

# 2022 Annual Communicable Disease Report



**Public Health**  
Prevent. Promote. Protect.

---

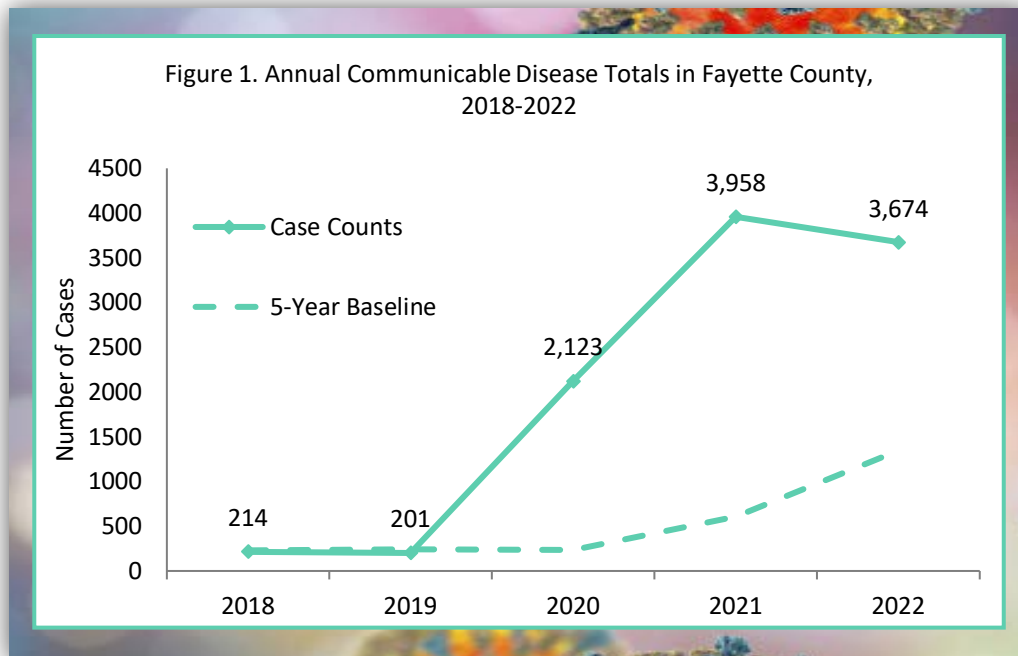
**Fayette County Public Health**

[This page is intentionally blank]

# Communicable Disease Summary

This report provides an overview of the reportable diseases occurring within Fayette County, Ohio. In Ohio, nearly 90 diseases are reportable to public health officials per Ohio Administrative Code 3701-3 (please see Page 4 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 2022, Fayette County saw a 7.2% decrease in communicable disease cases from 2021 (3,958 and 3,674 cases, respectively). Overall, 55.9% of cases were female and 44.1% were male. Cases ranged in age from 1 day to 101 years old with an average age of 38.4 years and a median age of 36 years. The most frequently reported illnesses were COVID-19 (3,494 cases), chlamydia (54 cases), Hepatitis C (27 cases), influenza-associated hospitalizations (26 cases), and gonorrhea (18 cases). Figure 1. shows the number of disease cases occurring annually over the past five years. Table 1. on Page 5 lists the diseases reported in the community in 2022 and the number of cases for each of these illnesses. Additionally, Figure 3. on Page 6 categorizes those illnesses by type. The remainder of this document provides epidemiological information as well as brief demographic information on the cases and disease trends for each of the top five illnesses reported over the past five years.



# Ohio's Reportable Diseases<sup>1, 2</sup>

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

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

### Class A:

Diseases of major public health concern because of the severity of disease or potential for epidemic spread – report immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists.

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

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

### Class B:

Disease of public health concern needing timely response because of potential for epidemic spread – report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

- Amebiasis
- Arboviral neuroinvasive and non-neuroinvasive disease:
  - Chikungunya virus infection
  - Eastern equine encephalitis virus disease
  - LaCrosse virus disease (other California serogroup virus disease)
  - Powassan virus disease
  - St. Louis encephalitis virus disease
  - West Nile virus infection
  - Western equine encephalitis virus disease
  - Yellow fever
  - Zika virus infection
  - Other arthropod-borne diseases
- Babesiosis
- Botulism
  - infant
  - wound
- Brucellosis
- Campylobacteriosis
- *Candida auris*
- Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)
  - CP-CRE *Enterobacter* spp.
  - CP-CRE *Escherichia coli*
  - CP-CRE *Klebsiella* spp.
  - CP-CRE other
- Chancroid
- *Chlamydia trachomatis* infections
- Coccidioidomycosis
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC)
- Ehrlichiosis/anaplasmosis
- Giardiasis
- Gonorrhea (*Neisseria gonorrhoeae*)
- *Haemophilus influenzae* (invasive disease)
- Hantavirus
- Hemolytic uremic syndrome (HUS)
- Hepatitis A
- Hepatitis B (non-perinatal)
- Hepatitis B (perinatal)
- Hepatitis C (non-perinatal)
- Hepatitis C (perinatal)
- Hepatitis D (delta hepatitis)
- Hepatitis E
- Influenza-associated hospitalization
- Influenza-associated pediatric mortality
- Legionnaires' disease
- Leprosy (Hansen disease)
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Meningitis:
  - Aseptic (viral)
  - Bacterial
- Mumps
- Pertussis
- Poliomyelitis (including vaccine-associated cases)
- Psittacosis
- Q fever
- Rubella (congenital)
- *Salmonella* Paratyphi infection
- *Salmonella* Typhi infection (typhoid fever)
- Salmonellosis
- Shigellosis
- Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)
- *Staphylococcus aureus*, with resistance or intermediate resistance to vancomycin (VRSA, VISA)
- Streptococcal disease, group A, invasive (IGAS)
- Streptococcal disease, group B, in newborn
- Streptococcal toxic shock syndrome (STSS)
- *Streptococcus pneumoniae*, invasive disease (ISP)
- Syphilis
- Tetanus
- Toxic shock syndrome (TSS)
- Trichinellosis
- Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)
- Varicella
- Vibriosis
- Yersiniosis

### Class C:

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

#### Outbreaks:

- Community
- Foodborne
- Healthcare-associated
- Institutional
- Waterborne
- Zoonotic

#### NOTE:

Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, all CD4 T-lymphocyte counts and all tests used to diagnose HIV must be reported on forms and in a manner prescribed by the Director.

<sup>1</sup>COVID-19 was added as a Class A disease in 2021.

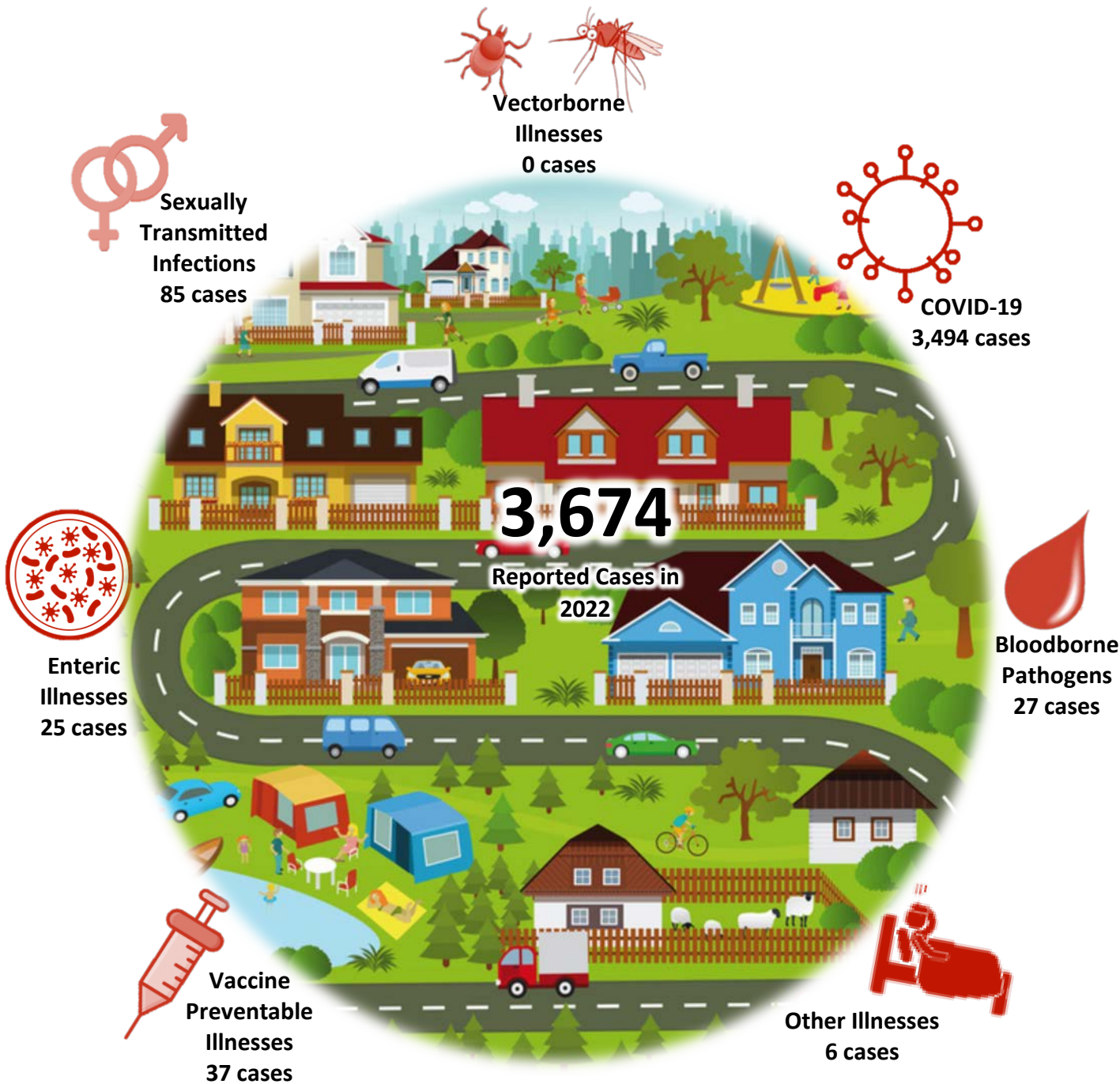
<sup>2</sup>Mpox formerly known as monkeypox is reported as a Class A disease under “Any unexpected pattern of cases...”

# Diseases Reported in 2022

**Table 1. Communicable Disease Cases<sup>1</sup> Reported in Fayette County, 2022**

	Number of Cases <sup>2</sup>	Case Rate <sup>3</sup>
<b>Class A Reportable Diseases</b>		
Coronavirus Disease 2019 (COVID-19) <sup>4</sup>	3,494	12,115.5
<b>Class B Reportable Diseases</b>		
Campylobacteriosis	14	48.5
Chlamydia	54	187.2
Carbapenemase-Producing Carbapenem-Resistant <i>Enterobacteriaceae</i> (CP-CRE)	2	6.9
Cryptosporidiosis	1	3.5
<i>E. coli</i> , Shiga Toxin-Producing	1	3.5
Giardiasis	4	13.9
Gonorrhea	18	62.4
Hepatitis B (including delta)	5	17.3
Hepatitis C	27	93.6
Influenza-Associated Hospitalization	26	90.2
Legionnaires' Disease	1	3.5
Meningitis - aseptic/viral	3	10.4
Meningitis - bacterial (Not <i>N. meningitidis</i> )	1	3.5
Salmonellosis	1	3.5
Shigellosis	2	6.9
Streptococcal - Group A -invasive	1	3.5
<i>Streptococcus pneumoniae</i> - invasive antibiotic resistance	5	17.3
Syphilis	12	41.6
Syphilis - congenital	1	3.5
Varicella	1	3.5
<b>Grand Total</b>	<b>3,674</b>	<b>12,739.7</b>
<b>Class C Reportable Diseases (Outbreaks)</b>		
Coronavirus Disease 2019 (COVID-19)	4	
<b>Grand Total</b>	<b>4</b>	
<sup>1</sup> Case counts include confirmed, probable and suspected disease classifications		
<sup>2</sup> Case counts do not include cases occurring among those incarcerated		
<sup>3</sup> Case rates per 100,000 people		
<sup>4</sup> COVID-19 cases only include confirmed and probable disease classifications		

# Types of Diseases Reported

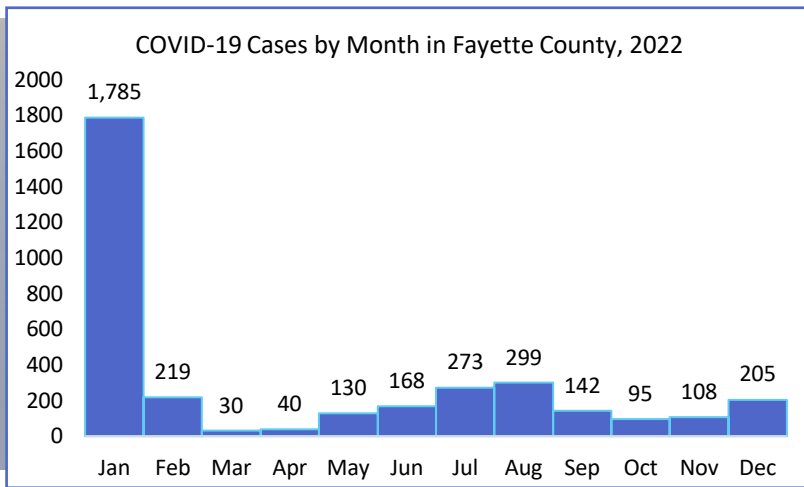
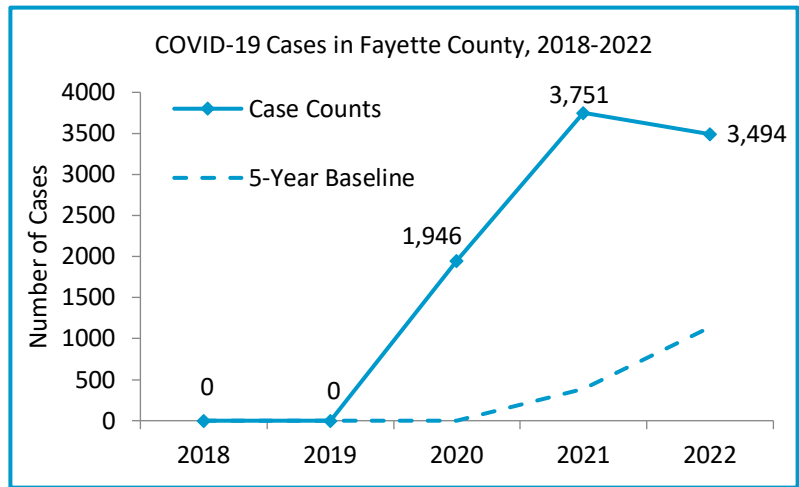
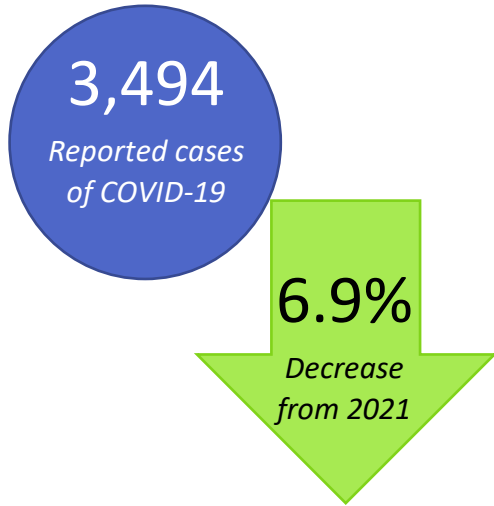


**Notes:**

Sexually transmitted infections include chlamydia, gonorrhea, syphilis, and congenital syphilis  
Enteric illnesses include campylobacteriosis, CP-CRE, cryptosporidiosis, *E. coli*, giardia, salmonella, and shigellosis  
Vaccine preventable illnesses include Hepatitis B, influenza-associated hospitalizations, *Streptococcus pneumoniae*, and varicella  
Bloodborne pathogens include Hepatitis C  
Other illnesses include Legionnaires' disease, bacterial meningitis, viral meningitis, and Streptococcus disease

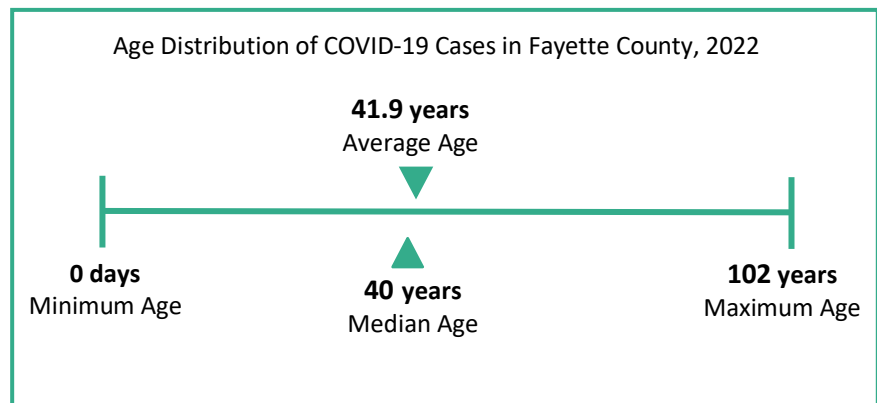
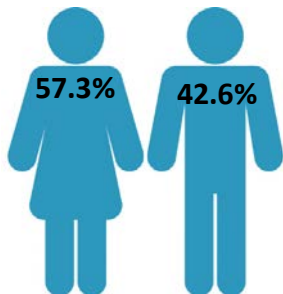
# Coronavirus Disease 2019 (COVID-19)

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 6 months of age & older is eligible for a COVID vaccine

## Case Demographics

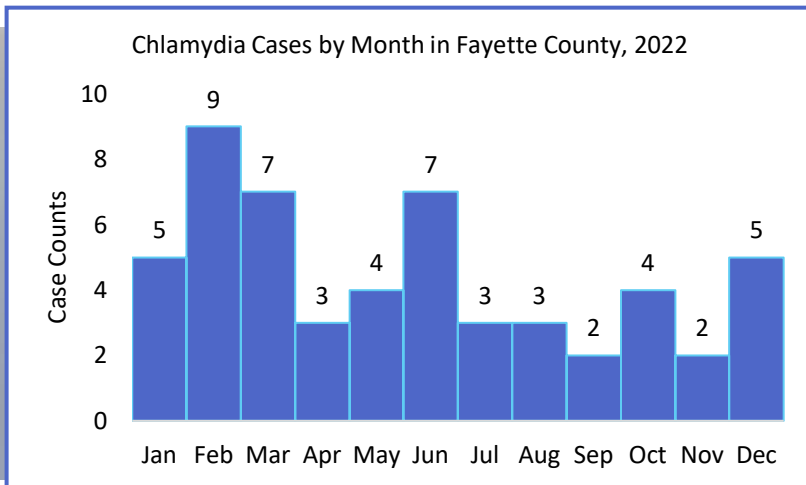
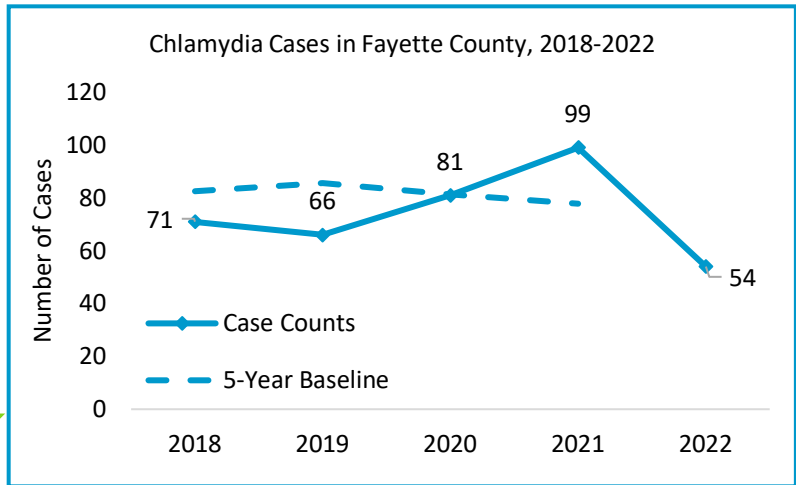


# Chlamydia

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.

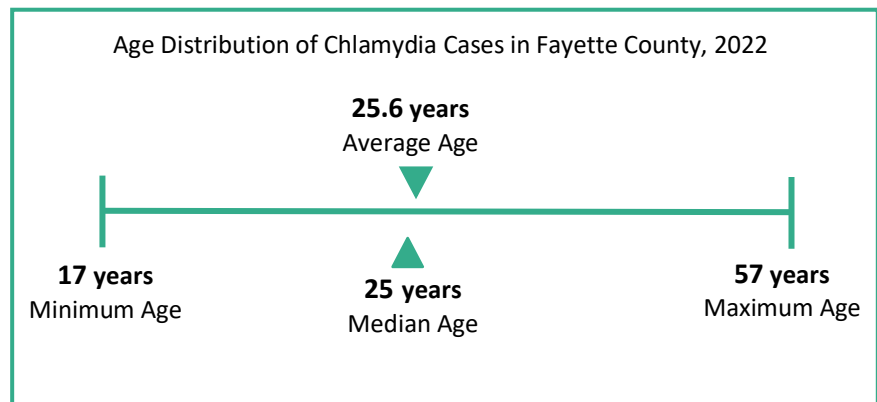
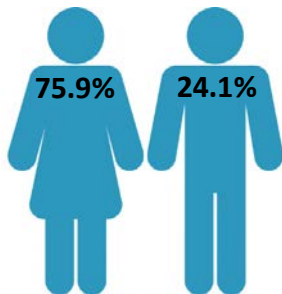
**54**  
Reported cases  
of Chlamydia

**45.5%**  
Decrease  
from 2021



**Did you know?**  
Untreated chlamydia  
can cause infertility  
in women

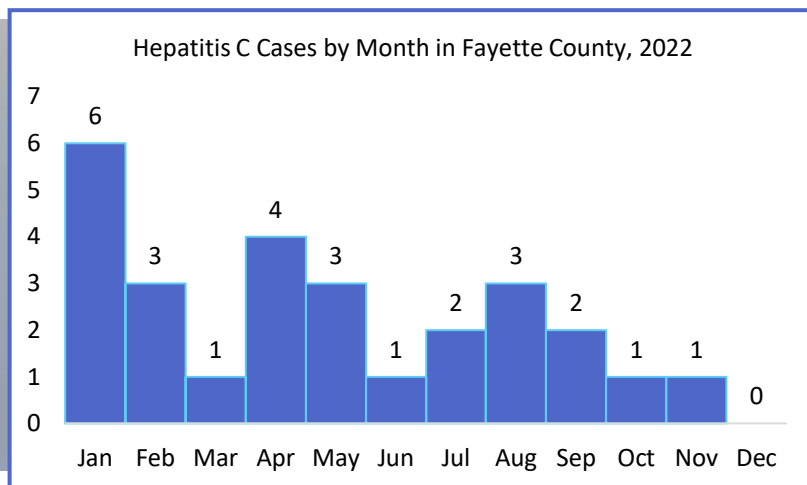
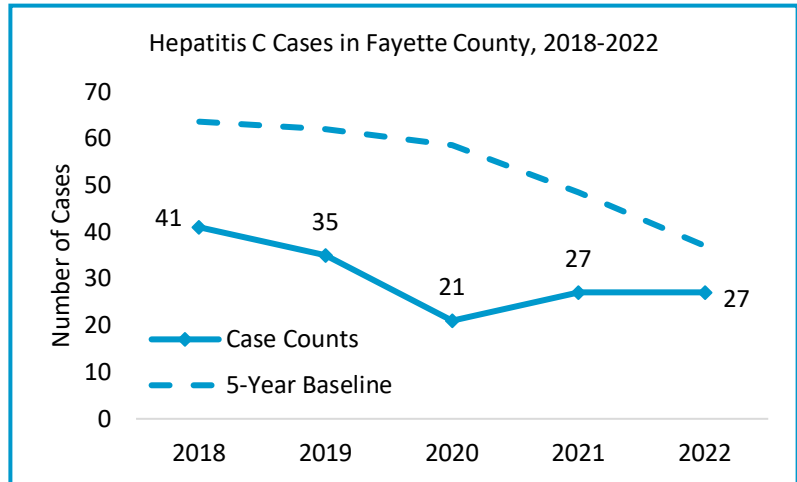
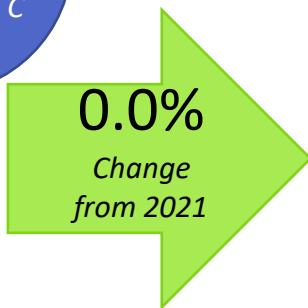
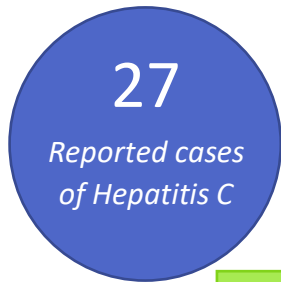
## Case Demographics





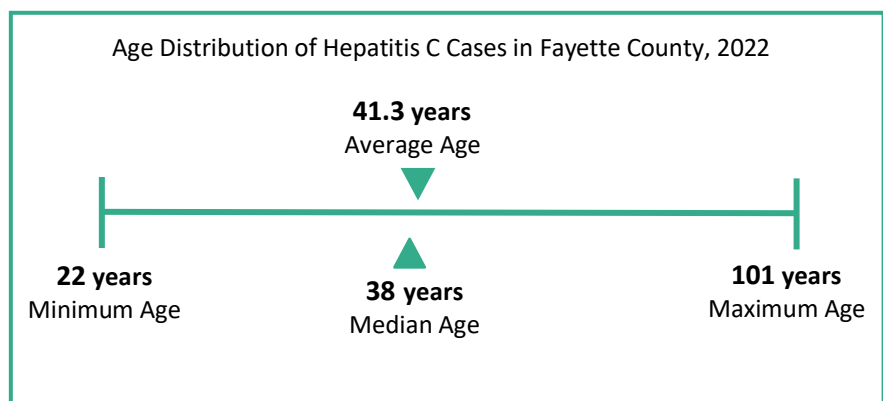
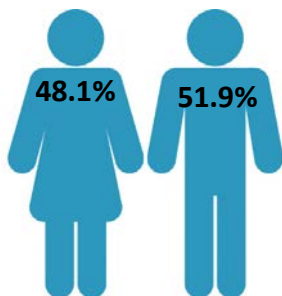
# Hepatitis C (including perinatal)

This bloodborne infection is caused by the Hepatitis C virus. Transmission mainly occurs through injection drug use; however, it may also occur sexually, through inadequately cleaned medical devices, exposure to blood in the workplace, or through birth. Individuals often become ill 2 weeks to 6 months after exposure. Currently no vaccine is available for this infection.



**Did you know?**  
All adults, pregnant women, & people with risk factors should get tested for Hepatitis C

## Case Demographics

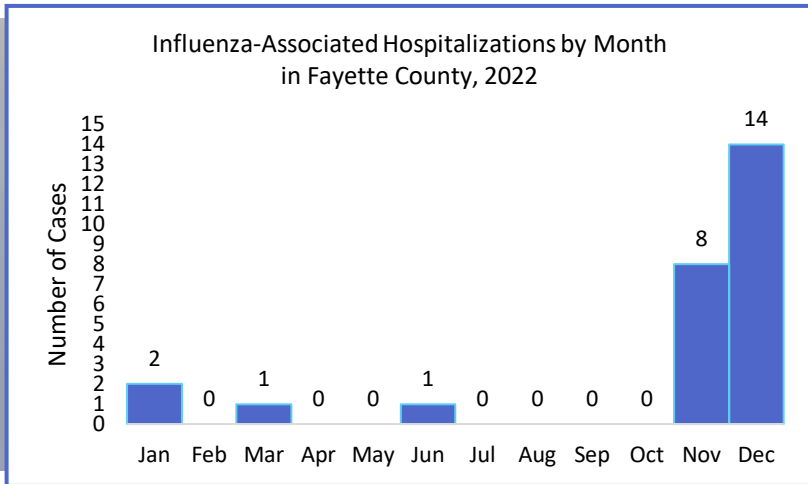
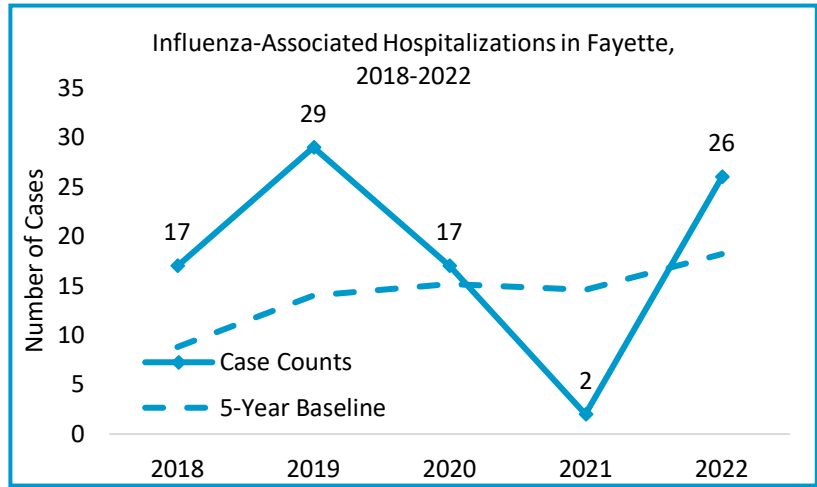


# Influenza-Associated Hospitalization

Influenza (flu) is caused by person-to-person spread of the Influenza A or B virus. Only individuals who are hospitalized due to influenza illness are shown below. Individuals become ill 1-4 days after exposure. Prevention includes annual vaccination, social distancing, and proper cough and sneeze etiquette.

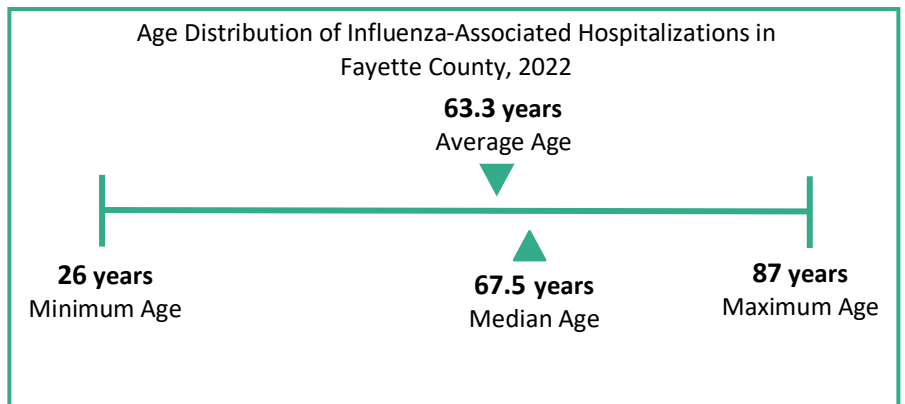
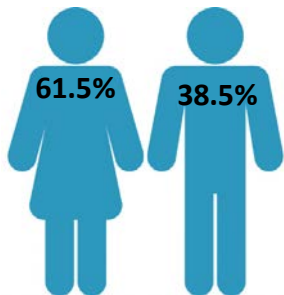
**26**  
Reported cases  
of Flu  
Hospitalizations

**1,200.0%**  
Increase  
from 2021



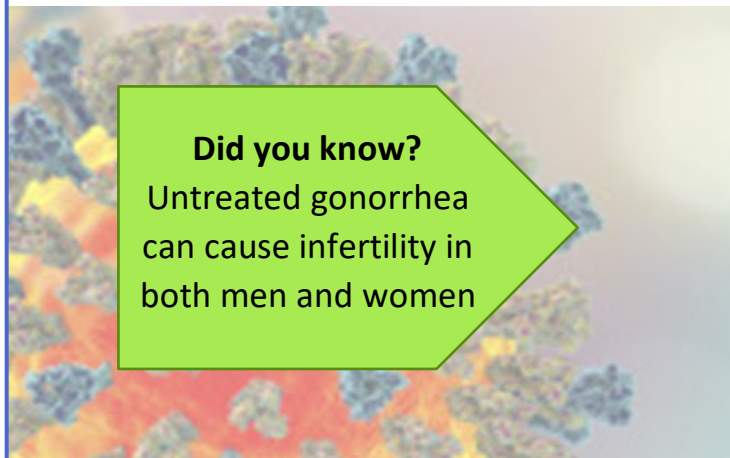
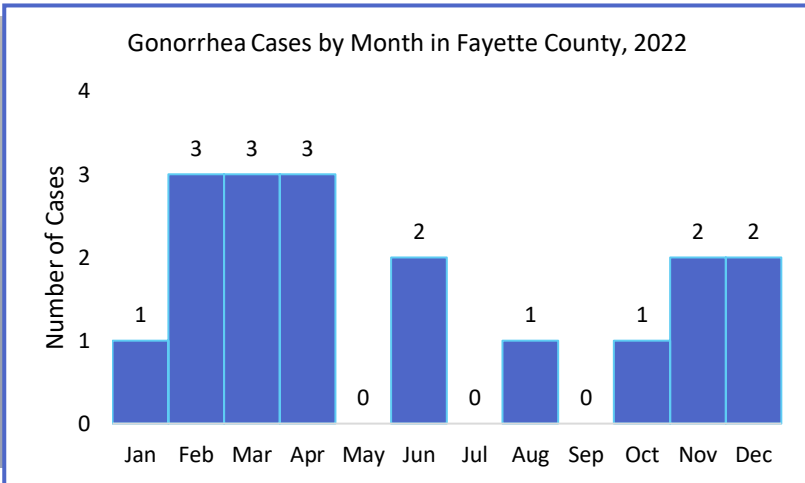
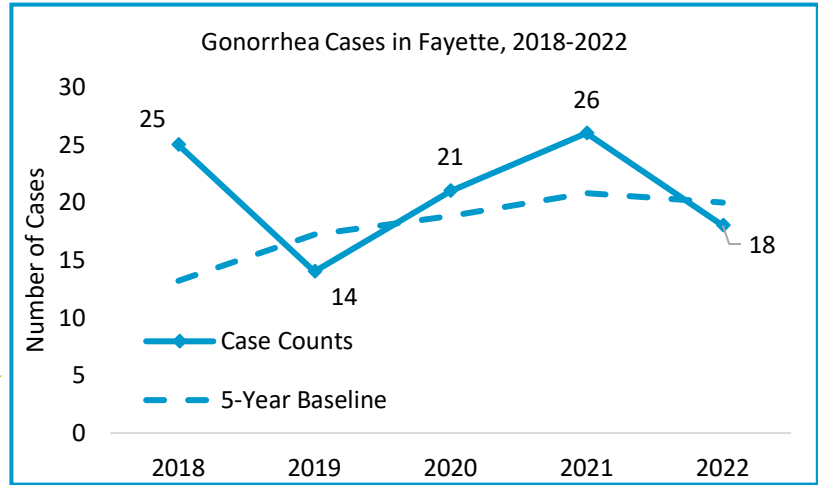
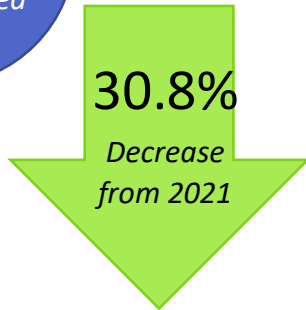
**Did you know?**  
The CDC states everyone should be vaccinated against flu by the end of October

## Case Demographics

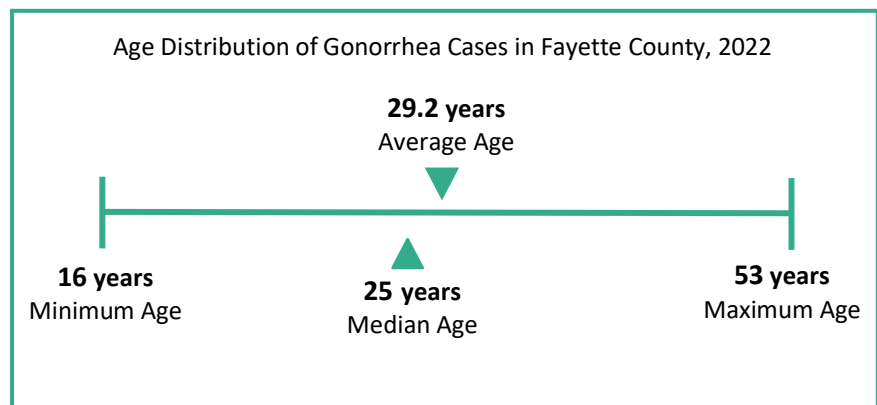


# Gonorrhea

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.



## Case Demographics



# Contact Information

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



**Public Health**  
Prevent. Promote. Protect.

---

**Fayette County Public Health**



Prepared by the Union County Health Department's epidemiologist.

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

Data Extract on February 2, 2023

