Board of Health Meeting

Tuesday, February 24, 2026

Agenda

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

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

Old Business

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

- Vote: **Motion to Approve** the Minutes of January 27, 2026, Board of Health Meeting.

6:10 pm – 6:15 pm Introduction New Board Member – Dr. Santosh Menon

6:15 pm – 6:25 pm Commissioner's report – Dr. Grant Mussman

New Business

6:25 pm – 6:35 pm COVID-19 Wastewater Sampling Study – Dr. Maryse Amin and Mr. Scott Bessler

6:35 pm – 6:45 pm Communicable Disease Report – Ms. Kim Wright

6:45 pm – 6:55 pm Finance Committee – Ms. Kiana Trabue

- Vote: **Motion to Approve** Hamilton County Public Health, 1st Amendment– Contract 55x10741
- Vote: **Motion to Approve** Hamilton County Public Health (Dollars for Dentures Program) – Contract 65x10848
- Vote: **Motion to Approve** Ohio Department of Health – Contract 65x10849
- Vote: **Motion to Approve** Housing and Urban Development – Contract 65x10850

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 February 24, 2026

7:10 pm – 7:15 pm Public Comments

7:15 pm Adjourn

Next Meeting March 24, 2026

[Mission]

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

CINCINNATI BOARD OF HEALTH
BOARD OF HEALTH MEETING
January 27, 2026

Ms. Ashlee Young, Chair of the Board of Health, called January 27, 2026, meeting of the Cincinnati Board of Health to order at 6:00 p.m.

I. **ROLL CALL:**

Board Members Attending: Mr. Jagdish Bhati, Dr. Mary Carol Burkhardt, Dr. Jennifer Forrester, Dr. Christopher Lewis, Ms. Raynal Moore, Ms. Kiana Trabue, Ms. Ashlee Young

Absent: Mr. Ken Patel

Others Present: Dr. Grant Mussman-Commissioner, Ms. Sa-Leemah Cunningham-Clerk, Dr. Maryse Amin, Mr. Ian Doig, Mr. Antonio Young, Mr. Mark Menkhaus Jr., Ms. Kim Wright, Dr. Camille Jones, Ms. Chante Randolph, Dr. Nick Taylor, Ms. Tiffany White, Mr. John Kachuba, Mr. David Miller, Ms. Marla Fuller, Ms. Angela Mullins

AGENDA PACKET → JANUARY-BOH-AGENDA-PACKET-1.27.26.PDF			
ITEM	**TOPIC**	**RESPONSIBLE PARTY**	**ACTION/MOTION**
Minutes	**Motion** that the Board of Health approves the minutes from December 2, 2025, Board of Health Meeting.	Ms. Sa-Leemah Cunningham	**Motion**: Mr. Jagdish Bhati **2nd:** Dr. Jennifer Forrester **Action: 7-0 Passed**
Old Business			
Amendment to Food Fee Resolution 2026-001	**Discussion Items:** Document included in the agenda. Mr. Antonio Young discussed the Resolution 2026-001; An Amendment to Food Fees resolution 2025-004 passed in October 2025. • Mr. Young requested a vote to adjust the 2026-2027 low-risk mobile food fee from $79 to $7950. • Mr. Young also requested approval via emergency measure for this to immediately take effect. Vote: **Motion to Suspend** the statutory rule requiring three readings of Resolution No. 2026-001. Vote: **Motion to Approve** emergency passage of Resolution No. 2026-001. Vote: **Motion to Approve** Resolution No. 2026-001, Amending resolution number 2025-004; to correct the	Mr. Antonio Young	**Vote** Waive 3x Readings for resolution 2026-001 **Motion:** Mr. Jagdish Bhati **2nd:** Dr. Jennifer Forrester **Action: 7-0 passed** **Vote:** Emergency Passage of Resolution 2026-001 **Motion:** Ms. Raynal Moore **2nd:** Mr. Jagdish Bhati **Action: 7-0 Passed** **Vote:** Approval of Resolution 2026-001 **Motion:** Mr. Jagdish Bhati **2nd:** Ms. Ashlee Young **Action: 7-0 Passed**

	licensing fees for low-risk mobile food service operations and mobile retail food establishments.		
Executive Session	The Board moved to Executive session to discuss discipline of an employee. **Motion for Executive Session** – That the Board of Health enter an Executive Session pursuant to Ohio Revised Code Section 121.22(G)(1) to discuss discipline of an employee. **Motion to approve** the adaptation of the recommendation of HR for 40-hour suspension for the employee discussed in the executive session.	Ms. Ashlee Young	**Vote:** Enter Executive Session **Motion:** Ms. Ashlee Young **2nd:** Dr. Jennifer Forrester **Action: 7-0 passed** **Vote:** Adaptation of the recommendation of HR of 40 Hour suspension for the employee discussed in executive session **Motion:** Mr. Jagdish Bhati **2nd:** Dr. Christopher Lewis **Action: 7-0 Passed**

Commissioner's Report	**Discussion Items:** Memo included in the agenda packet.
	
	Dr. Grant Mussman presented his commissioner's report to the Board.
	
	Performance Agreement and Strategic Plan Reporting
	• Dr. Mussman reported that, beginning this quarter, he would provide an update on select measures from the department's Strategic Plan and Performance Agreement with the City Manager's Office, with measures presented on a rotating quarterly basis.
	• He explained that the Performance Agreement is part of the City's broader performance management system and is primarily focused on customer service–related metrics. The current agreement includes 12 total measures, consisting of six core measures with six associated descriptive variables.
	
	Performance Measures Update
	Healthy Homes – Mold Complaint Resolution
	• Dr. Mussman reported that the department's goal is to close 80% of mold-related customer service requests within 90 days (from initial complaint through investigation, orders, remediation, and case closure).
	  ○ Quarter 1: 84% closed within 90 days
	  ○ Quarter 2: 100% closed within 90 days
		Dr. Grant Mussman – Commissioner	**n/a**

	• He noted that approximately 320 mold complaints were received in each quarter, making the improvement significant. He commended the Healthy Homes team for workflow and reporting improvements that contributed to this outcome.
	
	Health Education & Promotion – Cribs for Kids Program
	• Dr. Mussman updated that the department aims to meet at least 90% of demand for cribs among eligible clients.
	  ○ Quarter 1: 121 cribs distributed; demand exceeded supply due to funding limitations
	  ○ Quarter 2: 285 cribs distributed; full demand met
	• Dr. Mussman reported that increased supply in the second quarter allowed the department to meet community demand.
	
	Communicable Disease – Outbreak Reporting
	• Dr. Mussman reported a new measure requiring 100% of outbreak reports to be entered into the Ohio reporting system within 30 days of outbreak resolution.
	  ○ Quarter 2: 100% compliance
	• He noted that only one outbreak was fully resolved and reportable during the quarter. While numerous outbreaks remain ongoing, they cannot be finalized until resolution. If outbreak numbers remain low, the department may consider tracking an alternative measure in the future.
	
	Community Nursing – Community Health Worker Program
	• Dr. Mussman informed the board that the goal is for 75% of newly enrolled clients to receive a face-to-face visit within 30 days.
	  ○ Current performance: 88%
	• Dr. Mussman reported that the department is exceeding the established goal.
	
	Clinical Services – Access to Care
	• Dr. Mussman explained that access is measured using the “third next available appointment” metric, a nationally recognized standard in healthcare operations.
	  ○ Goal: 50%
	  ○ Quarter 1: 24%		

	• Dr. Mussman noted that staffing adjustments and schedule modifications are underway to improve performance. However, he acknowledged that financial pressures, including changes related to Medicaid and increasing self-pay patients, are impacting access improvement efforts. • The department has retained a consultant to conduct a more detailed analysis of Medicaid trends, physician distribution, and long-term access strategy. Dr. Mussman stated that improvements are anticipated in Quarter 2. **Facilities Update and Dashboard Overview** • Dr. Mussman presented a facilities dashboard summarizing ownership status, condition, recommended strategy (based on the Jensen Group assessment), and current progress toward facility goals. • **Ambrose Clement Health Center** o Status: Lease o Condition: Good o Strategy: Maintain o Current Action: Negotiating lease expansion to incorporate Dental services (approximately 95% complete). Construction bidding forthcoming. • **Bobbie Sterne Health Center** o Status: Owned o Condition: Requires investment o Strategy: Maintain o Current Action: Awaiting administrative building resolution; no immediate action planned. Community input will guide future decisions. • **Braxton Cann Health Center** o Status: Lease o Condition: Good o Strategy: Maintain o Current Action: No current changes planned. • **Millvale Health Center** o Status: Lease o Condition: Requires investment o Strategy: Maintain o Current Action: Recently signed a multi-year lease. • **Northside Health Center** o Status: Owned		

	- Condition: Requires investment - Strategy: Maintain or Renovate - Current Action: Negotiating architectural contract for major renovation. **Price Hill Health Center** - Status: Owned - Condition: Requires investment - Strategy: Maintain or Renovate - Current Action: Conceptual design completed; architect retained and plans in development. **Administrative Building (B&K)** - Status: Owned - Condition: Obsolete - Strategy: Divest - Dr. Mussman reported that the Jensen Group recommended divesting the administrative building. The department is actively evaluating the commercial property market and reviewing potential sites. A recently evaluated property at 655 Plum Street was determined not to meet departmental needs. Another property is currently under review. - He noted that a transition timeline of two years would be aggressive, with a more realistic estimate of three to five years, depending on market conditions and due diligence requirements. In the interim, basic maintenance will continue. **Support Facilities – Beekman and Dooley** - Dooley: Recommendation to exit lease - Both locations: Awaiting administrative building resolution before further action **Q&A** - Mr. Bhati asked for clarification regarding the department's desired benchmark for return appointments under the access-to-care measure. Dr. Mussman responded that the desired range is approximately seven days for return appointments and 14 days for new appointments, consistent with access standards used in primary care settings. - Mr. Bhati also asked whether the department currently enough physicians and clinical staff had to meet the 50% access goal. Dr. Mussman stated that the department has an		

	adequate number of nurses; however, physician staffing presents a more complex consideration. He explained that as a primary care provider, adding physicians does not necessarily generate sufficient revenue to offset costs and may increase reliance on the City's general fund. Dr. Mussman noted that prior to recent Medicaid-related changes, the department had developed a business case to expand physician staffing. Given the current financial environment, that strategy is under reassessment. The department has retained a consultant to conduct a comprehensive analysis of Medicaid trends, provider distribution, and long-term sustainability before determining next steps. • Mr. Bhati suggested that future reports include comparative data, such as prior-year quarterly averages or full-time (FTE) staffing comparisons, to provide additional context for current performance measures. Dr. Mussman indicated that additional historical data and comparative quarterly figures can be incorporated into future reports to provide greater reference and trend analysis. • Dr. Lewis inquired whether there had been discussion about proactively notifying nearby partners, such as UC Health or Cincinnati Children's, regarding the potential future divestment of the administrative building property. He noted the prominence of the site and suggested that early communication could help maximize the property's value. Dr. Mussman stated that, broadly speaking, the department has communicated that changes to the administrative building are anticipated in the future. He reported that neighborhood council engagement is beginning to share that general message. Dr. Mussman clarified that final decisions regarding the property fall under City Facilities and City administration, not the Board of Health. The formal process for determining the future use of the property cannot begin until the department has relocated. While community partners are generally aware of the department's long-term intentions, no specific timeline has been established. Dr. Mussman noted that future planning for the property will require engagement with City leadership and external partners.		

Healthy Communities Presentation	**Discussion Items:** Presentation included in the agenda packet. Ms. Tiffany White gave a presentation on the Division of Healthy Communities to the Board. Ms. White provided a high-level overview of the Healthy Communities Programs, noting that she would be happy to return for more in-depth presentations on specific programs in the future. She indicated that the presentation would conclude with a more detailed update on the Cincy Freeze and Feed initiative. **Live Well Cincinnati Coalition** Ms. White reported that the department leads Live Well Cincinnati, a multi-sector coalition focused on improving health outcomes by addressing social drivers of health. • The full coalition meets quarterly in person. • Three subcommittees meet monthly to advance goals outlined in the 2025–2030 Strategic Plan. • Interested individuals may join the coalition or subscribe to the monthly newsletter. **Infant Vitality Program** Ms. White reported that the Infant Vitality Program, led by Malina Harris, focuses on ensuring infants thrive beyond their first birthday. Key activities include: • Distribution of approximately 141 cribs annually through the Cribs for Kids grant. • Diaper distribution to eligible families. • Provision of Title X period supplies. • Community outreach and education. **Tobacco Free Living Program & Tobacco Retail Licensing** Ms. White reported that the Tobacco Free Living Program, now coordinated by Bennet Melaku, addresses tobacco-related health disparities through education and policy development. Program activities include: • Tobacco and vaping education. • Policy development for smoke-free multi-unit housing and workplaces. • Referrals to cessation resources (1-800-QUIT-NOW and My Life My Quit). • Collaboration with pharmacy partners for nicotine replacement therapy. She noted that this work supports the Tobacco 21 and Tobacco Retail Licensing Program, which includes:	Ms. Tiffany White	**n/a**

	• Licensing and inspection of approximately 309 tobacco retailers. • Underage compliance checks conducted with an 18–21-year-old buyer. • Fines are issued to retailers (not clerks) for noncompliance. • Ongoing efforts to address approximately 20 historically noncompliant retailers. **Behavioral Health & Recovery Supports** Ms. White reported that the Behavioral Health & Recovery Supports Program, led by Eric Washington and Justin Barry, provides education and connections to addiction support and other services. Key initiatives include: • Collaboration with Hamilton County and OneOhio grant funding. • The Barbershop Initiative, conducted in partnership with Buckeye Health, providing chronic disease education in trusted community spaces. • Launch of the upcoming Coaching Boys into Men program in partnership with Cincinnati Public Schools athletics to address Adverse Childhood Experiences (ACEs) and prevent violence. **Active Living Program** Ms. White reported that the Active Living Program, led by Scott Dean, works to reduce barriers to physical activity in socially vulnerable communities. Recent initiatives include: • Policy, systems, and environmental assessments. • Traffic calming and infrastructure improvements in Carthage. • Development of the Roll Hill traffic garden. • Updates to the Safe Routes to School plan in collaboration with Cincinnati Public Schools and ODOT. • Trail improvements connecting Carthage Commons to Caldwell Nature Preserve. • Distribution of bike helmets through the American Academy of Pediatrics “Put a Lid on It” program. **Food Equity & Healthy Eating Program** Ms. White reported that the Food Equity and Healthy Eating Program, led by Jasmine Robinson, focuses on increasing food access in historically underserved communities.		

	Program activities include: • Policy, systems, and environmental assessments. • Client-choice food distributions. • Produce distributions at parks in partnership with community organizations. • Monthly food access newsletter. • Nutrition guidance using a color-coded labeling system (green, yellow, red) to encourage healthier food selection. **Spotlight Program: Cincy Freeze and Feed Initiative** **Program Overview** Ms. White provided an in-depth update on the Cincy Freeze and Feed Program, funded through a Hamilton County Waste Reduction grant. Program goals: • Reduce food waste. • Address food insecurity in marginalized communities. • Provide nutritional education. • Strengthen community trust. Freezers are placed in partnership with: • Cincinnati Recreation Commission (CRC) • Le Soup • CareSource • Food for the Soul Due to liability considerations, nonprofit partners own the freezers, while the Health Department provides monitoring, cleaning, and data collection support. **Locations and Operations** Currently, four freezer sites are operational: • **Millvale** • **Hirsch** • **Hartwell** • **Winton Hills** Site selection was based on high food insecurity rates. Additional potential expansion areas include the West End and Price Hill. Some sites also include: • Fresh produce distribution. • Dry goods. • QR codes linking nutrition education and food resource directories. **Program Impact Data** Ms. White reported the following outcomes: • Approximately **1,500 meals per site per month**.		

	• Approximately **6,000 total meals per month** across four sites. • A meal is defined as **1.2 pounds of food**. • Approximately **15,000 pounds of food per freezer** diverted from landfills. She noted strong community feedback and consistent utilization, with freezers often empty by the end of distribution cycles. **Media and Community Engagement** Ms. White reported that the program has received positive media coverage and strong support from community partners. Feedback from residents has been overwhelmingly positive. **Q&A:** • Ms. Young and Mr. Bhati commended Ms. White and her team for their work, particularly highlighting the importance of the Food Equity and Behavioral Health & Recovery Supports programs in strengthening healthy communities. Mr. Bhati noted that recent economic and policy changes have increased barriers to accessing nutritious food and emphasized the importance of these initiatives. • Mr. Bhati asked whether the Behavioral Health & Recovery Supports Program collaborates with community partners to expand behavioral health and recovery services. Ms. White confirmed that the program works extensively with community partners, particularly on the recovery support side. She explained that while the program focuses heavily on recovery supports and chronic disease management, it also connects clients and community members to behavioral health services and other needed resources through a broad network of community-based partners. • Dr. Jones expressed appreciation for the Healthy Communities programs and stated that the work made her proud. She asked whether the department's chronic disease management efforts include specific programming related to chronic kidney disease. Ms. White responded that there is no programming specifically dedicated to chronic kidney disease at this time. However, she noted that the department's Know Your		

	Numbers initiative focuses on hypertension and other chronic disease indicators, and that discussions related to chronic kidney disease arise within the context of hypertension education and management.		
New Business			
Finance Committee	**Discussion Items:** Documents included in the agenda. Ms. Kiana Trabue presented the contracts that were discussed and presented at the Board of Health Finance Committee Meeting to the Board. **Ohio Association of Community Health Centers – Contract 65x10834** • Ohio Association of Community Health Centers entered into a contract with the Ohio Department of Health, where the ODH agreed to provide funding to facilitate clinical education placement and training of students (can include medical, dental, APRN, Physician Assistants, and Behavioral health providers-LCDC III/LIDC, LMFT, LSW/LISW, LPC/LPCC) in FQHC's. • Term is from 7/1/25-6/30/2027. Dollar amount is up to $50,000.00 based on clinical rotation hours reported quarterly. **Susan Tilgner – Contract 65x10840** • Consultant will serve as support in training CHD's Accreditation Coordinator for a year from February 1, 2026, through December 31, 2026, for a maximum of 20 hours per month for 12 months at an hourly rate of $150.00 ($30,000.00). **FQHC 340B Compliance – 65x10841** • The Cincinnati Health Department (CHD) would like to enter into an agreement with FQHC 340B Compliance for 340B audit services. FQHC 340B Compliance will review CHD's current 340B policies and procedures to ensure compliance with both OPA and HRSA guidelines. In addition, they will give recommendations from their experience with other best practice health centers to strengthen the 340B policies and procedures. **Motion to Approve** Ohio Association of Community Health Centers – Contract 65x10834 **Motion to Approve** Susan Tilgner – Contract 65x10840 **Motion to Approve** FQHC 340B Compliance – Contract 65x10841	Ms. Kiana Trabue	**Vote:** Contract 65x10834 **Motion:** Ms. Ashlee Young **2nd**: Ms. Raynal Moore **Action: 6-0 passed** **Vote:** Contract 65x10840 **Motion:** Ms. Ashlee Young **2nd**: Ms. Raynal Moore **Action: 6-0 passed** **Vote:** Contract 65x10841 **Motion:** Ms. Ashlee Young **2nd**: Dr. Mary Carol Burkhardt **Action: 6-0 passed**
Finance Update	**Discussion Items:** Memo and materials were included in the agenda. Mr. Menkhaus gave an update on CHD Financials for December 2025 and Year over Year.	Mr. Mark Menkhaus Jr.	**n/a**

	Highlights
	• Mr. Menkhaus highlighted significant growth in the Medicaid (8736) line, noting receipt of a $5.6 million Medicaid Maximization payment in December. He explained that not only was the payment received earlier than usual, but the amount was substantially larger than in prior years. For comparison, last year's Medicaid Maximization payment totaled $4.5 million and was received in February; therefore, last year's December report did not yet reflect that revenue.
	• Revenue total was $38,325,051.41; increased by 29.08%.
	  ○ Private Pay Insurance increased by 13.77 %.
	  ○ Medicare increased by 14.76%.
	  ○ Medicaid increased by 233.51%.
	  ○ Medicaid managed care increased by 53.20%.
	  ○ Self-Pay patients increased by 13.84%.
	  ○ Board of Ed Svcs (School Nurse's Salary) decreased by 82.58%.
	  ○ Grants/Federal decreased by 34.81%.
	• Expenses were $33,237,034.47, increasing by 4.56%.
	  ○ Property expenses increased by 317.66%.
	  ○ Personnel expenses increased by 7.35%.
	  ○ Contractual costs decreased by 9.13%.
	  ○ Material costs decreased by 1.02%.
	  ○ Fixed costs decreased by 4.85%.
	  ○ Fringes increased by 4.27%.
	
	The total available is $7,031,016.94, which increased by 7691.54%.		

Personnel Actions	• Dr. Mussman directed the Board to the personnel actions included in the board packet.
	• Personnel actions included
	  ○ 2 Dietetic Technician
	  ○ 2 Environmental Health Specialists-in-Training
	  ○ 1 Dental Assistant
	  ○ 1 Caseworker Associate
	  ○ 1 Public Health Nurse 3 promotion
	
	Motion to Approve the personnel actions dated December 2, 2025
		Dr. Grant Mussman	**Motion:** Mr. Jagdish Bhati
			2nd: Dr. Jennifer Forrester
			Action: 6-0 passed

Additional New Business and Public Comments	**Public Comments** • There were no public comments.	Ms. Ashlee Young	**n/a**

7:18 p.m. adjourned.

Next meeting: Tuesday, February 24, 2026, at 6pm, via Zoom.

Meeting can be viewed at: https://archive.org/details/boh-1-27-26

Minutes Approved by:

_____	_____
Sa-Leemah Cunningham	Ashlee Young
Cincinnati Board of Health Clerk	Chairperson, Board of Health

January 27, 2026 Meeting Attendance/vote sheet

Board Members	Roll Call	12.2.25 BOH Meeting Minutes	Waive 3x Readings for resolution 2026-001	Approve Emergency passage of resolution 2026-001	Approve Resolution 2026-001	Motion to move into Executive Session to discuss a personnel action	Adaptation of the recommendation of HR of 40 hour suspension for employee discussed in executive session	Approve Ohio Assocation of Community Health Centers Contract 65x10834	Approve Susan Tilgner Contract 65x10840	Approve FQHC 340B compliance Contract 65x10841	Personnel Actions Dated 1.27.26
Mr. Jagdish Bhati	x	M	M	2nd	M		M				M
Dr. Mary Carol Burkhardt	x									2nd	
Dr. Jennifer Forrester	x	2nd	2nd			2nd					2nd
Dr. Christopher Lewis	x						2nd				
Ms. Raynal Moore	x			M				2nd	2nd		
Mr. Ken Patel											
Ms. Kiana Trabue	x										
Ms. Ashlee Young	x				2nd	M		M	M	M	
Motion Result:	**Quorum**	**Passed**	**Passed**	**Passed**	**Passed**	**Passed**	**Passed**	**Passed**	**Passed**	**Passed**	**Passed**

x	*Present*
	Yay
	Nay
	Absent
	Didn't vote but present
M	*Move*
2nd	*Second*

STAFF	
Dr. Grant Mussman-Commissioner	x
Sa-Leemah Cunningham (clerk)	x
Antonio Young	x
Ian Doig	x
Mark Menkhaus Jr.	x
Dr. Camille Jones	x
Dr. Ashanti Salter	x
Kim Wright	x
Dr. Maryse Amin	x
Dr. Nick Taylor	x
Chante Randolph	x
Tiffany White	x
John Kachuba	x
David Miller	x
Marla Fuller	x
Angela Mullins	x

city of
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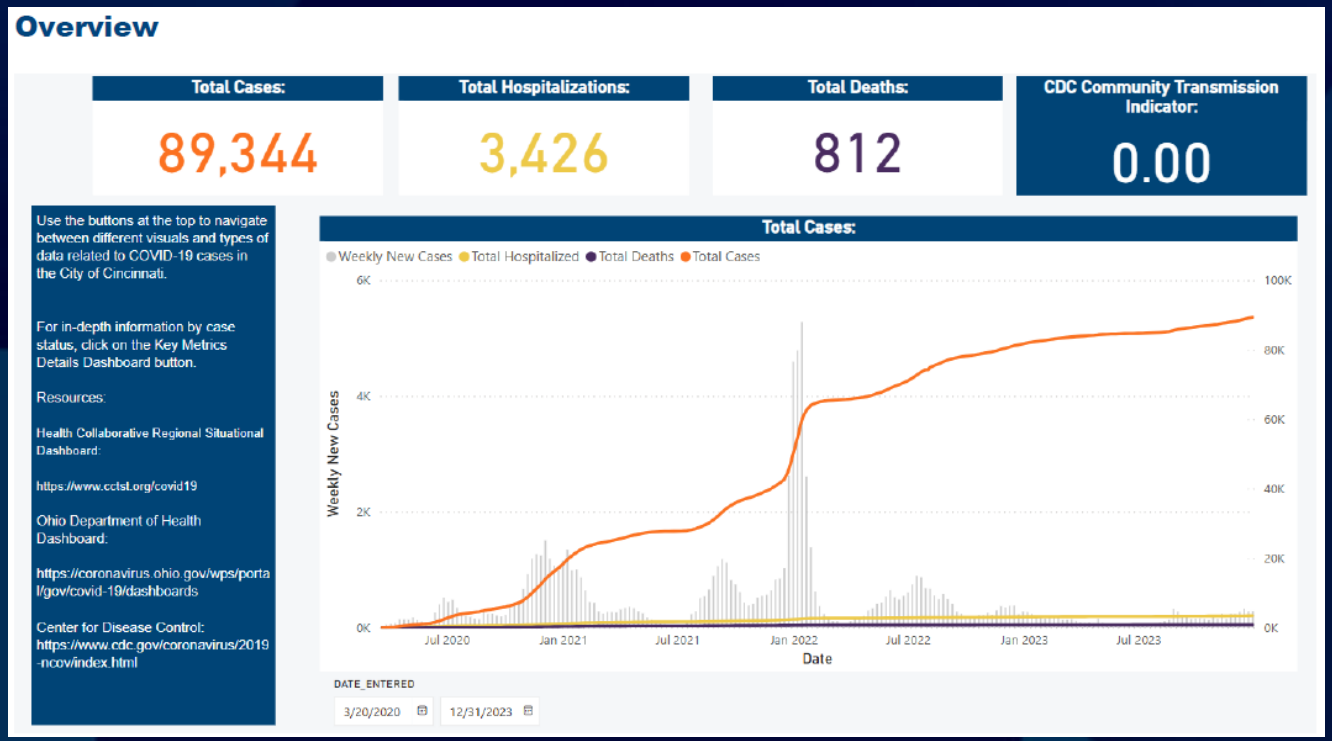
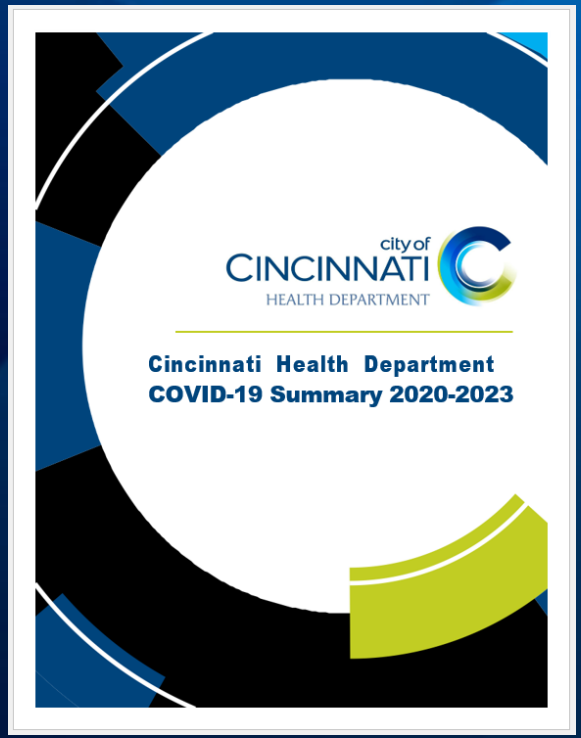
Select findings from the

Cincinnati Health Department COVID-19 Summary 2020-2023

2/24/2026

About the report…





city of
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Summary data by neighborhood

TABLE 1: CINCINNATI COVID-19 CASES, HOSPITALIZATION AND MORTALITY 2020-2023

Neighborhood	Population[1]	Case Rate[2] per 100,000 population	Hospitalization Rate[2] per 100,000 population	Mortality Rate[2] per 100,000 population
Avondale	11345	6118.9	375.5	62.3
Bond Hill	7002	6838.7	324.5	102.7
California	944	2913.1	**	**
Camp Washington	1234	7811.8	**	**
Carthage	2781	5698.2	290.9	**
Clifton	8408	6476.5	208.2	44.0
College Hill	16,039	6651.9	292.1	83.0
Columbia Tusculum	1,523	6598.8	**	**
Corryville	4,373	8335.2	175.9	**
CUF	20,385	5184.1	101.7	21.8
Downtown	5,835	10131.0	127.8	**
East End	1,476	9675.8	184.8	**
East Price Hill	15,241	6261.9	328.9	43.2
East Walnut Hills	4,103	7557.9	200.6	110.0
East Westwood	2,458	6428.0	478.0	122.1
English Woods/North Fairmount	361	8448.8	**	**
Evanston	8,838	6986.9	307.5	47.5
Hartwell	5,806	7266.1	400.7	122.2
Hyde Park	14,193	6783.6	71.8	28.7
Kennedy Heights	5,166	7058.5	392.1	
Linwood	705	7092.2	**	**
Lower Price Hill/Queensgate	1,070	9812.2	707.2	**
Madisonville	17,898	4634.4	173.1	44.3
Millvale	1,965	6259.5	229.0	**
Mt. Adams	1,578	6976.7	**	**
Mt. Airy	9,210	7696.4	312.1	35.7
Mt. Auburn	5,070	7647.5	246.5	**
Mt. Lookout	5,173	6372.6	72.9	**
Mt. Washington	15,357	5665.2	156.2	48.4
North Avondale	3,405	6923.6	293.7	**
North Fairmount	1,590	7657.2	424.5	**
Northside	8,096	6855.2	246.2	44.2
Oakley	11,761	7694.6	205.7	51.4
Over-the-Rhine	5,622	8534.8	168.6	**
Paddock Hills	1,038	6743.7	361.3	**
Pendleton	1,088	8230.0	247.9	**
Pleasant Ridge	8,895	7533.7	223.8	50.7
Riverside	1,257	10696.8	**	**
Riverside/ Sedamsville	1,256	7019.6	444.1	**
Roll Hill	1,918	4975.1	238.8	**
Roselawn	7,039	7044.1	399.5	109.3
Sayler Park	2,825	7257.9	323.7	**
South Cumminsville	702	8084.0	747.9	**
South Fairmount	2,181	7558.2	520.4	143.1
Spring Grove Village	1,916	6945.1	308.9	**
Walnut Hills	6,344	7217.6	367.8	72.7

Source: Ohio Department of Health, 2020-2023
**Data is provisional and subject to change*
***Rate unreliable if < 10 deaths, hospitalizations.*
[1]Population Data by US 2020 Decennial Census
[2]Rate is cumulative and calculated per 100,000 population, using the total population for 2020, 2021, 2022 and 2024.

city of CINCINNATI
HEALTH DEPARTMENT

Impact of congregate settings on neighborhood COVID rates

TABLE 4: CINCINNATI NEIGHBORHOODS WITH CONGREGATE SETTINGS AND COVID-19 CASES, HOSPITALIZATION AND MORTALITY RATES (2020-2023)

Neighborhood	Case rate*	Hospitalization Rate*	Mortality Rate*	LTCF[1]	CF[2]	HS[3]	Total Congregate Settings
Hartwell	7266.1	400.7	122.2	5			5
Westwood	7225.4	289.1	57.1	4			4
Hyde Park	6783.6	71.8	28.7	4			4
Avondale	6118.9	375.5	62.3	3			3
Madisonville	4634.4	173.1	44.3	3			3
College Hill	6651.9	292.1	83	2			2
Mt. Washington	5665.2	156.2	48.4	2			2
Clifton	6476.5	208.2	44	2			2
Corryville	8335.2	175.9	**	2			2
Downtown	10131	127.8	**		1	1	2
Lower Price Hill / Queensgate	9812.2	707.2	**	1		1	2
Mt. Auburn	7647.5	246.5	**		1	1	2
Roselawn	7044.1	399.5	109.3	1			1
Bond Hill	6838.7	324.5	102.7			1	1
Walnut Hills	7217.6	367.8	72.7			1	1
West End	5201.4	331.9	62.6	1			1
West Price Hill	6441.8	281.3	53.1	1			1
Oakley	7694.6	205.7	51.4	1			1
Evanston	6986.9	307.5	47.5	1			1
CUF	5184.1	101.7	21.8	1			1
Camp Washington	7811.8	**	**		1		1
			Total #	**34**	**3**	**5**	**42**

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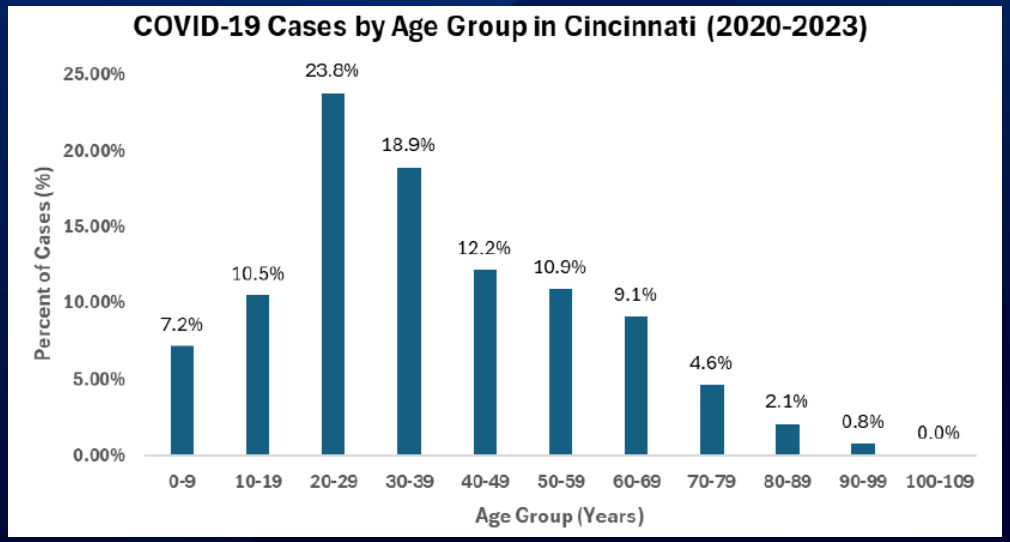
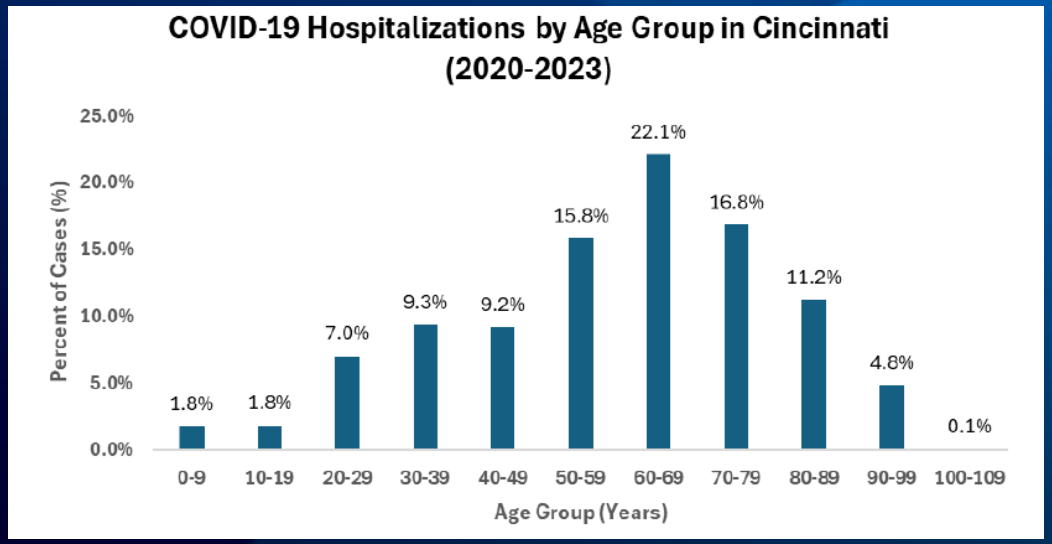
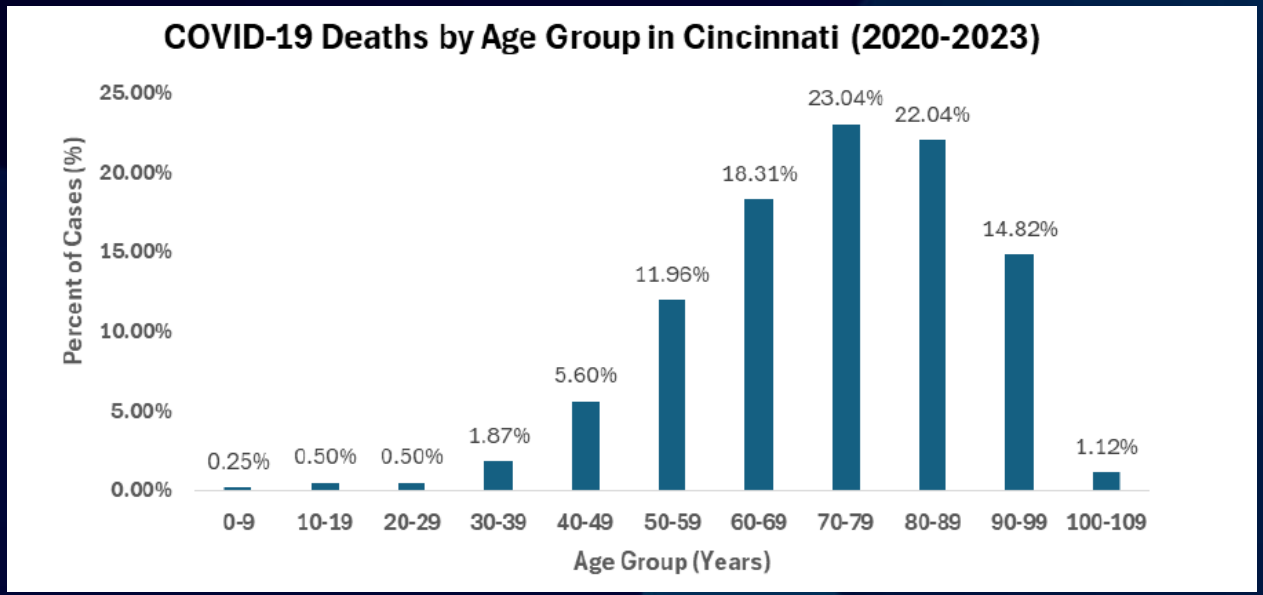
Age Group Results







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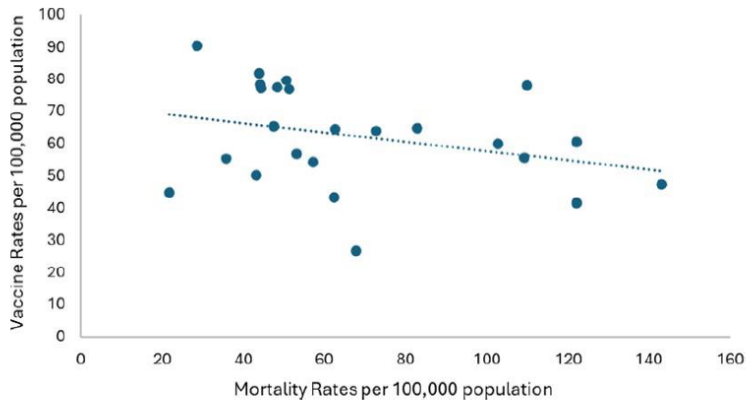
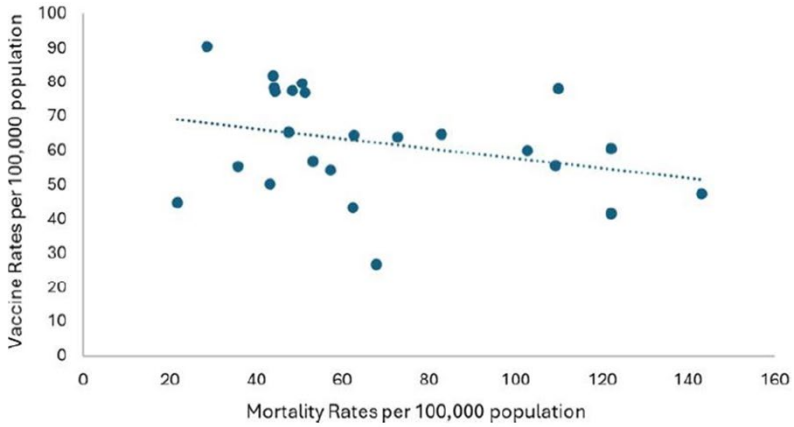
Vaccination rate analysis

FIGURE 26: CINCINNATI COVID-19 MORTALITY AND VACCINATION CORRELATION



Source: Ohio Department of Health, 2020-2023 data.
**Neighborhoods with unknown rates were excluded from this analysis.*
Interpretation: Coefficient of Correlation (r) = -0.30, indicating a moderate negative relationship

FIGURE 26: CINCINNATI COVID-19 MORTALITY AND VACCINATION CORRELATION



Source: Ohio Department of Health, 2020-2023 data.
**Neighborhoods with unknown rates were excluded from this analysis.*
Interpretation: Coefficient of Correlation (r) = -0.30, indicating a moderate negative relationship

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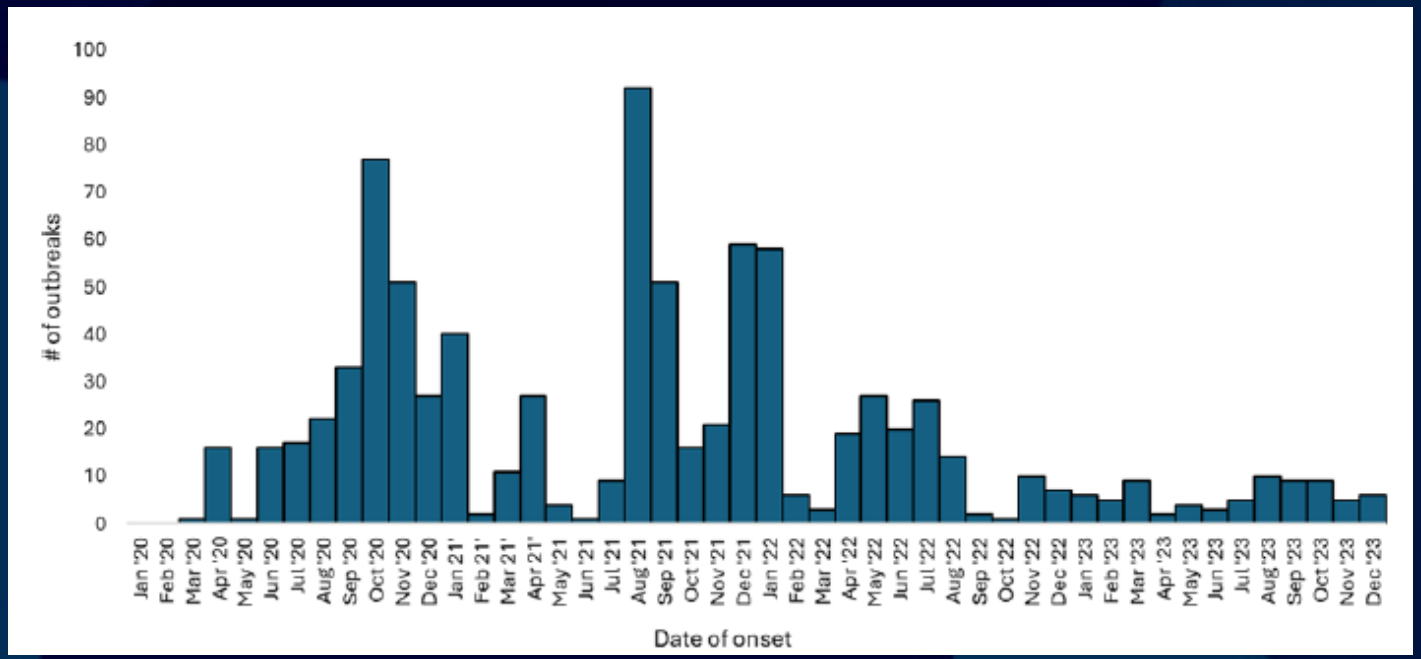
Outbreak summary data by year

Year	# Confirmed Cases (% of total cases)	# Hospitalizations (% of total hospitalizations)	# Deaths (% of total deaths)
2020	12570 (45.6%)	250 (81.2%)	187 (93.5%)
2021	11369 (41.2%)	14 (4.5%)	2 (1%)
2022	3406 (12.3%)	28 (9.1%)	4 (2%)
2023	232 (0.8%)	16 (5.2%)	7 (3.5%)
Year Unknown	11 (0.03%)		
Total	**27588**	**308**	**200**



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Outbreak analysis by year and by primary setting

TABLE 6: COVID-19 OUTBREAKS IN CINCINNATI 2020-2023

Primary setting	2020 (% of total outbreaks in 2020)	2021 (% of total outbreaks in 2021)	2022 (% of total outbreaks in 2022)	2023 (% of total outbreaks in 2023)	Total (% of total outbreaks)
Assisted living/Residential Care Facility	8 (3.1%)	1 (0.3%)	10 (5.2%)	9 (12.3%)	29 (3.2%)
Community events/gatherings	1 (0.4%)	1 (0.3%)	1 (0.5%)	0	3 (0.3%)
Congregate living setting (not otherwise specified	1 (0.4%)	4 (1.2%)	4 (2.1%)	0	12 (1.3%)
Correctional facility	2 (0.8%)	3 (0.9%)	0	1 (1.4%)	7 (0.8%)
Day care center	23 (8.8%)	72 (21.6%)	54 (28%)	5 (6.8%)	163 (18.2%)
Gym/Fitness centers	8 (3.1%)	5 (1.5%)	0	0	13 (1.5%)
Healthcare setting, outpatient	0	0	1 (0.5%)	0	1 (0.1%)
Hospital, Acute Care	0	0	1 (0.5%)	1 (1.4%)	2 (0.2%)
Hospital, Long-term Acute Care (LTACH)	1 (0.4%)	0	0	0	1 (0.1%)
Intermediate Care Facilities for Individuals with	0	1 (0.3%)	2 (1%)	0	3 (0.3%)
Nursing Home/Skilled Nursing Facility	24 (9.2%)	2 (0.6%)	40 (20.7%)	53 (72.6%)	122 (13.6%)
Other	1 (0.4%)	3 (0.9%)	1 (0.5%)	0	6 (0.7%)
Psychiatric/Behavioral Health Facility	3 (1.1%)	1 (0.3%)	0	2 (2.7%)	6 (0.7%)
Rehab facility	2 (0.8%)	7 (2.1%)	0	0	9 (1%)
Religious facility	0	1 (0.3%)	0	0	1 (0.1%)
Restaurant/Bar	25 (9.6%)	3 (0.9%)	1 (0.5%)	0	30 (3.3%)
School, college or university	2 (0.8%)	2 (0.6%)	1 (0.5%)	0	5 (0.6%)
School, K-12	95 (36.4%)	139 (41.7%)	22 (11.4%)	2 (2.7%)	265 (29.6%)
Shopping, retail	1 (0.4%)	0	0	0	1 (0.1%)
Workplace (non-residential, non-healthcare)	64 (24.5%)	88 (26.4%)	55 (28.5%)	0	217 (24.2%)
	261	**333**	**193**	**73**	**896**

TABLE 8: COVID-19 OUTBREAK CASES, HOSPITALIZATIONS AND DEATHS BY PRIMARY SETTING IN CINCINNATI 2020-2023

Primary setting	# Confirmed Cases (% of total)	# Hospitalizations (% of total)	# Deaths (% of total)
Nursing Home/Skilled Nursing Facility	3841 (13.9%)	255 (82.8%)	175 (87.5%)
School, college or university	11476 (41.6%)		
School, K-12	8358 (30.3%)	4 (1.3%)	1 (0.5%)

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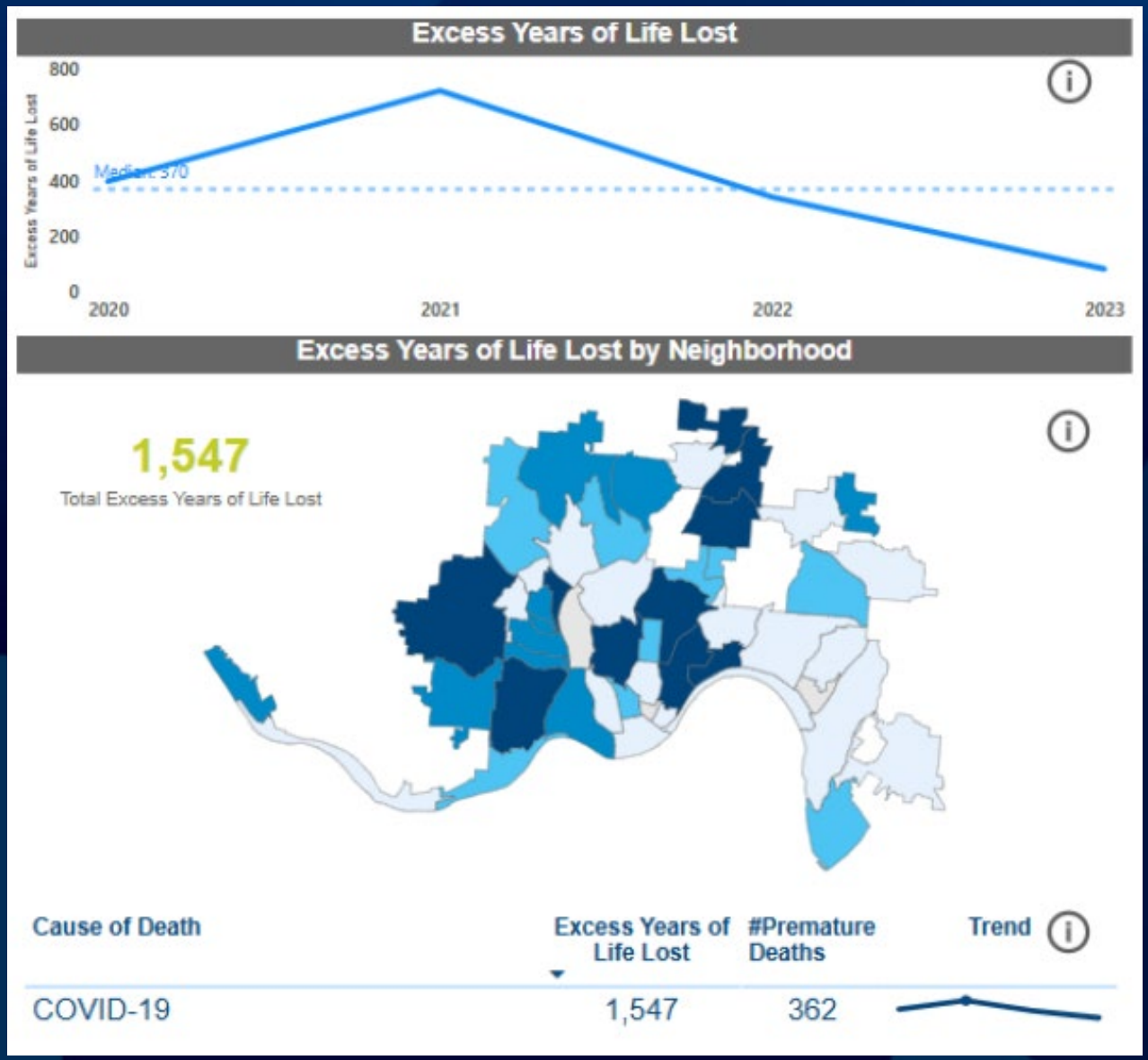
Mortality numbers and Excess Years of Life Lost



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Article

Effectiveness, Feasibility and Seasonality of Subsewershed Disease Surveillance in Socially and Economically Diverse Areas of Cincinnati, Ohio, in 2023 and 2024; Insights from Laboratory and Rapid Testing Analysis

Dustin Servello [1], Hila Korach-Rechtman [2], Scott M. Bessler [3,*], David Partridge [4], Carrie Turner [5], Michelle White [1], Zuzana Bohrerova [1], Jill Stiverson [6], Purnima Chalasani [6], Justin Kellar [6], Erica Leasure [6], Sviatlana Haubner [3], Swairah Rehman [7], Kim Wright [7] and Maryse Amin [7,*]

[1] Ohio Department of Health, Columbus, OH 43215, USA; dustin.servello@odh.ohio.gov (D.S.); zuzana.bohrer@odh.ohio.gov (Z.B.)
[2] Kando Environmental Services, Central District, Tzur Yig'al 4486200, Israel
[3] Metropolitan Sewer District of Greater Cincinnati, Cincinnati, OH 45204, USA; sviatlana.haubner@cincinnati-oh.gov
[4] RJN Group, Cincinnati, OH 45215, USA
[5] Limnotech, Ann Arbor, MI 48108, USA; cturner@limno.com
[6] Ohio Department of Health Laboratory, Reynoldsburg, OH 43068, USA; jill.stiverson@odh.ohio.gov (J.S.); purnima.chalasani@odh.ohio.gov (P.C.); jkellar0730@gmail.com (J.K.); erica.leasure@odh.ohio.gov (E.L.)
[7] Cincinnati Health Department, Cincinnati, OH 45229, USA
* Correspondence: scott.bessler@cincinnati-oh.gov (S.M.B.); maryse.amin@cincinnati-oh.gov (M.A.)

Abstract

Wastewater surveillance gained popularity as a tool supporting public health decision-making during the COVID-19 pandemic. In this study, we monitored four distinct socially vulnerable communities in Cincinnati, Ohio, by monitoring four subsewersheds using 15 upstream locations over two time periods: spring/summer (2023) and fall/winter (2023–2024). The goal of our study was to evaluate the feasibility and effectiveness of monitoring wastewater in socially and economically diverse subsewersheds. A number of 24 h composite samples were collected twice a week and analyzed for SARS-CoV-2 viral loads in the four subsewersheds and two wastewater treatment plants (WWTPs). Wastewater quality parameters (electric conductivity, pH, temperature, ORP) were also measured continuously. During the fall/winter period, increased clinical cases were correlated with high SARS-CoV-2 viral concentrations indicated by both subsewershed and WWTP monitoring. In our study, subsewershed monitoring did not provide early warning of SARS-CoV-2 levels in wastewater and cases compared to WWTP wastewater monitoring during the fall/winter period when outbreaks with higher pathogen levels often occur. This was possibly due to the proximity of the selected subsewersheds to the WWTPs. Although two socially vulnerable subsewersheds had higher SARS-CoV-2 viral concentrations in wastewater, the most vulnerable subsewershed had the lowest wastewater concentrations and the lowest number of reported cases during our study. Therefore, social vulnerability is not always the best predictor of the community COVID-19 burden since other factors may play a role in community infection, including transiency and population age distribution. This study presents some challenges and important findings from subsewershed SARS-CoV-2 wastewater monitoring during two seasons in Ohio.

Keywords: wastewater surveillance; SARS-CoV-2; subsewersheds; upstream monitoring

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1. Introduction and Background

Surveillance of wastewater for public health applications has been ongoing for over 40 years, with various countries establishing routine programs for early detection of pathogens such as poliovirus [1,2]. As infectious diseases continue to represent a global threat to public health, improved monitoring techniques that allow the quantification of multiple pathogens in real time are required to enable accurate and rapid response. Common public health surveillance methods include mandatory disease reporting, laboratory test results, hospital admissions data, mortality and morbidity reports, sentinel clinical surveillance, prescription rates, seroprevalence studies, surveys and questionnaires and search engine trends. Wastewater surveillance, however, has been used sparsely in the past.

When the COVID-19 pandemic emerged, many countries used the power of wastewater surveillance as a complementary tool to support traditional surveillance methods and support public health decisions [3]. The use of wastewater surveillance for SARS-CoV-2 allows an early warning system at the community level, detection of increased transmission, analysis of viral circulation in the community due to the detection of both symptomatic and asymptomatic carriers and identification of variants of concern [2–8]. Moreover, compared to individual clinical testing, wastewater surveillance programs are more cost-effective and provide community-wide results in near-real-time. Wastewater surveillance relies on passive environmental sampling and, therefore, does not require individual access to healthcare, compliance and reporting [9].

Representative sample collection is an important part of obtaining accurate and reliable data. The most representative sample for fecally-shed infectious disease would be collected at the original source (i.e., toilet) since every downstream collection source introduces other sources of wastewater, such as non-sanitary wastewater, including commercial or industrial wastewater and dilution waters such as rain runoff [10]. Numerous wastewater surveillance programs focus on municipal wastewater collected at wastewater treatment plants (WWTPs). Several studies have focused on building level surveillance that might provide more direct public health action, but exhibits high cost per monitored population and presents ethical challenges [11,12]. The least amount of research has been published about wastewater monitoring at the subsewershed ("neighborhood") level [13], even though narrowing the monitored regions of the wastewater collection system in large communities upstream of the WWTP can allow for a responsive early warning system and more actionable area insights [14–16]. Several studies reported SARS-CoV-2 concentration or variant hotspots in subsewersheds before resurgence in clinical data and/or increases on the WWTP scale [14,17–25]. Additionally, wastewater SARS-CoV-2 concentrations between subsewershed areas in the same WWTP are often heterogenous with high socially vulnerable areas exhibiting the highest viral loads [18,24,26–29]. Nonetheless, this sampling approach requires special expertise in sampling device installation and maintenance, and requires attention regarding the identification of individuals or other ethical considerations.

The analysis and quantification of SARS-CoV-2 and other pathogens in wastewater require sophisticated lab procedures that include sample concentration, nucleic acid extraction and molecular analysis, all of which require experienced personnel and costly laboratory equipment [15,30]. Together with operational efforts for sample collection and transportation, results reporting can take 24–72 h. However, several technologies were developed for rapid testing. These technologies include automated or semi-automated systems, saving time needed for sample processing (i.e., concentration and extraction). One such system is the Cepheid GeneXpert, a rapid diagnosis test for SARS-CoV-2, Influenza A (Flu A), Influenza B (Flu B) and Respiratory Syncytial Virus (RSV), which allows quantification of these respiratory viruses in less than an hour [30]. This provides a significant reduction in time to results, especially in cases where rapid response is required.

The goal of our study was to evaluate the feasibility and effectiveness of monitoring wastewater in socially and economically diverse subsewersheds during low and high case prevalence periods. We compared the differences in subsewershed and WWTP results and employed rapid detection technology in parallel with traditional laboratory analyses.

2. Materials and Methods

2.1. Monitoring Locations

The research was conducted in the city of Cincinnati, Ohio, during two periods. The first project phase was between April and June 2023 (spring/summer, low case prevalence), and the second phase was between October 2023 and February 2024 (fall/winter, high case prevalence).

Subsewersheds were chosen following discussions with the local health district and the Metropolitan Sewer District of Greater Cincinnati (MSD). These subsewersheds were chosen as they represent communities of various sizes, social vulnerabilities and vaccination rates, as determined by an analysis of population, demographic and public health data. The area characteristics (residential, commercial and industrial) of these subsewersheds were determined using zoning maps for the City of Cincinnati. Subsewersheds with equivalent zoning area devoted to more than one type are designated with the mixed area characteristic residential/commercial or residential/industrial. To accurately sample the four subsewersheds (A–D), 15 sampling locations were identified. These sampling locations (manholes) were chosen based on a comprehensive sewer analysis that further confirmed downstream flow from these locations to the sampled wastewater treatment plant locations and included the analyses shown in Supplementary Table S1. These sampling locations also represented manholes that were easily accessible for regular sampling. These locations, together with their population sizes, water quality and other analysis parameters, are described in detail in Supplemental Tables S1 and S2.

2.2. Wastewater Quality Measurements

The quality of the wastewater in the 15 sampling locations was evaluated using real-time measurements with a Kando Pulse data logger connected to an electric conductivity (EC) sensor (C4E conductivity sensor, Aqualabo, France) and pH, oxidation–reduction potential (ORP) and temperature sensor (PHEHT digital sensor, Aqualabo, France). These parameters were measured every 15 min, and the data were sent to the cloud and documented. The analysis included only the data from sampling days. The EC sensor values are considered to indicate water presence in the manhole, and, therefore, all data points with EC less than 500 or values of each parameter with a Z-score above 3 were removed from the analysis [31].

2.3. Wastewater Sampling

Upon autosampler deployment, raw sewage was collected twice a week from sewage access points (manholes) by an automatic sampler (Kando environmental services LTD, Tzur Yig'al, Israel). Samples from all sewage access points were collected on Sunday or Tuesday (96% of sample collections), and, on rare occasions, samples were collected on a Monday/Wednesday cadence (4% of sample collections) for all access points. The region's population was pooled by collecting ~200 mL of wastewater every 30 min to create a 24-h time-composite sample. Samples were vigorously mixed, aliquoted into 2 L polyethylene bottles and transported to the central WWTP in coolers the same day. In the second period of the research, two 2 L polyethylene bottles were collected at several sampling locations so that a comparison between the GeneXpert (Cepheid, Sunnyvale, CA, USA) system and laboratory analysis could be performed. In cases where the time-composite

sampler had malfunctioned, a grab sample was collected. Grab samples were collected 27 times out of the overall 762 samples collected in this study (3.5%). An analysis of the z-scores of wastewater concentration for these grab samples found that six grab samples (0.79% of total samples) had z-scores greater than three, all of which occurred during peak season (fall/winter). The use of grab sampling did not appear to have an effect on wastewater concentrations during this period, with grab samples and composite samples having equivalent increased pathogen levels during this seasonal period; thus, they were not removed. Grab samples continued the overall trends alongside non-grab samples during the same period, with non-grab samples being of similar magnitude for the sample before or just after the grab samples. Given this, the use of grab sampling did not affect the quantification of SARS-CoV-2 in wastewater, given a lack of appreciable difference between samples collected by grab or by composite sampling.

2.4. Wastewater Sample Processing and Quantification

Samples were delivered on ice to the Ohio Department of Health Laboratory (ODHL) the day after sample collection. Received samples were processed, and the SARS-CoV-2 concentration in wastewater samples was quantified as stated in previous work from the Ohio Wastewater Monitoring Network (OWMN) [32].

2.5. Analysis of Viral Concentrations Using GeneXpert System

The GeneXpert multi pathogens cartridges were used to evaluate rapid analysis technology. The cartridges quantified SARS-CoV-2 in addition to Influenza A, Influenza B and Respiratory Syncytial Virus (RSV)—only SARS-CoV-2 results will be presented in this manuscript. For these analyses, five sampling locations were selected (B4, B7, D13, D15 and D16). The five sampling locations selected represent locations that are part of diverse communities with differing characteristics, including differences in social vulnerability, different vaccination rates, those that are upstream from different wastewater treatment plants and those that vary in the levels during peak season and timing of pathogen level peak during the season, as shown in Supplementary Figure S2. The GeneXpert analysis was conducted only in the second phase of the study between November 2023 and February 2024.

The viral loads were analyzed by the GeneXpert device using Xpert Xpress-SARS-CoV-2/Flu/RSV cartridge (GeneXpert, Sunnyvale, CA, USA) according to the manufacturer's instructions. Briefly, the samples were shaken, settled for 2 min, and then 300 µL of raw wastewater was loaded directly into the Xpert Xpress cartridge. The cartridge was inserted into the device, and gene copies/L values were calculated according to the manufacturer's instructions.

The multi-pathogen cartridges use RT-qPCR targeting SARS-CoV-2 envelope (E), nucleocapsid (N) and RNA-dependent RNA polymerase (RdRP); Influenza A matrix (M), basic polymerase (PB2) and acidic protein (PA); Influenza B matrix (M) and non-structural protein (NS); and RSV A and B nucleocapsid genes.

2.6. Data Reporting and Normalizations

Laboratory results were recalculated to gene copies/L and reported following the GT-Molecular guide for wastewater. Samples with a BCoV recovery of less than 3% were not reported. Samples without detection and samples below our LOQ were reported as 6500 copies/L or half of our LOQ for statistical purposes.

For all sampling sites, wastewater concentration of SARS-CoV-2 (gene copies/L) was normalized for flow rate and population. The population data were estimated using QGIS (version 3.34.9-Prizren)-defined monitored locations and census data (2020). Subsewersheds closely followed census tract boundaries. Subsewershed populations were estimated using

the most recent census tract-level population data, as performed by other groups [33]. Flows (million gallons per day, MGD) were estimated utilizing MSD's Watershed SCADA sensor network [Smart Sewers Program—Metropolitan Sewer District of Greater Cincinnati (msdgc.org), Technologies for CMOM Activities in Wastewater Collection Systems (wef.org) Chapter 6] in combination with the Kando sensor (water level plus Manning equation) and the RJN group. Where available, Kando flow estimates were compared to MSD's nearby sensors that measure both level and velocity and therefore provide more accurate flow estimates. Other MSD level data were also compared to Kando level data and other factors in flow estimation included distance between Kando and MSD level and AV sensors, pipe sizes, other pipe connections in between Kando and MSD sensors and how these impact the sensors (for example these parameters can affect the flow going through the sensor and cause "burping" and other hydraulics issues). After these analyses, new average daily flows per location were estimated, and million gene copies per person per day (MGCPD) were calculated as follows:

$$\text{MGCPD} = \frac{\text{gene copies per liter} \times \text{MSD average daily flow}\left(\frac{\text{L}}{\text{d}}\right) \times 1000000}{\text{population size}}$$

To obtain subsewersheds A, B and D wastewater levels, weekly average N concentrations and normalized concentrations (MGCPDs) per sampled location (manholes) in each subsewershed were summed. For subsewershed C, the SARS-CoV-2 wastewater concentrations for site C9 were subtracted from the C8 wastewater concentration, as C9 lies upstream of C8 and only fecal contributions in between C9 and C8 were the target of this study.

Three of the subsewersheds (A, C and D) are upstream of WWTP1, and the fourth (subsewershed B) is upstream of a separate WWTP2. Subsewersheds A and C are relatively close to one another and much farther from the WWTP than subsewershed D. WWTP normalized wastewater SARS-CoV-2 concentration in MGCPD was determined from untreated wastewater collected from the influents of the two WWTPs using the WWTP-specific flows and populations.

2.7. Clinical and Other Subsewershed Level Data

Census tract level case counts were identified from the Ohio Disease Reporting System (ODRS) and extracted by the Innovate Ohio Platform (IOP) using subsewershed boundaries assigned by shapefiles. Case counts (reported by onset date) were summed per subsewershed by week. Case counts were then converted to case incidence per 100,000 residents by dividing the cases by the population and multiplying by 100,000 persons.

The number of COVID-19 vaccinations within the census tracts in each subsewershed was extracted similarly to the case data and summed by subsewershed. The percent vaccinated by subsewershed was calculated for those that completed the first dose or series of vaccines in 2021 (CDC, MMWR 2021;70), the first and second boosters (CDC, MMWR 2022;71), and the COVID-19 vaccine formulation that was released as of August 2023 (CDC, MMWR 2023;72) using the number of vaccinations and estimated populations of the subsewersheds (Figure 1).

The total number of hospitals, hospital beds and nursing homes or assisted living facilities within the subsewersheds was determined similarly to work by the OWMN previously [32]. These numbers were checked by the local health district for accuracy. Social vulnerability index (SVI) data for census tracts were analyzed in the same way as was performed by OWMN previously [31], and the overall SVI is presented in Table 1. A summary of area characteristics, flow estimates and population-based demographics is included in the table below (Table 1).

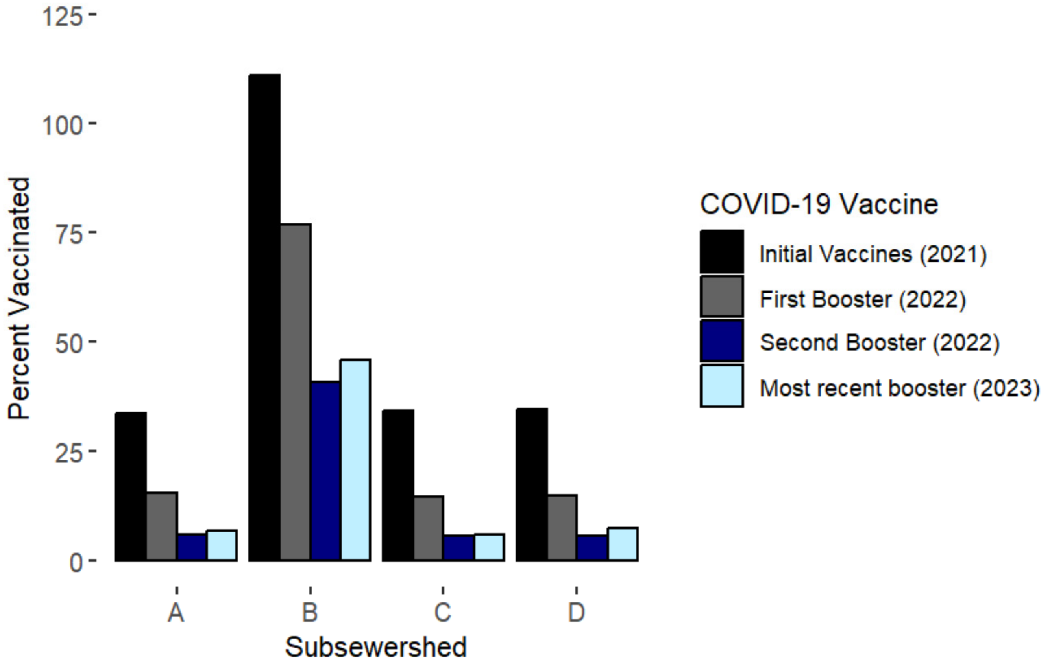

Figure 1. Percent COVID-19 vaccinated per subsewershed for each dose and booster. The percent vaccinated is estimated based on the subsewershed population size. Note that percent vaccinated estimates reflect the difficulty of population counts in monitored areas and extraction of vaccination census tract records vs. subsewershed boundaries that do not reflect census tracts.

Table 1. Monitored subsewersheds' (A, B, C, D) characteristics.

	Subsewersheds			
Parameters	**A**	**B**	**C**	**D**
Area characteristics	Residential/ Industrial	Residential	Residential	Residential/ Commercial
Kando population estimate	17,170	13,830	6501	23,043
MSD/RJN Flow estimate (MGD)	15	0.8	0.3	1.5
Overall SVI	0.76	0.24	0.93	0.94
Hospitals/Nursing homes	2/2	0/5	0/0	0/2
Age characteristics (<18 year, %)	26	18	52	28
Age characteristics (>65 year, %)	36	25	16	14
Race, ethnicity (% Black/White/Hispanic)	87/7/3	4/86/4	80/9/5	30/56/8

2.8. Statistical Data Analyses

Correlations between subsewershed cases and three wastewater parameters, raw N concentrations, Kando normalized wastewater concentrations (NVL) and MSD/RJN normalization (MGCPD) at the subsewershed, were determined by Spearman correlation during each sampling period (proc corr statement, SAS 9.4). Wastewater and case correlations were also determined by lagging case data by one or two weeks relative to the subsewershed level wastewater concentration. Spearman correlation was used as the wastewater data was determined to have a non-normal distribution ($p < 0.05$) based on four

normality tests (Shapiro–Wilk, Kolmogorov–Smirnov, Cramer–von Mises and Anderson–Darling) run using the proc univariate statement in Statistical Analysis Software (SAS 9.4, SAS institute). Significant correlations were determined by $p < 0.05$.

Significant differences in the wastewater concentration between the subsewersheds were determined by the Kruskal–Wallis test, followed by Dunn's multiple comparisons test using the packages kruskal.test, dunn.test and FSA in RStudio (R v4.4.0). Outliers were removed based on a Z-score greater than 3.

3. Results

3.1. Overall Wastewater Concentrations and Detection Rates

To evaluate SARS-CoV-2 community viral loads, 15 locations delineating four Cincinnati, Ohio, subsewersheds were monitored during two time periods: spring/summer (April–June 2023) and fall/winter (October 2023–February 2024). The individual sampling locations showed large heterogeneity in the SARS-CoV-2 detection rate throughout the monitoring periods (Supplemental Figure S1). The SARS-CoV-2 normalized wastewater concentrations (MGCPD) were aggregated per subsewershed (appropriate sampling locations were added) by season and for the full sampling period (Figure 2).

When comparing the two sampling periods, both the average SARS-CoV-2 N concentrations and MGCPD loads were significantly higher in fall/winter than in spring/summer ($p < 0.05$). The highest loads were detected in mid-December 2023 and mid-January 2024. In the spring/summer sampling period, the detection rate of SARS-CoV-2 in wastewater above LOQ ranged from 6% (1/17 samples) to 59% (10/17 samples) with an average detection rate of 23 $\pm$ 16% across all sampling locations (Supplemental Figure S1). At the subsewershed level, the detection rates were 24% in subsewershed A (10/34 samples), 34% in B (23/68 samples), 12% in C (4/34 samples) and 18% in D (22/119 samples). In the fall/winter sampling period, the detection rate of SARS-CoV-2 in wastewater above LOQ ranged from 34% (11/32 samples) to 94% (30/32 samples), with an average detection rate of 72 $\pm$ 17% across the sampling locations (Supplemental Figure S1). At the subsewershed level, the detection rates in each subsewershed were 89% in A (57/64 samples), 63% in B (81/128 samples), 75% in C (48/64 samples) and 72% in D (160/222 samples). While the detection rates for the subsewersheds did not show a pattern for the spring/summer sampling period, the fall/winter sampling period detection rates of samples above LOQ tended to be higher in subsewersheds that represented larger populations.

When visually comparing wastewater concentration trends over time at different sampling locations (Supplemental Figure S2), no specific trend indicating a distinct spatial spread of COVID-19 in the city could be implied. The majority of manhole locations (12/15) showed high virus load between 18 and 25 December 2023.

3.2. Subsewershed Heterogeneity and Comparison to WWTP

In the summer/spring sampling period, subsewershed wastewater tended to peak one week prior to increases in the wastewater concentration at the respective downstream WWTPs, although levels of SARS-CoV-2 were very low during this period (Figure 2A,B). During the fall/winter sampling period, subsewershed wastewater tended to peak either during the same week or one week after a peak in the wastewater concentration at the downstream WWTPs (Figure 3).

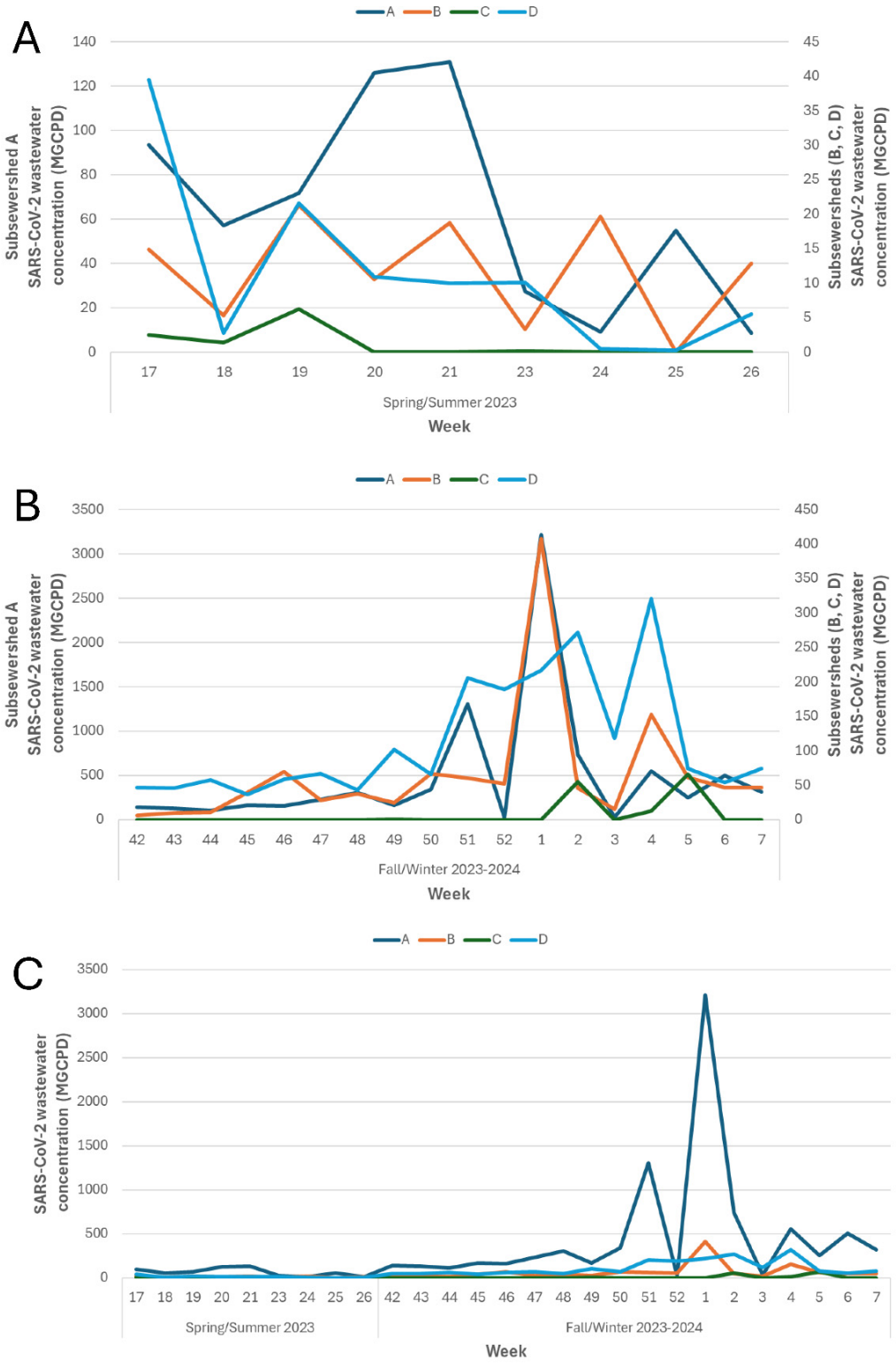

Figure 2. SARS-CoV-2 normalized wastewater concentration (MGCPD) during the study periods in subsewersheds. Weekly average SARS-CoV-2 normalized wastewater concentrations (MGCPD) for spring/summer (**A**) and fall/winter (**B**) were determined in four subsewersheds of the city. The overall trend for the full sampling period is shown in (**C**).

During the spring/summer sampling period, the normalized concentration of SARS-CoV-2 at the subsewershed scale did not correlate with the normalized concentrations at the respective downstream WWTPs (−0.46–0.48, p = 0.20–0.83). However, during the fall/winter sampling period when SARS-CoV-2 levels were higher, two of the subsewersheds (A and D)

upstream of WWTP1 and subsewershed B upstream of WWTP2 showed significant correlation with SARS-CoV-2 concentration in wastewater for their respective WWTP: subsewershed A (0.68, $p < 0.01$), D (0.62, $p < 0.01$) and B (0.47, $p < 0.0.5$). Subsewershed C did not significantly correlate with WWTP1 SARS-CoV-2 levels (0.15, $p = 0.55$).

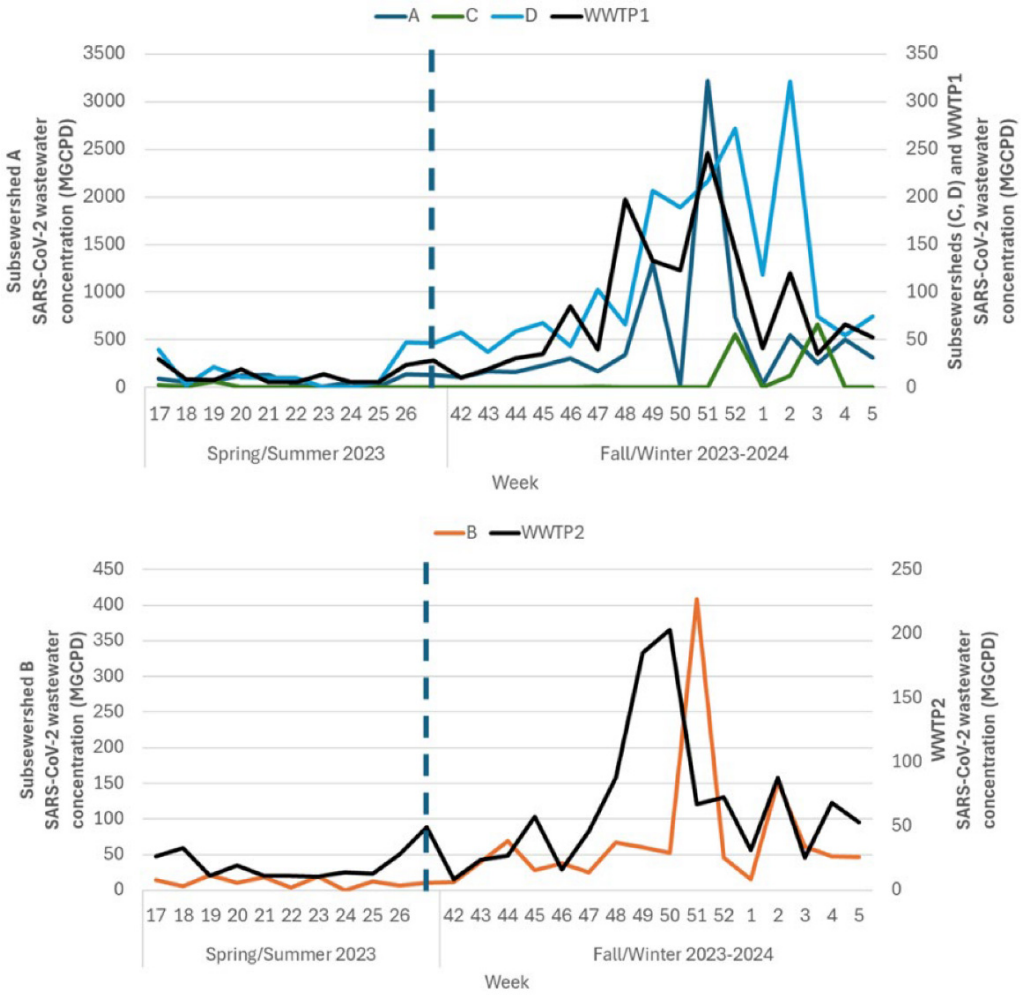

Figure 3. Line graphs depicting the wastewater SARS-CoV-2 normalized concentration (MGCPD) at the subsewersheds and respective WWTPs during the sampling periods. Wastewater concentrations for both WWTP and subsewershed level are weekly averages. (**Top**) WWTP1 and upstream subsewersheds (A, C and D). (**Bottom**) WWTP2 and upstream subsewershed B.

The wastewater concentrations between the subsewersheds were significantly different depending on the season and normalization method. During the spring/summer period, the MGCPD were significantly higher in subsewershed A compared to C ($p < 0.001$). In fall/winter, the wastewater MGCPD in subsewershed A was significantly higher than either subsewershed B or C ($p < 0.01$) (Figure 4). Subsewershed D also had significantly higher wastewater concentration compared to subsewershed C ($p < 0.001$). When evaluating only the N gene concentrations (not normalized) in gene copies/L, in spring/summer, subsewershed B and D were significantly different than subsewershed C ($p < 0.001$ and $p < 0.01$, respectively). Similarly, for the N concentration in wastewater in fall/winter, subsewersheds A, B and D were significantly higher than subsewershed C ($p < 0.001$ for all three).

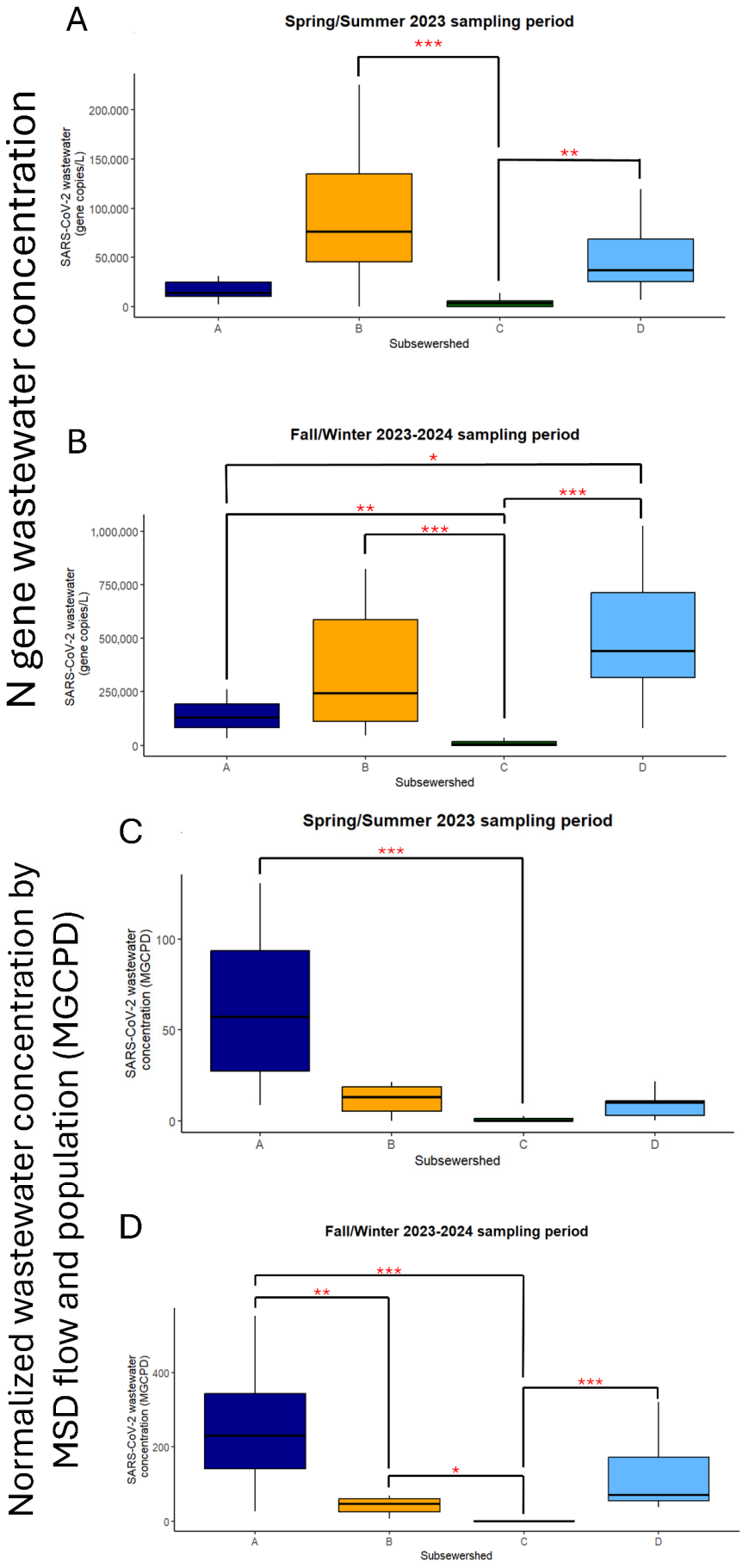

Figure 4. *Cont.*

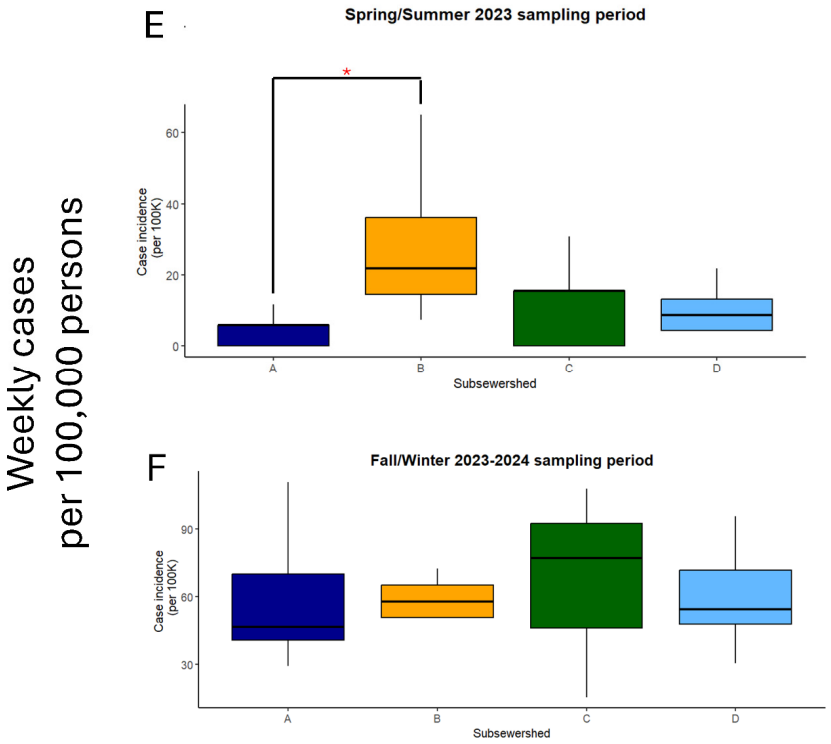

Figure 4. Boxplots of the average N gene wastewater concentration (**A**,**B**), normalized wastewater concentration (MGCPD; **C**,**D**), and weekly cases per 100,000 residents (**E**,**F**) during the two sampling periods. Significant differences determined by Kruskal–Wallis/Dunn's Multiple Comparisons test (* indicates $p < 0.05$, ** indicates $p < 0.01$, *** indicates $p < 0.001$).

Subsewershed cases showed slightly different patterns than wastewater concentrations and normalized concentrations. During the low prevalence period (spring/summer), subsewershed B had significantly higher case incidence than subsewershed A ($p < 0.05$). In the high prevalence period (fall/winter), the case incidence was not significantly different among the subsewersheds ($p = 0.89$–1.00).

3.3. Wastewater Results and Cases Correlations

In the fall/winter sampling period, both WWTPs (WWTP1 and WWTP2) had wastewater levels of SARS-CoV-2 that significantly correlated with the number of cases within their sewershed boundaries, with a two-week leading time for wastewater (0.68–0.86, $p < 0.01$). Neither WWTP showed a significant correlation between wastewater and their respective sewershed cases during the spring/summer sampling period (0.19–0.57, $p = 0.14$–0.66).

During spring/summer, there was no significant wastewater-case correlation for subsewersheds A–C, while subsewershed D had a significant correlation between wastewater and subsewershed-specific cases when wastewater was leading cases by two weeks (0.8, $p < 0.05$). Both subsewershed A and D also had significant correlations with cases at the WWTP sewershed level (0.67 and 0.82, respectively, $p < 0.05$). During the fall/winter sampling period, the subsewershed case incidence did not correlate with subsewershed level wastewater for any of the subsewersheds (-0.44–0.34, $p = 0.08$–0.87) (Supplemental Figure S3). Subsewersheds A, B and D significantly correlated with cases at their respective WWTP sewershed level when there was no lag in cases relative to wastewater: (A: 0.68, $p < 0.01$, B: 0.47, $p < 0.05$ and D: 0.65, $p < 0.01$). Additionally, subsewershed D wastewater concentration, which is the closest proximity to WWTP1, showed significant correlation with WWTP1 sewershed level cases with one (0.82, $p < 0.0001$) or two (0.66, $p < 0.01$) week lag in cases relative to wastewater.

3.4. Comparison of Laboratory and Rapid Quantification

One aim of this study was to compare the SARS-CoV-2 laboratory quantification protocol with the Cepheid GeneXpert system, which allows a rapid and direct wastewater analysis for different pathogens. Overall, 124 samples were analyzed using the two methods in parallel. The GeneXpert system had a higher sample positivity rate for SARS-CoV-2 with a rate of 77.4% compared to a sample positivity rate of 72.6% using the laboratory quantification protocol. Among the negative results, which indicate no viral loads or loads below the detection limits, seven were negative only in the laboratory analysis, and one was negative only using GeneXpert.

When comparing the overall trend of the SARS-CoV-2 gene copies concentrations measured using laboratory quantification or GeneXpert, similar results were observed for all five sampled locations over time (Figure 5). Compared to the laboratory quantification, the GeneXpert results showed higher concentration in 62.1% of the samples. Laboratory and the GeneXpert SARS-CoV-2 concentrations were linearly correlated (Figure 5). Four outliers were removed from the 124 samples with Z-scores of residuals >3.5. The removal of these outliers increased the R^2 by 29.3% (from R^2 = 0.58 to R^2 = 0.75). For 21.8% of samples, both methods indicated that the virus loads were below the detection limits.

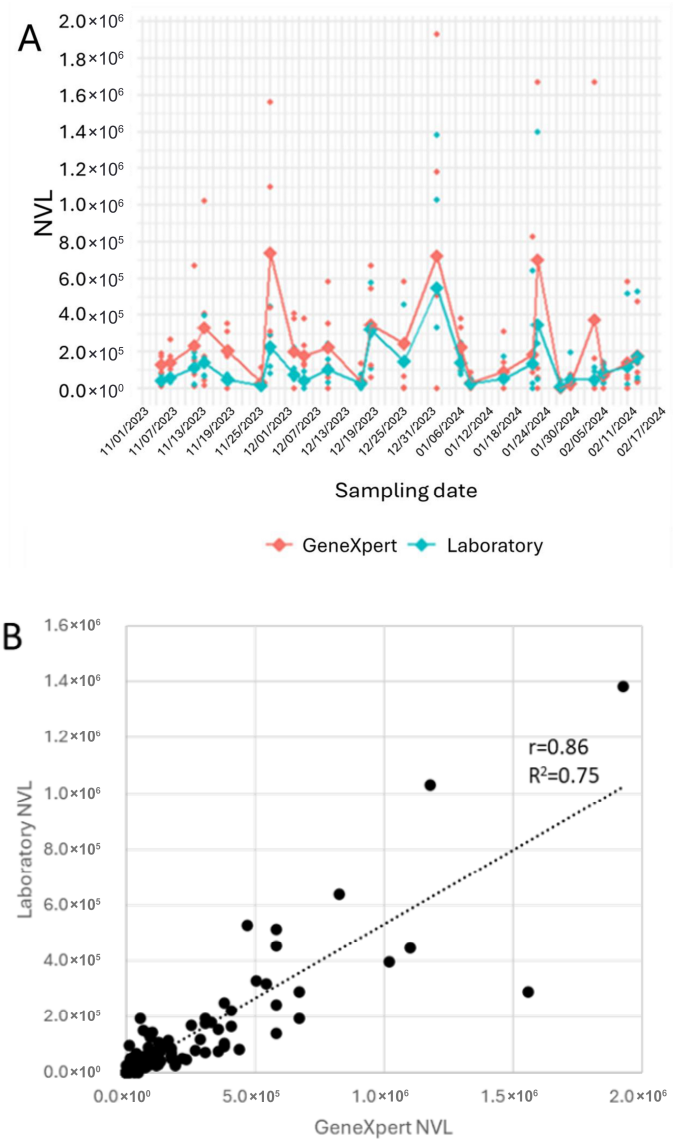

Figure 5. SARS-CoV-2 concentrations comparison between laboratory analysis and GeneXpert system. (**A**) Concentrations for each sampling date and location are shown in dots (●) for the laboratory analysis

(green) and the GeneXpert system (orange). The mean values for all sampling sites per sampling date appear in diamonds (ω) with connecting lines representing the overall trend. (**B**) Linear regression between the values for each sample as analyzed in the lab and using the GeneXpert system. Four out of 124 samples were removed from the analysis.

4. Discussion

As wastewater monitoring networks have matured since the beginning of the COVID-19 pandemic, a greater focus has been placed on network representativeness, sustainability and outbreak prediction, especially in terms of subsewershed monitoring. Work from other groups has shown that both subsewershed- and building-level monitoring show promise in outbreak detection [32]. Monitoring at the subsewershed level seems to provide a level of resolution that allows public health action to more effectively reach vulnerable communities and directly address local level outbreaks [11,24,34]; however, subsewershed level monitoring is more cost-prohibitive, labor and resource intensive and will naturally cover a smaller proportion of the local population compared to monitoring at the broader WWTP sewershed level.

The substantial amount of heterogeneity between nearby subsewersheds makes sampling site selection for communities complex [35]. Similar to other studies [11,22,24,36], the four subsewersheds examined in this study exhibited a high amount of heterogeneity in wastewater SARS-CoV-2 concentration, clinical indicators and vaccination rate, with sampling locations within subsewersheds being highly heterogeneous in their wastewater detection rate of SARS-CoV-2. Heterogeneity in wastewater SARS-CoV-2 concentration was also observed among similar socially vulnerable subsewersheds. Some studies reported low or no heterogeneity between monitored subsewersheds, usually connected to small differences between monitored subsewersheds, monitoring during high prevalence periods or implementing more accurate representations of the transient population using chemical normalization methods [27,37,38].

Three of the subsewersheds were highly representative of the larger WWTP sewershed in terms of both wastewater concentration and WWTP level case incidence, indicating that monitoring at the subsewershed level may be sufficiently predictive of outbreaks at the city or larger community level. This is especially important in terms of public health surveillance, given a decline in testing and reporting of COVID-19 cases since the end of the national emergency in 2023. This decline in clinical indicator reporting, coupled with population transiency, is likely evident in the four subsewersheds studied based on a lack of correlation between subsewershed-level cases and subsewershed-level wastewater concentration. Previous work conducted during the beginning of the pandemic (2020–2022) indicated that wastewater and case incidence were highly correlated at the subsewershed or sewershed level [11,18,26,36,37,39]; however, our work and work from other groups indicates weak or no correlation between wastewater and case incidence at the subsewershed level, especially if the monitored population is small, the case prevalence is low, or the population is strongly transient [19,27,35,40].

A major benefit of subsewershed-level wastewater monitoring is that the resolution provided allows for more directed and efficient public health action, especially in underserved, socially vulnerable communities. Work from other groups has shown that wastewater viral load is often higher in more socially vulnerable communities that are more diverse or have a lower median income [18,24,26–30] and that inclusion of demographic information makes wastewater-based models more predictive. Similarly, in our study, the highest viral load among the four subsewersheds was detected during both sampling periods at two of the more socially vulnerable subsewersheds. On the other hand, one of the highest socially vulnerable subsewersheds with the lowest COVID-19 vaccination

rate in our study consistently had the lowest SARS-CoV-2 wastewater and case levels, even when wastewater concentration was normalized for flow and population (subsewershed C). A few things stand out when examining other differences between the monitored subsewersheds. The first is age. According to the 2020 US Census data, subsewershed C is the youngest community of the four groups in this study, with more than half the residents estimated to be children between the ages of 0 and 17 years. When comparing the age group incidence of positive COVID-19 cases measured per 100,000 per week (7-day average) in Southwestern Ohio counties, the 0–19 age group has consistently demonstrated the lowest incidence with few exceptions, according to the Greater Cincinnati COVID-19 Situational Awareness report [41]. The Centers for Disease Control (CDC) agreed as early as January 2021 that, while the trend of cases in children ages 0–17 followed the same pattern as adult case trends from week to week, there was a lower incidence and fewer cases with severe outcomes in young children and adolescents than in adults [42]. Some studies have additionally suggested that children's immune response to COVID-19 is faster and more able to prevent symptoms from developing than that of adults [43]. Yet fecal studies of children still demonstrated COVID-19 virus shedding from asymptomatic and mild cases [44], suggesting that, where reported case counts and low viral load in wastewater agree, there was a true lower incidence in the community compared to communities where there are low case counts and elevated viral loads of SARS-CoV-2 in their wastewater. Additionally, the community with the lowest COVID-19 vaccination rate and the lowest SARS-CoV-2 wastewater and case levels in this study is primarily residential, having no congregate settings such as long-term care facilities, large employers, or transient settings that would contribute to the subsewershed. By comparison, the community with the highest number of vaccinated residents in this study and high wastewater viral loads, subsewershed B, has five long-term care facilities, and only 17.6% of residents are 0–17 years of age (2020 census). Although the population serviced by a given catchment has been noted to be difficult to estimate, it seems that the resident population estimates are not a sufficient population proxy due to transiency, as is evident in our study and others [37].

The subsewershed that had the highest wastewater SARS-CoV-2 normalized concentration (MGCPD), subsewershed A, included two hospitals and several industrial facilities with significant flow inputs. Although flow normalization is a very useful tool to adjust concentration for dilution due to intermittent flow increases, such as rain [45], it might also lead to overestimation of SARS-CoV-2 load in areas with significant "other than residential wastewater" input, as seen in our study. This is supported by subsewershed A and B having similar estimated populations. However, (1) subsewershed B had much higher non-normalized SARS-CoV-2 concentrations, while (2) subsewershed A had substantially higher normalized wastewater concentrations of SARS-CoV-2, indicating that subsewershed A may have had additional flow inputs that are not accounted for based on a difference in population. Work from other groups also indicates that physicochemical characteristics of wastewater, including ammonia concentration and pH, can also alter viral load detection [46,47]. Accurate flow measurement in a sewage conveyance system can be challenging, given the irregularity of pipe sizes and the reliability of differing types of level sensors. MSD's Wet Weather SCADA system and its network of roughly 1000 level and velocity sensors is one of the most advanced flow monitoring networks in the world, and, still, there are challenges with flow estimation in areas where no sensor is nearby. Reliance upon level and Manning's equation alone is a method of rough estimation of flow in a conveyance; however, when the pipe geometry is not well known, considerable error might be introduced into this estimate. Additionally, we identified unpredictable swings in wastewater quality (pH, ORP and Electrical Conductivity) in subsewershed A, which were later attributed to an untreated industrial waste discharge (Supplemental Figure S4).

It is unknown how these aberrations in wastewater quality affected the viability and detectability of SARS-CoV-2 in untreated wastewater. When monitoring in subsewersheds, coupling wastewater sample collection with accurate flow and water quality sensors might be necessary for the correct interpretation of results.

While subsewershed level monitoring provides a higher resolution, this study also indicates that many residential subsewersheds might not be adequate for hotspots or lead time monitoring. Our subsewersheds lacked lead time for an increase in case incidence at the subsewershed or WWTP level, while the WWTP wastewater concentration provided up to two weeks of lead time for an increase in sewershed cases during the peak season. Other work has highlighted that the WWTP wastewater results are more reflective of closer communities than those that are further upstream of the plant [15,18]. However, our study found that the subsewershed proximity to the WWTP did not appear to be a factor affecting correlation with the WWTP wastewater loads, concentrations, or cases. This could be because our subsewersheds are located at a similar distance to WWTPs, and the small differences in the distance did not affect this relationship.

5. Conclusions

As in previous studies, our subsewershed monitoring project unveiled the heterogeneity of SARS-CoV-2 concentrations even in very similar and nearby areas, pointing to the complexity of COVID-19 spread in urban areas and the difficulty in defining sampling locations without sampling possibly overlapping transient populations. The subsewershed wastewater SARS-CoV-2 concentrations were representative of the larger sewershed areas but did not seem to provide a warning earlier than the WWTP data. Additionally, subsewershed social vulnerability did not seem to be the main predictor of wastewater viral concentrations and loads. Other factors, including population age distribution, presence of hospitals, transient areas that attract visitors, "other than residential wastewater" flow volumes, and quality that affect viral signals, may all play a role in the prediction of wastewater viral loads. Wastewater concentration loads determined either by traditional laboratory analyses or by a rapid detection system (GeneXpert) showed high agreement, providing support for the reliability of the GeneXpert when deployed for wastewater monitoring efforts. Furthermore, delineating residential areas in a city with aging wastewater collection system networks and locating the best monitoring locations requires expertise and knowledge, and, in our case, many monitoring locations.

Supplementary Materials: The following supporting information can be downloaded at: https://www.mdpi.com/article/10.3390/w18020158/s1, Figure S1: Detection rates of SARS-CoV-2; Figure S2: SARS-CoV-2 wastewater concentration (MGCPD) by sampling location; Figure S3: SARS-CoV-2 wastewater concentrations and case incidence for subsewersheds; Figure S4: Wastewater quality parameters for one day in subsewershed A; Table S1: Water quality metrics by sampling location in the subsewersheds by sampling period; Table S2: Recovery percentage of bovine coronavirus (BCoV) by sampling location in the subsewersheds by sampling period.

Author Contributions: D.S.—writing original draft, investigation, data curation, visualization, formal analyses; H.K.-R.—writing original draft, investigation, data acquisition, project planning and operational management; S.M.B.—conceptualization, funding acquisition, investigation, methodology, project administration, resources, supervision, writing—review and editing; D.P.—project administration, validation, visualization, data curation; C.T.—funding acquisition, supervision; M.W.—project coordination, logistics, data entry and editing; Z.B.—project administration, supervision, funding acquisition, data curation, validation, writing—review and editing; J.S., P.C. and J.K.—investigation, methodology, validation, writing—review and editing; E.L.—project administration, supervision, funding acquisition; S.H.—logistics, investigation, methodology; S.R.—data curation, formal analysis, methodology; K.W.—conceptualization, investigation, supervision, writing—review and editing;

M.A.—conceptualization, funding acquisition, investigation, project administration, resources, supervision. All authors have read and agreed to the published version of the manuscript.

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Institutional Review Board Statement: Ethical review and approval were waived for this study, as no personally identifiable data were collected as part of the monitoring process, as per the Ohio Department of Health Human Subjects Institutional Review Board.

Data Availability Statement: Wastewater data can be found publicly available at the subsewershed level on the Cincinnati Center for Clinical and Translational Science and Training dashboard at https://www.cctst.org/cctst/pandemic-dashboard, (accessed on 12 October 2025) and additional data at the wastewater treatment plant level can be found on the Ohio Wastewater Monitoring Network website under Monitoring Data https://odh.ohio.gov/know-our-programs/ohio-wastewater-monitoring-network (accessed on 12 October 2025).

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Conflicts of Interest: Hila Korach-Rechtman was employed by the company Kando Environmental Services LTD that includes employment. Author David Partridge was employed by the company RJN Group, and Author Carrie Turner was employed by the company Limnotech. The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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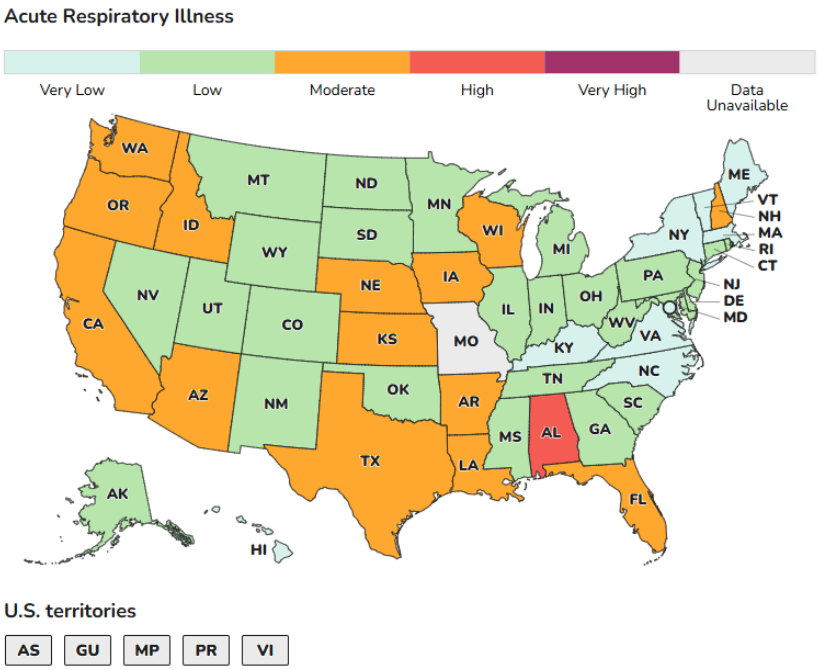
DATE: February 19, 2026

TO: Cincinnati Health Department Board of Health

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

SUBJECT: February 2026 Communicable Disease Report

Respiratory Activity



US

Nationwide respiratory activity data was last updated February 13, 2026 on the CDC website:

- The amount of acute respiratory illness causing people to seek health care is moderate.
- Seasonal influenza activity remains elevated nationally. Influenza A activity is decreasing while influenza B activity is increasing nationally and in most areas of the country; however, trends vary by region.
- Nationally, wastewater activity levels for COVID-19 and RSV are moderate. Influenza is low.

- Influenza: Emergency department visits are decreasing, but highest among children 5-17 years old.
- Hospitalization trends continue to decrease overall but are highest among those 65 years and older.
- RSV: Emergency department visits for RSV are elevated among infants less than 1 and children 1-4 years old. Hospitalizations for RSV are highest among infants less than 1 year old.
- COVID-19: Emergency department visits for COVID-19 are elevated among infants less than 1 year old. Hospitalizations for COVID-19 are at low levels in all age groups.
- Deaths associated with COVID-19 (0.7%) and influenza (1.2%) are low. Deaths associated with RSV (0.0%) are very low.
- There has been a total of 66 (32) pediatric deaths reported nationwide. Among those eligible to be vaccinated, CDC is reporting approximately 90% of reported pediatric deaths this season have occurred in children who were not fully vaccinated.
- Burden of influenza this season: CDC estimates 23 million illnesses, 300,000 hospitalizations, and 19,000 deaths so far.
- CDC respiratory vaccine recommendations can be found here.
- CDC influenza treatment recommendations can be found here.

Ohio

ODH is reporting statewide respiratory activity through 2/12/2026 on its dashboard. Respiratory virus wastewater monitoring data is shown in the table below.

- Both Mill Creek and Little Miami are recording higher levels of Influenza Type B than Type A now.
- Mill Creek showed a large increase in RSV levels from 2/3/2026 (6,725 Gene Copies per Liter) 2/8/2026 (76,990 Gene Copies per Liter). Little Miami RSV levels went down from 16,831 to 8,530.

Updated 2/16/2026

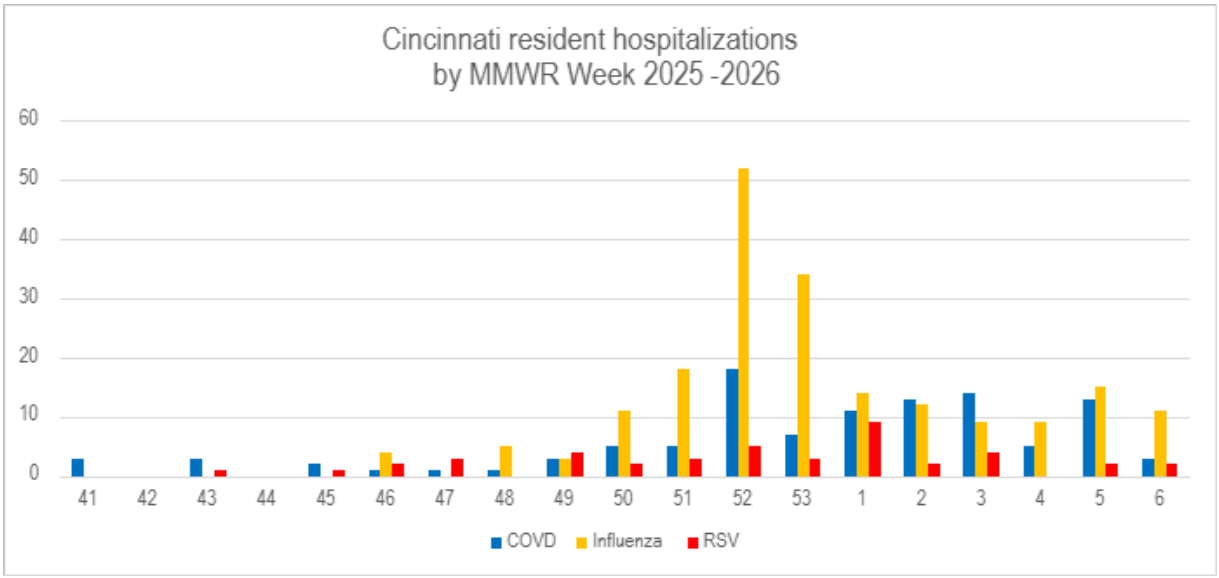
Respiratory Virus	US	Ohio	Greater Cincinnati	
			Mill Creek	Little Miami
COVID-19	Moderate	Moderate	Moderate	Moderate
Influenza	Low	High	High	High
RSV	Moderate	Low	High	Low

Sources: NWSS Wastewater Monitoring in the U.S. | National Wastewater Surveillance System | CDC, Monitoring Data | Ohio Department of Health

Cincinnati

Respiratory hospitalizations in Cincinnati residents are visualized by MMWR week in the graph below, as of 2/14/2026, according to data from the Ohio Disease Reporting System (ODRS) and statewide COVID and RSV associated hospital surveillance.

- Influenza hospitalizations continued to trend down into the 3 week of January, then slightly up from week 4-5, and slightly down from week 5-6, according to the date of the patient's admission.
- COVID hospitalizations began trending back up week 53 of 2025 through week 3 of 2026, down week 3-4, up week 4-5 and back down from week 5-6.
- RSV hospitalizations have been trending down mostly since week 1.



CDU Investigations and Outbreaks

CHD investigated 65 (73) communicable disease reports January 2026. You can find the reports meeting confirmed and probable case definitions included in the January Monthly Infectious Disease Surveillance Summary in the board's packet. This data is also updated each month on the Communicable Disease Dashboard that is located on the website: Communicable Disease Unit - Health.

Outbreak Response

CHD's Communicable Disease Control and Prevention Unit investigated 5 new outbreak reports (OB) in January:

- 3 COVID-19 OBs in long-term healthcare settings
- 2 RSV OBs in long-term healthcare settings

At the time of this report, 4 outbreaks have been reported in February:

- 3 Influenza OBs in Cincinnati schools
- 1 COIVD-19 OB in a long-term healthcare setting

Hospital-associated Legionellosis Outbreak update

CHD continues to work with hospital representatives, ODH and CDC, as the facility continues testing and remediation efforts. There have been a total of 6 cases of Legionnaires' Disease associated with the facility at the time of this report.

What's Bugging Us

This month some of the comprehensive CHD COVID-19 Summary 2020-2023 and related data will be shared, as supplemental to the COVID-19 Wastewater Study that will also be presented by Dr. Amin during the Board of Health February meeting. The CHD COVID-19 Summary 2020-2023 is planned to be shared with the public on the CHD website in March, marking 6 years since the first residents of Cincinnati were diagnosed with COVID-19 in the year 2020.

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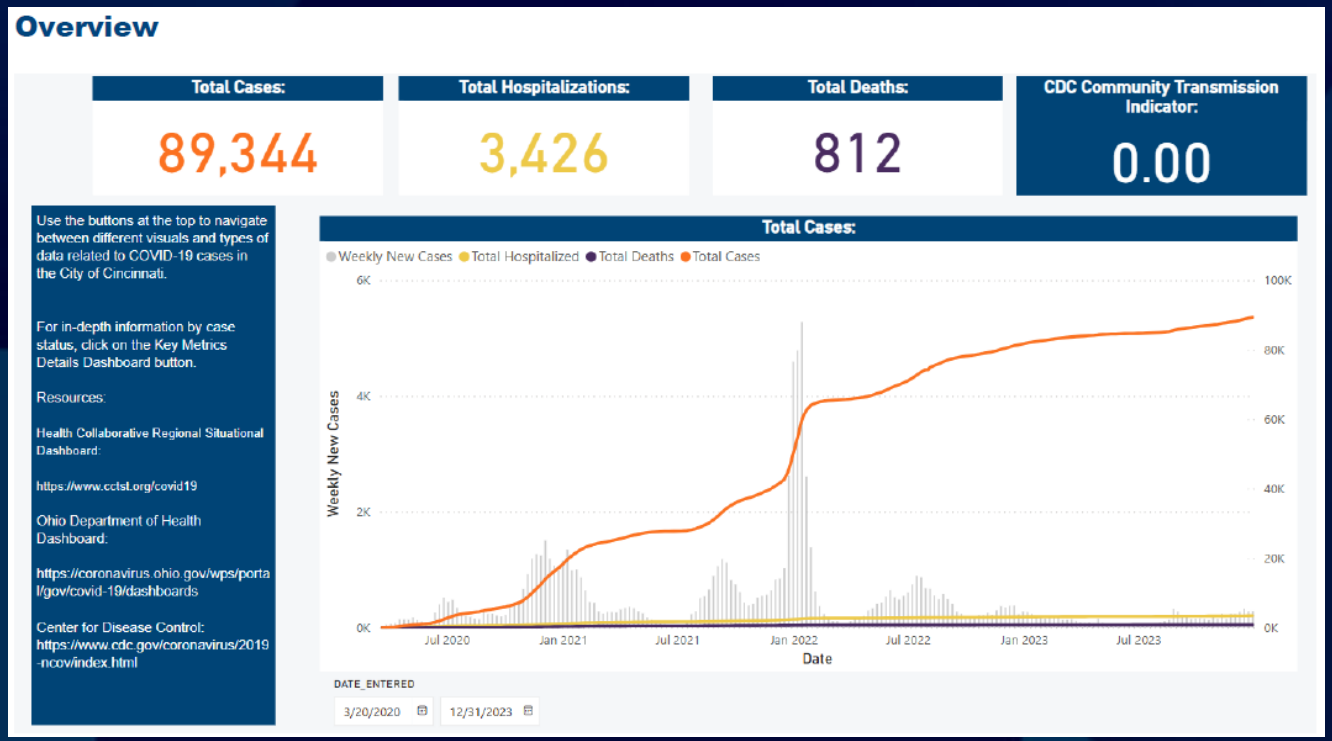
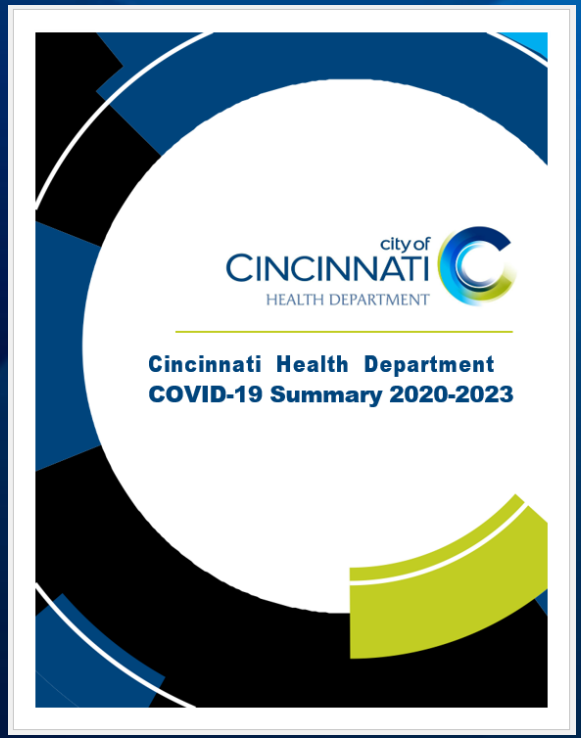
Select findings from the

Cincinnati Health Department COVID-19 Summary 2020-2023

2/24/2026

About the report…





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Summary data by neighborhood

TABLE 1: CINCINNATI COVID-19 CASES, HOSPITALIZATION AND MORTALITY 2020-2023

Neighborhood	Population[1]	Case Rate[2] per 100,000 population	Hospitalization Rate[2] per 100,000 population	Mortality Rate[2] per 100,000 population
Avondale	11345	6118.9	375.5	62.3
Bond Hill	7002	6838.7	324.5	102.7
California	944	2913.1	**	**
Camp Washington	1234	7811.8	**	**
Carthage	2781	5698.2	290.9	**
Clifton	8408	6476.5	208.2	44.0
College Hill	16,039	6651.9	292.1	83.0
Columbia Tusculum	1,523	6598.8	**	**
Corryville	4,373	8335.2	175.9	**
CUF	20,385	5184.1	101.7	21.8
Downtown	5,835	10131.0	127.8	**
East End	1,476	9675.8	184.8	**
East Price Hill	15,241	6261.9	328.9	43.2
East Walnut Hills	4,103	7557.9	200.6	110.0
East Westwood	2,458	6428.0	478.0	122.1
English Woods/North Fairmount	361	8448.8	**	**
Evanston	8,838	6986.9	307.5	47.5
Hartwell	5,806	7266.1	400.7	122.2
Hyde Park	14,193	6783.6	71.8	28.7
Kennedy Heights	5,166	7058.5	392.1	
Linwood	705	7092.2	**	**
Lower Price Hill/Queensgate	1,070	9812.2	707.2	**
Madisonville	17,898	4634.4	173.1	44.3
Millvale	1,965	6259.5	229.0	**
Mt. Adams	1,578	6976.7	**	**
Mt. Airy	9,210	7696.4	312.1	35.7
Mt. Auburn	5,070	7647.5	246.5	**
Mt. Lookout	5,173	6372.6	72.9	**
Mt. Washington	15,357	5665.2	156.2	48.4
North Avondale	3,405	6923.6	293.7	**
North Fairmount	1,590	7657.2	424.5	**
Northside	8,096	6855.2	246.2	44.2
Oakley	11,761	7694.6	205.7	51.4
Over-the-Rhine	5,622	8534.8	168.6	**
Paddock Hills	1,038	6743.7	361.3	**
Pendleton	1,088	8230.0	247.9	**
Pleasant Ridge	8,895	7533.7	223.8	50.7
Riverside	1,257	10696.8	**	**
Riverside/ Sedamsville	1,256	7019.6	444.1	**
Roll Hill	1,918	4975.1	238.8	**
Roselawn	7,039	7044.1	399.5	109.3
Sayler Park	2,825	7257.9	323.7	**
South Cumminsville	702	8084.0	747.9	**
South Fairmount	2,181	7558.2	520.4	143.1
Spring Grove Village	1,916	6945.1	308.9	**
Walnut Hills	6,344	7217.6	367.8	72.7

Source: Ohio Department of Health, 2020-2023
**Data is provisional and subject to change*
***Rate unreliable if < 10 deaths, hospitalizations.*
[1]Population Data by US 2020 Decennial Census
[2]Rate is cumulative and calculated per 100,000 population, using the total population for 2020, 2021, 2022 and 2024.

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Impact of congregate settings on neighborhood COVID rates

TABLE 4: CINCINNATI NEIGHBORHOODS WITH CONGREGATE SETTINGS AND COVID-19 CASES, HOSPITALIZATION AND MORTALITY RATES (2020-2023)

Neighborhood	Case rate*	Hospitalization Rate*	Mortality Rate*	LTCF[1]	CF[2]	HS[3]	Total Congregate Settings
Hartwell	7266.1	400.7	122.2	5			5
Westwood	7225.4	289.1	57.1	4			4
Hyde Park	6783.6	71.8	28.7	4			4
Avondale	6118.9	375.5	62.3	3			3
Madisonville	4634.4	173.1	44.3	3			3
College Hill	6651.9	292.1	83	2			2
Mt. Washington	5665.2	156.2	48.4	2			2
Clifton	6476.5	208.2	44	2			2
Corryville	8335.2	175.9	**	2			2
Downtown	10131	127.8	**		1	1	2
Lower Price Hill / Queensgate	9812.2	707.2	**	1		1	2
Mt. Auburn	7647.5	246.5	**		1	1	2
Roselawn	7044.1	399.5	109.3	1			1
Bond Hill	6838.7	324.5	102.7			1	1
Walnut Hills	7217.6	367.8	72.7			1	1
West End	5201.4	331.9	62.6	1			1
West Price Hill	6441.8	281.3	53.1	1			1
Oakley	7694.6	205.7	51.4	1			1
Evanston	6986.9	307.5	47.5	1			1
CUF	5184.1	101.7	21.8	1			1
Camp Washington	7811.8	**	**		1		1
			Total #	**34**	**3**	**5**	**42**

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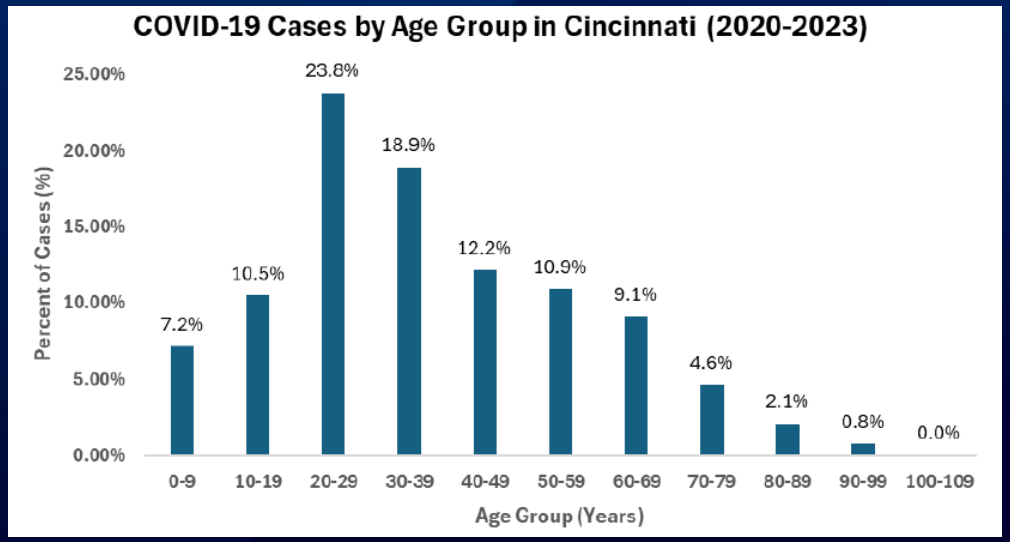
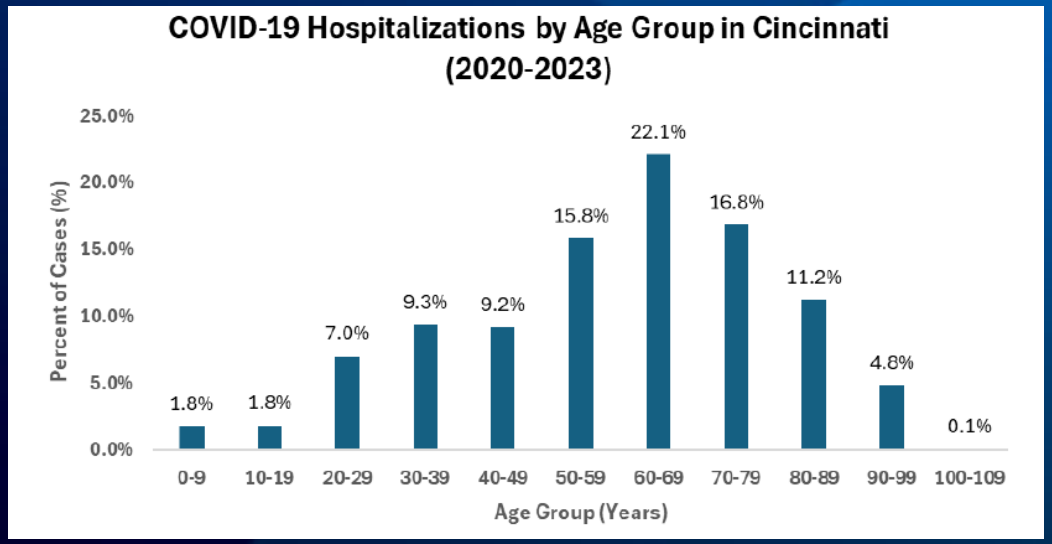
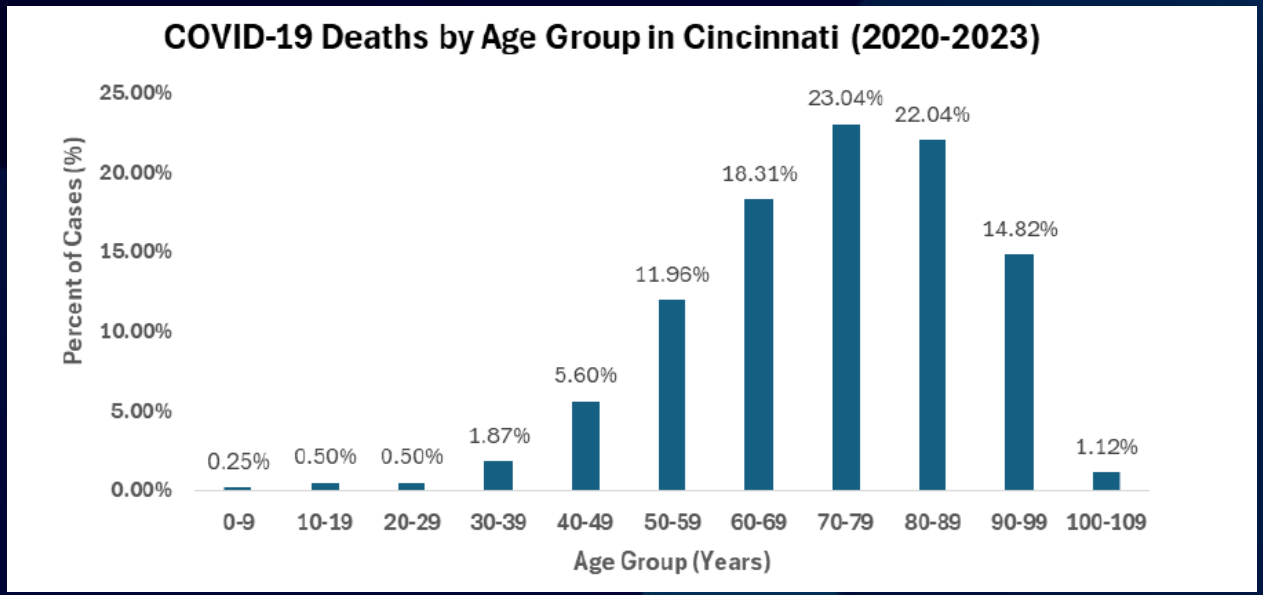
Age Group Results







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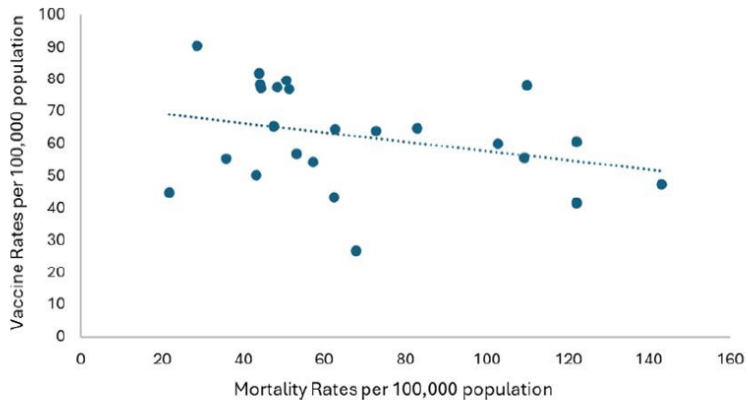
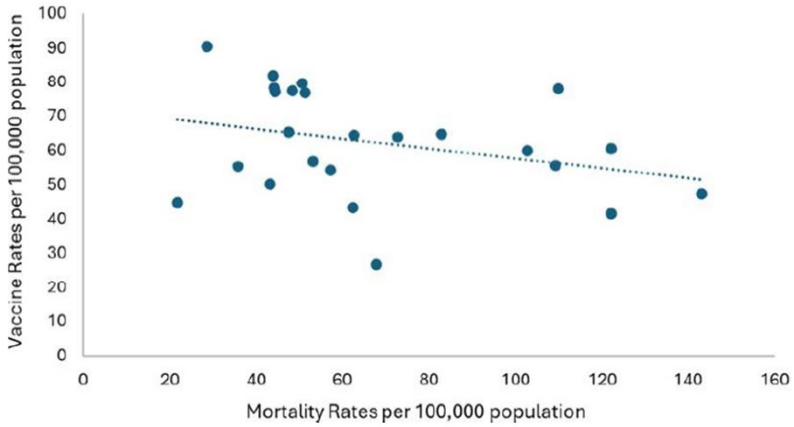
Vaccination rate analysis

FIGURE 26: CINCINNATI COVID-19 MORTALITY AND VACCINATION CORRELATION



Source: Ohio Department of Health, 2020-2023 data.
**Neighborhoods with unknown rates were excluded from this analysis.*
Interpretation: Coefficient of Correlation (r) = -0.30, indicating a moderate negative relationship

FIGURE 26: CINCINNATI COVID-19 MORTALITY AND VACCINATION CORRELATION



Source: Ohio Department of Health, 2020-2023 data.
**Neighborhoods with unknown rates were excluded from this analysis.*
Interpretation: Coefficient of Correlation (r) = -0.30, indicating a moderate negative relationship

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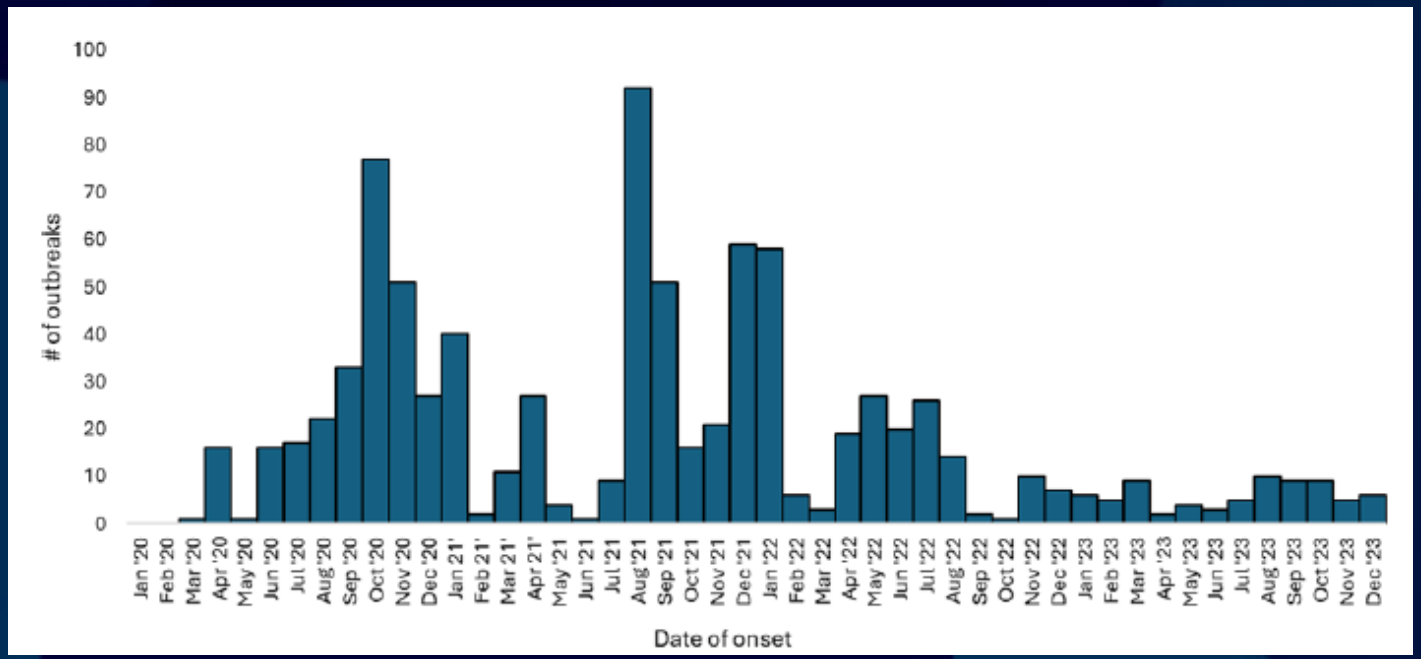
Outbreak summary data by year

Year	# Confirmed Cases (% of total cases)	# Hospitalizations (% of total hospitalizations)	# Deaths (% of total deaths)
2020	12570 (45.6%)	250 (81.2%)	187 (93.5%)
2021	11369 (41.2%)	14 (4.5%)	2 (1%)
2022	3406 (12.3%)	28 (9.1%)	4 (2%)
2023	232 (0.8%)	16 (5.2%)	7 (3.5%)
Year Unknown	11 (0.03%)		
Total	**27588**	**308**	**200**



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Outbreak analysis by year and by primary setting

TABLE 6: COVID-19 OUTBREAKS IN CINCINNATI 2020-2023

Primary setting	2020 (% of total outbreaks in 2020)	2021 (% of total outbreaks in 2021)	2022 (% of total outbreaks in 2022)	2023 (% of total outbreaks in 2023)	Total (% of total outbreaks)
Assisted living/Residential Care Facility	8 (3.1%)	1 (0.3%)	10 (5.2%)	9 (12.3%)	29 (3.2%)
Community events/gatherings	1 (0.4%)	1 (0.3%)	1 (0.5%)	0	3 (0.3%)
Congregate living setting (not otherwise specified	1 (0.4%)	4 (1.2%)	4 (2.1%)	0	12 (1.3%)
Correctional facility	2 (0.8%)	3 (0.9%)	0	1 (1.4%)	7 (0.8%)
Day care center	23 (8.8%)	72 (21.6%)	54 (28%)	5 (6.8%)	163 (18.2%)
Gym/Fitness centers	8 (3.1%)	5 (1.5%)	0	0	13 (1.5%)
Healthcare setting, outpatient	0	0	1 (0.5%)	0	1 (0.1%)
Hospital, Acute Care	0	0	1 (0.5%)	1 (1.4%)	2 (0.2%)
Hospital, Long-term Acute Care (LTACH)	1 (0.4%)	0	0	0	1 (0.1%)
Intermediate Care Facilities for Individuals with	0	1 (0.3%)	2 (1%)	0	3 (0.3%)
Nursing Home/Skilled Nursing Facility	24 (9.2%)	2 (0.6%)	40 (20.7%)	53 (72.6%)	122 (13.6%)
Other	1 (0.4%)	3 (0.9%)	1 (0.5%)	0	6 (0.7%)
Psychiatric/Behavioral Health Facility	3 (1.1%)	1 (0.3%)	0	2 (2.7%)	6 (0.7%)
Rehab facility	2 (0.8%)	7 (2.1%)	0	0	9 (1%)
Religious facility	0	1 (0.3%)	0	0	1 (0.1%)
Restaurant/Bar	25 (9.6%)	3 (0.9%)	1 (0.5%)	0	30 (3.3%)
School, college or university	2 (0.8%)	2 (0.6%)	1 (0.5%)	0	5 (0.6%)
School, K-12	95 (36.4%)	139 (41.7%)	22 (11.4%)	2 (2.7%)	265 (29.6%)
Shopping, retail	1 (0.4%)	0	0	0	1 (0.1%)
Workplace (non-residential, non-healthcare)	64 (24.5%)	88 (26.4%)	55 (28.5%)	0	217 (24.2%)
	261	**333**	**193**	**73**	**896**

TABLE 8: COVID-19 OUTBREAK CASES, HOSPITALIZATIONS AND DEATHS BY PRIMARY SETTING IN CINCINNATI 2020-2023

Primary setting	# Confirmed Cases (% of total)	# Hospitalizations (% of total)	# Deaths (% of total)
Nursing Home/Skilled Nursing Facility	3841 (13.9%)	255 (82.8%)	175 (87.5%)
School, college or university	11476 (41.6%)		
School, K-12	8358 (30.3%)	4 (1.3%)	1 (0.5%)

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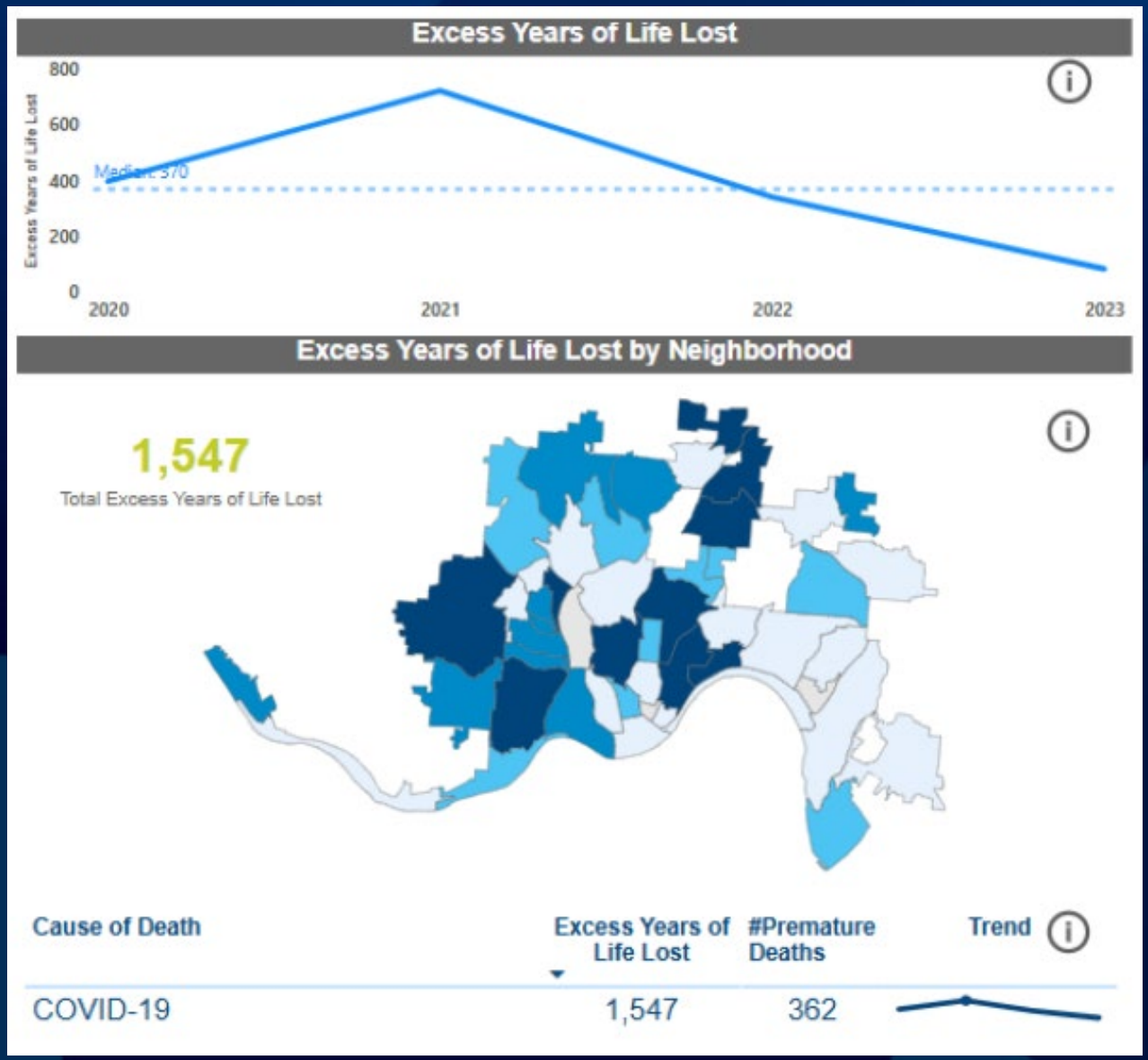
Mortality numbers and Excess Years of Life Lost



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Authors and Acknowledgements

Report authors include current and former full time CHD staff members Drew Lovell, Grace Ryan, Sonya Williams, Jose Marques, and Kim Wright.

Authors Pragya Singh, Sri Anugu, and Gileisha Walker were valued members of our COVID-19 contractual staff.

A special acknowledgement also recognizes the Public Consulting Group (PCG) support and assistance with the report.

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City of Cincinnati Board of Health Finance Committee

Kiana Trabue, Chair of the Board of Health Finance Committee, called the Tuesday, February 17, 2026 Finance Committee meeting to order at 5:00 pm

Roll Call

Members present: Kiana Trabue, Dr. Camille Jones, Mark Menkhaus,

Dr. Grant Mussman, and Joyce Tate

Topic	Discussion	Action/Motion
Approval of Minutes	The Chair asked Committee members if everyone had the opportunity to review the minutes from January 20, 2026. Motion: That the Board of Health (BOH) Finance Committee approves the minutes from January 20, 2026.	**Motion:** Dr. Mussman **Second:** Ms. Tate **Action:** Passed
Review of Contracts for BOH Approval:	Ms. Trabue began reviewing contracts going to BOH for approval. **Hamilton County Public Health – 1st Amendment 55x10741** Dr. Grant Mussman presented the contract for opioid mitigation services, including syringe exchange and Narcan distribution, and clarifies the error in the executive summary date. The amendment broadens the language to allow for mobile services and is funded by the Ohio local allocation dollars from the opioid settlements. **Motion**: That the BOH Finance Committee recommends approval. **Hamilton County Public Health (Dollars for Dentures Program) 65x10848** Ms. Lauren Thamann-Raines presented the continuation of a contract with Hamilton County Public Health for the Dollars for Dentures program. The program reimburses uninsured and underinsured patients needing dentures, with eligibility based on Hamilton County zip code and income under 200% of the federal poverty level. **Motion**: That the BOH Finance Committee recommends approval. **Ohio Department of Health 65x10849** Ms. Joyce Tate presented a contract with the Ohio Department of Health for a navigation program for women in need of breast or cervical cancer screenings. The program connects uninsured women to services, with mammograms provided through contracts with UC and Tri Health. **Motion**: That the BOH Finance Committee recommends approval. **Housing and Urban Development 65x10850** Dr. Maryse Amin introduces a grant from HUD for lead abatement in Cincinnati	**Motion**: Mr. Menkhaus **Second**: Ms. Tate **Action**: Passed **Motion**: Dr. Jones **Second**: Mr. Menkhaus **Action**: Passed **Motion**: Dr. Jones **Second**: Ms. Trabue **Action**: Passed **Motion**: Ms. Trabue **Second**: Dr. Jones

	homes, totaling $4.4 million over four years. Eligibility includes income under 50-80% and children under six living or visiting the home. **Motion**: That the BOH Finance Committee recommends approval.	**Action**: Passed
Review of Contracts for BOH Information:	Ms. Trabue began reviewing the following contract, going to BOH for information. **University of Cincinnati 65x10834** Mr. John Monahan presented a contract with the University of Cincinnati's College of Applied Health Sciences for a social work program partnership. The goal is to take on two student interns per semester to benefit patients and future social workers.	
Financial Update	Mr. Menkhaus provided an overview of the financial statement for the period ending in January 2026. • **Total Revenue:** Revenue at the end of January was $42,586,515.87. Which is a 23.37% increase from January of 2025. Expenses as of January 2026 totaled $38,595,188.55 which is a 5.16% increase from January 2025. Total net gain after the capital revenue transfer was $5,934,327.32. **Total Expenses**: • **7100 - Personnel increased** by 6.31%. 7500-Fringes saw a corresponding increase of 3.89%. The increase is attributed to the increase in the employer contribution retirement rate (this increased from 19.79% to 23.83%). This is also attributable to the 5% COLA all AFSCME employees received at the end of September. AFSCME also received a one-time payment of $1,500. This one-time payment totaled $415,500 for the Health Department. • **7200 - Contractual Services** saw a decrease of 5.99% (9.13% decrease in December), and • **7300 - Materials & Supplies** increased by 7.99% (1.02% decrease in December). The differences are due to the timing of invoices paid. In FY26 we paid Propio LS, LLC $341,389.73 as of January, yet in FY25 we paid Cross Country Staffing $362,086.88 as of January. In FY26 we paid Cardinal Health $1,312,934.68 as of January, yet in FY25 we paid Cardinal Health $917,557.03 as of January. We also expensed $500,000 to Greater Cincinnati Community Shares in FY26, this was not an expense in FY25. • **7400 - Fixed Costs** increased by 7.02% (4.85% decrease in December). The increase is the timing of invoices paid. In FY26 we paid Ochin $1,394,255.32 as of January, yet in FY25 we paid Ochin $1,239,054.50 as of January. We also expensed $77,168 to Hamilton County in FY26, but in FY25 we expensed $104,657. • **7600 - Property** increased by 205.72% (317.66% increase in October). The increase is due to the renovation at the Price Hill Clinic and the sink hole at the Bobbie Sterne parking lot. **Total Available**: $5,934,327.32	

New Business	N/A	
Public Comment	Mrs. Mitchell stated that as of 5 p.m. today, no questions or comments from the public were received.	

Meeting Adjourned: 5:21 pm
Next Meeting: **Tuesday, March 17, 2026, 5 p.m.**
Minutes prepared by Shurdina Mitchell
The meeting can be viewed and is incorporated in the minutes: https://fb.watch/pD-N3kOzkN/

Board of Health Finance Committee Roll Calls for February 17, 2026:

	Roll Call	Minutes	Hamilton County Public Health – 1st Amendment 55x10741	Hamilton County Public Health (Dentures for Dollars Program) 65x10848	Ohio Department of Health 65x10849	Housing and Urban Development 65x10850	University of Cincinnati 65x10834 (Informational Only)
Mr. Jagdish Bhati	N	-	-	-	-	-	-
Dr. Camille Jones	Y	Y	2Y	MY	MY	2	-
Mr. John Kachuba	N	-	-	-	-	-	-
Mr. Mark Menkhaus Jr.	Y	Y	MY	2Y	Y	Y	-
Dr. Grant Mussman	Y	MY	Y	Y	Y	Y	-
Ms. Joyce Tate	Y	2Y	Y	Y	Y	Y	-
Ms. Kiana Trabue	Y	Y	Y	Y	2Y	MY	-

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

Others present: Shurdina Mitchell (Clerk), Dr. Maryse Amin, John Monahan, Lauren Thamann-Raines, Dr. Ashanti Salter,

Interdepartmental Correspondence Sheet

Date: 2/24/2026

To: MEMBERS of the BOARD of HEALTH

From: Grant Mussman, MD MHSA, Health Commissioner

Copies: Leadership Team, HR File

Subject: PERSONNEL ACTIONS for February 24, 2026 BOARD of HEALTH MEETING

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

DIONTE MACKEY-MOORE	**ENVIRONMENTAL HEALTH SPECIALIST-in-TRAINING**	**CHES**
(Retirement vacancy)		
Salary Bi-Weekly Range:	$2,477.48	General Fund

Dionte Mackey-Moore will be filling the Environmental Health Specialist in Training position, in the Environmental Waste Unit. Dionte is a graduate of Central State University with a Bachelor of Science in Biology. Dionte has worked as a science teacher and most recently in the armed security services. Dionte will be a good addition to our work unit, and we look forward to working with him.

DANIEL MOUNIR	**ENVIRONMENTAL HEALTH SPECIALIST-in-TRAINING**	**CHES**
(Promotional vacancy)		
Salary Bi-Weekly Range:	$2,477.48	Revenue Fund

The Cincinnati Health Department Food Safety Program is proud to announce that Daniel Mounir has accepted a position in our department as an environmental health specialist in training. Daniel has a Bachelor's and master's degree in Biological Sciences from the University of Cincinnati. His science background and laboratory experience will be a huge asset to our department.

PROMOTIONS

ANDREW LOVELL	**SENIOR EPIDEMIOLOGIST**	**CHES**
(Promotional vacancy)		
Salary Bi-Weekly Range:	$3,223.10 - $4,331.58	Grant Fund

Andrew Lovell has been with the Cincinnati Health Department as an Epidemiologist since 2021. Mr. Lovell holds a BS in Health Promotion and Education and a master's in health informatics. Mr. Lovell brings experience in maternal and infant health, quality improvement among years of experience in data and geospatial analysis using ArcGIS.

Preparation Date January 15, 2026

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 – 1st Amendment**

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 **X** Accounts Payable ____ Accounts Receivable

___ Service Contract (no $) ____ Lease

Funding Source ____ General Fund ___ Grant Fund **X** Other Funding

Action Required: **X** Board Approval ____ Board Information

CONTRACT DOLLAR AMOUNT

Original Amount **$304,000 annually**

1st Amendment Amount **$0**

Total 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**
1st Amendment 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

The first amendment would update the location of services to all of Cincinnati versus Price Hill. The term and amount remains the same.

Preparation Date January 30, 2026

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 (Dentures for Dollars Program)**

Contract # **65x10848**

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

Initiator Person & Phone # **Lauren Thamann-Raines, 513-357-7383**

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

Division **Health/Dental**

Type of Contract/Agreement ___ Accounts Payable **X** Accounts Receivable

___ Service Contract (no $) ___ Lease

Funding Source ___ General Fund ___ Grant Fund ___ Other Funding

Action Required: **X** Board Approval ___ Board Information

CONTRACT DOLLAR AMOUNT

Original Amount **$65,000**

TERM

Original Term Start Date **01/01/2026** End Date **12/31/2026**

EXECUTIVE SUMMARY

Hamilton County Public Health will pay the City of Cincinnati Health Department the cost of the laboratory fee for removable appliances fabricated for low-income (under 200 percent poverty) patients. These appliances include dentures and partials (including flippers).

The City of Cincinnati Health Department will submit to Hamilton County Public Health an invoice with attached laboratory bills on a quarterly basis for reimbursement. There is no limit on the amount to be reimbursed throughout the course of the agreement.

The proposed term is from January 1, 2026, through December 31, 2026.

Preparation Date February 11, 2026

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 **Ohio Department of Health**

Contract # **65x10849**

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

Initiator Person & Phone # **Joyce Tate, 513-357-7470**

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

Division **Health**

Type of Contract/Agreement ___ Accounts Payable **X** Accounts Receivable

___ Service Contract (no $) ___ Lease

Funding Source ___ General Fund ___ Grant Fund ___ Other Funding

Action Required: **X** Board Approval ___ Board Information

CONTRACT DOLLAR AMOUNT

Original Amount **varies**

TERM

Original Term Start Date **Upon execution** End Date **6/30/2031**

EXECUTIVE SUMMARY

This is an agreement between the Ohio Department of Health (ODH) and the Cincinnati Health Department (CHD) to participate in ODH's Breast and Cervical Cancer Early Detection Project (BCCP). CHD providers will provide breast and/or cervical cancer screenings to CHD patients and will seek reimbursement from ODH for these services based on the Current Procedural Terminology (CPT) codes for this project provided by ODH.

The term will begin upon execution and end on June 30, 2031.

Preparation Date February 11, 2026

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 **Housing and Urban Development (HUD)**

Contract # **65x10850**

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

Initiator Person & Phone # **Maryse Amin, 513-357-7273**

Division Head & Phone # **Maryse Amin, 513-357-7273**

Division **Health**

Type of Contract/Agreement ___ Accounts Payable **X** Accounts Receivable

___ Service Contract (no $) ___ Lease

Funding Source ___ General Fund **X** Grant Fund ___ Other Funding

Action Required: **X** Board Approval ___ Board Information

CONTRACT DOLLAR AMOUNT

Original Amount **$4.2 million**

TERM

Original Term Start Date **3/2/2026** End Date **3/2/2030**

EXECUTIVE SUMMARY

The Cincinnati Health Department (CHD) was granted funding from the Housing Urban Development (HUD) from the Office of Lead Hazard Control & Healthy Homes (OLHCHH). The grant funding is for the Cincinnati Health Department Childhood Lead Poisoning Prevention Program to provide lead abatement efforts to homes of Cincinnati residents based on income and children residing in home eligibility. The grant period is for a four year term to complete approximately 142 units for lead abatement.

city of CINCINNATI HEALTH DEPARTMENT

DATE: February 17, 2026

TO: City of Cincinnati Board of Health Finance Committee

FROM: Mark Menkhaus, Jr., CFO

SUBJECT: Fiscal Presentation 2026

FINANCIAL STATEMENTS REVIEW FOR THE FISCAL YEAR 2026 – JANUARY

2026 January Highlights:

- Revenue at the end of January was $42,586,515.87. Which is a 23.37% increase from January of 2025. Expenses as of January 2026 totaled $38,595,188.55 which is a 5.16% increase from January 2025. Total net gain after the capital revenue transfer was $5,934,327.32.

Year over Year:

- As of January, we had $85,843.13 in overtime compared to January of 2025's total of $103,843.93. Neither year as of January had any disaster overtime.

- We received an additional capital revenue transfer in the amount of $1,786,000 in the month of December. The FY26 total amount is $1,943,000. In FY25 we received a total of $2,187,000.

- 7100-Personnel increased by 6.31%. 7500-Fringes saw a corresponding increase of 3.89%. The increase is attributed to the increase in the employer contribution retirement rate (this increased from 19.79% to 23.83%). This is also attributable to the 5% COLA all AFSCME employees received at the end of September. AFSCME also received a one-time payment of $1,500. This one-time payment totaled $415,500 for the Health Department.

- 7200- Contractual Services saw a decrease of 5.99% (9.13% decrease in December), and 7300- Materials & Supplies increased by 7.99% (1.02% decrease in December). The differences are due to the timing of invoices paid. In FY26 we paid Propio LS, LLC $341,389.73 as of January, yet in FY25 we paid Cross Country Staffing $362,086.88 as of January. In FY26 we paid Cardinal Health $1,312,934.68 as of January, yet in FY25 we paid Cardinal Health $917,557.03 as of January. We also expensed $500,000 to Greater Cincinnati Community Shares in FY26, this was not an expense in FY25.

- 7400-Fixed Costs increased by 7.02% (4.85% decrease in December). The increase is the timing of invoices paid. In FY26 we paid Ochin $1,394,255.32 as of January, yet in FY25 we paid Ochin $1,239,054.50 as of January. We also expensed $77,168 to Hamilton County in FY26, but in FY25 we expensed $104,657.

- 7600-Property increased by 205.72% (317.66% increase in October). The increase is due to the renovation at the Price Hill Clinic and the sink hole at the Bobbie Sterne parking lot.

city of CINCINNATI HEALTH DEPARTMENT

Cincinnati Board of Health Financial Statement for the period of January

	FY26 Actual	FY25 Actual	Variance
Revenue			
8236-Pools/Spa	$3,151.25	$1,642.50	91.86%
8237-Household Sewage System	$35,435.00	$38,473.00	-7.90%
8239-Tatto/ Body, Environmental Waste License Fee	$18,850.00	$38,996.00	-51.66%
8241-Food Service (Mobile-Temporary)	$56,882.00	$54,391.94	4.58%
8242-Vending Machine Licenses	$98.43	$53.76	83.09%
8244-Food Establishments	$56,053.50	$115,038.00	-51.27%
8249-Food, NOC	$50,547.25	$29,484.50	71.44%
8432-Vending Machine Proceeds	$0.00	$0.00	0.00%
8536-Grants\State	$1,347,673.35	$517,458.04	160.44%
8556-Grants\Federal	$4,568,075.80	$6,592,618.17	-30.71%
8563-Bd of Ed Svc (School Nurses Sal.)	$304,330.12	$1,747,068.61	-82.58%
8564-Ham Co Service	$102,533.32	$81,007.51	26.57%
8571-Specific Purpose\Private Org.	$6,000.00	$153,097.86	-96.08%
8617-Non-Department Fringe Benefit Reimbursement	$1,563.10	$1,236.01	26.46%
8618-Overhead Charges Indirect Costs	$60,700.00	$61,340.00	-1.04%
8731-Birth & Death Certificates	$327,392.06	$305,907.02	7.02%
8732-Vital Stats - Other	$5,278.72	$6,048.69	-12.73%
8733-Self-Pay Patient	$620,597.61	$528,522.90	17.42%
8734-Medicare	$3,572,186.93	$3,037,225.42	17.61%
8736-Medicaid	$10,031,537.66	$3,495,232.24	187.01%
8737-Private Pay Insurance	$807,020.85	$673,026.74	19.91%
8738-Medicaid Managed Care	$5,670,744.91	$4,979,578.49	13.88%
8739-Misc. (Medical rec.\smoke free inv.)	$547,722.82	$1,155,472.68	-52.60%
8784-Private Lot Litter & Weed	$0.00	$0.00	0.00%
8811-Unclaimed Remains	$5,572.00	$0.00	0.00%
8914-Bond/Note Proceeds	$1,786,000.00	$0.00	0.00%
8917-Deferred Sewer Assessment Collections	$0.00	$226.60	-100.00%
8932-Prior Year Reimbursement	$54,629.32	$185,076.65	-70.48%
% That is attributable from 416	$12,545,939.87	$10,719,969.18	17.03%
Total Revenue	$42,586,515.87	$34,518,192.51	23.37%
Expenses			
71-Personnel	$20,881,216.25	$19,641,819.58	6.31%
72-Contractual	$4,909,266.32	$5,222,340.06	-5.99%
73-Material	$2,524,408.11	$2,337,618.28	7.99%
74-Fixed Cost	$1,445,377.01	$1,350,595.12	7.02%
75-Fringes	$8,276,941.90	$7,966,915.76	3.89%
76-Property	$557,978.96	$182,512.19	205.72%
Total Expenses	$38,595,188.55	$36,701,800.99	5.16%
Net Gain (Losses)	**$3,991,327.32**	($2,183,608.48)	282.79%
8936-Transfer	**$1,943,000.00**	**$2,187,000.00**	
Total Available	**$5,934,327.32**	**$3,391.52**	174875.45%

Date: February 24, 2026
To: Board of Health
From: Grand Mussman, MD, Health Commissioner
Subject: Health Commissioner's Report, Reflects January 2026

WIC Updates January 2026

1. The WIC caseload decreased by only 21 participants from December to January. The long-term cold temperatures are believed to be the reason. Families are reluctant to bring children out to appointments, and the sidewalks were covered in snow limiting stroller access. Participants are contacted to reschedule. All WIC referrals are processed daily.
2. Long-term breastfeeding rates (at 6 months and 12 months) increased slightly from the previous month. Our breastfeeding peer team is working hard to encourage breastfeeding for longer periods of time by reaching out to provide support and to prevent possible barriers with open communication.
3. Staffing is still at a minimum, but job postings are running continuously for Dietetic Technicians and Dietitians.
4. National Nutrition Month is March 2026, and WIC is celebrating by providing thermal lunch totes to participants. This will be paired with a nutritional education module promoting creative lunch food ideas for all ages.
5. WIC has partnered with Cincinnati Children's Hospital to provide education modules for WIC mid-certification visits. CCHMC provides colorful handouts in English and Spanish using their core education modules titled The Basics. The information is well received by staff and participants.
6. WIC is partnering with the City's Immunization Action Program to provide immunization information to WIC participants.
7. A representative from Hamilton County Department and Family Services is on-site at our Roselawn office on Wednesdays to provide support and assistance for families to apply for public assistance. Freddy is bilingual in English and Spanish and is a great asset for families to ask questions or get help applying for benefits.

Community Health and Environmental Services (CHES) Updates for CHD BOH Meeting 2.24.2026

Community Health and Environmental Services (CHES) updates:

- The Cincinnati Health Department's Lead Program was awarded a $4,240,000 Housing and Urban Development Lead Remediation Grant to continue the work of providing lead remediation for eligible Cincinnati residents.

- Dr. Amin has worked on two recent publications as senior author regarding COVID-19 research. One manuscript in collaboration with Ohio Department of Health and Metropolitan Sewer District and another manuscript in collaboration with Cincinnati Children's Hospital Medical Center:

    - Servello, D.; Korach-Rechtman, H.; Bessler, S.M.; Partridge, D.; Turner, C.; White, M.; Bohrerova, Z.; Stiverson, J.; Chalasani, P.; Kellar, J.; Leasure, E.; Haubner, S.; Rehman, S.; Wright, K.; **Amin, M.** Effectiveness, Feasibility and Seasonality of Subsewershed Disease Surveillance in Socially and Economically Diverse Areas of Cincinnati, Ohio, in 2023 and 2024; Insights from Laboratory and Rapid Testing Analysis. *Water* **2026**, *18*, 158. doi: 10.3390/w18020158

    - High Household Transmission Among Asymptomatic Contacts Across Pandemic Waves in Cincinnati, Ohio. Katherine Bowers; Stefanie Benoit; James Rose; Andrew F. Beck; Alonzo T. Folger; Tara N. Calhoun; Melissa E. Day; Andrew Lovell; **Maryse Amin** Epidemiologia 2025, Volume 6, Issue 4, 91.

- Cincinnati Health Department is continuing the partnership with The Health Collaborative to conduct the Cardiovascular Collaborative with City of Cincinnati Leveraged Support Funding related to identifying next steps aimed at increasing life expectancy with cardiovascular disease.

- 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)

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)

2023 Annual Lead Report:

2023-LEAD-ANNUAL-REPORT-FINAL-(2).pdf

Epidemiologic Infant data:
These numbers are provisional for 2024-2025:

Deaths for 2020:
City 2020 = 44
County (minus the city) 2020 = 33
Total Hamilton County 2020 = 77

The finalized number of births for 2020 (births extracted from Ohio Resident live births database (by residence city/county) as of 9.20.22):
City of Cincinnati = 4,220
Hamilton County births outside of the City limits = 6,110
Hamilton County inclusive of the City = 10,330

The finalized infant mortality rate for 2020 based on our current numbers:
City of Cincinnati IMR = 10.4 per 1,000 live births
Hamilton County outside the City limits = 5.4 per 1,000 live births
Hamilton County IMR = 7.5 per 1,000 live births (inclusive of the city numbers)

Provisional deaths for 2021:
City 2021 = 41
County (minus the city) 2021 = 24
Total Hamilton County 2021 = 65

The provisional number of births for 2021 (births extracted from Ohio Resident live births database (by residence city/county) as of 2.9.23):
City of Cincinnati = 4,111
Hamilton County births outside of the City limits = 6,154
Hamilton County inclusive of the City = 10,265

The provisional infant mortality rate for 2021 based on our current numbers:
City of Cincinnati IMR = 10.0 per 1,000 live births
Hamilton County outside the City limits = 3.9 per 1,000 live births
Hamilton County IMR = 6.3 per 1,000 live births (inclusive of the city numbers)

Provisional deaths for 2022:
City 2022 = 47
County (minus the city) 2022 = 42
Total Hamilton County 2022 = 89*
*three deaths OOJ excluded

The provisional number of births for 2022 (births extracted from Ohio Resident live births database (by residence city/county) as of 2.28.24):
City of Cincinnati = 4,155
Hamilton County births outside of the City limits = 6,034
Hamilton County inclusive of the City = 10,189

The provisional infant mortality rate for 2022 based on our current numbers:
City of Cincinnati IMR = 11.3 per 1,000 live births
Hamilton County outside the City limits = 7.0 per 1,000 live births

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

Provisional deaths for 2023:
City 2023 = 29
County (minus the city) 2023 = 29
Total Hamilton County 2023 = 58

The provisional number of births for 2023 (births extracted from state database (by residence city/county) as of 10.28.24):
City of Cincinnati = 4,122
Hamilton County births outside of the City limits = 5,912
Hamilton County inclusive of the City = 10,034

The provisional infant mortality rate for 2023 based on our current numbers:
City of Cincinnati IMR = 7.04 per 1,000 live births
Hamilton County outside the City limits = 4.91 per 1,000 live births
Hamilton County IMR = 5.78 per 1,000 live births (inclusive of the city numbers)

Provisional deaths for 2024:
City 2024 = 33
County (minus the city) 2024 = 35
Total Hamilton County 2024 = 68

The provisional number of births for 2024 (births extracted from state database (by residence city/county) as of April 2025):
City of Cincinnati = 4,099
Hamilton County births outside of the City limits = 5,894
Hamilton County inclusive of the City = 9,993

The provisional infant mortality rate for 2024 based on our current numbers:
City of Cincinnati IMR = 8.05 per 1,000 live births
Hamilton County outside the City limits = 5.94 per 1,000 live births
Hamilton County IMR = 6.80 per 1,000 live births (inclusive of the city numbers)

Provisional deaths for 2025: *ODH mortality data is currently down and will be updated until further notice
City 2025 = 40
County (minus the city) 2025 = 29
Total Hamilton County 2025 = 69

The provisional number of births for 2025 (births extracted from state database (by residence city/county) as of 11.21.25):
City of Cincinnati = 3,413
Hamilton County births outside of the City limits = 4,961
Hamilton County inclusive of the City = 8,374

The provisional infant mortality rate for 2025 based on our current numbers:
City of Cincinnati IMR = 11.72 per 1,000 live births
Hamilton County outside the City limits = 5.85 per 1,000 live births
Hamilton County IMR = 8.24 per 1,000 live births (inclusive of the city numbers)

CCPC UPDATE

Community Health Centers

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

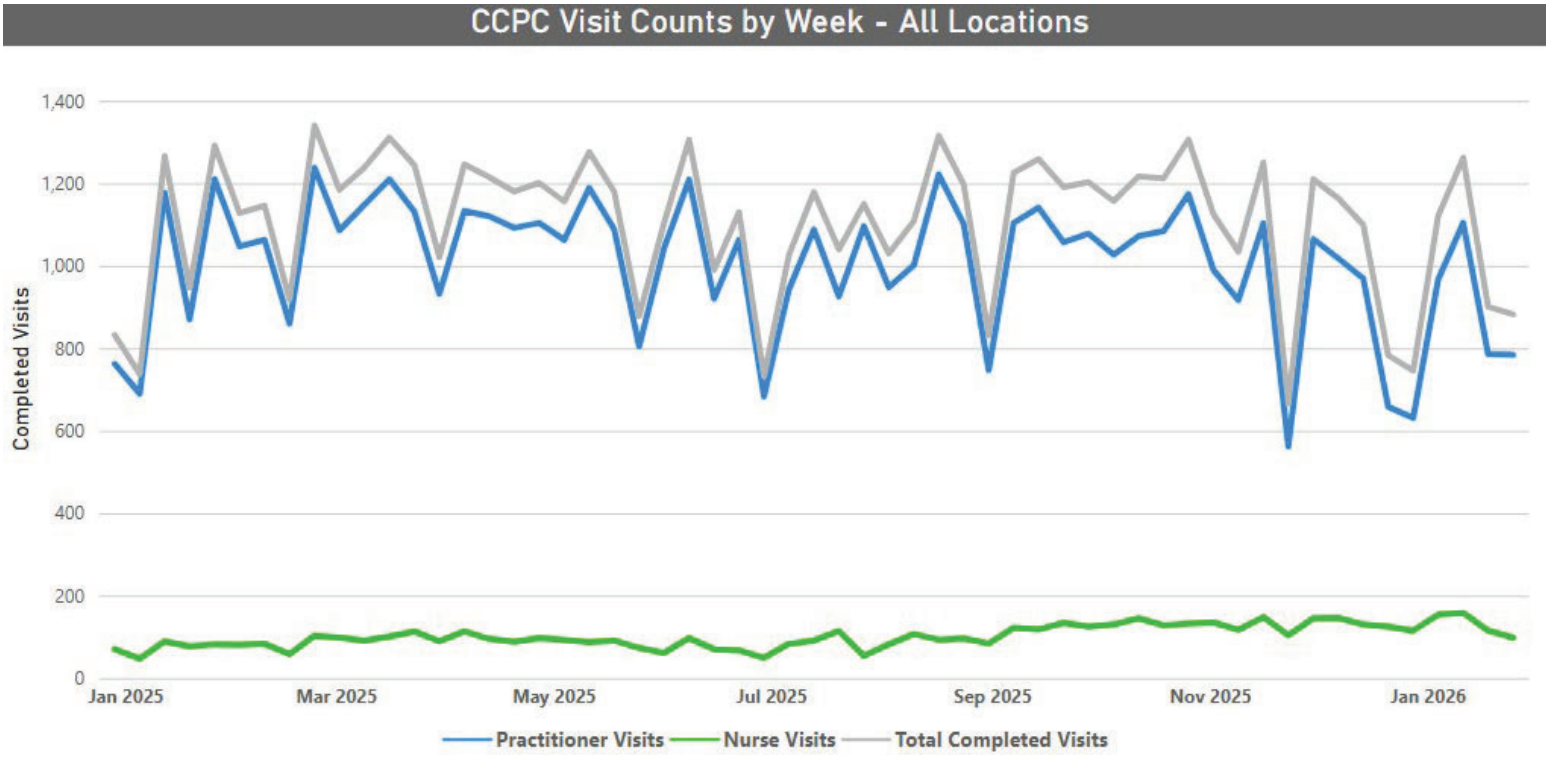


Figure 2. Number of Completed Patient Visits by Location for January 2026

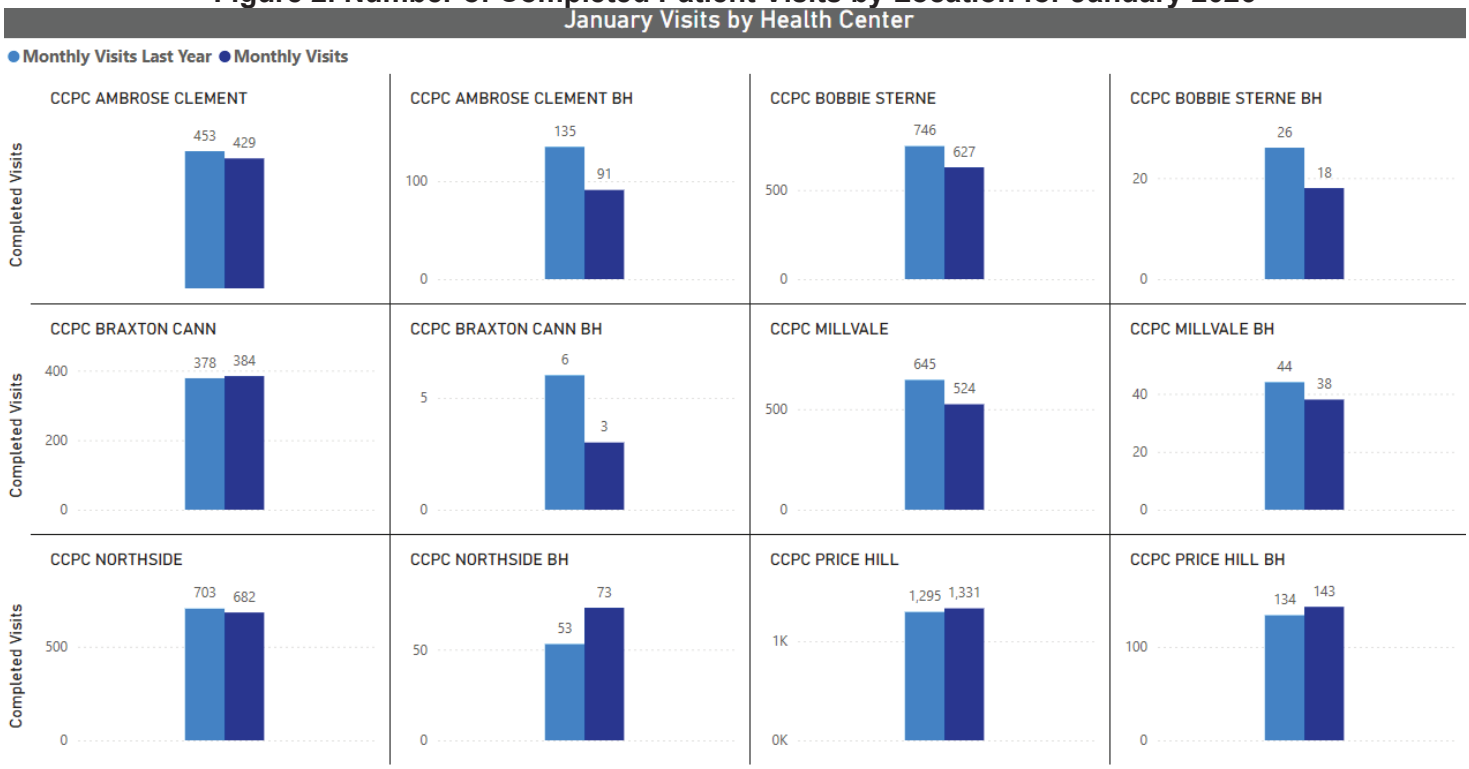


Figure 3. Number of Completed Patient Visits by Location for Fiscal Year to Date

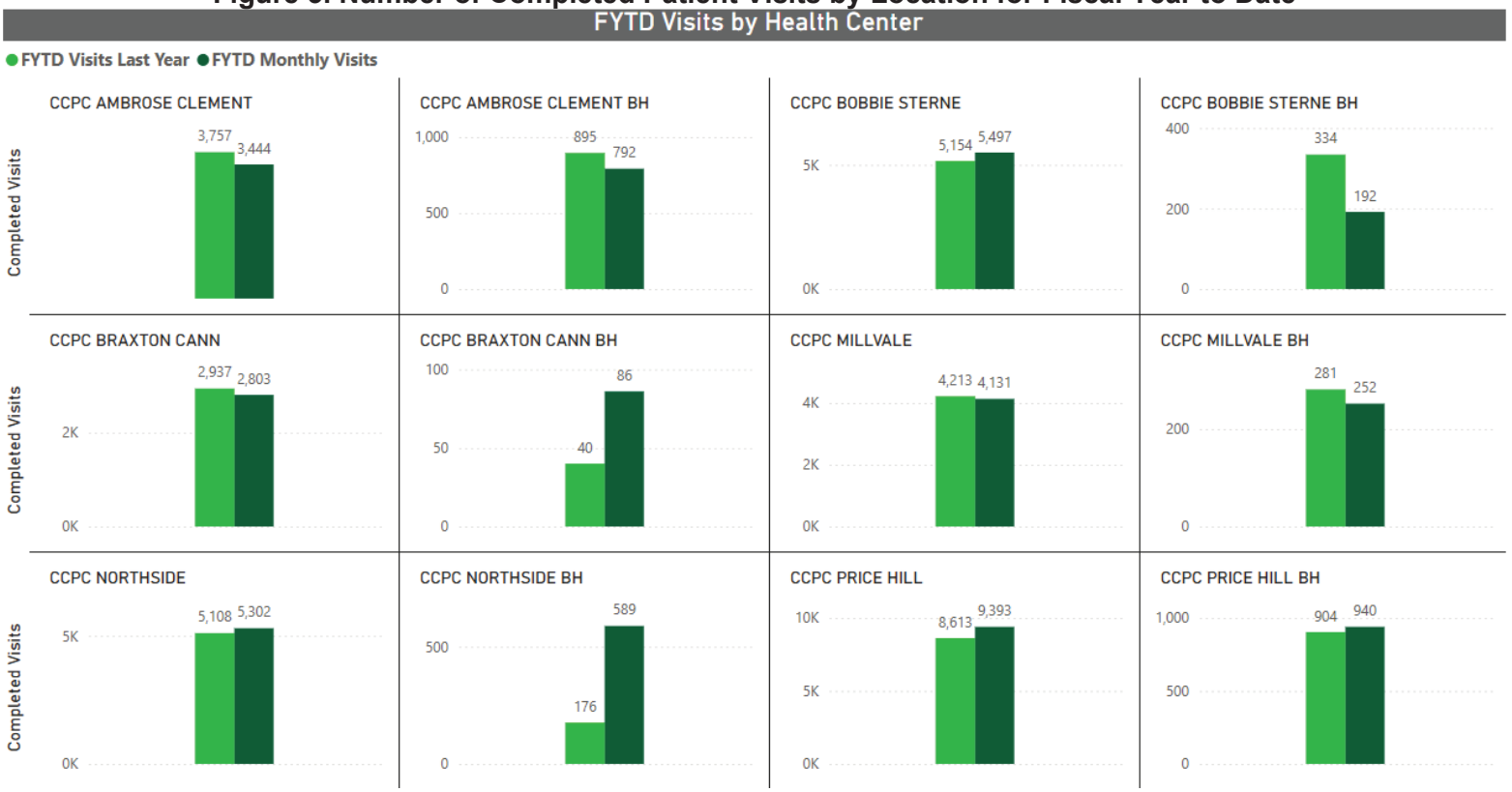
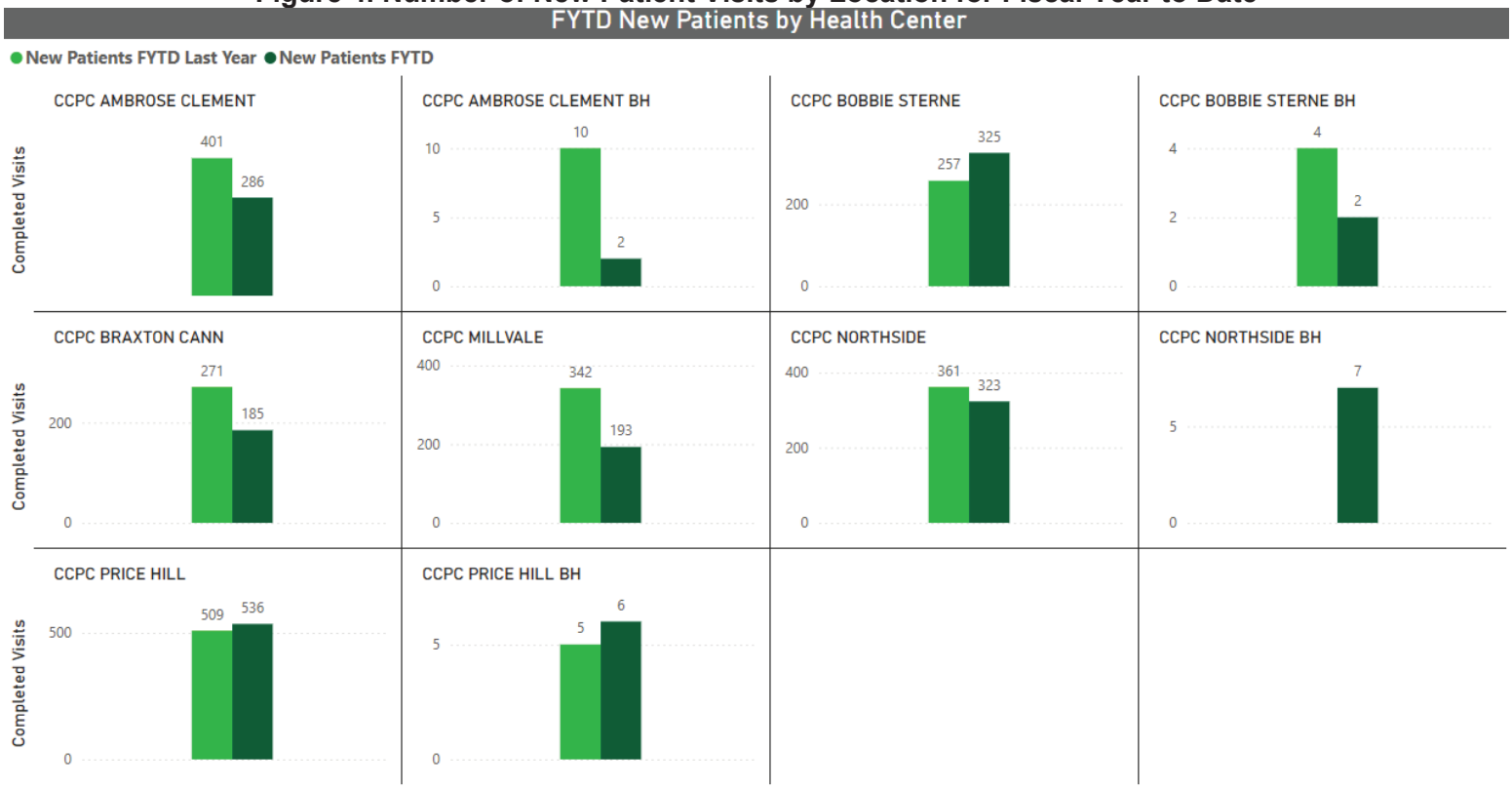


Figure 4. Number of New Patient Visits by Location for Fiscal Year to Date



Pharmacy

Figure 5. Number of Pharmacy Fills FYTD

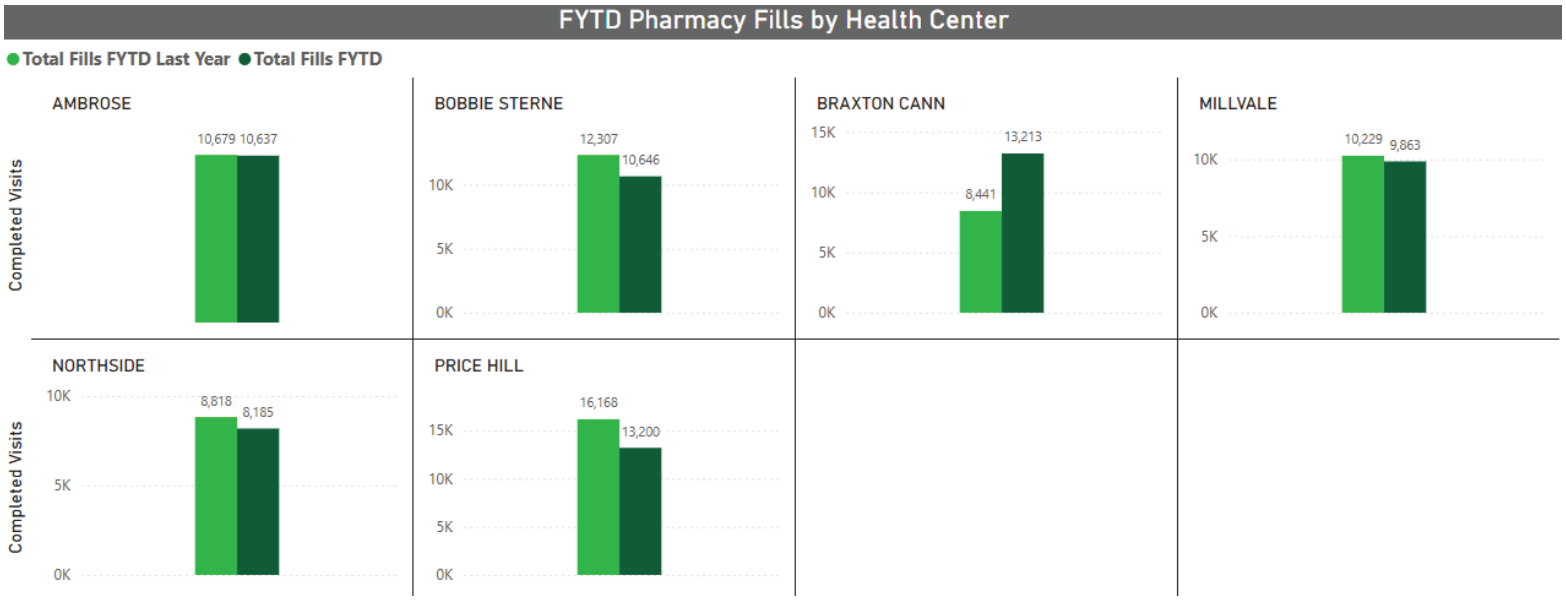
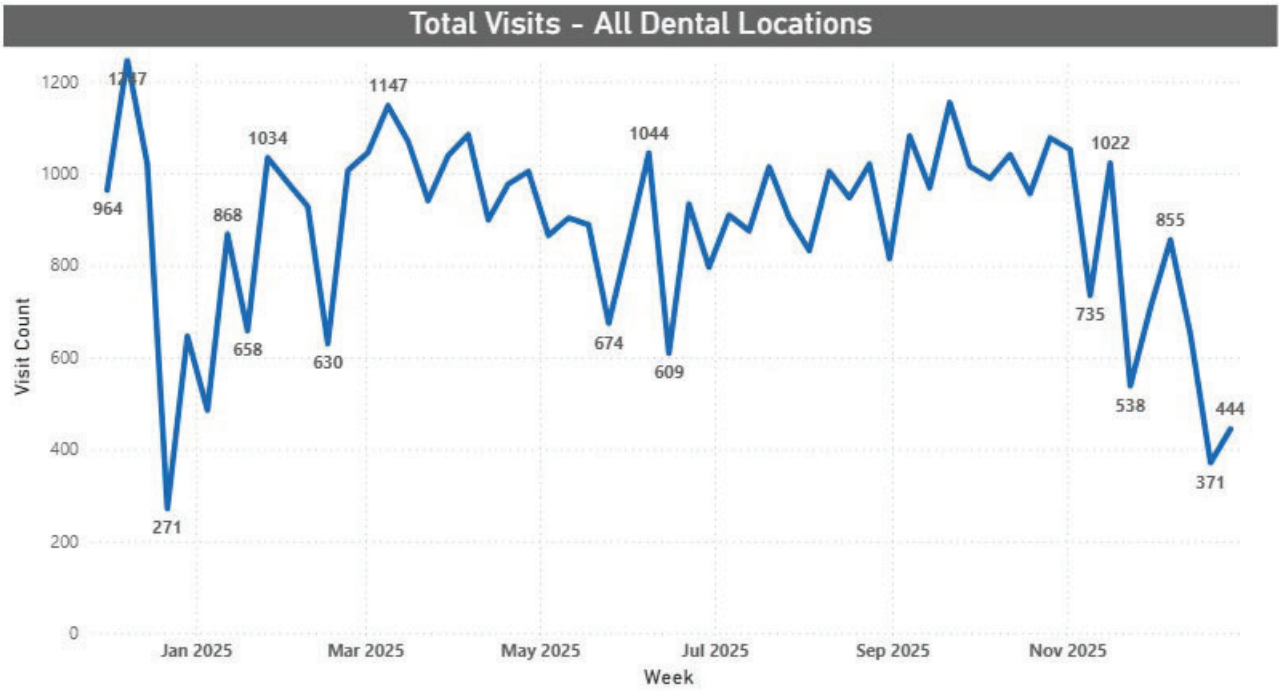
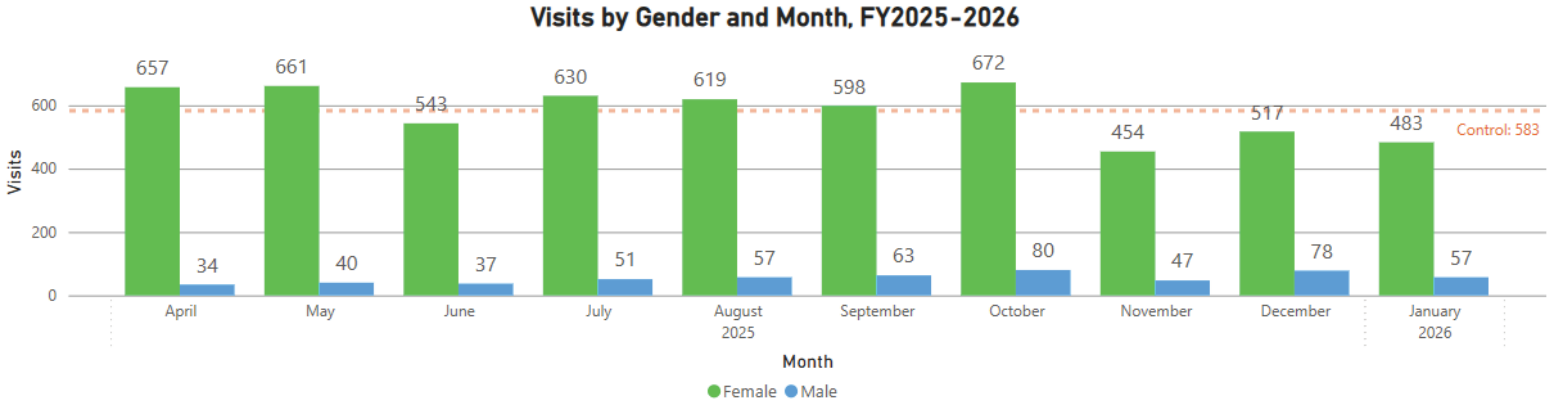


Figure 6. Number of Completed CCPC Dental Visits for All Locations



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 2025 – 2026



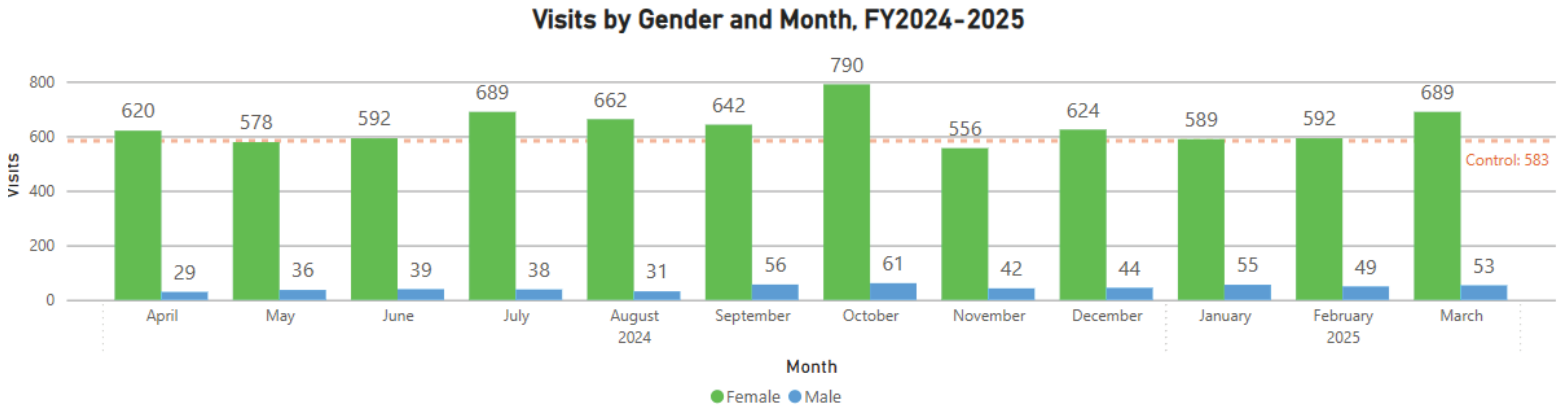


Figure 1b. City of Cincinnati Primary Care Health Center Reproductive Health Visits by Gender and Month, Fiscal Year 2024 – 2025
FY24/25 Visits with Men: 533 patients
FY24/25 Visits with Women: 7,623 patients
FY24/25 Visits Combined (men/women): 8,156 patients
FY24/25 Control (Expected) Visits: 7,000 patients
FY24/25 Visits as % of Control Total: 116.5%

Fiscal Year 2025 – 2026
FY25/26 Visits with Men: 544 patients
FY25/26 Visits with Women: 5,834 patients
FY25/26 Visits Combined (men/women): 6,378 patients
FY25/26 Control (Expected) Visits: 5,830 patients
FY25/26 Visits as % of Control Total: 109.4%

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 2025 – 2026

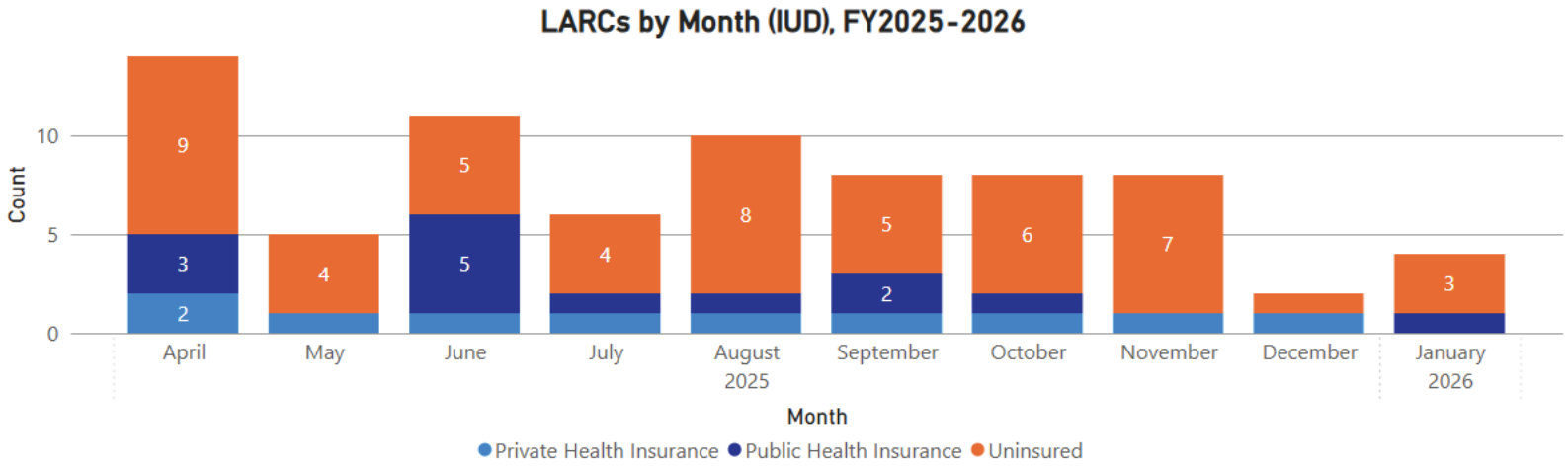


Figure 2b. Long-acting Reversible Contraception (LARC) (Intrauterine Devices) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2024 – 2025

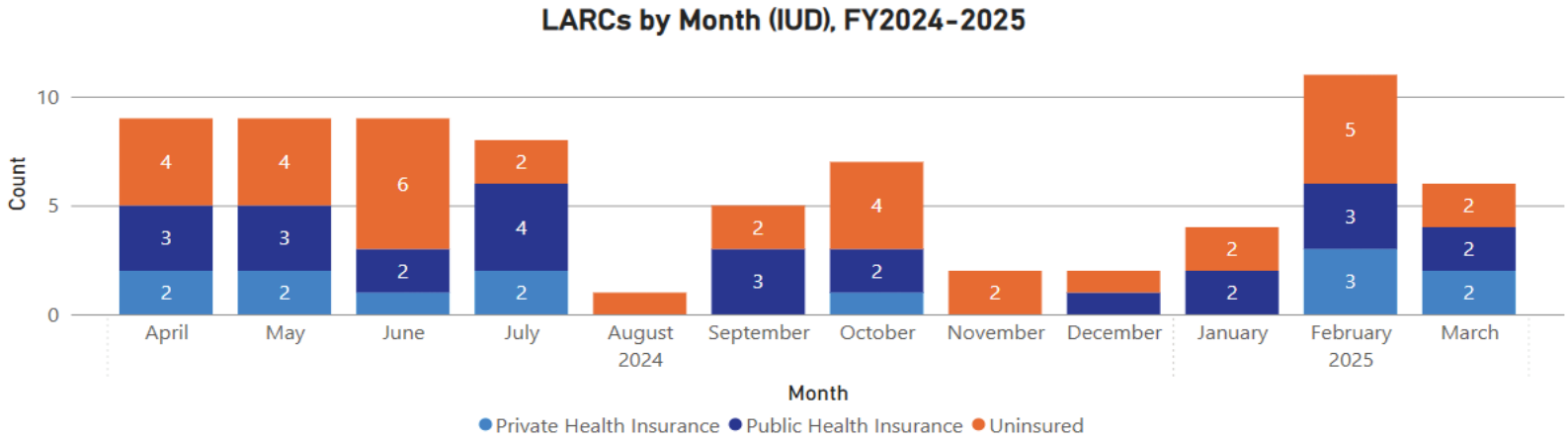


Figure 3a. Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2025 – 2026

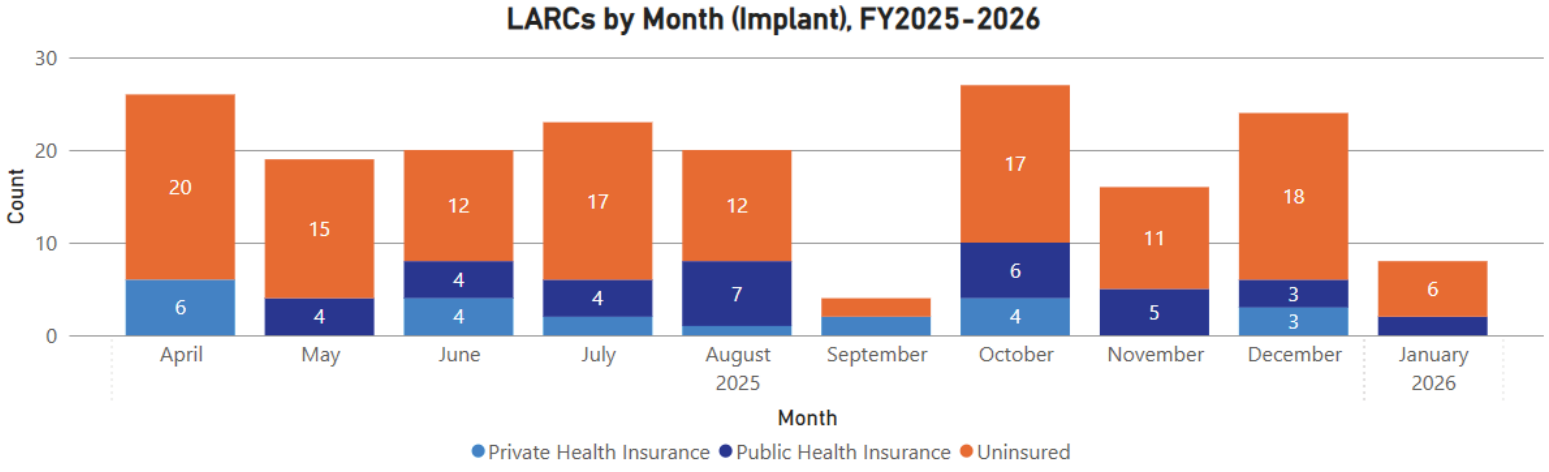


Figure 3b. Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2024 – 2025

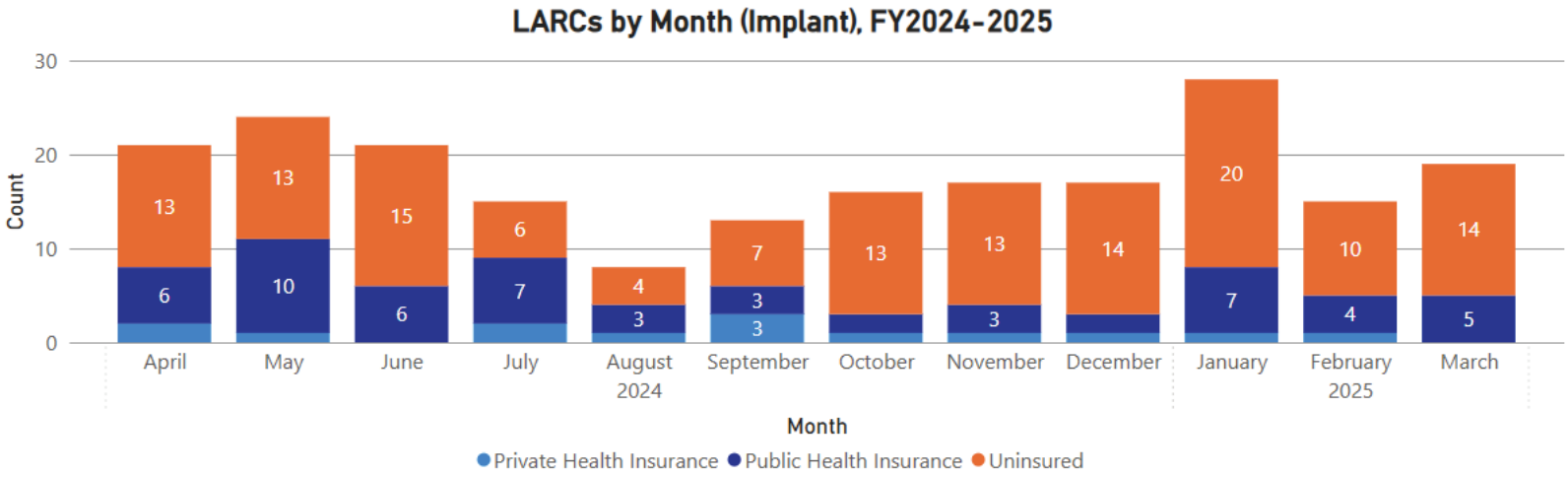


Table 1. Selected Demographic Characteristics of Unduplicated RHWP Patients, January 2026

	Female	% in col.	Male	% in col.	Total	% in col.
Race						
AI/AN	4	0.83%	0	0.00%	4	0.74%
Asian	8	1.66%	2	3.51%	10	1.85%
Black	229	47.41%	46	80.70%	275	50.93%
PI/HN	17	3.52%	0	0.00%	17	3.15%
Unknown	63	12.84%	1	1.75%	64	11.67%
White	162	33.54%	8	14.04%	170	31.48%
Ethnicity						
Hispanic	190	39.34%	1	1.75%	191	35.37%
Non-Hispanic	293	60.66%	56	98.25%	349	64.63%
Income						
<=100% FPL	409	84.68%	35	61.40%	444	82.22%
101-249% FPL	64	13.25%	10	17.54%	74	13.70%
>=250% FPL	10	2.07%	12	21.05%	22	4.07%
Insurance						
Private	45	9.32%	9	15.79%	54	10.00%
Public	162	33.54%	11	19.30%	173	32.04%
Uninsured	276	57.14%	37	64.91%	313	57.96%
Age (years)						
<15	0	0.00%	0	0.00%	0	0.00%
15-49	464	96.07%	54	94.74%	518	95.93%
>50	19	3.93%	3	5.26%	22	4.07%
Limited English						
No	263	54.45%	54	94.74%	317	58.70%
Yes	220	45.55%	3	5.26%	223	41.30%

Table 2. Unduplicated RHWP Patients by CCPC Health Center, January 2026

	Female	% in col.	Male	% in col.	Total	% in col.
Health Center						
Ambrose Clement	86	17.81%	45	78.95%	131	24.26%
Braxton Cann	33	6.83%	0	0.00%	33	6.11%
Bobbie Sterne	78	16.15%	7	12.28%	85	15.74%
Millvale	38	7.87%	0	0.00%	38	7.04%
Northside	74	15.32%	5	8.77%	79	14.63%
Price Hill	174	36.02%	0	0.00%	174	32.22%

* 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:

In September 2025, CHD received its Reaccreditation Readiness Assessment Feedback report from the Public Health Accreditation Board (PHAB). The report provided feedback on each of the ten domains and foundational capabilities as outlined in the PHAB Standards and Measures for Reaccreditation, v2022 guide. The feedback was very positive, outlining several areas of strength, such as investigative protocols, community partnerships, and use of evidence-based practices. The CHD domain teams will continue to meet over the next 8-10 months in preparation for our 2026 reaccreditation submission.

Cincy CHIP Update:

Cincy Community Health Improvement Plan (CHIP) partner progress and feedback surveys were sent out to all action team chairs in January. This feedback will be utilized to create clear, actionable steps to address any identified barriers to better ensure success from planning through implementation on our next CHIP cycle.

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 in February 2025. The Greater Cincinnati Tri-State regional priorities identified are:

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

The Greater Cincinnati Tri-State Region 2025-2027 Collective Health Agenda was released July 16, 2025. To access the full report, click the link below:

https://healthcollab.org/wp-content/uploads/2025/07/SWOhio_CollectiveHealthAgenda_Final.pdf

Quality Improvement/ Quality Assurance

The next Quality Improvement Steering Committee meeting will be held on February 24th and will feature presentations from Behavioral Health and Vision.

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	785	872	0	2	2	0	4	1	0	0
August	868	922	0	0	4	0	1	1	2	3
September	950	1261	0	0	5	1	14	14	0	0
October	840	1621	6	0	1	4	3	2	1	0
November	961	1531	4	0	2	4	5	5	1	0
December	703	1339	1	7	0	0	3	3	2	1
January	787	1469	1	3	0	2	0	0	1	2
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, (7/17) and IQIP (7/324) required ODH training completed. ..training required PRIOR to initiating MOBI,TIES,IQIP outreach**

September- 41 in person school trainings

October- 56 in person school trainings

November- 17 in person school trainings

December- 27 in person school trainings

January- 35 in person trainings: 6 in person school validations

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
December 3, 2025	The all-member December meeting was the annual partner share-out. Coalition members shared their 2025 successes and 2026 goals for collaborative opportunities. • December Newsletter • January Newsletter	Next in-person meeting is March 3rd, 10:15 AM – 12:15 PM Walnut Hills Library NEW meeting frequency: in-person all coalition meetings will be quarterly (March, June, September, and December) on the first Wednesday of each month. Subcommittees will be held virtually each month.

Creating Healthy Communities Grant
Implementation of strategies to improve healthy eating and active living in multiple Cincinnati neighborhoods.
Strategies include: 1 pedestrian infrastructure strategy in Carthage, 1 food pantry strategy in Hartwell, 1 recreation/playground in Roll Hill/E. Westwood, and 2 Policy, System, and Environmental assessments in the Beekman Corridor.

# of Meetings	Location & Presentations	Next Steps
See Food Equity and Active Living Sections for more details.	Carthage – Planning work began for Millcreek trail improvements to connect Carthage business district to Caldwell Nature preserve. Safe Routes To School (SRTS) Plan Update – coordination with CoC DOTE to gather crash data. Beekman Corridor – garden network development and community garden improvements.	Carthage – Convene community group to influence environmental changes in Carthage. SRTS – Meet with CPS to identify prioritized schools. Beekman Corridor – Confirm garden upgrade supplies and develop a procurement plan.

Infant Vitality – Malina Harris

DCY- 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	3 Next Steps
97 families	**Partners:** All In Cincinnati, Bethany House Services, Cherished Hearts CPR	**Plan:** Cribs for Kids and DCY contracts have been approved. Awaiting paperwork to be received to sign.

	Family, Community Action Agency, Cradle Cincinnati Connections (CCC), Crossroad Health Center, First Step Home, Greater Cincinnati Behavioral Health Services, Healthcare Access Now (HCAN),Healthy Homes: Block by Block (Community Matters),Healthy Moms & Babes, Helping Young Mothers Mentor, Inc., Home Health/CHD, Interfaith Hospitality Network of Greater Cincinnati (IHNGC),Mercy Health – Perinatal Outreach Program, Nurse Family Partnership/ECS-Pathways to Home, Rosemary's Babies Co., Santa Maria Community Service, Sigma Gamma Rho Sorority, Inc. Su Casa Hispanic Center, The Children's Hospital/ECS, The Children's Home of Cincinnati/ECS/Costars, The Christ Hospital, The Community Builders (TCB),TriHealth, The Salvation Army, University of Cincinnati Medical Center (UCMC)/Hoxworth/Women's Center, WIC, Women's Center of Ohio, TriHealth --- **Status: Active**	**Meeting frequency: ODH TA Meetings are Quarterly.** Last meeting 12/22/25 Meetings are Quarterly Next Meeting 3/2/26
Sweet Cheeks Diaper Program		
# distributed since last report	**Project Partners and Status**	**Next Steps**
250 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** Agency is currently going through restructuring the program, so diaper ordering Is currently on pause. **Meeting frequency:** Last Meeting: 1/21/26 Next Meeting: 1/2026
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**
3-Last Meeting:	**Partners:** **Hamilton County**	**Plan:** Discuss the results of the Maternal & Child Health Survey. The work Group is

12/11/25	---------- **Status: Active**	being reconfigured and will meet on a quarterly basis. **Meeting frequency: Quarterly** Next Meeting: 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**
6	**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 TBD

Program supported projects/ meetings:
1/16/26- Infant Vitality Meeting w/Lizzy
1/21/26- Sweet Cheeks annual meeting
1/22/26- Cribs for Kids Development Training
1/22/26- Safe Sleep Champions Quarterly Webinar
2/3/26- Cradle Connections Event
2/3/26-Fatherhood Collaborative Meeting
2/6/26- Ohio AAP 3S Interoception Care Program Webinar: Intro to Sleep, Space & Smoking
2/10/26- Cribs for Kids training with CHD Home Health
2/10/26- CIAG Quarterly Meeting
2/11/26- Women's Health Equity Community of Practice

Food Equity (Healthy Eating)- Jasmine Robinson

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

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

# of Meetings Since Last BOH Report	Project Partners and Status	Next Steps
	Produce Perks, Winton Hills Community Church and Council, Mustard Seed Farm, and Last Mile Food Rescue. --- **Status: Inactive (began 5/15/25- 21 families signed up)**	Weekly produce distributions to enlisted families and other community members. **Meeting frequency:** as needed for planning Project expected to begin in May (aligns with harvesting season)

Cincy Freeze & Feed

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

# of Meetings Since Last BOH Report	Project Partners and Status	Next Steps
	CRC, La Soupe, CareSource, Food for the Soul, and Hamilton County ReSource --- **Status: Active** (4 freezers installed)	Weekly freezer checks conducted to determine stock and cleaning needs. **Meetings frequency:** standing weekly meetings to discuss general project updates and workflow.

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	Project Partners and Status	Next Steps

BOH Report		
	CCHMC, Freestore Foodbank, Hamilton County ReSource, La Soupe, and more. --- **Status: Active**	Network planning for food distribution in the City of Cincinnati including non-instructional school day initiatives; communications team discussions' current project funding covers works in Avondale, East and Lower Price Hill (expansion into Roll Hill coming soon) **Meeting frequency:** 3rd Thursday of every month --- Stakeholder meeting to report on organizational updates, events, and needs working towards food equity in Cincinnati. **Meeting frequency:** 1st Thursday of every month
Food Equity Program Newsletter Each month, the Food Equity Coordinator sends a newsletter that includes local food related events such as food/produce distribution sites, pop ups, cooking improv learning sessions and more.		
# of Meetings Since Last BOH Report	**Project Partners and Status**	**Next Steps**
	Newsletter sent to community members and partners by the end of the 2nd week of each month. Posted on FEC site routinely --- **Status: Active** (last sent on 11/14/25 to 291 individuals)	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
Department Engagement Champions Engagement Champions play a crucial role in shaping the city's culture. Engagement Champions will be at the forefront of driving meaningful change within the city's engagement practices.		
# of Meetings Since Last BOH Report	**Project Partners and Status**	**Next Steps**
	Meet with other department champions, stay informed on city-wide engagement updates, and share resources with colleagues	Complete the engagement tour series with CHD information; participate in internal CHD engagement discussions **Meeting frequency:** standing monthly meetings with full group and additional meetings as needed based on active projects or requests

	---------- **Status: Active (schedule conflict for October- next meeting on 11/20/25)**	
Creating Healthy Communities Grant (Healthy Eating) Implementation of strategies to improve healthy eating and active living in multiple Cincinnati neighborhoods. Made possible with ODH grant funding. Strategies include: 1 food pantry strategy in Hartwell and Environmental assessments in the Beekman Corridor.		
# of Meetings Since Last BOH Report	**Project Partners and Status**	**Next Steps**
	Food for the Soul (FFTS), Cincinnati Recreation Commission (CRC), Working in Neighborhoods (WIN), Civic Garden Center (CGC), and representatives from several Beekman corridor gardens.	**Hartwell:** Standing weekly meetings to discuss pantry needs and updates. Conduct consistent assessments to measure levels of effectiveness and community impact. **Beekman Corridor:** As needed garden improvement discussions to evaluate individual garden needs and to develop a garden workshop series to strengthen community education on maintenance practices.

Program supported projects/ meetings:
1/22/26: attended Cribs for Kids Development Training
1/23/26: C.I.T.I. Camp collaboration discussion
1/23/26: CRC: Millvale freezer cleaning and stock check
1/23/26: CRC: Hirsch freezer cleaning and stock check
1/23/26: CRC: Hartwell freezer/ pantry cleaning and stock check
1/23/26: CRC: Winton freezer cleaning and stock check
2/3/26: Fatherhood Collaborative of Hamilton County Meeting
2/4/26: Healthy, Fun, Food Fest planning meeting
2/6/26: CRC: Millvale freezer cleaning and stock check
2/6/26: CRC: Hirsch freezer cleaning and stock check
2/6/26: CRC: Hartwell freezer/ pantry cleaning and stock check
2/6/26: CRC: Winton freezer cleaning and stock check

2/10/26: LWPC R.I.S.E Subcommittee Meeting
2/11/26: SWOBC meeting

Tobacco Free Living (TFL) – Bemnet Melaku

Project/ Meeting Title: New Employee Training		
1/28/2026	Began CTTS Training	

Program supported projects/ meetings:

1/30/26: Tobacco Endgame Coalition
2/3/26: Public Health Training
2/4/26: Tobacco Cessation Pilot Meeting
2/6/26: The James Collab Meeting
2/10/26: R.I.S.E Subcommittee Meeting
2/17/26: The Voice of Your Customer x TFL Meeting
2/19/26: Community Health Subcommittee Meeting
2/19/26: Ohio AAP 3S Interconception Care
2/19/26: Riverview East HS Connect
2/23/26: New Richmond HS Connect
2/24/26: Behind the Buzz: Kids, Nicotine, Mental Health
2/27/26: Tender Mercies Connect

Tobacco 21/Tobacco Retail License (TRL) - Allyn Griffith

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
	252- Retailers Licensed 310- Identified retailers 116 2026 Underage Buy Attempts Completed, 66% Compliance	**Plan:** • Continue Inspections until further notice. • Continue Issuing Citations for Non-licensed Retailers after Education • Hire additional underage buyer(s) • Complete Tobacco Treatment Specialist Training

Worksite Wellness & Active Living – Scott Dean

ODH Creating Healthy Communities Grant (Carthage)
Supportive pedestrian infrastructure for Carthage. The goals being to increase the proportion of adults and adolescents that walk or bike to get to places and to reduce the proportion of adults, adolescents and children with obesity.

# of Meeting since last report	Project Partners and Status	Next Steps

3	**Partners:** Identified 36 partner agencies --- **Status: Active** Working with community on neighborhood improvements. Starting preliminary meetings to finalize work for year 2 CHC grant.	• Continue pushing usage of the CAGIS Pedestrian Hazard map we created for the community to track issues and pushing utilization of neighborhood physical activity survey • Received update on desired playground equipment and working to see what is feasible for our grant to cover and how to proceed. • Working with community on creating plan to host and event to clean and clear Heritage Walk trail section that straddles Mill Creek • Additional traffic calming measures to be installed during year 2 of CHC **Meeting frequency: Monthly with additional meetings as needed**
Y.E.S on Bike & Pedestrian Safety and ODH Creating Healthy Communities grant The aim of this education series is to increase youth knowledge around the responsibilities of pedestrians, cyclists, and drivers to create a culture of safe transportation in neighborhoods. The goals of the CHC grant are to increase the proportion of adults and adolescents that walk or bike to get to places and to reduce the proportion of adults, adolescents and children with obesity. We also are trying to increase the proportion of community members that engage in aerobic and muscle strengthening activity.		
# of Meeting since last report	**Project Partners and Status**	**Next Steps**
3	**Partners:** Cincinnati Public School (CPS), Tri-State Trails, Green Umbrella: Green Schoolyards Team --- **Status: Active** Year 2 CHC geared around Safe Routes to School Planning	• Continuing work with principal to secure bicycles from Ethel Taylor • Curriculum completed and being reviewed by Green Schoolyards coordinator and CPS curriculum team for updates. • Starting to plan for possible professional development day surrounding Traffic Garden Curriculum so all traffic gardens in the district can be utilized • Continuing to work with DOTE and CPS on updating School Travel Safety Plan **Meeting frequency: Monthly**

Program supported projects/ meetings:
12/15/25 – CHC weekly group meeting
12/15/25 – Outdoor learning curriculum team meet-up
12/16/25 – Garden workshop series meeting
12/16/25 – Cr(eat)e culinary studio meeting
12/16/25 – Public engagement meeting
12/16/25 – Green schoolyards webinar
12/17/25 – Traffic Garden Curriculum meeting
12/17/25 – Beekman corridor garden meeting

12/17/25 – Safe Routes to School (SRTS) meeting with DOTE
12/17/25 – Strategic partnerships for greener schools meeting
12/17/25 – Healthy Communities group meeting
12/19/25 – Meeting with CCHMC to discuss collaboration on work in Village of Roll Hill
12/23/25 – CHC Group Weekly Meeting
1/6/26 – CHC Group Weekly Meeting
1/6/26 – Public engagement meeting
1/7/26 – Beekman corridor garden meeting
1/8/26 – Traffic Garden Curriculum meeting
1/9/26 – Beekman corridor garden meeting with Keep Cincinnati Beautiful (KCB)
1/12/26 – CHAMPS Subcommittee meeting
1/12/26 – CHC Healthy Eating Networking call
1/13/26 – CHC Group Weekly Meeting
1/14/26 – Review SRTS project with Healthy Communities Intern
1/14/26 – Safe Routes to School (SRTS) meeting with DOTE
1/15/26 – Impact Award: Neighborhood hubs workgroup meeting

Behavioral Health and Recovery Services - Eric Washington
Men's Health – Eric Washington

Project/ Meeting Title: Open for ADDITIONAL MEETING		
# of Meetings Since Last BOH Meeting	**Project Partners and Status**	**Next Steps:** Continue to utilize shared information to better serve communities through emerging trends, patterns, insights, and outcomes related to Ohio's drug epidemic.
1 Meetings	**Partners:** Recovery Ohio Drug Trends Monthly Meeting **Status:** Ongoing	**Plan:** The meeting was created to provide decision makers across diverse public sectors with information sharing opportunities and actionable intelligence on emerging trends, patterns, insights, and outcomes related to Ohio's drug epidemic. **Meeting frequency:** Monthly x1
Project/ Meeting Title: Brother You're on My Mind and Youth Mentoring Program		
# of Events Since Last BOH Meeting	**Project Partners and Status**	**Next Steps:** Monthly safe and supportive space to address topics around: Mental, Spiritual, Physical Health, Chronic Disease, Child Support, Resources =
1 Meeting	**Partners:** Omega Psi Phi – Barbershop Talk Series and Youth Mentoring **Status:** Ongoing	**Plan:** Continue to provide a safe and supportive space for men to meet monthly to have open conversations and to provide mentorship to The Youth Mentorship Program **Meeting frequency:** Monthly x1
Project/Meeting Title: Harm Reduction Committee y		

# of Events Since Last BOH Meeting	Project Partners and Status	Next Steps: Monthly meeting with community partners to discuss Harm Reduction efforts
1 Meeting	**Partners:** Monthly **m**eeting with community partners **Status:** Ongoing	**Plan:** To continue to provide update on Harm Reduction in Hamilton County **Meeting frequency:** Monthly x1
Project/ Meeting Title: Recovery \Ohio Drug Trends Monthly Meeting		
# of Meetings Since Last Meeting	**Project Partners and Status**	**Next Steps:** Continue to share and provide updates as needed
	Partners: State of Ohio Partners (200+) **Department of Mental Health and Addictive Services:** The Stepping Up Initiative is a national initiative targeted at reducing the number of people with mental illnesses in jails. **Status:** Ongoing	**Plan:** Monthly Drug Update - The ONIC consists of criminal intelligence analysts and computer forensic specialists providing investigative, analytical, and data management support to local law enforcement agencies and drug task forces throughout Ohio **Meeting frequency:** Monthly x1

*Distribution of Narcan - 6

Program supported projects/ meetings:

1/202/26 - OneOhio Recovery Foundation Statewide Meeting
1/21-23/25 - 5th annual Ohio Deflection Association Sumit
1/26/26 - Community Freezers Cincy
1/27/26 - CHC Weekly Meetings - Year 2
2/2/26 - Community Freezers Cincy
2/3/26 - Fatherhood Collaboration
2/4/26 - OneOhio Region Meeting
2/5/26 - 1:1 Meeting and Evaluation with J. Berry
2/6/26 - OSUCCC The James Meeting
2/9/26 Prostate Education Meeting
2/10/26 - CBIM Meeting
1:1 Meeting w/ T. White
2/11/26 - ACCESS Meeting
2/12/26 - Hamilton County Response Coalition Meeting

*In partnership with Hamilton County Public Health – Harm Reduction

Recovery Services/Community Outreach – Justin Berry

Project/ Meeting Title – BHRS Support Details/ description		
# of …	**Project Partners and Status**	**Next Steps**
Meeting and Community Members reached)	**Partners:**	**Plan:** **Meeting frequency:** (Monthly and Bi-Monthly) The months to come I plan to continue providing things to the community that are needed. The warmer months are coming, and clients are asking about hygiene products. I will be making sure I am providing the supplies that the community are wanting ma

Please add any meeting dates with partners

List Meetings by name:

2/5/26 -GCB

2/9- JFS

For QI Measures:

Number of Naloxone/Narcan Distributed – 12

Number of Referred -36

Number of individuals Engaged - 63

Supplies Distributed

UberHealth – 3

Bus Passes -0

Hats -38

Warmers- 27

First Aid (Band-Aids, Wraps, Etc.)- 17

2026 Month:	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Open Cases:	**58**											
3.5-9 µg/dL Case Mgt & Follow-up: *	8/10											
10+ µg/dL Case Mgt & Follow-up:	2											
Risk Assessments:	2											
Orders Issued:	2											
Clearances EBL:	2											
Clearances GRANT:	4											
Owner Meetings EBL:	1											
Owner Meetings GRANT:	0											
Compliance Checks EBL:	7											
Compliance Checks GRANT:	0											
Contractor Mtgs EBL:	1											
Contractor Meetings GRANT:	1											
Filed for Prosecution:	0											
LIRAs:	0											
Grant Apps Uploaded (ODH & ODD / HUD)	0											
Case Update w/ Lead Clinic:	8											
Affidavit of Fact	0											

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.

January 2026 BOH Report
Emergency Preparedness/Safety

Meetings, Grants, and Employee Safety

Attended the CDC Response State, Tribal, Local and Territorial Update meeting January 12, and January 27.
Attended the City-Wide Safety Task Force meeting on January 13.
Attended the Southwest Ohio Public Health Regions (SWOPHR) Regional Epidemiology Disease Investigation (REDI) work group meeting January 13.
Attended the Local Emergency Planning Committee (LEPC) meeting January 14.
Attended the BioWatch Louisville Special Event Planning Meeting January 23.

Training, Exercises and Improvement Plans

The Preparedness Team attended a Point of Dispensing Tabletop Game exercise on January 7.
The Preparedness Team conducted an Administrative Preparedness Tabletop Exercise for CHD staff on January 22.

Response/Preparedness Activities
Nothing to report.

Cincinnati Vital Records and Statistics Program

Monthly Dashboard for January 2026

Vital Records received payment for 23 affidavits, where staff assisted customers with birth certificate corrections using the affidavit process.

Vital Records staff assisted 8 families with a paternity affidavit process to add the father to a birth certificate.

Vital Records received payments for 13 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. The death certificates ordered through OVRS are not accounted for in this report. The new state of Ohio system Ohio Vital Records System takes orders directly from funeral homes.

December 2025	Kiosk	Web	Vitalchek.com	Mail
Birth Certificates	1381	1666	633	21
Death Certificates	100	509	46	3
Total Payments	$33,121	$50,577	$15,168	$633

Monthly Infectious Disease Surveillance Summary[1,2], January 2026

city of CINCINNATI HEALTH DEPARTMENT

Reportable Condition by Category[3]	2026 January	2026 Year to Date (YTD)	2025 January	2025 YTD	2025 Rate	Cincinnati 5 Year Average Rate (2021-2025)	Ohio 5 Year Average Rate (2021-2025)
Food- or Waterborne	**9**	**9**	**12**	**12**	***44.14***	***41.92***	
Amebiasis					-	0.13	0.09
Botulism					-	0.06	0.04
Campylobacteriosis	2	2	2	2	9.21	9.40	20.57
Coccidiomycosis			1	1	.64	0.83	0.23
Cryptosporidiosis			1	1	3.18	3.81	4.55
Cyclosporiasis					0.32	0.25	3.68
E. coli, Shiga Toxin-Producing O157:H7					1.27	3.30	***21.71
Giardiasis	2	2			3.49	3.87	3.71
Hepatitis A (*also vaccine-preventable*)					.32	0.19	0.23
Hepatitis E					-	0.13	0.01
Legionellosis - Legionnaires' Disease			2	2	4.76	3.62	5.30
Listeriosis					.95	0.44	0.29
Salmonellosis	4	4	2	2	11.43	9.15	12.90
Salmonella Typhi (travel associated)					-	0.13	0.10
Shigellosis	1	1	2	2	6.67	5.33	3.05
Vibriosis (not cholera)			1	1	1.59	0.64	***2.55
Yersiniosis			1	1	1.27	1.52	1.88
Vectorborne			**1**	**1**	***2.22***	***3.24***	
Chikungunya Virus Disease*					-	0.06	0.02
Dengue					-	0.19	0.11
Lyme disease					1.61	1.33	11.93
Malaria*			1	1	0.64	1.52	0.65
Spotted Fever Rickettsiosis					0.32	0.13	0.23
Vaccine-Preventable	**105**	**105**	**94**	**94**	***227.36***	***104.73***	
COVID-19-associated hospitalization	31	31			**21.91	-	-
Hemophilus influenzae, invasive disease					1.91	2.73	2.62
Influenza-associated hospitalization	56	56	75	75	163.22	74.37	***279.59
Mumps					-	0.25	0.19
Pertussis			9	9	13.65	5.73	7.07
Meningococcal disease – Neisseria meningitidis					0.64	0.19	0.11
RSV-associated hospitalization	17	17			**10.48	-	-
S. pneumoniae, invasive (abx susceptible/unknown)			6	6	10.80	10.10	7.85

S. pneumoniae, invasive (abx resistant)			3	3	3.18	2.16	2.31
Varicella (chickenpox)	1	1	1	1	1.27	2.48	1.84
Viral Hepatitis	**31**	**31**	**50**	**50**	***136.23***	***149.37***	
Hepatitis B, acute *(also vaccine-preventable)*			1	1	1.27	1.52	***5.58
Hepatitis B, chronic, newly identified *(also vaccine-preventable)*	9	9	12	12	29.53	26.61	***81.84
Hepatitis B, perinatal					-	0.06	***0.03
Hepatitis C, acute					1.27	1.52	***8.93
Hepatitis C, chronic, newly identified	22	22	37	37	103.84	119.14	***504.70 (combined chronic and perinatal rate)
Hepatitis C, perinatal					0.32	0.51	
Healthcare Associated Infections (HAIs)[4]	**13**	**13**	**2**	**2**	***28.58***	***36.96***	
Carbapenemase-Producing Organisms (CPO)	1	1			13.02	9.40	8.21
CPO – Colonization Screening					-	0.13	0.73
Candida Auris	8	8	2	2	7.62	11.88	1.70
Candida Auris – Colonization Screening	4	4			7.94	15.56	2.37
Other Conditions	**4**	**4**	**3**	**3**	***15.88***	***18.93***	
Coccidioidomycosis	1	1			0.64	0.83	0.23
Creutzfeldt-Jakob Disease					-	0.06	0.19
Meningitis, bacterial (not *N. meningitidis*)					1.91	2.54	1.12
MPOX					0.64	1.78	0.84
Staphylococcal aureus - intermediate resistance to vancomycin (VISA)					-	0.06	0.03
Streptococcal, Group A, invasive	3	3	3	3	9.84	10.16	7.33
Streptococcal, Group B, newborn					0.64	0.95	0.52
Streptococcal toxic shock syndrome (STSS)					-	0.13	0.11
Tuberculosis[2]					1.91	2.54	***6.49
Sexually Transmitted Infection[2]	**414**	**414**	**512**	**512**	***1963.07***	***2045.57***	
Chlamydia infection	262	262	325	325	1209.53	1226.30	***2465.52
Gonococcal infection	134	134	149	149	608.42	645.32	***1083.04
Human Immunodeficiency Virus (HIV)	8	8	16	16	44.09	47.31	***344.30
Syphilis - congenital					1.27	1.46	***2.27
Syphilis - early	2	2	4	4	17.47	27.12	-
Syphilis - primary	1	1	2	2	6.67	14.04	***67.56 (primary and secondary combined rate)
Syphilis - secondary	1		3	3	11.75	20.70	
Syphilis – stage unknown	5	5	1	1	18.10	23.18	***158.91 (total syphilis rate)
Syphilis – unknown duration or late	2	2	12	12	44.77	40.14	
TOTAL CONFIRMED AND PROBABLE CASES	**517**	**517**	**686**	**686**	***2422.24***	***2406.30***	
Outbreaks (Investigation Started)	**2026 January**	**2026 YTD**	**2025 January**	**2025 YTD**	**2025 Rate**	**Cincinnati 5 Year Average Rate (2020-2024)**	
Dermatologic			1	1	1.59	7.39	

Gastrointestinal					2.22	6.43	
Respiratory	4	4	6	6	10.80	315.98	
Other					.64	2.57	
Unknown					-	0.32	
TOTAL OUTBREAKS (INVESTIGATION STARTED)	**4**	**4**	**7**	**7**	***21.27***	***332.69***	

1) Confirmed and probable cases reported by health care providers and laboratories among residents of the City of Cincinnati by date of event (most frequently, the date of event is the date of illness onset).
   *Cases acquired through international travel **Reportable as of October 1, 2025, rates reflect partial 2025 year ***Ohio 5-year rate 2019-2023
2) Sexually transmitted infections, human immunodeficiency virus (HIV), and Tuberculosis cases are investigated and reported by the Hamilton County Public Health Department.
3) List includes only reportable conditions for which at least one case was reported in either year; the full list of reportable conditions in Ohio can be found at https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual
4) Healthcare Associated Infections (HAIs) are infections that patients get while or soon after receiving health care. More information about HAIs can be found at https://www.cdc.gov/healthcare-associated-infections/about/index.html

- All Cincinnati data is provided through the Ohio Disease Reporting System – **All data is provisional and subject to change.**
- Case rates use the U.S Census Bureau's 5-year average population estimates for Ohio and Cincinnati and are per 100,000 residents.
- Ohio case counts were obtained from DataOhio's Summary of Infectious Diseases in Ohio dashboard: https://data.ohio.gov/wps/myportal/gov/data/view/summary-of-infectious-diseases-in-ohio?visualize=true and Ohio Department of Health's Data & Statistics page: https://odh.ohio.gov/explore-data-and-stats
- Any dash (-) indicates there was no available data at the time this report was published due to lack of cases from 2019-2024.
- On October 1, 2025, the reportable conditions rule changes went into effect in Ohio and are reflected in the October report.

CITY OF CINCINNATI ENVONMENTAL HEALTH REPORT

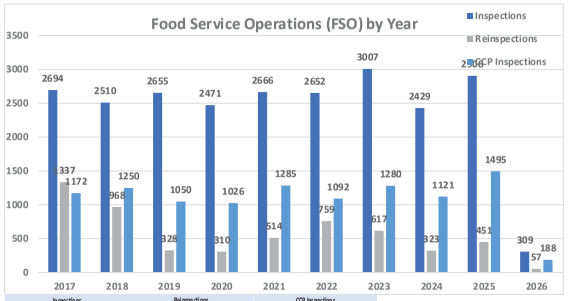
Environmental Health

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

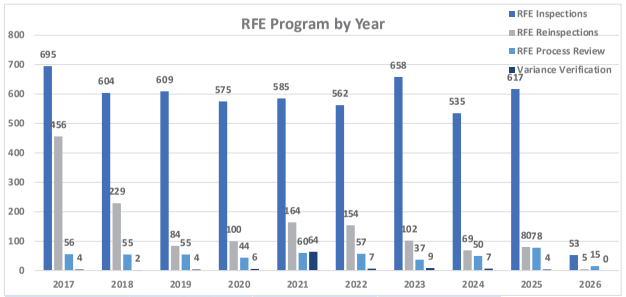
The Food Safety Program attended the SW Ohio Food Roundtable meeting at Dayton/Montgomery Co. Health District. There weren't any temporary licenses issued this month.



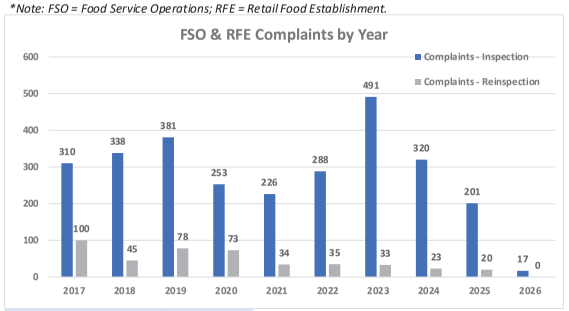
Inspections		Reinspections		CCP Inspections	
JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month
289	309	62	57	134	188

*Note: CCP = Critical Control Point Inspections.

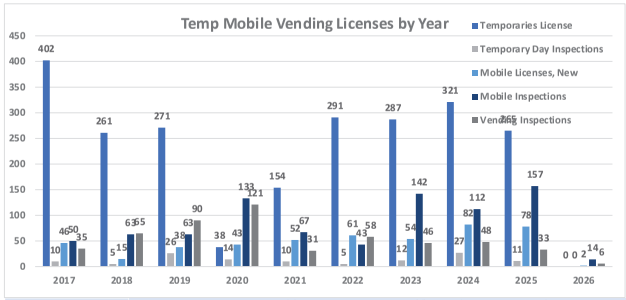
*Note: FSO = Food Service Operations; RFE = Retail Food Establishment.



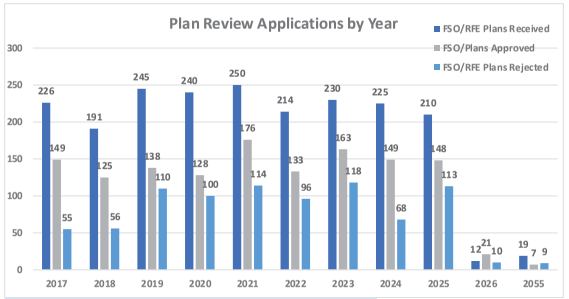
RFE Inspections		RFE Reinspections		RFE Process Reviews		Variance Verifications	
JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month
55	53	16	5	9	15	6	0



Complaints - Inspection		Complaints - Reinspection	
JAN Average	Total Last Month	JAN Average	Total Last Month
29	17	8	0



Temporaries Licenses		Temporary Day Inspections		Mobile Licenses, New		Mobile Inspections		Vending Inspections	
JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month
1	0	0	0	1	2	6	14	14	6

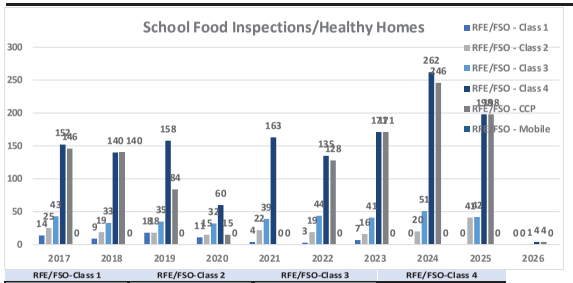


FSO/RFE Plans Received		FSO/RFE Plans Approved		FSO/RFE Plans Rejected	
JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month
17	12	11	21	7	10

ServSafe Training Classes		PIC Training Classes	
JAN Average	Total Last Month	JAN Average	Total Last Month
0	0	0	0

HEALTHY HOMES PROGRAM

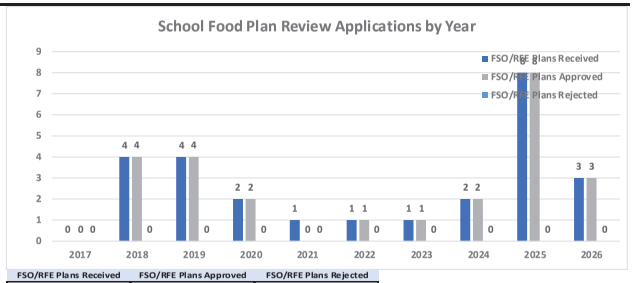
The Healthy Homes team has coordinated with the Law department on several difficult property complexes to escalate enforecement.



RFE/FSO-Class 1		RFE/FSO-Class 2		RFE/FSO-Class 3		RFE/FSO-Class 4	
JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month
0	0	0	0	1	1	8	4

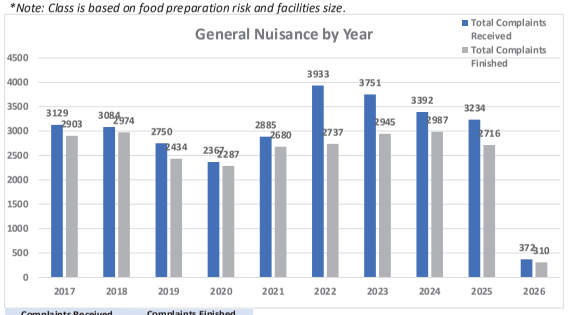
RFE/FSO-CCP		RFE/FSO-Mobile	
JAN Average	Total Last Month	JAN Average	Total Last Month
4	4	0	0

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

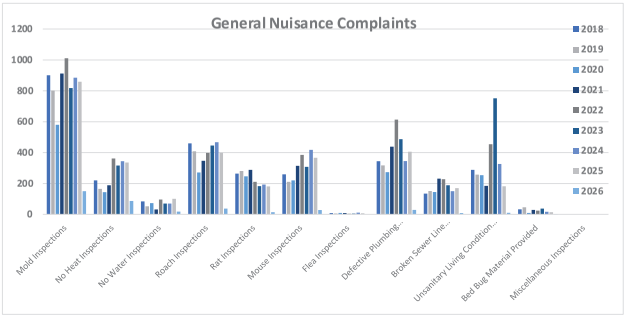


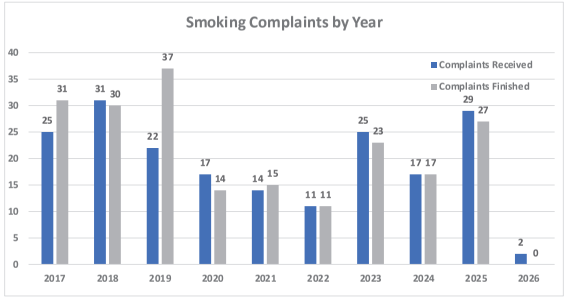
FSO/RFE Plans Received		FSO/RFE Plans Approved		FSO/RFE Plans Rejected	
JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month
0	3	0	3	0	0

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



Complaints Received		Complaints Finished	
JAN Average	Total Last Month	JAN Average	Total Last Month
288	372	278	310



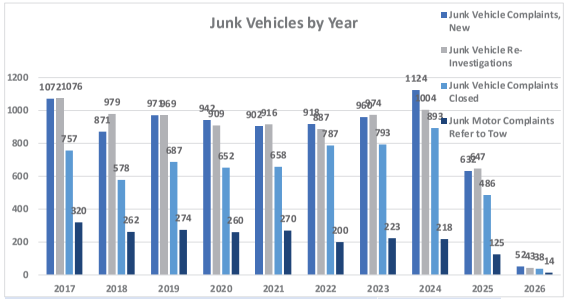


Complaints Received		Complaints Finished	
JAN Average	Total Last Month	JAN Average	Total Last Month
2	2	1	0

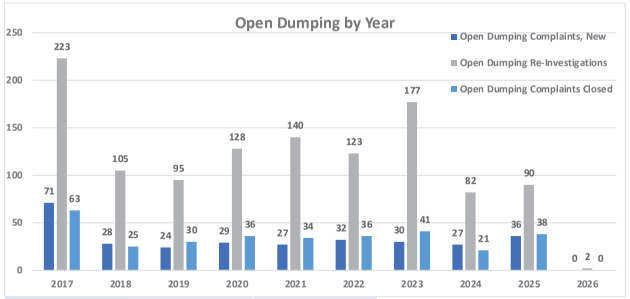
*Note: This data reflects the number of complaints received for the entire city

ENVIRONMENTAL WASTE PROGRAM

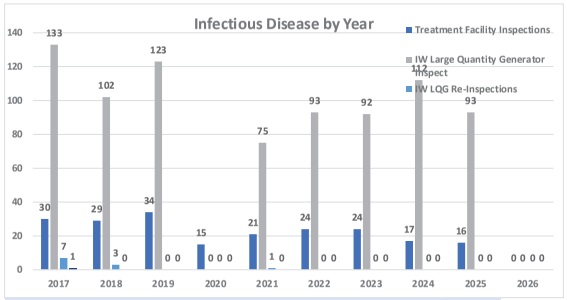
The Waste staff licensed two temporary body art events. The RedTree Coffee & Art Cafe and the Cincinnati Art Museum.



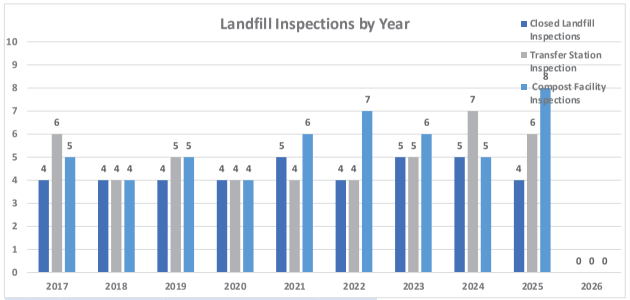
Junk Vehicle Complaints, New		Junk Vehicle Re-investigations		Junk Vehicle Complaints Closed		Junk Motor Complaints Refer to Tow	
JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month
72	52	59	43	46	38	17	14



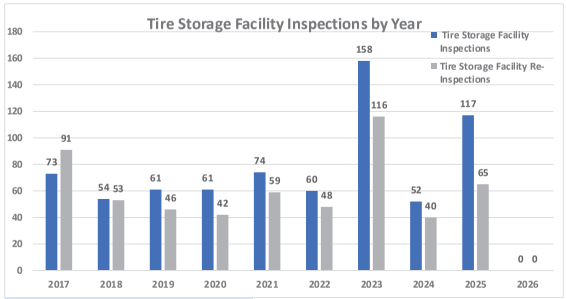
Open-Dumping Complaints		Open-Dumping Re-Investigations		Open-Dumping Complaints Closed	
JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month
2	0	7	2	2	0



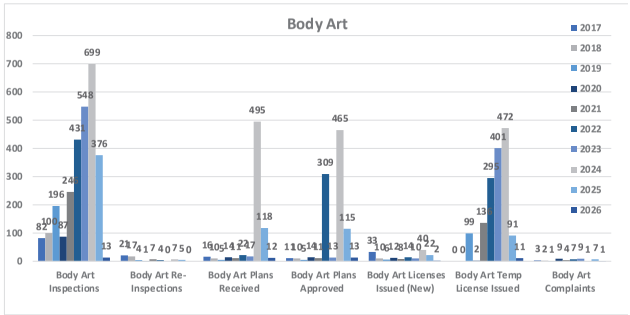
Treatment Facility Inspections		IW Large Quantity Generator Inspections		IW LQG Re-Inspections		IW Complaints	
JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month
0	0	1	0	0	0	0	0



Closed Landfill Inspections		Transfer Station Inspection		Compost Facility Inspections	
JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month
0	0	0	0	0	0

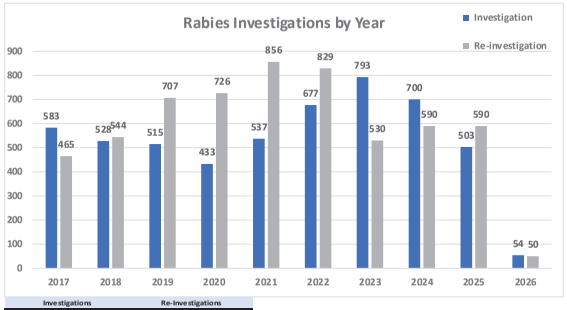


Tire Storage Facility Inspections		Tire Storage Facility Re-Inspections	
JAN Average	Total Last Month	JAN Average	Total Last Month
0	0	0	0

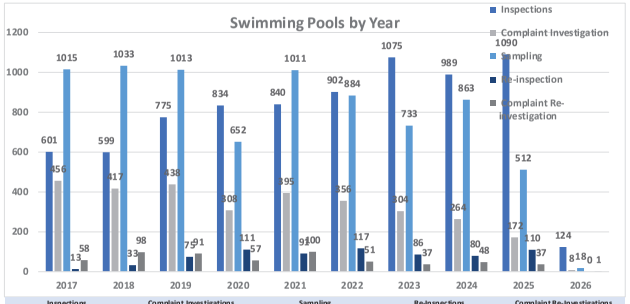


TECHNICAL ENVIRONMENTAL SERVICES (TES)

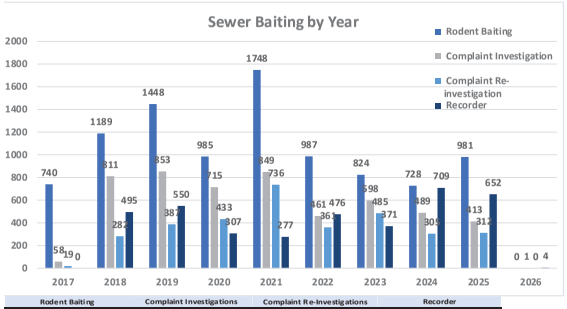
The Technical Unit applied for the 2026 Mosquito Control Grant through OEPA. The supervisor began processing household sewage Installer, Service Provider, and Hauler applications.



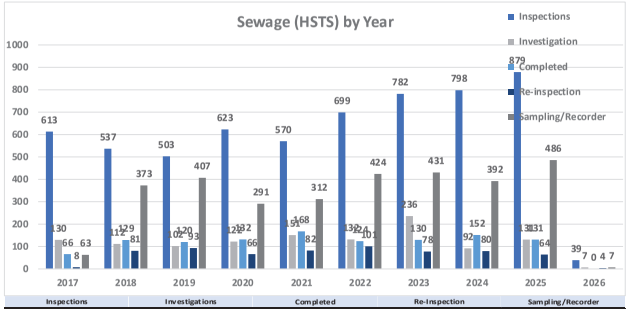
Investigations		Re-Investigations	
JAN Average	Total Last Month	JAN Average	Total Last Month
50	54	57	50



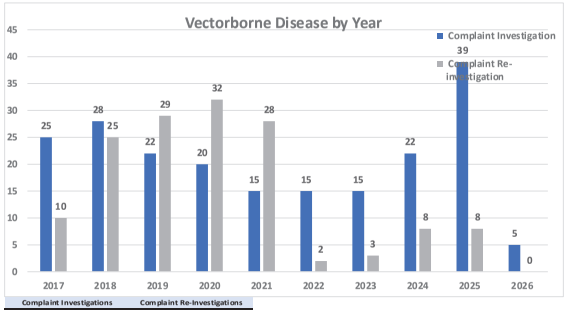
Inspections		Complaint Investigations		Sampling		Re-Inspections		Complaint Re-Investigations	
JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month
38	124	3	8	4	18	4	0	3	1



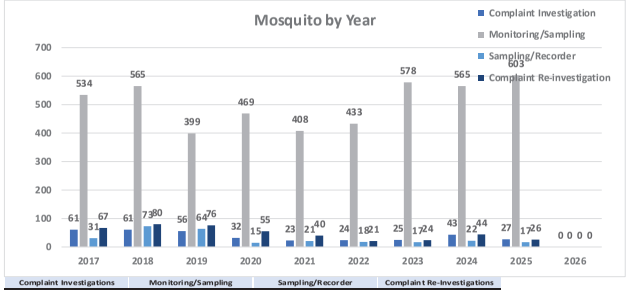
Rodent Baiting		Complaint Investigations		Complaint Re-Investigations		Recorder	
JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month
63	0	38	1	14	0	4	4



Inspections		Investigations		Completed		Re-Inspection		Sampling/Recorder	
JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month
60	39	23	7	11	0	13	4	40	7



Complaint Investigations		Complaint Re-Investigations	
JAN Average	Total Last Month	JAN Average	Total Last Month
1	5	1	0



Complaint Investigations		Monitoring/Sampling		Sampling/Recorder		Complaint Re-Investigations	
JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month	JAN Average	Total Last Month
0	0	0	0	0	0	2	0