2023 Communicable Disease Report



Overview

The 2023 Wood County Communicable Disease Report provides an overview of the incidence and impact of selected reportable infectious diseases in Wood County, Ohio. It highlights key demographic insights—such as age, sex, race, and ethnicity—and presents five-year trends through tables and graphs.

COVID-19, classified as a reportable disease since 2020, was analyzed separately due to limited trend data and is instead compared across 2020-2022 data. Diseases covered include hepatitis B and C, enteric diseases, influenza-associated hospitalizations, hospital-acquired infections, sexually transmitted diseases, and COVID-19, with a complete list available in Appendix A.

Incidence rates were adjusted for population differences to allow comparisons between Wood County and statewide data, though such comparisons should be interpreted cautiously. Data sources include the Ohio Disease Reporting System (ODRS), EpiCenter, and surveillance reports from the Ohio Department of Health (ODH).

In 2023, 3,913 case investigations were conducted, with 3,874 meeting confirmed or probable definitions. This report reflects cases with a 2023 event date and a Wood County address at diagnosis, aligned with methodologies from ODH and the CDC.

Table of Contents

Overview	1
Summary	3
Hepatitis B and Hepatitis C	5
Enteric Diseases	6
Influenza-Associated Hospitalizations (IAH)	8
Healthcare-Associat4ed Infections (HAI)	10
Sexually Transmitted Diseases	12
COVID-19	14
Outbreaks	16
Technical Notes	17
References	17
Appendix A: Reportable Communicable Diseases by Classification	18

Summary

Reportable Disease	Total Cases
Campylobacteriosis	47
Chlamydia	392
Carbapenemase-Producing Organisms (CPO)	4
COVID-19	3044
Creutzfeldt-Jakob Disease	1
Cryptosporidiosis	9
Cyclosporiasis	3
E. coli, Shiga Toxin-Producing (STEC)	9
Giardiasis	2
Gonorrhea	106
Haemophilus influenzae (invasive disease)	2
Hepatitis A	1
Hepatitis B (including delta) - chronic	7
Hepatitis C – chronic	66
Influenza-associated hospitalization	110
Legionellosis - Legionnaires' Disease	5
Lyme Disease	1
Malaria	3
Meningitis – aseptic/viral	4
Mumps	1
Pertussis	2
Salmonella Typhi	1
Salmonellosis	20
Shigellosis	3
Streptococcal - Group A -invasive	7
Streptococcal - Group B - in newborn	1
Streptococcus pneumoniae - invasive antibiotic resistance unknown	7
or non-resistant	/
Streptococcus pneumoniae - invasive antibiotic resistance/intermediate	1
Syphilis	3
Tuberculosis	2
Varicella	1
Vibriosis (not cholera)	2
Yersiniosis	7
Total	3874

^{*}Case counts include Probable and Confirmed Cases based on Event Date.

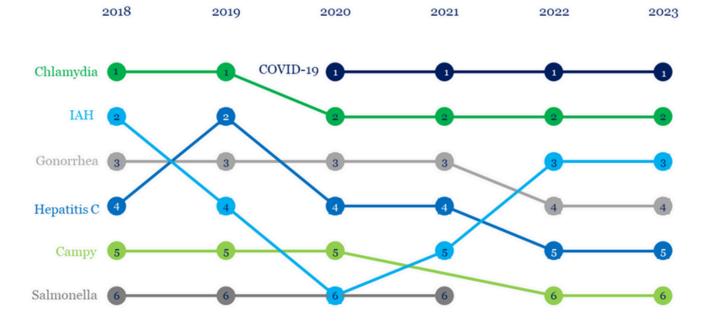
^{**}Event date is an automatic calculated date that uses the earliest of the following dates: illness onset date, diagnosis date, date reported to LHD, date reported to ODH.

Annual Reportable Disease Counts in Wood County 2018 - 2023						
Year	2018	2019	2020	2021	2022	2023
*Case Counts	909	872	736	659	737	830

- The total number of reportable communicable disease (CD) cases increased from 2022 to 2023 (+93 cases).
- The total number of CDs in 2023 (830 cases) was higher than the 5-year average (790 cases).
- Influenza-associated hospitalizations significantly increased by 7% from the 2022 2023 flu season to 2023 2024 flu season.
- The top five CDs in 2023, excluding COVID-19, are listed in the chart below.

Reportable Disease	Number of Cases	Percentage of Total Cases (%)
Chlamydia	392	54.7%
Gonorrhea	106	14.8%
Hepatitis C – Chronic	66	9.2%
Campylobacteriosis	47	6.6%
Salmonellosis	20	2.8%

Chlamydia is the most reported disease in Wood County during non-pandemic years.



Hepatitis B and C

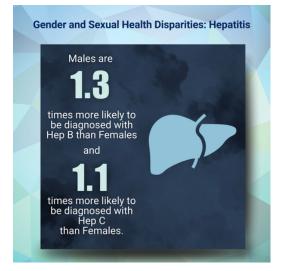


Hepatitis refers to an inflammatory condition of the liver and is a Class B reportable disease. There are five main viral classifications – Hepatitis A, B, C, D, and E. Hepatitis viruses are commonly spread through contact with blood from an infected person during sexual contact; sharing needles, syringes, or other druginjection equipment; or pregnancy or delivery. This section only includes chronic Hepatitis B (HBV) and Hepatitis C (HCV) viruses.

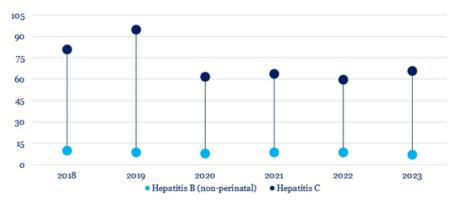
Demographics for 2023 HBV and HCV Cases:

	HBV (N=7)	HCV (N=66)
Sex		
Female	42.9%	47.0%
Male	57.1%	53.0%
Age Group		
< 18 years	-	3.0%
18-24 years	-	6.1%
25-49 years	57.1%	50.0%
50-64 years	14.3%	16.7%
≥65 years	28.6%	24.2%
Race		
White	71.4%	65.2%
Asian	-	-
Black	28.6%	4.5%
Hawaiian Native/Pacific Islander	-	-
American Indian/Alaskan Native	-	1.5%
Other	-	15.2%
Unknown	-	13.6%
Ethnicity		
Hispanic/Latino	-	7.6%
Non-Hispanic/Non-Latino	100.0%	71.2%
Unknown	-	21.2%
Incidence Rate (IR) per 100,000 population	1	
Wood County for 2023	5.3	49.9
Ohio for 2023	17.0	74.3

Racial and Ethnic Health Disparities: Hepatitis Black individuals are 14.5 times more likely to be diagnosed with Hep B than whites and 2.5 times more likely to be diagnosed with Hep C.



HBV and **HCV** cases continue to **decrease** every year.



Key takeaways:

- HBV and HCV cases have declined since 2018.
- The greatest decrease in HBV and HCV cases occurred between 2019 and 2020.
- Prevention Measures:
 - Get the hepatitis B vaccine
 - Practice safe sex (use protection and limit sexual partners)
 - Do not share needles or syringes

Enteric Diseases



Enteric diseases are commonly known as gastrointestinal illnesses caused by bacterial, viral, or parasitic pathogens. Individuals may become ill after ingestion of contaminated food or water or direct contact with ill individuals or contaminated surfaces. This section includes Campylobacteriosis (Campy), Cryptosporidiosis (Crypto), E. coli, Salmonellosis (Salmonella), and Yersiniosis (Yersinia).

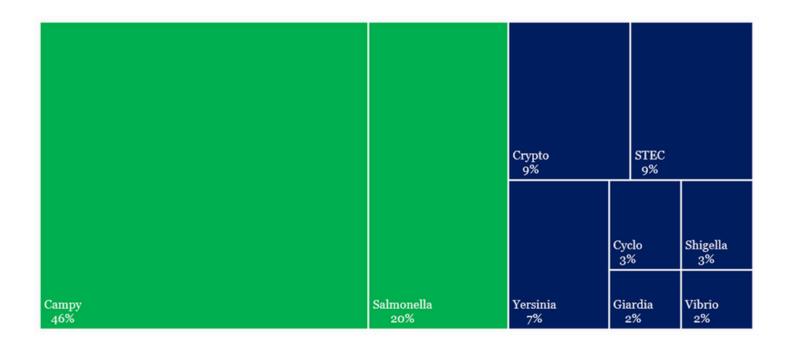
Demographics for 2023 Campy, Crypto, E. coli, Salmonella, and Yersinia Cases:

	Campy (N=47)	Crypto (N=9)	E. coli (N=9)	Salmonella (N=20)	Yersinia (N=7)
Sex					
Female	68.1%	33.3%	55.6%	50.0%	71.4%
Male	31.9%	66.7%	44.4%	50.0%	28.6%
Age Group					
< 18 years	4.3%	22.2%	0.0%	5.0%	0.0%
18-24 years	8.5%	11.1%	33.3%	10.0%	0.0%
25-49 years	19.1%	55.6%	0.0%	45.0%	28.6%
50-64 years	27.7%	11.1%	33.3%	20.0%	57.1%
≥65 years	40.4%	0.0%	33.3%	20.0%	14.3%
Race					
White	80.9%	100.0%	77.8%	100.0%	85.7%
Asian	-	-	-	-	-
Black	-	-	-	-	-
Hawaiian Native/Pacific Islander	-	-	_	-	_
American Indian/Alaskan Native	-	-	-	-	-
Other	-	-	11.1%	-	14.3%
Unknown	19.1%	-	11.1%	-	-
Ethnicity					
Hispanic/Latino	2.1%	-	-	-	14.3%
Non-Hispanic/Non-Latino	78.7%	100.0%	88.9%	95.0%	85.7%
Unknown	19.1%	-	11.1%	5.0%	-
Incidence Rate (IR) per 100,000 population					
Wood County for 2023	35.5	6.8	6.8	15.1	5.3
Ohio for 2023	21.9	4.3	5.2	13.8	2.4



Wood County Enteric Disease Cases, 2018 – 2023:

Campy and Salmonella were the most common enteric diseases in 2023.



Key takeaways:

- Campy, crypto, salmonella, shigella, and yersinia cases in 2023 were higher than the five-year average.
- Salmonella and Yersinia cases slightly increased from 2018 to 2022.
- Campy significantly increased in 2023 due to an outbreak.
- The incidence rate for all enteric diseases in Wood County was higher than Ohio.
- WCHD Epidemiology team received 47 foodborne reports during 2023.

- Maintain personal hygiene
- Practice proper food preparation techniques
- · Avoid swimming if you are sick with diarrhea

Influenza-Associated Hospitalizations



Influenza-associated hospitalization (IAH) is a class B reportable disease. Data in this section represents all IAH reported between October 2022 to May 2023.

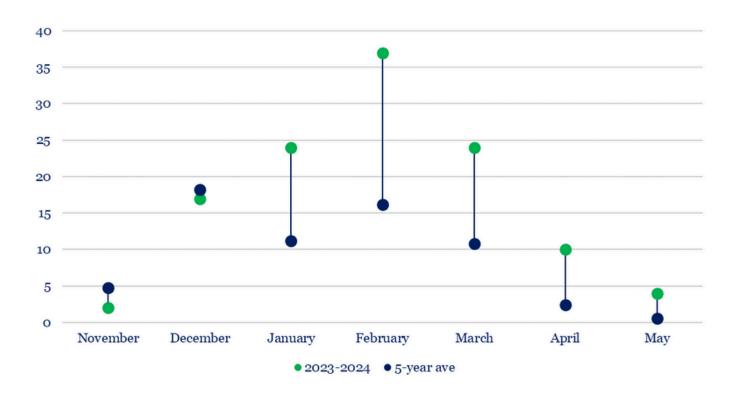
Demographics for 2022 - 2023 Influenza-Associated Hospitalizations:

	IAH (N=118)
Sex	
Female	54.2%
Male	45.8%
Age Group	
< 18 years	14.4%
18-24 years	4.2%
25-49 years	15.3%
50-64 years	19.5%
≥65 years	46.6%
Race	
White	92.4%
Asian	-
Black	0.8%
Hawaiian Native/Pacific Islander	0.8%
American Indian/Alaskan Native	-
Other	4.2%
Unknown	1.7%
Ethnicity	
Hispanic/Latino	3.4%
Non-Hispanic/Non-Latino	89.0%
Unknown	7.6%
Incidence Rate (IR) per 100,000 population	
Wood County for 2023	89.2
Ohio for 2023	86.7





IAH cases during the 2023 – 2024 influenza season were **higher** than the five-year average.



Key takeaways:

- IAH increased by 7.0% between the flu seasons of 2022 2023 and 2023 2024.
- The incidence rate for IAH in Wood County was higher than Ohio.

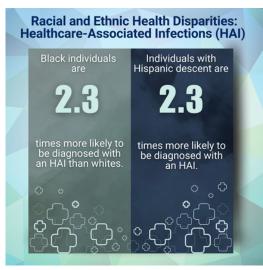
- Frequent and proper handwashing and respiratory hygiene
- · Frequent cleaning and disinfecting surfaces
- Staying home while sick

Healthcare-Associated Health Promotion & Preparedness Infections (HAI)

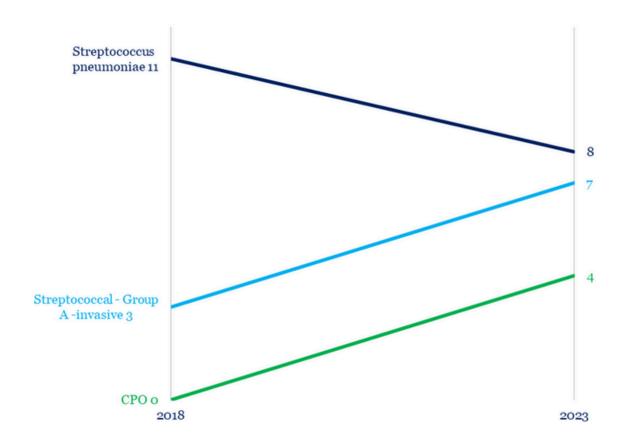
Healthcare-Associated Infections (HAI) are Class B reportable diseases. This section includes cases of Carbapenemase-producing organisms (CPO), Streptococcal Group A – invasive, and streptococcus pneumonia – invasive antibiotic resistance unknown/non-resistant or resistant/intermediate.

Demographics for 2023 Healthcare-Associated Infections:

	HAI (N=19)
Sex	
Female	21.1%
Male	78.9%
Age Group	
< 18 years	10.5%
18-24 years	0.0%
25-49 years	31.6%
50-64 years	5.3%
≥65 years	52.6%
Race	
White	84.2%
Asian	0.0%
Black	5.3%
Hawaiian Native/Pacific Islander	0.0%
American Indian/Alaskan Native	0.0%
Other	5.3%
Unknown	5.3%
Ethnicity	
Hispanic/Latino	5.3%
Non-Hispanic/Non-Latino	84.2%
Unknown	10.5%
Incidence Rate (IR) per 100,000 population	
Wood County for 2023	14.4
Ohio for 2023	31.6







Key takeaways:

- HAI increased from 2018 to 2023.
- The incidence rate for HAIs in **Wood County** were **lower** than Ohio.

- Frequently and properly wash and sanitize hands
- Frequently clean and disinfect surfaces
- Wear personal protective equipment (PPE) as recommended per infection control precautions

Sexually Transmitted Diseases



Sexually transmitted diseases (STDs) specifically Chlamydia and Gonorrhea are spread mainly through sexual contact and are Class B reportable diseases.

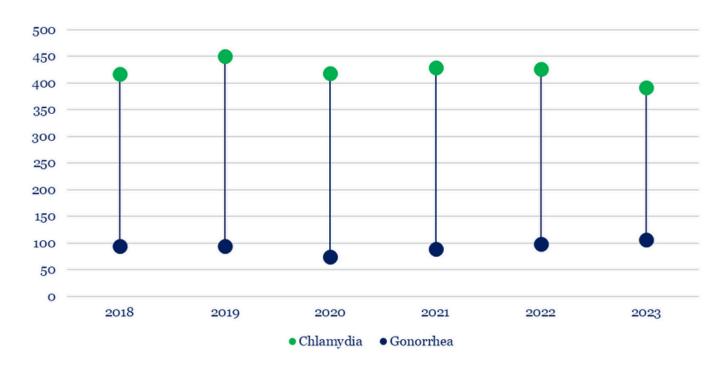
Demographics for 2023 Chlamydia and Gonorrhea Cases:

	Chlamydia (N=392)	Gonorrhea (N=106)
Sex		
Female	62.2%	38.7%
Male	37.8%	61.3%
Age Group		
< 18 years	4.8%	4.7%
18-24 years	73.0%	54.7%
25-49 years	21.2%	36.8%
50-64 years	0.5%	2.8%
≥65 years	0.5%	0.9%
Race		
White	63.3%	57.5%
Asian	1.5%	0.9%
Black	13.0%	20.8%
Hawaiian Native/Pacific Islander	-	-
American Indian/Alaskan Native	0.3%	-
Other	8.7%	10.4%
Unknown	13.3%	10.4%
Ethnicity		
Hispanic/Latino	7.7%	4.7%
Non-Hispanic/Non-Latino	73.0%	76.4%
Unknown	19.4%	18.9%
Incidence Rate (IR) per 100,0	00 population	
Wood County for 2023	296.4	80.2
Ohio for 2023	464.2	168.8



Wood County Sexually Transmitted Disease Counts, 2018 – 2023:

Chlamydia cases were significantly **higher** than gonorrhea over the past five years.



Key takeaways:

- Chlamydia was the most reported disease in Wood County in 2023.
- Females (62.2%) were more likely than males (37.8%) to be diagnosed with chlamydia.
- Gonorrhea cases continued to remain lower than chlamydia cases.
- Unlike chlamydia, males (61.3%) were **more likely** than females to be diagnosed with gonorrhea.

- Reduce the number of sexual partners
- Use condoms and other sexual barriers
- · Practice abstinence
- Receive Hepatitis B and Human Papillomavirus vaccine (HPV)
- · Get tested for STDs and notify sexual partners if you suspect you have a STD

COVID-19

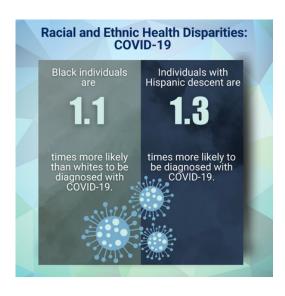


COVID-19 is a respiratory illness that was introduced to Ohio in March 2020. COVID-19 is a Class A disease that became an official reportable disease in early 2020.

Demographics for 2022 COVID-19 Cases:

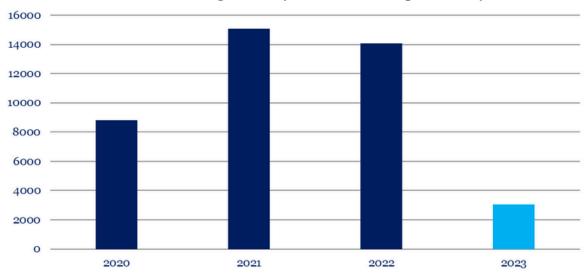
	COVID-19 (N=3,044)
Sex	
Female	61.3%
Male	38.7%
Age Group	
< 18 years	9.1%
18-24 years	10.7%
25-49 years	28.5%
50-64 years	18.9%
≥65 years	32.9%
Race	
White	79.6%
Asian	1.2%
Black	2.5%
Hawaiian Native/Pacific Islander	0.1%
American Indian/Alaskan Native	0.1%
Other	7.9%
Unknown	8.6%
Ethnicity	
Hispanic/Latino	4.5%
Non-Hispanic/Non-Latino	81.9%
Unknown	13.6%
Incidence Rate (IR) per 100,000	population
Wood County for 2023	2301.7
Ohio for 2022	10,376.5





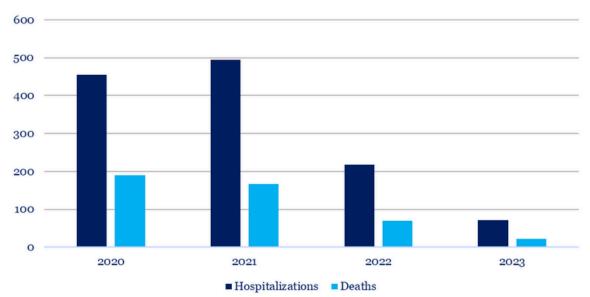
COVID-19 Cases by Month from 2020 to 2023:

COVID-19 cases in **2023** were significantly **lower** that the past three years.



COVID-19 Hospitalizations and Deaths:

COVID-19 illnesses were less severe in 2023.



^{*} COVID-19 hospitalizations were only counted for individuals admitted to the hospital with complications caused by COVID-19. Non-COVID-19 medical issues who later tested positive were not counted. Each COVID-19 hospitalizations were confirmed with the hospital.

Key takeaways:

- COVID-19 cases decreased by 7.5% from 2022 to 2023
- COVID-19 cases in 2023 were the highest in December
- Severity of illness was significantly less in 2023

- Stay up to date with vaccines
- Stay home when sick
- · Get tested for COVID-19 if needed
- Seek treatment if you have COVID-19 and are at high risk of severe illness

^{**}COVID-19 deaths are determined by the ODH Vital Statistics office and are only counted if COVID-19 is listed on the death certificate as the leading cause of death. Deaths are counted based on the deceased individual's county of residence and the date of death on the certificate.



Outbreaks

Disease prevention is a primary goal of public health. Information to help prevent the spread of disease is provided to community members on an ongoing basis, and as appropriate in response to disease outbreaks. When prevention fails, the next step is disease mitigation.

There were nine reported outbreak investigations in 2023. These outbreaks included seven respiratory disease outbreaks (COVID-19) and two gastrointestinal outbreaks (norovirus and Campylobacteriosis). Outbreak investigations were all closed within the state required limit (90 days after last case illness onset).

The average time to complete an outbreak investigation and report was 74 days with median time of 73 days; the time lag does not include weekends or holidays. The average number of people ill per outbreak was 38 with a median of 44. The largest number of ill people was associated with a COVID-19-related outbreak. The most reported source of outbreak was institutional. COVID-19 and norovirus are common and highly contagious diseases, especially in facilities with attendee or staff migration.



Technical Notes

Data included in this report may underestimate the actual occurrence of diseases. This report exclusively includes cases reported through the Ohio Disease Reporting System (ODRS) that had a Wood County address at time of diagnosis, an event date in 2023, and met probable or confirmed case definition. Data was obtained from the ODRS extract in November 2024 and is considered provisional. Incidence rates were calculated using the 2020 Census population data and assumes the population has remained unchanged and all are equally at risk of disease infection.

Report prepared by:

Ashleigh Konopka, MPH, MSOH Epidemiologist Wood County Health Department

References



Ohio Department of Health Hepatitis Data and Statistics:

https://odh.ohio.gov/know-our-programs/viral-hepatitis/data-statistics

Ohio Department of Health Seasonal Influenza Activity Report:

https://odh.ohio.gov/know-our-programs/seasonal-influenza/influenza-dashboard/influenza-dashboard

Ohio Department of Health Sexual Transmitted Disease Data and Statistics:

https://odh.ohio.gov/know-our-programs/std-surveillance/data-and-statistics/sexually-transmitted-diseases-data-and-statistics

Ohio Department of Health Summary of Infectious Disease in Ohio:

https://data.ohio.gov/wps/portal/gov/data/view/summary-of-infectious-diseases-in-ohio Page 17

Appendix A: Reportable Communicable Diseases by Classification

Class A: Diseases of major public health concern because of 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
- COVID-19
- Diphtheria
- Influenza A novel virus infection
- Measles
- · Meningococcal disease
- Middle East Respiratory Syndrome (MERS)

- MIS-C
- 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

Wood County Health Department
Health Promotion &

Preparedness

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 nonneuroinvasive 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
- Campylobacteriosis
- · Candida auris
- Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)
- Chancroid
- · Chlamydia trachomatis
- Coccidioidomycosis
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- E.coli O157:H7 and Shiga toxinproducing E.coli (STEC)

- Ehrlichiosis/ anaplasmosis
- Giardiasis
- Gonorrhea (Neisseria gonorrhoeae)
- Haemophilius 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
- Hepatitis E

Class B cont.

- Influenza-associated hospitalization
- Influenza-associated pediatric mortality
- Legionnaires' disease
- Leprosy (Hansen disease)
- Leptospirosis
- Listeriosis
- · Lyme disease
- Malaria
- · Meningitis:
- Aseptic (viral)
- Bacterial
- Mumps
- Mpox
- Pertussis
- Poliomyelitis (including vaccineassociated 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