City of Upper Arlington

AGENDA

BOARD OF HEALTH

3600 Tremont Road | Upper Arlington, OH 43221
614-583-5030 | upperarlingtonoh.gov

4/16/2025 | 12:30 PM

Municipal Services Center, Lower Level Conference Room
3600 Tremont Road

1. **Agenda**
2. **Agenda Packet**
   a. UA Board of Health Packet 4.26.2025

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April 16, 2025 | 12:30 pm

MUNICIPAL SERVICES CENTER, 3600 TREMONT ROAD
LOWER LEVEL MEETING ROOM

1. Call to order of regular meeting

2. Old Business
    a. Approval of January 15, 2025 meeting minutes.
    b. Review FCPH response to action items from January 15, 2025.

3. New Business

4. FCPH Reports
    a. Environmental Health
    b. Health Systems & Planning
    c. Prevention & Wellness

ADJOURNMENT

Date of Next Meeting:
July 16, 2025 12:30 pm
3600 Tremont Road – Lower Level Conference Room
Upper Arlington, Ohio 43220

-AGENDA SUBJECT TO CHANGE-

January 15, 2025 | 12:30 pm

Members Present

	John Kulewicz- Council Member		**Betty Giammar**
	Dr. J. Nick Baird		
	Dr. Richard Vesper		
	Dr. Gil Liu		

Guests:
Jackie Thiel, City of UA
Chris Zimmer, City of UA
Christine Leyshon, City of UA Sarah Jensen, FCPH
Unity Johnson, FCPH

Members Absent

MINUTES

Old Business

- **Approval of Previous Meeting Minutes**
  - The meeting was called to order, and the first item on the agenda was the approval of the minutes from July 17, 2024, and October 16, 2024.
  - A motion was made to approve the minutes, and all were in favor.

EPI Report Discussion

- **Overview and Importance**
  - The EPI evaluation provides overarching statistics about Upper Arlington, focusing on basic needs and social determinants of health.
  - Emphasis on the importance of language accessibility for county services to ensure effective communication.
- **Environmental and Climate Health**

    - Highlighted the age of homes in Upper Arlington, with many built before 1960, posing a risk for lead-based paint exposure.
    - 3% of children tested showed elevated lead levels, indicating a need for increased awareness and testing.
- **Recommendations and Local Resources**
    - Discussion focusing on recommendations from the report, particularly those related to environmental health and social determinants.
    - S. Jensen is compiling a list of elements to take back to the team for further refinement of recommendations.

Health Concerns and Community Support

- **Arthritis and Supportive Devices**
    - Discussion on the need for supportive devices for individuals with arthritis, emphasizing chronic pain and mobility concerns.
    - The CARES program, led by Christine Leishen, focuses on fall prevention and offers resources for older adults.
- **Binge Drinking and Community Awareness**
    - Concerns have been raised about binge drinking among adults and youth, with media attention on related health risks.
    - Discussion on the impact of binge drinking on families and the community, with a call for increased awareness and preventive measures.
- **Community Programs and Resources**
    - Educational programs like tai chi for arthritis are available through local agencies to promote flexibility and activity among older adults.
    - The importance of community awareness and the role of social media and signage in promoting health initiatives.

Additional Discussions

- **Demographic Insights**
    - Interest in further breaking down age demographics to better understand health behaviors among different age groups.
    - Discussion on the cultural perception of substance use among older adults and its implications for community health.
- **Binge Drinking Recommendations**
    - Suggestions to explore what other communities are doing to address binge drinking and its effects on families.
    - Emphasis on the need for awareness and understanding of the broader impact of binge drinking on community health.

Community Health Initiatives

Substance Use Disorders and Community Support

- **Stigmatization and Awareness**
    - Substance-related use disorders, particularly alcohol, are highly stigmatized. It's important to recognize that many individuals are genetically predisposed to these disorders. Community support for sobriety, especially for those with alcoholic relatives, is crucial.

- **Accessible Healthcare Options**
    - Identifying easily accessible healthcare options for alcohol use disorder can help raise awareness and provide support to those in need.

Arthritis and Aging

- **Misunderstandings and Therapy Options**
    - Arthritis is often misunderstood as an inevitable part of aging. However, there are therapy options, including exercise and pain management, that can help manage symptoms.
- **Nutrition and Weight Management**
    - Proper nutrition and maintaining an optimal weight can aid in managing arthritis symptoms. While not a cure, a nutritious diet can prevent exacerbation of the condition.

Community Engagement and Resources

- **Community Center and Resources**
    - With the opening of the community center, there is an opportunity to engage resources to support community health initiatives. Collaboration with the Community Health Action Team (CHAT) is encouraged.
- **Public Awareness Campaigns**
    - Utilizing social media and public displays to share statistics, such as binge drinking rates, can raise awareness in a non-confrontational manner.

Data and Assessment

Data Collection and Analysis

- **Census Data Utilization**
    - Much of the data comes from census collections, which can be used to inform community health strategies.
- **Need for More Data**
    - There is a need for more comprehensive data to understand community health issues better. This includes data cleaning and analysis to identify key areas of concern.

School and Community Collaboration

- **School Health Surveys**
    - Schools conduct health surveys almost yearly, providing valuable data on student health behaviors, including substance use.
- **Data Sharing Agreements**
    - Efforts are needed to facilitate data sharing agreements with schools to enhance community health initiatives.

Program Development and Implementation

Community Center Programs

- **Silver Sneakers Program**

    - An agreement has been reached with UHF to offer the Silver Sneakers program at the community center, providing memberships for seniors.
- **Educational Offerings and Activities**
    - There is interest in expanding programming and educational offerings at the community center to address health issues like arthritis and substance use.

Environmental Health Services

Quarterly Report

- **Animal Concerns**
    - The report for this quarter includes typical concerns such as animal scratches and bites, which are being addressed as usual.

Rabies Control and Exposure Events

- **Exposure Statistics and Context**
    - There were 12 rabies exposure events reported, which constitutes 7.5% of the total events.
    - Many exposures involve pet owners rather than random individuals, often occurring during pet care activities such as administering medication.
    - Two bat-related incidents were noted, but no significant concerns about aggressive animals were reported.
- **Jurisdiction and Reporting**
    - The statistics are separate from Columbus Public Health, focusing solely on the local jurisdiction.
    - Seasonal events and holidays may increase exposure risks due to unfamiliar interactions with pets.

Environmental Health Inspections

- **Pool Inspections**
    - Inspections are generally unscheduled to ensure accurate assessments of water quality.
    - Initial inspections for seasonal openings, such as Memorial Day, may be scheduled.
- **Food Service Facility Evaluations**
    - Efforts are underway to standardize inspections with FDA guidelines and evaluate facilities at various times to ensure consistent food safety.
    - Inspections aim to capture operations during different shifts and busy periods to identify potential food safety gaps.

Health Promotion and Community Initiatives

- **Overdose Fatality Review (OFR) and Community Action**
    - The OFR committee released its first newsletter, with a community action group meeting scheduled for late January.

    - The focus will be on implementing OFR recommendations and setting goals for the year.
- **Substance Use and Recovery Support**
    - In Q4 2024, 42 naloxone kits and 12 fentanyl test strips were distributed in specific area codes.
    - Peer support specialists connected with clients, providing over 840 resources.
- **Tobacco and Health Policy Discussions**
    - Initial discussions on Tobacco Retail Licensing (TRL) and flavor ban policies have occurred, but no policies have been passed yet.
- **Care Coordination and Community Health Workers**
    - Care coordinators are currently not accepting new referrals due to a backlog.
    - Six residents were served in specific area codes in Q4 2024.
- **Upcoming Events**
    - The 2025 annual chat summit will focus on community action and health needs, featuring the mayor of Upper Arlington as the keynote speaker.

Prevention and Wellness Report

- **Respiratory Illnesses and Vaccination Data**
    - High levels of RSV and COVID-19 are reported in Ohio, with ongoing data collection on vaccinations.
    - Concerns about the impact of vaping on respiratory health were discussed, with more data needed.
- **Health Maintenance Visits**
    - A concern was raised about 25% of the population not having annual health maintenance visits.
    - Efforts are being made to gather more detailed data on health maintenance visit rates.

Action Items

[ ] FCPH
[ ] Investigate demographic breakdowns for health behavior insights.
[ ] Compile a list of specific recommendations from the EPI report for further discussion.
[ ] More insights and discussion in report about where the statistics come from, why it takes so long between data sets, limitations, and more info in general about each and all off the data elements.
[ ] Explore community awareness strategies for arthritis support and binge drinking prevention.
[ ] Facilitate data sharing agreements with schools for enhanced community health data.
[ ] Reach out to the BHAS team for insights on school health surveys.
[ ] Gather more detailed data on health maintenance visit rates.
[ ] Find out exact dates for OSU research recruitment.
[ ] Information about our tracking of pneumonia cases
[ ] Need detailed statistics on homelessness in UA and more educational resource
[ ] Arthritis:

[ ] Are there things UA can do specific to Arthritis cases such as supportive environments and programming
[ ] Awareness campaigns for nutrition that relate obesity to inflammation due to diet

Other Comments:

Initial discussions on Tobacco Retail Licensing (TRL) and flavor ban policies have occurred, but no policies have been passed yet. This delay in policy implementation could hinder efforts to address substance use and its impact on community health.

The potential health risks from lead exposure in older homes in Upper Arlington remain unaddressed, posing a significant risk to community health. There is a need for increased awareness and testing to mitigate these risks.

Concerns about binge drinking among adults and youth require urgent attention, with a need for increased awareness and preventive measures. Collaborative efforts with the Community Health Action Team (CHAT) for public awareness campaigns are necessary.

The lack of comprehensive data to understand community health issues, including detailed demographic breakdowns and health maintenance visit rates, is impeding efforts to improve community health strategies. Data sharing agreements with schools and enhanced data analysis are needed.

The backlog in care coordination services, with care coordinators not accepting new referrals, is affecting service delivery and delaying support for residents in need. This issue requires immediate resolution to ensure timely assistance.

[ ] Binge Drinking:
[ ] Research community approaches to addressing binge drinking and its impact on families.
[ ] Check with BHAS colleagues for more information on community health initiatives.
[ ] Evaluate if there has been an increase in DUIs in UA or their residents
[ ] Research morbidity and cancer risk due to binge drinking in UA
[ ] Identify readily available treatment options for binge drinking
[ ] How can they reduce stigma so that people are open to receive treatment?
[ ] More information about how the schools can handle drinking and substance abuse issues
[ ] UA
[ ] Collaborate with the Community Health Action Team (CHAT) for public awareness campaigns.
[ ] Explore additional programming and educational offerings at the community center.
[ ] Poll community to see what types of programming they would like to see in UA
[ ] Jackie to reach out to schools for student data

ADJOURNMENT

Investigate demographic breakdowns for health behavior insights.

Health behavior data in UA is often unavailable by different demographic groups because the numbers for UA are already small. Examples of data where we can provide some demographic breakdowns include poverty, SNAP utilization, death, and birth outcomes. More demographic information can be provided at the county level alongside requests for specific health behavior indicators (e.g., smoking, cancer screening, preventative care activities). Additional information can be found on the Upper Arlington Community Profile and in the About Your Community Infographic.

More insights and discussion in report about where the statistics come from, why it takes so long between data sets, limitations, and more info in general about each and all off the data elements.

Many population health data sources are collected through survey tools, which take time to collect, analyze, and communicate. This means that data often lags between when the information was collected and when it is reported. That said, population health data typically does not change greatly within the span of a single year, or even a few years, especially when we are working to impact a large-scale health outcome, such as poverty or high blood pressure. For this reason, estimates from a few years ago are often still reliable tools to determine how healthy a community or population is at the current time.

Data Source	Data Owner	Most Recent Year	Update Cadence	Notes
Population Resource Hub	Mid-Ohio Regional Planning Commission (MORPC)	2024	Annual	MORPC utilizes American Community Survey estimates and a unique methodology to produce population estimates in a more timely manner than the US Census Bureau.
American Community Survey	US Census Bureau	2023	Annual	While single year estimates are available for large geographies like counties, estimates for smaller areas are 5 year rolling averages, so 2023 estimates for UA are actually 2019-2023.
Market Potential	Esri	2024	Annual	This data is only available to users who have access to Esri, such as through ArcGIS.
Healthy Housing Lead Poisoning Surveillance System	Ohio Department of Health (ODH)	2023	Ongoing	Additional data records are added on an ongoing basis, but data is finalized on an annual basis, with finalization periods often lagging behind the close of calendar years.

Tree Equity Score Analyzer	Tree Equity Score	2021	N/A	This map data is available to anyone who creates an account. While most data is from 2021, this data source is made up of indicators that are not likely to change significantly in short periods of time.
PLACES: Local Data for Better Health	Centers for Disease Control & Prevention (CDC)	2022	Biannual	PLACES calculates their estimates utilizing the Behavioral Risk Factor Surveillance System (BRFSS) survey and the ACS. While release data lags behind the calendar year, this data is not likely to change significantly in short periods of time.
Vital Statistics (Birth, Death) Records	Ohio Department of Health (ODH)	2023	Ongoing	Additional data records are added on an ongoing basis, but data is finalized on an annual basis, with finalization periods often lagging behind the close of calendar years. This data is only available to users with Data Use Agreements with the state.
Healthy People 2030	US Department of Health and Human Services (HHS)	N/A	N/A	Healthy People 2030 is a reliable tool to compare current outcomes to data-driven national objectives.

Gather more detailed data on health maintenance visit rates.

According to PLACES: Local Data for Better Health, 21.4% of Upper Arlington adults did not receive an annual checkup. Since this is an estimate, we are 95% confident that the true proportion of adults who did not receive an annual checkup in UA is between 19.2% and 23.8%. While we do not have additional population information for this indicator, health insurance access and preventative healthcare are closely related. In UA, residents born outside of the US are more likely to be uninsured.

Need detailed statistics on homelessness in UA and more educational resource.

In 2024, the Community Shelter Board counted 2,380 people experiencing homelessness at one point in time in Franklin County. In 2024, the Community Shelter Board recorded 55 homeless community members who lived in zip codes 43220 and 43221 prior to entering the homeless system (emergency shelter, youth shelter, street outreach, transitional housing).

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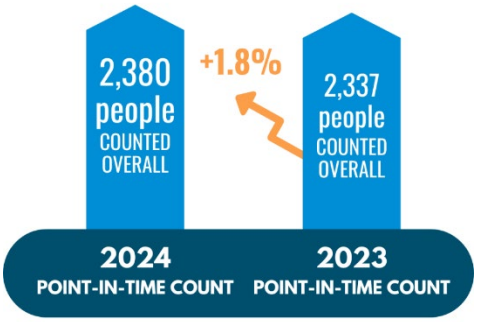
Upper Arlington CHAT Update 4/2025

Community Engagement Section

The Upper Arlington CHAT tabled at the UA Community Health Fair on March 8th which was held at the Upper Arlington Public Library's Tremont Branch location. During the event, the UA CHAT engaged attendees with trivia related to UA-specific health statistics and provided relevant FCPH and CHAT resources. The CHAT received contact information from 7 attendees who were in join in the CHAT to improve community health! Additionally, the CHAT is focusing on sharing public health knowledge and connecting community members to relevant local resources to enhance overall health and wellbeing. The first update is planned to be included in the May/June printed issue of the UA Insight Newsletter and City Insight eNews will include general information about the CHAT as well as relevant information for May as Arthritis Awareness Month . Lastly, the CHAT will be attending the Sustainability Fair on Saturday, April 5th.

Some of the follow up questions that were from the last meeting:

- Emergency Preparedness
  - *UA Meeting Follow-up: Need detailed statistics on homelessness in UA and more educational resource*
    - We do not have specific for UA as the data does not showcase this at this point
    - However, in Franklin County as of 2024, per the Community Shelter Board (CSB) Point-In-Count report, the county has 2,380 people who are experiencing homeless.
- *2024 Community Shelter Board (CSB) Point-In-Count Report*



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- Health Planning
    - *UA Meeting Follow-up: Awareness campaigns for nutrition that relate obesity to inflammation due to diet*
        - This conversation would be a topic of interest for the Healthy Eating Coordinator as there is not specific information/project on this as of now.
        - A new program FCPH is looking at adding is Matter of Balance Training – this training is focused on Older Adults to learn the best practices on Falls Prevention and encourages ageing in place!
        - Community Wellness Center – This would be a great opportunity for CHATs to be involved and showcased at the center – would be grateful for a connection or conversation to start this process.
    - *UA Meeting Follow-up: Concerns about binge drinking among adults and youth require urgent attention, with a need for increased awareness and preventive measures. Collaborative efforts with the Community Health Action Team (CHAT) for public awareness campaigns are necessary.*
        - This topic of discussion can be brought back to the UA CHAT as a potential project/idea to partner with on next steps. Nothing specific has been reviewed about drinking for adults/youth at this point.

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Upper Arlington Pneumonia Data 4/2025

Prevention and Wellness

Streptococcus pneumoniae, invasive disease (ISP) is a Class B reportable disease, meaning that providers and laboratories are required to report to their local health department by the end of the next business day.

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.
- Carbapenemase-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.

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We track cases for our health jurisdiction of ISP. I'm attaching the most recent 2023 Franklin County Annual Infectious Disease Report that we published in November 2024. This report is in collaboration with Columbus Public Health and covers all of Franklin County. ISP case counts and rates from 2020-2023 are highlighted below as well as the number of deaths among confirmed and probable cases.

TABLE 8: VACCINE-PREVENTABLE DISEASES AMONG FRANKLIN COUNTY RESIDENTS, 2020–2023

VACCINE-PREVENTABLE DISEASES																
	Year:	2020				2021				2022				2023			
	Population[1]:	1,324,357				1,317,560				1,321,820				1,326,063			
		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses		Confirmed & Probable		All Statuses	
CLASS	DISEASE NAME	# of Cases	Case Rate†	# of Cases	Case Rate†	# of Cases	Case Rate†	# of Cases	Case Rate†	# of Cases	Case Rate†	# of Cases	Case Rate†	# of Cases	Case Rate†	# of Cases	Case Rate†
B	Coronavirus Disease 2019 (COVID-19)	90,311	6,819.2	93,786	7,081.6	131,857	10,007.7	132,827	10,081.3	155,693	11,778.7	155,983	11,800.6	33,379	2,517.2	33,456	2,523.0
B	*Haemophilus influenzae* (invasive disease)	18	1.4	18	1.4	14	1.1	14	1.1	28	2.1	29	2.2	36	2.7	36	2.7
B	Influenza-associated hospitalization	732	55.3	735	55.5	27	2.0	27	2.0	574	43.4	577	43.7	372	28.1	372	28.1
B	Influenza-associated pediatric mortality	0	--	0	--	0	--	0	--	0	--	0	--	0	--	0	--
A	Measles	0	0.0	0	0.0	0	0.0	0	0.0	85	6.4	106	8.0	0	0.0	12	0.9
A	Meningococcal disease	1	0.1	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Mumps	1	0.1	5	0.4	0	0.0	2	0.2	1	0.1	4	0.3	2	0.2	3	0.2
B	Pertussis	38	2.9	44	3.3	34	2.6	46	3.5	39	3.0	46	3.5	53	4.0	70	5.3
B	Poliomyelitis (including vaccine-associated cases)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Rubella, congenital	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
A	Rubella, not congenital	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0
B	*Streptococcus pneumoniae*, invasive disease (ISP)	88	6.6	89	6.7	82	6.2	82	6.2	25	1.9	25	1.9	154	11.6	154	11.6
B	Tetanus	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
B	Varicella	21	1.6	38	2.9	24	1.8	38	2.9	32	2.4	38	2.9	33	2.5	42	3.2

† Rate per 100,000 population for all diseases except "rubella, congenital" which is per 100,000 live births[2]
-- No rate is calculated

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TABLE 11: NUMBER OF DEATHS* AMONG CONFIRMED AND PROBABLE CASES OF REPORTABLE DISEASE, EXCLUDING SEXUALLY TRANSMITTED INFECTIONS, FRANKLIN COUNTY, 2023

REPORTABLE DISEASE	DEATHS*
Campylobacteriosis	1
C. auris - Colonization	3
COVID-19	157
Coccidioidomycosis	1
CPO	7
Creutzfeldt-Jakob Disease	2
Haemophilus influenzae (invasive disease)	1
Hepatitis B, chronic	11
Hepatitis C, chronic	8
Influenza-associated hospitalization	19
Invasive Group A Streptococcal Disease (IGAS)	15
Legionnaires' disease	5
Malaria	1
Meningitis, bacterial	2
Meningitis, aseptic/viral	1
Salmonellosis	1
Staphylococcus aureus, with resistance or intermediate resistance to vancomycin (VRSA, VISA)	1
Streptococcus pneumoniae, invasive disease (ISP)	10
Streptococcal toxic shock syndrome (STSS)	4
Tuberculosis	1

**The number of deaths is specific to the reportable disease category. Eleven deaths were associated with multiple reportable diseases and are represented more than once in this table.*

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Environmental Health Services
Upper Arlington

Q1 Reporting Period: January 1 to March 31, 2025

Community Environmental Health

Rabies Control – During this quarter, Franklin County Public Health (FCPH) received reports of 148 exposure events across Franklin County. Between January 1, 2025, and March 31, 2025, FCPH investigated 10 animal exposure incidents in Upper Arlington. Details of these incidents are provided in the table below.

Incident Date	Species	Breed	Quarantine Status
01/3/2025	Dog	Terrier Mix	Released
02/7/2025	Dog	Mix	Unknown/Stray
02/14/2025	Cat	DSH	Euthanized/Negative for Rabies
02/14/2025	Bat	-	Euthanized/Negative for Rabies
02/15/2025	Dog	Bernese Mountian	Released
03/2/2025	Dog	Dandie Dinmont Terrier	Released
03/13/2025	Dog	Terrier Mix	Released
03/14/2025	Cat	DSH	Released
03/21/2025	Dog	Husky	Quarantined
03/21/2025	Dog	Mix	Quarantined

Public Swimming Pools –

Franklin County Public Health (FCPH) currently licenses 398 recreational water facilities for the licensing year spanning June 1, 2024, to May 31, 2025. Within the City of Upper Arlington, there are 23 licensed pools, spas, or special-use pools. As part of its regulatory oversight, FCPH conducts standard pool inspections at least twice per licensing year. Additionally, annual pool equipment inventory inspections are performed to document essential components, including pool pumps, filters, chemical feeders, drain covers, and other facility-specific equipment. During this quarter, six inspections were conducted in Upper Arlington at the locations listed below.

Date	Facility	Inspection Type
1/13/2025	First Community Village	Standard
1/30/2025	Upper Arlington High School	Standard
2/28/2025	Homewood Suites	Standard
3/6/2025	Bob Crane Community Center	Standard, Inventory
3/25/2025	First Community Village	Standard

Body Art –

Franklin County Public Health (FCPH) currently licenses 96 body art facilities for the licensing period of January 1, 2025, through December 31, 2025. Licensed body art services include traditional tattooing and body piercing, as well as permanent makeup and reconstructive procedures such as microblading, micro-needling, scalp micropigmentation, and scar camouflage. In the City of Upper Arlington, FCPH licenses three tattoo establishments, all of which offer permanent makeup and/or reconstructive procedures. As part of its regulatory oversight, FCPH conducts inspections of body art facilities at least once per licensing period. During the first quarter of 2025, one body art inspection was completed, as detailed below.

Date	Facility
3/11/2025	Jenna Abbas

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Food Safety

Five new sets of plans were reviewed. One warning letter issued for Get Go, Unlicensed because of change of ownership, rectified.

Total Licensed Facilities			
Mobile	FSO/RFE	Vending	Schools
3	133	1	11

Inspections Conducted	
Standard	80
Follow-Up	2
Complaint	3
Consultation	15
Foodborne	0
Schools	3

Complaints investigated	
MCL 1/30	Sanitation practices, rectified. Complaint closed
Kroger 2/24	Pets in the store, rectified. Complaint closed
El Vaquero 3/3	Staple in taco, Complaint valid and closed

Plumbing and Medical Gas

Type	**Inspections**
Residential	72
Commercial	12
Medical Gas	1

Sustainability

Public Health Nuisance Complaints – N/A

Respectfully submitted by: Sarah Jensen; Assistant Health Commissioner & Environmental Health Director – 04/07/2025.

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Division of Health Systems and Planning

Upper Arlington Services (Q1 2025)
Last Edited: 04/09/2025

HSP Services January 2025 – March 2025

Administration Services

- Under Franklin County Public Health (FCPH) leadership, the Franklin County Overdose Fatality Review (OFR) committee is comprised of representatives from ADAMH, law enforcement agencies, first responders, public health, the coroner's office, recovery agencies, hospitals, the justice system, and other county agencies. Please see an overview of the OFR committee via this link.

- The mission of the OFR is "to decrease the incidence of preventable overdose deaths, and to conduct a thorough review of overdose deaths in Franklin County in order to better understand how and why our residents die by overdose and to take action to prevent other such deaths." (Ohio HB 110 Section 307.634)

- On April 1, 2025, FCPH submitted its annual OFR Report to the Ohio Department of Health (ODH). You can access a copy of the report via the following link .
    - The Community Action Group was formed out of a recommendation from the OFR Committee. The CAG is made up of individuals from the community and organizations that are actively using drugs, are in recovery, or have friends/family members that have died as a result of a substance use disorder. The group's current goals are to identify an evidence-based community train the trainer model and develop a curriculum for educating and recovery resource sharing.

Behavioral Health and Addiction Services

- In Quarter 1, 43 naloxone kits and 34 fentanyl test strips and 23 Go Kits were distributed to residents of zip codes 43220 and 43221. There were no naloxone community trainings conducted in zip codes 43220 or 43221.

- Overdose data has been finalized and there were 171 reported known overdose reversals during calendar year 2024.

- 622 emergency department admissions for suspected overdose among Franklin County residents in Q4 2024 (Franklin County CARES)
    - In all of 2024 (not just Q4), there were 72 ED admissions among residents of zip codes 43220 and 43221

- 518 naloxone doses administered by Ohio EMS in Franklin County in Q4 2024 (Ohio EMS Naloxone Watch)
    - 4 naloxone doses administered by Ohio EMS in zip codes 43220 and 43221 in Q4 2024

- The FCPH Tobacco Team trained 12 members of the Norton Middle School to provide peer-to-peer vaping prevention and cessation resources which is the first of its kind in the FCPH jurisdiction, the goal is to replicate this training in schools across the jurisdiction. If Upper Arlington is interested in initiating these trainings in your school district, please reach out to Elizabeth De Luca-Kontchou at ElizabethDeLuca-Kontchou@franklincountyohio.gov.

- Franklin County CARES is a surveillance platform that offers access to local data on community health indicators, overdose, addiction, and other social and medical factors. Visit the Upper Arlington Community Profile for more information.

Care Coordination

- Health Systems and Planning Community Health Workers received 3 new referrals for zip codes 43220 and 43221 during Quarter 1.

- The CHWs served 3 residents in Quarter 1 from zip codes 43220 and 43221. These clients completed 24 checklists and 21 pathways, including education, social service and health insurance.

- In partnership with The Ohio State University Nisonger Center, the CC Program will be forming a partnership with the Ohio Disability and Health Partnership (ODHP) program. FCPH CHWs will join ODHP staff in their efforts to improve the health and quality of life for Ohioans with intellectual and developmental disabilities (IDD) through needs assessments and linkages to social and medical services.

Community Engagement - Health Promotion

- In Quarter 1, the Clinton Township Produce Market provided fresh produce to 3,355 individuals from 1,034 households. Though no one reported their residential zip code as 43220 or 43221, it is possible that residents from Upper Arlington may have been provided with fresh produce.

- The HSP Health Promotion team engaged with 1,351 community members through 14 different community events. One Health Fair took place in Upper Arlington in quarter 1 engaging with 50 members of the community.

Community Engagement - Emergency Preparedness

- The Emergency Preparedness team holds and participates in many county-level planning efforts that impact residents of Upper Arlington.

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- The team trained 19 individuals in Stop the Bleed in Quarter 1. While none of the individuals being trained reported being a resident of Upper Arlington a Stop the Bleed training can be requested at any time by following this link.

- Partnering with the American Association of Retired Persons (AARP) a grant application was submitted for continuation of a program serving seniors in the community around their preparedness efforts in the event of a crisis. Seniors are educated on how to be prepared to shelter in place in their homes in a manner where they are safe and have the necessary items to accommodate their needs. Supplies via a Go kit are provided to senior citizens as part of the program and building their confidence in how to be well prepared during a disaster.

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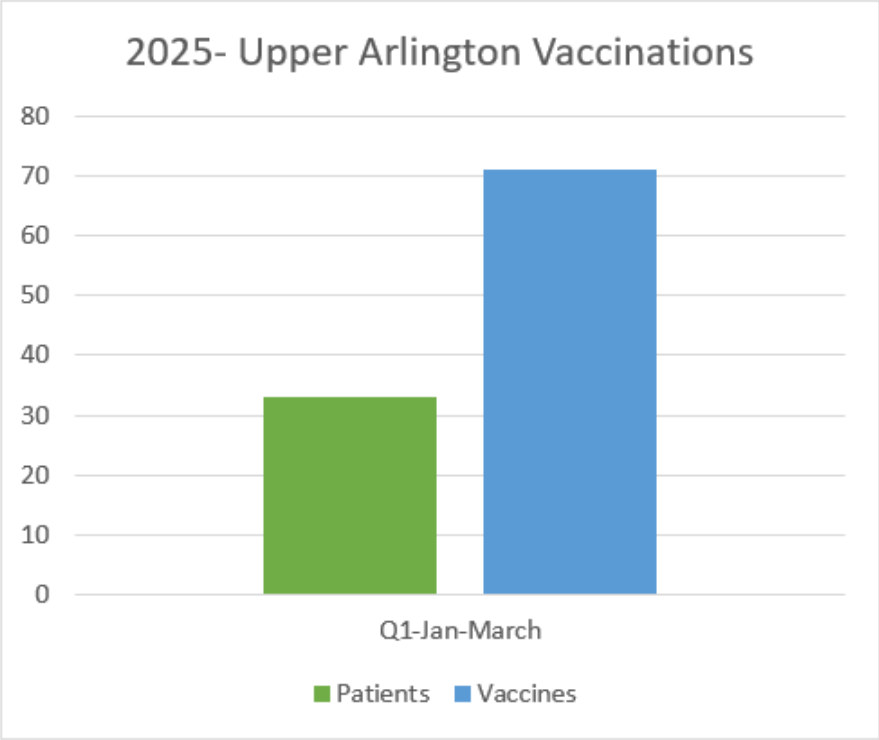
Upper Arlington Immunization Data

From January 1, 2025, to March 31, 2025, a total of 33 patients from Upper Arlington received 71 vaccinations through Franklin County Public Health. Among these, 6 were an updated COVID-19 vaccine.



Upper Arlington Community Health Fair

On March 8th, 2025, the FCPH immunization team participated in a community health fair hosted at the Tremont Library providing education and vaccinations. Please see below for service numbers.

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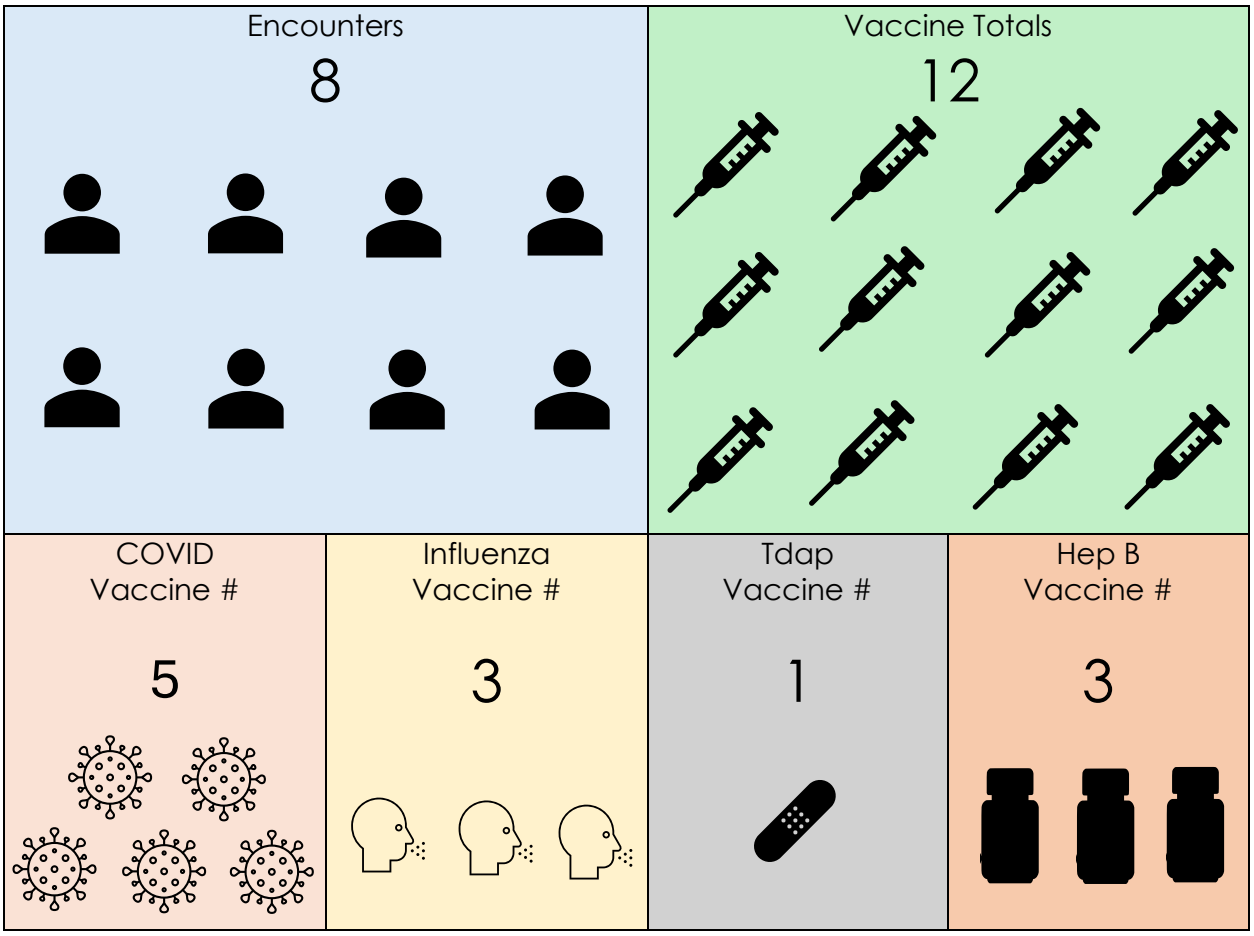


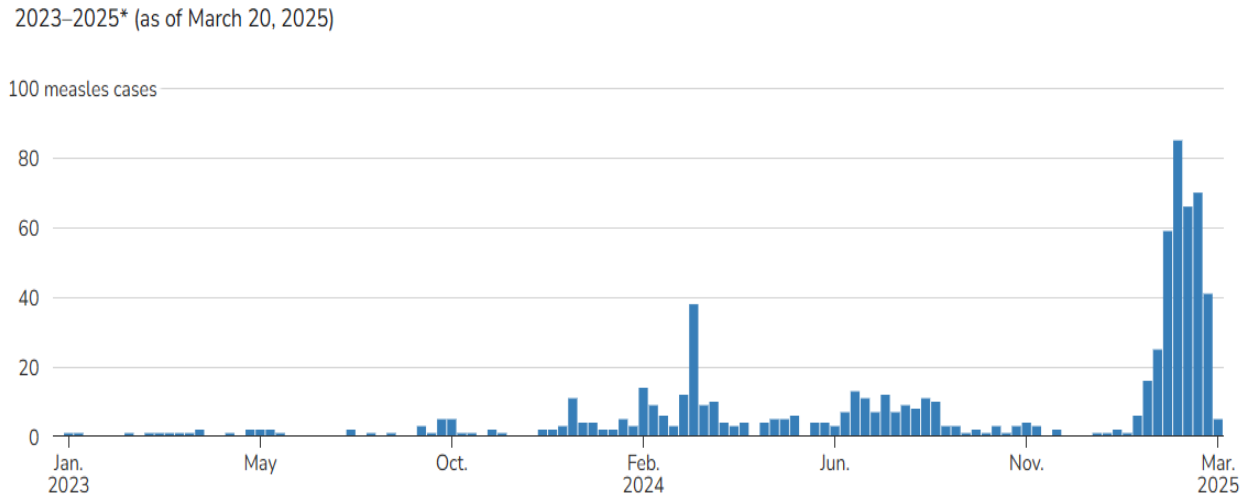
Upper Arlington Maternal and Child Health Data

From January 1, 2025, to March 31, 2025, public health nurses provided comprehensive case management services to 21 families of children with complex medical conditions residing in Upper Arlington.

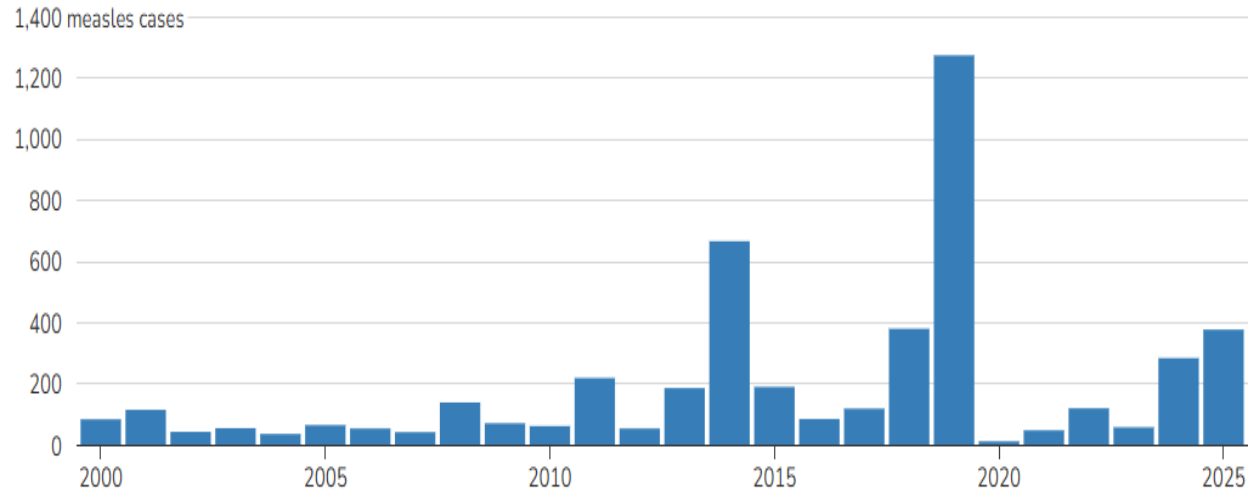
2025 Measles Cases and Outbreaks

As of March 20, 2025, a total of 378 confirmed measles cases have been reported across 18 jurisdictions: Alaska, California, Florida, Georgia, Kansas, Kentucky, Maryland, Michigan, New Jersey, New Mexico, New York City, New York State, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, and Washington. In 2025, three outbreaks—defined as three or more related cases—have been reported, with 90% of confirmed cases (341 out of 378) being outbreak-associated. For comparison, in 2024, 16 outbreaks were reported, and 69% of cases (198 out of 285) were linked to outbreaks.

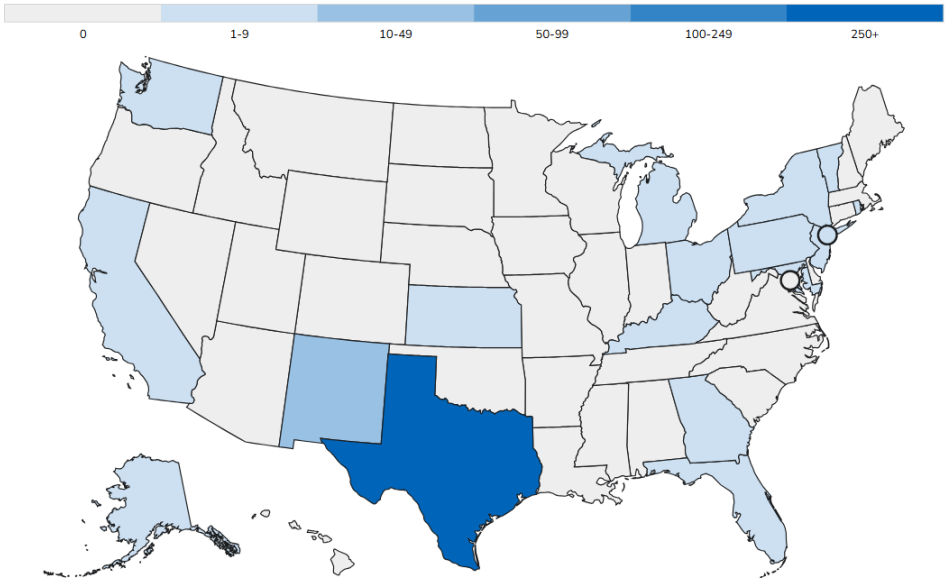
2023- 2025 Weekly Measles Cases by Rash Onset Date



2000-2025 Yearly Measles Cases



2025 Case Map as of March 21, 2025



U.S. Cases in 2025

Total cases

378

Age
Under 5 years: **124 (33%)**
5-19 years: **159 (42%)**
20+ years: **86 (23%)**
Age unknown: **9 (2%)**

Vaccination Status
Unvaccinated or Unknown: **95%**
One MMR dose: **3%**
Two MMR doses: **2%**

U.S. Hospitalizations in 2025

17%

17% of cases hospitalized (64 of 378).

Percent of Age Group Hospitalized
Under 5 years: **27% (34 of 124)**
5-19 years: **11% (18 of 159)**
20+ years: **13% (11 of 86)**
Age unknown: **11% (1 of 9)**

U.S. Deaths in 2025

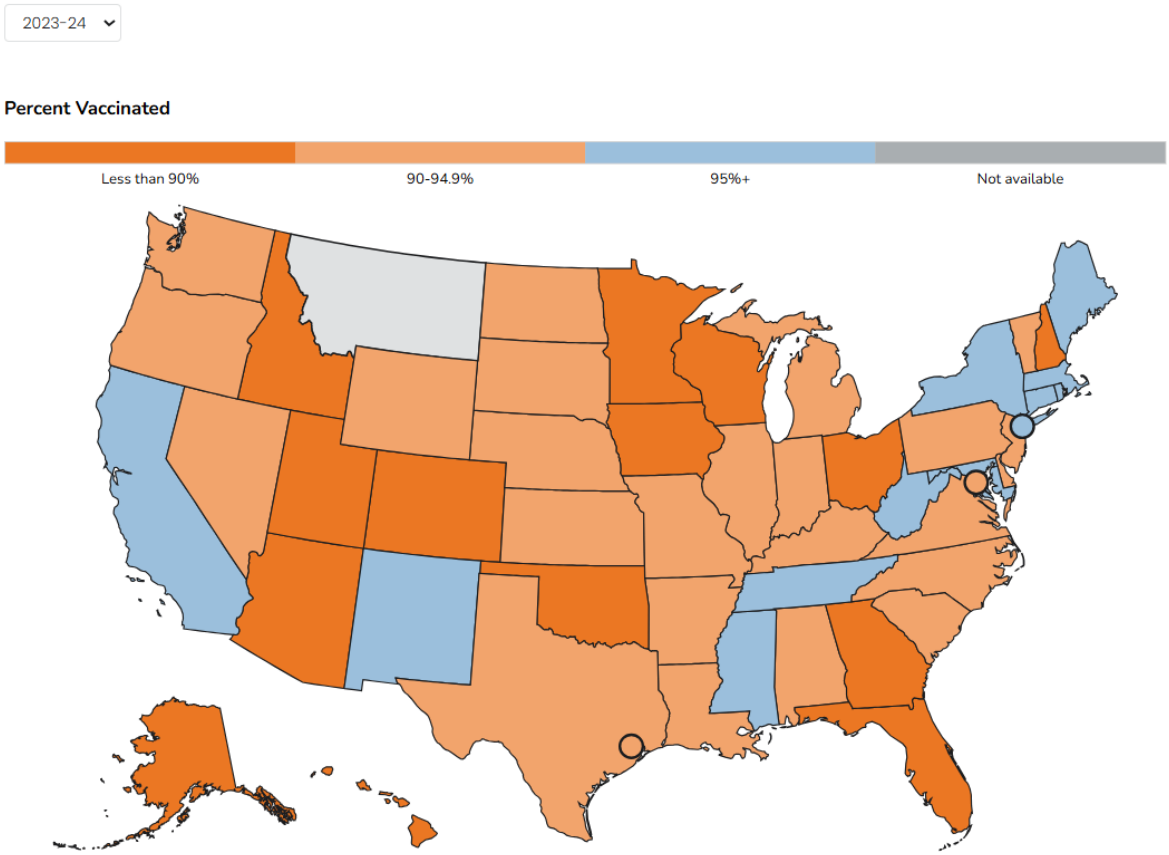
2

There has been 1 confirmed death from measles, and 1 death under investigation.

MMR vaccine coverage for kindergarteners by school year (2009–2024)

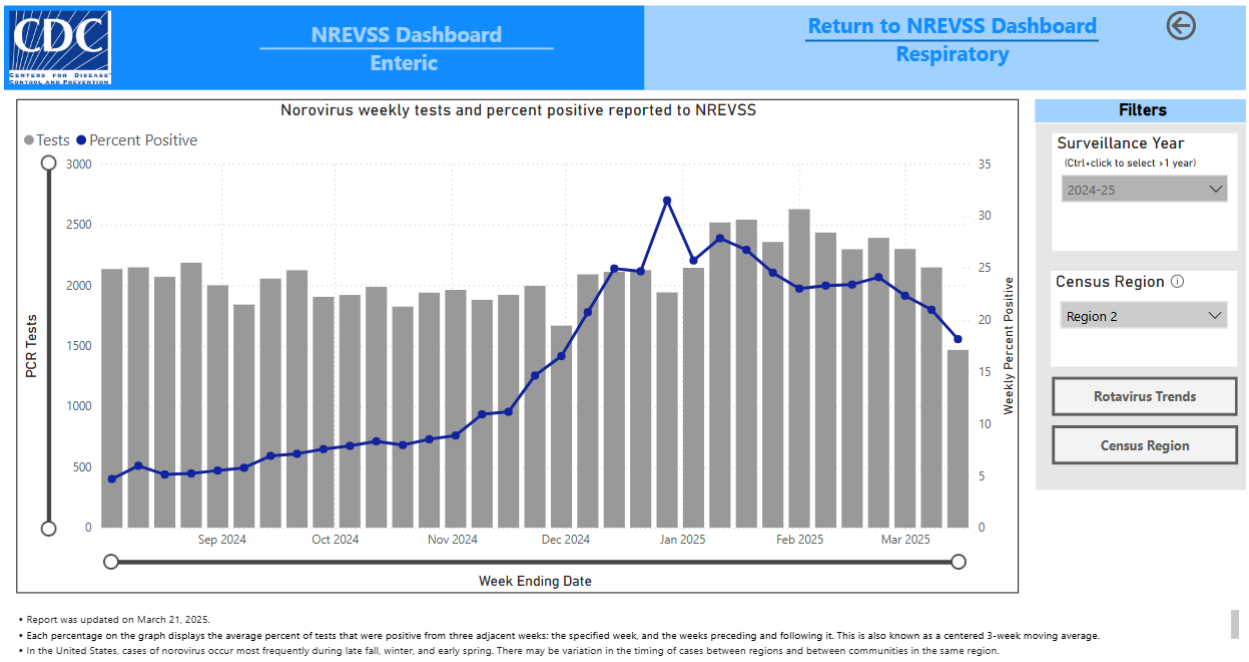
The measles, mumps, and rubella (MMR) vaccine is both safe and effective. When vaccination coverage exceeds 95% in a community, most individuals are protected through community immunity, also known as herd immunity. However, vaccination rates among U.S. kindergartners have declined, from 95.2% during the 2019–2020 school year to 92.7% in the 2023–2024 school year. This decrease means approximately 280,000 kindergartners are at risk during the 2023–2024 school year. For detailed vaccine coverage data for MMR, visit VaxView.

At the local level, vaccine coverage rates can vary significantly, and pockets of unvaccinated individuals may exist even in states with high overall vaccination rates. When measles enters communities with low vaccination coverage, outbreaks can occur.



Source: CDC - Measles Data & Research

Norovirus Activity within US



Source: CDC - NREVSS PHP Dashboard

Surveillance data from the Centers for Disease Control and Prevention (CDC) show a downward trend in the percentage of positive tests for norovirus in the United States. Norovirus is a highly contagious virus that causes sudden gastrointestinal symptoms. It is the leading cause of vomiting and diarrhea in the U.S., with an estimated 19 million to 21 million illnesses and 2,500 outbreaks reported annually. Norovirus is also the leading cause of foodborne illness. While outbreaks can happen year-round, they are most common from November to April.

Outbreaks typically occur when infected individuals spread the virus through direct contact or shared exposure to contaminated water, food, or surfaces. Common settings for outbreaks include hospitals, restaurants, schools, childcare centers, and cruise ships.

For more information on norovirus, visit CDC - Norovirus.

Ohio's first known human case of H5N1 avian influenza was confirmed as the D1.3 genotype by the CDC on March 19, 2025

The CDC sequenced the virus from the most recent human case, which involved a poultry worker in Ohio. In the early months of 2025, Ohio's commercial poultry sector became one of the worst affected by H5N1 outbreaks. The worker had prolonged contact with sick birds and was hospitalized with both respiratory and non-respiratory symptoms. Initially, upper-respiratory samples tested negative, but lower respiratory tract samples came back positive for the virus.

Sequencing by the CDC revealed that the virus is a clade 2.3.4.4b of the D1.3 genotype, which, like the D1.1 genotype, descended from the A3 genotype introduced to North America in 2022. This strain has since reassorted with North American wild bird avian flu viruses. The D1.1 genotype has been circulating in wild birds and poultry and has recently jumped to dairy cattle in Nevada and Arizona. It has also been linked to several human infections, including two severe cases and one fatality.

Genetic analysis of the D1.3 virus showed no markers that would affect the effectiveness of antivirals or candidate vaccine viruses. The CDC also noted that no changes were found that would make the virus more likely to adapt to or spread among mammals. Efforts to isolate the live virus are still ongoing.

Source: CDC - H5N1 Response & CIDRAP - H5N1 Case in Ohio

Ohio reported its first probable human case of influenza A(H5), also known as Highly Pathogenic Avian Influenza (HPAI) or bird flu, on February 12, 2024.

The case involved an adult male farm worker from Mercer County who had close contact with deceased commercial poultry and became infected with the virus.

The Centers for Disease Control and Prevention (CDC) currently assesses the risk of bird flu to the general public as low. However, individuals with prolonged and unprotected contact with infected birds are at greater risk of exposure.

Guidance for the General Public:

- The risk of acquiring bird flu for the general U.S. population remains low. To prevent infection, individuals should avoid direct contact with wild birds, sick or dead poultry, or other animals.
- Commercial poultry owners should follow strict biosecurity measures and prevent any contact between their poultry and wild birds, especially migratory waterfowl.

Avoid handling sick birds or other animals, and immediately report any unusual signs of disease or unexpected deaths to the Ohio Poultry Association at (614) 882-6111 or the Ohio Department of Agriculture at (614) 728-6220, or after hours at (888) 456-3405.

The Ohio Department of Agriculture recommends the following best biosecurity practices for commercial poultry owners:

- **Prevent contact with wild birds and waterfowl**: Keep birds indoors when possible and implement wildlife management practices around your farm. More info here.

- **Minimize visitor contact**: Only allow those who care for your poultry to have direct contact with them, and ensure they follow biosecurity principles.
- **Hand hygiene**: Wash your hands before and after contact with live poultry using soap and water. If using hand sanitizer, first remove any manure, feathers, or other materials from your hands.
- **Provide disposable boot covers or disinfectant footbaths**: Ensure anyone having contact with your flock uses disposable boot covers (preferred) and/or disinfectant footbaths. If using a footbath, remove all droppings, mud, or debris from boots and shoes using a long-handled brush before stepping in and always keep it clean.
- **Rodent and pest control**: Establish a rodent and pest control program. Ensure feed, ingredients, bedding, and litter are delivered, stored, and maintained to limit exposure to and contamination from wild animals.
- **Source clean drinking water**: Use drinking water from a contained supply, such as a well or municipal system. Avoid using surface water for drinking or cleaning.
- **Clean and disinfect tools and equipment**: Clean and disinfect all tools and equipment before moving them to a new poultry facility. Trucks, tractors, tools, and equipment should be cleaned and disinfected before leaving the property, and anything that cannot be cleaned should not be moved or reused.
- **Monitor for signs of illness**: Pay attention to changes in egg production, death loss, discoloration or swelling of legs, wattles, and combs, labored breathing, and reduced feed or water consumption.

More information about best biosecurity practices can be found on both the Ohio Department of Health (ODH) and Ohio Department of Agriculture (ODA) websites.

Background on Bird Flu Cases in Humans

The Centers for Disease Control and Prevention (CDC) has been addressing the public health challenges posed by a multistate outbreak of avian influenza A(H5N1), or "H5N1 bird flu," in dairy cows, poultry, and other animals in the United States since the spring of 2024. The CDC is working in collaboration with the U.S. Department of Agriculture (USDA), the Food and Drug Administration (FDA), the Administration for Strategic Preparedness and Response (ASPR), state public health and animal health officials, and other partners, applying a One Health approach to tackle this issue.

Since April 2024, 70 human cases of avian influenza A(H5) virus infection have been reported in the U.S. Of these cases, 41 were linked to exposure to sick dairy cows, 26 were associated with exposure to avian influenza A(H5N1)-infected poultry, and the source of exposure for three cases remains undetermined. To date, human-to-human transmission of the influenza A(H5) virus has not been observed in the United States. The immediate risk to the public from H5 bird flu remains low.

On the animal health side, USDA reports that since March 2024, 989 dairy herds in 17 U.S. states have confirmed cases of avian influenza A(H5N1) virus infections in dairy cows,

with the number of affected herds continuing to rise. Since April 2024, avian influenza A(H5) virus detections have been reported in 336 commercial flocks and 207 backyard flocks, resulting in more than 90.9 million affected birds.

Source: CDC - H5N1 Response

National situation summary

Person-to-person spread

NONE — There is no known person-to-person spread at this time.

Current public health risk

LOW — The current public health risk is Low.

Cases in the U.S.

70 cases

Deaths in U.S.

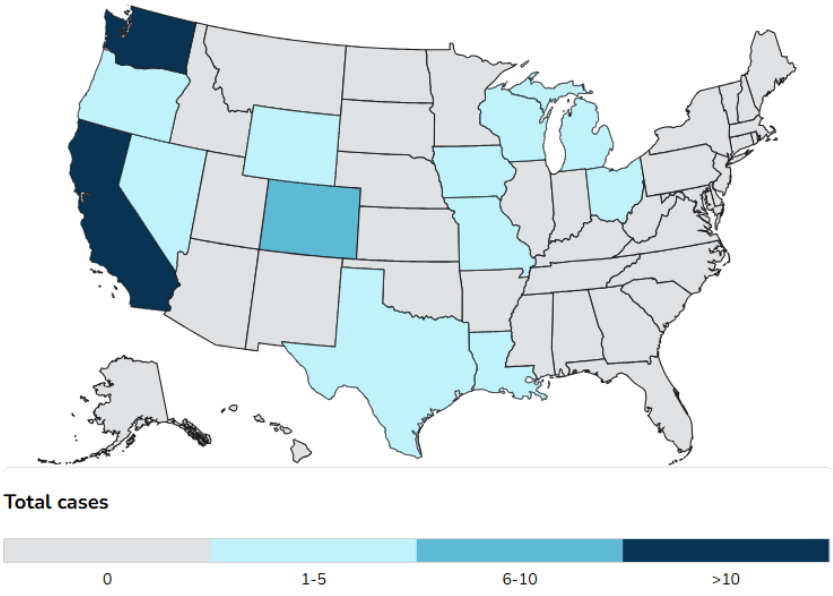
1 death

National Total Cases: 70

Cases	Exposure Source
41	Dairy Herds (Cattle)*
24	Poultry Farms and Culling Operations*
2	Other Animal Exposure†
3	Exposure Source Unknown‡

NOTE: One additional case was previously detected in a poultry worker in Colorado in 2022. Louisiana reported the first H5 bird flu death in the U.S.

*Exposure Associated with Commercial Agriculture and Related Operations
†Exposure was related to other animals such as backyard flocks, wild birds, or other mammals
‡Exposure source was not able to be identified



Source: CDC - Bird Flu Situation Summary

What are we doing locally?

In response to sporadic human infections with avian Influenza A H5N1 Virus amid high levels of seasonal influenza activity, the Centers for Disease Control and Prevention (CDC) **has recommended a shortened timeline for subtyping all influenza A specimens from hospitalized patients. This includes enhanced efforts at clinical laboratories to identify non-seasonal influenza**.

Clinicians and laboratorians are being reminded to test for influenza in patients with suspected influenza and to expedite the **subtyping of influenza A-positive specimens from hospitalized patients, especially those in intensive care units (ICUs)**.

This approach aims to prevent delays in identifying human infections with avian Influenza A H5N1 Virus, while also ensuring optimal patient care and supporting timely infection control and case investigation.

COVID-19 Update

No new updates for this month. Data below is from previous month. Next report will be published on April 30, 2025.

Source: Vax2Normal

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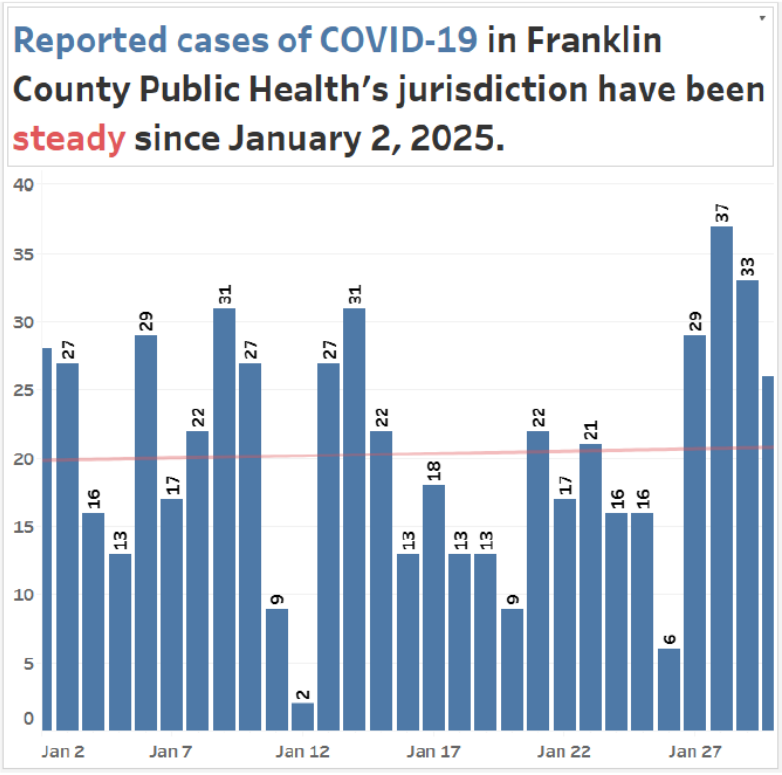
Epidemiology Update for COVID-19
Franklin County Public Health
January 31, 2025

Please note: Due to underreporting of COVID-19 testing and cases, please interpret data with caution on this report. The true number of cases are likely higher. Data are pulled from the Ohio Disease Reporting System and the Ohio Department of Health.

COVID-19 Cases Reported by Year and Sex, Franklin County Public Health Jurisdictions

	2020	2021	2022	2023	2024	2025	Grand Total
Female	15,232	22,795	28,578	6,443	4,444	355	77,847
Male	13,676	20,217	22,664	4,389	3,065	254	64,265
Blank	198	160	362	31	8	2	761
Unknown	52	148	237	20	10	1	468
Grand Total	29,158	43,320	51,841	10,883	6,629	612	143,341



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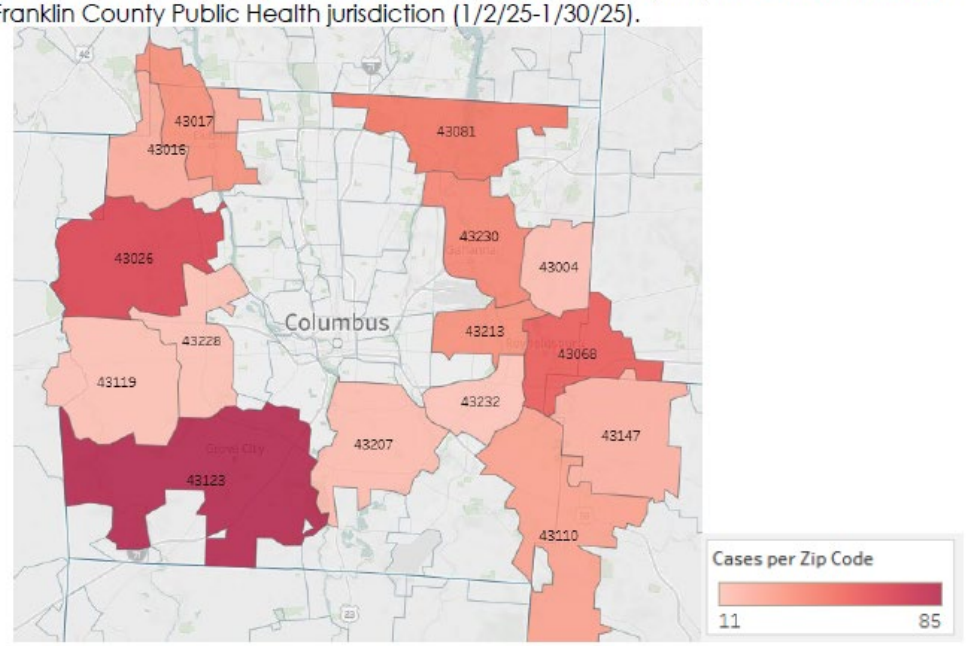
Over the past 4 weeks, 43123 and 43026 have seen the majority of **COVID-19 Cases** in Franklin County Public Health jurisdiction (1/2/25-1/30/25).



Source: Vax2Normal

COVID-19 Current Wastewater Viral Activity Levels Map

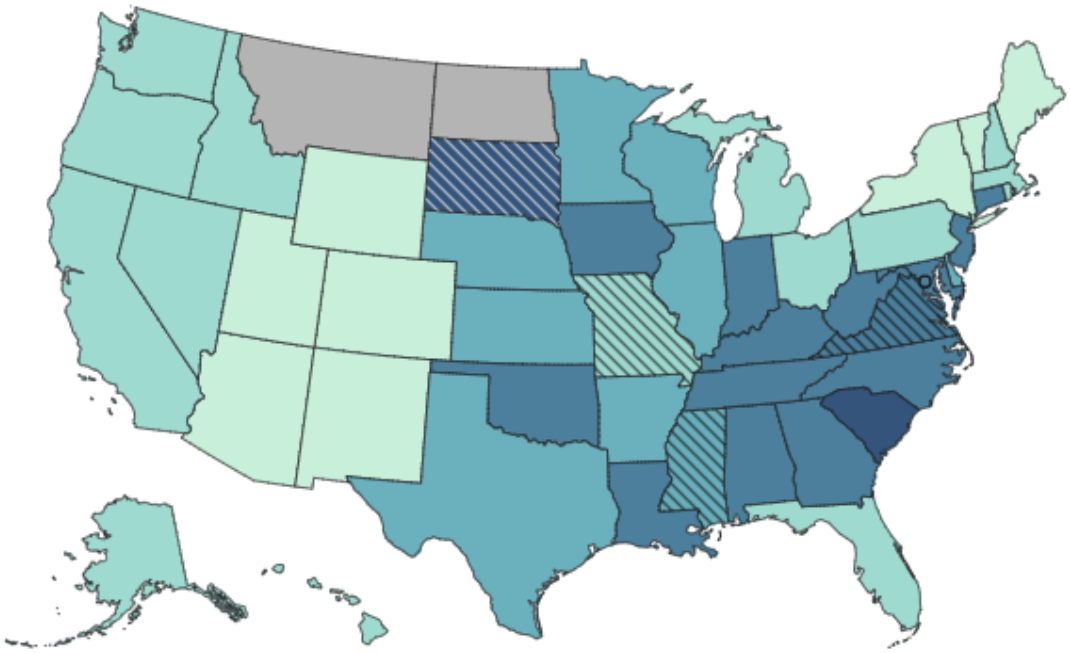
COVID-19 Wastewater Monitoring in the U.S.

Print

This interactive map shows the current wastewater viral activity level of SARS-CoV-2 (the virus that causes COVID-19) for each state or territory.

Wastewater data are updated every Friday with the previous week's data, which allows for data to be reviewed for accuracy. Data may change as more reports are received.

Time Period: March 09, 2025 - March 15, 2025



U.S. Territories

GU VI

SARS-CoV-2 Wastewater Viral Activity Levels

Select a level to add or remove from map.

Very High | High | Moderate | Low | Very Low | No Data | *Limited Coverage

* Based on a small segment (less than 5%) of the population and may not be representative of the state/territory.

Data last updated 2025-03-20

Source: CDC - COVID-19 Current Levels

Wastewater COVID-19 State and Territory Trends

COVID-19 Wastewater Monitoring in the U.S.

Print

This page shows the current wastewater viral activity level of SARS-CoV-2 (the virus that causes COVID-19) for the overall state or territory. It also shows state/territory, regional, and national trends over time.

Wastewater data are updated every Friday with the previous week's data, which allows for data to be reviewed for accuracy.

State

Ohio

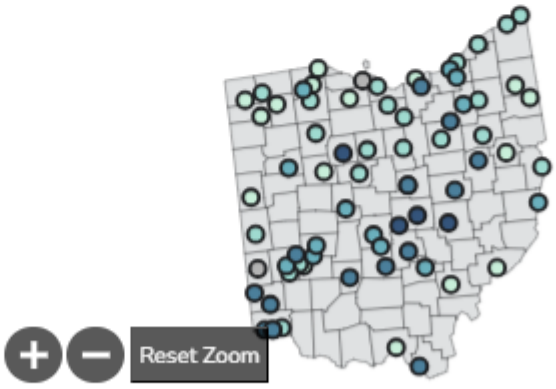
Current Site Levels

This map shows current wastewater viral activity levels of SARS-COV-2 at individual wastewater treatment plants or sampling locations reporting in the last week. A site may serve multiple counties, including those in another state.

Time Period: March 09, 2025 - March 15, 2025

In Ohio, the wastewater viral activity level for COVID-19 is currently **Low**.

Sites reporting in the last week: 70
Sites reporting in the last 30 days: 72



Current Site Levels

Select a level to add or remove from map.

Very High High Moderate Low Very Low

No Data

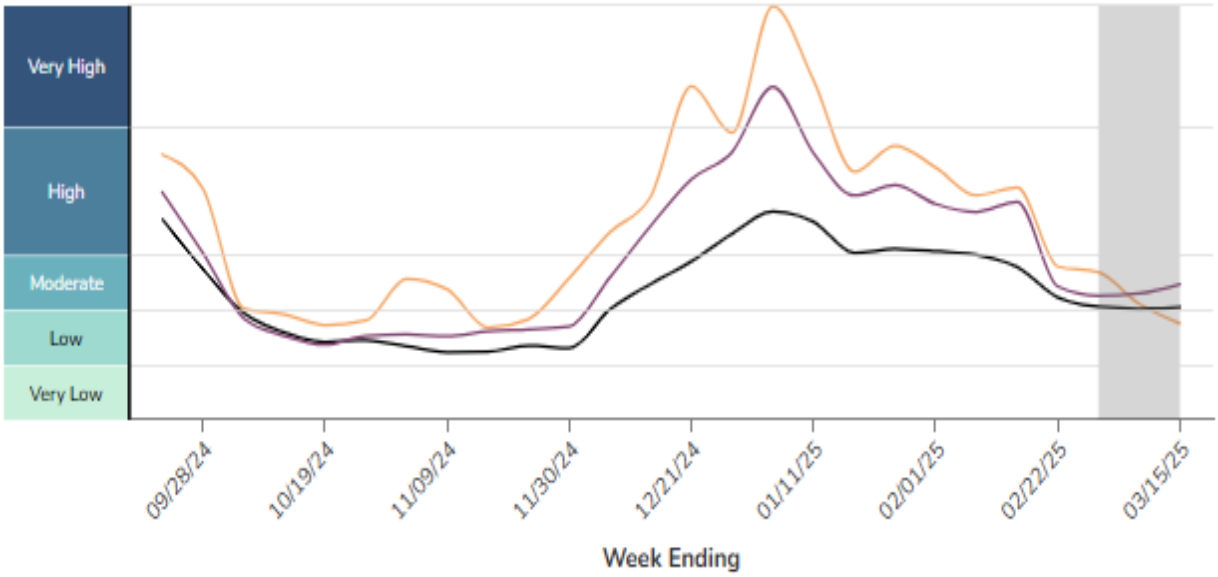
Source: CDC - COVID-19 State Trends

Trends over Time

This chart shows trends of SARS-COV-2 viral activity levels in wastewater. For comparison, you can also see trends for the national and regional trend.

Date Period

6 Months



<5% Population

Data from the most recent two weeks may be incomplete due to delays in data reporting. These data sets are subject to change and are indicated by the gray shading.

Source: CDC - COVID-19 State Trends

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COVID-19 Variants in Wastewater

COVID-19 Wastewater Monitoring in the U.S.

Print

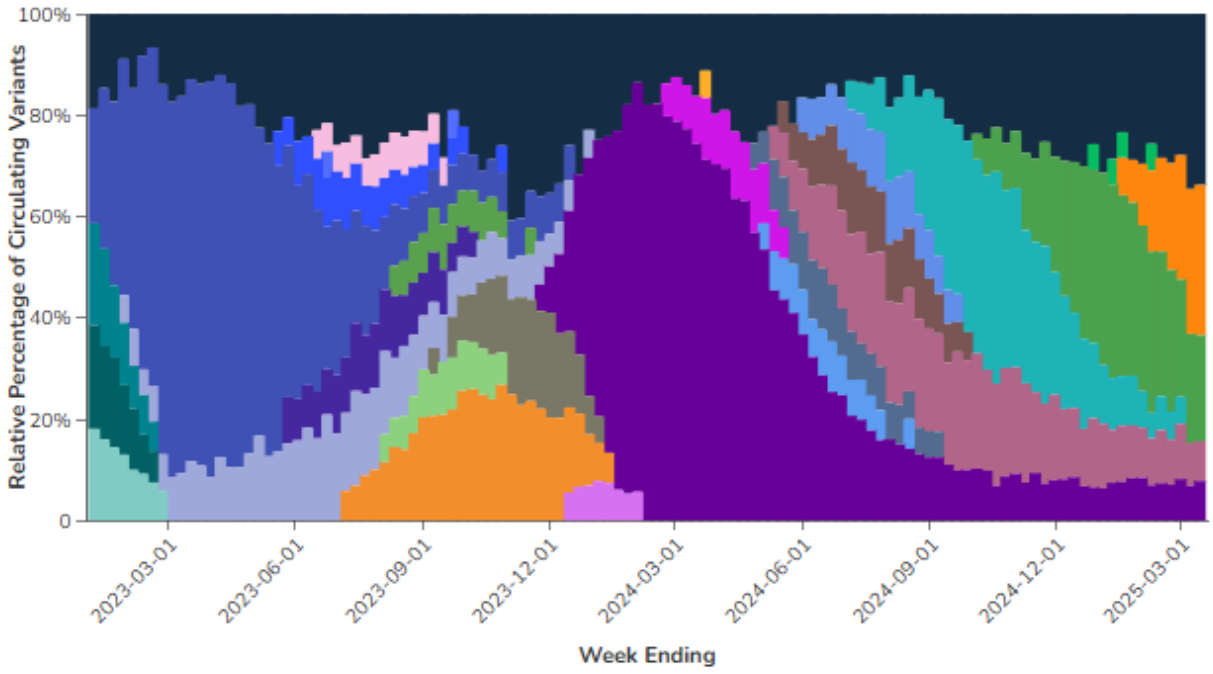
This chart shows the average relative proportions of SARS-COV-2 virus variants in wastewater at the national level. Variants constituting less than 5% abundance are categorized as "Other."

Wastewater data are updated every Friday with the previous week's data, which allows for data to be reviewed for accuracy. Data may change as more reports are received.

Predominant Variant

LP.8.1

All lineages not enumerated in this graphic are aggregated with their parent lineages, based on Pango statement of nomenclature rules.



Select a variant to add or remove it from the visualization.

BA.2 BA.2.86 BA.5 BQ.1 BQ.1.1 EG.5 FL.1.5.1 HK.3 HV.1 JN.1 XBB
XBB.1.16 XBB.1.16.1 XBB.1.16.6 XBB.1.5 XBB.1.5.1 XBB.1.5.59 XBB.1.9.1 XBB.1.9.2
XBB.2.3 JN.1.11.1 JN.1.7 JN.1.8.1 KP.2 KP.1.1 KP.3 LB.1 KP.2.3 KP.3.1.1
XEC MC.1 MC.19 LB.1.3.1 LP.8.1 XEC.4 MC.10.1 Other

Source: CDC - COVID-19 Variants

Respiratory Illnesses Data Channel

This site is updated on Fridays.

WHAT TO KNOW

- As of March 21, 2025, the amount of acute respiratory illness causing people to seek healthcare has declined to a low level.
- Seasonal influenza activity remains elevated nationally but has decreased for five consecutive weeks.
- COVID-19 activity is declining nationally but elevated in some areas of the country.
- RSV activity is declining in most areas of the country.
- The community snapshot shows activity levels using the following colors: Very Low , Low , Moderate , High , Very High .

Overall respiratory illness activity in **the United States***

Low

What it is: A measure of how frequently a wide variety of respiratory symptoms and conditions are diagnosed by emergency department doctors, ranging from the common cold to COVID-19, flu, and RSV.

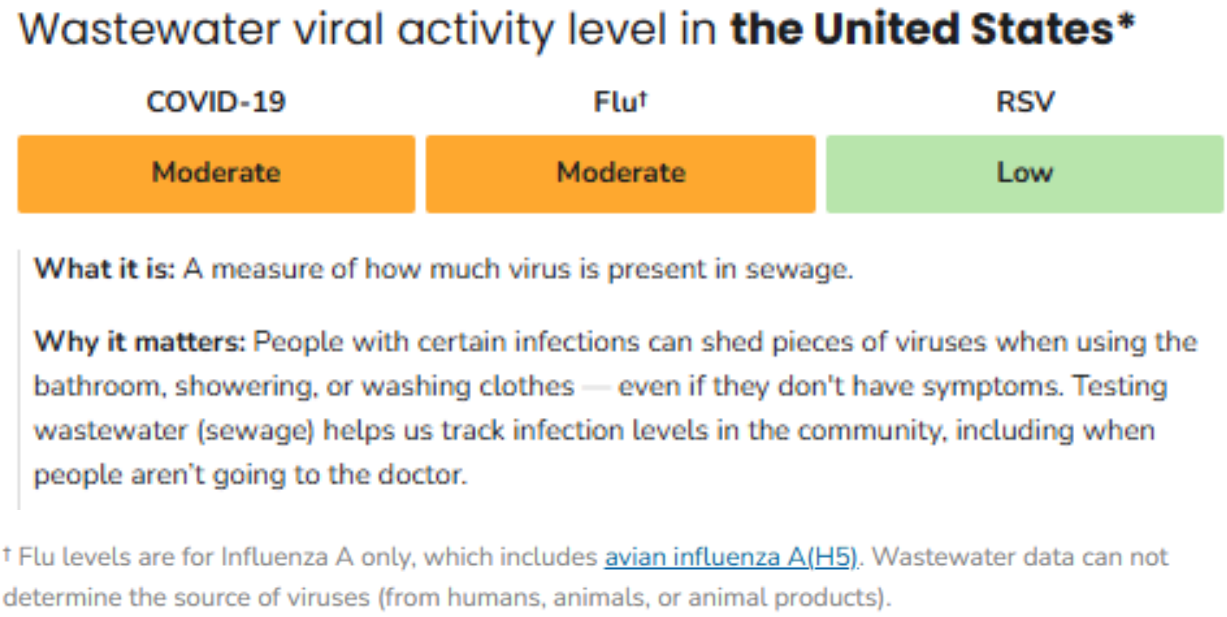
Why it matters: Summarizes the total impact of respiratory illnesses, regardless of which diseases are causing people to get sick.

Emergency department visits in **the United States**

COVID-19	Flu	RSV
Low Decreasing ↘	Moderate Decreasing ↘	Low Decreasing ↘

What it is: A measure of how many people are seeking medical care in emergency departments.

Why it matters: When levels are high, it may indicate that infections are making people sick enough to require treatment.



Source: CDC - Respiratory Viruses Data

Weekly national summary
Reported on Friday, March 21, 2025
Seasonal influenza activity remains elevated nationally but has decreased for five consecutive weeks. COVID-19 activity is declining nationally but elevated in some areas of the country. RSV activity is declining in most areas of the country.

COVID-19
COVID-19 activity is declining nationally but elevated in some areas of the country. Wastewater levels and emergency department visits are at low levels, and laboratory percent positivity is stable. Emergency department visits and hospitalizations are highest in older adults, and emergency department visits are also elevated in young children. There is still time to benefit from getting your recommended immunizations to reduce your risk of illness this season, especially severe illness and hospitalization.
CDC expects the 2024-2025 COVID-19 vaccine to work well for currently circulating variants. There are many effective tools to prevent spreading COVID-19 or becoming seriously ill.

Influenza
Seasonal influenza activity remains elevated nationally but has decreased for five consecutive weeks. Data to date suggest the season has peaked; however, flu-related medical visits, hospitalizations, and deaths remain elevated, and CDC expects several more weeks of flu activity.
Additional information about current influenza activity can be found at: Weekly U.S. Influenza Surveillance Report | CDC

RSV
RSV activity is declining in most areas of the country. Emergency department visits and hospitalizations are highest in children, and hospitalizations are elevated among older adults in some areas.

Vaccination
Vaccination coverage with influenza and COVID-19 vaccines is low among U.S. adults and children. Vaccination coverage with RSV vaccines remains low among U.S. adults. Many children and adults lack protection from respiratory virus infections provided by vaccines.

Other Respiratory IllnessesPertussis
Reported cases of whooping cough (pertussis) continue to be elevated nationwide. Whooping cough is very contagious and can spread easily from person to person. Babies younger than 1 year old are at highest risk of severe disease and complications. The best way to prevent complications from whooping cough is to get vaccinated. Learn more: About Whooping Cough | Whooping Cough | CDC.

Mycoplasma pneumoniae
Respiratory infections caused by the bacteria *Mycoplasma pneumoniae* continue to decline from their peak in late 2024. In the coming weeks, our regular updates on *Mycoplasma pneumoniae* will conclude as new infection trends are no longer a national concern.
Learn more: About Mycoplasma pneumoniae Infection | M. pneumoniae | CDC.

Group A Strep
Respiratory infections caused by group A Streptococcus bacteria are at typical levels for this time of the year. In the coming weeks, our regular updates on group A Streptococcus will conclude as new infection trends are no longer a national concern.
Learn more: About Strep Throat | Group A Strep | CDC.

Source: CDC - Respiratory Viruses Data

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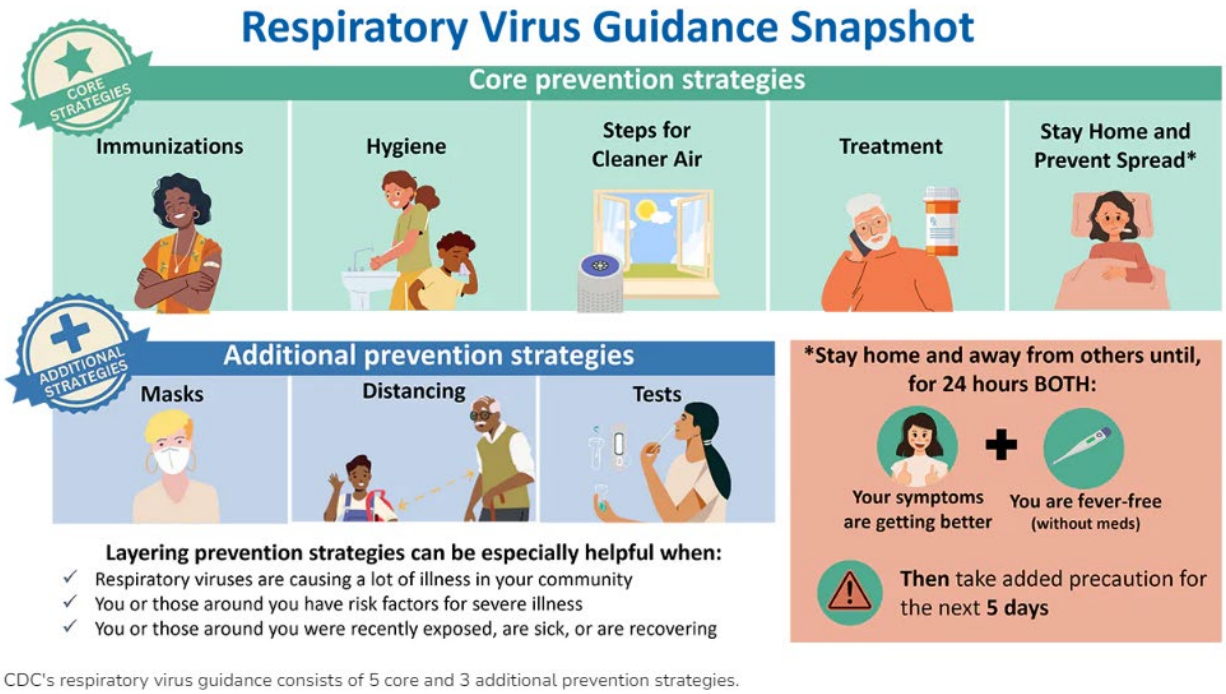
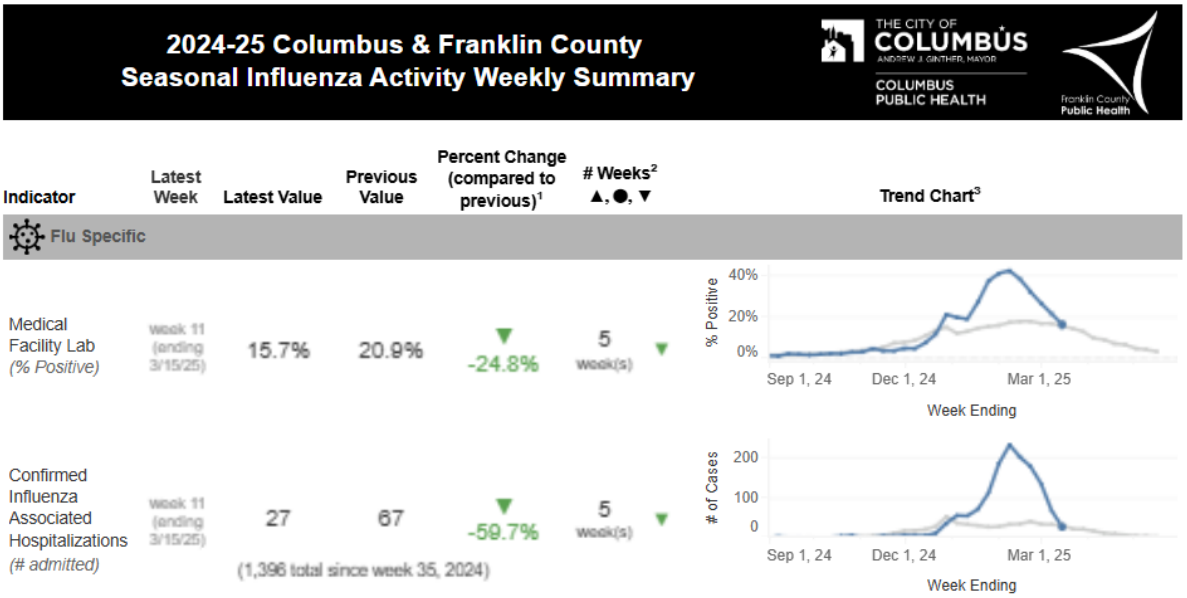


CDC's respiratory virus guidance consists of 5 core and 3 additional prevention strategies.

2024-2025 Franklin County Seasonal Influenza Activity

FRANKLIN COUNTY- LOCAL ACTIVITY

Local influenza activity remains moderate to high.



Source: [Columbus Flu Surveillance Dashboard]

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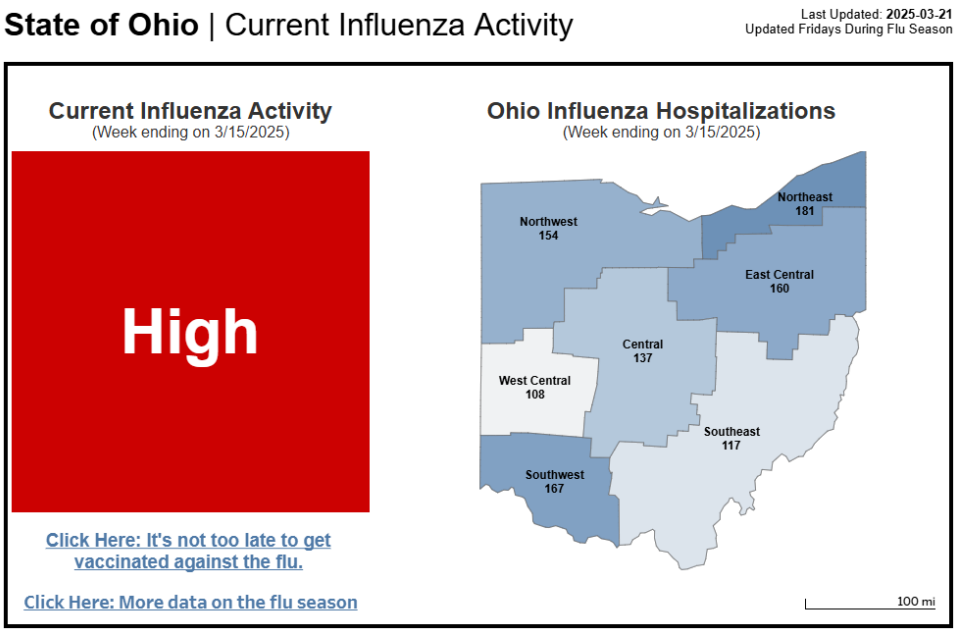
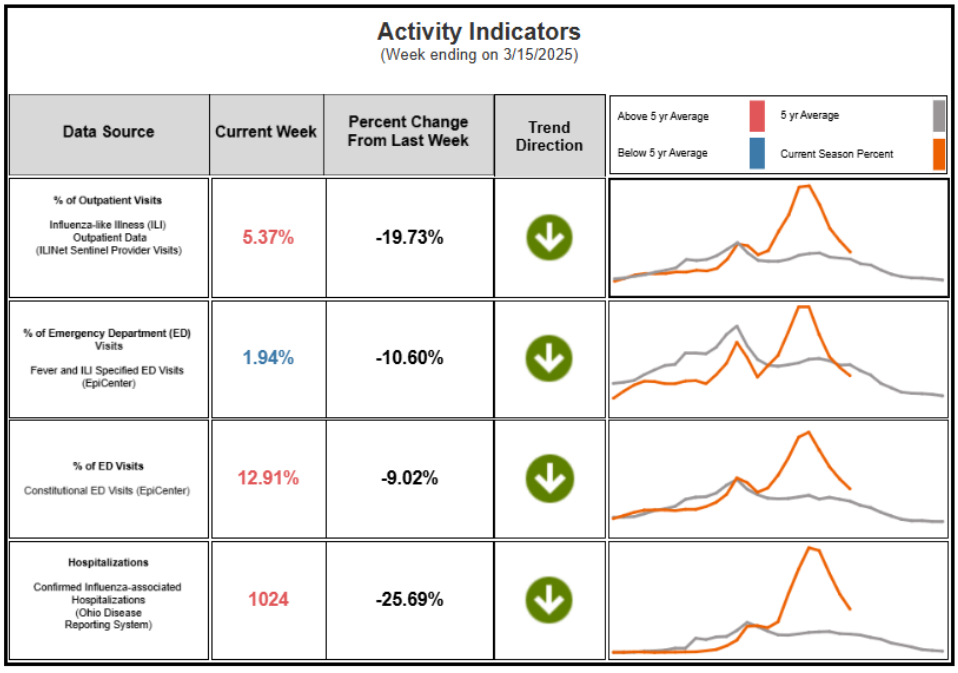
OHIO-STATE ACTIVITY





Footnotes:

- **Emergency Department Visits (EpiCenter):** A five-year average, which includes data from the 2017-2018 and 2018-2019 seasons in addition to data from the 2021-2022 through 2023-2024 seasons is displayed in the figure above. EpiCenter data from the 2019-2020 and 2020-2021 influenza seasons have been omitted from the five-year baseline average due to data instability and the effects of the COVID-19 pandemic.

- **Sentinel Providers (ILINet):** A five-year average, which includes data from the 2017-2018 and 2018-2019 seasons in addition to data from the 2021-2022 through 2023-2024 seasons is displayed in the figure above. ILINet data from the 2019-2020 and 2020-2021 influenza seasons have been omitted from the five-year baseline average due to data instability and the effects of the COVID-19 pandemic.

- **Influenza-associated Hospitalizations (ODRS):** A five-year average, which includes data from the 2017-2018 and 2018-2019 seasons in addition to data from the 2021-2022 through 2023-2024 seasons is displayed in the figure above. Influenza-associated hospitalization data from the 2019-2020 and 2020-2021 influenza seasons have been omitted from the five-year baseline average due to data instability and the effects of the COVID-19 pandemic.

Source: Ohio Department of Health - Influenza Dashboard

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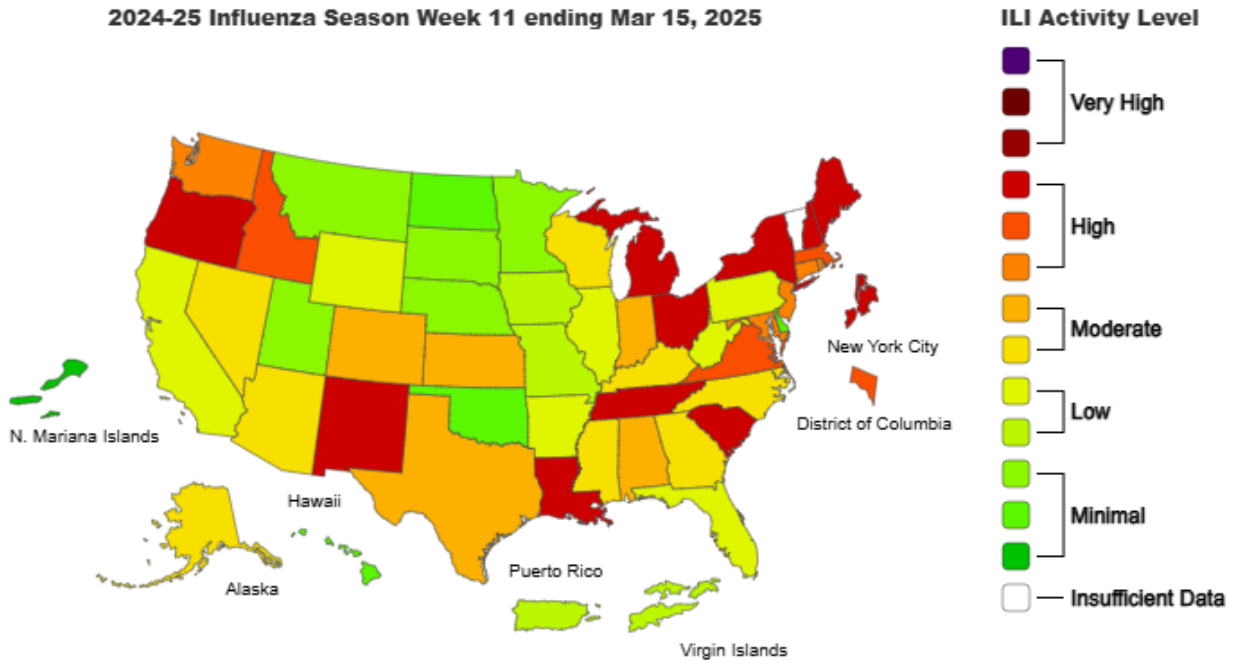
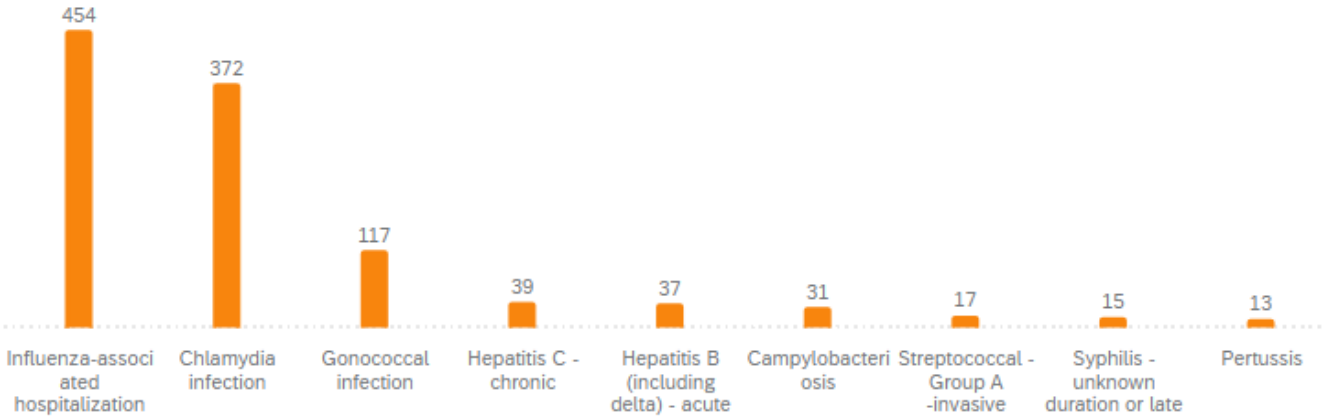
NATIONAL ACTIVITY



Source: CDC - FluView Surveillance Map

FCPH Reportable Diseases/Conditions Data

2025 Top 10 Reportable Conditions



Contains suspected, probable, and confirmed cases. Does not include HIV, syphilis, or COVID-19 data. Values above 10 have been hidden for confidentiality purposes.

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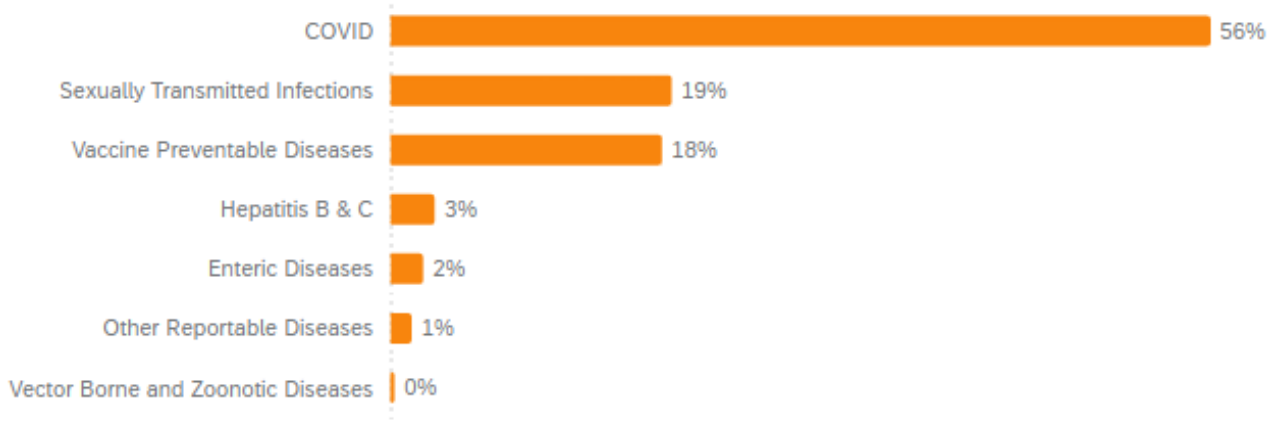
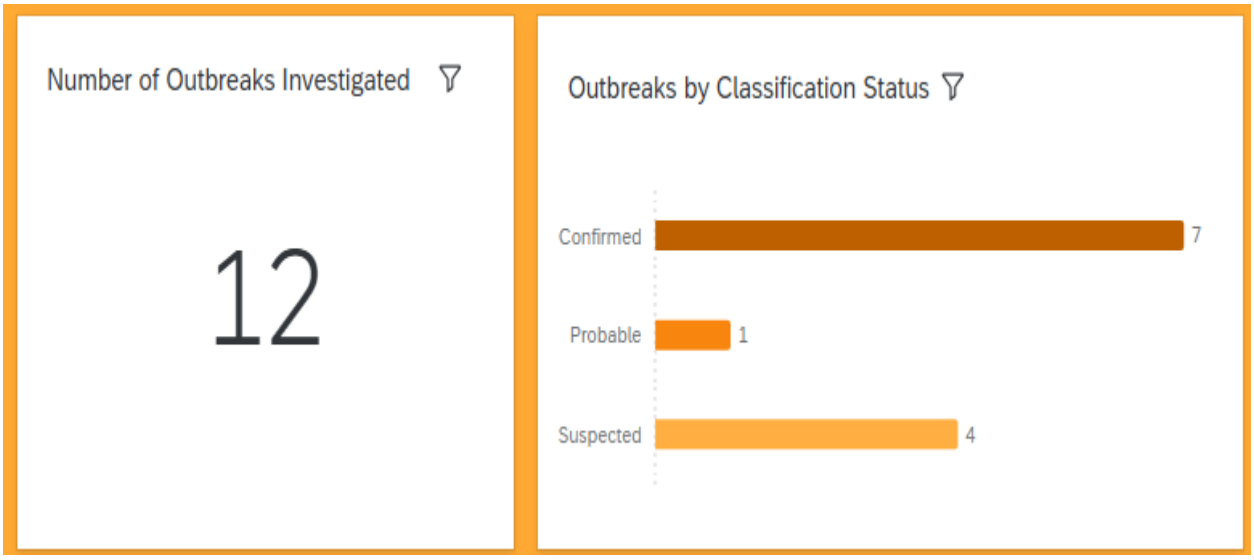
2025 Reportable Condition by Cateory



HIV data was excluded from STI category.

2025 Outbreaks



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Data are current as of 3/24/2025.

Contains Suspected, Probable, and Confirmed cases.
Cases counts labeled as <10 due to confidentiality purposes.
Counts do not include cases in cities of Columbus and Worthington; only FCPH jurisdictions are included.
HIV data is excluded.

Respectfully submitted by Alex Jones, Assistant Health Commissioner/Director of Prevention & Wellness, April 2, 2025