



Delaware Public Health District
Dedicated to your health

2024
ANNUAL REPORT
— OF —

INFECTIOUS
DISEASES

Delaware Public Health District

Disease Control and Response Unit

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Introduction

The 2024 Annual Report of Infectious Diseases represents an overview of the prevalence of confirmed, probable, and suspected reportable diseases within the jurisdiction of the Delaware Public Health District (DPHD). This report also includes annual highlights, the top ten reported diseases, historical counts of infectious diseases, outbreaks, and disease trends. For continuously updated data on disease trends in Delaware County, please refer to the Infectious Disease Data Dashboard found in the disease prevention section on the Health District's website.

Information pertaining to prevention, control, and reporting of diseases can be found in the Ohio Revised Code Chapter 3701.23, 3707.06 and the Infectious Disease Control Manual (IDCM) published by the Ohio Department of Health. These documents designate which diseases are to be reported to the local health district and the time frame in which reporting must occur. The list of diseases reportable for the year 2024 is provided on page seven.

Data for this report was acquired through the electronic record system for the Ohio Department of Health (ODH), the Ohio Disease Reporting System (ODRS).

Delaware County Demographics, 2024

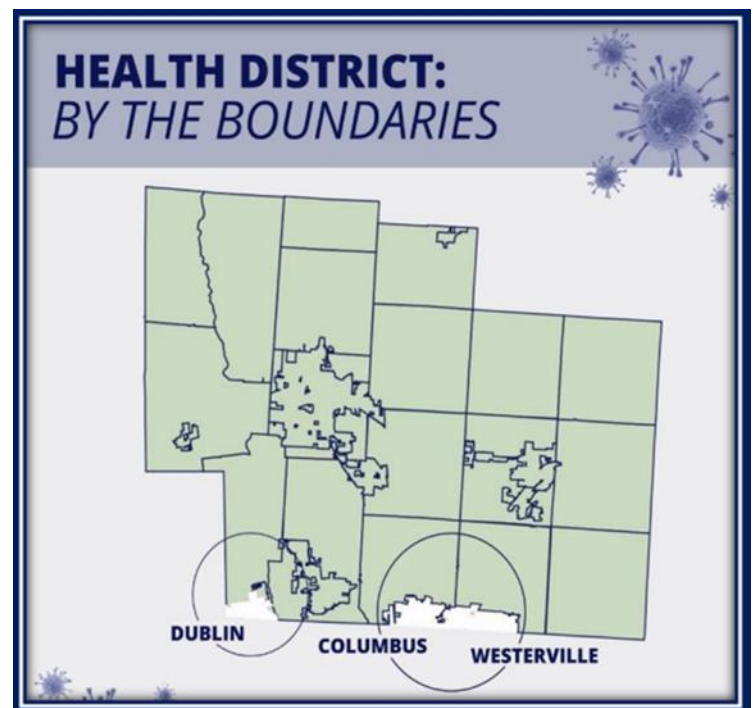
Demographics	Delaware County 2013	Delaware County 2023	State of Ohio 2023
Total Population*:	184,979	231,636	11,785,935
DPHD Jurisdiction Population**:	N/A	206,826	N/A
Housing Units*:	68,408	88,206	5,317,298
Median Household Income (in 2023 dollars)*:	\$84,159	\$130,088	\$69,680
Percent of Population Below Poverty Level*:	6.5%	5.0%	13.3%
Individuals Without Health Insurance Under Age 65-years*:	11.2%	4.0%	7.4%
Disabled Population Under Age 65-years*:	9.7%	5.7%	10.2%
White*:	89%	82.9%	80.6%
Asian*:	4.5%	9.6%	2.8%
Black or African American*:	3.7%	4.9%	13.4%
Hispanic or Latino*:	2.3%	3.5%	4.8%
Two or More Races*:	2.0%	2.4%	2.7%

*Based on 2023 United States Census Information

**Estimate by Delaware County Regional Planning Commission (DCRPC)

Delaware County has seen substantial population growth and changes over the ten-year span from 2013 to 2023.

Portions of Delaware County are annexed to Columbus Public Health and Franklin County Public Health, including Dublin, Washington Township, Columbus, and Westerville. If a resident is diagnosed with a reportable disease in one of those jurisdictions, that case would not be included in Delaware Public Health District data.



2024 State of Ohio Reportable Diseases

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*
- Carbenemase-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:

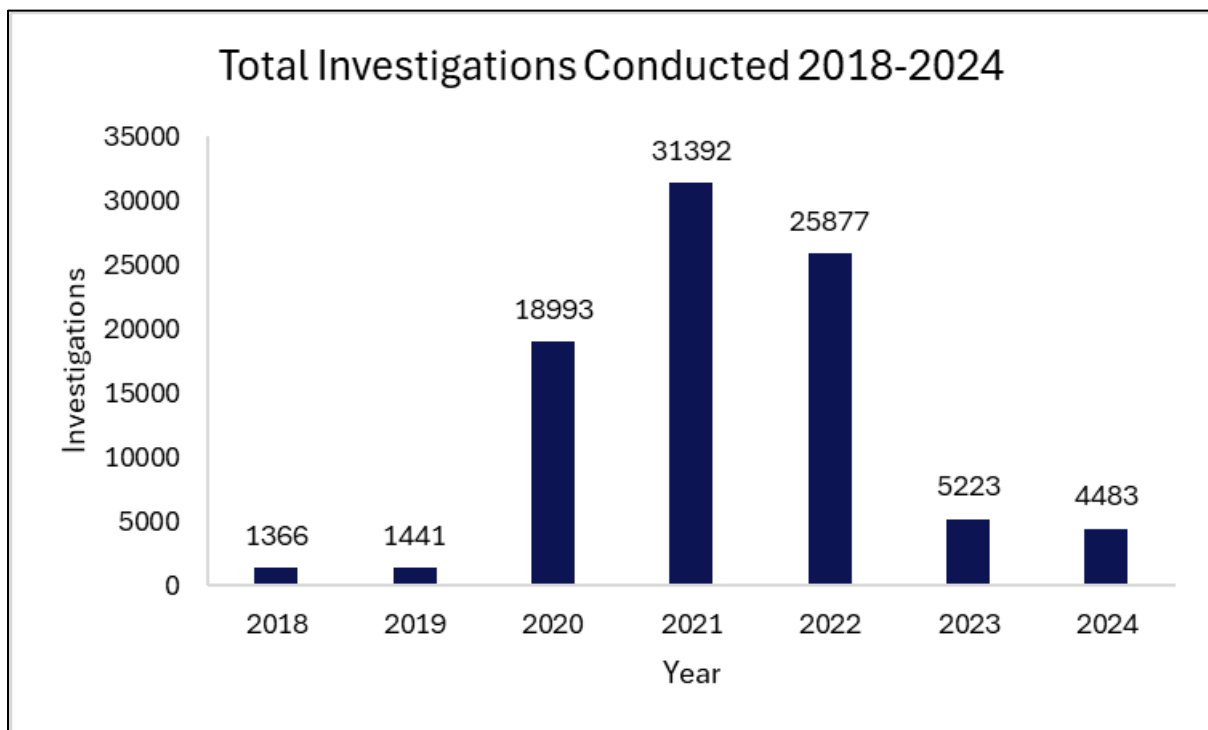
Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, all CD4 T-lymphocyte counts and all tests used to diagnose HIV must be reported on forms and in a manner prescribed by the Director.

Delaware County Reportable Diseases

Overview

In 2024 the Disease Control and Response Unit at DPHD conducted a total of 4,483 disease investigations (not including outbreak data), a 14.17% decrease from the number of investigations conducted in 2023. COVID-19 accounted for 2,846 of the total investigations for this year; a 31.83% decrease from the COVID-19 investigations done in 2023. The total number of investigations includes cases classified by ODH as not a case, suspect, probable, or confirmed.

The numbers of disease reports in the remainder of this report include all investigations that were classified as suspect, probable, or confirmed. Numbers are subject to change due to jurisdiction changes and when reportable conditions are diagnosed and reported.



Top 10 Most Reported Diseases

All Ages – Delaware County, 2024

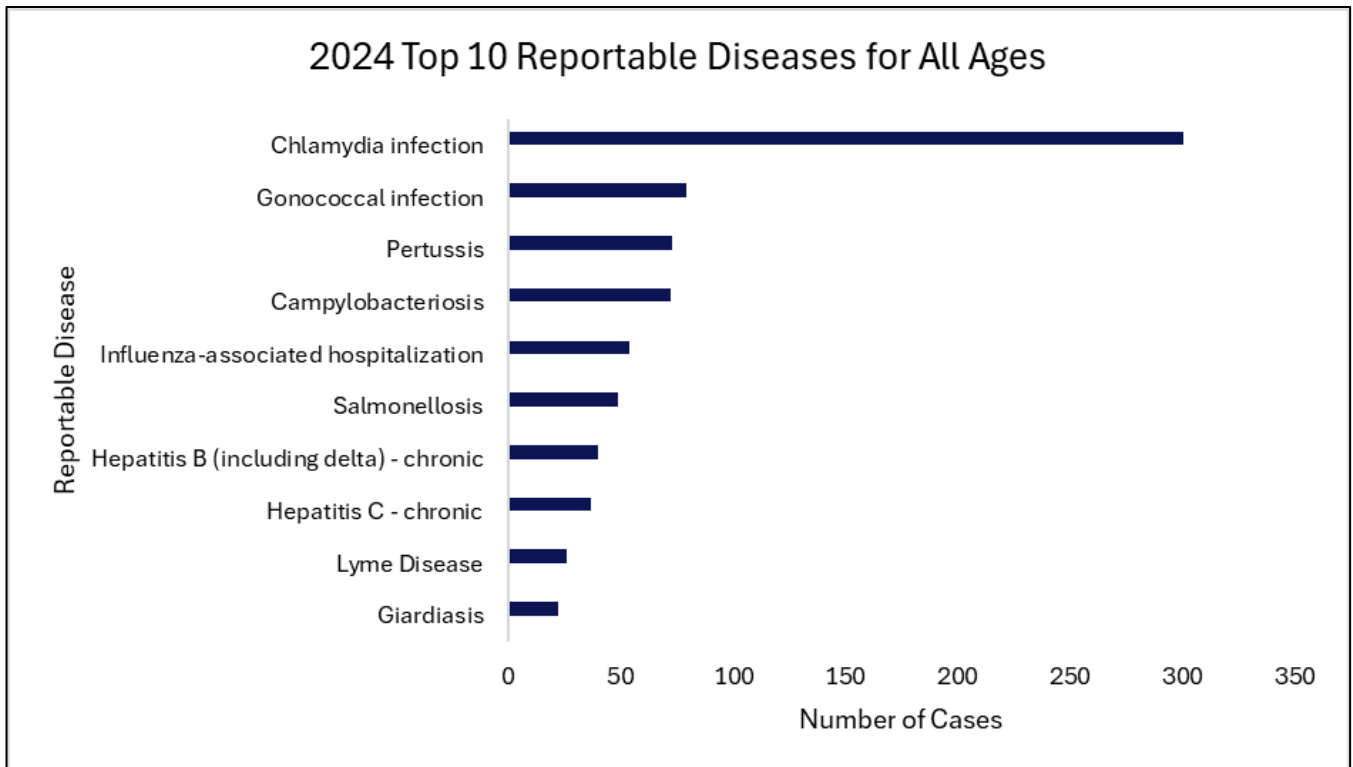
(Only includes diseases designated as reportable in the state of Ohio)

Reportable Disease	Number of Cases	Percent*
Chlamydia	300	31.75%
Gonococcal infection	79	8.36%
Pertussis	73	7.72%
Campylobacteriosis	72	7.62%
Influenza-associated hospitalization	54	5.71%
Salmonellosis	49	5.19%
Hepatitis B (including delta) - chronic	40	4.23%
Hepatitis C - chronic	37	3.92%
Lyme Disease	26	3.07%
Giardiasis	22	2.33%

*Percent based on the total number of diseases reported for all ages

*Based on information designated to DPHD jurisdiction

*Excludes data for COVID-19



Top 10 Most Reported Diseases

Ages 0-14 Years – Delaware County, 2024

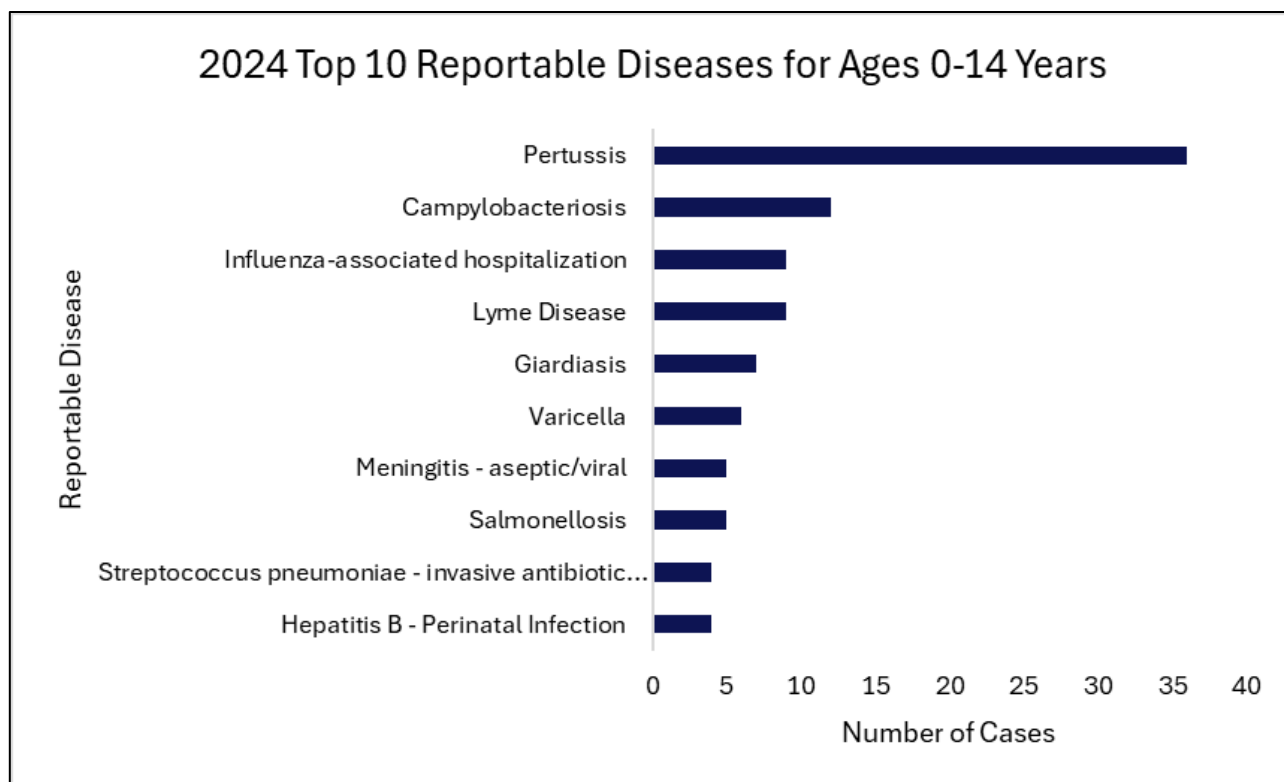
(Only includes diseases designated as reportable in the state of Ohio)

Reportable Disease	Number of Cases	Percent*
Pertussis	36	31.58%
Campylobacteriosis	12	10.53%
Influenza-associated hospitalization	9	7.89%
Lyme Disease	9	7.89%
Giardiasis	7	6.14%
Varicella	6	5.26%
Meningitis - aseptic/viral	5	4.39%
Salmonellosis	5	4.39%
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	4	3.51%
Hepatitis B – perinatal infection	4	3.51%

*Percent based on the total number of diseases reported for all ages

*Based on information designated to DPHD jurisdiction

*Excludes data for COVID-19



Top 10 Most Reported Diseases

Ages 15-64 Years – Delaware County, 2024

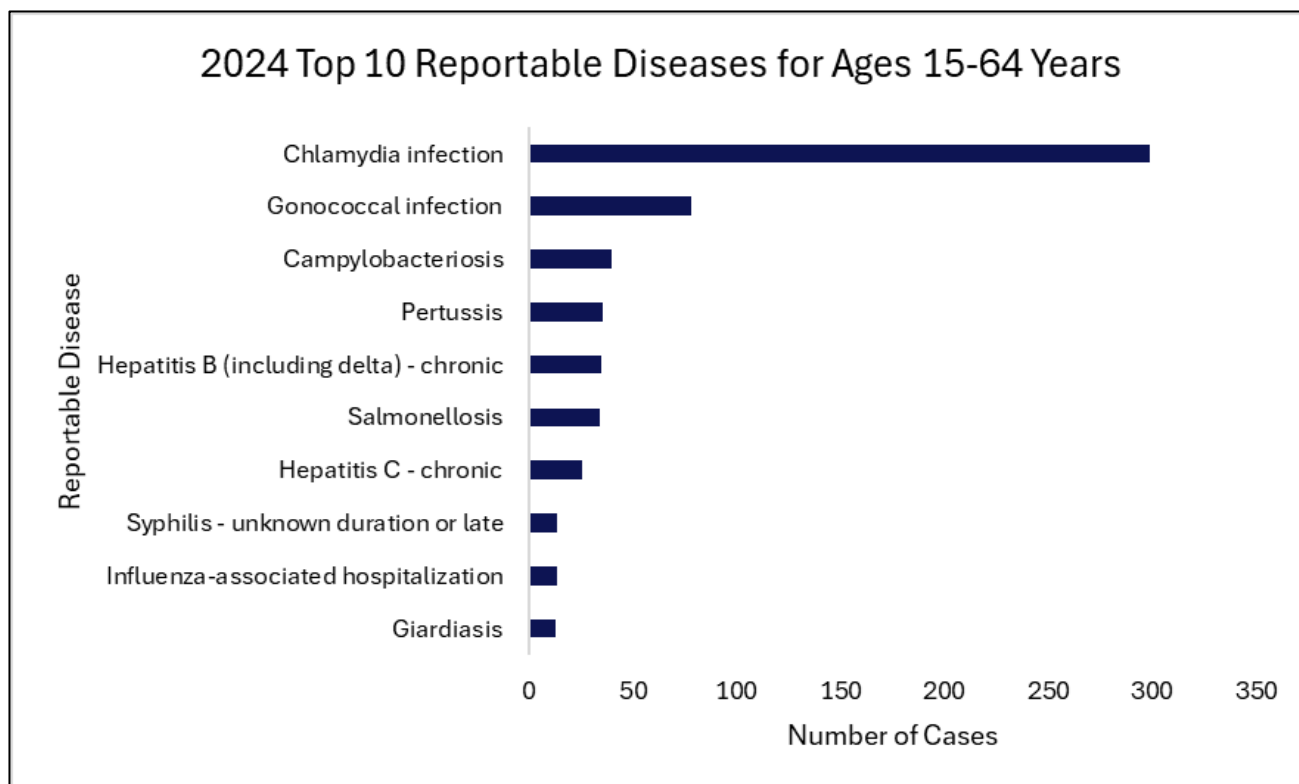
(Only includes diseases designated as reportable in the state of Ohio)

Reportable Disease	Number of Cases	Percent*
Chlamydia	299	43.08%
Gonococcal infection	78	11.24%
Campylobacteriosis	40	5.76%
Pertussis	36	5.19%
Hepatitis B (including delta) - chronic	35	5.04%
Salmonellosis	34	4.90%
Hepatitis C - chronic	26	3.75%
Influenza-associated hospitalization	14	2.02%
Syphilis – unknown duration or late	14	2.02%
Giardiasis	13	1.87%

*Percent based on the total number of diseases reported for all ages

*Based on information designated to DPHD jurisdiction

*Excludes data for COVID-19



Top 10 Most Reported Diseases

Ages 65+ Years - Delaware County, 2024

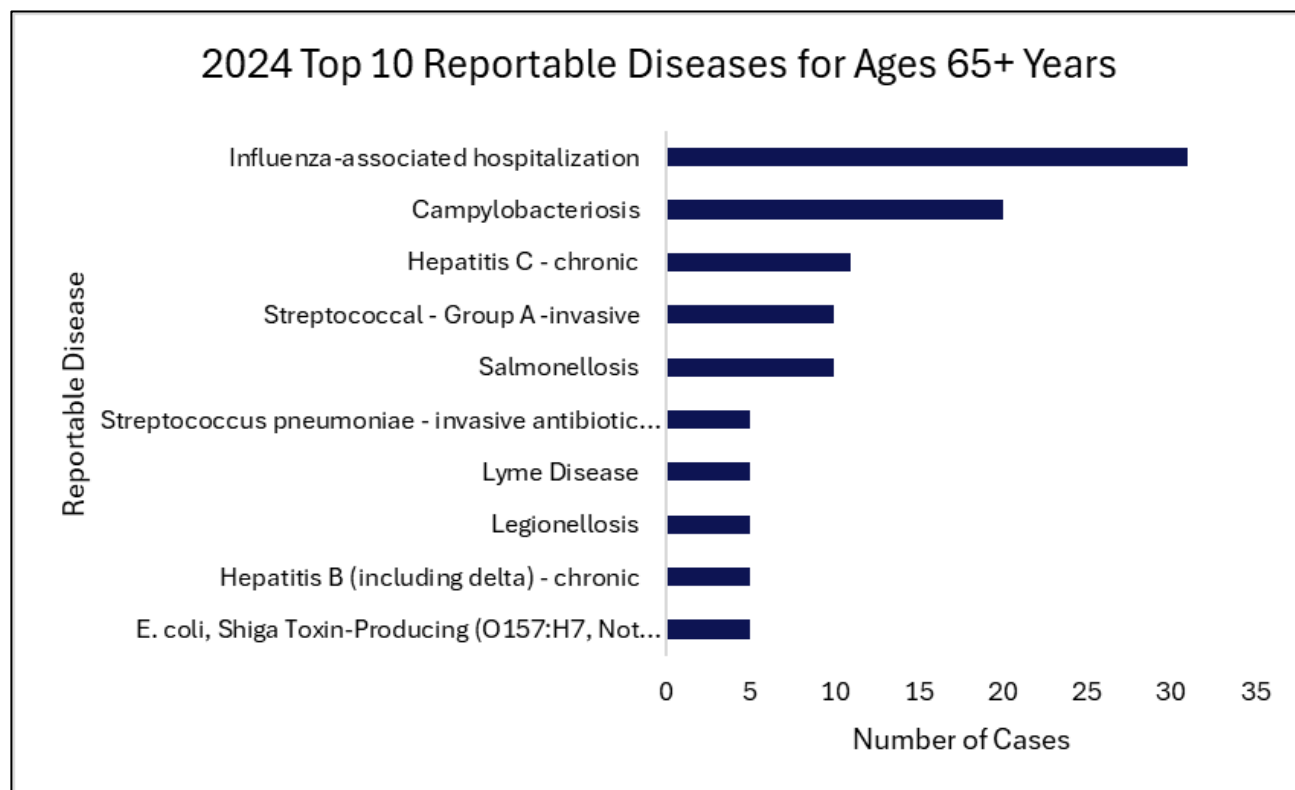
(Only includes diseases designated as reportable in the state of Ohio)

Reportable Disease	Number of Cases	Percent*
Influenza-Associated Hospitalization	31	22.63%
Campylobacteriosis	20	14.60%
Hepatitis C - chronic	11	8.03%
Salmonellosis	10	7.30%
Streptococcal – Group A (invasive)	10	7.30%
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	5	3.65%
Hepatitis B (including delta) - chronic	5	3.65%
Legionellosis	5	3.65%
Lyme Disease	5	3.65%
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	5	3.65%

*Percent based on the total number of diseases reported for all ages

*Based on information designated to DPHD jurisdiction

*Excludes data for COVID-19



2024 Disease Highlights

Respiratory Illnesses

Respiratory illnesses are often viral and are responsible for hundreds of thousands of hospitalizations and thousands of deaths during the fall and winter months each year. The top two respiratory-related illnesses, excluding COVID-19, for DPHD in 2024 were Pertussis and Influenza-Associated Hospitalizations.

Pertussis (Whooping Cough)

Pertussis, also known as Whooping Cough, is a highly contagious respiratory illness caused by the bacteria *Bordetella pertussis*. These bacteria release toxins that cause inflammation and swelling in the upper respiratory system.

Early symptoms of pertussis appear to be similar to those of the common cold and can last one to two weeks. These symptoms include:

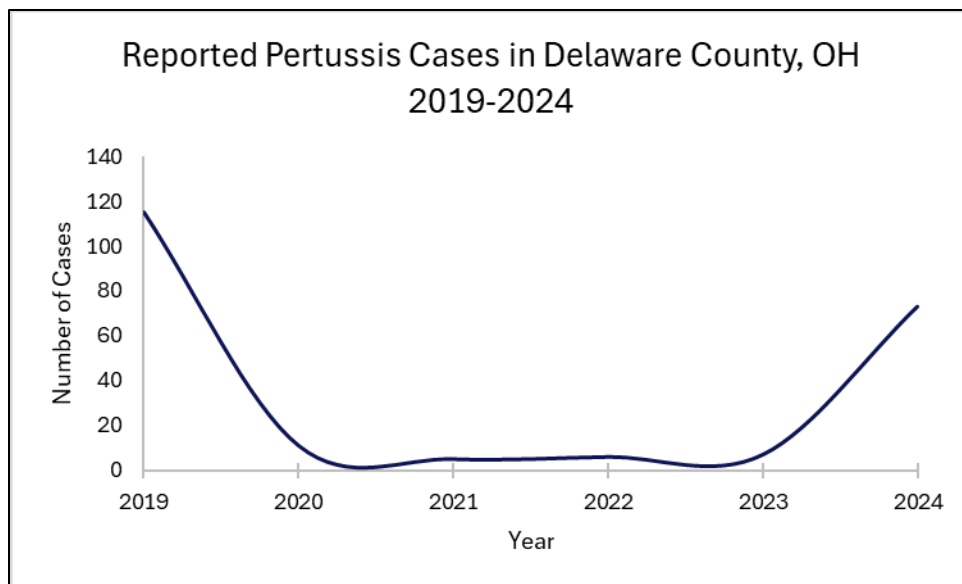
- Runny or stuffy nose.
- Low-grade fever (less than 100.4°F).
- Mild, occasional cough.

Later symptoms typically appear one to two weeks after the first symptoms start. At this point in the disease progression, some people may develop paroxysms, or coughing fits. Paroxysms can last one to six weeks but can be present for up to ten weeks. The cough generally worsens and becomes more common as the illness continues. Those with paroxysms may also experience:

- Making a high-pitched “whoop” when they inhale after a paroxysm.
- Vomiting during or after coughing fits.
- Feeling very tired after a paroxysm.
- Difficulty sleeping at night.
- Struggling to breathe.

In 2024, the DPHD saw an increase in reported pertussis cases, which is comparable to previous years prior to the COVID-19 pandemic.

Pertussis not only increased in Delaware County in 2024, but rates were also higher at the state and national levels. According to the CDC, this year reports of pertussis cases have increased across the U.S. and exceeded the number of reported cases prior to the COVID-19 pandemic in 2019.



Vaccination is the best form of protection from pertussis. Post-exposure antimicrobial prophylaxis (PEP) is highly recommended for all household contacts and those at higher risk for developing severe pertussis as it helps prevent death and serious complications.

If exposure to pertussis is suspected, DPHD recommends monitoring for symptoms for 21 days after receiving PEP. Anyone with a pertussis diagnosis shall be isolated for five days after the start of antimicrobial therapy. If antimicrobial therapy is declined, that individual shall isolate for 21 days after the onset of paroxysms.

Influenza-Associated Hospitalizations

A hospitalization, as defined by ODH, is an admission to an inpatient ward of the hospital. Patients who are admitted to and discharged from the hospital on the same day should still be considered hospitalized; thus, an overnight stay is not required. Emergency room and outpatient visits are not hospitalizations.

Clinical and laboratory criteria must be met for a case to receive a confirmed classification status for an influenza-associated hospitalization. Clinical criteria include an illness compatible with influenza virus infection that must result in hospitalization. Laboratory criteria include laboratory testing for influenza virus infection and identification of influenza A or B virus infections by a positive result through at least one of the following:

- Influenza virus isolation in tissue cell culture from respiratory specimens.
- Reverse-transcriptase polymerase chain reaction (RT-PCR) testing of respiratory specimens.
- Direct or indirect immunofluorescent antibody staining of respiratory specimens.

- Rapid molecular testing of respiratory specimens.
- Commercial rapid influenza diagnostic testing of respiratory specimens.
- Immunohistochemical (IHC) staining for influenza viral antigens in respiratory tract tissue from autopsy specimens.
- Four-fold rise in influenza hemagglutination inhibition (HI) antibody titer in paired acute and convalescent sera.

Respiratory illness cases remained high in 2024. Both pertussis and Influenza-associated hospitalizations showed significant increases this year. Compared to 2023, pertussis cases increased by over 900% and Influenza-associated hospitalizations increased by over 200%. To help prevent the spread of respiratory illnesses, DPHD encourages staying home if sick, seeking medical treatment when necessary, getting vaccinated, practicing respiratory hygiene etiquette (e.g., using an elbow or tissue to cover coughs and sneezes), frequent handwashing with soap and water for at least 20 seconds, and regularly cleaning and disinfecting of high touch surfaces.

Enteric Illnesses

An enteric illness refers to foodborne and waterborne illnesses that affect the gastrointestinal tract and can be caused by viruses, bacteria, and parasites. These types of illnesses are often transmitted through a fecal-oral route by eating or drinking contaminated food or water or encountering an infected person or animal.

The top three enteric illnesses in 2024 for DPHD were *Campylobacter*, *Salmonella*, and *Giardiasis*. All three of these illnesses showed a marked increase compared to the number of cases reported in 2023. Campylobacteriosis had a 33.33% increase, Salmonellosis had a 104.17% increase, and Giardiasis had a 100% increase. In total, these illnesses accounted for 3.19% of the total investigations for the year.

Campylobacteriosis (Campy)

Campy is a bacterial infection caused by the *Campylobacter* bacteria and is the leading cause of bacterial gastroenteritis in the United States. In 2024 Campy was the fourth most reported disease in the DPHD jurisdiction.

Campy is primarily transmitted through the consumption of contaminated food, especially undercooked poultry, unpasteurized milk, and contaminated water. Other routes of transmission can include:

- Sexual contact with a person who is infected.
- Contact with contaminated pets or livestock animals.
- Travelers who visit areas with poor sanitation standards.

Symptoms of Campy include diarrhea, abdominal pain, fever, and nausea. In severe cases, it can lead to complications such as dehydration, bloodstream infections, and, rarely, Guillain-Barré syndrome.

To reduce the risk of contracting Campylobacteriosis it is important to practice good hygiene, such as washing hands thoroughly with soap and water, especially after handling raw meat or interacting with animals. Properly cooking food, particularly poultry, and avoiding consumption of unpasteurized milk or contaminated water are also key preventive measures.

The CDC estimates *Campylobacter* infection affects more than 1.5 million U.S residents every year. DPHD provided public health services to 72 Delaware County residents who tested positive for Campylobacteriosis in 2024. Investigation and mitigation efforts included monitoring and investigating cases, promoting safe food handling practices, and providing educational resources.

Salmonellosis (*Salmonella*)

Salmonellosis is caused by the bacteria *Salmonella* and is often the culprit behind foodborne illness or “food poisoning”. Contamination can occur in a variety of ways, including:

- Raw meats including poultry and eggs.
- Raw fruits and vegetables.
- Domestic or wild animals, including livestock.
- People who are infected and handling food or food products.

Contamination usually occurs during food production or processing. *Salmonella* infection presents with symptoms such as diarrhea, abdominal cramps, fever, and sometimes vomiting. Treatment is not always necessary as the infection may clear on its own within a week, however in cases of acute or persisting symptoms antibiotics may be needed for those in vulnerable populations.

Salmonella can infect anyone, but some groups are at an increased risk for more serious illness. These groups include:

- Children who are younger than five years.
- Adults who are 50 years and older with underlying medical conditions.
- Adults who are 65 years and older.
- People who have a weakened immune system.
- International travelers.

Salmonella infections are more common in the summer. The warmer weather and unrefrigerated foods create ideal conditions for *Salmonella* to grow. To help prevent this, it is recommended to promptly refrigerate or freeze perishable foods and leftovers. Other prevention efforts include frequent handwashing, safely preparing and storing food, and being mindful when swimming, traveling, and interacting with animals.

Giardiasis (Giardia)

Giardiasis, commonly known as Giardia, is caused by a protozoan parasite called *Giardia lamblia* that can cause a range of intestinal symptoms, including bloating, diarrhea, and nausea with more severe infections causing vomiting and bloody stool. Symptoms may also include abdominal cramps, weight loss, and failure to thrive with long-term infections. The most common source of *Giardia* is contaminated water or coming into contact with an infected person. Other ways of becoming infected include:

- People who work in childcare settings.
- Travelers who visit areas with poor sanitation standards.
- People who have contact with infected animals or animal environments contaminated with feces.
- People who get household water from a shallow well.
- Older adults or those with weakened immune systems.

Steps to help prevent spreading and/or contracting Giardia include washing hands with soap and water before and after preparing food and eating, after using the restroom, after changing diapers, after interacting with an animal or their environment, and after touching soil.

Treatment is not always necessary as *Giardia* infection may clear on its own, however in cases of acute or persisting symptoms antibiotics may be needed. In severe untreated cases, prolonged diarrhea can cause malabsorption of nutrients in the intestine and can lead to substantial weight loss, fatigue, and issues with vitamin absorption.

Giardia and *Salmonella* pose significant public health concerns due to the potential to cause widespread illness and outbreaks. DPHD intends to continue mitigating the impact of these illnesses within the community by consistent, and timely case investigations, thorough case interviews, education, and continued surveillance to help curb future infections.

Lyme Disease

Lyme disease is in the top 5 reported infections for ages 0-14 years and top 10 of overall disease investigations for Delaware County in 2024. Lyme disease is transmitted to humans via the bite of an infected black legged tick and is caused by the *Borrelia burgdorferi* bacteria. Ticks that carry the bacteria are found across the United States but are more common in the upper Midwest, Northeast, and Mid-Atlantic states.

Common symptoms include muscle and joint aches, fatigue, fever, headache, and chills. A rash will appear at the location of the bite and spread across the affected area, giving that area a “bullseye” appearance for over 70% of those who become infected. Individuals who are at a higher risk are those who spend time in grassy or wooded areas or enjoy outdoor recreational activities.

Preventative measures taken by the Health District to target Lyme disease within the community include surveillance and response to disease occurrence. DPHD recommends utilizing the acronym **TICKS** to aid with protection:

Treat skin with DEET or picaridin-based repellents and clothing and equipment with permethrin-based pesticides.

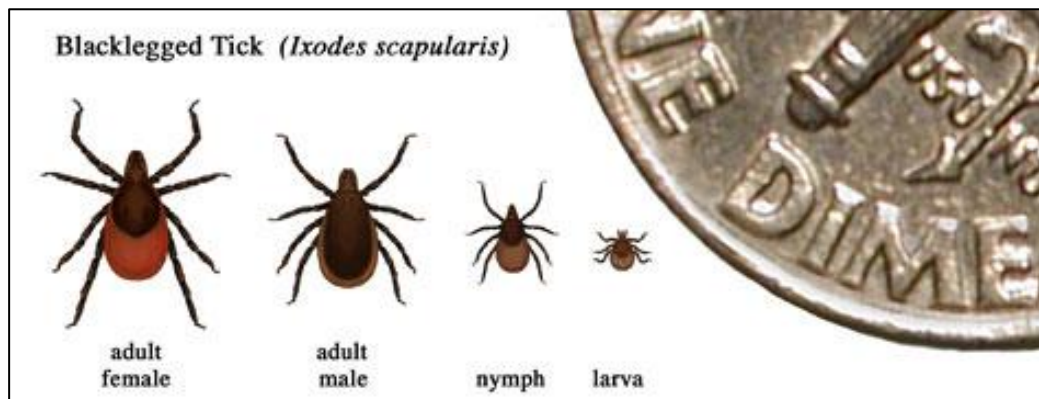
Inspect yourself, clothing, and gear for ticks.

Clean and disinfect any area where a tick was removed.

Keep record of the date the tick was removed.

Shower or wash off as soon as possible after coming indoors.

Other preventative measures include wearing light colored clothing, walking in the center of trails to avoid heavy vegetation, frequently mowing areas of high grass, and checking pets after being outdoors.



*Image of *Ixodes scapularis* (blacklegged tick) life stages and compared to a dime taken from CDC website <https://www.cdc.gov/ticks/gallery/index.html>

Tuberculosis

Tuberculosis (TB) is a disease caused by the bacteria *Mycobacterium tuberculosis*. TB typically affects the lungs but can affect other parts of the body including, but not limited to, lymph nodes, kidneys, liver, or the spine. Transmission occurs when an individual with active TB disease releases TB germs into the air by coughing, speaking, or singing. Individuals nearby who inhale the TB germ may become infected. Not everyone that is infected with the TB germ becomes sick. Individuals who are infected by the TB germ, but are not sick, have latent TB infection, or inactive TB. Over time, some individuals with inactive TB may become sick and develop active TB disease.

Each county is required to maintain a tuberculosis control unit. The tuberculosis control unit of DPHD monitors TB activity in Delaware County, conducts immigrant investigations, provides screenings, coordinates care and treatment for individuals infected, and completes directly observed therapy (the practice of actively monitoring treatment) for individuals undergoing treatment. The efforts of the tuberculosis control unit are focused on curing individuals diagnosed with TB, identifying individuals who need further evaluation, and mitigating community spread.

Public health follow-up for TB is divided into the categories of active case management and immigrant investigations. Active case management requires local health districts to closely monitor cases of active, infectious tuberculosis and coordinate isolation, contact investigation, and case treatment. Immigrant investigation is a process which involves following up with recent immigrants who were identified during their immigration screening as needing further testing and evaluation for potential TB disease.

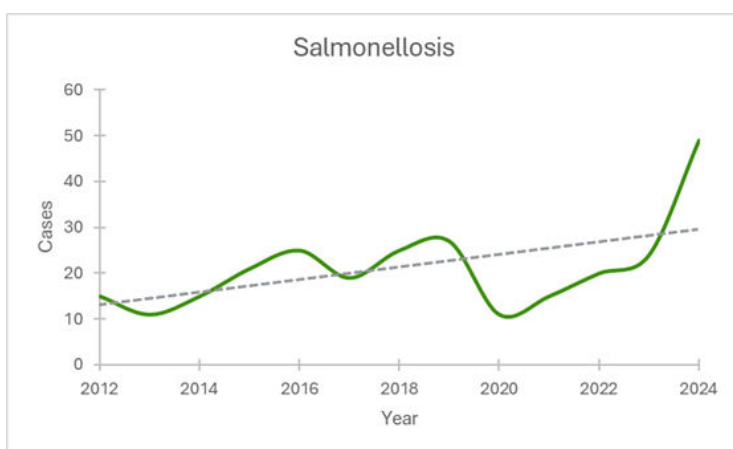
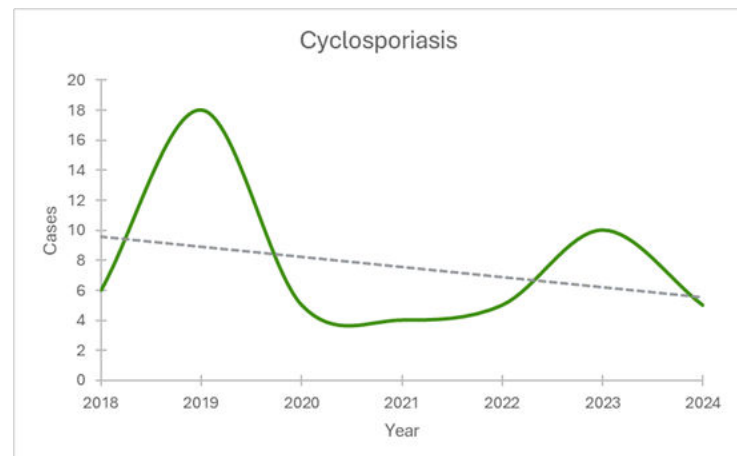
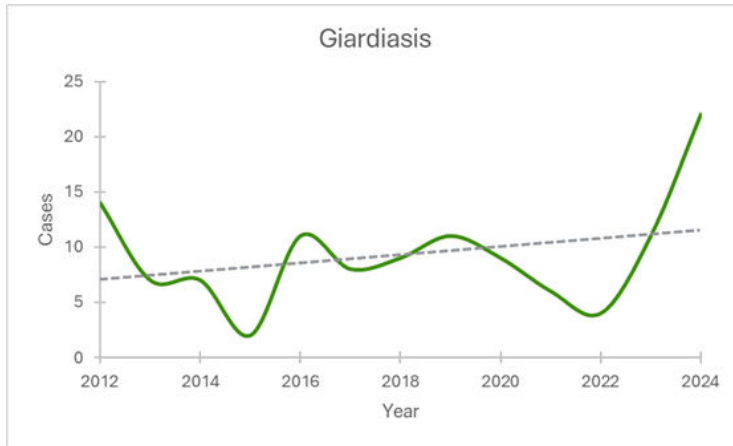
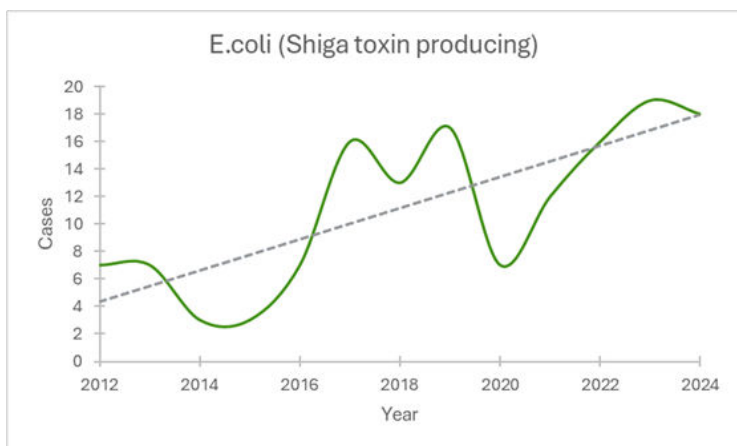
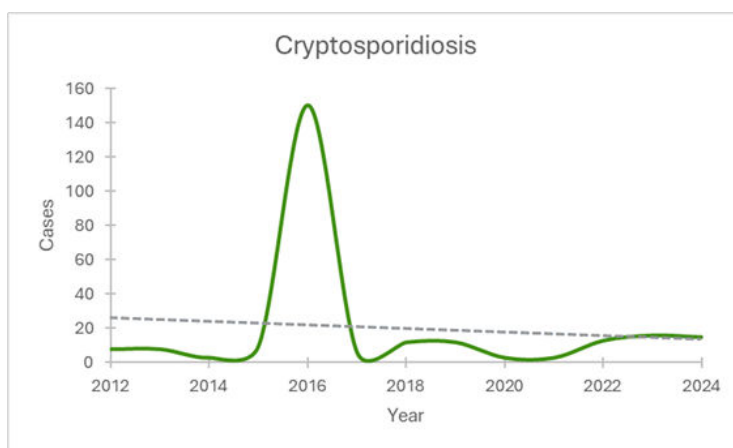
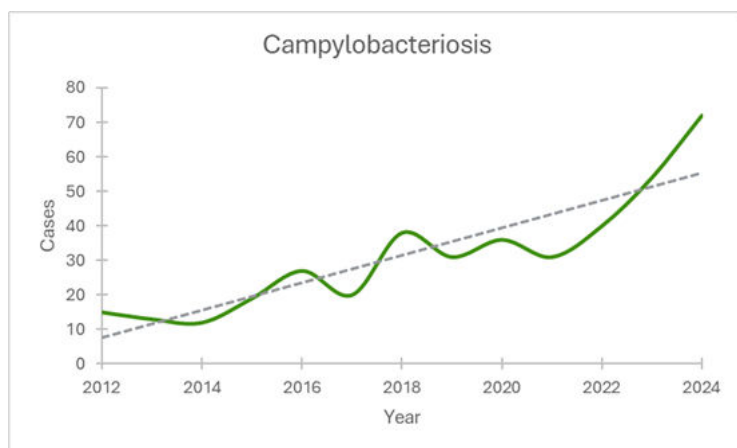
In recent years, DPHD has seen slight increases in both active cases of tuberculosis and immigrant investigations. In 2024, DPHD coordinated 18 immigrant investigations compared to 11 in 2023 and provided case management for one confirmed case of TB. This is likely attributed to population growth in Delaware County. The risk of TB transmission, and thus, exposure in the community is generally low.

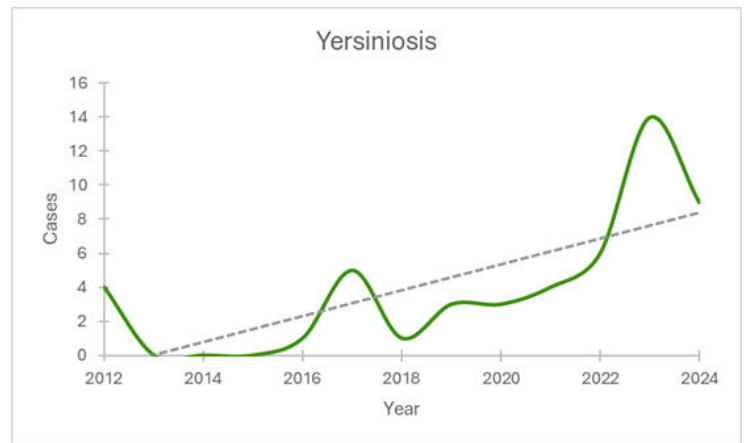
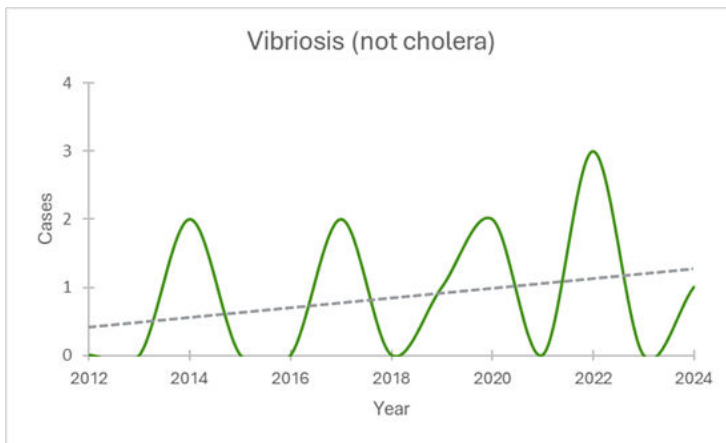
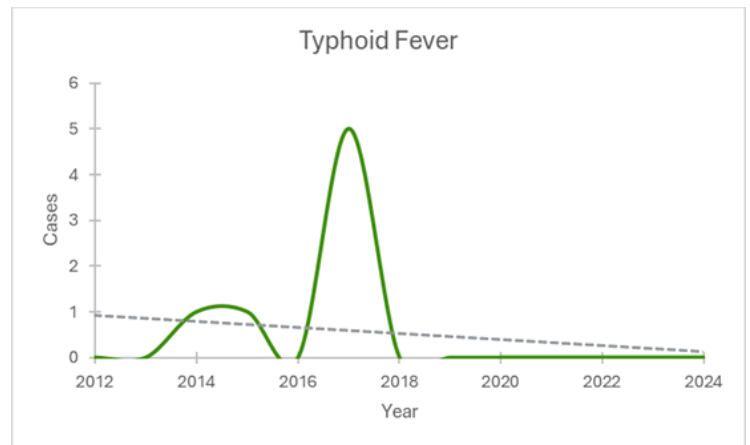
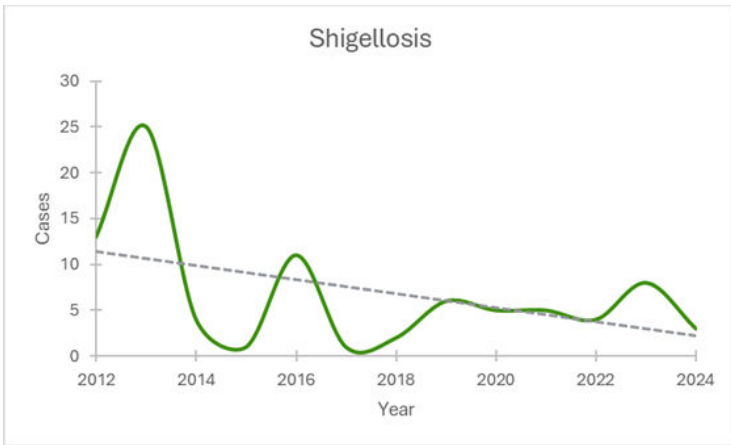
2024 Disease Trends

The following graphs show the number of cases of selected reportable diseases and their trends over the past several years.

Note: Some reportable diseases may not be included as they have been reportable for less than three years or if there was insufficient data to indicate a trend.

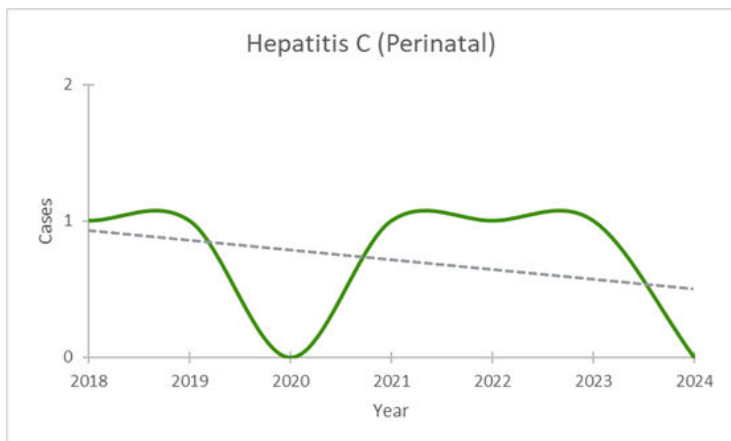
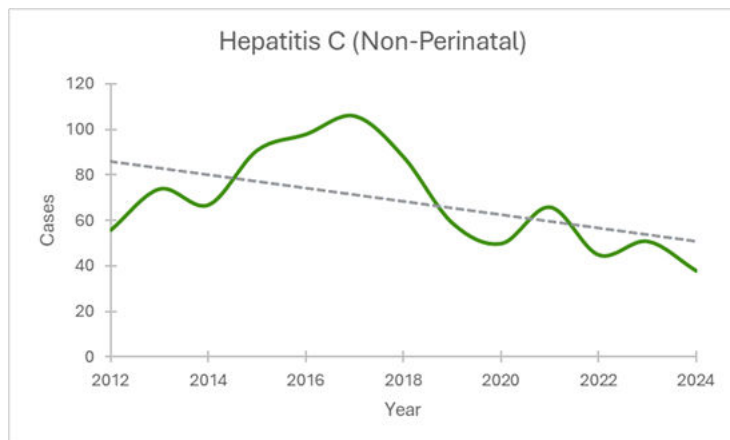
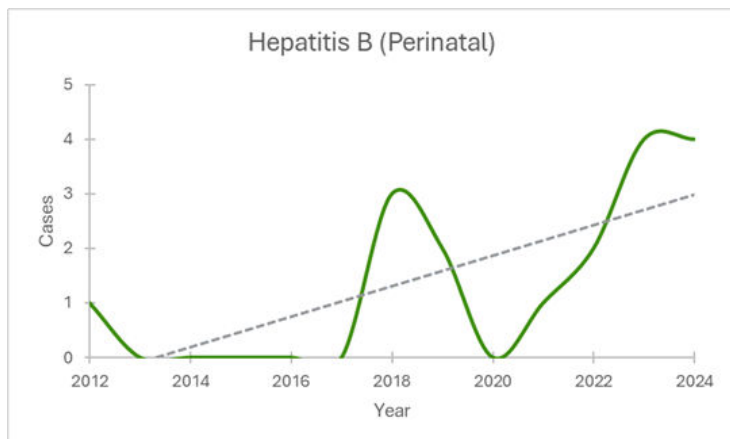
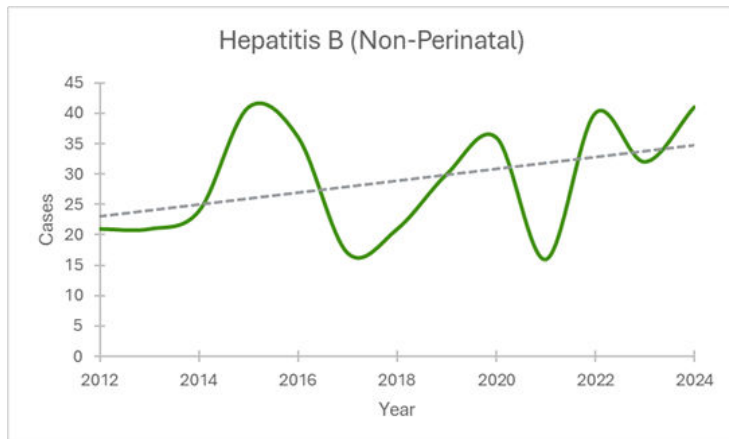
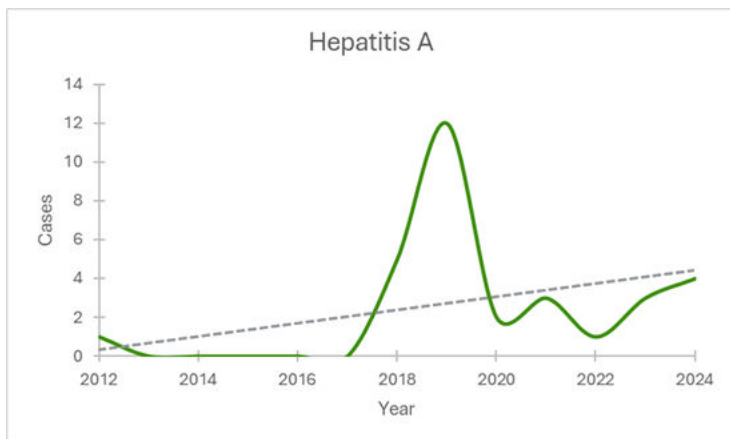
Enteric Diseases



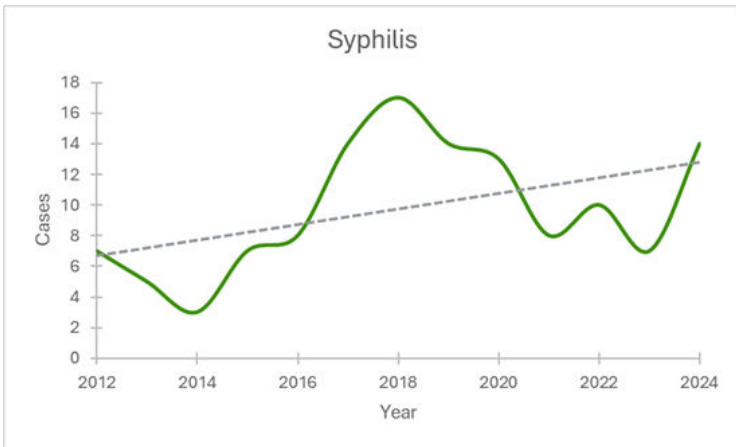
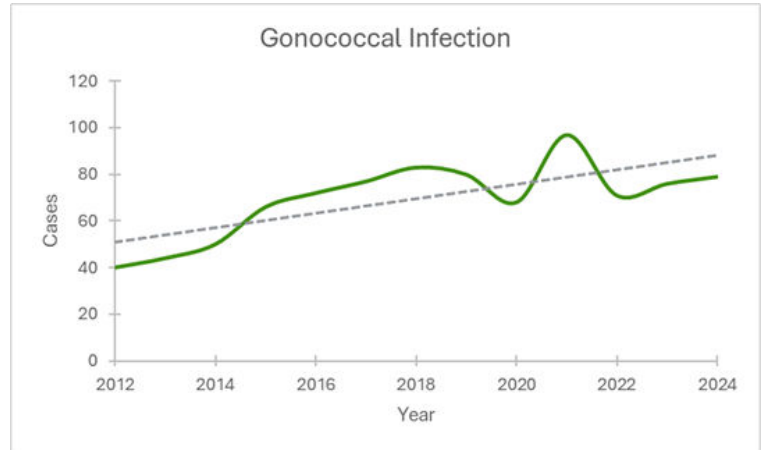
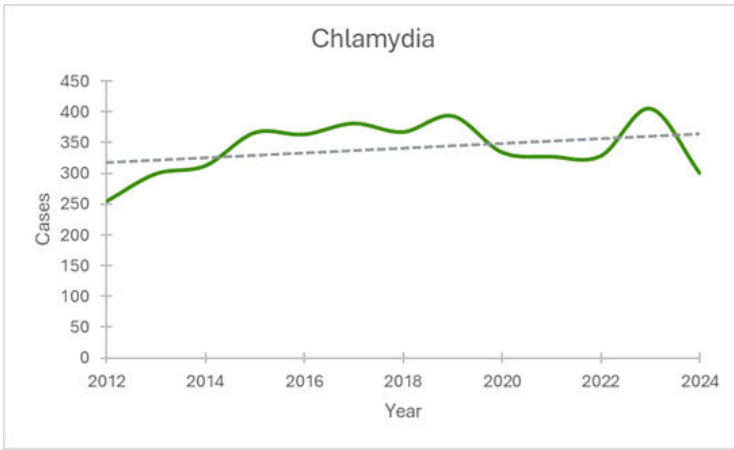


Hepatitis

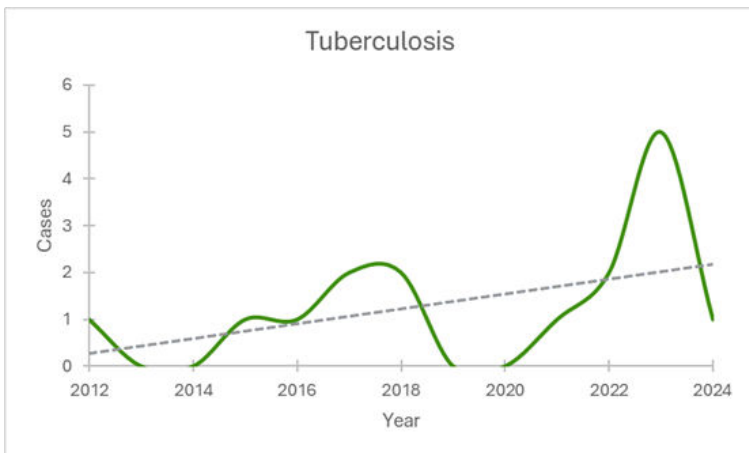
Note: Hepatitis A and Hepatitis B are also vaccine preventable.



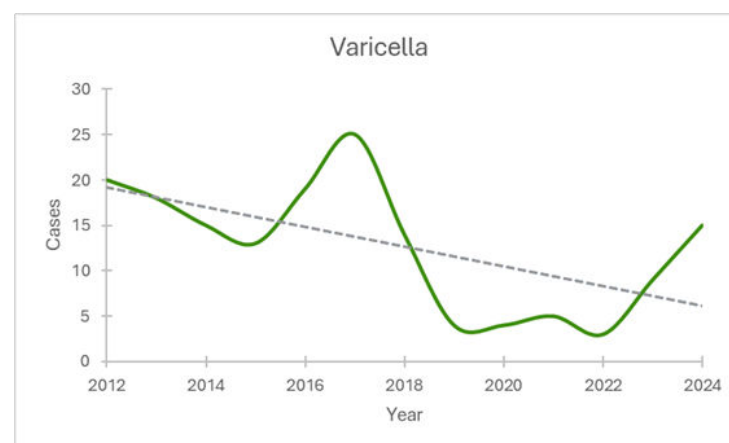
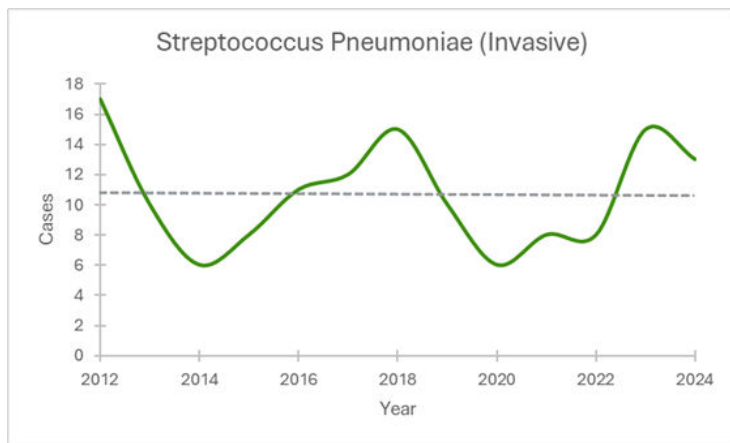
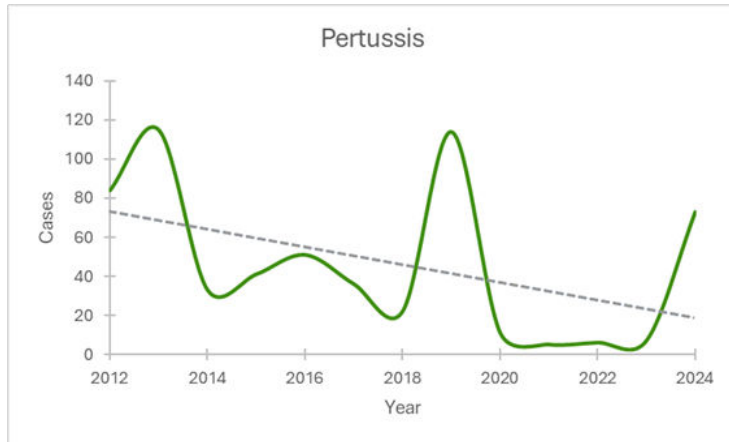
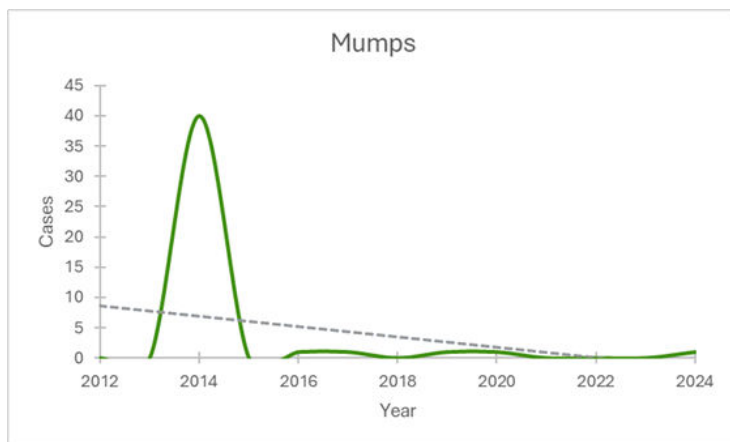
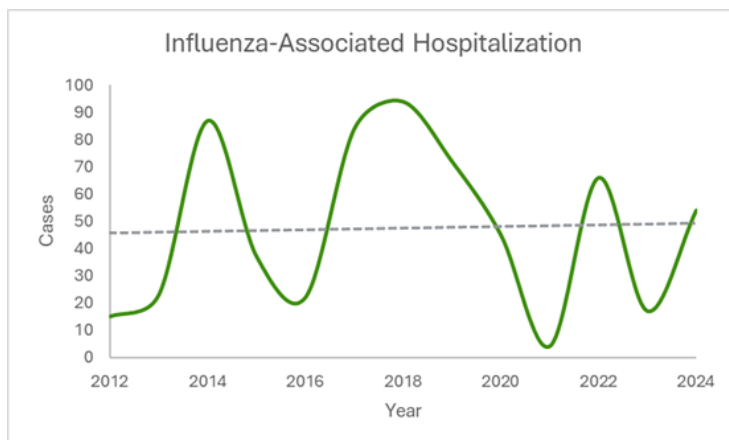
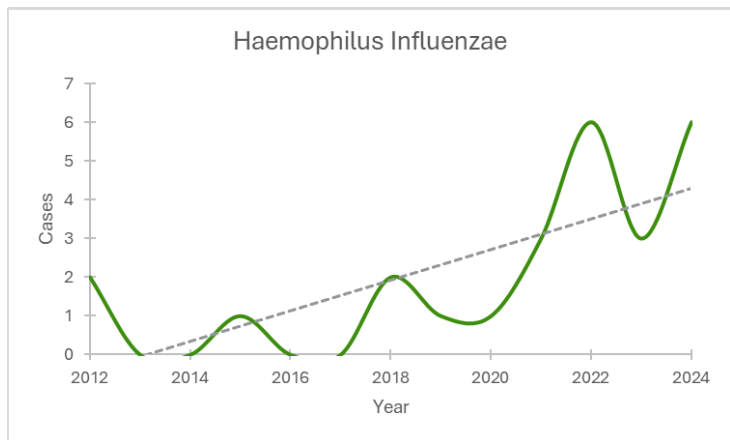
Sexually Transmitted Infections



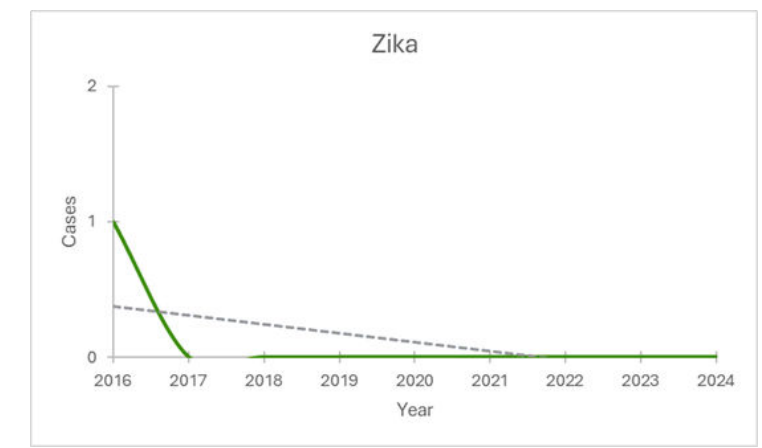
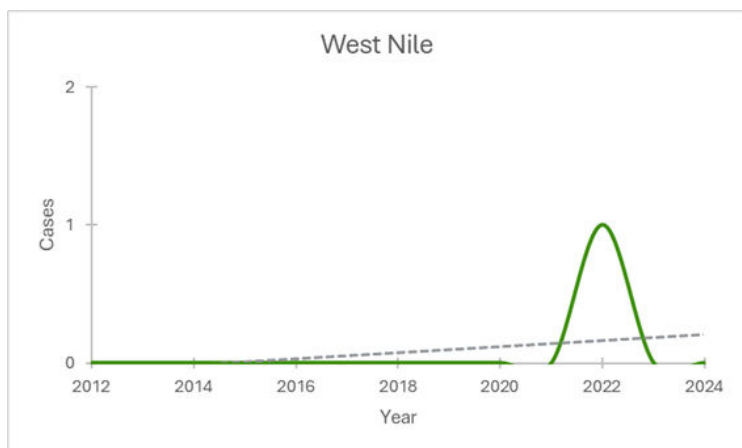
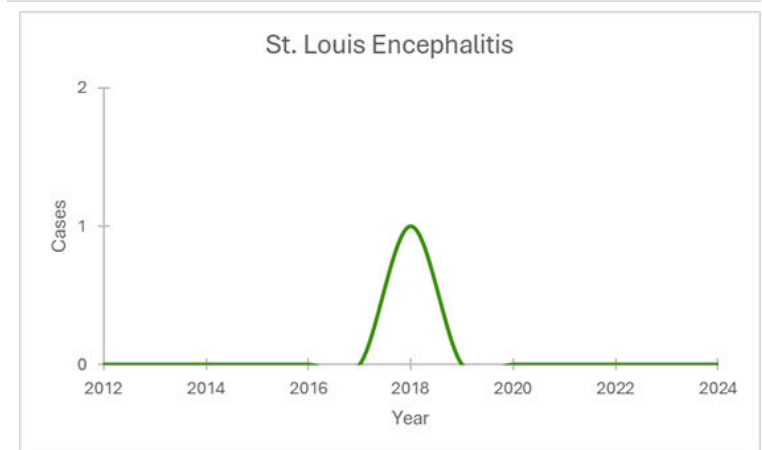
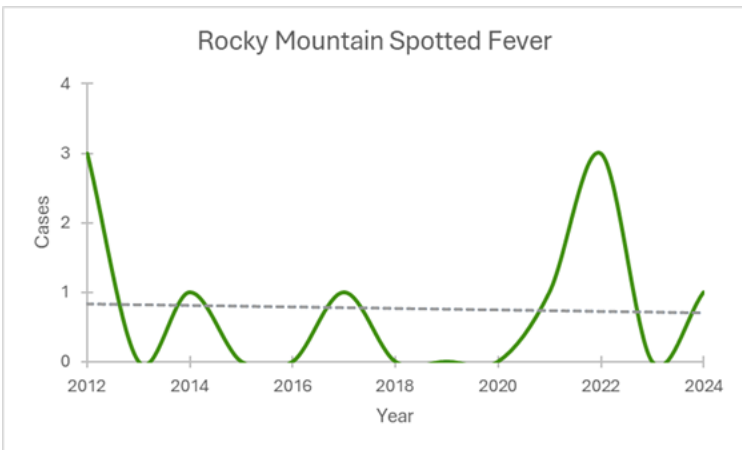
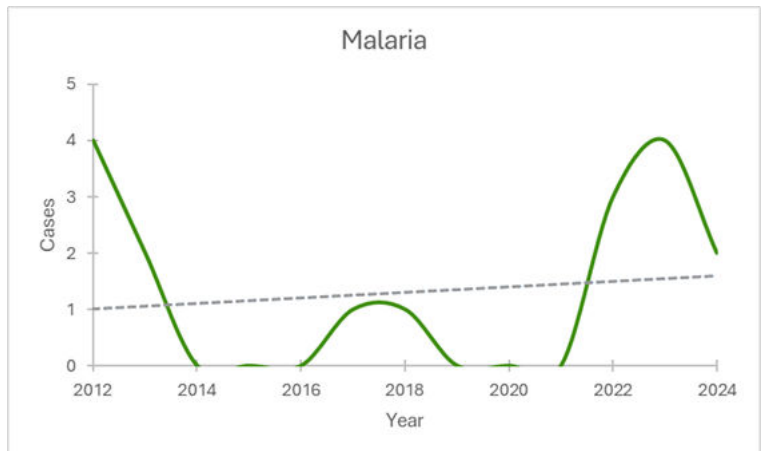
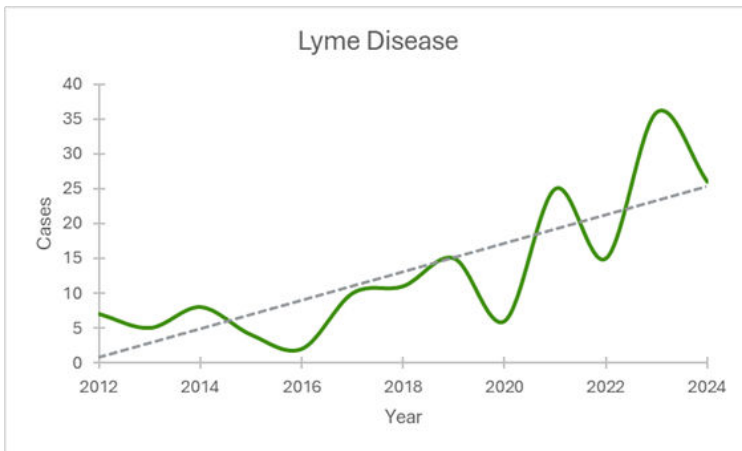
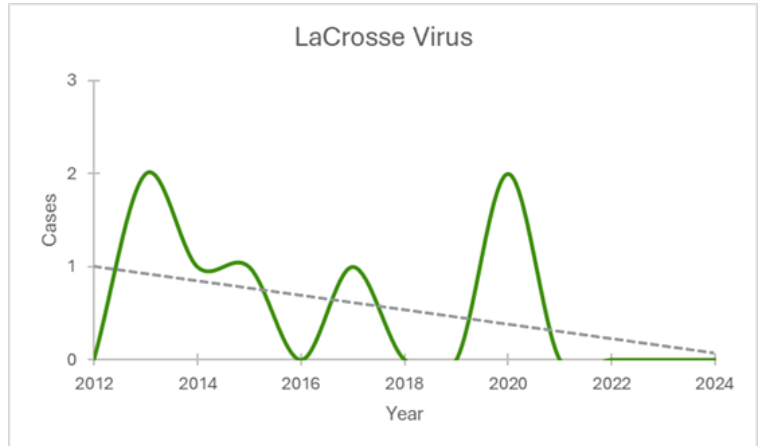
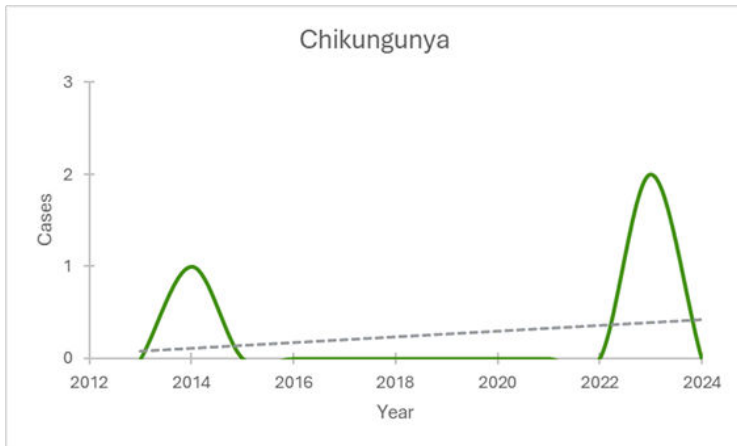
Tuberculosis



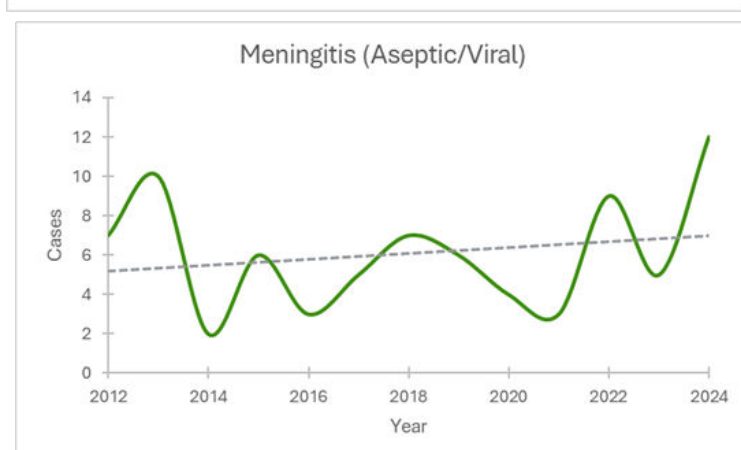
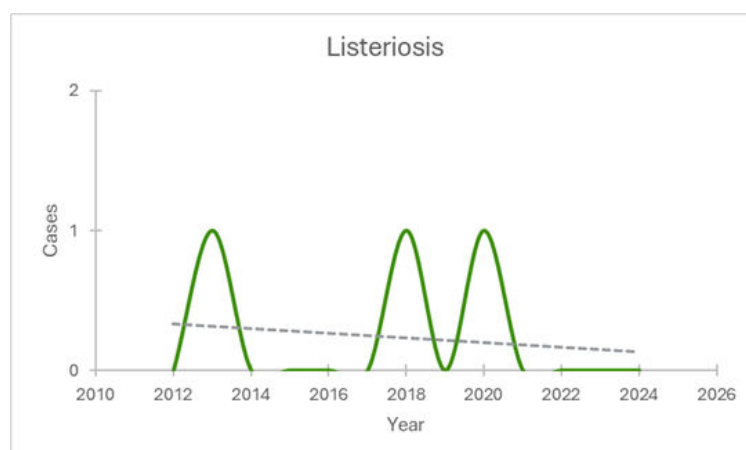
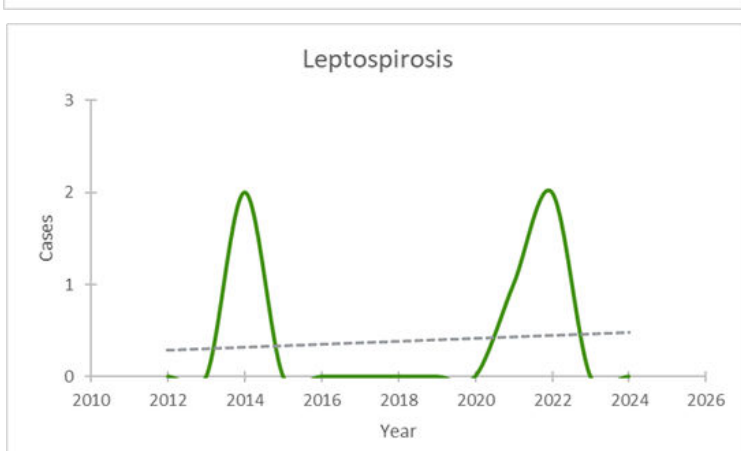
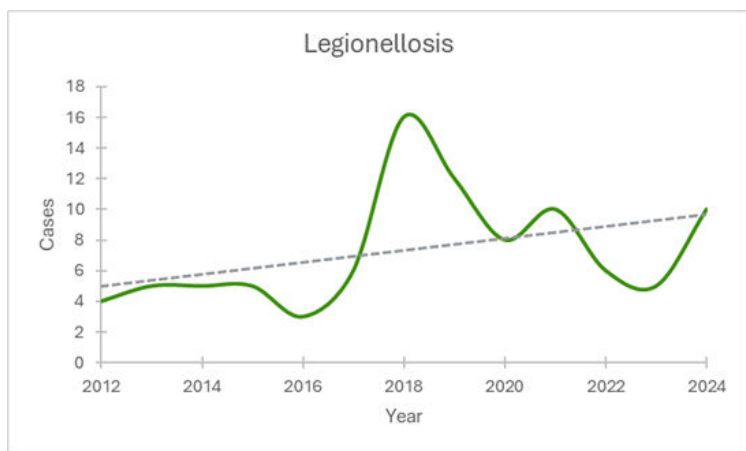
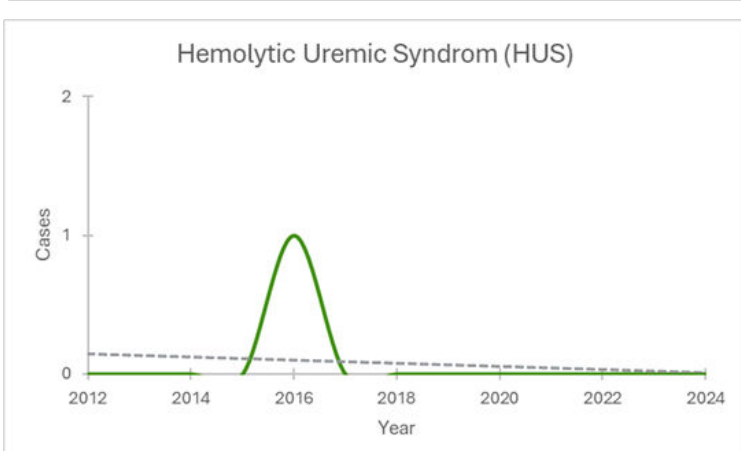
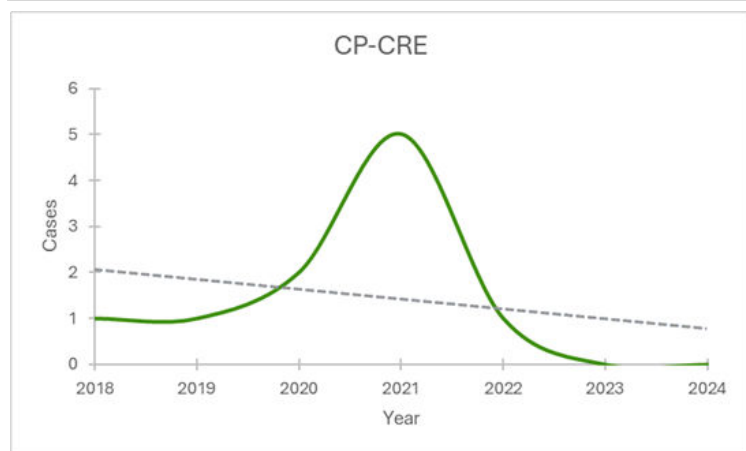
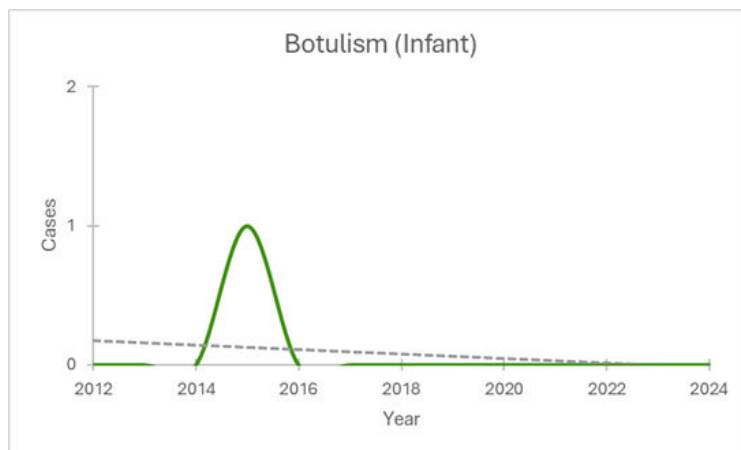
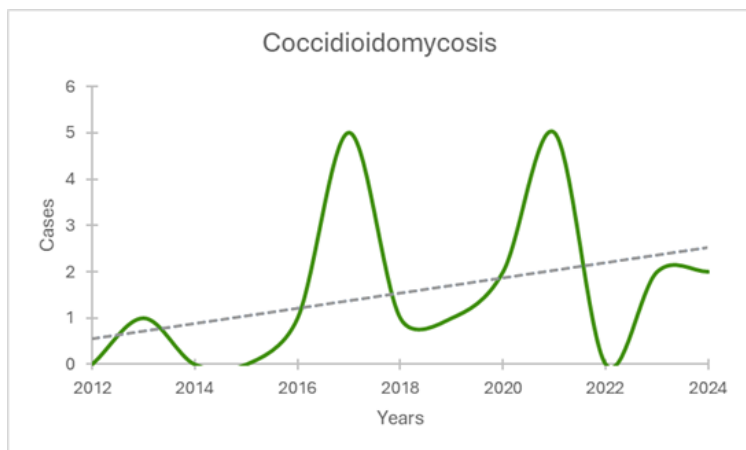
Vaccine Preventable

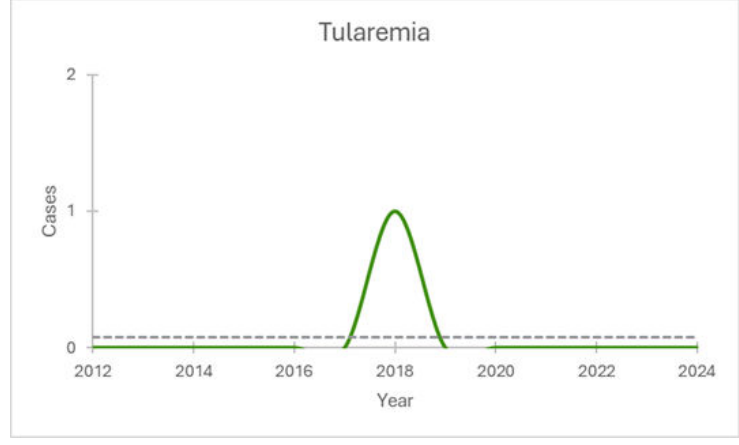
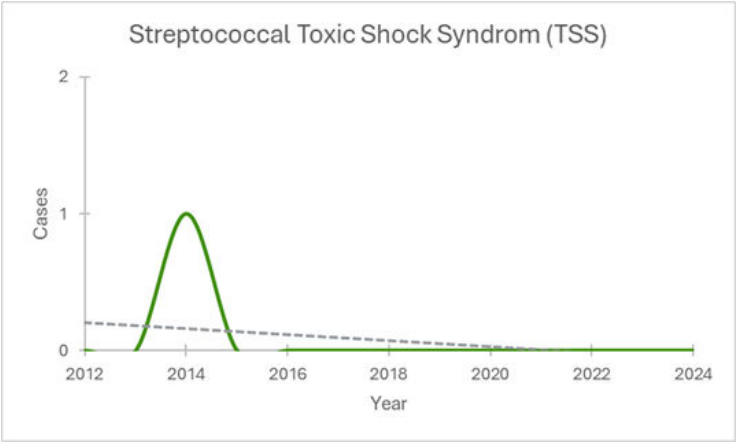
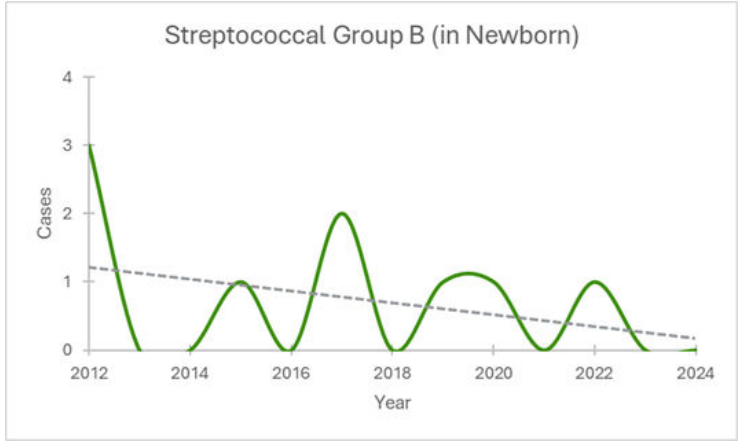
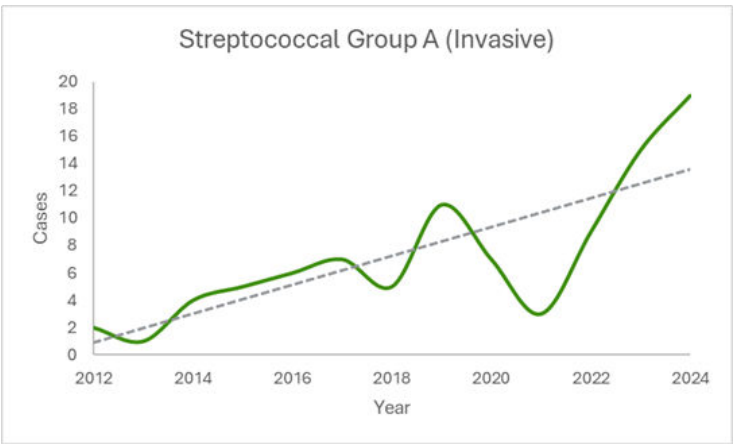
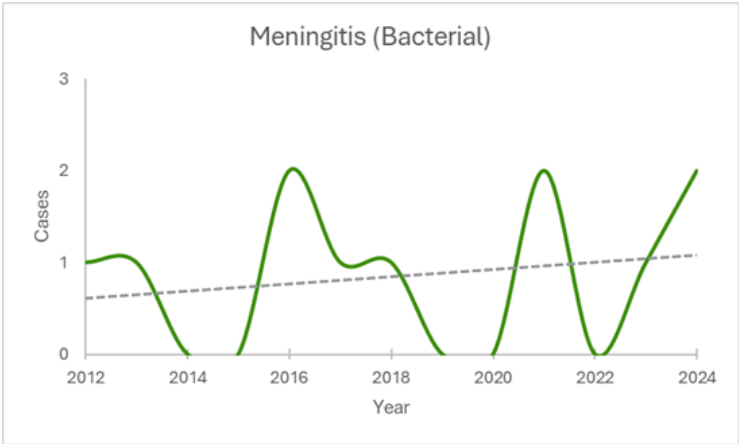


Vector Borne



Other Diseases





2024 Outbreaks

An outbreak is defined as the occurrence of disease in numbers greater than expected in a particular population or for a particular period of time. DPHD follows the Ohio Department of Health definition for a community disease outbreak, which states that an outbreak consists of two or more cases of similar illness with a common exposure. It should be noted that one case of a certain disease can be considered an outbreak when that disease has a very high mortality or morbidity rate.

Once confirmation of an outbreak has been established, DCRU initiates an investigation to interrupt transmission and identify the causal agent, if possible. This is done by gathering information to better define the outbreak and recommend prevention and control measures, per chance to prevent more people from becoming ill.

In total, 9 outbreaks were investigated by DCRU in 2024. Suspect, probable, and confirmed outbreaks are included in the data below. If the outbreak occurred in Delaware County, all individuals linked to the outbreak are reflected in the number of people ill, even if they did not reside in DPHD jurisdiction.

YEAR	2020	2021	2022	2023	2024
Number of outbreaks investigated	51	41	26	21	9

2024 Outbreak Type	Agent	Number of People Ill*
Respiratory	Bordetella pertussis	3
Respiratory	Bordetella pertussis	47
Respiratory	COVID-19	15
Respiratory	COVID-19	21
Respiratory	COVID-19	18
Gastrointestinal	Cryptosporidium	6
Gastrointestinal	Norovirus	28
Gastrointestinal	Norovirus	29
Gastrointestinal	Norovirus	22

*Number of people ill are subject to change due to investigation status and pending information

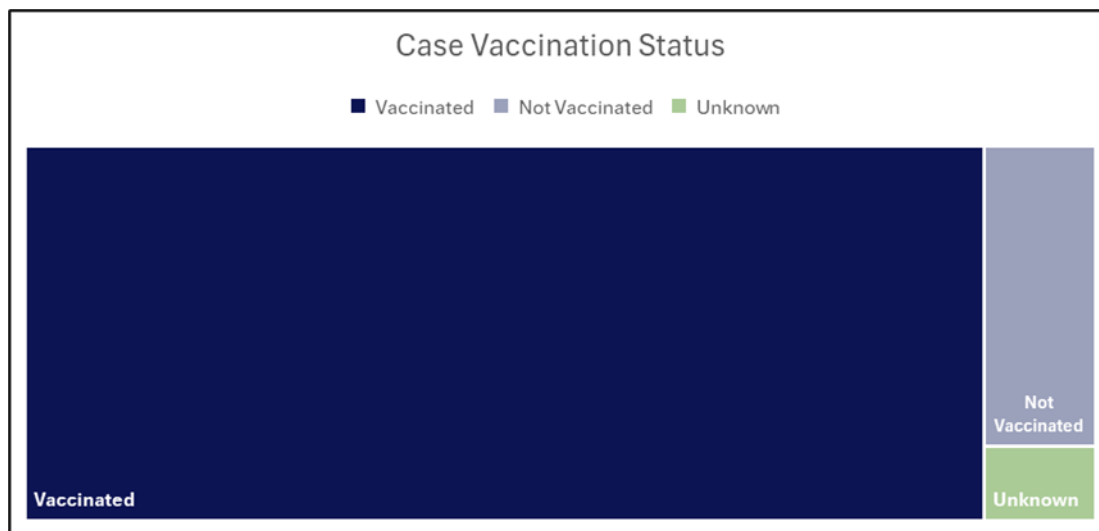
*Data pulled from ODRS

Outbreak Highlight

Starting in August 2024, the DCRU team noticed an increase in reported pertussis cases through routine communicable disease surveillance. As cases continued to increase to an unusual amount given the time of year, DPHD opened a community-wide outbreak. DCRU spent approximately four months investigating this outbreak. Notifications were sent out to schools regarding pertussis being in the building and information and educational materials were also provided to nursing staff to share with their administration. It was advised that these materials be shared with the parents/guardians of the students.

Epidemiologists and public health nurses on the DCRU team called to interview each case using the questions in ODRS modules and following the Infection Disease Control Manual (IDCM) guidance. Information gathered included cough onset date, symptoms, pneumonia diagnosis, whether the case was isolated, if antibiotics were given and their start/end dates, contacts, and whether prophylaxis was given to close/household contacts. Cases were advised to stay home for five days after the start of antibiotics and if no antibiotics were received, they were advised to isolate for three weeks after the onset of paroxysms, per the Ohio Administrative Code (OAC) 3701-3-13.

In total, there were 47 reported cases of pertussis involved in this outbreak, 37 confirmed and 10 probable. It should be noted that a confirmed case was defined as an acute cough illness of any duration with laboratory testing and isolation of *B. pertussis* from a clinical specimen or PCR positive for *B. pertussis*. A probable case was defined as, in the absence of a more likely diagnosis, illness meeting the clinical criteria for diagnosis or with a cough of any duration, and any of the following symptoms: paroxysms, inspiratory whoop, post-tussive vomiting, apnea, or contact with a laboratory-confirmed case. Of the cases with available vaccination information, 89.4% were vaccinated, 8.5% were not vaccinated, and 2.1% had an unknown vaccination status.



The Health District recommends vaccination as the best way to prevent serious illness and complications from disease. Post-exposure antimicrobial prophylaxis (PEP) is also highly recommended for all household contacts and those at higher risk for developing severe pertussis as it helps prevent death and serious complications.

Increased Disease Prevention Efforts

Sexually Transmitted Infections

STIs have consistently ranked among the top five infectious diseases in Delaware County, particularly Chlamydia and Gonorrhea.

To address this, DPHD continues to work on increasing, enhancing, and implementing effective strategies and interventions to mitigate the volume of STIs within the community. This is done through providing support, education, and guidance to those who have tested positively. Increasing outreach efforts targeting underserved and at-risk populations to provide them with education, testing, and treatment options has also been a priority. Utilization of community-based programs, educational campaigns, and partner organizations is another component to successfully address barriers to care.

For individuals that choose to be sexually active, using barrier methods, such as condoms, correctly and consistently can reduce the risk of contracting STIs by 70% to 90%. Reduction depends on the specific STI and individual factors. In 2024, DCRU used grant funds to purchase dental dams, external condoms, internal condoms, and other sexual health items. These items are available to those that desire them at the Health District at no cost. For more information on how to access these items, please visit the services tab on the Health District's website.

Long Term Care Facilities

To better support long term care facilities and schools in the community with communicable disease outbreaks, DPHD used grant funds to purchase supplies to create outbreak kits. Supplies included multiple types of sanitizer wipes, gloves, masks, and reference materials. These outbreak kits were able to be provided, upon request, to facilities and/or schools to help mitigate further spread of contagions.

General Conclusions and Recommendations

The Delaware Public Health District aims to help promote, preserve, and enhance the health of the community. This includes engaging in activities to abate the spread of disease, such as communicable disease surveillance, education, and partnering with local entities. The data from this report is used to drive future communicable disease investigations, planning of resources, policy development, training, and education.

DPHD recommends the following to help reduce the transmission of infectious agents within the community:

1. Hand Hygiene – Wash hands frequently with soap and water for at least 20 seconds, especially after using the bathroom, before and after eating, and after coughing or sneezing.
2. Respiratory Hygiene – Cover coughs and sneezes with an elbow or tissue. If a tissue is used it should be disposed of immediately and hand washing should follow.
3. Stay Home When Sick – If not feeling well or showing symptoms of illness (fever, cough, etc.), stay home and away from others until symptoms have resolved for 24 hours.
4. Vaccination – Vaccination is often the best prevention strategy. Clinic services at DPHD include vaccination. Visit <https://www.delawarehealth.org/immunizations/> for more information on available immunizations.
5. Environmental Cleaning – Regularly clean and disinfect high-touch surfaces such as doorknobs, light switches, countertops, and cell phones.
6. Food Safety – Practice proper food handling practices, including washing hands before and after preparing or eating food, and avoiding cross contamination. Also, ensure proper cooking temperatures are being reached to kill any harmful bacteria.

Appendix A

DPHD Reportable Disease Counts 2020-2024

Enteric Diseases

Reportable Disease	2020	2021	2022	2023	2024
Campylobacteriosis	36	31	40	54	72
Cryptosporidiosis	3	3	13	16	15
Cyclosporiasis	7	4	5	10	5
E. coli, Shiga toxin-producing	7	12	16	19	18
Giardiasis	9	6	4	11	22
Salmonellosis	11	15	15	24	49
Salmonella Typhi	0	1	0	0	0
Shigellosis	5	5	4	8	3
Typhoid fever	0	0	0	0	0
Vibriosis (not cholera)	2	0	3	0	1
Yersiniosis	3	4	6	14	9
TOTAL	83	81	111	156	194

Hepatitis

Reportable Disease	2020	2021	2022	2023	2024
Hepatitis A	2	3	1	3	4
Hepatitis B, Perinatal	0	1	2	4	4
Hepatitis B Non-Perinatal	36	16	40	32	41
Hepatitis C Perinatal	0	0	1	1	0
Hepatitis C Non-Perinatal	49	49	45	51	38
TOTAL	87	69	89	91	87

Sexually Transmitted Infections

Reportable Disease	2020	2021	2022	2023	2024
Chlamydia infection	334	327	328	405	300
Gonococcal infection	68	97	71	76	79
Syphilis	13	8	10	7	14
TOTAL	415	432	409	488	393

HIV/AIDS information can be found at [ODH HIV/AIDS Surveillance Data](#)

Tuberculosis

Reportable Disease	2020	2021	2022	2023	2024
Tuberculosis	0	1	2	5	1

Vaccine Preventable

Reportable Disease	2020	2021	2022	2023	2024
COVID-19	10,522	18,381	20,579	4,175	2,846
Haemophilus influenzae	1	1	6	3	6
Influenza-associated hospitalization	45	3	66	17	54
Influenza-associated pediatric deaths	0	0	0	0	0
Measles	0	0	0	1	0
Meningococcal disease	0	0	0	0	0
Mumps	1	0	0	0	1
Pertussis	11	5	6	7	73
Strep pneumoniae, invasive	6	8	8	15	13
Varicella	4	5	3	9	15
TOTAL	68*	22*	89*	52*	162*

*Totals do not include COVID-19 cases

Note: Hepatitis A and Hepatitis B are vaccine preventable but are shown in the Hepatitis table

Zoonotic

Reportable Disease	2020	2021	2022	2023	2024
Anaplasmosis	0	0	1	2	0
Babesiosis	0	0	0	1	0
Chikungunya	0	0	0	2	0
LaCrosse virus	2	0	0	0	0
Lyme disease	6	25	15	36	26
Malaria	0	0	3	4	2
Rocky Mountain Spotted Fever	0	1	3	0	1
St Louis encephalitis	0	0	0	0	0
West Nile	0	0	1	0	0
Zika	0	0	0	0	0
Other Arthropod-borne Disease	1	0	0	0	1
TOTAL	9	26	23	45	30

Other Reportable Diseases

Reportable Disease	2020	2021	2022	2023	2024
Botulism – infant	0	0	0	0	0
Brucellosis	0	0	1	0	1
Coccidioidomycosis	2	5	0	2	2
CP-CRE*	2	5	1	0	0
Hemolytic Uremic Syndrome (HUS)	0	0	0	0	0
Legionellosis - Legionnaires' Disease	8	10	6	5	10
Leptospirosis	0	1	2	0	0
Listeriosis	0	0	0	0	0
Meningitis (aseptic/viral)	4	3	9	5	12
Meningitis (bacterial)	0	2	0	1	2
Streptococcal - Group A -invasive	3	9	15	15	19
Streptococcal - Group B - in newborn	0	1	0	0	0
Streptococcal Toxic Shock Syndrome (STSS)	0	0	0	0	0
Tularemia	0	0	0	0	0
TOTAL	29	29	28	28	46

Appendix B

Reportable Diseases - Zero Cases in Delaware County, 2024

Anthrax	LaCrosse Virus	Tetanus
Botulism (foodborne)	Listeriosis	Toxic Shock Syndrome
Botulism (wound or infant)	Meningococcal Disease	Trichinellosis
Candida Auris	Middle East Respiratory Syndrome (MERS)	Tularemia
Chancroid	Plague	Typhoid Fever
Cholera	Poliomyelitis	Viral Hemorrhagic Fevers
Creutzfeldt-Jakob Disease	Powassan Virus Disease	Western Equine Encephalitis Virus
Diphtheria	Q Fever	Yellow Fever
Eastern Equine Encephalitis	Rabies (human)	Zika Virus
Hantavirus	Rubella (congenital)	
Hemolytic Uremic Syndrome	Rubella (not congenital)	
Hepatitis D (delta hepatitis)	Salmonella Paratyphi	
Hepatitis E	Severe Acute Respiratory Syndrome (SARS)	
Influenza-Associated Pediatric Mortality	Smallpox	
	St. Louis Encephalitis	
	Staphylococcus Aureus	
	Streptococcal Toxic Shock Syndrome	