

HEALTH DISTRICT

ANNUAL COMMUNICABLE DISEASES REPORT 2024

PREPARED BY

Olivia Card, MA Epidemiologist

CONTRIBUTIONS BY

Rebecca Barreca, MSN, RN Michael Crowell, Director of Nursing Programs GIS Contract Worker

Table of Contents

Abbreviations	Page 2
Overview	Pages 3-4
Index of Illnesses	Pages 5-8
COVID-19	Page 9
Respiratory Illness	Page 10
Overall Rankings	Pages 11-12
Case Numbers by Type of Illness	Pages 13-20
Case Numbers and Rates by Demographic Group	Pages 21-45
Mapping	Pages 46-53
Appendix	Pages 54-55
Data sources	Page 56



Abbreviations

- 1. <u>AAP (American Academy of Pediatrics)</u> According to their website, the AAP is an organization of 67,000 pediatricians committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.
- 2. <u>CDC (Centers for Disease Control and Prevention)</u> A national public health agency in the United States.
- 3. <u>CPO (Carbapenemase-producing organism)</u> A bacterium (germ) that makes a compound allowing it to break down carbapenem antibiotics including imipenem, meropenem, doripenem, and ertapenem.
- 4. **<u>GIS (Geographical Information Systems)</u>** Computer programs that are used to make maps and analyze geographical and spatial data.
- 5. <u>ODH (Ohio Department of Health)</u> The health department serving the State of Ohio. ODH guidance is the basis for many local health department policies and programs.
- 6. <u>PCHD (Portage County Health District)</u> The local health department serving Portage County. The full agency name is the Portage County Combine General Health District. We are proud to serve you!
- 7. <u>STI (Sexually Transmitted Infection)</u> Defined by the Cleveland Clinic as infections or conditions that you can get from any kind of sexual activity involving your mouth, anus, or genitals.
- 8. <u>WHO (World Health Organization)</u> According to their website, WHO was founded in 1948; they are the United Nations agency that connects nations, partners and people to promote health, keep the world safe and serve the vulnerable.



Overview

This report summarizes data and trends for probable and confirmed communicable disease cases reported to the Portage County Health District in 2024. The WHO 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 PCHD 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 PCHD 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 Olivia Card, PCHD Epidemiologist.

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.



Index of Illnesses

Illness	Exposure Route	Signs/ Symptoms	Prevention and Mitigation Measures
Candida auris (C. auris)	Physical contact	 If acute, typical infection symptoms If colonized, asymptomatic 	 Direct patient care providers wear correct PPE Good hand hygiene Regular screenings in healthcare settings
Carbapenemase - producing organism (CPO)	Physical contact	 If acute, typical infection symptoms If colonized, asymptomatic 	 Direct patient care providers wear correct PPE Good hand hygiene Regular screenings in healthcare settings
Food- or water- borne illnesses (salmonellosis, campylobacteriosis, yersinosis, cryptosporidiosis, legionellosis, listeriosis, vibriosis, Shiga toxin-producing E. Coli, shigellosis, giardiasis, cyclosporiasis)	Contaminated food/water	 Diarrhea (sometimes bloody) Abdominal cramping Nausea/vomiting Fever/chills 	 Prepare food according to proper guidelines and maintain proper food storage tempartures 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



Haemophilus influenzae	Naturally occurs	 Wide range of serious infections 	 Vaccinate against type B Haemophilus influenzae (3 or 4 doses) Seek medical attention for suspected infections
Hepatitis B (Acute)	Blood, Sex	 Yellow-skin Liver inflammation Anorexia Vomiting Fever Clay-colored stools 	 Safe sexual practices Do not share needles Wear proper PPE when appropriate Vaccination
Hepatitis B (Chronic)	Blood, Sex	No symptoms	 Use safe sexual practices Do not share needles Wear proper PPE when appropriate Vaccination
Hepatitis B (Perinatal)	Birth	• Varies case to case	 Women should be tested for hepatitis during every pregnancy
Hepatitis C (Acute)	Blood	Yellow skinFatigueAsymptomatic	 Do not share needles Wear proper PPE when appropriate
Hepatitis C (Chronic)	Blood	No symptoms	Do not share needlesWear proper PPE when appropriate



Hepatitis C (Perinatal)	Birth	No symptoms	 Women should be tested for hepatitis during every pregnancy
Influenza (Flu)	Airborne, droplet	 Fever/chills Headache Congestion Sore throat Body aches Nausea/vomiting Fatigue 	 Annual vaccination Practice good hand hygiene Only reportable in certain cases, including hospitalization or positive test from the ODH lab
Lyme Disease	Tick bite	 Headache Fever/chills Joint swelling Body aches Extreme fatigue Rash Facial droopiness 	 Use approved repellants Wear appropriate clothing while engaging in outdoor activities Regular tick checks
Meningitis	Inflammation of brain due to bacteria or some viruses	 Headache Fever Malaise Stiff neck Abdominal pain Nausea/vomiting 	 Vaccinate against viral illness when possible Practice good hand hygiene Seek treatment for suspected meningitis cases immediately
Meningococcal disease	Naturally occurs	 Fever/chills Body aches Nausea/vomiting Malaise Rash Limb pain 	 Vaccination (2 doses) Seek treatment for suspected meningitis cases immediately



Pertusiss (Whooping cough)	Airborne, Droplet	 Uncontrolled coughing Inability to breathe/ turning blue while coughing "Whoop" noise when breathing in after coughing Throwing up when coughing 	• Vaccination (5 or more doses)
Streptococcal infections (Invasive)	Naturally occurs	FeverDiscomfort	 Pregnant women should be tested for Streptococcal Group B bacteria during each pregnancy Seek medical attention for suspected infections
Streptococcus pneumoniae (Invasive)	Droplet	 Varies depending on site of infection 	 Get vaccinated Seek medical attention for suspected infections Sometimes resistant to antibiotics Also called pneumococcal disease
Syphilis (All stages)	Sex, Birth	 Varies depending on stage and individual 	 Use safe sexual practices Women should be tested for syphilis during every pregnancy
Varicella (Chickenpox/Shingles)	Physical contact	FeverItchingGeneralized rash	• Vaccination (2 doses)

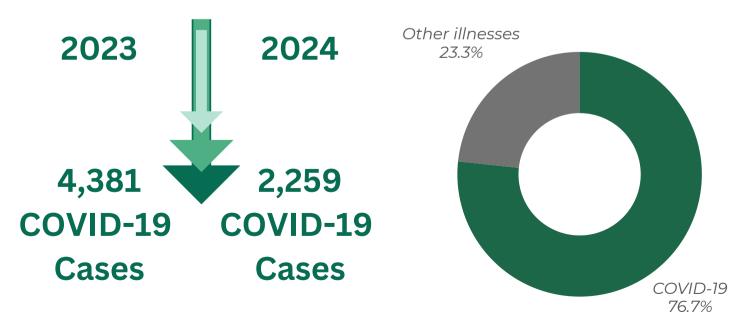


COVID-19

While COVID-19 was still the most prevalent communicable disease in Portage County during 2024, 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 on our website under the "COVID-19 Resources" tab.

There has been a reduction in the number of Portage County COVID-19 cases each year since 2020. Per guidance from ODH, PCHD no longer conducts COVID-19 contact tracing. However, COVID-19 is still considered a Class B reportable condition, and any positive tests should be reported to the local health department.

Reporting by Portage County residents can be completed on the PCHD website using the forms under the "COVID-19 Resources" tab. Individuals may use the "Report Positive Results" button under self reporting. Daycares, schools, nursing homes, and other organizations/institutions should use the links under the "For Businesses & K-12 Schools" heading to report clusters of two or more cases.





Respiratory Illness

Besides COVID-19, several other respiratory illnesses have circulated throughout Portage County this year, including Influenza (flu), Respiratory Syncytial Virus (RSV), Human Metapneumovirus (HMPV), and possibly Mycoplasma Pneumonia ("walking pneumonia").

These illnesses can be difficult for public health agencies to track for a variety of reasons. Suspected viral illnesses are often treated with overthe-counter medications to manage symptoms. In those cases, it may not be necessary to identify the specific virus causing a person's illness, and testing is never pursued. Additionally, ODH does not require healthcare facilities to report single cases of RSV, HMPV, or the flu (without hospitalization or death). This means that unless there are several, connected cases of one of these respiratory illnesses, public health officials are not informed.

The graphic below summarizes the most current respiratory virus management recommendations from the CDC.





2024 Top Non-COVID Illnesses

Reportable Condition	Case Count	Case Rate
Chlamydia infection	285	174.98
Influenza hospitalization	74	45.43
Gonococcal infection	70	42.98
Chronic Hepatitis C	50	30.70
Campylobacteriosis Salmonella	23	14.12
СРО	22	13.51
Syphilis (all stages)	18	11.05
Lyme Disease	17	10.44
Giardia ODH Positive Influenza Lab Result Streptococcal - Group A	11	6.75

Table 1. Rates are reported as the number of cases per 100,000 residents.



Top Ten Ranked Reportable Conditions

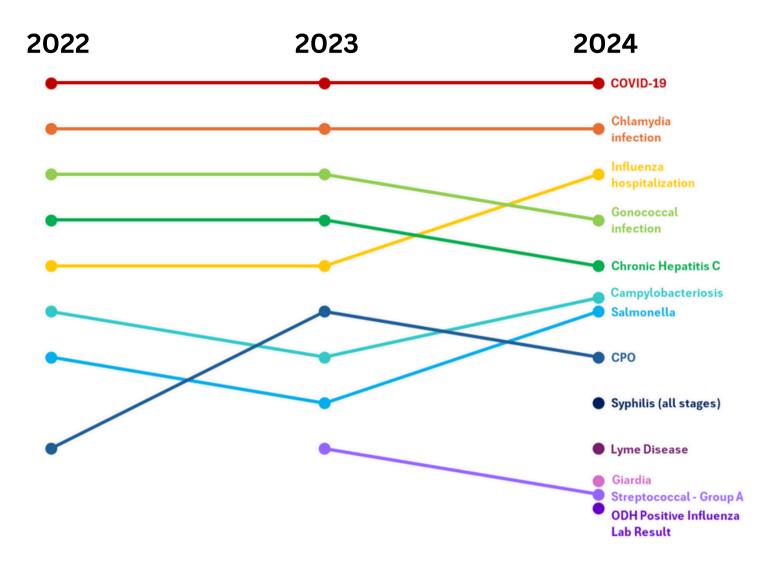


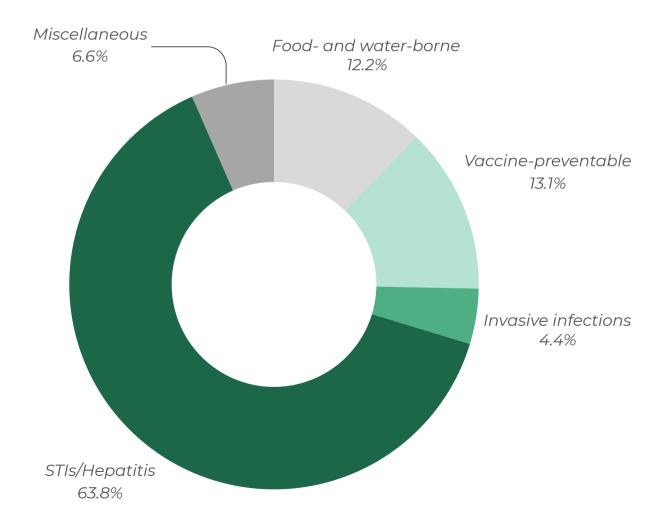
Figure 1. This chart shows the top ten most prevalent communicable diseases in Portage County during 2024. COVID-19 and Chlamydia remain at ranks one and two, but influenza hospitalizations surpassed gonorrhea and chronic hepatitis C cases, moving into rank three from rank five. Campylobacteriosis and salmonella cases were equal in number, and shared rank six. CPO, which jumped sharply in rank from 2022 to 2023, moved down to rank seven. Cases of syphilis at any stage were combined for reporting in 2024, which is different from the 2023 report. As a result, syphilis is included in the top ten most prevalent reportable conditions this year, even though there were only two fewer cases in 2023 compared to 2024. Notably, Lyme Disease moved into rank nine following an anecdotally "worse than normal" tick presence in Portage County during the summer of 2024.



Case Numbers by Type of Illness

Below are graphs displaying the number of communicable disease cases (excluding COVID-19) within five major groups:

- Food- and water-borne illnesses: from eating contaminated food, and drinking or inhaling droplets from contaminated water.
- Vaccine-preventable illnesses: can be prevented with immunizations
- Invasive infections: bacterial growth in normally sterile body sites
- **STIs and Hepatitis:** spread through sex or exposure to contaminated blood
- **Miscellaneous illnesses:** illnesses not otherwise categorized, including illnesses from tick bites and healthcare-associated pathogens





Food- and Water-Borne Illnesses

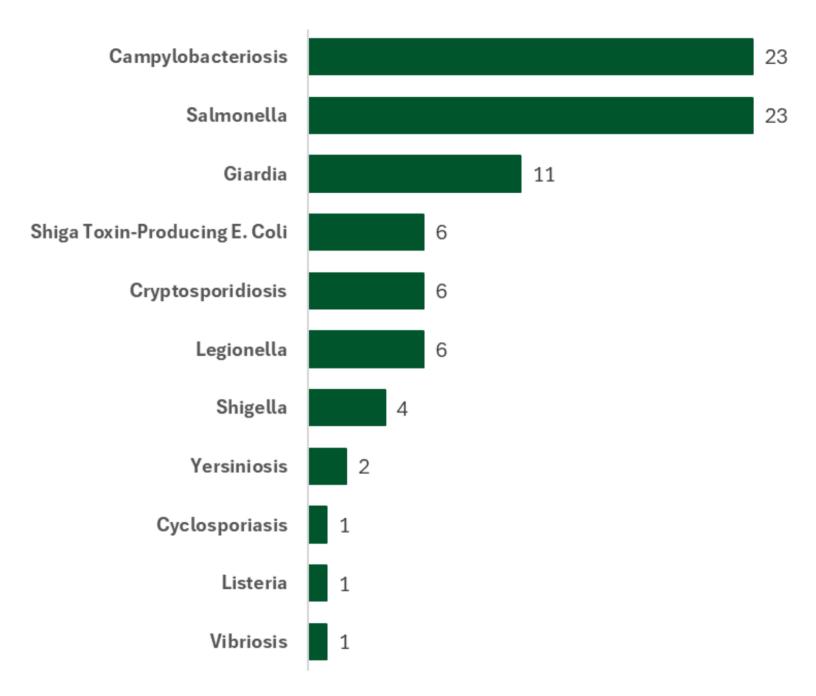


Figure 2a. The chart shows the number of cases of each condition diagnosed in Portage County residents in 2024.



Vaccine-Preventable Illnesses

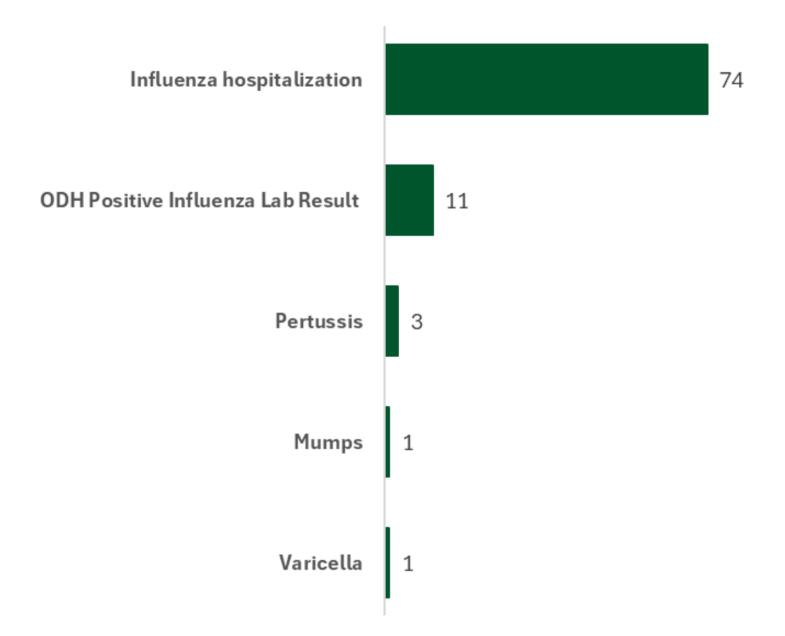


Figure 2b. The chart shows the number of cases of each condition diagnosed in Portage County residents in 2024.



Invasive Infections

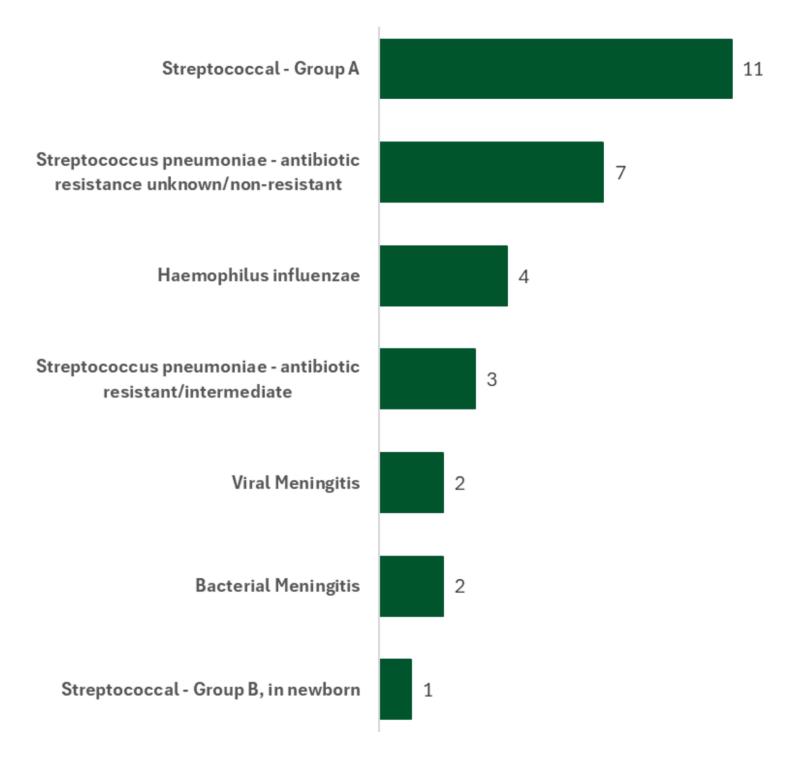


Figure 2c. The chart shows the number of cases of each condition diagnosed in Portage County residents in 2024.



Sexually Transmitted Infections and Hepatitis

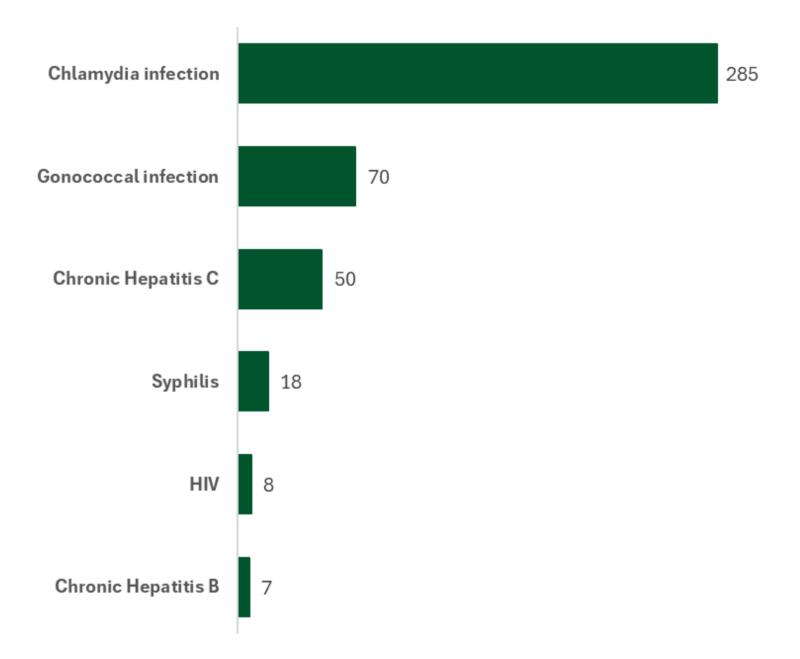


Figure 2d. The chart shows the number of cases of each condition diagnosed in Portage County residents in 2024.



Miscellaneous Illnesses

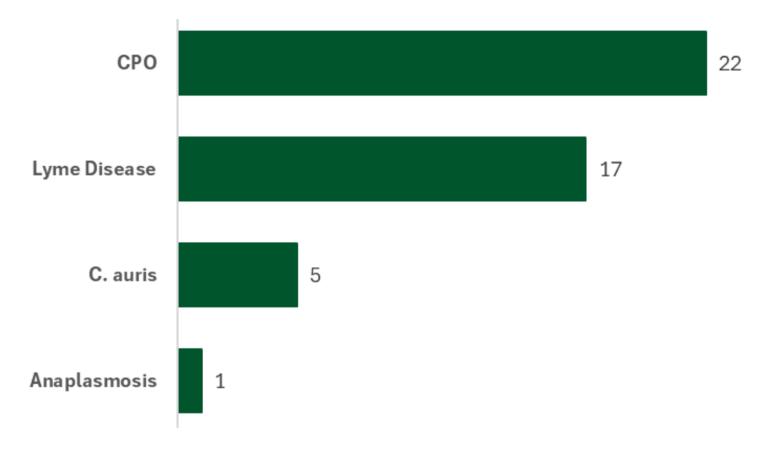


Figure 2e. The chart shows the number of cases of each condition diagnosed in Portage County residents in 2024.



Sexually Transmitted Infections: Three-Year Trends

Condition	2022	2023	2024	Trend direction
Chlamydia	427	420	285	Down
Gonorrhea	108	105	70	Down
HIV	0	5	8	Up
Syphilis	30	16	18	Variable

Table 2. Perhaps the most notable change displayed in the table above is the massive decrease in chlamydia cases from 2023 to 2024. While chlamydia is still one of the most prevalent pathogens in Portage County, it is encouraging that case numbers are decreasing. Gonorrhea cases decreased by approximately 33% from 2023 to 2024, which is also very positive. Unfortunately, the same cannot be said for HIV cases. Despite zero new Portage County HIV cases in 2022, five new cases were diagnosed in 2023 and eight were diagnosed in 2024. This may not actually represent an increase in new cases, but rather an increase in testing frequency. New home test kits are less expensive and more convenient than laboratory testing, meaning more people can test for HIV now than before. With more individuals testing, more HIV cases will be discovered. The direction of the trend in HIV cases over the next few years will be telling.



Hepatitis: Three-Year Trends

Condition	2022	2023	2024	Trend direction
Acute Hepatitis B	0	0	0	Steady
Chronic Hepatitis B	10	15	7	Variable
Perinatal Hepatitis B	0	0	0	Steady
Acute Hepatitis C	0	0	0	Steady
Chronic Hepatitis C	83	66	50	Down
Perinatal Hepatitis C	1	0	0	Steady

Table 3. For the fourth year in a row, the number of new chronic hepatitis C cases has decreased. Hepatitis C predominantly results from shared needles. Chronic disease and mental health/substance use were both priorities identified by PCHD and several partner agencies in our 2020 and 2023 community health improvement plans. It appears that the efforts undertaken by PCHD and partners to reduce substance use and chronic disease have been effective. Some of the initiatives being pursued include:

- Determining if a van can be used to provide mobile healthcare and harm reduction in Portage County
- Educating agency staff and Portage County residents about transportation options to increase access to healthcare and healthy foods
- Addressing mental health issues and stigma in our community to prevent individuals from coping with crises by using substances

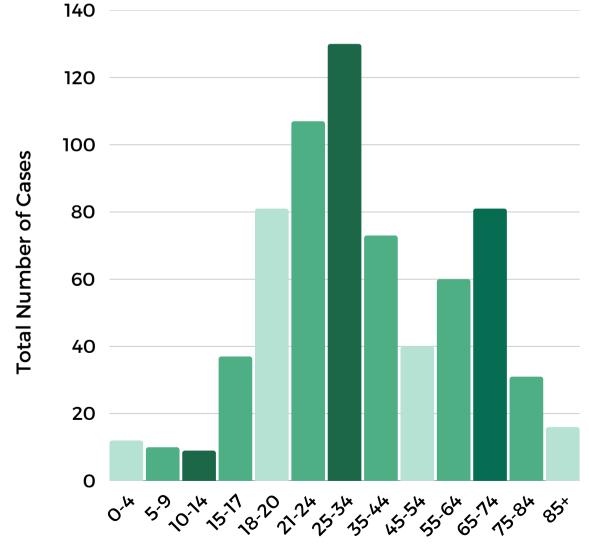


Case Numbers by Demographic Group

Below are tables displaying the number of communicable disease cases (excluding COVID-19) within various demographic groups, including 13 age groups:

- Children, **4 and younger**
- Children, **5-9** years old
- Children, **10-14** years old
- Adolescents, **15-17** years old
- Adults, 18-20 years old
- Adults, **21-24** years old
- Adults, 25-34 years old

- Adults, 35-44 years old
- Adults, 45-54 years old
- Adults, 55-64 years old
- Adults, 65-74 years old
- Adults, 75-84 years old
- Adults, 85 and older





4 Years and Younger

Reportable Condition	Cases
 Influenza hospitalization 	4
• Salmonella	2
 Campylobacteriosis Lyme Disease Cryptosporidiosis Pertussis Viral Meningitis Streptococcal - Group B, in newborn 	1

Table 4. The estimated number of children 4 years old or younger living in Portage County in 2024 was 7, 128. The most common reportable condition in this age group was influenza hospitalizations. Children can experience more severe symptoms from the flu because their immune systems are still developing. This might include high fevers and dehydration. This age group also had some cases of food- and waterborne illness. Children are more susceptible to food- and water-borne illness. Additionally, those types of illnesses can be the result of poor hand hygiene, which might be an issue in young children who are just becoming potty trained and learning how to correctly wash their hands. Young children also tend to put their hands in their mouth frequently while teething, eating, playing or sucking their thumbs. Finally, there was a case of pertussis, which is preventable with vaccination of expecting parents, and infants aged two, four, six and eight months.



5-9 Years

Reportable Condition	Cases
Campylobacteriosis	3
Influenza hospitalizationODH Positive Influenza Lab Result	2
 Giardia Shiga Toxin-Producing E. Coli Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant 	1

Table 5. The estimated number of children 5-9 years old living in Portage County in 2024 was 7,506. The most common reportable condition in this age group was campylobacteriosis, which is a food-borne illness. There were other cases of food- or water-borne illness reported in this age group, specifically giardia and E. coli. As stated above, children are more likely to contract food-borne illnesses than healthy adults. Children with poor hand hygiene are also at greater risk of developing food-borne illnesses. Like children 4 and younger, this age group had some influenza hospitalizations and positive influenza lab results from ODH. This is expected because children sometimes experience worse flu symptoms than healthy adults.



10-14 Years

Reportable Condition	Cases
Chlamydia infection	2
 Influenza hospitalization Campylobacteriosis Giardia ODH Positive Influenza Lab Result Cryptosporidiosis Pertussis Yersiniosis 	1

Table 6. The estimated number of children 10-14 years old living in Portage County in 2024 was 8,499. There were two cases of chlamydia in this age group, emphasizing the importance of sexual health education for this age group. There were also several cases of food-borne illness in this age group. Children this age already reheat their own food, and may be learning to make meals for themselves. It is important that they understand proper food preparation guidelines, and sanitization practices to avoid food-borne illness.



15-17 Years

Reportable Condition	Cases
Chlamydia infection	30
Gonococcal infection	4
 Syphilis Pertussis Streptococcus pneumoniae - antibiotic resistant/intermediate 	1

Table 7. The estimated number of adolescents 15-17 years old living in Portage County in 2024 was 5,600. In 2024, this age group had 37 cases of non-COVID communicable diseases, of which 35 were STIs. This included chlamydia, gonorrhea and syphilis. According to the CDC, "in 2019, 27.4% of high school students reported being currently sexually active (i.e., past three months), and nearly half (46%) of those students did not use a condom at last sex." The American Academy of Pediatrics (AAP) states that sexuality education is more effective when it begins before a person becomes sexually active. The AAP encourages developmentally appropriate sexual education beginning at early ages and continuing throughout adolescence. Furthermore, the AAP reports that sexual education is associated with REDUCED sexual activity, including a fewer number of partners. Additionally, sexual education is effective to increase the use of condoms and contraceptives for those individuals who do engage in sexual activities. Other benefits from sexual education reported by the AAP include increased ability to: build and maintain healthy/safe relationships, engage in healthy communication/decision-making regarding sex, and understand care needed to support sexual/reproductive health.



18-20 Years

Reportable Condition	Cases
Chlamydia infection	71
Gonococcal infection	5
• Salmonella	2
 Giardia ODH Positive Influenza Lab Result Chronic Hepatitis B 	1

Table 8. The estimated number of people 18-20 years old living in Portage County in 2024 was 10,470. STIs were very prevalent in this age group as well. Individuals in this age group may be starting to make their own medical decisions, including whether or not to obtain STI screenings. While regular STI screenings are NOT a substitute for the use of condoms or other barriers, they are still important to maintaining good sexual health. In many cases, STIs do not cause symptoms right away, meaning some people who carry an STI do not know they have it. Regular screening can help detect STIs in these asymptomatic people and prevent further spread. You may choose to discuss regular STI testing with any sexual partners you have; if your partner also receives regular STI testing, that lowers (but does not eliminate) the risk that you will contract an STI. Even if that is the case, you should still practice safe sex for several reasons including testing errors, potential dishonesty from your partner about testing or their STI status, and the possibility your partner could have contracted an STI between their last test and the present. Furthermore, some STIs might not be tested for by your partner's provider, and they could be carrying one or more of those infections.



21-24 Years

Reportable Condition	Cases
Chlamydia infection	87
Gonococcal infection	10
• Syphilis	4
ODH Positive Influenza Lab Result	2
 Influenza hospitalization Giardia Streptococcus pneumoniae - antibiotic resistant/intermediate Shiga Toxin-Producing E. Coli 	1

Table 9. The estimated number of people 21-24 years old living in Portage County in 2024 was 11,569. STIs are also very prevalent in this age group. As stated above, using safe sexual practices, getting regular STI testing, and communicating with your partners about their STI status and recent testing are all helpful practices for STI prevention.



25-34 Years

Reportable Condition	Cases
Chlamydia infection	71
Gonococcal infection	30
Chronic Hepatitis C	7
Influenza hospitalizationChronic Hepatitis BSyphilis	3
 Lyme Disease ODH Positive Influenza Lab Result Shiga Toxin-Producing E. Coli Shigella 	2

table continued on next page



25-34 Years (continued)

Reportable Condition	Cases
 Giardia HIV Cryptosporidiosis Campylobacteriosis Salmonella 	1

Table 10. The estimated number of people 24-35 years old living in Portage County in 2024 was 21,081. STIs and chronic hepatitis were both prevalent in this age group, further underscoring the need for adequate sexual education before individuals become sexually active. This is the youngest age group with chronic hepatitis C cases. Hepatitis C is often spread when people share needles. No matter how well you know someone, you should never share needles with them for any reason. There are safe syringe sites in Portage County at AxessPointe in Kent, at Summit County Public Health (SCPH) in Akron, and at Oak St. Health in Akron. SCPH also offers wound care at their building during the safe syringe clinic; additionally, they have a mobile safe syringe clinic with varying locations. Their website has more details. Hepatitis C can be cured, so if you suspect that you have been exposed, seek testing and care as soon as possible.



35-44 Years

Reportable Condition	Cases
Chlamydia infection	19
Gonococcal infection	14
Chronic Hepatitis C	10
CampylobacteriosisSyphilis	6
Influenza hospitalizationSalmonella	3
• Streptococcal - Group A	2

table continued on next page



35-44 Years (continued)

Reportable Condition	Cases
 Lyme Disease ODH Positive Influenza Lab Result Giardia HIV Chronic Hepatitis B Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant Haemophilus influenzae Mumps Varicella Vibriosis 	1

Table 11. The estimated number of people 35-44 years old living in Portage County in 2024 was 17,754. Surprisingly, STIs were the most prevalent reportable conditions for this age group. According to the CDC:

Health behaviors and experiences during adolescence set the stage for health into adulthood. Specifically, adolescents' behaviors and experiences related to sexual health, violence, substance use, and poor mental health and suicide can increase their risks for sexually transmitted infections (STI), including HIV, and unintended or mistimed pregnancy.

In other words, adequate sexual education during adolescence can help promote safe and responsible sexual practices as an adult. Ensuring that Portage County youth get proper sexual and mental health education may ultimately help reduce adult cases of STIs.



45-54 Years

Reportable Condition	Cases
 Influenza hospitalization 	8
Chronic Hepatitis C	7
 Salmonella HIV Gonococcal infection Syphilis 	3
 Chlamydia infection Campylobacteriosis C. auris Lyme Disease Giardia 	2
 Streptococcal - Group A Cryptosporidiosis Haemophilus influenzae 	1

Table 12. The estimated number of people 45-54 years old living in Portage County in 2024 was 18,202. This age group displayed a variety of reportable conditions, but the most common was influenza hospitalizations, followed closely by chronic hepatitis C. Other illnesses included food- and water-borne illnesses and invasive infections.



55-64 Years

Reportable Condition	Cases
 Influenza hospitalization 	12
• Chronic Hepatitis C	10
Lyme DiseaseCPO	5
Gonococcal infection	3
 Chlamydia infection Campylobacteriosis Salmonella ODH Positive Influenza Lab Result HIV Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant Haemophilus influenzae 	2

table continued on next page



55-64 Years (continued)

Reportable Condition	Cases
 Streptococcal - Group A Chronic Hepatitis B Shiga Toxin-Producing E. Coli Legionella Syphilis C. auris Shigella Streptococcus pneumoniae - antibiotic resistant/intermediate Bacterial Meningitis Yersiniosis Cyclosporiasis 	1

Table 13. The estimated number of people 55-64 years old living in Portage County in 2024 was 22,259. Like the 45-54 age group, this age group displayed a variety of reportable conditions, with influenza hospitalizations and chronic hepatitis C being the most prevalent.



65-74 Years

Reportable Condition	Cases
 Influenza hospitalization 	20
Chronic Hepatitis C	13
• CPO	12
Lyme DiseaseStreptococcal - Group A	6
• Salmonella	5
CampylobacteriosisLegionella	3
• Giardia	2

table continued on next page



65-74 Years (continued)

Reportable Condition	Cases
 Gonococcal infection Chlamydia infection Shigella Viral Meningitis Anaplasmosis Listeria HIV Chronic Hepatitis B Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant Cryptosporidiosis Shiga Toxin-Producing E. Coli 	1

Table 14. The estimated number of people 65-74 years old living in Portage County in 2024 was 19,492. This age group is similar to the previous two, in that influenza hospitalizations and chronic hepatitis C are the most prevalent reportable conditions. Notably, this age group had the highest number of CPO, Streptococcal Group A, and Lyme Disease cases. CPO and invasive Streptococcal infections tend to occur more frequently in older, immunocompromised individuals with comorbidities, like diabetes, organ failure, or cancer. On the other hand, members of this age group are often retired, and therefore have more leisure time. Many fill this time with outdoor activities, like yardwork, gardening, or hiking; this leads to more encounters with ticks, and therefore, an elevated risk of Lyme Disease. While forests and tall grass may have more ticks, mowed lawns and landscaped gardens can still harbor these Lyme Disease-carrying bugs. Ticks need shade and moisture to survive, and they can find that around our homes (e.g. in leaves under a deck). Moreover, ticks can spend short periods in sunny areas, like lawns, then return to a shadier, cooler area if they don't get a chance to bite. Always be cautious of ticks when spending time outdoors, especially when there is no snow on the ground.



75-84 Years

Reportable Condition	Cases
 Influenza hospitalization 	12
SalmonellaCPO	4
Chronic Hepatitis C	3
 Campylobacteriosis Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant 	2
 Streptococcal - Group A Cryptosporidiosis Legionella C. auris 	1

Table 15. The estimated number of people 75-84 years old living in Portage County in 2024 was 10,055. This age group mainly suffered from influenza hospitalization, food- or water-borne illness and invasive infections.



85 Years+

Reportable Condition	Cases
 Influenza hospitalization 	8
Campylobacteriosis	2
 Salmonella CPO Giardia Legionella C. auris Bacterial Meningitis 	1

Table 16. The estimated number of people 85 years and older living in Portage County in 2024 was 3,258. Most of the reportable conditions in this age group can be attributed to aging and/or an immunocompromised status. Severe cases of influenza leading to hospitalization, CPO, C. auris, and bacterial meningitis are all conditions that primarily occur in those with weakened immune systems, such as the elderly. When possible, try to avoid visiting elderly loved ones while you are, or have recently been, ill. Wearing a mask and washing your hands frequently during visits can also help prevent the spread of any illness, especially during respiratory illness season (October-March). If you live with someone older and you are ill, try to isolate yourself from them as much as possible, and use a separate bathroom from them if you are able. Finally, if you have an older family member or friend, pay attention to any unexplained lingering or recurring symptoms they might have, and encourage them to inform their healthcare provider.



Top Non-COVID Illness Age-Specific Rates 2023 versus 2024

Condition	4 and y	ounger	5-9 y	vears	10-14 years	
Condition	2023	2024	2023	2024	2023	2024
Chlamydia	0	0	0	0	11.84	23.53
Influenza hospitalization	0	56.12	13.14	26.65	23.67	11.77
Gonococcal infection	0	0	0	0	0	0
Chronic Hepatitis C	0	0	0	0	0	0
Campylobacteriosis	Х	14.03	Х	39.97	Х	11.77
Salmonella	Х	28.06	Х	0	Х	0



table continued on next page

Condition	15-17	years	18-20 years		21-24 years	
Condition	2023	2024	2023	2024	2023	2024
Chlamydia	975.27	535.71	963.01	678.13	941.55	752.01
Influenza hospitalization	0	0	0	0	0	8.64
Gonococcal infection	104.49	71.43	66.74	47.76	211.85	86.44
Chronic Hepatitis C	0	0	0	0	0	0
Campylobacteriosis	Х	0	Х	0	Х	0
Salmonella	Х	0	Х	19.10	Х	0

table continued on next page

≯



Condition	25-34	years	35-44 years		45-54 years	
Condition	2023	2024	2023	2024	2023	2024
Chlamydia	505.12	336.80	171.27	107.02	16.29	10.99
Influenza hospitalization	4.81	14.23	5.71	16.90	21.72	43.95
Gonococcal infection	187.62	142.31	119.89	78.86	10.86	16.48
Chronic Hepatitis C	115.46	33.21	74.22	56.33	48.88	38.46
Campylobacteriosis	Х	4.74	Х	33.80	Х	10.99
Salmonella	Х	4.64	Х	16.90	Х	16.48

table continued on next page

≯



Condition	55-64	years	65-74 years		75-84 years	
Condition	2023	2024	2023	2024	2023	2024
Chlamydia	13.29	8.99	5.26	5.13	0	0
Influenza hospitalization	22.14	53.91	15.79	102.61	80.69	119.34
Gonococcal infection	8.86	13.48	5.26	5.13	0	0
Chronic Hepatitis C	44.29	44.93	42.10	66.69	23.05	29.84
Campylobacteriosis	Х	8.99	Х	15.39	Х	19.89
Salmonella	Х	8.99	Х	25.65	Х	39.78

table continued on next page

≯



Condition	85+ years			
Condition	2023	2024		
Chlamydia	0	0		
Influenza hospitalization	64.52	245.55		
Gonococcal infection	0	0		
Chronic Hepatitis C	0	0		
Campylobacteriosis	Х	61.39		
Salmonella	Х	30.69		

Table 17. The largest changes from2023 to 2024 occurred in chlamydiacase and flu hospitalization rates.

In 2023, the 15-17 age group had the highest chlamydia rate, followed by the 18-20 and 21-24 age groups. The chlamydia rate for each of those groups was over 900 cases per 100,000 individuals. In 2024, the 21-24 age group had the highest chlamydia rate followed by the 18-20 year and 15-17 age groups. The 2024 chlamydia rate for all three groups was 750 cases per 100,000 individuals and below.

Influenza hospitalization rates for the 65-74 age group increased by nearly 7 times between 2023 and 2024. Additionally, the influenza hospitalization rate for the 85+ age group almost quadrupled from 2023 to 2024.

Many age groups saw decreases in gonococcal case rates, especially the 21-24 age group. Finally, there were varying trends in Chronic Hepatitis C rates between age groups. Many age groups held steady at their 2023 Chronic Hepatitis C case rate, while the rates of some decreased drastically (25-34, 35-44), and the rates of others increased (65-74, 75-84).



Top Non-COVID Illness Race-Specific Rates 2023 versus 2024

Condition	Single Race, White	Multiracial or Not White	Unknown Race
Chlamydia	101.31	429.39	39
Influenza hospitalization	46.31	32.41	2
Gonococcal infection	27.50	89.12	10
Chronic Hepatitis C	27.50	12.15	9
Campylobacteriosis	15.20	8.10	0
Salmonella	13.75	4.05	3

Table 18. Rates in this table are reported per 100,000 individuals. The "Unknown Race" column displays case numbers, rather than case rates, for each reportable condition.



Top Non-COVID Illness Sex-Specific Rates 2023 versus 2024

	Ма	ale	Fen	nale
Condition	2023	2024	2023	2024
Chlamydia	163.79	117.38	350.03	229.54
Influenza hospitalization	16.38	45.44	13.28	43.04
Gonococcal infection	84.41	49.22	45.87	37.06
Chronic Hepatitis C	39.06	36.60	42.24	25.12
Campylobacteriosis	Х	17.67	Х	10.76
Salmonella	Х	7.57	Х	20.32

Table 19. Rates in this table are reported per 100,000 individuals. There were two individuals of unknown sex that were hospitalized for influenza in 2024.



Mapping

The following pages contain maps that show zipcode-level case rates per 100,000 individuals for common Portage County communicable diseases. These maps were created using ESRI's ArcGIS Online program. Data displayed in the maps was extracted from the Ohio Disease Reporting System database.

There are seven maps, each showing different rates for the zipcodes:

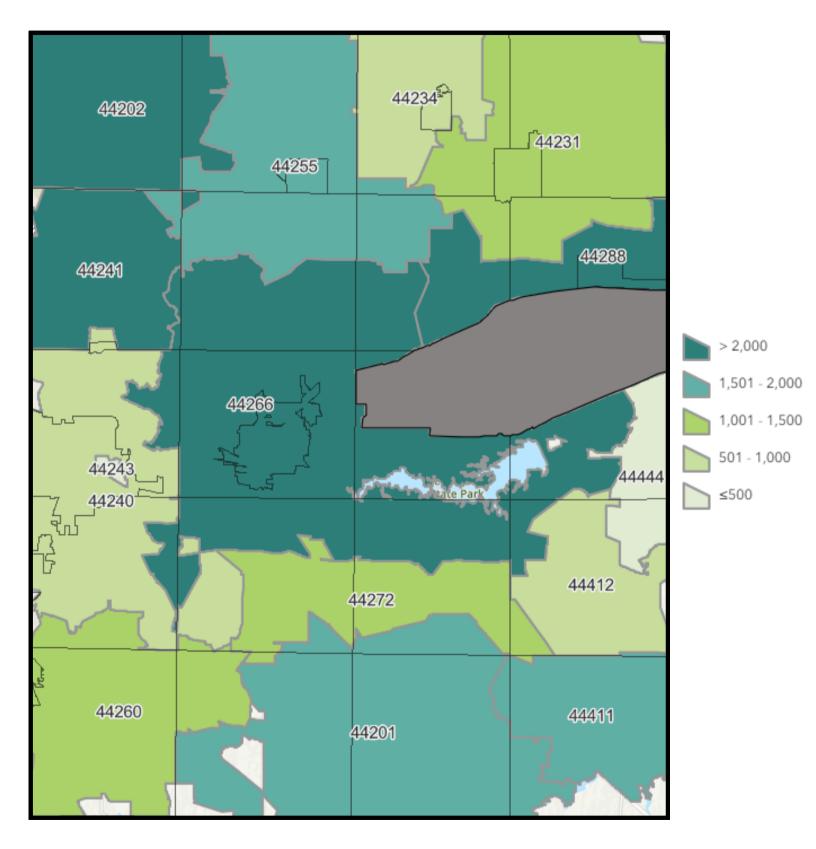
- Overall case rate for all reportable conditions, including COVID
- Chlamydia case rate
- Influenza hospitalization rate
- Gonococcal infection case rate
- Chronic Hepatitis C case rate (for new cases only)
- Campylobacteriosis case rate
- Salmonella case rate

Zipcode areas with case rates of zero have the appearance of the "base map." These areas are cream colored with visible roads and bodies of water. Areas with case rates greater than zero range in color from a pale grey-green (lowest rate) to a dark teal (highest rate). These areas are outlined with thick grey borders.

The thin black lines on each map represent Portage County township and city borders. The dark grey block on each map is the James A. Garfield Munitions Arsenal, also called "Camp Ravenna" or "The Ravenna Arsenal."

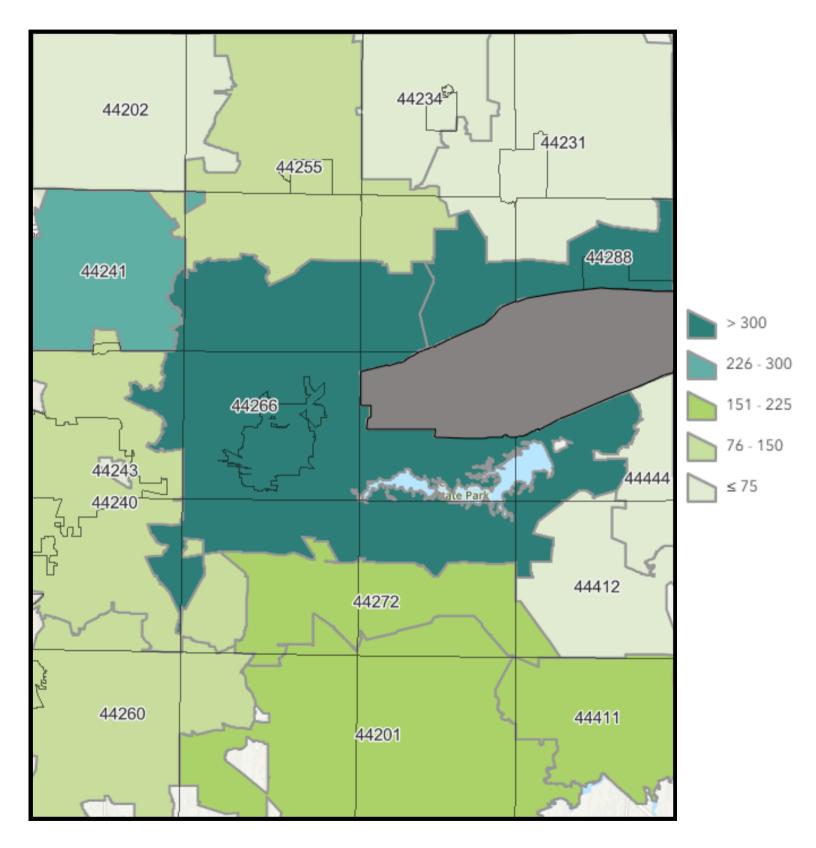


Rate of All Communicable Disease Cases



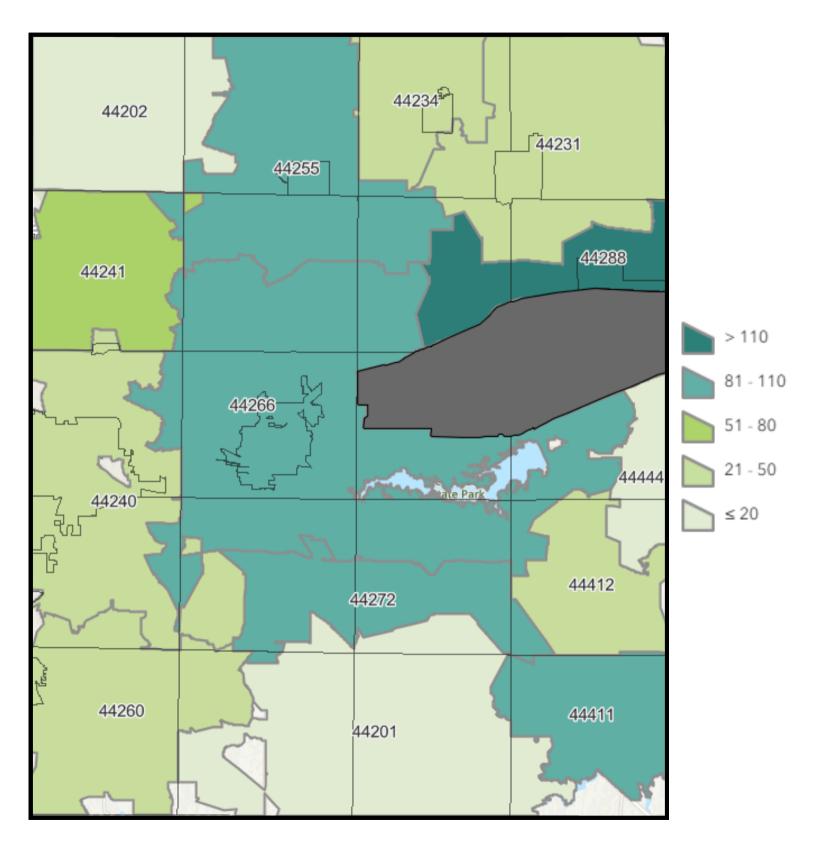


Rate of Chlamydia Cases



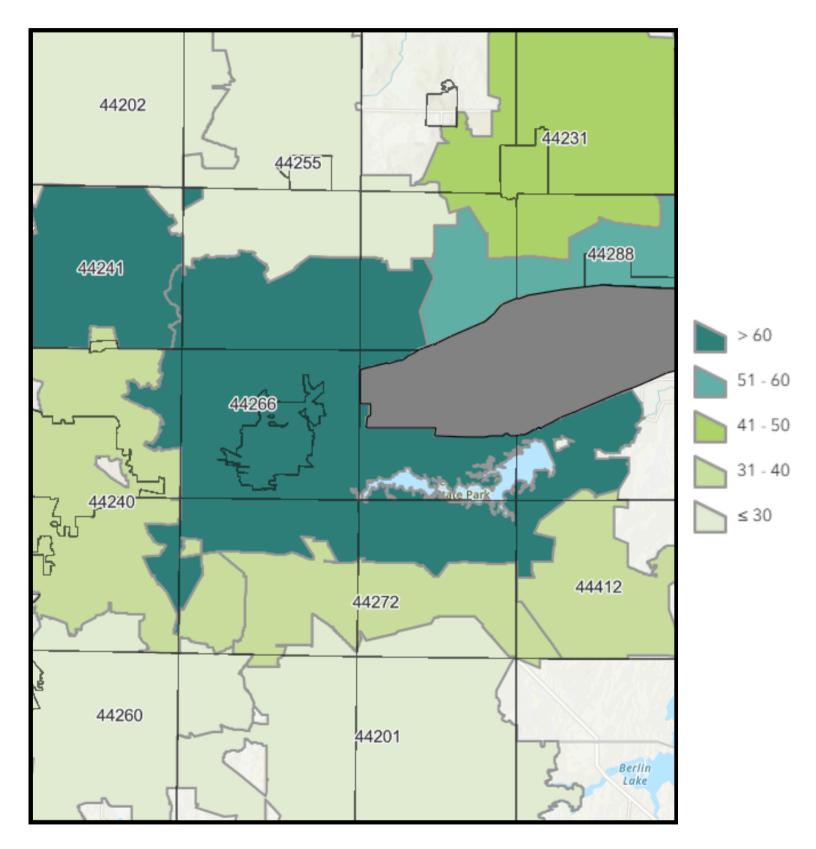


Rate of Influenza Hospitalizations



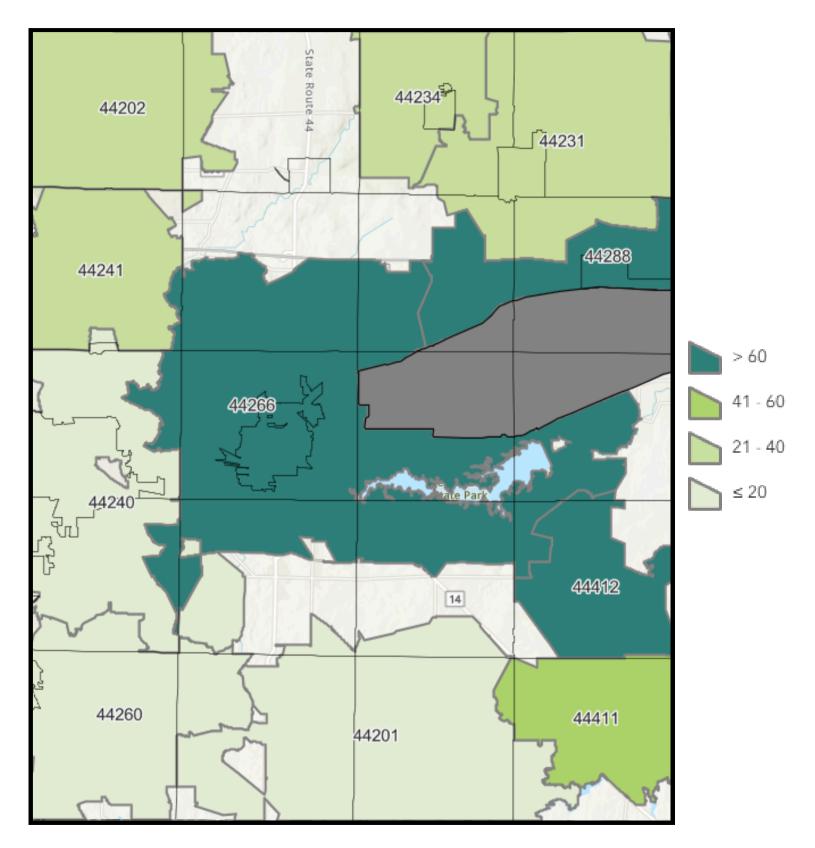


Rate of Gonococcal Infections



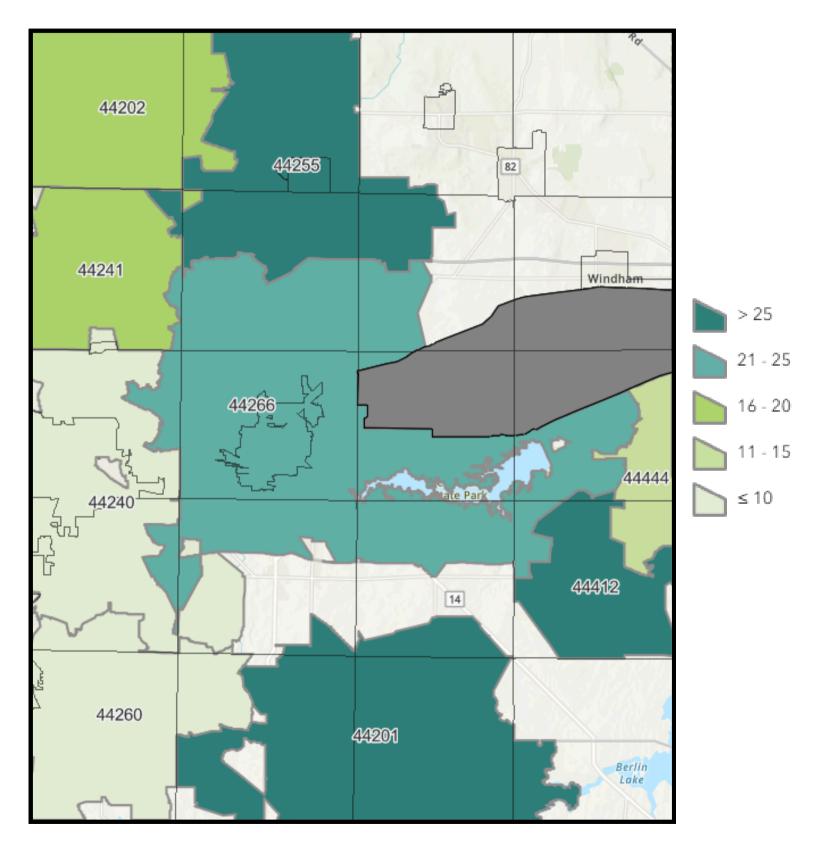


Rate of Chronic Hepatitis C cases



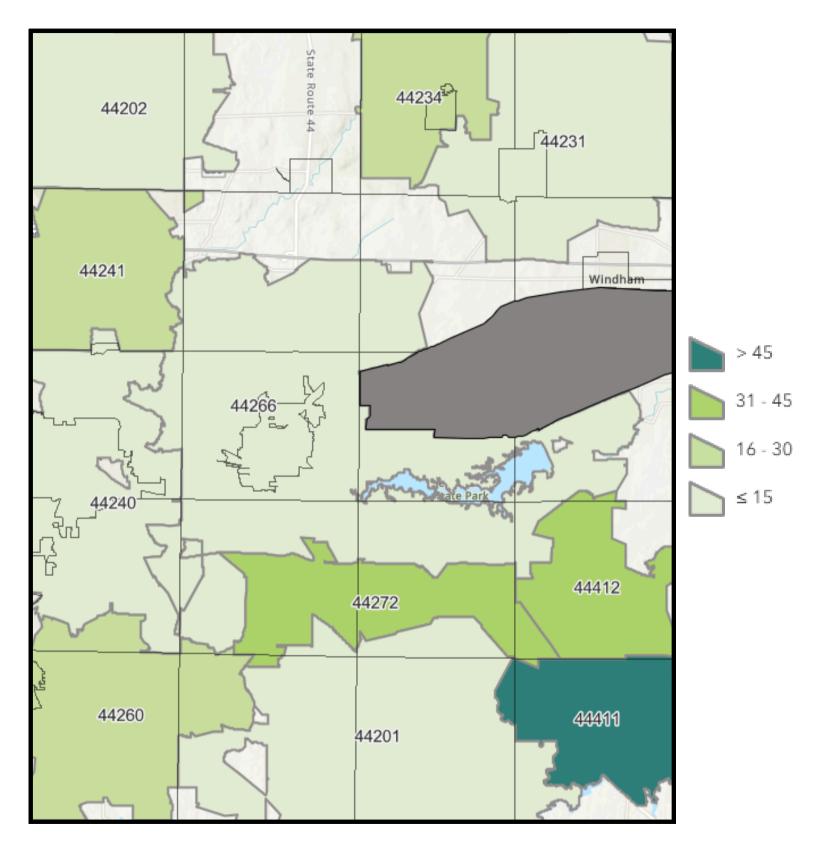


Rate of Campylobacteriosis Cases





Rate of Salmonella Cases





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)
- Plaque
- · 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

infections) by the end of the next business day.

2024 Communicable Disease Report

- Babesiosis
- Botulism
- infant
- wound Brucellosis
- Campylobacteriosis
- Candida auris

Class C:

Outbreaks: Community

Foodborne

- 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)

Report an outbreak, unusual incident or epidemic of other diseases (e.g. histoplasmosis, pediculosis, scabies, staphylococcal

Healthcare-associated

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.

> Department of Health

Institutional

- 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 O 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

Streptococcal toxic shock

Streptococcus pneumoniae,

invasive disease (ISP)

Toxic shock syndrome (TSS)

Tuberculosis (TB), including

multi-drug resistant

tuberculosis (MDR-TB)

54

B, in newborn

syndrome (STSS)

Syphilis

Tetanus

Varicella

Vibriosis

Waterborne

Zoonotic

Yersiniosis

Trichinellosis

Know Your ABCs (Alphabetical Order)

Effective August 1, 2019

Name	Class	Name	Class
Amebiasis	В	Measles	А
Anthrax	Α	Meningitis, aseptic (viral)	В
Arboviral neuroinvasive and non-neuroinvasive disease	В	Meningitis, bacterial	В
Babesiosis	В	Meningococcal disease	A
Botulism, foodborne	Α	MERS	Α
Botulism, infant	В	Mumps	В
Botulism, wound	В	Other arthropod-borne diseases	В
Brucellosis	В	Outbreaks: community, foodborne, healthcare-associated,	с
Campylobacteriosis	В	institutional, waterborne, zoonotic	
Candida auris	В	Pertussis	В
Carbapenemase-producing carbapenem-resistant		Plague	Α
Enterobacteriaceae (CP-CRE)	В	Poliomyelitis (including vaccine-associated cases)	В
Chancroid	В	Powassan virus disease	В
Chlamydia trachomatis infections	В	Psittacosis	В
Chikungunya	В	Q fever	В
Cholera	Α	Rabies, human	Α
Coccidioidomycosis	В	Rubella (congenital)	В
Creutzfeldt-Jakob disease (CJD)	В	Rubella (not congenital)	Α
Cryptosporidiosis	В	Salmonella Paratyphi infection	В
Cyclosporiasis	В	Salmonella Typhi infection (typhoid fever)	В
Dengue	В	Salmonellosis	В
Diphtheria	Α	Severe acute respiratory syndrome (SARS)	Α
E. coli O157:H7 and Shiga toxin-producing E. coli (STEC)	В	Shigellosis	В
Eastern equine encephalitis virus disease	В	Smallpox	А
Ehrlichiosis/Anaplasmosis	В	Spotted Fever Rickettsiosis, including Rocky Mountain	В
Giardiasis	В	spotted fever (RMSF)	
Gonorrhea (Neisseria gonorrhoeae)	В	St. Louis encephalitis virus disease	В
Haemophilus influenzae (invasive disease)	В	Staphylococcus aureus, with resistance or intermediate resistance to vancomycin (VRSA, VISA)	В
Hantavirus	B	Streptococcal disease, group A, invasive (IGAS)	В
Hemolytic uremic syndrome (HUS)	В	Streptococcal disease, group B, in newborn	В
Hepatitis A	В	Streptococcal toxic shock syndrome (STSS)	В
Hepatitis B (non-perinatal)	В	Streptococcus pneumoniae, invasive disease (ISP)	В
Hepatitis B (perinatal)	В	Syphilis	В
Hepatitis C (non-perinatal)	В	Tetanus	В
Hepatitis C (perinatal)	В	Toxic shock syndrome	В
Hepatitis D (delta hepatitis)	В	Trichinellosis	В
Hepatitis E Influenza A – novel virus	B A	Tuberculosis (TB), including multi-drug resistant tuberculosis	В
	B	(MDR-TB)	
Influenza-associated hospitalization Influenza-associated pediatric mortality	B	Tularemia	A
	B	Varicella	B
aCrosse virus disease (other California serogroup virus disease)	B	Vibriosis	B
Legionnaires' disease		Viral hemorrhagic fever (VHF)	A
Leprosy (Hansen disease)	B	West Nile virus infection	B
Leptospirosis	B	Western equine encephalitis virus disease	B
Listeriosis	B	Yellow fever	B
Lyme disease	B	Yersiniosis	В
Malaria	В	Zika virus infection	В



Data Sources

- 1. American Academy of Pediatrics
- 2. Centers for Disease Control and Prevention
- 3. Healthy Northeast Ohio
- 4. Ohio Department of Health Infectious Disease Control Manual
- 5. Ohio Disease Reporting System
- 6. World Health Organization



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