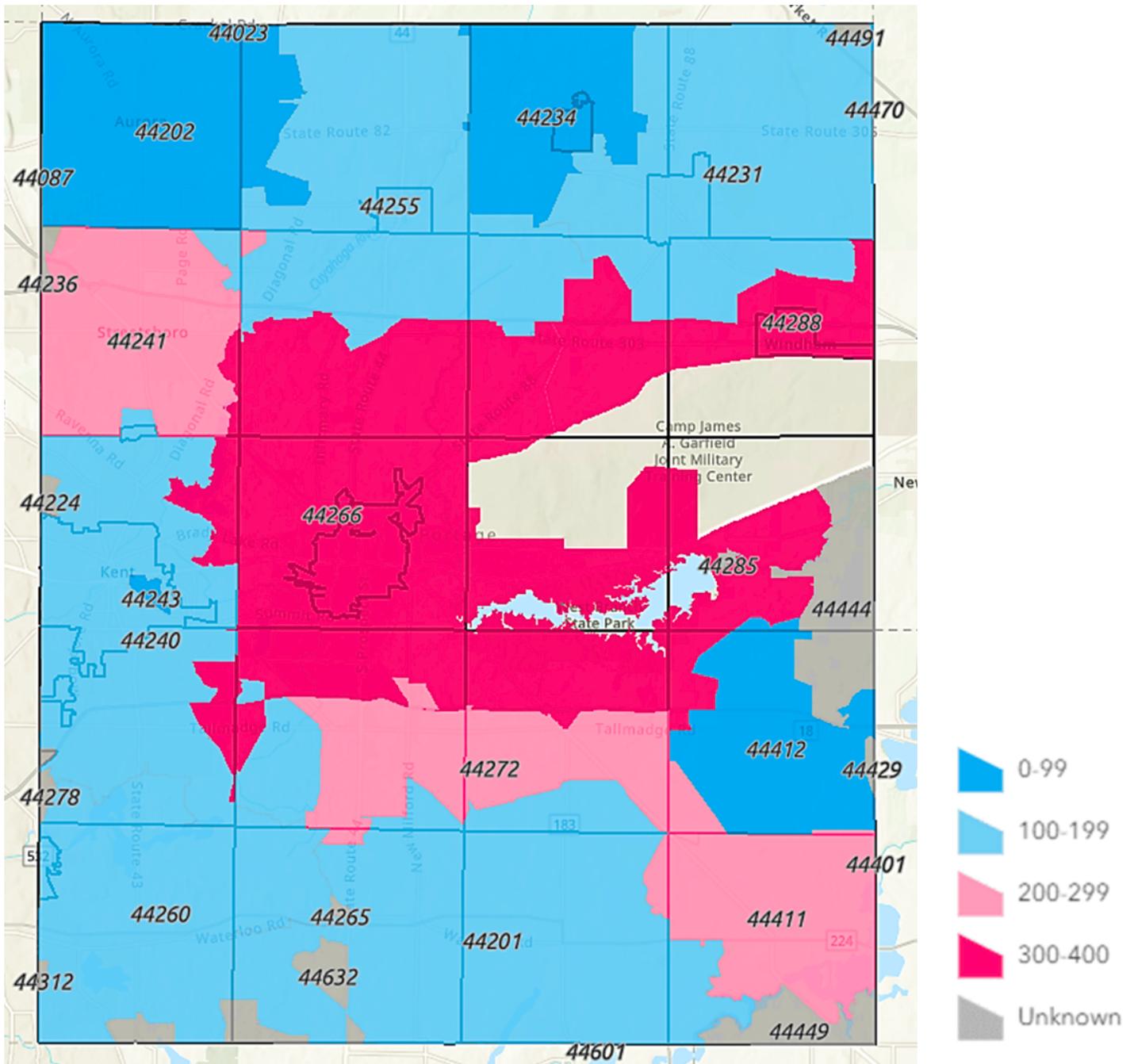
Number of Communicable Disease Cases

(Figure 23)



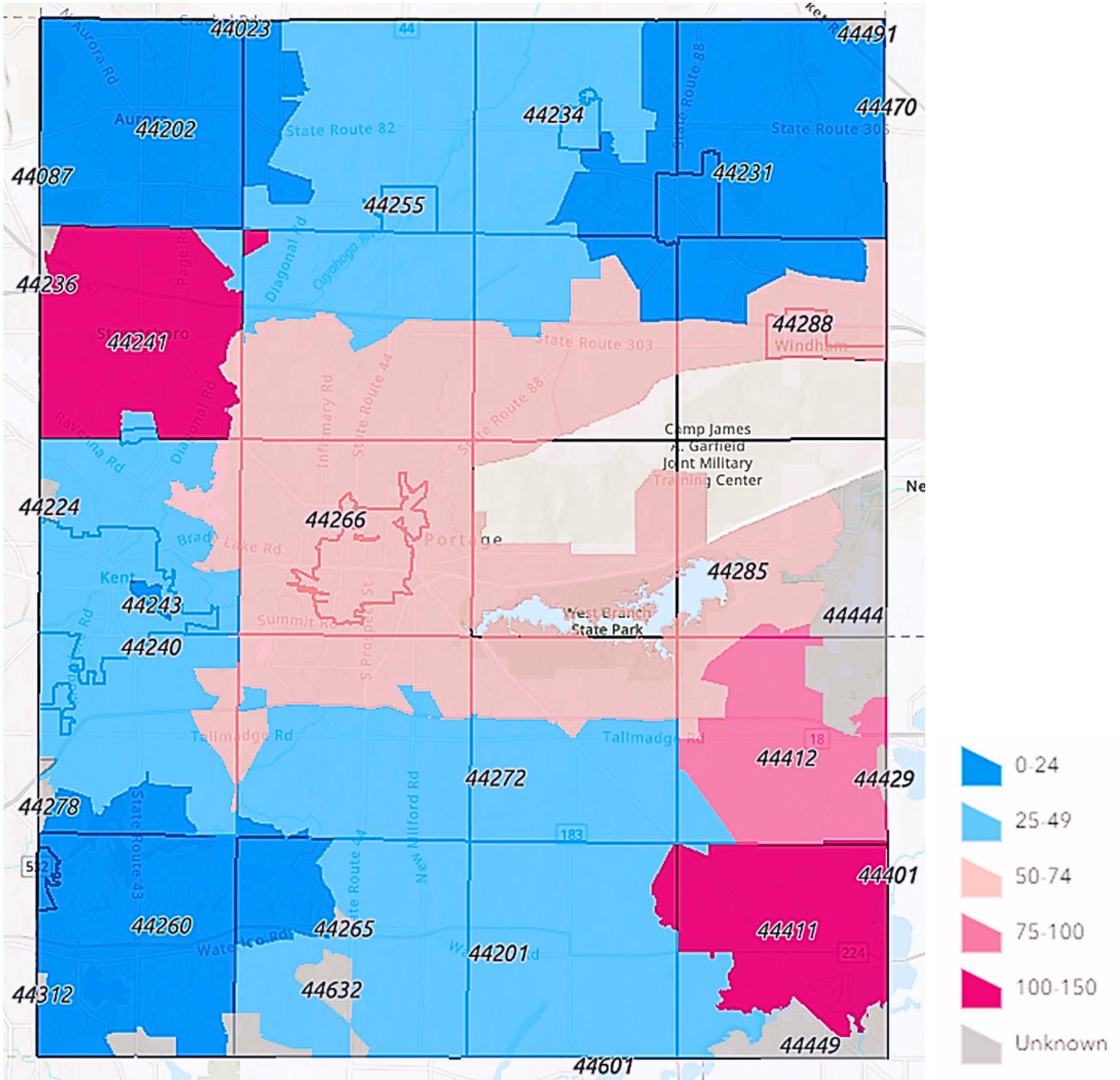
Rate of Chlamydia Cases (per 100,000 Individuals)

(Figure 25)



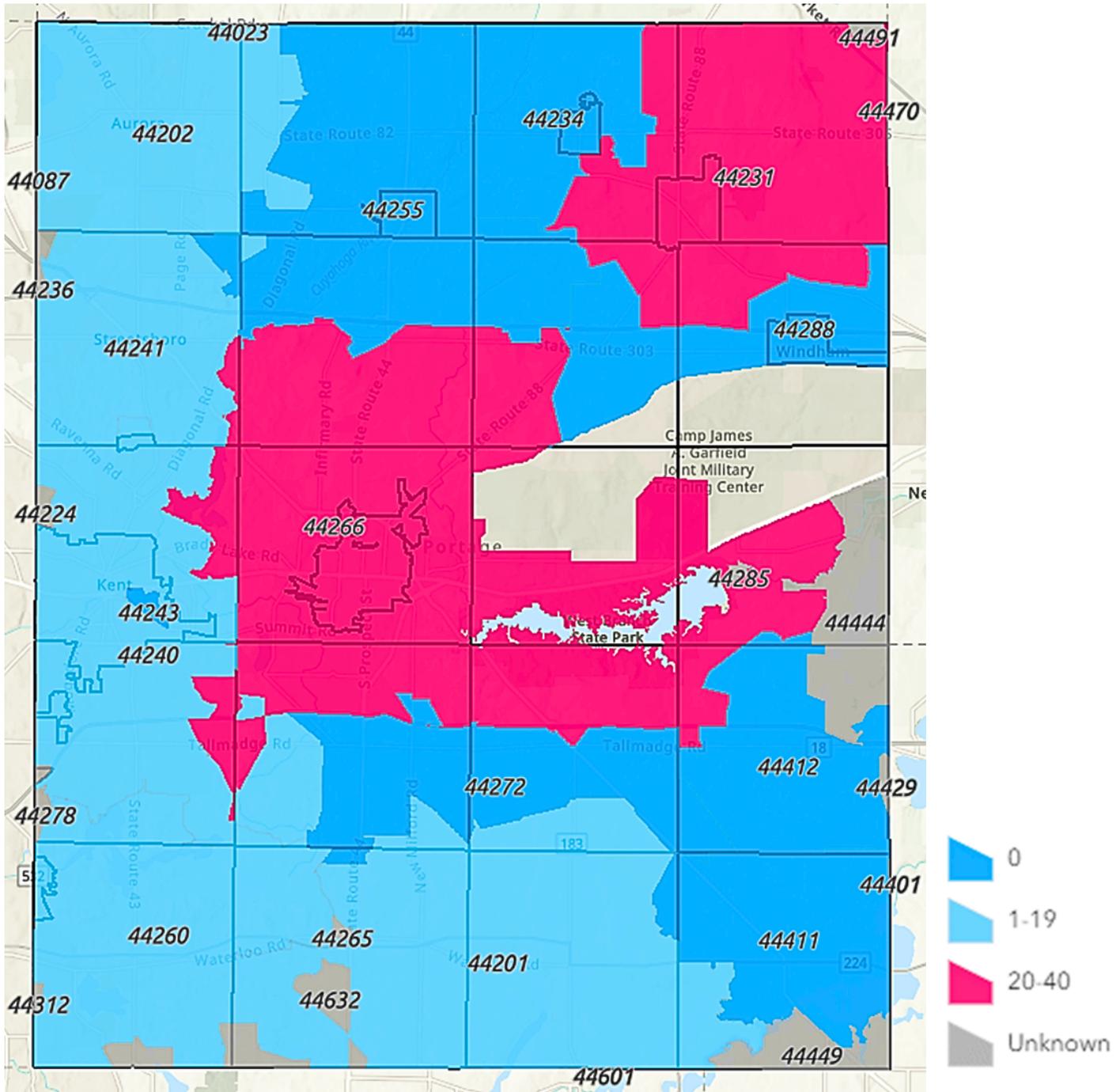
Rate of Gonococcal Infections (per 100,000 Individuals)

(Figure 26)



Rate of Influenza Hospitalizations (per 100,000 Individuals)

(Figure 29)



Appendix

Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio From the Ohio Administrative Code Chapter 3701-3; Effective August 1, 2019

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, foodborne
- Cholera
- Diphtheria
- 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
- 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:

Disease 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.

- Amebiasis
- Arboviral neuroinvasive and non-neuroinvasive disease:
 - Chikungunya virus infection
 - Eastern equine encephalitis virus disease
 - LaCrosse 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 infection
 - Other arthropod-borne diseases
- Babesiosis
- Botulism
 - infant
 - wound
- Brucellosis
- Campylobacteriosis
- *Candida auris*
- Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)
 - CP-CRE *Enterobacter* spp.
 - CP-CRE *Escherichia coli*
 - CP-CRE *Klebsiella* spp.
 - CP-CRE other
- Chancroid
- *Chlamydia trachomatis* infections
- Coccidioidomycosis
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC)
- Ehrlichiosis/anaplasmosis
- 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
- Meningitis:
 - Aseptic (viral)
 - Bacterial
- Mumps
- Pertussis
- Poliomyelitis (including vaccine-associated cases)
- Psittacosis
- Q fever
- 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), including multi-drug resistant tuberculosis (MDR-TB)
- 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.

Know Your ABCs (Alphabetical Order)

Effective August 1, 2019

Name	Class
Amebiasis	B
Anthrax	A
Arboviral neuroinvasive and non-neuroinvasive disease	B
Babesiosis	B
Botulism, foodborne	A
Botulism, infant	B
Botulism, wound	B
Brucellosis	B
Campylobacteriosis	B
<i>Candida auris</i>	B
Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)	B
Chancroid	B
<i>Chlamydia trachomatis</i> infections	B
Chikungunya	B
Cholera	A
Coccidioidomycosis	B
Creutzfeldt-Jakob disease (CJD)	B
Cryptosporidiosis	B
Cyclosporiasis	B
Dengue	B
Diphtheria	A
<i>E. coli</i> O157:H7 and Shiga toxin-producing <i>E. coli</i> (STEC)	B
Eastern equine encephalitis virus disease	B
Ehrlichiosis/Anaplasmosis	B
Giardiasis	B
Gonorrhea (<i>Neisseria gonorrhoeae</i>)	B
<i>Haemophilus influenzae</i> (invasive disease)	B
Hantavirus	B
Hemolytic uremic syndrome (HUS)	B
Hepatitis A	B
Hepatitis B (non-perinatal)	B
Hepatitis B (perinatal)	B
Hepatitis C (non-perinatal)	B
Hepatitis C (perinatal)	B
Hepatitis D (delta hepatitis)	B
Hepatitis E	B
Influenza A – novel virus	A
Influenza-associated hospitalization	B
Influenza-associated pediatric mortality	B
LaCrosse virus disease (other California serogroup virus disease)	B
Legionnaires' disease	B
Leprosy (Hansen disease)	B
Leptospirosis	B
Listeriosis	B
Lyme disease	B
Malaria	B

Name	Class
Measles	A
Meningitis, aseptic (viral)	B
Meningitis, bacterial	B
Meningococcal disease	A
MERS	A
Mumps	B
Other arthropod-borne diseases	B
Outbreaks: community, foodborne, healthcare-associated, institutional, waterborne, zoonotic	C
Pertussis	B
Plague	A
Poliomyelitis (including vaccine-associated cases)	B
Powassan virus disease	B
Psittacosis	B
Q fever	B
Rabies, human	A
Rubella (congenital)	B
Rubella (not congenital)	A
<i>Salmonella</i> Paratyphi infection	B
<i>Salmonella</i> Typhi infection (typhoid fever)	B
Salmonellosis	B
Severe acute respiratory syndrome (SARS)	A
Shigellosis	B
Smallpox	A
Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)	B
St. Louis encephalitis virus disease	B
<i>Staphylococcus aureus</i> , with resistance or intermediate resistance to vancomycin (VISA, VRSA)	B
Streptococcal disease, group A, invasive (IGAS)	B
Streptococcal disease, group B, in newborn	B
Streptococcal toxic shock syndrome (STSS)	B
<i>Streptococcus pneumoniae</i> , invasive disease (ISP)	B
Syphilis	B
Tetanus	B
Toxic shock syndrome	B
Trichinellosis	B
Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)	B
Tularemia	A
Varicella	B
Vibriosis	B
Viral hemorrhagic fever (VHF)	A
West Nile virus infection	B
Western equine encephalitis virus disease	B
Yellow fever	B
Yersiniosis	B
Zika virus infection	B



Sources

1. World Health Organization
2. Ohio Disease Reporting System
3. Ohio Department of Health Infectious Disease Control Manual
4. Healthy Northeast Ohio
5. CDC



HEALTH DISTRICT

For questions, contact:

Olivia Card, MA

Portage County Health District Epidemiologist

330-296-9919 ext. 152

ocard@portagehealth.net

999 East Main Street

Ravenna, Ohio 44266

www.portagehealth.net