

January 15, 2025 | 12:30pm – 2:00pm

**MUNICIPAL SERVICES CENTER, 3600 TREMONT ROAD
LOWER LEVEL MEETING ROOM**

1. Call to order of regular meeting
2. Old Business
 - a. Approval of July 17, 2024 meeting minutes (did not have a quorum last meeting)
 - b. Approval of October 16, 2024 meeting minutes
 - c. Review FCPH recommendations on topics of focus and discussion.
Recommendations found in the Epidemiology & Data report.
3. New Business
4. FCPH Reports
 - a. Environmental Health
 - b. Health Systems & Planning
 - c. Prevention & Wellness

ADJOURNMENT

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

-AGENDA SUBJECT TO CHANGE-

Wednesday, July 17, 2024 | 12:30

Members Present

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

Guests:

- Jackie Thiel, City of UA**
- Alaina Uscio, City of UA**
- Chris Zimmer, City of UA**
- Sarah Jensen, FCPH**
- Sarah Muntzing, FCPH**
- Unity Johnson, FCPH**
- Abby Boeckman, FCPH**
- Eva Wollerman, FCPH**
- Scott Brewer, FCPH**
- Radhika Iyer, FCPH**

Members Absent

MINUTES

1. Call to order of regular meeting
2. Old Business
 - a. Approval of April 17, 2024 meeting minutes
 - i. Motion Dr. J. Nick Baird
 - ii. Second Dr. Gil Liu
 - iii. Motion passed
3. New Business
4. FCPH Reports
 - a. Environmental Health



- i. One person in UA was exposed to rabies and had the required follow-ups and vaccinations and at this time they are fine
 - ii. Were the three UA public pools in good standing?
 - 1. Yes, there have not been any issues
 - iii. Does the heat pose any challenges to pool maintenance?
 - 1. Yes, the chlorine burns off quicker as the temperature rises and the number of people using the pool can impact the chemistry of the pool
 - iv. Can you give more details on the raccoon rabies situation?
 - 1. It was not necessarily a bite, we consider a bite or uncertain exposure to be unsafe.
 - v. As of June 30th, there have been no WNV+ mosquitos found in UA
 - vi. What happened with the warning letter for the unlicensed facility?
 - 1. If there is a change of ownership, sometimes the new owners don't realize they need to get a new license, so we issue a warning letter to ensure they obtain a new license.
 - vii. Are there requirements for grease disposal for restaurants?
 - 1. Requirement for grease trap, sometimes people dump grease down drains that don't connect to the grease trap, or directly down a storm drain. We work hard to educate our facilities on proper grease disposal.
- b. Health Systems & Planning
- i. Not specifically UA, but the Overdose Fatality Review Committee met in June
 - ii. Highlighted TRL availability and is open to working with UA
 - iii. Demonstrated CARES Dashboard and gave background on where the data comes from and where to direct any questions
 - iv. How do Upper Arlington naloxone distribution numbers compare to other communities?
 - 1. We can compare to any zip codes you would like and get back to you.
 - v. Wasn't there something in the paper about a reduction in overdoses across Ohio?
 - 1. It's improving overall, but those improvements are mostly seen among the white community
 - vi. Do your Community Health Workers coordinate with Upper Arlington Cares?
 - 1. I don't know that answer right now, but can get that information and bring it back
 - 2. Chief Zimmer spoke on the relationship between UA Cares and County services
 - vii. Our Emergency Preparedness team was very busy with the eclipse in April, and we didn't need to utilize those plans.



- viii. What's the Stop the Bleed program?
 - 1. We can come out and train lay people on how to potentially stop large wounds. How to use tourniquets, how to use them, and what to do in those scenarios.
 - 2. UAFD also has multiple STB trainers that we are happy to partner with for training
- ix. UA CHAT is working with UA High School on mindfulness rooms for students to give them space to destress throughout the school day. Also working on emergency preparedness kits to distribute throughout the community in September
- x. Have you had any contact with UA Parks and Rec dept on health promotion programming for the new community center? It's due to open Spring 2025.
 - 1. We have not but will be sure to reach out to get some health promotion/mindfulness programming together over there
- c. Prevention & Wellness
 - i. Our clinic space has been recently remodeled and we had an open house.
 - ii. 17 families in UA served through our CMH program from April 1- June 30
 - iii. Review of H5N1 numbers. The risk to the general population is low, but we should still take precautions with fair season, petting zoos, backyard farms. We are in close contact with Franklin County Fair officials around testing for animals and subsequent human monitoring.
 - 1. Do we have any outstanding risk in UA being close to the OSU farm?
 - a. Not at this time.
 - iv. COVID Report
 - 1. This report is from May 31st because we moved to quarterly reports after this one. The July 31st report will give more detail on recent trends.
 - 2. The CDC is no longer requiring hospitals to track COVID numbers, so we don't have as much data to work with.
 - a. Accuracy is an issue right now since we don't have that hospital data anymore, and rely more on self-reporting and information from doctor's offices.
 - 3. Do they test any other infectious diseases in wastewater testing?
 - a. COVID, Flu A and B, and they're talking about looking at norovirus and RSV.
 - 4. We know there are going to be reporting changes around COVID, but we don't yet know how they will be reported.



There is talk of only reporting hospitalization due to COVID, but nothing is confirmed for sure.

- d. General Discussion
 - i. The UA Board may want to determine what is most important and beneficial to UA, and have more focused conversations during these meetings? Going over all of the updates is great, but is there a way we can have conversations around issues specific to UA?
 - 1. Our Data and Epi team is happy to make some recommendations on what issues the data points toward different priorities.
 - a. CARES has a section on best practices from other communities
 - 2. Possible focuses
 - a. Mental health for our young people
 - b. Aging in place
 - c. Tobacco
 - d. Overdose
 - e. STIs
 - ii. Next steps would be to determine areas of focus
 - 1. Under new business for next meeting should be to review recommendations from FCPH to see where we go moving forward
- e. New Business for next meeting
 - i. Recommended community focuses from FCPH for UA board to discuss and determine what they want to focus on

ADJOURNMENT

Motioned: Dr. Gil Liu

Seconded: Dr. J. Nick Baird

Motion Passed

Meeting was adjourned at 1:47



October 16, 2024 | 12:30pm

Members Present

	John Kulewicz- Council Member		
	Betty Giammar		

Guests:

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

Members Absent

	Dr. J. Nick Baird		
	Dr. Richard Vesper		
	Dr. Gil Liu		

MINUTES

Previous Items

- **Clarification and Concerns**
 - Sarah Jensen asked if there were any further questions or concerns about previous items.
 - Betty Giammar mentioned no significant concerns but some surprises in the data report.

Data Collection and Analysis

- **Local Data and Actionable Insights**
 - Abby and her team reviewed various topics and gathered local data.
 - Focused on actionable and informative insights.
 - **Housing and Language Diversity**
 - Housing is a significant topic.



- Upper Arlington has a notable number of residents who speak other languages.
 - **Poverty and Disparities**
 - Black or African-American residents are 20 times more likely to live below the poverty level compared to white residents.
 - 43% of residents living below the poverty are single-race African Americans.
- **Race Categorization**
 - Census data categorizes race in a way that may not fully capture multi-racial identities.
 - Efforts are being made to improve race and ethnicity data collection.

Environment and Health

- **Lead Exposure and Tree Canopy**
 - Maps of houses built before 1960 to assess lead exposure.
 - Tree canopy data will be used to recommend areas for tree planting to improve tree equity.
- **Health Insurance**
 - Approximately 750 residents (2%) do not have health insurance.
 - Higher uninsured rates among non-citizen immigrant residents.
- **Chronic Conditions**
 - **Arthritis**
 - A high percentage of individuals with arthritis, especially correlated with age.
 - Potential for programs focusing on arthritis prevention and mitigation.
 - **Maternal and Child Health**
 - Residents with Medicaid are twice as likely to give birth to preterm babies compared to those with private insurance.
 - Correlation between poverty, Medicaid enrollment, and preterm births.

Youth Data and Mental Health

- **Ohio Youth Environmental Survey (OYES)**
 - UA school district participates in OYES, which looks at behaviors including tobacco, drug use, and mental health.
 - Recommendations for school districts to sign data use agreements for more detailed analysis.
- **Mental Health Disparities**
 - Significant mental health disparities among LGBTQ youth.
 - Importance of specific data for grant applications and targeted programming.



Binge Drinking and Depression

- **Binge Drinking Trends**
 - High rates of binge drinking in upper-income suburban communities like Upper Arlington.
 - Definition: Four or more drinks on a single occasion for women, five or more for men.
 - Heavy drinking: Eight or more drinks per week for women, 15 or more for men.
- **Depression**
 - Increasing depression diagnoses.
 - Correlation between binge drinking and depression.
 - One in five are diagnosed with depression; 9% receive mental health services; 13.8% are on medication for anxiety or depression.

Smoking and Substance Use

- **Smoking Rates**
 - Current Status: Upper Arlington has lower smoking rates than Franklin County and the U.S.
 - Healthy People 2030 Goals: The target is 6.1%.
 - Local Variations: Certain areas in Upper Arlington have higher smoking rates.
 - Recommendation: Identify specific groups or areas with higher smoking rates for targeted interventions and messaging.
- **Substance Use and Overdoses**
 - Overdose Deaths: Not a significant concern in Upper Arlington.
 - Stigma Reduction: There is a need for stigma reduction to help those struggling with addiction seek help.
 - Youth Substance Use: Early onset of drug use typically occurs in middle school.
 - Data Source: The OES survey provides a snapshot of youth substance use.
 - **Self-Harm and Suicide**
 - Upcoming Report: Extensive suicide report for the whole county.
 - Current Status: No alarming trends were noted in Upper Arlington.

Vital Statistics and Leading Causes of Death

- **Data Source:** Vital Statistics for 2022.
- **Resident Deaths:** Counts deaths of residents regardless of where they occurred.
- **Coroner's Reports:** Counts deaths in the county, regardless of residency.

Marijuana Usage



- **Youth Data:** Primarily gathered through the OES survey.
- **Measurement Challenges:** Anticipated future methods include sales data and retail density, similar to tobacco tracking.
- **Research:** Studies on youth use in areas with specific policies or retail densities.

Local Data and Resources

- **Recommendations and Resources:** Provided in a PDF with links to programs and resources.
- **Data Website:** An upcoming feature will provide demographic information about cities and villages.

Environmental Health

- **Swimming Pools**
 - Current Status: No specific updates; will check and respond regarding any missing information.
- **Bat Incidents**
 - Exposure Precautions: Any room with a bat is considered an exposure due to potential bites.
 - Testing: All bats tested negative for rabies.
- **Vector Control**
 - West Nile Virus: Positive mosquitoes found throughout the state.
 - Preventive Measures: Emphasis on preventing breeding grounds by eliminating stagnant water.
 - Mosquito Study: Collaboration with Ohio State University and Pennsylvania County Council, seeking resident participation.
- **Rodent Control**
 - Challenges: Issues with trash management around restaurant facilities.
 - Preventive Measures: Work with landlords and restaurants to avoid creating harborage and food sources for rodents.

Health Promotion

- **Community Engagement**
 - Events: Participation in UA Labor Day and Farmers Market.
 - Emergency Preparedness Kits: 150 EO-funded kits were distributed at various events.

Prevention and Wellness

- **COVID-19 and Flu Trends**
 - COVID-19: High levels of wastewater, but hospital visits are decreasing.
 - Flu: ER visits are increasing despite minimal amounts of wastewater.



- RSV: No significant changes or coverage in wastewater.
- **Infection Control**
 - Basic Measures: Emphasis on handwashing, avoiding crowded places when sick, and general infection control practices.

General Discussion

- **Wastewater Data:** Considered reliable as it includes everyone regardless of reporting or healthcare access.
- **Public Health Engagement:** Encouragement for continued investment and interest in public health.

ADJOURNMENT





About Upper Arlington

Upper Arlington (UA) was home to an estimated 35,694 community members in 2023.¹ While the median age in UA is 5 years higher than in Franklin County, more than 1 in 4 UA residents is a child.² Overall, 8% of residents were born outside of the United States.²

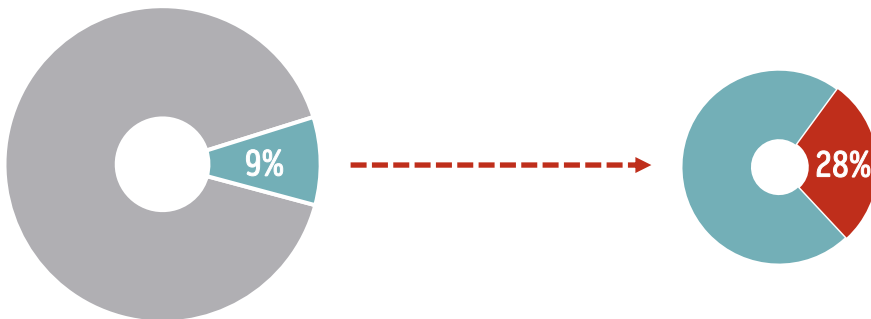
Basic Needs & Social Determinants of Health

Housing Cost Burden: In UA, 1 in 10 (10.5%) households are burdened by the cost of their housing, meaning they spend 30% or more of their total income on housing alone.² These households may have fewer resources to allocate toward health and wellbeing. In UA, households who rent are more likely to be housing cost-burdened than households who own.² Single-parent households and nonfamily households are more likely to rent as well as Asian, Black/African American, and multiracial households.²

Language: 1 in 10 (9.4%) UA residents speak a language other than English at home.² Of those residents, 28% speak English "less than very well," amounting to nearly 900 community members.² Community members who speak Asian and Pacific Island languages reported the least proficiency with English.²

In Upper Arlington, **9%** of residents speak a **language other than English** at home. Of these residents, **1 in 4** speak English **less than "very well."**

US Census American Community Survey, Upper Arlington, 2022



Half of residents who speak Asian or Pacific Island languages at home speak English less than "very well."



¹ [Mid-Ohio Regional Planning Commission \(MORPC\) Central Ohio Population Resource Hub](#)

² [US Census Bureau American Community Survey \(ACS\) 2022 5-Year Estimates Data Profiles](#)

Poverty: Overall, 2.6% of all UA residents are living below the poverty level, amounting to 285 children (2.8%), 525 adults ages 18-64 years (2.7%), and 134 older adults ages 65 years and over (2.1%).² In UA, the risk of poverty differs depending on where you live and other sociodemographic factors. Black/African American and Asian residents of UA are more likely to live below the poverty level than White residents.² Residents without a college degree are also less likely to live in poverty, with poverty rates decreasing as educational attainment increases.² In UA, the poverty rate ranges from 0.6% to 6.8% depending on the neighborhood where you live.²

Black or African American residents are 20 times more likely than **White** residents to live below the poverty level. **Asian** residents are 3 times more likely than **White** residents to live below the poverty level.

US Census American Community Survey, Upper Arlington, 2022

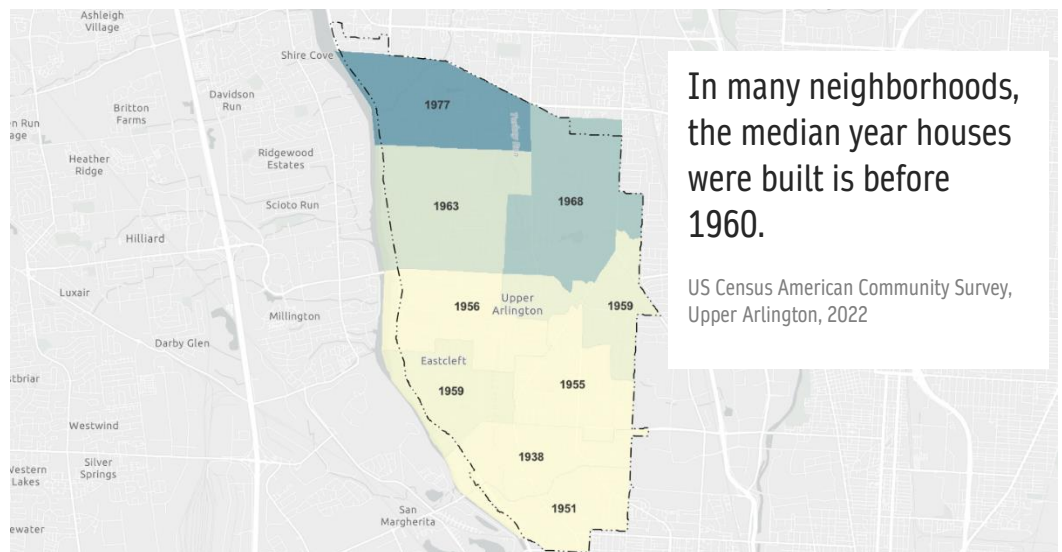


Environmental & Climate Health

Perspectives on Environment: While an estimated 67% of UA residents are interested in how to help the environment, 44% feel hopeless to protect the environment.³

Lead Exposure:

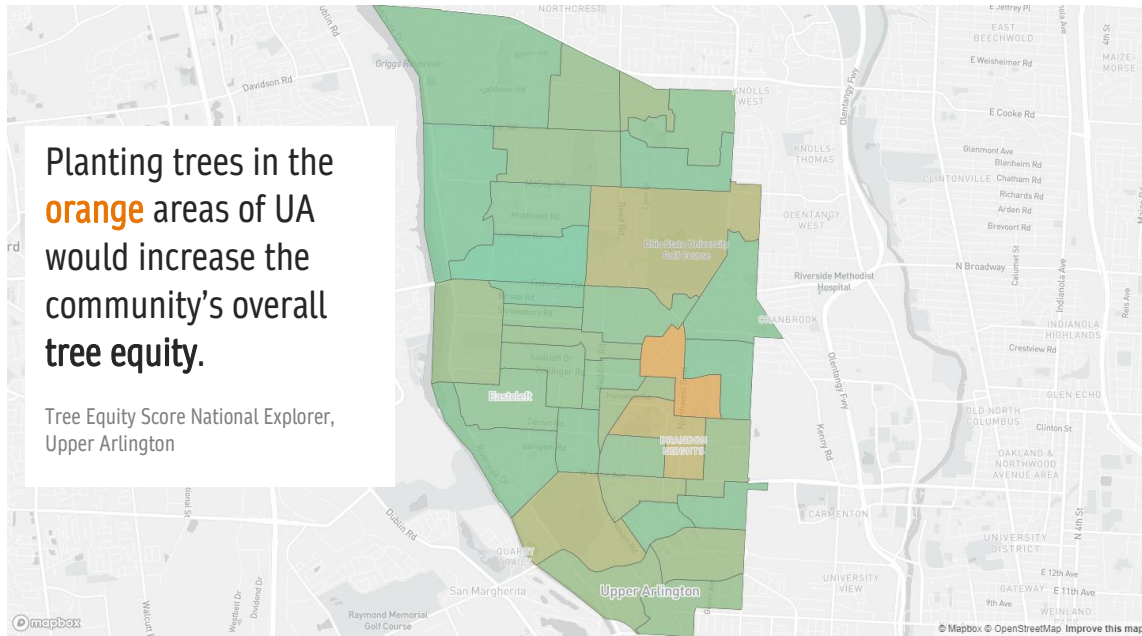
7,705 occupied housing units in UA were built before 1960, meaning they are at higher risk for containing lead-based paint.² In 2022, 466 resident children of zip codes 43220 and 43221 had their blood lead levels tested, and 3% tested positive for an elevated result.⁴



³ Esri Market Potential 2024

⁴ Ohio Department of Health Healthy Housing and Lead Poisoning Surveillance System

Tree Canopy Coverage: UA has one of the highest scores for tree equity among cities in Franklin County (93 out of 100).⁵ Within UA, tree canopy coverage is generally well-distributed. All UA census block groups have a tree equity score of 75 or higher.⁵ UA could plant additional trees to increase the tree equity scores of all UA census block groups.⁵ To ensure that all UA census block groups have a tree equity score of 80 or higher, UA would have to plant 387 trees. To increase the tree equity score to 90 or higher for all UA census block groups, UA would have to plant 6,400 trees.

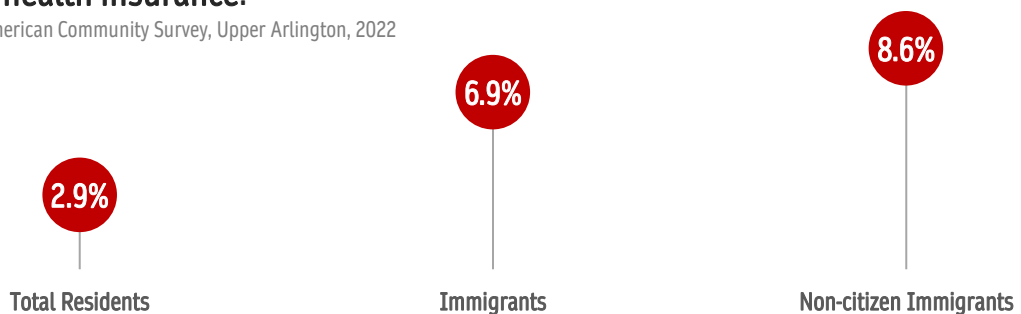


Chronic Conditions & Access to Care

Health Insurance: In UA, nearly 750 residents are without health insurance, making up 2.1% of the total population.² Immigrant/New American residents are less likely to have health insurance (6.9% uninsured), with even higher uninsured rates among residents who are not citizens (8.6%).²

Non-citizen immigrant residents of Upper Arlington are most likely to be without health insurance.

US Census American Community Survey, Upper Arlington, 2022



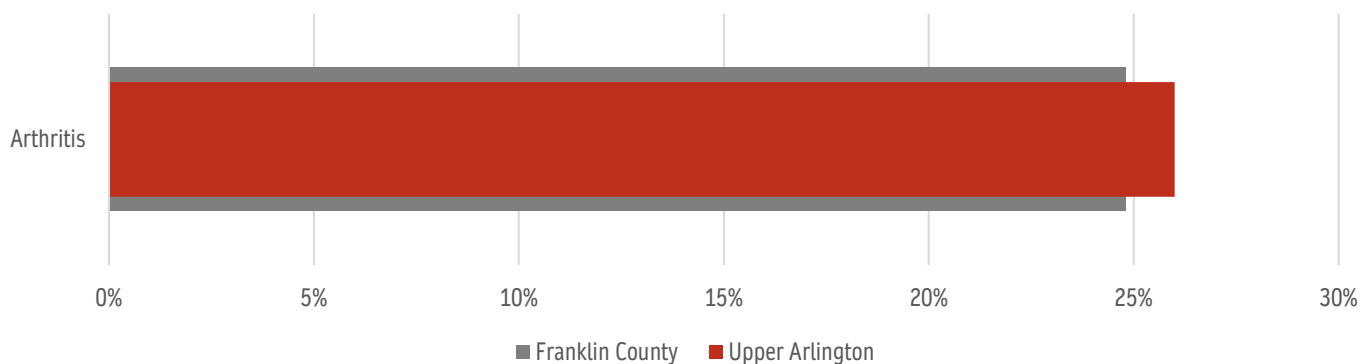
⁵ [Tree Equity Score Locality Report: Upper Arlington, OH](#)

Preventative Care: In 2022, 21.4% of UA adults did not receive an annual checkup.⁶ Similarly, 19.0% of women aged 50-74 years did not receive a mammogram and 28.5% of adults aged 50-75 years did not receive colorectal cancer screening.⁶

Chronic Conditions: Among UA adults, 33.7% have high cholesterol, 27.9% have high blood pressure, and 25.7% have arthritis.⁶

Arthritis in **Upper Arlington** is **more prevalent** than in Franklin County.
1 in 4 Upper Arlington adults experiences arthritis.

PLACES: Local Data for Better Health, Upper Arlington, 2022



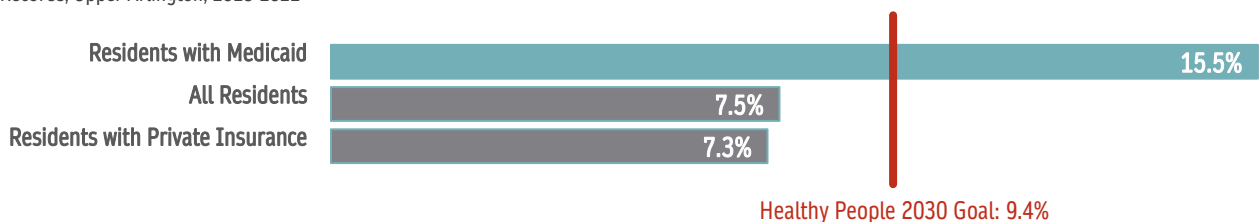
Maternal & Child Health

Prenatal Care: From 2018 to 2022, 90.5% of live births to UA residents received prenatal care during the first trimester.⁷ This means 9.5% of live births either received no prenatal care or received prenatal care later than recommended.

Preterm Birth: From 2018 to 2022, 7.5% of babies born to UA residents were born preterm (<37 weeks).⁷ Black/African American residents had a higher prevalence of preterm birth (17.2%) compared to White residents (7.5%), though it was lower among Asian residents (4.8%).⁷ Preterm birth rates were also higher among residents with Medicaid (15.5%) than residents with private insurance (7.3%).⁷

Residents with **Medicaid** are more than **two times** as likely to give birth **preterm** compared to residents with private insurance.

Ohio Birth Records, Upper Arlington, 2018-2022



⁶ PLACES: Local Data for Better Health 2020-2022

⁷ Ohio Department of Health Bureau of Vital Statistics

Perinatal Hypertension: In 2022, 11.2% of UA residents who gave live birth experienced some form of hypertension (high blood pressure) before or during pregnancy, including pre-pregnancy hypertension, gestational hypertension, pre-eclampsia, and eclampsia.⁷

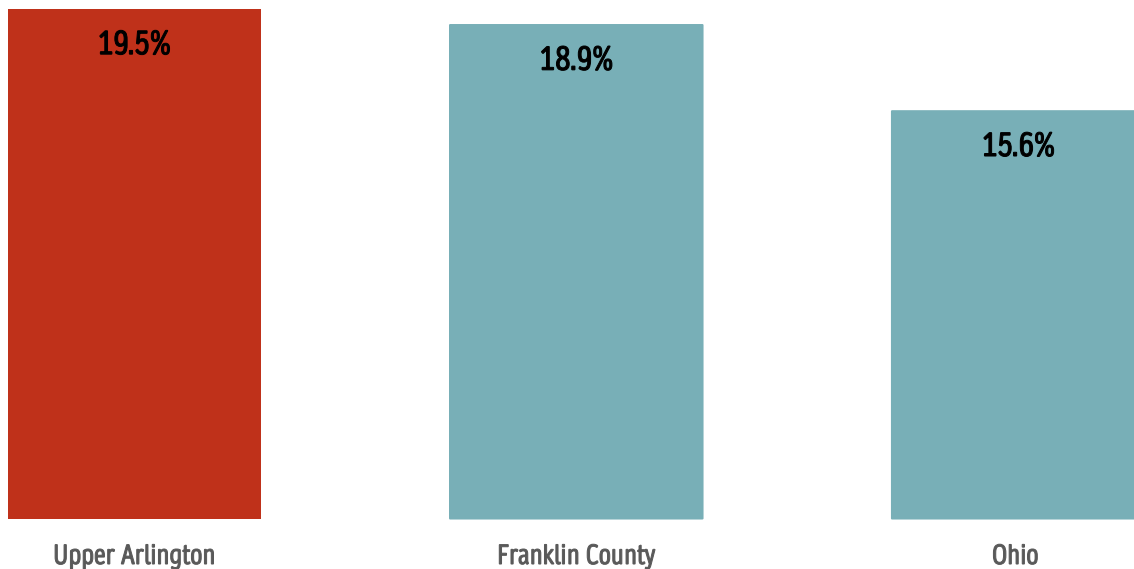
Youth Data: Data about youth in UA is largely unavailable. Participation in the Ohio Health Youth Environment Survey (OHYES!) and data sharing with Franklin County Public Health would allow for FCPH to share information about adverse childhood experiences, mental health, substance use, social support, and more about students in UA City School District.⁸

Behavioral Health

Binge Drinking: In 2022, 19.5% of UA adults reported binge drinking in the past 30 days, falling within the worst 25% of all Ohio and US cities and villages.⁶ This is higher than both Franklin County (18.9%) and Ohio (15.6%) overall. The binge drinking prevalence in UA appears to have increased overall since 2018 (17.5%).⁶ Those who report binge drinking are 14 times more likely to report alcohol-impaired driving.⁹

In 2022, the percentage of **Upper Arlington** adults who reported **binge drinking** in the past 30 days was **19.5%**, which is **higher** than both Franklin County and Ohio.

PLACES: Local Data for Better Health, Upper Arlington, 2022



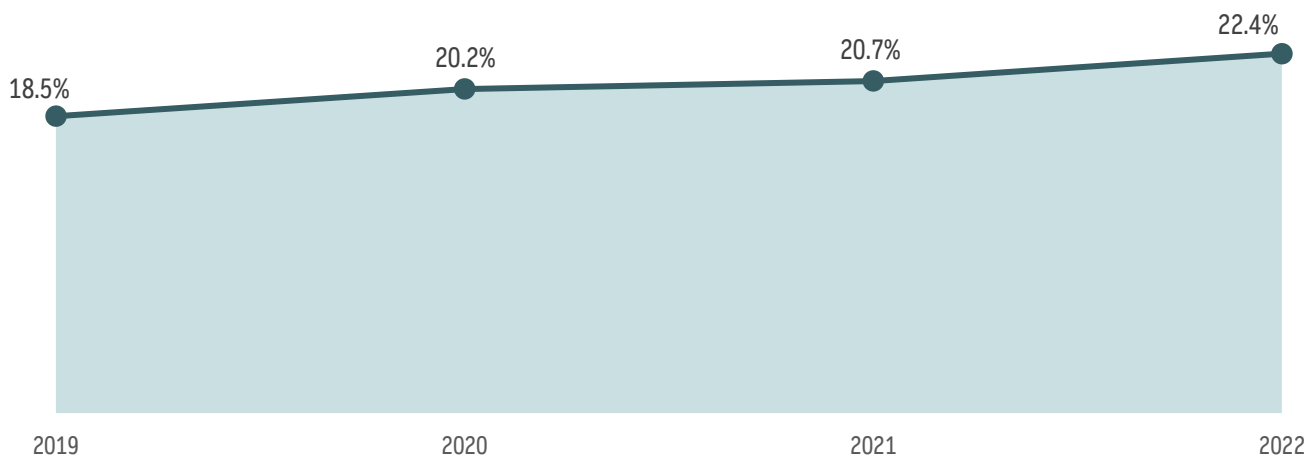
⁸ [Ohio Youth Surveys Ohio Health Youth Environment Survey \(OHYES!\)](#)

⁹ [Rapid Drinking is Associated with Increases in Driving-Related Risk-Taking](#)

Depression & Mental Health: In 2022, 1 in 5 (22.4%) adults in UA had ever been diagnosed with depression.⁶ This is lower than in Franklin County (24.4%) but higher than in the United States (19.5%). The percentage of UA adults diagnosed with depression has continued to increase since 2019.⁶ Despite 22.4% of adults being diagnosed with depression, only 9% of households reported receiving mental healthcare services and only 13.8% of adults bought medication for anxiety or depression in 2023.¹⁰

Adult depression diagnoses in Upper Arlington are increasing.

PLACES: Local Data for Better Health, Upper Arlington, 2022



Smoking: In 2022, 8.9% of UA adults reported currently smoking, amounting to an estimated 2,350 residents.⁶ While this is lower than smoking rates in Franklin County and the US, it is higher than the Healthy People 2030 goal of 6.1%. In one UA neighborhood, the current smoking rate is 11.1%.⁶

Injury & Death

Substance-Involved Injury: From 2020 to 2023, residents of zip codes 43220 and 43221 visited the emergency department (ED) 408 times for alcohol-related injuries.¹¹ In 2023, there were 113.1 ED visits per 100,000 residents of zip codes 43220 and 43221 for unintentional overdose.¹¹ This is lesser than the rate in Franklin County (292.9). In 2023, emergency medical service providers reported administering 39 doses of naloxone (Narcan) in zip codes 43220 and 43221.¹²

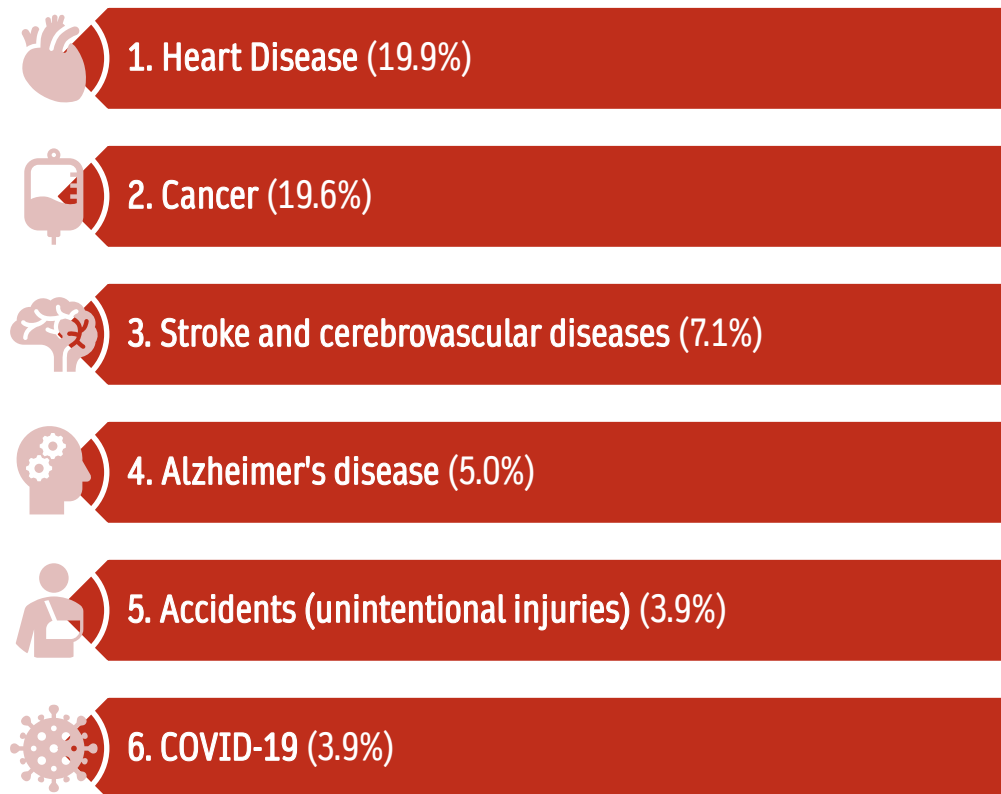
Self-Harm Injury: From 2020 to 2023, residents of zip codes 43220 and 43221 visited emergency departments over 800 times for self-harm, including self-harm, suicidal ideation, suicide attempt.¹²

¹⁰ [Claritas Consumer Profiles](#)

¹¹ Ohio Department of Health EpiCenter Health Monitoring System

¹² [Ohio Emergency Medical Services \(EMS\) Naloxone Watch](#)

Leading Causes of Death: The leading causes of death among residents of Upper Arlington are similar to those among residents of Franklin County and the United States. Among the UA deaths due to unintentional injuries, 36.4% were caused by a fall and 36.4% were due to unintentional overdose.⁷ All UA residents who died from falls were 75 years of age or older.⁷



These data were provided by the Center for Public Health Statistics and Informatics, Ohio Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

Recommendations & Local Resources

Increase annual check-ups & preventative screenings

Residents should be encouraged to regularly access preventative healthcare by receiving annual checkups and regular cancer screenings. Maintained relationships with healthcare providers could also improve the time at which residents receive prenatal care during pregnancy and associated family planning efforts may increase the likelihood that hypertension is addressed before pregnancy and decrease the risk for preterm birth.

Address mental health and substance use in the community

To prevent overdose, UA could promote [harm reduction materials](#) like naloxone (Narcan) and fentanyl test strips, both of which can be provided by FCPH through mail or through community trainings. Stigma surrounding SUD can be a significant barrier to seeking help. By understanding and challenging these misconceptions, UA can create a more compassionate and supportive environment for individuals in recovery. FCPH also provides [Peer Support Services](#) to connect individuals seeking recovery with someone who understands their situation and can provide support and guidance. UA leadership can also engage with county-wide collective impact efforts as part of the Columbus & Franklin County Addiction Plan ([C&FCAP](#)). This is a community action plan designed to decrease overdoses, overdose deaths, and infectious diseases like Hepatitis C and HIV/AIDS. In addition, so SUD, FCPH also supports tobacco cessation efforts. Franklin County and Ohio provide a variety of [smoking cessation resources](#) to residents of UA stop using tobacco products.

Many people who suffer from depression do not have access to treatment or seek treatment. However, effective treatment for depression is important to prevent it from becoming a chronic disease. UA could focus on reducing stigma around mental health and seeking treatment to increase the amount of people receiving mental healthcare services. Suicide and self-harm are preventable. UA could promote the [988 Lifeline](#) as well as partner with the [Franklin County Suicide Prevention Coalition](#), who provides evidence-based suicide prevention training to the community.

UA could also focus on reducing binge drinking in the community. UA can connect with the Franklin County Alcohol, Drugs, and Mental Health Board ([ADAMH](#)) to learn more about resources and opportunities to partner on safe alcohol consumption and recovery resources.

The Franklin County Board of Commissioners provides a community site for seeking resources called [Credible Mind](#). This site can be utilized by UA community members and organizations to locate and engage with resources on a variety of topics related to health and well-being.

Improve health literacy & language accessibility efforts across Upper Arlington

UA residents may benefit from translation and literacy efforts throughout the community. UA could engage with community organizations, schools, and healthcare providers to assess and fill gaps in language accessibility, particularly for Asian and Pacific Islander languages. Local organizations and

healthcare providers could also be encouraged to participate in [organizational health literacy assessments](#) to improve their service to the community.

Encourage UA CSD to participate in OHYES! with a Data Use Agreement

Participation in the [Ohio Health Youth Environment Survey \(OHYES!\)](#) and data sharing with Franklin County Public Health would allow for FCPH to share information about adverse childhood experiences, mental health, substance use, social support, and more about students in UA City School District. UA has routinely participated in the OHYES! Survey but partnering with FCPH to analyze data would also allow a deeper dive into the data on UA youth and request reports as needed. This would also improve health equity in the UA community, as resources could be tailored to youth who are at highest risk for adverse outcomes.

Increase economic stability among residents at higher risk

Poverty and housing affordability go hand in hand. Economic stability is a social determinant of health that can improve many health outcomes, including preterm birth, depression, and overdose. UA could improve economic stability among UA residents at higher risk, including single-parent households, community members with lower educational attainment, and racial/ethnic minority households. [FCPH Community Health Workers \(CHWs\)](#) can connect UA residents to medical and social services throughout the community.

Implement safety & wellness programming for older adults

UA could engage older adult residents in fall prevention programming. Regular exercise can also prevent falls, as well as mitigate the symptoms of chronic conditions like arthritis. Engaging with the [Franklin County Office on Aging](#) may also provide older adults in UA with opportunities to stay active and maintain their health.

Increase health insurance coverage among New American residents

Efforts to increase health insurance coverage among the immigrant/New American community in UA could improve overall access to care and equity in the community. [FCPH Community Health Workers \(CHWs\)](#) can connect UA residents to medical and social services throughout the community in multiple languages.

Ensure lead screening among Upper Arlington youth at highest risk

Children should be tested for lead exposure at age 1 and 2 years, and up to 6 years if the children are at [higher risk](#). UA residents can request a free [lead-based paint screening](#) from FCPH and receive home renovations if they qualify.

Engage Upper Arlington community members in improving environmental health

UA residents are interested in impacting the environment but might not know how. Community efforts to promote environmental wellbeing may increase community engagement in UA.



Community Environmental Health

Rabies Control – 161 exposure events were reported to Franklin County Public Health during this quarter. The following 12 animal exposures in Upper Arlington were investigated during October 1, 2024, to December 31, 2024, and are in the table below. Two bats were submitted for testing. Both tested negative for the rabies virus.

Incident Date	Species	Breed	Quarantine Status
10/08/2024	Dog	Mixed	Unknown/Stray
10/09/2024	Dog	Mixed	Released
10/10/2024	Dog	Mixed	Released
10/13/2024	Dog	Boxer Mix	Released
11/08/2024	Dog	Mixed	Released
11/17/2024	Cat	Unknown	Unknown/Stray
11/25/2024	Dog	Havapoo	Released
12/02/2024	Bat	Brown	Tested Negative for Rabies
12/18/2024	Cat	DSH	Released
12/30/2024	Cat	DSH	Released
12/30/2024	Bat	Brown	Tested Negative for Rabies
12/31/2024	Cat	DSH	Still in Quarantine Period

Public Swimming Pools –

Franklin County Public Health currently has 396 licensed recreational water facilities. There are 21 licensed pools, spas, or special use pools in Upper Arlington. The licensing year is from June 1, 2023, to May 31, 2024. Standard pool inspections will be conducted at least twice per licensing year. Pool equipment inventory inspections are conducted once per year. Inventory inspections document pool equipment including pool pumps, filters, chemical feeders, drain covers, and other facility specific equipment. Seven inspections took place in Upper Arlington during this quarter at the locations listed below:

Date	Facility	Inspection Type
10/03/2024	Homewood Suites Pool	Standard, Inventory
10/24/2024	First Community Village Pool	Standard, Inventory
11/06/2024	Upper Arlington High School	Standard, Inventory
12/11/2024	Homewood Suites Pool	Standard

Body Art –

Franklin County Public Health currently has 98 body art facilities. The licensing period was from January 1, 2024, through December 31, 2024. Body art includes traditional tattoo and body piercing, but it also includes permanent make-up or reconstructive procedures such as microblading, micro-needling, scalp micropigmentation, and scar camouflage. FCPH licenses two body art businesses in Upper Arlington, both of which perform permanent makeup and/or reconstructive procedures. FCPH inspects body art facilities at least once during the licensing period. One standard inspection was conducted during the fourth quarter of 2024 and is listed below.

Date	Facility
10/08/2024	Columbus Aesthetic and Plastic Surgery



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Environmental Health Services Upper Arlington

Q4 Reporting Period: October 1 – December 31, 2024

Food Safety

Five new sets of plans were reviewed.

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

Inspections Conducted	
Standard	64
Follow-Up	8
Complaint	3
Consultation	5
Foodborne	4
Schools	10

Complaints Investigated	
Tupelo Honey 11/21	CO2 leak, Cleared by us and the UAFD Complaint closed
City Barbeque 11/6	FB Illness Complaint Closed
Don Pocha Korean Grill 10/30	Reported Pests, None Observed, Complaint closed

Plumbing and Medical Gas

Type	Inspections
Residential	216
Commercial	29
Medical Gas	2

Sustainability

Public Health Nuisance Complaints -. N/A

Respectfully submitted by: Sarah Jensen; Assistant Health Commissioner & Environmental Health Director – 01/13/2025.



A team of researchers from The Ohio State University led by Dr. Mary Gardiner, Dr. Megan Meuti, and Dr. James Strange is investigating the potential interplay between urban greening, integrated mosquito management, and the respective effects of these practices on populations of both pollinators and mosquitoes. The team hypothesizes that urban greening, which attempts to support pollinators, also unintentionally increases the risk of mosquito-borne disease, while integrated mosquito management to support public health negatively impacts pollinators. The research has three objectives:

1. Evaluate whether increased concentration of greening influences wild bee health, mosquito abundance, and West Nile virus prevalence.
2. Determine the impact of vector management programs by health departments and commercial applicators on wild bee health and mosquito abundance.
3. Measure the efficacy of mosquito-specific traps to reduce mosquito abundance without harming pollinators.

They will accomplish these objectives by recruiting groups of five households from communities across Franklin County, who will be placed into one of the following treatment groups:

T1: FCPH Threshold: Five adjacent households will follow recommended mosquito management practices. Additionally, FCPH will apply an ULV adulticide application using a truck-mounted sprayer to each landscape when mosquito populations exceed an established threshold and/or WNV is detected in the community. Households will be asked not to apply DIY pesticide treatments or hire a private company to manage mosquitoes on their property.

T2: FCPH Threshold + Barrier Spray: Five adjacent households will follow recommended mosquito management practices. FCPH will apply an ULV adulticide application using a truck mounted sprayer to each landscape when mosquito populations exceed an established threshold and/or WNV is detected in the community. In addition, a local, licensed commercial applicator will be contracted to apply a barrier spray once every three weeks to each property beginning in mid-June. Four applications will be made per year. Households will be asked not to apply additional DIY pesticide treatments to control mosquitoes.

T3: FCPH Opt-Out: Five adjacent households will follow recommended mosquito management practices and be registered as "Do Not Spray" sites with FCPH. These properties will not be treated by FCPH, and a buffer of 45 m will be maintained on both roadside edges of the site. Households will be asked not to apply DIY pesticide treatments to control mosquitoes on their property or hire a private company to manage mosquitoes.

T4: FCPH Opt-Out + Traps: Five adjacent households will follow recommended mosquito management practices and be registered as "Do Not Spray" sites with FCPH. In addition, OSU researchers will place three mosquito traps on each property belonging to Treatment 4. These sites will not be treated by FCPH, and a buffer of 45 m will be maintained on both roadside edges of the site. Households will be asked not to apply DIY pesticide treatments to control mosquitoes on their property or hire a private company to manage mosquitoes.



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Therefore, a total of 20 households in Upper Arlington will be asked to participate in this study. Ten of the properties in Upper Arlington will continue to be sprayed by FCPH, while the other 10 households in Upper Arlington will not receive mosquito treatments. OSU researchers are recruiting 20 other households in each of Bexley, Grandview Heights, Hilliard, and Worthington who will also participate in the study.

This project began with a group of citizens in Bexley who wanted to explore alternatives to spraying for mosquito control because they believe that it is having a negative impact on pollinators and beneficial insects. The group contacted researchers from OSU and under their guidance, it developed into a multi-year project with funding from USDA. Franklin County Public Health has been involved to discuss how it might impact our program and to share data and other resources with the researchers. We also contributed a letter of support to the grant application to USDA and maintain regular contact with the research team.

The knowledge generated by the project could guide future developments not only in our program, but for best practices in mosquito management more generally.



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Division of Health Systems & Planning

Upper Arlington Services (Q4 2024)
Last Edited: 01/10/2025

HSP Services October 2024 – December 2024

Administration

Overdose Fatality Review Activities:

- The Overdose Fatality Review (OFR) Committee released its first edition of the OFR Newsletter, which was sent to 68 individuals with a 25% open rate, 4 hours after its release.
<https://content.govdelivery.com/accounts/OHFCPH/bulletins/3c70bf8>.
- The OFR Community Action Group is making significant progress towards a kick-off meeting in January; as of 12/24/2024, 4 community members have accepted their membership, 2 have yet to respond, and 8 community organizations have either been nominated or signed up to participate. The kick-off meeting will take place in late January and will focus on team building and goal setting for the year. The focus of the Community Action Group is to provide input on implementation of OFR recommendations in the community.

Behavioral Health & Addiction Services

- In Quarter 4, 42 naloxone kits and 12 fentanyl test strips were distributed to residents of zip codes 43220 and 43221. There were 48 individuals trained in 2 naloxone community trainings, however none of attendees reported 43220 or 43221 as their residential zip code. It's possible more residents of Upper Arlington received these resources, but it's not required for recipients to report their zip code of residence.
- Quarter 4 overdose data has not been finalized and cannot be included in this report.
- Franklin County CARES is a surveillance platform that offers access to local data on overdose, addiction, and community health indicators. Visit the [Upper Arlington Community Profile](#) for more information.
- Linkage to Care and Peer Recovery Support Activities: As of the beginning of December 2024, Peer Support and Recovery Specialist have connected clients in active recovery and/or experiencing SUD with over 840 resources: including 466 transportation linkages, 219 food resources, and 155 'Other' resources (i.e. treatment, housing, clothing, medical, behavioral health, identification documentation, and employment). In 2025 FCPH will be able to provide specific zip code and/or geographic location for clients served.
- The Health Systems and Planning tobacco team provided 5 community trainings to 79 community residents within Franklin County. While none of these trainings were conducted in zip codes 43320 or 43221, tobacco trainings can be requested at any time.



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Upper Arlington Services (Q4 2024)
Last Edited: 01/10/2025

- The city of Upper Arlington has had initial discussions of TRL and an initial flavor ban policy discussion but has not yet passed the policies for the city.

Care Coordination

- Health Systems and Planning Community Health Workers received 2 new referrals for zip codes 43220 and 43221 during Quarter 4.
- The CHWs served 6 residents in Quarter 4 from zip codes 43220 and 43221. These clients completed 15 checklists and 30 pathways, including education, community resources, adult health and maternal /family health.
- In 2024 FCPH partnered with Franklin County Jobs and Family Services (FCJFS) to pilot a Transitional Housing Pilot Program (TH) offered to all Franklin County Health and Human Services Agencies. The pilot is extended into 2025, TH staff and partners are working to amend hotel contracts and prepare for the program expansion into the new year. In addition to contracts with local hotels, FCPH is in contract with a local company, whose primary function is to find permanent housing for clients in the pilot program.
 - To date the TH program has received 63 referrals of which 53 clients have been placed into temporary hotel accommodations, 4 clients have obtained permanent housing, and an additional 20 clients are awaiting keys to finalize permanent housing.

Community Engagement

Health Promotion

- In Quarter 4, the Clinton Township Produce Market provided fresh produce to 1,489 individuals from 317 households with 35 senior boxes being delivered. 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 2,031 community members through 8 different community events. One healthy food access event took place in Upper Arlington in quarter 4 and engaged with 300 members of the community.

Community Health Action Teams (CHATs)

- **General:** The 2025 Annual CHAT Summit will be held on **Tuesday, January 28, 2025**, focusing on the theme of "*Catalyzing Community Action*". This event provides FCPH with the opportunity to highlight the projects accomplished by the CHATs throughout the previous year. The CHAT Summit also provides a space for public health professionals to network, join in on informative conversations through presentations, and collaborate on ways to improve community well-



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Upper Arlington Services (Q4 2024)
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being. The feature keynote speaker will be **Mayor of Upper Arlington, Ukeme Awakessien Jeter**.

- o [Registration Link](#) - registration is currently closed as we are at capacity, however we are generating a waitlist and will notify those on the waitlist as space becomes available.

Emergency Preparedness

- The Emergency Preparedness team holds and participates in many county-level planning efforts that impact residents of Upper Arlington.
- The team trained 62 individuals in Stop the Bleed in Quarter 4; 1 individual was a resident of Upper Arlington. To request a Stop the Bleed training, please follow this [link](#).

Regional Public Health Emergency Preparedness:

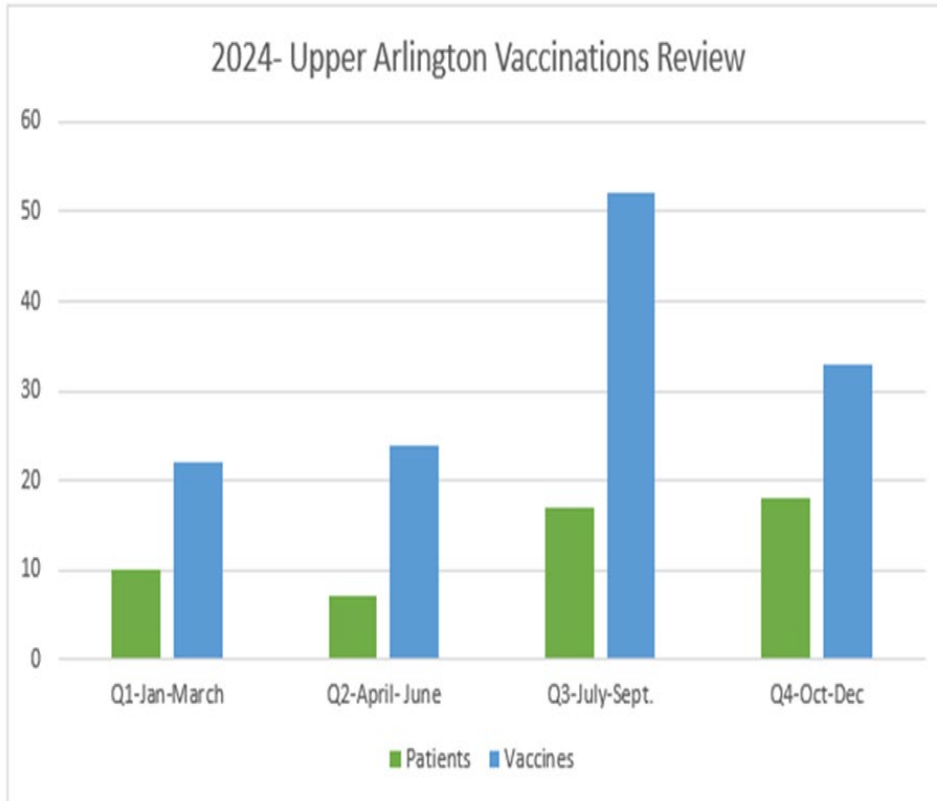
- In 2024 FCPHs' Regional Emergency Public Health Coordinator (RPHC) responded to and/or conducted information sharing for the following incidents: Logan County Tornado Mass Casualty Incident (MCI), Solar Eclipse, the Mass Rabies Exposure Incident, the IV solution hospital supply chain issues caused by Hurricane Helene, the Crowd Strike outage, the Columbus Cyberattack, extreme heat incident, the Hamilton County Styrene Leak and the Scioto County flooding, which included collaboration with Central Ohio Region emergency response agency and local health departments along with other regions across Ohio.

Respectfully Submitted: Theresa Seagraves, Assistant Health Commissioner, Director, Health Systems and Planning
– January 10, 2025.



Upper Arlington Immunization Data

From October 1, 2024, and December 31, 2024, a total of 33 vaccinations were administered at the Franklin County Public Health Clinic to 18 clients residing in Upper Arlington. Of these, 6 were the updated COVID-19 vaccine.



Upper Arlington Maternal and Child Health Data

From October 1, 2024-December 31, 2024, public health nurses provided comprehensive case management services to 46 families of children with complex medical conditions residing in Upper Arlington.



Current U.S. Bird Flu Situation in Humans

- Sporadic infections of highly pathogenic avian influenza A(H5N1) in mammals have been reported in the United States, Canada, and other countries. However, the overall risk to the general public remains low.
- The H5 bird flu is circulating widely in wild birds globally and is causing outbreaks in U.S. poultry and dairy cows, with several recent human cases among U.S. dairy workers.
- To date, only four human infections with low pathogenic avian influenza (LPAI) A(H7N2) viruses, which caused mild-to-moderate illness, have been reported in the United States.

The Current Risk to the General Public is Low

- The detections of H5 viruses in wild birds, poultry, some mammals, and in two people in the United States do not change the risk to the general public's health, which CDC considers to be low. However, due to outbreaks in domestic commercial and backyard poultry flocks, and infections in wild birds and some mammals, some groups of people with job-related or recreational exposures to birds or other H5 virus-infected animals are at greater risk of infection. People with job-related or recreational exposures to birds or infected mammals should take appropriate precautions to protect against bird flu.
- Due to widespread circulation of A(H5N1) virus in wild birds and poultry and sporadic infections in mammals, additional sporadic human cases would not be surprising.
- Right now, the H5N1 bird flu situation remains primarily an animal health issue. However, CDC is watching this situation closely and taking routine preparedness and prevention measures in case this virus changes to pose a greater human health risk.
- Signals that could raise the public health risk include multiple, simultaneous reports of human infections with A(H5N1) viruses following exposure to birds or other animals, or identification of spread from one infected person to another.
- No known human-to-human spread has occurred with the contemporary A(H5N1) viruses that are currently circulating in birds in the United States and globally. In other countries, sporadic human cases of human infections with the A(H5N1) viruses most common in birds globally have been reported since 2022, mostly following exposure to infected poultry. During past A(H5N1) bird flu virus outbreaks that have occurred in poultry globally, human infections were rare. Globally since 2003, 23 countries have reported rare, sporadic human infections with A(H5N1) bird flu viruses to the World Health Organization (WHO). Monthly case counts are available on the [WHO website](#).
- The spread of bird flu viruses from one infected person to a close contact has occurred rarely in other countries in the past, and when it has happened, it has been limited and not sustained, and did not spread beyond close contacts.

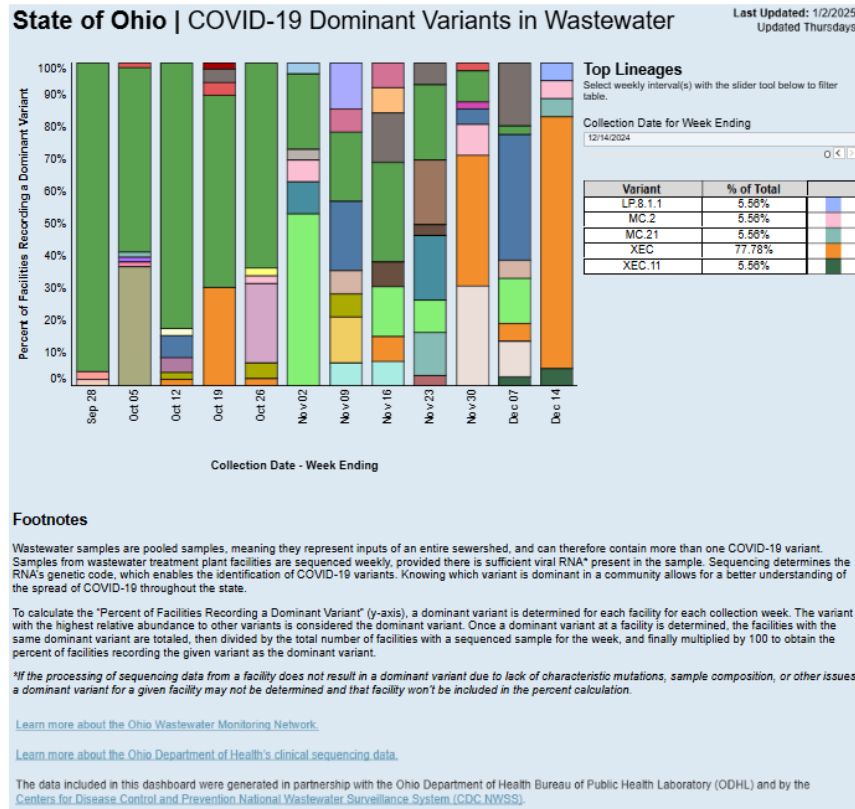


Source: [CDC](https://www.cdc.gov/)

COVID-19 Update

The next FCPH COVID-19 quarterly report will be released on Friday, January 31, 2025. The previous report, dated October 31, 2024, can be found at <https://vax2normal.org/>.

Wastewater surveillance indicates that variant XEC has been the most prevalent variant in Ohio over the past two weeks.

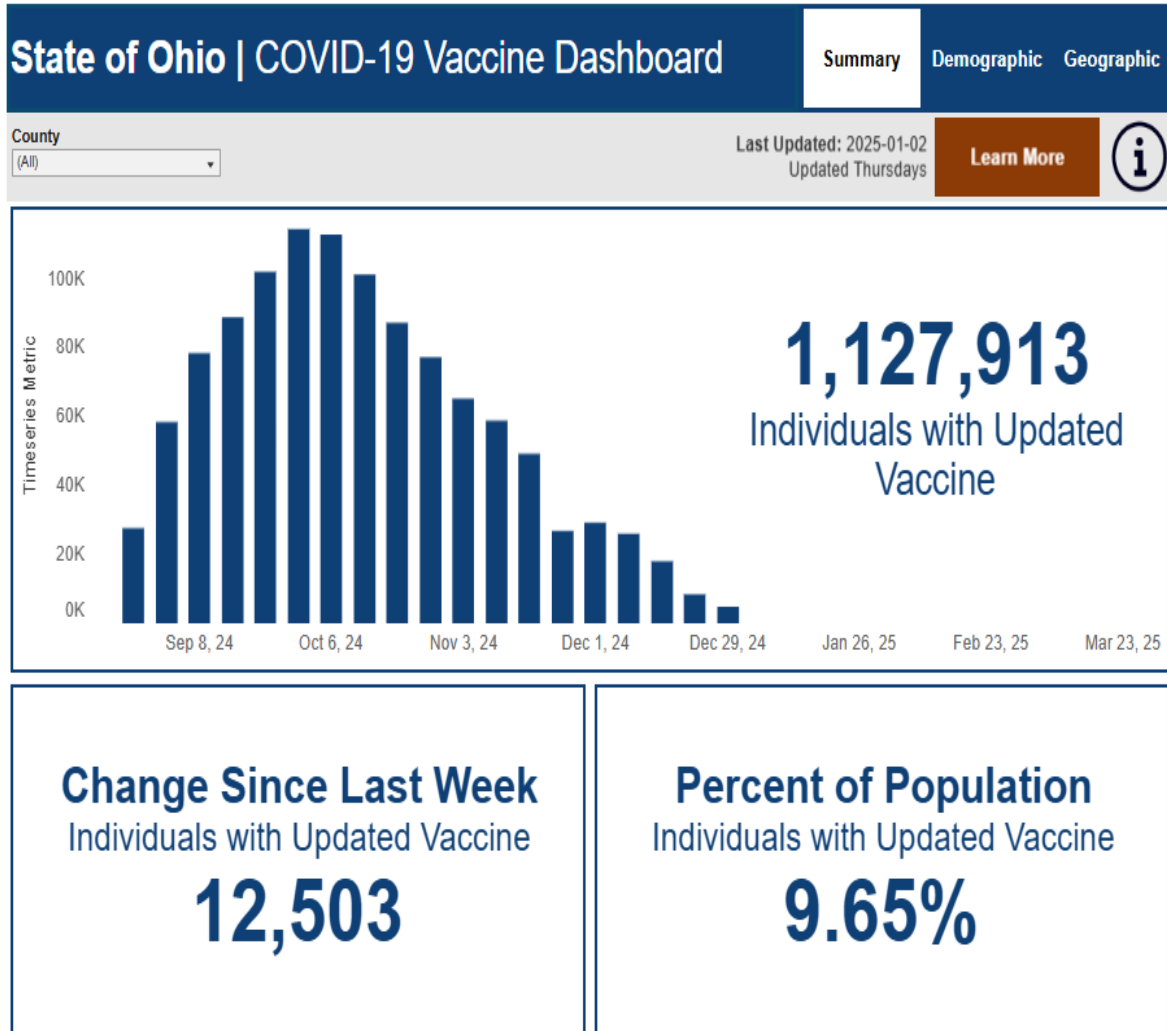


Source: <https://data.ohio.gov/wps/portal/gov/data/view/covid-19-reporting>



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



For additional information on COVID-19 vaccine and wastewater data, please visit the [Ohio Department of Health COVID-19 Dashboard](#).

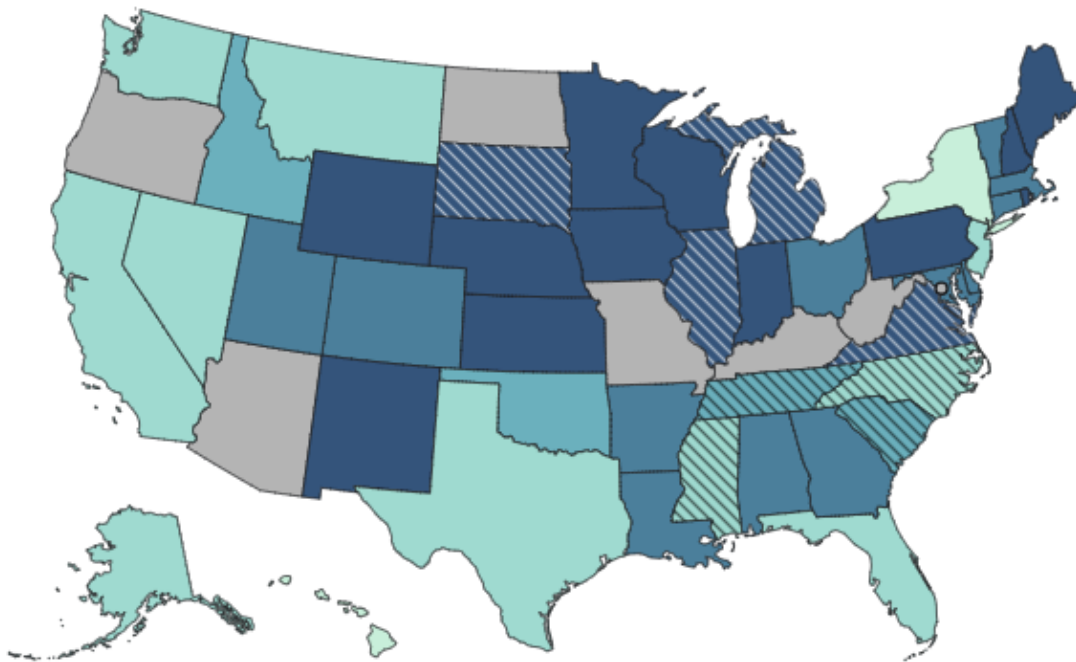
COVID-19 Current Wastewater Viral Activity Levels Map

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.

Time Period: December 22 - December 28, 2024



Territories

GU VI

SARS-CoV-2 Wastewater Viral Activity Levels

Select a level to add or remove from map.

Very High
 High
 Moderate
 Low
 Minimal
 No Data
 *Limited Coverage

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

Source: <https://www.cdc.gov/nwss/rv/COVID19-currentlevels.html>

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.

State

Ohio 


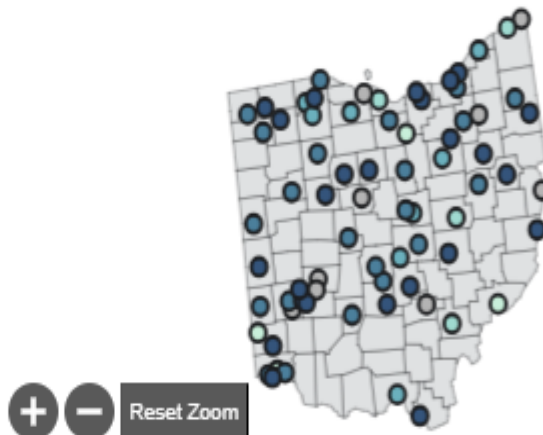
Current Site Levels

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: December 22 - December 28, 2024

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

Sites reporting in the last week: 63
Sites reporting in the last 30 days: 72

Current Site Levels

Select a level to add or remove from map.

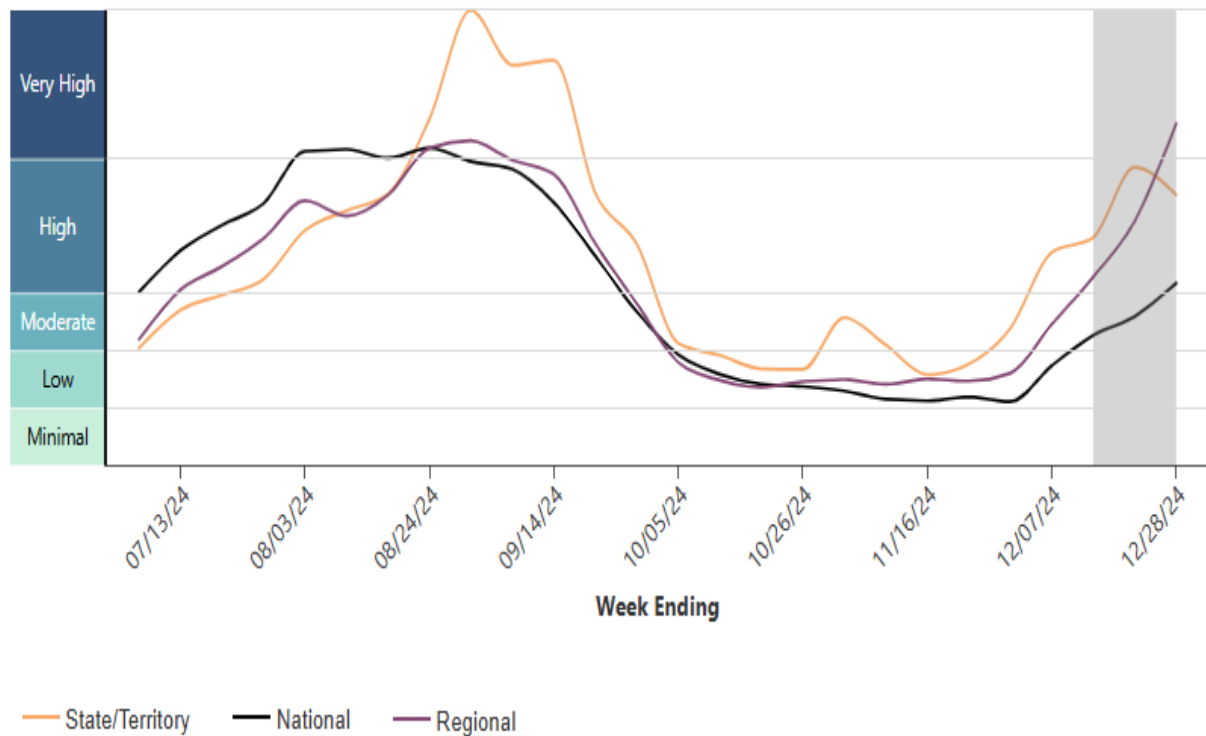
Very High
 High
 Moderate
 Low
 Minimal
 No Data

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: <https://www.cdc.gov/nwss/rv/COVID19-statetrend.html?1%20Year=45%20Days>

COVID-19 Variants in Wastewater

COVID-19 Wastewater Monitoring in the U.S.

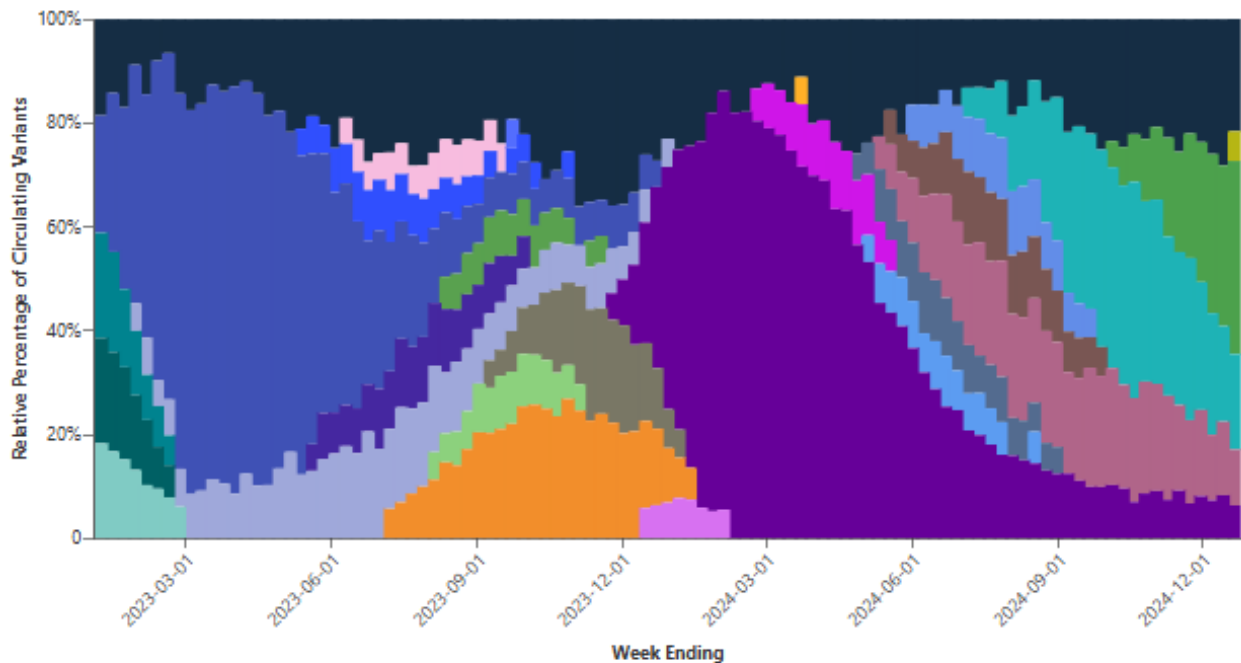
[Print](#)

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."

Predominant Variant

XEC

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
- Other

Data from the most recent weeks may be incomplete due to delays in data reporting. These data sets are subject to change.

Source: <https://www.cdc.gov/nwss/rv/COVID19-variants.html>

Respiratory Illnesses Data Channel

This site is updated on Fridays.

WHAT TO KNOW

- As of January 3, 2025, the amount of acute respiratory illness causing people to seek healthcare is at a high level and continues to increase nationally.
- COVID-19 activity is increasing in most areas of the country.
- Seasonal influenza activity continues to increase and is elevated across most of the country.
- RSV activity is very high in many areas of the country, particularly in young children.
- The community snapshot signifies activity levels using the following colors: Minimal, Low, Moderate, High, Very High.



Your community snapshot

Select your state / territory and your county to receive information on COVID-19, flu, and RSV in your community

Ohio ▼ All counties ▼

The CDC may not have data for all states, counties, or territories. [Read more »](#)

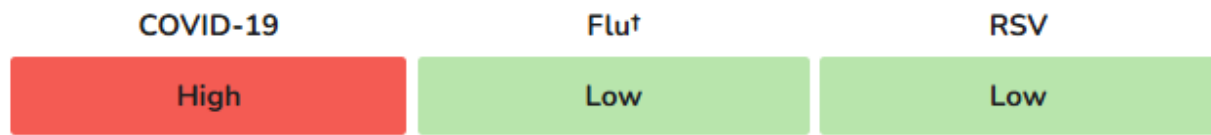
Overall respiratory illness activity in **Ohio**

High

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.

Wastewater viral activity level in **Ohio**

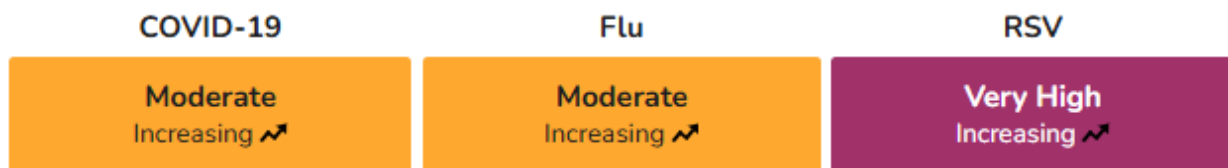


What it is: A measure of how much virus is present in sewage.

Why it matters: People who are infected often shed virus into wastewater, even if they don't have symptoms. As a result, high wastewater levels may indicate an increased level of infections even when other measures remain low.

† 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).

Emergency department visits in **Ohio**



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: <https://www.cdc.gov/respiratory-viruses/data/index.html>

Weekly national summary

Reported on Friday, January 3, 2025.

COVID-19 activity is rising in most regions of the country. Seasonal influenza activity is also on the rise and remains elevated across most of the nation. RSV activity is extremely high in many areas, especially among young children.

COVID-19

COVID-19 activity is increasing in most areas of the country, with high COVID-19 wastewater levels and increasing emergency department visits and laboratory percent



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

positivity. Based on [CDC modeled estimates of epidemic growth](#), we predict COVID-19 illness will continue to increase in the coming weeks as it usually does in the winter.

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 continues to increase and is elevated across most of the country. Additional information about current influenza activity can be found at: [Weekly U.S. Influenza Surveillance Report | CDC](#)

RSV

RSV activity remains very high in many parts of the country, particularly among young children. Emergency department visits and hospitalizations are highest in children, with some areas also seeing elevated hospitalizations among older adults

Vaccination

Vaccination rates for influenza and COVID-19 remain low among both U.S. adults and children. However, COVID-19 vaccine coverage has increased among older adults compared to the 2023-2024 season. RSV vaccine coverage among U.S. adults remains low, and many children and adults still lack protection from respiratory virus infections that vaccines provide.

Source: [CDC](#)


Respiratory Virus Guidance Snapshot

Core prevention strategies

Immunizations




Hygiene




Steps for Cleaner Air



Treatment




Stay Home and Prevent Spread*



Additional prevention strategies


Masks





Distancing




Tests



***Stay home and away from others until, for 24 hours BOTH:**

Your symptoms are getting better **You are fever-free (without meds)**



Then take added precaution for the next 5 days

Layering prevention strategies can be especially helpful when:

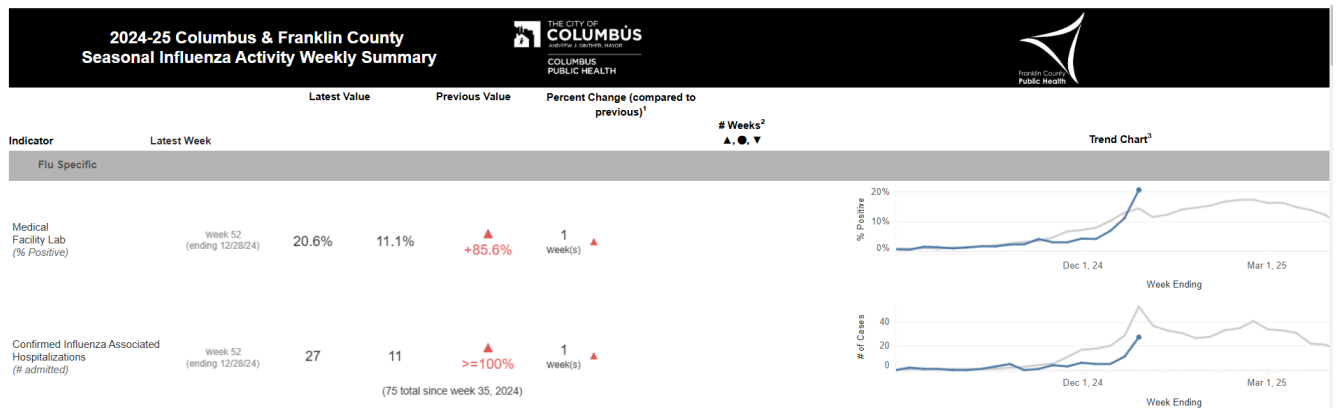
- ✓ Respiratory viruses are causing a lot of illness in your community
- ✓ You or those around you have risk factors for severe illness
- ✓ You or those around you were recently exposed, are sick, or are recovering

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

2024-2025 Franklin County Seasonal Influenza Activity

Local influenza activity is currently high.

FRANKLIN COUNTY- LOCAL ACTIVITY

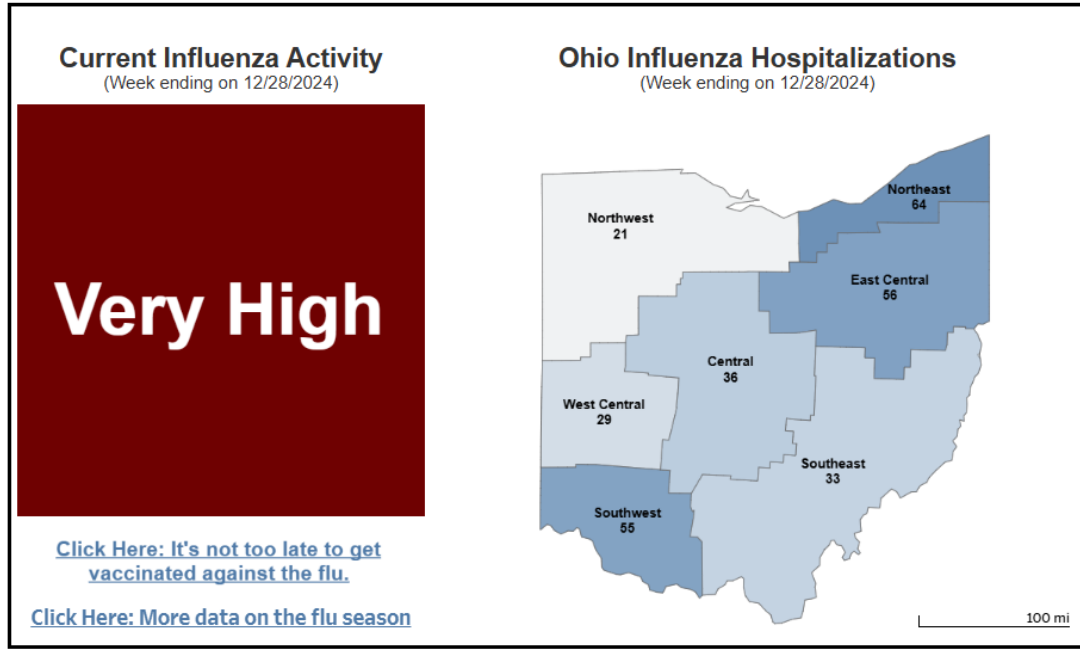


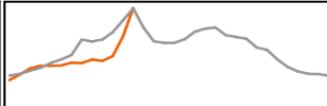
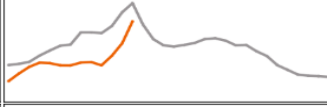
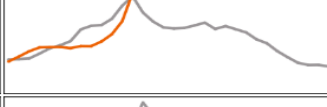
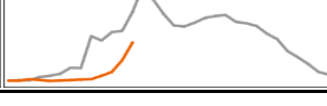
Source: https://public.tableau.com/app/profile/columbus/viz/Flu_Surveillance/Dashboard-FluActivity

OHIO-STATE ACTIVITY

State of Ohio | Current Influenza Activity

Last Updated: 2025-01-03
Updated Fridays During Flu Season



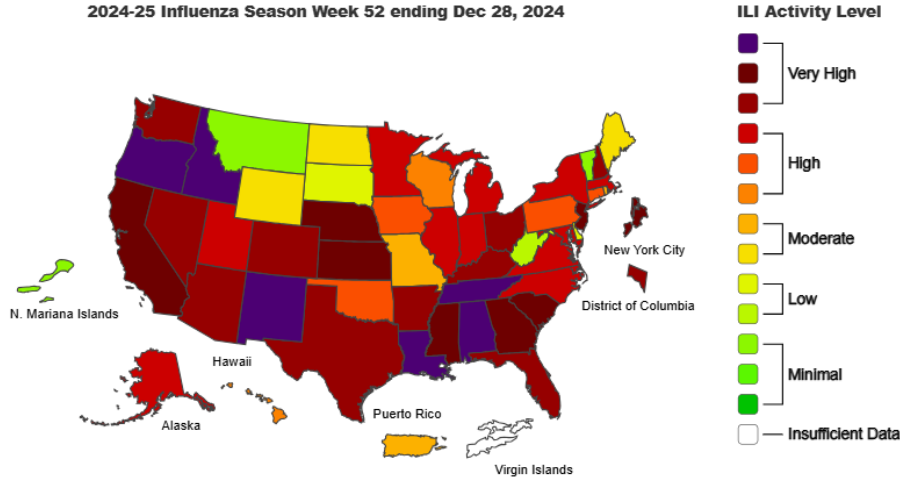
Activity Indicators				
(Week ending on 12/28/2024)				
Data Source	Current Week	Percent Change From Last Week	Trend Direction	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Above 5 yr Average 5 yr Average </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Below 5 yr Average Current Season Percent </div>
% of Outpatient Visits <small>Influenza-like illness (ILI) Outpatient Data (ILINet Sentinel Provider Visits)</small>	6.54%	40.65%	↑	
% of Emergency Department (ED) Visits <small>Fever and ILI Specified ED Visits (EpiCenter)</small>	2.84%	24.56%	↑	
% of ED Visits <small>Constitutional ED Visits (EpiCenter)</small>	14.38%	18.16%	↑	
Hospitalizations <small>Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)</small>	294	81.48%	↑	

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.

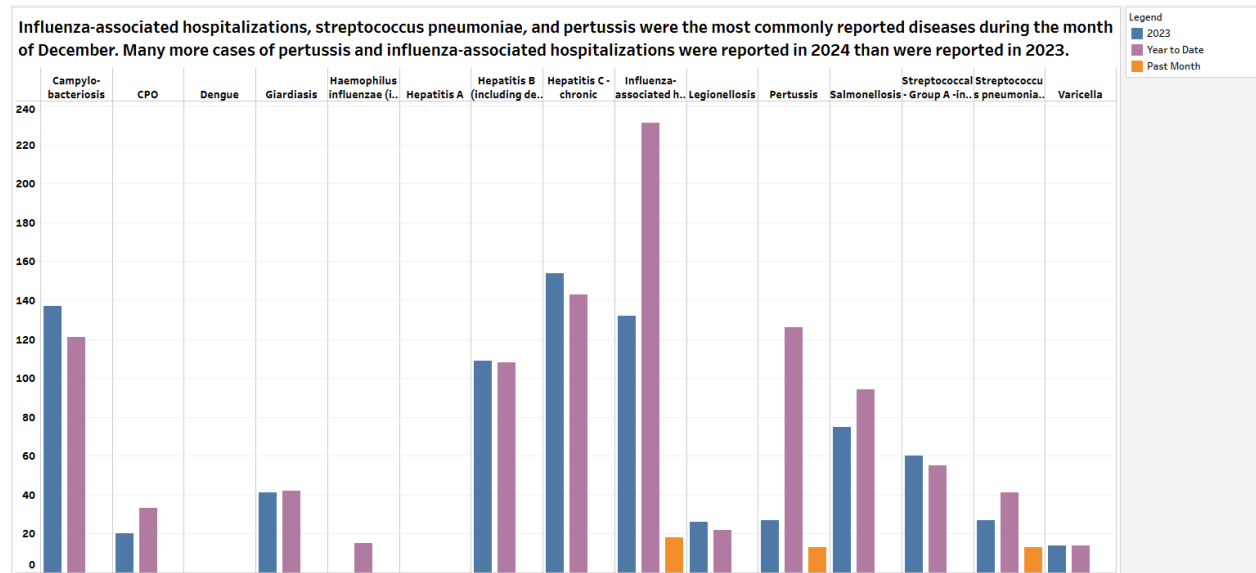
Source: <https://odh.ohio.gov/know-our-programs/seasonal-influenza/influenza-dashboard>

NATIONAL ACTIVITY



Source: <https://www.cdc.gov/fluview/surveillance/usmap.html>

FCPH Reportable Diseases/Conditions Data

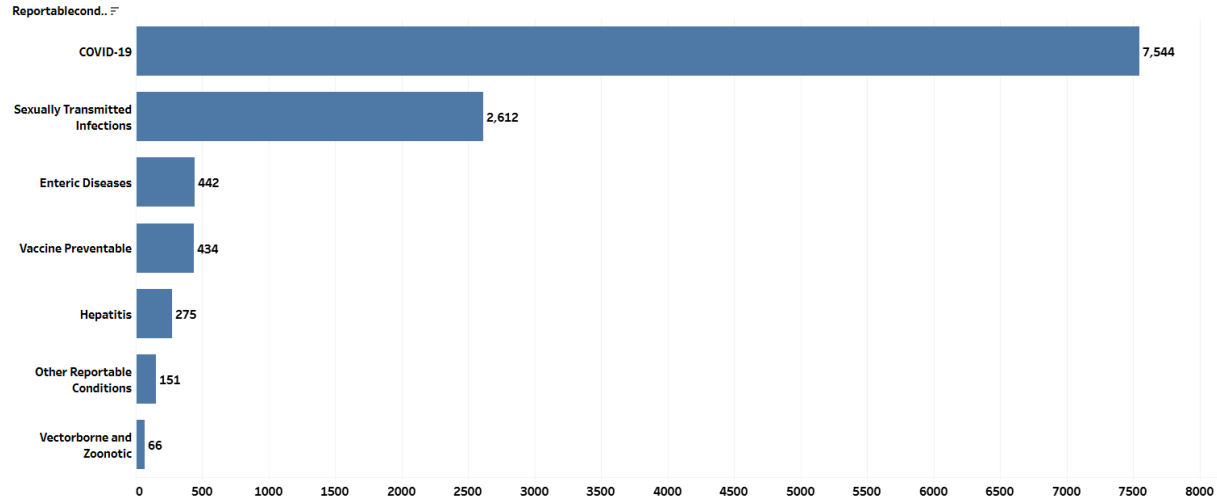


Contains suspected, probable, and confirmed cases. Does not include STI (including HIV and syphilis) or COVID-19 data. Values below 10 have been hidden for confidentiality purposes.



Reportable Condition by Category

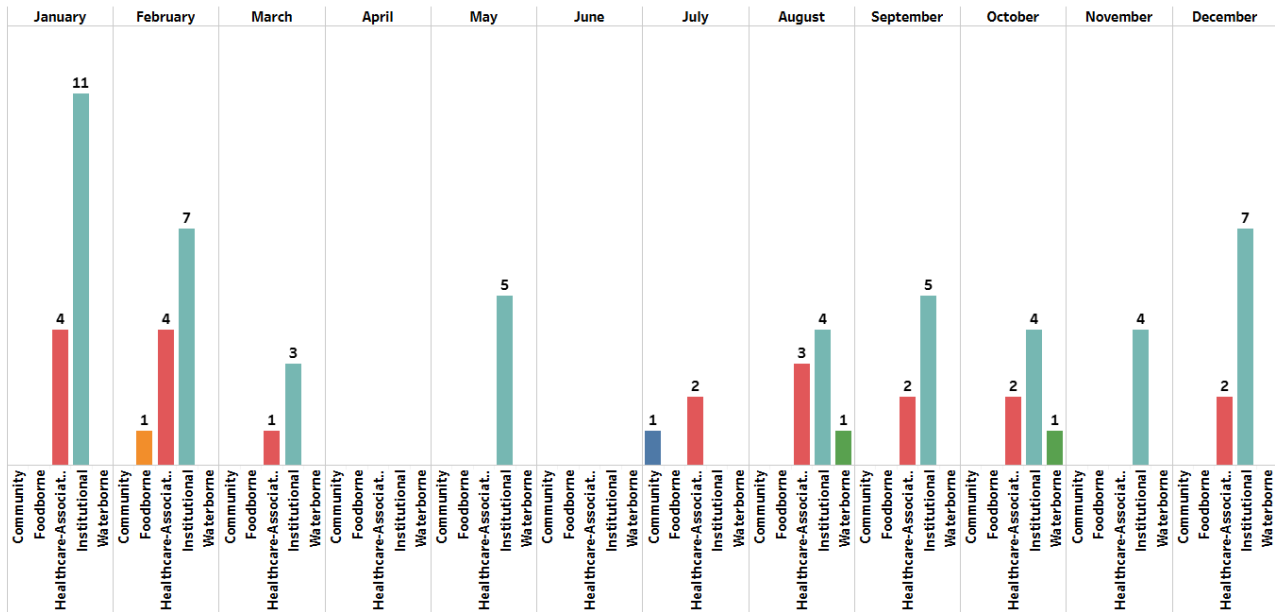
In 2024, excluding COVID-19 and sexually transmitted infections, enteric diseases, followed closely by vaccine preventable diseases, were the most common group of diseases reported.



HIV data was excluded from STI category.

Outbreaks

The most common type of outbreak reported in 2024 was **Institutional**.



Data are current as of 1/2/2025.

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, January 9, 2025