Board of Health Meeting

Tuesday, July 22, 2025

Agenda

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

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

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

- Vote: **Motion to Approve** the Minutes from June 24, 2025, Board of Health Meeting.

Old Business

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

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

6:30 pm – 6:45 pm Food License & Facility Review Fees for License Year 2026-2027 Presentation: Reading #1—Antonio Young

Household Sewage Treatment System at 5254 Shepherd Rod, Resolution 2025-002; Reading #2—Mr. Antonio Young

- Vote: **Motion to Suspend** the statutory rule requiring three readings of Resolution No. 2025-002
- Vote: **Motion to Approve** Resolution 2025-002, approving a limited variance from to replace an existing household sewage treatment system located at **5254 Shepherd Road** in accordance with the Ohio Revised Code and the Ohio Administrative Code.

Clear and Present Danger Resolution 2025-003; Reading #2—Mr. Antonio Young

- Vote: **Motion to Suspend** the statutory rule requiring three readings of Resolution No. 2025-003
- Vote: **Motion to Approve** Resolution 2025-003, granting authority to the Health Commissioner of the City of Cincinnati, and the Commissioner's designees as applicable, to suspend a licensee's retail food establishment license or food service operation license in accordance with the rules established under Ohio Revised Code Sections 3717.29 and 3717.49, and superseding Board of Health Resolution No. 2023-01, Resolution No. 2022-004, Resolution No. 2017-04, and Resolution No. 2016-01.

6:45 pm – 6:55 pm Environmental Waste Unit – Ms. Robin Anderson

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 July 22, 2025

New Business

7:10 pm – 7:25 pm **Motion for Executive Session** – That the Board of Health enter an Executive Session pursuant to Ohio Revised Code Section 121.22(G)(1) to discuss discipline of an employee(s).

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

7:30 pm Adjourn

Next Meeting August 26, 2025

[Mission]

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

CINCINNATI BOARD OF HEALTH
BOARD OF HEALTH MEETING
June 24, 2025

Ms. Ashlee Young, Chair of the Board of Health, called June 24, 2025, 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. Edward Herzig, Dr. Christopher Lewis, Ms. Kiana Trabue, Ms. Ashlee Young

Absent: Dr. Jennifer Forrester, Ms. Raynal Moore, Mr. Ken Patel

Others Present: Dr. Maryse Amin-In place of Commissioner, Ms. Sa-Leemah Cunningham-Clerk, Mr. Ian Doig, Mr. Antonio Young, Mr. John Sanders, Mr. Robert Smith, Ms. Chante Randolph, Dr. Camille Jones, Mr. Jose Marques, Mr. Mark Menkhaus Jr., Dr. Ashanti Salter, Ms. Kim Wright, Ms. Marla Fuller, Dr. Nick Taylor

AGENDA PACKET → JUNE-BOH-AGENDA-PACKET-6.24.25.PDF			
ITEM	**TOPIC**	**RESPONSIBLE PARTY**	**ACTION/MOTION**
Minutes	**Motion** that the Board of Health approves the minutes from May 27, 2025, Board of Health Meeting. *(Dr. Christopher Lewis joined after this vote)*	Ms. Sa-Leemah Cunningham	**Motion**: Ms. Kiana Trabue **2nd:** Mr. Jagdish Bhati **Action: 5-0 Passed**
Old Business			
Commissioner's Report	Dr. Maryse Amin shared the commissioner's report with the Board. **Panel with UC Health** • Dr. Amin reported that she recently participated in a panel alongside representatives from UC Health. The discussion focused on the collaboration between the Cincinnati Health Department, City of Cincinnati Primary Care (CCPC), and the Ambrose Health Center. She noted that the session was productive and featured thoughtful questions, expressing her appreciation for the opportunity to be involved. **Medical Debt Relief Initiative** • Dr. Amin provided an update on the Mayor's Financial Blueprint initiative related to medical debt relief. She stated that the program has continued to expand and now impacts approximately 107,000 individuals. To date, it has resulted in an estimated $219 million in medical debt relief, demonstrating substantial progress in	Dr. Maryse Amin-in place of Dr. Grant Mussman-Commissioner	n/a

	addressing financial barriers to healthcare in the community.		
Communicable Disease Unit (CDU) report: What's Bugging Us	**Discussion Items:** Memo and presentation included in the agenda packet. Ms. Wright presented her report, Communicable Disease Unit (CDU): What's Bugging Us to the board. Ms. Wright stated she would focus on Waterborne Outbreaks & Legionnaires' Disease in Cincinnati. **Highlights** • Ms. Wright presented national data indicating that between 2009 and 2023, the U.S. experienced 1,457 reported waterborne outbreaks, resulting in 2,974 hospitalizations and 290 deaths. The data gathered from the National Outbreak Reporting System covers a range of causes including bacteria, viruses, parasites, amoeba, toxins, and chemicals. • Ms. Wright highlighted that outbreaks are more common in the summer months—June, July, and August—largely due to increased recreational water exposures. These exposures often occur in lakes, rivers, ponds, pools, splash pads, and water parks. • The five leading causes of waterborne outbreaks in the U.S. are: Cryptosporidium, E. coli, Giardia, Norovirus, Legionella. • Legionella has been the leading cause nationally since 2012 and in Ohio since 2017. • Since 2015, Cincinnati has investigated 132 confirmed and probable cases of Legionellosis. Key points included: o **95.5% of patients were hospitalized** o **9.85% of cases resulted in death** o Demographics ▪ 53.8% Black ▪ 67.4% Male ▪ Median age: 59 ▪ 85.6% non-Hispanic • Ms. Wright noted an alarming trend: by mid-2025, 10 cases have already been reported—compared to only 4 by the same time in 2024, indicating a potential return to pre-pandemic case levels. • Legionella bacteria occur naturally in freshwater and can spread through aerosolized water droplets from: o Showers o Hot tubs o Sinks o Decorative fountains o Cooling towers o Windshield wiper fluid (when only water is used)	Dr. Kim Wright	n/a

	• Those most at risk include:
	  ○ Adults over 50
	  ○ Smokers (current/former)
	  ○ Individuals with chronic illnesses (cancer, diabetes, kidney/liver failure)
	  ○ Immunocompromised individuals
	• High-risk facility types include:
	  ○ Hotels
	  ○ Long-term care facilities
	  ○ Hospitals
	  ○ Large buildings with complex plumbing
	  ○ Recently renovated buildings
	• Legionnaires' investigations are led by Communicable Disease and Environmental Health teams, covering Epidemiology, Environmental assessments & sampling, Laboratory testing, Risk communication.
	• Cincinnati works closely with ODH, including:
	  ○ Bureau of Infectious Disease
	  ○ Bureau of Environmental Health & Radiation Protection
	• All suspected outbreaks are investigated, especially when two or more cases occur within 12 months at a shared location (e.g., senior homes, gyms, workplaces, hotels).
	• Ms. Wright acknowledged the ongoing collaboration between environmental health and communicable disease teams, particularly the joint investigations with Antonio (Environmental Health), emphasizing their efforts in keeping case numbers below state averages. She closed by expressing hope that infection rates will remain low and that she can continue reporting positive trends in future briefings.
	
	<u>Questions</u>
	• Mr. Bhati inquired about the notable spike in Legionella cases in 2019, asking why the data is so high? Ms. Wright responded that case numbers were higher pre-pandemic, particularly in 2019. During the COVID-19 pandemic, case numbers declined due to: Reduced travel and vacation activity, A significant focus on COVID-19 over other causes of pneumonia. She added that climate change may also be a contributing factor to the overall increase in Legionella cases.
	• Mr. Bhati asked, which location or type of facility has had the highest number of Legionella cases in the last couple of years? Ms. Wright responded that in recent years, Cincinnati has experienced: A hospital-associated cluster with five cases and two deaths, all hospitalized at the same facility (this incident was previously briefed to the Board); A **long-term care facility cluster** involving three or fewer cases, which still met the definition of an outbreak; A hotel-associated outbreak of		

	Legionnaires' disease in 2018, prior to Ms. Wright's tenure, which also prompted a full public health response. She clarified that small groupings (three or fewer) are typically referred to as clusters, while still qualifying as outbreaks under investigation protocols. • Dr. Jones asked what percentage of Legionella cases have an unidentified source? Ms. Wright explained that identifying the source can vary depending on patient exposure history. During investigations: If a patient spent the majority of the 14-day incubation period in a single location (e.g., a healthcare facility), it becomes likely that the exposure occurred there. In such cases, laboratory efforts are made to match patient isolates with environmental samples from the suspected facility. If a match is confirmed, the source is 100% certain. However, when individuals have multiple exposures (e.g., home, work, community), or when they remain entirely at home, identifying a definitive source becomes difficult. In isolated cases without travel or known high-risk facility exposure, the source is often not confirmed. Ms. Wright concluded that while exact percentages of unidentified sources are difficult to quantify, investigative efforts rely heavily on exposure history and lab confirmation where possible.		
Household Sewage Treatment System, Resolution 2025-002 -Reading #1	**Discussion Items:** Document included in the agenda packet. Mr. Antonio Young Discussed Resolution 2025-002 for Household Sewage Treatment System at 5254 Shepherd Road with the board. • This will be the first reading of this resolution due to not having attendance of 3/4th of the Board (7 members need to be present but only 6 members were present) • Mr. Young presented a variance request related to the installation of a replacement household sewage treatment system at 5254 Shepherd Road. • He explained that the existing system is failing and must be replaced, but the property's slopes and narrow topography limit the available space for installation. • The proposed location—where the current system is situated—is the most suitable area for proper treatment but does not meet the required 10-foot isolation distances from the home and property line as outlined in the Ohio Administrative Code. • Mr. Young noted that such variances are common across Ohio, particularly for challenging lots, and are recognized by the Ohio Department of Health. • He emphasized that the homeowner will be required to maintain a lifetime service contract for the system and that the Health Department will conduct biannual inspections. Based on these safeguards and site limitations.	Mr. Antonio Young	**n/a**

Clear and Present Danger, Resolution 2025-003 -Reading #1	**Discussion Items:** Document included in the agenda packet. Mr. Antonio Young Discussed Resolution 2025-003 for Clear and Present Danger with the board. • This will be the first reading of this resolution due to not having attendance of 3/4th of the Board (7 members need to be present but only 6 members were present) • Mr. Young provided a brief update on the revision of the existing Clear and Present Danger resolution. He stated that the update is being made with the recommendation of the Ohio Department of Agriculture in preparation for an upcoming resurvey scheduled at the end of June. • The Law Department has collaborated with staff to revise the current resolution found in the board packets. • The updated resolution aims to clarify the authority granted to the Health Commissioner, including authorized employees of the Board of Health. • It covers both non-emergency and emergency situations, with Mr. Young noting that in emergency contexts, the term "clear and present danger" is also applicable and used interchangeably. • The resolution explicitly defines authority and responsibilities in a manner that ensures compliance during state reviews. • Importantly, this new resolution will supersede all previous resolutions related to the same matter. • No action was required at this time; the update was provided for transparency and clarity prior to the forthcoming survey.		
Finance Committee	**Discussion Items:** Documents included in the agenda. Ms. Kiana Trabue presented the contract that was discussed and presented at the Board of Health Finance Committee Meeting to the Board. **Hamilton County Solid Waste Management District—Contract 55x10790** • The Cincinnati Health Department's (CHD) Healthy Communities Program was awarded $15,000 in grant funds from the Hamilton County Solid Waste Management District for the pilot community freezer program. CHO will partner with Cincinnati Recreation Center (CRC) to place freezers at the Winton Hills and Hartwell locations, indoors, and in a public space for community members to access meals and soups from rescued food provided by La Soupe. CHD's food equity	Mr. Mark Menkhaus Jr.	**Vote:** Contract 55x10790 **Motion:** Mr. Jagdish Bhati **2nd**: Dr. Edward Herzig **Action: 6-0 passed** **Vote:** Contract 55x10800 **Motion:** Dr. Edward Herzig **2nd** Mr. Jagsish Bhati **Action: 6-0 passed** **Vote:** Contract 35x10542, 1st Amendment **Motion:** Mr. Jagdish Bhati **2nd**: Dr. Edward Herzig **Action: 6-0 passed**

	coordinator will act as the liaison between La Soupe and CRC for ordering and deliveries. To further the efforts to decrease food waste, prevention education will be provided to the community and CRC staff. In addition, to aid in reducing the prevalence of chronic diseases, education on nutrition will be provided. CHD will engage community response and needs through pre- and post-surveys. Once the pilot is complete and sustainability is proven, HD Healthy Communities Program will explore implementing community freezers in other vulnerable neighborhoods. **Society of Transfiguration (Food for the Soul)—Contract 55x10800** • This is a subrecipient contract allowing us to move forward with the community freezer project funded by the Hamilton County Resource Waste Reduction Innovation Grant. Due to liability issues with government entities distributing rescued foods, a non-profit is required to own and operate the community freezers and Society of Transfiguration (Food for the Soul) was carefully selected for this agreement. Funding from this contract will go toward the purchasing of customized freezers and Bluetooth thermometers to run the Cincy Freeze & Feed program at the Hartwell and Winton Hills CRC locations. This collaborative effort between Hamilton County Resource, Food for the Soul, La Soupe, Cincinnati Recreation Commission, and Cincinnati Health Department will create a free food access point in two food insecure communities, reduce food waste in Cincinnati, and serve as a platform for CHD's food equity program to provide nutrition and food waste prevention education to prevent chronic illness associated with food insecurity. **Cincinnati Children's Health Vine, LLC—Contract 35x10542, 1st Amendment** • HealthVine, LLC is a pediatric accountable car organization whose sole member is Children's Hospital Medical Center. Health Vine has entered into, or may in the future enter into, at-risk payor contracts with certain Ohio Medicaid Managed Care Plans ("MCPs") pursuant to which Health Vine and the MCPs are collaborating to improve quality, patient experience, and overall healthcare satisfaction for certain members of the MCPs while reducing health care costs through innovative solutions (the "Quadruple Aim"). Health Vine has established a Value-Based Enterprise that engages in Value-Based Arrangements in furtherance of the Quadruple Aim (The Health Vine VBE) and would like CHD to become a participant to engage in certain Value-Based Activities for reimbursement. The term begins 1/1/23 and auto-renews every 12 months.		**Vote:** Contract 45x10627, 1st Amendment **Motion:** Mr. Jagdish Bhati **2nd**: Dr. Edward Herzig **Action: 6-0 passed**

	• The first amendment increases the amounts of the value-based payments CHD receives from Health Vine, LLC. • The second Amendment replaces Exhibit B of the original agreement with a revised version that focuses on well-child visits during the first 15 months of life and during 12 to 17 years of age. **Undue Medical Debt—Contract 45x10627, 1st Amendment** • The Cincinnati Health Department would like to enter into an agreement with RIP Medical Debt (RIPMD) to purchase and retire the medical debt of Cincinnati, Ohio residents who have been or are currently unable to cover outstanding medical bills because they are experiencing financial hardship. The $1.5 million in program funds will retire an estimated $130 million in medical debt based on RIPMD's standard pricing schedule which is based on market rates. This program will help thousands of Cincinnati/Hamilton County/Ohio residents obtain financial stability, improve their health equity, and reduce stress and mental health problems. The program will also help the community recover economically from the COVID-19 Pandemic. • The first amendment would revise budget line items to reflect the 'amended' column in the diagram below. Contract amount and term remain the same. **Motion to Approve** Hamilton County Solid Waste Management District—Contract 55x10790 **Motion to Approve** Society of Transfiguration (Food for the Soul)—Contract 55x10800 **Motion to Approve** Cincinnati Children's Health Vine, LLC—Contract 35x10542, 1st Amendment. **Motion to Approve** Undue Medical Debt—Contract 45x10627, 1st Amendment.		
Finance Update	**Discussion Items:** Memo and materials were included in the agenda. Mr. Menkhaus gave an update on CHD Financials for May 2025 and Year over Year. **Highlights** • Mr. Menkhaus reported that the department's budget was officially approved by the City Council the previous week. While this is positive news, he noted that all departments, including the Health	Mr. Mark Menkhaus Jr.	**n/a**

	Department, were required to get a 2% reduction in their General Fund operating budgets. He clarified that this reduction only affects the portion of the department's budget funded by the General Fund and does not impact revenues received from patient services or grant funding, which make up the other key components of the department's overall financial support.
	• Revenue total was $60,566,097.63, decreased 10.95%.
	  ○ Private Pay Insurance decreased by 6.57%.
	  ○ Medicare decreased by 0.07%
	  ○ Medicaid decreased by 21.84%.
	  ○ Medicaid managed care increased by 27.28%.
	  ○ Self-Pay patients increased by 2.87%.
	  ○ Board of Ed Svcs (School Nurse's Salary) decreased by 40.86%.
	  ○ Grants/Federal decreased by 22.18%.
	• Expenses were $58,600,037.05, a decrease of 2.04%.
	  ○ Property expenses increased by 31.25%.
	  ○ Personnel expenses increased by 3.38%.
	  ○ Contractual costs increased by 3.45%.
	  ○ Material costs decreased by 39.36%.
	  ○ Fixed costs decreased by 20.27%.
	  ○ Fringes increased by 5.05%.
	
	The total available is $4,153,060.58, decreased by 55.90%.		

Personnel Actions	• Dr. Amin directed the Board to the personnel actions included in the board packet. **Motion to Approve** the personnel actions dated June 24, 2025	Dr. Maryse Amin	**Motion:** Mr. Jagdish Bhati **2nd:** Ms. Kiana Trabue **Action: 6-0 passed**
New Business			
Executive Session	**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 of 16-hour suspension for the employee discussed in the executive session.	Ms. Ashlee Young	**Vote:** Enter Executive Session **Motion:** Dr. Edward Herzig **2nd:** Mr. Jagdish Bhati **Action: 6-0 passed** **Vote:** Adaptation of the recommendation of HR of 16-hour suspension for the employee discussed in executive session **Motion:** Ms. Kiana Trabue **2nd:** Dr. Christopher Lewis **Action: 5 Yes, 1 No Passed**

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

7:11 p.m. adjourned.

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

Meeting can be viewed at: https://archive.org/details/boh-6-24-25

Minutes Approved by:

_____
Sa-Leemah Cunningham
Cincinnati Board of Health Clerk

_____
Ashlee Young
Chairperson, Board of Health

June 24, 2025 Meeting Attendance/vote sheet

Board Members	Roll Call on 6.24.25	5.27.25 BOH Meeting Minutes	Hamilton County Solid Waste Management District—Contract 55x-10790	Society of Transfiguration (Food for the Soul)—Contract 55x-10800	Cincinnati Children's Health Vine, LLC—Contract 35x-10542, 1st Amendment	Undue Medical Debt – Contract 45x10627, 1st Amendment	Personnel Actions Dated 6.24.25	Motion to move into Executive Session to discuss a personnel action	Adaptation of the recommendation of HR of 16 hour suspension discussed in executive session
Mr. Jagdish Bhati	x	2nd	M	2nd	M	M	M	2nd	
Dr. Mary Carol Burkhardt	x								
Dr. Jennifer Forrester									
Dr. Edward Herzig	x		2nd	M		2nd		M	
Dr. Christopher Lewis	x								2nd
Ms. Raynal Moore									
Mr. Ken Patel									
Ms. Kiana Trabue	x	M			2nd		2nd		M
Ms. Ashlee Young - Chair	x								
Motion Result:	Quorum	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed

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

STAFF	
Dr. Maryse Amin-in place of Commissioner	x
Sa-Leemah Cunningham (clerk)	x
Ian Doig	x
Mark Menkhaus Jr.	x
Antonio Young	x
Dr. Ashanti Salter	x
Kim Wright	x
Dr. Camille Jones	x
Jose Marques	x
Marla Fuller	x
Dr. Geneva Goode	x
Dr. Nick Taylor	x
Chante Randolph	x
John Sanders	x
Robert Smith	x

DATE: July 18, 2025

TO: Board of Health Members

FROM: Dr. Grant Mussman, Health Commissioner

SUBJECT: Health Commissioner Executive Summary

Strategic Plan
We are finalizing a draft of our strategic plan, which is a requirement for public health accreditation. The plan builds on the Community Health Assessment completed last year and incorporates findings from community engagement, a SWOT analysis, and employee input. These elements are organized within our five operational domains—Health Outcomes, Employee and Client Experience, Access to Services, Operational Excellence, and Employee and Client Safety—to guide execution.

School Health Nursing Program Transition
We are in the process of winding down our school health nursing service line. Some staff have been reassigned to permanent roles consistent with their job classifications. Most of our PHN2s, who made up the majority of the program, will return in August and be temporarily assigned to other tasks while we continue to work toward long-term placements. We are not currently in a layoff process, although funding is only secured through December.

HHS Reinterpretation of PRWORA
The U.S. Department of Health and Human Services has issued a Federal Register Notice revising the 1998 interpretation of "Federal public benefit" under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). This reinterpretation would require health centers to verify a patient's eligibility for services based on citizenship or status as an "eligible alien" (*sic*, HHS wording). This change would significantly disrupt both service delivery and community access. We are actively working with the City Manager's Office and the Law Department on contingency planning and are in the process of retaining a consultant to support operational planning.

Recent Public Health Alerts
We issued press releases this month regarding local mosquitos testing positive for West Nile virus and a regional increase in Parvovirus B19 cases. The latter has been of particular concern to our Women's Health partners due to the risks it poses during pregnancy.

DATE: July 14, 2025,

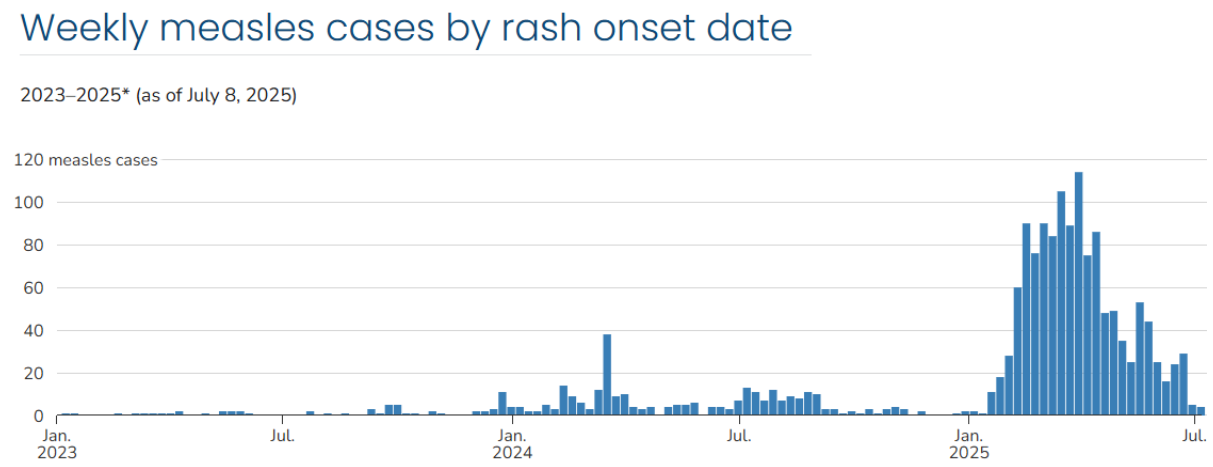
TO: Cincinnati Health Department Board of Health

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

SUBJECT: June 2025 Board of Health Communicable Disease Report

Measles

According to the Centers for Disease Control (CDC) cases of measles continue to decline. As of July 8, 2025, a total of 1,288 (1,197) confirmed measles cases were reported by 39 (35) jurisdictions. There have been 27 (21) outbreaks (88% of cases are connected to an outbreak) and 3 deaths reported in 2025. Overall weekly cases reported by rash onset in the United States are declining, as illustrated in the below CDC graph.



Ohio continues to report 7 (7) cases of measles imported from exposures outside of Ohio, and 28 (28) cases acquired in Ohio in 3 areas with outbreaks (Ashtabula, Holmes, and Knox counties) as of July 9, 2025 on the Ohio Department of Health Summary of Infectious Diseases Dashboard with the last outbreak related case onset date being 4/12/2025, and the Ohio outbreaks now declared over. Ohio outbreak ages ranged from 0-64 with a median age of 15. There was 1 hospitalization reported and no deaths.

CHD has continued to report no confirmed or probable cases of measles in city residents since 2012.

Meningococcal Disease

There was one new report of meningococcal disease in June, bringing the total to date in 2025 to 3 investigations. Using the standing orders that were put into place, CDU was able to offer preventative treatment to the 2 household contacts who lacked insurance and a

medical home. The contacts declined the post-exposure prophylaxis, however. CDU has also investigated 9 aseptic meningitis reports (resulting in 8 confirmed) this year as of June 30th, and 5 other bacterial meningitis reports (resulting in 2 confirmed cases that were not caused by *Neisseria meningiditis*).

Communicable Disease Investigations and Outbreaks in June

CHD investigated 91 communicable disease reports in June 2025. You can find the cases meeting confirmed and probable case definitions included in the June 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 2 new outbreaks (OB) in June:

- 1 COVID-19 OB in a long-term health care facility
- 1 Scabies OB in a long-term health care facility

What's Bugging Us presentation: Lyme Disease

This month's What's Bugging Us report focuses on Lyme Disease.

city of
CINCINNATI
HEALTH DEPARTMENT

Communicable Disease Prevention and Control
What's Bugging Us

Board of Health Presentation
7/22/2025

Lyme Disease

Background

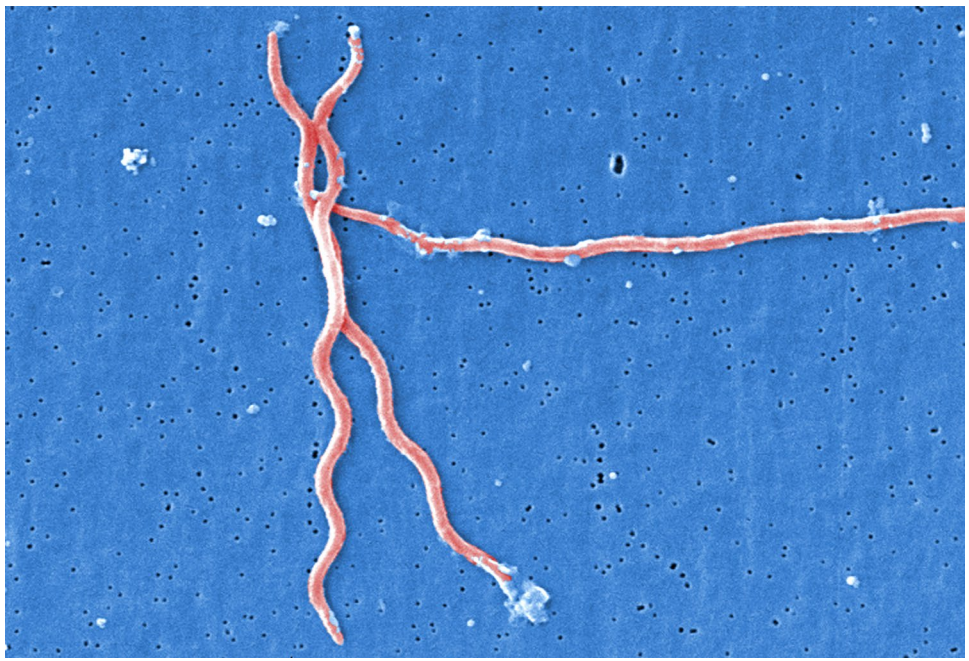
Outbreak of unknown origin began in Lyme, Connecticut, that was causing severe chronic fatigue, swollen knees, headaches, and rashes, in children and adults. The condition was named Lyme Disease in the early 1970's.

Not until 1981 was a spirochete-type bacteria discovered in deer ticks and determined to be the cause of Lyme Disease. It was named *Borrelia burgdorferi. (*Pictured on right)

Lyme Disease can affect people, dogs, and horses.

Lyme disease is treatable with antibiotics.

There currently is no vaccine preventative for people, but there is a canine vaccine and that is also used off label for equines.



Details - Public Health Image Library(PHIL)

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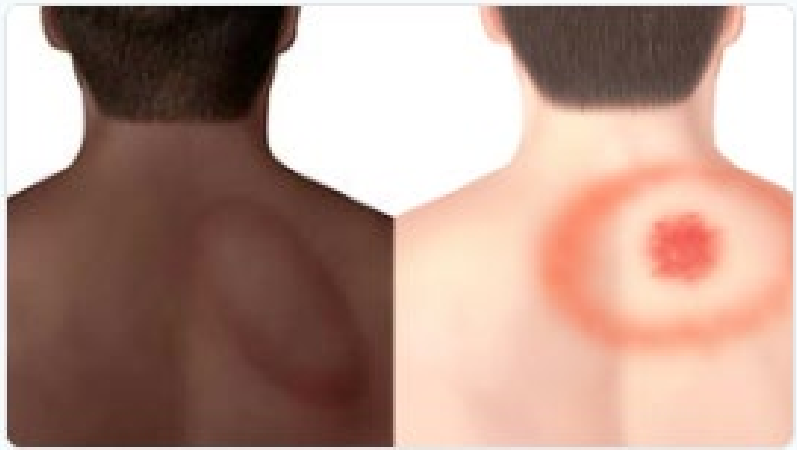
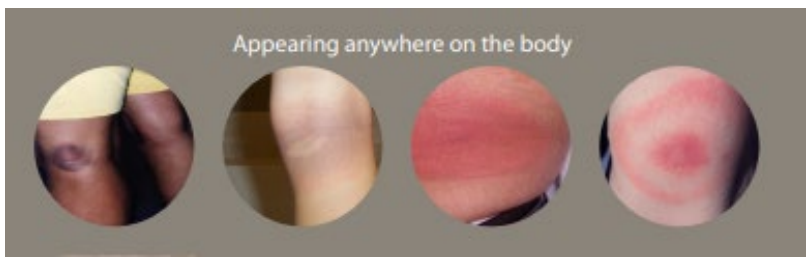
Lyme Disease

Symptoms

Early / Localized Infection





Early signs and symptoms (3 to 30 days after tick bite)
Fever, chills, headache, fatigue, muscle and joint aches, and swollen lymph nodes may occur in the absence of rash

Erythema migrans (EM) rash

- Occurs in approximately 70 to 80 percent of infected people
- Begins at the site of a tick bite after a delay of 3 to 30 days (average is about 7 days)
- Expands gradually over several days reaching up to 12 inches (30 cm) or more across
- May feel warm to the touch but is rarely itchy or painful
- Sometimes clears as it enlarges, resulting in a target or "bull's-eye" appearance
- May appear on any area of the body
- Does not always appear as a "classic bull's-eye" rash

Lyme Disease Rashes | Lyme Disease | CDC

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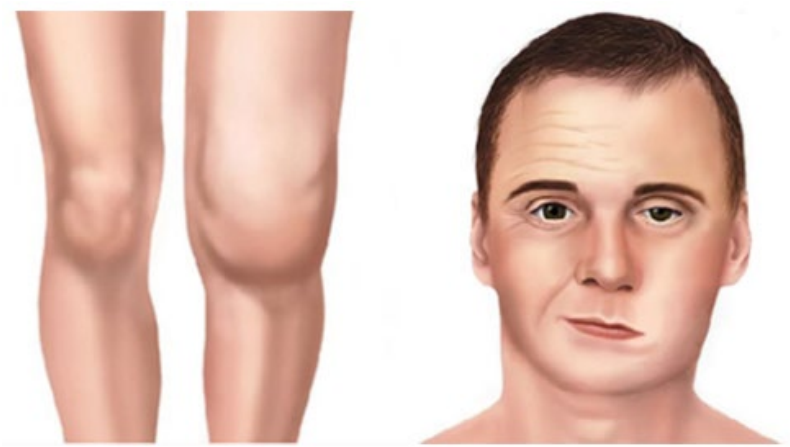
Lyme Disease

Symptoms

Later signs and symptoms (days to months after tick bite)

- Severe headaches and neck stiffness
- Additional EM rashes on other areas of the body
- Facial palsy (loss of muscle tone or droop on one or both sides of the face)
- Arthritis with severe joint pain and swelling, particularly the knees and other large joints.
- Intermittent pain in tendons, muscles, joints, and bones
- Heart palpitations or an irregular heartbeat (Lyme carditis)
- Episodes of dizziness or shortness of breath
- Inflammation of the brain and spinal cord
- Nerve pain
- Shooting pains, numbness, or tingling in the hands or feet

Late / Disseminated Infection



Signs and Symptoms of Untreated Lyme Disease | Lyme Disease | CDC

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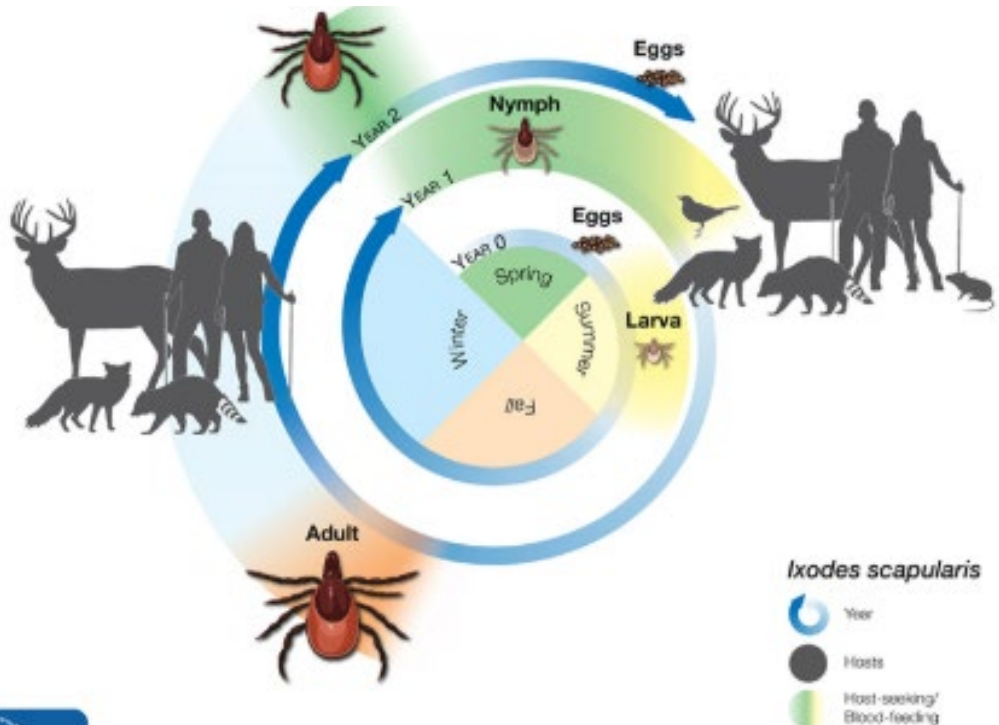
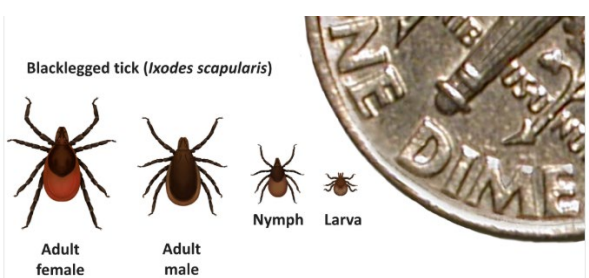
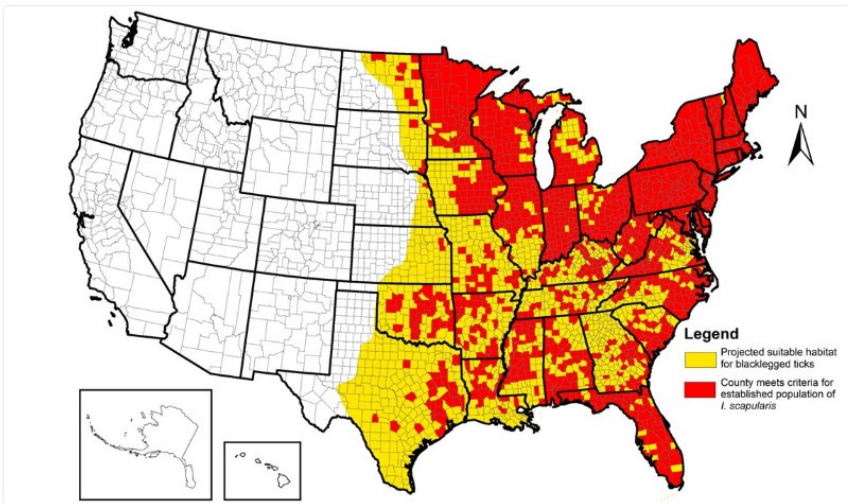
Lyme Disease

Vector

Blacklegged Tick Life Cycle

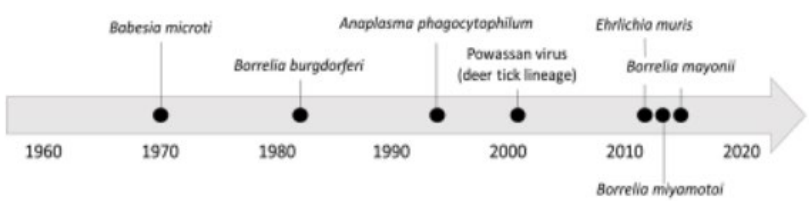






Map of the United States showing projected suitable habitat for *Ixodes scapularis* ticks and counties with established *Ixodes scapularis* populations through 2024.

Timeline showing when various I. scapularis-borne agents were demonstrated to be human pathogens



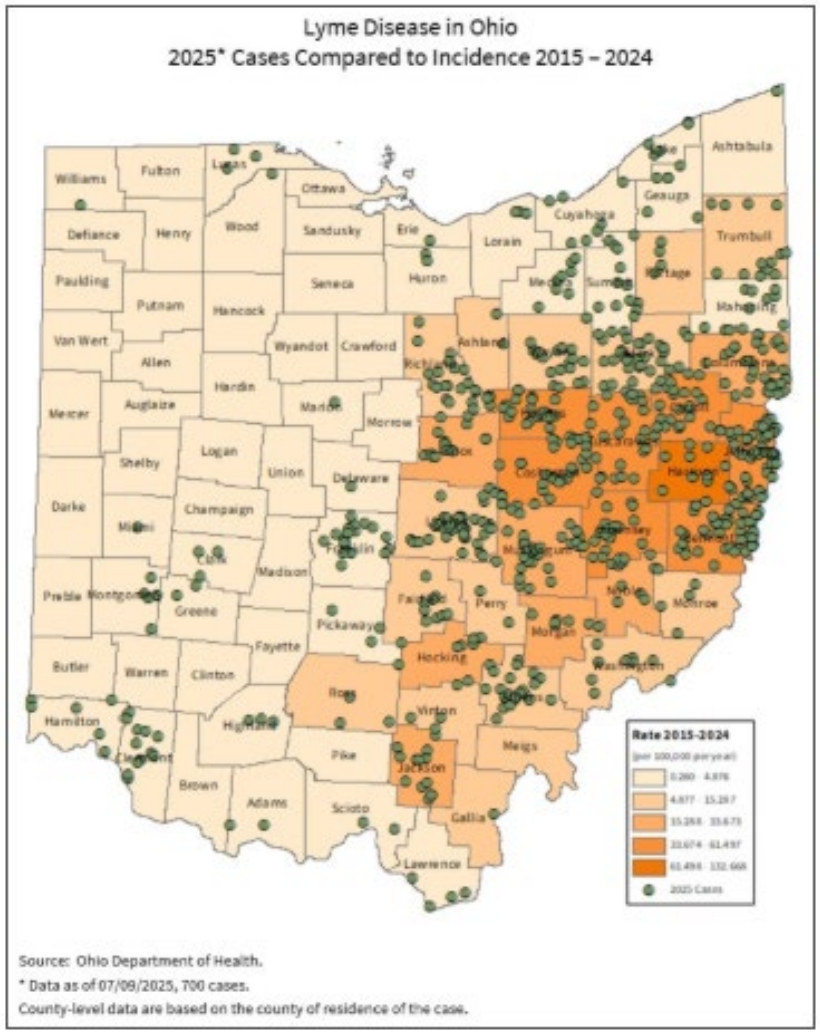
Eisen, RJ and Eisen, L. Trends in Parasitology,

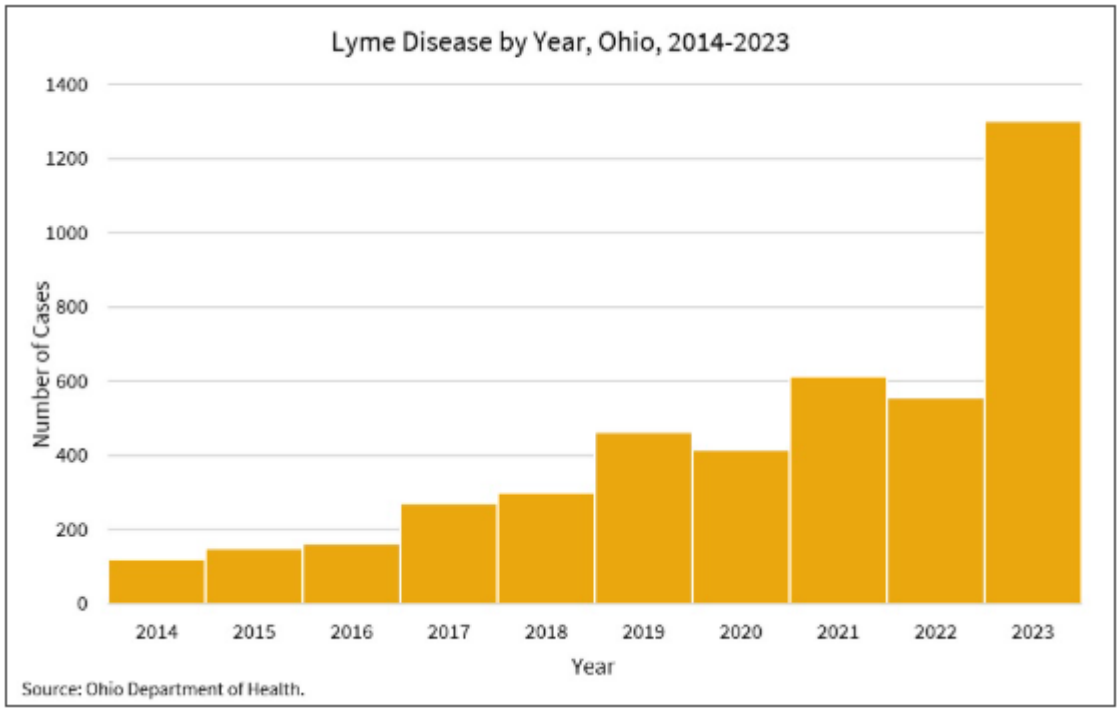
https://www.cdc.gov/ticks/resources/TickSurveillance_Iscapularis-P.pdf

city of CINCINNATI HEALTH DEPARTMENT

Lyme Disease

Occurrence





DataOhio

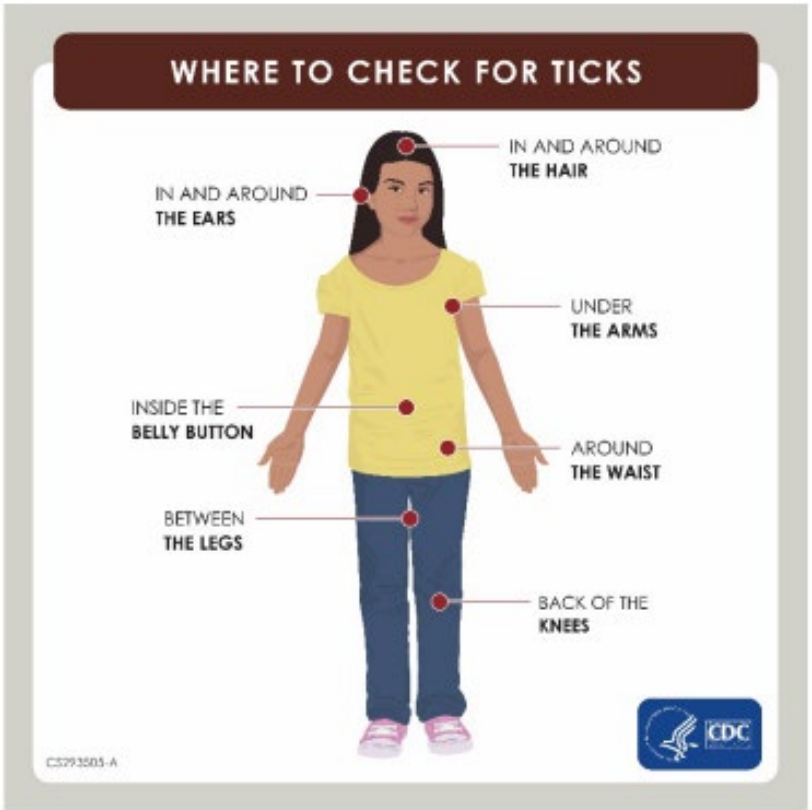
https://odh.ohio.gov/know-our-programs/zoonotic-disease-program/diseases/lyme-disease

city of CINCINNATI HEALTH DEPARTMENT

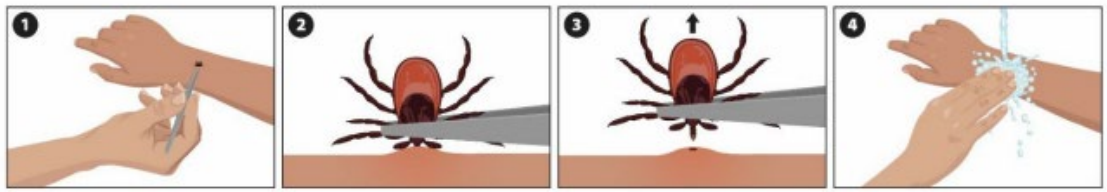
Lyme Disease

Public Health Interventions

Prevention and Early Detection



How to remove a tick



https://www.cdc.gov/ticks/resources/TickSurveillance_Iscapularis-P.pdf

city of CINCINNATI HEALTH DEPARTMENT

References

Centers for Disease Control

https://www.cdc.gov/lyme/about/index.html
https://www.cdc.gov/ticks/resources/TickSurveillance_Iscapularis-P.pdf
Clinical Resources | Lyme Disease | CDC

Ohio Department of Health

Lyme Disease | Ohio Department of Health
ODH Infectious Disease Control Manual Lyme Disease

Environmental Protection Agency

Find the Repellent that is Right for You | US EPA

city of CINCINNATI
HEALTH DEPARTMENT

Thank you

Kim Wright
Supervising Epidemiologist
Cincinnati Health Department
Communicable Disease Prevention and Control Unit
kimberly.wright@cincinnati-oh.gov
513-357-7391

city of
CINCINNATI
HEALTH DEPARTMENT

Cincinnati Board of Health
Resolution No. 2025-___

RESOLUTION
BOARD OF HEALTH OF THE CITY OF CINCINNATI

A RESOLUTION of the Board of Health of the City of Cincinnati, amending Board of Health Regulation No. 00079, "Fees Retail Food Establishments; Food Service Operations," to establish updated fees for the licensing of retail food establishments and food service operations, and to establish new fees for the licensing of mobile food service operations in accordance with the new risk level established in the Ohio Administrative Code.

WHEREAS, Ohio Revised Code ("R.C.") Sections 3717.21 and 3717.41 require all retail food establishments and food service operations in Cincinnati to obtain a license from the Board of Health of the City of Cincinnati (the "Licensor"), which issues new licenses and renewals through the Cincinnati Health Department ("CHD"); and

WHEREAS, R.C. Sections 3717.25 and 3717.45 permit Licensors to establish fees for the licensing of retail food establishments and food service operations; and

WHEREAS, Ohio Administrative Code ("OAC") § 3701-21-02.2, "Cost analysis and calculation," and OAC § 901:3-4, "Cost analysis and license fee calculation," require Licensors to reassess these fees on an annual basis; and

WHEREAS, the Board of Health, acting as a Licensor of retail food establishments and food service operations in the City of Cincinnati, has determined that its licensing fees in Regulation 00079 should be amended in accordance with its annual reassessments; and

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

Section 1. That the Board of Health Regulation 00079 is hereby amended to read as follows:

§00079—Fees Retail Food Establishments; Food Service Operations

The cost of a license for a Retail Food Establishment or Food Service Operation as defined in Section 3717.01 of the Ohio Revised Code shall be any amount determined pursuant to Sections 3717.45 and 3717.25 of the Ohio Revised Code, plus the following license fees, based on the risk levels established in Ohio Administrative Code Sections 3701-21-02.3 and 901:4-4-05:

(A) Retail Food Establishment/Food Service Operation Fees

1) < 25,000 ft.^{2}

Risk Class Level 1	~~$323.00~~ $331.00
Risk Class Level 2	~~$364.00~~ $374.00
Risk Class Level 3	~~$700.00~~ $719.00
Risk Class Level 4	~~$889.00~~ $914.00

2) ≥ 25,000 ft.^{2}

Risk Class Level 1	~~$468.00~~ $481.00
Risk Class Level 2	~~$493.00~~ $507.00
Risk Class Level 3	~~$1,760.00~~ $1,809.00
Risk Class Level 4	~~$1,867.00~~ $1,918.00

(B) Fees for Temporary Food Service Operations / Retail Food Establishments (per single event, not to exceed a maximum of five consecutive days) ~~$220.00~~ $175.00

(C) Fees for Mobile Food Service Operations

1)	High Risk	~~$154.00~~ $159.00
2)	Low Risk	~~$77.00~~ $79.00

(D) Fees for Mobile Retail Food Establishments

1)	High Risk	~~$154.00~~ $159.00
2)	Low Risk	~~$77.00~~ $79.00

(E) Fees for Vending Food Service Operations ~~$13.89~~ $14.29

(F) Facility Review/Equipment Specification Fees For New Construction or Major Changes (for example: structural changes; installation of new equipment; operational changes such as converting the building use or type of food service; or modifying facilities that have not previously been licensed as a food service).

1) < 10,000 ft.^{2}

Risk Class Level 1	$200.00
Risk Class Level 2, 3 & 4	$400.00

2) ≥ 10,000 ft.^{2}

Risk Class Level 1	$300.00
Risk Class Level 2, 3 & 4	$600.00

(G) Facility Review/Equipment Specification Fees For Minimal Changes (such as floor layout alteration, equipment placement, or facilities that have_not been operated in over a year as a food service).

1) < 10,000 ft.^{2}

Risk Class Levels 1	$100.00
Risk Class Levels 2, 3 & 4	$200.00

2) > 10,000 ft.^{2}

Risk Class Levels 1	$150.00
Risk Class Levels 2, 3 & 4	$300.00

(H) Facility Review/Equipment Specification Fees
$100.00 for Change of Ownership only

(I) Any such fee or portion of such fee retained by the Board of Health shall be paid into a special fund as provided in Sections 3717.45 and 3717.25 of the Ohio Revised Code and used only for the purpose of administering and enforcing Sections 3717.01 to 3717.99 of the Revised Code.

(J) If a license fee is received by the Board of Health after March 1 of each year, a penalty of 25 percent of the applicable fee for that year shall be imposed and paid as provided in Sections 901:3-4-02 and 3701-21-02 of the Ohio Administrative Code. This subsection does not apply to Mobile Food Service Operations, Temporary Food Service Operations, Mobile Retail Food Establishments, Temporary Retail Food Establishments, or to a new Food Service Operation or Retail Food Establishment that opened for business subsequent to March 1 of that year.

Section 2. That the Health Commissioner and his designee(s) are authorized to do all things necessary and proper to comply with the terms of this Resolution.

Section 3. That this Resolution shall take effect and be in force from and after December 1, 2025.

ADOPTED: _____, 2025

_____
Ashlee Young, MPH
Chairperson, Cincinnati Board of Health

Dr. Grant Mussman, MD, MHSA
Health Commissioner
Cincinnati Board of Health

New language underscored. Deleted language indicated by strikethrough.

city of CINCINNATI
Interdepartment Correspondence Sheet

Date: July 22, 2025

To: Members of the Board of Health

From: Grant Mussman, MD, MHSA, Health Commissioner

Subject: Food License and Facility Review Fees for LY 20265-2027

Environmental Services has completed the prescribed cost methodology and proposes license fee changes for retail food establishments (RFE)/ food service operations (FSO), mobile food businesses, temporary food stands, and vending machines.

Background: RFEs refer to those entities whose primary business is selling prepackaged food, not necessarily meant to be consumed on the premises (e.g. grocery stores, supermarkets). FSOs are entities whose primary business is selling food prepared for consumption on the premises (e.g. restaurants). For locations with both types of sales, a single license is given for the primary business (based on sales volume) with a rider permitting the secondary business. Mobile businesses are RFEs or FSOs "on wheels" (e.g. ice cream truck, hot dog stand). Temporary businesses are typically stands set up for short-term events like Oktoberfest and Taste of Cincinnati.

For FSOs and RFEs, the license fees and number of inspection are all based on the risk level the operation falls into. Risk levels are based on potential risk to the public in terms of sanitation and are generally determined by menu, preparation, and cooking processes. A higher risk level (categorized I-IV) indicates a higher potential for health risk. Additional detail on these risk levels is found in Attachment 1.

LY 2026-27 Fees: The license fees for license year 2026-27 (LY 2026-27) are based on costs derived from time staff spent in calendar year 2024 (CY 2024) fulfilling licensing, inspection, and administration requirements. The State of Ohio mandates the methodology used to calculate these costs. RFEs, FSOs, and vending machines have additional legislative constraints (caps) on how fees are calculated, while mobile and temporary businesses have no additional caps. A table depicting a more complete analysis of the changes in license fees and expected revenue is provided in Attachment 2.

Timetable: To accommodate the legal requirements for the Board to amend BOH Regulation 00079, I am proposing the following timetable:

Month	Action
July 22nd	Proposed Food fees document presented to BOH for discussion - 1st Reading. Mail proposed fees schedule and public notification letter to license holders by August 6th, 2025, inviting their comments at the August 26, 2025, BOH meeting.
August 26th	Public comments and 2nd reading of the proposed Food Fees document.
September 23rd	3rd Reading of the proposed fees by staff. BOH resolution of 2026-2027 fees.

Attachment 1

OAC 3701-21-02.3 Risk level of food service operations.

The licensor will determine the risk level based on the highest risk level activity of the food service operation in accordance with the following criteria:

(A) Risk level I poses potential risk to the public in terms of sanitation, food labeling, sources of food, storage practices, or expiration dates. Examples of risk level I activities include, but are not limited to, an operation that offers for sale or serves:

(1) Coffee, self-service hot beverage dispenser drinks, self-service fountain drinks, prepackaged non-time/temperature controlled for safety beverages;
(2) Pre-packaged refrigerated or frozen time/temperature controlled for safety foods;
(3) Fresh, unprocessed fruits and vegetables;
(4) Pre-packaged non-time/temperature controlled for safety foods; or
(5) Baby food or formula.

A "food delivery sales operation" as defined in division (H) of section 3717.01 of the Revised Code will be classified as a risk level I.

(B) Risk level II poses a higher potential risk to the public than risk level I because of hand contact or employee health concerns but minimal possibility of pathogenic growth exists. Examples of risk level II activities include, but are not limited to:

(1) Handling, heat treating, or preparing non-time/temperature controlled for safety food;
(2) Holding for sale or serving time/temperature controlled for safety food at the same proper holding temperature at which it was received;
(3) Heating individually packaged, commercially processed time/temperature controlled for safety foods for immediate service; or
(4) Hand dipping of commercially manufactured ice cream.

(C) Risk level III poses a higher potential risk to the public than risk level II because of the following concerns: proper cooking temperatures, proper cooling procedures, proper holding temperatures, contamination issues or improper heat treatment in association with longer holding times before consumption, or processing a raw food product requiring bacterial load reduction procedures in order to sell the product as ready-to-eat. Examples of risk level III activities include, but are not limited to:

(1) Handling, cutting, or grinding raw meat products;
(2) Cutting or slicing ready-to-eat meats and cheeses;
(3) Assembling, partially cooking, or cooking time/temperature controlled for safety food that is immediately served, held hot or cold, or cooled;
(4) Operating a soft serve ice cream or frozen yogurt machine;
(5) Reheating in individual portions only; or
(6) Heating of a product, from an intact, hermetically sealed package and holding the product hot.

(D) Risk level IV poses a higher potential risk to the public than risk level III because of concerns associated with: handling or preparing food using a procedure with several preparation steps that includes reheating of a product or ingredient of a product where multiple temperature controls are needed to preclude bacterial growth. Examples of risk level IV activities include, but are not limited to:

(1) Reheating bulk quantities of leftover time/temperature controlled for safety food more than once every seven days;
(2) Operating a heat treatment dispensing freezer;
(3) Catering as defined in division (G) of section 3717.01 of the Revised Code;
(4) Offering as ready-to-eat a raw time/temperature controlled for safety animal food or a food with these raw ingredients;
(5) Using freezing as a means to achieve parasite destruction;
(6) Preparing food for a primarily high risk clientele including immuno-compromised or elderly individuals in a facility that provides either health care or assisted living;
(7) Using time as a public health control for time/temperature controlled for safety food;
(8) Non-continuous cooking of raw time/temperature controlled for safety animal food;
(9) Performing activities requiring a HACCP plan; or
(10) Activities requiring a variance for the process.

(E) Mobile food service operations based on the highest risk level activity in accordance with the following criteria:

(1) Low risk poses a potential risk to the public in terms of sanitation, food labeling, sources of food, storage practices, hand contact, hand washing, and employee health concerns but minimal possibility of pathogenic growth exists and includes the following activities:

(a) Holding for sale or service pre-packaged refrigerated or frozen time/temperature controlled for safety foods in equipment that complies with paragraph (KK)(3) of rule 3717-1-04.1 of the Administrative Code; and
(b) Offering for sale or serving pre-packaged non-time/temperature controlled for safety foods;

(2) High risk poses a higher potential risk to the public than low risk because of concerns associated with: proper receiving, holding, and cooking temperatures; proper cooling procedures; processing a raw food product requiring bacterial load reduction procedures in order to sell or serve it as ready-to-eat; handling or preparing food using a procedure with several preparation steps that includes reheating of a product or ingredient of a product where multiple temperature controls are needed to preclude bacterial growth; offering as ready-to-eat a raw time/temperature controlled for safety meat, poultry product, fish, or shellfish or a food with raw time/temperature controlled for safety items as ingredients; or using time in lieu of temperature as a public health control for time/temperature controlled for safety food. Examples of high-risk activities include, but are not limited to:

(a) Assembling or cooking time/temperature controlled for safety food that is immediately served, held hot or cold, or cooled;
(b) Operating a heat treatment dispensing freezer;
(c) Reheating bulk quantities or individual portions of leftover time/temperature controlled for safety food;
(d) Heating of a product, from an intact, hermetically sealed package and holding it hot; or
(e) Operating as a mobile catering food service operation as defined in paragraph (L) of rule 3701-21-01 of the Administrative Code.

Last updated September 3, 2024 at 8:59 AM

Attachment 2

Analysis of LY 2026-2027 License Fees and Projected Revenues

Food License Type	Risk Class	Actual Cost-based Maximum	Allowed Cost-based Maximum	**Proposed Fee**	Current Fee	Number of Licenses	Projected Cost	Projected Revenue	Shortfall Using proposed
<25,000 ft.^{2} Risk-based RFE & FSO	I	$331.68	$331.68	**$331.00**	$323.00	207	$68,657.76	$68,517.00	$140.76
	II	$374.26	$374.26	**$374.00**	$364.00	453	$169,539.78	$169,422.00	$117.78
	III	$719.96	$719.96	**$719.00**	$700.00	739	$532,050.44	$531,341.00	$709.44
	IV	$914.11	$914.11	**$914.00**	$889.00	841	$768,766.51	$768,674.00	$92.51
>25,000 ft.^{2} Risk-based RFE & FSO	I	$481.54	$481.54	**$481.00**	$468.00	0	$0.00	$0.00	$0.00
	II	$507.09	$507.09	**$507.00**	$493.00	0	$0.00	$0.00	$0.00
	III	$1,809.88	$1,809.88	**$1,809.00**	$1,760.00	6	$10,859.28	$10,854.00	$5.28
	IV	$1,918.88	$1,918.88	**$1,918.00**	$1,867.00	17	$32,620.96	$32,606.00	$14.96
Temporary RFE & FSO		$175.49	$175.49	**$175.00**	$220.00	300	$52,647.00	$52,500.00	$147.00
Mobile RFE & FSO	High Risk	$159.56	$159.56	**$159.00**	$154.00	229	$36,539.24	$36,411.00	$128.24
	Low Risk *	$79.78	$79.78	**$79.00**	$77.00	11	$877.58	$869.00	$8.58
Vending #		$21.47	$14.29	**$14.29**	$13.89	54	$1,159.38	$771.66	$387.72
							$1,673,717.93	**$1,671,965.66**	**$1,752.27**

 # Vending is limited to last year's fee + CPI. In this case $13.89x2.9%=.4028, $13.89+.4028=14.29

** Low Risk Fee for FSO and RFE mobiles were adopted in 2024*

Cincinnati Board of Health
Resolution No. 2025-___

RESOLUTION
BOARD OF HEALTH OF THE CITY OF CINCINNATI

A RESOLUTION of the Board of Health of the City of Cincinnati, amending Board of Health Regulation No. 00079, "Fees Retail Food Establishments; Food Service Operations," to establish updated fees for the licensing of retail food establishments and food service operations, and to establish new fees for the licensing of mobile food service operations in accordance with the new risk level established in the Ohio Administrative Code.

WHEREAS, Ohio Revised Code ("R.C.") Sections 3717.21 and 3717.41 require all retail food establishments and food service operations in Cincinnati to obtain a license from the Board of Health of the City of Cincinnati (the "Licensor"), which issues new licenses and renewals through the Cincinnati Health Department ("CHD"); and

WHEREAS, R.C. Sections 3717.25 and 3717.45 permit Licensors to establish fees for the licensing of retail food establishments and food service operations; and

WHEREAS, Ohio Administrative Code ("OAC") § 3701-21-02.2, "Cost analysis and calculation," and OAC § 901:3-4, "Cost analysis and license fee calculation," require Licensors to reassess these fees on an annual basis; and

WHEREAS, the Board of Health, acting as a Licensor of retail food establishments and food service operations in the City of Cincinnati, has determined that its licensing fees in Regulation 00079 should be amended in accordance with its annual reassessments; and

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

Section 1. That the Board of Health Regulation 00079 is hereby amended to read as follows:

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The cost of a license for a Retail Food Establishment or Food Service Operation as defined in Section 3717.01 of the Ohio Revised Code shall be any amount determined pursuant to Sections 3717.45 and 3717.25 of the Ohio Revised Code, plus the following license fees, based on the risk levels established in Ohio Administrative Code Sections 3701-21-02.3 and 901:4-4-05:

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(B) Fees for Temporary Food Service Operations / Retail Food Establishments (per single event, not to exceed a maximum of five consecutive days) ~~$220.00~~ $175.00

(C) Fees for Mobile Food Service Operations

1)	High Risk	~~$154.00~~ $159.00
2)	Low Risk	~~$77.00~~ $79.00

(D) Fees for Mobile Retail Food Establishments

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(E) Fees for Vending Food Service Operations ~~$13.89~~ $14.29

(F) Facility Review/Equipment Specification Fees For New Construction or Major Changes (for example: structural changes; installation of new equipment; operational changes such as converting the building use or type of food service; or modifying facilities that have not previously been licensed as a food service).

1) < 10,000 ft.^{2}

Risk Class Level 1	$200.00
Risk Class Level 2, 3 & 4	$400.00

2) ≥ 10,000 ft.^{2}

Risk Class Level 1	$300.00
Risk Class Level 2, 3 & 4	$600.00

(G) Facility Review/Equipment Specification Fees For Minimal Changes (such as floor layout alteration, equipment placement, or facilities that have_not been operated in over a year as a food service).

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(H) Facility Review/Equipment Specification Fees
$100.00 for Change of Ownership only

(I) Any such fee or portion of such fee retained by the Board of Health shall be paid into a special fund as provided in Sections 3717.45 and 3717.25 of the Ohio Revised Code and used only for the purpose of administering and enforcing Sections 3717.01 to 3717.99 of the Revised Code.

(J) If a license fee is received by the Board of Health after March 1 of each year, a penalty of 25 percent of the applicable fee for that year shall be imposed and paid as provided in Sections 901:3-4-02 and 3701-21-02 of the Ohio Administrative Code. This subsection does not apply to Mobile Food Service Operations, Temporary Food Service Operations, Mobile Retail Food Establishments, Temporary Retail Food Establishments, or to a new Food Service Operation or Retail Food Establishment that opened for business subsequent to March 1 of that year.

Section 2. That the Health Commissioner and his designee(s) are authorized to do all things necessary and proper to comply with the terms of this Resolution.

Section 3. That this Resolution shall take effect and be in force from and after December 1, 2025.

ADOPTED: _____, 2025

_____
Ashlee Young, MPH
Chairperson, Cincinnati Board of Health

Dr. Grant Mussman, MD, MHSA
Health Commissioner
Cincinnati Board of Health

New language underscored. Deleted language indicated by strikethrough.

Attachment 4

(This is the sample of letter sent to operators 20 days prior to the public hearing meeting)

Dear Food Service/Food Establishment/Temporary Food Service/Mobile Food Service/Vending Food Service Operator:

Ohio Revised Code 3717.071 mandates a food license cost recalculation each year. This enables the local health department to compare costs and revenues, adjusting as needed. Therefore, we are proposing that the Board of Health revise its food license fees for the 2026-2027 licensing year. The revised fees are shown on the reverse side of this letter.

You may contact the Food Safety Program office at (513) 564-1751 for questions concerning these new fees or food protection program laws.

In accordance with the law, a public hearing regarding the new food fees will be held on August 26, 2025. Following is an announcement of the public hearing.

Respectfully,

Grant Mussman, MD, MHSA
Health Commissioner

NOTICE OF
BOARD OF HEALTH
PUBLIC HEARING

The Board of Health for the City of Cincinnati Health Department will hold a Public Hearing to receive comments from the public concerning proposed new Board of Health Regulation 00079 (Fees Retail Food Establishments/ Food Service Operations) to establish fees for licensing Retail Food Establishments and Food Service Operations.

Requests for copies of the proposed new Regulation 00079 (Retail Food Establishments; Food Service Operations) should be directed to Sa-Leemah Cunningham, Cincinnati Health Department, at (513) 357-7362.

The hearing will be held on **Tuesday, August 26, 2025, at 6:00 PM** during the regular monthly Board of Health meeting. The Board of Health meeting is being held via video conference, the link is below. To be permitted to the meeting, please pre-register to speak at this public hearing, or to request interpretation services for the hearing impaired, contact Mrs. Cunningham, at BOHClerk@cincinnati-oh.gov.

Zoom link:https://cincinnati-oh.zoom.us/j/84332383728?pwd=KmlbB7SPYPa0X3MSYZxiW1SvpTXICT.1

Food Protection License Fees 2026-2027

Food License Type	**Size**	**Risk Class**	**New License Fee**
Risk Based Operations	<25,000 ft.^{2}	Level 1	$331.00
		Level 2	$374.00
		Level 3	$719.00
		Level 4	$914.00
	≥25,000 ft.^{2}	Level 1	$481.00
		Level 2	$507.00
		Level 3	$1,809.00
		Level 4	$1,918.00
Temporary Food Operation*			$175.00
Mobile Food Operation		High Risk	$159.00
		Low Risk	$79.00
Vending Food Operation			$14.29

* Per single event, not to exceed a maximum of 5 consecutive days

This table does not reflect the Ohio Department of Health and Ohio Department of Agriculture state fees that must be added to the base fee.

Food License and Facility Review Fees for License Year 2026-2027

BOH Resolution 00079

Antonio Young, REHS
Director, Environmental Health

7/22/25

Food Fee Resolution Timetable

Month	Action
July 22nd	Proposed Food fees document presented to BOH for discussion - 1st Reading. Mail proposed fees schedule and public notification letter to license holders by August 6th, 2025, inviting their comments at the August 26, 2025, BOH meeting.
August 26th	Public comments and 2nd reading of the proposed Food Fees document.
September 23rd	3rd Reading of the proposed fees by staff. BOH resolution of 2026-2027 fees.

city of CINCINNATI HEALTH DEPARTMENT

Factors Considered in Cost Methodology

Methodology calculates maximum allowable fees for:

- Risk-based Restaurants and grocery stores
- Mobile
- Temporary
- Vending food licenses

Calculation are based exclusively on personnel costs for:

- ✓ Inspections
- ✓ Enforcement
- ✓ Administration of food program

city of CINCINNATI HEALTH DEPARTMENT

2025-2026 Projected Fees/Revenues

Food License Type	Size	Risk Class	New License Fee
Risk Based Operations	**<25,000 ft.^{2}**	Level 1	$331.00
		Level 2	$374.00
		Level 3	$719.00
		Level 4	$914.00
	≥25,000 ft.^{2}	Level 1	$481.00
		Level 2	$507.00
		Level 3	$1,809.00
		Level 4	$1,918.00
Temporary Food Operation* (Taste of Cincinnati, Oktoberfest)			$175.00
Mobile Food Operation (Food Trucks)		High Risk	$159.00
		Low Risk	$79.00
Vending Food Operation (Vending Machines)			$14.29

Q and A

city of
CINCINNATI
HEALTH DEPARTMENT

Projected Fees in Detail

Food License Type	Risk Class	Actual Cost-based Maximum	Allowed Cost-based Maximum	**Proposed Fee**	Current Fee	Number of Licenses	Projected Cost	Projected Revenue	Shortfall Using proposed
<25,000 ft.^{2}	I	$331.68	$331.68	**$331.00**	$323.00	207	$68,657.76	$68,517.00	$140.76
	II	$374.26	$374.26	**$374.00**	$364.00	453	$169,539.78	$169,422.00	$117.78
	III	$719.96	$719.96	**$719.00**	$700.00	739	$532,050.44	$531,341.00	$709.44
	IV	$914.11	$914.11	**$914.00**	$889.00	841	$768,766.51	$768,674.00	$92.51
Risk-based RFE & FSO									
	I	$481.54	$481.54	**$481.00**	$468.00	0	$0.00	$0.00	$0.00
	II	$507.09	$507.09	**$507.00**	$493.00	0	$0.00	$0.00	$0.00
>25,000 ft.^{2}	III	$1,809.88	$1,809.88	**$1,809.00**	$1,760.00	6	$10,859.28	$10,854.00	$5.28
	IV	$1,918.88	$1,918.88	**$1,918.00**	$1,867.00	17	$32,620.96	$32,606.00	$14.96
Temporary RFE & FSO		$175.49	$175.49	**$175.00**	$220.00	300	$52,647.00	$52,500.00	$147.00
Mobile RFE & FSO	High Risk	$159.56	$159.56	**$159.00**	$154.00	229	$36,539.24	$36,411.00	$128.24
	Low Risk *	$79.78	$79.78	**$79.00**	$77.00	11	$877.58	$869.00	$8.58
Vending #		$21.47	$14.29	**$14.29**	$13.89	54	$1,159.38	$771.66	$387.72
							$1,673,717.93	**$1,671,965.66**	**$1,752.27**

 # Vending is limited to last year's fee + CPI. In this case $13.89x2.9%=.4028, $13.89+.4028=14.29

** Low Risk Fee for FSO and RFE mobiles were adopted in 2024*

CHD 6 Year Fee Chart

	2021	2022	2023	2024	2025	2026
Level 1 S	$247.00	$289.00	$293.00	$292.00	$323.00	**$331.00**
Level 2 S	$279.00	$326.00	$331.00	$330.00	$364.00	**$374.00**
Level 3 S	$539.00	$628.00	$635.00	$635.00	$700.00	**$719.00**
Level 4 S	$685.00	$797.00	$806.00	$805.00	$889.00	**$914.00**
Level 1 L	$360.00	$420.00	$425.00	$423.00	$468.00	**$481.00**
Level 2 L	$379.00	$442.00	$448.00	$447.00	$493.00	**$507.00**
Level 3 L	$1,359.00	$1,578.00	$1,597.00	$1,596.00	$1,760.00	**$1,809.00**
Level 4 L	$1,441.00	$1,673.00	$1,693.00	$1,692.00	$1,867.00	**$1,918.00**
Temporary	$201.00	$76.00	$186.00	$154.00	$220.00	**$175.00**
Mobile (High)	$215.00	$143.00	$165.00	$151.00	$154.00	**$159.00**
Mobile (Low)					$77.00	**$79.00**
Vending	$11.64	$11.80	$12.62	$13.44	$13.89	**$14.29**

city of CINCINNATI
HEALTH DEPARTMENT

Current Fee Comparison

	Cincinnati (Current)	Delware County	Darke County	Columbus City	HCPH
	2025	2025	2025	2025	2025
Level 1 S	$323.00	$295.00	$265.82	$258.00	$246.00
Level 2 S	$364.00	$335.00	$300.80	$282.00	$269.00
Level 3 S	$700.00	$635.00	$582.80	$488.00	$456.00
Level 4 S	$889.00	$805.00	$744.28	$604.00	$561.00
Level 1 L	$468.00	$425.00	$388.94	$348.00	$327.00
Level 2 L	$493.00	$450.00	$409.92	$362.00	$340.00
Level 3 L	$1,760.00	$1,585.00	$1,480.16	$1,160.00	$1,045.00
Level 4 L	$1,867.00	$1,680.00	$1,569.70	$1,225.00	$1,104.00
Temporary	$220.00	$95.00	$70.00	$60.00	$64.75
Mobile (High)	$154.00	$270.00	$121.20	$245.00	$124.00
Mobile (Low)	$77.00	$135.00	$60.60	$122.50	$76.00
Vending	$13.89	$14.50	$10.19	$19.98	$14.07

city of CINCINNATI HEALTH DEPARTMENT

Cincinnati Board of Health
Resolution No. 2025 - _____

RESOLUTION
BOARD OF HEALTH OF THE CITY OF CINCINNATI

A RESOLUTION of the Board of Health of the City of Cincinnati approving Angela Stout's ("Applicant's") request for a limited variance from the requirements of Ohio Administrative Code 3701-29-06(G)(3) to replace an existing household sewage treatment system located at 5254 Shepherd Road, where the variance is not contrary to the public interest, and where Applicant has shown both that there is good cause for the issuance of a variance and that the variance will not adversely affect the public health and safety.

WHEREAS, Angela Stout ("Applicant") owns property and is seeking to replace an existing household sewage treatment system ("HSTS") located at 5254 Shepherd Road, Cincinnati, Ohio 45223 (the "Property"); and

WHEREAS, official property records currently list the Property as being registered under Applicant's maiden name, Angela Christy; and

WHEREAS, Board of Health Regulation § 00077-3 requires a person to obtain an approved and valid installation permit from the Board of Health of the City of Cincinnati (the "Board") prior to installing or replacing an HSTS; and

WHEREAS, pursuant to Ohio Administrative Code ("OAC") 3701-29-06(G)(3), an HSTS is required to maintain a minimum horizontal isolation distance of ten feet from the foundation of the house and the property line, and Applicant has requested a limited variance from the requirements of OAC 3701-29-06(G)(3); and

WHEREAS, Applicant's current HSTS is failing, and Applicant's contractor, Cindaco Contracting LLC dba Cindaco Design, has determined that the best location to install a replacement HSTS does not meet the minimum horizontal isolation distance of ten feet as required by OAC 3701-29-06(G)(3); and

WHEREAS, due to the constraints of the Property, including the lot size, topography, and the location of the existing house and hardscapes, there are no feasible alternate HSTS placements for this site; and

WHEREAS, if this variance is approved, Applicant and any successive owner of the Property will be required to maintain a service contract and have the effluent of the HSTS sampled on an annual basis for the life of the system; and

WHEREAS, this variance will not result in any adverse effect on the public health and safety; and

WHEREAS, the Board is permitted to grant this limited variance pursuant to OAC 3701-29-22(A) and Board of Health Regulation § 00077-11, and Applicant has paid the Board's fee for a variance application; now, therefore,

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

Section 1. That pursuant to Ohio Administrative Code ("OAC") 3701-29-22(A) and Board of Health Regulation § 00077-11, the Board of Health of the City of Cincinnati (the "Board") approves the grant of a limited variance to Angela Stout ("Applicant") from the requirements of OAC 3701-29-06(G)(3) to replace an existing household sewage treatment system ("HSTS") located at 5254 Shepherd Road, Cincinnati, Ohio 45223 (the "Property").

Section 2. That the Board finds this variance is not contrary to the public interest, that good cause exists for the issuance of this variance, and that this variance will not adversely affect the public health and safety.

Section 3. That Applicant and any successive owner of the Property will be required to maintain a service contract and have the effluent of the HSTS sampled on an annual basis for the life of the system.

Section 4. That this variance will expire at the end of the life of the HSTS unless further action is deemed necessary by the Board.

ADOPTED: _____, 2025

_____
Ashlee Young, MPH, CHES
Chairperson, Board of Health

_____
Grant Mussman, MD, MHSA
Health Commissioner

Cincinnati Board of Health
Resolution No. 2025-_____

RESOLUTION
BOARD OF HEALTH OF THE CITY OF CINCINNATI

A RESOLUTION of the Board of Health of the City of Cincinnati, **GRANTING** authority to the Health Commissioner of the City of Cincinnati (the "Commissioner") and the Commissioner's designees, as applicable, to suspend a licensee's retail food establishment license or food service operation license in accordance with the rules established under Ohio Revised Code Sections 3717.29 and 3717.49; and **SUPERSEDING** Board of Health Resolution No. 2023-01, Resolution No. 2022-04, Resolution No. 2017-04, and Resolution No. 2016-01.

WHEREAS, Ohio Revised Code ("R.C.") Section 3717.29 authorizes the Cincinnati Board of Health (the "Board"), as licensor, to suspend a licensee's retail food establishment license for failure to maintain sanitary conditions within the establishment; and

WHEREAS, pursuant to R.C. Section 3717.29(C)(1), the Board may issue a written notice of violations and initiate action to suspend or revoke a retail food establishment license for uncorrected violations; and

WHEREAS, pursuant to R.C. Section 3717.29(D)(1), the Board may suspend a retail food establishment's license without written notice or affording the opportunity to correct the violation if the violation presents a clear and present danger to the public health; and

WHEREAS, R.C. Section 3717.29(D)(1) further empowers the Board to authorize the Health Commissioner of the City of Cincinnati (the "Commissioner") to take any action that the Board may take under that division, and R.C. Section 3717.29(C)(1) similarly empowers the Board to authorize the Commissioner or another person employed by the Board to take any action that the Board may take under that division; and

WHEREAS, R.C. Section 3717.49 authorizes the Board, as licensor, to suspend a licensee's food service operation license for failure to maintain sanitary conditions within the operation; and

WHEREAS, pursuant to R.C. Section 3717.49(B)(1), the Board may issue a written notice of violations and initiate action to suspend or revoke a food service operation license for uncorrected violations; and

WHEREAS, pursuant to R.C. Section 3717.49(C)(1), the Board may suspend a food service operation's license without written notice or affording the opportunity to correct the violation if the violation presents an immediate danger to the public health; and

WHEREAS, R.C. Section 3717.49(C)(1) further empowers the Board to authorize the Commissioner to take any action that the Board may take under that division, and R.C. Section 3717.49(B)(1) similarly empowers the Board to authorize the Commissioner or another person employed by the Board to take any action that the Board may take under that division; now, therefore,

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

Section 1. That the Board of Health of the City of Cincinnati (the "Board"), pursuant to Ohio Revised Code ("R.C.") Section 3717.29, is authorized to suspend a licensee's retail food establishment license for failure to maintain sanitary conditions within the establishment.

Section 2. That the Board, pursuant to R.C. Section 3717.29(C)(1), hereby authorizes the Health Commissioner of the City of Cincinnati (the "Commissioner") and the Commissioner's designees who are employed by the Board to take any action that the Board may take under division (C)(1).

Section 3. That the Board, pursuant to R.C. Section 3717.29(D)(1), hereby authorizes the Commissioner to take any action that may be taken by the Board under division (D)(1).

Section 4. That the Board, pursuant to R.C. Section 3717.49, is authorized to suspend a licensee's food service operation license for failure to maintain sanitary conditions within the operation.

Section 5. That the Board, pursuant to R.C. Section 3717.49(B)(1), hereby authorizes the Commissioner and the Commissioner's designees who are employed by the Board to take any action that the Board may take under division (B)(1).

Section 6. That the Board, pursuant to R.C. Section 3717.49(C)(1), hereby authorizes the Commissioner to take any action that the Board may take under division (C)(1).

Section 7. That this Resolution shall supersede Resolution No. 2023-01, adopted by the Board on May 23, 2023, Resolution No. 2022-04, adopted by the Board on July 26, 2022,

Resolution No. 2017-04, adopted by the Board on December 12, 2017, and Resolution No. 2016-01, adopted by the Board on February 23, 2016s m.

Section 8. That this Resolution shall go into effect and be in force from and after the earliest period allowed by law.

ADOPTED: _____, 2025

_____
Ashlee Young, MPH
Chairperson, Cincinnati Board of Health

_____
Dr. Grant Mussman, MD, MHSA
Health Commissioner
Cincinnati Board of Health

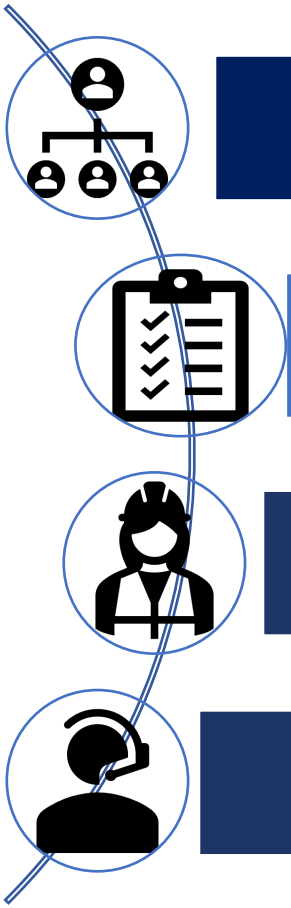
city of
CINCINNATI
HEALTH DEPARTMENT

Environmental Waste Unit

Board of Health Presentation

July 22, 2025

Who We Are



Supervising Environmental Health Specialist

1 Senior Environmental Health Specialists

4 Environmental Health Specialists

Customer Relations Representative (CRR)

city of CINCINNATI HEALTH DEPARTMENT

Open Dumping Complaints

- EHS respond to open dumping complaints for solid waste and/or scrap tires. Orders are issued under CMC 714-31 and BOH Regulation 00053-7. Escalated enforcement civil citations and prosecution.
- 27 new open dumping complaints were received in 2024. Conducted 87 inspections.

city of CINCINNATI
HEALTH DEPARTMENT

Scrap Tire Facilities

- Scrap Tire Facilites: new & used tire shops
- 52 Facilities; inspected spring through fall
- Escalated enforcement includes civil citations and prosecution

city of CINCINNATI
HEALTH DEPARTMENT

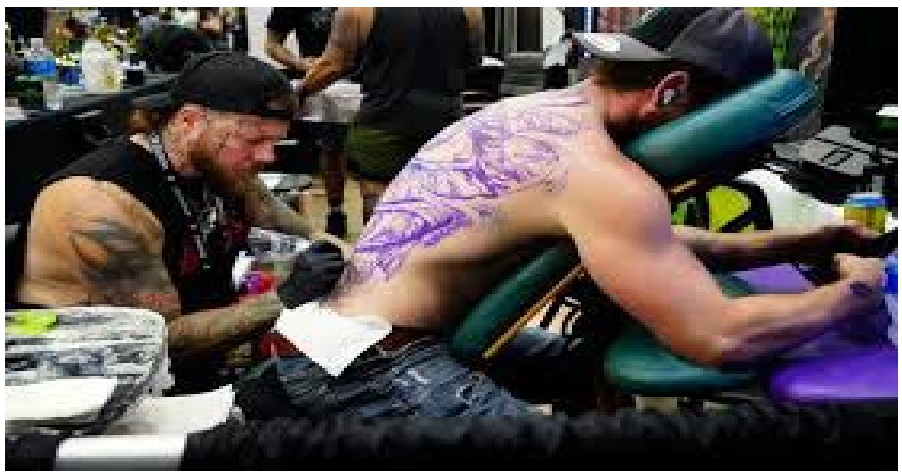
Body Art Establishments

- Body Art: tattooing, body piercing, microblading, and permanent makeup.
- There are 67 Body Art Establishments
- License and inspect 3 times a year. Investigate complaints

city of CINCINNATI HEALTH DEPARTMENT

Temporary Body Art Events

- License and inspect temporary body art events throughout the city.
- In 2024, there were 10 temporary body art events.
- The annual Villian Arts Tattoo Convention draws 300+ artists for one weekend.



city of CINCINNATI
HEALTH DEPARTMENT

Infectious Waste Treatment Facility

- IW Treatment Facilities include autoclave, chemical, alternative (ozone, tissue digester)
- Four IW Treatment Facilities: Children's Hospital, University Hospital, Q Laboratories and US EPA
- Inspect quarterly per OAC

city of CINCINNATI
HEALTH DEPARTMENT

Infectious Waste Large Quantity Generator

- IW Large Quantity Generators produce 50lbs+ of infectious waste monthly
- There are 106 IW LQG, which are inspected yearly per OAC
- Investigate complaints

city of CINCINNATI
HEALTH DEPARTMENT

Junk Vehicle Complaints

- EHS responded to 1150 junk vehicle complaints in 2024.
- Perform onsite inspections, issue orders under CMC 511-31, escalate enforcement through civil citations, and prosecution.
- Issue orders under CMC 758, vehicles are referred for Tow. 216 vehicles were referred for tow in 2024.

city of CINCINNATI HEALTH DEPARTMENT

MSW Transfer Station Facility

- Transfer Station Facility: CSI – Republic Services
- Located at 5701 Este Ave
- License and inspect quarterly per OAC
- Not Operating

city of CINCINNATI HEALTH DEPARTMENT

Closed MSW Landfill

- Municipal Solid Waste Closed Landfill – ELDA
- Located at 5701 Este Ave
- Inspect quarterly per Ohio Administrative Code

city of CINCINNATI HEALTH DEPARTMENT

C&DD Processing Facility

- C&DD Processing Facility Whitton Recycling
- Located at 2000 State Ave
- License and inspect quarterly per OAC
- (Initially inspected biweekly for the first three months)

city of CINCINNATI HEALTH DEPARTMENT

city of
CINCINNATI
HEALTH DEPARTMENT

Environmental Waste Unit

Muhlberg Location
3845 William Dooley By Pass

(513) 564-1780

DATE: July 22, 2025

TO: City of Cincinnati Board of Health Finance Committee

FROM: Mark Menkhaus, Jr., CFO

SUBJECT: Fiscal Presentation 2025

FINANCIAL STATEMENTS REVIEW FOR THE FISCAL YEAR 2025 – JUNE

2025 June Highlights:

- Revenue at the end of May was $67,835,783.76. Which is a 8.47% decrease from June of 2024. Expenses as of June 2025 totaled $66,483,652.51 which is a 0.80% decrease from June 2024. Total net gain after the capital revenue transfer was $3,539,131.25.

Year over Year:

- As of June, we had $178,124.50 in overtime compared to June of 2024's total of $158,162.85. As of June 2025, we had a total of $420 in disaster overtime, while June 2024 had a total of $401.97 in disaster overtime.

- We received capital revenue transfer for FY25 in the amount of $2,187,000. In FY24 we received partial revenue transfer in December and the balance in February for a total of $1,227,000.00.

- 7100-Personnel increased by 3.76% (3.38% increase in prior month). This increase is due to COLAs for non-represented and AFSCME staff. 7500-Fringes saw a corresponding increase of 5.03% (5.05% in the prior month). The increase is also attributed to the calendar year 2024 having 27 pay periods. This only happens every 10 years.

- 7200- Contractual Services saw an increase of 4.67% (3.45% increase in the prior month), and 7300- Materials & Supplies decreased by 34.01% (39.36% decrease in prior month). The differences are due to the timing of invoices paid. In FY25 we paid Western Nursing $195,023.50 as of June, yet in FY24 we paid Western Nursing $497,223.02 as of June. In FY25 we paid Cardinal Health $2,293,332.17 as of June, yet in FY24 we paid Cardinal Health $1,522,176.92 as of June. We also expensed $250,000 to Community Learning Center Institute in FY25 that was not expensed in FY24.

- 7400-Fixed Costs decreased by 20.57% (20.27% decrease in prior month). The decrease is the timing of invoices paid. In FY25 we paid Talbert Services $38,872.56 as of June, yet in FY24 we paid Talbert Services $481,583.47 as of June. In FY25 we paid Hamilton County $131,289.00, yet in FY24 we paid Hamilton County $227,281.00 as of June.

- 7600-Property increased by 51.36% (31.25% increase in prior month). The increase is due to the purchase of new HVAC unit.

Cincinnati Board of Health Financial Statement for the period of June

	FY25 Actual	FY24 Actual	Variance
Revenue			
8236-Pools/Spa	$67,750.73	$67,703.48	0.07%
8237-Household Sewage System	$52,370.00	$48,894.42	7.11%
8239-Tatto/ Body, Environmental Waste License Fee	$62,909.33	$100,876.00	-37.64%
8241-Food Service (Mobile-Temporary)	$122,602.44	$188,994.00	-35.13%
8242-Vending Machine Licenses	$857.58	$88.34	870.77%
8244-Food Establishments	$1,568,208.50	$1,238,242.26	26.65%
8249-Food, NOC	$65,999.81	$69,846.90	-5.51%
8432-Vending Machine Proceeds	$0.00	$0.00	0.00%
8536-Grants\State	$1,660,949.00	$1,664,278.06	-0.20%
8556-Grants\Federal	$9,723,402.04	$11,906,214.45	-18.33%
8563-Bd of Ed Svc (School Nurses Sal.)	$4,009,423.39	$6,015,997.59	-33.35%
8564-Ham Co Service	$88,960.95	$214,911.70	-58.61%
8571-Specific Purpose\Private Org.	$315,595.00	$866,219.89	-63.57%
8617-Non-Department Fringe Benefit Reimbursement	$2,270.75	$1,932.31	17.51%
8618-Overhead Charges Indirect Costs	$61,340.00	$0.00	0.00%
8731-Birth & Death Certificates	$546,484.14	$543,579.28	0.53%
8732-Vital Stats - Other	$7,801.95	$4,706.87	65.76%
8733-Self-Pay Patient	$970,112.38	$923,529.03	5.04%
8734-Medicare	$5,160,670.05	$4,996,978.21	3.28%
8736-Medicaid	$11,968,255.89	$14,801,362.59	-19.14%
8737-Private Pay Insurance	$1,249,284.15	$1,246,891.71	0.19%
8738-Medicaid Managed Care	$8,522,567.62	$6,596,176.29	29.20%
8739-Misc. (Medical rec.\smoke free inv.)	$1,592,637.26	$1,536,484.99	3.65%
8784-Private Lot Litter & Weed	$0.00	$0.00	0.00%
8811-Unclaimed Remains	$9,728.00	$1,006.00	867.00%
8914-Bond/Note Proceeds	$0.00	$1,227,000.00	-100.00%
8917-Deferred Sewer Assessment Collections	$1,649.32	$1,619.30	1.85%
8932-Prior Year Reimbursement	$186,931.59	$1,981,316.97	-90.57%
% That is attributable from 416	$19,817,021.89	$17,868,389.33	10.91%
Total Revenue	$67,835,783.76	$74,113,239.97	-8.47%
Expenses			
71-Personnel	$36,062,136.99	$34,756,302.44	3.76%
72-Contractual	$9,201,122.99	$8,790,188.09	4.67%
73-Material	$4,896,814.67	$7,419,992.84	-34.01%
74-Fixed Cost	$2,252,998.15	$2,836,435.06	-20.57%
75-Fringes	$13,465,697.88	$12,820,260.29	5.03%
76-Property	$604,881.83	$399,642.68	51.36%
Total Expenses	$66,483,652.51	$67,022,821.40	-0.80%
Net Gain (Losses)	**$1,352,131.25**	**$7,090,418.57**	-80.93%
8936-Transfer	**$2,187,000.00**	**$1,227,000.00**	
Total Available	**$3,539,131.25**	**$8,317,418.57**	-57.45%

Interdepartmental Correspondence Sheet

Date: 7/22/2025

To: MEMBERS of the BOARD of HEALTH

From: Grant Mussman, MD MHSA, Health Commissioner

Copies: Leadership Team, HR File

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

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

LYNN BRYSACZ **OPTOMETRIC TECHNICIAN** **CCPC**
(Resignation vacancy)
Salary Bi-Weekly Range: $1,802.50 to $2,462.69 Revenue Fund
Lynn Brysacz is trained ophthalmic technician with over 40 years of experience. She is trained in the management of auto and automated refraction, auto lensometer, multiple IOP's including, Icare, Tonopen, Humphrey Visual fields, optos retinal camera and vision therapy. Ms. Brysacz has a strong pediatric background and familiarity with school systems as a paraeducator. Her extensive background makes her a strong candidate and a great fit for the Cincinnati Health Department Vision team.

SARAH GLENN **DENTAL ASSISTANT** **CCPC**
(Transfer vacancy)
Salary Bi-Weekly Range: $2,052.24 to $2,167.95 General Fund
Sarah Glenn graduated from a dental assistant program in 2018. She has experience working in pediatrics and general dentistry. She is eager and open to learning dental at an FQHC and we think she will be a great asset to the Cincinnati Health Department dental program.

JACKSON REBHUN **DENTAL ASSISTANT** **CCPC**
(Retirement vacancy)
Salary Bi-Weekly Range: $2,052.24 to $2,167.95 General Fund
Jackson Rebhun has over 4 years of dental experience and has been a Certified Dental Assistant since 2023. He has worked in pediatrics and general dentistry as well as adjunct dental assistant instructor at Ross. Mr. Rebhun has a passion for public health dentistry and currently works at the Cincinnati Children's Hospital. He has completed his training for Coronal Polishing, Sealants and Nitrous Oxide monitoring. Mr. Rebhun has a wide range of experience and we think he will be a great asset to the Cincinnati Health Department dental program.

ALEXIAH RIDLEY **DENTAL ASSISTANT** **CCPC**
(Transfer vacancy)
Salary Bi-Weekly Range: $2,052.24 to $2,167.95 General Fund
Alexiah Ridley has over 7 years of dental experience as a dental assistant. She has worked in pediatrics and general dentistry. Ms. Ridley has over 6 years of experience as a chair side dental assistant in general dentistry as well as experience with oral surgery. She has a wide range of experience and we think she will be a great asset to the Cincinnati Health Department dental program.

Date: July 22, 2025
To: Board of Health
From: Grand Mussman, MD, Health Commissioner
Subject: Health Commissioner's Report, Reflects June 2025

WIC Updates June 2025

1. The WIC caseload for May was 15,523 with a small increase from last month.
   Women: 3,511 Infants: 3,780 Children: 8,232
2. May breastfeeding initiation rate was 39.74%. Breastfeeding rates had a very slight increase this month. The WIC Lactation Center is Open for walk-in appointments. WIC offers a virtual and in-person breastfeeding class monthly and a Spanish virtual class monthly.
3. In June WIC provided 422 women education regarding urgent maternal warning signs during the perinatal period.

DATE: July 14, 2025,

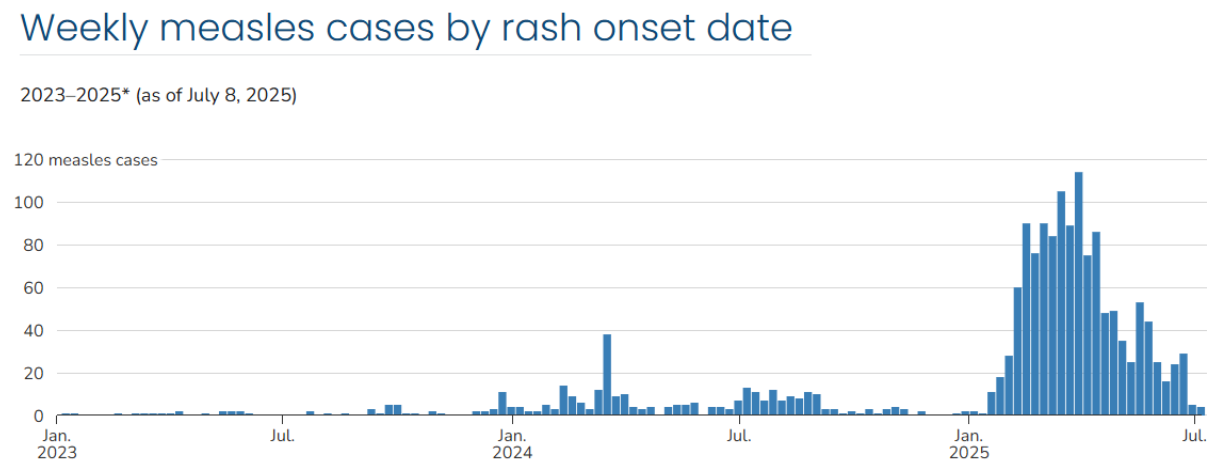
TO: Cincinnati Health Department Board of Health

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

SUBJECT: June 2025 Board of Health Communicable Disease Report

Measles

According to the Centers for Disease Control (CDC) cases of measles continue to decline. As of July 8, 2025, a total of 1,288 (1,197) confirmed measles cases were reported by 39 (35) jurisdictions. There have been 27 (21) outbreaks (88% of cases are connected to an outbreak) and 3 deaths reported in 2025. Overall weekly cases reported by rash onset in the United States are declining, as illustrated in the below CDC graph.



Ohio continues to report 7 (7) cases of measles imported from exposures outside of Ohio, and 28 (28) cases acquired in Ohio in 3 areas with outbreaks (Ashtabula, Holmes, and Knox counties) as of July 9, 2025 on the Ohio Department of Health Summary of Infectious Diseases Dashboard with the last outbreak related case onset date being 4/12/2025, and the Ohio outbreaks now declared over. Ohio outbreak ages ranged from 0-64 with a median age of 15. There was 1 hospitalization reported and no deaths.

CHD has continued to report no confirmed or probable cases of measles in city residents since 2012.

Meningococcal Disease

There was one new report of meningococcal disease in June, bringing the total to date in 2025 to 3 investigations. Using the standing orders that were put into place, CDU was able to offer preventative treatment to the 2 household contacts who lacked insurance and a

medical home. The contacts declined the post-exposure prophylaxis, however. CDU has also investigated 9 aseptic meningitis reports (resulting in 8 confirmed) this year as of June 30th, and 5 other bacterial meningitis reports (resulting in 2 confirmed cases that were not caused by *Neisseria meningiditis*).

Communicable Disease Investigations and Outbreaks in June

CHD investigated 91 communicable disease reports in June 2025. You can find the cases meeting confirmed and probable case definitions included in the June 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 2 new outbreaks (OB) in June:

- 1 COVID-19 OB in a long-term health care facility
- 1 Scabies OB in a long-term health care facility

What's Bugging Us presentation: Lyme Disease

This month's What's Bugging Us report focuses on Lyme Disease.

Community Health and Environmental Services (CHES) Updates for CHD BOH Meeting 7.23.2025

Community Health and Environmental Services (CHES) updates:

- Cincinnati Health Department partnered with the City Manager's Office to launch a medical debt relief project in response to Mayor Pureval's Financial Freedom Blueprint. With the launch, thus far $219,849,397.57 in debt has been relieved for 107,546 individuals.

- Cincinnati Health Department continues to meet with the Cincy CHIP action teams on the five priorities set for the next three years. 1) Access to Care, 2) Mental and Behavioral Health, 3) Nutrition and Food Access, 4) Infant Vitality, 5) Housing. More information in the Accreditation section.

- Alternative Response to Crisis (ARC) pilot diverting low acuity 911 calls to a behavioral health and EMT team is continuing in the Cincinnati community, more information can be found with the link below:

Alternative Response to Crisis (cincinnati-oh.gov)

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 2021-2024:
**** May 2024's report is delayed due to ODH data warehouse update**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The provisional number of births for 2024 (births extracted from state database (by residence city/county) as of 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:
City 2025 = 19
County (minus the city) 2025 = 15
Total Hamilton County 2025 = 34

The provisional number of births for 2025 (births extracted from state database (by residence city/county) as of 6.17.25):
City of Cincinnati = 2,047
Hamilton County births outside of the City limits = 2,900
Hamilton County inclusive of the City = 4,947

The provisional infant mortality rate for 2025 based on our current numbers:
City of Cincinnati IMR = 9.28 per 1,000 live births
Hamilton County outside the City limits = 5.17 per 1,000 live births
Hamilton County IMR = 6.87 per 1,000 live births (inclusive of the city numbers)

CCPC UPDATE

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

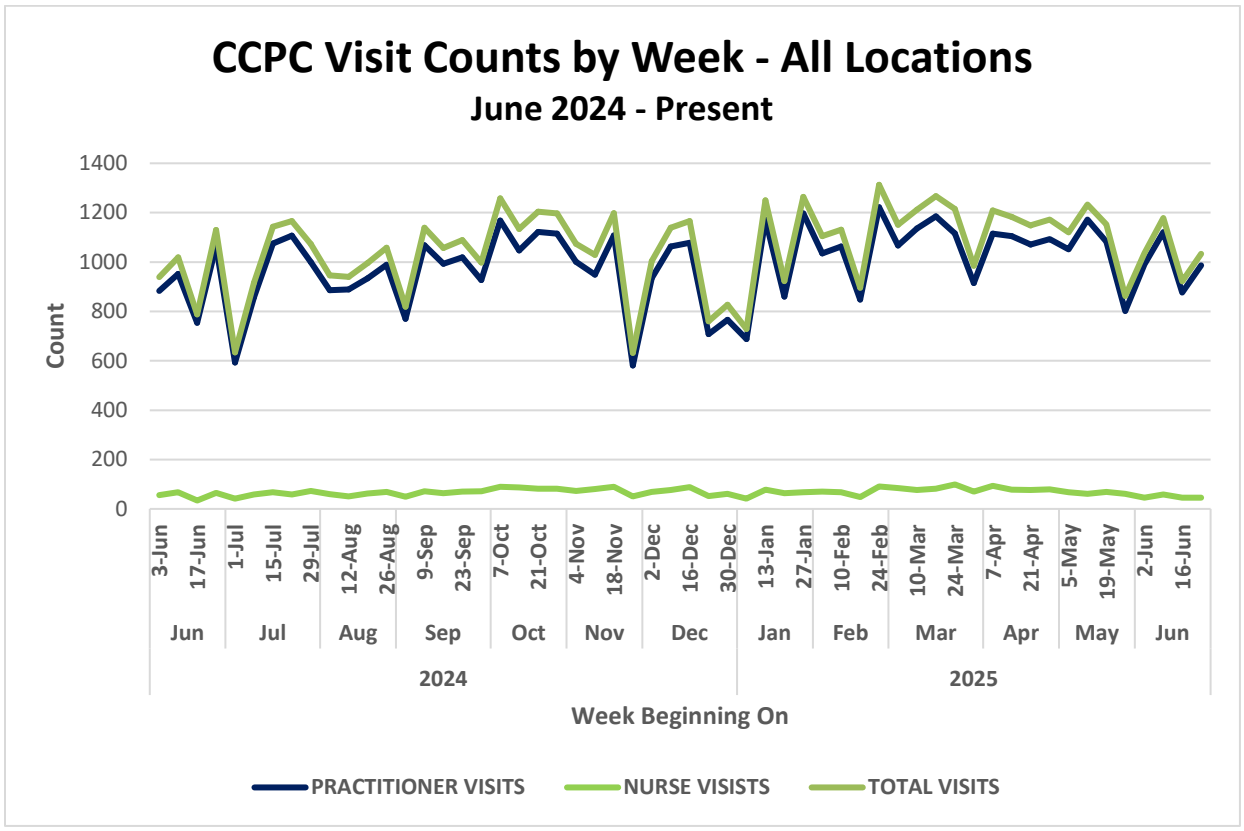

CCPC Visit Counts by Week - All Locations
June 2024 - Present
Count
1400
1200
1000
800
600
400
200
0
3-Jun
17-Jun
1-Jul
15-Jul
29-Jul
12-Aug
26-Aug
9-Sep
23-Sep
7-Oct
21-Oct
4-Nov
18-Nov
2-Dec
16-Dec
30-Dec
13-Jan
27-Jan
10-Feb
24-Feb
10-Mar
24-Mar
7-Apr
21-Apr
5-May
19-May
2-Jun
16-Jun
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
2024
2025
Week Beginning On
PRACTITIONER VISITS
NURSE VISISTS
TOTAL VISITS

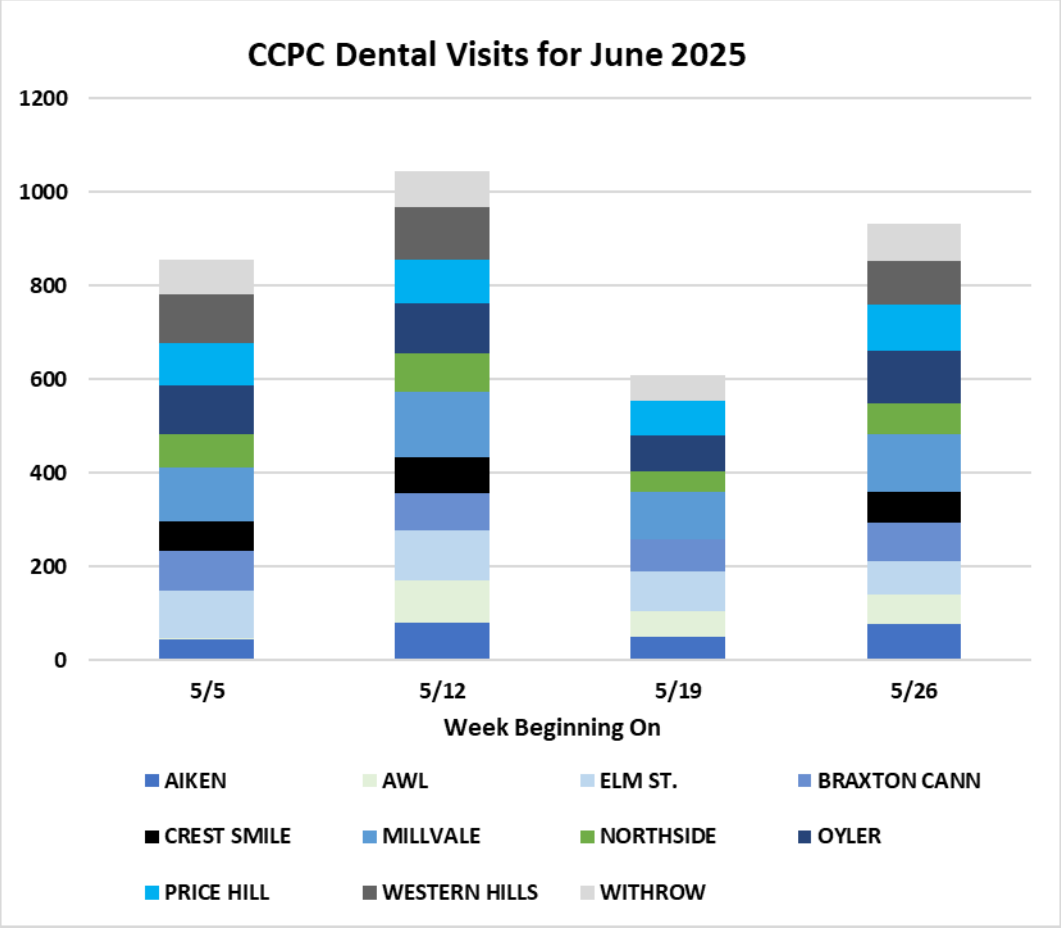
Table 1. Number of Completed Patient Visits by Location for June 2025 and FYTD

CCPC Community Health Centers	6/2	6/9	6/16	6/23	June 2025 Total	June 2024 Total	2025 FYTD Total	2024 FYTD Total
VISITS	**990**	**1121**	**877**	**987**	**3975**	**3654**	**51719**	**45638**
AMBROSE CLEMENT	88	62	62	125	337	411	5641	3027
AMBROSE CLEMENT BH	10	10	8	5	33	94	1482	1083
BRAXTON CANN	107	100	64	124	395	385	4716	4689
BRAXTON CANN BH	0	0	0	0	0	0	121	0
ELM ST. BH	10	3	10	3	26	39	502	229
ELM ST.	152	230	178	149	709	781	8471	8519
MILLVALE	151	154	139	158	602	461	7046	6722
MILLVALE BH	10	13	13	8	44	30	472	560
NORTHSIDE	148	199	136	158	641	590	7940	6652
NORTHSIDE BH	23	20	19	20	82	7	561	351
PRICE HILL	269	310	234	216	1029	740	13238	12013
PRICE HILL BH	22	20	14	21	77	116	1529	1793
NEW PATIENTS	**117**	**121**	**107**	**126**	**471**	**230**	**3551**	**2729**
AMBROSE CLEMENT	13	3	9	20	45	46	556	230
AMBROSE CLEMENT BH	0	1	0	0	1	1	16	14
BRAXTON CANN	14	8	8	20	50	32	424	332
BRAXTON CANN BH	0	0	0	0	0	0	0	0
ELM ST. BH	0	0	0	0	0	0	5	3
ELM ST.	20	32	26	24	102	38	490	390
MILLVALE	19	19	19	13	70	41	556	653
MILLVALE BH	0	0	0	0	0	0	0	0
NORTHSIDE	21	30	15	21	87	28	592	417
NORTHSIDE BH	0	0	0	0	0	0	2	9
PRICE HILL	26	28	30	26	110	44	898	668
PRICE HILL BH	4	0	0	2	6	0	12	13

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

CCPC PHARMACY LOCATION	6/2	6/9	6/16	6/23	May 2025 Total	May 2024 Total	2025 FYTD Total	2024 FYTD Total
NUMBER OF FILLS	**2415**	**2108**	**2462**	**1641**	**8626**	**8436**	**114946**	**110494**
AMBROSE CLEMENT	339	352	467	227	1385	1275	18837	14263
BRAXTON CANN	292	223	315	184	1014	1076	14284	15625
ELM ST.	452	366	318	263	1399	1798	20263	24880
MILLVALE	386	388	383	231	1388	1333	17592	17318
NORTHSIDE	372	192	317	284	1165	1008	15148	13773
PRICE HILL	574	587	662	452	2275	1946	28822	24635

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



Reproductive Health and Wellness Program (RHWP) Data Report

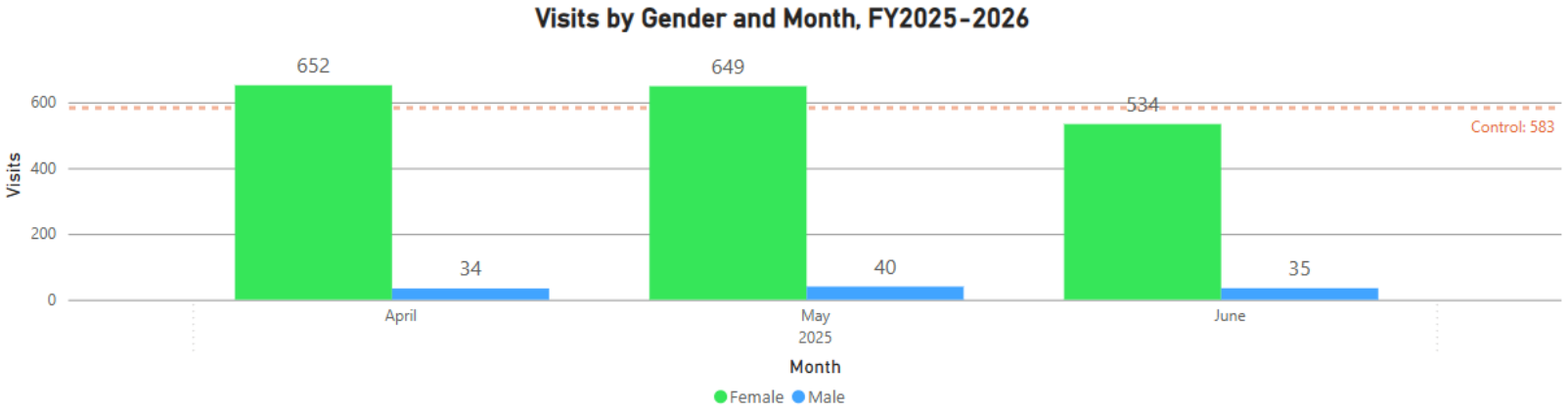


Figure 1a. City of Cincinnati Primary Care Health Center Reproductive Health Visits by Gender and Month, Fiscal Year 2025 – 2026

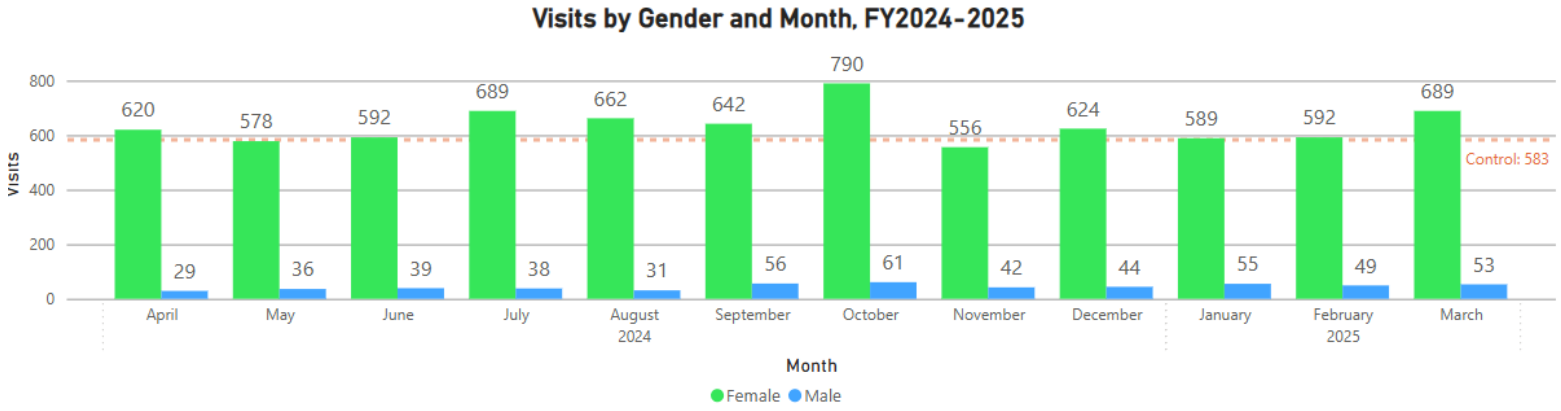


Figure 1b. City of Cincinnati Primary Care Health Center Reproductive Health Visits by Gender and Month, Fiscal Year 2024 – 2025
FY24/25 Visits with Men: 533 patients
FY24/25 Visits with Women: 7623
patients
FY24/25 Visits Combined (men/women): 8156
patients
FY24/25 Control (Expected) Visits: 7000 patients
FY24/25 Visits as % of Control Total: 116.5%

Fiscal Year 2025 – 2026
FY25/26 Visits with Men: 109 patients
FY25/26 Visits with Women: 1835
patients
FY25/26 Visits Combined (men/women): 1944
patients
FY25/26 Control (Expected) Visits: 583 patients
FY25/26 Visits as % of Control Total: 111.1%

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

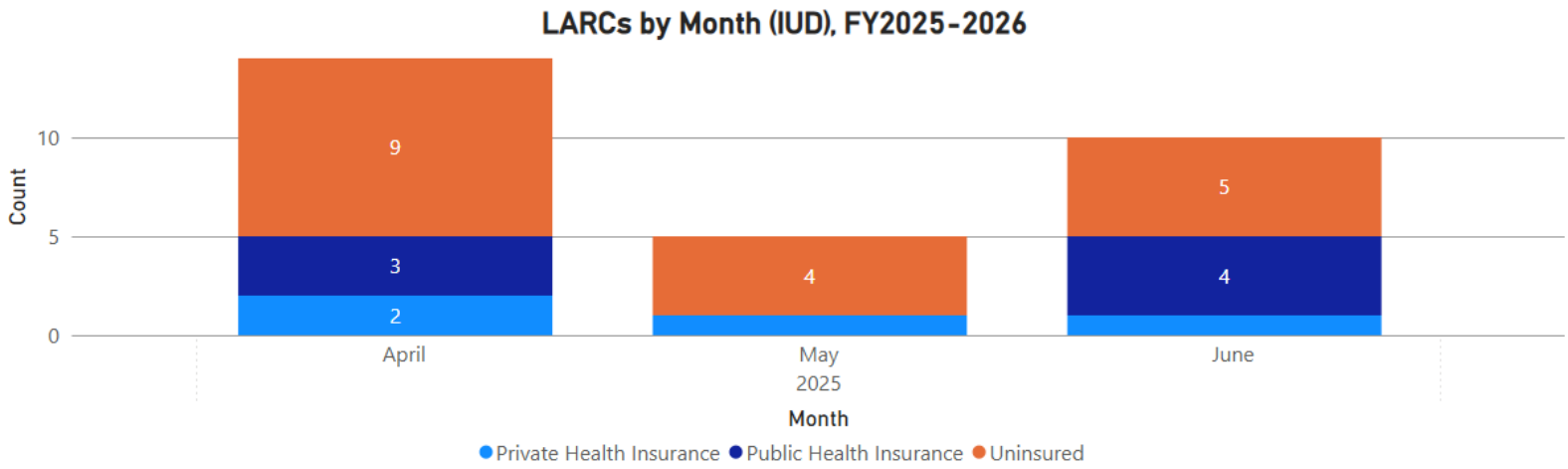


Figure 2b. Long-acting Reversible Contraception (LARC) (Intrauterine Devices) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2024 – 2025

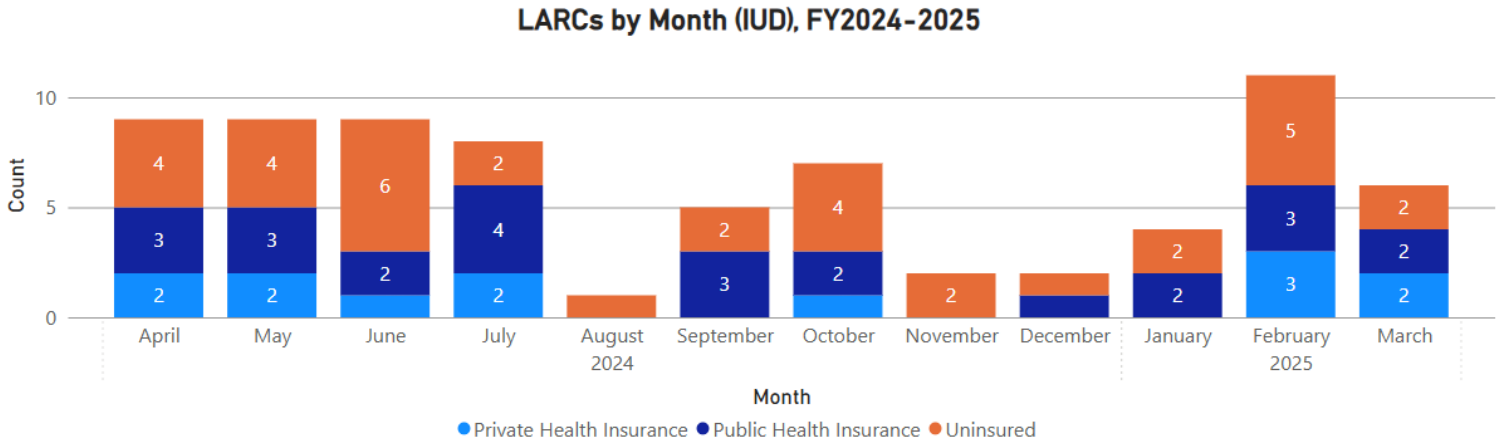


Figure 3a. Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2025 – 2026

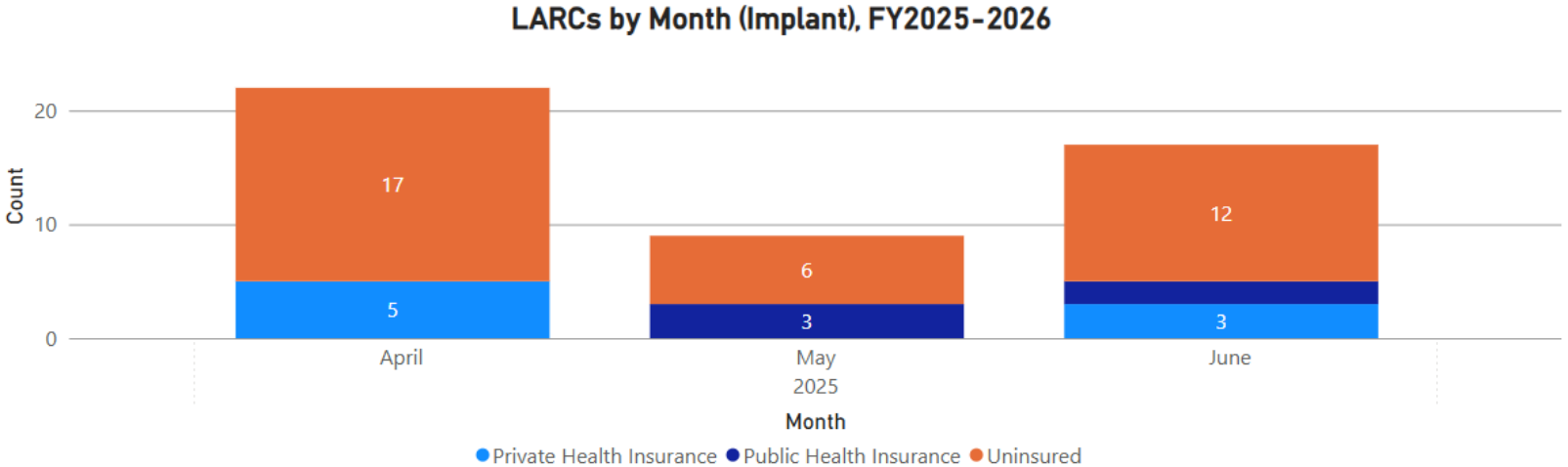


Figure 3b. Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2024 - 2025

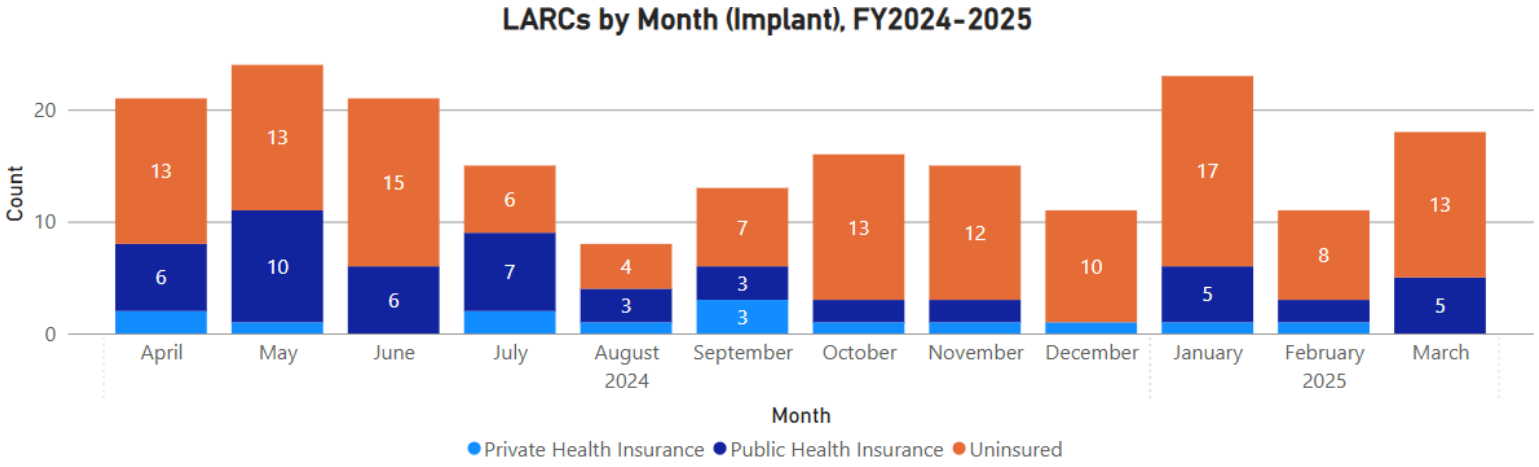


Table 1. Selected Demographic Characteristics of Unduplicated RHWP Patients, June 2025

	Female	% in col.	Male	% in col.	Total	% in col.
Race						
AI/AN	3	0.56%		0.00%	3	0.53%
Asian	10	1.87%		0.00%	10	1.76%
Black	250	46.82%	21	60.00%	271	47.63%
PI/HN	12	2.25%	1	2.86%	13	2.28%
Unknown	100	18.73%	3	8.57%	103	18.10%
White	159	29.78%	10	28.57%	169	29.70%
Ethnicity						
Hispanic	220	41.20%	4	11.43%	224	39.37%
Non-Hispanic	314	58.80%	31	88.57%	345	60.63%
Income						
<=100% FPL	468	87.64%	32	91.43%	500	87.87%
101-249% FPL	56	10.49%	1	2.86%	57	10.02%
>=250% FPL	10	1.87%	2	5.71%	12	2.11%
Insurance						
Private	68	12.73%	7	20.00%	75	13.18%
Public	179	33.52%	10	28.57%	189	33.22%
Uninsured	287	53.75%	18	51.43%	305	53.60%
Age (years)						
<15	1	0.19%		0.00%	1	0.18%
15-49	499	93.45%	29	82.86%	528	92.79%
>50	34	6.37%	6	17.14%	40	7.03%
Limited English						
No	284	53.18%	29	82.86%	313	55.01%
Yes	250	46.82%	6	17.14%	256	44.99%

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

	Female	% in col.	Male	% in col.	Total	% in col.
Health Center						
Ambrose Clement	62	11.61%	20	57.14%	82	14.41%
Braxton Cann	28	5.24%		0.00%	28	4.92%
Bobbie Sterne	104	19.48%	5	14.29%	109	19.16%
Millvale	42	7.87%		0.00%	42	7.38%
Northside	102	19.10%	10	28.57%	112	19.68%
Price Hill	196	36.70%		0.00%	196	34.45%

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

Accreditation

PHAB Action Plan Update:

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

CHD CHA Update:

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

Cincy CHIP Update:

Several members of the Cincy CHIP housing action team were able to attend an eviction court prevention observation on June 26th as part of their continued commitment to education and advocacy around promoting housing stability and homelessness prevention. This initiative is part of a larger ecosystem around eviction prevention that include stakeholders from social services, housing providers, courts, and private philanthropy and is championed by Councilwoman Owen and the City of Cincinnati's Quality of Life department.

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

Clinical QI committee has resumed meetings. Public Health QI Steering Committee continues to showcase commitment to improvement across all five system domains demonstrated by the monthly Qi presentations.

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

October	822	1214	6	1	0	4	5	6	1	0
November	909	1329	3	0	0	2	5	3	2	0
December	687	1120	1	6	0	5	1	2	1	0
January	651	1013	3	0	0	2	1	1	1	0
February	767	1196	3	2	0	1	4	4	0	0
March	759	1439	8	7	3	3	5	6	2	1
April	861	985	5	2	5	4	10	8	0	0
May	841	969	2	4	3	0	0	0	0	0
June	847	946	0	0	0	0	0	0	2	0
TOTAL	9406	13153	32	22	22	28	58	55	11	6

RM=reminders to families for immunizations now due

RC=recalls to families behind on immunizations

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

MOBI=Maximizing Office Based Immunization education presentation for providers

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

Peri HEPB=Peri-natal Hepatitis

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

October -Immunization Coverage Disparities report submitted

December- Immunization Coverage Disparity Education Plan submitted

February- 2025-2026 Get Vaccinated grant application submitted

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

April/May- 71 school received immunization training

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
No July Meeting	June newsletter	Next meeting is September 3rd, 10:00 AM – 12:00 PM MSD Admin Building 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	Status	Next Steps
4 See Food Equity and Active Living Sections for more details.	Carthage – Finalizing details for End of Summer Bash Event August 9th. Hartwell – Contracting with Society of Transfiguration for extension of the Cincy Freeze & Feed Program. Roll Hill – Working on the contract for traffic garden installation.	Carthage - Finalize plans for heritage walk with DOTE. Summer event August 9, 2025 for mural installation. Hartwell – Cincy Freeze & Feed kick off in August 20th. Roll Hill – Finalize traffic garden layout at Roll Hill School.

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
99 families	**Partners:** All In Cincinnati, Bethany House Services, Cherished Hearts CPR Family, Community Action Agency, Cradle Cincinnati Connections (CCC), Crossroad Health Center, First Step Home, Greater Cincinnati Behavioral Health Services, Healthcare Access Now (HCAN),Healthy Homes: Block by Block (Community Matters),Healthy Moms & Babes, Helping Young Mothers Mentor, Inc., Home Health/CHD, Interfaith Hospitality Network of Greater Cincinnati (IHNGC),Mercy Health – Perinatal Outreach Program,	**Plan:** Cribs for Kids and DCY contracts have been approved. Awaiting paperwork to be received to sign. **Meeting frequency: ODH TA Meetings are Quarterly.** Last meeting 6/11/25 Meetings are Quarterly Next Meeting 8/26/2025

	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**	
Sweet Cheeks Diaper Program		
# distributed since last report	**Project Partners and Status**	**Next Steps**
50 diapers have been distributed since the last BOH report.	**Partners:** Sweet Cheeks Diaper Bank HCAN, Mercy Health, Health Vine, UC Women's Center, Hamilton County OEI, Cincinnati Health Department Home Health, WIC --- **Status: Active**	**Plan:** **Families have been referred to other agencies to receive diapers** Planning Diaper drive at one of the CHD Health Centers during a health fair. Facility has moved to Walnut Hills. **Meeting frequency:** Last Meeting: 1/11/25 Next Meeting: 9/9/2025
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: 6/26/25	**Partners:** **Hamilton County** --- **Status: Active**	**Plan:** Discuss the results of the Maternal & Child Health Survey. The work Group is being reconfigured and will meet on a quarterly basis. **Meeting frequency: Quarterly** Next Meeting: 9/25/25
OIPP/CIAG- Ohio Injury Prevention Partnership: Child Injury Action Group The function of the Child Injury Action Group (CIAG) is to identify priorities and strategies to reduce child injury in Ohio. The CIAG has identified focus areas to address in their five-year strategic plan including teen driving, traumatic brain injury, safe sleep, youth suicide and child passenger safety.		
# of meeting since last report	**Project Partners and Status**	**Next Steps**

3	**Partners:** **Ohio Department of Health** --- **Status: Active**	**Plan:** Strategic Plan Update Shared progress on the standardized data presentation the subcommittee members will be able to brand as their own and share within their respected communities. The presentation includes quantitative and qualitative data from multiple reporting sources (OPAS, CFR, etc.), representing all of Ohio. Presented on current work being done in the Infant Vitality Program. **Meeting frequency:** Quarterly Next Meeting 8/26/2025

Program supported projects/ meetings:
6/16- CITI Camp Presentation
6/18- Hartwell Community Event
6/18- NACCHO MCAH Workgroup Meeting
6/23- HCAN Community Resource Fair
6/24- Putting your oxygen mask on first Webinar
6/25- CHD Quality Steering Committee
6/26- CITI Camp Presentation
6/26- Winton Hills Produce Drive
6/26- Q2 CAT Meeting
6/27- Keeping Our Babies Safe: Reducing SUIDS
6/30- CITI Camp presentation
6/30- Subcommittee Planning
7/1- CITI Camp Graduation Planning
7/2 Live Work Play Coalition Subcommittee Meeting
7/3- Utilizing Count the Kicks Webinar
7/8- Hamilton County Harm Reduction Meeting
7/10- A visit can Save a Life: Sleep and Child Welfare Webinar

Food Equity (Healthy Eating)- Jasmine Robinson

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

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

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
4 **Meals (1.2lb each) distributed:** May 2025 Millvale – 1525 Hirsch – 1,372.5	CRC, La Soupe, CareSource, Food for the Soul, and Hamilton County ReSource --- **Status: Active**	Soft launch and grand opening events completed for each site. Phase II application submitted and grant awarded.. **Meetings frequency:** standing weekly meetings for contract negations, promotion discussions, and general project updates.

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

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

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

# of Meetings Since Last BOH Report	Project Partners and Status	Next Steps
2	Newsletter sent to community members and partners by the 2nd Tuesday of each month. Posted on FEC site routinely --- **Status: Active** (last sent on 7/11/25 to 236 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**
1	Meet with other department champions, stay informed on city-wide engagement updates, and share resources with colleagues --- **Status: Active (last meeting held on 7/11/25)**	**Meeting frequency:** standing monthly meetings with full group and additional meetings as needed based on active projects

Program supported projects/ meetings:
6/16/25: CRC: Hartwell Pantry/ Freezer Discussion (CHC funded strategy)
6/16/25: CITI Camper Orientation
6/18/25: Hartwell Party (CHC funded strategy)
6/20/25: Beekman Corridor discussion with Working in Neighborhoods
6/20/25: CRC: Millvale freezer cleaning and stock check
6/20/25: CRC: Hartwell pantry cleaning and stock check
6/20/25: CRC: Hirsch freezer cleaning and stock check
6/23/25: CRC: Hartwell Pantry/ Freezer Discussion (CHC funded strategy)
6/24/25: CRC: Hirsch emergency freezer purge and cleaning
6/24/25; NACCHO Webinar: Putting Your Oxygen Masks on First
6/27/25: CRC: Millvale freezer cleaning and stock check
6/27/25: CRC: Hartwell pantry cleaning and stock check
6/27/25: CRC: Hirsch freezer cleaning and stock check
6/30/25: CITI Camp Presentation
7/7/25: CRC: Hirsch emergency freezer purge and cleaning
7/7/25: Hartwell Pantry/ Freezer Discussion (CHC funded strategy)
7/7/25: CHC - Healthy Eating Meeting
7/11/25: CRC: Millvale freezer cleaning and stock check
7/11/25: CRC: Hartwell pantry cleaning and stock check
7/11/25: CRC: Hirsch freezer cleaning and stock check
7/14/25: Carthage End of Summer Bash Partner Meeting (CHC funded strategy)

Tobacco Free Living (TFL) – Courthney Calvin

Project/ Meeting Title: Youth Vape Presentation **Educate Cincinnati youth on the dangers of e-cig use.**		
Date and # of Students	**Project Partners and Status**	**Next Steps**
Total Amount of Students Educated: 06/18 (40 Students)	**Partners:** Forest Park Cadets-Vape Education Vape Education City of Cincinnati	**Plan:** **To present preventative tobacco education for youth. Present the opportunity to take over the vape disposal program.**

06/26 (38 Students) **Students TOTAL 122** **Total Amount of Attendees at Community Events 1** 07/09	Citi Camp Hillcrest Community Health Fair-Tobacco Education	**Continue to build a partnership with the senior population in Cincinnati. Presenting information about the harmful effects of tobacco and educate about smoking in homes/apartments**

Program supported projects/ meetings:

06/06/25: Tobacco Online Policy Seminar
06/17/25: NKISP June Institute Meeting
06/17/25: Cancer Center Community Advisory Board Monthly Meeting
06/18/25: Forest Park Cadets-Vape Education
06/20/25: Meeting with Community Partner Vanessa Denier-AFSMUH
06/24/25: Meeting with Community Partner Brittany Knott-Cultured Healthcare
06/26/25: Vape Education City of Cincinnati Citi Camp
06/25/25: Eviction Committee Meeting w/ Council Woman Meeka Owens
07/01/25: R.I.S.E. Subcommittee Planning Meeting
07/01/25: Citi Camp Graduation Planning Meeting
07/03/25: Winton Hills Produce Distribution
07/09/25: Hillcrest Community Health Fair-Tobacco Education
07/11/25: Tobacco Endgame Annual Meeting
07/11/25: R.I.S.E. Brainstorm Session
07/11/25: CHIP Housing Team Meeting

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
	268 - Retailers Licensed 303 - Identified retailers 141 – 2025 TRL Inspections Completed 291 Underage Buy Attempts Completed, 81% Compliance	**Plan:** • Continue Inspections/Compliance Checks until further notice. • Continue Issuing Citations for Non-licensed Retailers after Education • Hire additional underage buyer(s) • Prepare for REHS exam

Worksite Wellness & Active Living – Scott Dean

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

# of Meeting since last report	Project Partners and Status	Next Steps
6	**Partners:** Identified 36 partner agencies --- **Status: Active** Working with community on neighborhood improvements. Procuring wayfinding signage and traffic calming measures in the near future, so working with community to make selections. Selected an Artist and working on contract.	• Continue pushing usage of the CAGIS Pedestrian Hazard map we created for the community to track issues • Push out completion of Neighborhood Physical Activity survey • Selected Artist will conduct some community engagement around Mural design • Contract with LD Nehls finalized and 1st community engagement completed. • Zebra Striping intersection completed • Location and Orientation of Heritage walk signs finalized • Partner invitation going out for opportunities to table at the event by 6/20 **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**
5	**Partners:** Cincinnati Public School (CPS), Tri-State Trails, Green Umbrella: Green Schoolyards Team --- **Status: Active** Finalized pilot curriculum and began presentations. Continuing to find partners to present to Working with Roll Hill to establish new Traffic Garden Working on finalizing procurement contracts so Traffic Garden design can proceed	• Continuing work with principal to secure bicycles from Ethel Taylor • Continue work on developing a comprehensive curriculum. • Conducting comprehensive community engagement with students and parents. • Finalized contract with Discover Traffic Gardens • Roll Hill Site visit with Discover Traffic Gardens completed • Ordered Discover Traffic Gardens Materials • Meeting scheduled with PES to discuss installation • CPS to Fill cracks and prepare surface by 6/20 **Meeting frequency: Monthly**

Behavioral Health and Recovery Services - Eric Washington

Men's Health – Eric Washington

Project/ Meeting Title: Buckeye Health Plan and Men's Health		
# of Meetings Since Last BOH Meeting	**Project Partners and Status**	**Next Steps:** Planning a meeting in July to review possible locals and business, Churches, etc.

1 Meetings	**Partners:** Buckeye Health Plan – "What's Your Numbers." **Status:** Ongoing	**Plan:** Planning to add churches, Salons, Etc. **Meeting frequency:** Monthly x1
Project/ Meeting Title: Brother You're on My Mind		
# of Events Since Last BOH Meeting	**Project Partners and Status**	**Next Steps:** To continue the Mental Health discussion next month **– Topic:** Suicide
1 Meeting	**Partners:** Omega Psi Phi – Barbershop Talk Series (Mental, Physical and Spiritual Health and Mentoring) **Status:** Ongoing	**Plan:** • Mental Health Month- • Conversation dealing w/ Mental Health with Mental Health Professional • Youth Mentorship Program starts on June 6th Ongoing **Meeting frequency:** Monthly x1
Project/Meeting Title: Black Men's Wellness Day		
# of Events Since Last BOH Meeting	**Project Partners and Status**	**Next Steps:** Meeting with potential partners and sponsors for the next event June 10th and recruit men for event
1 Meeting	**Partners:** Meeting with community partners **Status:** Ongoing	**Plan:** Continued Planning – Event July 2June 10th Real Men Real Talk **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

Program supported projects/ meetings:
6/23/25 – Citi Camp/Cadet Program Meeting
6/23/25 – One Stop Meeting
6/23/25 – Traffic Garden Committee Meeting
6/23/25 Know Diabetes by Heart:24Clemson Health and Nutrition Extension Program Online
6/24/25 – 1:1 J. Berry Meeting
6/24/25 – Putting Your Oxygen Masks on First: Strengthening the Mental Health & Wellbeing 6/25/25 – Health Communities

Group Meeting
6/25/25 – CHD Quality Sterring Committee Meeting
6/26/25 – Citi Camp Culture Awareness TFL
6/26/25 – j. Harris Community Meeting
6/27/25 – HC ARC June Full Coalition Meeting
6/27/25 Tender Mercies – Men's Health
6/27/25 – Youth Mentoring Summer Program
6/30/25 – Communication & Conflict Resolution – Ped Safety -Scott Dean
6/30/25 – Community Freezers Cincy
6/30/25 – LWPC – Subcommittee Planning
7/1/25 – CHD CHC Group Weekly Meeting
7/1/25 – A-1 Stigma Meeting – Men's Health
7/1/25 - Citi Camp Graduation Planning Meeting
7/2/25 – ACCESS Planning Meeting
7/3/25 – Winton Hills Produce Distribution
7/9/25 - A-1 Stigma Meeting
7/10/25 – Citi Camp/Cadet Program
7/10/25 – Winton Hills Produce Distribution
7/15/25 – Recovery Ohio Drug Trends Monthly Meeting
7/15/25 – Active Living Networking Call: Parks and Trails
7/16/25 – 1:1 J. Berry
7/16/25 – 1:1 T. White and J, Berry
7/16/25 – Citi Camp Graduation Check In
7/16/25 – ARC Meeting – Narcan Training
7/16/25 – TCB's Annual Community Cookout
7/17/25 - Herchell Chalk – Men's Health Prostate Meeting
7/18/25 – 3RD Annual Black Mental Health Summitt

Recovery Services/Community Outreach – Justin Berry

Project/ Meeting Title – Community Outreach Details/ description		
# of Meetings Since Last Meeting	**Project Partners and Status**	**Next Steps**

2 Meeting and Community Members reached) 63	**Partners:** GCB, City Gospel, Heroin Coalition Team, CCRC, Step Stone and DeCoach, First Step Home, Treatment Team, CRC Rec Center, Our daily Bread), God Sam's, UC Hospital, 20/20, **Status: (Ongoing)** Narcan- 12 kits passed out in community	**Plan:** **Meeting frequency:** (Monthly and Bi-Monthly) Preparing for the warmer months. Helping clients find housing was big this month as a lot of people are wanting to get off the streets during the wetter months of the year. Also connected with GCB with helping assist a few of their harder clients become stable enough to get into treatment. Also was able to speak with teen at daily park surrounding drugs and vapes. Plan to work with Eric in the upcoming month on getting out in the community with the younger population some school is coming to a end.

MONTH: (2025)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Open cases:	84	78	76	68	68	70						
3.5-9 µg/dL case mgt & follow-up: *	7/17	12/10	18/12	17/15	25/12	22/12						
10+ µg/dL case mgt & follow-up:	5/10	3/10	1/10	5/7	6/11	4/13						
Risk assessments:	5	2	5	0	3	3						
Orders issued:	3	1	1	0	3	5						
Clearances EBL:	2	1	2	0	1	0						

Clearances HUD:	9	13	10	13	11	4						
Owner meetings EBL:	1	0	1	0	1	1						
Owner meetings HUD:	1	1	2	2	2	1						
Compliance checks EBL:	38	32	30	28	30	14						
Compliance checks HUD:	3	3	5	4	4	1						
Contractor mtgs EBL:	0	0	0	0	0	0						
Contractor Meetings HUD:	0	2	3	1	1	1						
Filed for prosecution:	0	0	0	0	0	1						
LIRAs:	1	0	1	3	3	0						
Grant apps uploaded (ODH /ODD/HUD)	0	0/1	0/3	1/0	0/1	0/3						
Case Update w/ Lead Clinic:	9	8	7	6	7	8						
Affidavit of Fact	0	0	0	0	0	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.

June 2025 BOH Report
Emergency Preparedness/Safety

Meetings, Grants, and Employee Safety
Attended the Cities Readiness Initiative (CRI) Tristate CRI Summit June 3, and 4.
Attended the SWOPHR Emergency Response Coordinator Workgroup meeting June 13.
Attended monthly safety meeting with City Employee Safety/Rick Management June 12.
Attended the Hamilton County Community Organizations Active in Disasters (COAD) meeting June 17.
Attended the Tristate Disaster Preparedness Coalition Meeting June 20.
Attended the Hamilton County Homeland Security and Emergency Management Agency's Threat and Hazard Identification and Risk Assessment (THIRA) meeting June 23.

Training, Exercises, and Improvement Plans
Attended an Anhydrous Hydrogen Fluoride response training sponsored by the Hamilton County Local Emergency Planning Committee June 5.

Evaluated two full scale exercises at the Sam Adams Cincinnati brewery s\that simulated an ammonia release at the facility at the request of Cincinnati Fire Department Special Operations Chief June 11, and June 18.

Attended the mid-term planning meeting for the upcoming BioWatch Full Scale Exercise June 18.

Response/Preparedness Activities
The work unit supported multiple field assessments and assisted in the deployment of BioWatch collector array for the FIFA 2025 Club World Cup Matches at TQL Stadium.

Monthly Dashboard for June 2025

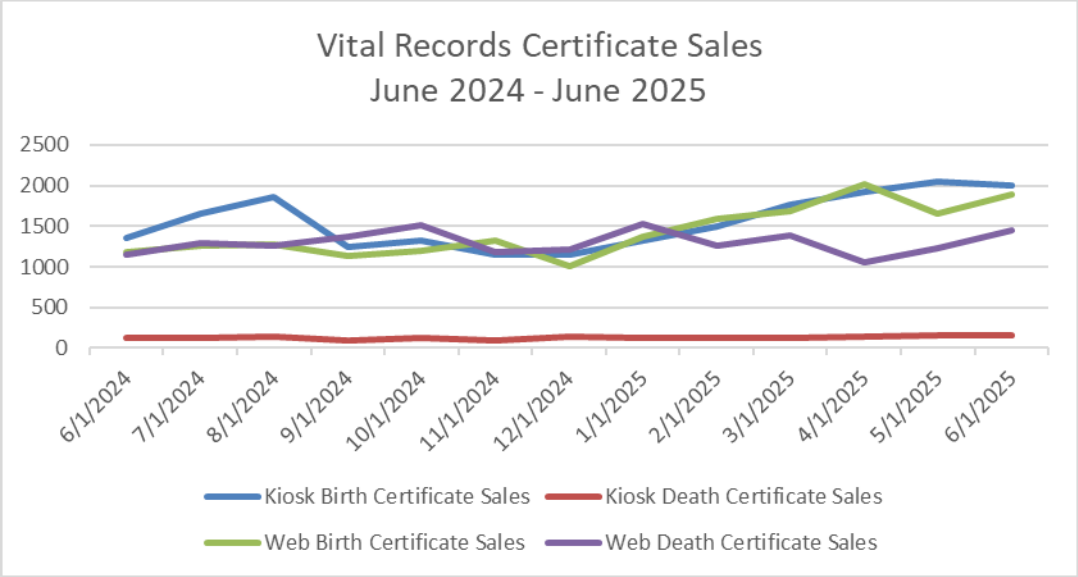
Vital Records received payment for 38 affidavits, where staff assisted customers with birth certificate corrections using the affidavit process.

Vital Records staff assisted 2 families with a paternity affidavit process to add the father to a birth certificate.

Vital Records received payments for 175 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.

June 2025	Kiosk	Web	Vitalchek.com	Mail
Birth Certificate	2007	1889	321	17
Death Certificate	155	1445	70	15
Total Payments	$48,430	$81,149	$8,952	$812



Monthly Infectious Disease Surveillance Summary[1,2], June 2025

city of CINCINNATI HEALTH DEPARTMENT

Reportable Condition by Category[3]	2025 June	2025 Year to Date (YTD)	2024 June	2024 YTD	2024 Rate	Cincinnati 5 Year Average Rate (2020-2024)	Ohio 5 Year Average Rate (2019-2023)
Food- or Waterborne	**12**	**60**	**18**	**77**	***46.92***	***239.48***	***284.02***
Amebiasis					-	1.93	0.56
Brucellosis					-	-	0.12
Botulism					-	0.32	0.01
Campylobacteriosis	1	12	5	15	8.36	54.32	91.71
Cryptosporidiosis	1	5	2	6	6.11	20.89	20.73
Cyclosporiasis		1			0.32	1.29	3.68
E. coli, Shiga Toxin-Producing O157:H7	1	2	1	3	2.57	19.29	21.71
Giardiasis	1	1	1	9	4.50	24.43	16.49
Hepatitis A (*also vaccine-preventable*)		1			-	1.61	16.82
Hepatitis E			1	1	0.32	0.64	0.06
Legionellosis - Legionnaires' Disease	3	9		4	2.89	19.93	28.18
Listeriosis					-	2.25	1.42
Salmonellosis	2	13	6	24	10.93	52.72	59.04
Salmonella Typhi (travel associated)					0.32	0.64	0.36
Shigellosis	2	9	2	8	6.75	29.25	13.48
Vibriosis (not cholera)	1	5		2	0.64	1.93	2.55
Yersiniosis		2		5	3.21	8.04	7.10
Vectorborne		**4**		**9**	***5.46***	***16.38***	***34.07***
Chikungunya Virus Disease*					0.32	0.32	0.15
Dengue				2	0.64	0.96	0.31
Lyme disease		1		1	1.61	6.43	28.52
Malaria*		2		6	2.57	7.07	2.74
Spotted Fever Rickettsiosis		1			-	0.96	1.43
Ehrlichiosis-Ehrlichia chaffeensis					-	0.32	0.63
Anaplasmosis-Anaplasma phagocytophilum					0.32	0.32	0.29
Vaccine-Preventable	**5**	**425**	**5**	**295**	***121.18***	***474.12***	***323.84***
Hemophilus influenzae, invasive disease		3	3	6	2.25	14.46	11.19
Influenza-associated hospitalization		370		252	89.68	360.66	279.59
Mumps				1	0.32	1.29	1.20
Pertussis	1	20		5	12.54	16.07	20.79
Meningococcal disease – Neisseria meningitidis	1	2			-	0.32	0.44

S. pneumoniae, invasive (abx susceptible/unknown)	2	21	1	20	9.00	56.25	-
S. pneumoniae, invasive (abx resistant)		7	1	5	3.21	14.14	-
Varicella (chickenpox)	1	2		6	4.18	10.93	10.63
Viral Hepatitis	**30**	**224**	**41**	**220**	***147.86***	***1266.8***	***601.08***
Hepatitis B, acute *(also vaccine-preventable)*	1	2	2	4	2.57	8.36	5.58
Hepatitis B, chronic, newly identified *(also vaccine-preventable)*	8	45	12	44	28.61	189.33	81.84
Hepatitis B, perinatal					-	0.32	0.03
Hepatitis C, acute		3		1	0.32	13.18	8.93
Hepatitis C, chronic, newly identified	21	173	27	168	115.40	1050.15	504.70 (combined chronic and perinatal rate)
Hepatitis C, perinatal		1		3	0.96	5.46	
Healthcare Associated Infections (HAIs)[4]	**7**	**50**	**13**	**79**	***45.32***	***288.34***	***33.35***
Carbapenemase-Producing Organisms (CPO) (includes colonization screenings)	3	14	5	22	11.25	55.29	26.32
Candida Auris (includes colonization screenings)	4	36	8	57	34.07	233.05	7.03
Other Conditions	**63**	**1620**	**213**	**2313**	***1839.93***	***37132.45***	***31129.23***
COVID-19	57	1583	209	2269	1811.33	36976.57	31053.01 (3-year rate, 2020-2023)
Coccidioidomycosis		2		1	0.96	4.82	1.02
Creutzfeldt-Jakob Disease					0.32	0.64	0.96
Hemolytic uremic syndrome (HUS)							0.23
Meningitis, aseptic/viral	1	8	2	9	6.11	22.82	17.15
Meningitis, bacterial (not *N. meningitidis*)		2		4	4.18	14.14	5.76
MPOX				2	0.96	10.29	3.57
Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19					-	6.11	3.65
Staphylococcal aureus - intermediate resistance to vancomycin (VISA)					-	0.96	0.20
Streptococcal, Group A, invasive	4	20	2	21	11.25	71.04	34.40
Streptococcal, Group B, newborn				2	0.96	5.14	2.73
Toxic Shock Syndrome (TSS)					-	0.96	0.06
Tuberculosis[2]	1	5		5	3.86	18.64	6.49
Typhus Fever					-	0.32	-
Sexually Transmitted Infection[2]	**447**	**2874**	**441**	**2900**	***1859.87***	***14579.68***	***4121.60***
Chlamydia infection	258	1769	265	1733	1109.62	8511.81	2465.52
Gonococcal infection	161	866	128	870	570.88	4704.96	1083.04
Human Immunodeficiency Virus (HIV)	11	79	17	74	46.93	334.62	344.30
Syphilis - congenital		2		3	1.61	7.71	2.27
Syphilis - early	2	33	9	50	28.93	262.62	-
Syphilis - primary		9	1	21	11.89	122.79	

Syphilis - secondary	1	20	4	35	19.61	194.79	67.56 (primary and secondary combined rate)
Syphilis – stage unknown	8	29	7	37	23.79	142.08	158.91 (total syphilis rate)
Syphilis – unknown duration or late	6	67	10	77	46.61	298.30	
TOTAL CONFIRMED AND PROBABLE CASES	**564**	**5257**	**731**	**5893**	***4066.58***	***53996.66***	***36527.13***
Outbreaks (Investigation Started)	**2025 June**	**2025 YTD**	**2024 June**	**2024 YTD**	**2024 Rate**	**Cincinnati 5 Year Average Rate (2020-2024)**	
Dermatologic	1	3		2	2.25	7.39	
Gastrointestinal		6		3	1.29	6.43	
Respiratory	1	23	1	33	23.79	315.98	
Other		1	1	5	2.25	2.57	
Unknown					-	0.32	
TOTAL OUTBREAKS (INVESTIGATION STARTED)	**2**	**33**	**2**	**43**	***29.57***	***332.69***	

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

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

CITY OF CINCINNATI ENVONMENTAL HEALTH REPORT

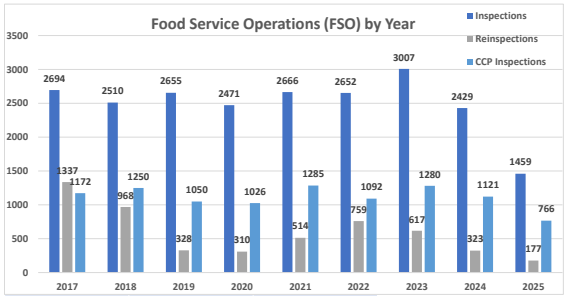
Environmental Health

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

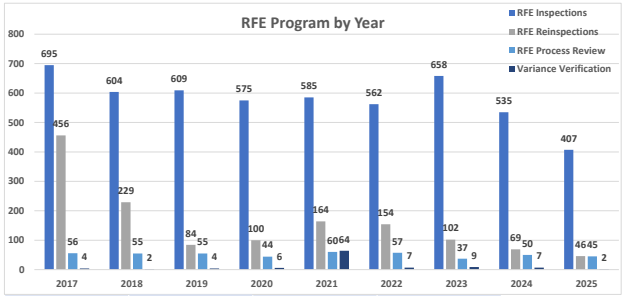
Food Safety completed an ODA audit. There were 17 temporary licenses issued for 5 special events (Vegfest, Juneteenth, Juneteenth Block Party, Love on the 4th, and Tusculum Street Party).



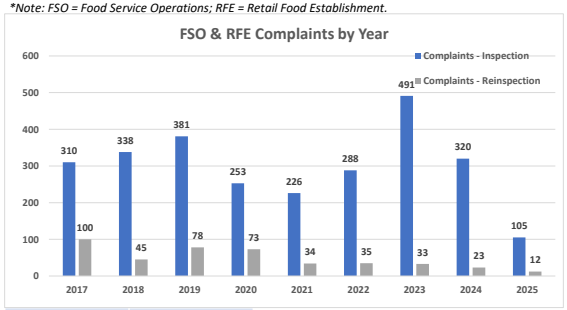
Inspections		Reinspections		CCP Inspections	
JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month
219	206	47	36	100	91

*Note: CCP = Critical Control Point Inspections.

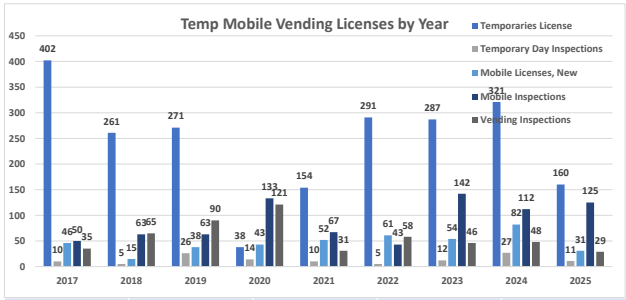
*Note: FSO = Food Service Operations; RFE = Retail Food Establishment.



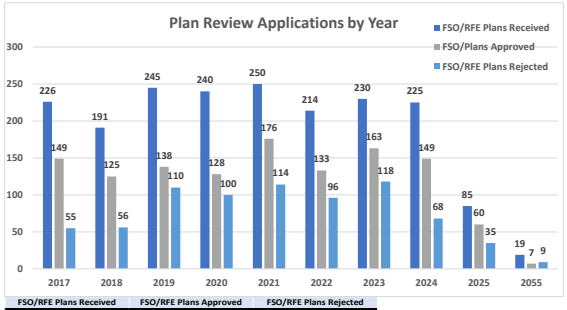
RFE Inspections		RFE Reinspections		RFE Process Reviews		Variance Verifications	
JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month
56	39	14	14	4	4	1	0



Complaints - Inspection		Complaints - Reinspection	
JUNE Average	Total Last Month	JUNE Average	Total Last Month
24	20	4	5



Temporaries Licenses		Temporary Day Inspections		Mobile Licenses, New		Mobile Inspections		Vending Inspections	
JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month
25	17	2	2	7	10	5	7	0	1

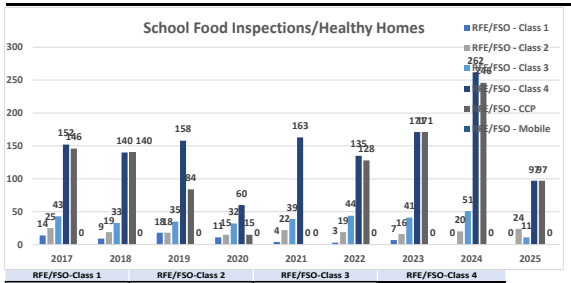


FSO/RFE Plans Received		FSO/RFE Plans Approved		FSO/RFE Plans Rejected	
JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month
20	16	12	10	8	4

ServSafe Training Classes		PIC Training Classes	
JUNE Average	Total Last Month	JUNE Average	Total Last Month
1	1	1	1

HEALTHY HOMES PROGRAM

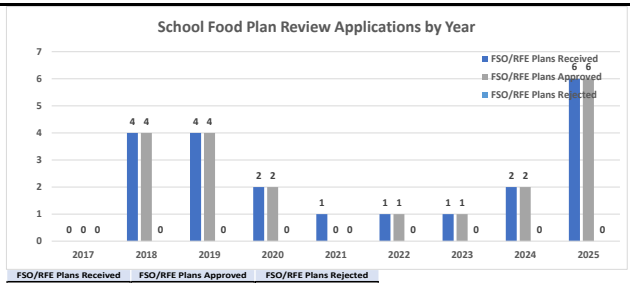
Renewals for Transient Accomodations were mailed out as July 1 renewal date. Staff continue to work on the program Accela framework with 2 more programs completed.



RFE/FSO-Class 1		RFE/FSO-Class 2		RFE/FSO-Class 3		RFE/FSO-Class 4	
JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month
0	0	1	4	1	0	5	8

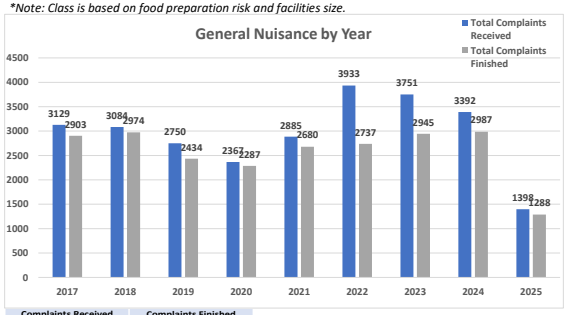
RFE/FSO-CCP		RFE/FSO-Mobile	
JUNE Average	Total Last Month	JUNE Average	Total Last Month
5	8	0	0

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

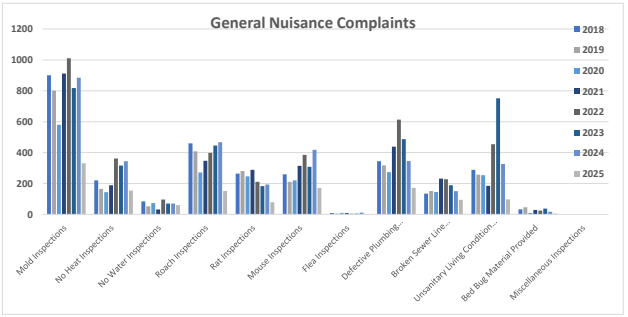


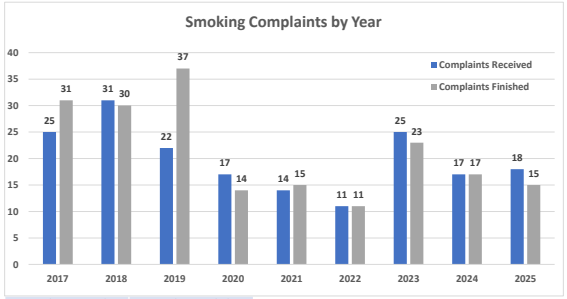
FSO/RFE Plans Received		FSO/RFE Plans Approved		FSO/RFE Plans Rejected	
JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month
0	0	1	4	0	0

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



Complaints Received		Complaints Finished	
JUNE Average	Total Last Month	JUNE Average	Total Last Month
282	318	224	233



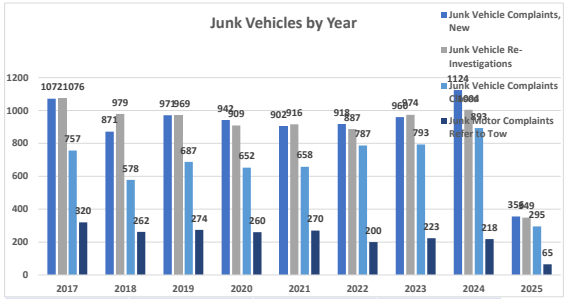


Complaints Received		Complaints Finished	
JUNE Average	Total Last Month	JUNE Average	Total Last Month
2	2	2	2

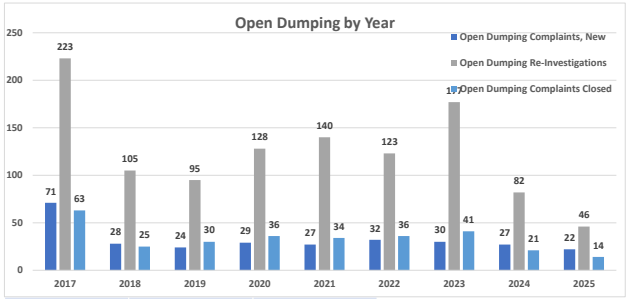
*Note: This data reflects the number of complaints received for the entire city

ENVIRONMENTAL WASTE PROGRAM

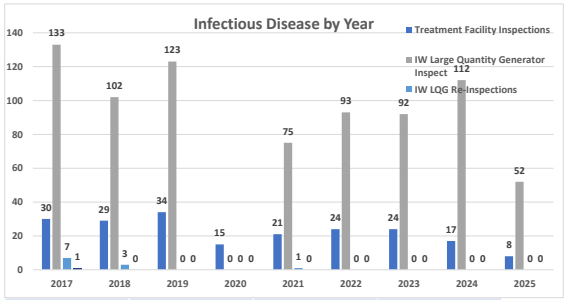
Whitton Recycling's C&DD Processing License was issued. One temporary body art event took place this month: Cincinnati Pride which was held at the Cincinnati Ballet building. Two new Body Art Establishments were licensed.



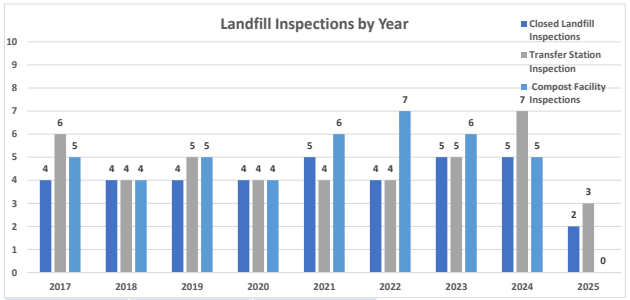
Junk Vehicle Complaints, New		Junk Vehicle Re-investigations		Junk Vehicle Complaints Closed		Junk Motor Complaints Refer to Tow	
JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month
88	41	97	49	74	30	24	12



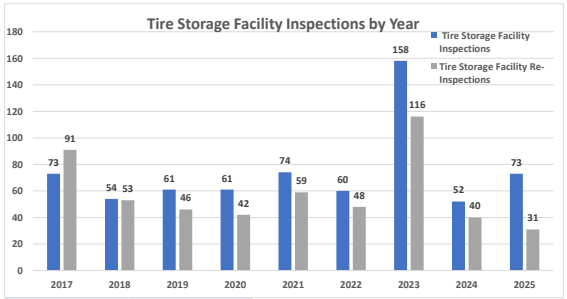
Open-Dumping Complaints		Open-Dumping Re-Investigations		Open-Dumping Complaints Closed	
JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month
3	11	16	14	3	4



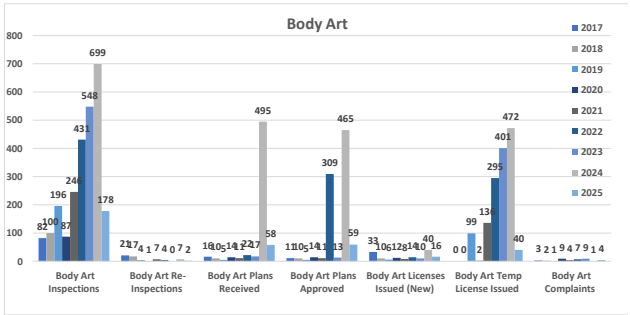
Treatment Facility Inspections		IW Large Quantity Generator Inspections		IW LQG Re-Inspections		IW Complaints	
JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month
6	3	10	23	0	0	0	0



Closed Landfill Inspections		Transfer Station Inspection		Compost Facility Inspections	
JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month
1	1	1	1	1	0



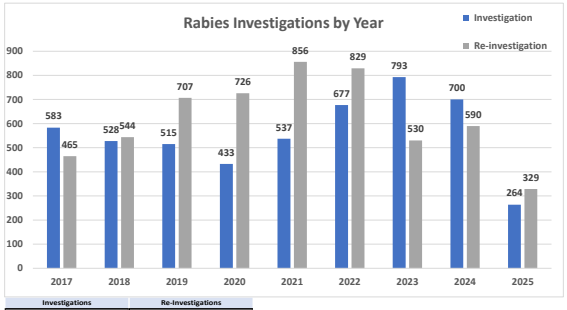
Tire Storage Facility Inspections		Tire Storage Facility Re-Inspections	
JUNE Average	Total Last Month	JUNE Average	Total Last Month
17	41	12	18



TECHNICAL ENVIRONMENTAL SERVICES (TES)

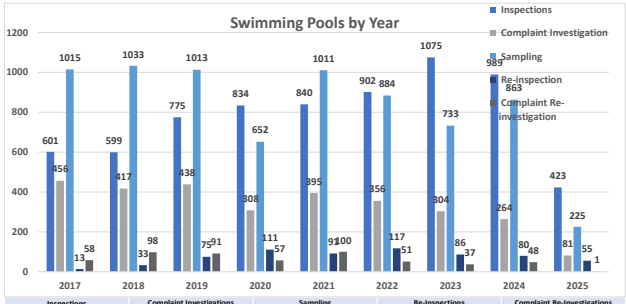
During the month, the office underwent successful surveys in both the pest control program (Ohio Department of Agriculture) and the household sewage program (Ohio Department of Health). We also welcomed swimming pool and mosquito techs to our office for the summer to assist us in those programs.

Rabies Investigations by Year



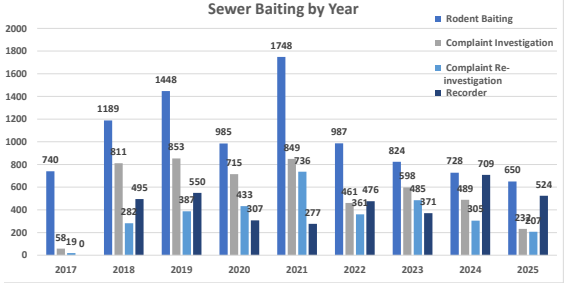
Investigations		Re-Investigations	
JUNE Average	Total Last Month	JUNE Average	Total Last Month
53	23	52	67

Swimming Pools by Year



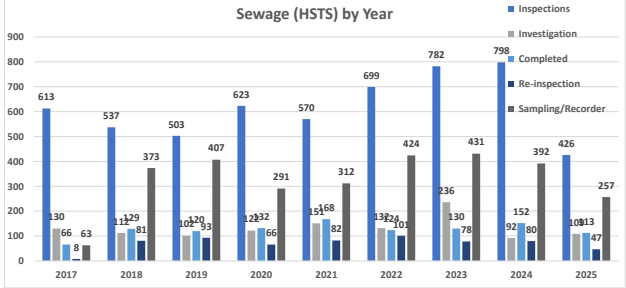
Inspections		Complaint Investigations		Sampling		Re-Inspections		Complaint Re-Investigations	
JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month
181	191	104	60	254	186	14	12	10	0

Sewer Baiting by Year



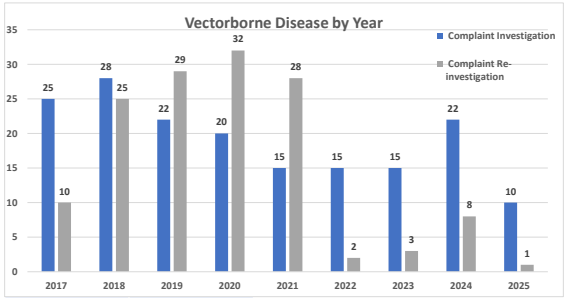
Rodent Baiting		Complaint Investigations		Complaint Re-Investigations		Recorder	
JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month
40	13	35	24	15	5	13	26

Sewage (HSTS) by Year



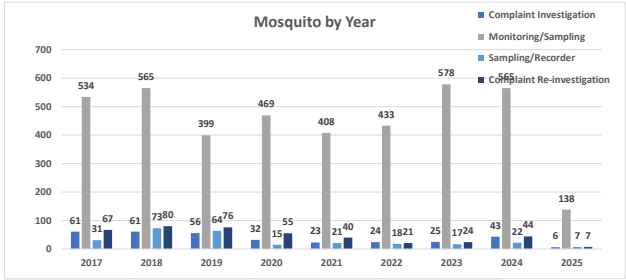
Inspections		Investigations		Completed		Re-Inspection		Sampling/Recorder	
JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month
8	20	1	0	8	10	4	4	4	4

Vectorborne Disease by Year



Complaint Investigations		Complaint Re-Investigations	
JUNE Average	Total Last Month	JUNE Average	Total Last Month
2	2	3	0

Mosquito by Year



Complaint Investigations		Monitoring/Sampling		Sampling/Recorder		Complaint Re-Investigations	
JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month	JUNE Average	Total Last Month
6	0	130	138	5	0	6	2