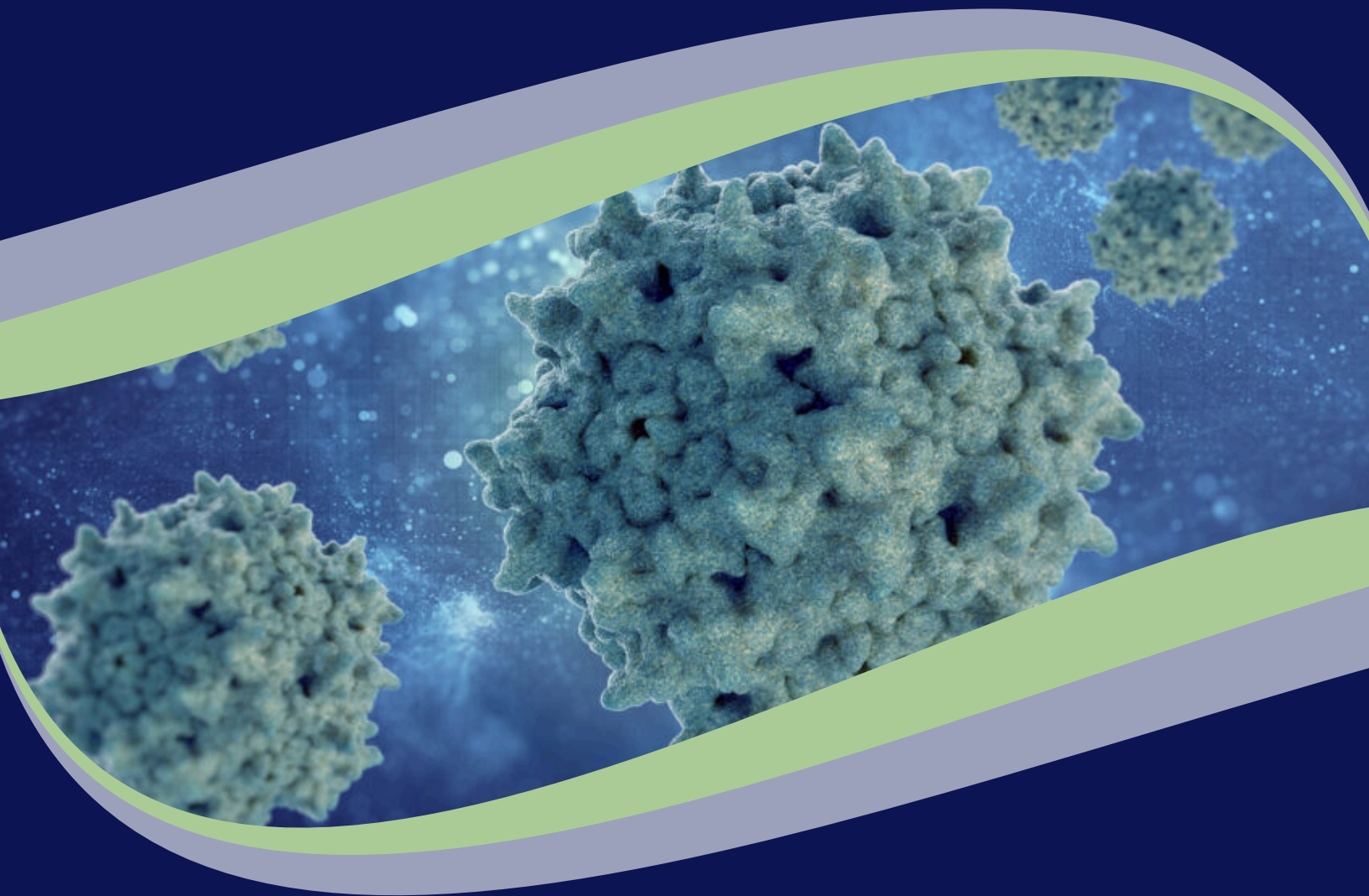


INFECTIOUS DISEASE ANNUAL REPORT



2025

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Introduction

The 2025 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, types of 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, Ohio Administrative Code 3701-3, 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 2025 is provided on page two. Data for this report was acquired through the Ohio Disease Reporting System (ODRS), the electronic surveillance system for the Ohio Department of Health (ODH).

2025 Reportable Diseases

Below is an up to date list of reportable conditions in the State of Ohio. Though this list remains consistent year after year, some notable changes were made in 2025. Ten diseases were added as reportable conditions: infant and wound botulism, free-living amoeba infection, inhalation tularemia, CPO, cholera, Melioidosis, Mpox, latent tuberculosis infection in children two years or younger, and non-inhalation tularemia. Three diseases were taken off the reportable infections list: COVID-19, amebiasis, and aseptic meningitis. Before this change, any positive COVID-19 patient was reported to local health districts and was included in previous annual reports. As of October 1, 2025, COVID-19 cases that are not hospitalized are no longer reported and no longer regularly tracked by the DPHD. Because of this change and to keep future reports consistent, COVID-19 cases were separated from analysis. Cases reported from 2021 to October 2025 are showcased on the following page.



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.

<ul style="list-style-type: none"> • Anthrax. • Botulism. • Diphtheria. • Free-living amoeba infection. • Influenza A - novel virus infection. 	<ul style="list-style-type: none"> • Measles. • Meningococcal disease. • Middle East Respiratory Syndrome (MERS). • Plague. • Rabies, human. 	<ul style="list-style-type: none"> • Rubella (not congenital). • Severe acute respiratory syndrome (SARS). • Smallpox. • Tularemia, inhalation. 	<ul style="list-style-type: none"> • Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic fever.
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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.

<ul style="list-style-type: none"> • Acute flaccid myelitis (AFM). • Anaplasmosis. • Arboviral neuroinvasive and non-neuroinvasive disease: <ul style="list-style-type: none"> o Chikungunya virus infection. o Eastern equine encephalitis virus disease. o La Crosse virus disease (other California serogroup virus disease). o Powassan virus disease. o St. Louis encephalitis virus disease. o West Nile virus infection. o Western equine encephalitis virus disease. o Yellow fever. o Zika virus disease. o Other arthropod-borne diseases. • Babesiosis. • Brucellosis. • Campylobacteriosis. • <i>Candida auris</i>. 	<ul style="list-style-type: none"> • Carbapenemase-producing organisms (CPO). • Chancroid. • <i>Chlamydia trachomatis</i> infections. • Cholera. • Coccidioidomycosis. • COVID-19-associated hospitalization. • Creutzfeldt-Jakob disease (CJD). • <i>Cronobacter</i>, invasive infection in infants less than 12 months of age. • Cryptosporidiosis. • Cyclosporiasis. • Dengue. • <i>E. coli</i> O157:H7 and Shiga toxin-producing <i>E. coli</i> (STEC). • Ehrlichiosis. • Giardiasis. • Gonorrhoea (<i>Neisseria gonorrhoeae</i>). • <i>Haemophilus influenzae</i> (invasive disease). • Hantavirus. • Hemolytic uremic syndrome (HUS). • Hepatitis A. • Hepatitis B (non-perinatal). 	<ul style="list-style-type: none"> • 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). • <i>Salmonella</i> Paratyphi infection. 	<ul style="list-style-type: none"> • <i>Salmonella</i> Typhi infection (typhoid fever). • Salmonellosis. • Shigellosis. • Spotted fever rickettsiosis, including Rocky Mountain spotted fever (RMSF). • <i>Staphylococcus aureus</i>, 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). • <i>Streptococcus pneumoniae</i>, invasive disease (ISP). • Syphilis. • Tetanus. • Toxic shock syndrome (TSS). • Trichinellosis. • Tuberculosis (TB): <ul style="list-style-type: none"> o Active disease. o Latent infection in a child 2 years of age or younger. • Tularemia, non-inhalation. • Varicella. • Vibriosis. • Yersiniosis.
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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.

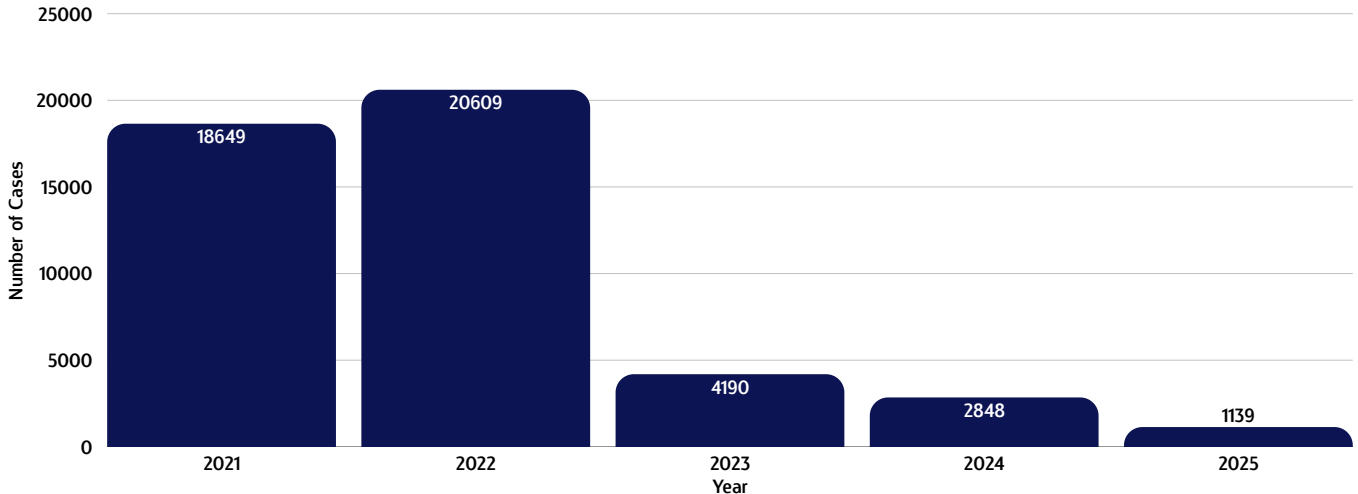
Outbreaks

<ul style="list-style-type: none"> • Community. • Foodborne. 	<ul style="list-style-type: none"> • Healthcare-associated. • Institutional. 	<ul style="list-style-type: none"> • Waterborne. • Zoonotic.
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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.

COVID-19

COVID-19 Cases, 2021-2025

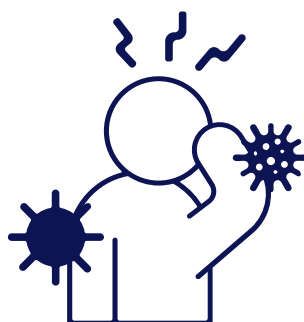


Please note that with the change in reporting standards, 2025 COVID-19 cases are not complete and do not show a complete year of data.

Although COVID-19 is no longer a reportable condition, it remains a prevalent illness affecting the community. In the first nine months of 2025 alone, more than 1,000 individuals were impacted. Following the official conclusion of the pandemic phase in 2023, reported cases declined sharply, with 4,109 cases documented that year. This downward trend continued in 2024, when COVID-19 cases decreased by an additional 30%.

Changes in reporting requirements do not diminish the potential threat or severity of COVID-19 infections. Like many respiratory illnesses, COVID-19 may present with common symptoms such as cough, congestion, or sore throat. However, the virus can also lead to more serious complications, including shortness of breath, chest pain, and in some cases long-term health effects such as neurological changes.

Prevention of COVID-19 remains a multi-layered effort. Staying up to date with recommended vaccinations, practicing good hygiene, and wearing appropriate personal protective equipment when around individuals who are ill are all effective measures for reducing the risk of infection. When individuals experience symptoms, prompt testing and staying home until fully recovered are essential steps. These actions help limit transmission and protect vulnerable members of the community.



Disease Category Overview

The reportable conditions listed previously can be caused by a variety of bacteria, viruses, and fungi. The modes of transmission also vary widely. To better organize prevention efforts, reportable conditions can be grouped into disease subsets. Below is a list with descriptions of the disease categories investigated by the DPHD in 2025. This is not a comprehensive list, and the diseases included in each category may vary between agencies, as some conditions may fall into more than one category.

Sexually Transmitted Infections (STI):

- Sexually transmitted infections (STIs) are viruses, bacteria, or parasites transmitted through vaginal, anal, or oral sex. Common diseases included in this category include chlamydia, gonorrhea, syphilis and HIV. In many cases, people with STIs do not show any symptoms which increases the risk to themselves if they do not get treated promptly, and the risk to any sexual partners they have. STIs are preventable. Prevention can include vaccination, abstinence, regular testing, and using barriers such as condoms.

Vaccine Preventable Diseases and Invasive Bacterial Diseases:

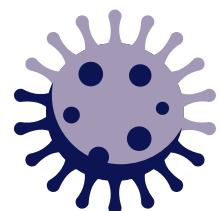
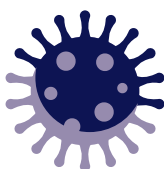
- Vaccine preventable diseases (VPDs) are infectious diseases that can be prevented through vaccination. This includes measles, polio, pertussis (whooping cough), meningococcal disease, influenza and others. Vaccination reduces the risk of severe complications from illnesses, hospitalization, or death. Public health agencies at all levels of government work to monitor vaccination rates across the country and provide guidance for communities to utilize vaccines.

Invasive bacterial diseases are illnesses caused by bacterial pathogens that have invaded parts of the body they are not normally found. The body utilizes bacteria commensally in many areas, such as on the skin. On the skin, certain bacteria coexist without harming the individual and they provide an important protective barrier against other bacteria or viruses that could cause illness. But when a person's skin is damaged, such as a cut or burn, that bacteria can invade the inside of the body where it is not normally found, causing sometimes serious infections.

Given that vaccines are designed to protect against specific bacterial serotypes, certain strains fall outside vaccine coverage and remain capable of causing invasive disease. Consequently, vaccine preventable diseases and invasive bacterial diseases are commonly classified together.

Enteric Diseases:

- Enteric diseases are infections of the gastrointestinal or GI tract. They can be caused by viruses, bacteria, or parasites and are typically transmitted through contaminated food, water, or person-to-person contact. Symptoms can include diarrhea, vomiting, abdominal pain, and fever.



Disease Category Overview

Vector Borne Diseases:

- Vector borne diseases are illnesses caused by parasites, bacteria, and viruses that are transmitted to humans primarily through the bites of insects like ticks, mosquitoes, or fleas. This category includes illnesses such as West Nile virus, Lyme disease, Rocky Mountain Spotted Fever and others. Preventing these illnesses relies on avoiding insect bites. Vector borne diseases impact tropical and subtropical areas the most, and disproportionately affect the poorest populations. With changing global weather patterns, communities that were not previously seeing these cases or had very few of them, are seeing a rise in infections. Effective ways to reduce transmission include using repellents and wearing clothing that covers extremities when spending time outside.

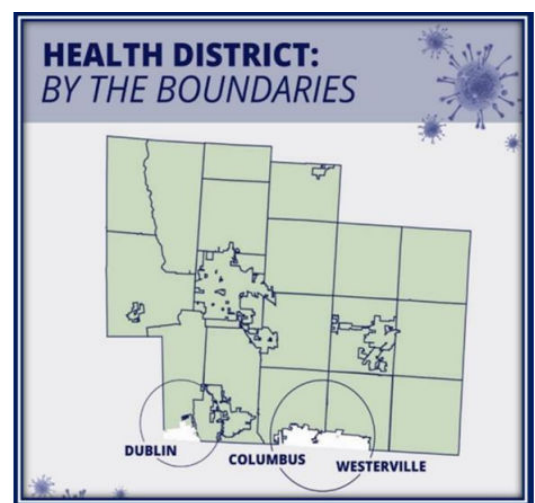
Zoonotic Diseases:

- Zoonotic diseases are illnesses caused by bacteria, viruses, parasites and fungi that are spread between animals and humans. Common zoonotic diseases include rabies, trichinosis and others. Animals who carry these illnesses may appear ill themselves or have no discernable symptoms. Zoonotic diseases can cause a variety of symptoms ranging from mild to severe, and are very common. Of the new or emerging diseases in people, three out of four come from animals.

Healthcare Associated Infections (HAIs):

- Healthcare Associated Infections (HAIs) are illnesses patients acquire while receiving treatment for other conditions at hospitals, clinics, or other establishments providing healthcare. An example infection includes *Candida auris* (*C. auris*) infections in individuals with feeding tubes or on ventilators. These infections are common, infecting 1 in 31 patients daily, and can cause serious complications or death.

The following annual report showcases data for the previously described disease categories. As stated, the list of diseases is not wholly inclusive. This report focuses on the DPHD jurisdiction cases and some data has been suppressed in an effort to protect the privacy of the patient. A map of the DPHD jurisdiction is included below for reference.



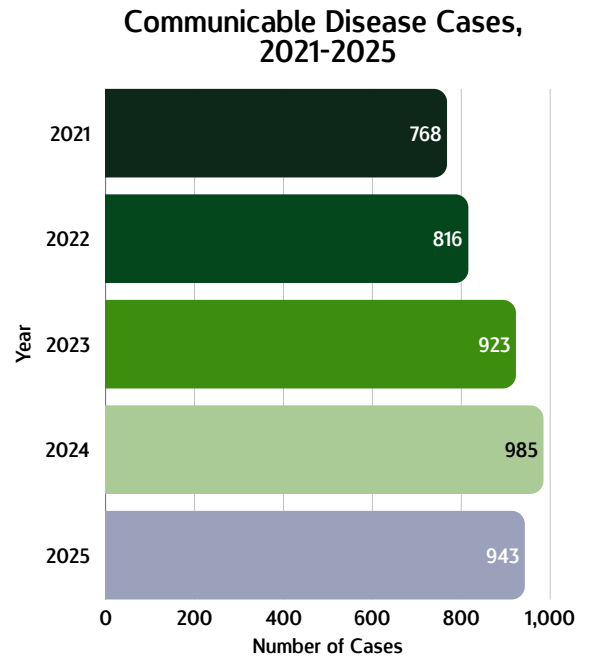
Case Comparison 2021 to 2025

In 2025, the Disease Control and Response Unit (DCRU) investigated 943 communicable disease cases. Although this represents a slight decrease from 2024, it is still the second highest number of cases investigated since 2021.

Between 2021 and 2025 (excluding COVID-19), sexually transmitted infections (STIs) remained the most frequently reported category, with more than 400 cases identified in 2025 alone. Vaccine preventable and invasive bacterial diseases were the second most frequently reported category in 2025. Notably, these cases have increased significantly since 2023, rising from 73 reported cases in 2023 to 235 in 2025.

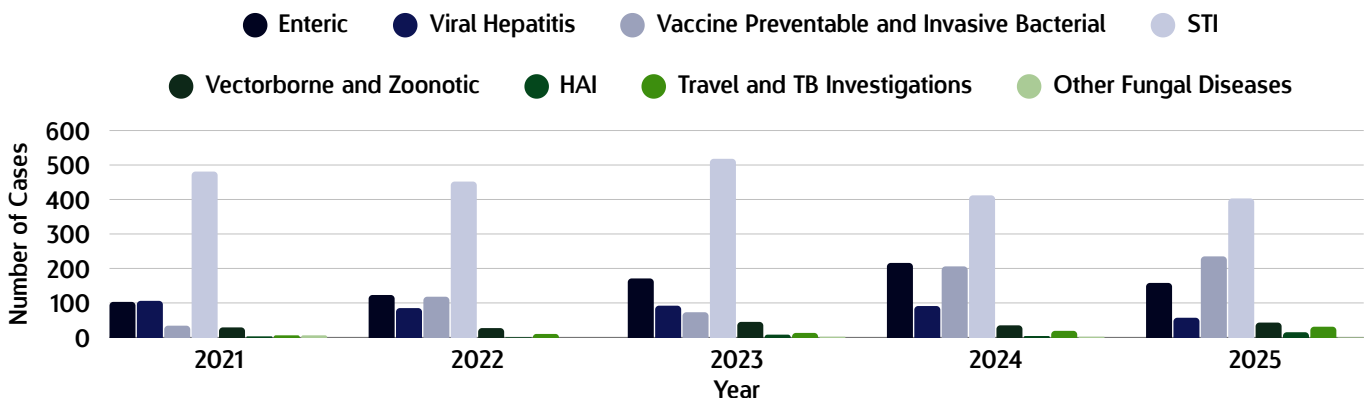
While the overall number of cases declined slightly from the previous year, communicable diseases continue to impact many people in the community. The recent increase in vaccine preventable and invasive bacterial diseases highlights the importance of prevention. Staying up to date on recommended vaccinations, practicing safer sex, and seeking medical care when symptoms appear are important steps individuals can take to protect their health and help prevent the spread of disease.

Historical Trends



1 in 4 cases in 2025 were due to a vaccine preventable or invasive bacterial disease

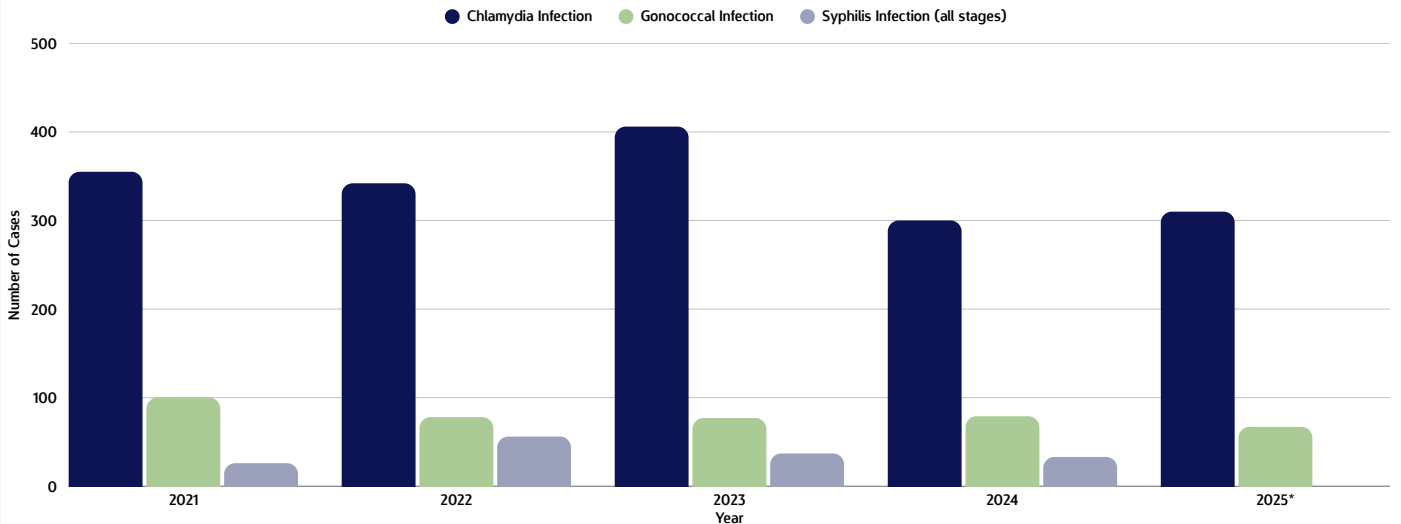
Number of Cases by Disease Category



Sexually Transmitted Infections (STIs)

STI Cases Reported, 2021-2025*

*Syphilis data is collected by the Ohio Department of Health (ODH). 2025 data has not been released and is not included in this report

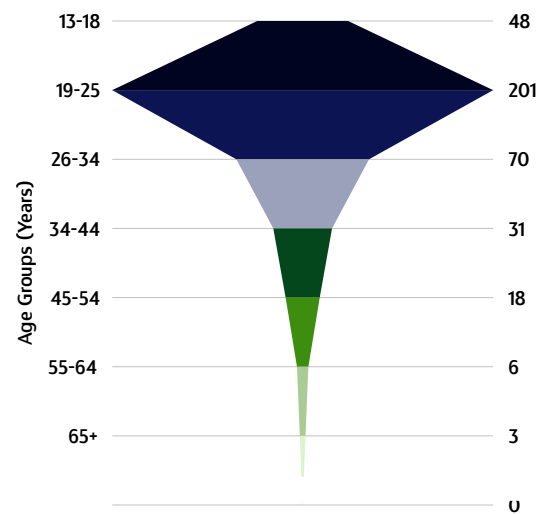


Sexually Transmitted Infections (STIs), specifically Chlamydia and Gonorrhea, continue to be an important health concern for Delaware County residents of all ages. The DPHD’s principal approaches to counter STIs in the community in 2025 included testing, disease investigation, and education.

Though individuals ages 19 – 25 years reported the most cases of STI in 2025, sexually active teens and adults of all ages are at risk. To increase access to low-cost testing, the DPHD added rapid HIV and syphilis testing to its services in 2025. Residents should discuss their sexual health, perceived risk factors, and testing options on a regular basis with their health care provider.

Reducing transmission of STIs depends on the specific STI and individual factors. Broad recommendations include practicing abstinence, honest conversations about STIs prior to intercourse, limiting the number of sexual partners you have, regular screening and consistent use of barrier methods such as dental dams, external condoms, and internal condoms. Barrier methods are available to those that desire them at the Health District at no cost. For more information on STI testing and education scan the QR code to the right to visit the DPHD’s website.

STI Cases by Age Group, 2025



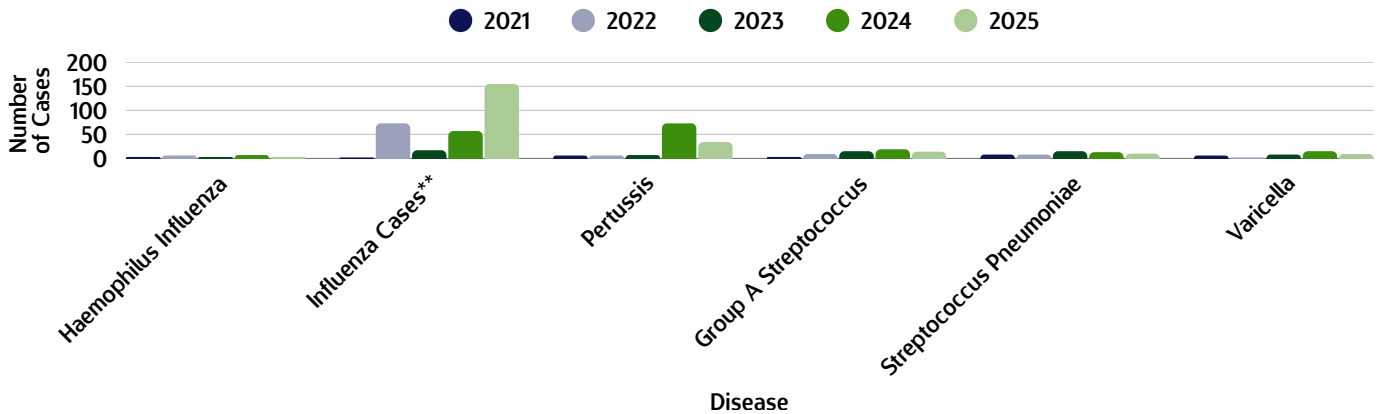
Scan below to visit the DPHD’s sexual health page for more information:



Vaccine Preventable and Invasive Bacterial Diseases

Vaccine Preventable and Invasive Bacterial Disease Cases, 2021-2025

**Influenza cases include influenza hospitalizations and lab work associated with influenza cases reported to the Health District from ODH.

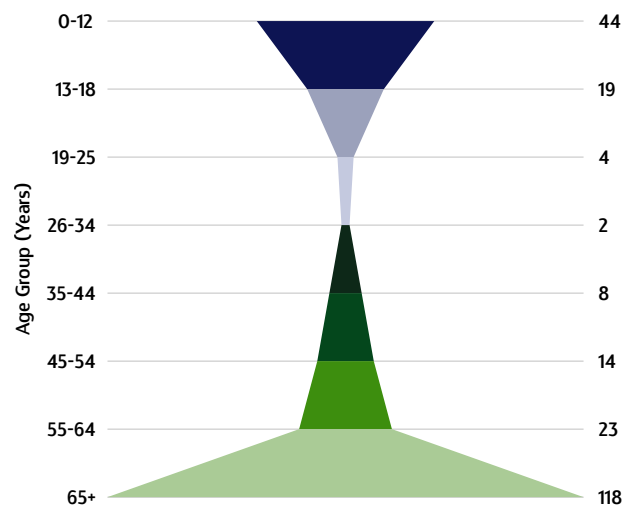


Vaccine preventable diseases (VPDs) are infectious illnesses that can be prevented through vaccination. These illnesses can be very serious and cause severe long-term health issues, hospitalization or death. Influenza hospitalizations and pertussis are the two most prevalent VPDs reported to the DPHD in 2024 and 2025.

Invasive bacterial diseases are illnesses caused by bacteria that have invaded areas of the body they are not normally found. These bacteria are harmless in some areas of the body, but can cause serious illness in others. Group A *Streptococcus* is an example of an invasive bacterial disease. The DPHD had 14 cases reported in 2025. This bacterium is harmless when it is found on the skin, but can also cause illnesses like strep throat and scarlet fever.

Those aged 65+ years were the most impacted age group by these categories of disease. Weakened immunity and other chronic conditions make older adults more vulnerable to these infections and often lead to severe complications, hospitalizations or death. To prevent the spread of VPDs, it is important to stay up to date on recommended vaccinations and to stay home when you are sick.

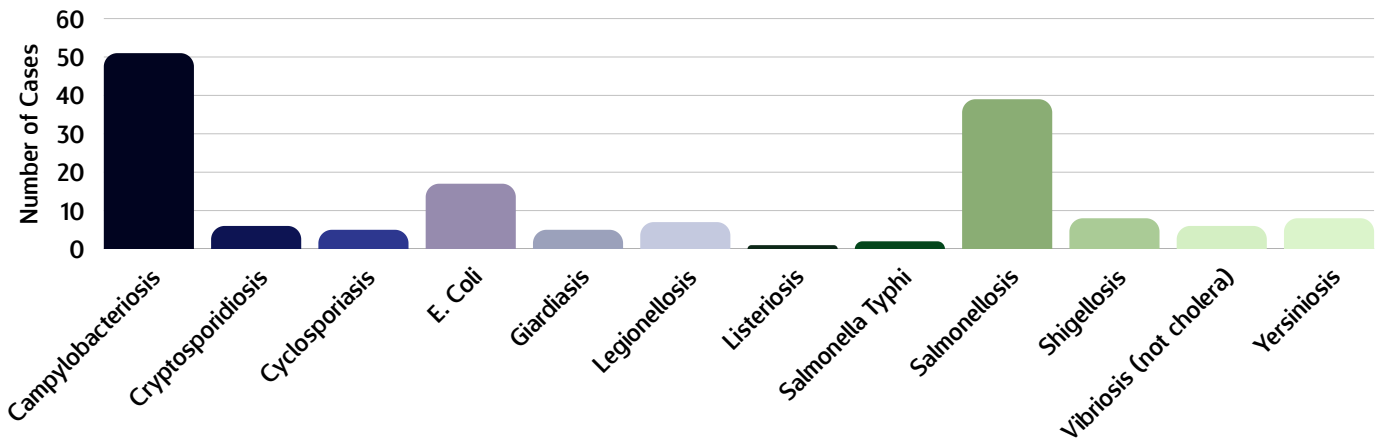
Vaccine Preventable and Invasive Bacterial Cases, by Age Group



Almost **1 in 2** VPD cases in 2025 were individuals aged 65 years or older

Enteric Diseases

Enteric Disease Cases, 2025



Enteric diseases affect those who are 65 years or older at a higher rate for those who reside in Delaware County, with Campylobacteriosis, Salmonellosis, and *Escherelia Coli* infections as the top three for enteric disease in 2025. These three infections remain constant in affecting individuals over the past year.

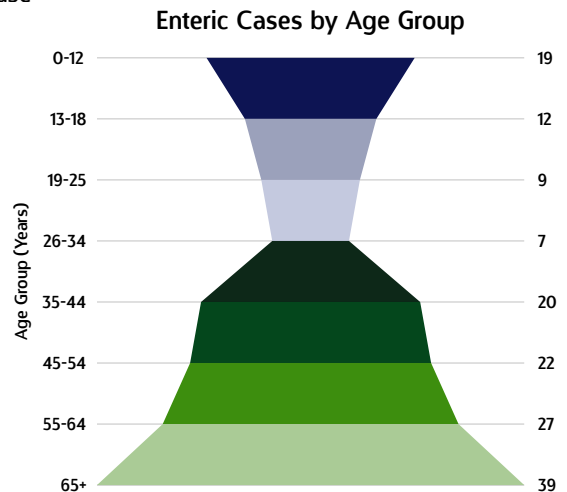
Though Campylobacteriosis, Salmonellosis, and E.coli are all primarily transmitted through fecal

contamination of food, water, or contact surfaces, the three illnesses do carry distinctions.

Campylobacteriosis (Campy) is a bacterial infection and one of the most common causes for enteric illness in the United States, with symptoms such as diarrhea, fever, abdominal cramping, and nausea and vomiting. Campy infections can occur from eating or drinking contaminated items like undercooked chicken and raw milk and raw milk products, and cross contamination while handling food and preparing meals or from contact with infected animals.

Salmonellosis is a bacterial infection and is another common enteric infection in the U.S., with symptoms including diarrhea (can be bloody), fever, abdominal cramping, and nausea and vomiting. Salmonellosis infections can occur from eating or drinking contaminated items like undercooked chicken and other chicken food products, raw milk and raw milk products, and cross contamination while handling food and preparing meals. Animals such as reptiles, amphibians, baby chicks, and ducklings can also carry the Salmonella bacteria and handling of these animals without proper handwashing can be a cause of transmission.

Disease



Enteric Diseases



FOOD SAFETY



Cooking Temperatures

Minimum Safe Internal Temperatures | Never keep food at room temperature or between 41°F - 135°F
 *All cooking temperatures must be observed for 15 seconds

Poultry
 Reheated Leftovers 165°F



Ground Beef
 Ground Pork
 Raw eggs for hot holding 155°F



Eggs for immediate service
 Fish & Shellfish
 Whole Beef
 Whole Pork
 Whole Lamb 145°F



Vegetables & pre-cooked foods 135°F

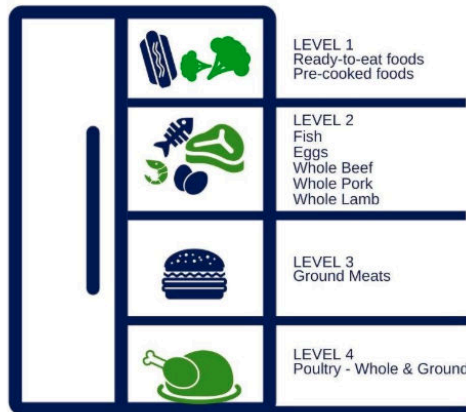


After food is cooked it must be held hot at 135°F



Refrigeration Safety

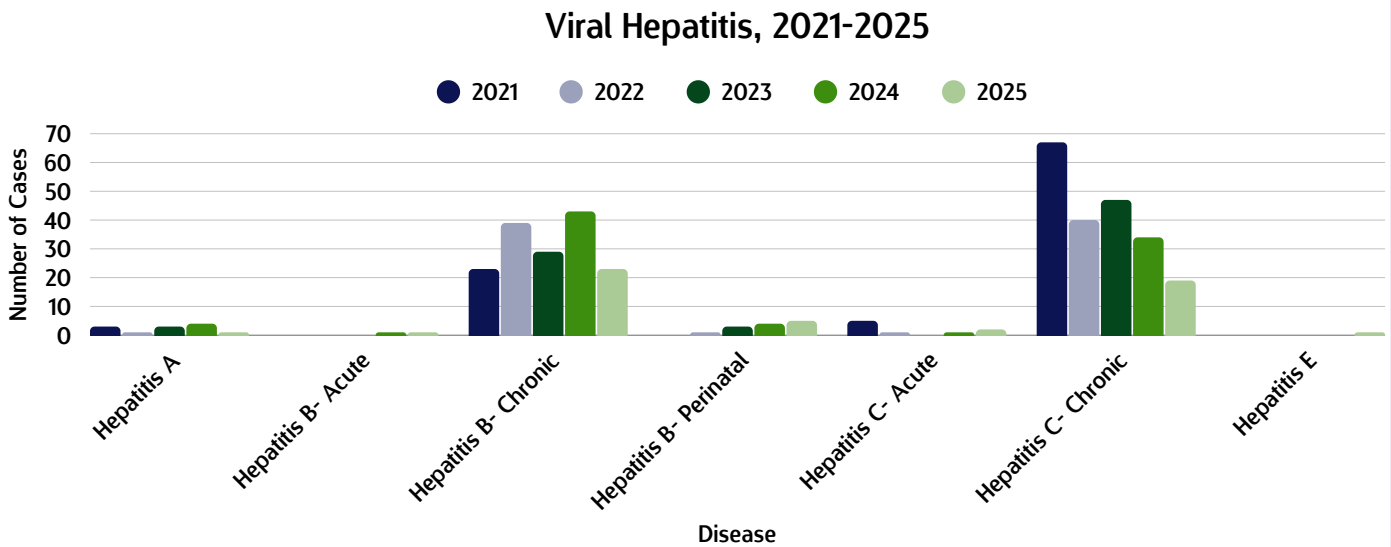
- Refrigerate promptly
- Never let food sit at room temperature
- Cover and date mark (Discard after 7 days)
- Hold at 41°F or below
- Stack foods in right order to prevent cross-contamination
- Store food 6 inches off floor



Escherichia coli (E. coli) is a large group of bacteria and typically lives in the human intestines without causing infection. The strain that can cause enteric infections in humans is the Shiga toxin-producing E. coli bacteria. Shiga toxin can cause damage to organs if the infection is severe enough. Symptoms can include diarrhea (can be bloody), fever, abdominal cramping, nausea, and vomiting and infections can result in Hemolytic Uremic Syndrome (HUS). E. coli infections can occur from eating or drinking contaminated items like undercooked ground beef, raw milk or raw milk products, and raw vegetables contaminated by animal waste. Consuming contaminated water from sources such as untreated lakes or pools and handling animals can also be a cause of disease transmission. Antibiotics and anti-diarrheal medications are not recommended for E. coli infections.

To protect yourself against enteric disease it is important to practice good hand hygiene. Washing your hands after using the bathroom, before cooking, after touching raw or undercooked meat, and after interacting with animals or animal droppings. Washing fruits and vegetables before cooking is equally important as even prewashed produce can still be contaminated. Cooking meat such as poultry or ground beef thoroughly until it has reached proper internal temperature also prevents enteric illness. Enteric diseases are notoriously under reported as many people do not go to their provider for testing. If you think you or someone you know may have gotten sick from something you ate, visit the DPHD website to fill out a Foodborne Illness Complaint form and someone will follow up with you for more information.

Viral Hepatitis Diseases



Viral hepatitis diseases are illnesses that cause serious liver inflammation and can cause liver cancer or cirrhosis. There are five types, hepatitis A, B, C, D and E. The DPHD has investigated reports of hepatitis A, B, C, and E during 2025.

Hepatitis A virus (HAV) is transmitted person-to-person through the fecal-oral route as well as through ingestion of contaminated food or water. Typical symptoms include fever, nausea, and abdominal discomfort, followed by jaundice. Infected children who are younger than six years old typically do not have symptoms while infected adults over the age of 50 years old have a higher fatality rate.

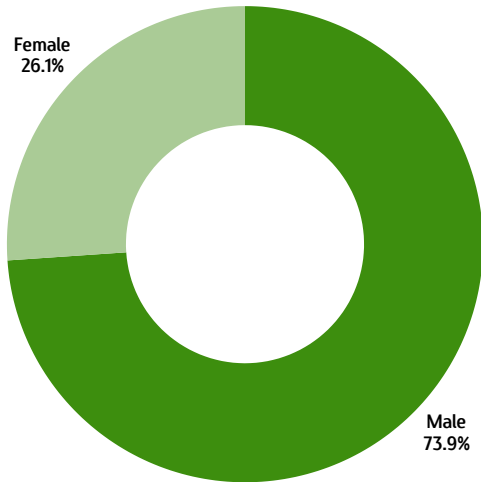
Hepatitis E virus (HEV) is primarily transmitted by the fecal-oral route with contaminated water being the most frequent source. HEV is not commonly acquired in the United States and is most often from international travel.

To prevent being infected with HAV and HEV, it is important to practice good hand hygiene as these infections are spread through the fecal-oral route. Washing hands after using the bathroom and before eating are especially important.

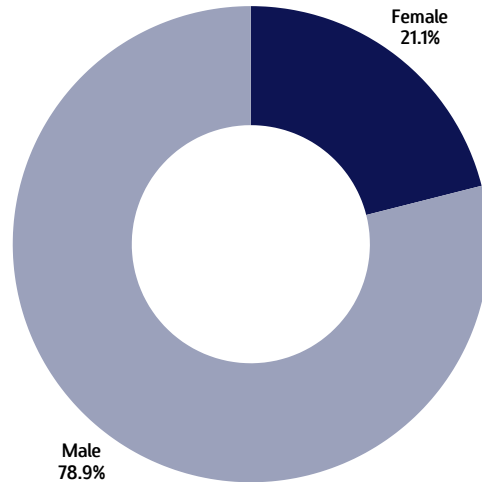


Viral Hepatitis Diseases

Chronic Hepatitis B Cases By Gender



Chronic Hepatitis C Cases by Gender



Hepatitis B virus (HBV) and Hepatitis C virus (HCV) are transmitted through blood and body fluids that are infected. HBV and HCV can cause both acute and chronic infections.

HBV and HCV can be prevented through avoiding high risk behaviors that would allow sharing blood or bodily fluids with an infected individual. This includes avoiding sharing personal items such as toothbrushes and razors, avoiding sharing drug paraphernalia, practicing safe sex techniques with condoms, regular testing, and ensuring that instruments used for medical procedures or tattooing are properly sterilized.

Pregnant women should also be tested for HBV and HCV as infants born to infected mothers can contract the viruses. There is no vaccine for HCV; however, HBV vaccines are safe and effective for infants and parents can discuss vaccinations with a provider. HBV vaccines are 95% effective at preventing infection and have reduced infant liver cancer risk by 84%.

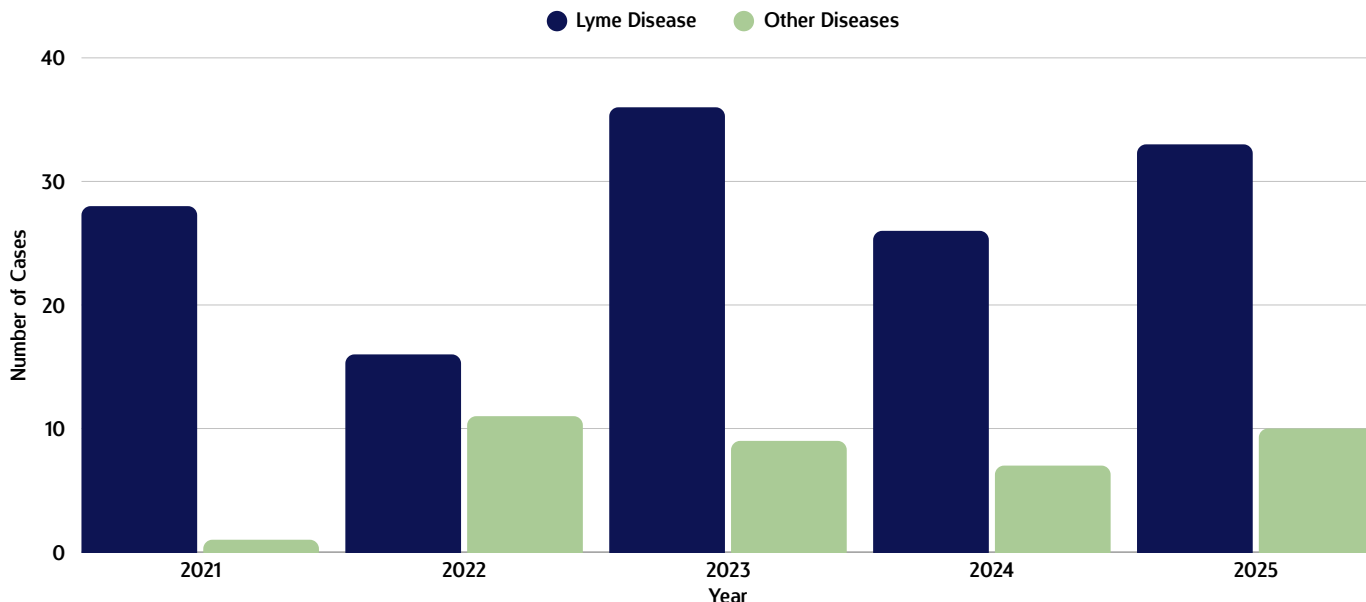
Chronic HBV and HCV cases were the most common viral hepatitis cases reported to the DPHD, with 23 and 19 cases reported in 2025 respectively. Men made up the majority of cases for both forms of chronic hepatitis, with three times the number of men being diagnosed with both forms of hepatitis compared to women.

HAV and HBV vaccinations are highly effective. There is no vaccine against HCV, but it is highly curable through the use of the anti-viral medications Mavyret or Epclusa.

Anti-viral medications can cure more than 95% of persons with hepatitis C infection

Vector borne and Zoonotic Diseases

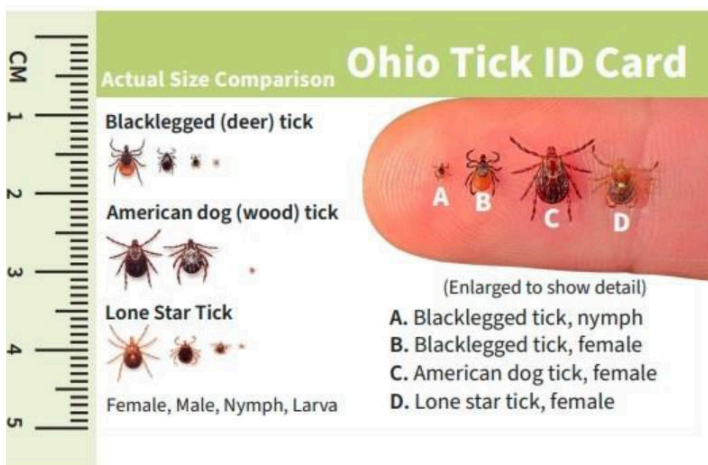
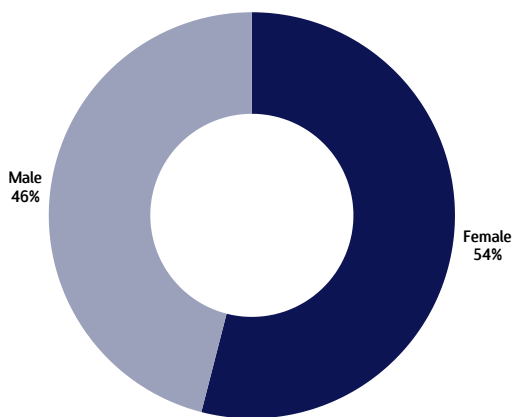
Vector Borne and Zoonotic Disease Cases, 2021-2025



Lyme Disease continues to be a common infection for residents of the Health District, with both male and female individuals equally affected. While Lyme disease is prevalent, other less seen vector borne infections were reported in 2025 including anaplasmosis, ehrlichiosis, La Crosse virus disease, and Rocky Mountain spotted fever. Important steps to take to protect yourself and loved ones from mosquito and tick bites

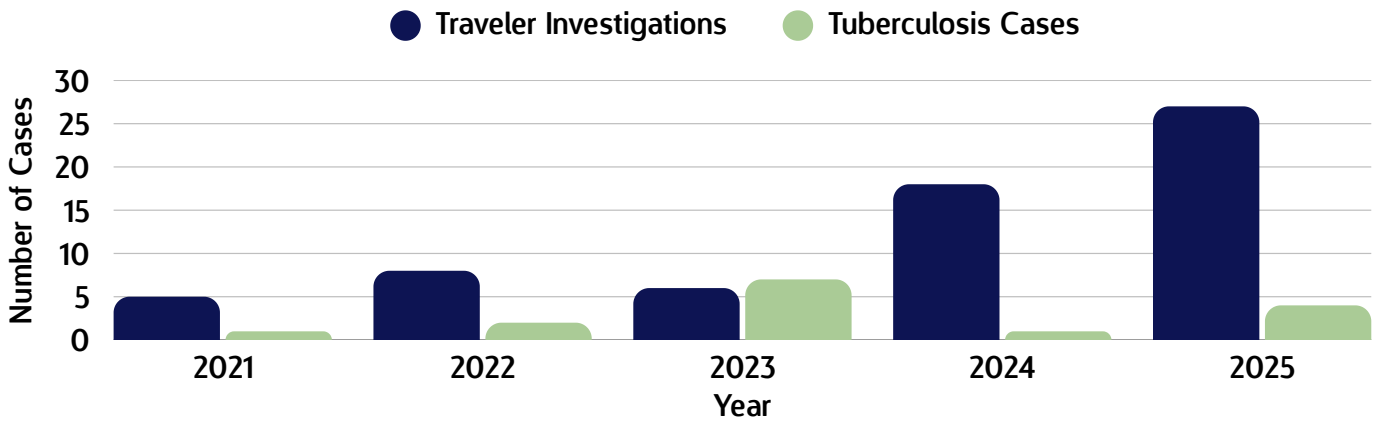
are to wear light-colored clothing that covers arms and legs, use an EPA-registered insect repellent, and perform tick checks when returning indoors. Not all insects can be seen easily by the human eye; showering after coming in from the outdoors is also important to wash off any nymphs or larvae on your skin. See the visual to understand how ticks can vary in size depending on their species and life-cycle.

Vector borne and Zoonotic Cases by Gender, 2025



Traveler and Tuberculosis Investigations

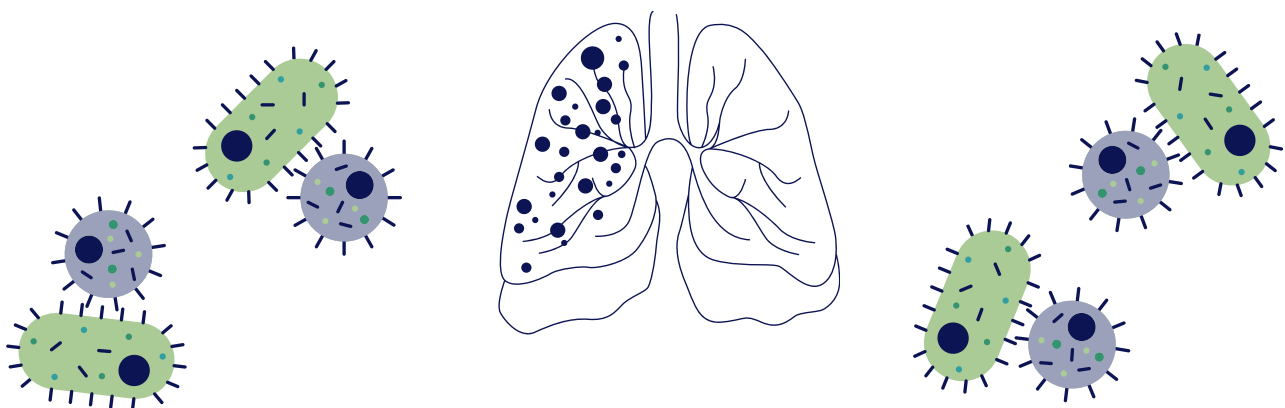
Traveler and Tuberculosis Investigations, 2021-2025



The Health District’s work related to traveler and tuberculosis (TB) investigations is divided into the categories of TB case management and traveler investigations. The DPHD continues to see increases in both active cases of TB and traveler investigations. Though there has been an increase in cases reported to the DPHD in recent years, that trend aligns with regional and national trends.

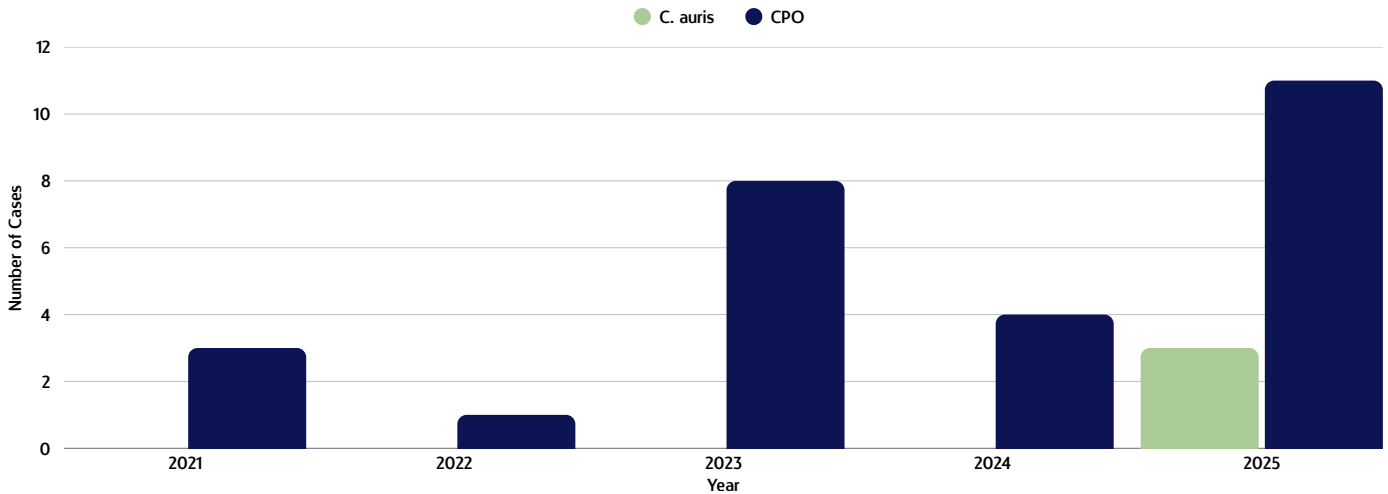
In Ohio, each county is required to maintain a TB control unit. The TB control unit at the DPHD focuses on curing individuals diagnosed with TB, identifying individuals who need further evaluation, and mitigating community spread. The Health District’s communicable disease nurses work closely with private healthcare providers and residents diagnosed with active TB disease to coordinate isolation, verify treatment compliance, manage care plans, and help others who were exposed.

Traveler investigations involve helping travelers achieve follow-up screening upon entry into the United States. Certain travelers are required to have a medical evaluation prior to entering the country to prevent spread of communicable diseases of public health importance. The goal of this surveillance is to ensure the health of the traveler and health of the community they are visiting. The Health District follows up on medical screenings of individuals entering the country. Follow-up efforts focus on connecting new arrivals to services and fulfilling any additional screenings to maximize their health.



Healthcare Associated Infections

Healthcare Associated Infections, 2021–2025



Cases of CPO were almost four times higher in 2025 compared to 2024.



Healthcare associated infections (HAIs) are infections that people develop while they are being treated for other conditions in a health care center. HAIs can make people sicker, keep them in the hospital longer, and sometimes cause serious long-term complications.

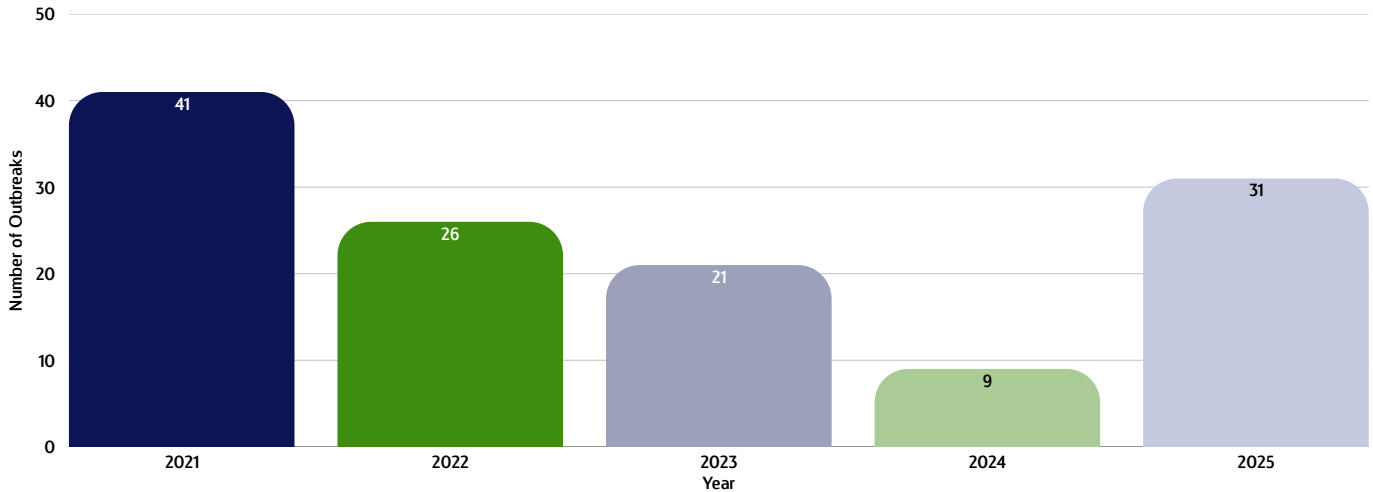
HAIs are spread through contaminated surfaces, unclean hands, and through the air. A serious HAI that is on the rise nationally is *Candida auris* (*C. auris*) which is a fungus that can spread in health care settings and does not always respond to antifungal drugs. Another group of germs is called carbapenemase-producing organisms (CPOs). This is a type of bacteria that is resistant to many antibiotics and is the most frequently reported HAI to the DPHD.

In 2025, the DPHD investigated three cases of *C. auris* and 12 cases of CPO. This was an increase from the previous year, with CPO cases almost quadrupling from the three that were investigated in 2024. The DPHD had not had a *C. auris* case reported since before 2021.

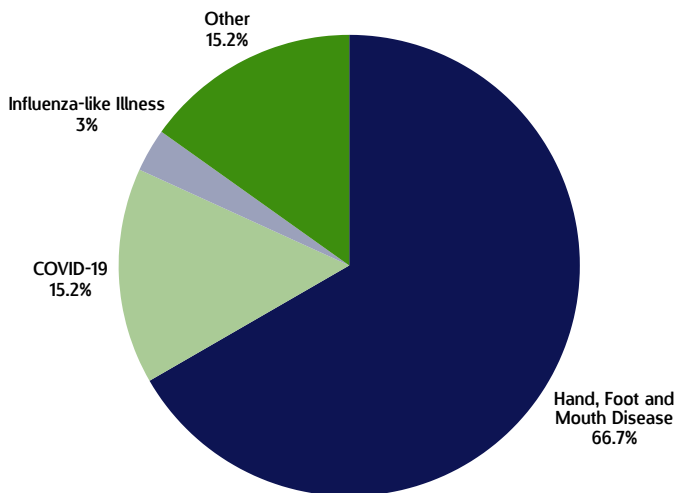
Anyone can get an HAI, but certain factors like having a weakened immune system can increase a patient's risk of infection. Proper hand washing practices and only using antibiotics when truly necessary are important to prevent the spread of germs and spreading drug-resistant pathogens.

Outbreak Investigations

Outbreaks, 2021-2025



Diseases Causing Outbreaks, 2025



Outbreaks are generally defined as when there is more disease cases than what is usually expected for a given time, within a specific location, or within a target population. In the state of Ohio this is further defined as two or more cases of similar illness with a common exposure. DPHD works closely with schools, daycares, and long term care facilities to detect outbreaks quickly, identify who has been impacted, and enact strategies to prevent further disease spread.

In 2025, the DPHD investigated the highest number of outbreaks since 2021, with 31 in the District. This increase is attributed to enhanced efforts to detect, control, and prevent future outbreaks. Hand, foot, and mouth disease (HFMD) was the most common disease causing outbreaks in 2025. HFMD represented two thirds or 67% of the outbreaks in 2025.

To stop outbreaks quickly and effectively, it is important to ensure the people who are ill remain home until their symptoms resolve or they are able to manage their symptoms to a degree that they will not infect others. This includes but is not limited to being able to wash their hands regularly, practice good respiratory etiquette, and are fever free without the use of medications. Another key part of stifling outbreaks is environmental controls such as increased cleaning protocols, using specialized sanitizing cleaners, and limiting activities that could lead to further spread.

Conclusion

Infectious diseases pose a significant health risk and remain a public health concern worldwide. Millions of people are impacted each year by illnesses caused by bacteria, viruses, parasites and fungi, and it is public health's role to understand how those illnesses spread, who is impacted, and how to prevent more from becoming ill. The Delaware Public Health District investigates hundreds of communicable diseases each year to fulfill that role for Delaware County communities within the Health District.

Communicable disease surveillance and prevention remains a top priority for the DPHD. By monitoring disease trends, the DPHD is able to respond quickly to disease escalations and provide resources to residents. This includes hosting pop up vaccine clinics, contacting those that are sick to understand where they might have been exposed, and working with institutions to limit disease spread.

Practicing key prevention methods such as regular hand washing, respiratory etiquette, and staying up to date on vaccines can protect yourself and others. Many communicable diseases may initially cause acute symptoms that can be overlooked, but may turn into serious health complications if not treated. If you do become sick, seeing your medical provider for early diagnosis and treatment is crucial for recovery and preventing further transmission.

If you have any questions about how the DPHD supports residents through disease prevention visit the [DPHD disease prevention](#) page. If you or someone you know is interested in getting vaccinated, DPHD offers online appointment scheduling on the [immunization page](#). For any questions regarding this report, email DCRU@delawarehealth.org. Continued partnerships with the Delaware County community are essential for maintaining a healthy community.

Appendix

The tables detailed in this appendix include case counts of diseases discussed in this report. Data included is from 2021-2025.

Historical Trends

Total Cases Investigated	
Year	Number of Cases
2021	768
2022	816
2023	923
2024	985
2025	943

Number of Cases by Disease Category								
Year	Enteric Disease	Viral Hepatitis	VPD and IBD	STI	Vector borne and Zoonotic	HAI	Traveler and TB Investigations	Other Fungal Diseases
2021	103	106	34	481	29	3	6	6
2022	123	85	118	452	27	1	10	0
2023	171	92	73	519	45	8	13	2
2024	216	91	206	412	35	4	19	2
2025	158	57	238	403	43	15	31	1

Appendix

Top 10 Diseases 2025		
Disease	Number of Cases (N)	Percentage of Total Cases
Chlamydia Infection	331	35%
Influenza-associated Hospitalization	151	16%
Gonococcal Infection	72	8%
Campylobacteriosis	51	5%
Salmonellosis	40	4%
Pertussis	36	4%
Lyme Disease	33	3%
Hepatitis B– chronic	24	3%
Hepatitis C– chronic	19	2%
E. Coli	17	2%

Sexually Transmitted Infections						
Disease	2021 (N)	2022 (N)	2023 (N)	2024 (N)	2025* (N)	2025 (%)
Chlamydia Infection	355	342	406	300	310	82%
Gonococcal Infection	100	78	77	79	67	18%
Syphilis Infections (all stages)	26	56	37	33	*	—

**Syphilis data is collected and released by ODH. 2025 data was not released at the time of this report.*

Appendix

Vaccine Preventable and Invasive Bacterial Diseases						
Disease	2021 (N)	2022 (N)	2023 (N)	2024 (N)	2025 (N)	2025 (%)
Haemophilus Influenzae	3	6	3	7	3	1%
Influenza Cases**	2	73	17	57	155	67%
Measles	0	3	1	0	0	0%
Bacterial Meningitis	2	1	0	2	0	0%
Mumps	0	0	0	1	0	0%
Pertussis	6	6	7	73	34	15%
Strep Group A	3	9	15	19	14	6%
Strep Group B	0	1	0	0	2	1%
Strep Pneumoniae	8	8	15	13	10	4%
Varicella	6	2	8	15	9	4%

***Influenza cases include influenza hospitalizations and lab work associated with influenza cases reported to the Health District from ODH.*

Appendix

Enteric Diseases						
Disease	2021 (N)	2022 (N)	2023 (N)	2024 (N)	2025 (N)	2025 (%)
Amebiasis	0	1	1	1	0	0%
Campylobacteriosis	31	40	54	72	51	33%
Cryptosporidiosis	3	13	16	15	6	4%
Cyclosporiasis	4	5	10	5	5	3%
E. Coli	14	16	21	18	17	11%
Giardiasis	6	4	12	22	5	3%
Legionellosis	10	6	5	10	7	5%
Leprosy	0	0	1	0	0	0%
Leptospirosis	1	2	0	0	0	0%
Listeriosis	0	0	0	0	1	1%
Salmonella Typhi	1	0	0	0	2	1%
Salmonellosis	16	20	25	50	39	25%
Shigellosis	5	4	8	3	8	5%
Vibriosis (not cholera)	0	3	1	1	6	4%
Yersiniosis	5	6	15	9	8	5%

Appendix

Vector Borne and Zoonotic Diseases						
Disease	2021 (N)	2022 (N)	2023 (N)	2024 (N)	2025 (N)	2025 (%)
Lyme Disease	28	16	36	26	33	77%
Other Illnesses	1	11	9	7	10	23%

Traveler and Tuberculosis Investigations						
Disease	2021 (N)	2022 (N)	2023 (N)	2024 (N)	2025 (N)	2025 (%)
Traveler Investigations	5	8	6	18	27	87%
Tuberculosis (TB)	1	2	7	1	4	13%

Outbreak Investigations	
Year	Number of Investigations
2021	41
2022	26
2023	21
2024	9
2025	31