

Wednesday, October 15, 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 July 16, 2025 minutes
3. New Business
 - a. Upper Arlington CHAT Update
4. FCPH Reports
 - a. Environmental Health
 - b. Health Systems & Planning
 - c. Prevention & Wellness

ADJOURNMENT

**Date of Next Meeting:
Wednesday, January 28, 2026, 12:30 pm
3600 Tremont Road – Lower Level Conference Room
Upper Arlington, OH 43220**

-AGENDA SUBJECT TO CHANGE-



January 15, 2025 | 12:30 pm

Members Present

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

Guests:

Jackie Thiel, City of UA
Chris Zimmer, City of UA
Sarah Jensen, FCPH

Members Absent

MINUTES

Program History, Structure, and Evolution

- The C.A.R.E.S. program (Community Assistance Referral Education Service) began in 2009 as "Stay UA" and was formalized in 2017, adding a medical perspective.
 - In 2021, the police division was integrated, and a social worker was added in the current year.
 - The team currently consists of three full-time staff, with support from police officers and soon a social worker.
 - The program is unique in Central Ohio for its multi-level, interdisciplinary approach, combining fire, EMS, police, gerontology, and social work expertise.
 - The mission is to promote quality and independence for residents through education, resource coordination, and service.
 - There is no age minimum; any resident within the borough can access services.

- A single phone number serves as the point of contact for all residents.
- The community paramedic training course broadens paramedics' understanding of community resources and motivational interviewing, shifting from emergency-only responses to long-term engagement.
 - The program is not a state certification in Ohio but consists of supplemental training identified by staff or learned from other programs.
 - Ohio lacks formal legislation for community paramedicine, unlike Michigan, which has clear administrative codes and defined scopes of practice.
 - The program is recognized nationally, receiving inquiries and sharing best practices with agencies in states such as New Mexico, Texas, California, Michigan, and Wisconsin.
- Financial and operational considerations:
 - Each EMS run costs nearly \$800, factoring in fuel, wear and tear, salaries, and medical supplies.
 - Some EMS fees are recoverable through billing, but overall, the program operates at a financial loss, partially offset by salary and consumable reimbursements.

Services, Community Impact, and Outreach

- The program provides a range of services, including:
 - Fire and EMS pre-planning and education, fall prevention, DNR (Do Not Resuscitate) education, medical resources, food and housing assistance, and referrals to social service agencies.
 - Police support includes crime prevention, behavioral health, and abuse resources.
 - Home safety modifications (e.g., free grab bars), outreach to families with medically complex children, and support for those at risk of wandering.
- Referrals primarily come from EMS/911 calls, but also from walk-ins, phone calls, neighbors, and healthcare agencies.
 - EMS staff identify needs during calls and refer residents for follow-up.
 - The program sometimes faces challenges connecting with residents due to incorrect contact information or residents being in other facilities.
- Fall prevention is a major focus due to the large geriatric population.
 - Barriers include lack of knowledge, difficulty finding trustworthy help, high costs, and long wait times for home modifications.
 - The fire department assists with home safety installs such as grab bars, handrails, night lights, and step marking tape.
 - Knox Boxes and other secure entry solutions are recommended to facilitate emergency access without property damage.
 - Residents must sign a liability waiver before installations, and landlords are involved when applicable.
 - The team emphasizes the significant impact of small interventions, such as installing a grab bar, on residents' quality of life.



- The team frequently helps fill gaps in community services by making connections and referrals, but there is a notable shortage of providers, making it difficult for residents to access basic household assistance.
 - Residents often struggle to get callbacks from service providers, and there is increasing demand for support with everyday needs.
- The team conducts community education events at libraries, community centers, and farmers markets.
 - Collaborations include working with Ohio State University for research and data analysis, and with local organizations for emergency preparedness and care packages.
 - In a recent initiative, 350 emergency preparedness kits were distributed in two hours.
 - The 10 Million Steps campaign encourages older adults to participate in community walking events.
 - Homeless care packages, including bus passes, gift cards, and emergency supplies, have been distributed, with ongoing evaluation of their usage.
 - Blood pressure checks are offered twice a month at the community center, with plans to add hands-on CPR practice sessions.
- The team maintains relationships with local churches, clergy associations, parochial schools, and school nurses to increase awareness and referrals.
 - There is ongoing advocacy for greater involvement from churches and community organizations.
- Outreach challenges and strategies:
 - Limited staff (three team members) restricts the program's capacity for broader outreach and increased demand.
 - Strategies discussed include increased marketing, community presentations, surveys to assess needs, and resource desk hours at community centers.
 - There is concern about potential resource strain if outreach significantly increases demand, which may require setting service parameters in the future.

Technology, Safety, and Communication

- There is a trend of residents moving away from landlines to cell phones, which can create safety concerns if phones are not easily accessible during emergencies.
 - The team educates residents on keeping phones nearby at night and promotes the use of medical alert devices, such as pendants and smartwatches, for fall detection and emergency alerts.
 - Smartwatches are highlighted as a discreet alternative to traditional medical alert pendants.
 - Staff assist residents with setting up devices like Apple Watches, Knox Boxes, and smoke detectors to enhance safety and independence.



- Calls to the program are answered directly by team members, with a 24–48 hour response time and no automated phone system, which is appreciated by elderly residents.
- Referrals are received from various sources, including local organizations and word-of-mouth from families and neighbors.

Initial Visits, Ongoing Support, and Behavioral Health

- After receiving a referral, the team conducts an initial visit to:
 1. Collect emergency contacts, medical history, and assess fall risks and mobility issues.
 2. Discuss safety tools like Knox Boxes and Smart 911 registration.
 3. Check smoke and CO detectors, and discuss medical alert buttons.
 4. Ensure residents have access to food, utilities, and financial resources.
- 2. The "File of Life" packet is promoted for storing emergency information on the refrigerator for first responders.
 - DNR documentation is discussed at every initial visit to ensure wishes can be honored.
- The team addresses communication breakdowns between hospitals, home care, and transportation, helping residents coordinate services and reduce anxiety.
- The team recognizes the importance of social connection for aging well and screens informally for behavioral health concerns such as depression, anxiety, and dementia during initial visits.
 - Formal assessments are conducted in partnership with OSU, but much information is gathered through relationship-building and ongoing contact.
 - Residents are categorized by acuity (e.g., red, orange, yellow, green) to determine the frequency and type of follow-up, with higher-need individuals receiving more frequent contact.
 - The team works closely with police and behavioral health resources, providing support for both older and younger adults facing complex challenges, including substance use and mental health crises.

Program Metrics, Outcomes, and Funding

- In 2024, the team received 209 new referrals, installed 222 devices, and completed 291 home visits.
 - On average, they have contact with about 135 residents per month, including in-home visits, follow-up calls, and surveys.
 - The team actively monitors 300 residents, tracking 911 calls and responding to emergencies.
 - Over the past five years, there have been approximately 30,000 new referrals.
 - For residents who received an initial visit (about 60 per year), there has been a measurable reduction in 911 calls, with pre- and post-six-month data supporting program effectiveness.



- The team recently surpassed the milestone of installing over 1,500 grab bars in 500 households, representing nearly 10% of the 14,000 freestanding homes in the area.
 - Most grab bars are installed in bathrooms, doorways, and thresholds.
- The program is fully supported by the city budget, with supplies and operations funded as part of the fire division.
 - Annual funding figures mentioned include \$46,000, \$20,000, and \$25,000 for various needs.
 - Occasional grants have supplemented funding, but are not relied upon for sustainability.

Public Health Surveillance, Disease, and Emergency

Preparedness

- Disease surveillance and vaccination:
 - No critical violations were found in pools or body art facilities; mosquito control is effective, with no West Nile virus detected among 725 female mosquitoes sampled across three zones.
 - Measles outbreaks have resolved in Ohio, with no new cases in six weeks; nationally, there are 1,227 cases across 37 states as of June 24.
 - COVID-19, flu, and RSV levels are low nationally; pertussis cases are elevated but declining, and mycoplasma pneumonia infections are rising in some areas.
 - Vaccination exemptions are allowed without strict verification, based on personal belief statements.
- Behavioral health and addiction initiatives:
 - 16 naloxone kits and 13 fentanyl test strips were distributed in zip codes 43220 and 43221.
 - There were 127 self-reported overdose reversals in 2025 via FCPH-distributed kits (not specific to UA).
 - Upcoming trainings are planned for Franklin County Children’s Services and the Sheriff’s Office on naloxone and fentanyl test strip usage.
- Housing and health equity:
 - The transitional housing program received 39 referrals, enrolled 33 clients, and placed 30 in temporary housing with community health worker support.
 - The program is finding success in helping clients achieve more stable housing and upward mobility.
- Community engagement and emergency preparedness:
 - The produce market served 12 residents from three households.
 - 15 individuals were trained in “Stop the Bleed” (none from UA).
 - 15 Upper Arlington patients received 30 vaccinations at FCPH clinics.
 - Public health nurses manage 44 Upper Arlington families with medically complex children.



- Data and reporting:
 - Recent changes in data systems may temporarily affect the ability to generate some reports.
 - For reportable diseases, counts less than 10 are suppressed to protect confidentiality.

Community Perception and Value

- Residents frequently express gratitude for the program, noting its positive impact on quality of life and community well-being.
- The team is mindful of managing demand to avoid long wait times, currently maintaining a one to two-week wait for services.

Open Issues & Risks

- There are occasional difficulties connecting with referred residents due to incorrect contact information or their being in rehabilitation or other facilities.
- Residents face barriers in accessing trustworthy and affordable home modification services, with some waiting up to six months for simple installations.
- There is ongoing confusion among residents regarding DNR documentation and its proper placement for emergency situations.
- There is an ongoing shortage of service providers, making it difficult to meet all resident needs.
- Behavioral health needs are recognized but may be under-assessed due to reliance on informal screening.
- The increasing demand for services could lead to longer wait times if not carefully managed.
- It is unclear how to further expand durable medical equipment availability to meet growing needs.
- The scalability of community paramedicine and transitional housing programs remains a concern, particularly regarding funding and staff capacity.
- There is uncertainty about how to manage increased demand if outreach efforts are expanded, including the potential need to set service parameters in the future.
- Data system changes may temporarily limit the availability of detailed reports.
- Vaccination exemption policies lack strict verification, which could impact immunization rates.
- It is unclear how to best track and attribute reportable disease cases to specific jurisdictions due to data limitations.





Community Environmental Health

Rabies Control – Between July 1 through September 30th FCPH investigated 7 incidents that occurred in Upper Arlington.

Incident Date	Species	Quarantine Status
8/3/2025	Dog	Released
9/6/25	Cat	Released
7/30/25	Dog	Released
8/3/25	Cat	Released
7/8/25	Dog	Released
7/13/25	Dog	Pending
9/24/25	Dog	Released

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, 14 inspections were conducted in Upper Arlington at the locations listed below.

Date	Facility	Inspection Type
7/31/2025	Arlingtowne Condominiums Pool	Standard
9/18/2025	Berkley House Pool	Standard
8/5/2025	Branford Village Condominiums Pool	Standard
7/24/2025	Carriage Hill Arlington Pool	Standard
7/24/2025	Carriage Hill Arlington Wading Pool	Standard
8/11/2025	Kenbrook Village Pool	Standard
7/24/2025	Scioto Country Club #1 Upper Pool	Standard
9/11/2025	Scioto Country Club #2 Lower Pool	Standard
7/24/2025	Scioto Country Club #2 Lower Pool	Standard
7/24/2025	Scioto Country Club #3 Attached Pool	Standard
8/11/2025	Swim & Racquet Club	Standard
7/2/2025	Swim & Racquet Club	Standard
9/15/2025	The Landings	Standard
7/18/2025	The Landings	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



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Q3 Reporting Period: July 1-September 30, 2025

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 Third quarter of 2025, one body art inspection was completed, as detailed below.

Date	Facility	Type
7/3/25	Yens Massage Studio	Pre-Operational

Food Safety

One set of plans were reviewed. Zero warning letters issued.

- 70 Standard Inspections
- 1 Complaint Inspection
- 2 Follow Up Inspections
- 2 consultations
- 9 Temporary Inspections

Plumbing and Medical Gas

Type	Inspections
Total Inspections	226
Residential	Note *
Commercial	Note *
Medical Gas	Note *

Note* Data conversion for specific permit types (com, res, med gas) being configured in new automated system. Total number of inspections are listed above.

Sustainability

Public Health Nuisance Complaints –One complaint investigated and referred to appropriate organization on Farleigh Dr.



Vector Control

Mosquitoes Trapped and Tested

Over 150 traps are set throughout Franklin County each week. Upper Arlington is divided into three zones which are listed in the tables below with total mosquitos collected for West Nile Virus (WNV) testing. The numbers in the table reflect only female mosquitos. This is because only female mosquitos bite and are capable of transmitting WNV. As mosquitos test positive for WNV, the area is treated to reduce the number of adult mosquitos.

Zone	2025 U.A. Total Mosquitos Collected and Tested	U.A. 5-Year Average	2025 FCPH Total	FCPH 5-Year Average
Upper Arlington Central	854	591.8	76,456	48,937.4
Upper Arlington North	1,501	888.2		
Upper Arlington South	725	476		

West Nile Virus

- A mosquito pool is the grouping of 50 or less mosquitos together and then testing them for WNV or other diseases

Zone	2025 U.A. West Nile Virus Positive Pools	U.A. 5-Year Average	2025 FCPH Total	FCPH 5-Year Average
Upper Arlington Central	9	2.6	815	230.2
Upper Arlington North	9	4.6		
Upper Arlington South	8	2.2		

Minimum Infection Rate

The Minimum Infection Rate (MIR) is a common measure of risk of transmission of vector-borne disease. It is calculated by dividing the total number of West Nile Virus-positive pools of mosquitos by the total number of mosquitos tested and multiplying the result by 1,000. It should be interpreted as the minimum number of infected mosquitos per 1,000 in the population. For instance, an MIR of 10 should be interpreted to mean that,

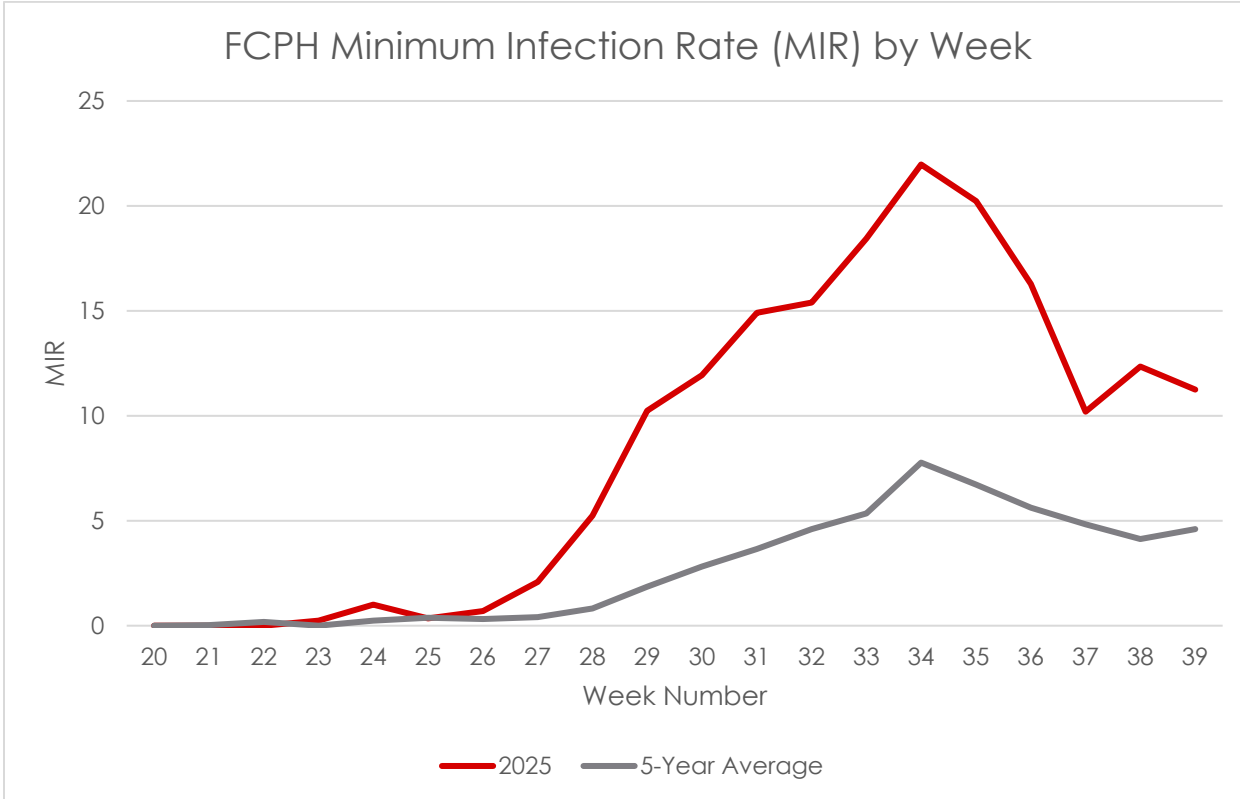


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for every 1,000 mosquitos in the population, at least 10 are infected with and could potentially transmit West Nile Virus. The following graphs show MIR by week for FCPH and each Upper Arlington zone.

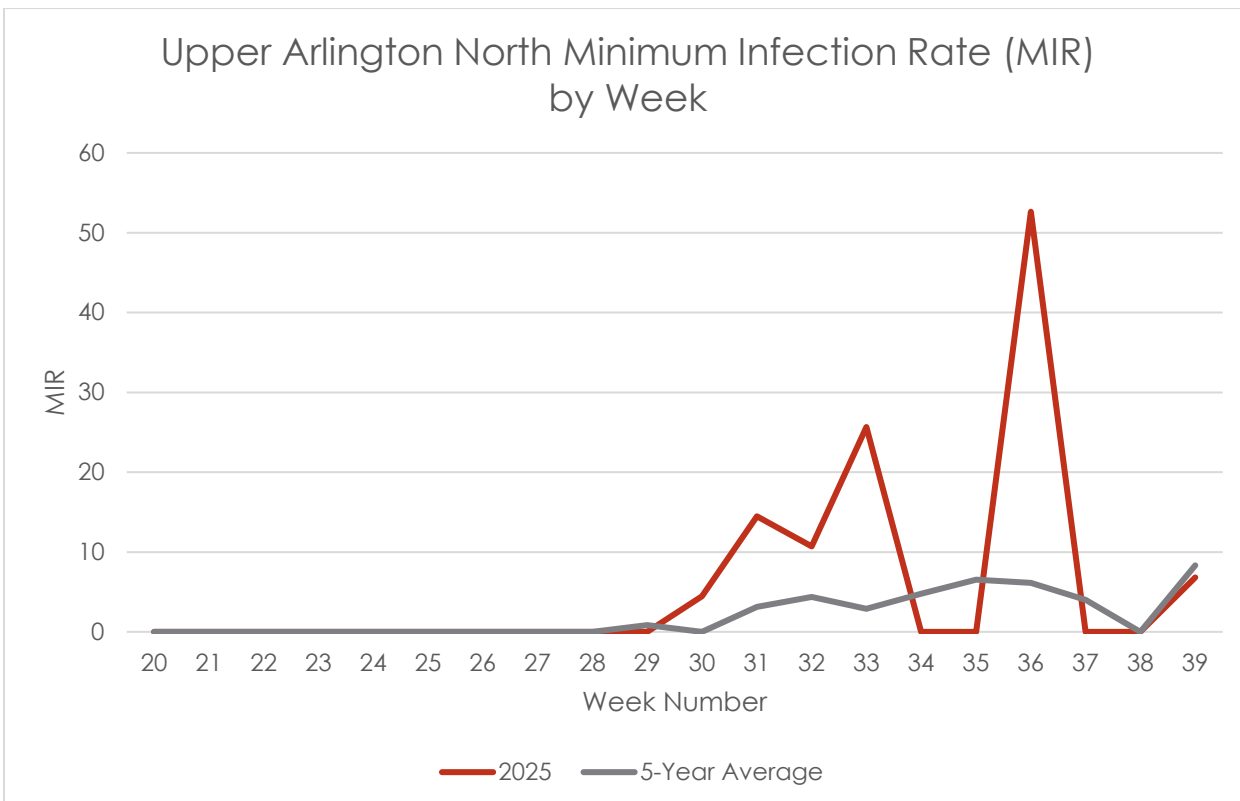
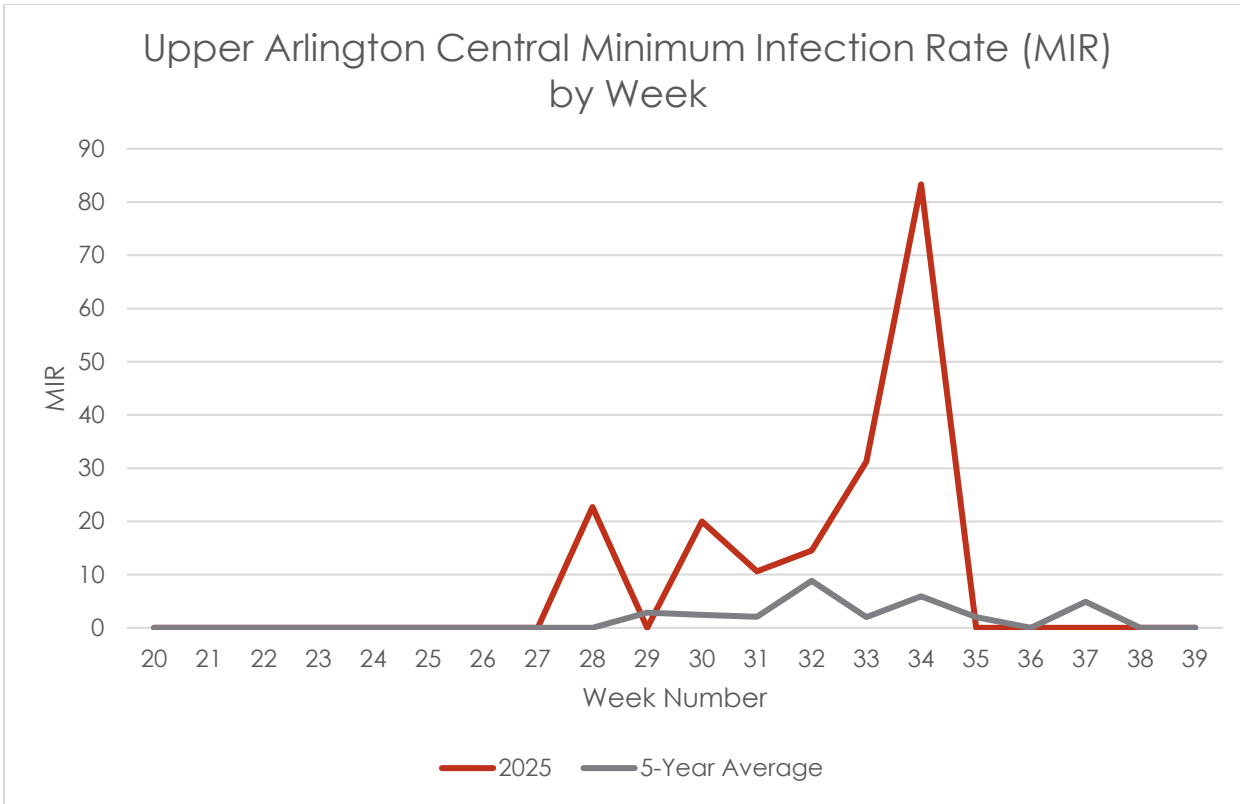


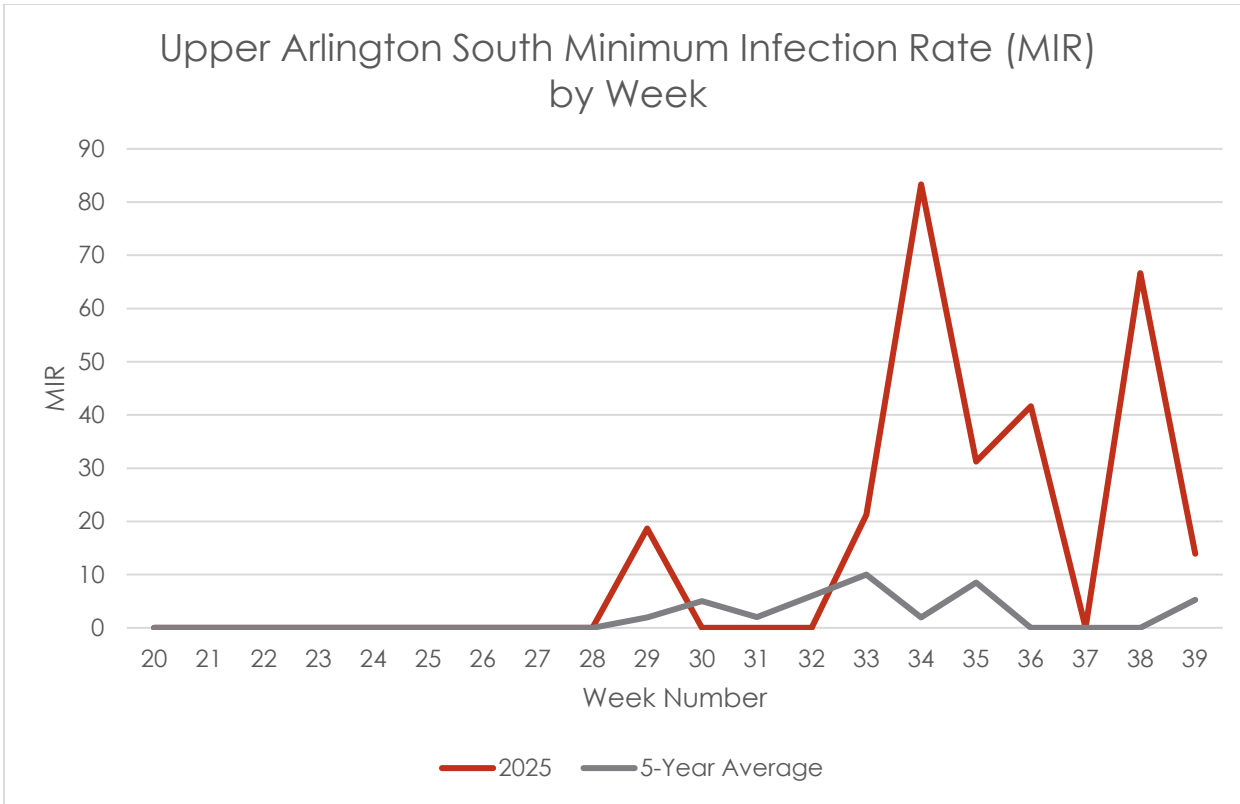


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Mosquito Spray Events

- When mosquito pools test positive for WNV, the area/zone is treated to reduce the number of adult mosquitoes.

Zone	2025 U.A. Total Spray Events	U.A. 5-Year Average	2025 FCPH Total Spray Events	FCPH 5-Year Average
Upper Arlington Central	6	1.6	376	149
Upper Arlington North	4	2.2		
Upper Arlington South	7	1.6		



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Do Not Spray Registry

Zone	2025 U.A. Do Not Spray Requests	U.A. 5-Year Average	2025 FCPH Total Do Not Spray Requests	FCPH 5-Year Average
Upper Arlington Central	37	23	437	238.8
Upper Arlington North	12	11.2		
Upper Arlington South	36	25		

Respectfully submitted by: Sarah Jensen; Assistant Health Commissioner & Environmental Health Director – 10/10/2025.



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Division of Health Systems and Planning

Upper Arlington Services (Q3 2025)
Last Edited: 10/13/2025

HSP Services July 2025 – September 2025

Administration Services

- The Overdose Fatality Review (OFR) Committee met on September 22, 2025 to discuss overdose prevention recommendations. There have been several recent fatality cases involving individuals who had recently immigrated to the United States and settled in Franklin County. These individuals were not well connected to resources and often lived away from family to find work. The OFR Committee invited the Community Health and Wellness Team and Resettlement Team from Ethiopian Tewahedo Social Services (ETSS) to discuss their programming specifically for new American populations. The OFR Committee is working towards an official recommendation but plans to focus on the reduction of stigma around substance use treatment and ensuring culturally competent care for new Americans as they navigate the many social systems within the county. One suggestion included hosting a cultural competency and humility training for OFR member agencies, to better support all cultures and belief systems.
- The Community Action Group (CAG), a community-based subcommittee of the OFR, is completing final revisions on a community education series about substance use, called "Restoring Communities Through Action". The OFR is supporting this endeavor through participating in presentations as subject matter experts across the various topics. CAG members with lived experience will act as champions for each topic, and assist in identifying Franklin County community members, also with lived experience, who may be interested in serving on Q&A panels to make the presentation more interactive. The presentation series will launch in November with the Office of Justice Policy and Programs and the Franklin County Sheriff's Office, to bring this valuable information to jail residents.

Behavioral Health and Addiction Services

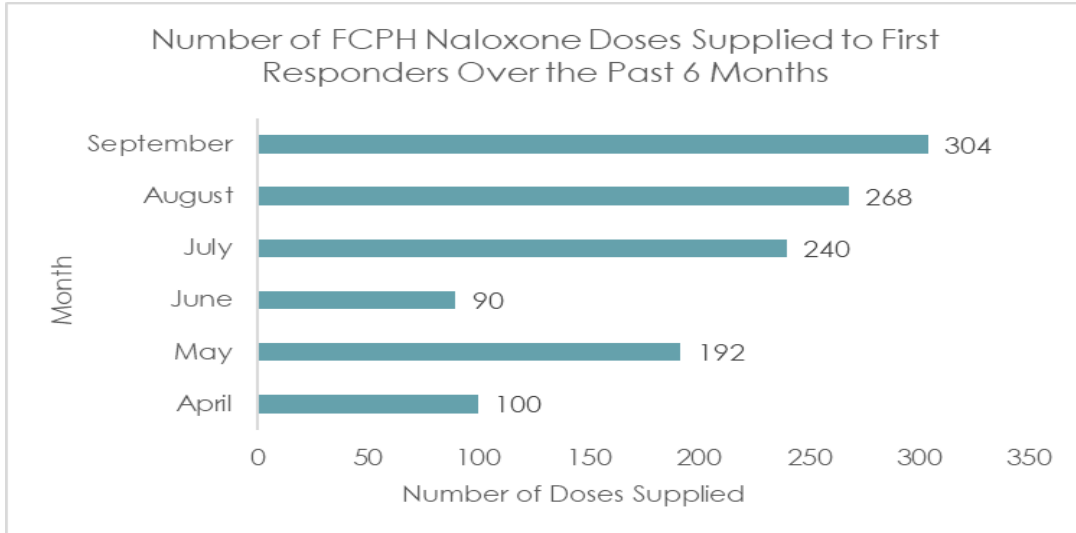
- In Quarter 3, 32 naloxone kits and 13 fentanyl test strips were distributed to residents of zip codes 43220 and 43221. There were no naloxone community trainings conducted in zip codes 43220 or 43221.
- 560 naloxone doses administered by Ohio EMS in Franklin County in Q3 2025 ([Ohio EMS Naloxone Watch](#))
 - 4 naloxone doses were administered by Ohio EMS in zip codes 43220 and 43221 in Q3 2025
- So far in 2025, FCPH has recorded 186 successful overdose reversals with kits distributed. This number relies on individuals returning for future services and self-reporting reversals, so the true number of reversals is likely higher.

FCPH distributed 812 naloxone doses to first responders in Quarter 3. Naloxone for first responders is only used during an opioid overdose event and is not distributed to the community



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- 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.
- The Franklin County Public Defender's office has been approved to enter into a contract with FCPH for the purpose of delivering Peer Support and Recovery services to their clients. FCPH is nearing the final stages of implementing this initiative.
- The Overdose Data to Action (OD2A) Team developed and released Subgrantee Notice of Awards (NOAs) and Contracts for eleven Year 3 partners. These partners will provide essential programs and services to assist in FCPH's OD2A efforts to reduce overdose prevalence and deaths in Franklin County. OD2A LOCAL Year 3 takes place September 1, 2025, through August 31, 2026.

Care Coordination

- CC CHWs served 6 residents in Quarter 3 from zip codes 43220 and 43221 and completed 15 one-on-one checklist visits to provide ongoing care coordination. 25 standardized pathways were initiated to address client barriers, with 11 education modules provided and 5 successful connections to community social service organizations.
- FCPH's [Transitional Housing Project](#) (TH) is now in its second cohort. To date, TH Cohort II has screened 39 referrals and enrolled 34 clients. The program connects clients to temporary housing, followed by placement in permanent housing and a stipend to help clients for the first month. It also connects clients to our CHWs for other needs like transportation, employment and food.
- As of September 30, 2025, 47 referrals have been received for the TH program with 41 referrals enrolled and working directly with a CC CHW. Of those enrolled, 35 clients have completed hotel or single-family home check-ins and are working towards their housing goals alongside a CHW. To view real time data and progress of the program, please follow the [Transitional Housing Dashboard link](#).



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- The CC Program continues to make significant progress on our referral waitlist while balancing the workload of CHWs and the needs of clients currently enrolled. Most referrals received from July through September of 2025 have been assigned to a CHW, with a total of 7 referrals awaiting CHW services currently.
- In partnership with The Ohio State University (OSU) Nisonger Center, CC CHWs engage and serve Franklin County residents with intellectual and developmental disabilities (IDD). CHWs engage clients one-on-one to provide health education and ensure equitable access to medical services, health insurance, and system navigation. The IDD program is actively seeking and enrolling clients currently and will expand to 5 CHWs to increase community reach. Program accomplishments from June 2022 to date include:
 - Enrolled 63 individuals with intellectual and developmental disabilities (IDD) into the CC Program with a primary goal of assessing and increasing client health knowledge through CHW care coordination.
 - Completed over 64% of all medical referrals, with 20 clients connected to medical homes and primary care providers, and 127 successful medical referrals across the medical and behavioral healthcare continuum.
 - Successfully completed over 900 individual pathways including providing 619 medical and social service educations, 120 social service connections, 8 health insurance connections and 4 permanent housing solutions.



Pictured above: Durga Mishra, CHW, and Delores Richardson, CHW II, attend the Franklin County DD Provider Fair.

Community Engagement - Health Promotion

- Health Promotion Team was awarded \$100,000.00 for the **FY26 Creating Healthy Communities Grant** to continue addressing policy, systems, and environmental change strategies to improve healthy food access and opportunities for active living in Franklin County. This funding will begin on October 1, 2025, through September 30, 2026.
- In Quarter 3, the Clinton Township Produce Market provided fresh produce to 1,292 individuals from 385 households. There were 11 individuals from 2 households who reported their residential zip code as 43220 or 43221 who were provided with fresh produce.



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- The HSP Health Promotion team engaged with 3,659 community members through 31 different community events. These events included community training and education events and health fairs. While none of these events were held in zip code 43220 or 43221, it's possible residents of the City of Upper Arlington attended the events.

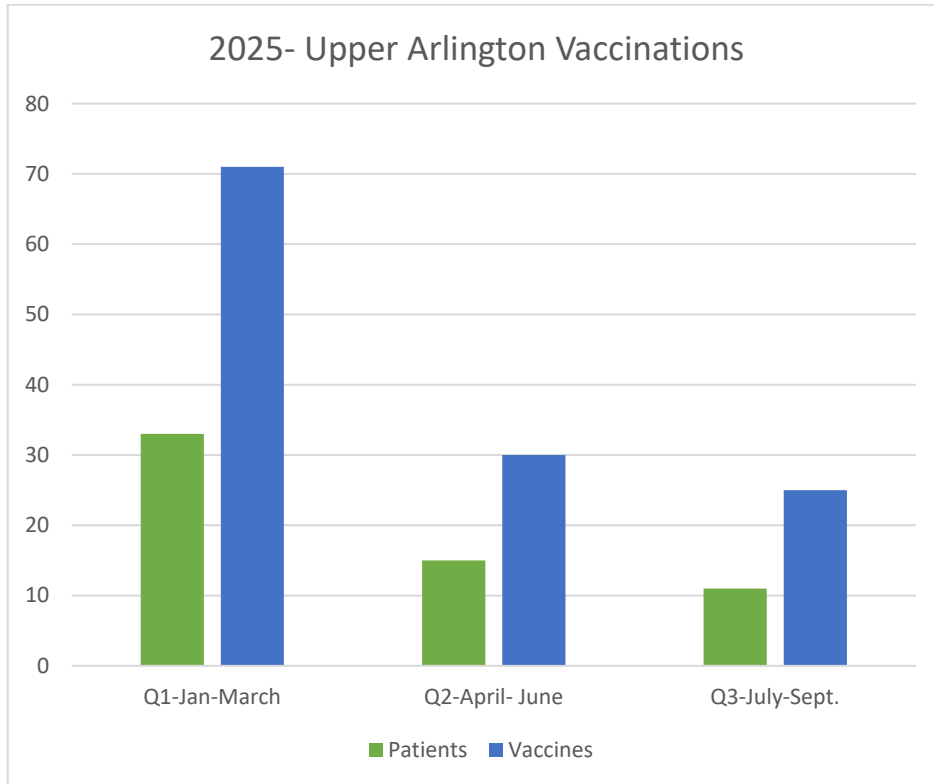
Community Engagement - Emergency Preparedness

- The Emergency Preparedness team holds and participates in many county-level planning efforts that impact residents of Upper Arlington.
- On September 1, the EP team, Director of Nursing, Infectious Disease staff, and Director of Communication and staff, partnered with Columbus Public Health and multiple local, State and Federal partners to participate in the **BIOWATCH Full-Scale Exercise (FSE)**. FSE are unique to exercise play, with these types of exercises utilize all resources in real time, and the movement of assets or actions are actually preformed, verses other types of exercises discuss this information rather than completing the actions. The primary purpose of the BioWatch program, which is managed by the U.S. Department of Homeland Security (DHS), is to serve as an early warning system for detecting intentional aerosolized releases of biological agents that could be used in a bioterrorism attack. It offers an opportunity for public health, first responders, and federal and state partners, to work together to identify gaps in planning and showcase the strengths within the community.
- The team trained 29 individuals in Stop the Bleed in Quarter 3. 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](#).



Upper Arlington Immunization Data

From July 1, 2025, to September 30, 2025, a total of 11 patients from Upper Arlington received 25 vaccinations at FCPH's routine childhood and adult vaccination clinics.



Upper Arlington Maternal and Child Health Data

From July 1, 2025, to September 30, 2025, public health nurses provided comprehensive case management services to 112 families of children with complex medical conditions residing in Upper Arlington.



Infectious Disease Section

Ohio Administrative Code Rule Changes

Updates were made to the Ohio Administrative Code (OAC) communicable disease reporting rules effective on October 1, 2025. A summary of key updates for communicable disease reporting are summarized below and in the attached "[Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio.](#)"

OAC 3701-3-02

- The following conditions are newly specified as Class A reportable conditions and should be reported immediately via telephone:
 - Infant and wound botulism, in addition to foodborne botulism.
 - Free-living amoeba infection.
 - Tularemia, inhalation.
- The following conditions were added as Class B conditions and should be reported by the end of the next business day:
 - Carbapenemase-producing organisms (replacing carbapenemase-producing carbapenem-resistant Enterobacteriaceae, CP-CRE).
 - Cholera.
 - *Cronobacter*, invasive infection in infants less than 12 months of age.
 - Melioidosis.
 - Mpox.
 - Latent tuberculosis (TB) infection in a child 2 years of age or younger.
 - Tularemia, non-inhalation.
- The following conditions were removed as reportable conditions:
 - Amebiasis.
 - Aseptic meningitis.

OAC 3701-3-04

- This rule requires submission of isolates and patient specimens that were previously solicited under ODH's "Request for Bacterial Isolates or Patient Specimens."
 - Note: sending isolates does not constitute a report of the positive findings.

OAC 3701-3-07

- This rule requires syndromic surveillance reporting from emergency departments (EDs).
 - EDs that submit data to ODH electronically will be considered "in compliance" with the syndromic surveillance portion of the rule. ODH has contracted with Health Monitoring Systems, Inc. (HMS) to collect syndromic surveillance data in Ohio.
 - Local health departments will continue to access syndromic surveillance data through the Epicenter system which is managed by HMS.



- The following health conditions were moved from 3701-3-02 to 3701-3-07 and are still reportable by the end of the next business day as Class B conditions:

Hemolytic uremic syndrome (HUS):

- Influenza-associated hospitalization.
- Influenza-associated pediatric mortality.
- Toxic shock syndrome.

- The following health conditions were added and should be reported by the end of the next business day as Class B conditions:

- Acute flaccid myelitis (AFM).
- Hospitalizations of:
 - Coronavirus disease 2019 (COVID-19).
 - Respiratory syncytial virus (RSV).

Individual case reports of COVID-19 are no longer reportable. We will be publishing last COVID-19 epi report this month to wrap with any data analysis associated with it. Going forward COVID-19 associated hospitalizations will be reportable to public health. Reported cases will be posted on [FCPH Data Hub](#)

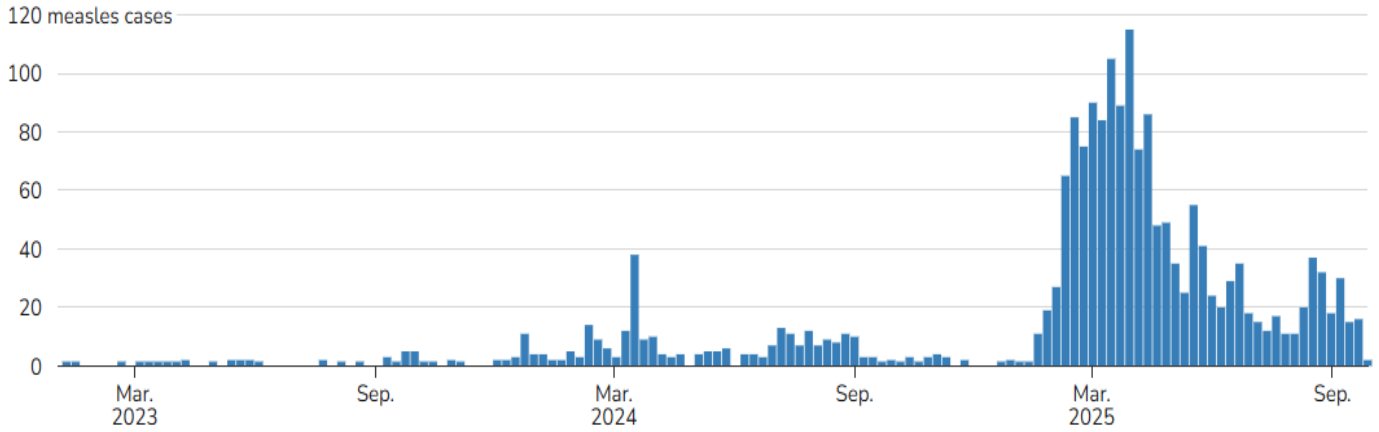
Measles Update

As of September 30, 2025, there have been a total of 1,544 confirmed* measles cases reported in the United States. Among these, 1,523 measles cases were reported by 42 jurisdictions: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York City, New York State, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, and Wyoming. A total of 21 measles cases were reported among international visitors to the U.S.

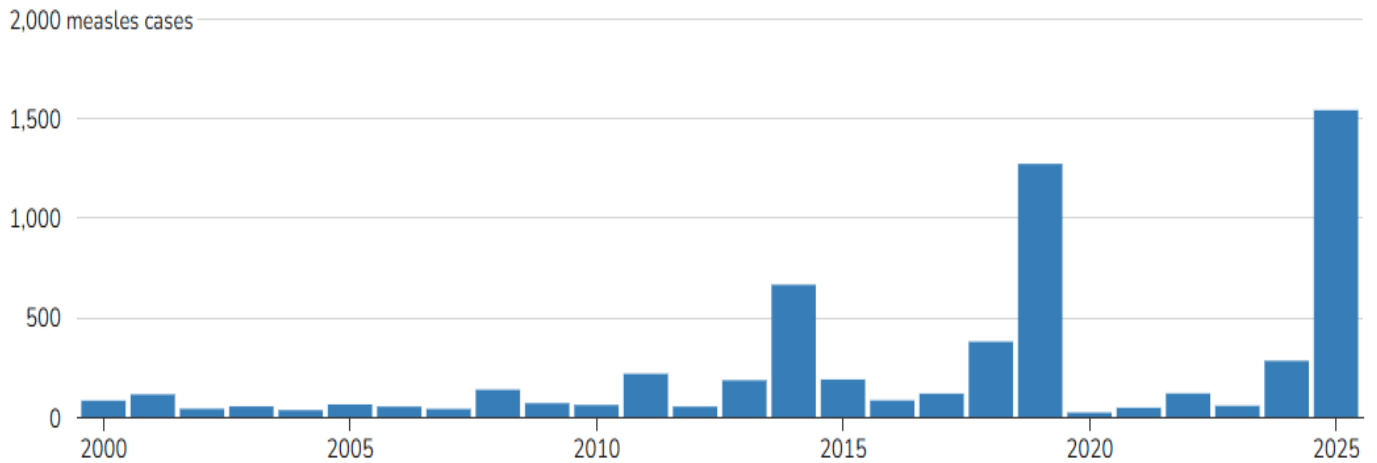
There have been 42 outbreaks** reported in 2025, and 86% of confirmed cases (1,333 of 1,544) are outbreak-associated. For comparison, 16 outbreaks were reported during 2024 and 69% of cases (198 of 285) were outbreak-associated.



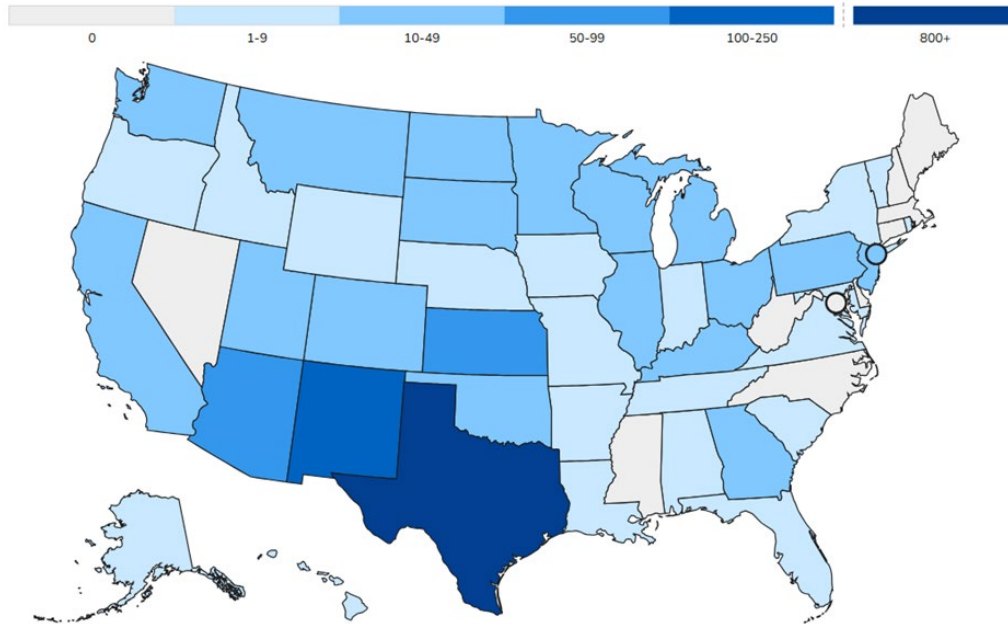
2023- 2025 Weekly Measles Cases by Rash Onset Date (As of September 30, 2025)



2000-2025 Yearly Measles Cases (As of September 30, 2025)



2025 Measles Case Map – Data as of September 30, 2025



U.S. Cases in 2025

Total cases

1544

Age

Under 5 years: **417 (27%)**

5-19 years: **606 (39%)**

20+ years: **513 (33%)**

Age unknown: **8 (1%)**

Vaccination Status

Unvaccinated or Unknown: **92%**

One MMR dose: **4%**

Two MMR doses: **4%**

U.S. Deaths in 2025

3

There have been 3 confirmed deaths from measles.

U.S. Hospitalizations in 2025

12%

12% of cases hospitalized (191 of 1544).

Percent of Age Group Hospitalized

Under 5 years: **22% (92 of 417)**

5-19 years: **7% (42 of 606)**

20+ years: **11% (57 of 513)**

Age unknown: **0% (0 of 8)**



Franklin County Public Health
280 East Broad Street
Columbus, Ohio 43215-4562
(614) 525-3160
www.myfcph.org

Division of Prevention & Wellness Upper Arlington Board of Health Report July 2025

Central Ohio Measles Outbreak

Franklin County Public Health (FCPH) is currently investigating a confirmed case of measles in an unvaccinated student from the New Albany-Plain Local School District who recently traveled internationally. FCPH is collaborating with Columbus Public Health (CPH) and the school district to notify families and carry out contact tracing for individuals residing in New Albany and Columbus. Early findings indicate there is no risk to the general public at this time. The child and their family are currently isolating at home.

- 4 confirmed cases of measles within the Columbus Public Health (CPH) jurisdiction; all are family members who recently traveled internationally.
- One confirmed pediatric case attended the Early Learning Center in New Albany.
- Public exposure sites identified
 - September 25, 2025, 10:30 a.m.-1:45 p.m., New Albany Early Learning Center (5101 Swickard Woods Blvd., New Albany)
 - September 25, 2025, 11 a.m.- 2 p.m., Target Store at Hamilton Quarters (6030 N. Hamilton Rd.)

[Health Alert for Healthcare Providers](#) More info on FCPH website: [Confirmed case of measles](#)

Respiratory Illnesses Data Channel

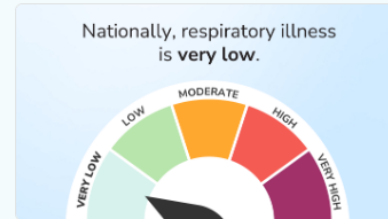
This site is updated on Fridays.



For Everyone
SEPT. 26, 2025

WHAT TO KNOW

- As of September 26, 2025, the amount of acute respiratory illness causing people to seek health care is at a very low level.
- COVID-19 activity has peaked and is declining in many areas of the country, but emergency department visits and hospitalizations are elevated nationally.
- Seasonal influenza activity and RSV activity is low.



Emergency department visits in Ohio

COVID-19	Flu	RSV
<p>Low Increasing ↗</p>	<p>Very Low Increasing ↗</p>	<p>Very Low No Change</p>
<p>What it is: A measure of how many people are seeking medical care in emergency departments.</p> <p>Why it matters: When levels are high, it may indicate that infections are making people sick enough to require treatment.</p>		



Community viral activity level in Ohio

COVID-19	Flu	RSV
Moderate	Very Low	Very Low

What it is: A measure of viral activity in the community through testing wastewater (sewage). Wastewater monitoring can detect viruses infecting people in a community.

Why it matters: When levels are high, it might indicate that there is a higher risk of infection.

† Flu levels are for Influenza A only, which includes [avian influenza A\(H5\)](#). Wastewater data can not determine the source of viruses (from humans, animals, or animal products).

Source: [Respiratory Illnesses Data Channel](#)

Ohio Department of Health Respiratory Dashboard

Last Refreshed: October 02, 2025

Details
Visualize

Respiratory Surveillance in Ohio

These dashboards display trends across Ohio for COVID-19, influenza (flu), and respiratory syncytial virus (RSV). The data help public health officials and community partners monitor early signs of disease spread, gauge illness severity, and assess hospital capacity across the state.

To explore national data on COVID-19 variants and trends in the East North Central region (Illinois, Indiana, Michigan, Ohio, and Wisconsin), visit the CDC's [COVID Data Tracker](#).

State of Ohio | Respiratory Activity

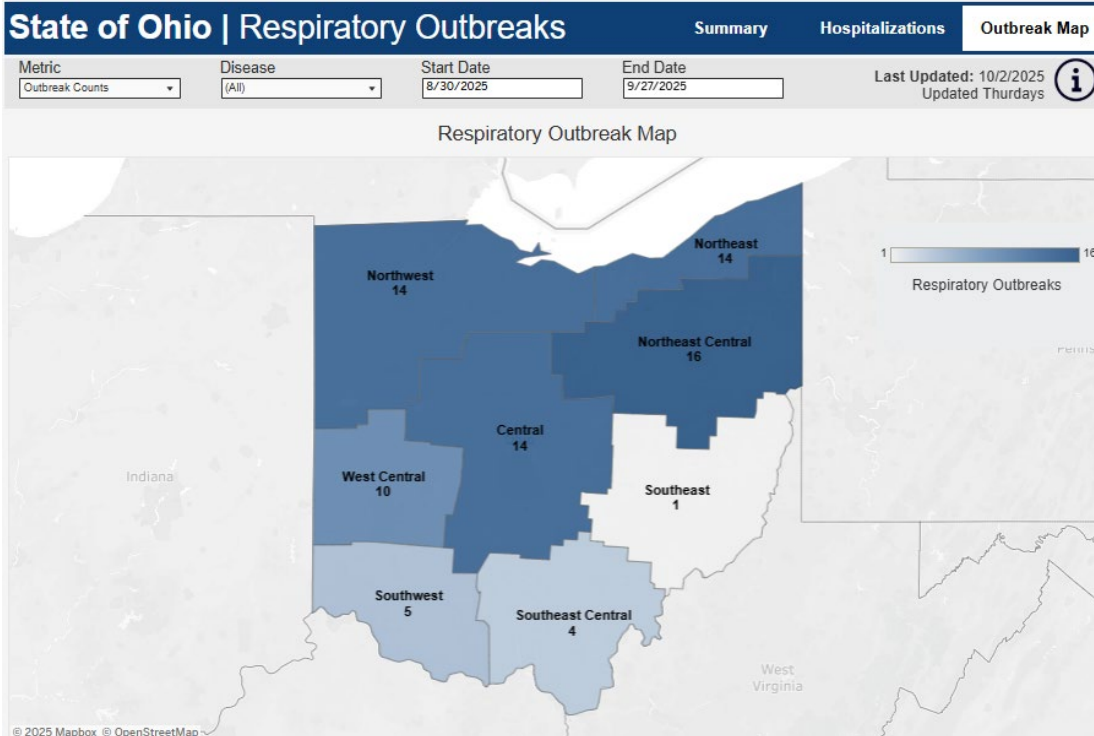
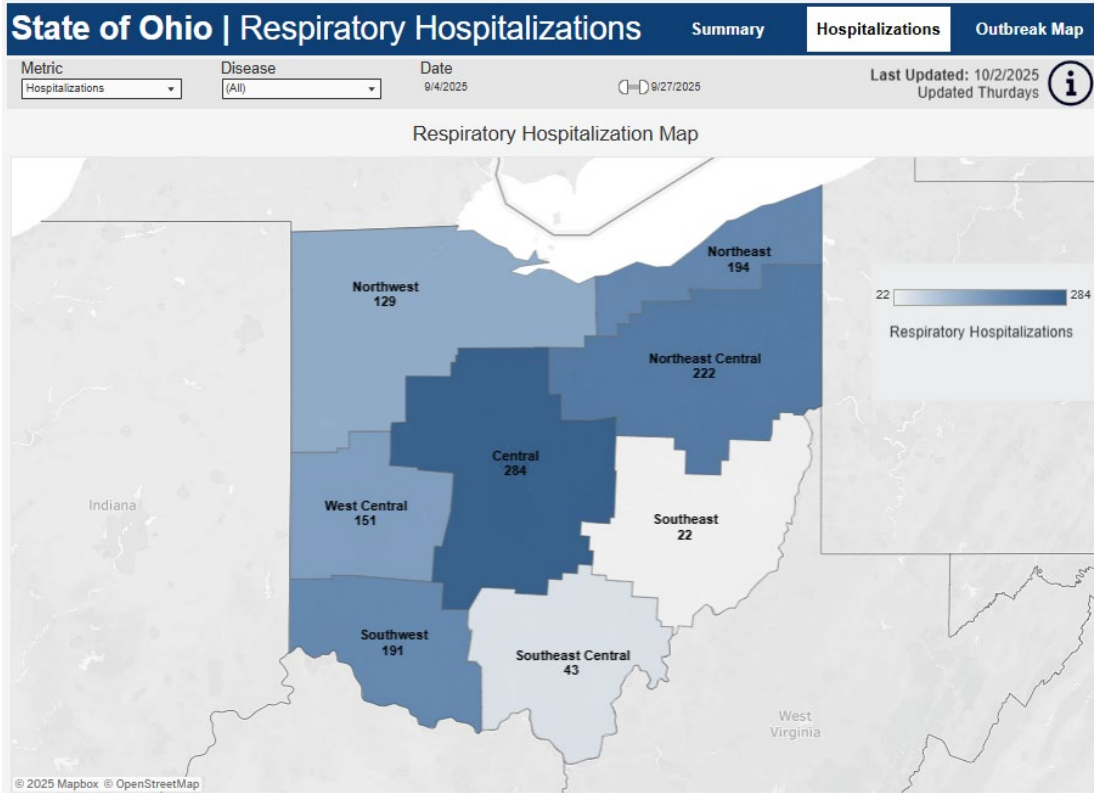
[Summary](#)
[Hospitalizations](#)
[Outbreak Map](#)

Time Period

County

Last Updated: 10/2/2025
Updated Thursdays

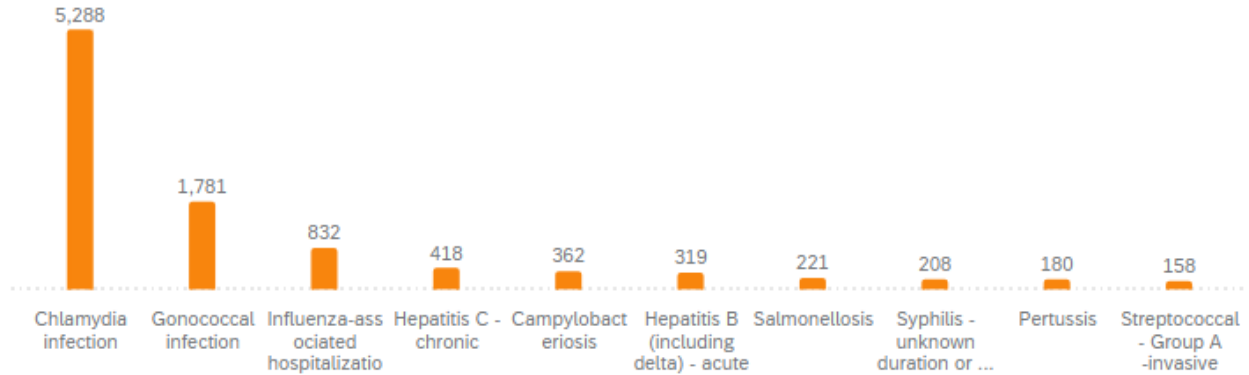
RSV <small>(Individuals Hospitalized)</small>	FLU <small>(Individuals Hospitalized)</small>	COVID-19 <small>(Individuals Hospitalized)</small>
2	3	37
<small>Week Ending 09/27/25</small>	<small>Week Ending 09/27/25</small>	<small>Week Ending 09/27/25</small>
Previous 4 Weeks	Previous 4 Weeks	Previous 4 Weeks



Source: [Ohio Department of Health Respiratory Dashboard](#)

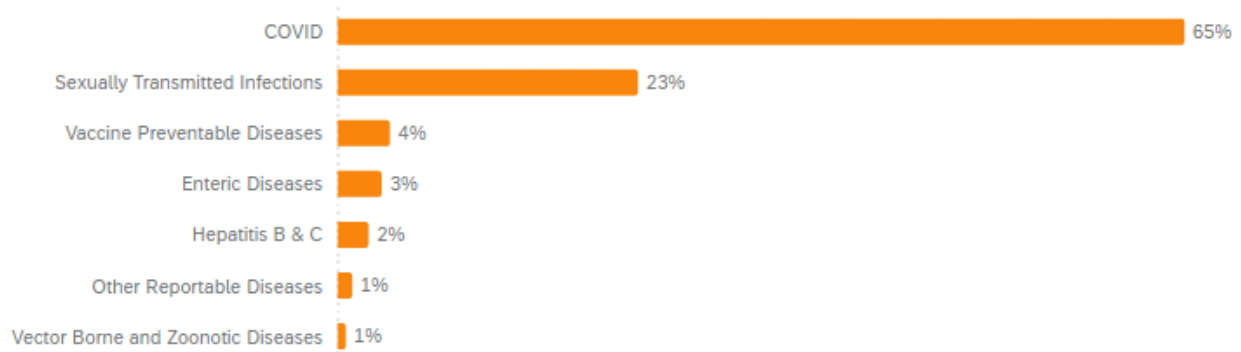


FCPH Reportable Diseases/Conditions Data
 2025 FCPH Top 10 Reportable Conditions



Data are current as of 10/1/2025. Contains suspected, probable, and confirmed cases. Does not include HIV, syphilis, or COVID-19 data. Values below 10 have been hidden for confidentiality purposes.

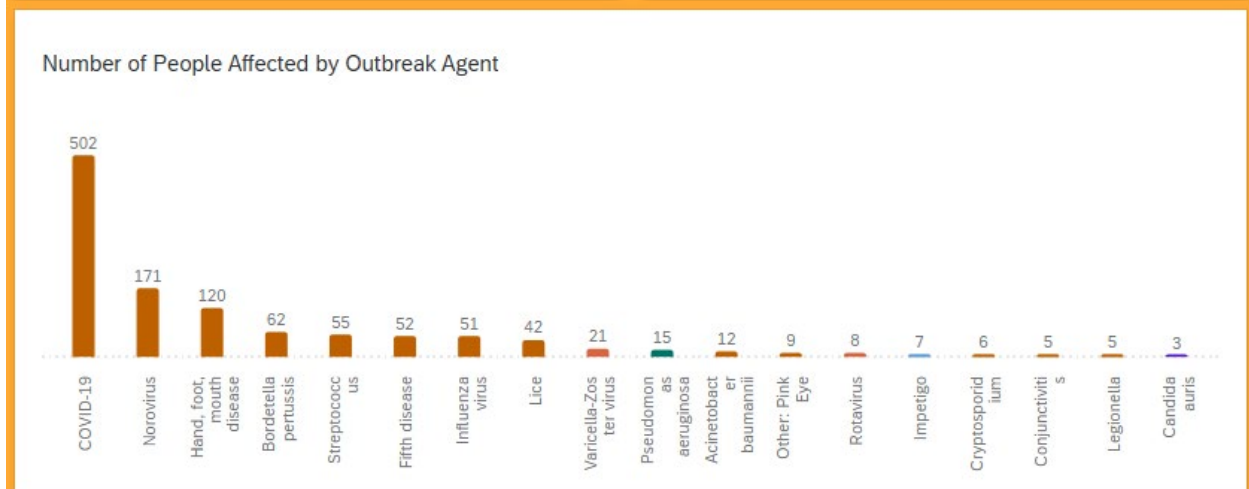
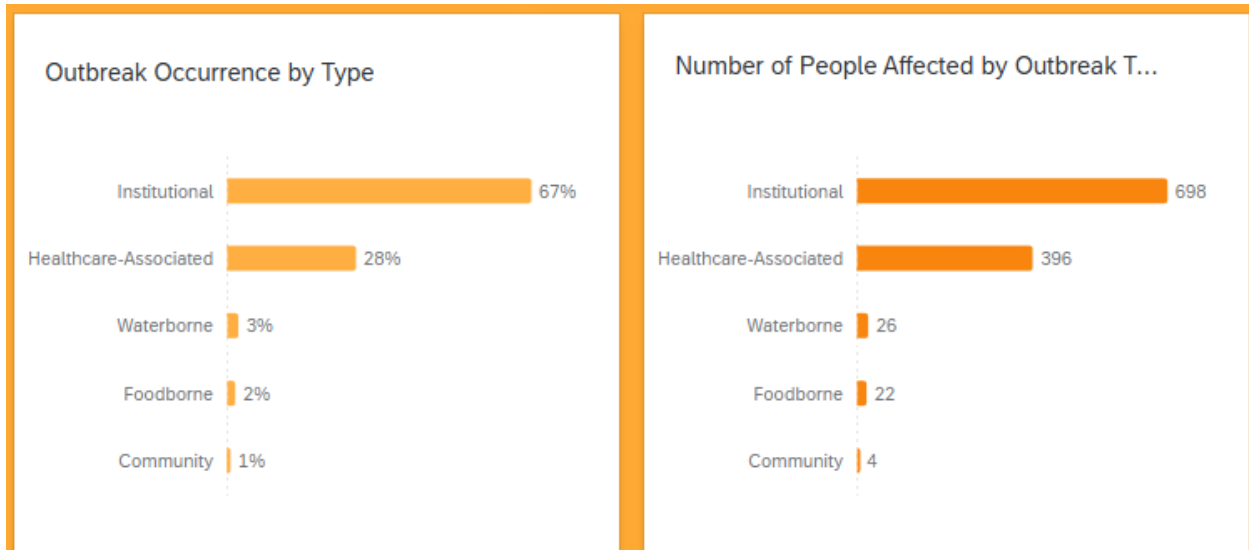
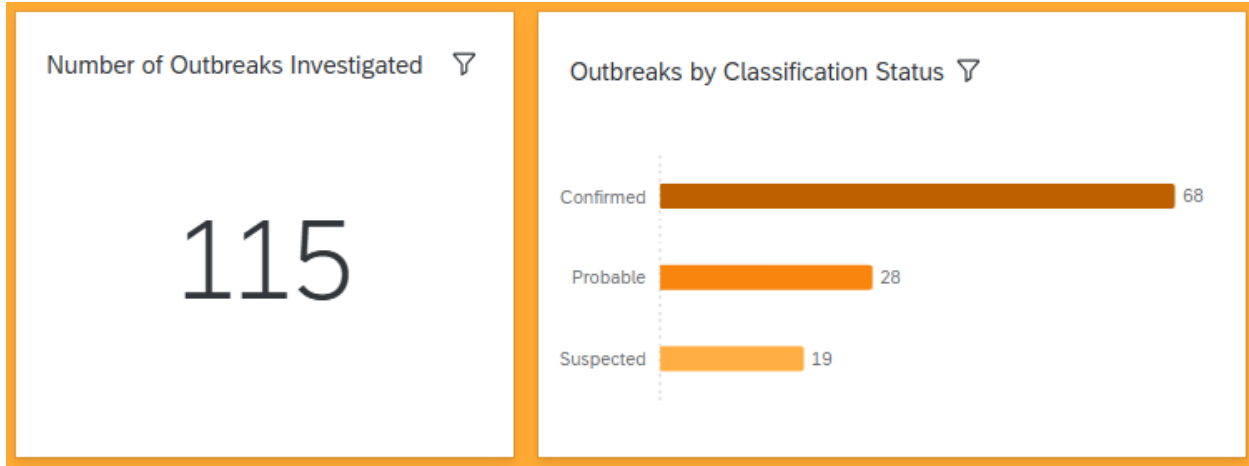
2025 FCPH Reportable Condition by Category



Data are current as of 9/2/2025. HIV data was excluded from STI category.



2025 FCPH Outbreaks





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Division of Prevention & Wellness
Upper Arlington Board of Health Report
July 2025

Data are current as of 10/1/2025
Contains Suspected, Probable, and Confirmed cases.
Cases count 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, October 9, 2025