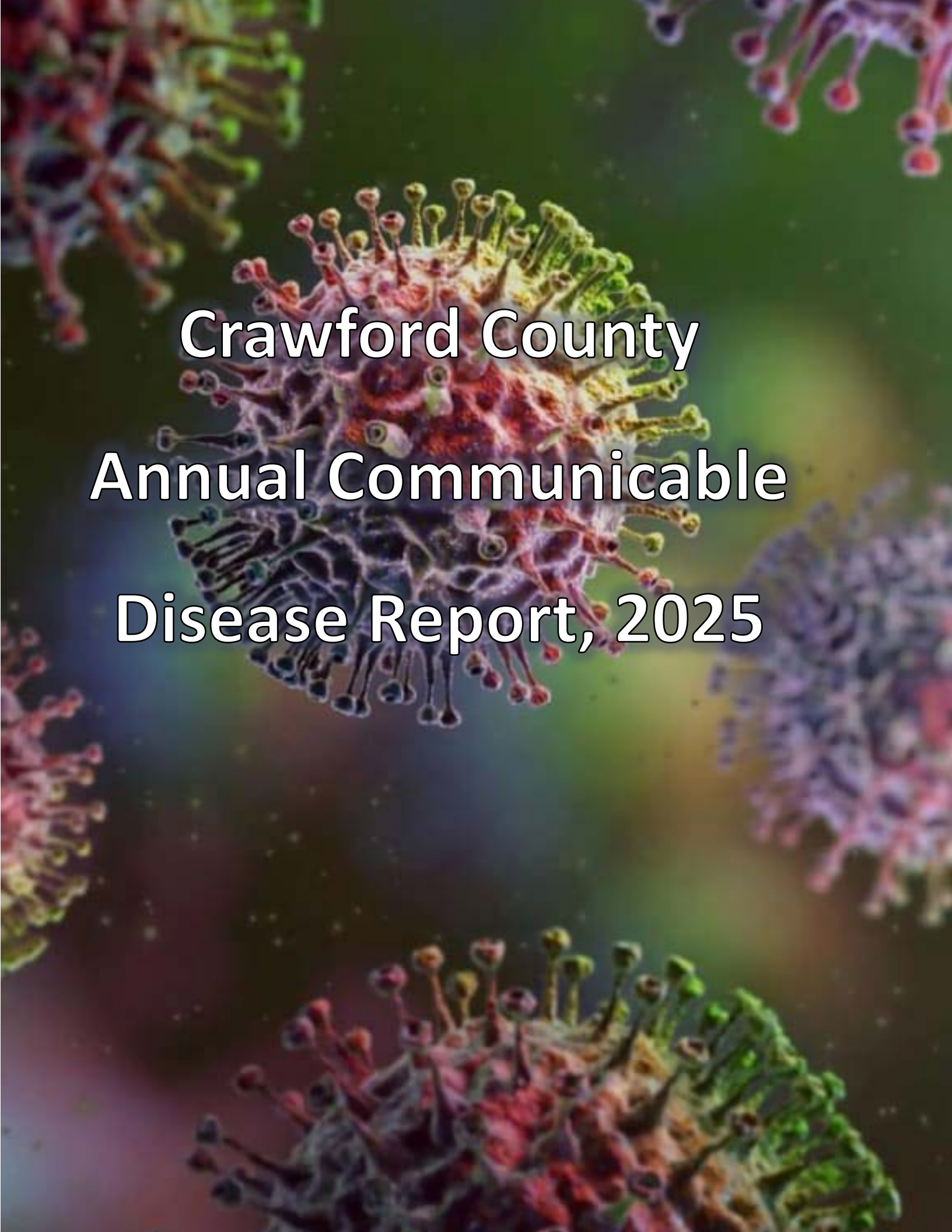

Crawford County Annual Communicable Disease Report, 2025

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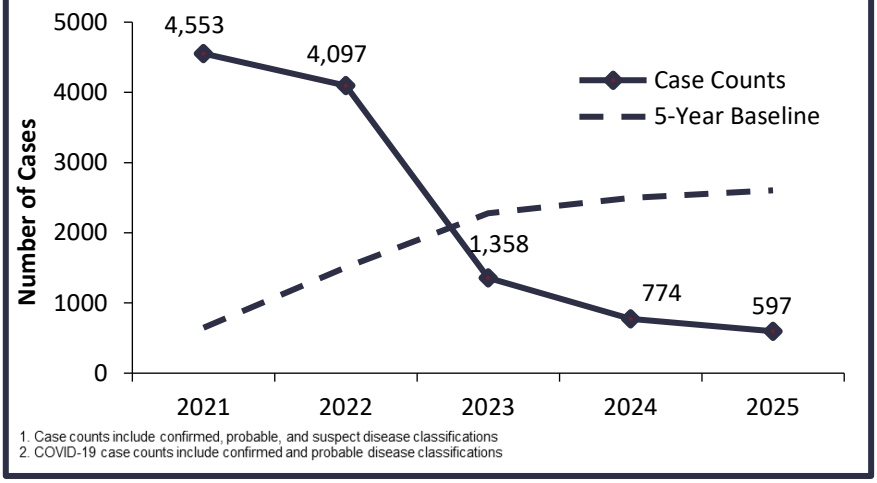
Communicable Disease Summary

This report provides an overview of the reportable infections occurring within Crawford County, Ohio. Nearly 90 diseases are reportable to the local and state health departments per Ohio Administrative Code 3701-3 (see Page 3 for a complete list of these illnesses). Using the Ohio Disease Reporting System (ODRS) and REDCap, health departments monitor the health of the community, investigate how individuals became ill, provide education to those ill, and assist medical providers in the treatment and management of these contagious diseases.

In 2025, Crawford County saw a 23% decrease in communicable disease cases from 2024 (597 and 774 cases, respectively). Overall, 65% of cases were female and 35% were male.

Figure 1. Reportable Disease Cases Continue Falling in Crawford County



Cases ranged in age from 3 days to 103 years old with an average age of 47 years and a median age of 46 years. The most frequently reported illnesses were COVID-19 (351 cases), chlamydia (83 cases), influenza-associated hospitalizations (64 cases), campylobacteriosis (19 cases), and gonorrhea (18 cases). Figure 1. shows the number of disease cases occurring annually over the past five years. Table 1. on Page 5 lists the diseases reported in the community in 2025 and the number of cases for each of these illnesses. Additionally, the figure on Page 6 categorizes those illnesses by type. The remainder of this document provides epidemiological information, brief demographic information, and disease trends for each of the top five illnesses reported over the past five years.

Ohio's Reportable Diseases

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.

- Anthrax.
- Botulism.
- Diphtheria.
- Free-living amoeba infection.
- 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, inhalation.
- 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:

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.

- Acute flaccid myelitis (AFM).
- Anaplasmosis.
- Arboviral neuroinvasive and non-neuroinvasive disease:
  - Chikungunya virus infection.
  - Eastern equine encephalitis virus disease.
  - La Crosse 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 disease.
  - Other arthropod-borne diseases.
- Babesiosis.
- Brucellosis.
- Campylobacteriosis.
- *Candida auris*.
- Carbapenemase-producing organisms (CPO).
- Chancroid.
- *Chlamydia trachomatis* infections.
- Cholera.
- Coccidioidomycosis.
- COVID-19-associated hospitalization.
- Creutzfeldt-Jakob disease (CJD).
- *Cronobacter*, invasive infection in infants less than 12 months of age.
- Cryptosporidiosis.
- Cyclosporiasis.
- Dengue.
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC).
- Ehrlichiosis.
- 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.
- Melioidosis.
- Meningitis, bacterial.
- Mpox.
- Mumps.
- Pertussis.
- Poliomyelitis (including vaccine-associated cases).
- Psittacosis.
- Q fever.
- Respiratory syncytial virus (RSV)-associated hospitalization.
- 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):
  - Active disease.
  - Latent infection in a child 2 years of age or younger.
- Tularemia, non-inhalation.
- 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

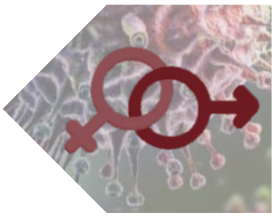
- Community.
- Foodborne.
- Healthcare-associated.
- Institutional.
- Waterborne.
- Zoonotic.

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.

Diseases Reported in 2025

Table 1. Communicable Disease Cases[1] Reported in Crawford County, 2025		
	Number of Cases	**Case Rate[2]**
Class B Reportable Diseases		
Candida auris	1	2.4
Campylobacteriosis	19	45
Chlamydia	83	196.4
Coccidioidomycosis	1	2.4
COVID-19[3, 4]	351	830.7
Carbapenemase-Producing Organisms (CPO)	2	4.7
Cryptosporidiosis	1	2.4
E. coli, Shiga Toxin-Producing	2	4.7
Giardiasis	2	4.7
Gonorrhea	18	42.6
Haemophilus influenzae (invasive disease)	1	2.4
Hepatitis A	1	2.4
Hepatitis B (including delta)	2	4.7
Hepatitis C	13	30.8
Influenza-Associated Hospitalization	64	151.5
Legionellosis (Legionnaires' Disease)	2	4.7
Lyme Disease	4	9.5
Measles	1	2.4
Meningitis, bacterial	1	2.4
Pertussis	1	2.4
Salmonellosis	11	26
Streptococcal Disease - Group A -invasive	1	2.4
Streptococcus pneumoniae - invasive antibiotic resistance	8	18.9
Varicella	4	9.5
Vibriosis (not cholera)	2	4.7
Yersiniosis	1	2.4
Grand Total	**597**	**1,413**
[1]Case counts include confirmed, probable and suspected disease classifications		
[2]Case rates per 100,000 people		
[3]COVID-19 cases only include confirmed and probable disease classifications		
[4]As of 9/30/2025, individual COVID-19 cases are not reportable. As of 10/1/2025, only COVID-19 hospitalizations are reportable. Since 10/1/2025, 8 COVID hospitalizations were reported.		
[5]RSV hospitalizations became reportable as of 10/1/2025		

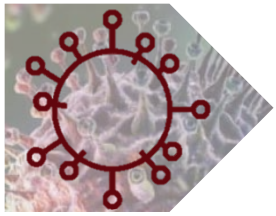
Types of Diseases Reported



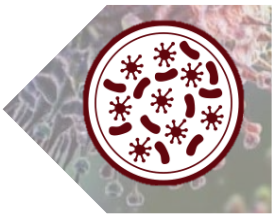
101 Sexually Transmitted Infections

Sexually transmitted infections include chlamydia and gonorrhea

351 COVID-19



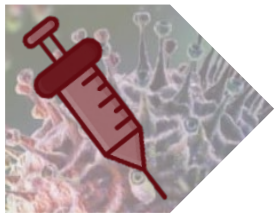
COVID-19 includes all reported cases and hospitalizations. As of 9/30/2025, individual COVID-19 cases are not reportable. As of 10/1/2025, only COVID-19 hospitalizations are reportable.



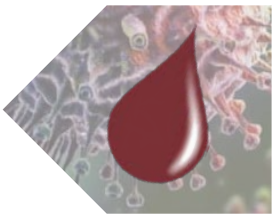
41 Enteric Diseases

Enteric illnesses include campylobacteriosis, coccidioidomycosis, CPO, cryptosporidiosis, E-coli, giardia, salmonella, vibriosis, and yersiniosis

82 Vaccine Preventable Diseases



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

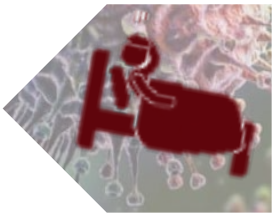


13 Bloodborne Infections

Bloodborne pathogens include Hepatitis C

4 Vectorborne Disease

Vectorborne diseases include Lyme disease



5 Other Diseases

Other illnesses include *C. auris*, Legionnaires' disease, meningitis, and Streptococcal disease

COVID-19

351
Cases

65% **35%**

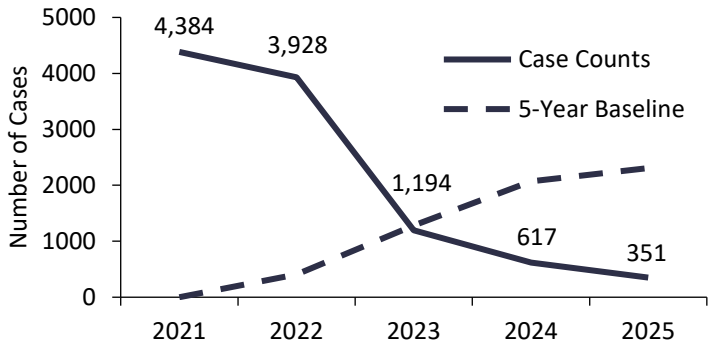
Cause: SARS-CoV-2 virus

Spread: Person-to-person

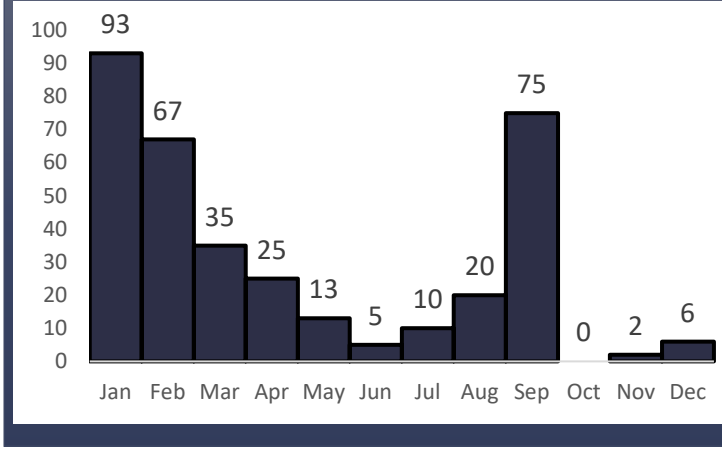
Incubation Period: 1-14 days

Prevention: Avoid those ill with COVID-19, social distance, wear a cloth facemask that covers the mouth and nose, wash hands, disinfect frequently touched surfaces, and vaccination

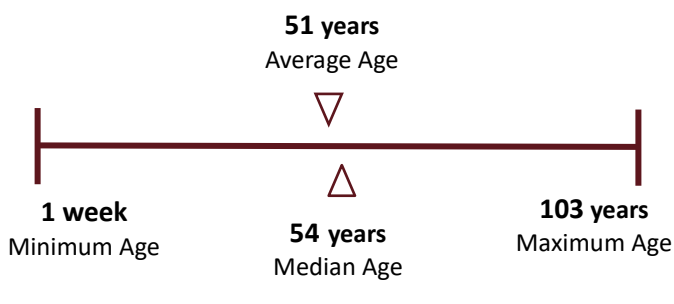
COVID-19 Cases Continue Falling in Crawford County



COVID-19 Case Reporting Changed in October



COVID-19 Affects Residents of all Ages



Chlamydia

83
Cases

79.5% **20.5%**

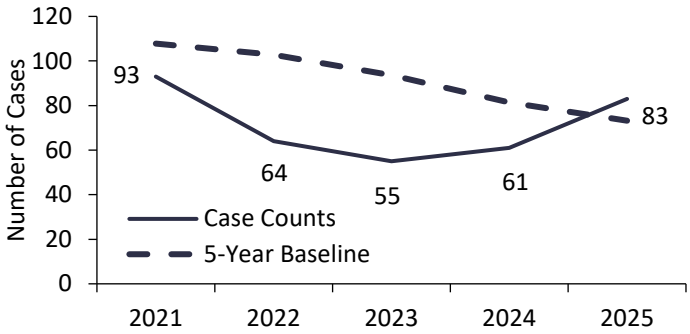
Cause: *Chlamydia trachomatis*

Spread: Sexually

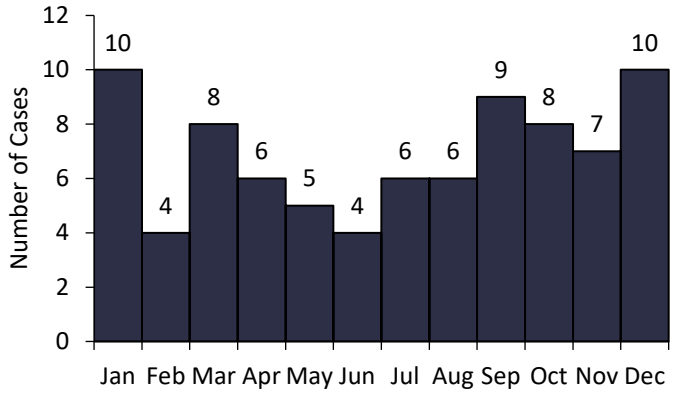
Incubation Period: 7-21 days

Prevention: Abstinence, appropriate condom use, and identification and treatment of sexual contacts of those with chlamydia

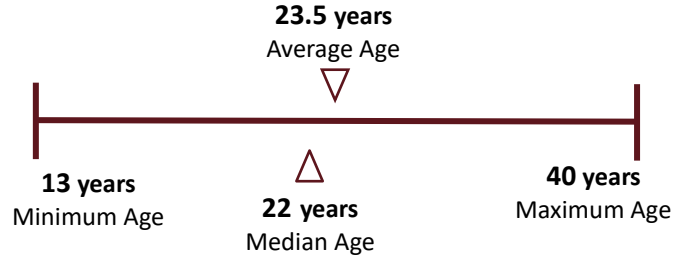
Chlamydia Cases Have Been on the Rise Since 2023



Cases Peaked in January, September, and December



Chlamydia Cases Occurred Mainly in Early to Mid-20 Year Olds



Influenza-Associated Hospitalizations

64
Cases

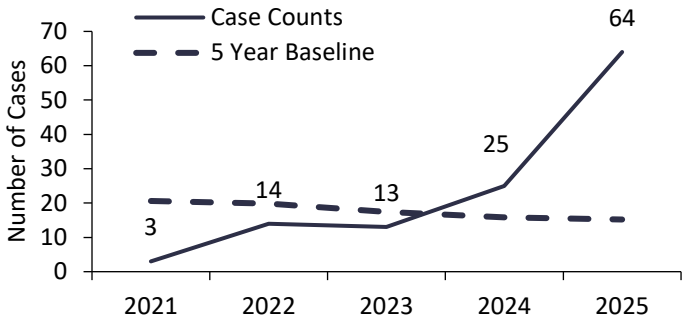
Cause: Influenza A or B Virus

Spread: Person-to-Person

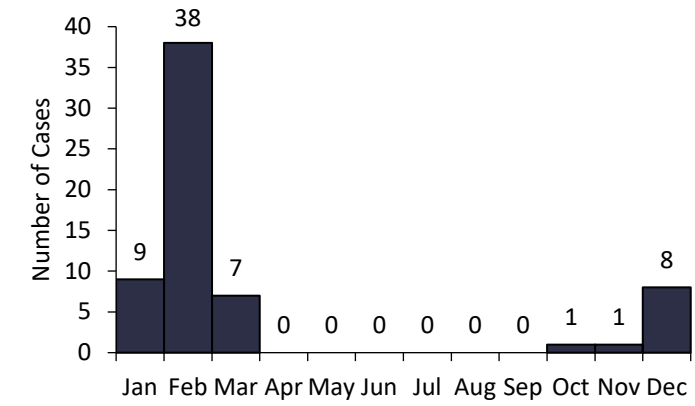
Incubation Period: 1-4 days

Prevention: Annual vaccination, social distancing, and proper cough and sneeze etiquette

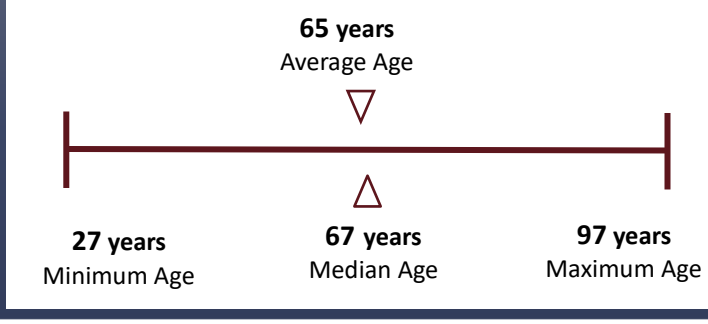
Flu Hospitalizations Have Steadily Risen Since 2021



Most Flu Cases Occur in the Winter Months



Flu Hospitalizations Mainly Occur in those Older than 65



Campylobacteriosis

19
Cases

42.1% **57.9%**

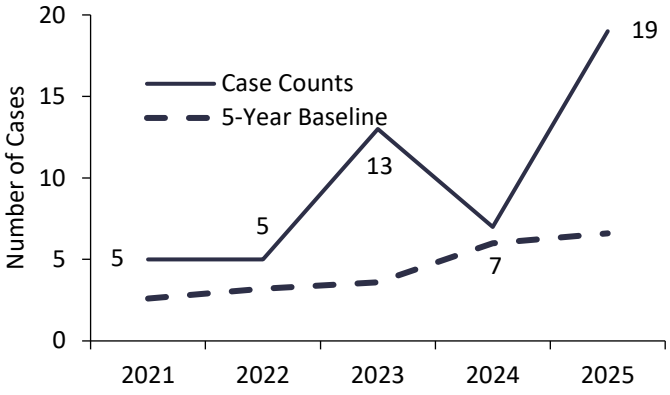
Cause: Campylobacter

Spread: Fecal-oral route through contaminated food or water. Also, direct contact with infected animals

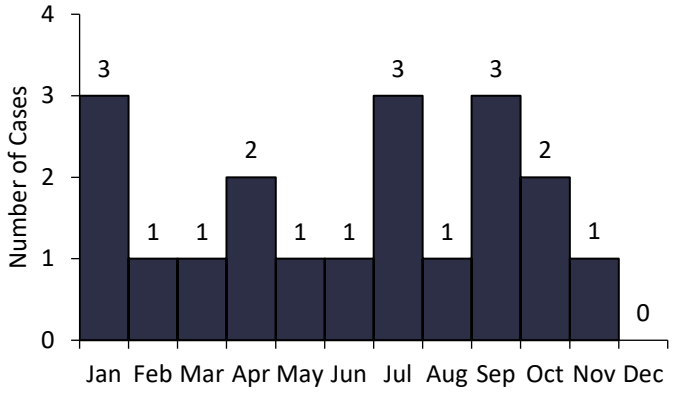
Incubation Period: 1-10 days

Prevention: Thoroughly cook food, avoid unpasteurized milk, and thoroughly wash hands.

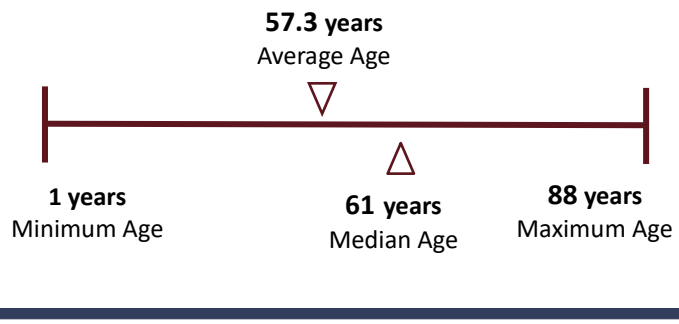
Campy Cases Have Been Steady with a Spike in 2025



Campy Cases Were Higher in the Summer Months



Campy Cases Occurred Mainly in the Late 50s



Gonorrhea

18
Cases

66.7% **33.3%**

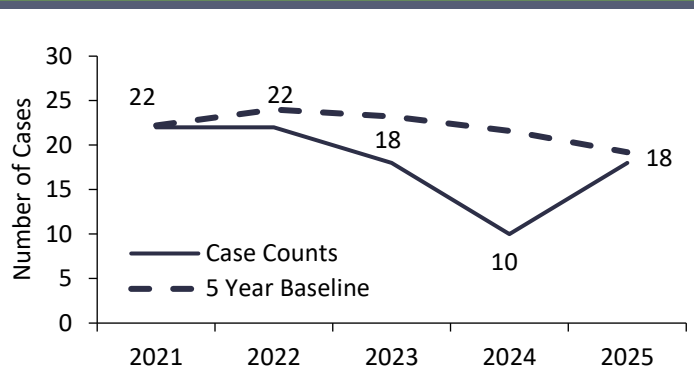
Cause: *Neisseria gonorrhoeae*

Spread: Sexually

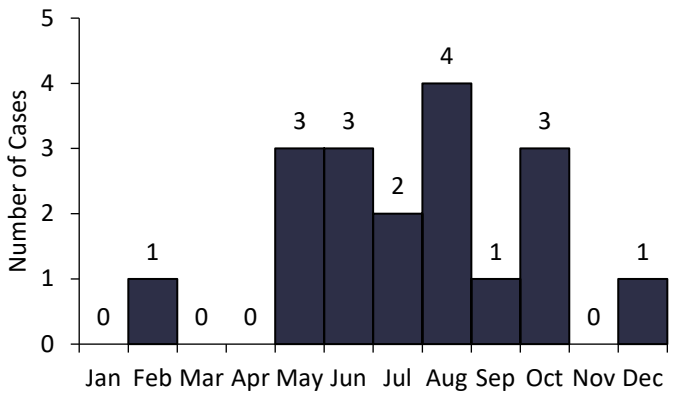
Incubation Period: 3-8 days

Prevention: Abstinence, appropriate condom use, and identification and treatment of sexual contacts of those with gonorrhea

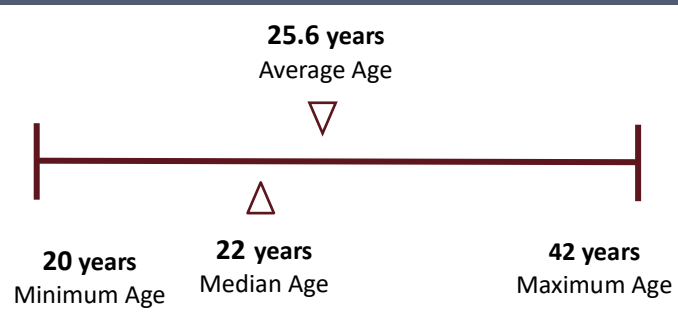
Gonorrhea Cases Have Been Declining Since 2021



Most Gonorrhea Cases Occurred in Summer to Early Fall



Gonorrhea Cases Occurred Mainly in Mid 20 Year Olds



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CRAWFORD COUNTY PUBLIC HEALTH
PREVENT • PROMOTE • PROTECT

UNION COUNTY
HEALTH DEPARTMENT

Prepared by the Union County Health Department's epidemiologist.

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

Data Extract and REDCap on February 6, 2026.