PORTAGE COUNTY HEALTH DISTRICT

ANNUAL COMMUNICABLE DISEASES REPORT 2025

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Abbreviations

1. *AAP (American Academy of Pediatrics)* - 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. *CDC (Centers for Disease Control and Prevention)* - A national public health agency in the United States.
3. *CPO (Carbapenemase-producing organism)* - A bacterium (germ) that makes a compound allowing it to break down carbapenem antibiotics including imipenem, meropenem, doripenem, and ertapenem.
4. *GIS (Geographical Information Systems)* - Computer programs that are used to make maps and analyze geographical and spatial data.
5. *ODH (Ohio Department of Health)* - The health department serving the State of Ohio. ODH guidance is the basis for many local health department policies and programs.
6. *PCHD (Portage County Health District)* - 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. *STI (Sexually Transmitted Infection)* - 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. *WHO (World Health Organization)* - 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.

Report Overview

This report summarizes data and trends for probable and confirmed communicable disease cases reported to the Portage County Health District in 2025. 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 or outbreak, PCHD staff conduct follow-up investigations. More information about PCHD’s responses to communicable disease reports can be found in the “Communicable Disease Investigation and Response” section.

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.

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.

Communicable Disease Investigation and Response

Single cases

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. Some examples of how PCHD staff may respond to a case of disease in the community are:

- Completing an inspection at a grocery store, restaurant, or food truck to ensure food is being prepared properly
- Testing water from a property owner's well for bacteria
- Inspecting a septic system to ensure proper and safe function
- Providing food safety education
- Recommending and/or providing vaccinations
- Recommending infection control measures to susceptible or exposed contacts of the ill person

All communicable disease case information reported to PCHD remains private.

Outbreaks

An outbreak is two or more connected cases of the same illness. Outbreaks usually occur in places where large groups of people spend a lot of time being exposed to one another - hospitals, nursing homes, daycares, schools, offices, etc.

When an outbreak is reported, PCHD provides support and partnership in various ways, including:

- Providing recommendations to facilities on how to control the outbreak
- Conducting a vaccination clinic, if needed and appropriate
- Coordinating or providing testing of food or biological materials (e.g. sputum, stool) when appropriate
- Coordinating an infection control assessment and response visit from ODH to the facility, if desired and appropriate
- If an outbreak is extremely widespread (e.g. COVID), PCHD would coordinate the provision of personal protective equipment (e.g. masks), medication, and/or vaccinations from state or federal public health agencies to the public

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 skin • Fatigue • Asymptomatic	• Do not share needles • Wear proper PPE when appropriate
Hepatitis C (Chronic)	Blood	No symptoms	• Do not share needles • Wear proper PPE when appropriate

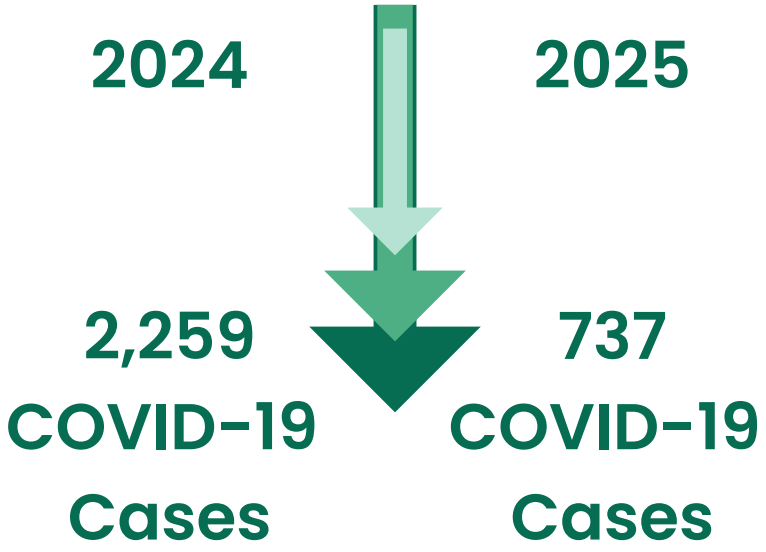
Hepatitis C (Perinatal)	Birth	No symptoms	• Women should be tested for hepatitis during every pregnancy
Influenza (Flu)	Airborne, droplet	• Fever/chills • Headache • Congestion • Sore throat • Body aches • Nausea/vomiting • Fatigue	• Annual vaccination • Practice good hand hygiene • Only reportable in 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

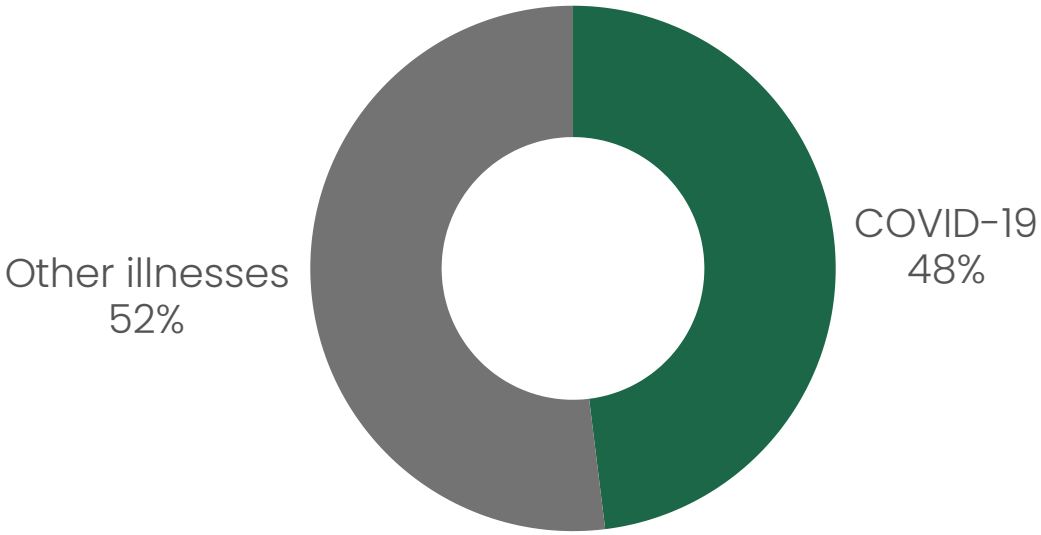
Pertusiss (Whooping cough)	Airborne, Droplet	• Uncontrolled coughing • Inability to breathe/ turning blue while coughing • "Whoop" noise when breathing in after coughing • Throwing up when coughing	• Vaccination (5 or more doses)
Streptococcal infections (Invasive)	Naturally occurs	• Fever • Discomfort	• 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	• Fever • Itching • Generalized rash	• Vaccination (2 doses)

COVID-19

While COVID-19 was still the most prevalent communicable disease in Portage County during 2025, it will not be the focus of this report for three reasons:

1. COVID-19 is no longer a novel pathogen in Ohio.
2. There has been a reduction in the number of Portage County COVID-19 cases each year since 2020.
3. COVID-19 is no longer categorized as a Class B reportable condition as of October 1, 2025 - now only COVID-19 outbreaks and hospitalizations for COVID-19 need to be reported.



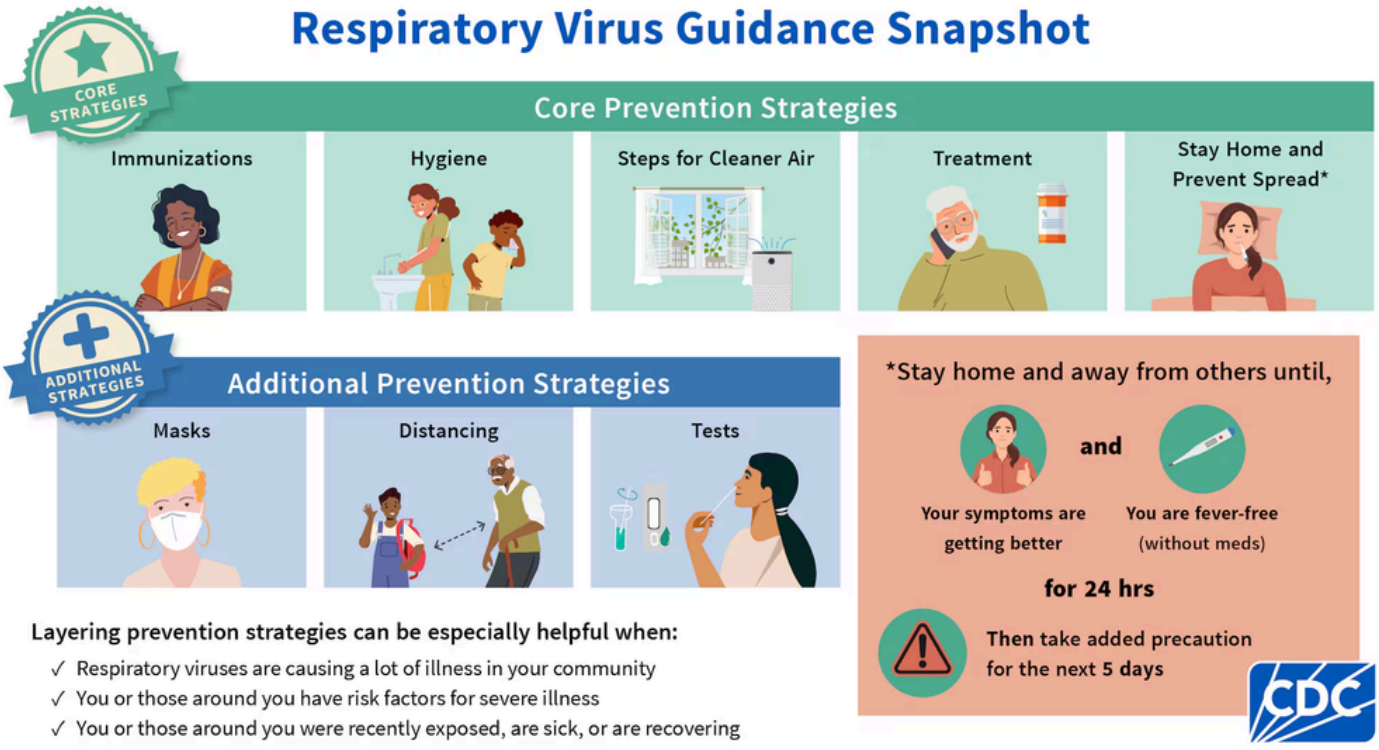


Respiratory Illness

Several respiratory illnesses have circulated throughout Portage County this year, including COVID-19, Influenza (flu), Respiratory Syncytial Virus (RSV), and Human Metapneumovirus (HMPV).

These illnesses can be difficult for public health agencies to track for a variety of reasons. Suspected viral illnesses are often treated with over-the-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 these respiratory pathogens without hospitalization. This means that unless there are several, connected cases of one of these respiratory illnesses, or someone is hospitalized, public health officials are not informed.

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

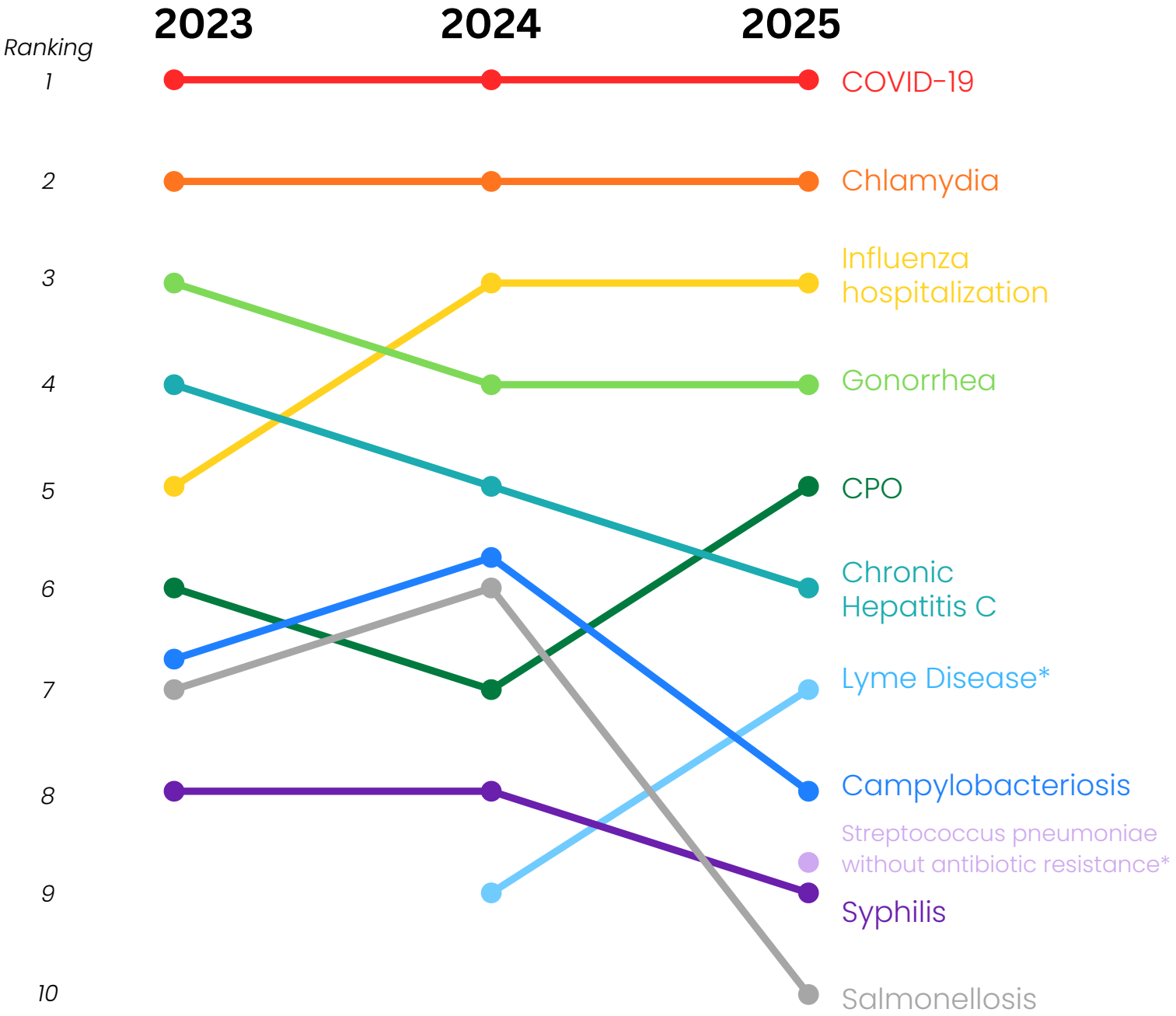


2025 Top Non-COVID Illnesses

Reportable Condition	Case Count	Case Rate
Chlamydia infection	232	141.05
Influenza hospitalization	228	138.62
Gonorrhea	57	34.65
CPO	39	23.71
Chronic Hepatitis C	35	21.28
Lyme Disease	32	19.45
Campylobacteriosis	24	14.59
Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant - Syphilis	15	9.12
Salmonella	14	8.51

After COVID-19, these are the nine most prevalent illnesses in Portage County in 2025. Rates in this table are reported as the number of cases per 100,000 residents. Aside from COVID, chlamydia and influenza hospitalizations were the most prevalent communicable diseases in our county by far.

Top Ten Ranked Reportable Conditions



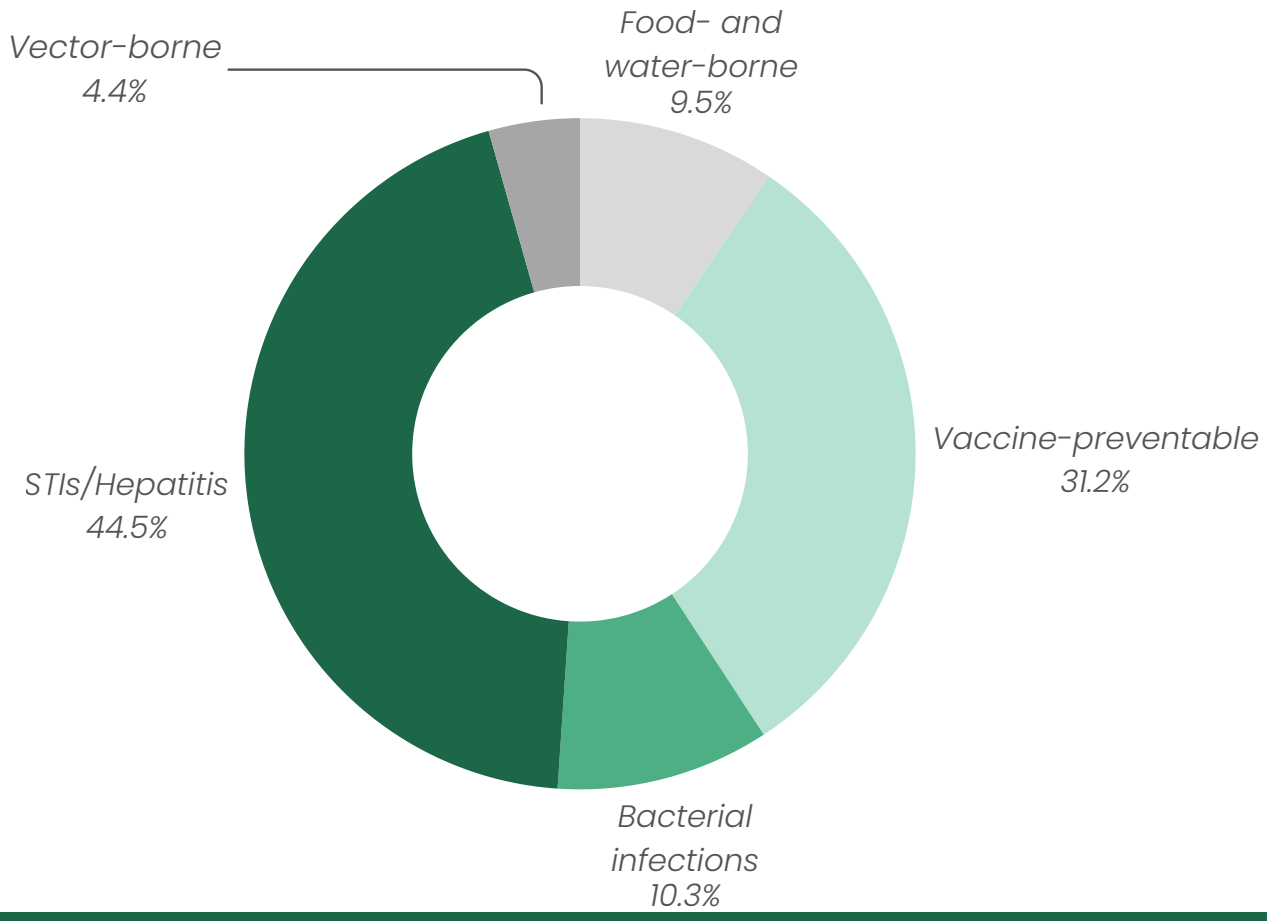
**Lyme disease was not in the top ten in 2023, Streptococcus pneumoniae was not in the top ten in 2023 or 2024*

This chart shows the rankings over time of the ten most prevalent communicable diseases in Portage County. If a rank position is blank for a given year, that means the disease that occupied that spot was no longer in the "top ten" in 2025. The most notable changes from 2024 to 2025 were the increase in rank of CPOs and Lyme Disease. It is also interesting to see that chronic hepatitis C has decreased in rank each year. Chronic hepatitis reduction was one area of focus for the 2023-2025 Community Health Improvement Plan, and this chart shows an encouraging result of those efforts.

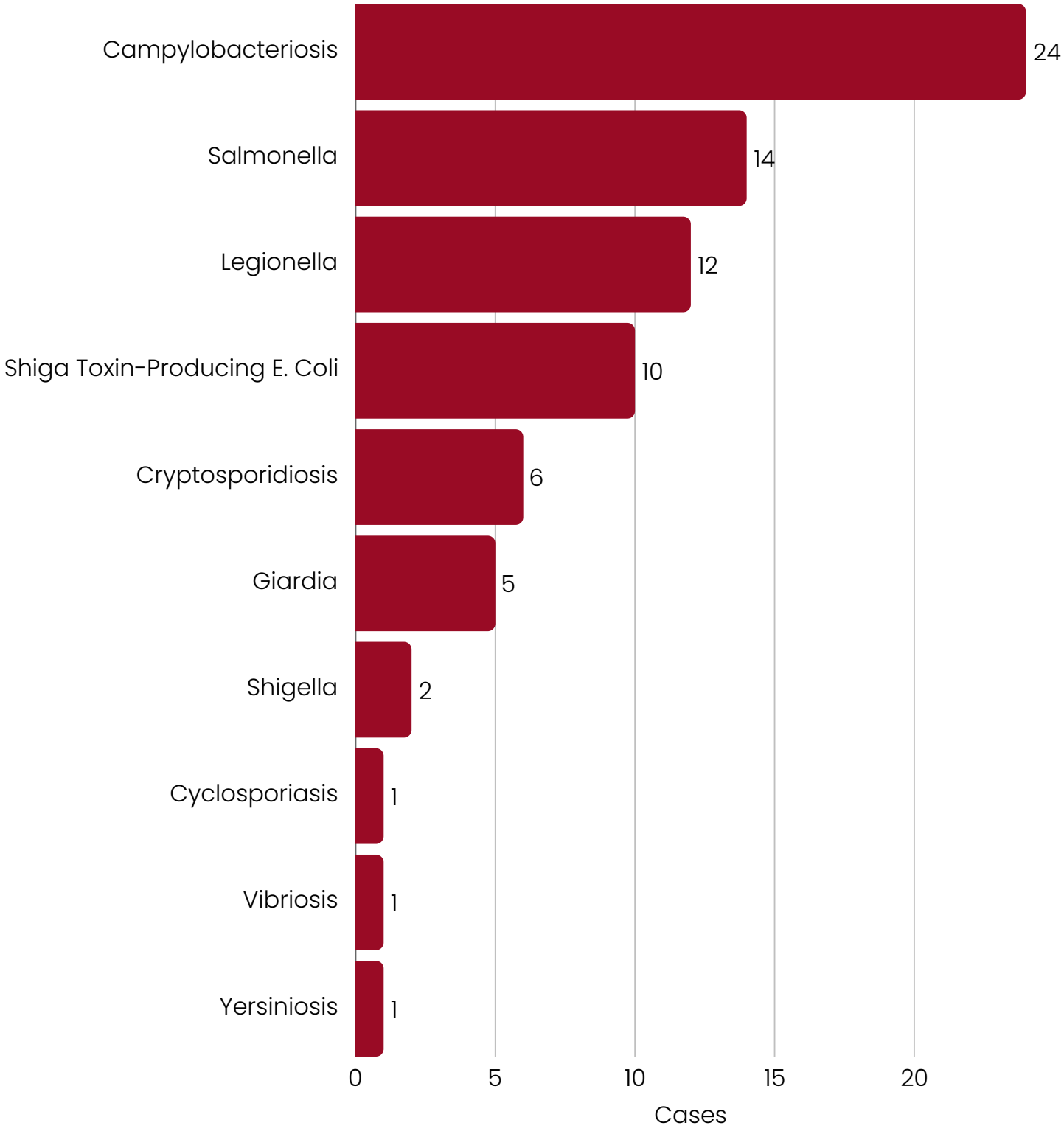
Case Numbers by Type of Illness

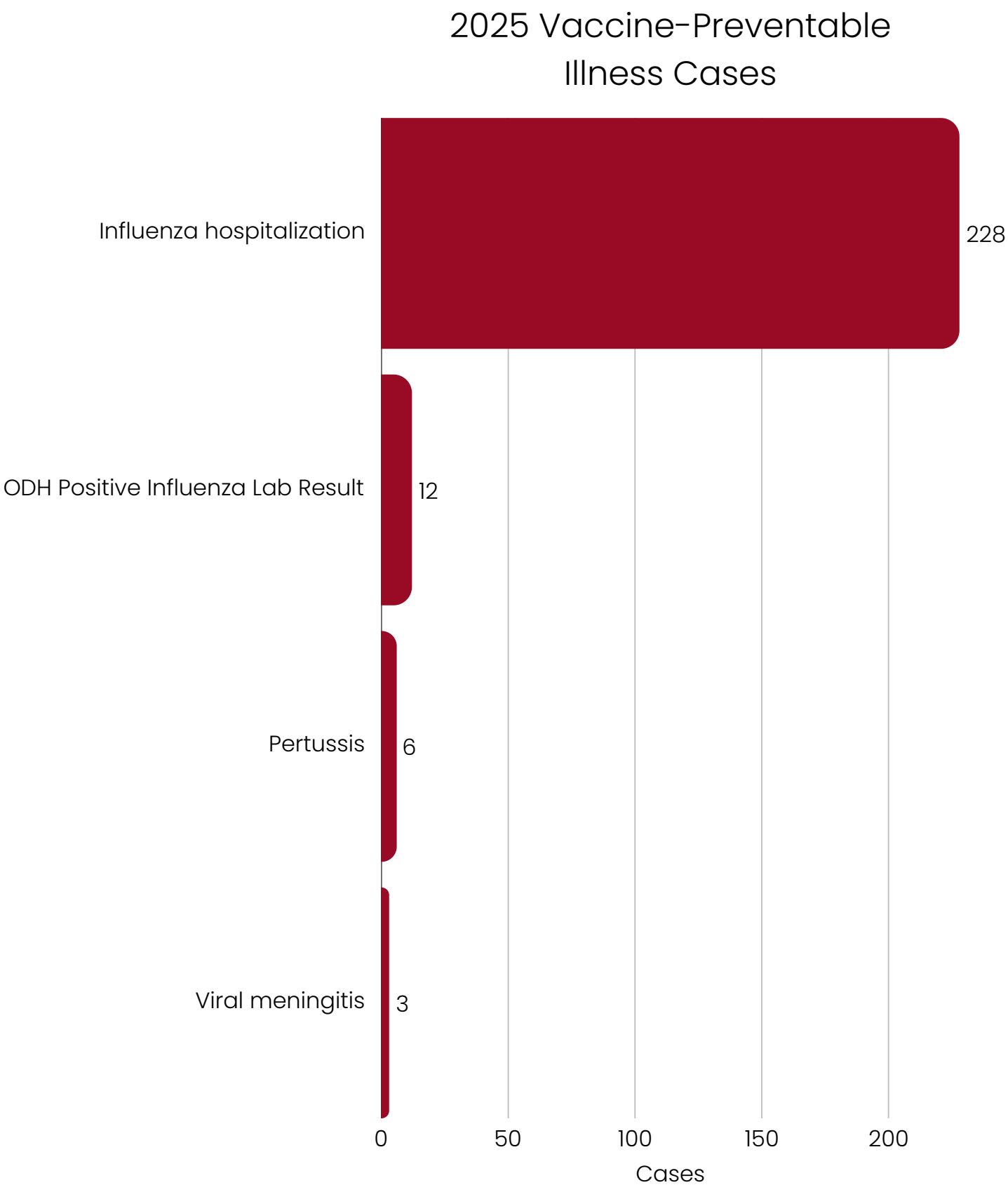
Below are several graphs displaying the prevalence of 2025 communicable disease cases in Portage County (excluding COVID-19) within five major groups:

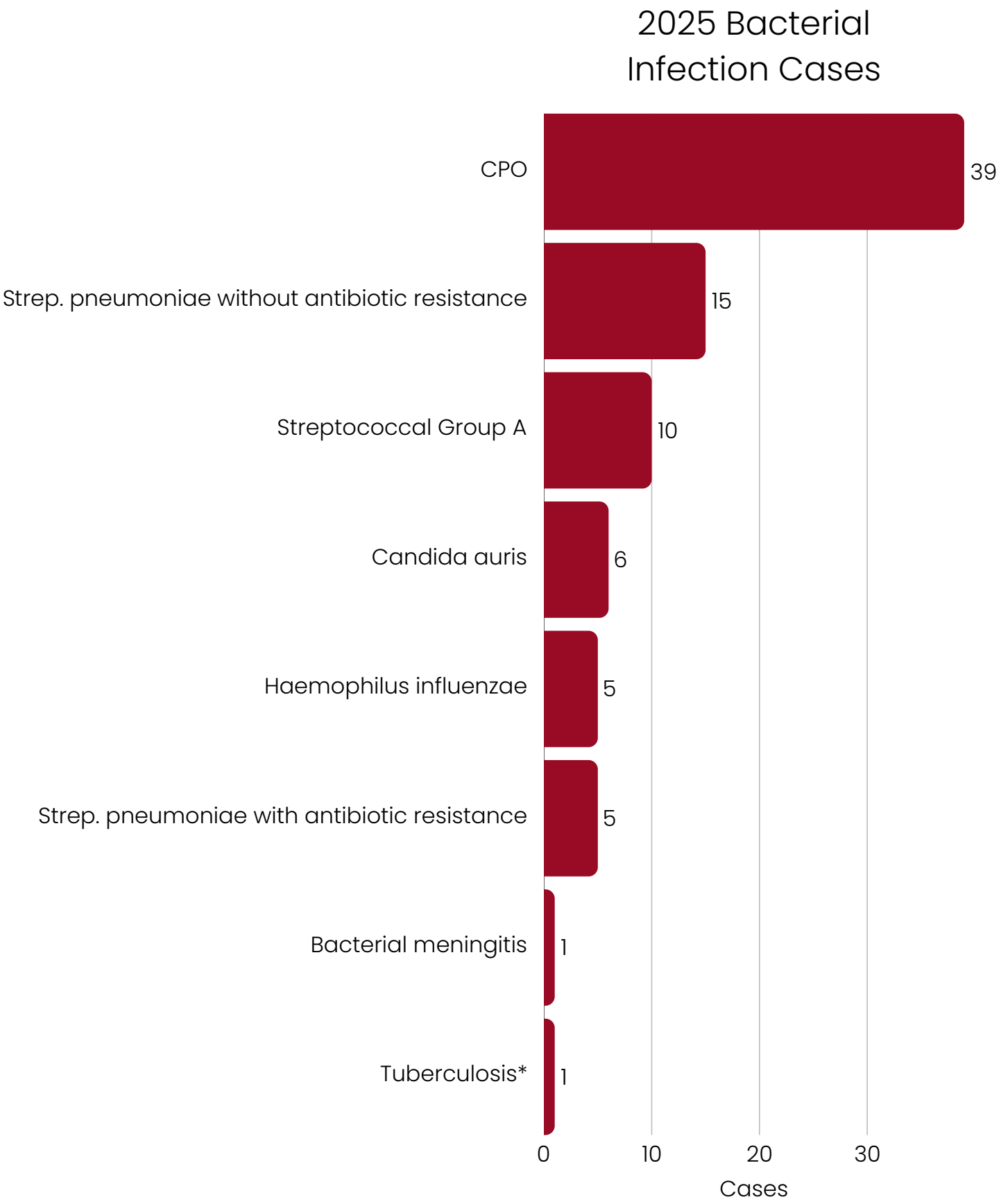
- Food- and water-borne illnesses: from eating contaminated food, and drinking or inhaling droplets from contaminated water (e.g. salmonella, legionella, campylobacteriosis).
- Vaccine-preventable illnesses: can be prevented with immunizations (e.g. influenza hospitalizations, pertussis).
- Bacterial infections: bacterial growth in normally sterile body sites (e.g. CPOs, Streptococcal infections, Haemophilus influenzae).
- STIs and Hepatitis: spread through sex or exposure to contaminated blood (e.g. Hepatitis B, Hepatitis C, Chlamydia, HIV).
- Vector-borne illness: acquired as a result of bites from ticks or mosquitoes (e.g. Lyme Disease, West Nile Virus).



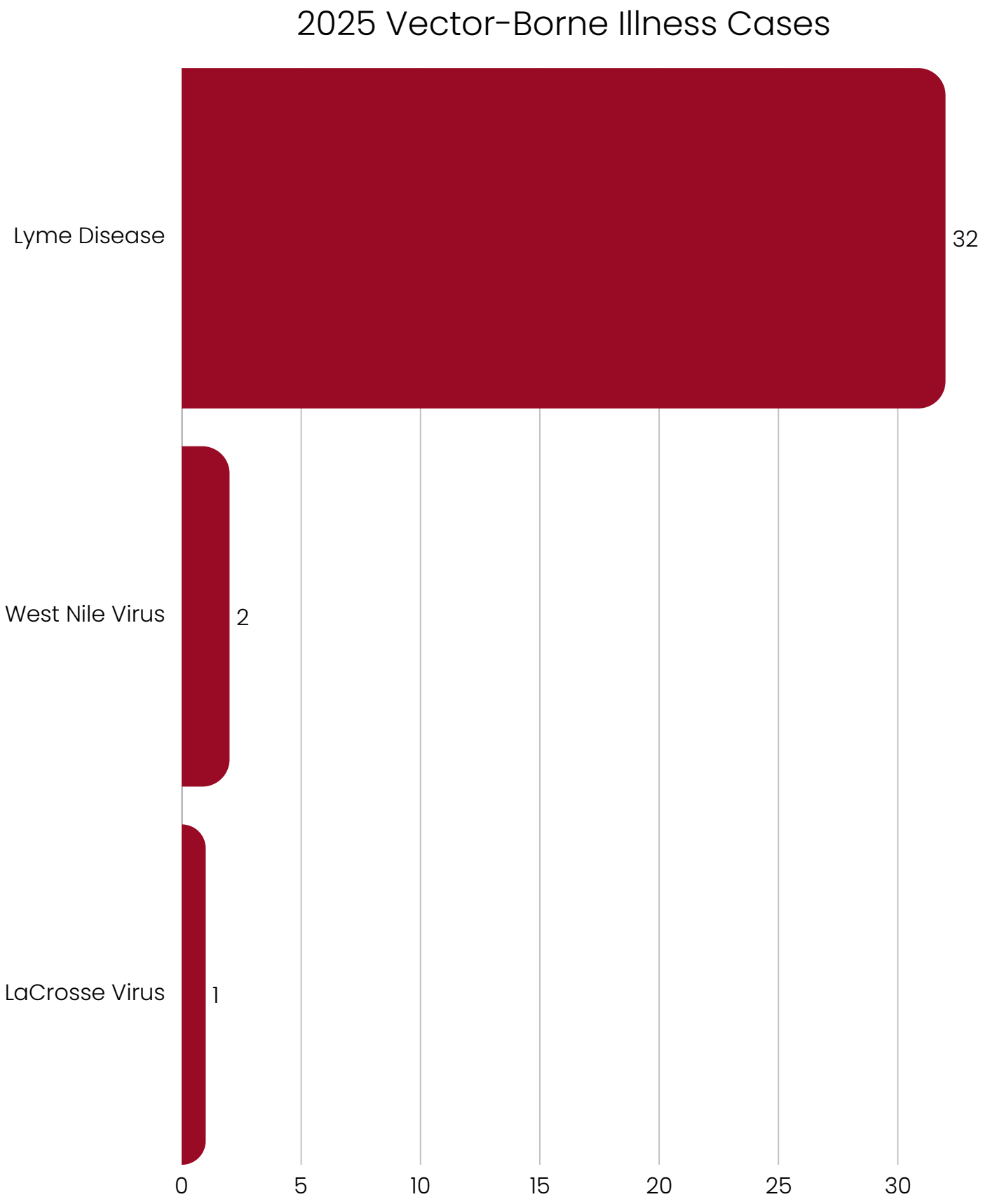
2025 Food- and Water-Borne Illness Cases



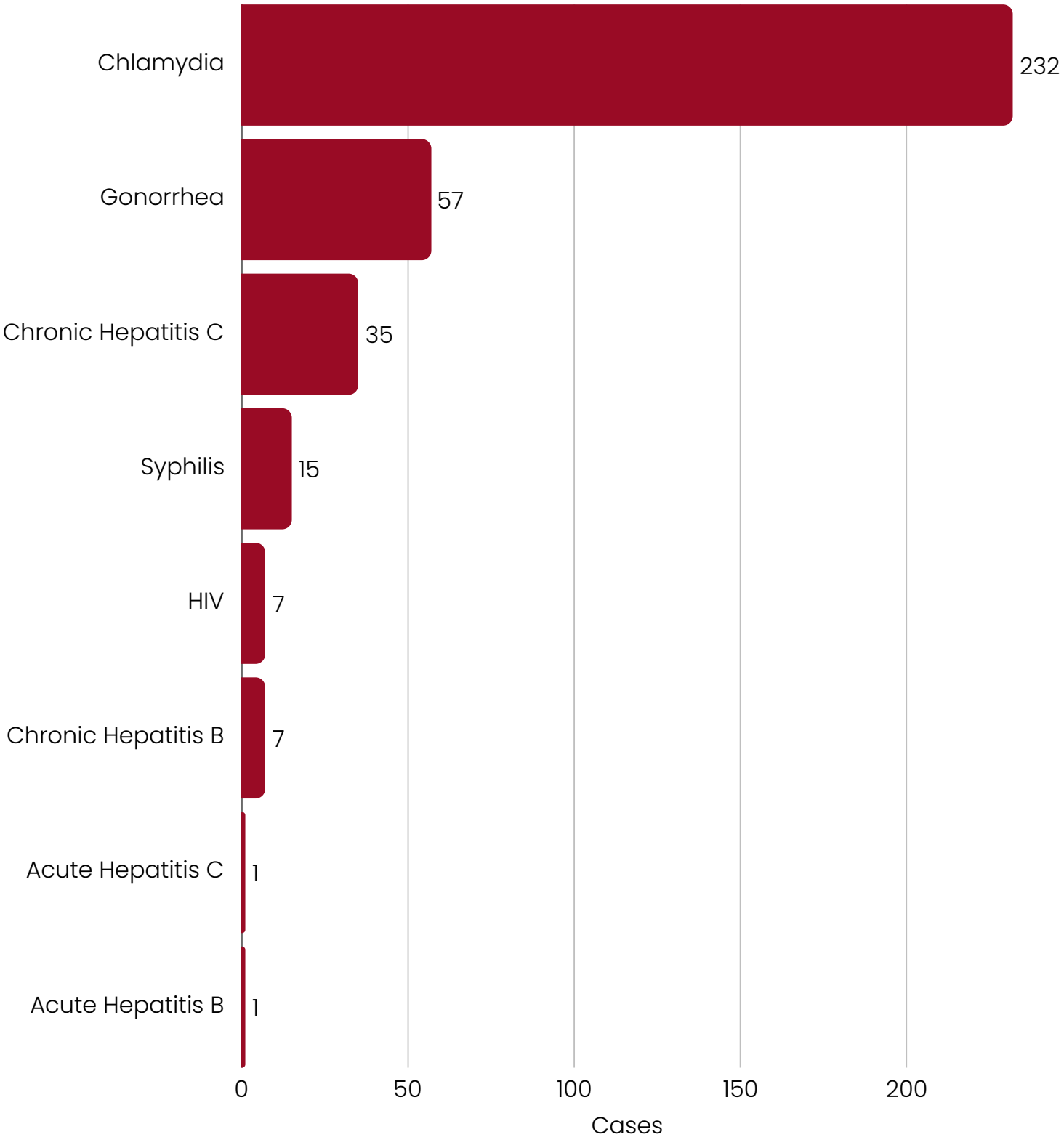

2025 Vaccine-Preventable Illness Cases
Influenza hospitalization
228
ODH Positive Influenza Lab Result
12
Pertussis
6
Viral meningitis
3
0
50
100
150
200
Cases



**There was one confirmed tuberculosis case diagnosed in a Portage County resident in 2025, but PCHD managed 3 active tuberculosis cases total in 2025.*


2025 Vector-Borne Illness Cases
Lyme Disease
32
West Nile Virus
2
LaCrosse Virus
1
0
5
10
15
20
25
30

2025 Sexually Transmitted Infections and Hepatitis Cases



Special Focus: STIs and Hepatitis

2022-2025

In 2022, Portage County Health District and University Hospitals embarked on a Community Health Assessment (CHA) process, engaging over 35 community partners, including Mental Health & Recovery Board of Portage County, Kent City Health Department, Axess Family Services, Townhall II, and PARTA.

Following the CHA, community stakeholders participate in the community health improvement process using CHA data to determine community priorities with accompanying strategies. Three priorities were identified in the 2023-2025 Portage County Community Health Improvement Plan (CHIP):

1. Chronic Disease
2. Family, Pregnancy, Infant and Child Health
3. Mental Health, Substance Use, and Addiction

Activities aimed at reducing cases of STIs and hepatitis were housed under the Chronic Disease priority. Specifically, public education about how STIs and hepatitis are transmitted, prevented, diagnosed, and treated was conducted by several community agencies, including PCHD and Axess Family Services. Many agencies also provide harm reduction items to the public; these items are intended to reduce the risk of disease transmission. Examples of harm reduction materials for STIs include condoms and dental dams. For viral hepatitis harm reduction, safe syringe programs, like Axess Family Service's SafePointe Program, are pivotal.

2025-2028

The CHA/CHIP process is repeated every three years. The most recent CHA process was completed in 2025 with the participation and support of over 30 community partners, many of whom were previous participants as well. Three priorities were identified in the 2026-2028 Portage County Community Health Improvement Plan (CHIP):

1. Chronic Disease
2. Mental Health, Substance Use, and Addiction
3. Population Health and Safety

Activities aimed at reducing cases of STIs and hepatitis remained in this newest version of the CHIP but are now housed under the Population Health and Safety priority. New activities intended to reduce vaccine-preventable and vector-borne disease cases were also added.

Sexually Transmitted Infections: Three-Year Trends

Condition	2023	2024	2025	Trend direction
Chlamydia	420	285	232	*Down*
Gonorrhea	105	70	57	*Down*
HIV	5	8	7	*Variable*
Syphilis	16	18	15	*Variable*

This table displays the number of sexually-transmitted infection (STI) cases in Portage County over the last three years. While chlamydia is still one of the most prevalent conditions in Portage County, case numbers have decreased each year. Gonorrhea cases have also decreased each year. Both of these observations are 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, eight were diagnosed in 2024, and 7 were diagnosed in 2025. 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. It is interesting that case numbers for some STIs (chlamydia, gonorrhea) have declined, but not others (HIV, syphilis).

Hepatitis: Three-Year Trends

Condition	2023	2024	2025	Trend direction
Acute Hepatitis B	0	0	1	*Up*
Chronic Hepatitis B	15	7	7	*Variable*
Perinatal Hepatitis B	0	0	0	*Steady*
Acute Hepatitis C	0	0	1	*Up*
Chronic Hepatitis C	66	50	35	*Down*
Perinatal Hepatitis C	0	0	0	*Steady*

The table above shows trends in hepatitis case numbers since 2023. Most newly diagnosed hepatitis case in Portage County are chronic, which means they are ongoing. The number of new chronic hepatitis C cases has decreased by about 15 cases each year since 2023. Chronic hepatitis B cases decreased by 50% from 2023 to 2024, and remained steady from 2024 to 2025. As mentioned earlier in this report, hepatitis reduction was one area of focus for the 2023-2025 Community Health Improvement Plan. Both types of hepatitis spread from exposures to infected blood, for example sharing needles. In 2023, Axess Family Services rolled out their SafePointe safe syringe program. This program, as well as educational outreach from several community agencies, may be playing a part in the decrease of chronic hepatitis C cases observed over the last few years.

Age Group Proflies

14 years old and younger

All of the Portage County cases of **pertussis (also called whooping cough)** occurred in this age group in 2025, mostly within the group of children 4 years old or younger. Pertussis is preventable by vaccination, underscoring the importance of adhering to the childhood vaccination schedule recommended by your child's provider. **Influenza hospitalizations** of children were also quite prevalent. Children can experience more severe symptoms from the flu because their immune systems are still developing. This might include high fevers and dehydration. With that said, the 2025-2026 strain of influenza, termed "subclade K" seems to have been particularly severe in children, especially those who were unvaccinated per the Ohio Department of Health; the reason for this is not known. Nonetheless, data suggest the 2025-2026 vaccination was very effective at preventing pediatric influenza hospitalizations.

This age group also had some cases of **food- and water-borne illness**. Children are more susceptible to food- and water-borne illness due to their less developed immune systems. 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. Even as children get older, hand hygiene may not be performed very thoroughly. There was one case of **chronic hepatitis C** diagnosed in this age group. It was determined that the child contracted this illness from their mother. This is common with hepatitis, especially with hepatitis C for which there are no vaccinations or preventative medications.

There were a few cases of **Lyme disease**, especially in kids 5-9 years old. At that age, they are getting old enough that their parents don't need to help them bathe, but they probably would not notice a tick on themselves, especially if it was small. Teaching kids about thorough tick checks early is a good practice for parents. There were some cases of **CPO infections** in this age group, which is not typical. These cases occurred because there was a CPO outbreak in a healthcare setting that affected some medically fragile individuals, including children. This outbreak certainly contributed to CPO cases becoming more prevalent than chronic hepatitis C cases in Portage County in 2025.

4 Years and Younger

Reportable Condition	Cases
• Pertussis	5
• Influenza hospitalization	3
• Campylobacteriosis • Cryptosporidiosis • Shiga Toxin-Producing E. Coli • Viral meningitis	2
• Chronic Hepatitis C • CPO • Giardia • Haemophilus Influenzae • Lyme Disease • ODH Positive Influenza Lab Result • Salmonella • Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant	1

5-9 Years

Reportable Condition	Cases
• Influenza hospitalization	4
• Lyme Disease	3
• CPO • Cryptosporidiosis • Lyme Disease • ODH Positive Influenza Lab Result • Pertussis	1

10-14 Years

Reportable Condition	Cases
• CPO • Influenza hospitalization	2
• Campylobacteriosis • Chlamydia • LaCrosse Virus • Lyme Disease • ODH Positive Influenza Lab Result • Shiga Toxin-Producing E. Coli	1

15 to 24 years old

In 2025, as in previous years, the most prevalent illnesses by far were **chlamydia** and **gonorrhea**. In 2023 survey, the CDC found that 68% of U.S. high school students had experienced sexual intercourse, and of those, 48% did not use a condom the last time they had sex. A 2025 article in the Journal of Social Work and Social Welfare Policy revealed that condom use was not much better in college students. A startling 33.9% of sexually active participants in their study reported that they always use a condom during sexual intercourse; furthermore, 19.9% indicated they never used a condom. Moreover, 70.5% of study participants had never been tested for HIV. These data suggest a clear need for increased sexual health education everywhere, not just in Portage County.

According to the American Academy of Pediatrics (AAP) 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.

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.

15-17 Years

Reportable Condition	Cases
• Chlamydia infection	17
• Gonorrhea	5
• Influenza hospitalization	2
• CPO • Giardia	1

18-20 Years

Reportable Condition	Cases
• Chlamydia infection	70
• Gonorrhea	9
• CPO	4
• Influenza Hospitalization	1

21-24 Years

Reportable Condition	Cases
• Chlamydia infection	69
• Gonorrhea	11
• Influenza Hospitalization • Salmonella	3
• Syphilis	2
• CPO • Lyme • Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant	1

25 to 44 years old

STIs, including **chlamydia**, **gonorrhea**, and **syphilis**, were still prevalent in this age group. 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.

Chronic Hepatitis C case numbers are noticeable in this age group. Hepatitis C is often spread when people share needles. There are safe syringe sites in Portage County at Axess Family Services in Kent, Summit County Public Health (SCPH) in Akron, and Oak Street 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.

This age group also experienced some cases of **CPO infections**, some as a result of the outbreak mentioned above. **Influenza hospitalizations** were somewhat prevalent in many age groups, including this one. This is not surprising given that: (1) both the 2024-2025 and 2025-2026 flu seasons were more severe than recent years as measured by hospitalizations and deaths and, (2) influenza vaccination coverage in Ohio has not surpassed 45% of the population for the past few influenza seasons.

25-34 Years

Reportable Condition	Cases
• Chlamydia infection	54
• Gonorrhea	18
• Syphilis	5
• CPO	4
• Campylobacteriosis • Chronic Hepatitis C • HIV • Influenza Hospitalization • Lyme • ODH Positive Influenza Lab Result • Salmonella	3
• Chronic Hepatitis B	2
• Acute Hepatitis C • Cryptosporidiosis • Legionella • Shiga Toxin-Producing E. Coli • Shigella • Streptococcal Group A • Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant	1

35-44 Years

Reportable Condition	Cases
• Chlamydia infection	10
• Gonorrhea	9
• Chronic Hepatitis C	8
• Influenza hospitalization	7
• CPO • Syphilis	5
• Campylobacteriosis	3
• Chronic Hepatitis B • HIV • Salmonella	2
• Giardia • Haemophilus influenzae • Lyme Disease • ODH Positive Influenza Lab Result • Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant	1

45 to 64 years old

This age group displayed a wide variety of reportable conditions, but the most common was **influenza hospitalizations**. Other common illnesses in this age group included **chronic hepatitis C**, **Lyme Disease** and **chlamydia;** food- and water-borne illnesses* like **campylobacteriosis**, **salmonella**, **giardia**, **E. coli**, and **vibriosis** were also present.

The wide variety of conditions in this age group demonstrates how variable health can be around the age of 50. Some individuals in their late 40s and early 50s still have robust immune systems; those individuals would still develop illnesses that anyone can get, regardless of weather they have a good immune system or not, such as hepatitis C, STIs or Lyme Disease.

Others may have begun to experience chronic or degenerative conditions, or they have other medical conditions that have arisen as a function of aging, genetics, or exposures to risk factors earlier in life; this can lead to reduced immune system function, making it easier for "opportunistic infections" to invade the body. These are illnesses that are usually developed by people who already have weakened immune systems. Examples seen here are **legionella**, **candida auris**, **CPO infections**, **streptococcus pneumoniae**, **haemophilus influenzae**, and **bacterial meningitis**.

**Note: Food-borne illnesses tend to affect immunosuppressed individuals more often, and more severely, than those with intact immune systems. Examples of people with weaker immune systems include young children, older adults, pregnant people, people taking certain medications, and people with certain medical conditions. However, many perfectly healthy people can, and do, develop illnesses from contaminated food. So while food-borne pathogens can be more dangerous for the groups mentioned here, they can affect anyone, which is why they were not mentioned with opportunistic infections.*

45-54 Years

Reportable Condition	Cases
• Influenza hospitalization	13
• Chlamydia • Chronic Hepatitis C • Lyme Disease	7
• Gonorrhea	4
• Campylobacteriosis • Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant	3
• C. auris • Cyclosporiasis • Giardia • HIV • Legionella • Salmonella • Shiga Toxin-Producing E. Coli • Streptococcal Group A • Syphilis • Vibriosis	1

55-64 Years

Reportable Condition	Cases
• Influenza hospitalization	41
• Chronic Hepatitis C	9
• Chlamydia • Lyme Disease	4
• Campylobacteriosis • Salmonella	3
• CPO • Legionella • Streptococcal Group A • Streptococcus pneumoniae - antibiotic resistant/intermediate • Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant • Syphilis	2
• Acute Hepatitis B • C. auris • Chronic Hepatitis B • HIV • Shiga Toxin-Producing E. Coli	1

65 years old and older

Immune system function begins to decline relatively early in our lives; in our 20s and 30s. When we reach our 60s, this decline speeds up (Annals of the American Thoracic Society). As a result, the individuals in this combined age group had the highest overall rate of communicable disease incidence in 2025 (see the bar chat below).

Many of the cases of illness reported in this age group in 2025 were opportunistic infections discussed earlier in this report; as a reminder, opportunistic infections are illnesses that are usually developed by people who already have weakened immune systems. Additionally, there were many cases of food-borne illnesses in this age group. Like opportunistic infections, these illnesses are more common in older or immunocompromised individuals.

The only two cases of West Nile Virus (WNV) that occurred in 2025 were in this age group. WNV is a disease carried by birds that is spread to humans by the bite of an infected mosquito. Despite its name, WNV is not restricted to Africa; the disease naturally occurs in bird populations in many areas of the world, including the United States. Each year, PCHD traps mosquitoes from around Portage County and sends them for WNV disease testing. In 2025, there were more traps containing positive mosquitoes than in previous years. The American Medical Association confirmed that, “in 2025, there's been a substantial increase in West Nile virus activity with 41% more severe-disease cases and 32% more deaths than what is typically seen with West Nile disease.”

According to ODH, 80% of people who get WNV never know they have it because they develop no symptoms. Less than 1% of people with WNV develop very serious symptoms, like brain swelling, spinal cord swelling, and paralysis. These cases are referred to as “neuroinvasive.” The American Medical Association states, “people who are 65 or older are five to 20 times more at risk of West Nile virus neuroinvasive disease, compared with those who are younger. The risk among those 65 and older is about 2% compared to less than 0.5% for younger people.” The best ways to protect yourself against WNV are to: (1) Eliminate standing water around your home, because mosquitoes use small areas of stagnant water to lay their eggs and (2) Wear bug spray if you are going outside, especially if it is humid or you are near water.

65-74 Years

Reportable Condition	Cases
• Influenza hospitalization	74
• Campylobacteriosis • CPO • Lyme Disease	8
• Chronic Hepatitis C • Legionella	5
• Candida auris • Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant	4
• ODH Positive Influenza Lab Result	3
• Chronic Hepatitis B • Streptococcus pneumoniae - antibiotic resistant/intermediate	2
• Bacterial meningitis • Cryptosporidiosis • Gonorrhea • Haemophilus influenzae • Salmonella • Tuberculosis • West Nile Virus	1

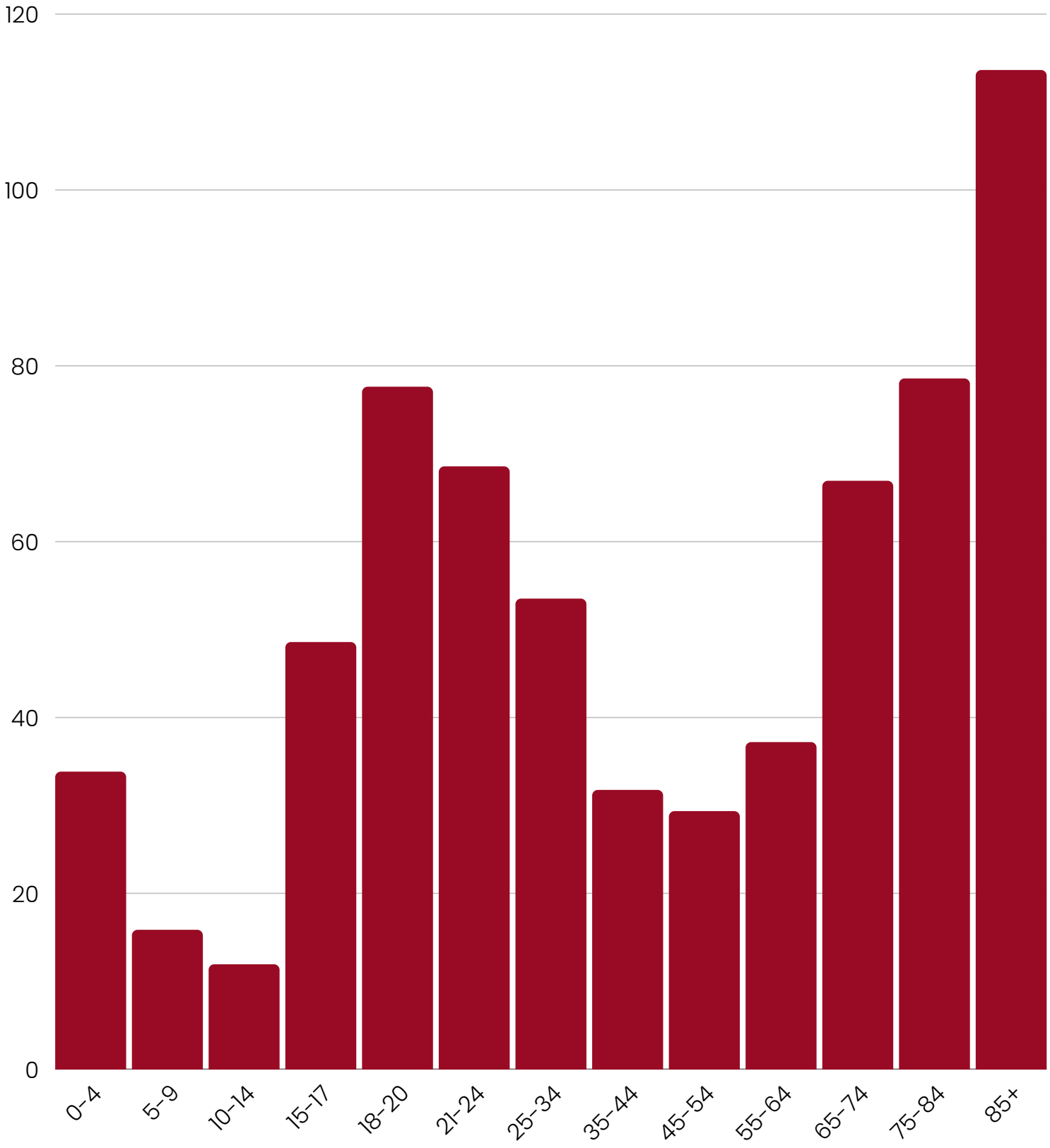
75-84 Years

Reportable Condition	Cases
• Influenza hospitalization	48
• CPO	9
• Streptococcal Group A	5
• Chronic Hepatitis C • Haemophilus influenzae • Legionella • Lyme Disease • Shiga Toxin-Producing E. Coli	2
• Campylobacteriosis • Cryptosporidiosis • ODH Positive Influenza Lab Result • Shigella • Streptococcus pneumoniae - antibiotic resistant/intermediate • Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant • Viral meningitis • West Nile Virus • Yersiniosis	1

85 Years+

Reportable Condition	Cases
• Influenza hospitalization	27
• Shiga Toxin-Producing E. Coli	2
• CPO • Giardia • Legionella • ODH Positive Influenza Lab Result • Streptococcal Group A • Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant	1

Communicable Disease Rates per 10,000 population by Age Group



Illness Rates by Demographic Group

Age

A “case rate” in this section means the number of cases of an illness reported in a group for every 10,000 people belonging to the age group. The biggest changes from 2024 to 2025 are observed in chlamydia case rates in adolescents and young adults, and influenza hospitalization rates in older adults.

From 2024 to 2025, the 15-17 age group displayed a chlamydia case rate decrease from approximately 53 to 31.76. This is about a 40% decrease. The 21-24 age group showed a similarly large decrease, about 33%. The 25-34 age group showed decreases in both the chlamydia and gonorrhea case rates from 2024 to 2025. The chlamydia case rate decreased from 33.68 to 26.04; the gonorrhea case rate decreased from 14.23 to 8.86, which is almost a 50% decrease. These metrics are very encouraging for agencies that conduct sexual health education.

Influenza hospitalization rates approximately tripled for four age groups from 2024 to 2025: 55-64, 65-74, 75-84 and 85+. The age group with the highest influenza hospitalization rate was 85+; in 2024, the rate for this age group was 24.55, in 2025 it had increased to 87.66. This increase could have several, non-exclusive causes; specifically, the 2025-2026 flu season was fairly severe and overall influenza vaccination coverage in Ohio was below 50%.

Race

A “case rate” in this section means the number of cases of an illness reported in a group for every 100,000 people belonging to the racial group. The “Unknown Race” column displays case numbers, rather than case rates, for each reportable condition.

The main disparity seen in this table is the higher rate of STIs, specifically chlamydia and gonorrhea, in the multiracial/non-white group. A 2021 Journal article in Healthcare extensively reviewed the breadth of issues that put young people of color at higher risk for STI infections than young white individuals. The central issue reported is that many people of color experience high-level, race-related stressors that white individuals do not (Healthcare). These stressors can impede healthy decision-making, and they can be significant barriers to access to preventative resources and/or quality medical care. The result is higher rates

of many illnesses within the multiracial/non-white population, including STIs.

Conversely, the influenza hospitalization rate was higher for the white population compared to the multiracial/non-white population. This is unexpected. According to the CDC, national surveillance indicates that members of racial minority groups tend to have higher rates of influenza hospitalizations than white individuals. The cause for the observed difference between the two groups is not clear.

Sex

A “case rate” in this section means the number of cases of an illness reported in a group for every 100,000 people belonging to the group. There were two individuals of unknown sex that were hospitalized for influenza in 2024. Please note that current data indicates that the majority of Portage County’s population is heterosexual (~80%), and cis-gender (>98%).

The most significant differences between men and women in 2025 were chlamydia and gonorrhea case rates; women had higher case rates than men for both STIs; women had a higher chlamydia case rate than men in 2024 as well. According to the National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, heterosexual, cis-gender females (referred to as “women” below) report higher rates of STIs than heterosexual cis-gender males (referred to as “men” below). They propose this might be due to prolonged exposure time to STIs experienced by women. After unprotected intercourse with an infected male, fluids containing the bacteria remain within a woman’s body, continuously exposing her. A man would only be exposed to fluids from an infected woman during intercourse.

Age-Specific Rates

Condition	4 and younger		5-9 years		10-14 years	
	2024	2025	2024	2025	2024	2025
Chlamydia	0	0	0	0	2.35	1.19
Influenza hospitalization	5.61	4.23	2.66	5.28	1.18	2.39
Gonorrhea	0	0	0	0	0	0
CPO	X	1.41	X	1.32	X	2.39
Chronic Hepatitis C	0	1.41	0	0	0	0

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Condition	15-17 years		18-20 years		21-24 years	
	2024	2025	2024	2025	2024	2025
Chlamydia	53.57	31.76	67.81	64.68	75.20	51.99
Influenza hospitalization	0	3.74	0	0.92	0.86	2.26
Gonorrhea	7.14	9.34	4.78	8.32	8.64	8.29
CPO	X	1.87	X	3.70	X	0.75
Chronic Hepatitis C	0	0	0	0	0	0

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Condition	25-34 years		35-44 years		45-54 years	
	2024	2025	2024	2025	2024	2025
Chlamydia	33.68	26.04	10.70	5.48	1.10	3.80
Influenza hospitalization	1.42	1.45	1.69	3.83	4.40	7.06
Gonorrhea	14.23	8.68	7.89	4.93	1.65	2.17
CPO	X	1.93	X	2.74	X	0
Chronic Hepatitis C	3.32	1.45	5.63	4.38	3.85	3.80

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Condition	55-64 years		65-74 years		75-84 years	
	2024	2025	2024	2025	2024	2025
Chlamydia	0.90	1.84	0.51	0	0	0
Influenza hospitalization	5.39	18.83	10.26	38.09	11.93	46.56
Gonorrhea	1.35	0	0.51	0.51	0	0
CPO	X	0.92	X	4.12	X	8.73
Chronic Hepatitis C	4.49	4.13	6.70	2.57	2.98	1.94

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Condition	85+ years	
	2024	2025
Chlamydia	0	0
Influenza hospitalization	24.55	87.66
Gonorrhea	0	0
CPO	X	3.25
Chronic Hepatitis C	0	0

Race-Specific Rates

Condition	Single Race, White	Multiracial or Not White	Unknown Race
Chlamydia	93.78	300.72	22
Influenza hospitalization	141.04	92.82	9
Gonorrhea	19.63	92.82	5
CPO	13.81	25.99	13
Chronic Hepatitis C	11.63	11.14	16

Sex-Specific Rates

Condition	Male		Female	
	2024	2025	2024	2025
Chlamydia	117.38	84.92	229.54	195.83
Influenza hospitalization	45.44	131.69	43.04	141.77
Gonorrhea	49.22	28.31	37.06	40.85
CPO	X	28.31	X	18.02
Chronic Hepatitis C	36.60	20.92	25.12	21.63

Mapping

The following pages contain maps that show zipcode-level case rates per 10,000 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.

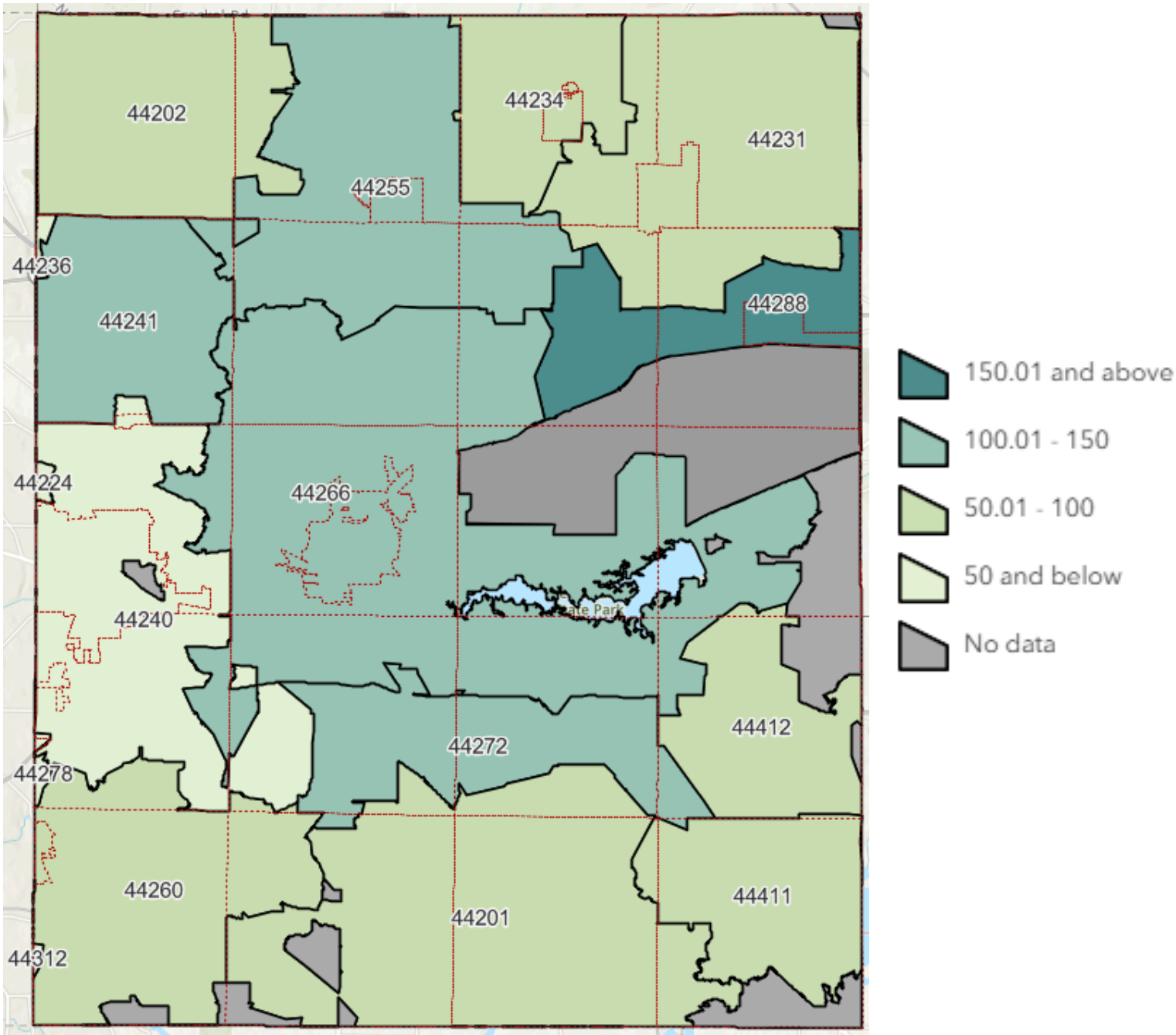
There are six maps, each showing different rates for the zipcodes:

- Overall case rate for all reportable conditions, including COVID
- Chlamydia case rate
- Influenza hospitalization rate
- Gonorrhea case rate
- CPO rate (for new cases only)
- Chronic Hepatitis C rate (for new cases only)

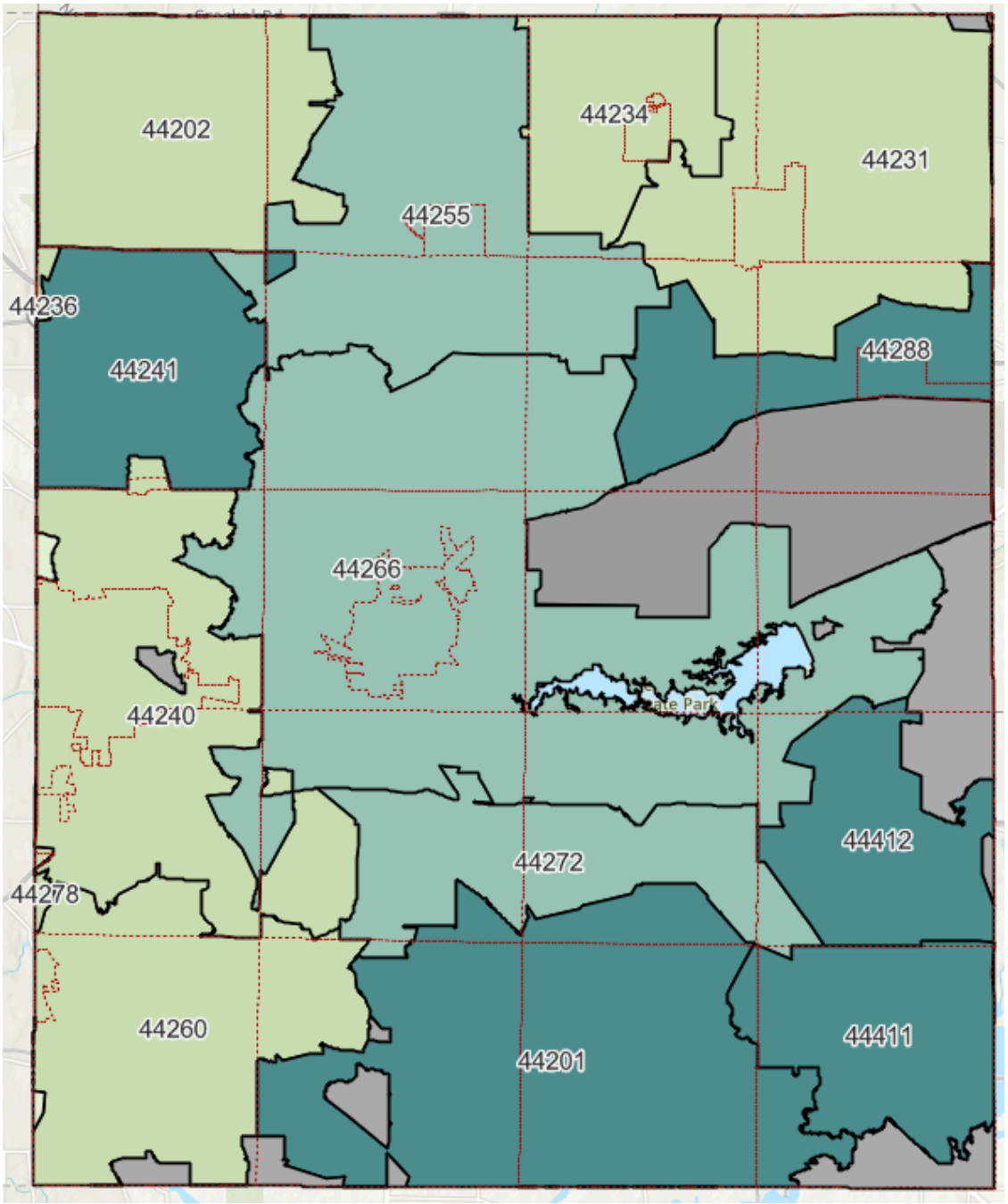
The red dotted lines on each map represent Portage County township and city borders. The dark grey areas on each map have no rate data to display. These areas are mainly zip codes that are partially within Portage County, but are predominantly located in a neighboring county like Trumbull or Stark.

The elongated dark grey portion located at the right-center of each map is the James A. Garfield Munitions Arsenal, also called "Camp Ravenna" or "The Ravenna Arsenal." This area is inaccessible to civilians - there are no homes or public roads in this area.

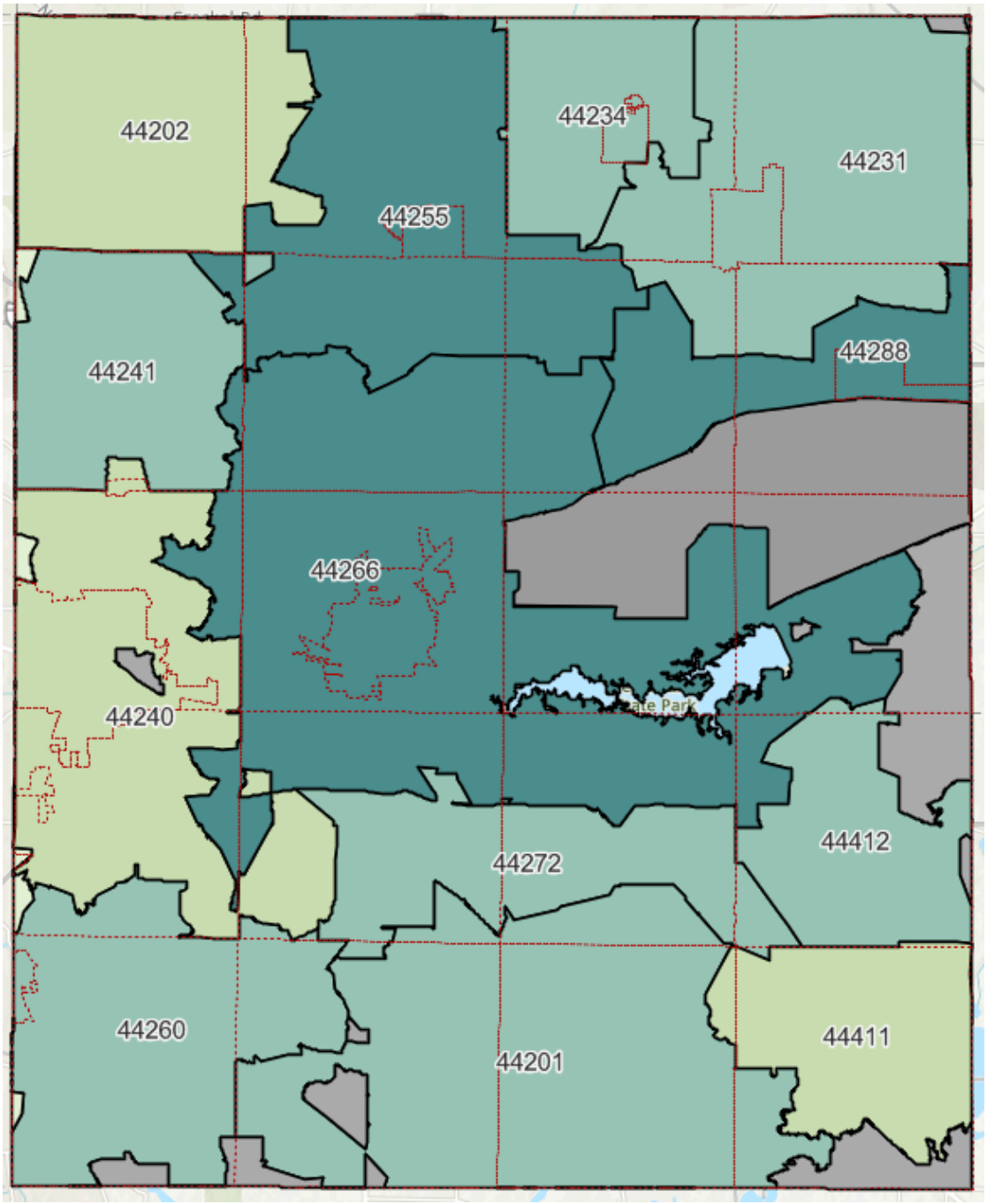
All Communicable Disease Cases
(Rate Per 10,000 Population)



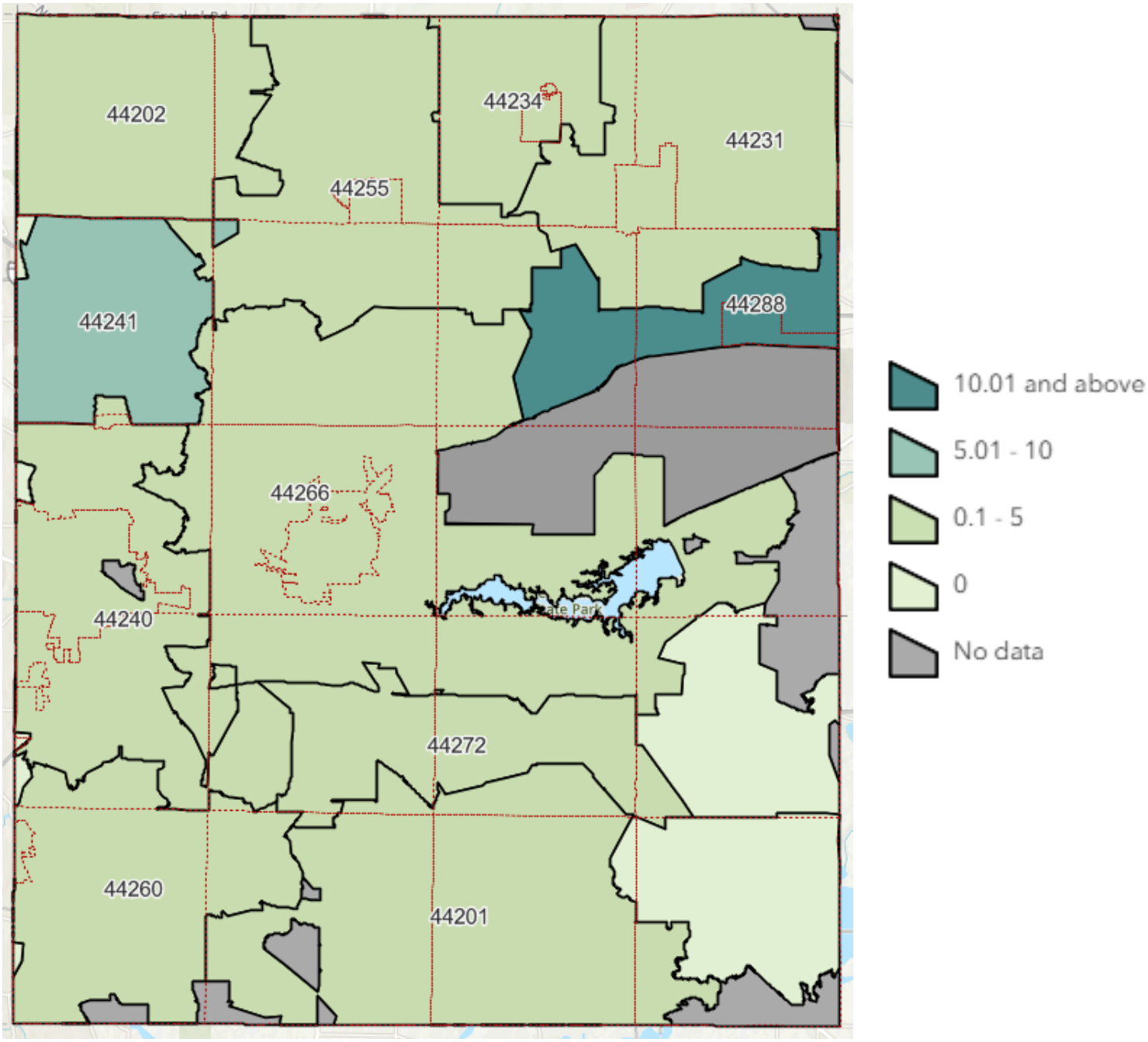
Chlamydia Cases
Rate Per 10,000 Population



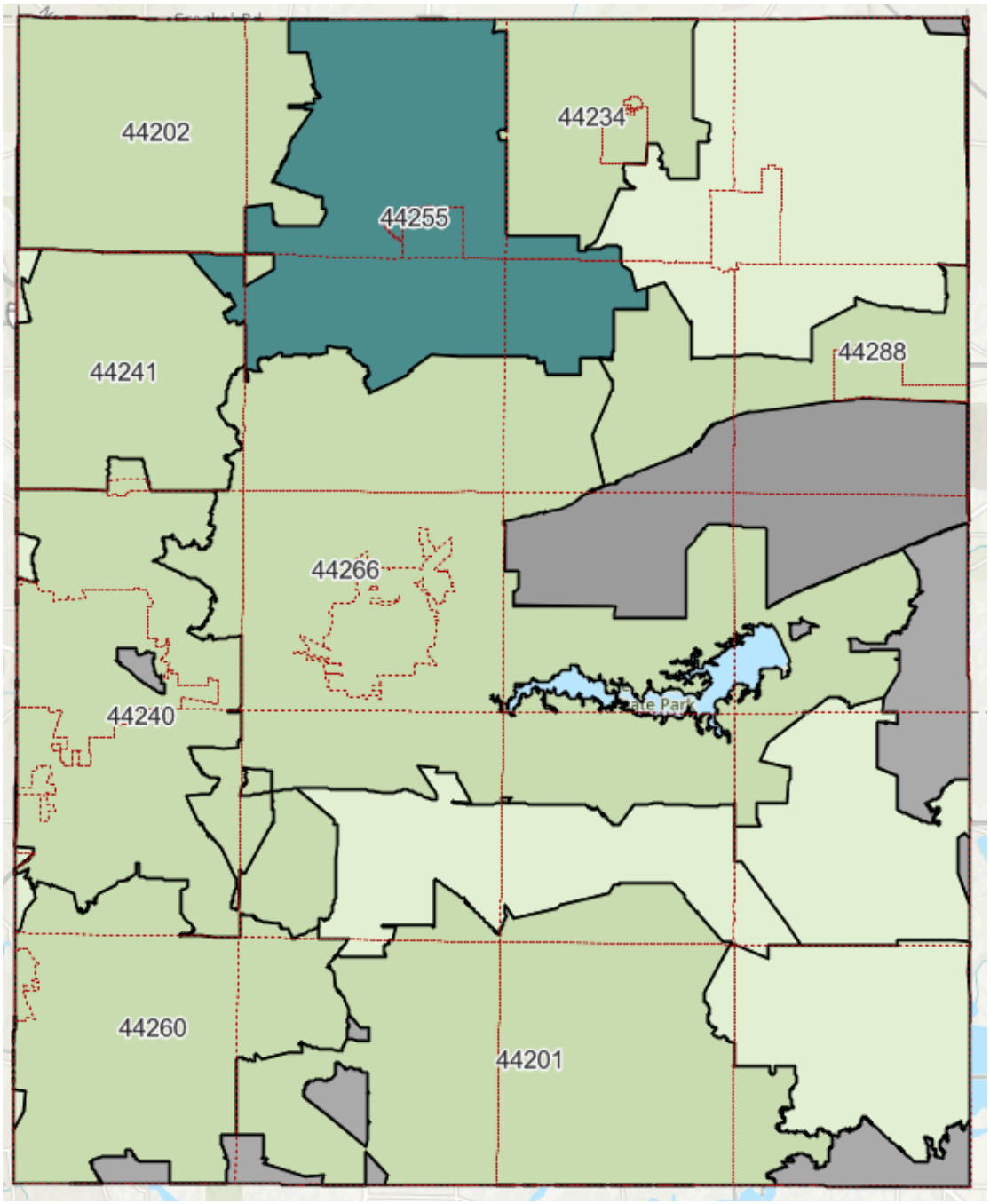
Influenza Hospitalizations
(Rate Per 10,000 Population)



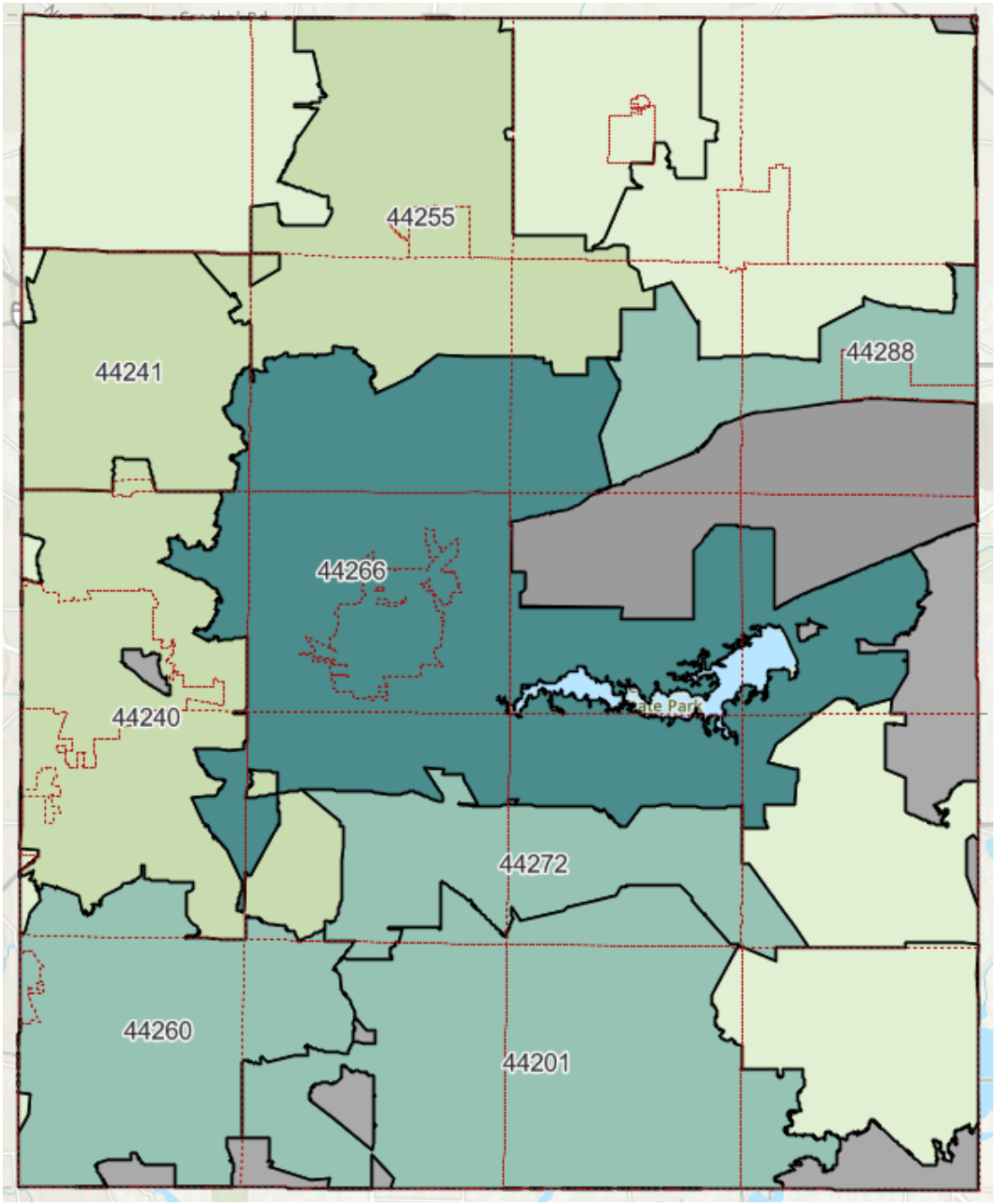
Gonorrhea Cases
(Rate Per 10,000 Population)



CPO Cases
(Rate Per 10,000 Population)



Chronic Hepatitis C Cases
(Rate Per 10,000 Population)



Appendix

Department of Health

Know Your ABCs:
A Quick Guide to Reportable Infectious Diseases in Ohio

From the Ohio Administrative Code Chapter 3701-3; Effective October 1, 2025

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.
- Diphtheria.
- Free-living amoeba infection.
- 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, inhalation.
- 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:
Diseases 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.

- Acute flaccid myelitis (AFM).
- Anaplasmosis.
- Arboviral neuroinvasive and non-neuroinvasive disease:
  - Chikungunya virus infection.
  - Eastern equine encephalitis virus disease.
  - La Crosse 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 disease.
  - Other arthropod-borne diseases.
- Babesiosis.
- Brucellosis.
- Campylobacteriosis.
- *Candida auris*.
- Carbapenemase-producing organisms (CPO).
- Chancroid.
- *Chlamydia trachomatis* infections.
- Cholera.
- Coccidioidomycosis.
- COVID-19-associated hospitalization.
- Creutzfeldt-Jakob disease (CJD).
- *Cronobacter*, invasive infection in infants less than 12 months of age.
- Cryptosporidiosis.
- Cyclosporiasis.
- Dengue.
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC).
- Ehrlichiosis.
- 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.
- Melioidosis.
- Meningitis, bacterial.
- Mpox.
- Mumps.
- Pertussis.
- Poliomyelitis (including vaccine-associated cases).
- Psittacosis.
- Q fever.
- Respiratory syncytial virus (RSV)-associated hospitalization.
- 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):
  - Active disease.
  - Latent infection in a child 2 years of age or younger.
- Tularemia, non-inhalation.
- 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.

Know Your ABCs: Alphabetical Order

Effective October 1, 2025

Name	Class
Acute flaccid myelitis (AFM)	B
Anaplasmosis	B
Anthrax	A
Arboviral neuroinvasive and non-neuroinvasive disease	B
Babesiosis	B
Botulism, foodborne	A
Botulism, infant	A
Botulism, wound	A
Brucellosis	B
Campylobacteriosis	B
Candida auris	B
Carbapenemase-producing organisms (CPOs)	B
Chancroid	B
Chlamydia trachomatis infections	B
Chikungunya virus infection	B
Cholera	B
Coccidioidomycosis	B
COVID-19-associated hospitalization	B
Creutzfeldt-Jakob disease (CJD)	B
Cronobacter, invasive infection in infants less than 12 months of age	B
Cryptosporidiosis	B
Cyclosporiasis	B
Dengue	B
Diphtheria	A
E. coli O157:H7 and Shiga toxin-producing *E. coli* (STEC)	B
Eastern equine encephalitis virus disease	B
Ehrlichiosis	B
Free-living amoeba infection	A
Giardiasis	B
Gonorrhea (*Neisseria gonorrhoeae*)	B
Haemophilus influenzae (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 infection	A
Influenza-associated hospitalization	B
Influenza-associated pediatric mortality	B
La Crosse 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
Melioidosis	B
Measles	A
Meningitis, bacterial	B
Meningococcal disease	A
Middle East Respiratory Syndrome (MERS)	A
Mpox	B
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
Respiratory syncytial virus (RSV)-associated hospitalization	B
Rubella (congenital)	B
Rubella (not congenital)	A
Salmonella Paratyphi infection	B
Salmonella 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
Staphylococcus aureus, with resistance or intermediate resistance to vancomycin (VRSA, VISA)	B
Streptococcal disease, group A, invasive (IGAS)	B
Streptococcal disease, group B, in newborn	B
Streptococcal toxic shock syndrome (STSS)	B
Streptococcus pneumoniae, invasive disease (ISP)	B
Syphilis	B
Tetanus	B
Toxic shock syndrome	B
Trichinellosis	B
Tuberculosis, active disease	B
Tuberculosis, latent infection in a child 2 years of age or younger	B
Tularemia, inhalation	A
Tularemia, non-inhalation	B
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 disease	B

Data Sources

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