

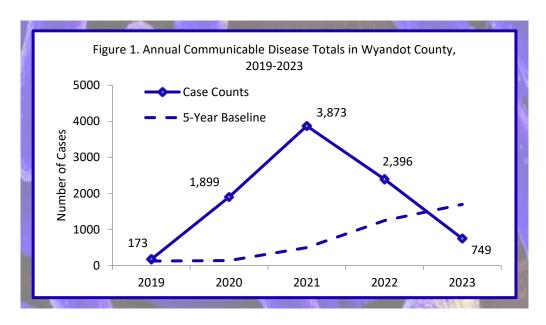
[The front cover photo is of *Escherichia coli*

taken by The National Institute of Allergy and Infectious Diseases (NIAID)]

Communicable Disease Summary

This report provides an overview of the reportable diseases occurring within Wyandot County, Ohio. Nearly 90 diseases are reportable to public health officials per Ohio Administrative Code 3701-3 (see Page 3 for a complete list of these illnesses). These diseases are broken down into classes based on their severity and potential for epidemic spread. Each class of disease has a different timeframe in which they are required to be reported to the local health department. Class A diseases must be reported by telephone within one hour while Class B and C diseases are required to be reported by the end of the next business day. Class B diseases are reported by fax or direct entry into the Ohio Disease Reporting System (ODRS) and Class C diseases are primarily reported by telephone. Using ODRS, health departments monitor the health of the community, investigate how individuals became ill, provide education to those ill, and assist medical providers in the treatment and management of these contagious diseases.

In 2023, Wyandot County saw a 68.7% decrease in communicable disease cases from 2022 (2,396 to 749 cases, respectively). Overall, 61.4% of cases were female and 38.3% were male. Cases ranged in age from 2 months to 97 years old with an average age of 49.7 years and a median age of 52 years. The most frequently reported illnesses were COVID-19 (640 cases), chlamydia (39 cases), campylobacteriosis (15 cases), gonorrhea (9 cases), and salmonella (9 cases). Figure 1. shows the number of disease cases occurring annually over the past five years. Table 1. on Page 4 lists the diseases reported in the community in 2023 and the number of cases for each of these illnesses. Additionally, the figure on Page 5 categorizes those illnesses by type. The remainder of this document provides epidemiological information, brief demographic information, and disease trends for each of the top five illnesses reported over the past five years.



Ohio's Reportable Diseases1,2

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

From the Ohio Administrative Code Chapter 3701-3; Effective August 1, 2019

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.

- · Botulism, foodborne
- Cholera
- · Diphtheria
- Influenza A novel virus infection
- Measles
- Meningococcal disease
- Middle East Respiratory Syndrome (MERS)
- Plague
- · Rabies, human
- Rubella (not congenital)
- · Severe acute respiratory syndrome (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic

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.

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

- · Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)
 - · CP-CRE Enterobacter spp.
 - CP-CRF Escherichia coli
 - CP-CRE Klebsiella spp.
 - CP-CRE other
- · Chancroid · Chlamydia trachomatis infections
- Coccidioidomycosis
- Creutzfeldt-Jakob disease (CID)
- Cryptosporidiosis
- Cvclosporiasis
- Dengue
- . E. coli O157:H7 and Shiga toxin-producing Ε. αδί (STEC)
- · Ehrlichiosis/anaplasmosis
- Giardiasis
- Gonorrhea (Neisseria gonorrhoeae)
- · Haemophilus influenzae (invasive disease)
- Hantavirus
- · Hemolytic uremic syndrome
- Hepatitis A
- · Hepatitis B (non-perinatal)

- · Hepatitis B (perinatal)
- · Hepatitis C (non-perinatal)
- Hepatitis C (perinatal)
- Hepatitis D (delta hepatitis)
- · Hepatitis E
- Influenza-associated hospitalization
- Influenza-associated pediatric mortality
- · Legionnaires' disease
- Leprosy (Hansen disease)
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria.
- Meningitis:
 - Aseptic (viral)
- Bacterial
- Mumps Pertussis
- Poliomyelitis (including vaccine-associated cases)
- Psittacosis
- 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 B, in newborn
- Streptococcal toxic shock syndrome (STSS)
- · Streptococcus pneumoniae, invasive disease (ISP)
- Syphilis
- Tetanus
- Toxic shock syndrome (TSS)
- Trichinellosis
- · Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)
- Varicella
- Vibriosis
- Yersiniosis

Report an outbreak, unusual incident or epidemic of other diseases (e.g. histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day.

Outbreaks:

 Community Foodborne

- Healthcare-associated
- Institutional

- Waterborne
- Zoonotic

NOTE:

Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions,

HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, all CD4 T-lymphocyte counts and all tests used to diagnose HIV must be reported on forms and in a manner prescribed by the Director.



²Mpox formerly known as monkeypox was added as a Class A disease in 2023

¹COVID-19 was added as a Class A disease in 2021 then moved to a Class B in 2023.

Diseases Reported in 2023

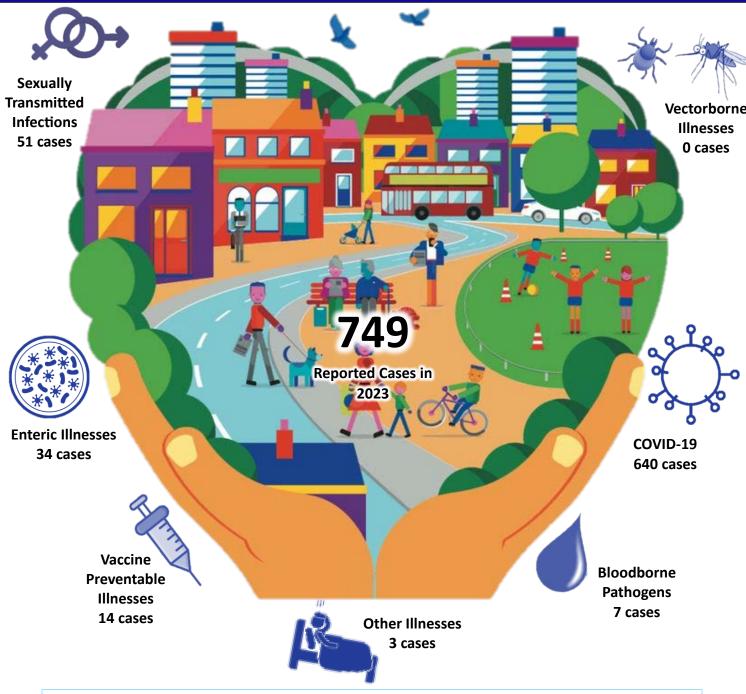
	Number of Cases	Case Rate ²
Class B Reportable D	iseases	
Campylobacteriosis	15	70
Chlamydia	39	182
Coronavirus Disease 2019 (COVID-19) ³	640	2,983
Cryptosporidiosis	4	19
Cyclosporiasis	1	5
E. coli, Shiga Toxin-Producing	1	5
Giardiasis	1	5
Gonorrhea	9	42
Haemophilus influenzae (invasive disease)	1	5
Hepatitis A	1	5
Hepatitis B (including delta)	3	14
Hepatitis C	7	33
Influenza-Associated Hospitalization	4	19
Legionnaires" Disease	1	5
Meningitis - aseptic/viral	1	5
Q fever	1	5
Salmonellosis	9	42
Shigellosis	2	9
Streptococcus pneumoniae - invasive antibiotic resistance	4	19
Syphilis	3	14
Varicella	1	5
Yersiniosis	1	5
Grand Total	749	3,491
Class C Reportable Disease	s (Outbreaks)	
Coronavirus Disease 2019 (COVID-19)	5	
Conjunctivitis	1	
Hand, Foot, and Mouth Disease	1	
Grand Total	7	

¹Case counts include confirmed, probable and suspected disease classifications

²Case rates per 100,000 people

³COVID-19 cases only include confirmed and probable disease classifications

Types of Diseases Reported



Notes:

Case counts include confirmed, probable, and suspect disease classifications

Case counts for COVID-19 include confirmed and probable disease classifications

Sexually transmitted infections include chlamydia, gonorrhea, and syphilis

Enteric illnesses include campylobacteriosis, cryptosporidiosis, cyclosporiasis, *E. coli*, giardiasis, salmonella, shigellosis, and yersiniosis

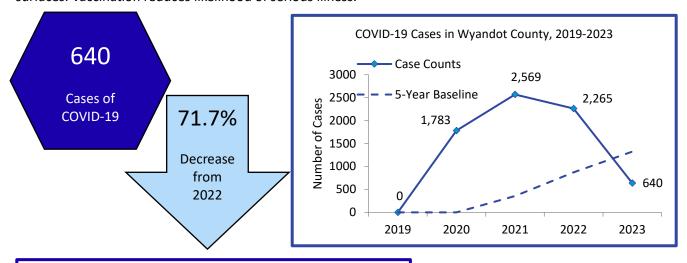
Vaccine preventable illnesses include *Haemophilus influenzae*, Hepatitis A, Hepatitis B, influenza-associated hospitalizations, *Streptococcus pneumoniae, and varicella*

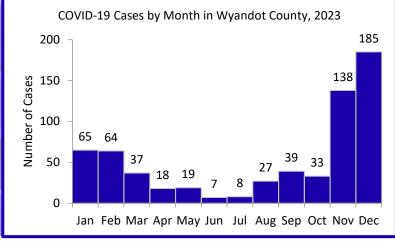
Bloodborne pathogens include Hepatitis C

Other illnesses include Legionnaires' disease, aseptic meningitis, and Q fever

COVID-19

This illness is caused by the species of the Coronaviridae virus family- SARS-CoV-2. First discovered in Wuhan, China in 2019, this virus quickly transmitted worldwide causing the COVID-19 pandemic. People often develop symptoms 1-14 days after exposure. Prevention includes avoiding those ill with COVID-19, social distancing, wearing a cloth facemask that covers the mouth and nose, handwashing, and disinfecting frequently touched surfaces. Vaccination reduces likelihood of serious illness.

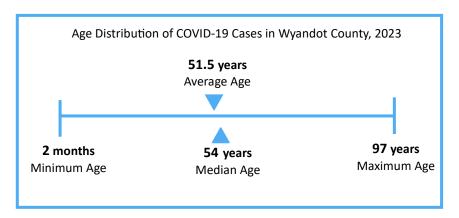




Did you know?

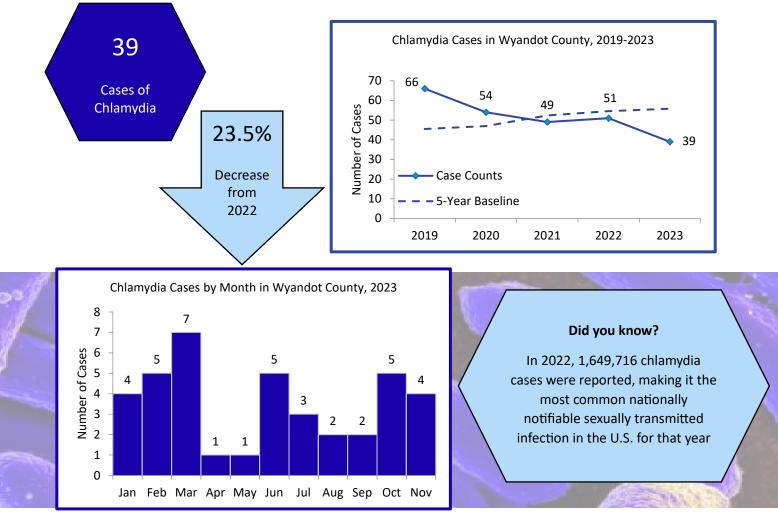
Everyone aged 5 years and older should get 1 dose of an updated COVID-19 vaccine to protect against serious illness

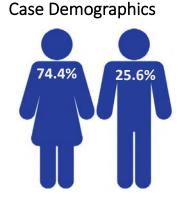


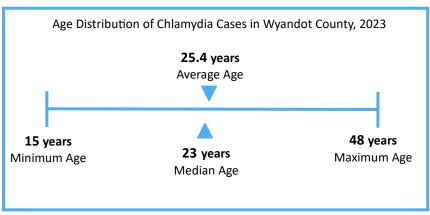


Chlamydia

This sexually transmitted infection is caused by the bacteria *Chlamydia trachomatis*. People often develop symptoms 7-21 days after exposure. Prevention includes abstinence, appropriate condom use, and identification and treatment of sexual contacts of those infected with Chlamydia.

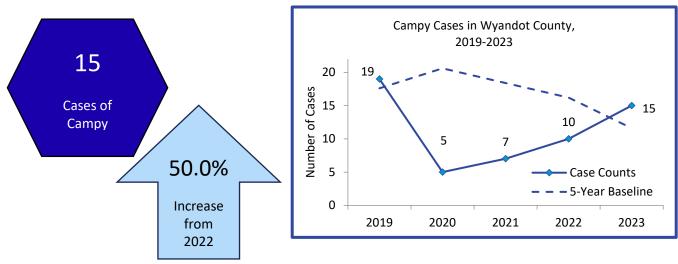


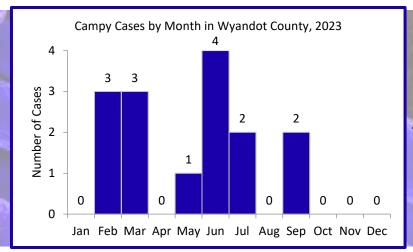




Campylobacteriosis

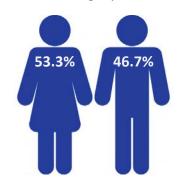
This infection is caused by the Campylobacter bacteria. It is commonly found in many wild/domestic animals including poultry, cattle, dogs, and cats. It is spread fecal-orally; primarily by eating raw or undercooked poultry or food contaminated by raw or undercooked poultry. Individuals often become ill 2-4 days after exposure. Prevention includes hand washing, safe food preparation and pasteurization.

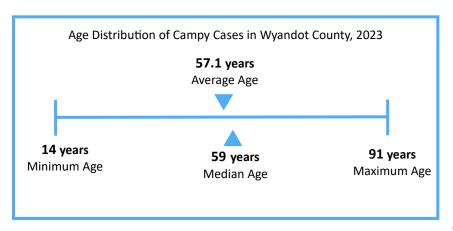




Did you know?

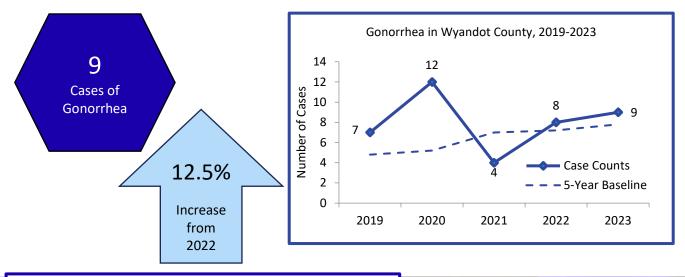
Some studies estimate 5–20% of people with Campy develop irritable bowel syndrome for a limited time, 1–5% develop arthritis, and about 1 in every 1,000 infections leads to Guillain-Barré syndrome

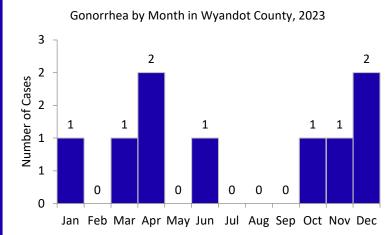




Gonorrhea

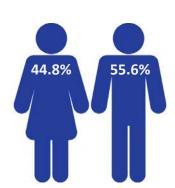
This infection is caused by the sexually transmitted bacteria *Neisseria gonorrhoeae*. People often develop symptoms 3-8 days after exposure. The best prevention for this infection includes abstinence, appropriate condom use, and identification and treatment of sexual contacts of those infected with gonorrhea.

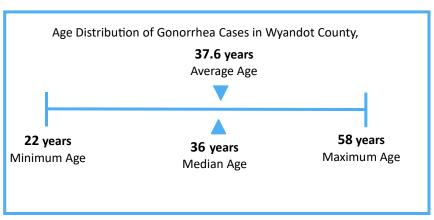




Did you know?

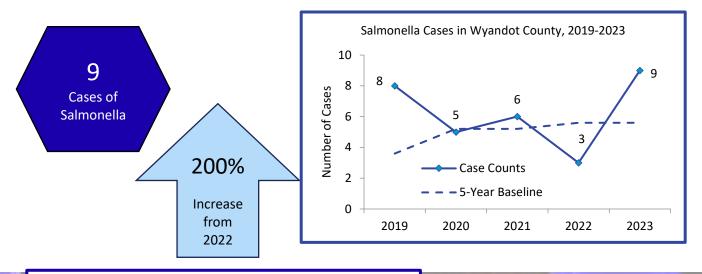
Since 2013, rates of reported gonorrhea have been higher among men compared to women

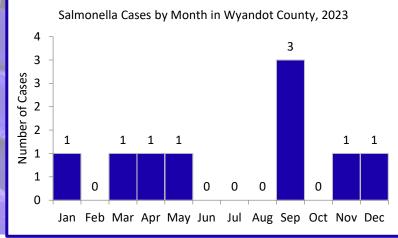




Salmonella

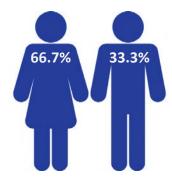
There are over 2,500 different types of the Salmonella bacteria. Transmission occurs fecal-orally, from animals, or from ingestion of tainted food or water. Individuals with this illness become ill 6-72 hours after exposure. Prevention includes thoroughly cooking meats and eggs, avoiding cross-contaminating food with raw meat juices and by washing hands after contact with animals and before preparing foods.

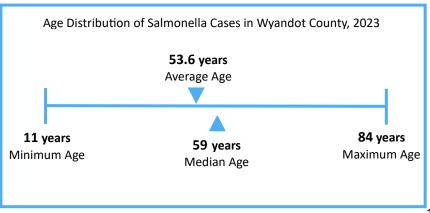




Did you know?

CDC estimates there are about 1.35 million cases of salmonella, with 26,500 hospitalizations and 420 deaths annually in the US





Contact Information

Mary E. Salimbene Merriman, MPH, CIC

Epidemiologist
Union County Health Department
940 London Avenue, Suite 1100
Marysville, Ohio 43040
937-642-2053
mary.merriman@uchd.net

Josh Moore, MPH

Epidemiologist
Union County Health Department
940 London Avenue, Suite 1100
Marysville, Ohio 43040
937-642-2053
josh.moore@uchd.net

Wyandot County





Prepared by the Union County Health Department's epidemiologist.

All data was queried from the Ohio Disease Reporting System's

Data Extract on March 19, 2024