



Board of Health Meeting

Tuesday, December 3, 2024

Agenda

Surmeet Bedi, M.D.	Dr. Mary Burkhardt	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 October 22, 2024, Board of Health Meeting.

Old Business

6:10 pm – 6:15 pm Introduction of New Board Member—Dr. Mary Burkhardt

6:15 pm – 6:25 pm COVID-19 Update – Ms. Kim Wright

6:25 pm – 6:35 pm Cincinnati Country Club Pool Gate Variance Resolution No. 2024-006—Mr. Antonio Young

- Vote: **Motion to Suspend** the statutory rule requiring three readings of Resolution No. 2024-006.
- Vote: **Motion to Approve** Resolution No. 2024-006 APPROVING the Cincinnati Country Club Pool Gate Variance request for a limited variance from the requirements of Ohio Administrative Code 3701-31-04(B)(6)(s), subject to the approval of the Ohio Department of Health.

6:35 pm – 6:45 pm Air Quality Sampling Presentation – Ms. Meriel Vigran

6:45 pm – 6:55 pm Finance Committee – Ms. Ashlee Young

- Vote: **Motion to Approve** Hamilton County Solid Waste District— Contract 55x10731
- Vote: **Motion to Approve** UC Health, LLC Parking Lease—Contract 35x10531, 1st Amendment
- Vote: **Motion to Approve** Hamilton County Public Health —Contract 55x10741

6:55 pm – 7:05 pm Finance Update – Mr. Mark Menkhaus Jr.

7:05 pm – 7:10 pm Personnel Actions—Dr. Grant Mussman

- Vote: **Motion to Approve** Personnel Actions dated December 3, 2024

New Business

7:10 pm – 7:15 pm Additional New Business and Public Comments

[Mission]

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

7:15 pm

Adjourn

Next Meeting January 28, 2025

[Mission]

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

**CINCINNATI BOARD OF HEALTH
BOARD OF HEALTH MEETING
October 22, 2024**



Ms. Ashlee Young, Chair of the Board of Health, called the October 22, 2024, meeting of the Cincinnati Board of Health to order at 6:00 p.m.

I. ROLL CALL:


Board Members Attending: Dr. Surmeet Bedi, Dr. Jennifer Forrester, Dr. Edward Herzig, Dr. Christopher Lewis, Dr. Monica Mitchell, Ms. Raynal Moore, Mr. Ken Patel, Ms. Kiana Trabue, Ms. Ashlee Young


Absent: none








Others Present: Mr. Timothy Collier, Ms. Sa-Leemah Cunningham, Dr. Michelle Daniels, Mr. Ian Doig, Mr. John Dunham, Dr. Yury Gonzales, Dr. Camille Jones, Mr. Mark Menkhaus Jr, Dr. Grant Mussman, Ms. Ashanti Salter, Ms. Joyce Tate, Ms. Kim Wright, Mr. Antonio Young



AGENDA			
 October BOH Agenda Packet-10.22.			
ITEM	TOPIC	RESPONSIBLE PARTY	ACTION/MOTION
Minutes	<p>Motion that the Board of Health approves the minutes from September 24, 2024, Board of Health Meeting.</p> <p><i>(Dr. Lewis joined after this vote)</i></p>	Ms. Sa-Leemah Cunningham	<p>Vote: Approval of Minutes</p> <p>Motion: Ms. Kiana Trabue</p> <p>2nd: Mr. Ken Patel</p> <p>Action: 8-0 Passed</p>
Old Business			
Emergency Preparedness Presentation	 BOH 10_22_24.ppt <p>Discussion Items: Presentation included in the agenda.</p> <p>Mr. John Dunham gave a presentation regarding Potential HazMat Events and Response to the Board.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Mr. Dunham was asked to speak by Dr Mussman in response to recent incidents in Cleves and Whitewater township. • Mr. Dunham discussed CHD Emergency Preparedness Core Functions: Public Health 	Mr. John Dunham	n/a

	<p>Emergency Preparedness Grant, Cities Readiness Initiative, and Biowatch.</p> <ul style="list-style-type: none"> • Mr. Dunham showed a picture of a biohazard release that happened at CHD in 2005 (as an example of what it looks like) and stated this could happen again. • Mr. Dunham informed of CHD response actions in these incidents: <ul style="list-style-type: none"> ○ Coordinate with Cincinnati Fire Department Emergency Management Office and CFD’s HazMat Team ○ Provide reach back for decision support on Shelter in Place, Evacuations ○ Provide information on population protection measures determined by the threat. <ul style="list-style-type: none"> ▪ Access and Functional Needs Populations ▪ Schools, Nursing Homes, Hospitals ○ Provide air monitoring to establish safe zones ○ Work with American Red Cross and partners to establish shelters if needed ○ Coordinate with Ohio EPA, Hamilton County EMA, USEPA ○ Utilize Federal assets to determine plume migration • Mr. Dunham went over a commodities study and strategies performed by Hamilton County Emergency Management Agency. The study found that there is a large amount of toxic materials that move through the region daily—on the roads, river and rail. • Mr. Dunham presented a sample of rail commodities, an example which included the top 10 materials found on railways. <ol style="list-style-type: none"> 1. Alcohol 2. Propane 3. Elevated Temperature liquid 4. Sulfur, molten 5. FAK-Freight of All Kinds 6. Butane 7. Hydrochloric acid 8. Sodium hydroxide solution 9. Propane 10. Liquified petroleum gas • Mr. Dunham ended by stating the region will always face threats from transportation accidents. All jurisdictions prepare for the worst and plan to mitigate and minimize the threat to populations, property and the environment 		
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	<ul style="list-style-type: none"> • Ms. Young asked if there are any proactive preventions that can be carried out on railways to prevent incidents. <ul style="list-style-type: none"> ○ Mr. Dunham answered that the railways have a lot of power in their own regulations, which gives local input very minimal. • Dr. Herzig praised Mr. Dunham for his amazing work during the COVID response. • Ms. Trabue asked if there were any plans to do another mass casualty exercise anytime soon. <ul style="list-style-type: none"> ○ Mr. Dunham answered that the local emergency planning committee plans those large exercises. This usually happens one every 4 years. • 		
<p>Commissioner's Report</p>	<p>Discussion Items: Memo included in the agenda packet.</p>  <p>Health Commissioner Executive Summary 10</p> <p>Dr. Grant Mussman presented his commissioner's report to the Board.</p> <p>CHD capital planning:</p> <ul style="list-style-type: none"> • Dr. Mussman updated the board that the CHD Capital planning process is progressing, with the CHD capital planning committee scheduled to meet on 10/21/24. • He elaborated that Invitees include CHD leadership, representatives from CHD and CCPC boards, as well as representatives from the city manager's office, budget, purchasing, planning and engagement, and real estate law. <p>Opioid mitigation through the OneOhio settlements</p> <ul style="list-style-type: none"> • Dr. Mussman announced that CHD is taking the lead in developing an RFP to distribute Cincinnati's share of the OneOhio settlement funds as grant awards • Dr. Mussman explained that the OneOhio plan allows local jurisdictions to combine in opioid litigation and receive funds, with 55% going to the OneOhio Recovery Foundation (regional funds), 30% to local governments, and the remainder to the state. • He stated goals are to create a simple and efficient process that avoids duplication of 	<p>Dr. Grant Mussman</p>	<p>n/a</p>

	<p>awards between the county and city and the Target date for the RFP will be January 1st.</p> <p>Biowatch functional exercise</p> <ul style="list-style-type: none"> • Dr. Mussman told the board that the Cincinnati Biowatch (Dr. Mussman, chair) conducted a functional exercise this month based on a fictional WMD scenario • He explained that the Biowatch is a federal sentinel system for known weaponized bioterror agents • John Dunham, CHD’s emergency response coordinator, presented at this board meeting. <p>Lead program completes ODH site visit</p> <ul style="list-style-type: none"> • Dr. Mussman announced that CHD’s Lead Poisoning Prevention team recently completed a site visit from the Ohio Department of Health. The Lead Poisoning Prevention program follows up on lead levels in Cincinnati children that exceed the 3.5 mcg/dL threshold • Dr. Mussman updated that the ODH team found our program in full compliance, and called out our team’s excellent successful closure rate in their report 		
<p>COVID-19 Update</p>	<p>Discussion Items: Memo included in the agenda packet.</p>  <p>COVID-19 update BOH 10.15.2024.docx</p> <p>Ms. Wright updated the Board on the COVID-19 Data for September 2024.</p> <p>Highlights</p> <ul style="list-style-type: none"> • As of October 11, 2024, 94,136 cases of COVID were reported. • Hospitalizations and wastewater indicators were trending down. • No big updates on seasonal respiratory viruses. Minimal RSV and Flu activity. One flu hospitalization was reported locally. • CHD had been working with one of the local universities who had been experiencing a Pertussis (Whooping cough) outbreak. These were vaccinated students residing on campus (8 cases). Total cases in Cincinnati were 14 cases. Working with the university to get it under control. • CHD received a text illness monitoring tool which was piloted in early 2024 and is free. Gives CHD the allowance to monitor 	<p>Dr. Kim Wright</p>	<p>n/a</p>

	<p>symptoms and give people the allowance for CHD give them assistance. All CDU staff will be trained in this as well as epidemiologists.</p>		
<p>Food License & Facility Review Fees for License Year 2025-2026 Presentation— Reading #3</p>	<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  Attachment 4.docx </div> <div style="text-align: center;">  Attachment 3 RESOLUTION_Amendi </div> <div style="text-align: center;">  Attachment 2.docx </div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;">  Attachment 1.docx </div> <div style="text-align: center;">  2025 - 2026 BOH Memo.docx </div> </div> <p>Discussion Items: Document and Presentation included in the agenda.</p> <p>Mr. Antonio Young Discussed the third and final reading of the Food License & Facility Review Fees for License Year 2025-2026 and BOH resolution 2024-003.</p> <ul style="list-style-type: none"> • Final reading for this resolution. Mr. Young requested a motion to approve, fully recommended by CHD. • Mr. Young did a small overview of the resolution. <p>Motion to Approve Resolution 2024-003, amending Board of Health Regulation No. 00079, “Fees Retail Food Establishments; Food Service Operations,” to establish the fees for inspection of food establishments and food service operations.</p>	<p>Mr. Antonio Young</p>	<p>Motion: Dr. Edward Herzig 2nd: Dr. Jennifer Forrester Action: 9-0 Passed</p>
<p>2025 Solid Waste Transfer Station Licensure for Republic Services (CSI)</p>	<p>Discussion Items: Document and Presentation included in the agenda.</p> <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;">  2025 Resolution Granting Republic LiccStation_ License for B </div> <div style="text-align: center;">  2025 CSI Transfer </div> </div> <p>Mr. Antonio Young Discussed Resolution 2024-005 granting Republic Services of Ohio Hauling, LLC a license for the year 2025 to operate a solid waste transfer station at 5701 Este Avenue, Cincinnati, OH.</p> <ul style="list-style-type: none"> • A transfer station is a holding point for trash or solid waste prior to being transported off to a landfill for disposal. • CHD does regular year-round inspections of this site. • The environmental team inspects those facilities to make sure that they have proper sanitation, waste is being distributed properly, among other things. • All inspections done thus far this year have been successful. 	<p>Mr. Antonio Young</p>	<p>Vote: Waive 3x Reading Motion: Dr. Christopher Lewis 2nd: Dr. Jennifer Forrester Action: 9-0 Passed</p> <p>Vote: Resolution 2024-005 Motion: Dr. Jennifer Forrester 2nd: Dr. Edward Herzig Action: 9-0 Passed</p>

	<ul style="list-style-type: none"> Mr. Young and his team approve their licensure for 2025. <p>Motion to Suspend the statutory rule requiring three readings of Resolution No. 2024-005.</p> <p>Vote: Motion to Approve Resolution 2024-005 granting Republic Services of Ohio Hauling, LLC a license for the year 2025 to operate a solid waste transfer station at 5701 Este Avenue, Cincinnati, OH.</p>		
Finance Update	<p>Discussion Items: Memo and materials were included in the agenda.</p>   <p>Finance Update BOH August Financial as of August 2024 10.Report BOH 10.14.24.</p> <p>Mr. Menkhaus gave an update on CHD Financials for August 2024 and Year over Year.</p> <p>Highlights</p> <ul style="list-style-type: none"> Revenue total was \$8,593,569.30, a decrease of 5.95%. <ul style="list-style-type: none"> Private Pay Insurance decreased by 7.40%. Medicare increased by 5.87%. Medicaid decreased by 69.58%. Medicaid managed care increased by 26.54%. Self-Pay patients increased by 26.08%. Board of Ed Svcs (School Nurse's Salary) decreased by 97.24%. Grants/Federal increased by 68.01%. Expenses were \$8,938,176.59, an increase of 2.97%. <ul style="list-style-type: none"> Property expenses decreased by 5.09%. Personnel expenses increased by 6.47%. Contractual costs decreased by 6.37%. Material costs increased by 18.22%. Fixed costs decreased by 25.41%. Fringes increased by 3.64%. <p>The total available is \$1,842,092.71, increased by 303.34%</p>	Mr. Mark Menkhaus Jr.	N/A
Personnel Actions	Motion to Approve the personnel actions dated October 22, 2024	Dr. Grant Mussman	Motion: Dr. Edward Herzig 2nd: Dr. Monica Mitchell Action: 7-0 passed
New Business			
Additional New Business and Public Comments	<p>Dr. Herzig, Ms. Young, Dr. Lewis, Dr. Mussman, additional Board members, and CHD honored and praised Dr. Mitchell for her contributions and years on the board, as this was her last board meeting.</p> <p>Public Comments</p> <ul style="list-style-type: none"> There were no public comments. 	Ms. Ashlee Young	n/a

6:57 p.m. adjourned.

Next meeting: Tuesday, December 3, 2024, at 6pm via Zoom.

Meeting can be viewed at: [Internet Archive: Digital Library of Free & Borrowable Texts, Movies, Music & Wayback Machine](#)

Minutes Approved by:

Sa-Leemah Cunningham
Cincinnati Board of Health Clerk

Ashlee Young
Chairperson, Board of Health

DATE: December 1, 2024

TO: Cincinnati Health Department Board of Health

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

SUBJECT: December COVID-19 and CDU Update

New Reports in 2025

- Beginning in January, our Monthly Infectious Disease Surveillance Report will also include Tuberculosis, Sexually Transmitted Disease, and Human Immunodeficiency Virus numbers for Cincinnati residents, to provide a more complete communicable disease snapshot for the Board of Health.
- This Board of Health report which has been focused primarily on pandemic COVID-19 response over the last four years, will begin providing the Board of Health with a “What’s Bugging Us” update, meant to provide communicable disease trends and topics that are affecting Cincinnati residents presently or may affect Cincinnati residents in the near future. This change will also begin in January.

Cincinnati COVID-19 Data Highlights:

- As of November 22, 2024 CHD reported a cumulative total of 94,136 COVID-19 confirmed and probable cases (94,136 were reported last meeting), 3590 (3578) COVID-19 hospitalizations, and 816 (812) COVID-19 deaths.
- The Cincinnati community transmission continued to decline to 10.5 (15.1) new cases per 100,000 cumulative over a 7-day period, which is Moderate (10-49.99) at the time of this report
- The regional [SALT Respiratory Virus Situational Awareness](#) updated on November 22, 2024, reports the 80+ age group continues to have the highest weekly incidence rate, but also much lower, at 34.8 (82.5), followed by the 60–69-year-old age group at 17.4. The 0–19-year-old age group rate rose slightly to 12.0 (10.7), and the 20–29-year-old group had the lowest rate at 8.6.
- Deaths remain low in the region, but it is noted that there were 4 COVID-19 deaths reported since the last meeting in Cincinnati (3 were reported last month).
- Ohio Department of Health has advised the requested change to make only COVID-19 Hospitalizations reportable in Ohio is still in process of being approved.

COVID-19 Vaccination Updates

- On June 27, 2024, the CDC Director adopted the ACIP’s recommendations for use of 2024–2025 COVID-19 vaccines in people ages 6 months and older as approved or authorized by FDA. Additionally, persons 65 and older are recommended to receive 2 doses of any 2024–2025 COVID-19 vaccine 6 months* apart (*while it is the *recommended* to get 2024-2025 COVID-19 vaccine doses 6 months apart, the *minimum* time is 2 months apart, which allows flexibility to get the second dose prior

to typical COVID-19 surges, travel, life events, and healthcare visits, according to the CDC). For the full list of recommendations, please visit [Staying Up to Date with COVID-19 Vaccines | COVID-19 | CDC](#).

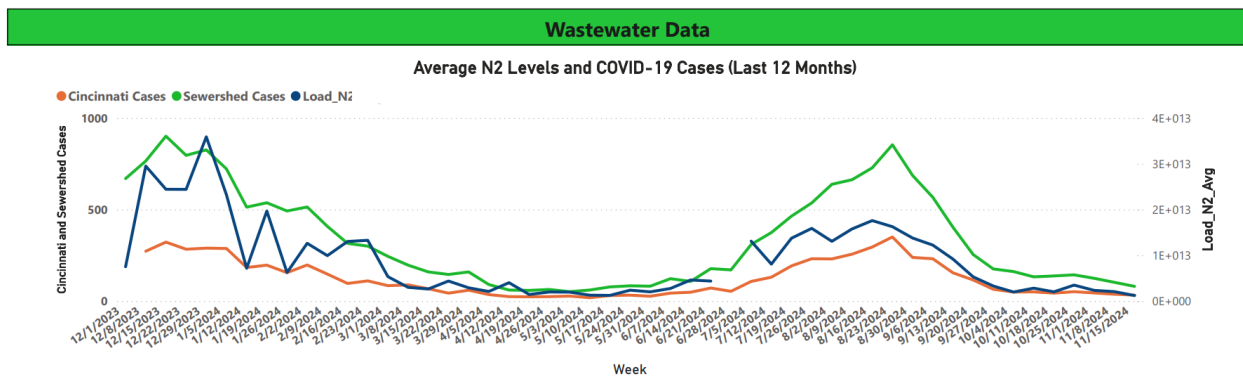
- The 2024-2025 Moderna vaccine is now available for CCPC patients.

COVID-19 Test to Treat

- <https://aspr.hhs.gov/TestToTreat/Pages/default.aspx> provides information about the available resources in the community.
- CHD has plenty of free home test kits for the community and continues to support congregate settings while supplies last.

COVID-19 Wastewater Analysis

- N2 COVID levels are steady in all 4 sewersheds over the time period from October 29, 2024 – November 17, 2024. Sporadic Influenza Type A is also being detected at each site. For more information visit [ODH WW Dashboard](#).



*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

**Updated Weekly
 Source: Ohio Disease Reporting System (ODRS), <https://coronavirus.ohio.gov/dashboards/other-resources/wastewater>

ODH COVID Reports November 21, 2024

- Key State Indicators trends at right show cases, hospitalizations, ICU admissions and deaths declining as of the last update.

State of Ohio COVID-19 Key Indicators				Last Updated: 11-21-24 Updated: Thursdays
<small>Other states do not send death certificates to ODH's Bureau of Vital Statistics on a regular schedule and therefore fluctuations will be reflected in reported mortality data. Deaths are assigned to their appropriate date of death.</small>				
Cases	Total Reported Cases 3,865,120	Last Week Reported Cases Change 2,250	3 Week Reported Cases Average 2,327	3 Week Trend
Hospitalizations	Total Reported Hospitalizations 155,340	Last Week Reported Hospitalizations Change 82	3 Week Reported Hospitalizations Average 103	3 Week Trend
ICU Admissions	Total Reported ICU Admissions 15,948	Last Week Reported ICU Admissions Change 2	3 Week Reported ICU Admissions Average 4	3 Week Trend
Deaths	Total Reported Deaths 44,462	Last Week Reported Deaths Change 23	3 Week Reported Deaths Average 20	3 Week Trend

CDC [COVID Reports](#) as of November 22, 2024

COVID-19 Update for the United States

Early Indicators

Test Positivity >

% Test Positivity

3.7%

Week ending November 16, 2024
Previous week 4%



Emergency Department Visits >

% Diagnosed as COVID-19

0.5%

Week ending November 16, 2024
Previous week 0.5%



These early indicators represent a portion of national COVID-19 tests and emergency department visits. [Wastewater](#) information also provides early indicators of spread.

Severity Indicators

Hospitalizations >

Rate per 100,000 population

1.7

Week ending November 2, 2024
Previous week 2.0



Deaths >

% of All Deaths in U.S. Due to COVID-19

1.0%

Week ending November 16, 2024
Previous week 1%



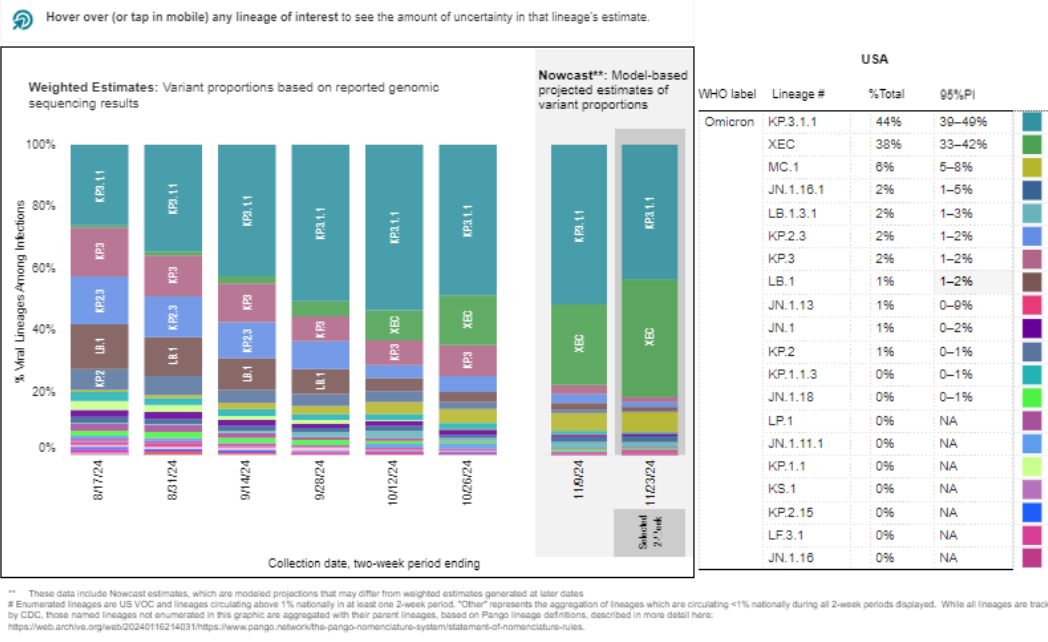
CDC | Test Positivity data through: November 16, 2024; Emergency Department Visit data through: November 16, 2024; Hospitalization data through: November 2, 2024; Death data through: November 16, 2024. Posted: November 22, 2024 1:24 PM ET

CDC COVID Variant Report

Nationally, CDC Nowcast projects KP.3.1.1 continuing to be the dominant Omicron variation circulating at 44% (57.2%), XEC is next at 33% (10.7%), and MC.1 at 6% is now in the top 3 of all the variants detected in clinical specimens in the US as of November 23, 2024. For more variant analysis please visit <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>.

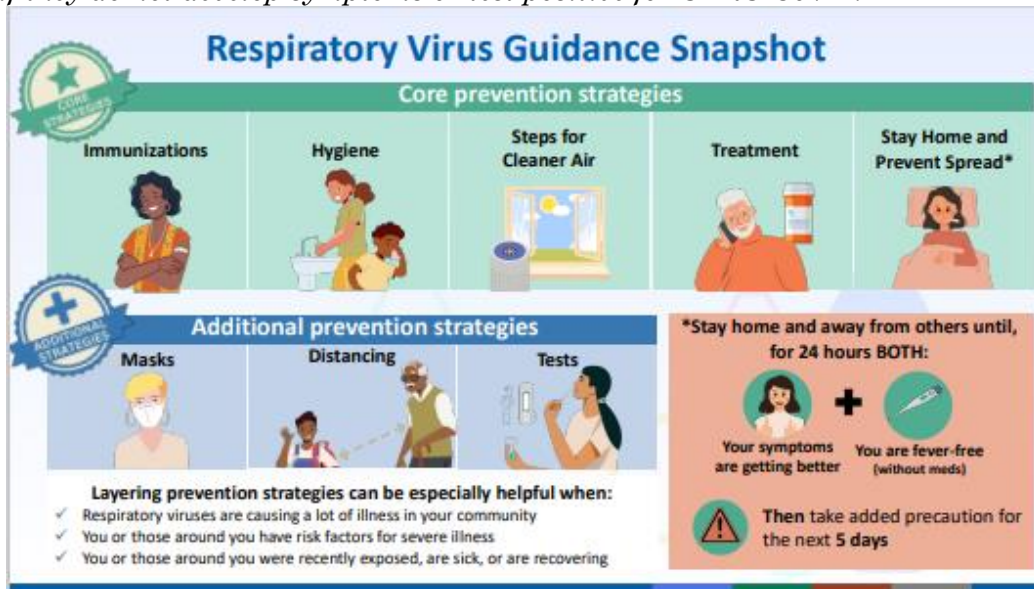
Weighted and Nowcast Estimates in United States for 2-Week Periods in 8/4/2024 – 11/23/2024

Nowcast Estimates in United States for 11/10/2024 – 11/23/2024



CDC Respiratory Guidance Links

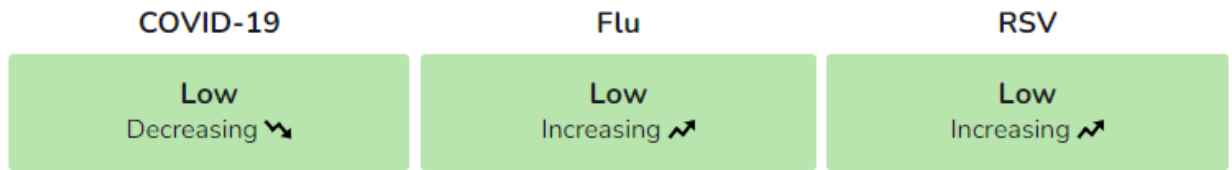
- As of March 1, 2024 CDC aligned COVID-19 guidance with other [Respiratory Guidance](#) that recommends people stay home until they have been fever free for 24 hours without having taken fever reducing medication, and then continue to take precautions to prevent spread of disease, as illustrated in the CDC graphic below. This change did not include [health care workers](#) who have COVID-19. However, CDC notes: *In general, asymptomatic healthcare personnel (HCP) who have had a higher-risk exposure do not require work restriction, regardless of vaccination status, if they do not develop symptoms or test positive for SARS-CoV-2.*



CDC Respiratory Guidance

- According to the CDC [respiratory activity locator](#) respiratory activity is LOW nationally. Ohio emergency department trends are pictured below.

Emergency department visits in **Ohio**

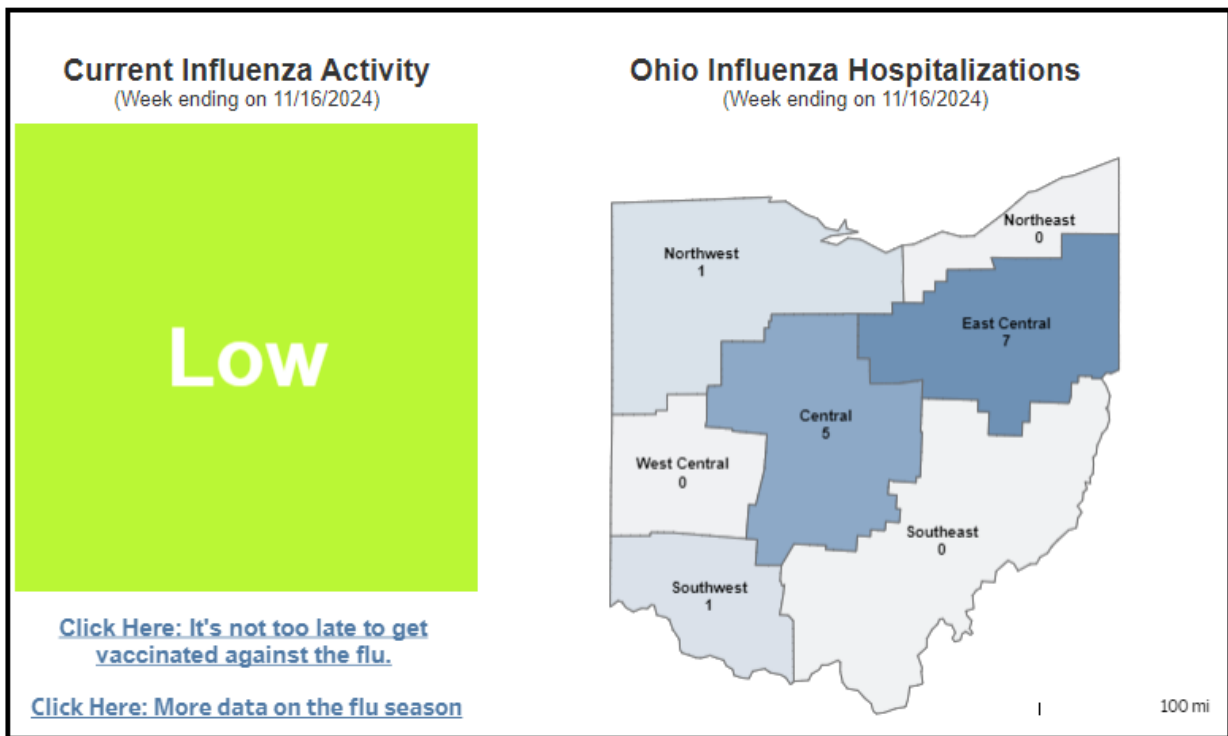


The regional [SALT Respiratory Virus Situational Awareness](#) is also offering viral respiratory trends as percent of all emergency department visits in the United States as of October 5, 2024:

Ohio Department of Health (ODH) began updating the [state influenza dashboard](#) again in October. Ten influenza-associated hospitalizations were reported week ending 10/5/2024 with other activity indicators increasing. Cincinnati is reporting 3 hospitalizations in the month of October, and none yet to date in November.

State of Ohio | Current Influenza Activity

Last Updated: 2024-11-22
Updated Fridays During Flu Season



Activity Indicators (Week ending on 11/16/2024)				
Data Source	Current Week	Percent Change From Last Week	Trend Direction	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Above 5 yr Average 5 yr Average </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Below 5 yr Average Current Season Percent </div>
% of Outpatient Visits Influenza-like Illness (ILI) Outpatient Data (ILINet Sentinel Provider Visits)	2.98%	6.81%	↑	
% of Emergency Department (ED) Visits Fever and ILI Specified ED Visits (EpiCenter)	1.72%	-0.58%	↓	
% of ED Visits Constitutional ED Visits (EpiCenter)	10.06%	-0.89%	↓	
Hospitalizations Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	14	16.67%	↑	

COVID Command Center Highlights

- CHD is currently fielding approximately 50 calls per week to our 513-357-7462 line from residents seeking COVID-19 vaccination or testing opportunities in Cincinnati, having questions about isolation or in need of a replacement vaccination card.
- On-site 3 contractual staff are currently making approximately 50 calls per week. This includes investigations, and returning calls made after regular business hours.
- Staff are also working with CDU epidemiologists on a four-year summary of how people in Cincinnati were affected by COVID-19 for the years 2020-2023.
- Free COVID-19 Test Kits are offered to congregate settings, households of positive cases, community groups, daycares and other settings where the residents of Cincinnati can have access to free testing resources, while supplies last.
- CHD continues to also assist residents with proof of COVID-19 vaccination or testing results as needed for work, school, and/or travel.
- Weekly updates are provided to the team to keep them prepared for calls that may come in, ongoing outbreaks and other communicable disease-related concerns.

Communicable Disease Prevention and Control Unit Updates

- Mpox updates:
 - CDU reports a total of 26 cases of mpox (25 total cases were reported last month).
 - Clade I was detected in the United States and a new [health advisory](#) was issued on November 18, 2024. CDC continues to report that the risk to the overall US population is low. However, CHD was recently informed that based upon the latest forecasting model (added to packet), Hamilton County may be vulnerable to an outbreak scenario, if Clade I were to infect the at-risk community, identified by the modelers using the [Ending the HIV](#)

[Epidemic in the US \(EHE\) | EHE Initiative | CDC](#) data, due to having only estimated 8% immunity, a calculation based upon vaccination rate and previous infections. Acknowledging some limitations of the data analysis, the CDC modeling shows very little impact of the arrival of Clade I to counties in the United States where there is an estimated 50% immunity in the at-risk population. The JYNNEOS vaccine is approximately 75% effective at preventing infection in patients who have only received 1 dose, and 86% effective in patients having completed the 2-dose recommendation. CHD CDU met with Hamilton County Public Health, CDC and ODH to hear more about the upcoming report that is expected to be published on the website in the near future. Our challenge is reaching and vaccinating the people at greatest risk. CDC believes an estimated 10,000 people are at risk in Hamilton County and City of Cincinnati. For the latest information, visit [About Mpox | Mpox | CDC](#).

- CDU plans to continue free JYNNEOS vaccination sessions since the expiration date was extended until August 2026! JYNNEOS vaccine is also available commercially now. The vaccine is FDA approved for and expected to protect against both clades and all subclades of mpox according to the CDC.
- CHD's TPOXX for the treatment of Mpox does not expire until 2025 and continues to be available for providers who diagnose Mpox in patients at high risk for severe disease. ODH also continues to have capsules and limited IV TPOXX if needed by diagnosing providers in Ohio.

Pertussis Outbreak

- CDU continues to work closely with University of Cincinnati officials to contain an outbreak of Pertussis in students. The majority of cases were current with Tdap vaccination at the time of diagnosis and the majority are residing in dormitories or other congregate university settings. CHD has supported UC with supplementary masks and COVID-19 home test kits. At the time of this report 15 students were laboratory confirmed and a total of 53 students had been tested. UC Student Health provides isolation guidance and treatment to all who are suspected of having pertussis at the university and prophylaxis to all contacts of the cases as they are identified. In efforts to prevent the spread into the secondary settings during the holiday, UC sent additional communications to the parents of UC students, for their continued awareness.
- CHD also responded to media requests for more information about Pertussis at UC and in the community. As of November 22, 2024, CHD was reporting a total of 25 cases of Pertussis to date in 2024. The state of Ohio was reporting 1280 cases as of week ending November 16, 2024. According to the CDC ***vaccination is the best way to prevent pertussis.** However, as typical infection patterns return to the United States, CDC expects pertussis cases to increase both in unvaccinated and vaccinated populations. Pertussis occurs in vaccinated people since protection from vaccination fades over time.*

Influenza A(H5N1) Bird Flu [November 22, 2024 Situational Update](#)

- CHD continues to report no detection of H5N1 in people who reside in Cincinnati.
- CDC continues to monitor people who have been exposed to animals with H5N1 and conduct surveillance for human cases through the many seasonal influenza monitoring systems already in place since October.
- Last week Canadian health officials reported a teenager in critical condition with H5N1 whose exposure was unknown at the time of the [report](#).

- CDC is reporting the first child to be infected with H5N1 in the United States in a November 22, 2024 release: [CDC confirms H5N1 Bird Flu Infection in a Child in California | CDC Newsroom](#).

Healthcare Associated Infections/Antimicrobial Resistance (HAI/AR)

- CDU nurses are sharing education and best practices for the prevention and control of *Candida auris* and other multidrug-resistant organisms (MDROs) with acute and long-term care providers as cases are diagnosed and clusters are detected in healthcare facilities in Cincinnati.
- CHD was recently awarded a new grant from NACCHO to support HAI/AR outbreak control and prevention.

Marburg Virus Disease Monitoring

- To date ODH has reported one traveler returning from Rwanda for Marburg symptom monitoring to CHD. The traveler's risk assessment was low risk. On November 25, 2024 CDC modified the [Interim Recommendations for Post-Arrival Public Health Management of Travelers from Rwanda | Marburg | CDC](#). The current situation in Africa can be viewed here: [Marburg Outbreak in Rwanda Situation Summary | Marburg | CDC](#).

CHD CDU Reports and Dashboards

- Please find the October Communicable Disease Report included in the packet or visit the [Communicable Disease Dashboard](#), available on the CHD website.
- The state ODH dashboard can be found here: [Summary of Infectious Diseases in Ohio | DataOhio](#).

September 1, 2024

Cincinnati Health Department
3101 Burnet Ave
Cincinnati, Ohio 45229

Cincinnati Country Club, 2348 Grandin Rd, Cincinnati, OH 45208: Variance for Ohio Administrative Code (OAC) 3701-31-04 (B)(6)(s) "all perimeter barriers shall be with gates or doors that are self-closing and lockable unless otherwise permitted by law."

Cincinnati Country Club and SwimSafe Pool Management are requesting a variance from OAC 3701-31-04 (B)(6)(s) Self-Closing and Lockable Gate for Cincinnati Country Club. The entrances to the pool will be through two gates in the perimeter fence which are self-closing, self-latching and lockable. The entrances to the pool will be through two monitored check-in areas. The standard operating procedure is for each check-in desk to always be attended by a staff person when the pool is open.

When the pool is open, there are lifeguards always on duty. When the pool is closed the gates will be closed and locked, and the pool will not be accessible. During non-operating hours we will post proper, "Danger Pool Closed" signage. The facility was designed for this operating procedure. It is our belief that this will not pose any danger to the public because the Cincinnati Country Club will ensure there is always an attendant monitoring the entrance, checking people into the pool, checking age and monitoring occupancy count. All other gates and access points have been fitted with self-closing, self-latching and lockable gates for egress only.

Cincinnati Country Club and SwimSafe are requesting this variance for a period of ten years from date of approval.

Shane Wiggins



SwimSafe Pool Management, Inc.
President
107 Commerce Blvd Loveland, OH 45140

Robert Snider



Cincinnati Country Club
Assistant General Manager
2348 Grandin Rd, Cincinnati, OH 45208



RESOLUTION
BOARD OF HEALTH OF THE CITY OF CINCINNATI

A **RESOLUTION** of the Board of Health of the City of Cincinnati approving The Cincinnati Country Club’s (“Licensee’s”) request for a limited variance from the requirements of Ohio Administrative Code 3701-31-04(B)(6)(s), subject to the approval of the Ohio Department of Health, where the variance is not contrary to the public interest, and where Licensee has shown both that there is good cause for the issuance of a variance and that the variance will not result in any adverse effect on the public health and safety.

WHEREAS, The Cincinnati Country Club (“Licensee”) is licensed by the Board of Health of the City of Cincinnati (the “Board”) under Ohio Administrative Code (“OAC”) 3701-31-03 to operate three public swimming pools (including a lap pool, a family pool, and a baby/wading pool) located at 2348 Grandin Rd., Cincinnati, OH 45208 (the “Facility”); and

WHEREAS, pursuant to OAC 3701-31-04(B)(6)(s), Licensee is required to maintain a perimeter barrier around the Facility with gates or doors that are self-closing and lockable unless otherwise permitted by law and Licensee has requested a limited variance from the requirements of OAC 3701-31-04(B)(6)(s); and

WHEREAS, Licensee’s standard operating procedure during the Facility’s operating hours is to keep the Facility’s two entrance gates open while employees staff check-in areas at the entrances to the Facility, constantly monitoring membership, user ages, pool occupancy, and access to the Facility; and

WHEREAS, pursuant to OAC 3701-31-04(E)(4), Licensee provides lifeguards on duty during the Facility’s operating hours; and

WHEREAS, all Facility gates and access points are closed and locked during the Facility’ non-operating hours, with appropriate signage stating “Danger – Pool Closed;” and

WHEREAS, all Facility gates and access points other than the entrance gates will be fitted with self-closing and latching hardware, or remain locked to prevent unauthorized access; and

WHEREAS, the Board is permitted to grant this limited variance pursuant to OAC 3701-31-03(H), subject to the approval of the Ohio Department of Health;

BE IT RESOLVED by the Board of Health of the City of Cincinnati, State of Ohio:

Section 1. That pursuant to Ohio Administrative Code 3701-31-03(H), and subject to the

approval of the Ohio Department of Health, the Board or Health of the City of Cincinnati (the “Board”) approves the grant of a limited variance to The Cincinnati Country Club (“Licensee”) from the requirements of Ohio Administrative Code 3701-31-04(B)(6)(s).

Section 2. That the Board finds that this variance is not contrary to the public interest, that good cause exists for the issuance of this variance, and that this variance will not result in any adverse effect on the public health and safety.

Section 3. That Licensee shall constantly monitor the Facility’s entrance gates during the Facility’s operating hours to ensure against unauthorized entry.

Section 4. That Licensee shall fit all Facility gates and access points other than the entrance gates with self-closing and latching hardware, or keep those gates locked at all times.

Section 5. That Licensee shall close and lock all Facility entrances and access points and post appropriate signage stating “Danger – Pool Closed” during the Facility’s non-operating hours.

Section 6. That this variance will expire ten years from the date of approval unless further action is deemed necessary by the Board.

ADOPTED: _____, 2024

Ashlee Young, MPH, CHES
Chairperson, Board of Health

Grant Mussman, MD, MHSA
Health Commissioner



City of Cincinnati Board of Health Finance Committee

Ashlee Young, Chair of the Board of Health Finance Committee, called the Tuesday, November 19, 2024 Finance Committee meeting to order at 5:03p.m.

Roll Call

Members present: Tim Collier and Camille Jones (5:14), Dr. Edward Herzig, Mark Menkhaus Jr., Commissioner Dr. Grant Mussman, Joyce Tate, Kiana Trabue, and Ashlee Young.

Topic	Discussion	Action/Motion
Approval of Minutes	<p>The Chair asked Committee members if everyone had the opportunity to review the minutes from September 17, 2024.</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approves the minutes from September 17, 2024.</p>	<p>Motion: Herzig Second: Trabue Action: Pass</p>
Review of Contracts for BOH Approval: Nov. 19, 2024	<p>The Chair began reviewing contracts going to BOH for approval.</p> <p>Hamilton County Solid Waste Management District-55x10731 Mr. Menkhaus Jr. explained that this is a one-year contract (January 1, 2025, to December 31, 2025) between the Cincinnati Health Department (CHD) and the Hamilton County Solid Waste District. This contract, which CHD has held for many years, is for the inspection of solid waste landfills. Dr. Herzig asked why the Hamilton County Solid Waste Management District doesn't offer a multi-year contract. Mr. Menkhaus explained that Hamilton County Solid Waste District only commits one year at a time because this contract is funded through their operating budget.</p> <p>Motion: That the BOH Finance Committee recommends approval.</p> <p>UC Health, LLC Parking Lease-35x10531 1st Amendment Mr. Menkhaus Jr. explained that this is an existing contract with UC Health for 20 parking spaces in the lot adjacent to the ADAS Building at 3009 Burnet Avenue, Cincinnati, Ohio 45219. These spaces provide overflow parking for staff and visitors. The amendment includes a 2% annual increase in the rental fee, effective on the anniversary of the contract's start date.</p> <p>Motion: That the BOH Finance Committee recommends approval.</p>	<p>Motion: Young Second: Trabue Action: Pass</p> <p>Motion: Young Second: Herzig Action: Pass</p>
Review of Contracts for BOH Information: Nov. 19, 2024	<p>The Chair began reviewing the following contract, going to BOH for information.</p> <p>The Community Builders, Inc.-55x10728 Ms. Tate explained that this agreement with Community Builders allows us to lease space in the Avondale Town Center Shopping Center for vendors at the annual fall festival held at Ambrose Health Center.</p>	

<p>Financial Update</p>	<p>Mr. Menkhaus provided an overview of the financial statement for the period ending in September 2024</p> <p>Total Revenue: As of the end of September was \$12,501,829.70. Which is a 8.39% increase from September 2023.</p> <ul style="list-style-type: none"> ○ Total net gain after the capital revenue transfer was \$529,610.04. ○ Expenses as of September 2024 totaled \$14,159,219.66 which is a 1.3% increase from September 2023. ○ As of September, we had \$48,283.66 in overtime compared to September of 2023's total of \$44,806.76. Neither year had any disaster overtime in the month of September. ○ 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. ○ Medicaid revenue is down 76.46% from the year prior. This is because the FY24 figure was inflated because CHD received several months of backlogged payments from Medicaid resulting from ODM's transition from MITS system to the Provider Network Management System (PNM). Meanwhile, the FY25 figure is down because of interruptions with OBS claims going to Medicaid wrap. The issue with Medicaid wrap payments was resolved as of October 2024 <p>Total Expenses: \$29 million in FY '24.</p> <ul style="list-style-type: none"> ○ 71—Personnel- An increase of 5.5%. This increase is due to COLAs for non-represented and AFSCME staff. ○ 7500-Fringes saw a corresponding increase of 3.35%. ○ 7200-Contractual-A decrease of 5.94% (6.37% decrease in prior month). ○ 7300- Materials & Supplies- A decrease by 12.41% (18.22% increase in prior month). The increases are due to the timing of invoices paid. In FY25 we have paid Drame \$140,975.87 as of September, yet in FY24 we paid Drame \$166,408.45 as of September. ○ 7400-Fixed Cost: A decrease of 5.06% (25.41% increase in prior month). The decrease is the timing of invoices paid. In FY25 we paid Ochin \$291,924.11 as of September, yet in FY24 we paid Ochin \$337,918.80 as of September. ○ 7600-Property: An increase of 3.35% (5.09% increase in the previous month). <p>Total Available: \$529,610.04</p>	
<p>New Business</p>	<p>Dr. Jones asked about the City Council's request to use CHD funds for counseling services for transgender youth. Mr. Menkhaus Jr. explained that City Council will vote tomorrow on a motion to allocate \$250,000 from CHD's budget to support the mental and physical health of transgender and non-binary youth.</p> <p>Dr. Herzig asked who would provide these counseling services. Dr. Mussman responded that although CHD has behavioral counselors, none specialize in pediatric counseling or suicide risk, particularly for this population.</p> <p>Dr. Jones then asked if CHD would lead the process of finding a service provider. Dr. Mussman said that he didn't foresee any issues with this and welcomed input on who should be involved in that process.</p> <p>Ms. Young announced that Ms. Trabue will be the new chair of the board of finance. Ms. Trabue expressed her gratitude.</p>	

Public Comment	Ms. Salter stated that as of 5 p.m. today, no questions or comments from the public were received.	
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Meeting Adjourned: 5:30 p.m.

Next Meeting: **Tuesday, December 17, 2024, 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 November 19, 2024

	Roll Call	Minutes	Hamilton County Solid Waste Management District-55x10731	UC Health, LLC Parking Lease-35x105311 1st Amendment
Tim Collier	5:14 pm	-	-	-
Dr. Edward Herzig	Y	MY	Y	2Y
Dr. Camille Jones	5:14 pm	-	-	-
Mark Menkhaus Jr.	Y	Y	Y	Y
Dr. Grant Mussman	Y	Y	Y	Y
Joyce Tate	Y	Y	Y	Y
Kiana Trabue	Y	2Y	2Y	Y
Ashlee Young	Y	Y	MY	MY

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

Others present: Ashanti Salter (Clerk).

Preparation Date 55x10731

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 Solid Waste Management District**

Contract # **55x10731**

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

Initiator Person & Phone # **Robin Anderson 513-564-1782**

Division Head & Phone # **Antonio Young , 513-357-7202**

Division **Environmental Services**

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 **\$72,000**

TERM

Original Term Start Date **01/01/2025** End Date **12/31/2025**

EXECUTIVE SUMMARY

This is a long-standing contract between the Cincinnati Health Department and the Hamilton County Solid Waste District.

The Environmental Waste Unit of the CHD will inspect the Solid Waste Transfer Station, the Class II Composting Facility, the Closed Municipal Solid Waste Landfill, all Registered Scrap Tire Transporters, and Open Dump Complaints; at the frequency stated in the contract. In return for performing these inspections, the HCSWD will pay the CHD \$72,000 total. Billing and payment will be quarterly.

The term will be from January 1, 2025 to December 31, 2025.

Preparation Date 11/6/2024

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 **UC Health, LLC Parking Lease**

Contract # **35x10531 – 1st Amendment**

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

Initiator Person & Phone # **Mark Menkhaus, Jr., 513-357-7469**

Division Head & Phone # **Mark Menkhaus, Jr., 513-357-7469**

Division **Fiscal**

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 **\$21,534.34 (after 2% increases in 2023 and 2024)**

Amendment Amount **\$10,886.81**

Total Amount **\$31,009.45 (after 2% increases in 2025 and 2026)**

TERM

Original Term Start Date **11/1/2022** End Date **10/31/2024**

Amendment Term Start Date **11/1/2024** End Date **10/31/2026**

EXECUTIVE SUMMARY

CHD wants to develop a parking contract with UC Health, LLC for a total of 20 parking spaces in the parking lot adjacent to the ADAS Building located at 3009 Burnet Avenue, Cincinnati, Ohio 45219 for a cost of \$62.31 per space per month, for a total (for 20 spaces) of \$1,246.20/month. Rent shall increase by 2% each year, effective on the anniversary date of the Commencement Date. The term will begin on 11/1/22 and end on 10/31/2024.

The first amendment will extend the contract through 10/31/2026 with a 2% increase in rent 2025 and 2026.

Preparation Date November 26, 2024

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 # **55x10741**

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

Initiator Person & Phone # **Grant Mussman, 513-357-7215**

Division Head & Phone # **Grant Mussman, 513-357-7215**

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 **\$304,000 annually**

TERM

Original Term Start Date **Upon effective date** End Date **1 year after affective date w/2 add'l annual renewals**

EXECUTIVE SUMMARY

HCPH currently has a professional services contract with the Cincinnati Health Department (“CHD”) for opioid harm reduction services, which expires on December 31, 2024. This new contract between HCPH and the CMO would supply separate funding for HCPH to staff a brick-and-mortar site in one of the neighborhoods most affected by opioid deaths, which would allow HCPH to provide additional opioid harm reduction services in that area.

Because CMO is interested in increasing harm reduction activities throughout the City, including syringe exchange services, Narcan distribution, and related activities, and because CHD does not currently have a framework to provide such programming, CMO believes it is in the best interest of the City to waive competition for these services and enter into an agreement with HCPH to enhance HCPH’s well-established program for harm reduction activities.

HCPH’s harm reduction services may include, but not be limited to:

- Client intake and needle exchange
- New client surveys and data collection
- Distribution of safe injection supplies and materials
- Coordination of provision of rapid tests for HIV, hepatitis C, syphilis, and pregnancy
- Distribution of and education on use of naloxone when available

- Distribution of personal care items when available; including condoms
- Packaging of supplies for distribution
- Volunteer recruitment, training, scheduling, and other general coordination needs
- Acting as peer navigators to facilitate referrals to treatment and linkage to care for healthcare and social service providers
- Arranging substance use treatment entry and accompany clients to intake visits as needed
- Social service referrals (e.g. housing, clothes, food, financial assistance, medical insurance, etc.)

Materials and resources provided to clients by HCPH may include, but not be limited to:

- Educational materials about substance use treatment, treatment for hepatitis C & HIV
- Safer sex and safer injection education
- Overdose prevention (recognize signs of overdose and how to respond appropriately)
- Updated list of resources for substance use, mental/behavioral health, and infectious diseases treatment
- Donated personal care items, food, water, and clothing when available



DATE: December 3, 2024
TO: City of Cincinnati Board of Health
FROM: Mark Menkhaus, Jr., CFO
SUBJECT: Fiscal Presentation 2025

FINANCIAL STATEMENTS REVIEW FOR THE FISCAL YEAR 2025 – September

2024 September Highlights:

- Revenue as of the end of September was \$12,501,829.70. Which is a 8.39% decrease from September of 2023. Expenses as of September 2024 totaled \$14,159,219.66 which is a 1.3% increase from September 2023. Total net gain after the capital revenue transfer was \$529,610.04.

Year over Year:

- As of September, we had \$48,283.66 in overtime compared to September of 2023's total of \$44,806.76. Neither year had any disaster overtime in the month of September.
- Medicaid revenue is down 76.46% from the year prior. This is because the FY24 figure was inflated because CHD received several months of backlogged payments from Medicaid resulting from ODM's transition from MITS system to the Provider Network Management System (PNM). Meanwhile, the FY25 figure is down because of interruptions with OBS claims going to Medicaid wrap. The issue with Medicaid wrap payments was resolved as of October 2024. Next month's report will show this line leveling out.
- 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 5.5%. This increase is due to COLAs for non-represented and AFSCME staff. 7500-Fringes saw a corresponding increase of 3.35%.
- 7200- Contractual Services saw a decrease of 5.94% (6.37% decrease in prior month), and 7300- Materials & Supplies decreased by 12.41% (18.22% increase in prior month). The increases are due to the timing of invoices paid. In FY25 we have paid Drame \$140,975.87 as of September, yet in FY24 we paid Drame \$166,408.45 as of September.
- 7400-Fixed Costs decreased by 5.06% (25.41% increase in prior month). The decrease is the timing of invoices paid. In FY25 we have paid Ochin \$291,924.11 as of September, yet in FY24 we paid Ochin \$337,918.80 as of September.
- 7600-Property increased by 3.35% (5.09% increase in prior month).

Cincinnati Board of Health Financial Statement for the period of September

	FY25 Actual	FY24 Actual	Variance
Revenue			
8236-Pools/Spa	\$856.50	\$1,997.23	-57.12%
8237-Household Sewage System	\$1,205.00	\$1,140.00	5.70%
8239-Tatto/ Body, Environmental Waste License Fee	\$450.00	\$37,025.00	-98.78%
8241-Food Service (Mobile-Temporary)	\$40,070.44	\$58,112.00	-31.05%
8242-Vending Machine Licenses	\$13.44	\$37.86	-64.50%
8244-Food Establishments	\$32,461.00	\$1,465.00	2115.77%
8249-Food, NOC	\$18,204.50	\$21,346.00	-14.72%
8432-Vending Machine Proceeds	\$0.00	\$0.00	0.00%
8536-Grants\State	\$175,725.59	\$140,362.33	25.19%
8556-Grants\Federal	\$2,417,229.15	\$2,060,600.97	17.31%
8563-Bd of Ed Svc (School Nurses Sal.)	\$439,542.39	\$968,004.74	-54.59%
8564-Ham Co Service	\$89,885.27	\$99,100.01	-9.30%
8571-Specific Purpose\Private Org.	\$170,502.85	\$519,250.70	-67.16%
8618-Overhead Charges Indirect Costs	\$61,340.00	\$0.00	0.00%
8731-Birth & Death Certificates	\$138,052.84	\$138,157.10	-0.08%
8732-Vital Stats - Other	\$769.52	\$773.29	-0.49%
8733-Self-Pay Patient	\$236,283.56	\$241,678.98	-2.23%
8734-Medicare	\$1,343,986.80	\$1,299,336.32	3.44%
8736-Medicaid	\$490,148.35	\$2,081,929.07	-76.46%
8737-Private Pay Insurance	\$260,480.88	\$265,128.77	-1.75%
8738-Medicaid Managed Care	\$1,462,964.86	\$1,279,123.96	14.37%
8739-Misc. (Medical rec.\smoke free inv.)	\$649,059.08	\$339,870.19	90.97%
8784-Private Lot Litter & Weed	\$0.00	\$0.00	0.00%
8811-Unclaimed Remains	\$0.00	\$0.00	0.00%
8914-Bond/Note Proceeds	\$0.00	\$0.00	0.00%
8917-Deferred Sewer Assessment Collections	\$226.60	\$342.49	-33.84%
8932-Prior Year Reimbursement	\$125,847.40	\$3,024.70	4060.66%
% That is attributable from 416	\$4,346,523.68	\$4,088,727.68	6.31%
Total Revenue	\$12,501,829.70	\$13,646,534.39	-8.39%
Expenses			
71-Personnel	\$6,960,111.50	\$6,596,969.88	5.50%
72-Contractual	\$2,189,307.73	\$2,327,476.20	-5.94%
73-Material	\$982,807.59	\$1,121,999.59	-12.41%
74-Fixed Cost	\$624,181.26	\$657,436.16	-5.06%
75-Fringes	\$3,341,337.32	\$3,233,185.58	3.35%
76-Property	\$61,474.26	\$41,068.87	49.69%
Total Expenses	\$14,159,219.66	\$13,978,136.28	1.30%
Net Gain (Losses)	(\$1,657,389.96)	(\$331,601.89)	399.81%
8936-Transfer	\$2,187,000.00	\$0.00	
Total Available	\$529,610.04	(\$331,601.89)	259.71%



Date: 12/3/2024

To: MEMBERS of the BOARD of HEALTH

From: Grant Mussman, MD MHSA, Health Commissioner

Copies: Leadership Team, HR File

Subject: **PERSONNEL ACTIONS for December 3, 2024 BOARD of HEALTH MEETING**

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

ALEXANDRIA ASHRAF

EPIDEMIOLOGIST

CHES

(Promotional vacancy)

Salary Bi-Weekly Range:

\$2,577.67 to \$3,464.17

Revenue Fund

Alexandria Ashraf received her bachelor's degree in biology from West Virginia University in 2013 and her master's degree in public health Genetics from University of Pittsburgh in 2016. She is currently finishing her master's in Epidemiology at Oregon Health and Science University. She has several years of experience in applied epidemiology at large universities and has training in collecting and analyzing data, reporting findings to stakeholders, and providing programmatic support. She has also worked with medical records, including emergency room data, and previously served as a patient family liaison. Her experiences make her an excellent candidate for the epidemiologist position working with our clinical data.

ASHLEY BACHER

OPTOMETRIC TECHNICIAN

CCPC

(Resignation vacancy)

Salary Bi-Weekly Range:

\$1,802.50 to \$2,462.69

Revenue Fund

Ashley Bacher is an optometric technician with over 12 years of experience in the optometric field. She is currently working in a optical office, serving patients of all ages, including pediatrics. The office primarily serves patients with Medicaid giving Ms. Bacher strong experience with the various Medicaid vision plans. She has strong pediatric experience. Ms. Bacher has a passion for working with underserved populations and will provide valuable services to Cincinnati Health Department dental patients.

PERSONNEL ACTIONS for December 3, 2024 , BOARD of HEALTH MEETING
Page 2 of 4

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

YASMINE BERNARD

MEDICAL ASSISTANT

CCPC

(Resignation vacancy)

Salary Bi-Weekly Range:

\$2,052.24 to \$2,167.95

Revenue Fund

Yasmine Bernard graduated with a medical assistant certification, from Good Samaritan College of Nursing in 2019.

Ms. Bernard has been working as a medical assistant since she graduated at multiple locations across the city of Cincinnati. She has experience in family practice at TriHealth Family Medical Group and Kenwood Family Medicine. She has worked in pediatrics as a medical assistant at Cincinnati Children’s Hospital and as a scheduler at Hyde Park Pediatrics. Ms. Bernard also has experience in customer service as an administrative representative at CXR since 2015.

The skills and experience Ms. Bernard has will bring a wealth of knowledge to the medical assistant position in the School Based Health Center Program. Ms. Bernard has a desire to serve students and the community. Her skills and knowledge will be an added benefit for both the Cincinnati Health Department and the School Based Health Centers.

TONYA BEST

PUBLIC HEALTH NURSE 2

CCPC

(Promotional vacancy)

Salary Bi-Weekly Range:

\$2,374.81 to \$3,206.05

Grant Fund

The Cincinnati Health Department - City of Cincinnati Primary Care (CCPC) wishes to hire Tonya Best, RN - at Bobbie Sterne Health Center. Ms. Best attended Mount Saint Joseph where she received a bachelor’s degree in nursing in 1997. Ms. Best has 27 years of nursing experience with various age groups, from pediatrics to adulthood. Ms. Best is currently employed by Necco serving children in the community that have behavioral/mental health challenges. Her clinical nursing skills include assessing patient’s conditions, gathering information on their medical history, and providing necessary health care. Ms. Best is well-rounded, having clinical experience working in a hospital, clinic, and school setting. Ms. Best has experience with Epic, Microsoft Word, Excel, and accessing ImpactSIIS.

During her interview Ms. Best expressed a desire to serve a broader population and her advocacy for the underserved.

We are requesting our Board of Health, to approve Ms. Best for the Public Health Nurse 2 position here at Bobbie Sterne Health Center.

Date: December 3, 2024

To: Board of Health

From: Grand Mussman, MD, Health Commissioner

Subject: Health Commissioner's Report, Reflects October 2024

WIC Updates October 2024

1. The WIC caseload in October increased to 16,000. Women: 3702, Infants: 4050, Children: 8248
2. October breastfeeding initiation rate for WIC infants was 63%. Breastfeeding at 6 months was 35%. Breastfeeding rates have been stable. WIC continues to offer on-line and in-person breastfeeding classes along with walk-in hours for breastfeeding assistance.
3. WIC continues to inform all women of the Urgent Maternal Warning Signs during the prenatal and postpartum periods. WIC reviews warning signs and provides a handout to all pregnant and postpartum women during their visits. In October WIC provided this education to 430 women participants.

Community Health and Environmental Services (CHES) Updates for CHD BOH Meeting 12.3.2024

Community Health and Environmental Services (CHES) updates:

- Cincinnati Health Department is partnering with the City Manager's Office to launch a medical debt relief project in response to Mayor Pureval's Financial Freedom Blueprint
- 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 \(cincinnati-oh.gov\)](https://www.cincinnati-oh.gov/health/antimicrobial-resistance/)

2022 Annual Lead Report:

[2022-LEAD-ANNUAL-REPORT-FINAL.pdf \(cincinnati-oh.gov\)](https://www.cincinnati-oh.gov/health/2022-lead-report/)

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 Ohio Resident live births 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 = 7.0 per 1,000 live births
Hamilton County outside the City limits = 4.9 per 1,000 live births
Hamilton County IMR = 5.8 per 1,000 live births (inclusive of the city numbers)

Provisional deaths for 2024:

City 2024 = 22
County (minus the city) 2024 = 29
Total Hamilton County 2024 = 51

The provisional number of births for 2024 (births extracted from state database (by residence city/county) as of 10.28.24):

City of Cincinnati = 3,322
Hamilton County births outside of the City limits = 4,758
Hamilton County inclusive of the City = 8,080

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

City of Cincinnati IMR = 6.6 per 1,000 live births
Hamilton County outside the City limits = 6.1 per 1,000 live births
Hamilton County IMR = 6.3 per 1,000 live births (inclusive of the city numbers)

**Communicable Disease
COVID-19 Summary**

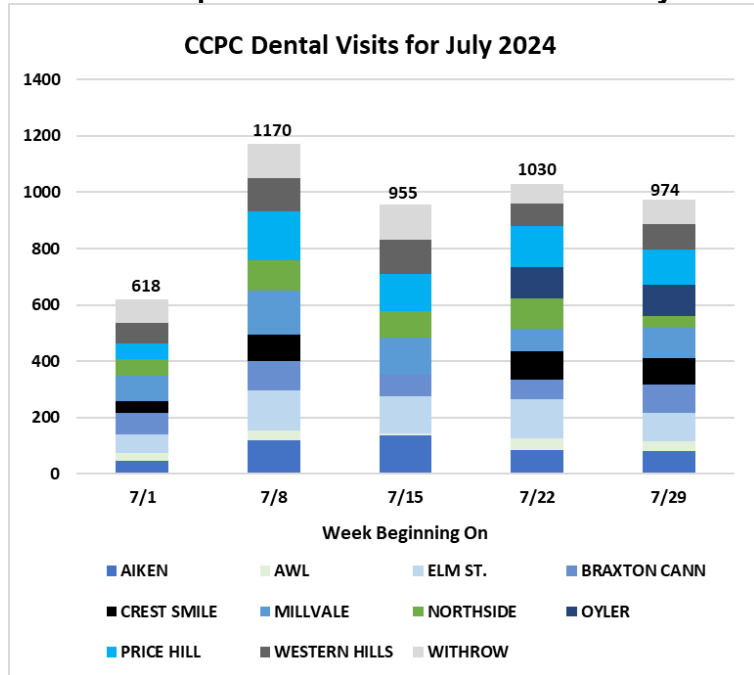
Cincinnati Health Department continues to participate in weekly conference calls with the Ohio Department of Health in which routine COVID-19 updates are provided. Our Command Center and Communicable Disease Unit staff continue conducting positive case investigations and working with ODH for active monitoring of positive cases as well as follow up regarding outbreak investigations. CHD closed the vaccination operations at our main building March 31, 2023, and Hamilton County Public Health closed the vaccination operations as of June 2, 2023. Community members can seek vaccination with local pharmacies

as well as our City of Cincinnati Primary Care Health Centers. We extend great appreciation to the entire CHD team for all their tremendous efforts. Our CCPC sites will be providing COVID-19 vaccinations for the Pfizer 6 months to 4 years of age. The new COVID-19 vaccine is available this Fall at our CCPC sites in limited quantity, our COVID-19 Command Center is prepared to assist callers with locations of how to get the vaccine at local pharmacies.

Table 2. Number of Pharmacy Fills for August 2024 and FYTD

CCPC PHARMACY LOCATION	9/2	9/9	9/16	9/23	Sep 2025 Total	Sep 2024 Total	2025 FYTD Total	2024 FYTD Total
NUMBER OF FILLS	1946	2274	2415	2070	8705	8302	27140	28241
AMBROSE CLEMENT	324	393	394	329	1440	1082	4405	3521
BRAXTON CANN	169	375	277	317	1138	1280	3654	4247
ELM ST.	335	350	457	401	1543	1894	5065	6621
MILLVALE	367	346	348	298	1359	1186	3954	4337
NORTHSIDE	272	337	304	260	1173	975	3635	3420
PRICE HILL	479	473	635	465	2052	1885	6427	6095

Figure 2. Number of Completed CCPC Dental Visits for July 2024 by Location



*August and September dental data will be updated next month

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

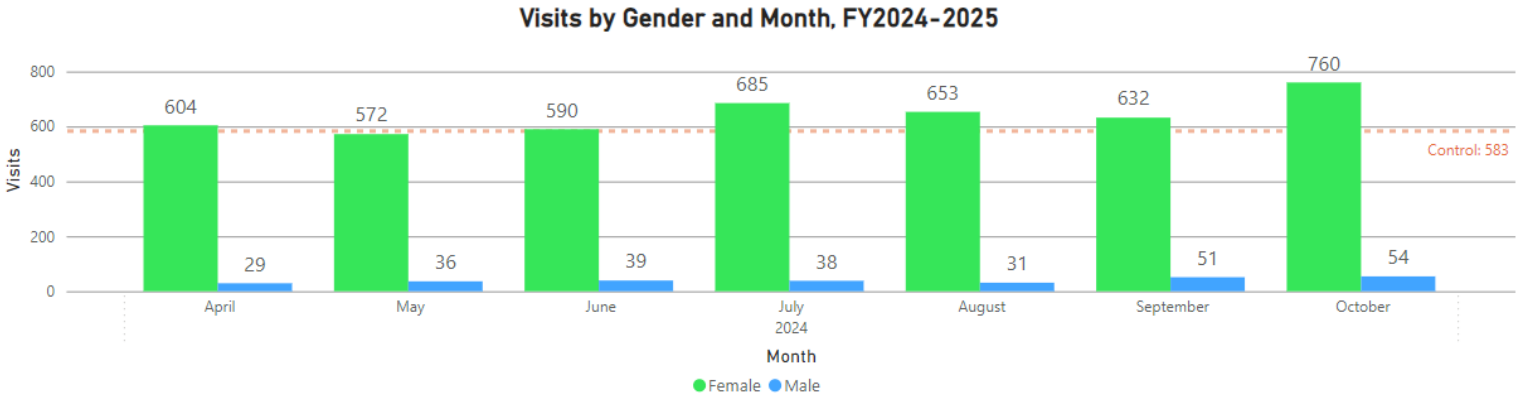
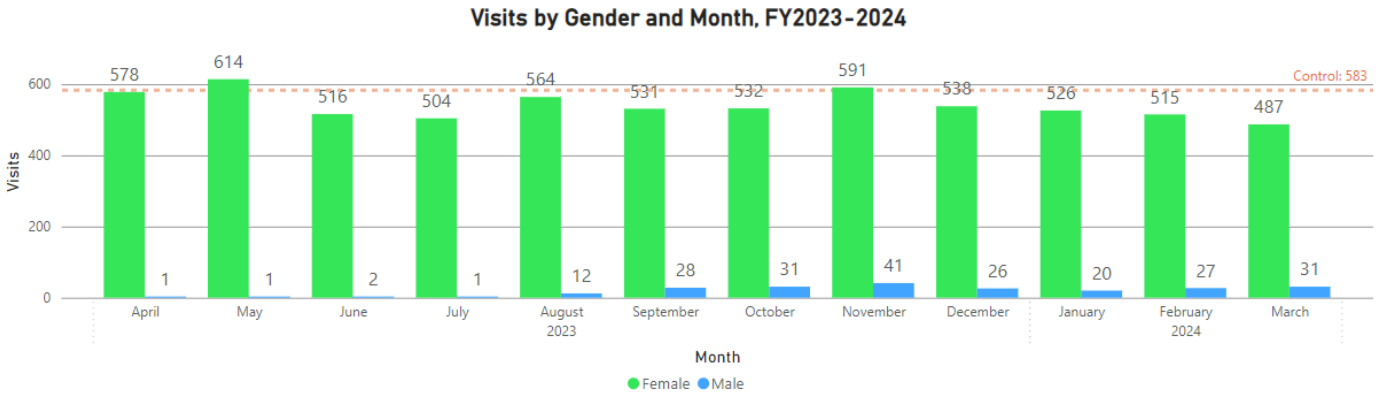


Figure 1b. City of Cincinnati Primary Care Health Center Reproductive Health Visits by Gender and Month, Fiscal Year 2023 – 2024



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: 278 patients
 FY24/25 Visits with Women: 4496 patients
 FY24/25 Visits Combined (men/women): 4774 patients
 FY24/25 Control (Expected) Visits: 4081 patients
 FY24/25 Visits as % of Control Total: 117.0%

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

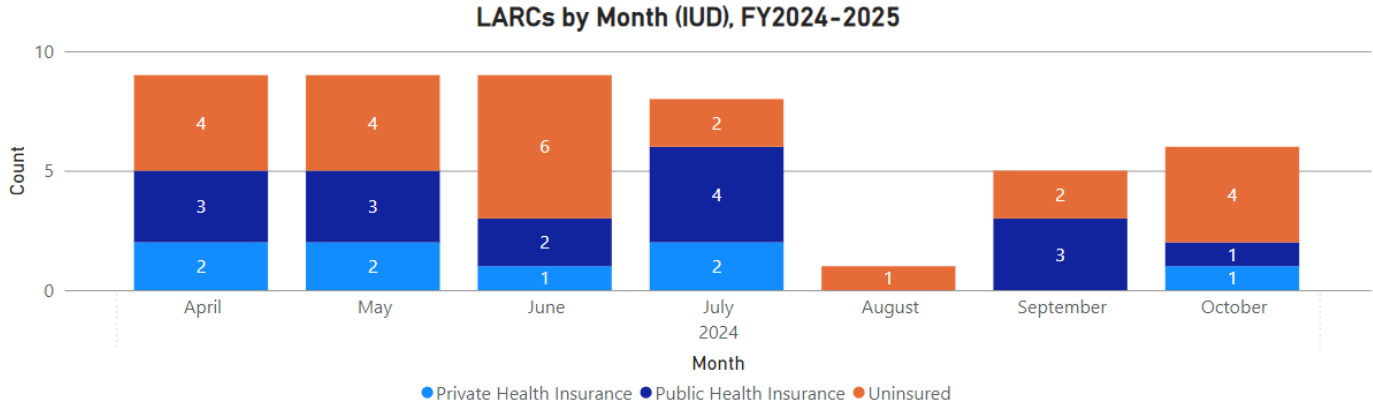


Figure 2b. Long-acting Reversible Contraception (LARC) (Intrauterine Devices) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2023 – 2024

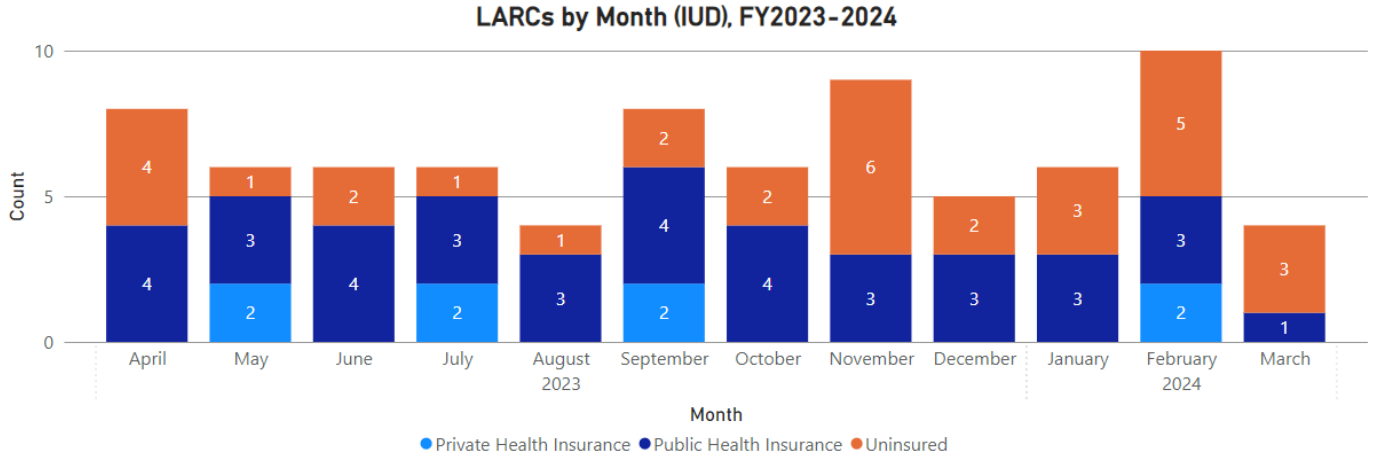


Figure 3a. Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2024 – 2025

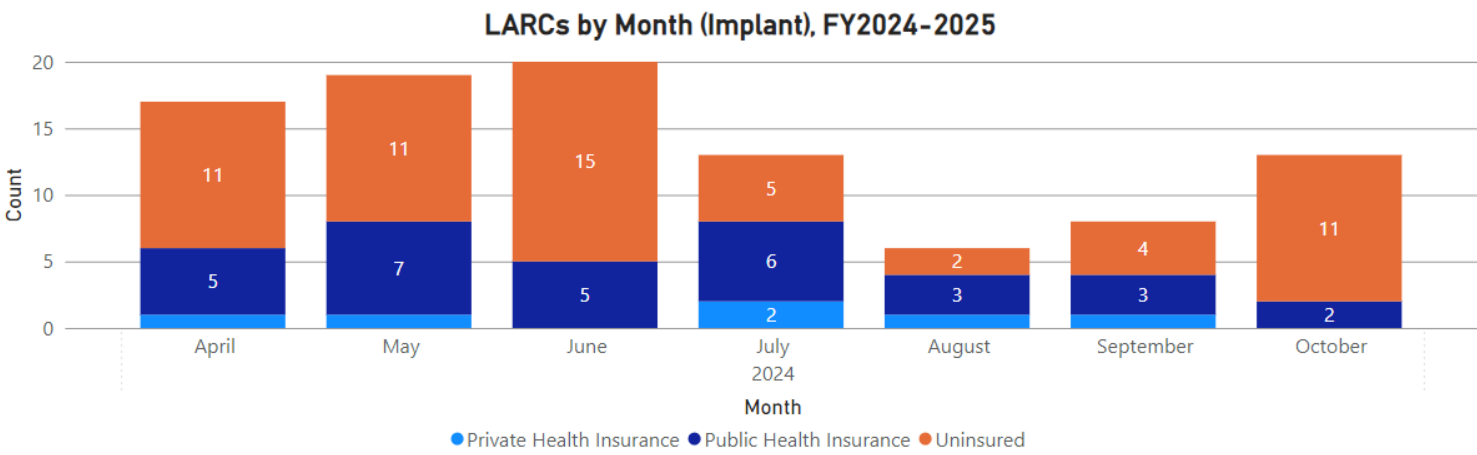


Figure 3b. Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2023 - 2024

LARCs by Month (Implant), FY2023-2024

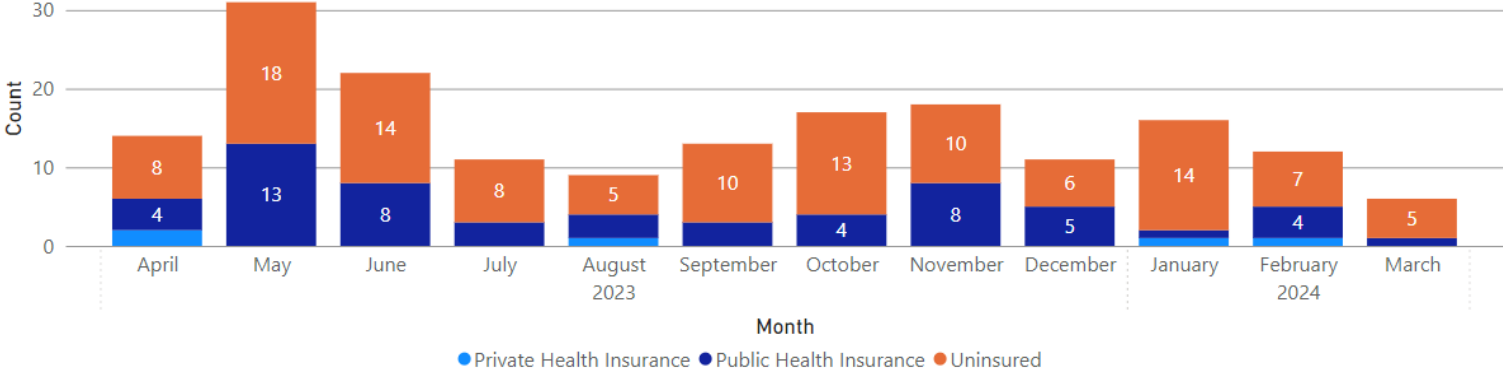


Table 1. Selected Demographic Characteristics of Unduplicated RHWP Patients, October 2024

	Female	% in col.	Male	% in col.	Total	% in col.
Race						
AI/AN	7	0.92%		0.00%	7	0.86%
Asian	18	2.37%	2	3.70%	20	2.46%
Black	388	51.05%	40	74.07%	428	52.58%
PI/HN	13	1.71%		0.00%	13	1.60%
Unknown	86	11.32%	3	5.56%	89	10.93%
White	248	32.63%	9	16.67%	257	31.57%
Ethnicity						
Hispanic	267	35.13%	3	5.56%	270	33.17%
Non-Hispanic	493	64.87%	51	94.44%	544	66.83%
Income						
<=100% FPL	642	84.47%	35	64.81%	677	83.17%
101-249% FPL	105	13.82%	7	12.96%	112	13.76%
>=250% FPL	13	1.71%	12	22.22%	25	3.07%
Insurance						
Private	81	10.66%	15	27.78%	96	11.79%
Public	324	42.63%	12	22.22%	336	41.28%
Uninsured	355	46.71%	27	50.00%	382	46.93%
Age (years)						
<15	5	0.66%		0.00%	5	0.61%
15-49	685	90.13%	49	90.74%	734	90.17%
>50	70	9.21%	5	9.26%	75	9.21%
Limited English						
No	470	61.84%	50	92.59%	520	63.88%
Yes	290	38.16%	4	7.41%	294	36.12%

Table 2. Unduplicated RHWP Patients by CCPC Health Center, October 2024

	Female	% in col.	Male	% in col.	Total	% in col.
Health Center						
Ambrose Clement	101	13.29%	49	90.74%	150	18.43%
Braxton Cann	40	5.26%		0.00%	40	4.91%
Bobbie Sterne	157	20.66%		0.00%	157	19.29%
Millvale	71	9.34%		0.00%	71	8.72%
Northside	158	20.79%	5	9.26%	163	20.02%
Price Hill	233	30.66%		0.00%	233	28.62%

* 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 PHAB annual report was submitted for 2024, it focused on the foundational capabilities of the health department surrounding quality improvement efforts. 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 the public comment period has closed. CHD will continue to seek feedback from the community through our partnerships by attending several community events throughout the year.

Cincy CHIP Update:

The Cincy CHIP Steering Committee met on November 15, 2024, to provide feedback on the strategies developed by the action teams. The amount of energy and level of detail that each action team has put into developing their interventions promises to have great impact on addressing their priority areas.

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

Regional CHNA and CHIP Update:

The Regional CHNA lead by The Health Collaborative (THC) was released January 2022. CHD is participating in the Regional Behavioral Health Continuity of Care group, 2024 Regional CHNA Advisory committee, and 2024 CHNA Public Health Task Force.

Quality Improvement/ Quality Assurance

Clinical QI committee has resumed meeting. Public Health QI is working with CCHMC to build the systems dashboard for public health programs. QI training sessions have completed their training for the Healthy Homes and Lead Programs and are in monitoring stages. Through our continued partnership with Children’s Hospital, several CHD staff members have completed session one of their ImpactU improvement science course. 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										
December										
January										
February										
March										
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

Healthy Communities Program – Tiffany White

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.		
Date of Meeting	Location & Presentations	Next Steps
11/13/2024	<p>Location 2533 Kemper Ln., Cincinnati, OH 45206</p> <p>Presentations UC Cancer Center Zoe Wagner Program Coordinator & Luwana P. Ogsbey Community Liaison</p>	<p>Next meeting is December 11, 2024, at 2533 Kemper Ln., Cincinnati, OH 45206</p> <p>Meeting frequency: 2nd Wednesday of each month.</p>

Infant Vitality – Malina Harris

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.		
# of families served since last report	Project Partners and Status	Next Steps
101 families	<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 & Babies, 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,</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 10/7/24 Meetings are Quarterly Next Meeting 12/3/24</p>

	Women's Center of Ohio, TriHealth ----- Status: Active	
DCY		
# distributed since last report	Project Partners and Status	Next Steps
200 diapers have been distributed since the last BOH report.	Partners: Sweet Cheeks Diaper Bank HCAN, Mercy Health, Health Vine, UC Women's Center, Hamilton County OEI, Cincinnati Health Department Home Health, WIC ----- Status: Active	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. Meeting frequency: Annually Next Meeting scheduled for: TBD
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 since last report	Project Partners and Status	Next Steps
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 TBD
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
0	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 11/7/24

Program supported projects/ meetings:
10/11/24- St. Theresa Walkathon

- 10/15/24- Caresource Quarterly Seminar
- 10/16/24- Cribs for Kids Development Training
- 10/16/24- NACCHO Workgroup Meeting
- 10/23/24- CHD Steering Committee
- 10/24/24- CAT Meeting
- 11/5/24- Goodsam Hospital Site Visit Tour

Food Equity (Healthy Eating)- Jasmine Robinson

<p>Heart of Hamilton County The Heart of Hamilton County Health Fair and Food Distribution is an event that includes food demos and giveaways and is a larger benefit for those who will attend by having health education, health screenings and more.</p>		
# of Meetings Since Last Report	Project Partners and Status	Next Steps
1	<p>Hamilton County ReSource Wasted Food Stops with Us initiative, the Cincinnati Health Department’s Food Equity Program, Love in Action, Freestore Foodbank, Last Mile Food Rescue, and La Soupe.</p> <p>-----</p> <p>Status: Inactive (current location logistics transferred to local food rescue partner; expansion plan possible)</p>	<p>Serve as project lead and manage health partners; find new health partners to participate in events</p> <p>Meeting frequency: as needed</p>
<p>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 increasing nutritional/cooking knowledge in hundreds of Winton Hills community members.</p>		
# of Meetings Since Last BOH Report	Project Partners and Status	Next Steps
1	<p>Produce Perks, CMHA, and Mustard Seed Farm</p> <p>-----</p> <p>Status: Active (event began 5/9/24; last distribution completed on 10/31/24- 24 total signups)</p>	<p>Plan for 2024 distribution and events. Find community champion</p> <p>Meeting frequency: as needed for planning</p>
<p>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.</p>		
# of Meetings Since Last BOH Report	Project Partners and Status	Next Steps

5	COC Office of Environment and Sustainability, CRC, La Soupe, and Hamilton County ReSource ----- Status: Active (award received)	Find a non-profit organization to own freezers; then, complete partner meeting to discuss kickoff and opening events Meetings frequency: as needed based on contract needs and 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 (Emcee at 2024 SAFE Summit and participating in SAFE's communication, stewardship, and food access teams as well.)	Network planning for food distribution in the City of Cincinnati; current project funding covers works in Avondale, East and Lower Price Hill 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
1	Newsletter sent to community members and partners by the 2 nd Tuesday of each month. ----- Status: Active (last newsletter sent on 11/1/24 to over 180 recipients)	Continue to update newsletter content and layout to meet the reader's needs 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

Program supported projects/ meetings:

- 10/15/24: CareSource Community Agency Forum
- 10/16/24: Cribs for Kids Development Activity Q1
- 10/17/24: Cincinnati Food Access Network Monthly Call
- 10/18/24: AMEN Presentation
- 10/22/24: OMJ Workshop Health Education Series: "Balancing Work and Health"
- 10/28/24: Hartwell Pantry Planning Group Meeting #1
- 10/31/24: Hartwell Pantry Planning Group Meeting #2
- 11/1/24: Avondale Respite Center Discussion

- 11/4/24: Mt. Airy Weekly Afterschool Presentation Series
- 11/8/24: Department Engagement Champion Orientation
- 11/13/24: Voices for Food Training
- 11/13/24: 80 Acres Farms collaboration meeting
- 11/15/24: Winton Hills Intentional Food Access Meeting

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
10/14/24: 40 10/15/24: 18 10/16/24: 26 10/17/24: 35 10/18/24: 21 10/24/24: 168 10/28/24: 7 11/4/24: 4 11/6/24: 33 11/7/24: 22 11/13/24: 14 11/14/24: 38 Total Amount of Students Educated: 426	Partners: Roberts Academy Walnut Hills High School Mt. Airy School Health Care Access Now Riverview East Academy Teen Talk Thursday-College Hill Rec Center ----- Status: Active	Plan: To present preventative tobacco education for youth. Meeting frequency: Throughout the school year

Program supported projects/ meetings:

- 10/14/24: Vape Education at Roberts Academy School
- 10/15/24: Vape Education at Roberts Academy School
- 10/16/24: Vape Education at Roberts Academy School
- 10/17/24: Vape Education at Roberts Academy School
- 10/18/24: Vape Education at Roberts Academy School
- 10/15/24: Vaping Unplugged Teen Voices and Risks Webinar
- 10/19/24: Cancer Justice Center Health Fair-Cessation Services
- 10/21/24: Tobacco Free Ohio Alliance (TFOA) Steering Committee Meeting
- 10/22/24: INDEPTH Facilitator Recertification and Refresher Training
- 10/24/24: Vape Education at Walnut Hills High School
- 10/28/24: Vape Education-Mt. Airy School
- 10/28/24: TFOA Health Equity Workgroup Meeting
- 10/31/24: Meeting with Annabel with Exclusive Services About Vape Education in Schools
- 11/4/24: End of Education Program Meeting at Mt. Airy School
- 11/5/24: TFOA Youth workgroup meeting
- 11/6/24: Vape Education -Healthcare Access Now
- 11/7/24: Vape Education Roberts Academy
- 11/7/24: Cessation meeting with CHD Pharmacy
- 11/12/24: Fatherhood Collaborative of Hamilton County Meeting
- 11/13/24: Live Work Play Monthly Meeting
- 11/13/24: Vape Education at Riverview East Academy School
- 11/14/24: Teen talk Thursday (Vape Education) at College Hill Rec Center
- 11/14/24: School Community Partner Meeting with Digital Academy

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
	103 – 2025 TRL renewals made. 2 – 2025 Annual applications completed. 296 - Identified retailers registered. 246 # of inspections (85% total retailers inspected).	Plan: <ul style="list-style-type: none"> Underage Buyer starts 11/25/2024

Worksite Wellness & Active Living – Scott Dean

Healthy Eating Active Living (HEAL) Capacity Building Grant for Carthage Increased capacity for Carthage residents to engage in Healthy Eating and Active Living (HEAL) projects by conducting the PSE assessment and identifying 1 priority health strategy.		
# of Meeting since last report	Project Partners and Status	Next Steps
3	Partners: Identified 36 partner agencies ----- Status: Active Completed 1 st of a planned series in walk audits to assess pedestrian safety in the community surrounding the Carthage Commons area. Work will begin to transition from this HEAL grant to the ODH Creating Healthy Communities Grant	<ul style="list-style-type: none"> Walk audit with smaller groups. Continue pushing usage of the CAGIS Pedestrian Hazard map we created for the community to track issues <p>Meeting frequency: Monthly with additional meetings as needed</p>
Y.E.S on Bike & Pedestrian Safety 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.		
# of Meeting since last report	Project Partners and Status	Next Steps
1	Partners: Cincinnati Public School (CPS), Tri-State Trails, Green Umbrella: Green Schoolyards Team ----- Status: Active Finalized pilot curriculum and began presentations. Continuing to find partners to present to	<ul style="list-style-type: none"> Working with CPS contact to identify which schools to target for this education. Continue work on developing a comprehensive curriculum. <p>Meeting frequency: Monthly</p>

Program supported projects/ meetings:

10/14/24 – Ohio Means Jobs Curriculum Building
 10/15/24 – Live Work Play Planning Meeting
 10/16/24 – Traffic Garden Discussion with Green Umbrella
 10/18/24 – Completed Ohio Means Jobs Presentation
 10/21/24 – Heart Of Hamilton County Toolkit Discussion
 10/24/24 – Steering Committee Meeting for Winton Hills Neighborhood Plan
 10/25/24 – Eviction Prevention Meeting
 10/25/24 – CHIP Housing Meeting
 10/28/24 – Hartwell Pantry Planning Meeting
 10/29/24 – Carthage Walk Audit
 10/30/24 – Roll Hill Elementary Traffic Garden Site Visit
 10/31/24 – Hartwell Pantry Planning Meeting
 11/1/24 – College Hill Meeting to discuss future development of playground space
 11/5/24 – Meeting with Keep Cincinnati Beautiful
 11/6/24 – Roll Hill LSDMC Presentation on Traffic Garden Proposal
 11/8/24 – Eviction Prevention Meeting

Men's Health – Eric Washington

Project/ Meeting Title: Buckeye Health Plan and Men's Health		
# of Meetings Since Last BOH Meeting	Project Partners and Status	Next Steps
1 Meetings	Partners: Buckeye Health Plan – “What’s your numbers.” Status: Ongoing	Plan: <ul style="list-style-type: none"> Presented Community Champion Certificate Barbershop Series for fall '24 Start Planning in Jan 25 Planning to add churches, Salons, Etc.. Meeting frequency: Monthly x2
Project/ Meeting Title: Brother You're on My Mind		
Details/ description		
# of Events Since Last BOH Meeting	Project Partners and Status	Next Steps
1 Meeting	Partners: Omega Psi Phi – Barbershop Talk (Mental, Physical and Spiritual Health) Status: (Ongoing Monthly)	Plan: <ul style="list-style-type: none"> Adding CRP and Men's Health -Chronic Disease Conversation dealing w/ Mental Health and Youth Mentorship Meeting frequency: Monthly x1
Project/ Meeting Title: Men's Health Partnership/Resource (Maple Towers)		
Details/ description		
# 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 follow up with me regarding other organization will teach Add a Nutrition/Healthy Music Component

		Meeting frequency: Monthly x1
Project/ Meeting Title: One Ohio		
Partnering with Hamilton County Public Health to release grant funds for One Ohio.		
# of Meetings Since Last Meeting 1	Project Partners and Status Application development.	Next Steps Ongoing

Other Focus Areas:

Creating Health Communities Grant 24-25 - Healthy Eating and Physical Active/Active Living

Fatherhood Training

The training is evidence-based, and has a pre-training survey on the attitudes, practices and beliefs of staff around serving fathers. The survey is designed for child welfare staff, so we'll see how applicable it is with your group. It's an engaging, interactive 2.5-hour training with individual and group activities, and fatherhood case scenarios for groups to work on near the end. The topics covered are:

- The Importance of Fathers
- Services, Systems & Fathers
- Engaging Fathers
- Fathers Mental Health
- Fatherhood Scenarios

Fatherhood Committee/Group

- Job and Family Services – Fatherhood Collaborative
- Talbert House – Fatherhood Project
- Community Action Agency - Fatherhood Male Involvement

Program supported projects/ meetings:

- Recovery Ohio Drug Trends Monthly Meeting
- 10/15/24 – Harm Reduction Committee Meeting
- 10/15/24 - CareSource Community Meeting
- 10/15/24 – Recovery \Ohio Drug Trends Monthly Meeting
- 10/16/24 – Defensive Driving Training
- 10/16/24 – 1:1 C. Calvin
- 10/16/24 – Traffic Garden
- 10/17/24 – CHIP Behavioral Health Workgroup Summary
- 10/18/24 - Ohio Means Job Presentation Preparation
- 10/21/24 - CHC Group Meeting
- 10/21/24 – Mt Airy After School Program
- 10/21/24 – One Stop Meeting Check In
- 10/22/24 – Cincinnati Zoo- CHD Epi Department Presentation
- 10/29/24 - One Ohio Next Steps Meeting
- 10/30/24 – Shiloh Seventh Day Adventist Church Men’s Ministry Meeting (Mr. Hicks)
- 10/31/2024 – CHIP Behavioral Health Workgroup
- 10/31/24 – Hartwell Planning Group
- 10/31/24 – ROC T. Davis (Maple Towers)
- 11/4/24 – CHC Group Weekly Meeting
- 11/4/24 – Mt. Airy Weekly After School Presentation Series
- 11/5/24 – Healthy Communities and Keep Cincinnati Beautiful Meeting

- 11/6/24 - 1:1 Food Equity J. Robinson
- 11/6/24 - Roll Hill Meeting
- 11/7/24 – Hartwell Pantry Survey
- 11/7/24 – Eval Wrap Up Meeting J. Robinson
- 11/12/24 – CHC Group Meeting
- 11/12/24 - 1:1 Meeting w/ A. Griffith
- 11/12/24 – Monthly Update Meeting
- 11/12/24 – Collaborative of Hamilton County Meeting
- 11/13/24 – LWPC Coalition Meeting
- 11/14/24 – SAFE Network Meeting
- 11/14/24 – Hartwell CRC Site Visit/Pantry Discussion
- 11/18/24 – 1:1 Infant Vitality M. Harris
- 11/18/24 – PSE Assessment Training

Community Outreach – Justin Berry

Project/ Meeting Title – Community Outreach		
Details/ description		
# of ...	Project Partners and Status	Next Steps
4 Meeting and Community Members reached) 87	<p style="text-align: center;">Partners: GCB, City Gospel, Heroin Coalition Team, CCRC, Step Stone and DeCoach, First Step Home, Treatment Team, CRC Rec Center, Our daily Bread) *New* TruHealing Status: (Ongoing)</p> <p>Nacarn- 10 kits passed out in community</p>	<p style="text-align: center;">Plan:</p> <p style="text-align: center;">Meeting frequency: (Monthly and Bi-Monthly)</p> <p>October was a bit of a struggling month due to treatment places starting to fill up due to the weather changes and a lot of placements are starting to have to be outside of the area of Cincinnati which can be difficult for clients that don't want to up and leave family. My goal for November-December is to establish relationship with more treatment facilities, for AOD clients and homeless.</p>

MONTH: (2024)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DE C
Open cases:	97	92	97	86	83	84	84	87	87	85		
3.5-9 µg/dL case mgt & follow-up: *	22/22	22/24	20/20	16/20	8/10	16/7	27/15	41/12	29/14	19/14		
10+ µg/dL case mgt & follow-up:	4/15	2&18	3/15	4/12	2/20	3/11	6/12	3/10	3/13	5/15		
Risk assessments:	4	1	2	2	3	1	5	3	3	5		
Orders issued:	0	2	0	4	2	0	5	2	2	2		
Clearances EBL:	1	1	1	3	4	1	1	1	1	1		
Clearances HUD:	0	0	1	2	0	0	6	2	6	6		
Owner meetings EBL:	1	3	0	0	3	0	0	0	1	1		
Owner meetings HUD:	1	1	0	0	4	1	1	1	1	0		
Compliance checks EBL:	23	25	19	22	21	62	26	20	24	27		
Compliance checks HUD:	0	0	3	0	1	0	1	1	3	2		
Contractor mtgs EBL:	0	0	1	0	0	0	2	0	0	0		
Contractor Meetings HUD:	3	5	4	3	1	9	5	7	4	1		
Filed for prosecution:	0	0	0	0	0	0	0	0	0	0		
LIRAs:	8	4	8	4	6	5	5	4	2	6		
Grant apps uploaded (ODH /ODD/HUD)	7/2	11	1/2	5/1	4/0	2/0	13/0	3/4/1	3/1/0	1/0/0		
Case Update w/ Lead Clinic:	10	12	13	10	11	9	7	11	8	9		

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.

October 2024 BOH Report
Emergency Preparedness/Safety

Meetings, Grants, and Employee Safety

Attended the Southwest Ohio Public Health Region (SWOPHR) Emergency Response Coordinator workgroup meeting October 4.
Attended DHS Countering Weapons of Mass Destruction BioWatch Program Office appropriations update October 7.
Attended the Local Emergency Planning Committee (LEPC) meeting October 9.
Attended the City-wide Construction and Electrical Safety Subcommittee Meeting October 9.
Conducted the quarterly BioWatch Advisory Committee Meeting October 16.
Attended monthly Safety Meeting with City Employee Safety staff October 17.
Attended the CHD Quality Steering Committee Meeting October 23.
Attended the TriState Disaster Preparedness Coalition Meeting October 25.

Training, Exercises and Improvement Plans

Staff conducted a virtual Workplace Violence Tabletop Exercise with Millvale Health Center October 2.
Attended the SWOPHR Chemical Tabletop Exercise Initial Planning Meeting October 4.
Participated in the DHS Countering Weapons of Mass Destruction (CWMD) virtual BioWatch Functional Exercise with other CHD leadership staff October 15.
Attended the SWOPHR Chemical Incident Tabletop Exercise Situation Manual development meeting October 21.
Staff conducted an Emergency Response Plan Review with staff at Braxton Can Health Center October 25.

Response/Preparedness Activities

No activities to report.

**Cincinnati Vital Records and Statistics Program
Monthly Dashboard for October 2024**

Vital Records received payment for 20 affidavits, staff assisted customers with birth certificate corrections using the affidavit process.

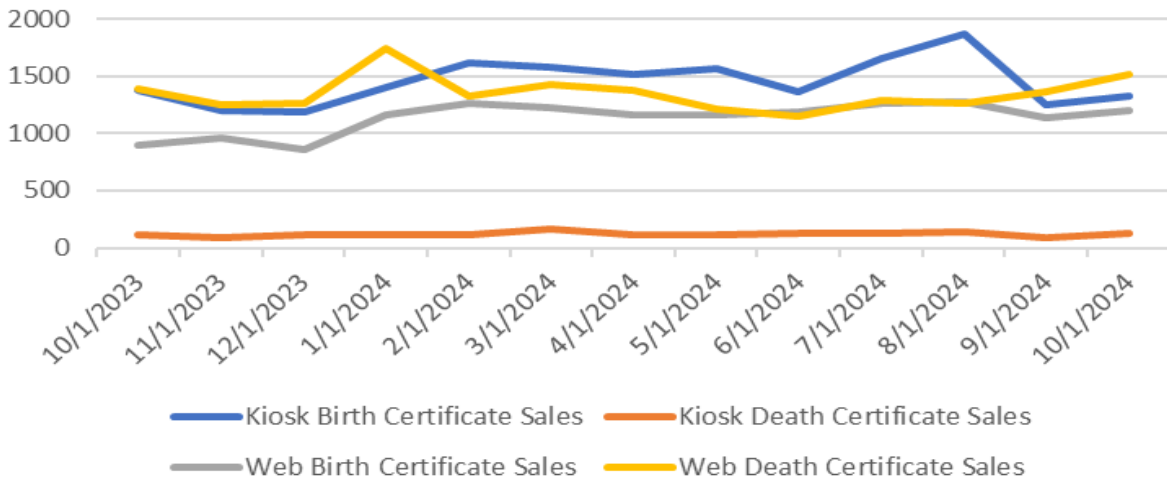
Vital Records staff assisted 12 families with a paternity affidavit process to add the father to a birth certificate.

Vital Records received 165 payments for 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.

October 2024	Kiosk	Web	Mail	VitalChek.com
Birth Certificates	1324	1205	18	225
Death Certificates	126	1509	12	59
Total Payments	\$32,530	\$30,560	\$1,655	\$6,543

Vital Records Certificate Sales October 2023 - October 2024



Monthly Infectious Disease Surveillance Summary, October 2024



<i>Reportable Condition is by Category (For a description of listed conditions, see https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual/section3/idcm-section-3.)</i>	2024 October	2024 YTD	2023 October	2023 YTD	2023 Rate	Cincinnati 5 Year Average Rate (2019-2023)	Ohio 5 Year Average Rate (2015-2019)
Food- or Waterborne	10	114	13	125	46.22	47.32	12.32
Amebiasis				1	0.33	0.19	0.10
Brucellosis						0.06	< 0.001
Botulism						0.06	0.10
Campylobacteriosis	4	23	2	27	10.0	10.65	18
Cryptosporidiosis		15	2	20	7.43	3.25	7.50
Cyclosporiasis				2	0.66	0.84	0.50
<i>E. coli</i> , Shiga Toxin-Producing O157:H7		6		10	4.52	3.76	0.70
Giardiasis		7	3	12	4.20	4.22	3.70
Hepatitis A (also vaccine-preventable)				2	0.66	2.86	6.10
Legionellosis - Legionnaires' Disease	2	7	3	11	3.88	3.96	5.90
Listeriosis						0.52	0.30
Salmonellosis	1	29	1	18	6.78	9.42	12.70
Salmonella Typhi (travel associated)		1		1			
Shigellosis	3	17	1	14	5.17	6.30	5.80
Vibriosis (not cholera)		2			0.33	0.32	0.30
Yersiniosis		7	1	7	2.26	0.91	0.60
Vectorborne	1	13	1	9	3.24	2.92	0.60
Chikungunya Virus Disease*						0.13	<0.001
Dengue		2				0.13	0.10
Lyme disease		3		2	0.66	1.30	2.30
Malaria*	1	7	1	7	2.58	1.17	0.50
Spotted Fever Rickettsiosis						0.13	0.30
Ehrlichiosis-Ehrlichia chaffeensis						0.06	0.10
Anaplasmosis-Anaplasma phagocytophilum		1			0	-	
Vaccine-Preventable	10	320	6	67	43.62	86.37	91.00
<i>Hemophilus influenzae</i> , invasive disease	1	7		10	3.23	3.05	2.10
Influenza-associated hospitalization	1	254	2	17	23.9	67.34	77.30
Mumps		1	1	1		0.26	0.40
Pertussis	6	15		2	1.62	3.12	7.20
Meningococcal disease – Neisseria meningitidis			1	1	0.33	0.13	-

<i>S. pneumoniae</i> , invasive (abx susceptible/unknown)	2	22	1	25	11.63	9.68	-
<i>S. pneumoniae</i> , invasive (abx resistant)		10		5	0.97	2.79	-
Varicella (chickenpox)		11	1	6	1.94	2.39	3.90
Reportable Condition² by Category (For a description of listed conditions, see https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual/section3/idcm-section-3.)	2024 October	2024 YTD	2023 October	2023 YTD	2023 Rate	Cincinnati 5 Year Average Rate (2019- 2023)	Ohio 5 Year Average Rate (2015-2019)
Viral Hepatitis	48	380	40	370	144.76	178.58	193.12
Hepatitis B, acute (<i>also vaccine-preventable</i>)		5			0.33	1.56	2.80
Hepatitis B, chronic, newly identified (<i>also vaccine-preventable</i>)	10	100	13	67	24.23	25.91	20.62
Hepatitis B, perinatal						0.13	-
Hepatitis C, acute		1		2	0.33	2.47	2.68
Hepatitis C, perinatal		3		1	0.33	0.52	<0.001
Hepatitis C, chronic, newly identified	38	271	27	300	119.54	147.99	167.02
Other Conditions[#]	222	5118	723	5623	2511.39	-	2.34
Carbapenemase-Producing Organisms (CPO)	3	19	3	36	14.86	5.58	Not Yet Reportable
<i>Candida Auris</i>	6	77	11	104	38.45	18.44	<0.001
COVID-19	209	4965	704	5417	2432.21	5,793.38 (4-year rate)	Not yet Reportable
Coccidioidomycosis		1		1	0.33	0.65	0.20
Creutzfeldt-Jakob Disease						0.06	0.10
Hemolytic uremic syndrome (HUS)						0.06	<0.001
Meningitis, aseptic	1	15	1	14	4.85	5.06	5.40
Meningitis, bacterial (not <i>N. meningitidis</i>)	1	9		6	2.26	2.60	1.10
MPOX		3		2	0.97	1.50 (2-year rate)	Not Yet Reportable
Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19						1.17 (4-year rate)	Not Yet Reportable
<i>Staphylococcal aureus</i> - intermediate resistance to vancomycin (VISA)						0.06	0.10
Streptococcal, Group A, invasive	2	26	3	37	15.51	9.29	4.80
Streptococcal, Group B, newborn		3	1	4	1.29	0.84	-
Toxic Shock Syndrome (TSS)				2	0.66	0.39	<0.001
Typhus Fever						0.06	-
TOTAL CONFIRMED AND PROBABLE CASES	291	5945	783	6194	2749.23	-	299.38
Dermatologic		3		10	3.86	0.93	
Gastrointestinal		4		5	1.62	1.46	
Respiratory	2	38	10	69	27.46	25.61	
Other	1	9	1	1	0.66	0.65	
Outbreaks (Investigation started)	3	54	11	85	33.60		

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).

2) 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>.

3) All data was provided through the Ohio Disease Reporting System – All data is provisional and subject to change.

*Acquired through international travel

^CP-CRE (Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae) is a multi-drug resistant condition newly reportable as of March 2018.

#Note that sexually-transmitted infections, Human Immunodeficiency Virus (HIV) infections (including AIDS) and Tuberculosis are investigated and reported by Hamilton County Public Health and are not included here.

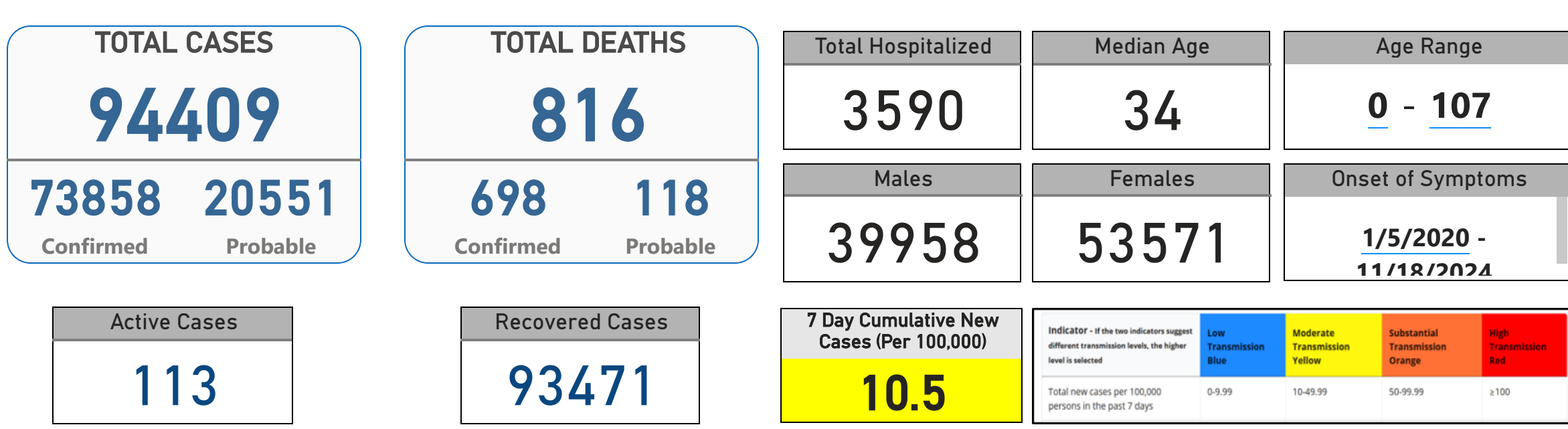
- Case rates use the 2019 5-year U.S Census estimates and are per 100,000 residents

Any dash (-) indicates there was no available data at the time this report was published due to either lack of cases in the last 10 years, or age restrictions when calculating rates with population.

CITY OF CINCINNATI COVID-19 REPORT

Updated 11/22/2024

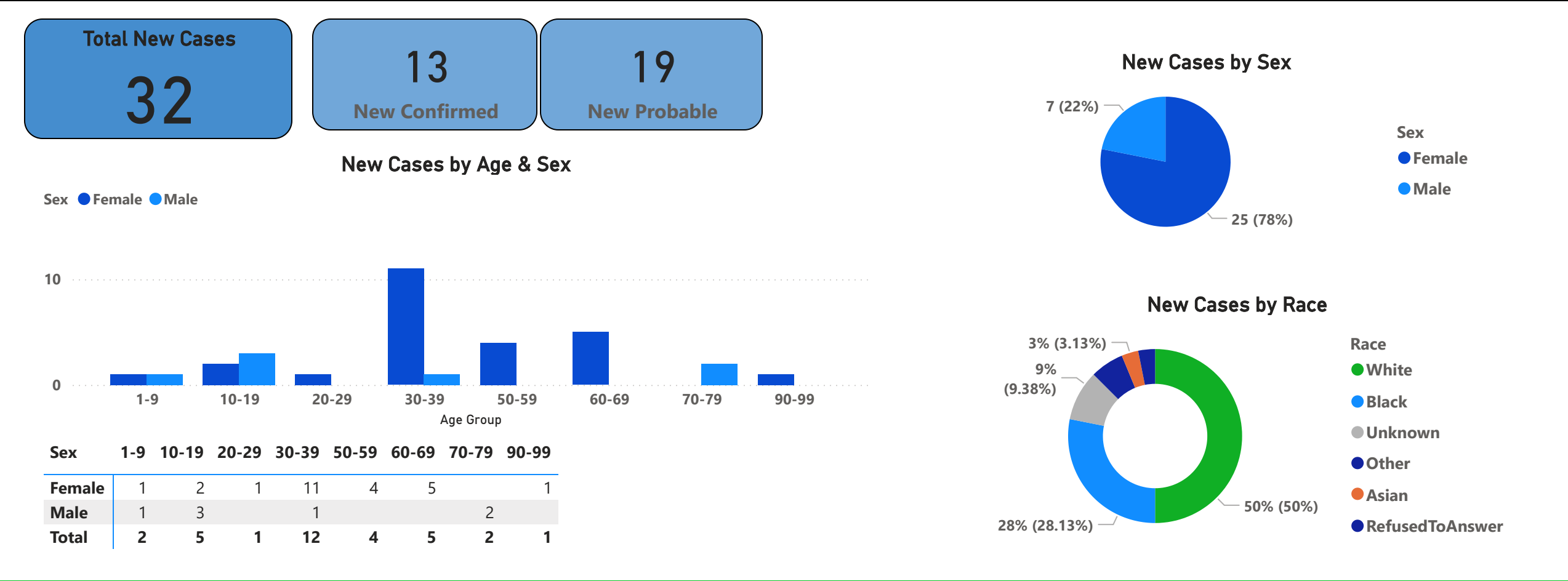
KEY METRICS



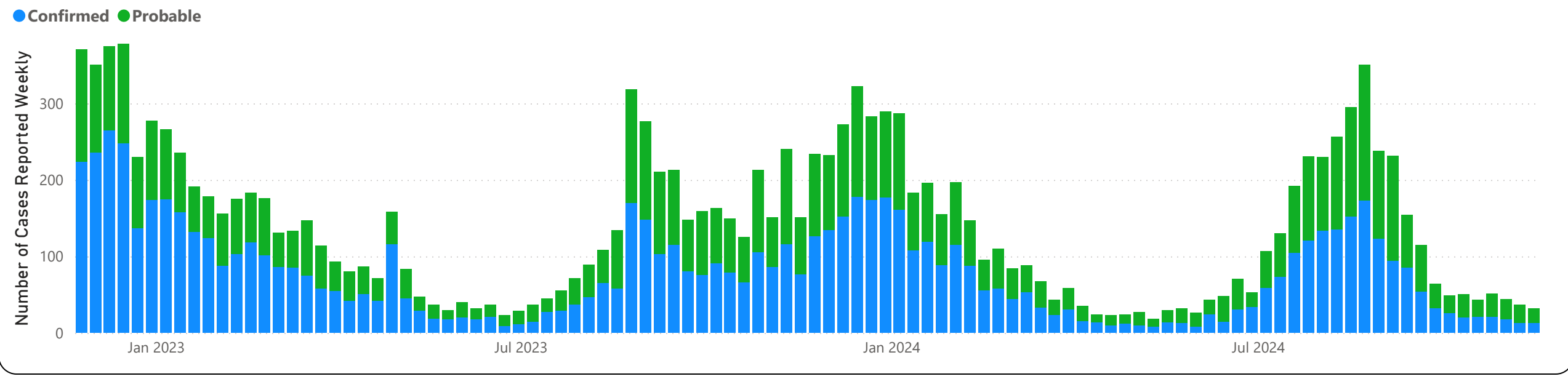
DATA SHOWN FOR TODAY REFLECTS PAST 24 HOURS
 **DATA IS PROVISIONAL CONTINGENT UPON COMPLETION OF CONTACT TRACING AND CONFIRMATION OF JURISDICTIONAL RESIDENCE
 ***IN ACCORDANCE WITH THE NEW CDC GUIDELINES, THE CDC EXPANDED (PROBABLE) CASE DEFINITION IS INCLUDED IN THIS REPORT. SEE: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/faq-surveillance.html>
 ****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/stories/covid-19>
 *****Transmission indicator based on CDC defined criteria
 STATE DATA SOURCE: OHIO DISEASE REPORTING SYSTEM (ODRS)



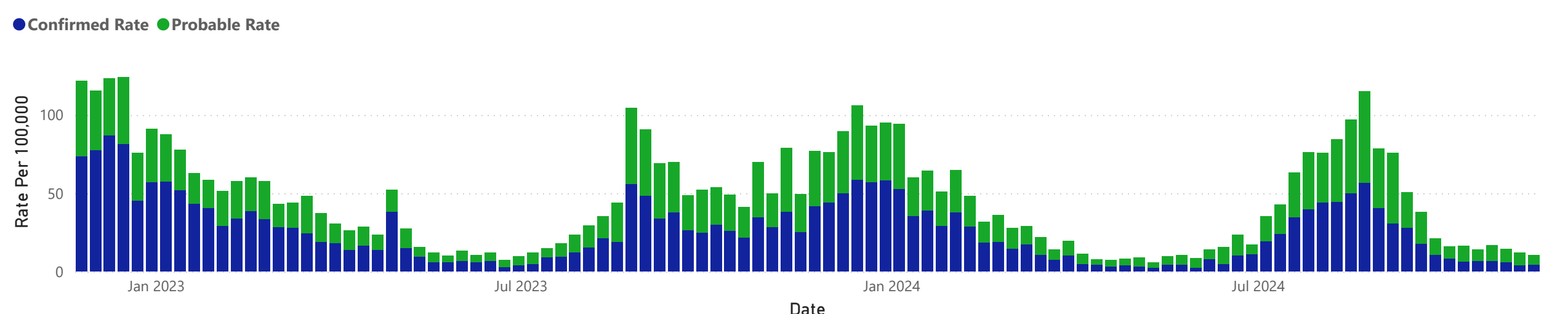
WEEKLY NEW CASE INFORMATION



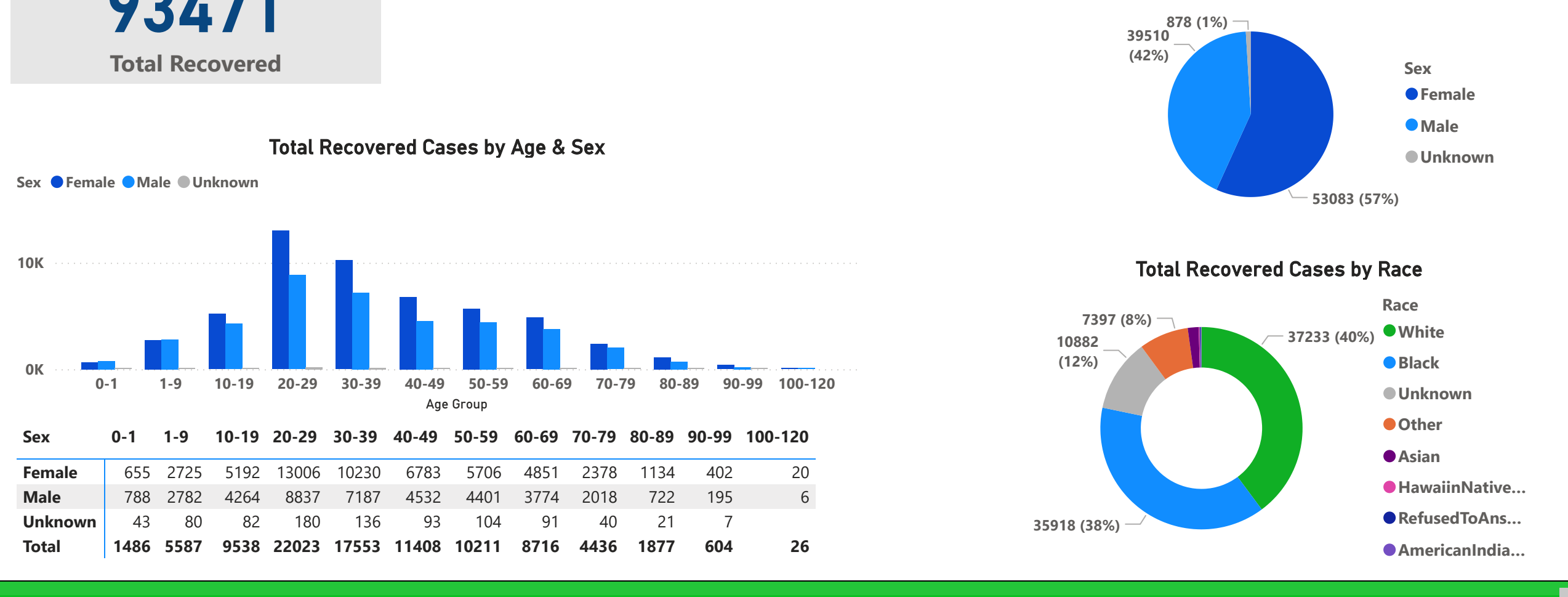
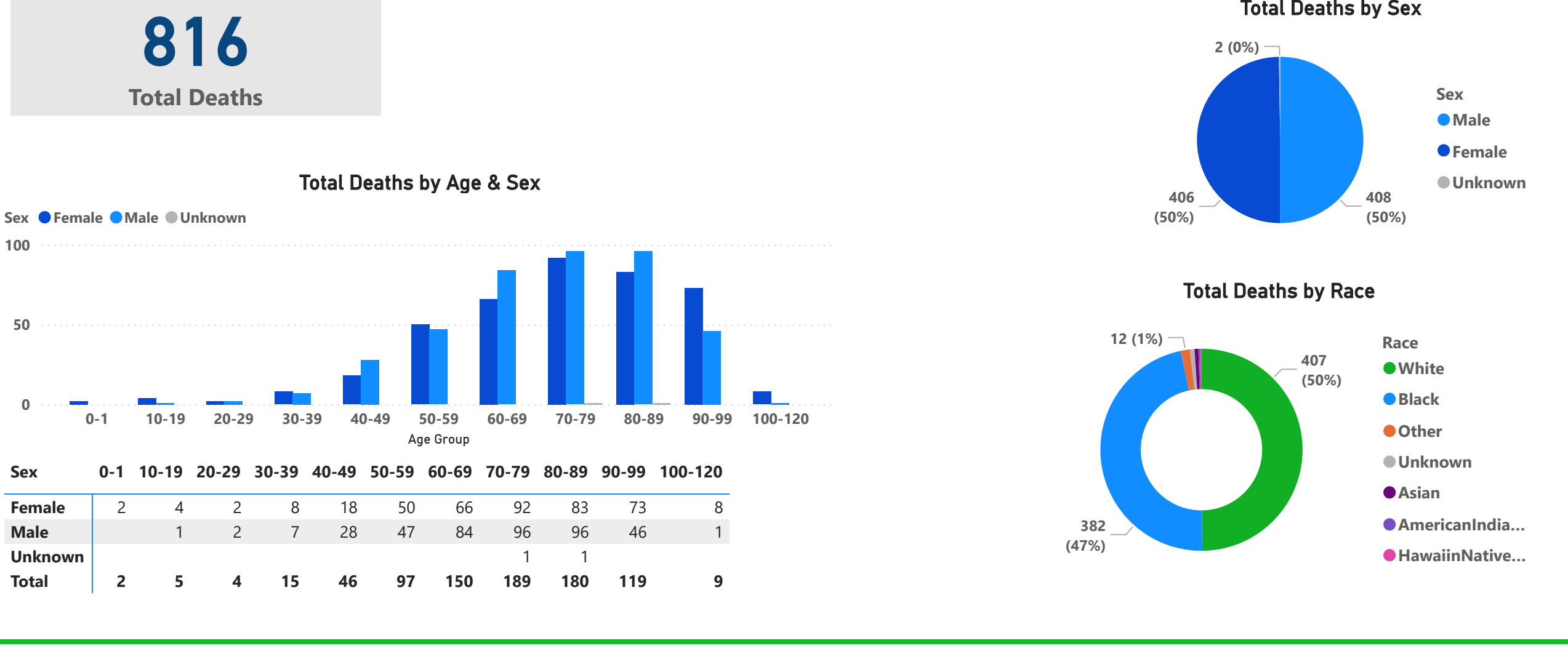
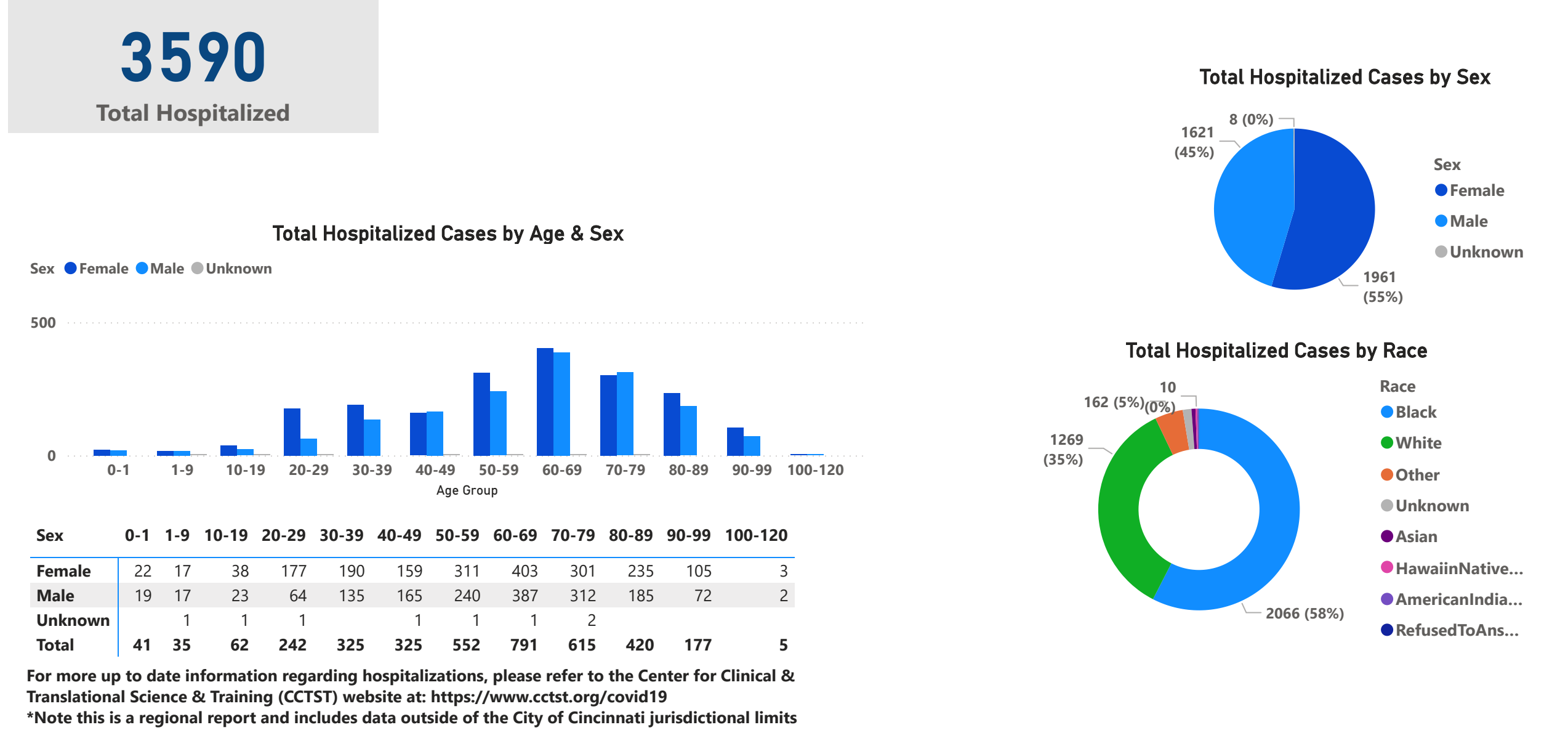
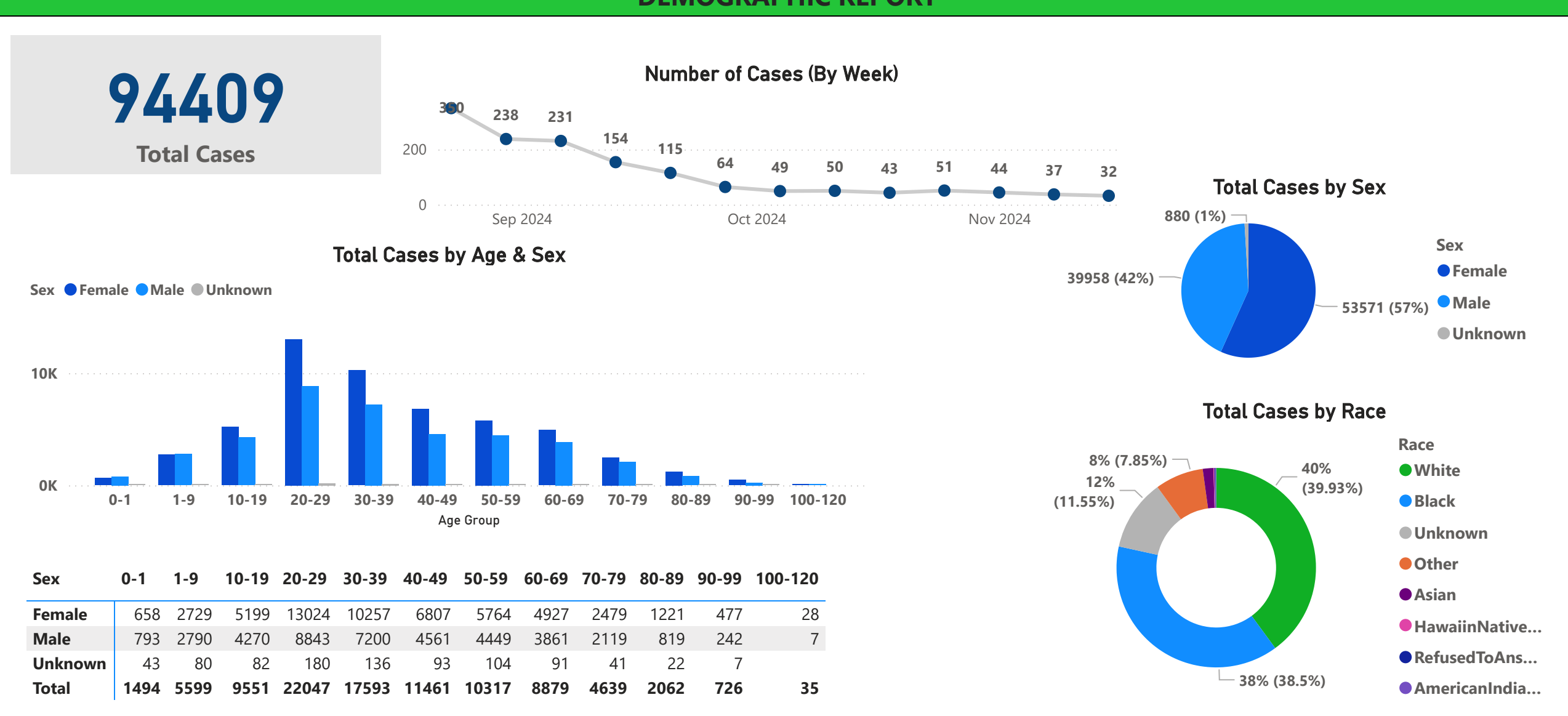
Epidemiological Curve - Weekly Reported Cases



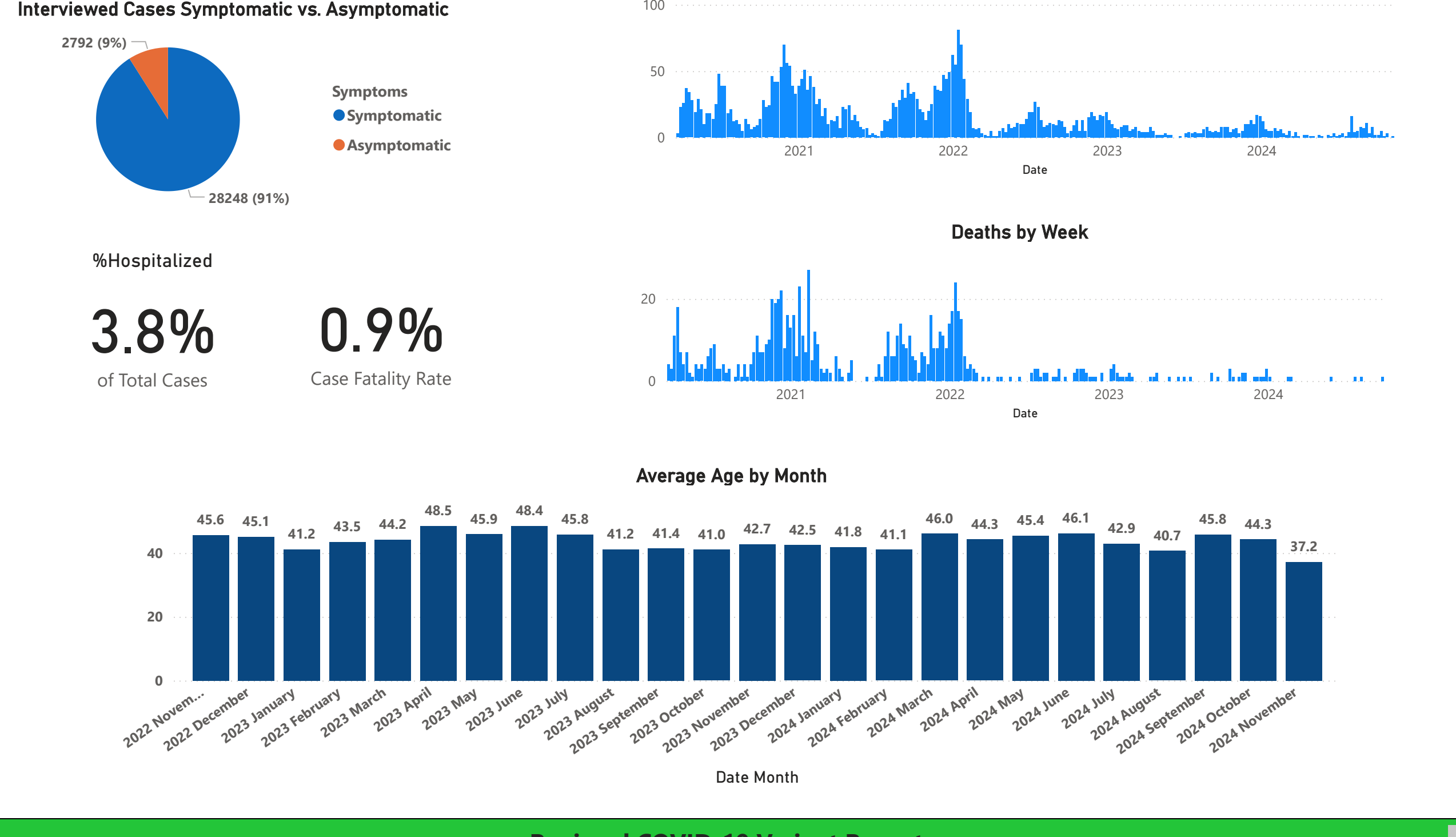
Epidemiological Curve (Weekly Case Rate per 100,000)



DEMOGRAPHIC REPORT

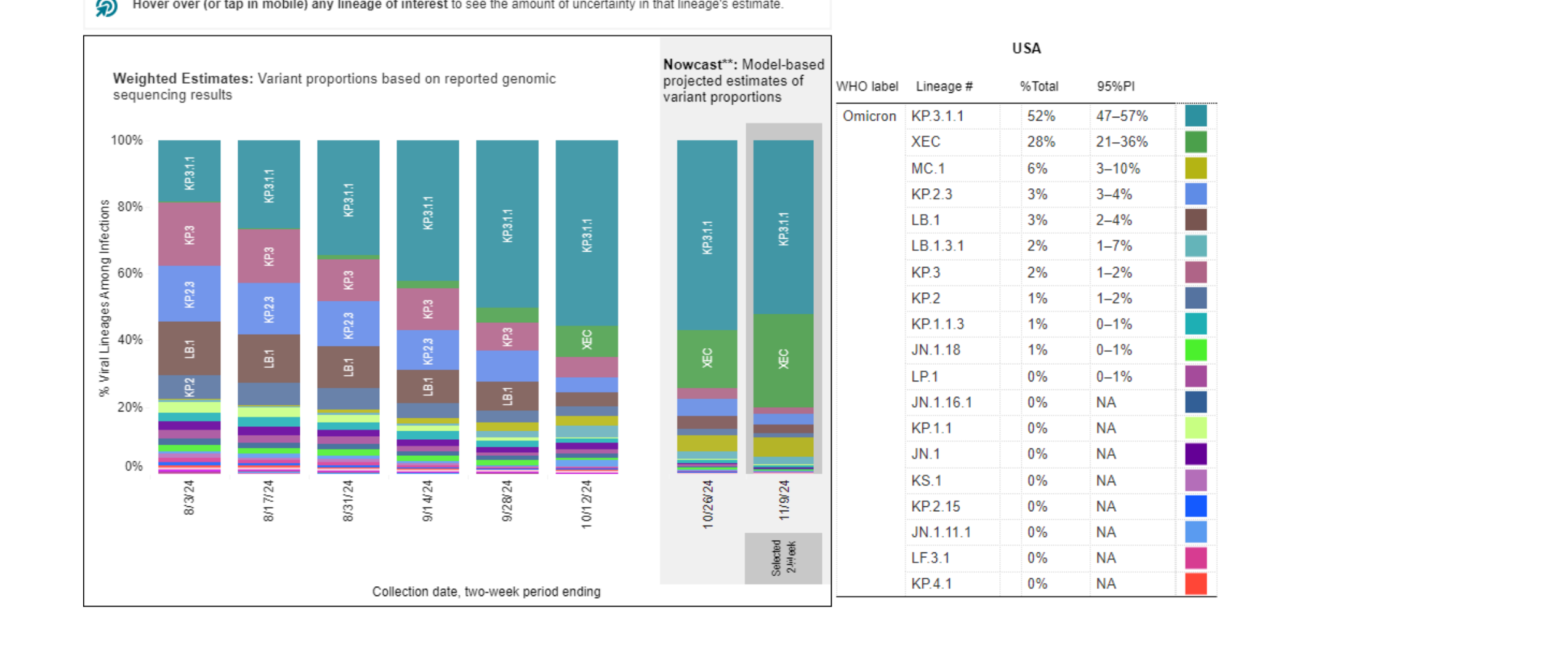


ADDITIONAL COVID-19 INFORMATION



Regional COVID-19 Variant Report

This report 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 11/15/2024



CITY OF CINCINNATI ENVIRONMENTAL HEALTH REPORT

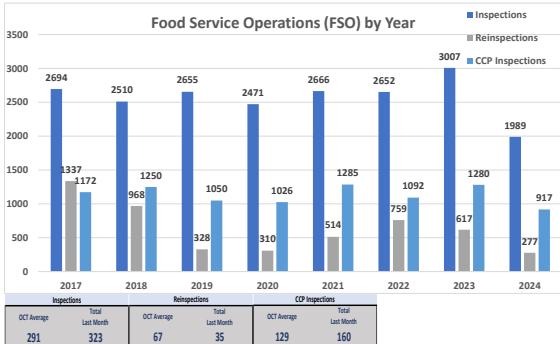
Environmental Health

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.

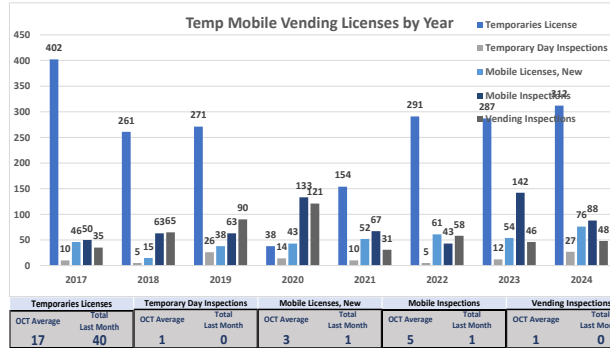
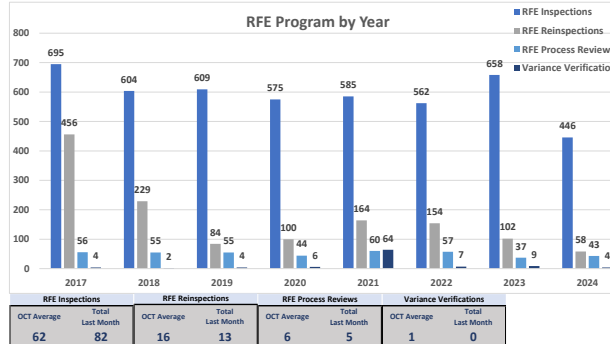
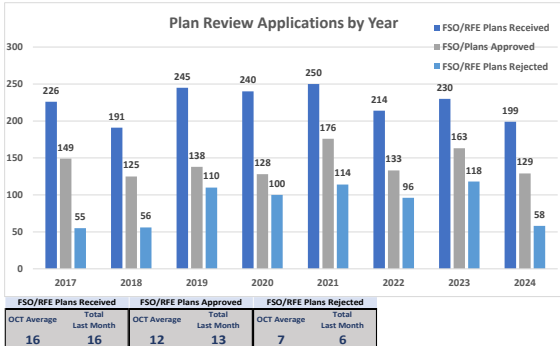
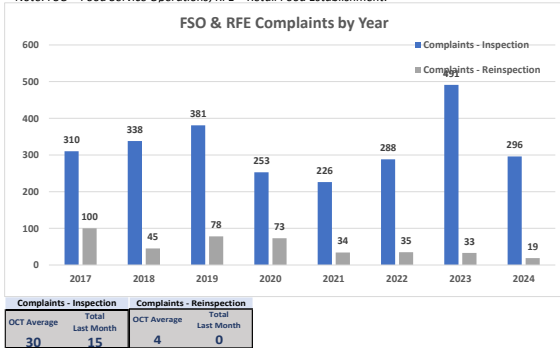
FOOD INSPECTION PROGRAM

The Food Safety Program continues to complete Tobacco 21 inspections, which are due to be completed by December 1, 2024. We also issued 40 Temp Licenses for 4 special events ... Serenity Jam (10/5/24), Disney on Ice (10/10/24), BLINK (10/17/24 to 10/19/24), and UC Homecoming (10/19/24).



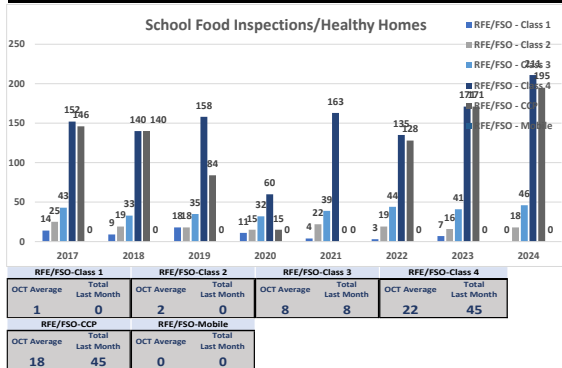
*Note: CCP = Critical Control Point Inspections.

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

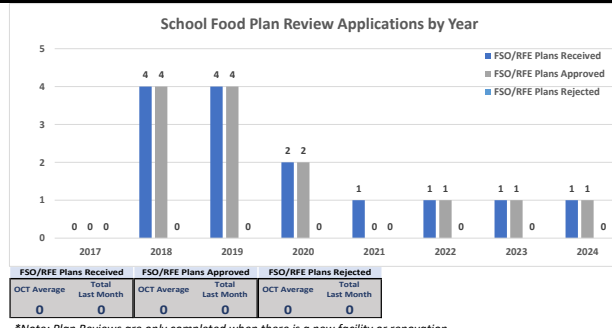


HEALTHY HOMES PROGRAM

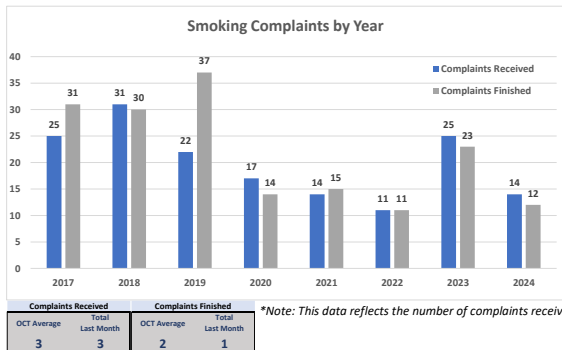
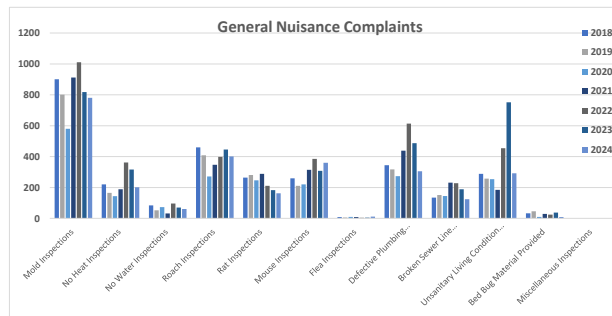
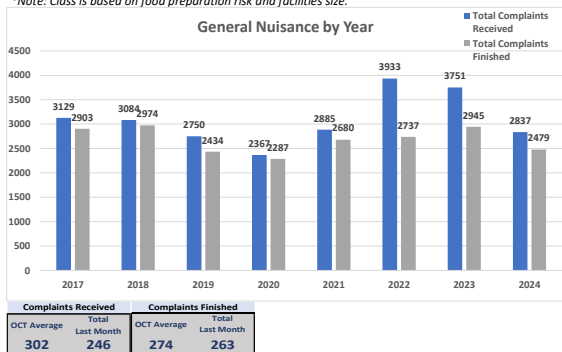
The Healthy Home team participated in the OTR clean up organized by 3CDC, where the team spent a couple hours picking up trash in the neighborhood. This was a great event, and staff hope to participate again in the spring. The team were involved in the execution of an administrative search warrant along with fire, B&I, law and ARC.GE



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



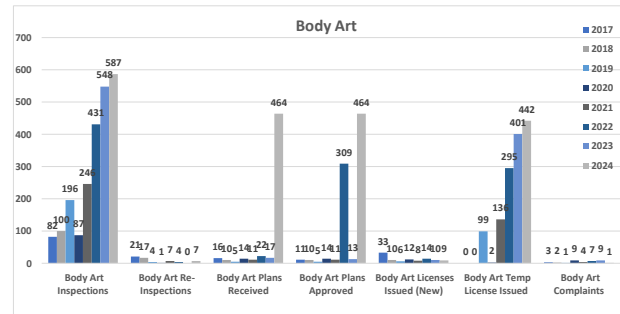
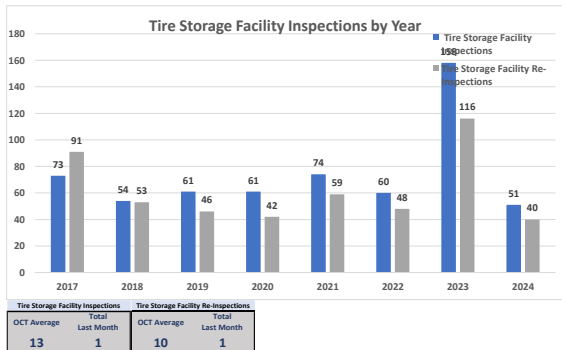
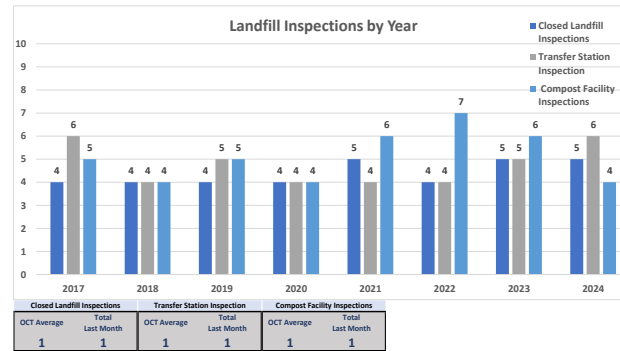
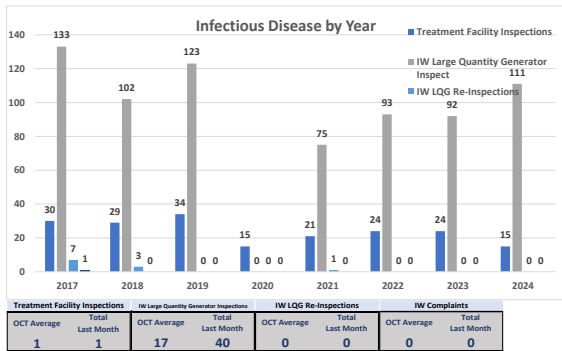
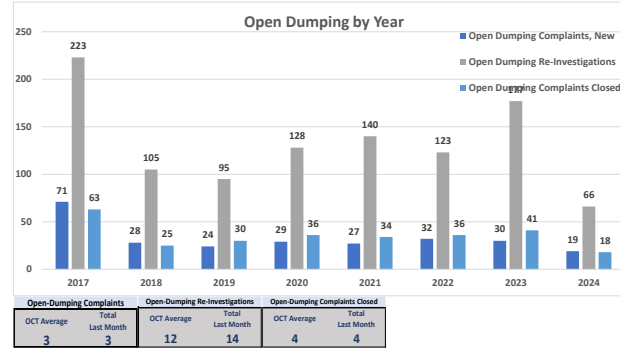
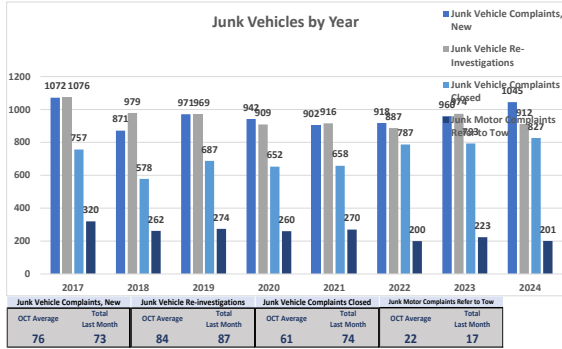
**Note: Plan Reviews are only completed when there is a new facility or renovation*



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

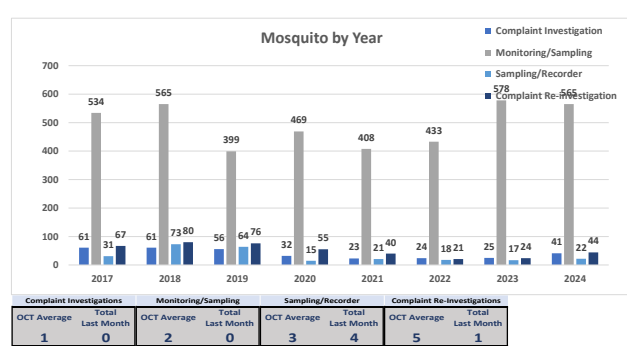
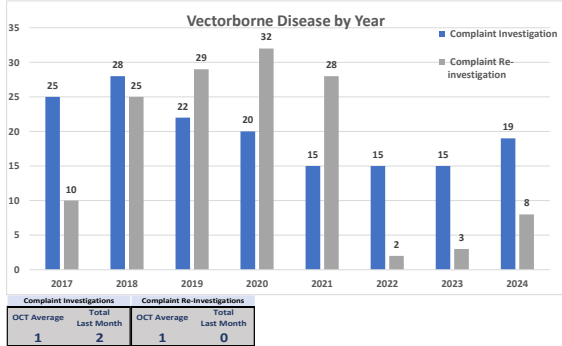
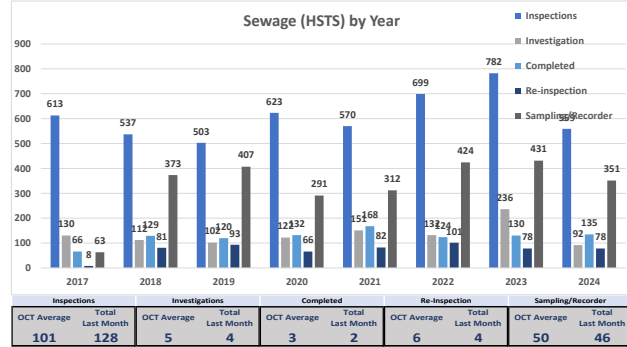
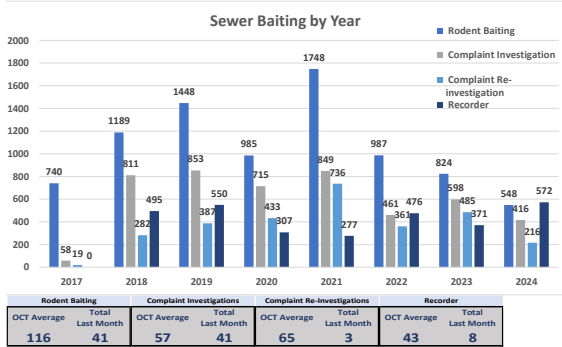
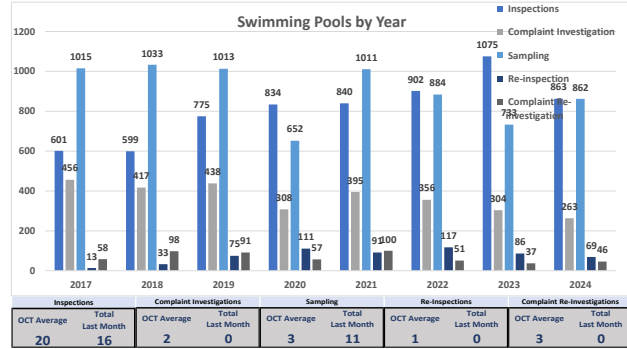
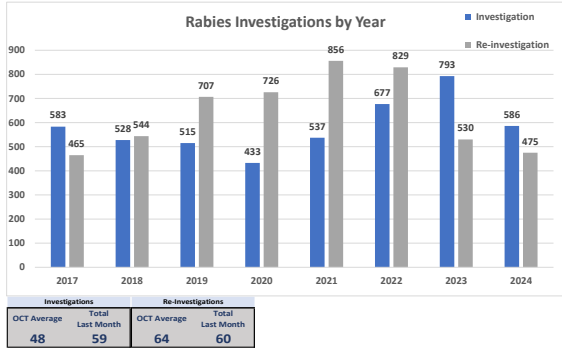
ENVIRONMENTAL WASTE PROGRAM

The Waste Unit licensed a temporary two day body piercing event. Worked with OPDA to streamline the junk vehicle Tow referral process.



TECHNICAL ENVIRONMENTAL SERVICES (TES)

Technical welcomed a new employee Lucas Young. Mr. Young is an EHS who previously worked with Butler County Health. Mosquito surveillance has concluded for the season, with a total of 24 pools of mosquitoes that tested positive for WNV. We had no human cases in Cincinnati.



Risk of clade I mpox outbreaks among gay, bisexual, and other men who have sex with men in the United States

Web title: Risk of Clade I Mpox Outbreaks Among U.S. MSM – Updated

About: To assess the impact among MSM of potential clade I mpox introduction into the U.S., CDC modeled varying levels of transmissibility and county-specific immunity. Modeling indicated that counties with higher population-level immunity had lower chances of a prolonged or large outbreak.

November 22, 2024

This report is one of two modeling studies exploring the potential spread of clade I mpox in the United States. This study explores the impacts of population-level immunity and transmissibility on sexual transmission of mpox among gay, bisexual, and other men who have sex with men (MSM) and is an update of the [original technical report](#), which evaluated 13 of the 50 counties analyzed here. A [separate study](#) explores the impact of household and other non-sexual spread on number of cases and number of households infected in an outbreak.

At a Glance

Clade I mpox is causing an ongoing outbreak in the Democratic Republic of the Congo (DRC) and neighboring countries in Central and Eastern Africa. In some places, this outbreak has spread predominantly through [intimate](#) or sexual contact between adults. During the ongoing clade II mpox outbreak that began in 2022, the main transmission route was associated with sexual activity among certain gay, bisexual, and other men who have sex with men (MSM). CDC modeled potential clade I mpox transmission among MSM to explore potential impacts of introduction to these sexual networks in the United States. The model accounted for varying levels of transmissibility and county-specific population-level immunity from previous infection, estimated undiagnosed infections, and receipt of one or two doses of the JYNNEOS vaccine. Our modeling results indicate that:

- In 23 out of the 50 U.S. counties included in the analysis, simulated clade I outbreaks among MSM were smaller than ongoing clade II outbreaks across three transmissibility scenarios. The clade I outbreaks were likely smaller because of prior immunity from vaccination and previous infection, as well as the population's related behavior change.
- The size and duration of potential mpox outbreaks varied across individual counties due to differences in population-level immunity, defined as a combination of estimated undiagnosed infections, vaccination coverage and previous clade II mpox case rates.
- Counties with higher population-level immunity had lower chances of a prolonged or large outbreak. Therefore, CDC [recommends](#) all eligible people get vaccinated.

Background

In [previous outbreaks](#) in endemic African countries, clade I virus has caused a higher proportion of severe disease and been [more transmissible](#) than clade II within close-contact settings. As of November 16, 2024, one case of clade I mpox has been detected in the United States.

The current DRC outbreak of clade I mpox has likely resulted from transmission through several modes in different settings, including household, zoonotic, and sexual exposures. A 2024 [outbreak](#) in the

Kamituga mining region in DRC has been associated with transactional sex, as 88% of hospitalized cases reported recent transactional sex. Additionally, health authorities reported six cases among MSM in a rural town in DRC in 2023. In a risk assessment updated as of November 18, 2024, CDC assessed the risk posed by the clade I mpox outbreak in the DRC to the U.S. MSM population as low to moderate; higher than the risk posed to the general population.

Here, we use a dynamic, agent-based transmission model to explore the chance of prolonged sexual transmission and potential outbreak sizes among MSM in 50 counties in the United States if clade I *monkeypox virus* were introduced to this population. The 50 counties selected for this analysis are those included in the Ending the HIV Epidemic (EHE) Initiative and represent a range of population size and immunity profiles (see Methods for additional information). Given uncertainty around the transmissibility of clade I mpox, we explored three levels of clade I transmissibility: equally transmissible as clade II (74.5% per-contact transmissibility), 10% increased transmissibility over clade II, and 20% increased transmissibility over clade II.

Key Findings

The county-level modeling results indicated the size and duration of potential mpox outbreaks varied across individual counties due to differences in population-level immunity. Results indicated that outbreaks averaging more than 50 cases did not occur when population-level immunity from vaccination or previous infection was greater than 50% among MSM (**Figure 1**). Additionally, our simulation results showed that counties with higher population-level immunity had smaller outbreaks—defined as cumulative infections one year after introduction—and lower chance of prolonged transmission—defined as continued incident infections one year after introduction (**Figure 2**). In the baseline scenario assuming clade I is as equally transmissible as clade II, no county with population-level immunity above 21% had outbreaks larger than their clade II outbreaks (**Appendix Table 1**).

Our results suggest that high population-level immunity in a county, coupled with related behavior change, would lead to a much smaller mpox clade I outbreak among MSM compared to the ongoing mpox clade IIb outbreak. When comparing modeling results to the number of confirmed diagnoses in the 2022 outbreak, only nine of the 50 counties had higher median numbers of mpox model-diagnosed cases across all transmissibility scenarios modeled. However, 27 of 50 counties had higher median mpox diagnoses in at least the 20% more transmissible scenario. All of these counties had estimated levels of population-level immunity below 35%.

Cumulative mpox infections among MSM in U.S. counties by population immunity

Based on simulations of three transmissibility scenarios across a range of population immunity levels

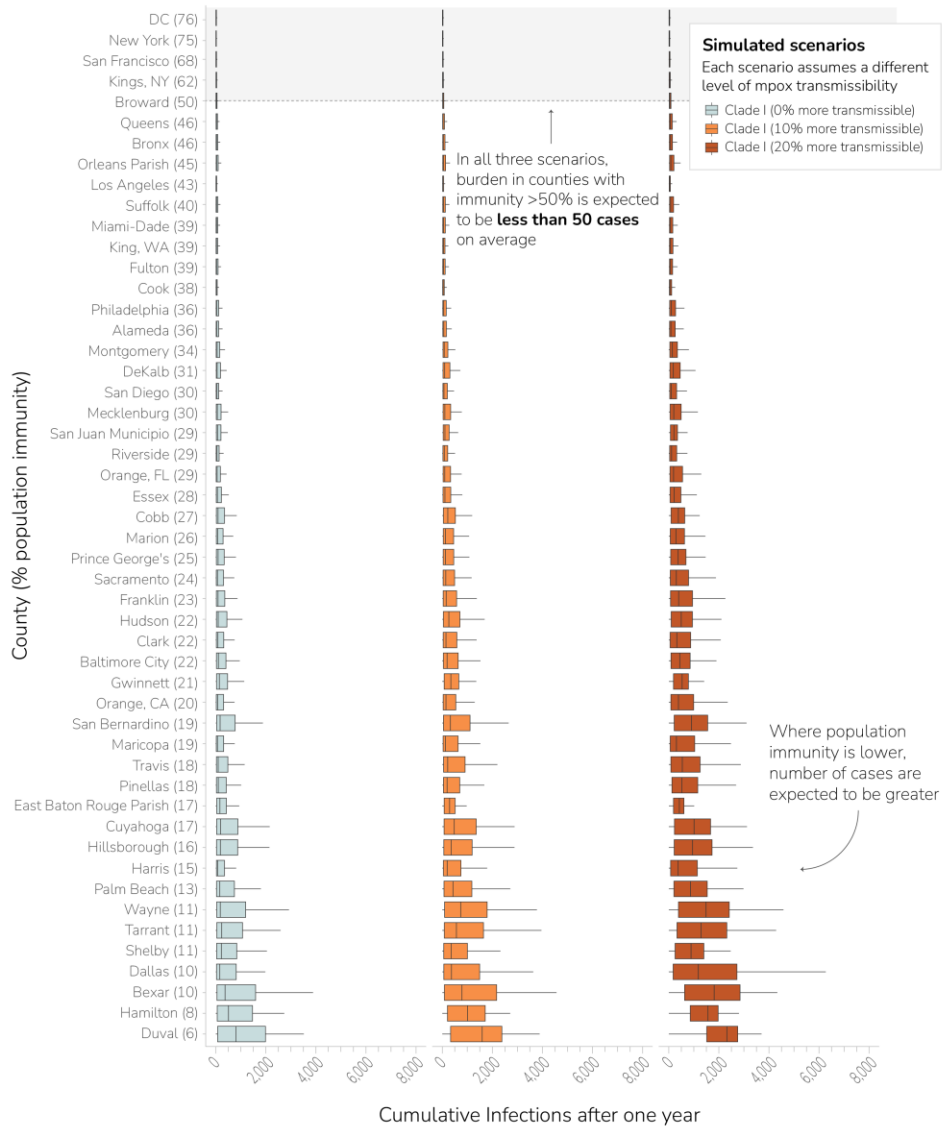


Figure 1. Cumulative number of diagnosed infections expected within a year among MSM in 50 U.S. EHE counties across three transmission scenarios, following introduction of five individuals with mpox and with high levels of sexual activity. Transmission scenarios represent clade I (0% more transmissible than clade II, which has 74.5% per-contact transmissibility), clade I (with 10% relative increased transmission over clade II), and clade I (with 20% relative increased transmission over clade II).

Probability of prolonged mpox transmission among MSM in U.S. counties

After one year, following introduction of five infectious individuals with high levels of sexual activity

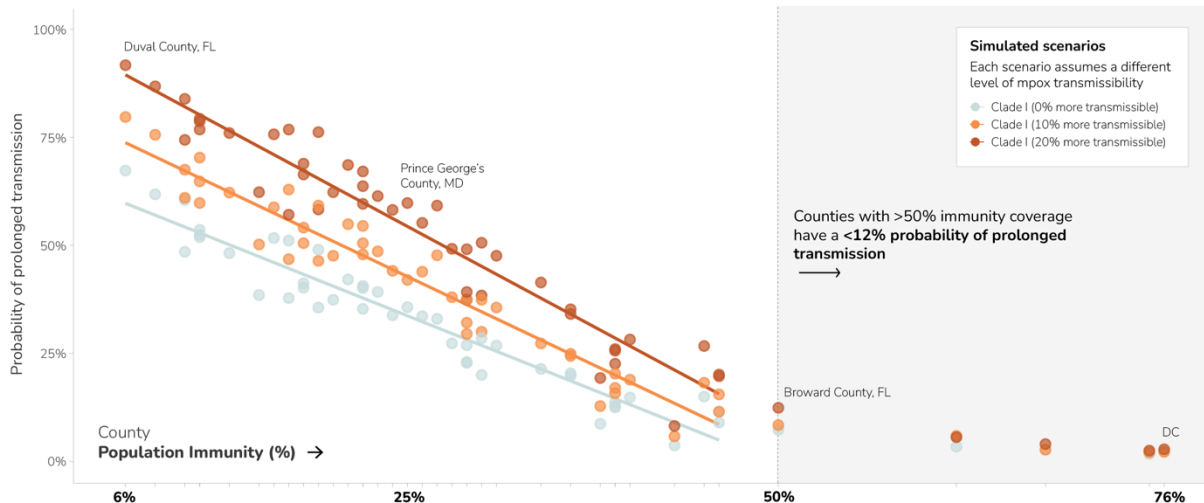


Figure 2. Probability of prolonged mpox transmission after one year among MSM in 50 U.S. EHE counties across three transmission scenarios, following introduction of five individuals with mpox with high levels of sexual activity. Transmission scenarios represent clade I (0% more transmissible than clade II), clade I (with 10% relative increased transmission over clade II), and clade I (with 20% relative increased transmission over clade II).

Among counties with population-level immunity under 50%, higher levels of immunity were correlated with lower probabilities of prolonged transmission among MSM for all three levels of transmissibility we analyzed (**Figure 2**). These results suggest that for counties with higher levels of population-level immunity, the probability of prolonged transmission is lower. In particular, counties with >50% population-level immunity had a <12% probability of prolonged transmission.

Public Health Considerations

Increasing population-level immunity through vaccination in counties can reduce both the number of infections as well as the chance of prolonged transmission of mpox. Vaccination is an important – yet underutilized -- tool in preventing the spread of mpox. The Advisory Committee on Immunization Practices recommends people with potential risk of exposure to mpox receive two doses of the JYNNEOS vaccine. Despite this, only 25% of the approximately two million people recommended to receive the vaccine in the United States based on risk of exposure to clade II mpox have received both doses, and an additional 15% of those eligible have received one of the two recommended doses. JYNNEOS is also expected to protect against clade I mpox. CDC will continue to evaluate available data and assess the risk posed to MSM in the United States by the clade I mpox outbreak in DRC.

If you are a public health partner interested in learning more about your county-specific population-level immunity, please [contact us](#).

Methods

We developed an agent-based model to simulate mpox sexual transmission among MSM. We adapted a [previous model](#) that assessed clade II transmission in MSM networks, adding new data on U.S. sexual network structures and exploring transmission parameters to represent clade I mpox.

We produced simulations for all 50 counties in the [Ending the HIV Epidemic \(EHE\) Initiative](#). The 50 EHE jurisdictions account for more than half of all new HIV diagnoses, and many represent urban areas across the United States with large MSM populations. For each of the 50 counties, we established baseline population-level immunity based on quarterly mpox vaccination data as of August 2024, estimates of undiagnosed infections, and mpox clade II case reporting as of October 1, 2024, from DCIPHER, a cloud-based CDC data platform. We assumed that prior infection with clade II mpox provides full protection against both mpox clades, and that vaccination with the JYNNEOS vaccine provides partial but strong immunity (75.2% and 85.9% for one dose and two doses, respectively).

We then generated sexual networks with [sizes](#) equivalent to the estimated MSM population for each county as a set of three interconnected dynamic networks representing main (long-term), casual (shorter-term), and one-time sexual partnerships among MSM. The sexual behavior within the networks was estimated from an [online survey](#) of cisgender MSM from across the United States. We assumed that the distribution of type and frequency of sexual behavior (e.g., the proportion of people who form long-term, short-term, and/or one-time partnerships) is the same across all counties as data does not exist to estimate these parameters at a local level. While these patterns of sexual behavior remain constant between counties, each modeled county is unique in terms of population size and initial immunity conditions. Finally, we also included short-term behavioral adaptations in our modeling as a reduction in the frequency of spontaneous or one-time sexual encounters. We assumed a level of behavioral adaptation in our analyses that was similar to what occurred in the District of Columbia in 2022, which was based on previous [modeling work](#) and which was [documented](#) across the United States.

The cumulative number of infections and proportion of simulation runs with infections remaining one year after introduction of the virus were compared across three transmission scenarios. Transmission scenarios included the following: 1) baseline, clade I equally transmissible as clade II (74.5%); 2) clade I 10% more transmissible than clade II (81.9%); and 3) clade I 20% more transmissible than clade II (89.4%). For each simulation, we assumed that five MSM with the highest levels of sexual activity—defined as having one or more spontaneous/one-time sexual partners per week in addition to any main or casual partners—were exposed to mpox and ran the simulation for one year. We summarized results across 1,000 simulation runs for each county and scenario combination, both as a median and interquartile range (IQR) of cumulative diagnosed mpox infections after one year following introduction (**Appendix Table 2**) and as the probability of prolonged mpox transmission (**Appendix Table 3**).

How did this model differ from previous modeling during the clade II outbreak?

The updated model was fit to sexual network data that was collected more recently (2017-2019), representing MSM across the United States rather than a single geographic region. Furthermore, we added data on oral sex partnerships in addition to anal sex partnerships and recalibrated sexual activity group strata to better characterize the range of sexual activity reported in the data. We also calibrated

the clade II transmissibility parameter using clade II mpox case data from early in the 2022 outbreak. This parameter has a calibrated distribution of β (4.24, 1.45), with mean equal to 74.5% probability of transmission per contact.

We also added additional transmission parameters to explore possible clade I scenarios. While there are no studies that estimate the exact difference in per-contact transmissibility between the globally circulating clade II virus and clade I in humans, there is [evidence](#) that rash intensity and detectable viral loads are greater for clade I relative to clade II in [traditional zoonotic](#) and household transmission settings, and a [small-mammal model](#) demonstrated that virulence of clade I is greater than clade II. We generalized these lines of evidence, assuming a 10% increase relative to clade II (81.9% per-contact transmissibility) and a 20% increase (89.4% per-contact transmissibility).

Lastly, previous work modeled a range of immunity to mpox using a single population size, where in this work we modeled county-specific MSM population size and composition of population-level immunity. This generates more variance in our results, but both approaches come to similar conclusions about the overall level of population-level immunity that is protective against prolonged transmission of mpox.

What data did you use to estimate county-level immunity coverage?

Population-level immunity was calculated as the proportion of each county's population with increased risk of mpox exposure that had some form of protective immunity, defined as either a previous monkeypox virus infection (diagnosed or undiagnosed), one dose of vaccine, or two doses, and weighted by the amount of protection each type of immunity provides the individual against future infection, as assumed in the model. We used JYNNEOS vaccine administration data through August 2024, diagnosed mpox cases through October 1, 2024, and an estimate of the number of undiagnosed mpox infections based on [previous modeling work](#). We estimated the size of the MSM population with increased risk of mpox exposure in each county using [county-level estimates](#) from survey data reduced by 40% to reflect the smaller proportion of MSM considered to have higher sexual activity based on [national survey data](#). There are 11 EHE counties not included in the above set of county-level estimates. For these counties, we instead estimated the size of the population with increased risk of mpox exposure following [previous work](#), as the summation of the total number of MSM living with HIV and the number of PrEP-eligible MSM, plus 10%.

Limitations

Our analysis is subject to several limitations, including some that could lead to underestimation of outbreak size and probability of prolonged transmission. We assumed that prior infection with clade II mpox provides full immunity against both mpox clades (no development of mpox following exposure), that vaccination with the JYNNEOS vaccine provides partial immunity (significantly reduced probability of mpox development following exposure), but did not account for waning immunity from either previous infection or vaccination in this model. We also assumed that the JYNNEOS vaccine and prior infection with clade II will provide similar levels of immunity against clade I as for clade II, all of which could reduce our estimates of outbreak size. In addition, variations in vaccination reporting requirements between counties—including some that have stopped reporting to CDC since immunity estimates were previously published and/or have individual opt-in reporting—may mean that true population immunity could be higher than is estimated here and outbreak sizes could be smaller than

modeled. Lastly, the number of infections reported in these counties and included in our analysis may be lower than the actual number of infections, given under-detection and reporting of cases.

We also made several assumptions that could have led to overestimates of outbreak size and probability of prolonged transmission. We seeded simulations with a high number of infections in highly connected individuals. In addition, we assumed substantial behavioral adaptation in the face of an outbreak. Our sensitivity analysis for clade II indicated that substantially larger outbreaks could occur if this assumption is violated, though outbreak sizes did not exceed 100 cases on average for counties with >50% immunity among MSM with increased risk of mpox exposure (defined in our model as MSM who are likely to form spontaneous or one-time partnerships in addition to having main and/or casual partners). We also assumed that no vaccination occurred during the simulated year. In counties where analysis indicates that large outbreak sizes are possible, we expect—but did not model—that additional health interventions would be implemented that could potentially reduce outbreak sizes. This analysis only explicitly modeled 50 counties; therefore, it is not representative of the entire U.S.

Finally, we acknowledge substantial uncertainty in the size of the MSM population with increased risk of mpox exposure (which affects coverage estimates) and note that sexual networks may not be accurately reflected for all counties, as the survey data could not be disaggregated to the county level. While unaccounted-for geographic variation in sexual behavior could influence the absolute outbreak size in a given county, because previous modeling work used networks with lower levels of sexual activity and had similar outcomes, we expect that the general conclusions presented here would hold.

Appendix

Table 1. Key immunity thresholds by transmission scenario

Transmission Scenario	Threshold Definition	Minimum Population-Level Immunity Required
All three scenarios	Expected diagnoses do not exceed 50 cases	50%
Clade I: 20% increased transmission over clade II	Expected diagnoses do not exceed previous clade II burden	35%
Clade I: 10% increased transmission over clade II	Expected diagnoses do not exceed previous clade II burden	30%
Clade I: 0% increased transmission over clade II	Expected diagnoses do not exceed previous clade II burden	22%

Note: Cumulative number of diagnosed infections expected within a year, following introduction of five individuals with mpox and with high levels of sexual activity.

Table 2: Median (IQR) Cumulative Mpox Diagnoses in First 365 Days, all 50 EHE Counties

2024 Estimated Population -Level Immunity	EHE County, State	Model Diagnosed Cases			Diagnosed Cases from 2022-2024 Clade II Outbreak
		Clade I Introduction (0% increased transmission)	Clade I Introduction (10% increased transmission)	Clade I Introduction (20% increased transmission)	

6%	Duval County, FL ^Δ	802.5 (77-1985)	1595.5 (331.75-2381.5)	2321 (1514.75-2752)	77
8%	Hamilton County, OH ^Δ	511 (59.75-1467)	1010 (207.75-1716.25)	1562.5 (856-1971)	36
10%	Bexar County, TX *	374.5 (47.75-1594)	784 (86.75-2171)	1811 (629.5-2847.25)	204
10%	Dallas County, TX *	164 (31-818.25)	366 (61.75-1494)	1182 (174.75-2721.25)	984
11%	Shelby County, TN	226.5 (34-838.75)	357 (56-1005.5)	889 (249.5-1401.5)	137
11%	Tarrant County, TX *	237 (41-1069.5)	567.5 (82.5-1645.75)	1289 (325.75-2315.5)	260
11%	Wayne County, MI *	182.5 (39-1197)	741.5 (91.75-1791)	1485.5 (385.5-2412.25)	187
13%	Palm Beach County, FL	166 (32-746.5)	432 (69-1182.25)	869 (204.75-1536.25)	121
15%	Harris County, TX *	78 (27-349.25)	198 (42-746.25)	374 (73.75-1139)	993
16%	Hillsborough County, FL	183.5 (32-878.25)	356 (62-1192.5)	946 (214-1727.25)	244
17%	Cuyahoga County, OH	194 (37-887.25)	474 (72-1356.25)	1011 (226.75-1669.25)	162
17%	East Baton Rouge Parish, LA ^Δ	168 (39-425.25)	293 (73.75-513.5)	422 (187-604.5)	31
18%	Pinellas County, FL	100 (27-422)	193.5 (45.75-699.75)	522 (126-1157.25)	171
18%	Travis County, TX *	97 (27-486.25)	216.5 (50-911.25)	538.5 (81.75-1249)	313
19%	Maricopa County, AZ	70.5 (22.75-318.25)	132 (34.75-632.5)	305.5 (55.75-1035)	536
19%	San Bernardino County, CA	174 (36-777.25)	326 (48-1109)	912 (215.75-1552.75)	125
20%	Orange County, CA	80 (22-315)	149.5 (35.75-543.25)	386 (83.75-992)	315
21%	Gwinnett County, GA *, ^Δ	143 (32.75-476.25)	342.5 (76-660.25)	530.5 (187.25-784.25)	116
22%	Baltimore City, MD ^Δ	104.5 (29-408)	194.5 (45-636.5)	441.5 (87.75-851.5)	239
22%	Clark County, NV	83.5 (26-321)	148 (36-585)	319 (53-873.5)	309
22%	Hudson County, NJ *	99.5 (28-445.25)	264 (45-705.5)	497.5 (95-945)	206
23%	Franklin County, OH	91 (25-362.25)	156.5 (36.75-574.5)	391.5 (69.75-948.25)	98
24%	Sacramento County, CA	70.5 (23-310)	142.5 (33-491.5)	301 (59-788.5)	160
25%	Prince George's County, MD ^Δ	94 (26-340)	134 (35.75-458)	373.5 (75.75-684.25)	240
26%	Marion County, IN	76 (24-295)	130.5 (39-454)	283.5 (59-624.75)	179

27%	Cobb County, GA [*] , ^Δ	92 (25-350.25)	223 (43.75-524.25)	383 (90-636)	164
28%	Essex County, NJ [*] , ^Δ	68 (22-227.25)	106 (30-339)	211.5 (51.75-482)	145
29%	Orange County, FL	58 (18-184.5)	98.5 (34-333)	189.5 (46.75-549.75)	337
29%	Riverside County, CA	50 (19-138.25)	80.5 (25-219.25)	112 (33-317)	334
29%	San Juan Municipio, PR [*] , ^Δ	73 (25-208.25)	105.5 (35.75-278)	206.5 (64-347.5)	75
30%	Mecklenburg County, NC [*]	62.5 (22-212.5)	102 (32-335)	197.5 (52-495.25)	279
30%	San Diego County, CA	45 (17-120)	67 (26-203)	98.5 (38-312.25)	566
31%	DeKalb County, GA [*]	56 (20-187.25)	95 (28-304.25)	176 (46-456.75)	428
34%	Montgomery County, MD ^Δ	58 (19-160)	78 (29-226.25)	137.5 (41.75-346)	93
36%	Alameda County, CA	42 (18-120)	59.5 (23-164)	84.5 (31-258)	295
36%	Philadelphia County, PA	43.5 (18-118.25)	58 (23-159)	99.5 (33-270)	557
38%	Cook County, IL	28 (13-60.25)	38 (17-82)	49 (23-116)	1451
39%	Fulton County, GA [*]	35 (15-93.25)	49 (20-117)	64 (26-154.25)	867
39%	King County, WA	33 (15-78)	50 (20-109)	65.5 (26-168)	525
39%	Miami-Dade County, FL	35 (15.75-81)	49 (20-124.25)	64 (26-158)	972
40%	Suffolk County, MA [*]	36 (16-85)	48 (19-125)	76 (29-189.25)	214
43%	Los Angeles County, CA	21 (11-40)	27 (14-54)	32 (16-62.75)	2686
45%	Orleans Parish, LA ^Δ	43 (18-99.5)	51 (20-136)	83 (30-206.25)	132
46%	Bronx County, NY	34 (16-81.25)	45 (19-108.25)	64.5 (25-147)	789
46%	Queens County, NY	30.5 (14-69)	35 (17-87)	61.5 (25-140)	673
50%	Broward County, FL	25 (12-54)	30 (14-61)	43 (19-88)	735
62%	Kings County, NY	19 (11-38)	24 (12.75-45)	30 (15-59)	1071
68%	San Francisco County, CA	16.5 (8-31)	21 (11-38)	24 (13-47)	954
75%	New York County, NY	14 (7-25)	17 (9-29)	21 (11-36)	1674
76%	District of Columbia, DC	14 (7-27)	17 (9-31)	21 (11-37)	567

(*) Indicates county does not have updated vaccination information via Immunization Information Services (IIS)

(Δ) indicates a county's MSM population size was not included in the Grey *et al.* county-level estimates.

The 50 counties selected for this analysis are those included in the [Ending the HIV Epidemic \(EHE\) Initiative](#). Cumulative number of model-diagnosed infections expected within a year, following introduction of five individuals with mpox and with high levels of sexual activity. Transmission scenarios represent increased levels of transmission over clade II.

Table 3: Probability of Prolonged Mpox Transmission within all 50 EHE Counties (After one year, following introduction of 5 infectious individuals with high levels of sexual activity)

2024 Estimated Population -Level Immunity		EHE County, State	Model Probability of Prolonged Transmission		
			Clade I Introduction (0% increased transmission)	Clade I Introduction (10% increased transmission)	Clade I Introduction (20% increased transmission)
6%	Duval County, FL	67.3%	79.7%	91.7%	
8%	Hamilton County, OH	61.8%	75.6%	86.8%	
10%	Bexar County, TX	60.5%	67.5%	83.9%	
10%	Dallas County, TX	48.5%	61.0%	74.4%	
11%	Shelby County, TN	52.4%	59.8%	76.8%	
11%	Tarrant County, TX	53.6%	64.8%	78.7%	
11%	Wayne County, MI	51.9%	70.3%	79.3%	
13%	Palm Beach County, FL	48.2%	62.2%	76.0%	
15%	Harris County, TX	38.5%	50.2%	62.3%	
16%	Hillsborough County, FL	51.7%	58.8%	75.7%	
17%	Cuyahoga County, OH	51.1%	62.9%	76.8%	
17%	East Baton Rouge Parish, LA	37.8%	46.8%	57.1%	
18%	Pinellas County, FL	40.2%	50.5%	68.9%	
18%	Travis County, TX	41.2%	54.1%	66.4%	
19%	Maricopa County, AZ	35.6%	46.4%	58.3%	
19%	San Bernardino County, CA	49.0%	59.2%	76.2%	
20%	Orange County, CA	37.4%	47.6%	62.3%	
21%	Gwinnett County, GA	42.1%	54.9%	68.6%	
22%	Baltimore City, MD	40.1%	50.5%	63.7%	
22%	Clark County, NV	35.3%	47.9%	59.6%	
22%	Hudson County, NJ	40.6%	54.5%	67.1%	
23%	Franklin County, OH	39.2%	48.6%	61.4%	
24%	Sacramento County, CA	33.8%	44.1%	58.2%	
25%	Prince George's County, MD	35.7%	42.0%	59.8%	
26%	Marion County, IN	33.6%	43.9%	55.2%	
27%	Cobb County, GA	33.0%	47.7%	59.2%	
28%	Essex County, NJ	27.3%	38.0%	49.2%	
29%	Orange County, FL	26.9%	37.5%	49.1%	
29%	Riverside County, CA	22.8%	32.1%	37.4%	
29%	San Juan Municipio, PR	23.0%	29.5%	39.2%	

30%	Mecklenburg County, NC	28.5%	37.4%	50.6%
30%	San Diego County, CA	20.0%	30.0%	38.4%
31%	DeKalb County, GA	26.8%	35.6%	47.6%
34%	Montgomery County, MD	21.4%	27.3%	41.4%
36%	Alameda County, CA	20.4%	24.9%	34.1%
36%	Philadelphia County, PA	19.8%	24.4%	35.2%
38%	Cook County, IL	8.7%	12.8%	19.3%
39%	Fulton County, GA	13.7%	15.8%	22.6%
39%	King County, WA	12.5%	17.0%	25.6%
39%	Miami-Dade County, FL	12.8%	20.3%	26.0%
40%	Suffolk County, MA	14.8%	18.9%	28.2%
43%	Los Angeles County, CA	3.7%	5.8%	8.2%
45%	Orleans Parish, LA	15.0%	18.2%	26.7%
46%	Bronx County, NY	11.5%	15.5%	19.7%
46%	Queens County, NY	9.0%	11.5%	20.1%
50%	Broward County, FL	7.3%	8.4%	12.4%
62%	Kings County, NY	3.4%	5.9%	5.6%
68%	San Francisco County, CA	2.7%	2.7%	4.0%
75%	New York County, NY	1.7%	2.1%	2.5%
76%	District of Columbia, DC	2.3%	2.2%	2.8%

The 50 counties selected for this analysis are those included in the [Ending the HIV Epidemic \(EHE\) Initiative](#). Probability of prolonged transmission after one year, following introduction of five individuals with mpox and with high levels of sexual activity. Transmission scenarios represent increased levels of transmission over clade II.