ERIE COUNTY HEALTH DEPARTMENT
COMMUNITY HEALTH CENTER

ERIE COUNTY COMMUNICABLE DISEASE REPORT

QUARTER 2 (APRIL - JUNE 2025)

PREPARED BY:

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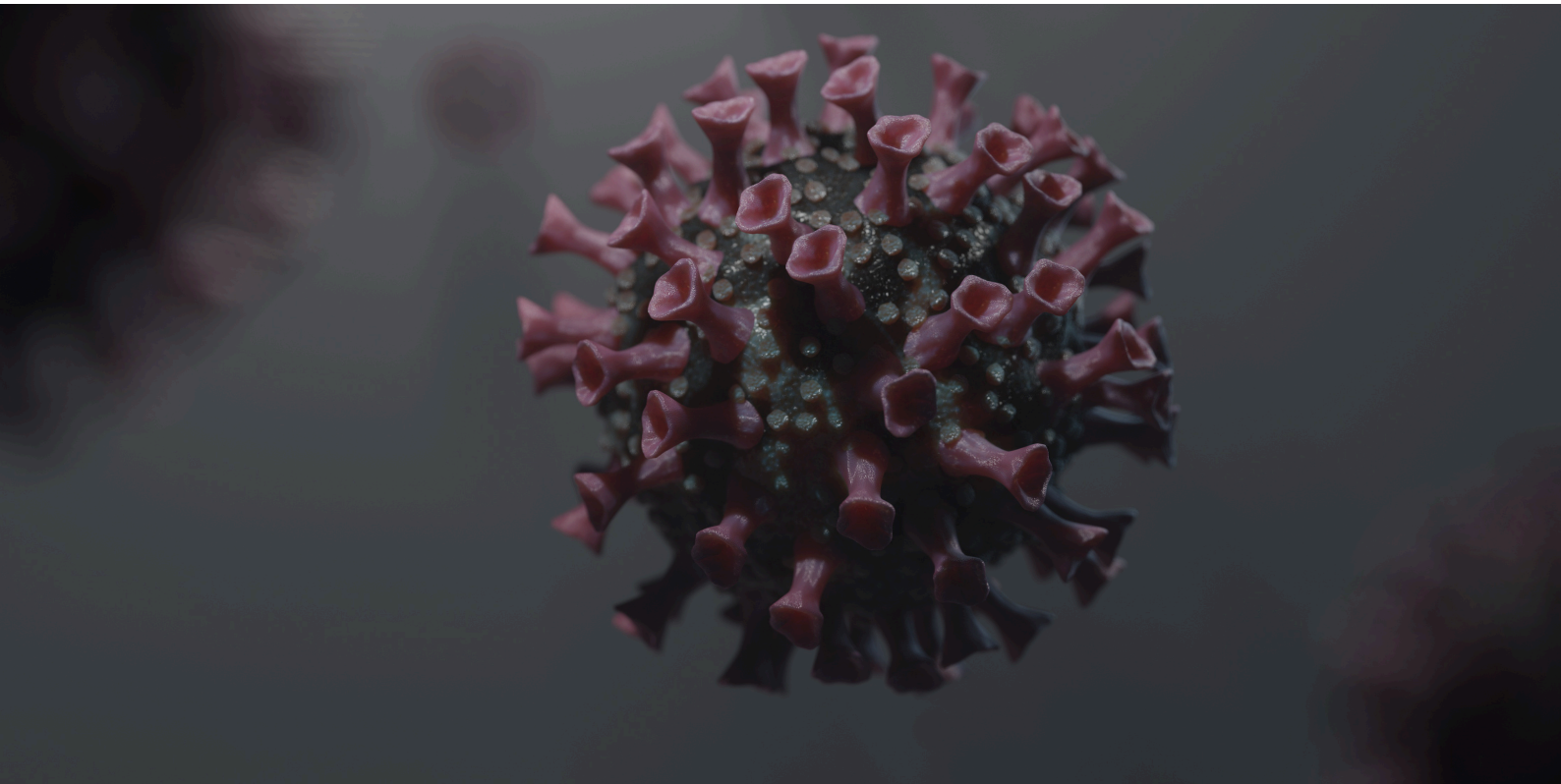
COMMUNICABLE DISEASE STATISTICS*

	APRIL	MAY	JUNE
TOTAL REPORTED COMMUNICABLE DISEASES	58	72	58
TOTAL OUTBREAKS	0 NEW OUTBREAKS	0 NEW OUTBREAKS	0 NEW OUTBREAKS
TOP 5 REPORTED COMMUNICABLE DISEASES PER MONTH	1. CHLAMYDIA (27) 2. COVID-19 (23) 3. SALMONELLA (2) 4. HEPATITIS C (1) 5. INFLUENZA HOSPITALIZATION (1)	1. CHLAMYDIA (29) 2. COVID-19 (23) 3. HEPATITIS C (6) 4. GONORRHEA (4) 5. HEPATITIS B (2)	1. CHLAMYRDIA (23) 2. COVID-19 (11) 3. GONORRHEA (3) 4. SYPHILIS (3) 5. LYME (3)

*Numbers are preliminary and subject to change



WHAT'S NEW IN PUBLIC HEALTH?

Lyme Disease

Lyme disease cases have drastically increased over the past few years in Ohio. This can be attributed to factors such as climate change and land development. Climate change brings warmer temperatures during months that ticks were unlikely to survive. Ticks are able to withstand temperatures above freezing so therefore not only out during late spring and summer months. This gives ticks a longer time period to be out to feed and mate. Land development affects the entire ecosystem including small insects like ticks. The less forest area there is, the more animals (like deer) are closer to humans. Deer and other animals are known to carry ticks as a main host meal for these insects. These ticks fall off in yards and other human habitats and can then be picked up by people or pets. Click here to stay informed with infectious disease trends in Ohio.

What should providers know?

Bloodwork is the best way to determine infection for Lyme disease. A test can still be negative up to a few weeks (up to 6) after infection while antibodies build in an individual. Repeat bloodwork may be necessary for a diagnosis.

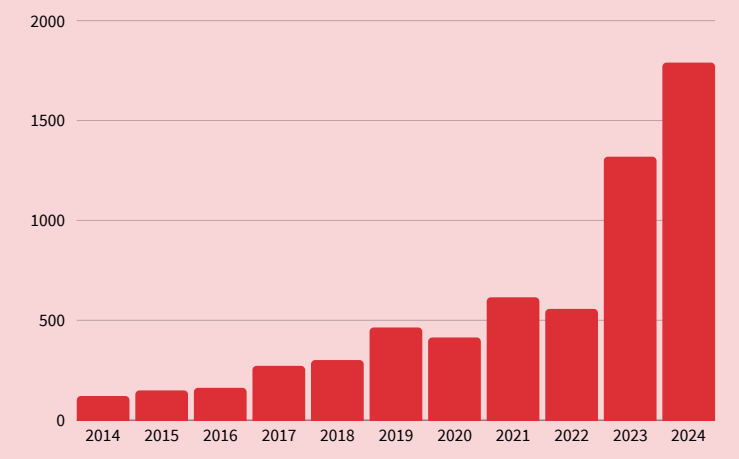
Healthcare providers should consider the following factors when diagnosing Lyme disease:

- The likelihood that the patient has been exposed to infected blacklegged ticks.
- Patient has signs and symptoms of Lyme disease, such as erythema migrans or arthritis.
- The possibility that other illnesses may be causing similar symptoms.
- Results of laboratory tests, recognizing that a serologic response may take several weeks to develop.

Reinfection

Reinfection is possible in individuals if bitten by another infected tick. For people concerned about reinfection, it is difficult to distinguish between an old infection and a new infection using a blood test. This is why blood tests are crucial for proper diagnosis to evaluate antibody levels from current and past infections. Diagnosis of reinfection relies on careful clinical consideration of exposure history and symptoms from the provider.

DISTRIBUTION OF OHIO LYME CASES 2025



Severe Forms and Complications

Some signs and symptoms of Lyme disease may not appear until weeks or months after a tick bite:

- Arthritis with severe joint pain and swelling can occur, usually in one or more large joints, especially the knees.
- Nervous system symptoms can include numbness, pain, nerve paralysis (often of the facial muscles, usually on one side), and meningitis (fever, stiff neck, and severe headache).
- Rarely, irregularities of the heart rhythm can occur.

For a small percentage of people, symptoms of fatigue, body aches, or difficulty thinking can last after finishing treatment.

Tuberculosis

Several states have influenced the current upward trend in TB cases, including Kansas, which experienced a 148 percent increase in its TB rate last year (from 1.6 to 3.9 per 100,000 persons from 2023 to 2024). Alaska and Hawaii also continue to report the highest case rates (12.7 and 8.1 per 100,000 persons, respectively).

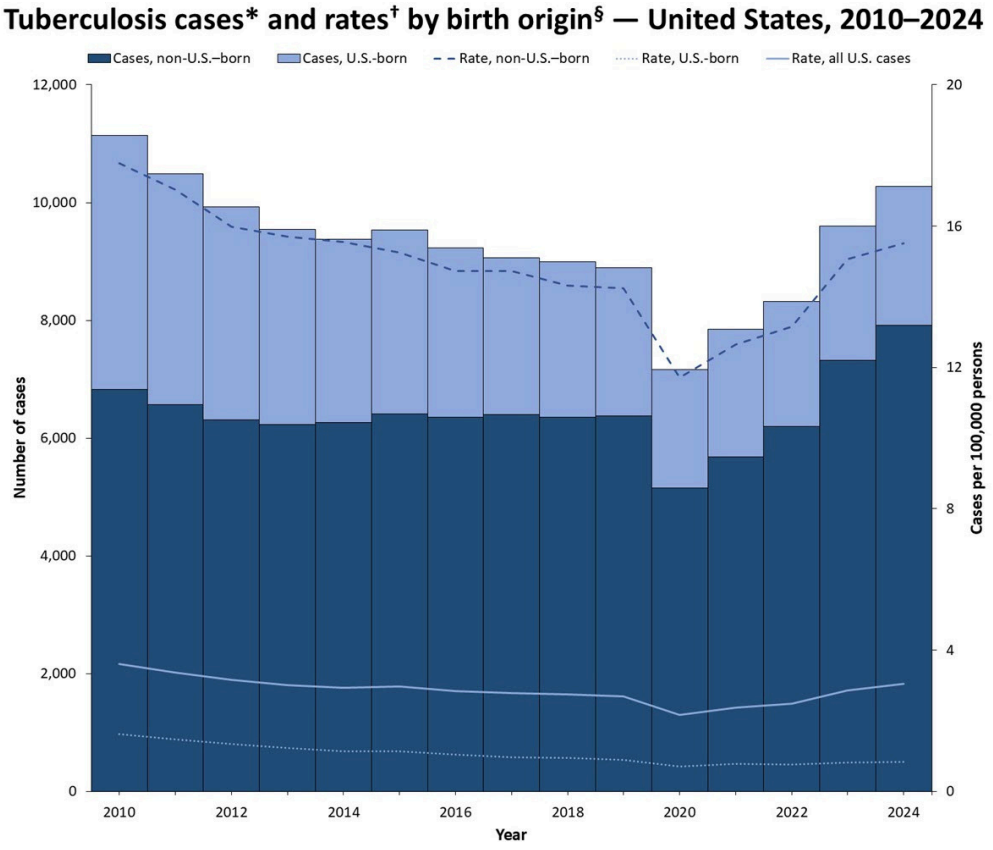
The CDC urges continued collaboration between TB public health programs and health care providers to ensure communities are protected through the timely evaluation and treatment of TB. To further enhance these efforts, public health programs should actively engage with communities to increase TB awareness, boost testing for at-risk individuals, and promote the uptake of treatment for latent TB infection to prevent the development of TB disease.

Testing Recommendations

1. Blood Test (IGRA)- This test has no interaction with BCG vaccine history in an individual.
2. Skin Test- This test is only to be used on an individual that does not have a history of the BCG vaccine or known allergic reaction to the solution. The test needs to be read 48-72 hours after placement for an accurate result.
3. Chest X-Ray- This test is used to determine if an individual should be diagnosed with latent or active TB for someone with an already positive skin test or blood test.
4. Sputum AFB Smear- This test is used to determine infectiousness in someone diagnosed with active TB. Typically results are reported as 0, 1+, 2+, 3+, or 4+. An individual with 0 is no longer considered infectious to others.

After nearly three decades of consistent decline in TB in the United States, and a large decline in 2020, the TB case count and rate began increasing in 2021. Recovery from pandemic-related health care disruptions, increases in post-pandemic travel and migration, and outbreaks in several states have likely contributed to recent TB trends.

In 2024, 10,347 TB cases were provisionally reported with a corresponding rate of 3.0 cases per 100,000 population. The percentage increase in both case counts (8%) and rates (6%) from 2023 to 2024 were less than the increases from 2022 to 2023 (15% in case counts and 15% in rates)



*Case counts are based on data reported to the National Tuberculosis Surveillance System as of March 4, 2025.
†Annual tuberculosis rates were calculated as cases per 100,000 persons. Rates for all U.S. cases were calculated using midyear population estimates from the U.S. Census Bureau's 2010-2020 National Intercensal Population Totals and Vintage 2024 data; rates by birth origin were calculated using midyear estimates from the Current Population Survey.
§Persons born in the United States or certain U.S. territories or elsewhere to at least one U.S. citizen parent are categorized as U.S.-born. All other persons are categorized as non-U.S.–born. Case counts for persons without a known origin of birth are not represented in the figure.

FOR MORE INFORMATION:

Erie County Health Department (419) 626-5623 x5103
Centers for Disease Control and Prevention www.cdc.gov
Ohio Department of Health www.odh.ohio.gov

Animal Bites and Rabies

Spring and summer months typically bring out an increase in interactions between wildlife and humans. This leads to animal bites in animals that may be a vector for carrying the rabies virus. The rabies virus is considered extremely deadly once it enters a human. Without early vaccination and treatment, rabies is almost always fatal in humans. To protect those bitten by animals, the Ohio Revised Code 955.261 requires animal bites to be reported to the local health department of the victim's residence to ensure proper education and coordination of treatment and care is given to prevent the possibility of the development of the virus. Click here to view the Erie County Animal Bite Reporting Form.

FAQ's

How do I know if someone should receive post-exposure prophylaxis?

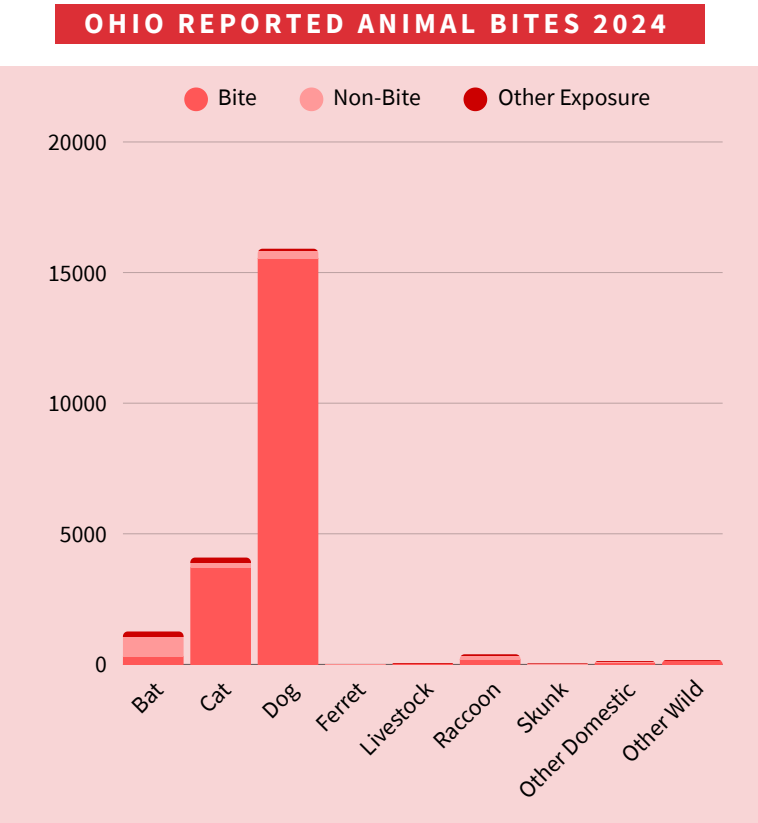
- This algorithm created by ODH allows physicians to fill in information about the victim and incident to determine if the individual should be considered for PEP.

What is the regimen for post-exposure prophylaxis for rabies for an individual that requires it?

- This link details the regimen recommended for a person that requires PEP that has a previous immunization history against the virus and an individual that does not.

Who should I contact at the health department for animal bite or rabies questions?

- Craig Ward, REHS
  Email: cward@echdohio.org
  Phone: 419-626-5623 x 5118



Erie County Wireless Emergency Notification System (WENS)

The Erie County Health Department's Office of Epidemiology & Surveillance is responsible for ensuring Erie County's preparedness for a public health emergency, strengthening our ability to respond as a community to all types of public health incidents, and monitoring the overall health of Erie County.

History has shown that quickly alerting the medical community of impending disasters, both physical and biological, can reduce loss of life and improve communication among key responders.

ECHD provides the following types of alerts to our medical community:

- Urgent public health incidents
- Periodic disease alerts
  - Quarterly Communicable Disease Updates
  - Increased Influenza Activity alerts
  - Large foodborne illness outbreak alerts
- Weekly Influenza Reports (during flu season)

Contact Taylor Kula (tkula@echdohio.org) for more information!

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