



Board of Health Meeting

Tuesday, April 22, 2025

Agenda

Jagdish Bhati	Mary Carol Burkhardt, M.D.	Jennifer Forrester, M.D.
Edward B. Herzig, M.D.	Christopher Lewis, M.D.	Raynal Moore
Ken Patel	Kiana Trabue	Ashlee Young

6:00 pm – 6:05 pm Call to Order and Roll Call

6:05 pm – 6:10 pm Review and Approval of Minutes

- **Vote: Motion to Approve** the Minutes from March 25, 2025, Board of Health Meeting.

Old Business

6:10 pm – 6:20 pm Commissioner’s Report – Dr. Grant Mussman

6:20 pm – 6:30 pm Communicable Disease Unit (CDU) report: What's bugging us? – Ms. Kim Wright

6:30 pm – 6:40 pm Newborn Systems of Change Presentation—Dr. Stephanie Courtney

6:40 pm – 6:50 pm Finance Committee – Ms. Kiana Trabue

- **Vote: Motion to Approve** Hamilton County Public Health—Contract 55x10786

6:50 pm – 7:00 pm Finance Update – Mr. Mark Menkhaus Jr.

7:00 pm – 7:05 pm Personnel Actions—Dr. Grant Mussman

- **Vote: Motion to Approve** Personnel Actions dated April 22, 2025

New Business

7:05 pm – 7:25 pm **Motion for Executive Session** – That the Board of Health enter an Executive Session pursuant to Ohio Revised Code Section 121.22(G)(1) to discuss discipline of an employee.

7:25 pm – 7:30 pm Additional New Business and Public Comments

7:30 pm Adjourn

Next Meeting May 27, 2025

[Mission]

To assure access to quality services and to improve community health and wellness.

**CINCINNATI BOARD OF HEALTH
BOARD OF HEALTH MEETING
March 25, 2025**

Ms. Ashlee Young, Chair of the Board of Health, called March 25, 2025, meeting of the Cincinnati Board of Health to order at 6:04 p.m.

I. ROLL CALL:

Board Members Attending: Mr. Jagdish Bhati, Dr. Edward Herzig, Dr. Christopher Lewis, Ms. Raynal Moore, Ms. Ashlee Young

Absent: Dr. Mary Carol Burkhardt, Dr. Jennifer Forrester, Mr. Ken Patel, Ms. Kiana Trabue

Others Present: Dr. Maryse Amin, Mr. Tim Collier, Ms. Sa-Leemah Cunningham, Mr. Ian Doig, Dr. Camille Jones, Mr. Mark Menkhaus Jr, Ms. Angela Mullins, Dr. Ashanti Salter, Dr. Nick Taylor, Ms. Angela Uran, Ms. Kimberly Wright,

[AGENDA PACKET → MARCH-BOH-AGENDA-PACKET-3.25.25.PDF](#)

ITEM	TOPIC	RESPONSIBLE PARTY	ACTION/MOTION
Minutes	<p>Motion that the Board of Health approves the minutes from February 25, 2025, Board of Health Meeting.</p> <p>Motion that the Board of Health approves the minutes from March 6, 2025, Continuation Board of Health Meeting.</p>	Ms. Sa-Leemah Cunningham	<p>Vote: Approval of Minutes from 2.25.25 Motion: Mr. Jagdish Bhati 2nd: Dr. Edward Herzig Action: 5-0 Passed</p> <p>Vote: Approval of Minutes from 3.6.25 Motion: Dr. Edward Herzig 2nd: Dr. Christopher Lewis Action: 5-0 Passed</p>
Old Business			
Commissioner's Report	<p>Dr. Maryse Amin shared a brief commissioner's update with the Board.</p> <p>Measles Preparedness and Response</p> <ul style="list-style-type: none"> Dr. Amin reported that there was one case of measles in Ohio, an adult from Ashland County, with no immediate risk, which Ms. Wright elaborated on her during her report. <p>Medical Debt Relief</p> <ul style="list-style-type: none"> Dr. Amin discussed the relief of medical debt for 47,000 cases over a 10-year period, 	Dr. Maryse Amin-in place of Dr. Grant Mussman	n/a

	amounting to \$47 million. This was done in conjunction with the City Manager’s office and the Department of Human Services.		
Communicable Disease Unit (CDU) report: What’s Bugging Us	<p>Discussion Items: Memo and presentation included in the agenda packet.</p> <p>Ms. Wright presented her report, Communicable Disease Unit (CDU): What’s Bugging Us to the board.</p> <p>Highlights</p> <ul style="list-style-type: none"> • Dr. Mussman requested that Ms. Wright focus on one main topic for the evening: measles. <ol style="list-style-type: none"> 1. CDC Health Alert <ul style="list-style-type: none"> • CDC issued its second health alert of 2025 on March 7 concerning rising measles cases. • The alert advises health care providers to: <ul style="list-style-type: none"> ○ Be vigilant for febrile rash illness. ○ Isolate suspected cases immediately. ○ Follow airborne and standard precautions. ○ Ensure providers have presumptive evidence of immunity. ○ Encourage MMR vaccination for domestic/international travelers. 2. Measles Overview <ul style="list-style-type: none"> • Highly contagious, vaccine-preventable respiratory disease. • A Class A reportable disease in Ohio: <ul style="list-style-type: none"> ○ Requires immediate notification to local and state health departments. ○ 24/7 availability and response from health departments is mandated. 3. Symptoms & Complications <ul style="list-style-type: none"> • Prodromal stage: 3–5 days of high fever (103–105°F), cough, conjunctivitis, and coryza. • Rash stage: Lasts 5–6 days. • Potential complications include: <ul style="list-style-type: none"> ○ Ear infections, pneumonia, encephalitis, diarrhea, and death. ○ High-risk groups: Children under 5, pregnant individuals, and immunocompromised people. 4. Historical Context <ul style="list-style-type: none"> • Measles declared eliminated in the U.S. in 2000. • Only two confirmed Cincinnati cases since then (2001 and 2012), both travel-related. • Notable local exposure: Disney on Ice event (March 2024), exposed approx. 5,000 people. 5. 2025 Measles Statistics (YTD) <ul style="list-style-type: none"> • 378 confirmed U.S. cases (17 states + NYC); Compared to 285 total cases in 2024. • Three outbreaks (defined as 3+ related cases). • 90% of 2025 cases are outbreak-associated. 	Dr. Kim Wright	n/a

- 95% of cases unvaccinated or unknown status.
 - 64 hospitalizations; 2 deaths.
- 6. CHD Communicable Disease Unit (CDU) Response**
- Investigation begins immediately upon report.
 - Confirms patient isolation during infectious period: 4 days before and after rash onset.
 - Conducts contact tracing, starting with:
 - Household exposures
 - Daycare/school/healthcare settings
 - Travel history
 - Confirms vaccination status and reinforces isolation protocol.
 - May recommend vaccination or quarantine for household contacts.
 - Notifies ODH and inputs case into state reporting system (ODRS).
- 7. CDU Follow-Up Actions**
- Works with facilities to define exposure window (up to 2 hours post-exposure).
 - Contacts exposed individuals directly.
 - Reviews: Immunity status, post-exposure guidance, 21-day monitoring.
 - Offers testing for known contacts through state lab (free if criteria met).
 - Ongoing provider education and public communications.
- 8. Risk Assessment & Outbreak Categories**
- CDC outlines 3 types of outbreaks:
 - No outbreak: Well-vaccinated communities.
 - Small/medium outbreak: Under vaccinated general populations.
 - Large outbreak: Close-knit, under vaccinated communities.
 - Examples include Amish (OH), Orthodox Jewish communities (NY), Afghan evacuees, Mennonites (TX/NM).
- 9. Current Risk Factors**
- Driven by Global measles activity and declining U.S. Vaccination rates.
 - Ohio’s kindergarten MMR rate: 88.3% (below 95% threshold).
 - Increases in religious/philosophical exemptions noted.
 - Other vulnerable groups: post-secondary students, travelers, healthcare personnel, HIV-positive individuals, and adults vaccinated with earlier “killed” vaccine.

Questions:

- Mr. Bhati inquired about the density of low-immunization communities in Cincinnati, and

	Wright explained the challenges in obtaining comprehensive data.		
Healthy Homes Presentation	<p>Discussion Items: Presentation included in the agenda.</p> <p>Dr. Amin provided an overview of the department's structure, highlighting</p> <p>Ms. Angela Uran, Supervising Environmental Health Specialist, presented an overview of the Healthy Homes unit, including their programs and team structure.</p> <p>Highlights</p> <ul style="list-style-type: none"> • Dr. Amin introduced Ms. Uran and informed that she works in the Environmental services section of the Health Department, which is overseen by Mr. Antonio Young. Ms. Uran oversees Nine Environmental Health Specialist, Two Senior Environmental Health Specialists, One CRR. • Ms. Uran detailed the inspections and licensing activities for recreational vehicle parks, mobile home parks, Job Corps, and hotels. <ul style="list-style-type: none"> ○ Recreational Vehicle Park (Kellogg Avenue, opened 2021): Licensed and inspected annually. Mandated by the Ohio Department of Health. ○ Mobile Home Park: Located within city limits. Inspections conducted annually under a contract with the Ohio Department of Commerce. ○ Job Corps (Western Avenue): Residential and educational facility for young adults learning trades (e.g., culinary, automotive). Quarterly inspections of residential and classroom areas. Conducted under contract to meet Department of Labor requirements. ○ Hotels: 30 hotels licensed and inspected annually. Governed under Board of Health Regulation 000-11. ○ Schools: 138 schools (public, private, charter) inspected twice per year. Includes both environmental and Food Service Operations (FSO) inspections. • Ms. Uran explained the process for handling nuisance complaints, including on-site inspections and enforcement actions. <ul style="list-style-type: none"> ○ Nuisance Complaints <ul style="list-style-type: none"> ▪ Over 3,400 housing complaints were recorded last year. ▪ Complaints include lack of heat/water, pests (roaches, 	Ms. Angela Uran	n/a

mice, rats), plumbing issues, sewage problems, and unsafe living conditions.

- Complaint Process:
 - a. On-site inspections.
 - b. Board of Health orders issued when complaints are validated.
 - c. Non-compliance may result in: Civil citations (\$300–\$1,250) and Housing court proceedings with legal support from the City’s Quality of Life attorneys.
- Shelter Inspections.
 - Environmental and food service checklist inspections.
 - Conducted annually in coordination with the Compliance Officer for Strategies to Prevent Homelessness.
- Smoke-Free Workplace Program
 - Investigation of smoking complaints.
 - Contracted through the Ohio Department of Health.
- Ms. Uran highlighted the department's collaborations with Children's Hospital, the city manager's office, and other community partners.
 - Children’s Hospital - CLEAR Program
 - Partnership with Dr. Beck’s group to address environmental asthma risks.
 - Referrals received for pest/mold conditions.
 - Investigations conducted, and outcomes shared with hospital.
 - City Manager’s Office - Place-Based Initiatives
 - Partnership with Ms. Brooke Lipscomb on hoarding cases.
 - Focus on owner-occupied homes and mental health support over prosecution.
 - Internal Health Department Collaborations
 - Working with **Impact U (Antonio Young)** on CLEAR.
 - Collaboration with **Sonia Williams** to improve complaint response times and data tracking.
 - Additional Community Outreach
 - Team participates in: Neighborhood Summits, Tenant

	<p>association meetings, 311 Citizen Academy, Legal Aid sessions</p> <ul style="list-style-type: none"> ▪ Pop-up education tables in neighborhoods (e.g., Shell gas station with Brooke Lipscomb’s team). <ul style="list-style-type: none"> • Ms. Uran shared that their office is located at the Bobbie Sterne Health Center and gave her contact information in the presentation. 		
Finance Committee	<p>Discussion Items: Documents included in the agenda.</p> <p>Mr. Mark Menkhaus Jr. presented the contracts that were discussed and presented at the Board of Health Finance Committee Meeting to the Board.</p> <p>Clark Schaefer Hackett—Contract 55x0556, 3rd Amendment</p> <ul style="list-style-type: none"> • This is an amendment to our contract with Clark Shafer Hackett contract, 55x 0556, what we're presenting tonight is the third amendment to the contract. It's worth \$405,000, bringing the total contract amount to 1.7 million. Clark Shafer Hackett is an accounting firm that does auditing for CHD cost reports. Every year. They've been doing this for CHD since 2014 and this latest amendment will extend the contract for another three-year cycle. Clark Shaffer Hackett is the only accounting firm in Ohio that does auditing Medicaid cost reports, and specializes in the audits of local governments, which is why we're asking to continue the contract for three more years. 	Mr. Mark Menkhaus Jr.	<p>Vote: Contract 55x0556, 3rd Amendment</p> <p>Motion: Dr. Edward Herzig</p> <p>2nd: Ms. Raynal Moore</p> <p>Action: 5-0 passed</p>
Finance Update	<p>Discussion Items: Memo and materials were included in the agenda.</p> <p>Mr. Menkhaus gave an update on CHD Financials for February 2025 and Year over Year.</p> <p>Highlights</p> <ul style="list-style-type: none"> • Mr. Menkhaus reminded the board that the Medicaid Maximization payment was received in February, a bit ahead of schedule, which was reflected in the numbers. • Revenue total was \$43,923,708.66, increased 6.36%. <ul style="list-style-type: none"> ○ Private Pay Insurance decreased by 2.78%. ○ Medicare decreased by 0.80%. ○ Medicaid increased by 22.72%. ○ Medicaid managed care increased by 37.24%. ○ Self-Pay patients increased by 3.15%. 	Mr. Mark Menkhaus Jr.	

	<ul style="list-style-type: none"> ○ Board of Ed Svcs (School Nurse’s Salary) decreased by 35.32%. ○ Grants/Federal increased by 38.43%. ● Expenses were \$42,337,951,20, an increase of 3.73%. <ul style="list-style-type: none"> ○ Property expenses decreased 14.87%. ○ Personnel expenses increased by 5.04%. ○ Contractual costs decreased by 0.37%. ○ Material costs increased by 33.34%. ○ Fixed costs decreased by 33.26%. ○ Fringes increased by 5.07%. <p>The total available is \$3,775,757.46, increased by 120.50%.</p>		
Personnel Actions	Motion to Approve the personnel actions dated March 25, 2025.	Dr. Maryse Amin	Motion: Dr. Edward Herzig 2nd: Mr. Jagdish Bhati Action: 5-0 passed
New Business			
Additional New Business and Public Comments	Public Comments <ul style="list-style-type: none"> ● There were no public comments. 	Ms. Ashlee Young	n/a

6:54 p.m. adjourned.

Next meeting: Tuesday, April 22, 2025, at 6pm, via Zoom.

Meeting can be viewed at: <https://archive.org/details/boh-3-25-25>

Minutes Approved by:

Sa-Leemah Cunningham
Cincinnati Board of Health Clerk

Ashlee Young
Chairperson, Board of Health

March 25, 2025 Meeting Attendance/vote sheet

Board Members	Roll Call on 2.25.25	2.25.25 BOH Meeting Minutes	3.6.25 BOH Meeting Minutes	Clark Schaefer Jacket-Contract 55x0556, 3rd Amendment	Personnel Actions Dated 3.25.25
Mr. Jagdish Bhati	x	M			2nd
Dr. Mary Carol Burkhardt					
Dr. Jennifer Forrester					
Dr. Edward Herzig	x	2nd	M	M	M
Dr. Christopher Lewis	x		2nd		
Ms. Raynal Moore	x			2nd	
Mr. Ken Patel					
Ms. Kiana Trabue					
Ms. Ashlee Young - Chair	x				
Motion Result:	Quorum	Passed	Passed	Passed	Passed

x *Present*
 Yay
 Nay
 Absent
 Didn't vote but present

 M *Move*
 2nd *Second*

STAFF

Dr. Maryse Amin-in place of Dr. Mussman, Commissioner	x
Sa-Leemah Cunningham (clerk)	x
Antonio Young	x
Ian Doig	x
Mark Menkhaus Jr.	x
Dr. Ashanti Salter	x
Kim Wright	x
Dr. Nick Taylor	x
Angela Uran	x
Angela Mullins	x
Dr. Camille Jones	x
Tim Collier	x

DATE: April 18, 2025
TO: Board of Health Members
FROM: Dr. Grant Mussman, Health Commissioner
SUBJECT: Health Commissioner Executive Summary

Ohio Association of Community Health Centers (OACHC) Spring Conference 2025

- Members of CCPC leadership attended the Ohio Association of Community Health Centers (OACHC) Annual Conference from April 15-16, 2025. This conference provides a platform for them to learn new approaches and share best practices with colleagues, all aimed at enhancing the efficiency and effectiveness of our community health center operations. By attending, they'll gain valuable insights and resources, ultimately allowing them to better serve our community.

Ohio Public Health Spring Conference 2025

- I will be attending the Public Health Combined Conference in Ohio from April 28th to 30th, 2025. This year's theme, "Celebrating Public Health: People and Purpose," aims to promote awareness and enhancement of individuals impacting public health challenges, recognize achievements and institutions affecting health outcomes, and identify strategies for population-wide protection and future public health innovation.

FY 2026 - 2027 Biennial Budget Update

- Although the budget did not include any staffing reductions, a reduction in contract staff was necessary due to federal funding cuts.

City Council Resolution - Black Maternal Health Week

- Last week, the City Council adopted a resolution acknowledging Black Maternal Health Week, commending Cradle Cincinnati for their efforts in addressing this significant county-wide concern. CHD was represented by Drs. Michelle Daniels and Maryse Amin.

National Nurses Day May 6th

- National Nurses Day, observed annually on May 6th, acknowledges the hard work, dedication, and vital role of our nurses at the Cincinnati Health Department. Recognizing their invaluable and continuous contributions to the health and well-being of individuals and families throughout Cincinnati, this day offers an opportunity to express our sincere gratitude for their expertise and dedication, while also reinforcing the Health Department's long-term commitment to reducing significant life expectancy disparities within our community.

HEAL kickoff event June 5th

- Mark your calendars for June 5th! The Health Collaborative is hosting the kickoff event for HEAL, an exciting new city-wide collaborative dedicated to cardiovascular health. More details to follow.

DATE: April 15, 2025

TO: Cincinnati Health Department Board of Health

FROM: Kim Wright, Supervising Epidemiologist Communicable Disease Prevention and Control - CHES

SUBJECT: April 2025 Board of Health Communicable Disease Report

What's Bugging Us?

Measles

According to the [Centers for Disease Control \(CDC\)](#) as of April 10, 2025, a total of 712 confirmed measles cases were reported by 25 jurisdictions. There have been 7 outbreaks (93% of cases are connected to an outbreak) and 3 deaths reported in 2025. Ohio is reporting outbreaks in Ashtabula (11 cases) and Knox (14 cases, with 7 of those residents of Ohio), and 1 case in Allen and Holmes Counties, for an official count of 20 cases in Ohio residents as of April 9, 2025 on the Ohio Department of Health [Summary of Infectious Diseases Dashboard](#) having onset dates from 2/24/2025-4/1/2025. Ages range from 3-53 with a median age of 20. There has been 1 hospitalization reported in Ohio.

CHD has received 3 EpiCenter notices of measles case reports since the last Board of Health meeting in March. In each of these suspected cases commercial testing ruled out measles. CHD also has worked closely with Hamilton County Public Health when any Class A reportable disease is reported through EpiCenter. A provider awareness email was sent to Cincinnati healthcare providers with reporting, testing, and prophylaxis protocols.

Meningococcal Disease

CHD responded to 1 suspected case of *Neisseria meningitidis* and an unconnected confirmed laboratory case of *N. meningitidis* in March. ODH is reporting a total of 5 confirmed cases in Ohio in 2025 as of 4/9/2025. 80% were 18 years of age or older having onset dates January-March 2025. Cincinnati has a 5-year average rate of .33 cases per 100,000 residents, less than the state 5-year average of .44.

Neisseria meningitidis is a Class A reportable vaccine preventable gram-negative diplococcus bacterium with at least 13 serogroups known to cause invasive disease; serogroups A, B, C, W, X, and Y cause most meningococcal disease worldwide, according to the ODH [Infectious Disease Control Manual](#): *Onset is abrupt in meningococemia with fever, chills, malaise, myalgia, limb pain, prostration, and a rash which can be macular, maculopapular, petechial, or purpuric. The progression of disease is usually rapid. In fulminant cases, purpura, limb ischemia, coagulopathy, pulmonary edema, shock, coma, and death can ensue within several hours despite appropriate therapy.*

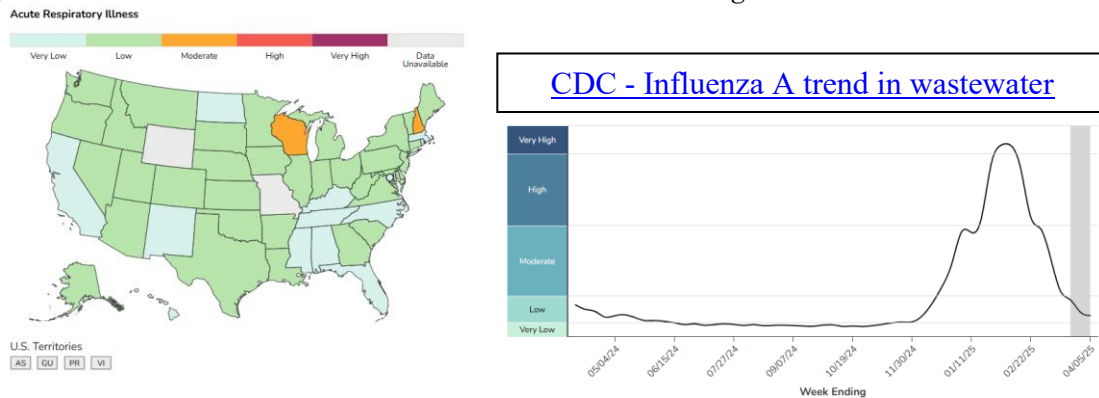
The primary goal of **CHD response** is to rapidly ensure proper isolation of the case, including droplet precautions in healthcare settings, and that close contacts of the case receive appropriate antibiotic prophylaxis to prevent additional potentially life-threatening illnesses. Because time is of the essence, prophylaxis is often advised prior to the final laboratory

confirmation or lab rule out, which may take as long as a week to result. According to the IDCM, close contacts include: household members, childcare center contacts, anyone else directly exposed to an infected person's oral secretions (e.g., via kissing, mouth-to-mouth resuscitation, endotracheal intubation, or endotracheal tube management) in the seven days before symptom onset. Healthcare personnel should receive chemoprophylaxis if they are managing an airway or exposed to respiratory secretions of a patient with meningococcal disease. In the event of close contacts without a medical home or means to pay for prophylaxis, CHD has developed standing orders that facilitate the prescribing and/or dispensing of treatment.

Prevention of meningococcal disease is through vaccination. Current CDC and ACIP recommendations can be found here: [ACIP Recommendations: Meningococcal Vaccine | ACIP Recommendations | CDC](#).

Seasonal Respiratory Viruses

Acute Respiratory Illness is reported as low in Ohio as of the April 9, 2025 CDC update, down from very high levels levels reported last month. Nationally wastewater viral activity levels of influenza A are noted to be low and declining as well.



Influenza: CHD continues to track influenza-associated hospitalizations as an indicator of flu severity in the community. CHD reported 74 in the month of March. Last year there were 31 reported in March. ODH reports all influenza-like illness activity indicators are decreasing as of the update on [3/28/2025](#).

COVID-19: Following the ODH announcement ending COVID-19 grant support the last week of March, the CHD COVID-19 Command Center operations ceased at 5:00pm on Friday, April 4, 2025 and the final CHD COVID-19 dashboard was reported (and is in this month's packet). CHD will continue to report monthly COVID-19 cases and outbreaks in the monthly infectious disease report while COVID-19 cases continue to be reportable. ODH proposed to make individual cases not reportable last year, which is still in the process of being approved. ODH proposed to make COVID-19 and RSV hospitalizations reportable, like Influenza-associated hospitalizations are currently. In the month of March CHD reported 354 COVID-19 cases, which was higher than March of 2024 when 297 cases were reported.

Outbreak Response

CHD's Communicable Disease Control and Prevention Unit investigated 2 new outbreaks in March:

- 1 COVID-19 in a healthcare facility
- 1 *Candida auris* in a healthcare facility

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Communicable Disease Prevention and Control
What's Bugging Us

Board of Health Presentation
4/22/2025

Meningitis

Causes

Bacterial infections
Viral infections
Fungal infections
Parasites
Injuries
Cancer
Certain drugs



Fever



Stiff neck



Headache



Confusion



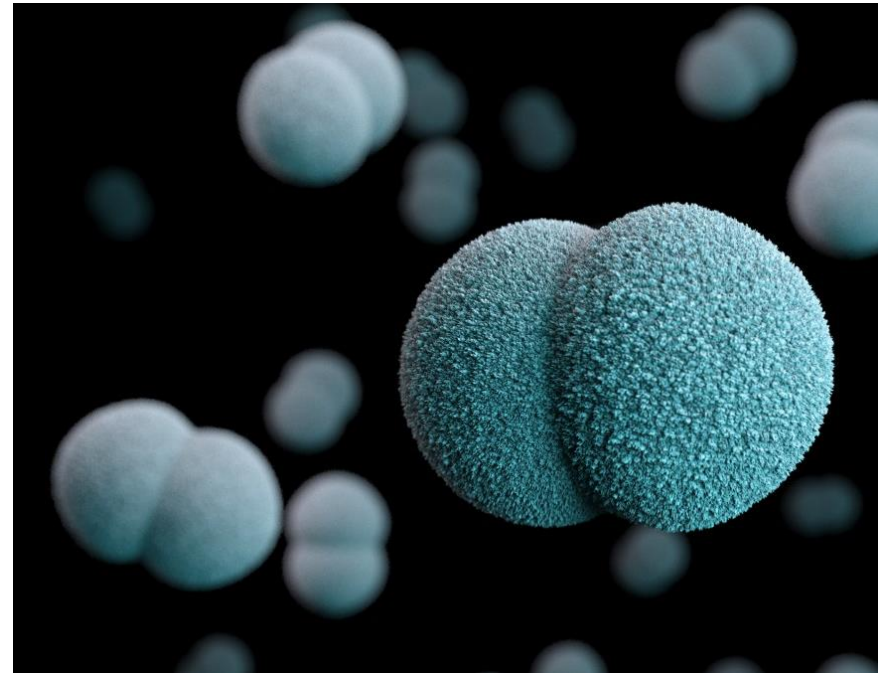
Increased
sensitivity
to light



Nausea
and
vomiting

Meningococcal Disease

Meningococcal disease is meningitis or meningococemia (a blood infection) that is caused by *Neisseria meningitidis*, a Gram-negative diplococcus bacterium with at least 13 serogroups known to cause invasive disease; serogroups A, B, C, W, X, and Y cause most meningococcal disease worldwide.



Public Health Response

Investigation

Reporting

Isolation of Case

Prophylaxis of Contacts

Outbreak Prevention

Lab Confirmation

Subtyping

Antibiotic Resistance

Provider Awareness

Public Education

Recommended Antibiotic Prophylaxis Regimens for Close Contacts					
Drug	Age	Dosage	Duration	Efficacy (%)	Precautions
Ciprofloxacin	≥1 month	20 mg/kg (maximum 500 mg), orally	Single Dose	90-95	Use only if fluoroquinolone-resistant strains of <i>Neisseria meningitidis</i> have not been identified in the community. Not recommended for pregnant patients.
Ceftriaxone	<15 years	125 mg, intramuscularly	Single Dose	90-95	To decrease pain at injection site, dilute with 1% lidocaine.
	≥15 years	250 mg, intramuscularly			
Rifampin	<1 month	5 mg/kg per dose, orally, every 12 h	2 days	90-95	Discussion with an expert for infants <1 month
	≥1 month	10 mg/kg (maximum 600 mg), orally, every 12 h			Can interfere with efficacy of oral contraceptives and some seizure prevention and anticoagulant medications; may stain soft contact lenses. Not recommended for pregnant patients.

Source: American Academy of Pediatrics. Red Book: 2021–2024 Report of the Committee on Infectious Diseases

By: Committee on Infectious Diseases, American Academy of Pediatrics, David W. Kimberlin, MD, FAAP, Elizabeth D. Barnett, MD, FAAP, Ruth Lynfield, MD, FAAP, Mark H. Sawyer, MD, FAAP

Immunization Recommendations

CDC recommends meningococcal vaccination for

All preteens and teens

Children 2 months through 10 years old at increased risk

Adults 19 years and older at increased risk

Increased Risk

Infants, teens and young adults, and older adults have the highest rates of meningococcal disease in the United States. Specifically, healthcare providers more commonly diagnose meningococcal disease in

- Children younger than 1 year old

- Teens and young adults ages 16 through 23 years old

- Adults 65 years and older

Certain medical conditions weaken the immune system and increase someone's risk for meningococcal disease:

- Complement component deficiencies

- Functional and anatomic asplenia

- HIV infection

Increased Risk

People with close or lengthy contact with someone with meningococcal disease are at increased risk of getting sick, especially

- Anyone with direct contact with the patient's oral secretions, such as a kissing partner

- People in the same household

- Roommates

Where people work, live, and travel can also increase their risk for meningococcal disease.

- Microbiologists who work with the bacteria that cause meningococcal disease

- College students, compared to other teens and young adults

- Military recruits, likely due to age and living in a crowded setting (i.e., military training facilities)

- Travelers to the meningitis belt in sub-Saharan Africa

References

Centers for Disease Control

CDC Meningococcal Disease Information: www.cdc.gov/meningococcal

CDC Meningococcal Vaccination: www.cdc.gov/vaccines/vpd/mening

CDC Traveler's Health: Meningococcal Disease:

wwwnc.cdc.gov/travel/yellowbook/2020/travel-related-infectiousdiseases/meningococcal-disease

CDC ACIP Recommendations: www.cdc.gov/vaccines/hcp/acip-rec

Ohio Department of Health

<https://odh.ohio.gov/know-our-programs/vaccine-preventable-diseases/resources/Meningococcal-Disease>

<https://odh.ohio.gov/know-our-programs/infectious-disease-control-manual/section3/section-3-meningococcal-disease>

Thank you

Kim Wright

Supervising Epidemiologist

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Communicable Disease Prevention and Control Unit

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Utilizing Regional Collaboration: Newborn Systems of Change

Presented by:
Dr. Stephanie Courtney

4/22/2025

Team Members:

Cincinnati Health Department

- Dr. Grant Mussman
- Andrew Lovell*
- Dr. Stephanie Courtney*
- Janie Hils*
- Alexandria Ashraf*

* Member of CSTE's Data Science Team Training

Cincinnati Children's Hospital (CCHMC)

- Cyndi White
- Allison Reyner
- Joe Michael
- Jenn Ross
- Alicia Bond-Lewis

BACKGROUND

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Background:

- CHD is working to **improve infant health and reduce infant mortality** by gathering data on newborn follow-up with primary care after hospital discharge
- Key objective is to **establish a care system that tracks all births** in Hamilton County and primary care visits within the first two months of life
- This system will help identify and **reduce social, economic, and environmental hardships** that can significantly impact maternal and infant well-being

Background (cont.):

- Aim to build a support network in which **community health workers or other designated staff can locate and follow up** with mothers and infants not connected to care, or those facing identified social or medical risks
- A **comprehensive dataset**, including information from birth records and early infant care visits, would help identify infants and mothers with gaps in care
- Requires data sharing and **active participation** by all birth centers and newborn primary care centers in Hamilton County, coordinated by CHD
 - This action is authorized under our public health authority

Goals:

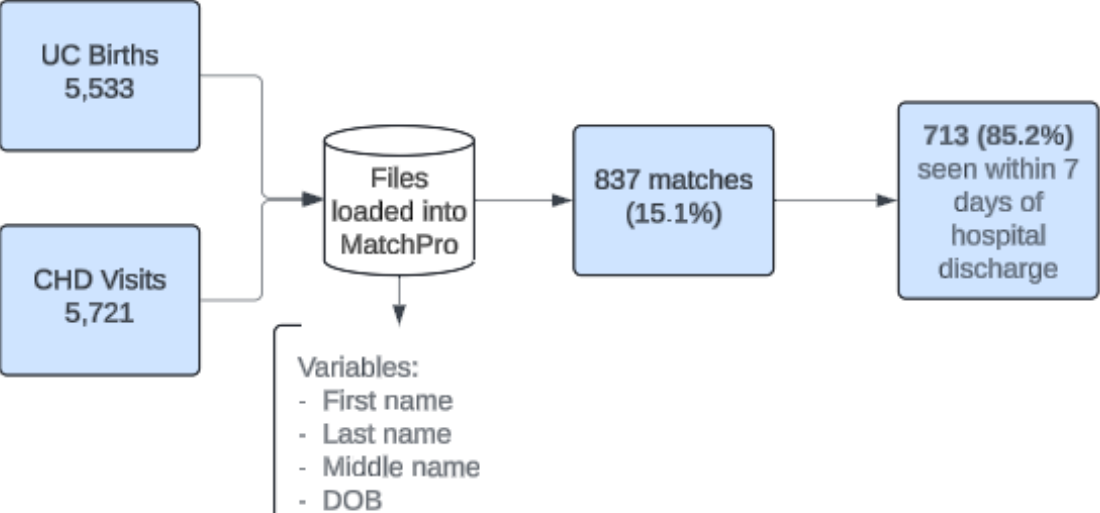
- 1. Increase the % of newborns who attend **primary care visit within 5 days** of discharge from birth hospital.
- 2. Increase the % of infants in who are up to date w/ **2-month immunizations**.
- 3. Increase the % of infants who are up to date with **2-month Well Child Checks (WCC)**
- 4. Decrease the % infants with households **reporting hardships**, e.g., food insecurity, transportation, maternal depression.

METHODS

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Methods:

- CHD to **create and manage a database**, an analytics and reporting system to facilitate follow-up with mothers and infants lacking care connections
- Successful data linkage of UC Hospital newborn discharges with first primary care clinics **to identify newborns who do and do not show for first primary care visit** within 5 days of discharge from birth hospital
- Data segmented to understand potential differences by primary care organization, race, ethnicity, payor and neighborhood



MATCHING PILOT

Contact Day Group	Count	Percent
1-3 Days	427	51.0%
4-7 Days	286	34.2%
8-14 Days	50	6.0%
15-30 Days	32	3.8%
>1 Month	42	5.0%
Grand Total	837	100.0%

85.2% seen within 7 days

Prematurity	Count	Percent
Extreme Preterm	4	0.5%
Preterm	79	9.4%
Not Preterm	754	90.1%
Grand Total	837	100.0%

Birth Weight	Count	Percent
Very Low Birth Weight <1500g	7	0.8%
Low Birth Weight <2500g	74	8.8%
Not Low Birth Weight >2500g	756	90.3%
Grand Total	837	100.0%

Of those seen within 7 days:

Prematurity	Count	Percent
Extreme Preterm	3	0.4%
Preterm	71	10.0%
Not Preterm	639	89.6%
Grand Total	713	100.0%

Birth Weight	Count	Percent
Very Low Birth Weight <1500g	5	0.7%
Low Birth Weight <2500g	65	9.1%
Not Low Birth Weight >2500g	643	90.2%
Grand Total	713	100.0%

Council of State and Territorial Epidemiologists' (CSTE) Data Science Team Training:

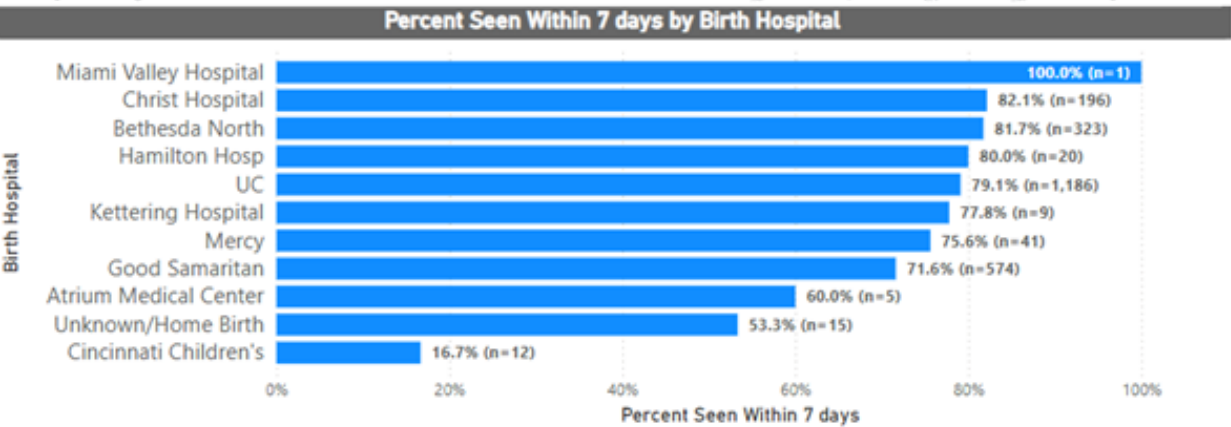
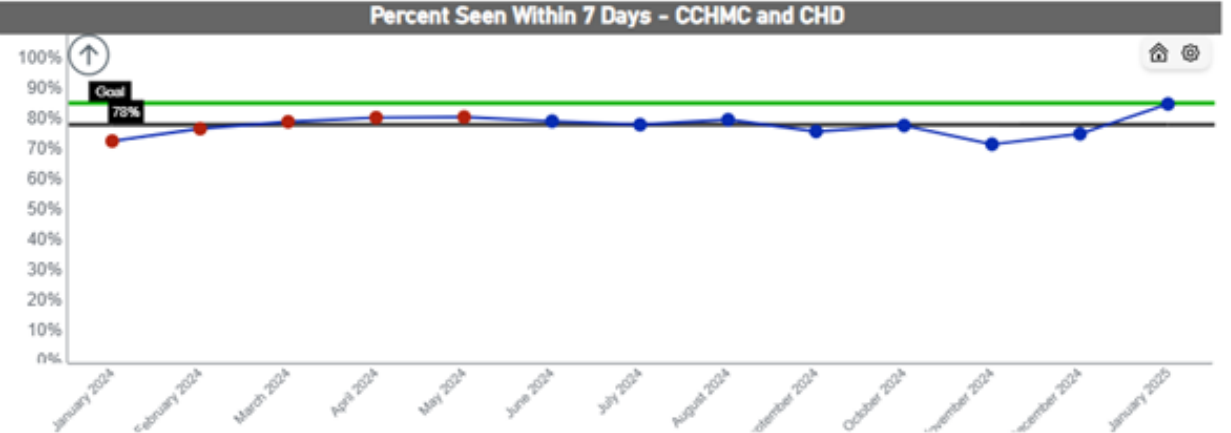
- The Data Science Team Training program is a team-based, on-the job training program to **promote data science upskilling** at STLT (state, territory, local, tribal) public health agencies.
- Very competitive pool! **1 of 10 projects** selected nationally to participate!
- Our objective is to collect and integrate data from various sources to build a **comprehensive maternal and newborn** dashboard
- <https://www.cste.org/page/dstt-webpage>

Newborn Systems of Care
CCHMC/CHD Data Jan 2024 - Jan 2025

Year, Month
All

Birth Hospital Organization

- Measure
- #Births
 - Percent Seen Within 7 days**
 - Percent Seen Within 30 days
 - Percent Seen Greater than 30 days
 - Percent Preterm
 - Percent Extreme Preterm
 - Percent Low Birth Weight
 - Percent Very Low Birth Weight
 - Percent With at least 1 SDOH Risk



#Births 2,382	Percent Seen Within 7 days 77.3%	Percent Seen Within 30 days 94.6%	Percent Seen Greater than 30 days 5.4%
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Goal: Integration with our birth dashboard

<https://insights.cincinnati-oh.gov/stories/s/j8vr-qiud>

Council of State and Territorial Epidemiologists' (CSTE) Data Science Team Training:

- Using statistical analysis to evaluate key risk factors among the **social determinants of health**, particularly food insecurity, transportation, and maternal depression
- Key component of project is **Data Modernization initiative (DMI)**: learning to creating scripts and automating workflows
- Predictive models to **forecast potential health risks** for pregnant women and newborns based on identified risk factors

Next Steps:

- CCHMC sent their primary care visit data to additionally be matched with UC birth data
- Working with legal to put in place necessary data use agreements
- Send data requests to all regional birth hospitals and primary care organizations
- Optimizing data flow and matching algorithms
- Utilizing dashboard to generate predictive factors and actionable recommendations
- Develop response process for newborns at risk for loss to follow-up

QUESTIONS?

city of
CINCINNATI
HEALTH DEPARTMENT



City of Cincinnati Board of Health Finance Committee

Kiana Trabue Chair of the Board of Health Finance Committee, called the Tuesday, April 15, 2025 Finance Committee meeting to order at 5:04p.m.

Roll Call

Members present: Jagdish Bhati, Dr. Edward Herzig, Dr. Camille Jones, John Kachuba, and Dr. Grant Mussman

Topic	Discussion	Action/Motion
Approval of Minutes	<p>The Chair asked Committee members if everyone had the opportunity to review the minutes from March 18, 2025</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approves the minutes from March 18, 2025.</p>	<p>Motion: Bhati Second: Herzig Action: Pass</p>
Review of Contracts for BOH Approval: April 15, 2025	<p>The Chair began reviewing contracts going to BOH for approval.</p> <p>Hamilton County Public Health-55x10786</p> <p>Ms. Robinson explained the grant focuses on decreasing the HIV rates and handling, counting by 90% by the year, and it should be 20-30, not 2023. These funds will be used by the Cincinnati Health Department to conduct the quality improvement. The funding will be used to purchase educational materials and HIV rapid test kits.</p> <p>Motion: That the BOH Finance Committee recommends approval.</p>	<p>Motion: Herzig Second: Jones Action: Pass</p>
Review of Contracts for BOH Information: April 15, 2025	<p>The Chair began reviewing the following contracts going to BOH for information.</p> <p>Arts Equity Collective-55x10785</p> <p>Ms. Robinson explained that this memorandum of understanding is between WIC and the nonprofit Arts Equity Collective for Arts equity collectives, single Parents, Empowerment Education Support initiative. The objectives of this MOU are to enhance Community safety and well-being by providing WIC education for single parents living within the City of Cincinnati.</p> <p>Q: Dr. Herzig inquired about what the health department’s role is in this? Ms. Robinson reiterated that WIC’s role is to make recipients aware of this arts equity initiative project.</p> <p>Dr. Herzig also questioned why the finance committee, instead of the Board of Health, was reviewing the contract. Dr. Mussman explained that all contracts and MOUs must go through the finance committee. He then asked the committee if it would be acceptable to receive any further clarification needed via email. Ms. Trabue responded that the email would work, but she questioned the difference in process between the Hamilton County Contract, which was being brought for approval, and the other informational items on the agenda. She understood that the arts equity item had no financial aspect, but the other two informational items did. Therefore, she wondered if this contract's review by the finance committee was related to those financial aspects. She asked Ms. Salter for clarification. Ms. Salter explained that a certain financial threshold determined whether an item</p>	

	<p>went for board review versus board approval and asked Mrs. Smith to elaborate. Ms. Trabue suggested that it would be helpful for the committee to receive clarification on which agreements require a board vote versus being informational items, including the exact threshold dollar amount.</p> <p>Discover Traffic Gardens-55x10788</p> <p>Ms. White explained that the contract with Discover Traffic Garden is for assessing the design of a traffic garden at Roll Hill School, as part of the Department of Health's initiative to increase physical activity in East Westwood and Roll Hill. She detailed that Discover Traffic Garden will conduct a site visit, collaborate with the school on engagement activities, incorporate feedback to develop a layout, finalize it, and then provide all necessary information for the traffic garden's installation.</p> <p>Lindsay Nehls-55x10789</p> <p>Ms. White stated that this contract is with Lindsay Nehls, a local artist selected by the Carthage Civic League to design traffic calming measures. The project involves a mural installation at the corner of Fair Park and Seymour, adjacent to their future Carthage Commons. This initiative aligns with our Creating Healthy Communities grant's pedestrian infrastructure improvements, aiming to enhance traffic flow and implement traffic calming within Carthage. Lindsay Nehls will create the design and assist with installation, but the community will ultimately paint the mural.</p>	
<p>Financial Update</p>	<p>Mrs. Smith provided an overview of the financial statement for the period ending in March 2025</p> <p>Total Revenue: As of the end of March was \$49,343,516.86. Which is a 1.68% decrease from March of 2024. Expenses as of March 2025 totaled \$47,743,634.74 which is a 3.39% increase from March 2024. Total net gain after the capital revenue transfer was \$3,786,882.12. As of March, we had \$119,338.18 in overtime compared to March of 2024's total of \$126,851.22. As of March 2025, we have not had any disaster overtime, while March 2024 had a total of \$401.97 in disaster overtime.</p> <p>We received capital revenue transfer for FY25 in the amount of \$2,187,000. In FY24 we received partial revenue transfer in December and the balance in February for a total of \$1,227,000.00</p> <p>Total Expenses:</p> <ul style="list-style-type: none"> ○ 71—Personnel- Increased by 5.30% (5.04% increase in prior month). This increase is due to COLAs for non-represented and AFSCME staff. ○ 75-Fringes: Fringes saw a corresponding increase of 5.31% (5.07% in the prior month). The increase is also attributed to the calendar year 2024 having 27 pay periods. This only happens every 10 years. ○ 72-Contractual and 73-Material: Contractual Services saw an increase of 3.65% (0.37% decrease in the prior month), and 7300- Materials & Supplies increased by 0.80% (33.34% increase in prior month). The increases are due to the timing of invoices paid. In FY25 we paid Western Nursing \$170,225.50 as of March, yet in FY24 we paid Western Nursing \$438,369.52 as of March. In FY25 we paid Cardinal Health \$1,519,232.61 as of March, yet in FY24 we paid Cardinal Health \$1,325,194.24 as of March. We also expensed \$250,000 to Community Learning Center Institute in FY25 that was not expensed in FY24. 	

	<ul style="list-style-type: none"> ○ 74-Fixed Cost: A fixed decreased by 26.52% (33.26% decrease in prior month). The decrease is the timing of invoices paid. In FY25 we paid Talbert Services \$29,071.56 as of March, yet in FY24 we paid Talbert Services \$472,113.91 as of March. In FY25 we paid Hamilton County \$80,000.00, yet in FY24 we paid Hamilton County \$210,125.00 as of March. ○ 76-Property: Property increased by 33.68% (14.87% decrease in prior month). The increase is due to the purchase of a new HVAC unit. <p>Total Available: \$3,786,882.12</p>	
New Business	Ms. Trabue welcomed the newest members to the Board of Finance committee, John Kachuba, the new chair of the CCPC, and Jagdish Bhati, representing the Board of Health	
Public Comment	Dr. Salter stated that as of 5 p.m. today, no questions or comments from the public were received.	

Meeting Adjourned: 5:35 p.m.

Next Meeting: **Tuesday, May 20, 2025, 5 p.m.**

Minutes prepared by Ashanti Salter

The meeting can be viewed and is incorporated in the minutes: <https://fb.watch/pD-N3kOzkN/>

DRAFT

Board of Health Finance Committee Roll Calls for April 15, 2025

	Roll Call	Minutes	Hamilton County Public health- 55x10786
Jagdish Bhati	Y	MY	2Y
Dr. Edward Herzig	Y	2Y	MY
Dr. Camille Jones	y	Y	Y
John Kachuba	Y	Y	Y
Mark Menkhaus Jr.	-	-	-
Dr. Grant Mussman	Y	Y	Y
Joyce Tate	-	-	-
Kiana Trabue	Y	Y	Y

Y=Yes | N=No | A=Abstain | P=Present | R=Recuse | M=Moved | 2=Second

Others present: Dr. Maryse Amin, Angela Robinson, Dr. Ashanti Salter (Clerk), Debi Smith, and Tiffany White.

Preparation Date March 27, 2025

CINCINNATI HEALTH DEPARTMENT CONTRACT AND GRANT INFORMATION SHEET

This information must be supplied to the Contract Liaison no less than one week prior to the Board of Health meeting.

Vendor **Hamilton County Public Health**

Contract # **55x10786**

Person and Division responsible for administering contract/grant/lease:

Initiator Person & Phone # **Geneva Goode, 513-357-7490**

Division Head & Phone # **Joyce Tate, 513-357-7361**

Division **Health**

Type of Contract/Agreement Accounts Payable Accounts Receivable

Service Contract (no \$) Lease

Funding Source General Fund Grant Fund Other Funding

Action Required: Board Approval Board Information

CONTRACT DOLLAR AMOUNT

Original Amount **\$35,000**

TERM

Original Term Start Date **April 1, 2025** End Date **April 30, 2026**

EXECUTIVE SUMMARY

The purpose of this contract with Hamilton County Public Health is for the Cincinnati Health Department to receive \$35,000 in funds via the Ending the HIV Epidemic Grant. This grant focuses on decreasing HIV rates in Hamilton County by 90% by the year 2023. These grant funds will be used by the Cincinnati Health Department to conduct a Quality Improvement Project to increase our annual HIV screening by 5% during the contracted period, purchase educational materials to disseminate to patients, and purchase Rapid HIV tests as an intervention of our QI project.



DATE: April 15, 2025

TO: City of Cincinnati Board of Health Finance Committee

FROM: Mark Menkhaus, Jr., CFO

SUBJECT: Fiscal Presentation 2025

FINANCIAL STATEMENTS REVIEW FOR THE FISCAL YEAR 2025 – MARCH

2025 March Highlights:

- Revenue at the end of March was \$49,343,516.86. Which is a 1.68% decrease from March of 2024. Expenses as of March 2025 totaled \$47,743,634.74 which is a 3.39% increase from March 2024. Total net gain after the capital revenue transfer was \$3,786,882.12.

Year over Year:

- As of March, we had \$119,338.18 in overtime compared to March of 2024's total of \$126,851.22. As of March 2025, we have not had any disaster overtime, while March 2024 had a total of \$401.97 in disaster overtime.
- We received capital revenue transfer for FY25 in the amount of \$2,187,000. In FY24 we received partial revenue transfer in December and the balance in February for a total of \$1,227,000.00.
- 7100-Personnel increased by 5.30% (5.04% increase in prior month). This increase is due to COLAs for non-represented and AFSCME staff. 7500-Fringes saw a corresponding increase of 5.31% (5.07% in the prior month). The increase is also attributed to the calendar year 2024 having 27 pay periods. This only happens every 10 years.
- 7200- Contractual Services saw an increase of 3.65% (0.37% decrease in the prior month), and 7300- Materials & Supplies increased by 0.80% (33.34% increase in prior month). The increases are due to the timing of invoices paid. In FY25 we paid Western Nursing \$170,225.50 as of March, yet in FY24 we paid Western Nursing \$438,369.52 as of March. In FY25 we paid Cardinal Health \$1,519,232.61 as of March, yet in FY24 we paid Cardinal Health \$1,325,194.24 as of March. We also expensed \$250,000 to Community Learning Center Institute in FY25 that was not expensed in FY24.
- 7400-Fixed Costs decreased by 26.52% (33.26% decrease in prior month). The decrease is the timing of invoices paid. In FY25 we paid Talbert Services \$29,071.56 as of March, yet in FY24 we paid Talbert Services \$472,113.91 as of March. In FY25 we paid Hamilton County \$80,000.00, yet in FY24 we paid Hamilton County \$210,125.00 as of March.
- 7600-Property increased by 33.68% (14.87% decrease in prior month). The increase is due to the purchase of new HVAC unit.

Cincinnati Board of Health Financial Statement for the period of March

	FY25 Actual	FY24 Actual	Variance
Revenue			
8236-Pools/Spa	\$2,627.50	\$11,062.23	-76.25%
8237-Household Sewage System	\$47,407.00	\$46,361.42	2.26%
8239-Tatto/ Body, Environmental Waste License Fee	\$42,896.00	\$64,026.00	-33.00%
8241-Food Service (Mobile-Temporary)	\$75,232.44	\$112,948.00	-33.39%
8242-Vending Machine Licenses	\$413.55	\$88.34	368.13%
8244-Food Establishments	\$1,131,064.58	\$875,310.11	29.22%
8249-Food, NOC	\$51,054.50	\$55,640.65	-8.24%
8432-Vending Machine Proceeds	\$0.00	\$0.00	0.00%
8536-Grants\State	\$945,987.46	\$1,347,140.86	-29.78%
8556-Grants\Federal	\$8,145,843.61	\$10,483,720.86	-22.30%
8563-Bd of Ed Svc (School Nurses Sal.)	\$2,459,867.87	\$2,728,989.47	-9.86%
8564-Ham Co Service	\$88,959.51	\$207,761.10	-57.18%
8571-Specific Purpose\Private Org.	\$151,097.86	\$849,219.89	-82.21%
8617-Non-Department Fringe Benefit Reimbursement	\$1,236.01	\$1,351.94	-8.58%
8618-Overhead Charges Indirect Costs	\$61,340.00	\$0.00	0.00%
8731-Birth & Death Certificates	\$406,895.70	\$407,928.68	-0.25%
8732-Vital Stats - Other	\$7,280.63	\$3,170.23	129.66%
8733-Self-Pay Patient	\$643,916.28	\$661,622.92	-2.68%
8734-Medicare	\$3,790,937.94	\$3,900,780.86	-2.82%
8736-Medicaid	\$8,992,009.84	\$7,310,330.10	23.00%
8737-Private Pay Insurance	\$874,159.56	\$892,530.94	-2.06%
8738-Medicaid Managed Care	\$6,174,111.09	\$4,738,228.86	30.30%
8739-Misc. (Medical rec.\smoke free inv.)	\$1,342,405.53	\$1,206,185.34	11.29%
8784-Private Lot Litter & Weed	\$0.00	\$0.00	0.00%
8811-Unclaimed Remains	(\$1,020.00)	\$0.00	0.00%
8914-Bond/Note Proceeds	\$0.00	\$1,227,000.00	-100.00%
8917-Deferred Sewer Assessment Collections	\$226.60	\$342.49	-33.84%
8932-Prior Year Reimbursement	\$186,931.59	\$426,768.00	-56.20%
% That is attributable from 416	\$13,720,634.21	\$12,628,481.82	8.65%
Total Revenue	\$49,343,516.86	\$50,186,991.11	-1.68%
Expenses			
71-Personnel	\$25,490,669.10	\$24,207,282.29	5.30%
72-Contractual	\$6,680,350.84	\$6,445,299.46	3.65%
73-Material	\$3,231,033.20	\$3,205,548.32	0.80%
74-Fixed Cost	\$1,682,736.28	\$2,289,971.66	-26.52%
75-Fringes	\$10,209,194.49	\$9,694,038.31	5.31%
76-Property	\$449,650.83	\$336,365.92	33.68%
Total Expenses	\$47,743,634.74	\$46,178,505.96	3.39%
Net Gain (Losses)	\$1,599,882.12	\$4,008,485.15	-60.09%
8936-Transfer	\$2,187,000.00	\$1,227,000.00	
Total Available	\$3,786,882.12	\$5,235,485.15	-27.67%



Date: 4/22/2025

To: MEMBERS of the BOARD of HEALTH

From: Grant Mussman, MD MHSA, Health Commissioner

Copies: Leadership Team, HR File

Subject: PERSONNEL ACTIONS for April 22, 2025 BOARD of HEALTH MEETING

NON-COMPETITIVE APPOINTMENT –pending EHS and/or background check

KEYSHA BRITTON PUBLIC HEALTH NURSE 2 NURSING
(Resignation vacancy)

Salary Bi-Weekly Range: \$2,374.81 to \$3,206.35 Contract

The School and Adolescent Health Program is moving forward with hiring Keysha Britton for the Public Health Nurse 2 position. She earned her Bachelor of Nursing in 2024 and has three years of nursing experience. Prior to becoming an RN, she worked six years as a Medical Assistant, including three years at a City of Cincinnati Primary Care Health Center. Her RN experience includes hospital, outpatient OB/GYN, and home visiting under the Nurse-Family Partnership model. Ms. Britton’s education, diverse experience, and commitment to public health make her a strong fit for the role.

DANYELLE BURTON PUBLIC HEALTH NURSE 2 NURSING
(Promotional vacancy)

Salary Bi-Weekly Range: \$2,374.81 to \$3,206.35 Contract

The School and Adolescent Health Division recommends hiring Danyelle Burton as a Public Health Nurse II. She holds an Associate of Science in Nursing from Cincinnati State (2019) and brings school nursing experience and a strong community involvement background. Her dedication to student well-being and public service aligns with the Cincinnati Health Department’s mission and will be a valuable asset to the School Health Program..

ASIA HUDSON DENTAL ASSISTANT CCPC
(Retirement vacancy)

Salary Bi-Weekly Range: \$2,052.24 to \$2,167.95 Revenue Fund

Asia Hudson has over 6 years of dental experience as a dental assistant. She has worked in pediatrics and general dentistry. Ms. Hudson has over 6 years of experience as a chair side dental assistant with endo and restorative dentistry. She has a wide range of experience, and we think she will be a great asset to the Cincinnati Health Department dental program.

PERSONNEL ACTIONS for April 22, 2025 , BOARD of HEALTH MEETING
Page 2 of 3

NON-COMPETITIVE APPOINTMENT –pending EHS and/or background check

AMY KNOCHELMANN PUBLIC HEALTH NURSE 2 NURSING
(Promotional vacancy)

Salary Bi-Weekly Range: \$2,374.81 to \$3,206.35 Contract

The School and Adolescent Health Program plans to move forward with hiring Amy Knochelmann for the Public Health Nurse II position. She holds a Bachelor of Nursing from Ashland University (2018) and has 7 years of experience as a Registered Nurse in various settings, including a Progressive Care Unit, as a Clinical Adjunct Faculty member at Xavier University, and in Labor and Delivery. Her clinical background and commitment to community health make her a strong addition to the team.

MIKAYLA MAJESKI	DENTAL ASSISTANT	CCPC
(Transfer vacancy)		
Salary Bi-Weekly Range:	\$2,052.24 to \$2,167.95	Revenue Fund
Mikayla Majeski has over 4 years of dental experience as a dental assistant. She has worked primarily in oral surgery but is knowledgeable in general dentistry and is comfortable with endo and restorative dentistry. She has a wide range of experience, and we think she will be a great asset to the Cincinnati Health Department dental program,		

SIERRA REDD	DENTAL ASSISTANT	CCPC
(Retirement vacancy)		
Salary Bi-Weekly Range:	\$2,052.24 to \$2,167.95	Revenue Fund
Sierra Redd has over 6 years of dental experience as a dental assistant and graduated top of her class at Antonelli College. She has worked in pediatrics, general dentistry and oral surgery and has a passion for public health and working with those living in poverty. She enjoys educating others about oral health and Sierra has a wide range of experience that will be a great asset to the Cincinnati Health Department Dental Team.		

PERSONNEL ACTIONS for April 22, 2025 , BOARD of HEALTH MEETING

Page 3 of 3

PROMOTIONS

TRISHA BLAKE	SR. ENVIRONMENTAL HEALTH SPECIALIST	CHES
(Retirement vacancy)		
Salary Bi-Weekly Range:	\$2,891.72 to \$2,992.91	General Fund
Trisha Blake has been with CHD since January 15, 2006, starting in the Environmental Lead Program and now working in Food Safety and Inspections. She is being promoted from Senior Environmental Health Specialist to Supervising EHS. Trisha is tech-savvy, organized, and focused on customer service. She’s received positive feedback for her hard work and is a great addition as a second supervisor in the busy Food Safety and Inspections Program.		

NICHOLAS TAYLOR	DENTAL DIRECTOR	CCPC
(Other)		
Salary Bi-Weekly Range:	\$7,411.87 to \$8,885.91	Grant Fund
Dr. Nicholas M. Taylor is recommended to become the permanent Dental Director for City of Cincinnati Primary Care starting April 20, 2025. He joined CHD in 2021 after nine years with Healthsource of Ohio, serving both urban and rural communities. Dr. Taylor has strong experience in meeting the dental needs of underserved populations.		
Since 2023, he has supported former Director Dr. Anna Novais with quality improvement efforts and the rollout of a new dental EMR system. He currently practices at Bobbie Sterne Health Center and will oversee clinical and administrative operations at eleven dental sites, including school-based centers. Dr. Taylor is passionate about public health and committed to improving access to dental care for children and adults.		

Date: April 22, 2025

To: Board of Health

From: Grand Mussman, MD, Health Commissioner

Subject: Health Commissioner's Report, Reflects March 2025

WIC Updates March 2025

1. The WIC caseload in March was 15,191, a slight increase from last month.
 - a. Women:3,406
 - b. Infants:3,823
 - c. Children:7,962
2. March breastfeeding initiation rate for WIC infants was 64.3%. Breastfeeding at 6 months was 38.3%. Breast feeding rates have been steady. WIC continues to offer on-line and in-person breastfeeding classes along with walk-in hours for breastfeeding assistance.
 - a. WIC provided Urgent Maternal Warning sign education to 473 women in March.
 - b. In our 2nd quarter (January, February, March) WIC distributed 34 manual breast pumps and 8 single-use electric pumps and loaned 67 electric pumps.

Community Health and Environmental Services (CHES) Updates for CHD BOH Meeting 4.23.2025

Community Health and Environmental Services (CHES) updates:

- Cincinnati Health Department partnered with the City Manager's Office to launch a medical debt relief project in response to Mayor Pureval's Financial Freedom Blueprint. With the launch, thus far \$47,032,048.79 in debt has been relieved for 47,639 individuals.
- Cincinnati Health Department continues to meet with the Cincy CHIP action teams on the five priorities set for the next three years. 1) Access to Care, 2) Mental and Behavioral Health, 3) Nutrition and Food Access, 4) Infant Vitality, 5) Housing. More information in the Accreditation section.
- Alternative Response to Crisis (ARC) pilot diverting low acuity 911 calls to a behavioral health and EMT team is continuing in the Cincinnati community, more information can be found with the link below:

[Alternative Response to Crisis \(cincinnati-oh.gov\)](https://www.cincinnati-oh.gov/health/alternative-response-to-crisis/)

Epidemiology

Epidemiology Data Briefs and Educational Guides:

Data Briefs and Educational Guides can be found using the website below.

<https://www.cincinnati-oh.gov/health/community-health-data/epidemiology-data-briefs/>

The Emergency of Antimicrobial Resistance in Cincinnati (2017-2022)

[C:\Users\KIMBER~1\WRI\AppData\Local\Temp\msoA228.tmp \(cincinnati-oh.gov\)](C:\Users\KIMBER~1\WRI\AppData\Local\Temp\msoA228.tmp)

2022 Annual Lead Report:

[2022-LEAD-ANNUAL-REPORT-FINAL.pdf \(cincinnati-oh.gov\)](#)

Epidemiologic Infant data:

These numbers are provisional for 2021-2024:

**** May 2024's report is delayed due to ODH data warehouse update**

Deaths for 2020:

City 2020 = 44

County (minus the city) 2020 = 33

Total Hamilton County 2020 = 77

The finalized number of births for 2020 (births extracted from Ohio Resident live births database (by residence city/county) as of 9.20.22):

City of Cincinnati = 4,220

Hamilton County births outside of the City limits = 6,110

Hamilton County inclusive of the City = 10,330

The finalized infant mortality rate for 2020 based on our current numbers:

City of Cincinnati IMR = 10.4 per 1,000 live births

Hamilton County outside the City limits = 5.4 per 1,000 live births

Hamilton County IMR = 7.5 per 1,000 live births (inclusive of the city numbers)

Provisional deaths for 2021:

City 2021 = 41

County (minus the city) 2021 = 24

Total Hamilton County 2021 = 65

The provisional number of births for 2021 (births extracted from Ohio Resident live births database (by residence city/county) as of 2.9.23):

City of Cincinnati = 4,111

Hamilton County births outside of the City limits = 6,154

Hamilton County inclusive of the City = 10,265

The provisional infant mortality rate for 2021 based on our current numbers:

City of Cincinnati IMR = 10.0 per 1,000 live births

Hamilton County outside the City limits = 3.9 per 1,000 live births

Hamilton County IMR = 6.3 per 1,000 live births (inclusive of the city numbers)

Provisional deaths for 2022:

City 2022 = 47

County (minus the city) 2022 = 42

Total Hamilton County 2022 = 89*

*three deaths OOJ excluded

The provisional number of births for 2022 (births extracted from Ohio Resident live births database (by residence city/county) as of 2.28.24):

City of Cincinnati = 4,155

Hamilton County births outside of the City limits = 6,034

Hamilton County inclusive of the City = 10,189

The provisional infant mortality rate for 2022 based on our current numbers:

City of Cincinnati IMR = 11.3 per 1,000 live births

Hamilton County outside the City limits = 7.0 per 1,000 live births
Hamilton County IMR = 8.7 per 1,000 live births (inclusive of the city numbers)

Provisional deaths for 2023:

City 2023 = 29
County (minus the city) 2023 = 29
Total Hamilton County 2023 = 58

The provisional number of births for 2023 (births extracted from state database (by residence city/county) as of 10.28.24):

City of Cincinnati = 4,122
Hamilton County births outside of the City limits = 5,912
Hamilton County inclusive of the City = 10,034

The provisional infant mortality rate for 2023 based on our current numbers:

City of Cincinnati IMR = 7.04 per 1,000 live births
Hamilton County outside the City limits = 4.91 per 1,000 live births
Hamilton County IMR = 5.78 per 1,000 live births (inclusive of the city numbers)

Provisional deaths for 2024:

City 2024 = 33
County (minus the city) 2024 = 35
Total Hamilton County 2024 = 68

The provisional number of births for 2024 (births extracted from state database (by residence city/county) as of 3.14.25):

City of Cincinnati = 4,099
Hamilton County births outside of the City limits = 5,894
Hamilton County inclusive of the City = 9,993

The provisional infant mortality rate for 2024 based on our current numbers:

City of Cincinnati IMR = 8.05 per 1,000 live births
Hamilton County outside the City limits = 5.94 per 1,000 live births
Hamilton County IMR = 6.80 per 1,000 live births (inclusive of the city numbers)

Provisional deaths for 2025:

City 2025 = 5
County (minus the city) 2025 = 9
Total Hamilton County 2025 = 14

The provisional number of births for 2025 (births extracted from state database (by residence city/county) as of 3.14.25):

City of Cincinnati = 757
Hamilton County births outside of the City limits = 1,052
Hamilton County inclusive of the City = 1,809

The provisional infant mortality rate for 2025 based on our current numbers:

City of Cincinnati IMR = 6.61 per 1,000 live births
Hamilton County outside the City limits = 8.56 per 1,000 live births
Hamilton County IMR = 7.74 per 1,000 live births (inclusive of the city numbers)

CCPC UPDATE

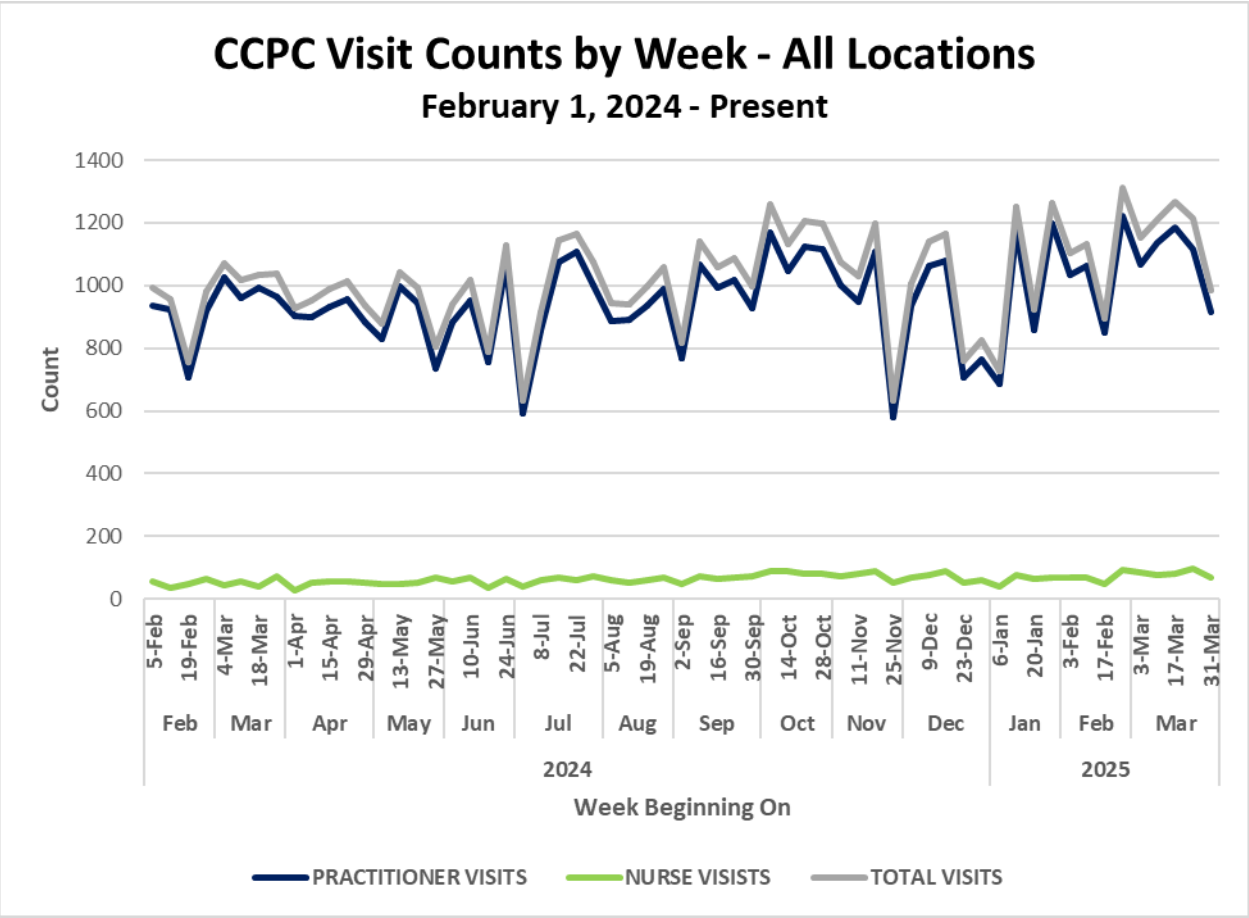


Figure 1. Number of Completed Patient Visits to All CCPC Community Health Center Sites

Table 1. Number of Completed Patient Visits by Location for March 2025 and FYTD

CCPC Community Health Centers	3/3	3/10	3/17	3/24	3/31	March 2025 Total	March 2024 Total	2025 FYTD Total	2024 FYTD Total
VISITS	1067	1136	1185	1116	915	5419	3947	39252	33906
AMBROSE CLEMENT	128	98	90	111	124	551	267	4379	1846
AMBROSE CLEMENT BH	31	47	38	31	20	167	79	1156	767
BRAXTON CANN	75	77	131	111	92	486	402	3575	3504
BRAXTON CANN BH	6	5	5	9	6	31	0	95	0
ELM ST. BH	9	16	8	9	5	47	18	412	123
ELM ST.	169	191	162	189	126	837	732	6447	6255
MILLVALE	158	174	184	144	137	797	569	5260	5002
MILLVALE BH	3	10	11	3	8	35	56	352	440
NORTHSIDE	184	155	185	157	147	828	578	6060	5028
NORTHSIDE BH	13	23	17	15	12	80	25	321	310
PRICE HILL	270	297	320	289	203	1379	1075	9997	9240
PRICE HILL BH	21	43	34	48	35	181	146	1198	1391
NEW PATIENTS	67	78	78	54	56	333	242	2581	2005
AMBROSE CLEMENT	15	13	7	3	12	50	12	422	121
AMBROSE CLEMENT BH	1	1	0	1	0	3	0	13	11
BRAXTON CANN	9	7	10	10	6	42	34	320	240
BRAXTON CANN BH	0	0	0	0	0	0	0	0	0
ELM ST. BH	0	1	0	0	0	1	1	5	2
ELM ST.	9	5	17	13	5	49	35	327	273
MILLVALE	10	16	10	4	8	48	54	424	496
MILLVALE BH	0	0	0	0	0	0	0	0	0
NORTHSIDE	10	9	7	9	13	48	48	410	333
NORTHSIDE BH	0	0	0	0	0	0	1	1	9
PRICE HILL	13	26	27	14	11	91	55	653	509
PRICE HILL BH	0	0	0	0	1	1	2	6	11

Table 2. Number of Pharmacy Fills for March 2025 and FYTD

CCPC PHARMACY LOCATION	3/3	3/10	3/17	3/24	3/31	March 2025 Total	March 2024 Total	2025 FYTD Total	2024 FYTD Total
NUMBER OF FILLS	2539	2398	2469	2320	2223	11949	8596	87951	82637
AMBROSE CLEMENT	443	354	334	404	437	1972	1079	14363	10405
BRAXTON CANN	292	233	400	252	289	1466	1153	11061	11869
ELM ST.	359	433	326	405	359	1882	1787	15822	19027
MILLVALE	400	398	455	333	306	1892	1452	13472	12696
NORTHSIDE	328	355	273	315	345	1616	1088	11557	10272
PRICE HILL	717	625	681	611	487	3121	2037	21676	18368

Figure 2. Number of Completed CCPC Dental Visits for March 2025 by Location

■ PRICE HILL ■ WESTERN HILLS ■ WITHROW

Reproductive Health and Wellness Program (RHWP) Data Report

Figure 1a. City of Cincinnati Primary Care Health Center Reproductive Health Visits by Gender and Month, Fiscal Year 2024 – 2025

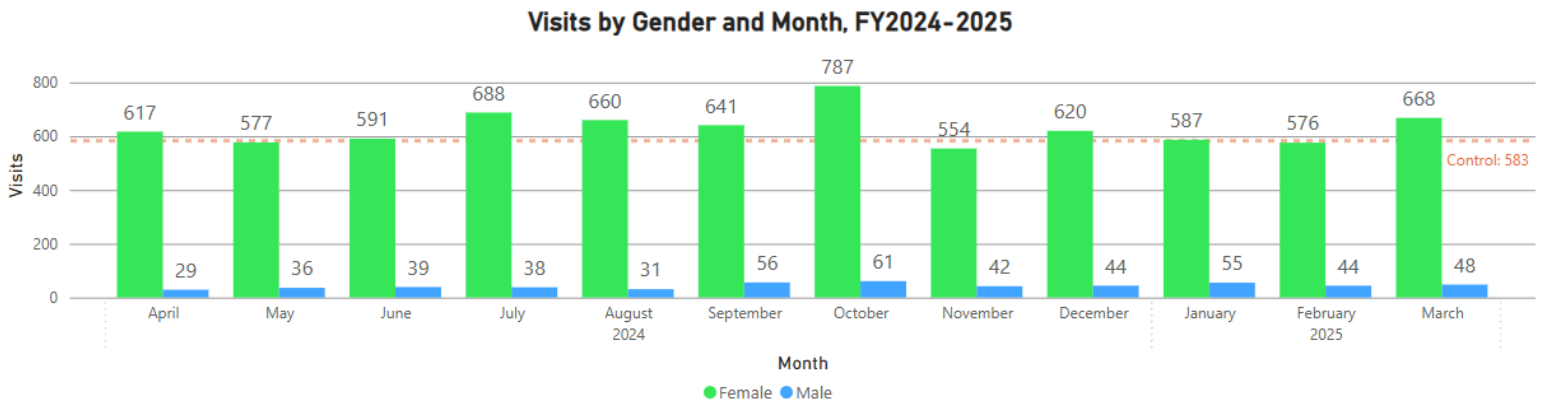
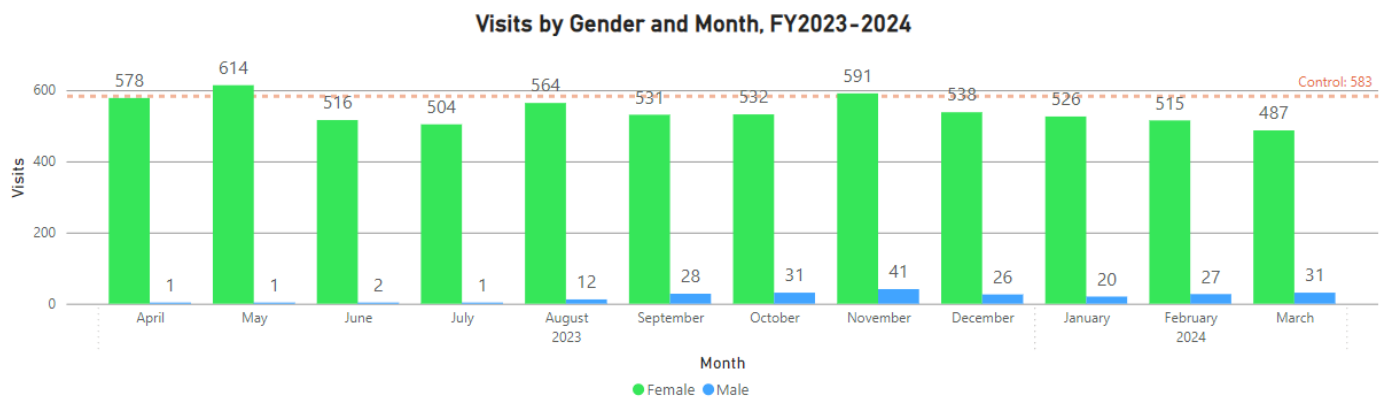


Figure 1b. City of Cincinnati Primary Care Health Center Reproductive Health Visits by Gender and Month, Fiscal Year 2023 – 2024



FY23/24 Visits with Men: 221 patients
 FY23/24 Visits with Women: 6496 patients
 FY23/24 Visits Combined (men/women): 6717

patients

FY23/24 Control (Expected) Visits: 7000 patients

FY23/24 Visits as % of Control Total: 96.0%

FY24/25 Visits with Men: 473 patients

FY24/25 Visits with Women: 6875

patients

FY24/25 Visits Combined (men/women): 7348

patients

FY24/25 Control (Expected) Visits: 6413 patients

FY24/25 Visits as % of Control Total: 115.0%

Figure 2a. Long-acting Reversible Contraception (LARC) (Intrauterine Devices) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2024 – 2025

LARCs by Month (IUD), FY2024-2025

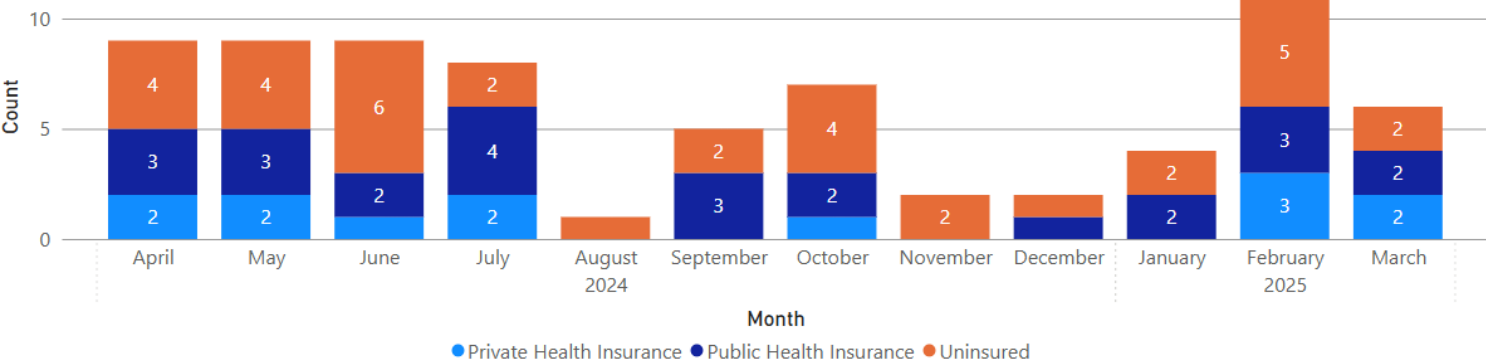


Figure 2b. Long-acting Reversible Contraception (LARC) (Intrauterine Devices) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2023 – 2024

LARCs by Month (IUD), FY2023-2024

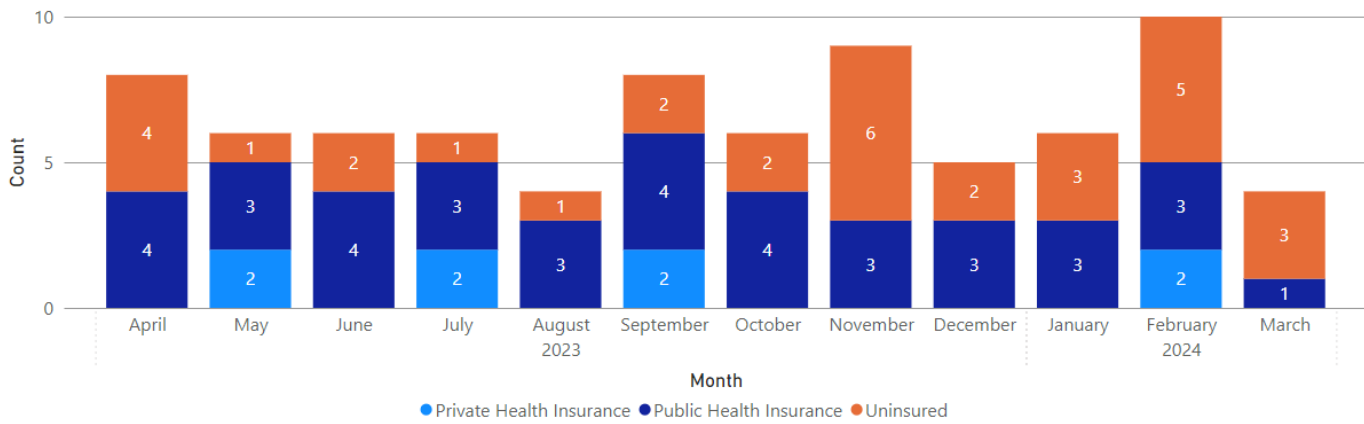


Figure 3a. Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2024 – 2025

LARCs by Month (Implant), FY2024-2025

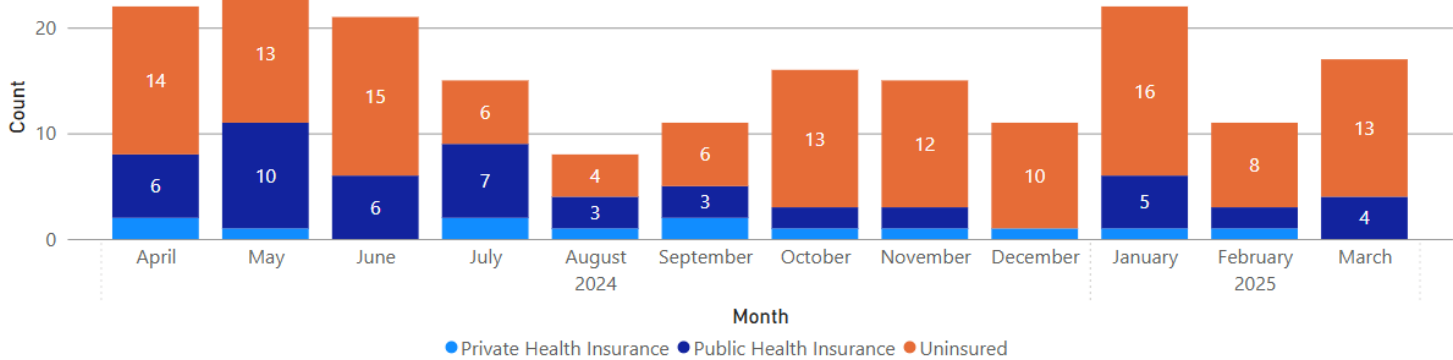


Figure 3b. Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2023 - 2024

LARCs by Month (Implant), FY2023-2024

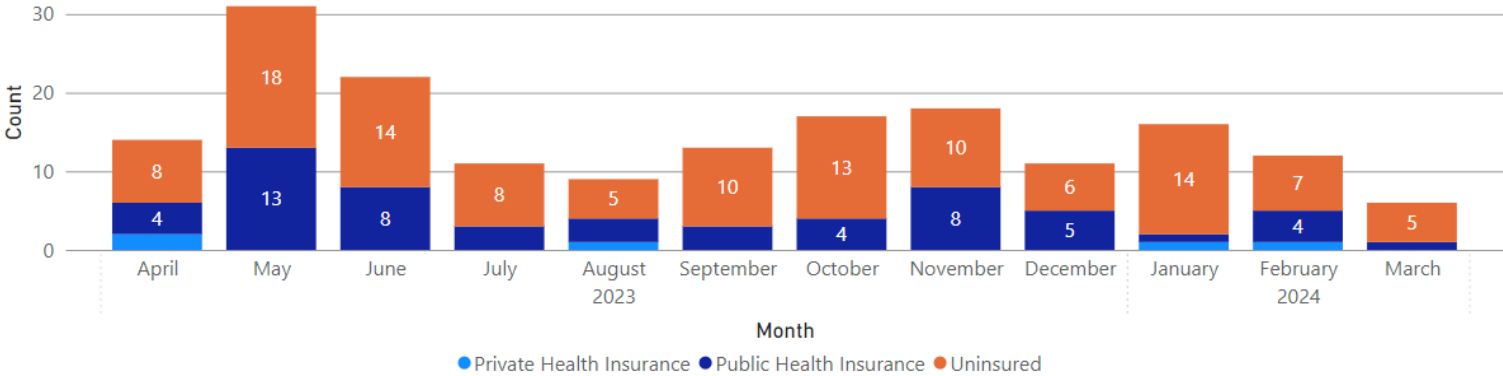


Table 1. Selected Demographic Characteristics of Unduplicated RHWP Patients, March 2025

	Female	% in col.	Male	% in col.	Total	% in col.
Race						
AI/AN	8	1.20%		0.00%	8	1.12%
Asian	15	2.25%		0.00%	15	2.09%
Black	317	47.46%	31	64.58%	348	48.60%
PI/HN	20	2.99%		0.00%	20	2.79%
Unknown	96	14.37%	5	10.42%	101	14.11%
White	212	31.74%	12	25.00%	224	31.28%
Ethnicity						
Hispanic	265	39.67%	4	8.33%	269	37.57%
Non-Hispanic	403	60.33%	44	91.67%	447	62.43%
Income						
<=100% FPL						
101-249% FPL						
>=250% FPL						
Insurance						
Private	90	13.47%	6	12.50%	96	13.41%
Public	225	33.68%	13	27.08%	238	33.24%
Uninsured	353	52.84%	29	60.42%	382	53.35%
Age (years)						
<15	0	0.00%		0.00%	0	0.00%
15-49	597	89.37%	42	87.50%	639	89.25%
>50	71	10.63%	6	12.50%	77	10.75%
Limited English						
No	364	54.49%	44	91.67%	408	56.98%
Yes	304	45.51%	4	8.33%	308	43.02%

*will report next month when HHS table is updated

Table 2. Unduplicated RHWP Patients by CCPC Health Center, March 2025

	Female	% in col.	Male	% in col.	Total	% in col.
Health Center						
Ambrose Clement	85	12.72%	28	58.33%	113	15.78%
Braxton Cann	20	2.99%		0.00%	20	2.79%
Bobbie Sterne	139	20.81%	14	29.17%	153	21.37%
Millvale	65	9.73%	1	2.08%	66	9.22%
Northside	132	19.76%	5	10.42%	137	19.13%
Price Hill	227	33.98%		0.00%	227	31.70%

* Reproductive health data is based on services as part of the Title X grant provided by our City of Cincinnati Primary Care (CCPC) Health Centers.

Accreditation

PHAB Action Plan Update:

The E-PHAB portal opened on April 1, 2025, in preparation of CHD's annual June submission. The 2025 annual report will include an application for PHAB to conduct a reaccreditation readiness assessment as our annual report submission in preparation for reaccreditation in 2026.

CHD CHA Update:

Cincinnati Health Department has completed the CHD Community Health Assessment (CHA). The CHA was posted on the CHD website and can be accessed at [CHD Reports & Publications - Health](#)

Cincy CHIP Update:

The Cincy CHIP focus areas for the upcoming Cincy CHIP cycle are as follows:

- Access to Care
- Behavior and Mental Health
- Infant Vitality
- Nutrition and Food Access
- Housing

The CHIP Behavioral Health Action Team:

The Behavioral Health team is seven weeks into their classroom instruction of the Sources of Strength curriculum and the feedback to date has been great. The team is excited and looking forward to brainstorming ideas on how to implement and expand this pilot into a permanent program throughout the Cincinnati school district.

Regional CHNA and CHIP Update:

The Regional CHNA lead by The Health Collaborative (THC) was released in February 2025. The Greater Cincinnati Tri-State regional priorities identified are:

- Mental health treatment and prevention
- Homelessness prevention and housing stability
- Heart disease and stroke prevention and treatment

Quality Improvement/ Quality Assurance

Public Health QI is working with CCHMC to build the systems dashboard for public health programs. Through our continued partnership with Children’s Hospital, several CHD staff members are expected to complete their ImpactU Improvement Science course in April 2025. Our CHD QI Steering Committee continues to meet monthly to review progress on highlighted projects and provide feedback to colleagues.

GET VACCINATED GRANT- MONTHLY DATA TABLE 2024-2025										
MONTH	RM 0-18 Years	RC 0-18 Years	IQIP Initial Site visit With office	IQIP 2 M Follow up	IQIP 6 M Follow up	IQIP 12 M Follow up	MOBI	TIES	PERI HEPB NEW CASES	PERI HEPB CLOSED CASES
July	570	642	0	0	0	0	0	0	0	2
August	906	1124	0	0	6	2	10	10	0	0
September	786	1176	1	0	5	5	17	15	2	3
October	822	1214	6	1	0	4	5	6	1	0
November	909	1329	3	0	0	2	5	3	2	0

December	687	1120	1	6	0	5	1	2	1	0
January	651	1013	3	0	0	2	1	1	1	0
February	767	1196	3	2	0	1	4	4	0	0
March	759	1439	8	7	3	3	5	6	2	1
April										
May										
June										
TOTAL										

RM=reminders to families for immunizations now due

RC=recalls to families behind on immunizations

IQIP= Immunization Quality Improvement Process (CDC tool including audit) (2M/6M/12M=follow ups with practices involved in QI process)

MOBI=Maximizing Office Based Immunization education presentation for providers

TIES=Teenage Immunization Education Session -immunization education for providers regarding adolescents

Peri HEPB=Peri-natal Hepatitis

***JULY- MOBI, TIES, (7/18) and IQIP (7/30) required ODH training completed. ..training required PRIOR to initiating MOBI, TIES, IQIP outreach**

October -Immunization Coverage Disparities report submitted

December- Immunization Coverage Disparity Education Plan submitted

February- 2025-2026 Get Vaccinated grant application submitted

MARCH- 197 schools received IN PERSON immunization training; 6 in school audits completed

immunization validation

Healthy Communities Program – Tiffany White

<p>Live Work Play Cincinnati Coalition A multi-sector coalition that works to improve health outcomes by addressing health-related social needs and social determinants of health at the community level.</p>		
Date of Meeting	Location & Presentations	Next Steps
4/2/2025	MSD Administration Building Strategic Planning February newsletter sent to 120+ members 2/11/2025.	Next meeting is May 7, 2025, 10:15 AM – 12:15 PM at the Walnut Hills Library Meeting frequency: 1 st Wednesday of each month.
<p>Creating Healthy Communities Grant Implementation of strategies to improve healthy eating and active living in multiple Cincinnati neighborhoods. Strategies include: 1 pedestrian infrastructure strategy in Carthage, 1 food pantry strategy in Hartwell, 1 recreation/playground in Roll Hill/E. Westwood, and 2 Policy, System, and Environmental assessments in the Beekman Corridor.</p>		
# of Meetings	Location & Presentations	Next Steps
4 See Food Equity and Active Living Sections for more details.	Carthage – Contract negotiations with artist to install a mural at a busy intersection and working with DOTE to design a heritage walk & add zebra striping to improve active living through pedestrian infrastructure. Hartwell – Received grant to extend Cincy Freeze & Feed, Applying to another grant to extend the Cincy Freeze & Feed Community Freezer Program to Hartwell CRC in addition to pantry shelving. Roll Hill – developing contracts with Discover Traffic Gardens to design and install a new traffic garden at Roll Hill School.	Carthage - Finalize plans for heritage walk with DOTE. Finalize contract with selected mural artist. Install zebra striping at selected intersection. Plan summer event to promote new installations – tentative date of August 9th. Hartwell – Order and install pantry shelving. Roll Hill – Finalize contract, conduct site visit. Begin contract negotiations for installers.

Infant Vitality – Malina Harris

<p>ODH- Cribs for Kids Subgrantee The Ohio Department of Health (ODH), Bureau of Maternal, Child and Family Health is partnering with Cribs for Kids® and local organizations throughout Ohio to provide Cribettes® and safe sleep education to eligible families.</p>		
# of families served since last report	Project Partners and Status	3 Next Steps

<p>86 families</p>	<p>Partners: All In Cincinnati, Bethany House Services, Cherished Hearts CPR Family, Community Action Agency, Cradle Cincinnati Connections (CCC), Crossroad Health Center, First Step Home, Greater Cincinnati Behavioral Health Services, Healthcare Access Now (HCAN), Healthy Homes: Block by Block (Community Matters), Healthy Moms & Babes, Helping Young Mothers Mentor, Inc., Home Health/CHD, Interfaith Hospitality Network of Greater Cincinnati (IHNGC), Mercy Health – Perinatal Outreach Program, Nurse Family Partnership/ECS-Pathways to Home, Rosemary’s Babies Co., Santa Maria Community Service, Sigma Gamma Rho Sorority, Inc. Su Casa Hispanic Center, The Children’s Hospital/ECS, The Children’s Home of Cincinnati/ECS/Costars, The Christ Hospital, The Community Builders (TCB), TriHealth, The Salvation Army, University of Cincinnati Medical Center (UCMC)/Hoxworth/Women’s Center, WIC, Women’s Center of Ohio, TriHealth</p> <p>----- Status: Active</p>	<p>Plan: Cribs for Kids and DCY contracts have been approved. Awaiting paperwork to be received to sign.</p> <p>Meeting frequency: ODH TA Meetings are Quarterly. Last meeting 3/4/25 Meetings are Quarterly Next Meeting 6/3/2025</p>
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DCY

# distributed since last report	Project Partners and Status	Next Steps
<p>500 diapers have been distributed since the last BOH report.</p>	<p>Partners: Sweet Cheeks Diaper Bank HCAN, Mercy Health, Health Vine, UC Women’s Center, Hamilton County OEI, Cincinnati Health Department Home Health, WIC</p> <p>----- Status: Active</p>	<p>Plan: Families have been referred to other agencies to receive diapers Planning Diaper drive at one of the CHD Health Centers during a health fair. Facility has moved to Walnut Hills.</p> <p>Meeting frequency: Last Meeting: 1/11/25 Next Meeting: 1/2026</p>

CAT- The Cincinnati-Hamilton County Community Action Team
The mission of the Cincinnati-Hamilton County Community Action Team is to optimize equitable health outcomes for women, infants, children, and families in Cincinnati-Hamilton County through collaboration, education, and action. This group meets monthly.

# of meetings	Project Partners and Status	Next Steps
---------------	-----------------------------	------------

since last report		
1-Last Meeting: 10/24/24	Partners: Hamilton County ----- Status: Active	Plan: Discuss the results of the Maternal & Child Health Survey. The work Group is being reconfigured and will meet on a quarterly basis. Meeting frequency: Quarterly Next Meeting: 6/26/25
OIPP/CIAG- Ohio Injury Prevention Partnership: Child Injury Action Group The function of the Child Injury Action Group (CIAG) is to identify priorities and strategies to reduce child injury in Ohio. The CIAG has identified focus areas to address in their five-year strategic plan including teen driving, traumatic brain injury, safe sleep, youth suicide and child passenger safety.		
# of meeting since last report	Project Partners and Status	Next Steps
3	Partners: Ohio Department of Health ----- Status: Active	Plan: Strategic Plan Update Shared progress on the standardized data presentation the subcommittee members will be able to brand as their own and share within their respected communities. The presentation includes quantitative and qualitative data from multiple reporting sources (OPAS, CFR, etc.), representing all of Ohio. Presented on current work being done in the Infant Vitality Program. Meeting frequency: Quarterly Next Meeting 6/12/2025

Program supported projects/ meetings:

- 3/19/2025: NACCHO Maternal Child Work Group
- 3/20/25: Cradle Learning Collaborative Meeting
- 3/21/25: Mental Health First Aid Training
- 3/22/25: Cribs for Kids Partner Training with All-In Cincinnati
- 3/23/25: CHD Quality Steering Committee Meeting
- 3/27/25: CAT (Cincinnati Hamilton County Action Team) Meeting
- 3/31/25: Cribs for Kids Partner Training with Bethany House
- 4/1/25: Excellence in Child Health Day Summit

Food Equity (Healthy Eating)- Jasmine Robinson

Produce Perks- Community Supported Agriculture Distribution (Fruit and Vegetable Program)

Produce Perks and CHD partnered to increase access to healthy fresh fruits and vegetables in the Winton Hills neighborhood. The partnership has distributed over \$50,000 in healthy foods purchased directly from Mustard Seed Farms (a local, Cincinnati small-scale farm) strengthen healthy dietary habits and increase nutritional/cooking knowledge in hundreds of Winton Hills community members.

# of Meetings Since Last BOH Report	Project Partners and Status	Next Steps
1	Produce Perks, Winton Hills Community Church and Council, and Mustard Seed Farm ----- Status: Active (expected kickoff date: 5/15/25)	Plan for 2025 distribution and events by meeting with community members and leaders to determine space for distribution and how to best align with community needs. Meeting frequency: as needed for planning

CHD Healthy Communities Freezer
 The Cincinnati Health Department (CHD) Healthy Communities Program will partner with Cincinnati Recreation Commission (CRC) Hirsch and Millvale locations to implement a pilot community freezer program.

# of Meetings Since Last BOH Report	Project Partners and Status	Next Steps
8	CRC, La Soupe, CareSource, Food for the Soul, and Hamilton County ReSource ----- Status: Active	Soft launch and grand opening events completed for each site. Phase II application completed and submitted for program expansion. Meetings frequency: standing weekly meetings for contract negotiations, promotion discussions, and general project updates.

Systems to Achieve Food Equity (SAFE) Network
 a sub-network of All Children Thrive made up of individuals and organizations committed to improving food security in Cincinnati to ensure that all children have the food that they need to grow, develop, learn, and thrive.

# of Meetings Since Last BOH Report	Project Partners and Status	Next Steps
2	CCHMC, Freestore Foodbank, Hamilton County ReSource, La Soupe, and more. ----- Status: Active	Network planning for food distribution in the City of Cincinnati including non-instructional school day initiatives; communications team discussions' current project funding covers works in Avondale, East and Lower Price Hill (expansion into Roll Hill coming soon) Meeting frequency: 3rd Thursday of every month ----- Stakeholder meeting to report on organizational updates, events, and needs working towards food equity in Cincinnati. Meeting frequency: 1st Thursday of every month

Food Equity Program Newsletter
 Each month, the Food Equity Coordinator sends a newsletter that includes local food related events such as food/produce distribution sites, pop ups, cooking improv learning sessions and more.

# of Meetings Since Last BOH Report	Project Partners and Status	Next Steps
3	<p>Newsletter sent to community members and partners by the 2nd Tuesday of each month. Posted on FEC site routinely</p> <p>-----</p> <p>Status: Active (last sent on 4/4/25 to 200+ individuals)</p>	<p>Continue to update newsletter content and layout to meet the reader's needs</p> <p>Meeting frequency: included in monthly program meeting with HCP program manager and health counselor supervisor as well as needed meetings scheduled with SAFE's SSF Communications team for discussion/ review</p>

Department Engagement Champions
Engagement Champions play a crucial role in shaping the city's culture. Engagement Champions will be at the forefront of driving meaningful change within the city's engagement practices.

# of Meetings Since Last BOH Report	Project Partners and Status	Next Steps
0	<p>Meet with other department champions, stay informed on city-wide engagement updates, and share resources with colleagues</p> <p>-----</p> <p>Status: Active (March meeting canceled)</p>	<p>Meeting frequency: standing monthly meetings</p>

Program supported projects/ meetings:

- 3/20/25: OBN Advisory Group on Certified Community Health Workers Meeting
- 3/21/25: Healthy Families America Health First Aid Training
- 3/24/25: CHC Weekly Hartwell Pantry/ Freezer Discussion
- 3/24/25: Freezer Soft Launch Event (Avondale)
- 3/25/25: Wellness Walk collaboration discussion
- 3/26/25: Freezer Soft Launch Event (Millvale)
- 3/28/25: Winton Hills CRC Site Visit
- 3/28/25: Hartwell CRC Site Visit
- 3/28/25: Hirsch Freezer Check
- 3/31/25: CHC Weekly Hartwell Pantry/ Freezer Discussion
- 4/1/25: Excellence in Child Health Day conference
- 4/3/25: CHC Discussion with WIN
- 4/4/25: CRC: MV Freezer Check
- 4/4/25: CRC: Hartwell Measurements
- 4/4/25: CRC: Hirsch Freezer Check
- 4/7/25: CHC Weekly Hartwell Pantry/ Freezer Discussion
- 4/8/25: Guest Lecture for Community Nutrition course at UC
- 4/11/25: CRC: Millvale Freezer Check
- 4/11/25: CRC: Hirsch Freezer Check
- 4/12/25: Social Services Day
- 4/16/25: AR 25: Non- Discrimination and Sexual Harassment training
- 4/16/25: Healthy Communities QI Overview

4/17/25: Cradle CHW group discussion
 4/17/25: Winton Hills Intentional Food Access Meeting
 4/18/25: CRC: Millvale Freezer Check
 4/18/25: CRC: Hirsch Freezer Check

Tobacco Free Living (TFL) – Courthney Calvin

Project/ Meeting Title: Youth Vape Presentation Educate Cincinnati youth on the dangers of e-cig use.		
Date and # of Students	Project Partners and Status	Next Steps
Total Amount of Students Educated: 3/19-62 Students 3/20- 48 3/21-80 4/04-72 4/11-10 4/15-69 4/17-92 4/18- 50 Students TOTAL 483 Total Amount of Attendees at Community Events 2	Partners: CPS Virtual Academy Withrow High School Withrow High School Queen City Swish 2025 Tender Mercies St. Teresa of Avila School St. Ignatius School School Health Nurses	Plan: To present preventative tobacco education for youth. Present the opportunity to take over the vape disposal program.

Program supported projects/ meetings:

03/18/25: Cancer Center Community Advisory Board Meeting
 03/19/25: Vape Education at Virtual Academy (CPS)
 03/20/25: Vape Education at Withrow High School
 03/21/25: Vape Education at Withrow High School
 03/25/25: Health Equity Workgroup Meeting
 3/25/25: PAVE Webinar What Every Parent Should Know About Vaping
 04/01/25: NKY Youth Summit Planning Committee Meeting
 04/02/25: LWPC Meeting
 04/03/25: CHD Smoking Cessation Meeting
 04/04/25: Vape Education at Queen City Swish 2025
 04/04/25: Eviction Committee Meeting w/ Council Woman Meeka Owens
 04/04/25: Cincy Chip Housing Meeting
 04/08/25: Tobacco Free Ohio Alliance Quarterly Meeting
 04/10/25: Community Partner Meeting with Cincinnati Public School (Virtual Academy)
 04/11/25: Vape Education at Tender Mercies
 04/15/25: Vape Education at St. Teresa of Avila School
 04/15/25: Cancer Center Community Advisory Board Meeting

04/16/25: Emerging Tobacco and Nicotine Products and Supporting Youth Cessation
 04/17/25: Vape Education at St. Ignatius School
 04/18/25: Vape Education w/ School Health Nurses

Tobacco 21/Tobacco Retail License (TRL) - Pending

Tobacco Retail Licensing/T21		
License any retailer in the City of Cincinnati selling tobacco products. Conduct underage buy attempts and issue citations to enforce tobacco 21 laws.		
	Status	Next Steps
	250 - Retailers Licensed 299 - Identified retailers 38 – 2025 TRL Inspections Completed 250 Underage Buy Attempts Completed, 84% Compliance	Plan: <ul style="list-style-type: none"> • Continue Inspections/Compliance Checks until further notice. • Begin Issuing Citations for Non-licensed Retailers after Education • Hire additional underage buyer(s)

Worksite Wellness & Active Living – Scott Dean

ODH Creating Healthy Communities Grant (Carthage)		
Supportive pedestrian infrastructure for Carthage. The goals being to increase the proportion of adults and adolescents that walk or bike to get to places and to reduce the proportion of adults, adolescents and children with obesity.		
# of Meeting since last report	Project Partners and Status	Next Steps
6	Partners: Identified 36 partner agencies ----- Status: Active Working with community on neighborhood improvements. Procuring wayfinding signage and traffic calming measures in the near future, so working with community to make selections. Selected an Artist and working on contract.	<ul style="list-style-type: none"> • Continue pushing usage of the CAGIS Pedestrian Hazard map we created for the community to track issues • Push out completion of Neighborhood Physical Activity survey • Selected Artist will conduct some community engagement around Mural design • Working on finalizing contract with LD Nehls • Zebra Striping intersection to be completed soon • Working with community on finalizing location and orientation of signage for Carthage Heritage Walk <p>Meeting frequency: Monthly with additional meetings as needed</p>
Y.E.S on Bike & Pedestrian Safety and ODH Creating Healthy Communities grant		
The aim of this education series is to increase youth knowledge around the responsibilities of pedestrians, cyclists, and drivers to create a culture of safe transportation in neighborhoods. The goals of the CHC grant are to increase the proportion of adults and adolescents that walk or bike to get to places and to reduce the proportion of adults, adolescents and children with obesity. We also are trying to		

increase the proportion of community members that engage in aerobic and muscle strengthening activity.

# of Meeting since last report	Project Partners and Status	Next Steps
5	<p>Partners: Cincinnati Public School (CPS), Tri-State Trails, Green Umbrella: Green Schoolyards Team</p> <p>-----</p> <p>Status: Active</p> <p>Finalized pilot curriculum and began presentations. Continuing to find partners to present to</p> <p>Working with Roll Hill to establish new Traffic Garden</p> <p>Working on finalizing procurement contracts so Traffic Garden design can proceed</p>	<ul style="list-style-type: none"> • Continuing work with principal to secure bicycles from Ethel Taylor • Continue work on developing a comprehensive curriculum. • Conducting comprehensive community engagement with students and parents. • Working to finalize contract with Discover Traffic Gardens • Roll Hill Site visit with Discover Traffic Gardens <p>Meeting frequency: Monthly</p>

Program supported projects/ meetings:

- 3/20/25 – TriState Trails/Beekman Corridor Site Activation Visit
- 3/27/25 – Winton Hills Plan
- 3/28/25 – Pedestrian Safety Discussion with Epis
- 3/31/25 – CHC Group Weekly Meeting
- 3/31/25 – Millcreek Greenway Trail Meeting
- 4/1/25 – Active Transportation Presentation Meeting
- 4/3/25 – CHC Discussion with WIN
- 4/4/25 – Eviction Prevention Meeting
- 4/4/25 – CHIP Housing Meeting
- 4/4/25 – AT Conference Planning Meeting with Lorain County
- 4/7/25 – CHC Group Weekly Meeting
- 4/9/25 – CHC All-Project Meeting
- 4/10/25 – Strategic Partnerships for Greener Schools Meeting
- 4/10/25 – Winton Hills Plan
- 4/11/25 – CHD & Homebase Monthly Meeting
- 4/15/25 – Roll Hill Traffic Garden Advisory Committee Meeting
- 4/15/25 – Carthage Heritage Trail Walk

Behavioral Health & Recovery Support – Eric Washington

Project/ Meeting Title: Buckeye Health Plan and Men’s Health

# of Meetings Since Last BOH Meeting	Project Partners and Status	Next Steps
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1 Meetings	Partners: Buckeye Health Plan – “What’s Your Numbers.” Status: Ongoing	Plan: <ul style="list-style-type: none"> Start Planning Jan ‘25 Planning to add churches, Salons, Etc. Meeting frequency: Monthly
Project/ Meeting Title: Brother You’re on My Mind		
# of Events Since Last BOH Meeting	Project Partners and Status	Next Steps
1 Meeting	Partners: Omega Psi Phi – Barbershop Talk Series (Mental, Physical and Spiritual Health) Status: (Ongoing Monthly)	Plan: <ul style="list-style-type: none"> Adding CRP and Men’s Health - Chronic Disease in ‘25 Conversation dealing w/ Mental Health and Youth Mentorship Meeting frequency: Monthly x1
Project/ Meeting Title: Men’s Health Partnership/Resource (Maple Towers)		
# of Events Since Last BOH Meeting	Project Partners and Status	Next Steps
1 Meeting	Partners: Maple Towers Awareness, Education and Prevention Status: Ongoing	Plan: <ul style="list-style-type: none"> Programming on Chair Yoga. Meditation, Exercise – T.Davis will provide a follow up regarding other organizations will teach -Pending Add a Nutrition/Healthy Music Component Starting 2025 TBA Meeting frequency: Monthly x1
Project/ Meeting Title: Recovery \Ohio Drug Trends Monthly Meeting		
# of Meetings Since Last Meeting	Project Partners and Status	Next Steps
	Partners: State of Ohio Partners (200+) Department of Mental Health and Addictive Services: The Stepping Up Initiative is a national initiative targeted at reducing the number of people with mental illnesses in jails. Status: Ongoing - State Reporting	Plan: Monthly Drug Update - The ONIC consists of criminal intelligence analysts and computer forensic specialists providing investigative, analytical, and data management support to local law enforcement agencies and drug task forces throughout Ohio Meeting frequency: Monthly x1

Program supported projects/ meetings:

- 3/17/25 – SDOH Meeting
- 3/17/25 – CHD CHC Group Weekly & Recovery Weekly Update
- 3/17/25 - Community Freezer Cincy
- 3/18/25 - Withrow High School Vape Education

3/18/25 - Active Transportation Basic and Funding
 3/19/25 – 124th Annual Health Fair
 3/19/25 – AR Training
 3/26/25 – CHD Quality Steering Committee
 3/28/25 – Social Determinants of Health – Strategic Brainstorming Session
 3/28/25 – Senior Chateau – Men’s Group Meeting
 3/31/25 Barbershop Meeting
 3/31/25 – CHD CHC Group Weekly Meeting
 3/31/25- Community Freezer Cincy
 3/31/25 - One Stop 2025 Kick Off Virtual Meeting
 4/1/25 – EHE CAB Meeting
 4/2/25 – LWPC Meeting
 4/3/25 – Prevention First - SDOH Meeting
 4/3/35 - Fatherhood Involvement
 4/4/25 – Forrest Pak – Citi CAMP e. Bowen
 4/4/25 - Black Mne Wellness Day Meeting
 4/4/25 - HIV Treatment Strategies and Prevention CROI 2025
 4/7/25 - CHD CHC Group Weekly & Recovery Weekly Update
 4/7/25 – Field/Event Meeting J. Berry
 4/7/25 – Community Freezers Cincy
 4/8/25 – AmeriHealth Health Fair
 4/8/25 - Fatherhood Collaborative of Hamilton County Meeting
 4/9/25 - Millvale Kick Off Event
 4/10/25 – Hamilton County Addition Response Coalition
 4/10/25 - Hirsch Kick Off Event
 4/11/25 – Monthly Update Meeting 1:1 T. White
 4/11/25 - Fatherhood Training Meeting
 4/14/25 – CHD CHC Weekley Meeting
 4/14/25 - Social Determinants of Health – Strategic
 4/14/25 – Community Freezers Cincy
 4/16/25 – Avondale Education Project J. Harris
 4/15/25 Recovery Ohi Drug Trends Monthly Meeting
 4/15//25 Roll Hill Graden Advisory Committee

Recovery Support – Justin Berry

Community Outreach

# of ...	Project Partners and Status	Next Steps
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<p>4 Meeting and Community Members reached) 46</p>	<p>Partners: GCB, City Gospel, Heroin Coalition Team, CCRC, Step Stone and DeCoach, First Step Home, Treatment Team, CRC Rec Center, Our daily Bread), God Sam's, UC Hospital, 20/20, Status: (Ongoing)</p> <p>Nacarn- 6 kits passed out in community</p>	<p>Plan:</p> <p>Meeting frequency: (Monthly and Bi-Monthly)</p> <p>The month of December was a lot of trying to prepare clients for the cold weather that was coming. There were a lot of hand warmers that were being given away. Also trying to get people into shelters so they will not have to be on the streets during the cold.</p>
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Risk Assessment: If a child has a lead level of 10 ug/dL and above, a risk assessment of the property is conducted to determine the source of lead poisoning.

Orders issued: If lead hazards are present on the property, orders are issued to the property owner to ensure compliance.

Clearances: These include soil and dust sample analysis for lead on EBL & HUD grant properties.

Owner Meetings: Meet with owners to discuss compliance with orders; meet with owners to discuss the HUD grant program.

Compliance checks: These are conducted to inspect the licensed lead abatement contractors and workers on the project sites for the EBL as well as the grant program.

Contractor meetings: Meet with the licensed lead abatement contractor at the job site/property to discuss the orders/work specifications for the EBL/HUD grant program.

Filed for prosecution: When non-compliance is achieved, the property owner is referred to the Law Department for enforcement action.

PIRA's: Paint Inspection/Risk Assessment of the house to evaluate lead hazards for lead remediation by the HUD grant.

Case update with Lead Clinic: Collaboration with CCHMC Lead Clinic every Thursday.

Affidavit of Fact (AF): When all resources for compliance are exhausted, the AF is sent to the Auditor's Office to flag properties with lead hazards so new owners are aware of the BOH Lead orders on the property.

March 2025 BOH Report
Emergency Preparedness/Safety

Meetings, Grants, and Employee Safety

Attended Northern Kentucky Cities Readiness Meeting March 5.

Attended SWOPHR Emergency Response Coordinator Workgroup Meeting March 7.

Presented and facilitated at the quarterly Community Organizations Active in Disasters (COAD) meeting March 20.

Attended the behavioral health disaster preparedness meeting March 18.

Attended the BioWatch Kentucky Planning Team meeting for BioWatch deployment at Thunder over Louisville and Kentucky Derby March 26.

Training, Exercises, and Improvement Plans

Conducted a Medical Countermeasure Point of Dispensing Drill at CHD Administrative Offices March 7.

Conducted the Cincinnati CHEMPACK Tabletop Exercise at Mercy Anderson Hospital March 11.

Response/Preparedness Activities

No Activities to report.

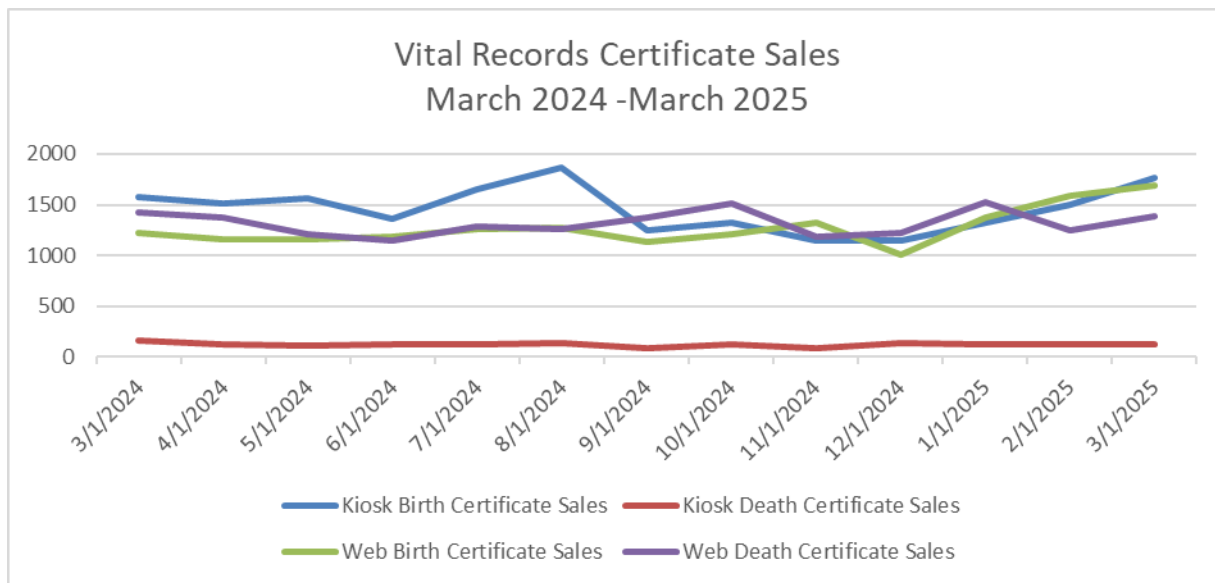
Vital Records received payment for 38 affidavits, where staff assisted customers with birth certificate corrections using the affidavit process.

Vital Records staff assisted 20 families with a paternity affidavit process to add the father to a birth certificate.

Vital Records received payments for 188 permits (burial, cremation, transport, or entombment).

Birth and Death Certificates requested from the kiosk, web system, and mail are shown in the chart that follows.

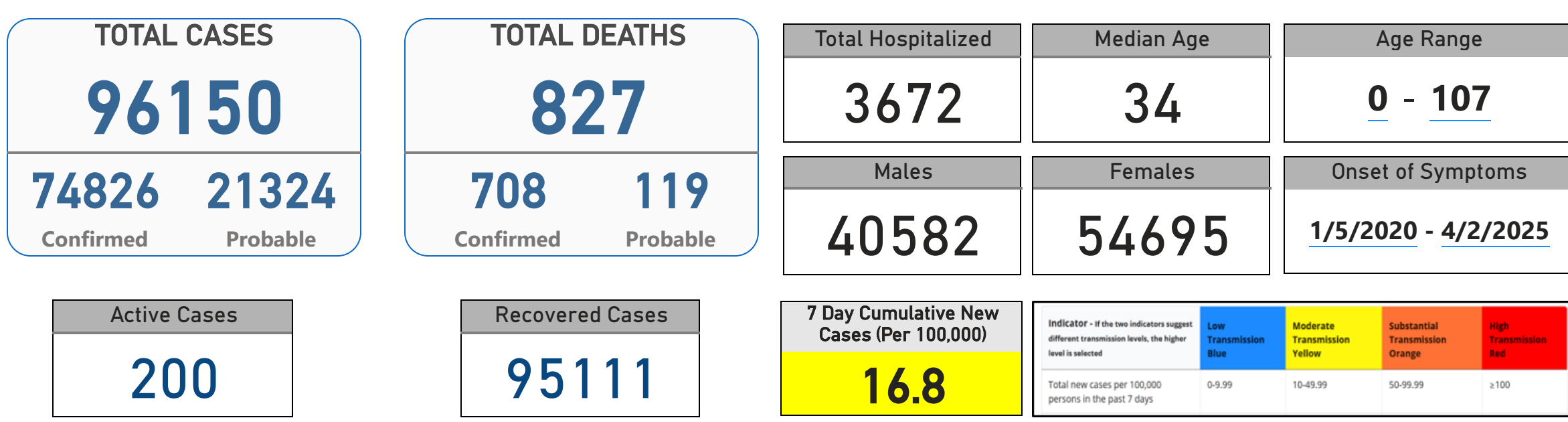
March 2025	Kiosk	Web	Vitalchek.com	Mail
Birth Certificate	1763	1687	443	13
Death Certificate	121	1385	78	2
Total Payments	\$42,171	\$75,076	\$11,852	\$340



CITY OF CINCINNATI COVID-19 REPORT

Updated 4/4/2025

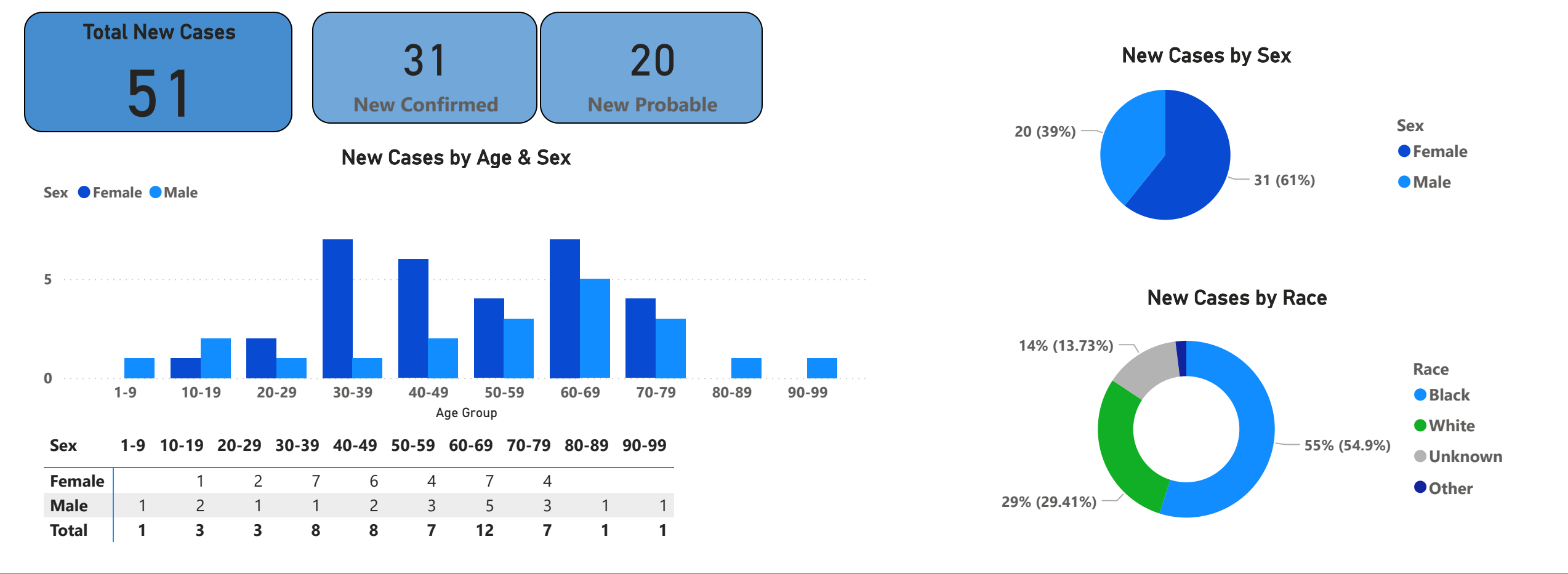
KEY METRICS



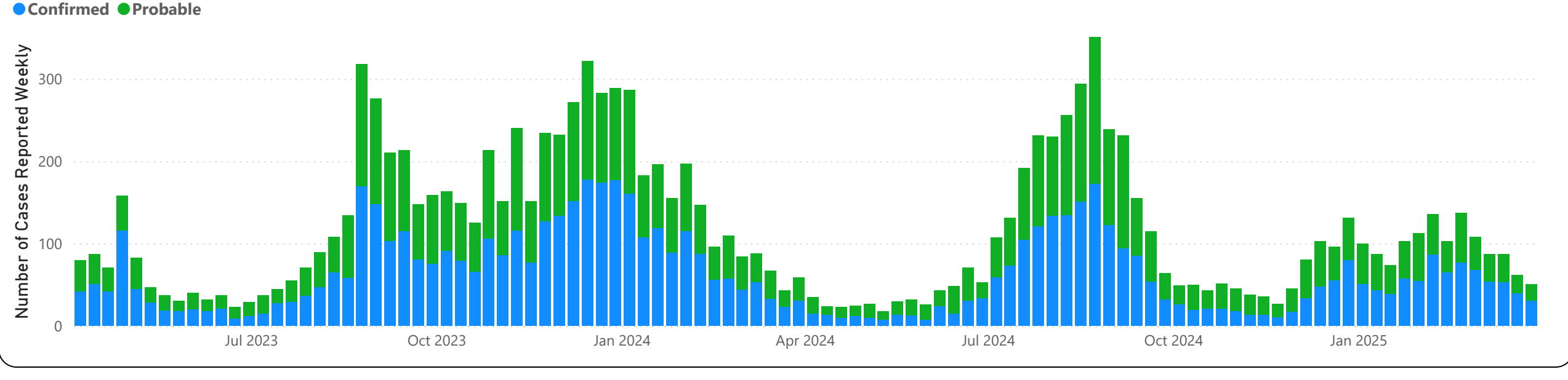
DATA SHOWN FOR TODAY REFLECTS PAST 24 HOURS
 **DATA IS PROVISIONAL CONTINGENT UPON COMPLETION OF CONTACT TRACING AND CONFIRMATION OF JURISDICTIONAL RESIDENCE
 ***IN ACCORDANCE WITH THE NEW CDC GUIDELINES, THE CDC EXPANDED (PROBABLE) CASE DEFINITION IS INCLUDED IN THIS REPORT. SEE: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/faq-surveillance.html>
 **Presumed recovered cases is defined as cases with a symptom onset date/test date > 21 days prior who are not deceased. Active cases are defined as cases with a symptom onset/test date < 21 days.
 ***Jurisdictional transfers added based on the date they were originally reported to the local health department. These are not classified as new cases.
 ****For more information including detailed maps of City of Cincinnati data, please visit <https://insights.cincinnati-oh.gov/Articles/491585>
 *****Transmission indicator based on CDC defined criteria
 STATE DATA SOURCE: OHIO DISEASE REPORTING SYSTEM (ODRS)



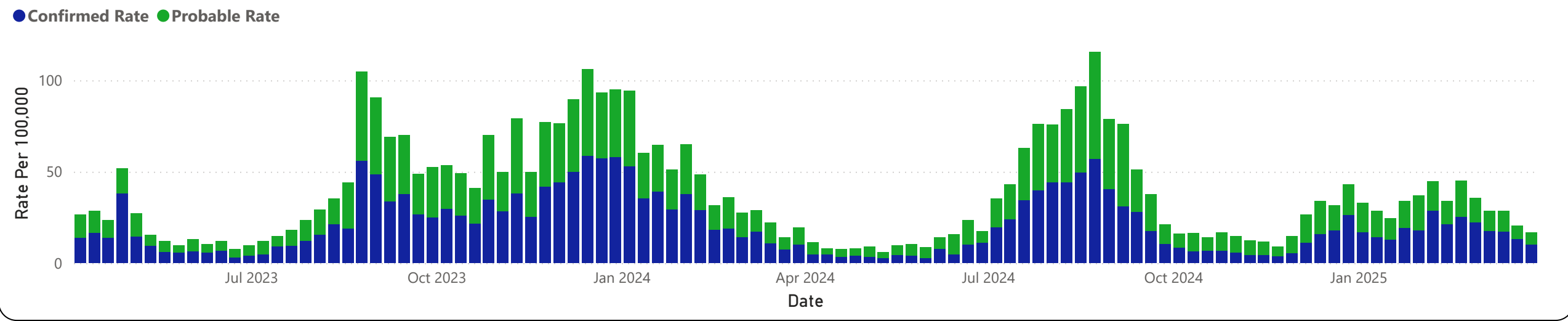
WEEKLY NEW CASE INFORMATION



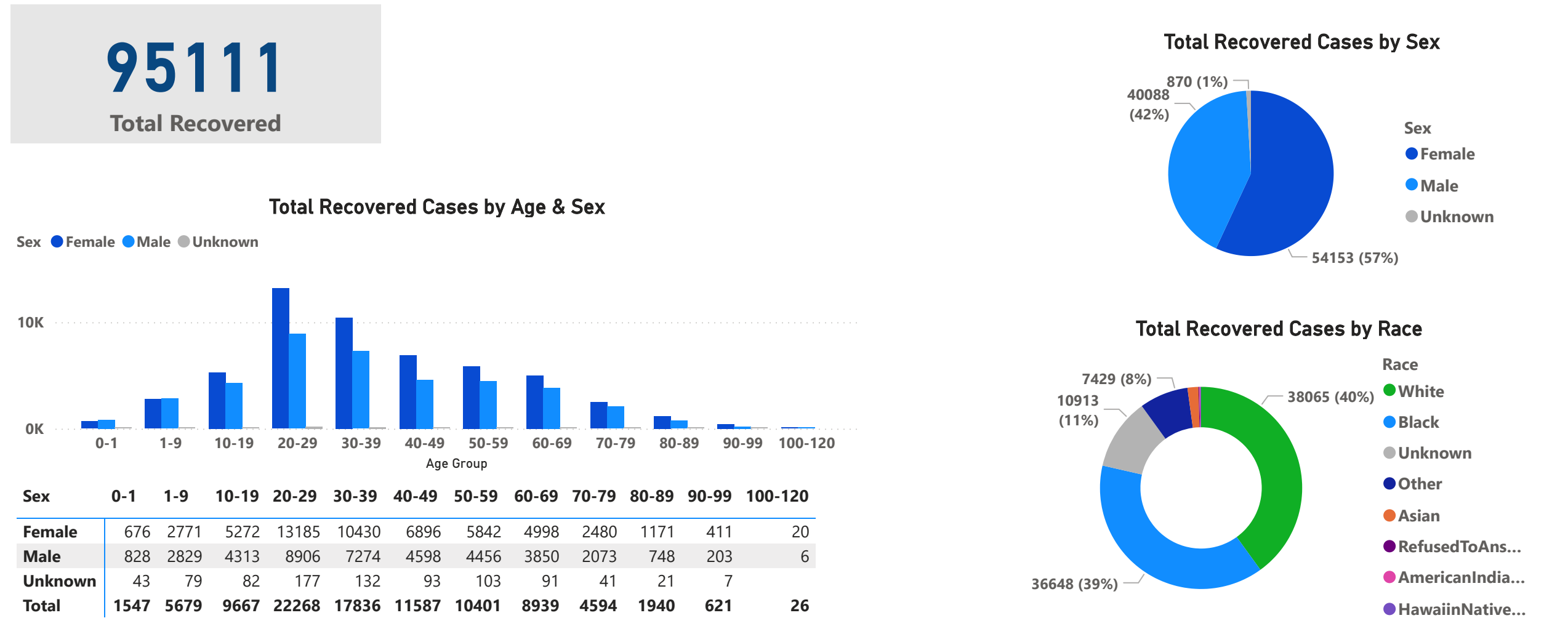
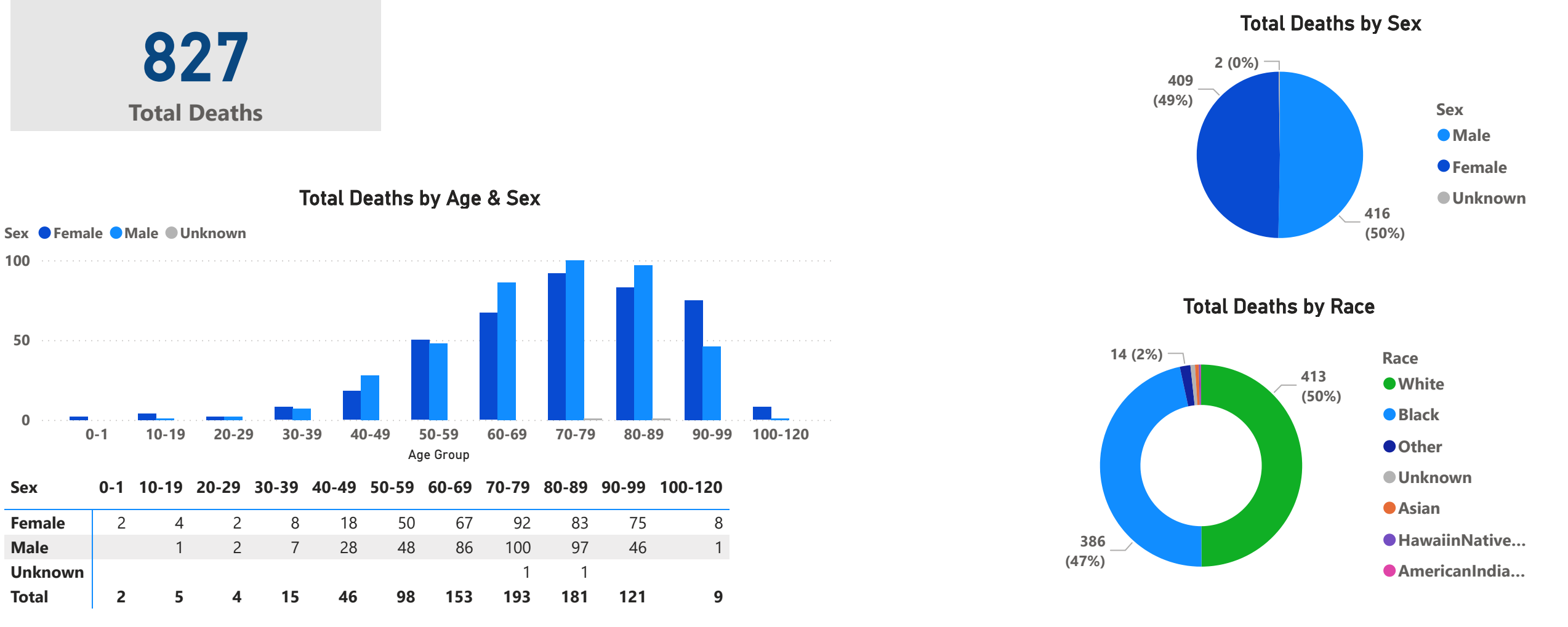
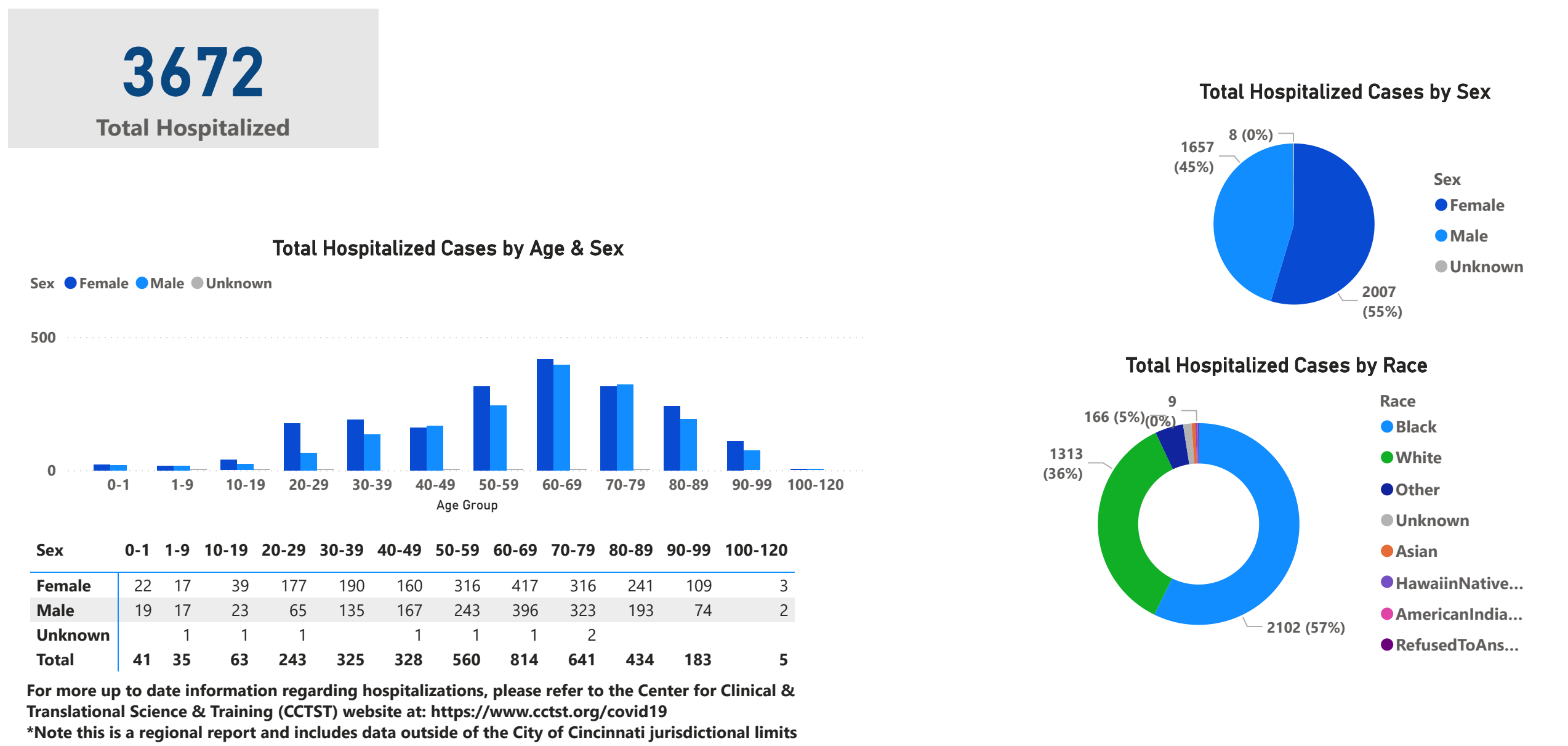
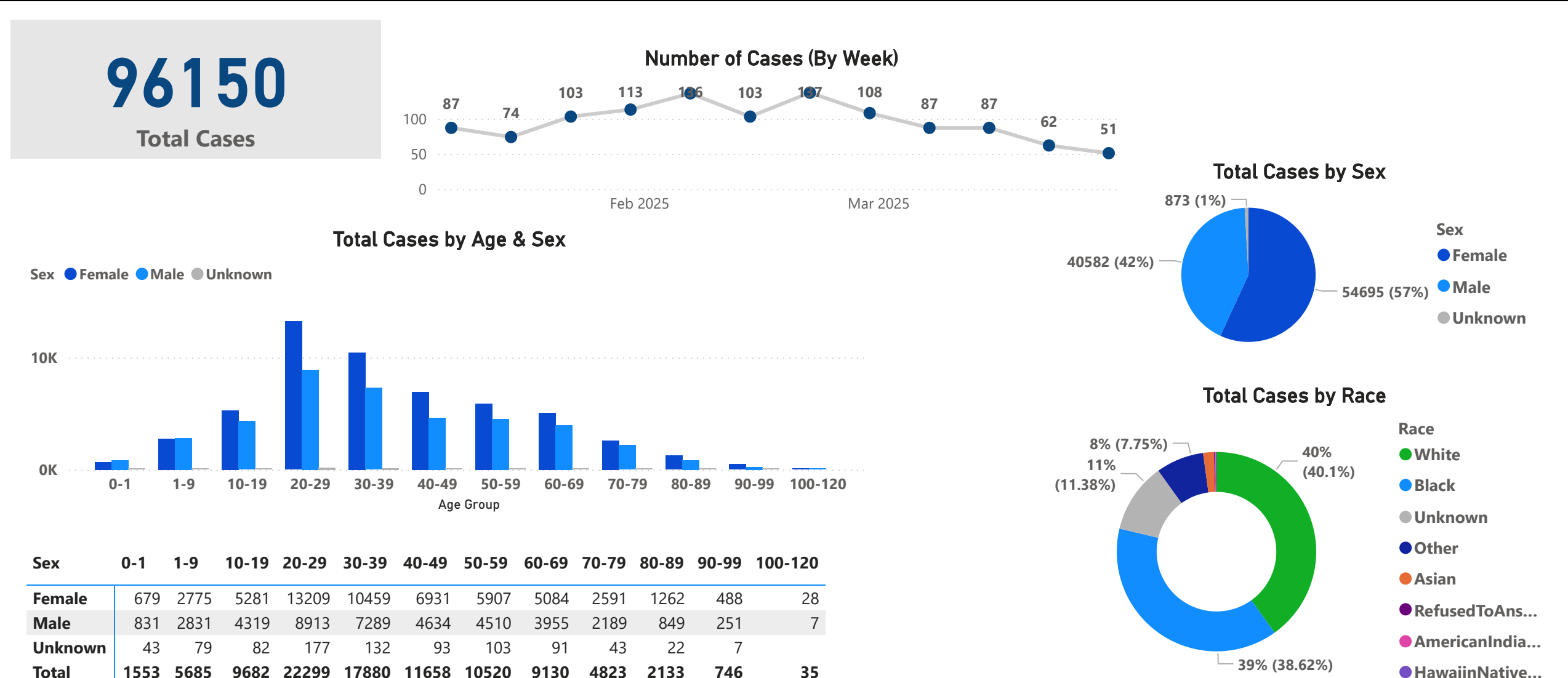
Epidemiological Curve - Weekly Reported Cases



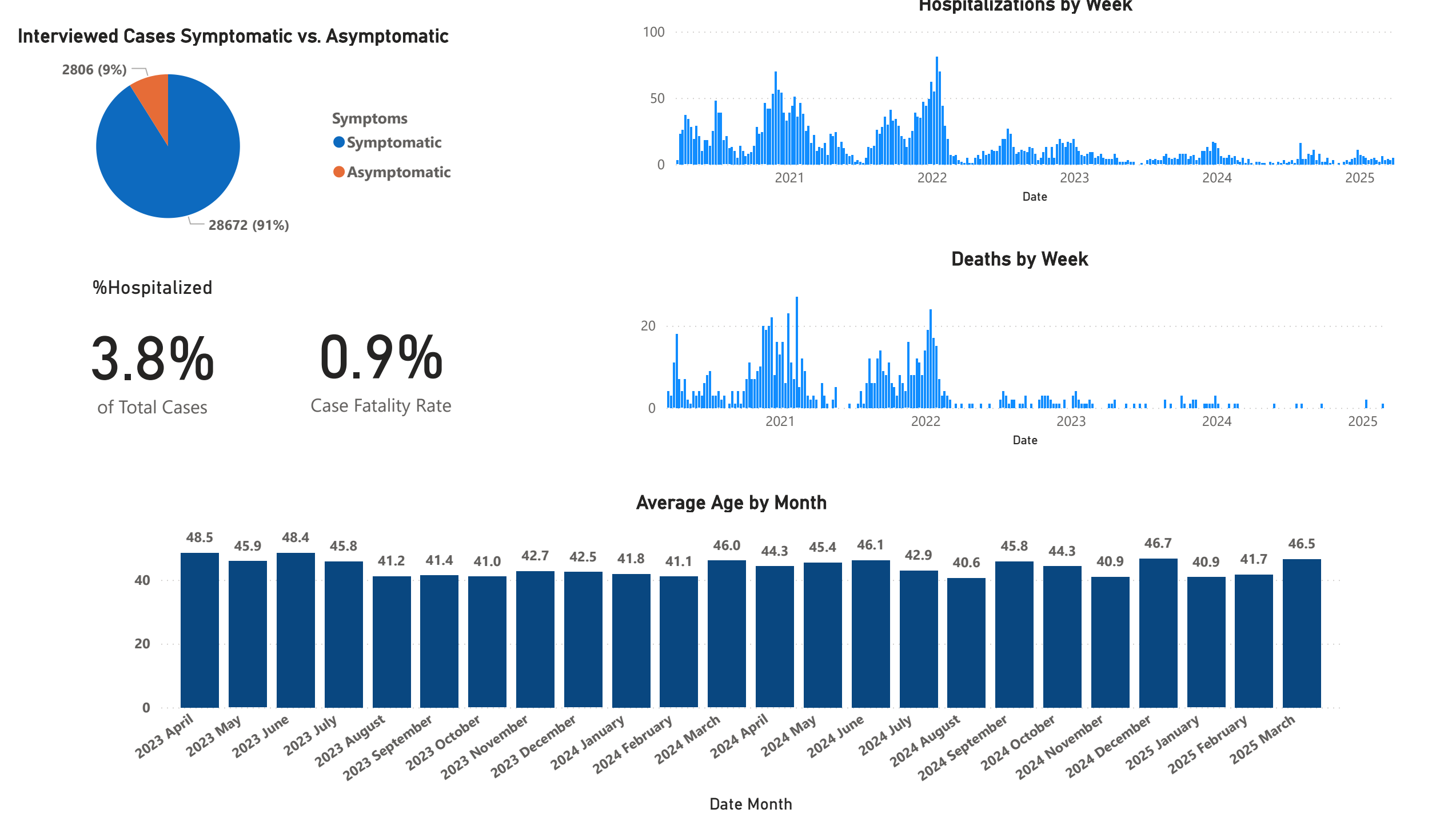
Epidemiological Curve (Weekly Case Rate per 100,000)



DEMOGRAPHIC REPORT



ADDITIONAL COVID-19 INFORMATION



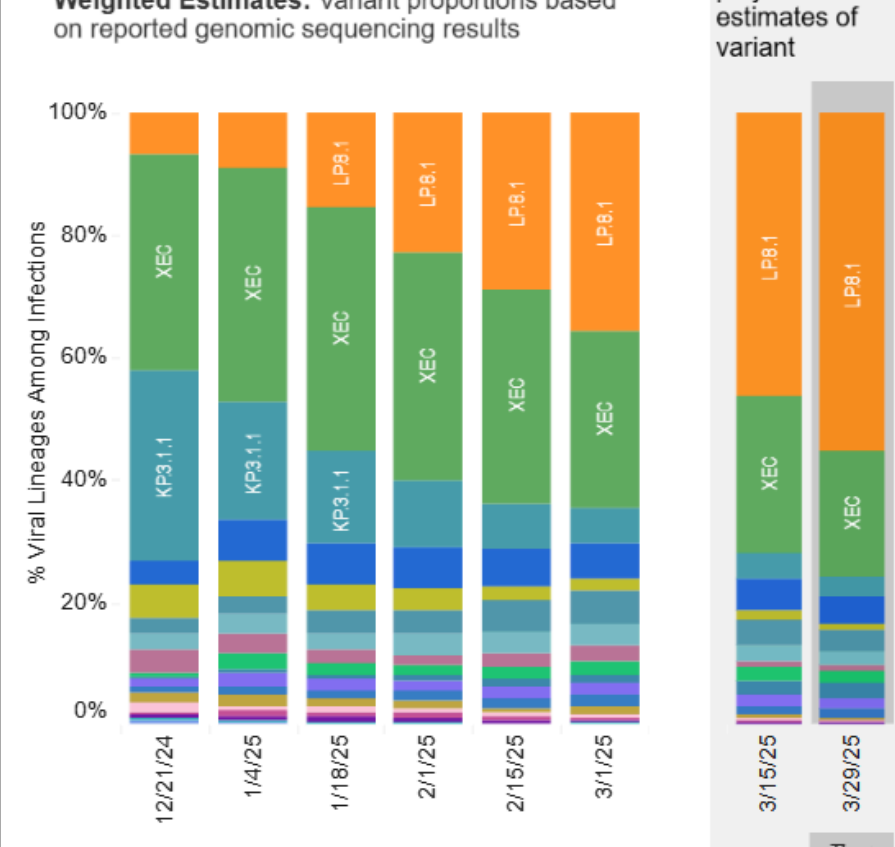
Regional COVID-19 Variant Report

The graphic below represents genomic surveillance by the CDC for the United States
 Variant proportions can be found at <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>
 *Updated 04/04/2025

Weighted and Nowcast Estimates in United States for 2-Week Periods in 12/8/2024 - 3/29/2025

Nowcast Estimates in United States for 3/16/2025 - 3/29/2025

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



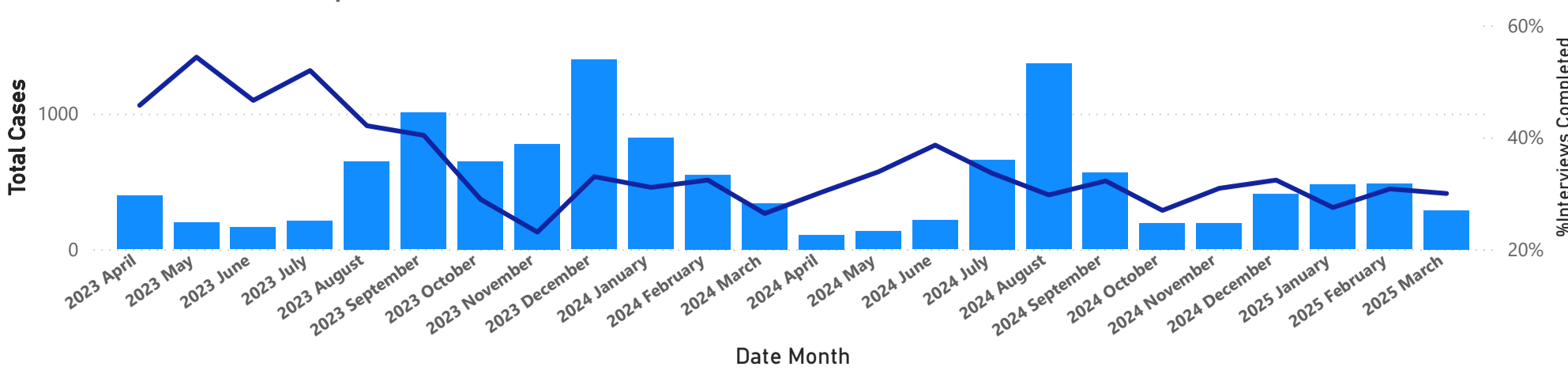
USA

WHO label	Lineage #	% Total	95%PI
Omicron	LP.8.1	55%	48-62%
	XEC	21%	17-24%
	MC.10.1	4%	1-11%
	LP.7	4%	2-6%
	KP.3.1.1	3%	2-6%
	MC.28.1	3%	1-6%
	LB.1.3.1	2%	1-4%
	XEC.4	2%	1-3%
	XEQ	2%	1-3%
	MC.19	1%	1-3%
	MC.1	1%	1-2%
	KP.3	1%	0-2%
	XEQ	0%	0-1%
	JN.1.16	0%	0-1%
	JN.1.1	0%	NA
	KP.1.3	0%	NA
	KP.2.3	0%	NA

KEY METRICS

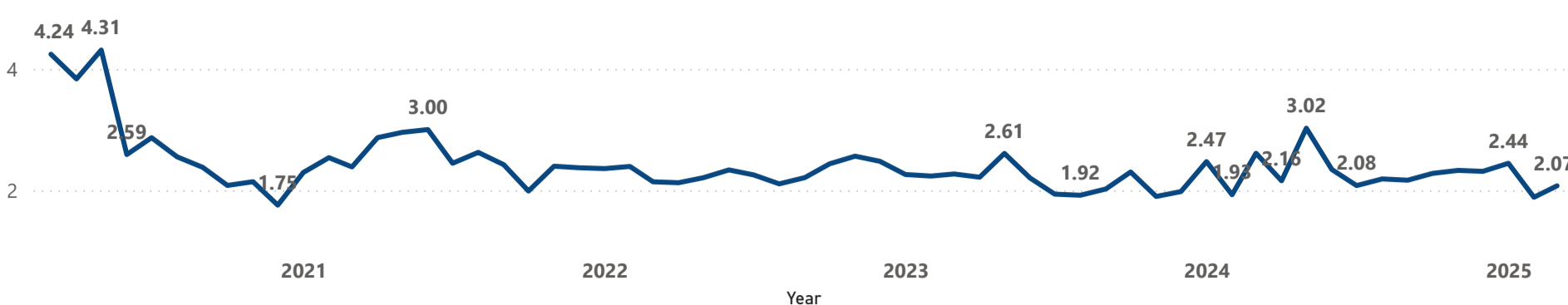
Total Cases and %Interviews Completed by Month

● Total Cases ● %Interviews Completed



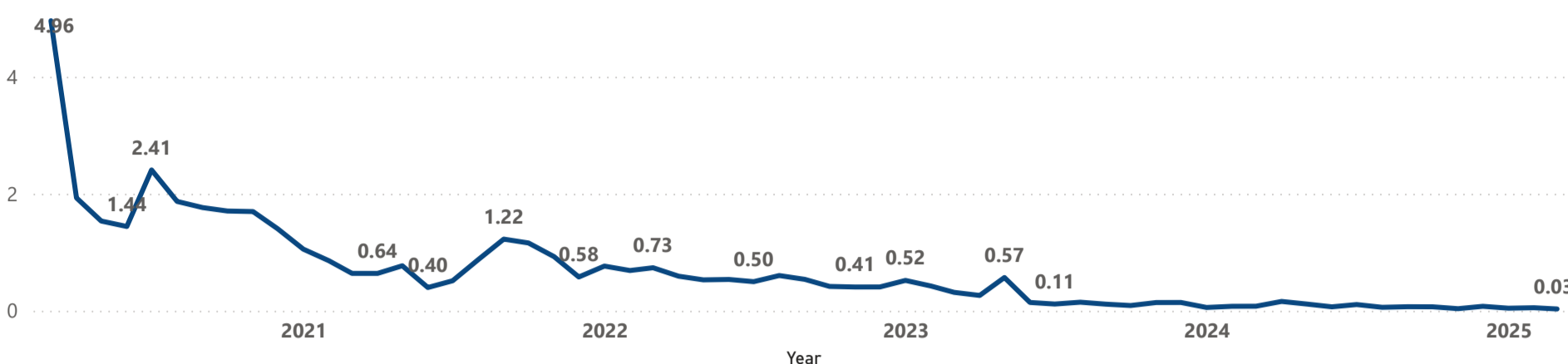
Year	%Interviews Completed	Total Cases
2020	57.1%	17113
2021	30.8%	32806
2022	27.7%	31806
2023	39.7%	7620
2024	31.3%	5557
Total	35.2%	96150

Symptom Onset to Test Average by Month



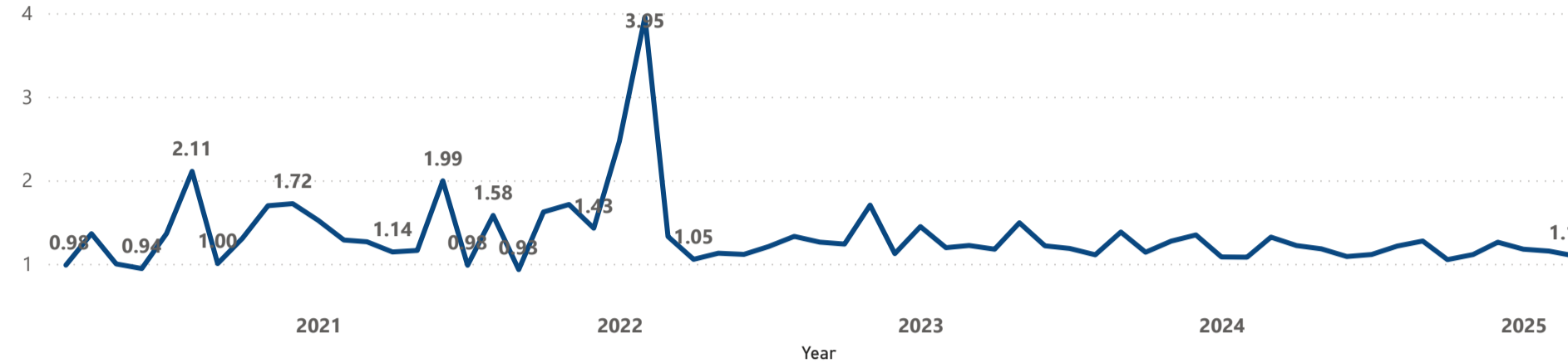
Year	Symptom Onset to Test Average
2020	2.43
2021	2.41
2022	2.30
2023	2.12
2024	2.25
2025	2.13
Total	2.34

Test to Result Average by Month



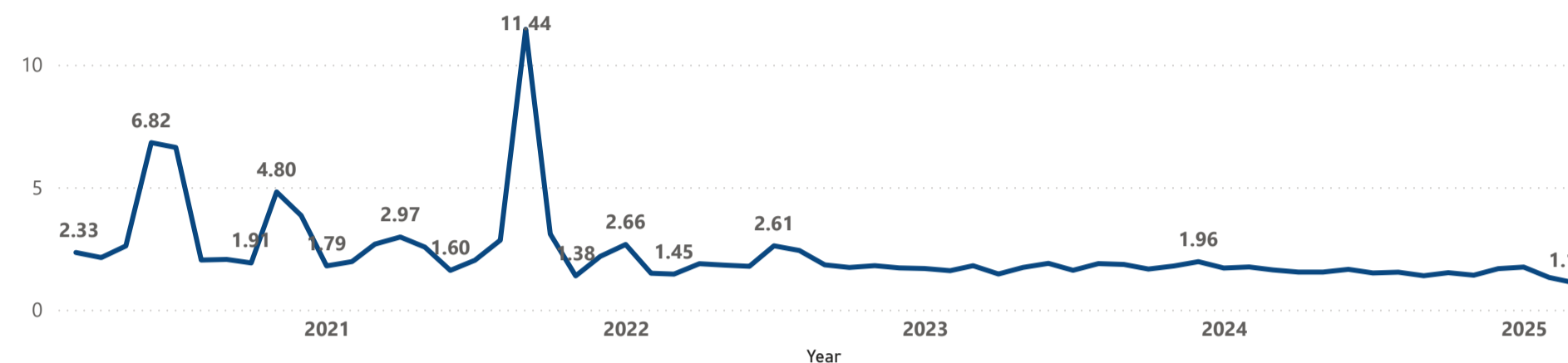
Year	Test to Result Average
2020	1.69
2021	0.85
2022	0.63
2023	0.23
2024	0.07
2025	0.04
Total	0.83

Result to LHD Average by Month



Year	Average of Result to LHD
2020	1.55
2021	2.07
2022	2.24
2023	1.59
2024	1.41
2025	1.95

LHD to Monitoring Average by Month



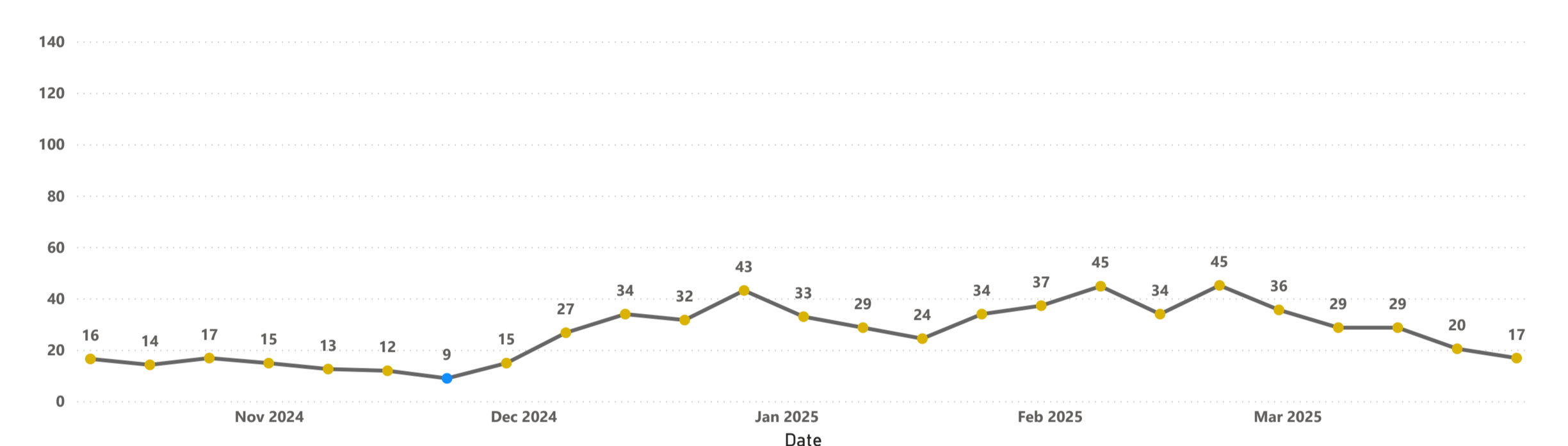
Year	Average of LHD to Monitoring
2020	4.16
2021	3.06
2022	2.09
2023	1.76
2024	1.57
2025	1.12
Total	2.85

Symptoms to Monitoring Average by Month



Year	Average of Symptoms to Monitoring
2020	9.67
2021	7.32
2022	5.72
2023	4.90
2024	4.98
2025	4.26
Total	6.86

CDC Transmission Rate Per 100,000



Indicator	Low Transmission (Blue)	Moderate Transmission (Yellow)	Substantial Transmission (Orange)	High Transmission (Red)
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100

COVID-19 Mortality Data

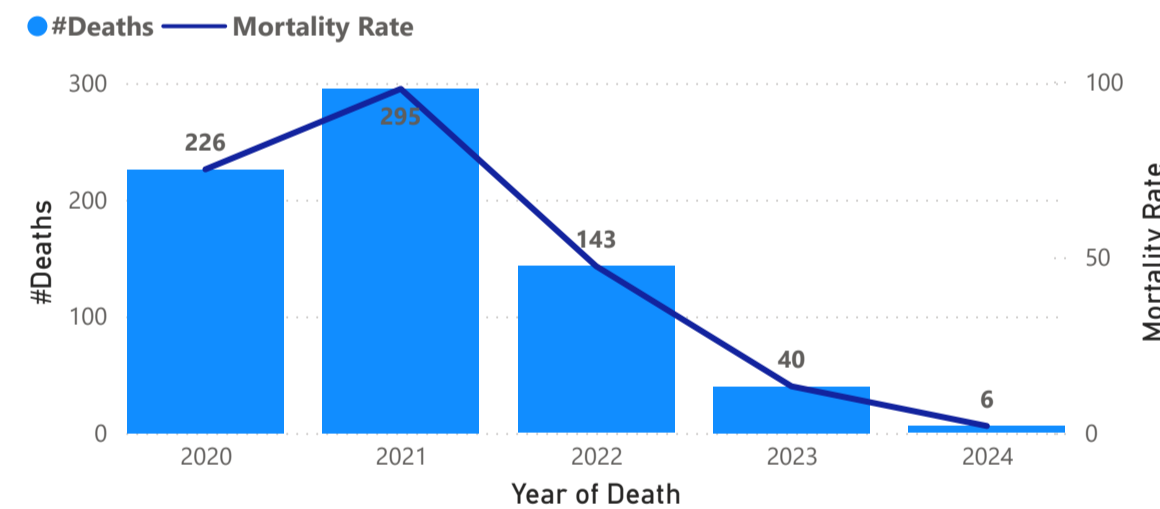
710

#COVID-19 Deaths

39.26

Total Pop. Mortality Rate

COVID-19 Deaths and Mortality Rate (per 100,000) by Year



Data Source: Ohio Department of Health, Office of Vital Statistics
 *Note the difference between total deaths from vital statistics and the Ohio Disease Reporting System. This can be due to a variety of factors including: time lag of death certificate reporting, difference in residential address, and ICD coding.
 *Mortality data updated monthly

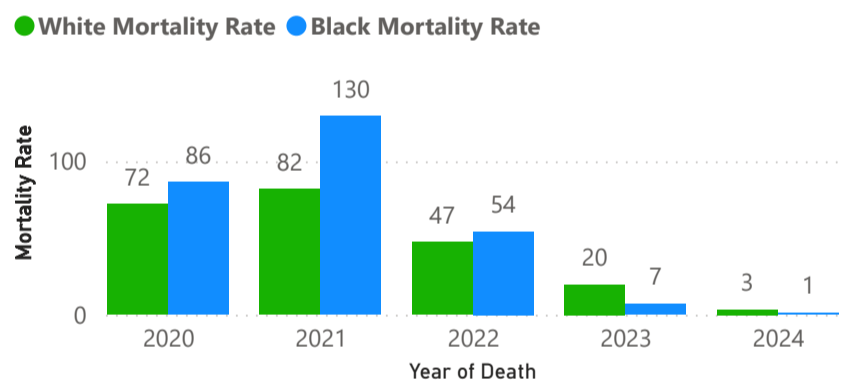
37.27

White Mortality Rate

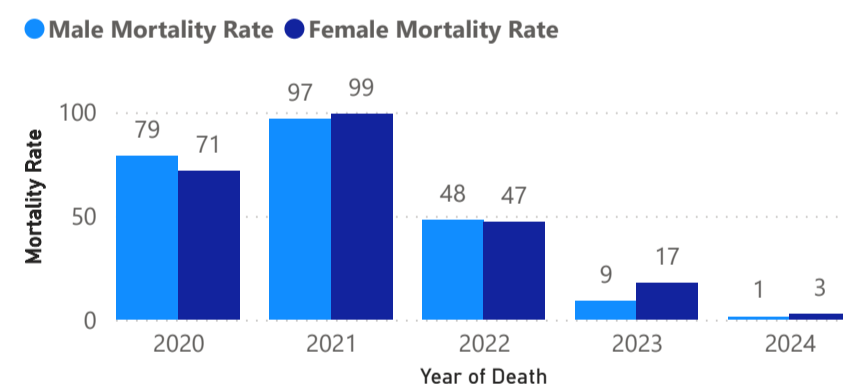
46.33

Black Mortality Rate

Mortality Rate (per 100,000) by Race

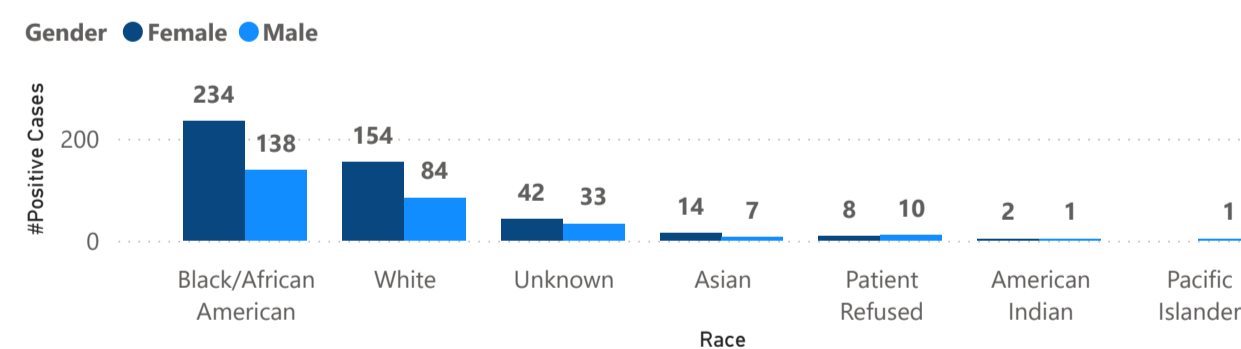


Mortality Rate (per 100,000) by Sex



City of Cincinnati Primary Care COVID-19 Information

Positive Cases by Race and Sex



728

Total CCPC Confirmed Cases

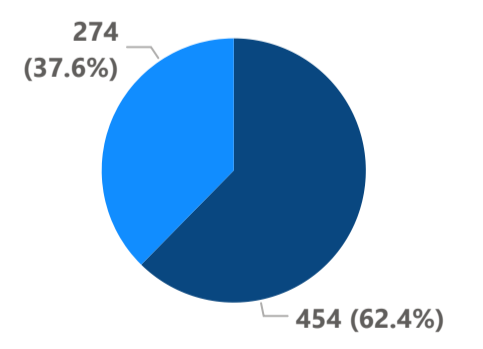
5258

Total CCPC Tested

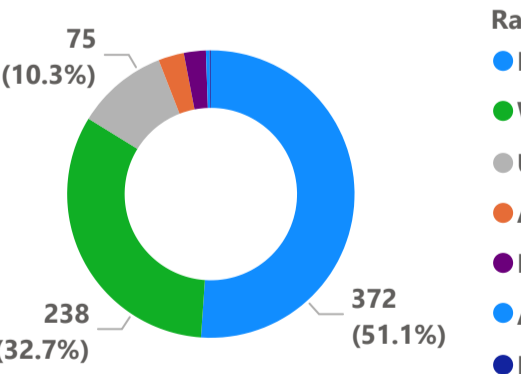
13.8%

CCPC Positivity Rate

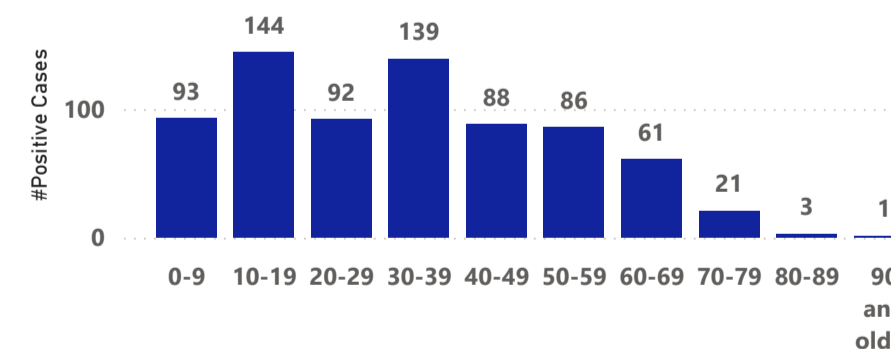
Positive Cases by Sex



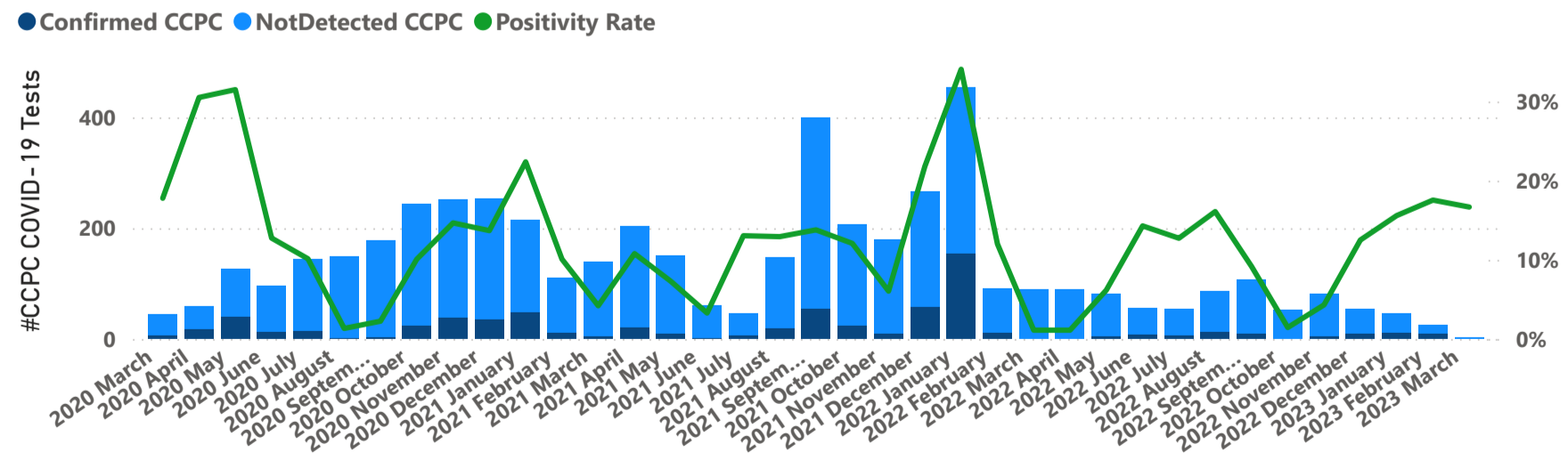
Positive Cases by Race



Positive Cases by Age Group



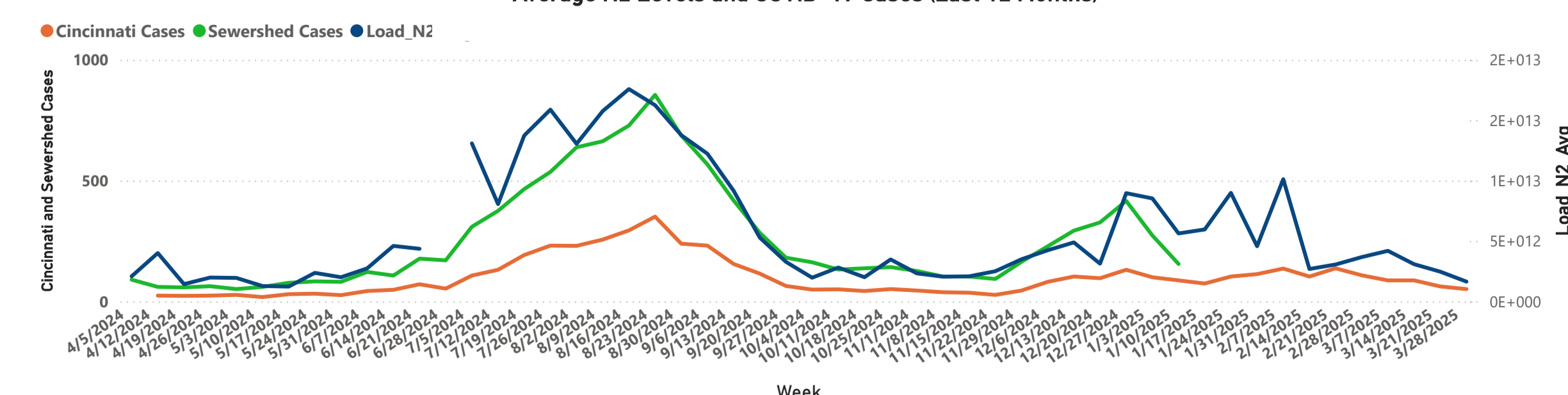
Total CCPC Tests and Positivity Rate



*CCPC data updated monthly
 *Data is provisional Contingent Upon Completion of Contact Tracing and Confirmation of Jurisdictional Residence
 *Data Source: Epic EMR for City of Cincinnati Primary Care

Wastewater Data

Average N2 Levels and COVID-19 Cases (Last 12 Months)



*The graph above represents the number of reported cases in the City of Cincinnati, reported cases in each greater Cincinnati sewershed (Little Miami, Mill Creek, Muddy Creek, and Taylor Creek), and compared to the wastewater data (Load N2 Average).
 **On 9/25/22, a new method was implemented to improve extraction efficiency (from an average of 15% to about 50%) resulting in about 50% higher gene copies/L.
 **Sample collections paused for the month of September 2023
 *Note the date differences for each variable (all grouped by week)
 *Sewershed cases based on symptom onset date
 *Cincinnati cases based on case report date
 *Load N2 Average based on sample collection date
 ***Sewershed Cases Data has not been updated since 01/10/2025
 **Updated Weekly
 Source: Ohio Disease Reporting System (ODRS), <https://coronavirus.ohio.gov/dashboards/other-resources/wastewater>

Monthly Infectious Disease Surveillance Summary^{1,2}, March 2025



Reportable Condition by Category ³	2025 March	2025 Year to Date (YTD)	2024 March	2024 YTD	2024 Rate	Cincinnati 5 Year Average Rate (2020-2024)	Ohio 5 Year Average Rate (2019-2023)
Food- or Waterborne	8	26	11	52	46.92	239.48	284.02
Amebiasis					-	1.93	0.56
Brucellosis					-	-	0.12
Botulism					-	0.32	0.01
Campylobacteriosis	1	7	2	7	8.36	54.32	91.71
Cryptosporidiosis		1		1	6.11	20.89	20.73
Cyclosporiasis					0.32	1.29	3.68
<i>E. coli</i> , Shiga Toxin-Producing O157:H7					2.57	19.29	21.71
Giardiasis				2	4.50	24.43	16.49
Hepatitis A (<i>also vaccine-preventable</i>)					-	1.61	16.82
Hepatitis E					0.32	0.64	0.06
Legionellosis - Legionnaires' Disease	1	4	1	2	2.89	19.93	28.18
Listeriosis					-	2.25	1.42
Salmonellosis	2	4	6	8	10.93	52.72	59.04
Salmonella Typhi (travel associated)					0.32	0.64	0.36
Shigellosis	3	6		3	6.75	29.25	13.48
Vibriosis (not cholera)	1	2	1	2	0.64	1.93	2.55
Yersiniosis		2	1	4	3.21	8.04	7.10
Vectorborne	1	2	1	6	5.46	16.38	34.07
Chikungunya Virus Disease*					0.32	0.32	0.15
Dengue				1	0.64	0.96	0.31
Lyme disease					1.61	6.43	28.52
Malaria*	1	2	1	5	2.57	7.07	2.74
Spotted Fever Rickettsiosis					-	0.96	1.43
Ehrlichiosis-Ehrlichia chaffeensis					-	0.32	0.63
Anaplasmosis-Anaplasma phagocytophilum					0.32	0.32	0.29
Vaccine-Preventable	83	392	36	271	121.18	474.12	323.84
<i>Hemophilus influenzae</i> , invasive disease		2	1	2	2.25	14.46	11.19
Influenza-associated hospitalization	74	354	31	247	89.68	360.66	279.59
Mumps				1	0.32	1.29	1.20
Pertussis	1	15			12.54	16.07	20.79
Meningococcal disease – Neisseria meningitidis	1	1			-	0.32	0.44

<i>S. pneumoniae</i> , invasive (abx susceptible/unknown)	6	15	2	14	9.00	56.25	-
<i>S. pneumoniae</i> , invasive (abx resistant)	1	4	1	3	3.21	14.14	-
Varicella (chickenpox)		1	1	4	4.18	10.93	10.63
Viral Hepatitis	37	132	22	94	147.86	1266.8	601.08
Hepatitis B, acute (<i>also vaccine-preventable</i>)		1	1	1	2.57	8.36	5.58
Hepatitis B, chronic, newly identified (<i>also vaccine-preventable</i>)	8	25	4	17	28.61	189.33	81.84
Hepatitis B, perinatal					-	0.32	0.03
Hepatitis C, acute		1			0.32	13.18	8.93
Hepatitis C, chronic, newly identified	28	104	17	75	115.40	1050.15	504.70 (combined chronic and perinatal rate)
Hepatitis C, perinatal	1	1		1	0.96	5.46	
Healthcare Associated Infections (HAIs)⁴	6	25	11	42	45.32	288.34	33.35
Carbapenemase-Producing Organisms (CPO)		3	3	9	11.25	55.29	26.32
<i>Candida Auris</i>	6	22	8	33	34.07	233.05	7.03
Other Conditions	361	1269	306	1829	1839.93	37132.45	31129.23
COVID-19	354	1253	297	1802	1811.33	36976.57	31053.01 (3-year rate, 2020-2023)
Coccidioidomycosis		1		1	0.96	4.82	1.02
Creutzfeldt-Jakob Disease					0.32	0.64	0.96
Hemolytic uremic syndrome (HUS)							0.23
Meningitis, aseptic/viral	2	5	2	4	6.11	22.82	17.15
Meningitis, bacterial (not <i>N. meningitidis</i>)	1	1	1	2	4.18	14.14	5.76
MPOX				2	0.96	10.29	3.57
Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19					-	6.11	3.65
<i>Staphylococcal aureus</i> - intermediate resistance to vancomycin (VISA)					-	0.96	0.20
Streptococcal, Group A, invasive	4	9	5	14	11.25	71.04	34.40
Streptococcal, Group B, newborn			1	1	0.96	5.14	2.73
Toxic Shock Syndrome (TSS)					-	0.96	0.06
Tuberculosis ²				3	3.86	18.64	6.49
Typhus Fever					-	0.32	-
Sexually Transmitted Infection²	441	1327	475	1457	1859.87	14579.68	4121.60
Chlamydia infection	283	830	296	873	1109.62	8511.81	2465.52
Gonococcal infection	125	394	134	425	570.88	4704.96	1083.04
Human Immunodeficiency Virus (HIV)	15	39	10	38	46.93	334.62	344.30
Syphilis - congenital		1		1	1.61	7.71	2.27
Syphilis - early	2	13	8	29	28.93	262.62	-
Syphilis - primary	1	4	5	14	11.89	122.79	

Syphilis - secondary	2	8	6	20	19.61	194.79	67.56 (primary and secondary combined rate)
Syphilis – stage unknown	7	13	6	18	23.79	142.08	158.91 (total syphilis rate)
Syphilis – unknown duration or late	6	25	10	39	46.61	298.30	
TOTAL CONFIRMED AND PROBABLE CASES	937	3173	862	3728	4066.58	53996.66	36527.13
Outbreaks (Investigation Started)	2025 March	2025 YTD	2024 March	2024 YTD	2024 Rate	Cincinnati 5 Year Average Rate (2020-2024)	
Dermatologic		1		2	2.25	7.39	
Gastrointestinal		3		2	1.29	6.43	
Respiratory	1	17	6	30	23.79	315.98	
Other	1	1	2	2	2.25	2.57	
Unknown					-	0.32	
TOTAL OUTBREAKS (INVESTIGATION STARTED)	2	22	8	36	29.57	332.69	

- 1) Confirmed and probable cases reported by health care providers and laboratories among residents of the City of Cincinnati by date of event (most frequently, the date of event is the date of illness onset).
*Cases acquired through international travel
 - 2) Sexually transmitted infections, human immunodeficiency virus (HIV), and Tuberculosis cases are investigated and reported by the Hamilton County Public Health Department.
 - 3) List includes only reportable conditions for which at least one case was reported in either year; the full list of reportable conditions in Ohio can be found at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual>
 - 4) Healthcare Associated Infections (HAIs) are infections that patients get while or soon after receiving health care. More information about HAIs can be found at <https://www.cdc.gov/healthcare-associated-infections/about/index.html>
- All Cincinnati data is provided through the Ohio Disease Reporting System – **All data is provisional and subject to change.**
 - Case rates use the U.S Census Bureau’s 5-year average population estimates for Ohio and Cincinnati and are per 100,000 residents.
 - Ohio case counts were obtained from DataOhio’s Summary of Infectious Diseases in Ohio dashboard: <https://data.ohio.gov/wps/myportal/gov/data/view/summary-of-infectious-diseases-in-ohio?visualize=true> and Ohio Department of Health’s Data & Statistics page: <https://odh.ohio.gov/explore-data-and-stats>
 - Any dash (-) indicates there was no available data at the time this report was published due to lack of cases from 2019-2024.

CITY OF CINCINNATI ENVIRONMENTAL HEALTH REPORT

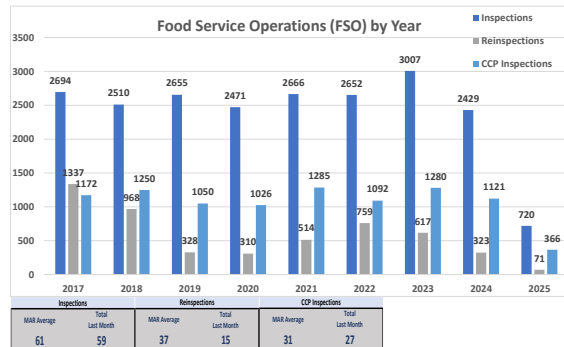
Environmental Health

The Environmental Health Division strives to provide quality community-based services to Cincinnati citizens through the enforcement of public health laws. Through five offices (including Licensing Administration), the Division issues licenses, investigates complaints, abates public health nuisances, and conducts inspections of Cincinnati's restaurants, food trucks, grocery stores, festivals, composting facilities, tattoo and body piercing parlors, infectious waste facilities, junk vehicles, solid waste open dumps, swimming pools and spray grounds, mosquitoes, rabies exposures, household sewage treatment systems, smoking in public places, mold, no water, no heat, rat and mouse, surfacing sewage, roaches, defective plumbing, schools, unsanitary living conditions, hotels, and institutions, along with other programs. The Environmental Health Specialists focus on prevention, consultation, and educating our thriving community on health risks and maintaining a safe environment.

*Averages for each category are based on the last five years average for the same month.

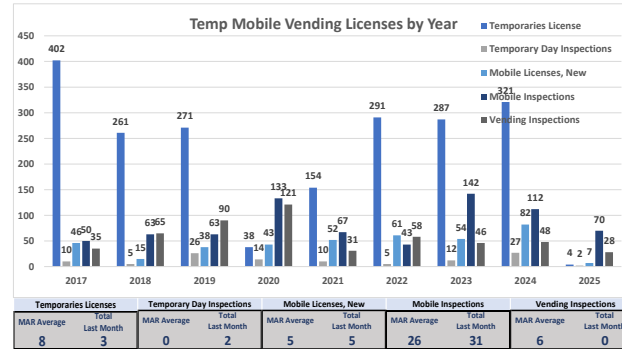
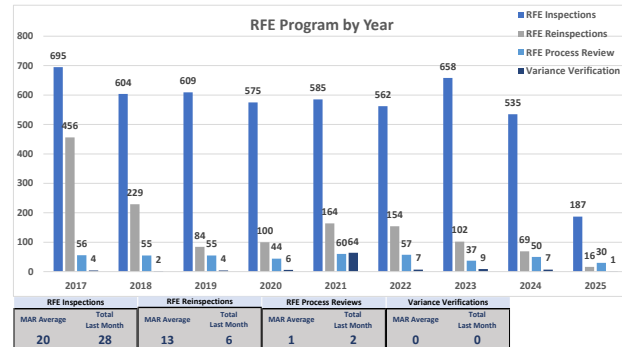
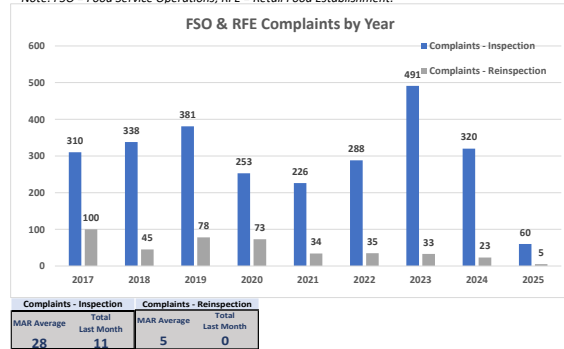
FOOD INSPECTION PROGRAM

The Food Safety team processed over 2500 RFE/FSO Food licenses. Food Safety presented to both 311 Academy & Findlay Market/Findlay Kitchen (3/19/25). There were 3 Temporary Food events licensed (Red Leprechaun, Reds Opening Day @ GABP, & Give Back Cinti).



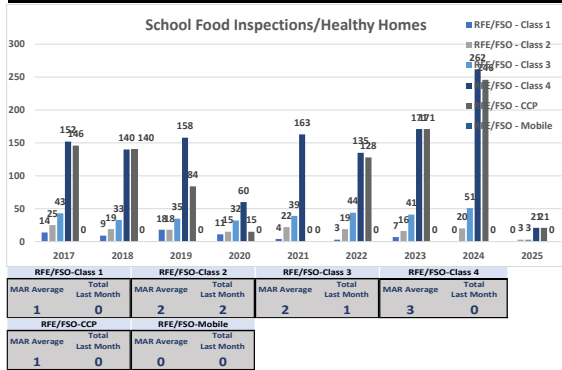
*Note: CCP = Critical Control Point Inspections.

*Note: FSO = Food Service Operations; RFE = Retail Food Establishment.

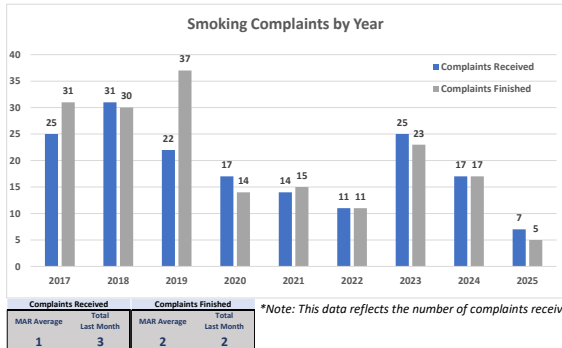
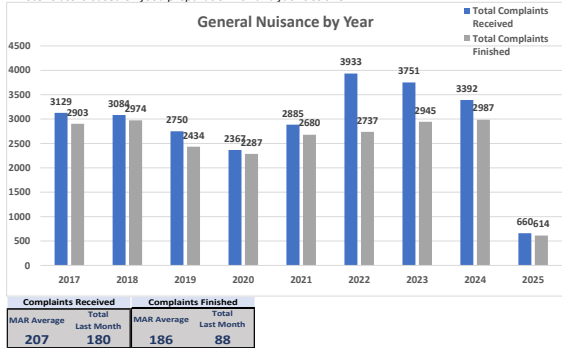


HEALTHY HOMES PROGRAM

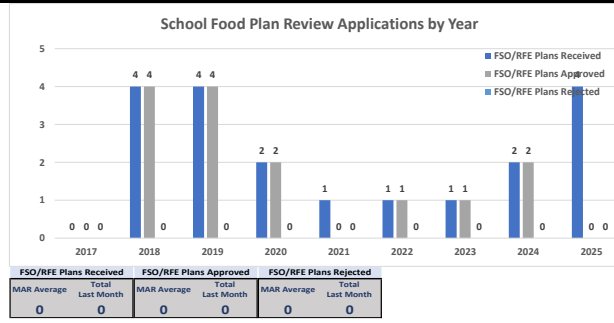
The Healthy Homes staff presented at the BOH meeting and at the QI steering meeting for this month. Staff manned an informational table at the Neighborhood Summit. Quarterly inspection of JobCorp took place this month as well.



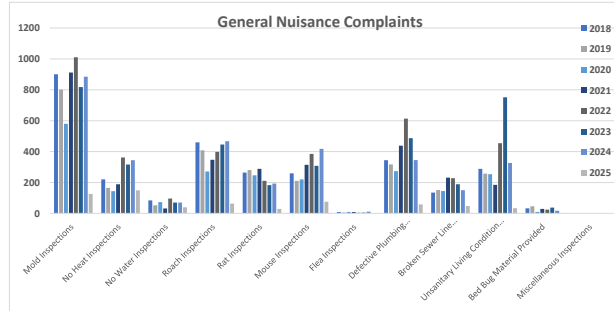
*Note: Class is based on food preparation risk and facilities size.



*Note: This data reflects the number of complaints received for the entire city

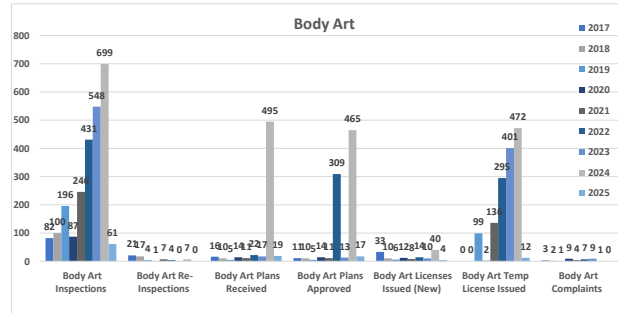
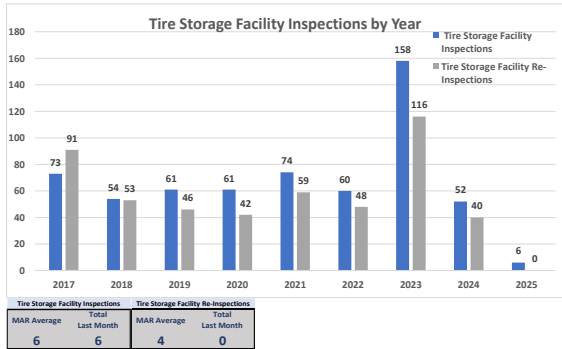
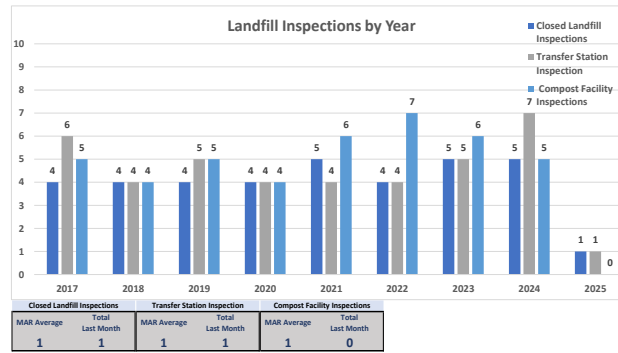
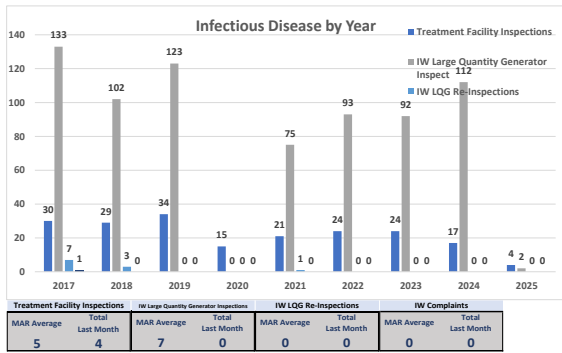
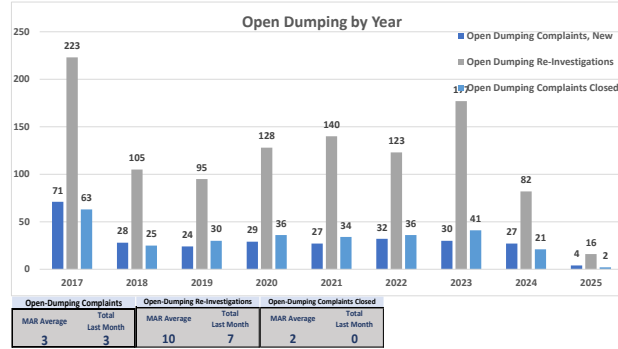
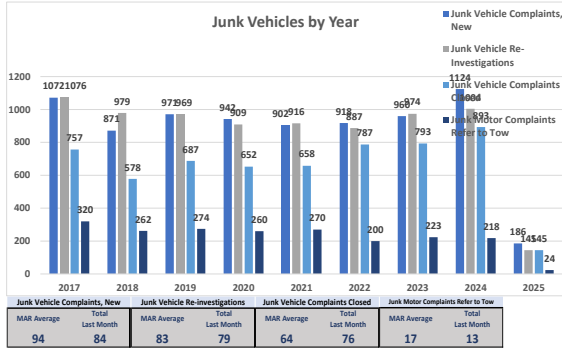


*Note: Plan Reviews are only completed when there is a new facility or renovation



ENVIRONMENTAL WASTE PROGRAM

The waste unit licensed two new Body Art Establishments this month. Staff presented at the 311 Academy.



TECHNICAL ENVIRONMENTAL SERVICES (TES)

The fourth WPCLF project, a 100% grant-funded replacement sewage treatment system, was completed. Staff assisted the licensing administrator in mailing out approximately 240 swimming pool license applications.

