



Board of Health Meeting

Tuesday, August 23, 2022

Agenda

Edward B. Herzig, M.D.
Jennifer Forrester, M.D.
Ashlee Young

Monica Mitchell, M.D.
Joe Hackworth, M.D.
Surmeet Bedi, M.D.

Amar Bhati, M.D.
Carrie Douglas
Raynal Moore

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

6:05 pm – 7:05 pm PoliHire Presentation and Discussion regarding the Health Commissioner search
○ **Vote: Motion to Approve** PoliHire Strategy Group Contract—to assist in finding a new Health Commissioner.

7:05 pm – 7:10 pm Review and Approval of Minutes
○ **Vote: Motion to Approve** the Minutes from July 23, 2022, Board of Health Meeting

Old Business

7:10 pm – 7:20 pm Food License & Facility Review Fees for License Year 2023-2024 Presentation; Reading #1-Antonio Young

7:20 pm – 7:30 pm Finance Committee Update — Ms. Ashlee Young
○ **Vote: Motion to Approve** POLHIRE Strategy Group. – Contract 35x10524
○ **Vote: Motion to Approve** Produce Perks Midway (PPM) – Contract 25x10515
○ **Vote: Motion to Approve** Public Consulting Group – Contract 35x10523
○ **Vote: Motion to Approve** Ohio Department of Job and Family Services – Refugee Program—2nd Amendment—Contract 25x10473

7:30 pm – 7:40 pm BOH Mask Policy Modification
○ **Vote: Motion to Approve** the resolution modification of the Mask Mandate Policy and Procedure.

7:30 pm – 7:40 pm Personnel Actions—Dr. Grant Mussman
○ **Vote: Motion to Approve** Personnel Actions dated August 23, 2022

New Business

7:40 pm – 7:50 pm Nominations for BOH Chair and Vice-Chair

7:50 pm – 7:55 pm Additional New business and Public Comments

7:55 pm Adjourn

Documents not discussed in this meeting

- *Commissioner's report included in the agenda packet. There will not be an oral report this month—please contact Dr. Grant Mussman with questions.*
- *COVID-19 report is included in the agenda packet. There will not be an oral report this month—please contact Ms. Kimberly Wright with questions.*
- *Finance Update report is included in the agenda packet. There will not be an oral report this month—please contact Mr. Mark Menkhaus Jr. with questions.*
- *Medical Director report attached. There will not be an oral report this month—please contact Dr. Denise Saker with questions*
- *Epidemiology report will be attached to the agenda packet*

Next Meeting – September 27, 2022

[Mission]

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

CINCINNATI BOARD OF HEALTH
BOARD OF HEALTH MEETING
July 26, 2022

Dr. Edward Herzig, Chair of the Board of Health, called the June 28, 2022, meeting of the Cincinnati Board of Health to order at 6:00 p.m.

I. ROLL CALL:

Board Members Attending: Dr. Surmeet Bedi, Ms. Carrie Douglas, Dr. Jennifer Forrester, Dr. Edward Herzig, Dr. Monica Mitchell, Raynal Moore, Ashlee Young

Absent: Dr. Amar Bhati, Dr. Joe Hackworth

Others Present: Sa-Leemah Cunningham, Kate Burroughs, Dr. Maryse Amin, Dr. Geneva Goode, Dr. Anna Novais, Dr. Camille Jones, Robert Brown, Kim Wright, Ashanti Salter, David Miller, Mark Menkhaus Jr., John Sanders, Antonio Young, Dr. Phil Lichtenstein,

AGENDA  July BOH Agenda Packet-7.26.22.pdf			
ITEM	TOPIC	RESPONSIBLE PARTY	ACTION/MOTION
Minutes	Motion that the Board of Health approves the minutes of the June 28, 2022, Board of Health meeting.	Sa-Leemah Cunningham	Motion: Dr. Surmeet Bedi 2nd: Ms. Raynal Moore Action: 7-0 Passed
Old Business			
Commissioner's Report	Discussion Items: Memo included in the agenda Dr. Maryse Amin delivered the Commissioner's report on behalf of Interim Health Commissioner, Dr. Grant Mussman. Executive Director for CCPC search - Posted position has closed to applicants and applications have been received. - There will be 2 tiers for the interview process - Tier 1: CCPC Board member, Board of Health members, Internal Staff. - Tier 2: CHD leadership. Vaccination and Testing Updates - Still providing vaccinations at the Burnet location.	Dr. Maryse Amin, Assistant Health Commissioner; <i>on behalf of Interim Health Commissioner Dr. Grant Mussman</i>	n/a

- The Pfizer vaccine for the 6mos-4 years age group is available at our Health Centers only (not Burnet location).
- The Prolink contract, the contract we have with ODH, that provides the nursing staff to administer the vaccine pods, has been extended through October 2022.

Monkey Pox

- There are 2 confirmed positive cases in the city; identified by a provider. A vaccine was offered.
- CDC is reporting 15 cases in the state of Ohio and 3,487 for the country.
- Process For patients to receive a Monkeypox vaccine; after a confirmed case, their provider contacts the Health Department, Health Department gets in contact with ODH, and the through CDC, the vaccine will then be delivered directly to the provider.

Infant Mortality

- Dashboard is now on the website, is interactive, and will be updated monthly/quarterly.

Lead Update

- Working with Greater Cincinnati Waterworks to develop a report that tells the city council where we are with providing lead screenings and lead exposures. This report will also discuss how lead exposure can be reduced.
- There will be an update on this in September.

Alternative Response to Crisis “ARC” Pilot Program

- At the June meeting, the Board approved extending an amendment with Greater Cincinnati Behavioral Health regarding Alternative Response to Crisis.
- For this program, CHD is partnering with the Emergency Communications Center (ECC) and Fire to have Behavioral Health and EMT respond to low acuity calls.
- This week, we began taking dispatch calls and have had 3 as of this meeting.
- There will be more updates throughout the 6-month pilot period.

COVID-19 Update	Discussion Items: Memo and materials were included in the agenda Ms. Wright updated the Board on the COVID-19 Data for June-early July 2022. Highlights • Hamilton County community level was elevated to High or “Red” status as all of Ohio is currently “Red” status as well. Kentucky and most of West Virginia are “Red” also. • Hamilton County Community transmission rate is 242 cases per 100,000. • Cincinnati community transmission rate is 283 cases per 100,000. • New Hospitalizations are up to up 11.2. • 5.5% of inpatient beds are currently occupied by COVID patients in Hamilton County. • At a high level, mask use in indoor public settings is recommended by CDC. • Wastewater Monitoring Update: Taylor Creek has increased 99%. • Annual influenza report (September 2021-May 2022) is included in the packet ○ Late surge in influenza cases last season; making respiratory cases worse. ○ Type A HN2 is the dominant flu strain •	Kimberly Wright	N/A
CRC Pool Gate Variance	Discussion Items: Memo and materials were included in the agenda Mr. Young Discussed the Non-Emergency and Clear and Present Danger Resolutions. • Mr. Young presented two resolutions to the board; both outline and clarify the enforcement power of the Health Commissioner related to food facilities—relative to the Board of Health for Non-emergencies; as well as situations that present clear and present danger. • Encouraged by the Ohio Department of Health to refine our current resolutions to improve clarity and to be better in line with Ohio Revised Code Sections 371present7.29 and 3717.49. • These resolutions will replace the original resolutions that passed in 2016 and 2017. • Resolution #1 for Clear and Present Danger has to do with only emergency or clear and	Antonio Young	Vote: waving of 3x read order for approving the BOH Resolution #1: Non-emergency, clear and present danger Motion: Dr. Edward Herzig 2nd: Ms. Carrie Douglas Action: 7-0 Passed Vote: waving of 3x read order for approving BOH Resolution #1: Non-emergency, clear and present danger without written notice Motion: Dr. Edward Herzig 2nd: Dr. Surmeet Bedi Action: 7-0 Passed Vote: BOH Non-emergency and Clear

	present danger at food facilities. The Health Commissioner can suspend a license, on behalf of the Board of Health, in situations where there is a clear and present danger to the public's health. Resolution #2 for Non-emergency Clear and Present Danger h Motion to Approve that the requirement to read an order three times be waived for approving the BOH Non-emergency and Clear and Present Danger Resolution, granting the Health Commissioner of the City of Cincinnati or his/her designated representative the authority to issue written notice of violation and intent to suspend or revoke the retail food establishment license or the food service operation license of a licensee, pursuant to the provisions of Ohio Revised Code Sections 3717.29 and 3717.49. Motion to Approve that the requirement to read an order three times be waived for approving the BOH Non-emergency and Clear and Present Danger Resolution, granting the Health Commissioner of the City of Cincinnati, or his/her designated representative, the authority to suspend a licensee's retail food establishment license without written notice or opportunity to correct if the circumstances present a clear and present danger to public health; and further granting the Health Commissioner of the City of Cincinnati, or his/her designated representative, authority to suspend a licensee's food service operation license without notice or opportunity to correct if the circumstances indicate an immediate danger to the public health. Motion to Approve the BOH Non-emergency and Clear and Present Danger Resolution, granting the Health Commissioner of the City of Cincinnati or his/her designated representative the authority to issue written notice of violation and intent to suspend or revoke the retail food establishment license or the food service operation license of a licensee, pursuant to the provisions of Ohio Revised Code Sections 3717.29 and 3717.49. Motion to Approve the BOH Non-emergency and Clear and Present Danger Resolution, granting the Health Commissioner of the City of Cincinnati, or his/her designated representative, the authority to suspend a licensee's retail food establishment license without written notice or opportunity to correct if the circumstances present a clear and present danger to	and Present Danger Resolution, granting the Health Commissioner of the City of Cincinnati or his/her designated representative the authority to issue written notice of violation and intent to suspend or revoke the retail food establishment license or the food service operation license of a licensee Motion: Dr. Edward Herzig 2nd: Dr. Jennifer Forrester Action: 7-0 Passed Vote: Waving 3x read order for approving the BOH Resolution # 2 Motion: Dr. Edward Herzig 2nd: Dr. Jennifer Forrester Action: 7-0 Passed Vote: BOH Non-emergency and Clear and Present Danger Resolution, granting the Health Commissioner of the City of Cincinnati, or his/her designated representative, the authority to suspend a licensee's retail food establishment license without written notice or opportunity to correct if the circumstances present a clear and present danger to public health; and further granting the Health Commissioner of the City of Cincinnati, or his/her designated representative, authority to suspend a licensee's food service operation license without notice or opportunity to correct if the circumstances indicate an immediate danger to the public health. Motion: Dr. Edward
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	public health; and further granting the Health Commissioner of the City of Cincinnati, or his/her designated representative, authority to suspend a licensee's food service operation license without notice or opportunity to correct if the circumstances indicate an immediate danger to the public health.		Herzig 2nd: Ms. Raynal Moore Action: 7-0 Passed
Finance Update	Discussion Items: Memo and materials were included in the agenda Ms. Smith gave an update on CHD Financials for June 2022 and Year over Year. Highlights - As of the month of June, \$886,000 in overtime was incurred; down from June 2021, which was \$1.7 million. Of the \$886,000; \$725,000 is coded as disaster over time (due to COVID19 activities). - Revenue - Were able to bring in more grant revenue year over year - Self-Pay patient has a slight decrease of 3%. - Medicare has decreased by 5.67%. - Medicaid has decreased 30% due to receiving Medicaid maximization payment in October 2022. - No prior year reimbursement this year. - Revenue is down 4.44%. - Expenses - Expenses are up about 3% - Cost of living increases and inflation in materials have caused a slight increase; but not much considering. - Fringes are up slightly higher than personnel costs. - Contractual expenses decreased 10.79%. - Net Gain was \$1,957.786.17—that we gained over our spending.	Mark Menkhaus Jr.	N/A

Finance Committee Update	Discussion Items: Contracts and materials were included in the agenda - The Finance Committee discussed the contracts and recommended their approval. - ICB Audio Co. – Contract 35x10521 - Proposals were evaluated by a cross-departmental team, and it was recommended that ICB Audio Co. Inc. complete the project based on their proposal and prior experience. The recommendation for the award was approved on February 28, 2022. ICB Audio Co. Inc. provided a quote in the amount of \$87,993.98 on June 15, 2022. A grant will be used to fund the upgrades and the vendor is expected to complete the project before the end of this year. The upgrades will allow CHD the capacity to have hybrid meetings and will overall improve functionality. - Hamilton County Mental Health Recovery Services Board (HCMHRB) – Contract 35x10522 - Month-to-month parking contract with Hamilton County Mental Health Recovery Services Board (HCMHRB) will need to continue for a total of 20 parking spaces in the parking lot adjacent to the ADAS Building located at 3009 Burnet Avenue, Cincinnati, Ohio 45219 for a cost of \$55 per space or \$1,100 a month. The total amount per month is not to exceed \$1,100. (Month-to-month is requested rather than a set term because the property will be sold within the year, and CHD will need to work out new terms with the new property owner at that time. Motion to Approve National Association of County and City Health Officials (NACCHO) – Contract 25x10514 Motion to Approve CVS Pharmacy, Inc. – Contract 25x10512	Mark Menkhaus Jr.	Vote: Contract 35x10521 Motion: Dr. Edward Herzig 2nd: Dr. Jennifer Forrester Action: 7-0 passed Vote: Contract 35x10522 Motion: Dr. Edward Herzig 2nd: Ms. Carrie Douglas Action: 7-0 passed
Personnel Actions	Motion to Approve the personnel actions dated July 26, 2022	Dr. Maryse Amin, Assistant Health Commissioner; <i>on behalf of Interim</i>	Motion: Dr. Edward Herzig 2nd: Ms. Carrie Douglas Action: 7-0 passed

		<i>Commissioner Dr. Grant Mussman</i>	
New Business			
New Business and Public Comments	• HR is in the process of signing a contract with a consulting group for the Health Commissioner search. The hope is that the consulting group will meet with the board for the August meeting and the primary topic will be the commissioner search. • A survey will be released to the public regarding the Health Commissioner search. • Dr. Herzig, Dr. Amin, and Mr. Curp meeting to discuss monkeypox. • No public comments		

6:55 p.m. adjourned.

Next meeting: Tuesday, August 23, 2022, at 6:00 pm via Zoom

THE MEETING CAN BE VIEWED AT: <https://archive.org/details/boh-meeting-7-26-22>

Minutes Approved by:

Sa-Leemah Cunningham
Cincinnati Board of Health Clerk

Edward B. Herzig
Chairperson, Board of Health

July 26, 2022 Meeting Attendance/vote sheet

Board Members	Roll Call	6.28.22 BOH Meeting Minutes	waving of 3x read order for approving the BOH Resolution #1: Non-emergency, clear and present danger	waving of 3x read order for approving the BOH Resolution #1: Non-emergency, clear and present danger without written notice	BOH Non-emergency and Clear and Present Danger Resolution, granting the Health Commissioner of the City of Cincinnati or his/her designated representative the authority to issue written notice of violation and intent to suspend or revoke the retail food establishment license or the food service operation license of a licensee	waving of 3x read order for approving the BOH Resolution #2	BOH Non-emergency and Clear and Present Danger Resolution, granting the Health Commissioner of the City of Cincinnati, or his/her designated representative, the authority to suspend a licensee's retail food establishment license without written notice or opportunity to correct if the circumstances present a clear and present danger to public health; and further granting the Health Commissioner of the City of Cincinnati, or his/her designated representative, authority to suspend a licensee's food service operation license without notice or opportunity to correct if the circumstances indicate an immediate danger to the public health.	ICB Audio Co., Inc. – Contract 35x10521	Hamilton County Mental Health Recovery Services Board (HCMHRSB) – Contract 35x10522	Personnel Actions 7.26.22
Dr. Surmeet Bedi		M		2nd						
Dr. Amar Bhati										
Ms. Carrie Douglas			2nd		2nd					2nd
Dr. Jennifer Forrester						2nd		2nd	2nd	
Dr. Joe Hackworth										
Dr. Edward Herzig			M	M	M	M	M	M	M	M
Dr. Monica Mitchell										
Ms. Raynal Moore		2nd					2nd			
Ms. Ashlee Young										
Motion Result:	Quorum	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed	Passed

Dr. Phil Lichtenstein - Ex Officio	x
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STAFF

Antonio Young
 Sa-Leemah Cunningham (clerk)
 Kate Burroughs
 Dr. Maryse Amin
 Dr. Geneva Goode
 Dr. Anna Novais
 Mark Menkhaus Jr.
 Dr. Camille Jones
 Robert Brown
 Kim Wright
 Ashanti Salter
 David Miller
 John Sanders

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x	<i>Present</i>
	<i>Yay</i>
	<i>Nay</i>
	<i>Absent</i>
	<i>Didn't vote but present</i>
M	<i>Move</i>
2nd	<i>Second</i>

Date: August 23, 2022
To: Members of the Board of Health
From: Grant Mussman, MD, MHSA, Interim Health Commissioner
Subject: Food License and Facility Review Fees for LY 2023-2024

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 inspections 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 2023-24 Fees: The license fees for license year 2023-24 (LY 2023-24) are based on costs derived from time staff spent in calendar year 2021 (CY 2021) 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
August 23	Proposed Food fees document presented to BOH for discussion - 1 st Reading. Mail proposed fees schedule and public notification letter to license holders by September 7, 2022 inviting their comments at September 27, 2022 BOH meeting.
September 27	Public comments and 2 nd reading of the proposed Food Fees document.
October 25	3 rd Reading of the proposed fees by staff. BOH resolution of 2023-2024 fees.

Attachment 1

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

The licensor shall 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 sells:

- (1) Coffee, self-service fountain drinks, prepackaged non-potentially hazardous beverages.
- (2) Pre-packaged refrigerated or frozen potentially hazardous foods.
- (3) Pre-packaged non-potentially hazardous foods; or
- (4) Baby food or formula.

(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-potentially hazardous food.
- (2) Holding for sale or serving potentially hazardous food at the same proper holding temperature at which it was received; or
- (3) Heating individually packaged, commercially processed potentially hazardous foods for immediate service.

(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 to sell it 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 or cooking potentially hazardous food that is immediately served, held hot or cold, or cooled.
- (4) Operating a heat treatment dispensing freezer.
- (5) Reheating in individual portions only; or
- (6) Heating of a product, from an intact, hermetically sealed package and holding it 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; offering as ready-to-eat a raw potentially hazardous meat, poultry product, fish, or shellfish or a food with these raw potentially hazardous items as ingredients; using freezing as a means to achieve parasite destruction; serving a primarily high risk clientele including immuno-compromised or elderly individuals in a facility that provides either health care or assisted living; or using time in lieu of temperature as a public health control for potentially hazardous food. Examples of risk level IV activities include, but are not limited to:

- (1) Reheating bulk quantities of leftover potentially hazardous food more than once every seven days; or
- (2) Caterers or other similar food service operations that transport potentially hazardous food.

Attachment 2

Analysis of LY 2023-2024 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
	I	\$310.53	\$310.53	\$293.00	\$289.00	184	\$57,137.52	\$53,912.00	\$3,225.52
<25,000 ft. ²	II	\$350.30	\$350.30	\$331.00	\$326.00	416	\$145,724.80	\$137,696.00	\$8,028.80
	III	\$673.26	\$673.26	\$635.00	\$628.00	654	\$440,312.04	\$415,290.00	\$25,022.04
	IV	\$854.62	\$854.62	\$806.00	\$797.00	800	\$683,696.00	\$644,800.00	\$38,896.00
Risk-based RFE & FSO									
	I	\$450.53	\$450.53	\$425.00	\$420.00	0	\$0.00	\$0.00	\$0.00
	II	\$474.39	\$474.39	\$448.00	\$442.00	0	\$0.00	\$0.00	\$0.00
>25,000 ft. ²	III	\$1,691.43	\$1,691.43	\$1,597.00	\$1,578.00	6	\$10,148.58	\$9,582.00	\$566.58
	IV	\$1,793.25	\$1,793.25	\$1,693.00	\$1,673.00	13	\$23,312.25	\$22,009.00	\$1,303.25
Temporary RFE & FSO		\$192.71	\$192.71	\$186.00	\$76.00	162	\$31,219.02	\$30,132.00	\$1,087.02
Mobile RFE & FSO		\$195.95	\$195.95	\$165.00	\$143.00	210	\$41,149.50	\$34,650.00	\$6,499.50
Vending #		\$87.73	\$12.44	\$12.44	\$11.80	84	\$7,369.32	\$1,044.96	\$6,324.36
							\$1,440,069.03	\$1,349,115.96	\$90,953.07

Vending is limited to last year's fee + CPI. In this case \$11.80 + 7%.

Note: Through an ODH audit on 8/18/22 the actual vending fee from last year should be 11.63+7%

The proposed fee includes the fee reduction required due to the overcharge of license fees last year.

The Proposed fee is the fee reduction minus the Actual and Allowed Cost based Maximum. The fee reduction sheet is attached. The actual fee reduction amount can be calculated by subtracting the Actual or Allowed Cost-Based Maximum without the cents from the Proposed Fee.

Attachment 3

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 the fees for inspection of food establishments and food service operations.

WHEREAS, Ohio Revised Code Chapter 3717, “Retail Food Establishments; Food Service Operations,” places the duty of implementing and enforcing the law and establishing the fee for the inspection on local boards of health; and

WHEREAS, Ohio Revised Code § 3717.25, “Fees,” and Ohio Administrative Code § 3701-21, “Fees,” establish that fees for inspection of retail food establishments and food service operations shall be established by local boards of health; and

WHEREAS, the Board of Health has determined that the fees for inspection of food establishments and food service operations should be amended; now, therefore,

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

Section 1. That Board of Health Regulation No. 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 Section 3701-21-02.3:

(A) Retail Food Establishment/Food Service Operation Fees

1) < 25,000 ft.²

Risk Class Level 1	\$258.00 <u>\$293.00</u>
Risk Class Level 2	\$292.00 <u>\$331.00</u>
Risk Class Level 3	\$563.00 <u>\$635.00</u>
Risk Class Level 4	\$716.00 <u>\$806.00</u>

2) $\geq 25,000 \text{ ft.}^2$

Risk Class Level 1	\$376.00 <u>\$425.00</u>
Risk Class Level 2	\$396.00 <u>\$442.00</u>
Risk Class Level 3	\$1,420.00 <u>\$1,597.00</u>
Risk Class Level 4	\$1,505.00 <u>\$1,693.00</u>

(B) Fees for Temporary Food Service Operations (per single event, not to exceed a maximum of five consecutive days) ~~\$153.00~~ \$186.00

(C) Fees for Mobile Food Service Operations ~~\$155.00~~ \$165.00

(D) Fees for Vending Food Service Operations ~~\$10.95~~ \$12.44

~~(E) Lab Sample Analysis:~~

1) Wholesomeness of Food Test	\$7.00/test
2) Pathogen Screening Test	\$12.00/test
3) Frozen Dessert Test	\$6.00/test

~~(F)~~ (E) 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) $< 10,000 \text{ ft.}^2$

Risk Class Levels 1 & 2	\$200.00
Risk Class Levels 3 & 4	\$400.00

2) $\geq 10,000 \text{ ft.}^2$

Risk Class Levels 1 & 2	\$300.00
Risk Class Levels 3 & 4	\$600.00

~~(G)~~ (F) 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) $< 10,000 \text{ ft.}^2$

Risk Class Levels <u>1</u> & 2	\$100.00
Risk Class Levels <u>3</u> & 4	\$200.00

2) $> 10,000 \text{ ft.}^2$

Risk Class Levels 1 & 2	\$150.00
Risk Class Levels 1 & 2	\$300.00

~~(H)~~ (G) 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.

~~(H)~~ (H) If a license fee is not received by the Board of Health on or before the date it is due, a penalty of 25 percent of any such fee shall be imposed and paid as provided in Section 3701-21-02 of the Ohio Administrative Code, with the exception of Mobile Food Service Operations.

Section 2. That existing Board of Health Regulation 00079, “Fees Retail Food Establishments; Food Service Operations,” is hereby repealed.

Section 3. That this Resolution shall go into effect on March 1, 2023.

ADOPTED: October 25, 2022

Edward B. Herzig, MD
Chairperson
Cincinnati Board of Health

ATTEST:

Grant Mussman, MD, MHSA
Interim Health Commissioner
Cincinnati Board of Health

New language is underscored. Deleted language is struck through.

Attachment 4

(Sample of mailed letter)

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, making adjustments as needed. Therefore, we are proposing that the Board of Health revise its food license fees for the 2023-2024 licensing year. The revised fees are shown on the reverse side of this letter.

You may contact John Sanders at (513) 564-1757 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 September 27, 2022. Following is an announcement of the public hearing.

Very truly yours,

Grant Mussman, MD, MHSA
Interim 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, September 27, 2022, at 6:00 PM** during the regular monthly Board of Health meeting. Due to our continued effort to minimize the spread of COVID-19, the Board of Health meeting is being held via video conference. 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/82174960028?pwd=U3gzVWhWY3ZMbVlPVUlyZDA0WDdkQT09>

Food Protection License Fees 2023-2024

Food License Type	Size	Risk Class	New License Fee
Risk Based Operations	<25,000 ft. ²	Level 1	\$293.00
		Level 2	\$331.00
		Level 3	\$635.00
		Level 4	\$806.00
	≥25,000 ft. ²	Level 1	\$425.00
		Level 2	\$448.00
		Level 3	\$1,597.00
		Level 4	\$1,693.00
Temporary Food Operation*			\$186.00
Mobile Food Operation			\$165.00
Vending Food Operation			\$12.44

* 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 2023-2024

BOH Resolution 00079

Antonio Young, REHS
Director, Environmental Health

8/23/22



Food Fee Resolution Timetable



Month (2021)	Action
August 23	1st Reading - Proposed Food fees document presented to BOH for discussion - 1st Reading. Mail proposed fees schedule and public notification letter to license holders by September 7, 2022 inviting their comments at September 27, 2022 BOH meeting.
September 27	2nd Reading - Public comments and of the proposed Food Fees document.
October 25	3rd Reading of the proposed fees by staff. BOH resolution of 2023-2024 fees.

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

2023-2024 Projected Fees/Revenues



Food License Type	Size	Risk Class	New License Fee
Restaurants / Grocery Stores	<25,000 ft.2 (Small)	Level 1	\$293.00
		Level 2	\$331.00
		Level 3	\$635.00
		Level 4	\$806.00
	≥25,000 ft.2 (Large)	Level 1	\$425.00
		Level 2	\$448.00
		Level 3	\$1,597.00
		Level 4	\$1,693.00
Temporary (Taste of Cincinnati, Oktoberfest)			\$186.00
Mobile (Food Trucks)			\$165.00
Vending (Vending Machines)			\$12.63

Q and A

city of
CINCINNATI
HEALTH DEPARTMENT

City of Cincinnati Board of Health Finance Committee

Tuesday, August 16, 2022

Ms. Ashley Young, on behalf of Dr. Amar Bhati, Chair of the Board Finance Committee, called the August 16, 2022, Finance Committee meeting to order at 5:04 PM.

Roll Call

Members present: Robert Brown, Timothy Collier, Dr. Edward Herzig, Ashley Young, Dr. Geneva Goode, Mark Menkhaus, Jr, and Commissioner Grant Mussman.

Topic	Discussion	Action/Motion
Approval of Minutes	Ms. Young asked the Committee members if everyone had the opportunity to review the minutes from the July meeting. Mr. Menkhaus requested one change to the July meeting minutes—change CB Audio to ICB Audio. <u>Motion:</u> That the Board of Health (BOH) Finance Committee will approve the minutes of the July 19, 2022, meetings. The August minutes will be presented at the next Board of Health Finance Committee Meeting on September 20, 2022.	<u>Motion: Young</u> <u>Second: Herzig</u> <u>Action: Pass</u>
	Produce Perks Midway (PPM): Contract 25x10515: 1st Amendment Dr. Geneva Goode provided an overview and stated that the Produce Perks Midway (PPM) Contract, in collaboration with Cincinnati Public Schools, will provide vouchers to families to be able to get free produce. This program is for students that attend Cincinnati Public Schools and has not yet extended into the Health Centers. Mr. Menkhaus added that this contract is currently an open contract and that would make this Amendment 1.	<u>Motion: Young</u> <u>Second: Mussman</u> <u>Action: Pass</u>
	Ohio Department of Job and Family Services – Refugee Contract 25x10473—2nd Amendment Ms. Alvenia Ross gave information regarding Ohio Department of Job and Family Services – Refugee Contract. Ms. Ross explained that this contract has been in place for quite some time and the need is to renew the contract. This is a refugee resettlement program and the funding has been increased. Dr. Goode added that CHD is reimbursed for each assessment that we do for the refugees that get services from our health centers.	<u>Motion: Young</u> <u>Second: Brown</u> <u>Action: Pass</u>

	Public Consulting Group Contract 35x10523 The Public Consulting Group Contract was in response to COVID-19 response team staffing. Dr. Maryse Amin gave an overview and stated that this is a new organization that was acquired (and won the bid) via an RFP; for our COVID response. This is the staff that is working in the Burnet & King Administrative Building 1 st floor Conference room. This staff is doing case investigations, and outbreak investigations for COVID. This organization is the same one that the Ohio Department of Health (ODH) has contracted with.	<u>Motion: Young</u> <u>Second: Brown</u> <u>Action: Pass</u>
	POLIHIRE Strategy Corp - Contract 35x10524 Mr. Mark Menkhaus Jr. gave an overview of the Polihire Strategy Corp. contract. Mr. Menkhaus explained the city sent out an RFP request for proposals and there were a couple of proposals from firms in the market that do executive searches. The purpose of this executive search is to locate candidates for a new Health Commissioner. Proposals received were evaluated by a cross-functional team and Polihire Strategy Corporation was deemed to be the most qualified and offered the most competitive price. Polihire is also working on another executive search for the city in another capacity. The total contract will be \$55,000, which covers \$40,000 in services and \$15,000 of contingency for travel—in case Polihire or any of the candidates would travel to Cincinnati for follow-up interviews. This RFP was led by the City HR department, not CHD.	<u>Motion: Young</u> <u>Second: Collier</u> <u>Action: Pass</u>
Financial Update	Mark Menkhaus shared the financial statement for July 2022. Mr. Menkhaus gave an overview of the Fiscal year 2023 Approved Expense Budget sheet in the agenda packet. The total FTE year over year changed from 575.46 to 589. Most of the numbers represent increases in each of the divisions of CHD. School and Adolescent Health have moved down from 173.8 to 165; some of these positions were moved up into the primary care health centers (from a budget standpoint). CHD went from a total budget of \$61,122,499 to \$64,504,450. This will be published in the budget book when it is released. Revenue as of the end of July was \$4,512,209.26. Which was an 8.56% increase from July of 2021. Expenses as of July 2022 totaled \$2,119,777.09 which was a 27.96% decrease from July 2021. The total net gain was \$2,392,432.17, and after the capital revenue transfer, was \$399,000.	
Review Action Items	No action items.	
Public Comment	Sa-Leemah Cunningham stated that as of 5:00 pm today, no questions or comments were received.	

Meeting Adjourned 5:32 p.m.

Next Meeting **September 20, 2022, 5:00 pm.**

Minutes prepared by: Sa-Leemah Cunningham

The meeting can be viewed and is incorporated in the minutes:

<https://www.facebook.com/CincinnatiHealthDepartment/videos/587680569755188>

Board of Health Finance Committee

Roll Calls for August 16, 2022

	Attendance	Minutes	Produce Perks Midway (PPM)Contract 25x10515	Ohio Department of Job and Family Services – Refugee 25x10473 2nd Amendment	Public Consulting Group Contract 35x10523	POLIHIRE Strategy Corp-Contract 35x10524
Dr. Amar Bhati						
Robert Brown	P	Y	Y	2 nd -Y	2 nd -Y	Y
Tim Collier	P	<i>(Not present for the vote)</i>	<i>(Not present for the vote)</i>	<i>(Not present for the vote)</i>	Y	2 nd -Y
Dr. Joe Hackworth						
Dr. Edward Herzig	P	2 nd -Y	Y	Y	Y	Y
Ashlee Young	P	M-Y	M-Y	M-Y	M-Y	M-Y
Dr. Geneva Goode	P	Y	Y	Y	Y	Y
Mark Menkhaus Jr	P	Y	Y	Y	Y	Y
Dr. Grant Mussman	P	Y	2 nd -Y	Y	Y	Y

A = Abstain

P = Present

R = Recuse

M = Moved

2nd = Second

Others present: Dr. Camille Jones, Dr. Maryse Amin, Alvenia Ross

**See minutes for exact motion*

Preparation Date 8/4/2022

CINCINNATI HEALTH DEPARTMENT CONTRACT AND GRANT INFORMATION SHEET

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

Vendor **POLIHIRE Strategy Corp**

Contract # **35x10524**

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

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

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

Division **Cincinnati Health Department**

Type of Contract/Agreement ☒ Accounts Payable ☐ Accounts Receivable

☐ Service Contract (no \$) ☐ Lease

Funding Source ☒ General Fund ☐ Grant Fund ☐ Other Funding

Action Required: ☒ Board Approval ☐ Board Information

CONTRACT DOLLAR AMOUNT

Original Amount **\$55,000**

TERM

Original Term Start Date **Upon execution** End Date **12 months from execution date**

EXECUTIVE SUMMARY

The Cincinnati HR Department solicited RFP1027EXECSEARCHCHD for an executive search firm. The objective of the RFP was to contract with the firm(s) that submitted the "Most Advantageous" offer(s) to the City for the requested services. Proposals were opened on June 3, 2022 and evaluated by a cross-departmental team. After a thorough evaluation by the Evaluation Committee, it was recommended that an award be made to Polihire Strategy Corp. based on their proposal to provide specific services requested and providing the lowest cost. Recommendation of Award was approved by the City Manager on July 13, 2022. Contract amount covers services for \$40,000 and includes contingency of up to \$15,000 for travel, if necessary.

Preparation Date 5/31/2022

CINCINNATI HEALTH DEPARTMENT CONTRACT AND GRANT INFORMATION SHEET

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

Vendor **Produce Perks Midway (PPM)**

Contract # **25x10515**

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

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

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

Division **School-Based Health**

Type of Contract/Agreement _____ Accounts Payable _____ Accounts Receivable
☒ Service Contract (no \$) _____ Lease

Funding Source _____ General Fund _____ Grant Fund _____ Other Funding

Action Required: _____ Board Approval ☒ Board Information

CONTRACT DOLLAR AMOUNT

Original Amount _____

TERM

Original Term Start Date **March, 2022** End Date **Possibly open-ended**

EXECUTIVE SUMMARY

Produce Perks Midwest (PPM) would like to partner with Cincinnati Health Department to implement PPM's Produce Prescription (PRx) program at Roberts Academy and Deaconess Health Check at Western Hills. PRx is an evidence-based program designed to improve the health of individuals by increasing affordable access to healthy foods. PPM works in partnership with clinical providers to issue monthly "produce prescriptions" for fruits and vegetables. Roberts Academy and Deaconess Health Check at Western Hills will target 100 patients and their households. PPM will work directly with regional farmers, markets and grocery retailers for redemption of prescriptions issues and will coordinate delivery of fresh produce to patient households once per month.

The amendment would modify the agreement's term to have an open-ended expiration date. The original anticipated program period was March through August 2022.

Preparation Date 8/4/2022

CINCINNATI HEALTH DEPARTMENT CONTRACT AND GRANT INFORMATION SHEET

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

Vendor **Public Consulting Group**

Contract # **35x10523**

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

Initiator Person & Phone # **Kimberly Wright 513-357-7391**

Division Head & Phone # **Maryse Amin 513-357-7213**

Division **Cincinnati Health Department**

Type of Contract/Agreement ☒ Accounts Payable ☐ Accounts Receivable

☐ Service Contract (no \$) ☐ Lease

Funding Source ☐ General Fund ☐ Grant Fund ☐ Other Funding

Action Required: ☒ Board Approval ☐ Board Information

CONTRACT DOLLAR AMOUNT

Original Amount **\$850,000**

TERM

Original Term Start Date **Upon execution** End Date **12 months from execution date**

EXECUTIVE SUMMARY

On March 21, 2022, the Cincinnati Health Department solicited an RFP for COVID-19 Response Team Staffing. The objective of the RFP was to contract with the firm(s) that submitted the "Most Advantageous" offer(s) to the City for the requested services. Proposals were opened on May 3, 2022 and evaluated by a cross-departmental team. After a thorough evaluation by the Evaluation Committee, it was recommended that an award be made to Public Consulting Group based on their proposal to provide specific services requested and being closest to the requested budget. Recommendation of Award was approved on August 3, 2022. Contract amount would cover a staff of 15 at the highest billing rate for a 12 month period.

Preparation Date 8/2/2022

CINCINNATI HEALTH DEPARTMENT CONTRACT AND GRANT INFORMATION SHEET

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

Vendor **Ohio Department of Job and Family Services – Refugee Program**

Contract # **25x10473 2nd Amendment**

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

Initiator Person & Phone # **Alvenia Ross 513-357-7372**

Division Head & Phone # **Geneva Goode 513-357-7490**

Division **Primary Health Care**

Type of Contract/Agreement	☐ Accounts Payable	☒ Accounts Receivable
	☐ Service Contract (no \$)	☐ Lease

Funding Source	☐ General Fund	☒ Grant Fund	☐ Other Funding
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Action Required:	☒ Board Approval	☐ Board Information
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CONTRACT DOLLAR AMOUNT

Original Amount **\$ 32,500.00**

1st Amendment **\$131,500.00**

2nd Amendment **\$96,750.00**

New Total Amount **\$260,750.00**

TERM

Original Term	Start Date 7/1/2021	End Date 6/30/2023
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EXECUTIVE SUMMARY

This is the 2nd amendment to an agreement between the Ohio Department of Job and Family Services (ODJFS) and the Cincinnati Health Department. Compensation will be paid upon the completion of a health exam as per the Core Screening Procedures for Refugees provided by ODJFS. The agreement is to provide payment for patient navigation services at \$500.00 for each completed screening. The Cincinnati Health Department will bill Medicaid directly for the cost of the exam.

Date: July 26, 2022

To: Health Staff Impacted by Federal COVID-19 Vaccine Mandate

From: Grant Mussman, MD MHSA, Interim Health Commissioner

Re: Federal COVID-19 Vaccine Mandate Supplemental Policy

Policy: The purpose of this Federal COVID-19 Vaccine Mandate Supplemental Policy is to revise procedures which ensure compliance with the Federal COVID-19 Vaccine Mandate as described in the Centers for Medicaid and Medicare (CMS) Interim Final Rule with Comment Period entitled “Medicare and Medicaid Program; Omnibus COVID-19 Health Care Staff Vaccination,” 86 Fed. Reg. 61,555 (Nov. 5, 2021) (hereafter referred to as the “IFC”).

Rationale: To protect the health and safety of our patients, staff, volunteers, trainees, Board members, and visitors, as well as comply with the IFC. Standard infection control practice in health centers (as established by the CDC) is currently that all those in healthcare facility patient care areas wear masks to reduce spread of COVID-19. Exempted employees have been required to test weekly to comply with the Federal Mandate. Since weekly testing of asymptomatic individuals has been estimated to reduce transmission by up to 36%¹ but routine N95 use has been estimated to decrease transmission by 83% versus 66% for surgical masking alone,² exempted (non-vaccinated) employees who work in the health centers will be required to use N95 masks while in patient care areas in order to meet the “additional accommodation” necessary for these individuals under the Federal Mandate.

Procedure:

I. Applicability to Individuals

These Policies and Procedures apply to employees affected by the IFC.

II. Procedures

A. Tracking and documenting staff vaccination status.

Beyond the City of Cincinnati’s requirement for employees to attest to their vaccination status, the IFC requires employees to demonstrate actual vaccination status.

Employees subject to the IFC shall present proof of vaccination to Cincinnati Health Department Human Resources (CHDHR). Documentation of the vaccination will be kept in a file separate

¹ Chin ET, Huynh BQ, Chapman LAC, Murrill M, Basu S, Lo NC. Frequency of routine testing for COVID-19 in high-risk healthcare environments to reduce outbreaks. medRxiv [Preprint]. 2020 Sep 9:2020.04.30.20087015. doi: 10.1101/2020.04.30.20087015. Update in: Clin Infect Dis. 2021 Nov 2;73(9):e3127-e3129. PMID: 32511523; PMCID: PMC7273291.

² Andrejko KL, Pry JM, Myers JF, et al. Effectiveness of Face Mask or Respirator Use in Indoor Public Settings for Prevention of SARS-CoV-2 Infection – California, February–December 2021. MMWR Morb Mortal Wkly Rep 2022;71:212–216. DOI:

<http://dx.doi.org/10.15585/mmwr.mm7106e1>

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from the employee's personnel file. The status will be entered into the Cincinnati Human Resources Information System (CHRIS).

B. Reviewing employee requests for a medical or religious exemption.

New employees who wish to request a religious or medical exemption should fill out the appropriate request form, found on CityMatters, and return it to CHDHR. The request will be reviewed by a panel that includes CHD HR, City Human Resources, and the Solicitor's Office, which may engage in an interactive process with the employee.

Existing employees who have been granted an exemption shall adhere to the compliance section below.

C. Compliance

Employees who have been granted an exemption shall wear an N95 mask while in patient care areas.

Employees who fail to comply with the IFC according to CMS's criteria and schedule of timelines (See Attachment A) and who are not granted a medical or religious exemption, may be placed on accrued vacation or compensatory time and will be subject to the corrective action process that may include termination of employment.

III. Review and Updates of this Policy and Procedure

This Federal COVID-19 Vaccine Mandate Policy and Procedure shall be reviewed as often as deemed necessary and updated consistent with requirements established by the Board of Directors, the Health Commissioner, federal and state law and regulations, and applicable accrediting and review organizations.

RESOLUTION
BOARD OF HEALTH OF THE CITY OF CINCINNATI

A **RESOLUTION** of the Board of Health of the City of Cincinnati establishing procedures in addition to the City of Cincinnati COVID-19 Vaccination Policy for employees and onsite contractors to ensure compliance with the Federal COVID-19 Vaccine Mandate as described in the Centers for Medicaid and Medicare (CMS) Interim Final Rule with Comment Period entitled “Medicare and Medicaid Program; Omnibus COVID-19 Health Care Staff Vaccination,” 86 Fed. Reg. 61,555 (Nov. 5, 2021) (hereafter referred to as the “Federal Vaccine Mandate”).

WHEREAS, on November 5, 2021, the Centers for Medicare and Medicaid Services (CMS) published regulations that establish a federal vaccination requirement for health care providers that participate in the Medicare and/or Medicaid programs to ensure that staff members, including contractors and volunteers, who provide any care, treatment, or other services for providers or patients are fully vaccinated against COVID-19; and

WHEREAS, the City’s Federally Qualified Health Centers (FQHCs) will need to comply with the Federal Vaccine Mandate as a condition for participating in the Medicare and Medicaid program according to CMS’s criteria and scheduled timeline; and

WHEREAS, by February 15, 2022 all facilities covered by the Federal Vaccine Mandate must show that they have developed and implemented policies and procedures that ensure all staff, regardless of clinical responsibility or patient contact, are vaccinated for COVID-19; and

WHEREAS, personnel procedures in addition to the City of Cincinnati COVID-19 Vaccination Policy for employees and onsite contractors are necessary and appropriate to ensure compliance with the Federal Vaccine Mandate and to protect the public health, safety, and welfare of our residents; now, therefore,

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

Section 1. That the Board supports compliance with the Federal COVID-19 Vaccine Mandate as described in the Centers for Medicaid and Medicare (CMS) Interim Final Rule with Comment Period entitled “Medicare and Medicaid Program; Omnibus COVID-19 Health Care Staff Vaccination,” 86 Fed. Reg. 61,555 (Nov. 5, 2021).

Section 2. That the Board hereby establishes the Federal COVID-19 Vaccine Mandate Supplemental Policy providing procedures in addition to the City of Cincinnati COVID-19 Vaccination Policy for employees and onsite contractors, to comply with the Federal Vaccine Mandate.

ADOPTED: February 8, 2022

AMENDED: July 26, 2022

Edward Herzig, MD
Chairperson
Cincinnati Board of Health

Grant Mussman, MD, MHSA
Interim Health Commissioner
Cincinnati Health Department



Date: 8/23/2022

To: MEMBERS of the BOARD of HEALTH

From: Grant Mussman, MD MHSA, Interim Health Commissioner

Copies: Leadership Team, HR File

Subject: **PERSONNEL ACTIONS for August 23, 2022 BOARD of HEALTH MEETING**

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

VALERIA NOLLA GIRAUD

DENTAL ASSISTANT

CCPC

(Resignation Vacancy)

Salary Bi-Weekly Range:

\$1,915.83 to \$2,023.85

Revenue Fund

Valeria Nolla Giraud is a dental assistant with an Ohio Radiographer's License. Ms. Nolla Giraud also is CPR certified, trained in Infection Control, has expertise using Dentrrix (dental EMR), and understands the steps to fabricating dentures and partials. According to her references, she is skilled in chairside assisting, had strong customer service skills and contributes to teamwork. She takes initiative and has good attendance. Importantly, Ms. Nolla Giraud is fluent in Spanish and English, a skill that is becoming increasingly important in the Cincinnati Health Department's effort to provide culturally competent care. Her ability to communicate in Spanish will improve the timeliness of appointments, provide dental education in an understandable manner, and assist other staff members in making appointments, fielding questions, and assisting in the care of Spanish speaking patients.

SHANE SATTERFIELD

HEALTH CLINIC COORDINATOR

CCPC

(Promotional vacancy)

Salary Bi-Weekly Range:

\$2,291.75 to \$2,850.43

Grant Fund

Shane Satterfield is being presented for the position as Health Clinic Coordinator. Mr. Satterfield has a professional background as a Behavioral Health Therapist. Mr. Satterfield's skills and experience will provide value to the Mental Health program at CHD and be a great addition to achieve the organization's mission and vision for the patients and families that we serve.

JENNIFER SCHWAB

PUBLIC HEALTH NURSE 2

CCPC/SCHOOL HEALTH

(Resignation vacancy)

Salary Bi-Weekly Range:

\$2,216.96 to \$2,992.95

Contract

The Division of School and Adolescent Health wishes to hire Jennifer Schwab as a Public Health Nurse 2. Ms. Schwab is a graduate from Miami University earning a Bachelor of Science in Nursing program. Ms. Schwab has 30 years of experience as a Registered Nurse and works as a Care Manager at Cincinnati Children's Hospital Medical Center (CCHMC) Pediatric Primary Care. Ms. Schwab also has experience as a Care Manager in the Adolescent & Adult Congenital Heart Disease Program at CCHMC. Ms. Schwab has a wealth of skills and experience needed to directly align with the position in the School and Adolescent Program. Ms. Schwab has skills, knowledge, experience, and a caring attitude which is what children, and their families need in Cincinnati Public School system. Ms. Schwab will truly be an asset to the School Health Program at the CHD.

PERSONNEL ACTIONS for August 23, 2022 , BOARD of HEALTH MEETING

Page 2 of 2

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

MARCIA TRIMBLE

MEDICAL ASSISTANT

CCPC

(New Position)

Salary Bi-Weekly Range:

\$1,915.83 to \$2,023.85

Grant Fund

Marcia Trimble is being presented for the position as Medical Assistant. Ms. Trimble has a certificate as a Medical Assistant with 14 years' experience. Ms. Trimble has a professional background in patient care coordination, and clinical experience with Epic. Ms. Trimble displays as a team player with professionalism to achieve the company's mission and vision for the patients that we serve.

DATE: August 23, 2022

TO: Board of Health Members

FROM: Dr. Grant Mussman, Interim Health Commissioner

SUBJECT: **Health Commissioner Executive Summary**

Health Commissioner Search

- Contract has been awarded to Polihire
- Contract is routed for signature including BOH approval tonight

CCPC Executive Director Search

- First round interviews have concluded. Panelists were CCPC Board members Michelle Burns and Camille Jones, and BOH member Monica Mitchell.
- Two candidates will advance to the second round
- Second round interview will consist of Grant Mussman, Geneva Goode, Jill Byrd, and Maryse Amin
- Per the co-applicant agreement, following input from the second round, at least two names will be forwarded to the CCPC board for consideration for the position. The names will be candidates from the interview process.

Nursing Director Search

- The Assistant Health Commissioner (Clinical and Community Nursing) position (aka the Nursing director position) is posted and will close on September 3rd.
- The AHC sub-classification was created to increase the available salary range of the position and improve our candidate pool.
 - We have had 3 unsuccessful attempts to fill this position at a lower level.
 - Creating a new classification more simply called “Nursing Director” will require legislation by city council which is currently on recess.
- We have one candidate so far.

Monkeypox

- As of August 15, 2022, there were 11,890 total confirmed monkeypox cases in the US, 101 in Ohio and 6 in Cincinnati. The numbers are continuing to increase steadily.
- ODH is preparing to release a dashboard with case counts and heat map.
- The current public health strategy includes
 - Messaging to providers, the general public, and targeted messaging to those at highest risk
 - Tracking and contact tracing cases that are identified by providers,
 - Offering vaccine to close contacts and those with behaviors that put them at high risk, and
 - Providing Tecovirimat (TPOXX) under CDC’s compassionate use license when providers request for cases.
- In drafting our response, CHD has collaborated with our public health partners around the state, our partners in healthcare delivery, and members of and advocates for the community that is overrepresented in the current outbreak.
 - In particular, we have worked on a highly coordinated approach with HCPH

- We have drafted a “toolkit” for providers that includes information about monkeypox, recommendations for clinical approach, and information about how to obtain both TPOXX from us (licensed for compassionate use) and/or Jynneos vaccine

Infant Mortality

- In collaboration with Cradle Cincinnati and HCPH, we have completed a deeper dive into the infant mortality data for sleep-related deaths in order to begin to draft an approach.
- The infant mortality dashboard is available at: <https://www.cincinnati-oh.gov/health/cincinnati-health-department-programs/infant-mortality/>
- Certain groups were overrepresented in the sleep related death data. These include
 - Infants of color
 - Infants with prenatal smoke exposure
 - Infants with Mothers in their young 20's.
- The next step will be to draft interventions based on this data

Lead Poisoning Prevention

- We are finalizing our report to city council in collaboration with GCWW to inform them of the current status of lead poisoning risk in Cincinnati, the efforts of both our agencies to address this, and suggestions for future work to improve our response.
- The report will highlight the work of our lead program, including our work investigating elevated blood lead levels in children as well as lead inspections and abatement
- The report will also give ideas for other possible areas of intervention
- Lead report will be delivered to City Council on September 8

DATE: August 19, 2022

TO: Cincinnati Health Department Board of Health

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

SUBJECT: August COVID-19 Update and Communicable Disease Report Q&A

Cincinnati COVID-19 Data Highlights:

- As of August 16, 2022, CHD reported a cumulative total of 75,179 COVID-19 confirmed and probable cases.
- The Cincinnati community transmission rate is high, but on a downward trend since our last update. The seven-day cumulative number of new cases per 100,000 is 199.4 (259.3 last month). As of the August 12, 2022, Greater Cincinnati COVID-19 Situational Awareness update Hamilton County is reporting 228 (242) per 100,000.
- The Community Level for all of Hamilton County increased from Medium to High as the New COVID-19 Hospital Admissions Per 100,000 went over 10.
- The Cincinnati 7-day moving average count has dropped to 86.6 (from 112.6) cases and the 7-day moving average rate per 100,000 has dropped to 28.5 (37.0). The 21-day trend ranges from a high of 163 in the end of July to 100 on August 16th.
- As of August 12, 2022, the 14 County Region is reporting a 16.4% positivity rate out of 1,695 tests performed.
- Hospitalizations continued to trend up. There were a reported 213 regional hospitalizations (187 last month) of patients with COVID-19. 95% of the ICU beds were reported occupied (for any reason) and 97% of the region's medical-surgical beds were occupied as of August 12, 2022.
- CDC is reporting Omicron Variant BA 5 is responsible for 87.1% of COVID-19 cases in Region 5. <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

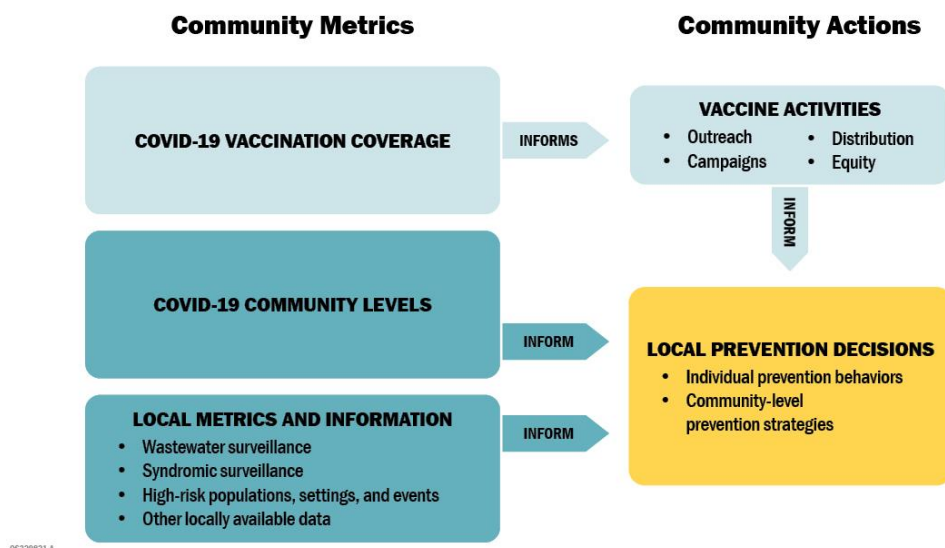
CDC Guidance Updates

On Thursday, August 11, 2022, the Centers for Disease Control (CDC) updated COVID-19 recommendations for Isolation, Quarantine, Schools and Early Care and Education Settings. Those updates can be found here:

- [Isolation](#)
- [Exposure](#)
- [Schools and Early Care and Education](#)

CHD COVID Response

CHD continues to follow CDC COVID Guidance as it pertains to using community metrics to steer [community recommendations](#), as illustrated in CDC illustration below.



- **COVID-19 Vaccination:**

- As of August 17, 2022, 4321 partially vaccinated individuals have received vaccination from CHD, and 45,172 fully vaccinated individuals. 135 3rd doses have been provided to the moderately to severely immune-compromised, 8,340 1st boosters have been administered, 762 2nd boosters, and 1,428 pediatric doses of Pfizer have been administered by CHD. A grand total of 100,606 COVID-19 vaccination doses have been administered by CHD to date.

- **COVID-19 Testing**

- CHD community testing continues to be available at select vaccination sites. Hamilton County is also providing testing via Ethos Labs at two sites in the city: Price Hill Library M-W and Corryville Library Th-F.
- For a complete list of testing and vaccination locations in the region, the Health Collaborative maintains this resource:
<https://healthcollab.org/testandprotectincy/>

- **Wastewater Monitoring for COVID**

- [Wastewater results](#) for sites in Cincinnati collected between June 17 – August 3 all showed declining viral loads:
 - Mill Creek – Steady (-44.0%)
 - Little Miami – Decreasing (-67.1%)
 - Muddy Creek – Steady (-35.0%)
 - Taylor Creek – Steady (-31.0%)

- **COVID Command Center**

- CHD is currently fielding approximately 50-100 calls per day from residents seeking vaccination or testing opportunities in Cincinnati, having questions about isolation and quarantine or in need of a replacement vaccination card.
- On site contractual staff are making approximately 200 calls per day to newly identified cases, completing about 30% of investigations daily. This is a 50% improvement over the 20% case completion rate that was reported by state investigators for Cincinnati last month. As case numbers rise, CHD plans to prioritize school aged children and younger cases, and 50 years and older to reach out to first and the middle age groups as time allows. This may come into play when we have days with 200 or more new cases reported.
- More staff has been added to handle the priorities determined by CHD, which include Monkeypox response.
- As of August 11, 2022, CHD has mailed 30,619 COVID-19 Initiation of Isolation, Exclude/Return to work letters, and other related documents at a cost of \$25,719.96, supported by COVID-19 grant funding.
- CHD continues to assist residents with proof of vaccination or testing results as needed for work, school, and/or travel.

- **Communicable Disease Prevention and Control Unit**

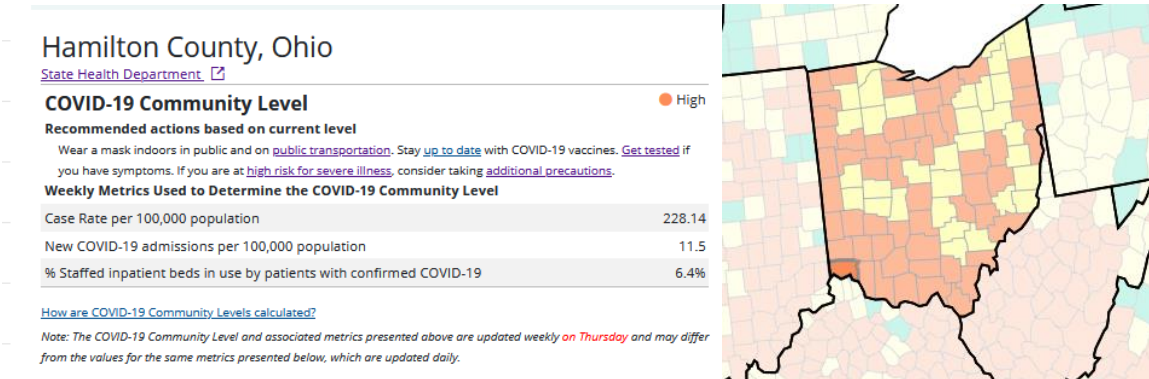
- CHD CDU continues to focus on COVID-19 outbreak prevention and control, congregate settings and infection control consultation as needed. On August 11th and 12th CDU Nurses presented new CHD school year guidance to Cincinnati Public School Health Nurses and Non-public Cincinnati School Nurses and Officials. This guidance included: the 2022 CHD COVID-19 School Toolkit, CHD Norovirus Toolkit, CHD Influenza Toolkit, and a Monkeypox briefing.
- CDU is updating daycare guidance as well and will share that after review with the Medical Director.
- Long term care COVID-19 reports submitted by CHD are still required by ODH. Cincinnati LTCFs reported 13 residents and 13 staff positive during the week of 8/7/2022-8/13/2022.
- CHD is also continuing to support other congregate settings such as group homes, jails, shelters, city employees and other city employers, with a focus on outbreak prevention and control.
- In addition to the COVID-19 pandemic work, the CDU staff are also responding to the many other reportable diseases that are returning to normal levels and fielding calls from local healthcare providers and residents who have concerns about Monkeypox, are seeking testing, treatment or vaccination resources. We have investigated 6 reported cases in Cincinnati as of August 17, 2022

Communicable Disease Report Q&A

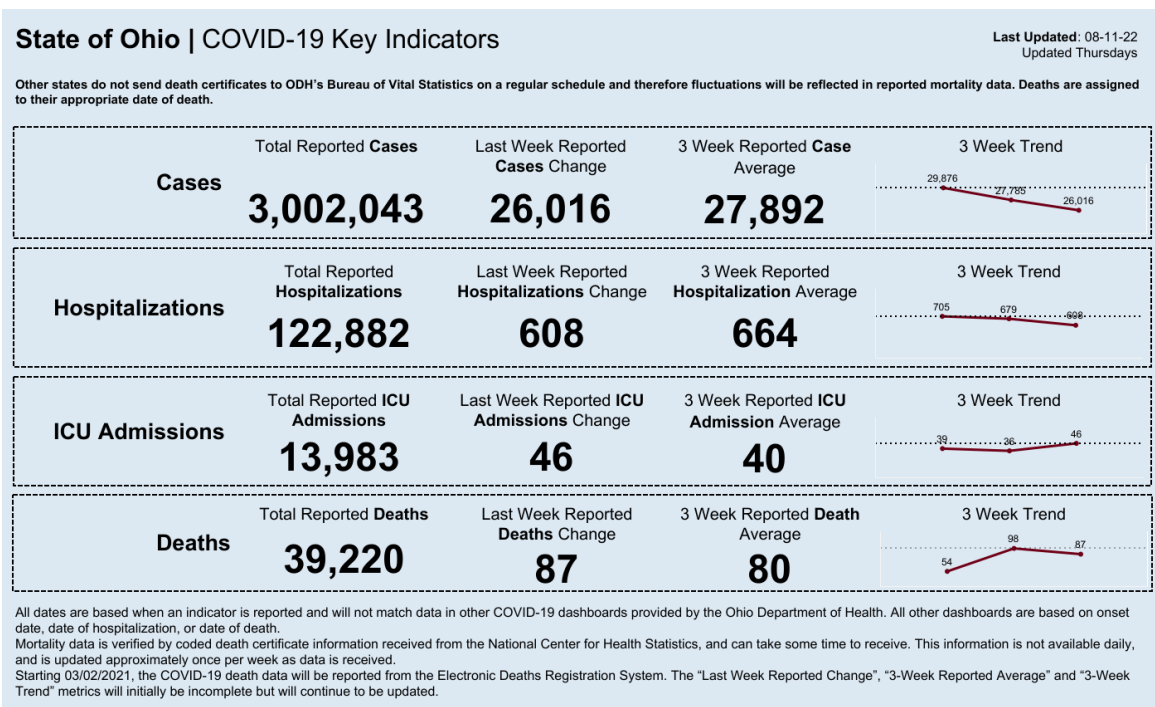
After a brief Board of Health COVID-19 update on Tuesday, August 23rd, our CDC Public Health Associate, Christina Becker, who produced the CHD Communicable Disease Reports submitted to the Board of Health this month, will also be available to answer any questions concerning those reports.

Community Measures August 11, 2022 update

(Sources: [CDC Website 8/11/2022](#) and [Greater Cincinnati COVID-19 Situational Awareness 8/12/2022](#))



Key State Indicators – 8/17/2022 update





DATE: August 12, 2022

TO: City of Cincinnati Board of Health

FROM: Mark Menkhaus, Jr., CFO

SUBJECT: Fiscal Presentation 2023

FINANCIAL STATEMENTS REVIEW FOR THE FISCAL YEAR 2023 - JULY

2022 June Highlights:

- Revenue as of the end of July was \$4,512,209.26. Which was an 8.56% increase from July of 2021. Expenses as of July 2022 totaled \$2,119,777.09 which was a 27.96% decrease from July 2021. Total net gain, after the capital revenue transfer was \$5,514,432.17.

Year over Year:

- Food Establishment and Food Service saw decreases. The FY22 totals include revenue from the FY21 as the license due date was extended in 2021 from March 31st to June 30th. Due to the end of the fiscal year ending in June, payments were still being received at the beginning of the new fiscal year.
- As of July, we had \$33,488.26 in overtime compared to July of 2021's total of \$61,885.96. The total in overtime is mainly due to Covid-19 activities with \$17,892.64 in disaster overtime. A huge percentage of the overtime is eligible for reimbursement from FEMA. We received the FEMA payment from January thru October of 2021. Those funds were deposited to the City's account in August, and we are working on an ID Bill to move those funds into the Health Departments account. Any overtime associated with Covid-19 after 6/1/2022 will be reimbursed at 90%. Several Fiscal members are working on Covid-19 costs for November thru June and will submit to FEMA by the deadline of 12/31/2022.
- 7100-Personnel decreased by 41.77%. This decrease is due in part the amount of payroll associated with FY22. The first paycheck in FY23 was 100% incurred in FY22. The second paycheck in FY23 was 40% incurred in FY22. Those expenses incurred in FY22 were reimbursed with funds set aside from FY22. However, payroll also decreased by \$66,652.66 from FY22 to FY23 due to vacant positions. This was a 2.8% decrease in payroll when excluding the accruals from prior years. 7500-Fringes saw a corresponding decrease of 2.62%.
- 7200- Contractual Services saw a decrease of 36.86%, 7300- Materials & Supplies decreased by 59.44%, and 7400-Fixed Costs decreased by 34.05%. In FY22, the fiscal section was paying invoices from FY21 due to the staff shortage in FY21. We also had two staff employees out on medical leave in July 2022 which was also a contributing factor in the invoices paid.

Budget:

**CINCINNATI HEALTH DEPARTMENT
FY23 APPROVED EXPENSE BUDGET**

Dept.	FY23		FY22	
	Amount	FTE	Amount	FTE
261 (Office of the Commissioner)	\$ 3,292,230	28.0	\$ 2,965,380	25.0
262 (Technical Resources)	\$ 2,920,220	25.0	\$ 2,813,310	24.0
263 (Community Health)	\$ 6,709,520	74.0	\$ 6,503,223	72.0
264 (Primary Health Care - School programs)	\$ 8,183,790	87.0	\$ 7,803,121	86.4
265 (Primary Health Care - Health Centers)	\$ 27,199,000	210.0	\$ 24,990,511	194.3
266 (School & Adolescent Health)	\$ 16,199,690	165.0	\$ 16,046,954	173.8
Total	\$64,504,450.00	589	\$61,122,499.00	575.46

Cincinnati Board of Health Financial Statement for the period of July

	FY23 Actual	FY22 Actual	Variance
Revenue			
8236-Pools\Spa	\$2,379.00	\$1,554.00	53.09%
8237-Household Sewage Sys	\$780.00	\$349.00	123.50%
8239-Tatto/ Body, Environmental Waste License Fee	\$375.00	\$75.00	400.00%
8241-Food Service (Mobile-Temporary)	\$17,470.00	\$51,514.00	-66.09%
8242-Vending Machines	\$0.00	\$0.00	0.00%
8244-Food Establishments	\$2,936.75	\$12,090.75	-75.71%
8249-Food, NOC	\$9,752.50	\$3,291.25	196.32%
8432-Vending Machines	\$0.00	\$0.00	0.00%
8536-Grants\State	\$177,575.00	\$245,396.00	-27.64%
8541-Grant Community Development	\$0.00	\$0.00	0.00%
8556-Grants\Federal	\$1,038,974.26	\$955,459.69	8.74%
8563-Bd of Ed Svc (School Nurses Sal.)	\$1,187,090.49	\$378,526.47	213.61%
8564-Ham Co Service	\$0.00	\$0.00	0.00%
8571-Specific Purpose\Private Org.	\$27,433.50	\$95,193.05	-71.18%
8617-Non-Department Fringe Benefit Reimbursement	\$0.00	\$0.00	0.00%
8731-Birth Certificates	\$40,193.60	\$57,997.08	-30.70%
8732-Birth Certificates	\$2,157.16	(\$303.89)	809.85%
8733-Self-Pay Patient	\$84,028.26	\$113,142.67	-25.73%
8734-Medicare	\$326,019.46	\$412,882.48	-21.04%
8736-Medicaid	\$400,196.39	\$405,427.84	-1.29%
8737-Private Pay Insurance	\$85,587.29	\$89,834.84	-4.73%
8738-Medicaid Managed Care	\$360,892.31	\$466,156.72	-22.58%
8739-Misc. (Medical rec.\smoke free inv.)	\$5,892.92	\$40,710.62	-85.52%
8784-Pr Lott Litter	\$0.00	\$0.00	0.00%
8811-Unclaimed Remains	\$0.00	\$0.00	0.00%
8914-Bond/Note	\$0.00	\$0.00	0.00%
8917-Def Sewer Co	\$0.00	\$0.00	0.00%
8932-Prior Year Reimbursement	\$0.00	\$193.35	-100.00%
% That is attributable from 416	\$742,475.37	\$826,807.91	-10.20%
Total Revenue	\$4,512,209.26	\$4,156,298.83	8.56%
Expenses			
71-Personnel	\$591,370.18	\$1,015,601.88	-41.77%
72-Contractual	\$461,978.53	\$731,691.42	-36.86%
73-Material	\$44,827.57	\$110,508.54	-59.44%
74-Fixed Cost	\$88,450.63	\$134,119.53	-34.05%
75-Fringes	\$925,631.84	\$950,532.51	-2.62%
76-Property	\$7,518.34	\$0.00	0.00%
Total Expenses	\$2,119,777.09	\$2,942,453.88	-27.96%
Net Gain (Losses)	\$2,392,432.17	\$1,213,844.95	-97.10%
8936-Transfer	\$3,122,000.00	\$399,000.00	
Total Available	\$5,514,432.17	\$1,612,844.95	241.91%

Board of Health
Medical Director's Report
August 23, 2022

Influenza 2022

The southern hemisphere is currently experiencing high levels of influenza infection: The most current, complete data is from Australia (graph).

Twin-demic of covid-19 and influenza: Concurrent surge in cases of both is again considered for the 2022-23 season. Review of southern hemisphere data may be helpful (graph).

Polio 2022

July 18, 2022, Rockland County, New York: Community-acquired paralytic polio case (type 2) in an unvaccinated adult. This is the second U.S. case of polio since 1979 and the first since 2005.

Wastewater sampling detected polio virus in two New York counties starting in April. Genetic sequencing shows a match between the virus in the patient and that in the wastewater samples.

Most cases of polio are mildly asymptomatic. Paralysis occurs in 0.5-1% of polio infections.

Childhood Immunizations

CHD/CCHMC/UC collaborative data shows a decrease in overall immunization rate from 37% to 30%, over the past 12 months (graph)

Increased vaccine hesitancy/refusal is reported throughout the region, anecdotally, and nationally, vaccination rates overall have decreased (CDC). The reasons may be related to decreased access to primary care and chronic mistrust of vaccine science amplified by mistrust of the covid-19 vaccine.

Date: August 23, 2022

To: Board of Health

From: Grand Mussman, MD, Interim Health Commissioner

Subject: Health Commissioner's Report, Reflects July 2022

Acronyms

CHD- Cincinnati Health Department

ODH- Ohio Department of Health

CCPC- City of Cincinnati Primary Care

WIC Updates July 2022

1. Caseload in July was 13,407. This is 92% of our caseload goal of 14,506.
2. The Federal Government continues to provide waivers for the WIC Program due to COVID-19. These waivers eliminate obtaining participant signatures, heights, weights, and hemoglobin. WIC conducts assessments by phone and in person.
3. The WIC fruit and vegetable benefit was increased through September. The increase is \$24 dollars for children and \$43 for pregnant and postpartum women.
4. Due to the formula shortage, additional formulas continue to be added to the authorized food/formula list.
5. WIC provided Folic Acid information to 112 women to help decrease birth defects and infant mortality
6. WIC hosted a Farmers Market event at Findlay Market on July 23rd. WIC participants were eligible for \$30 of fresh fruits and vegetables from local farmers.

**Community Health and Environmental Services (CHES) Updates for CHD
BOH Meeting 8.23.2022**

Epidemiology

These numbers are provisional for 2020, 2021, and 2022:

Provisional 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 8.16.22):

City of Cincinnati = 4,353

Hamilton County births outside of the City limits = 5,977

Hamilton County inclusive of the City = 10,330

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

City of Cincinnati IMR = 10.1 per 1,000 live births

Hamilton County outside the City limits = 5.5 per 1,000 live births

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

***The 2020 IMRs may change slightly when births are geocoded. ***

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 8.16.22):

City of Cincinnati = 4,277

Hamilton County births outside of the City limits = 5,987

Hamilton County inclusive of the City = 10,264

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

City of Cincinnati IMR = 9.6 per 1,000 live births

Hamilton County outside the City limits = 4.0 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 = 23

County (minus the city) 2022 = 22

Total Hamilton County 2022 = 45

The provisional number of births for 2022 (births extracted from Ohio Resident live births database (by residence city/county) as of 8.16.22):

City of Cincinnati = 2,607

Hamilton County births outside of the City limits = 3,469

Hamilton County inclusive of the City = 6,076

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

City of Cincinnati IMR = 8.8 per 1,000 live births

Hamilton County outside the City limits = 6.3 per 1,000 live births

Hamilton County IMR = 7.4 per 1,000 live births (inclusive of the city numbers)

Epidemiology Data Briefs:

Highly Pathogenic Avian Influenza - Issue 4

COVID-19 Vaccination in Cincinnati -Issue5

Data Briefs can be found using the website below.

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

Communicable Disease

Novel Coronavirus (COVID-19) Summary

Attached is a summary of the COVID-19 update as of 8.17.2022. Cincinnati Health Department continues to participate in weekly conference calls with the Ohio Department of Health and regular briefings of the Cincinnati Health Department's COVID-19 Incident Command Team. Our Command Center and Communicable Disease Unit staff are actively conducting positive case investigations and working with ODH for active monitoring of positive cases and close contacts as well as follow-up regarding outbreak investigations. We have been working closely with the non-public schools and Cincinnati Public Schools for outbreak investigations. We are vaccinating all tiers and groups 5+. We are vaccinating for all booster doses based on eligibility. Currently, immunocompromised are eligible for a third dose as part of their series. We extend great appreciation to the entire CHD team for all their tremendous efforts. Our CCPC sites will be providing COVID-19 vaccinations for Pfizer 6 months to 4 years of age.

Monkeypox (MPX) Summary

Cincinnati Health Department has been working with local providers to provide Jynneos vaccine to individuals meeting the high-risk category. Jynneos is currently in limited stock nationally. Allocation to States and Local Health Departments is based on case rate. Additionally, CHD is working with providers to provide TPOXX for patients needing antivirals.

Monthly Infectious Disease Surveillance Summary,^{1 2} May 2022



Reportable Condition ² by Category (For a description of listed conditions, see https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual/section3/lidcm-section-3 .)	2022 May	2022 YTD	2021 May	2021 YTD	2021 TOTAL
Food- or Waterborne	11	23	6	26	113
Amebiasis		1			
Brucellosis					
Campylobacteriosis	5	9	3	6	28
Cryptosporidiosis		2		1	5
Cyclosporiasis					
<i>E. coli</i> , Shiga Toxin-Producing O157:H7	1	1	2	3	15
Giardiasis	1	1	1	7	17
Hepatitis A (also vaccine-preventable)					
Legionellosis - Legionnaires' Disease				2	10
Listeriosis					4
Salmonellosis	2	2		3	22
Shigellosis	1	3		3	10
Vibriosis (not cholera)					1
Yersiniosis	1	1		1	1
Vectorborne	0	0	1	5	8
Chikungunya Virus Disease*					
Lyme disease			1	1	1
Malaria*				4	6
Spotted Fever Rickettsiosis					1
Ehrlichiosis-Ehrlichia chaffeensis					
Vaccine-Preventable	16	57	2	15	49
<i>Haemophilus influenzae</i> , invasive disease	3	5		1	5
Influenza-associated hospitalization	6	28		2	20
Mumps					
Pertussis					
<i>S. pneumoniae</i> , invasive (abx susceptible/unknown)	2	15	2	10	20
<i>S. pneumoniae</i> , invasive (abx resistant)	4	5		1	2
Varicella (chickenpox)	1	4		1	2

Viral Hepatitis		26	179	51	208	553
	Hepatitis B, acute (<i>also vaccine-preventable</i>)		1		3	4
	Hepatitis B, chronic, newly identified (<i>also vaccine-preventable</i>)	7	36	8	31	84
	Hepatitis C, acute		1		4	4
	Hepatitis C, perinatal					1
	Hepatitis C, chronic, newly identified	19	141	43	170	460
Other Conditions[#]		1,778	19,228	699	9,629	31,550
	Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) [^]			2	5	10
	<i>Candida Auris</i>	7	30		80	80
	COVID-19	1,769	19,218	693	9,598	31,406
	Coccidioidomycosis	1	1	1	1	1
	Creutzfeldt-Jakob Disease					2
	Hemolytic uremic syndrome (HUS)					
	Meningitis, aseptic		2	2	4	10
	Meningitis, bacterial (not <i>N. meningitidis</i>)		1	1	3	6
	Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19		1		6	10
	<i>Staphylococcal aureus</i> - intermediate resistance to vancomycin (VISA)				1	1
	Streptococcal, Group A, invasive	1	4		11	23
	Streptococcal, Group B, newborn		1			1
	Toxic Shock Syndrome (TSS)					
	Typhus Fever					1
TOTAL CONFIRMED AND PROBABLE CASES		805	19,487	759	9,883	32,273
Outbreaks (Investigation started or continuing)		19	56	22	28	35
	Dermatologic		1			1
	Gastrointestinal	2	4			1
	Respiratory	17	50	22	28	32
	Vaccine-Preventable					
	Other		1			1

1) Confirmed and probable cases reported by health care providers and laboratories among residents of the City of Cincinnati by date of event (most frequently, the date of event is the date of illness onset).

2) List includes only reportable conditions for which at least one case was reported in either year; the full list of reportable conditions in Ohio can be found at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual>.

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

*Acquired through international travel

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

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

City of Cincinnati Primary Care Health Center Visits

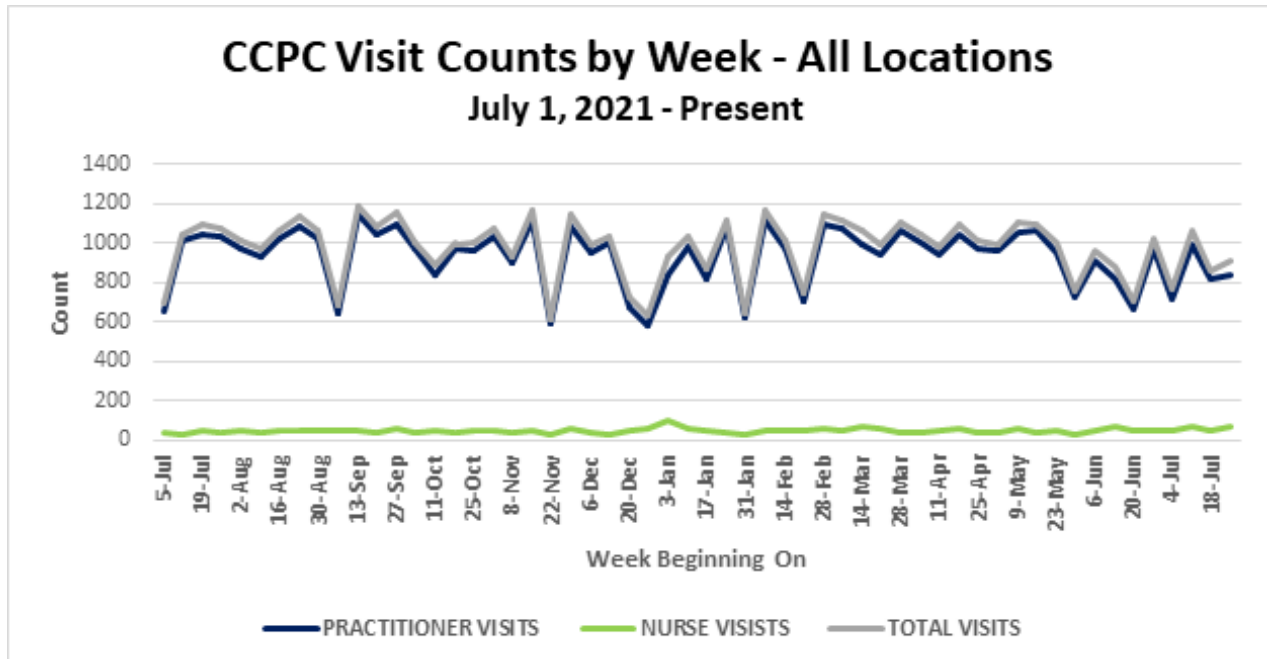


Figure 1. Number of Completed Patient Visits to All CCPC Community Health Center Sites

Table 1. Number of Completed Patient Visits by Location for July 2022 and FYTD

CCPC Community Health Centers	7/4	7/11	7/18	7/25	July 2022 Total	July 2021 Total	2022 FYTD Total	2021 FYTD Total
VISITS	712	990	812	838	3352	3742	3352	3742
AMBROSE CLEMENT	51	62	31	78	222	349	222	349
AMBROSE CLEMENT BH	26	31	16	18	91	94	91	94
BRAXTON CANN	60	105	68	85	318	375	318	375
BRAXTON CANN BH	0	1	0	1	2	3	2	3
ELM ST. BH	1	8	3	14	26	28	26	28
ELM ST.	130	171	154	103	558	768	558	768
MILLVALE	113	151	172	146	582	514	582	514
MILLVALE BH	0	0	0	0	0	6	0	6
NORTHSIDE	97	123	135	135	490	565	490	565
NORTHSIDE BH	24	30	13	27	94	0	94	0
PRICE HILL	194	290	206	222	912	985	912	985
PRICE HILL BH	16	18	14	9	57	55	57	55
NEW PATIENTS	31	39	38	45	153	192	153	192
AMBROSE CLEMENT	2	3	0	9	14	41	14	41
AMBROSE CLEMENT BH	0	0	2	1	3	2	3	2
BRAXTON CANN	2	2	0	3	7	7	7	7
BRAXTON CANN BH	0	0	0	0	0	0	0	0
ELM ST. BH	0	0	0	2	2	1	2	1
ELM ST.	5	6	6	4	21	21	21	21
MILLVALE	9	10	14	16	49	28	49	28
MILLVALE BH	0	0	0	0	0	0	0	0
NORTHSIDE	3	2	6	7	18	28	18	28
NORTHSIDE BH	0	0	0	0	0	0	0	0
PRICE HILL	10	16	10	3	39	62	39	62
PRICE HILL BH	0	0	0	0	0	2	0	2

Table 2. Number of Pharmacy Fills for July 2022 and FYTD

CCPC PHARMACY LOCATION	7/4	7/11	7/18	7/25	July 2022 Total	July 2021 Total	2022 FYTD Total	2021 FYTD Total
NUMBER OF FILLS	2112	2529	2392	2353	9386	11223	9386	11223
AMBROSE CLEMENT	263	242	303	209	1017	1192	1017	1192
BRAXTON CANN	288	397	290	355	1330	1801	1330	1801
ELM ST.	538	637	641	594	2410	3228	2410	3228
MILLVALE	353	390	388	344	1475	1708	1475	1708
NORTHSIDE	216	318	254	323	1111	1160	1111	1160
PRICE HILL	454	545	516	528	2043	2134	2043	2134

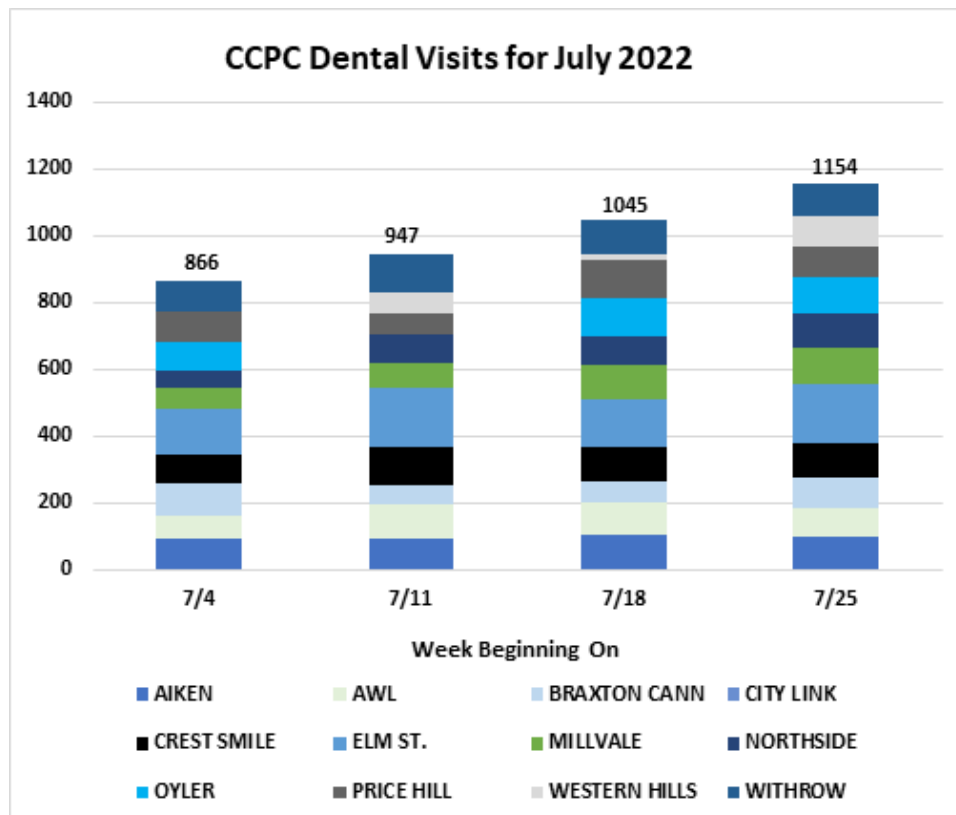


Figure 2. Number of Completed CCPC Dental Visits for July 2022 by Location

Reproductive Health and Wellness Program (RHWP) Data Report: FY 2022

July 2022

Figure 1a. City of Cincinnati Primary Care Health Center Reproductive Health Visits by Gender and Month, Fiscal Year 2022 - 2023

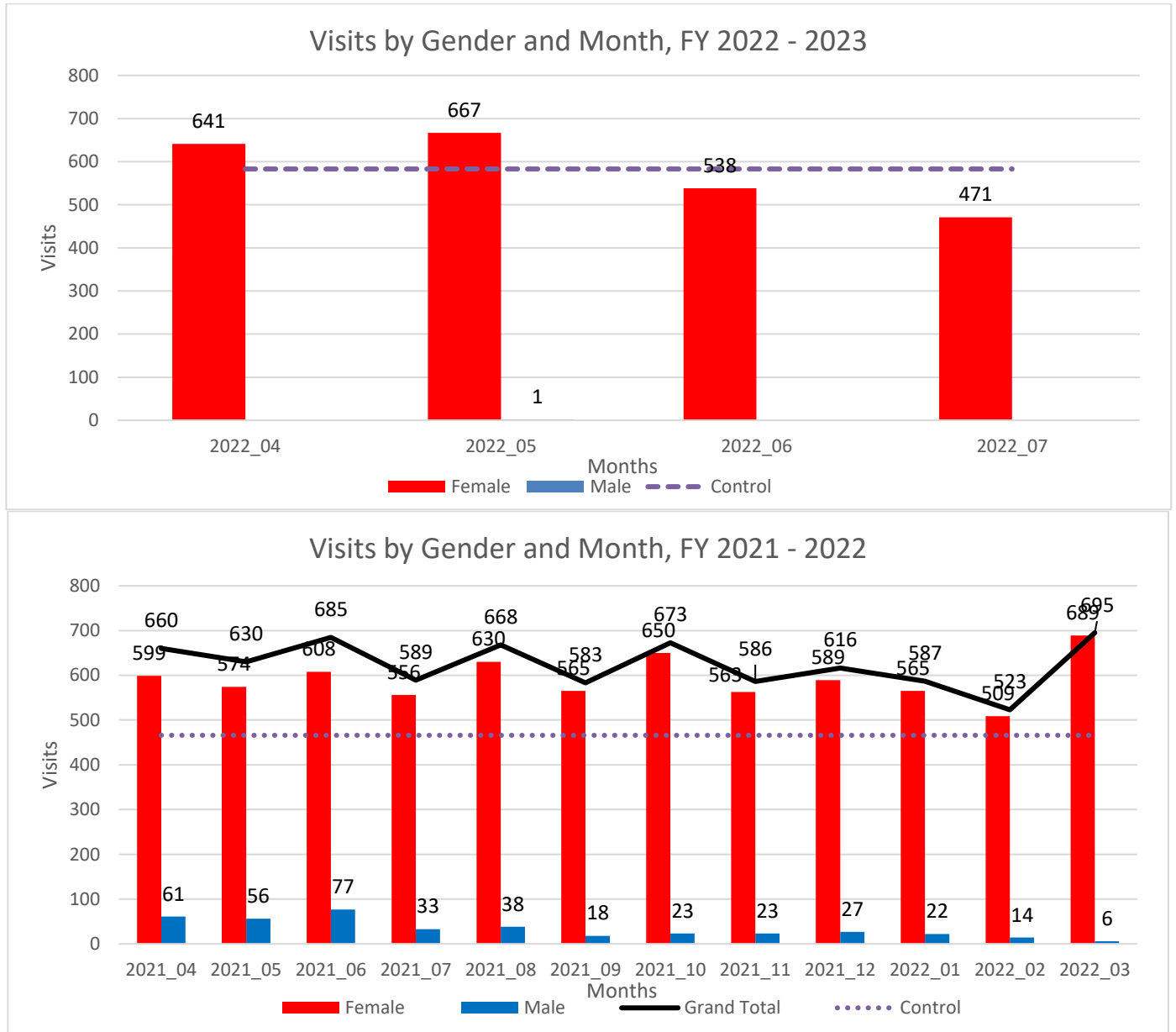


Figure 1b. City of Cincinnati Primary Care Health Center Reproductive Health Visits by Gender and Month, Fiscal Year 2021 - 2022

FY22/23 Visits with Men: 1 patient
 FY22/23 Visits with Women: 2317 patients
 FY22/23 Visits Combined (men/women): 2318 patients
 FY22/23 Control (Expected) Visits: 7000 patients
 FY22/23 Visits as % of Control Total: 99.40%

FY21/22 Visits with Men: 398 patients
 FY21/22 Visits with Women: 7097 patients
 FY21/22 Visits Combined (men/women): 7495 patients
 FY21/22 Control (Expected) Visits: 5592 patients
 FY21/22 Visits as % of Control Total: 134.03%

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 2022 – 2023

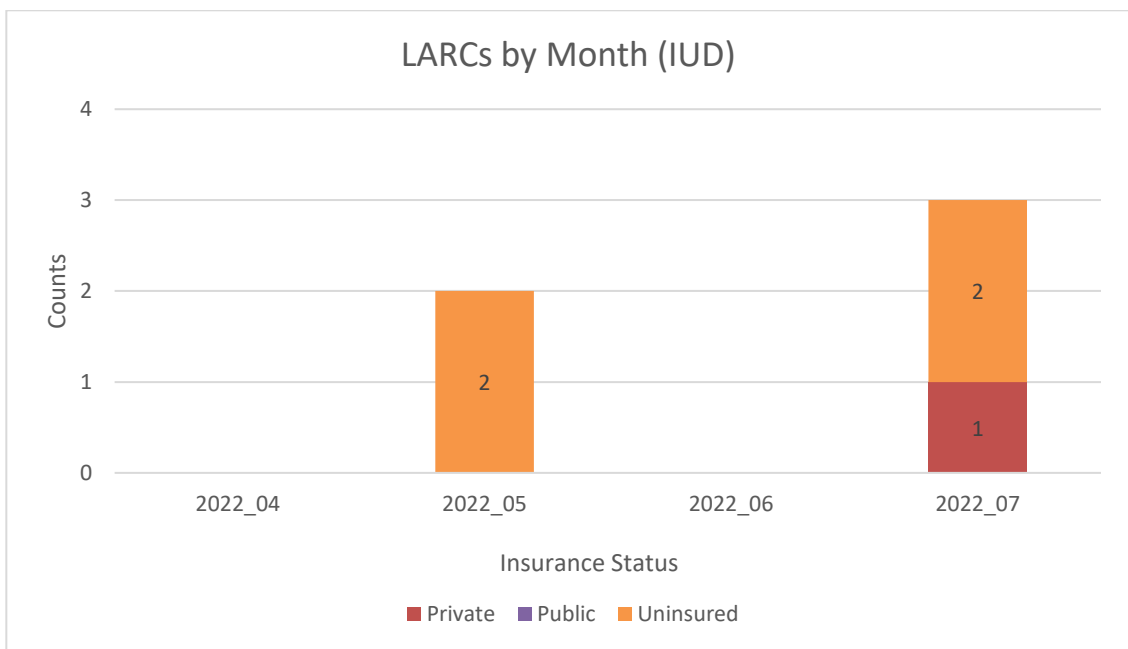


Figure 2b. Long-acting Reversible Contraception (LARC) (Intrauterine Devices) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2021 – 2022

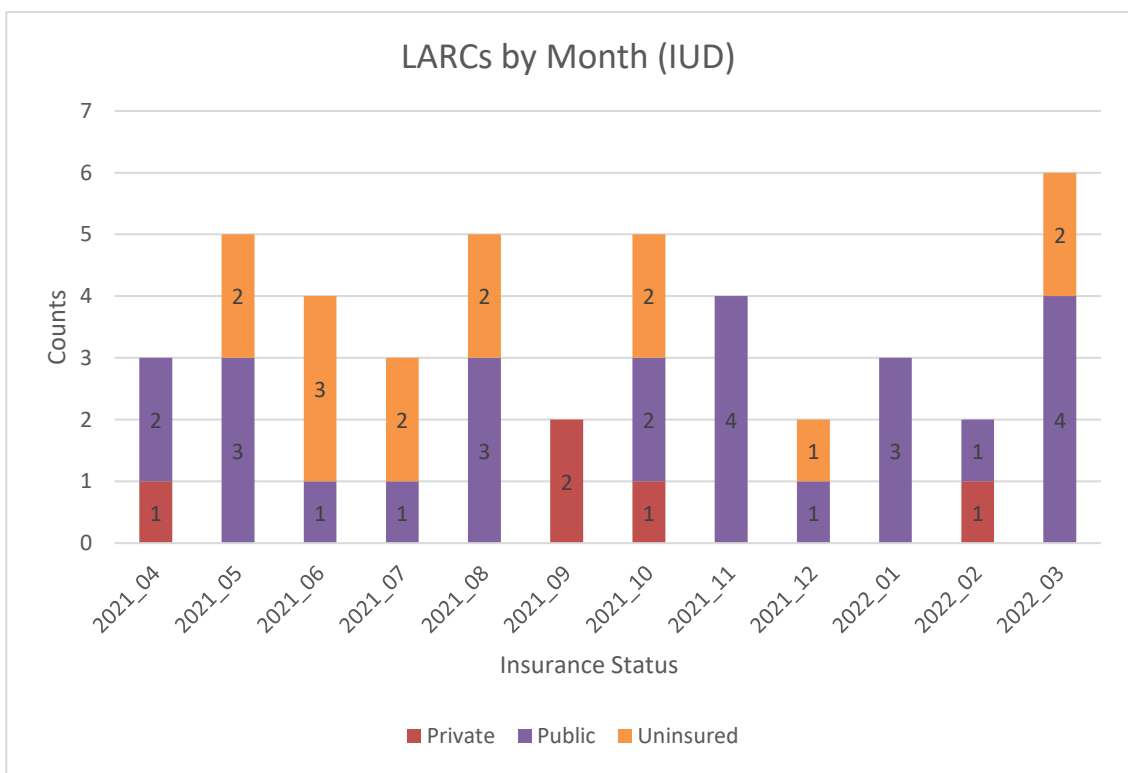


Figure 3a. Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2022 – 2023

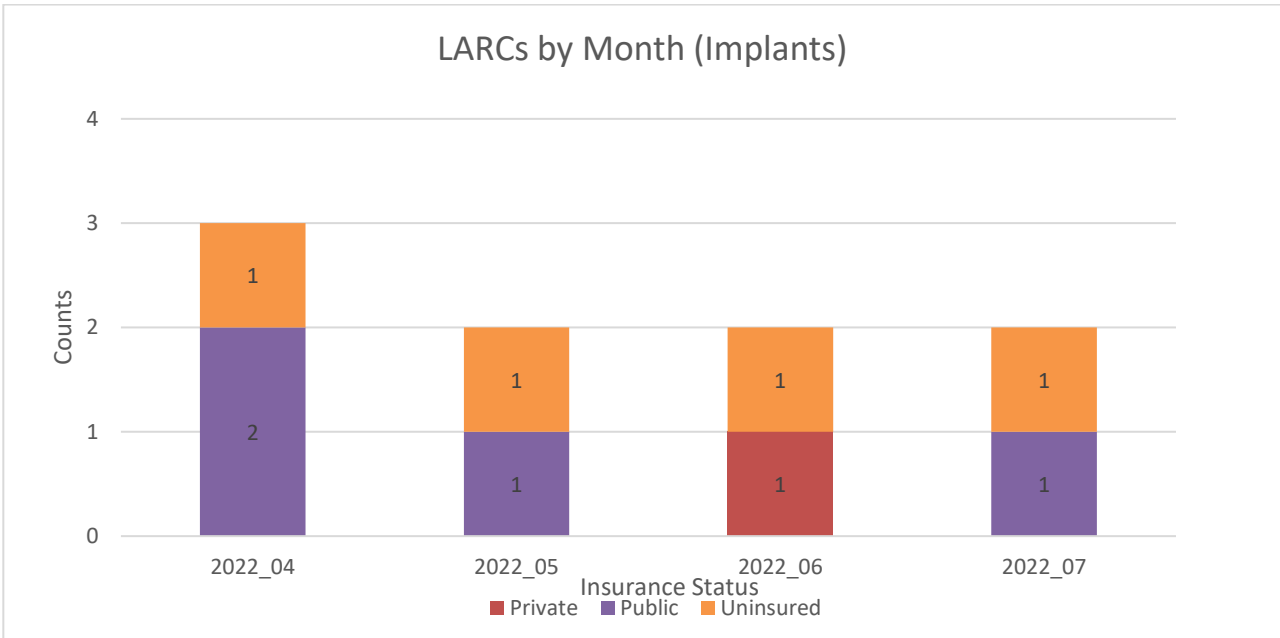


Figure 3b. Long-acting Reversible Contraception (LARC) (Implants) provision by Month and Insurance Type for patients seen at our City of Cincinnati Primary Care Health Centers, Fiscal Year 2021 – 2022

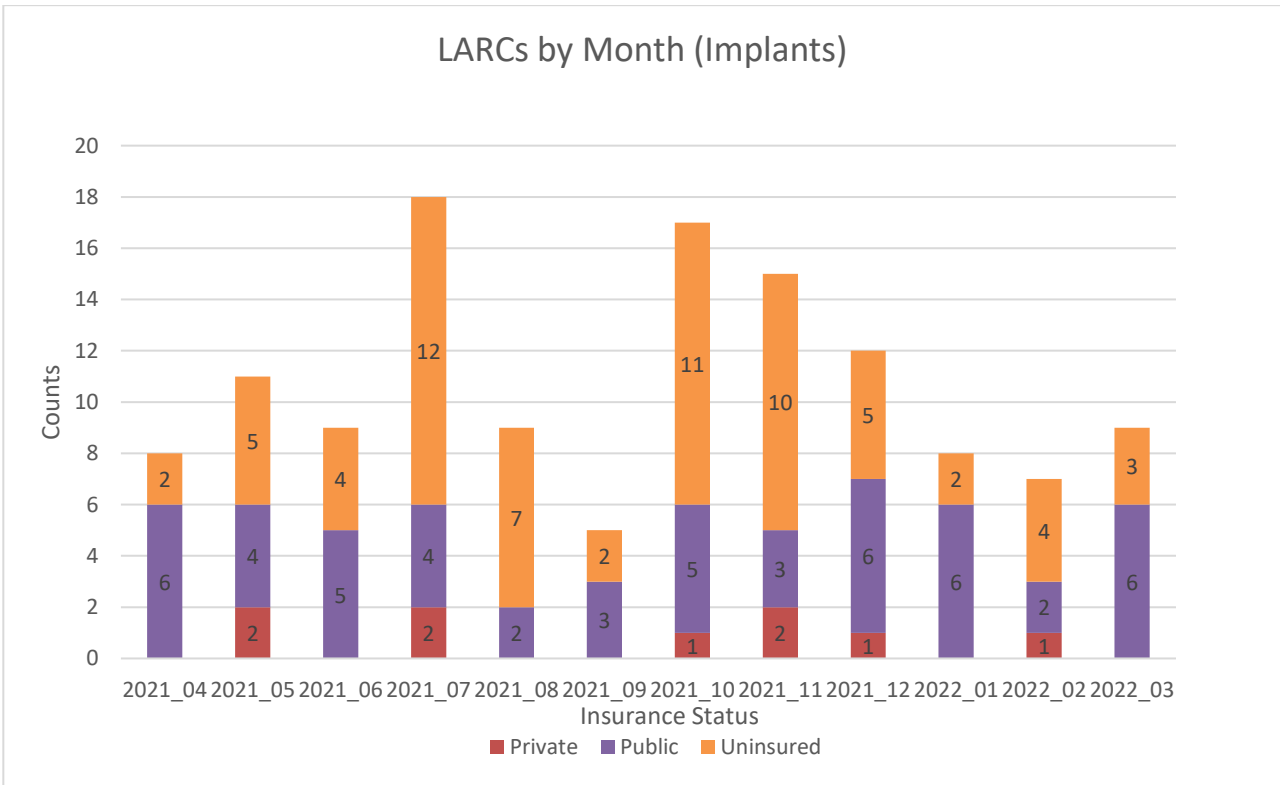


Table 1. Selected Demographic Characteristics of Unduplicated RHWP Patients, June 2022

	Female	% in col.	Male	% in col.	Total	% in col.
Race						
AI/AN	11	2.34%	-	0.00%	11	2.34%
Asian	3	0.64%	-	0.00%	3	0.64%
Black	283	60.08%	-	0.00%	283	60.08%
PI/HN	1	0.21%	-	0.00%	1	0.21%
Unknown	48	10.19%	-	0.00%	48	10.19%
White	125	26.54%	-	0.00%	125	26.54%
Ethnicity						
Hispanic	130	27.60%	-	0.00%	130	27.60%
Non-Hispanic	341	72.40%	-	0.00%	341	72.40%
Income						
<=100% FPL	356	75.58%	-	0.00%	356	75.58%
101-249% FPL	115	24.42%	-	0.00%	115	24.42%
Insurance						
Private	39	8.28%	-	0.00%	39	8.28%
Public	271	57.54%	-	0.00%	271	57.54%
Uninsured	161	34.18%	-	0.00%	161	34.18%
Age (years)						
>=17	21	4.46%	-	0.00%	21	4.46%
18 to 44	394	83.65%	-	0.00%	394	83.65%
44<	56	11.89%	-	0.00%	56	11.89%
Limited English						
Yes	222	47.13%	-	0.00%	222	47.13%

Table 2. Unduplicated RHWP Patients by CCPC Health Center, June 2022

	Female	% in col.	Male	% in col.	Total	% in col.
Health Center						
Ambrose Clement	70	14.86%	-	0.00%	70	14.86%
Braxton Cann	37	7.86%	-	0.00%	37	7.86%
Elm Street	86	18.26%	-	0.00%	86	18.26%
Millvale	69	14.65%	-	0.00%	69	14.65%
Northside	100	21.23%	-	0.00%	100	21.23%
Price Hill	109	23.14%	-	0.00%	109	23.14%

* 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 CHD PHAB Annual Report has been submitted and accepted as of July 19, 2022.

Cincy CHIP Update:

The Cincy CHIP Plan is completed, and implementation began January 1, 2020. The CHIP Plan is posted on the Cincinnati Health Department website and disseminated to our community partners. The CHIP Action Team Chairs will meet to discuss progress with the projects.

Regional CHNA and CHIP Update:

The Regional CHNA lead by The Health Collaborative (THC) was released January, 2022. CHD is participating the Regional CHIP action groups – Access to care, Access to food and housing committees.

Quality Improvement/ Quality Assurance

Clinical QI committee has resumed meeting. Public Health QI is working with CCHMC to build the systems dashboard for public health programs. QI training sessions have completed their training for the Healthy Homes and Lead Programs and are in monitoring stages.

GET VACCINATED GRANT- MONTHLY DATA TABLE 2022-2023										
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	543	780	0	2	0	1	0	0	1	1
August										
September										
October										
November										
December										
January										
February										
March										
April										
May										
June										
TOTAL										

RM=reminders to families for immunizations now due

RC=recalls to families behind on immunizations

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

MOBI=Maximizing Office Based Immunization education presentation for providers

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

Peri HEPB=Peri-natal Hepatitis

***JULY-** MOBI, TIES, IQIP required ODH training/ COVID outreach project

Healthy Communities Program – Live-Work-Play-Cincinnati Coalition

Healthy Communities Program

August 5th -The Healthy Communities team met with The Communities Builders' (Avondale housing organization) to discuss opportunities to support healthy living strategies in the Avondale community.

August 11th - Program Manager, Tonia Smith, presented on CHD's Tobacco Retail License program at the **Strategies for Policy Development: Partnering to Promote Health and Health Equity in all Policies Webinar** hosted by ASTHO (Association of State and Territorial Health Officials) and NACCHO (National Association of County and City Health Officials).

Live-Work-Play-Cincinnati Coalition

The LWPC Coalition meet via Zoom on August 10th with 27 attendees.

Featured presentation in celebration of National Breastfeeding Month:

Voices from the Community

Dr. Janelle McClain, PhD

Executive Director

Breastfeeding Outreach for Our Beautiful Sisters (BOOBS)

The next meeting is scheduled for Wednesday, September 14th from 10:00a-11:30a via Zoom.

Cribs for Kids (Infant Vitality)

- 8 Cribs distributed
- 2,950 Diapers distributed
- 20 Menstrual kits distributed
- 69 families served in July through Cribs for Kids program

July 21st – Attended C4K SIDS awareness Month 2022 planning meeting via Zoom

August 5th- Attended Ohio Injury and Prevention Partnership meeting via Teams

Tobacco Free Living (TFL)

July 18th – Attended the Tobacco Free Ohio Alliance (TFOA) steering committee meeting

July 19th – Attended ODH tobacco meeting

July 21st- Attended ODH tobacco meeting

July 28th – INDEPTH (Intervention for Nicotine Dependence: Education, Prevention, Tobacco and Health) partner meeting

August 2nd- Attended Fatherhood Collaborative meeting

August 4th- Air We Share workgroup meeting and award ceremony

August 9th- INDEPTH partner meeting with American Heart

August 15th- TFOA Steering Committee Meeting

Tobacco 21/Tobacco Retail License (TRL)

296 TRLs issued in Y3 (~97% of identified retailers)

60 Underage Buy Attempts (compliance checks) conducted from 7/20/2022 thru 8/12/2022

- o 1 Sale to underage buyer
- o 1 Citation issued
- o 1 OAH hearing scheduled

Healthy Eating

Partnered with Produce Perks Midwest and Mustard Seed Farms to distribute produce to Winton Hills residents on July 20, July 27, August 3, and August 10

Worksite Wellness

No update.

Active Living

July 20, 2022 - Participated in Bloomberg Group Co-Design session at Washington Park

July 21, 2022 - Attended Regional Climate Collaborative workshop

July 22, 2022 - Participated in CPS outside full team meeting

July 25, 2022 - Participated in Bloomberg Group Idea Prioritization workshop. Attended pedestrian safety townhall at City Hall

July 25, 2022 - Attended Millcreek Greenway Trail working group meeting

July 29, 2022 - Participated in Regional Trail and Bikeway Committee Meeting

August 15, 2022 - Bloomberg Group Mid-Year Presentation

Men's Health

Captain Kimberly William – Cincinnati Police Citi Camp (Presenter)

A 7-week program that encourages, motivates, and challenges youth 12-15 of age, to excel. This camp develops their social, emotional skill, strengthens their resiliency to effectively deal with trauma and teaches them respect for themselves and others. A successful CiTi Camp Graduation: June 29, 2022

Alternative Response to Crisis Project

A pilot project aims to assist those in crisis and/or to provide support. Scheduled to attend Crisis Intervention Training (CIT) IN September 2022 – Onboarding Ongoing

Fatherhood Collaborative of Hamilton County and Talbert House

The Fatherhood Collaborative of Hamilton County is open to individuals, programs, institutions, agencies and businesses that have an interest in the wellbeing of fathers and their children in Hamilton County – Ongoing

New Prospect Baptist Church – Senior Group

Providing an outlet and gathering place for the elders, who are the most important assets of any community. The senior center will include a large front room for events and several smaller rooms for classes and activities. – Ongoing

Unspoken Words Alliance

MHP in partnership with Community Health Workers from Mercy Health, Jobs and Family Services. The Fatherhood Collaborative of Hamilton County and other services professional formed a group called “Unspoken Words Alliance” The alliance primary goal is to focus on community health workers, families, and the negative impact of community violence (gun) effects on community health workers and the people they serve. – On-going

Hamilton County Office of Reentry

Hamilton County Office of Reentry at Duke Energy: CHD partnered with Hamilton County One-Stop Resource Center to eliminate barriers to accessing supportive services for all Hamilton County residents, including those with criminal convictions.

- Healthcare Services
- Vaccination
- Birth Certificates
- State-Issued Identification
- Addiction Services
- Mental Health Care
- Child Support Modification
- Housing
- Record Sealing & Expungement
- Veteran services
- Health Care
- Recovery Housing
- Syringe Exchange

Hamilton County Office of Reentry Event:
July 29, 2022 – Ongoing

American Health Association and Cincy Mobile Barbers

Men's Health Program, AHA and local barber (Positive Vibes) in the planning process for health education curriculum for future barbers to launch a Hypertension Campaign in September 2022. Partners are reviewing health materials to be used -Ongoing

Employee Resource Group (ERG):

MHP is collaborating with the City of Cincinnati HR Department to develop and implement a Men's Employee Resource Group. ERG is an employee-led group of individuals across departments and fields who encourage a welcoming environment while advancing our organization initiatives by providing opportunities for different people to interact and learn. The Men's ERG Open-House Rescheduled TBA

Lead Program

Month	Jan '22	Feb '22	Mar '22	Apr '22	May '22	Jun '22	Jul '22	Aug '22	Sept '22	Oct' 22	Nov' 22	Dec' 22
Open cases	127	116	115	114	107	109	111					
5-9 µg/dL case mgt & follow-up	7 &	7 &	9 & 10	9 & 12	9 & 10	1 & 8	4 & 8					
10+ µg/dL case mgt & follow-up	1 & 22	2 & 32	4 & 15	5 & 20	5 & 15	5 & 19	5 & 10					
Risk assessments	1	3	3	3	3	3	2					
Orders Issued	1	2	1	2	2	3	4					
Clearances EBL	3	4	1	0	1	1	3					
Clearances HUD	0	0	0	0	0	0	0					
Owner meetings EBL	3	2	3	0	2	5	6					
Owner meetings HUD	1	2	1	1	1	1	4					
Compliance checks EBL	26	22	25	25	1	32	3					
Compliance checks HUD	0	0	0	0	0	0	0					
Contractor mtgs EBL	4	3	2	0	1	2	1					
Contractor Meetings HUD	0	0	1	1	1	1	0					
Filed for prosecution	0	1	0	0	0	0	0					
PIRAs	0	4	4	4	4	5	6					
Grant apps uploaded	1	2	2	0	0	1						
Case update w/Lead Clinic	5	18	11 & 7	10 & 3	10 & 2	14 & 0	17 & 8					

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.

Public Health Preparedness

Meetings, Grants, and Employee Safety

Continued procurement of Personal Protective Equipment for CHD Respiratory Protection Program with assistance from Employee Safety.

Attended BioWatch Stakeholder Environmental Biodetection Effort (SEBE) meeting July 7.

Attended Greater Cincinnati Fusion Center Classified Brief July 9.

Attended Hamilton County Local Emergency Planning Committee meeting July 13.

Hosted quarterly BioWatch Advisory Committee July 13.

Attended Regional Emergency Response Coordinator meeting July 14.

Attended BioWatch proof of concept meeting for local jurisdictions Attended Cities Readiness Grant quarterly meeting July 25.

Attended CHD Monkeypox planning meeting July 26.

Training Exercises and Improvement Plans

No activities.

Response Activities

Provided logistical, planning, and operational support for individual COVID and Monkeypox vaccine Points of Dispensing (PODs) throughout July.

Cincinnati Vital Records and Statistics Program

Monthly Dashboard for July 2022 submitted in August 2022

Vital Records staff assisted 25 customers with birth certificate corrections using the affidavit process.

Vital Records staff assisted 95 customers with birth certificate corrections using the service now correction process.

Vital Records approved and processed 3 unclaimed decedents in July 2022 two male and one female.

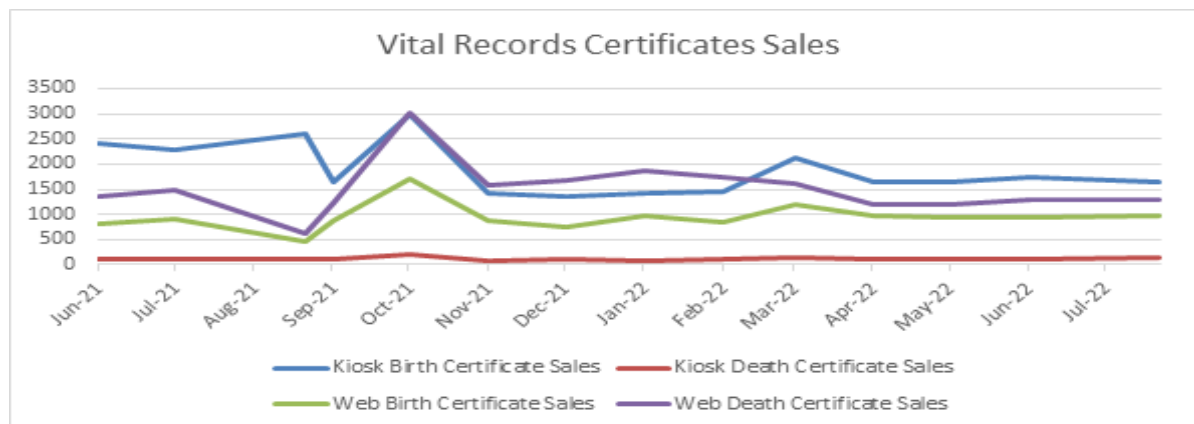
0 homeless

0 Veterans

Vital Records received payment for 185 burial/cremation permits

Kiosk Birth Certificates Sales	1632
Kiosk Death Certificates Sales	130
Web Birth Certificates Sales	983
Web Death Certificates Sales	1288
Kiosk total payment Amount	\$39,429
Web Total Payment Amount	\$56,996

*Monthly dashboard is not an account of dollars paid thru the fiscal department and does not reflect refunds, mail, and Vital Check payments.



From the issuance of 7,884 birth certificates and 4,024 death certificates Vital Records will submit a quarterly payment to ODH in the amount of \$159,090.88. This quarterly payment from Cincinnati Vital Records and customers assists in the support of the following State Funds listed below. The City of Cincinnati general funds keeps the remaining dollars generated from issuance of certificates in the amount of \$123,005.12.

Monthly Infectious Disease Surveillance Summary, July 2022

Reportable Condition is by Category (For a description of listed conditions, see https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual/section3/idcm-section-3.)	2022 July	2022 YTD	2021 July	2021 YTD	2021 Rate	Cincinnati 5 Year Average Rate (2017-2021)	Ohio 5 Year Average Rate (2015-2019)
Food- or Waterborne	5	32	18	58	37.49	62.31	12.32
Amebiasis		1				0.066	0.10
Brucellosis						0.066	< 0.001
Campylobacteriosis	1	12	7	15	9.29	10.95	18
Cryptosporidiosis		2		2	1.66	3.45	7.50
Cyclosporiasis						1.30	0.50
<i>E. coli</i> , Shiga Toxin-Producing O157:H7		1	3	7	4.98	2.99	0.70
Giardiasis		1	2	11	5.64	6.10	3.70
Hepatitis A (also vaccine-preventable)						11.36	6.10
Legionellosis - Legionnaires' Disease		3	1	5	3.32	5.11	5.90
Listeriosis				1	1.33	0.46	0.30
Salmonellosis	3	6	3	10	7.30	11.28	12.70
Shigellosis	1	5	2	6	3.32	11.01	5.80
Vibriosis (not cholera)					0.33	0.33	0.30
Yersiniosis		1		1	0.33	0.46	0.60
Vectorborne		2	3	8	2.65	3.52	0.60
Chikungunya Virus Disease*						0.13	<0.001
Lyme disease		2	3	4	0.33	1.46	2.30
Malaria*				4	6	1.19	0.50
Spotted Fever Rickettsiosis					0.33	0.26	0.30
Ehrlichiosis-Ehrlichia chaffeensis						0.13	0.10
Vaccine-Preventable	1	65	1	18	16.26	111.48	91.00
<i>Hemophilus influenzae</i> , invasive disease		6		2	1.66	3.32	2.10
Influenza-associated hospitalization		30		2	6.64	89.19	77.30
Mumps						0.066	0.40
Pertussis						4.81	7.20
<i>S. pneumoniae</i> , invasive (abx susceptible/unknown)	1	20	1	11	6.64	7.70	-

<i>S. pneumoniae</i> , invasive (abx resistant)		5		1	0.64	4.51	-
Varicella (chickenpox)		5		2	0.64	2.17	3.90
Reportable Condition² by Category (For a description of listed conditions, see <a)<="" a="" href="https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual/section3/idcm-section-3.">	2022 July	2022 YTD	2021 July	2021 YTD	2021 Rate	Cincinnati 5 Year Average Rate (2017-2021)	Ohio 5 Year Average Rate (2015-2019)
Viral Hepatitis	28	242	47	309	183.48	259.20	193.12
Hepatitis B, acute (<i>also vaccine-preventable</i>)	1	2	1	4	1.33	2.72	2.80
Hepatitis B, chronic, newly identified (<i>also vaccine-preventable</i>)	3	44	8	47	27.87	30.72	20.62
Hepatitis C, acute	1	2		4	1.33	3.52	2.68
Hepatitis C, perinatal			1	1	0.33	0.91	<0.001
Hepatitis C, chronic, newly identified	23	194	37	253	152.62	221.44	167.02
Other Conditions[#]	3,148	21,259	640	10,444	10,468.02	8,075.4	2.34
Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) [^]			1	7	3.32	1.66	Not Yet Reportable
<i>Candida Auris</i>	7	37	1	3	26.54	5.11	<0.001
COVID-19	3,195	24,404	635	10,403	10,420.25	8,047.6	Not yet Reportable
Coccidioidomycosis		1		1	0.33	0.26	0.20
Creutzfeldt-Jakob Disease					0.64	0.13	0.10
Hemolytic uremic syndrome (HUS)						0.066	<0.001
Meningitis, aseptic	1	5	2	6	3.32	7.56	5.40
Meningitis, bacterial (not <i>N. meningitidis</i>)		1		4	1.99	2.72	1.10
Monkeypox	2	2					Not yet Reportable
Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19		1		6	3.32	1.06	Not Yet Reportable
<i>Staphylococcal aureus</i> - intermediate resistance to vancomycin (VISA)				1	0.33	0.20	0.10
Streptococcal, Group A, invasive	3	11	1	13	7.63	8.16	4.80
Streptococcal, Group B, newborn		3			0.33	0.80	-
Toxic Shock Syndrome (TSS)						0.13	<0.001
Typhus Fever					0.33	0.066	-
TOTAL CONFIRMED AND PROBABLE CASES	3,182	21,600	709	10,837	10,707.90	8,511.91	299.38
Dermatologic		1			0.66	4.60	
Gastrointestinal		4			0.33	4.20	
Respiratory	16	88	11	62	66.70	77.60	

Other		1			0.33	5.00	
<i>Outbreaks (Investigation started or continuing)</i>	16	94	11	62	68.02	87.40	

1) Confirmed and probable cases reported by health care providers and laboratories among residents of the City of Cincinnati by date of event (most frequently, the date of event is the date of illness onset).

2) List includes only reportable conditions for which at least one case was reported in either year; the full list of reportable conditions in Ohio can be found at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual>.

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

*Acquired through international travel

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

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

- Case rates use the 2019 5-year U.S Census estimates and are per 100,000 residents
- Any dash (-) indicates there was no available data at the time this report was published due to either lack of cases in the last 10 years, or age restrictions when calculating rates with population.

CITY OF CINCINNATI ENVIRONMENTAL HEALTH REPORT

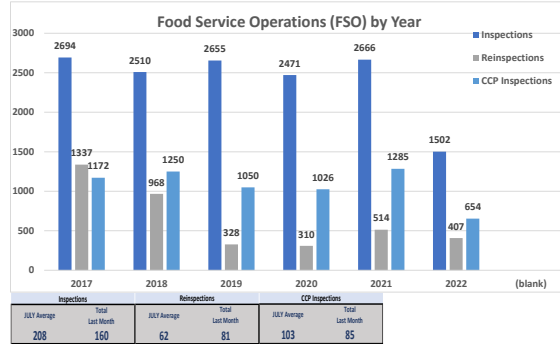
Environmental Health

The Environmental Health Division strives to provide quality community-based services to Cincinnati citizens through the enforcement of public health laws. Through four offices, 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.

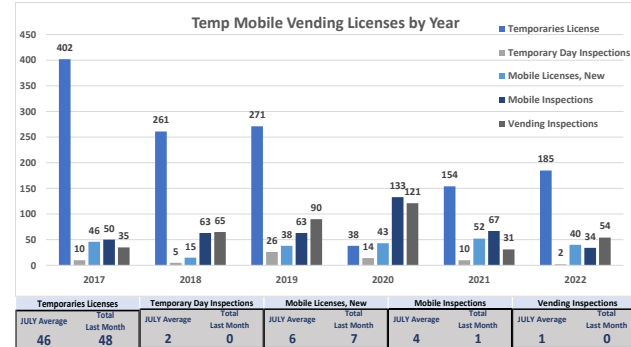
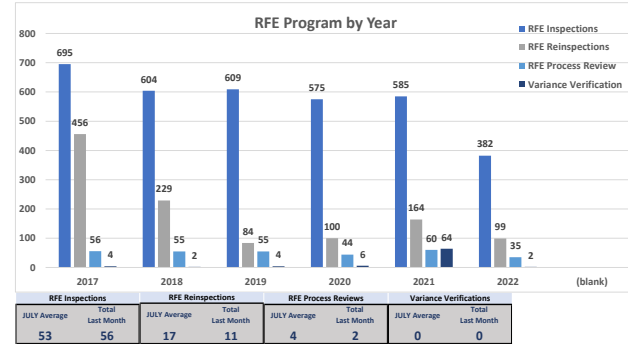
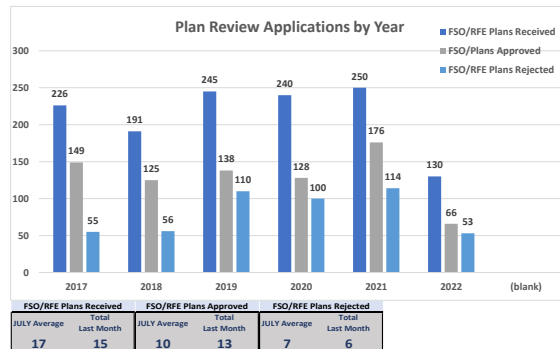
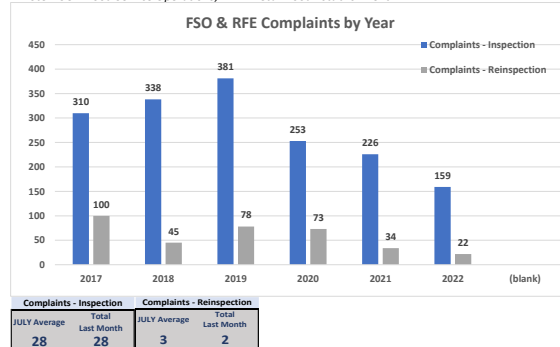
FOOD INSPECTION PROGRAM

*Highlights - Northside Rock in Roll Carnival (July 2nd - 4th), Celtic Fest (July 8th - 9th), Water Lantern Festival (July 15th), Cincy Soul (July 22nd - 24th), Festival 513 (July 22nd - 23rd), Afrifest (July 30th)



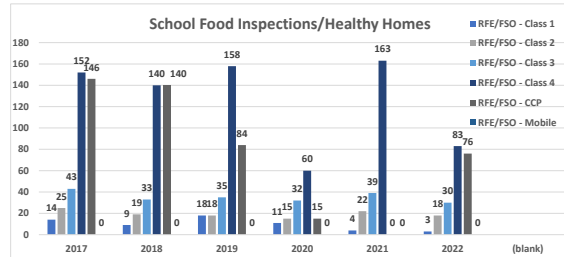
*Note: CCP = Critical Control Point Inspections.

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



HEALTHY HOMES PROGRAM

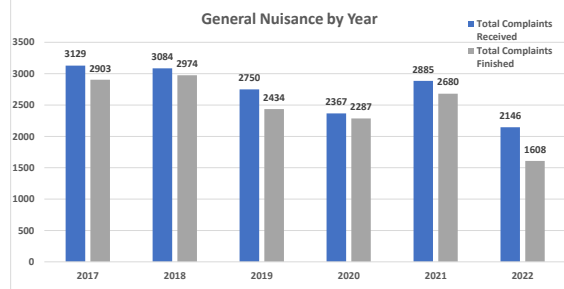
The Healthy Homes staff did several field cross training sessions with the Food Safety Inspectors, which was an excellent collaboration between environmental offices for hands-on training. Healthy Homes also concluded our extensive inspection investigation of the sewage complaint at the United American Cemetery, with another round of dye testing with a collaboration of a field team from MSD.



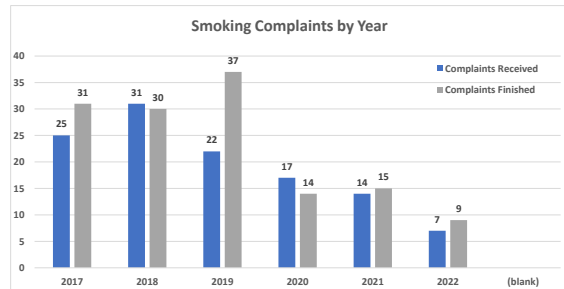
RFE/FSO-Class 1		RFE/FSO-Class 2		RFE/FSO-Class 3		RFE/FSO-Class 4	
JULY Average	Total	JULY Average	Total	JULY Average	Total	JULY Average	Total
0	0	0	0	0	0	0	0
RFE/FSO-CCP		RFE/FSO-Mobile					
JULY Average	Total	JULY Average	Total				
0	0	0	0				

RFE/FSO-CCP		RFE/FSO-Mobile	
JULY Average	Total	JULY Average	Total
0	0	0	0

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

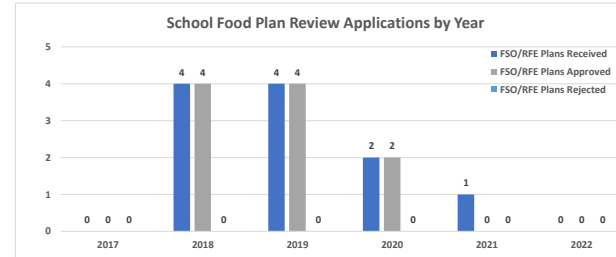


Complaints Received		Complaints Finished	
JULY Average	Total	JULY Average	Total
304	302	226	164



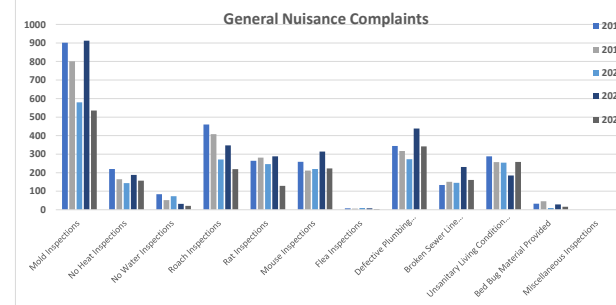
Complaints Received		Complaints Finished	
JULY Average	Total	JULY Average	Total
1	0	1	0

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



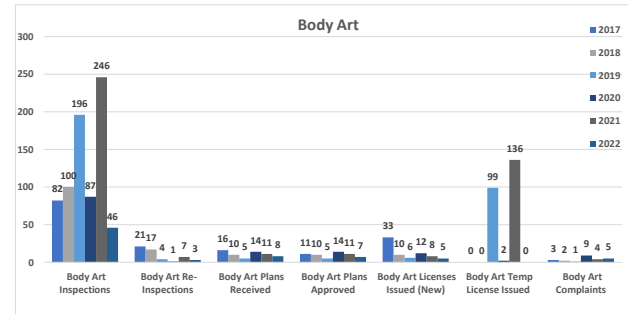
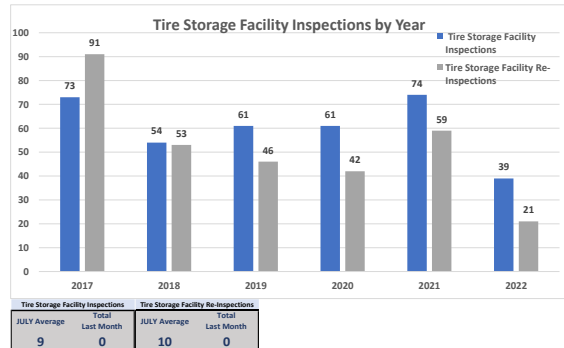
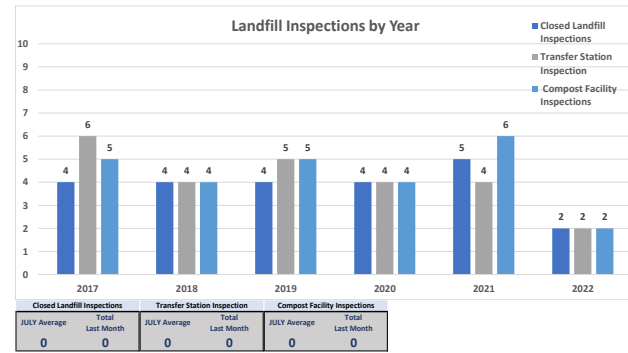
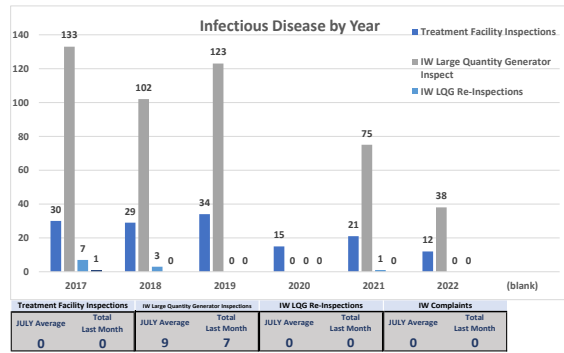
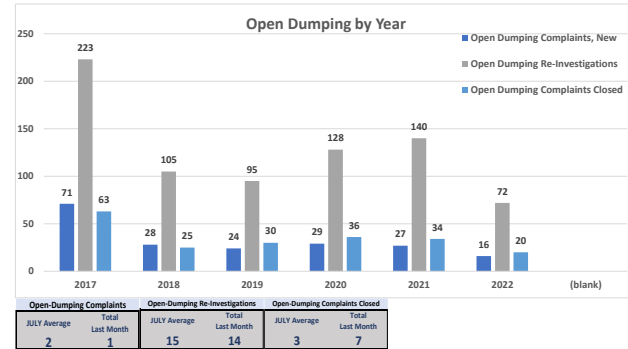
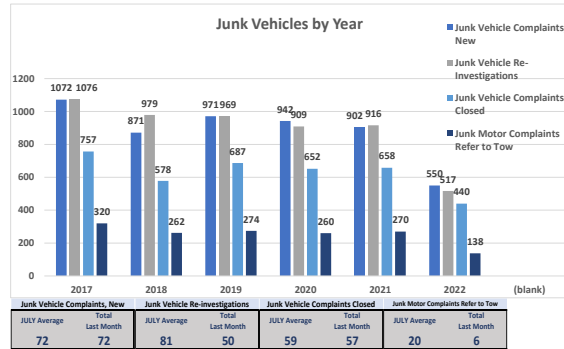
FSO/RFE Plans Received		FSO/RFE Plans Approved		FSO/RFE Plans Rejected	
JULY Average	Total	JULY Average	Total	JULY Average	Total
1	0	0	0	0	0

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



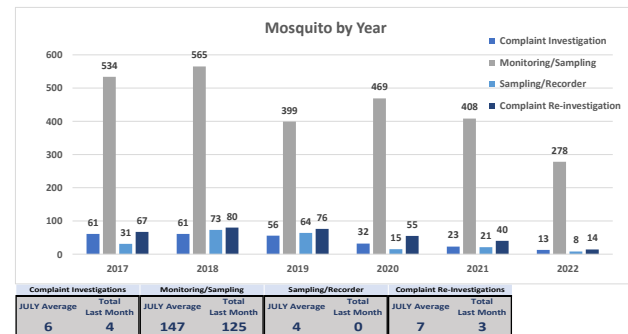
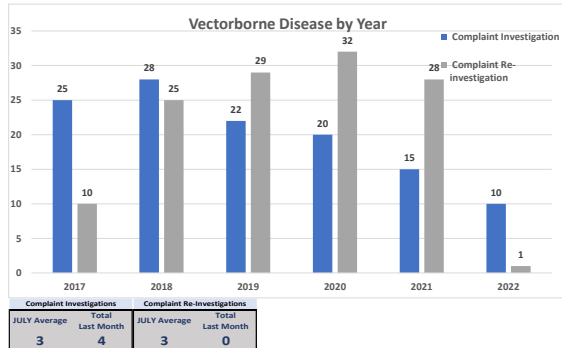
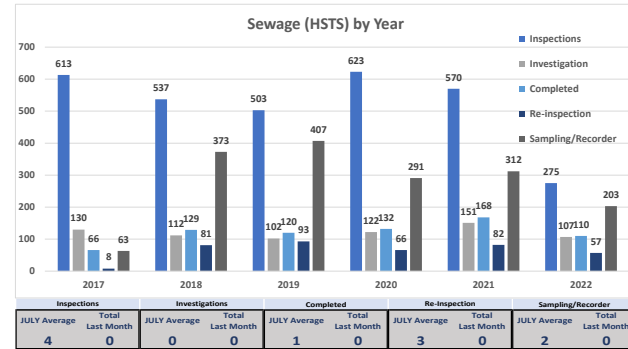
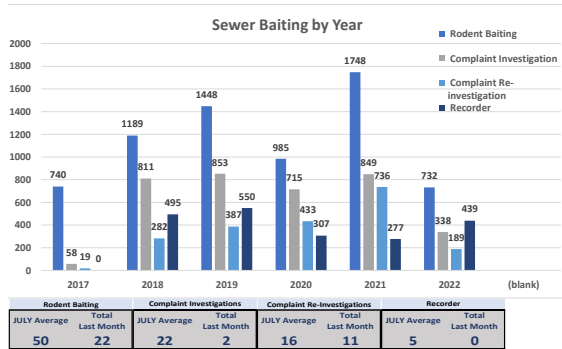
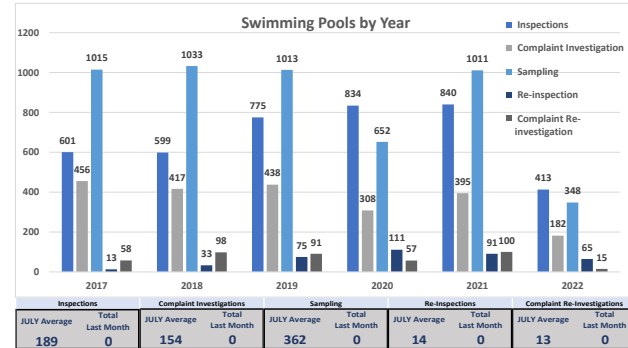
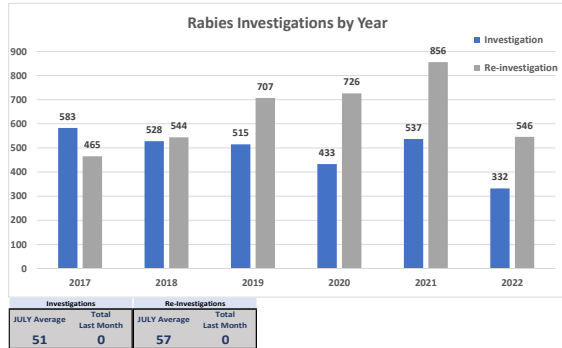
ENVIRONMENTAL WASTE PROGRAM

The Waste Unit licensed 1 new Body Art Establishment.



TECHNICAL ENVIRONMENTAL SERVICES (TES)

In July, Technical Environmental staff attended a virtual meeting with Ohio Department of Health's Recreation Program staff to receive updates on swimming pool rules and inspections. Staff is also continuing to work with several licensees regarding possible entrance gate variance requests at swimming pools.



Five Year Communicable Disease Surveillance Summary, 2017-2021

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Executive Summary

Key Findings

- ❖ Rates of the following reportable diseases **increased** from 2017 to 2021: *E. Coli*, Yersinosis, Malaria, *S. Pneumoniae*- Antibiotic (abx) resistant, Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE), *SARS-CoV-2* (COVID-19), *Candida Auris*, Coccidioidomycosis, Multisystem inflammatory Syndrome in Children (MIS-C) associated with COVID-19.
- ❖ Average rates for the following diseases have a **lower** five-year average rate in Cincinnati, than the five-year average rate for the state of Ohio: Amebiasis, Campylobacteriosis, Cryptosporidiosis, Legionellosis, Salmonellosis, Yersinosis, Dengue Fever, Lyme Disease, Spotted Fever Rickettsiosis, Meningococcal Disease (*N. Meningitis*), Mumps, Pertussis, Varicella, Hepatitis B (acute),
- ❖ Over the last five years, Cincinnati health department (CHD) has conducted **457** communicable disease outbreak investigations. Of all investigations, **374** were outbreak investigations linked to COVID-19. Other diseases outbreak investigations included but not limited to, *Candida Auris*, Norovirus, Shigellosis, and Influenza.

How Communicable Diseases get Reported in Ohio.

Who Reports Communicable Diseases?

Healthcare providers, laboratorians, and health individuals with knowledge of a case or suspected case of a reportable communicable disease are required to report to the Ohio Department of Health (ODH). They must report communicable disease outbreaks that are linked to congregate settings such as schools, daycares, and long-term care facilities.

What Diseases are Reported?

All communicable diseases listed on the Ohio ABC List (class A, B, C disease) need to be reported. Examples of these diseases are mentioned in the below data table. Along with the disease the name, diagnosis, birth date, sex, phone number, address and other supplementary disease specific data is all reported to the ODH by phone, they submit the information into the Ohio Disease Reporting System (ODRS), online. Full list of reportable diseases in Ohio can be found in section 1 of the Infectious Disease Control Manual at: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual/section1/abcs-guide-to-reportable-infectious-diseases-in-ohio>

When are Communicable Diseases Reported?

Diseases are reported depending on what class they are; the following are the reporting deadlines for Ohio health departments and health jurisdictions. **Class A:** immediately by phone, **Class B:** by the end of the next business day, **Class C:** the end of the next business day. More information on these time frames can be found in section 1 of the Infectious Disease Control Manual at: <https://odh.ohio.gov/know-our-programs/infectious-disease-control-manual/section1/section-1-reporting>

Where are Reports made?

Communicable diseases must be reported to the local health authority that corresponds with the residence of the case or suspected case. If this information is not known, then the report can be made to the local health authority of the lab or health provider reporting the communicable disease case. More information on reporting can be found in section 1 of the Infectious Disease Control Manual at: <https://odh.ohio.gov/know-our-programs/infectious-disease-control-manual/section1/section-1-reporting>

Why are Communicable Diseases Reported?

By reporting cases of communicable diseases, local, state, federal health agencies, and partners, researchers are better able to see trends in the spread of disease. It is important to be able to identify outbreaks when they occur so the local health authorities can take the appropriate measures to stop, slow and prevent the spread or creation of more outbreaks. More information on this can be found in section 1 of the Infectious Disease Control Manual at: <https://odh.ohio.gov/know-our-programs/infectious-disease-control-manual/section1/section-1-reporting> **OR** for information on prevention of specific reportable diseases can be found in section 3 of the Infectious Disease Control Manual at: <https://odh.ohio.gov/know-our-programs/infectious-disease-control-manual/section3/>

When are Reports Final?

All the data within this report is provisional and subject to change. These changes can occur as data is updated, jurisdictions are changed, or more cases are confirmed.

Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio

From the Ohio Administrative Code Chapter 3701-3; Effective August 1, 2019

Class A:

Diseases of major public health concern because of the severity of disease or potential for epidemic spread – report immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists.

- Anthrax
- Botulism, foodborne
- Cholera
- Diphtheria
- Influenza A – novel virus infection
- Measles
- Meningococcal disease
- Middle East Respiratory Syndrome (MERS)
- Plague
- Rabies, human
- Rubella (not congenital)
- Severe acute respiratory syndrome (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic fever

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

Class B:

Disease of public health concern needing timely response because of potential for epidemic spread – report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

- Amebiasis
- Arboviral neuroinvasive and non-neuroinvasive disease:
 - Chikungunya virus infection
 - Eastern equine encephalitis virus disease
 - LaCrosse virus disease (other California serogroup virus disease)
 - Powassan virus disease
 - St. Louis encephalitis virus disease
 - West Nile virus infection
 - Western equine encephalitis virus disease
 - Yellow fever
 - Zika virus infection
 - Other arthropod-borne diseases
- Babesiosis
- Botulism
 - infant
 - wound
- Brucellosis
- Campylobacteriosis
- *Candida auris*
- Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)
 - CP-CRE *Enterobacter* spp.
 - CP-CRE *Escherichia coli*
 - CP-CRE *Klebsiella* spp.
 - CP-CRE other
- Chancroid
- *Chlamydia trachomatis* infections
- Coccidioidomycosis
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC)
- Ehrlichiosis/anaplasmosis
- Giardiasis
- Gonorrhea (*Neisseria gonorrhoeae*)
- *Haemophilus influenzae* (invasive disease)
- Hantavirus
- Hemolytic uremic syndrome (HUS)
- Hepatitis A
- Hepatitis B (non-perinatal)
- Hepatitis B (perinatal)
- Hepatitis C (non-perinatal)
- Hepatitis C (perinatal)
- Hepatitis D (delta hepatitis)
- Hepatitis E
- Influenza-associated hospitalization
- Influenza-associated pediatric mortality
- Legionnaires' disease
- Leprosy (Hansen disease)
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Meningitis:
 - Aseptic (viral)
 - Bacterial
- Mumps
- Pertussis
- Poliomyelitis (including vaccine-associated cases)
- Psittacosis
- Q fever
- Rubella (congenital)
- *Salmonella* Paratyphi infection
- *Salmonella* Typhi infection (typhoid fever)
- Salmonellosis
- Shigellosis
- Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)
- *Staphylococcus aureus*, with resistance or intermediate resistance to vancomycin (VRSA, VISA)
- Streptococcal disease, group A, invasive (IGAS)
- Streptococcal disease, group B, in newborn
- Streptococcal toxic shock syndrome (STSS)
- *Streptococcus pneumoniae*, invasive disease (ISP)
- Syphilis
- Tetanus
- Toxic shock syndrome (TSS)
- Trichinellosis
- Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)
- Varicella
- Vibriosis
- Yersiniosis

Class C:

Report an outbreak, unusual incident or epidemic of other diseases (e.g. histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day.

Outbreaks:

- Community
- Foodborne
- Healthcare-associated
- Institutional
- Waterborne
- Zoonotic

NOTE:

Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, all CD4 T-lymphocyte counts and all tests used to diagnose HIV must be reported on forms and in a manner prescribed by the Director.

Five Year Communicable Disease Surveillance Summary, 2017-2021

Table 1:	2017 Case # (Case Rate)	2018 Case # (Case Rate)	2019 Case # (Case Rate)	2020 Case # (Case Rate)	2021 Case # (Case Rate)	5-Year Average Rate
Food- or Waterborne	149 (49.44)	326 (108.16)	252 (83.61)	103 (34.17)	109 (36.16)	62.31
Amebiasis	0.00	0.00	0.00	1 (0.33)	0	0.066
Brucellosis	0.00	1 (0.33)	0.00	0.00	0	0.066
Campylobacteriosis	28 (9.29)	39(12.94)	43 (14.27)	29 (9.22)	26 (8.63)	10.95
Cryptosporidiosis	16 (5.31)	13 (4.31)	14 (4.64)	4 (1.33)	5 (1.66)	3.45
Cyclosporiasis	0.00	2 (0.66)	10 (3.32)	1 (0.33)	0	1.30
<i>E. coli</i> , Shiga Toxin Producing O157:H7	4 (1.33)	10 (3.32)	14 (4.64)	3 (0.99)	14 (4.64)	2.99
Giardiasis	15 (4.98)	31 (10.28)	19 (6.30)	10(3.32)	17 (5.64)	6.1
Hepatitis A (<i>also vaccine-preventable</i>)	0.00	94 (31.19)	39 (12.94)	3 (0.99)	1 (0.33)	11.36
Legionellosis	16 (5.31)	23 (7.63)	18 (5.97)	10 (3.32)	10 (3.32)	5.11
Listeriosis	0.00	0.00	2 (0.66)	2 (0.66)	3 (.99)	0.46
Salmonellosis	37 (12.28)	39 (12.94)	41 (13.60)	31 (10.28)	22 (7.30)	11.28
Shigellosis	31 (10.28)	70 (32.22)	48 (15.92)	7 (2.32)	10 (3.32)	11.01
Vibriosis (not cholera)	0.00	2 (0.66)	2 (0.66)	0.00	1 (0.33)	0.33
Typhoid Fever* (<i>also vaccine preventable</i>)	2 (0.66)	0.00	0.00	0.00	0	0.13
Yersiniosis	0.00	2 (0.66)	2 (0.66)	2 (0.66)	1 (0.33)	0.46
Vector borne	14 (4.64)	7 (2.32)	13 (4.31)	4 (1.33)	12 (3.98)	3.52
Chikungunya Virus Disease*	0.00	0.00	2 (0.66)	0.00	0	0.13
Dengue Fever	0.00	0.00	1 (0.33)	0.00	0	0.066
Lyme disease	6(1.99)	3 (0.99)	6 (1.99)	2 (0.66)	5 (1.66)	1.46
Malaria*	4 (1.33)	4 (1.33)	4 (1.32)	0.00	6 (1.99)	1.19
Spotted Fever Rickettsiosis	2 (0.66)	0.00	0.00	1 (0.33)	1 (0.33)	0.26
Ehrlichiosis-Ehrlichia chaffeensis	1 (0.33)	0.00	0.00	1(0.33)	0	0.13
Zika Virus Infection	1(0.33)	0.00	0.00	0.00	0	0.066

- Case rates use the 2019 5-year U.S Census estimates and are per 100,000 residents
- 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 id illness onset).
- List includes only reportable conditions for which at least one case was reported in either year; the full list of reportable conditions on Ohio can be found at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual>.
- All data was provided through the Ohio Disease Reporting System – All data is provisional and subject to change.
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*Acquired through international travel

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

Five Year Communicable Disease Surveillance Summary, 2017-2021

Table 1:	2017 Case # (Case Rate)	2018 Case # (Case Rate)	2019 Case # (Case Rate)	2020 Case # (Case Rate)	2021 Case # (Case Rate)	5-Year Average Rate
Vaccine-Preventable	314 (104.18)	493 (163.57)	456 (151.30)	369 (122.43)	48 (15.93)	111.482
<i>Haemophilus influenzae</i> , invasive disease	10 (3.32)	17 (5.64)	11 (3.65)	7 (2.32)	5(1.66)	3.32
Influenza-associated hospitalization	260 (86.27)	402 (133.38)	337 (111.81)	327 (108.50)	18 (5.97)	89.19
Meningococcal Disease (<i>N. meningitidis</i>)	1 (0.33)	0.00	0.00	0.00	0.00	0.066
Mumps	2 (0.66)	8 (2.65)	1 (0.33)	0.00	0.00	0.60
Pertussis	7 (2.32)	8 (2.65)	38 (12.61)	5 (1.66)	0.00	4.81
<i>S. pneumoniae</i> , invasive (abx susceptible/unknown)	16 (5.31)	28 (9.29)	37 (12.28)	15(4.98)	20 (6.64)	7.70
<i>S. pneumoniae</i> , invasive (abx resistant)	13 (4.31)	23 (7.63)	14 (4.64)	15(4.98)	3 (0.99)	4.51
Varicella (chickenpox)	5 (1.66)	7(2.32)	18 (5.97)	0.00	2 (0.66)	2.17
Viral Hepatitis	1,033 (342.74)	1,035 (343.40)	753 (249.84)	551 (182.82)	534 (177.18)	259.20
Hepatitis B, acute (<i>also vaccine-preventable</i>)	11(3.65)	12 (3.98)	14 (4.64)	0.00	4 (1.33)	2.72
Hepatitis B, chronic, newly identified (<i>also vaccine-preventable</i>)	124 (41.14)	97 (32.18)	98 (32.51)	64 (21.23)	80(26.54)	30.72
Hepatitis B, perinatal	0.00	0.00	1 (0.33)	0.00	0.00	0.066
Hepatitis C, acute	7 (2.32)	17 (5.64)	14 (4.64)	11 (3.65)	4 (1.33)	3.52
Hepatitis C, perinatal	0.00	5(1.66)	3 (0.99)	2 (0.66)	1(0.33)	0.91
Hepatitis C, chronic, newly identified	891 (295.63)	904 (299.94)	623 (206.71)	474 (157.27)	445 (147.65)	221.44

- 1) Case rates use the 2019 5-year U.S Census estimates and are per 100,000 residents
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Five Year Communicable Disease Surveillance Summary, 2017-2021

Table 1:	2017 Case # (Case Rate)	2018 Case # (Case Rate)	2019 Case # (Case Rate)	2020 Case # (Case Rate)	2021 Case # (Case Rate)	5-Year Average Rate
Other Conditions	74 (24.55)	74 (24.55)	78 (25.88)	18,166 (6027.33)	30,538 (10,132.25)	8075.46
Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) ^	Not Reportable	4(1.33)	9 (2.99)	3 (0.99)	9(2.99)	1.66
<i>Candida Auris</i>	0.00	0.00	0.00	2 (0.66)	75 (24.88)	5.11
SARS CoV-2 (COVID-19)	Not Reportable	Not Reportable	Not Reportable	18,108 (6,008.08)	30,401 (10,086.80)	8,047.60
Coccidioidomycosis	0.00	0.00	1 (0.33)	1 (0.33)	2 (0.66)	0.26
Creutzfeldt-Jakob Disease	1 (0.33)	0.00	0.00	1 (0.33)	0.00	0.13
Hemolytic uremic syndrome (HUS)	0.00	1 (0.33)	0.00	0.00	0.00	0.066
Meningitis, aseptic	29 (9.62)	36 (11.94)	32 (10.62)	7 (2.32)	10 (3.32)	7.56
Meningitis, bacterial (not <i>N. meningitidis</i>)	8 (2.65)	7 (2.32)	13 (4.31)	7 (3.32)	6 (1.99)	2.72
Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19	Not Reportable	Not Reportable	Not Reportable	6 (1.99)	10 (3.32)	1.06
<i>Staphylococcal aureus</i> - intermediate resistance to vancomycin (VISA)	2 (0.66)	0.00	0.00	0.00	1 (0.33)	0.20
Streptococcal, Group A, invasive	30 (9.95)	23 (7.63)	20 (6.64)	28 (9.29)	22 (7.30)	8.16
Streptococcal, Group B, newborn	4 (1.33)	3 (0.99)	1 (0.33)	3 (0.99)	1 (0.33)	0.80
Toxic Shock Syndrome (TSS)	0.00	0.00	2 (0.66)	0.00	0.00	0.13
Typhus Fever	0.00	0.00	0.00	0.00	1 (0.33)	0.066
TOTAL CONFIRMED & PROBABLE CASES	1,584	1,935	1,552	19,193	31,241	

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<i>Outbreaks: Investigation started or continuing</i>	2017 Case Investigations	2018 Case Investigations	2019 Case Investigations	2020 Case Investigations	2021 Case Investigations	5-Year Average
Dermatologic	9	10	2	0	2	4.60
Gastrointestinal	4	5	9	2	1	4.20
Respiratory	1	1	18	167	201	77.60
Other	1	2	1	0	1	5.00
Total Outbreak Investigations	15	18	30	169	205	87.40

- ❖ A disease outbreak is the occurrence of a disease at a rate higher than is expected for a certain time or location. The number of cases varies according to the disease, as well as the location at which the outbreak occurred.
- ❖ Outbreak investigations are conducted by the Cincinnati Health Department's Communicable Disease Unit of nurses (CDU). Outbreaks are identified when either the CDU recognizes several cases reported linked to a single place or activity, or if the outbreak is reported directly by a healthcare facility, school, daycare, or local business. In all cases, the CDU fills out investigation forms for the outbreak and conducts interviews with patients and if needed, visit the location or facility involved in the outbreak. Guidance on the next steps for the patient or facility is given by the CDU. Finally, all this information is then compiled and reported to the Ohio Department of Health, and in some cases, the Ohio Department of Health will investigate as well.
- ❖ Respiratory outbreak investigations included **164** COVID-19 investigations in 2020, and **197** COVID-19 investigations in 2021. The remaining respiratory outbreaks were linked to Influenza. Outbreaks are still being closed out and finalized this number may be underreported at this time.

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

Creating a 5-Year Baseline

In the right most column in the about communicable disease surveillance summary data table the 5-year average rate is calculated. This average rate shows the average number of cases per 100,000 people for the 5 years given. This rate can better help CHD and partners to evaluate disease trends over the years and compare current rates to the city's average rate. Each year the average rate will adjust to represent the most accurate and up to date communicable disease data.

Table 2: Disease Name	ODH 5-Year Average (2015-2019)	Cincinnati 5-Year Average (2017-2021)	Difference Between ODH & Cincinnati Average Rates
Food- or Waterborne	12.32	62.31	49.99
Amebiasis	0.10	0.066	0.034
Brucellosis	< 0.001	0.066	-
Campylobacteriosis	18	10.95	7.50
Cryptosporidiosis	7.5	3.45	4.05
Cyclosporiasis	0.5	1.3	0.80
<i>E. coli</i> , Shiga Toxin O157:H7	0.7	2.99	2.29
Giardiasis	3.7	6.1	2.4
Hepatitis A	6.1	11.36	5.26
Legionellosis	5.9	5.11	0.79
Listeriosis	0.3	0.46	0.16
Salmonellosis	12.7	11.28	1.42
Shigellosis	5.8	11.01	5.21
Vibriosis (not cholera)	0.3	0.33	0.03
Typhoid Fever	< 0.001	0.13	-
Yersiniosis	0.6	0.46	0.14
Vector borne	0.6	3.52	2.92
Chikungunya Virus Disease	< 0.001	0.13	-
Dengue Fever	0.1	0.066	.034
Lyme disease	2.3	1.46	0.84
Malaria	0.5	1.19	0.69
Spotted Fever Rickettsiosis	0.30	0.26	.04
Ehrlichiosis-Ehrlichia chaffeensis	0.1	0.13	0.03
Zika Virus Infection	-	0.066	-

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

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

Table 2: Disease Name	ODH 5-Year Average (2015-2019)	Cincinnati 5-Year Average (2017-2021)	Difference Between ODH & Cincinnati Average Rates
Vaccine-Preventable	91.00	111.48	20.48
<i>Hemophilus influenzae</i> , invasive disease	2.1	3.32	1.22
Influenza-associated hospitalization	77.3	89.19	11.89
Meningococcal Disease (<i>N. meningitidis</i>)	0.1	0.066	0.034
Mumps	0.4	0.6	0.2
Pertussis	7.2	4.81	2.39
<i>S. pneumoniae</i> , invasive (abx susceptible/unknown)	-	7.7	-
<i>S. pneumoniae</i> , invasive (abx resistant)	-	4.51	-
Varicella (chickenpox)	3.9	2.17	1.73
Viral Hepatitis	193.12	259.20	66.08
Hepatitis B, acute (also vaccine-preventable)	2.8	2.72	.08
Hepatitis B, chronic, newly identified	20.62	30.72	10.10
Hepatitis B, perinatal	< 0.001	0.066	-
Hepatitis C, acute	2.68	3.52	0.84
Hepatitis C, perinatal	< 0.001	0.91	-
Hepatitis C, chronic, newly identified	167.02	221.44	54.42
Other Conditions	2.34	27.94 (No COVID-19)	25.60
Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) ^	Not yet Reportable	1.66	-
<i>Candida Auris</i>	<0.001	5.11	5.11
Coccidioidomycosis	0.2	0.26	0.06
Creutzfeldt-Jakob Disease	0.1	0.13	0.03
Hemolytic uremic syndrome (HUS)	< 0.001	0.066	-
Meningitis, aseptic	5.4	7.56	2.16
Meningitis, bacterial (not <i>N. meningitidis</i>)	1.1	2.72	1.62
<i>Staphylococcal aureus</i> - intermediate resistance to vancomycin (VISA)	0.1	0.2	0.10
Streptococcal, Group A, invasive	4.8	8.16	3.36
Streptococcal, Group B, newborn	-	0.8	-
Toxic Shock Syndrome (TSS)	< 0.001	0.13	-
Typhus Fever	-	0.066	-

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

*Averages marked in red are to show diseases that have a higher rate in Cincinnati than reported in Ohio.

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

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

Figure 1: Food and Waterborne Diseases, Average Rates for Ohio and Cincinnati

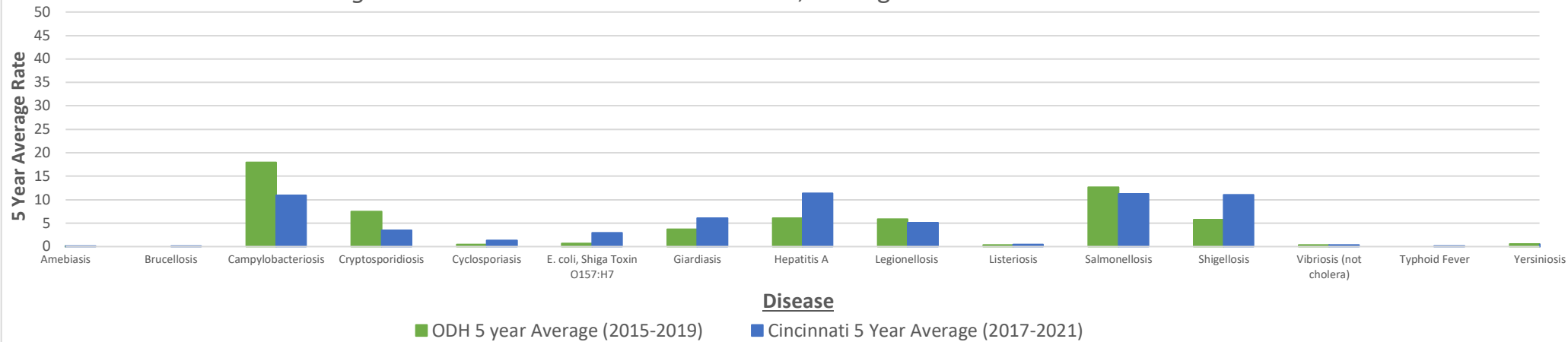
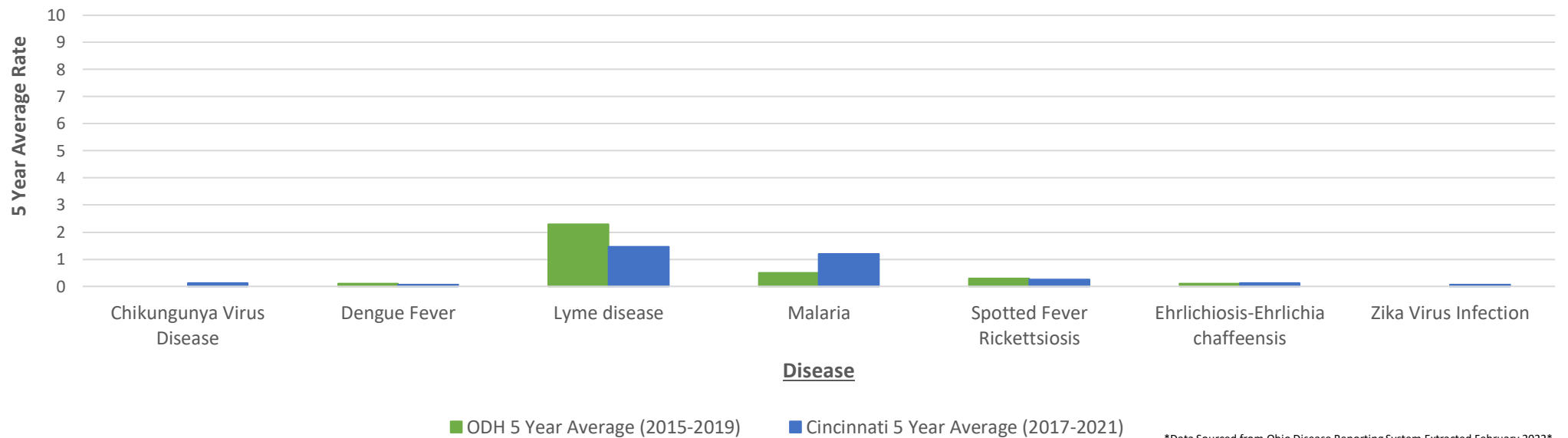


Figure 2: Vector Borne Diseases, Average Rates for Ohio and Cincinnati



- Case rates use the 2019 5-year U.S Census estimates and are per 100,000 residents
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Figure 3: Vaccine Preventable Average Rates for Ohio and Cincinnati

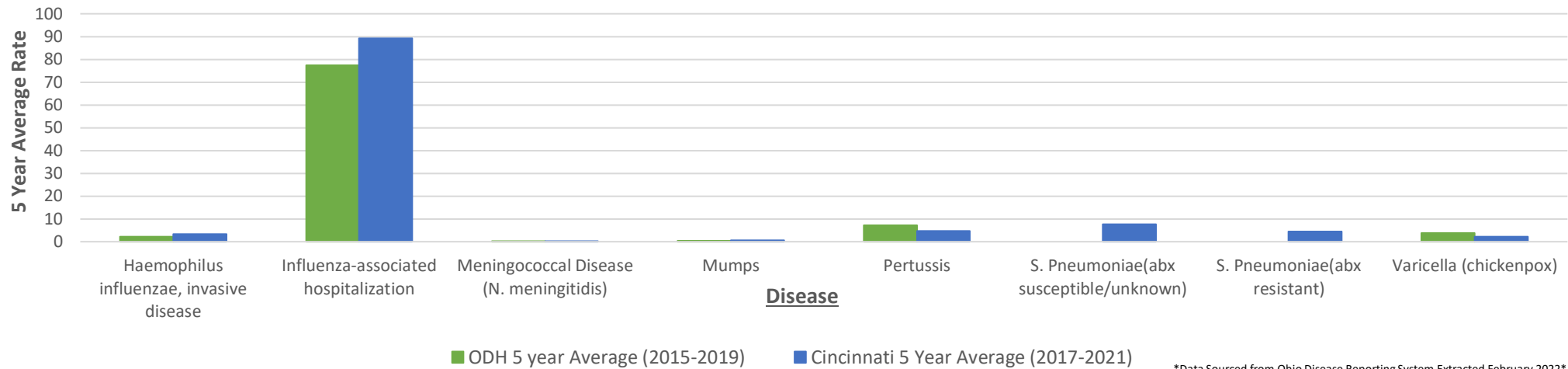
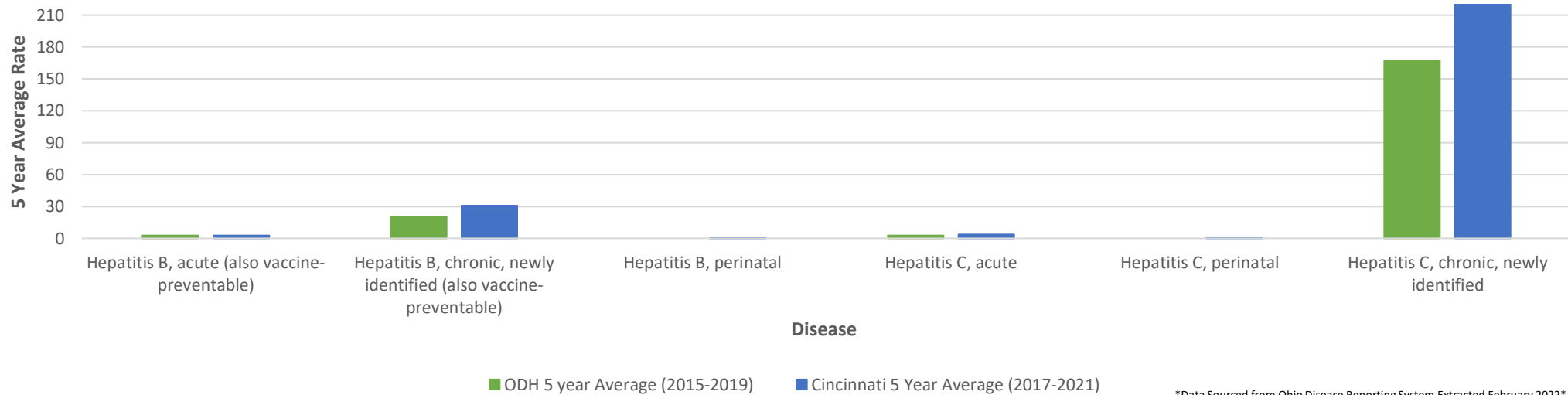


Figure 4: Viral Hepatitis Diseases, Average Rates for Ohio and Cincinnati

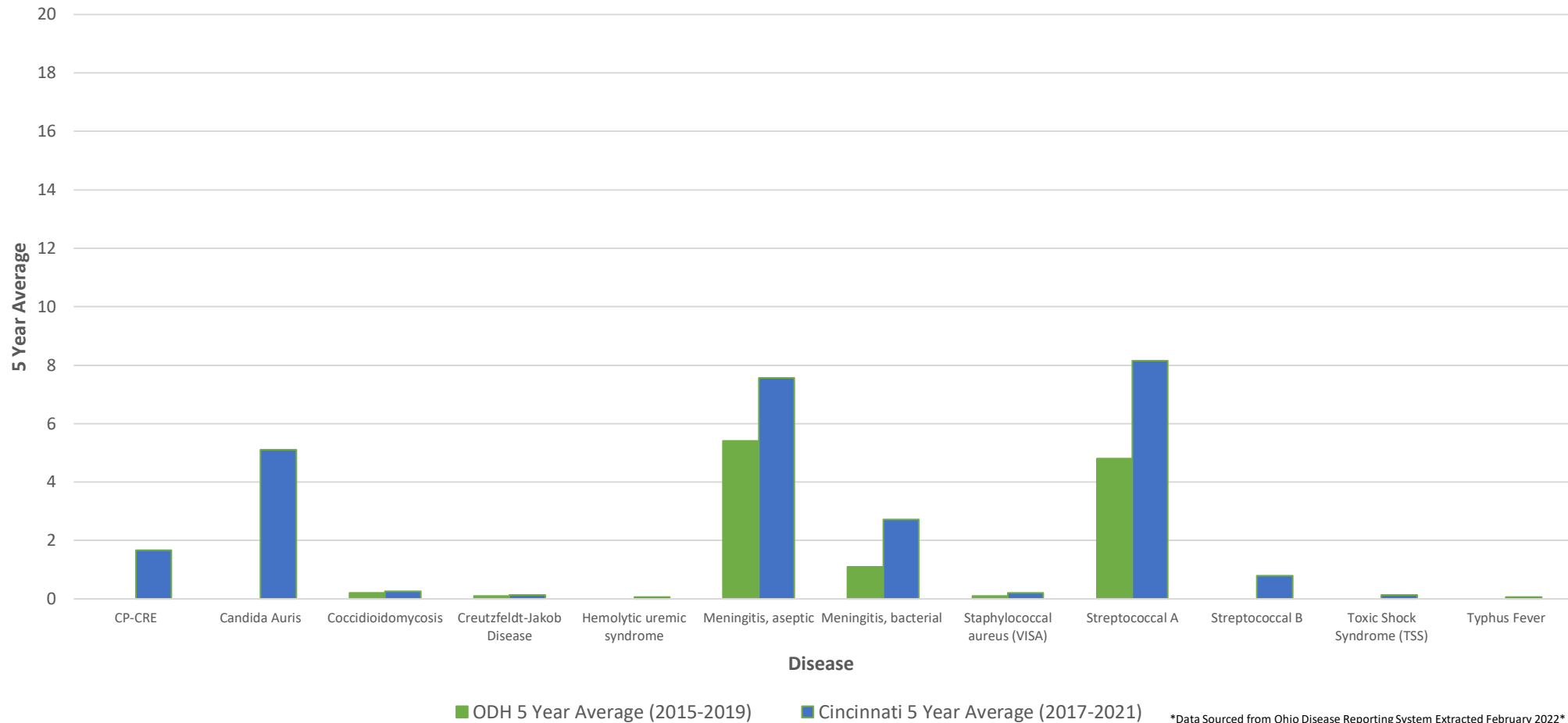


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Figure 5: Other Reported Communicable Diseases Average Rates for Ohio and Cincinnati

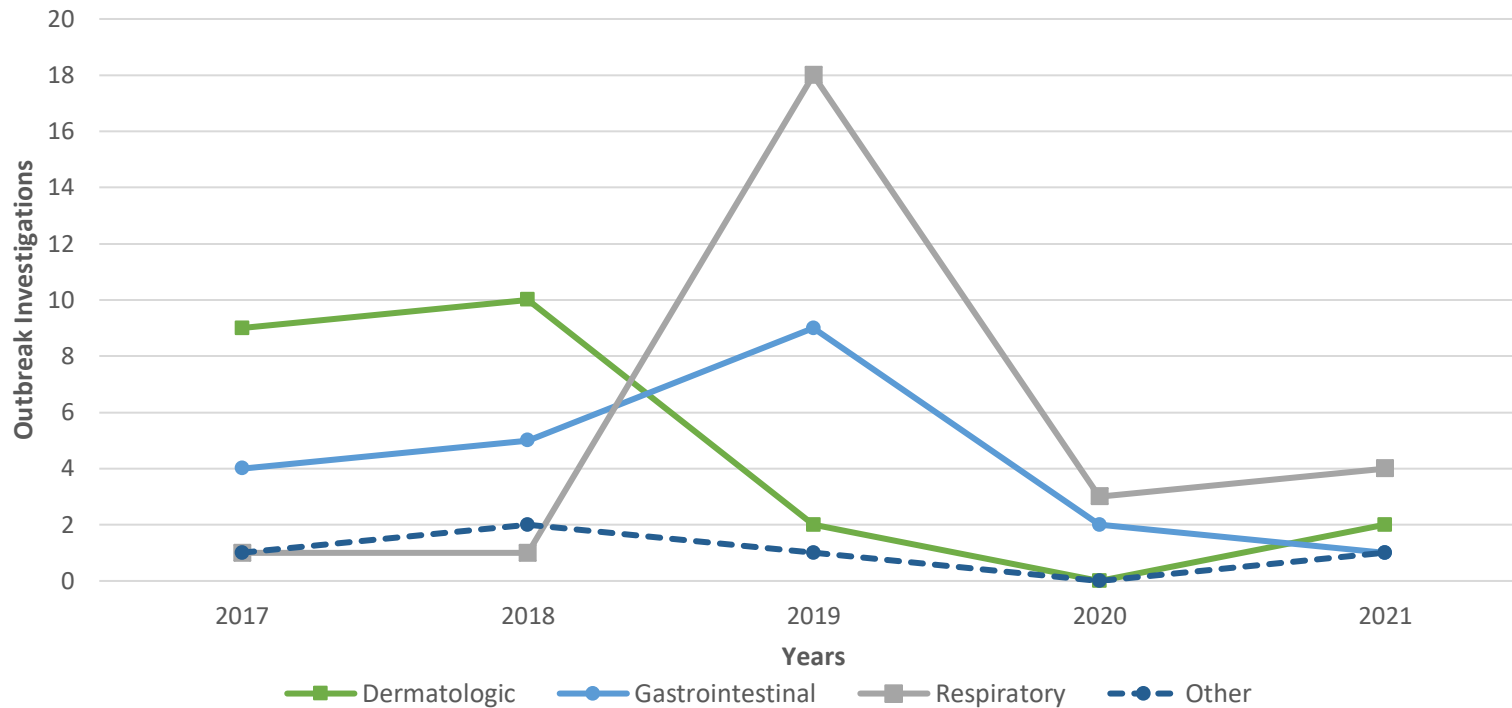


- 1) Case rates use the 2019 5-year U.S Census estimates and are per 100,000 residents
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Figure 6: Total Outbreak Investigations, 2017-2021 (Excluding COVID-19)



Data Sourced from Ohio Disease Reporting System Extracted February 2022

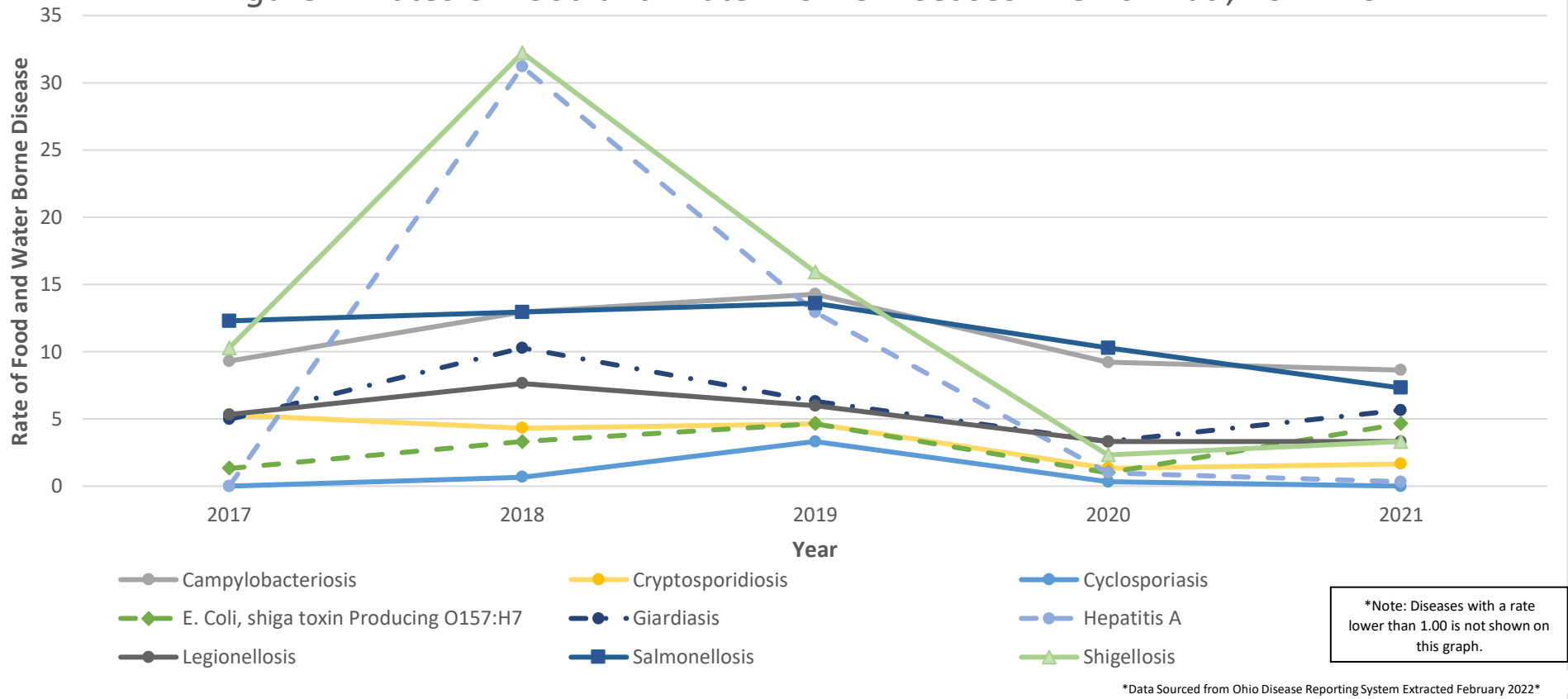
- ❖ COVID-19 outbreak investigations were not included in this graph. The increase in respiratory illness in 2019, is due to several outbreaks of the seasonal Influenza, in several different school settings. Other Respiratory outbreak investigated were Pertussis
- ❖ Investigations for Dermatologic outbreaks were for diseases such as Scabies, Hand, Foot and Mouth and E. coli.
- ❖ Investigations for Gastrointestinal outbreaks were for diseases such as Shigellosis and Norovirus.
- ❖ Other Outbreak investigations that were investigated over the last five years were for diseases such as Candida Auris and Streptococcus Group B.

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Figure 7: Rates of Food and Water Borne Diseases in Cincinnati, 2017-2021



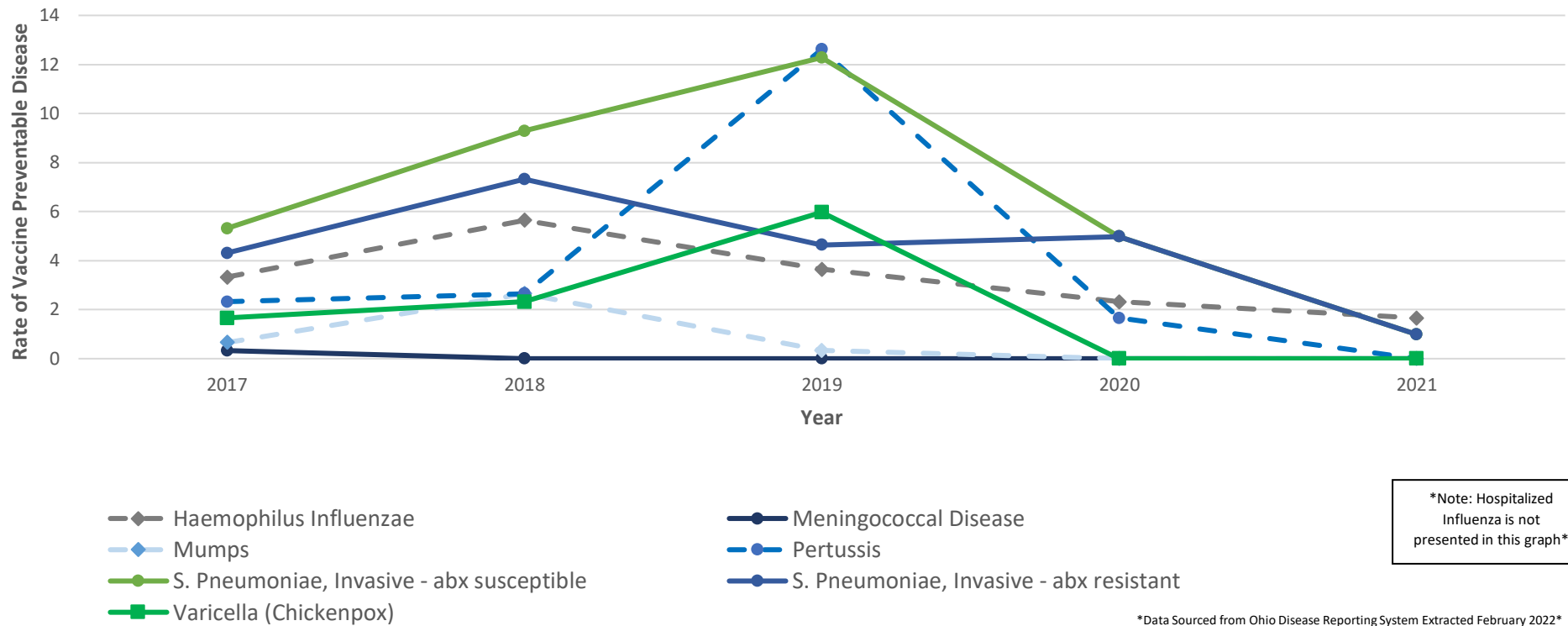
- ❖ The significant increase in both **Hepatitis A** and **Shigellosis** rates in 2018 are due to outbreaks. This Hepatitis A outbreak is discussed in detail on page 26 of this report.
- ❖ The rise in **Shigellosis** cases in 2018 were due to outbreaks were linked to several different daycare settings, they were investigated by the communicable disease unit at Cincinnati Health Department.

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Figure 8: Rates of Vaccine Preventable Disease in Cincinnati, 2017-2021

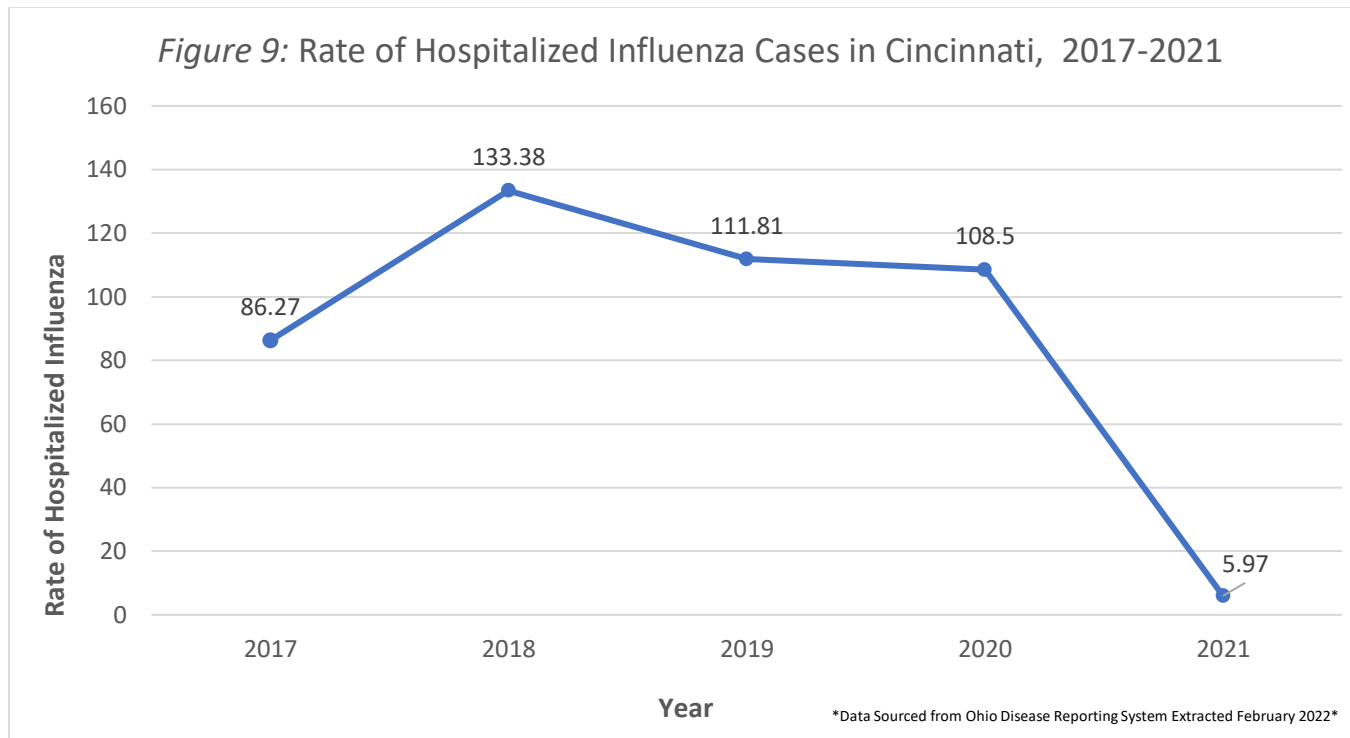


- ❖ The current graph does not include the cases of hospitalized flu, and can be seen on *figure 6*
- ❖ The notable increase in **Pertussis** infections in 2019 can be partially attributed to several outbreaks that occurred from elementary through college aged students.

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- ❖ There is a significant decrease in hospitalized flu cases during the fall and winter months of 2021. CHD can infer this decrease in hospitalized Influenza is the influence of COVID-19 masking mandates, remote work, as well as the overall social distancing measures taken by the City of Cincinnati.
- ❖ Cases also could be under reported, due to a variety of factors including stress on the healthcare system. Many cases of hospitalized Influenza may have not been reported, or people with serious influenza were not comfortable going to the hospital or doctor, due to the overwhelming cases of COVID-19 during the fall and winter months (Delta, and Omicron Surge).

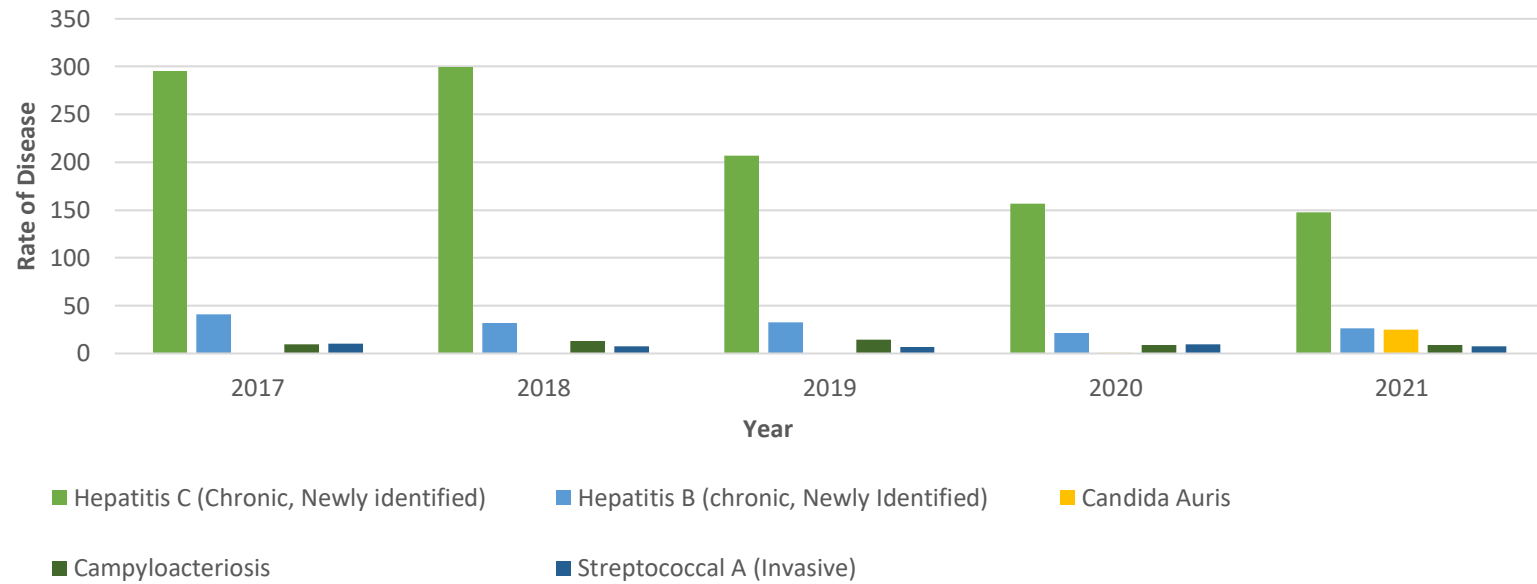
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Table 3: Top Five Most Reportable Communicable Diseases in 2021 (excluding COVID-19)

Disease Name	Case	Case Rate
Hepatitis C (chronic, newly identified)	445 (147.65)	147.65
Hepatitis B (chronic, newly identified)	80 (26.54)	26.54
Candida Auris	75 (24.88)	24.88
Campylobacteriosis	26 (8.63)	8.63
Streptococcal A (Invasive)	22 (7.30)	7.30
All Other Reportable Communicable Diseases	840 (278.70)	278.70

Figure 10: Rates of the 2021 Top Reported Diseases in Cincinnati, for 2017-2021

Data Sourced from Ohio Disease Reporting System Extracted February 2022

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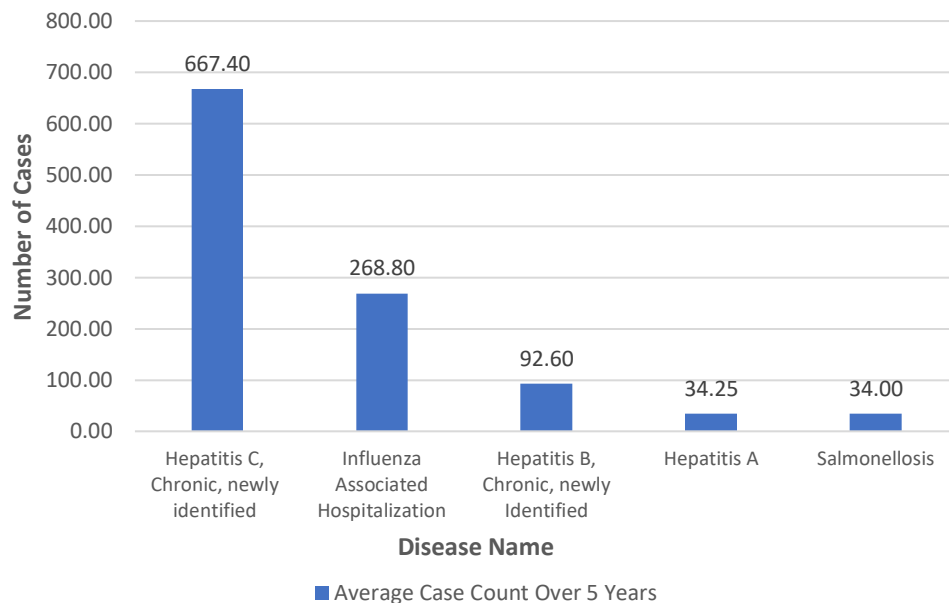
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Table 4: Top Five Most Reportable Communicable Diseases for 2017-2021 (not including COVID-19)

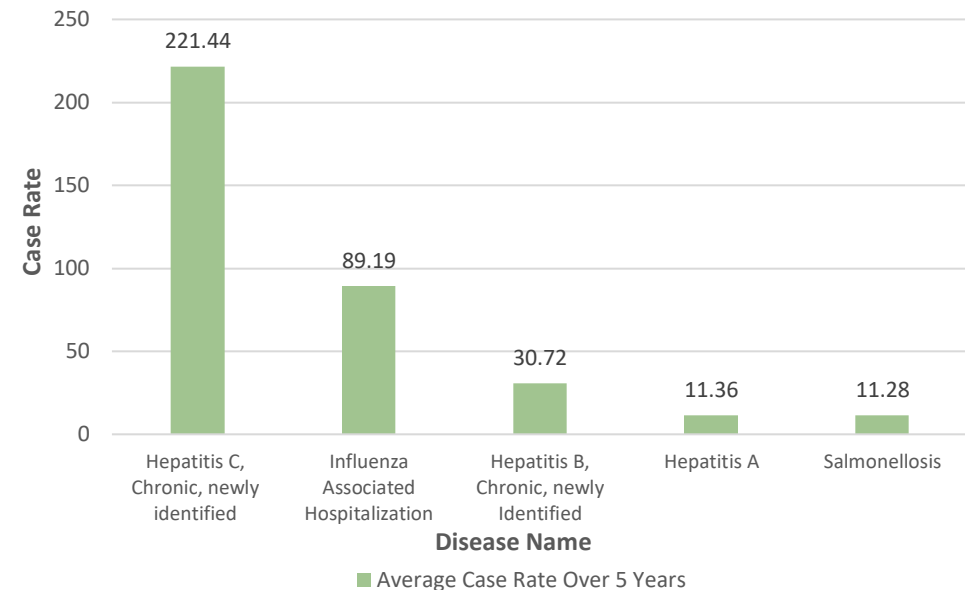
Disease	Average Case Count, 2017-2021	Average Case Rate, 2017-2021
Hepatitis C, Chronic, newly identified	667.40	221.44
Influenza Associated Hospitalization	268.80	89.19
Hepatitis B, Chronic, newly Identified	92.60	30.72
Hepatitis A	34.25	11.36
Salmonellosis	34.00	11.28

Figure 11: Average Case Count for Most Reported Communicable Diseases in Cincinnati, 2017-2021



Data Sourced from Ohio Disease Reporting System Extracted February 2022

Figure 12: Average Case Rate for Most Reported Communicable Diseases in Cincinnati, 2017-2021



Data Sourced from Ohio Disease Reporting System Extracted February 2022

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Disease Spotlight: SARS-CoV-2 (COVID-19)

COVID-19² is a disease caused by the virus SARS-CoV-2, a novel species of the *Coronaviridae* virus family. It was first discovered in December 2019 in Wuhan, China; the virus has since spread quickly throughout the entire world. It often causes respiratory illness and symptoms can feel like a cold, flu, or pneumonia. This disease was spotlighted due to its local and global impact over the last two years.

COVID-19 Variants: Viruses continue to change as they spread, and these changes result in mutations of the original virus, called variants. As variants spread, their symptoms or severity can change with each mutation of the virus. From June 2021 to May 2022, the CDC has identified two main variants of concerns for the U.S, Delta (B.1.617.2) and the Omicron (B. 1.1.529) variants. [2,9]

Reporting Protocol: COVID-19 is a Class A reportable disease with special reporting requirements: Confirmed and probable cases upon detection, or positive test result should be reported within 24 hours to the local health district.

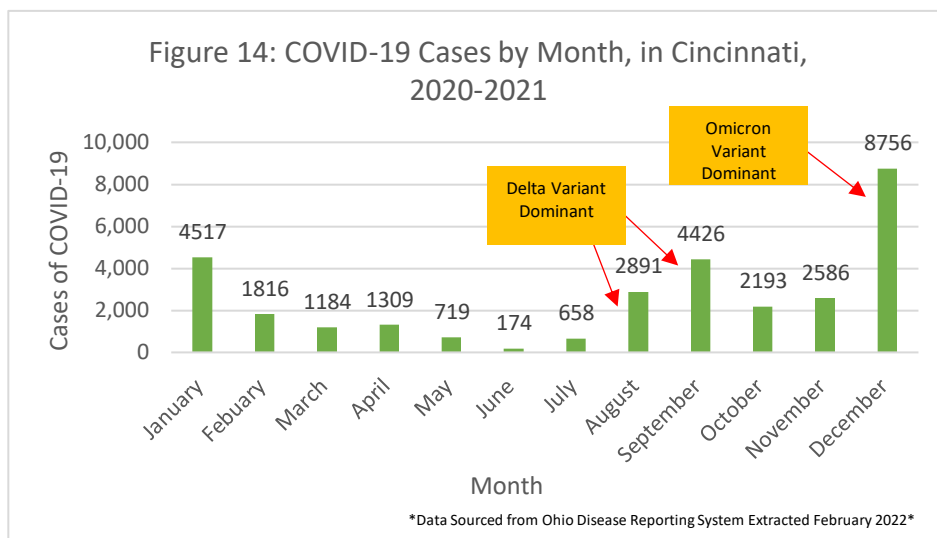
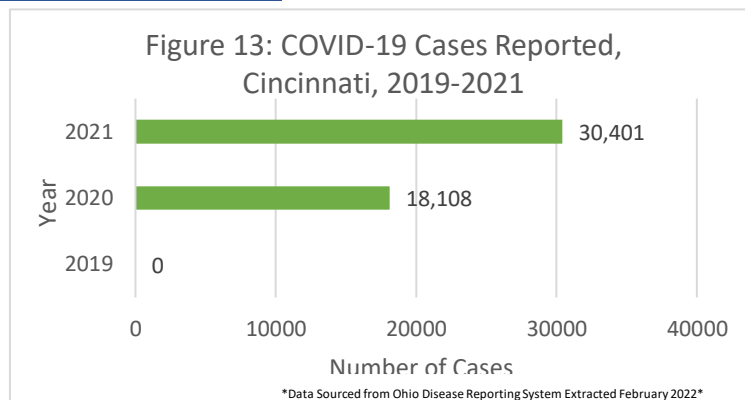
Case Definition: Refer to the Ohio Infectious Disease Control Manual, found at: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual/welcome>

Mode of Transmission: COVID-19 is spread from person to person via droplets. People who are in close contact with each other (within 6 feet), can spread COVID-19 through respiratory droplets produced when an infected person coughs, sneezes, talks or breathes. It is possible to spread through airborne transmission, but this is not as common. [2]

Incubation Period: The incubation period of COVID-19 is 2-14 days, on average 5 days after exposure. An individual is usually considered infectious 2 days before they are symptomatic and should remain in isolation for at least 5 days after their positive COVID-19 test. [2]

Symptoms: Symptoms of COVID-19 can range from no symptoms (asymptomatic) to severe pneumonia and death. Approximately 80% of individuals with COVID-19 experience mild to moderate illness including, fever, chills, headache, nausea, sore throat, or fatigue. It is estimated that about 15% of individuals experience severe illness requiring supplemental oxygen and about 5% of individuals require critical illness resulting in mechanical ventilation. [2]

Treatment: Current treatment includes infection prevention, supportive care such as supplemental oxygen, and mechanical ventilatory support. As of 5/17/22 the Food and Drug Administration (FDA) has fully approved two drugs remdesivir³ and Olumiant⁴, for the treatment of COVID-19 in certain situations. There are several novel therapeutics currently under Emergency Use Authorization (EUA) such as several types of monoclonal antibody⁵ treatments and antiviral drugs. The monitoring and evaluation of these treatments and their effectiveness is ongoing.



² This SARS-CoV-2 data is reported as of July 2022, data and guidance is subject to change.

³ An antiviral drug under EUA for the treatment of COVID-19 in mild to moderately symptomatic non hospitalized, and high risk, in individuals over 12 years old.

⁴ Approved for the treatment of COVID-19 in hospitalized adults requiring supplemental oxygen, noninvasive or invasive mechanical ventilation.

⁵ Laboratory produced molecules that can act as a substitute to restore or enhance the body's immune response to COVID-19, can be used in patients at risk for serious COVID-19 and have tested positive or been exposed to COVID-19.

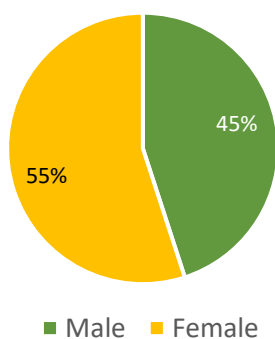
Prevention: As of May 2022, there are three widely available FDA EUA vaccines and vaccine boosters available to help prevent COVID-19 and severe symptoms from COVID-19. Avoid contact with those who are infected or have been recently exposed to COVID-19. Cover your mouth and nose with a well-fitting mask and socially distance when possible. Wash your hand and avoid touching your mouth, face, or eyes, with unwashed hands. Clean and disinfect frequently used surfaces daily. [2]

Quarantine: Quarantine is a strategy used to prevent transmission of COVID-19 by making sure those who have been in close contact with someone with COVID-19, stay apart from exposed individuals to minimize any spread of COVID-19. As of January 27th, 2022, the CDC recommends those who are up to date with their COVID-19 vaccines do not need to quarantine after a COVID-19 exposure. Those who have been positive for COVID-19 within the last 90 days do not need to quarantine if exposed. It is recommended you wear a well-fitting mask in public spaces for at least 10 days after your exposure and get tested at least 5 days after the exposure and monitor for symptoms. Those who are not up to date or unvaccinated should stay at home and away from public spaces for at least 5 days after exposure, monitor for symptoms and get tested at least 5 days after your exposure. [2,3]

Isolation: Isolation is used to separate people with confirmed or suspected COVID-19 from those without COVID-19. Someone who has tested positive should stay away from people and public spaces for at least 5 days and should wear a well-fitting masking for 5 additional days. Make sure to continue to monitor symptoms and if you have several and non-improving symptoms, do not return to work and talk to a health care provider. [2,3]

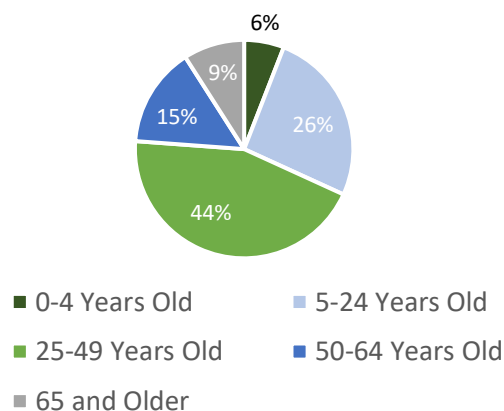
For more information regarding quarantine and isolation please visit: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html#quarantine>

Figure 15: Sex Breakdown of COVID-19, in Cincinnati, 2020-2021



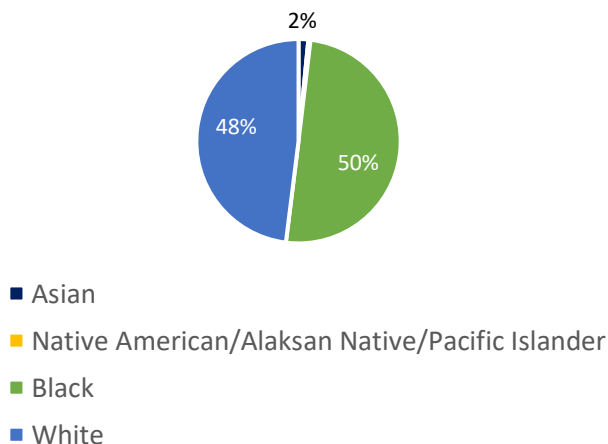
Data Sourced from Ohio Disease Reporting System Extracted February 2022

Figure 16: Age Breakdown of COVID-19, in Cincinnati, 2020-2021



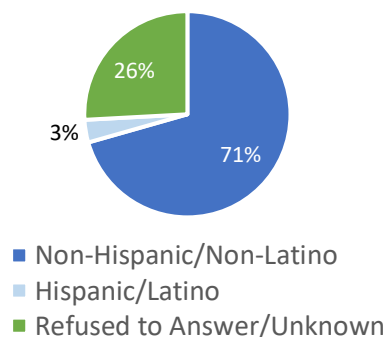
Data Sourced from Ohio Disease Reporting System Extracted February 2022

Figure 17: Race Breakdown of COVID-19, in Cincinnati, 2020-2021



Data Sourced from Ohio Disease Reporting System Extracted February 2022

Figure 18: Ethnicity Breakdown of COVID-19, in Cincinnati, 2020-2021



Data Sourced from Ohio Disease Reporting System Extracted February 2022

Disease Spotlight: *Candida Auris*

***Candida Auris* (*C. Auris*)** is a species of ascomycetous fungus, of the candida genus, which grows yeast. It was first isolated in 1998 and described in 2009. There are at least four major types of *C. Auris* based on geographic location. This disease was spotlighted due to its sudden emergence in 2021.

Reporting protocol: *C. Auris* is a class B reportable disease; therefore, every reported case, suspected case or positive laboratory result should be reported to the local health department by close of the next business day.

Case Definition: Refer to the Ohio Infectious Disease Control Manual, found at: <https://odh.ohio.gov/know-our-programs/infectious-disease-control-manual/section3/section-3-candida-auris>

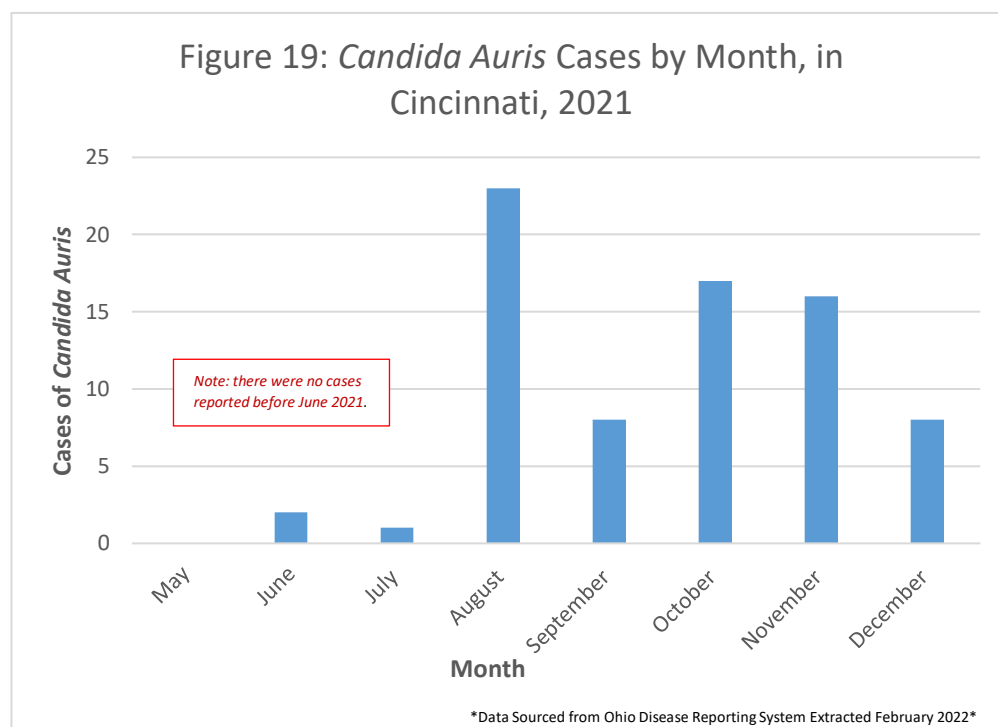
Mode of Transmission: *C. Auris* is transmitted person to person through direct contact with infected bodily tissues or fluid. It can cause infections when it enters the body, often it enters through medical devices such as ventilators, intravenous catheters, or wounds from surgery. *C. Auris* can live on surfaces for at least 14 days in healthcare setting such as highly touched surfaces in patients' rooms, or medical equipment moved in and out of rooms. [4]

Incubation Period: The incubation period is not well defined, partly due to the ability of *C. Auris* colonize an individual for an extended period. A person can transmit *C. Auris* at any time if the organism is present in the individuals' bodily tissues or fluids. [4]

Symptoms: Symptoms vary depending on the part of the body that is affected. *C. Auris* can cause several types of infection such as blood, wound, or ear infections. Symptoms sometimes are not noticeable because patients with *C. Auris* are often receiving care for another serious condition or illness and are in a hospital or long-term care unit. A laboratory test needs to be conducted to determine whether a patient has *C. Auris*. Patients who are colonized with this fungus are often asymptomatic and do not show additional signs of infection. However, roughly 5-10% of individuals who are colonized with *C. Auris* develop some type of infection within one year. [4]

Treatment: Consultation with an infectious disease specialist is recommended when treating patients with *C. Auris*. Treatment is given only if a clinical disease is present, for example, a patient that has an infection cause by *C. Auris*. In cases of clinical infection, an echinocandin drug⁶ is recommended for initial treatment. Treatment should be carefully monitored as *C. Auris* can develop resistance to medications quickly. [4]

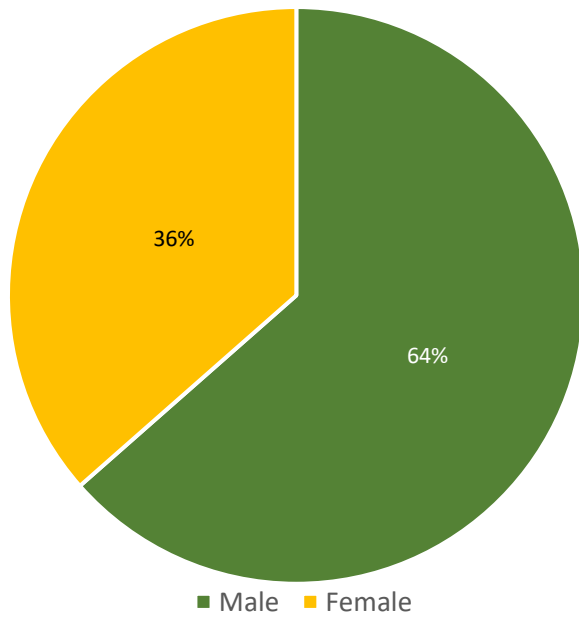
Prevention: Prompt identification and implementation of the recommended infection control measures is the best way to prevent additional patients from being infected or colonized. Healthcare settings can help prevent the spread of *C. Auris* by cleaning medical equipment properly, following all PPE (Personal Protective Equipment) and hand washing procedures, as well as proper surgical sterilization produces and antibiotic stewardship⁷ practices. Additionally, those patients who test positive in a healthcare setting should be put under contact precautions. In facilities with existing cases of *C. Auris*, screening tests when admitting new patients is recommended. [4,10]



⁶ A type of antifungal drugs that target a fungus' cell wall.

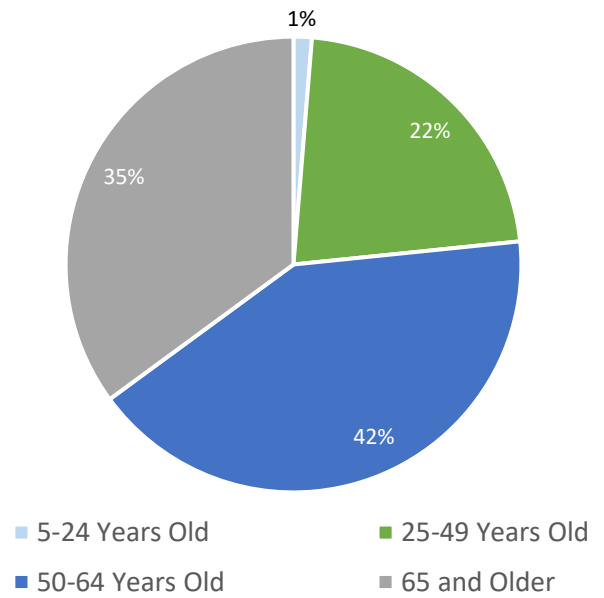
⁷ A systematic effort to educate and persuader prescribers of antibiotics to follow evidence-based prescribing, to prevent overuse of antibiotics, more on this subject is discussed on page 25 of this report.

Figure 20: Sex Breakdown of Candida Auris Cases, in Cincinnati, 2021



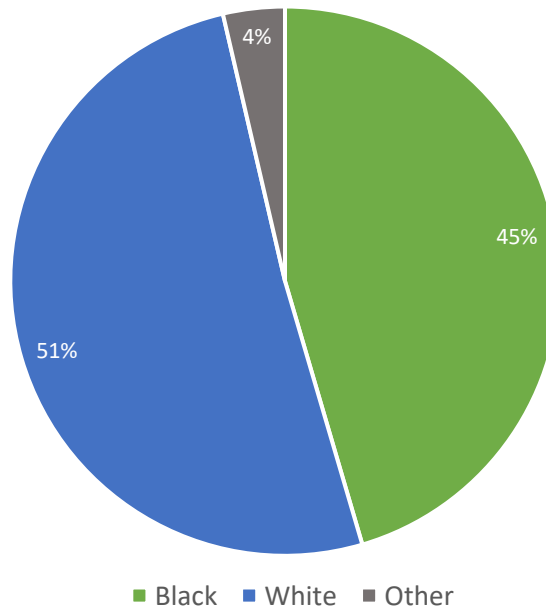
Data Sourced from Ohio Disease Reporting System Extracted February 2022

Figure 21: Ages Range Breakdown for Candida Auris Cases, in Cincinnati, 2021



Data Sourced from Ohio Disease Reporting System Extracted February 2022

Figure 22: Race Breakdown of Candida Auris Cases, in Cincinnati, 2021



Data Sourced from Ohio Disease Reporting System Extracted February 2022

Disease Spotlight: Hepatitis C

Hepatitis C is a liver infection caused by the Hepatitis C Virus (HCV). When someone is infected, they have mild to no symptoms. Chronic cases take decades to develop liver disease and cirrhosis. This disease was spotlighted due to its significant rate in Cincinnati.

Reporting protocol: Hepatitis C is a class B reportable disease; therefore, every reported case, suspected case, or positive laboratory result should be reported to the local health department by close of the next business day.

Case Definition: Refer to the Ohio Infectious Disease Control Manual, found at: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual/section3/section-3-hepatitis-c>

Mode of Transmission: Hepatitis C is transmitted through exposure to infectious blood or body fluids that contain blood. Currently, the most common mode of transmission in the U.S is due to injection drug use. This occurs due to the transfer of infected blood through needles, syringes, and other drug paraphernalia. Hepatitis C is rarely transmitted by blood transfusion, or organ transplant. In healthcare settings hepatitis can be spread through needle stick injuries. It can also be spread to a birthed infant from a Hepatitis C infected mother. [5,11]

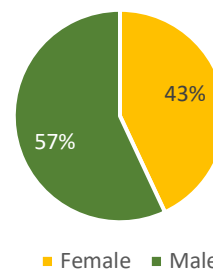
Incubation Period: The incubation period averages six to nine weeks with a range of two to six months. The time from exposure to the development of the virus in the blood is one to three weeks. [5]

Symptoms: Chronic infection develops in about 75-80% of those infected. Out of those diagnosed with chronic Hepatitis C, 60%-70% develop chronic liver disease, accompanied by persistent and fluctuating alanine transaminase levels⁸. The progression of the disease is usually slow without many signs or symptoms during the first 20 or more years. Cirrhosis⁹ developing in 5% - 20% of chronic patients usually 20-30 years after contracting HCV. [5]

Treatment: The goal of treatment for the HCV is a sustained Virologic Response (SVR) which means that 12 weeks after the stop of treatment, there is no HCV in the blood. This can be considered a cure and is expected to help all chronically infected persons. In the past treatment for Hepatitis C has been very expensive, but in recent years costs have gone down, and many private insurances along with Medicaid and Medicare programs can cover some the cost of treatment. All persons with HCV should be vaccinated for both Hepatitis A and B, to prevent the occurrence of coinfection. [5,11]

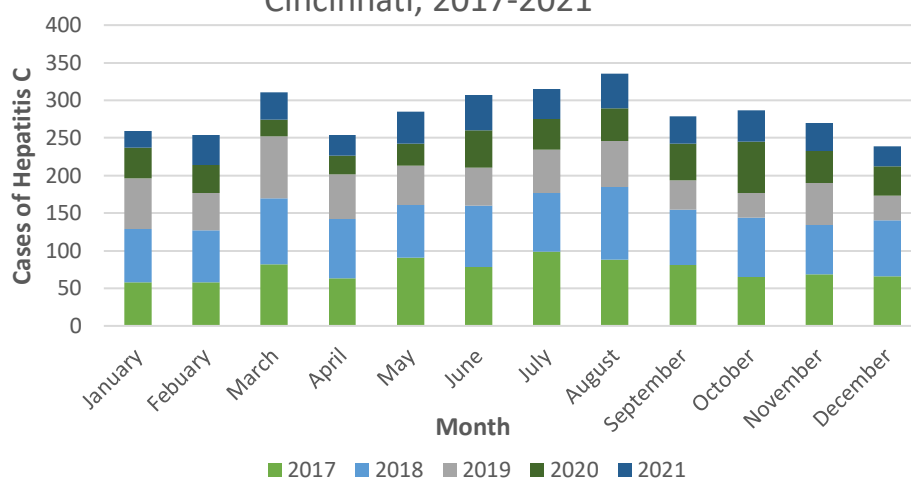
Prevention: There is no vaccine, and there has not been strong evidence to suggest a postexposure prophylaxis¹⁰ as an effective treatment in preventing a Hepatitis C infection. The best way to prevent HCV is to avoid any exposures such as injection drug use

Figure 23: Sex breakdown of all Hepatitis C, in Cincinnati, 2017-2021



Data Sourced from Ohio Disease Reporting System Extracted February 2022

Figure 24: Hepatitis C Cases By Month, in Cincinnati, 2017-2021



Data Sourced from Ohio Disease Reporting System Extracted February 2022

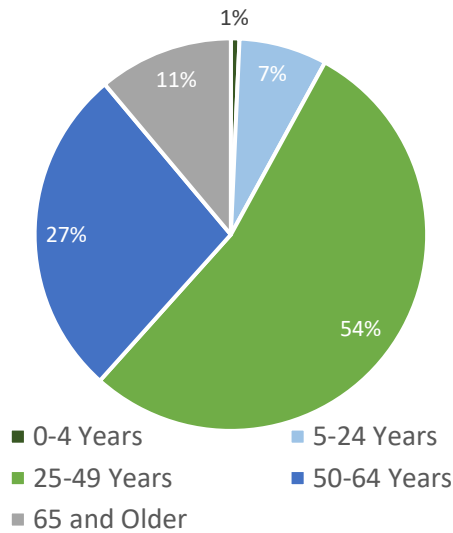
⁸ Higher levels of alanine transaminase are a sign of liver damage, and a test of these levels are used to assess the health of a patient's liver.

⁹ A chronic disease in the liver marked by the degradation of cells, inflammation and thickening of the liver tissue.

¹⁰ Medications used when an exposure to a disease has already occurred.

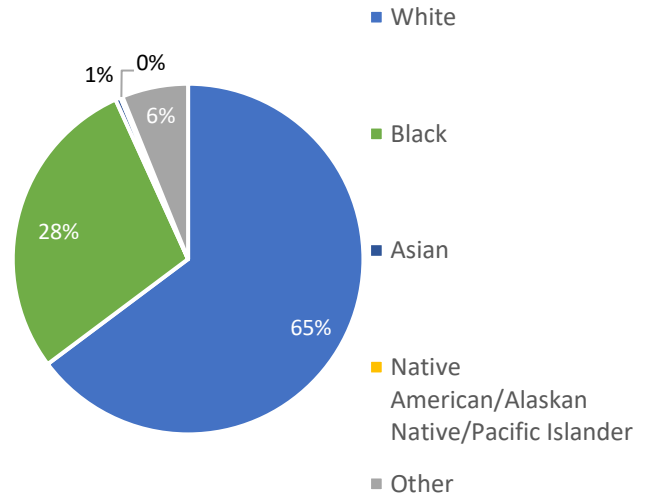
and the sharing of needles. If you are in a health care setting use precautions when working with needles and patients, and always wear the recommended PPE¹¹. [5,11]

Figure 25: Age Breakdown of all Hepatitis C Cases, in Cincinnati, 2017-2021



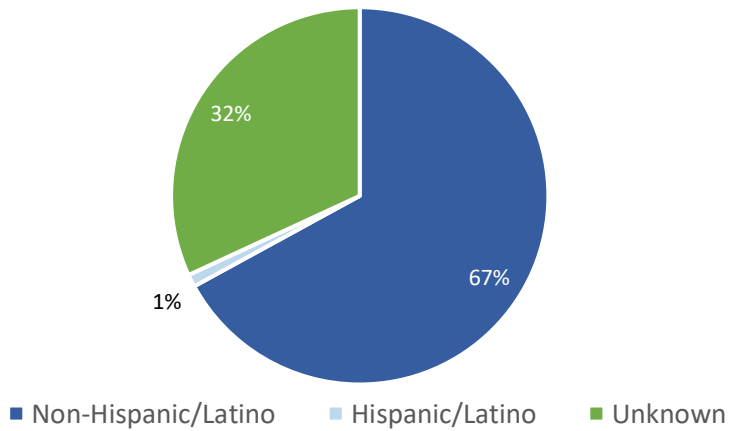
Data Sourced from Ohio Disease Reporting System Extracted February 2022

Figure 26: Race Breakdown of all Hepatitis C, in Cincinnati, 2017-2021



Data Sourced from Ohio Disease Reporting System Extracted February 2022

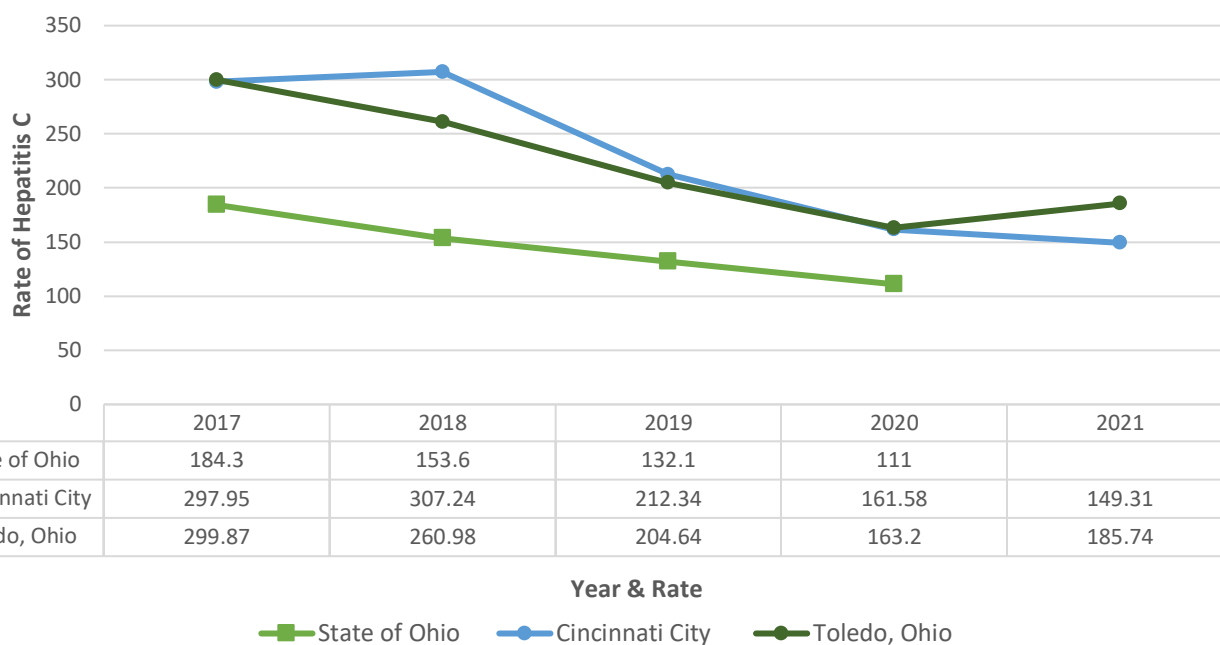
Figure 27: Ethnicity Breakdown of all Hepatitis C, in Cincinnati, 2017-2021



Data Sourced from Ohio Disease Reporting System Extracted February 2022

¹¹ Personal Protective Equipment, such as masks, gloves, gowns, and eye safety glasses.

Figure 29: Hepatitis C Rates for Ohio, Cincinnati City, and Toledo/Lucas County, 2017-2021



Data Sourced from Ohio Disease Reporting System Extracted February 2022

- ❖ Cincinnati City, consistently has a higher rate of Hepatitis C, compared to the rate reported by Ohio Department of Health. In Cincinnati City Hepatitis C case rates spiked higher than Toledo/Lucas County, a comparable city in population size, in 2017.
- ❖ In 2021 rates in Cincinnati decreased, as rates of Hepatitis C increased in Toledo/Lucas County.
- ❖ Note that the data reported by ODH for the state of Ohio for 2021 has not been reported.

Outbreak Highlight: Hepatitis A

Hepatitis A is a highly contagious liver infection caused by the Hepatitis A Virus (HAV).

Reporting protocol: Hepatitis A is a class B reportable disease; therefore, every reported case, suspected case or positive laboratory result should be reported to the local health department by close of the next business day.

Case definition: More information on Hepatitis a can be found in Section 3 of the Infectious Disease Manual, or at, <https://odh.ohio.gov/know-our-programs/infectious-disease-control-manual/section3/section-3-hepatitis-a>

Mode of Transmission: This disease is vaccine preventable and is spread mostly through food and water that has been contaminated with human fecal matter. Hepatitis A can also be spread through contaminated blood, for example this can occur through needles, syringes, and other drug paraphernalia. [6]

Symptoms: Symptoms can include fatigue, nausea, abdominal pain, loss of appetite, dark urine, clay colored stool and fever. Infected children are often asymptomatic. Illness can last from a few to several months. The fatality rate is below .1%. [6]

Prevention: The Hepatitis A vaccine is available and licensed in the United States for use in people 12 months of age and older. After receiving the vaccine, it has been shown to be effective within 14 to 21 days after a single dose. The vaccine is recommended for all who are at increased risk of infection, such as:

- ❖ All children over 12 months old
- ❖ Person in direct contact with persons with Hepatitis A
- ❖ Persons who use drugs (injection or non-injection)
- ❖ Persons with chronic liver disease or Hep C, Hep B
- ❖ Person experiencing unstable housing or homelessness
- ❖ Men who have sex with men
- ❖ Persons with blood clotting disorders
- ❖ International travelers (countries with high HAV infection)
- ❖ Persons working with primates
- ❖ Anyone wanting long term protection from Hepatitis A

Hepatitis A Outbreak Cases by County, Ohio, 2018

January 7, 2019

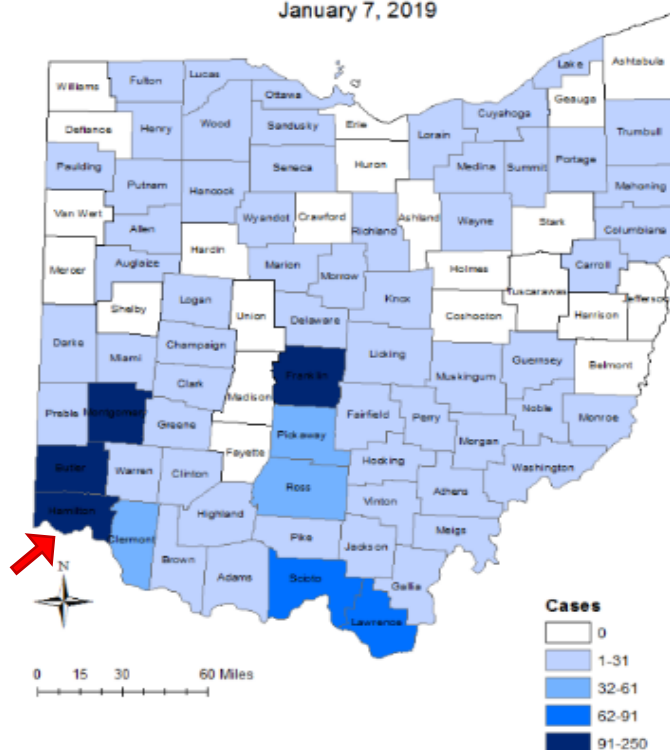
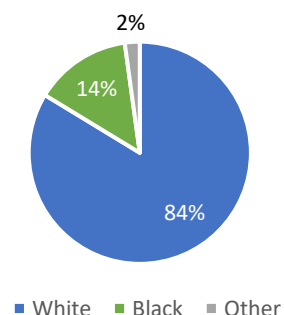
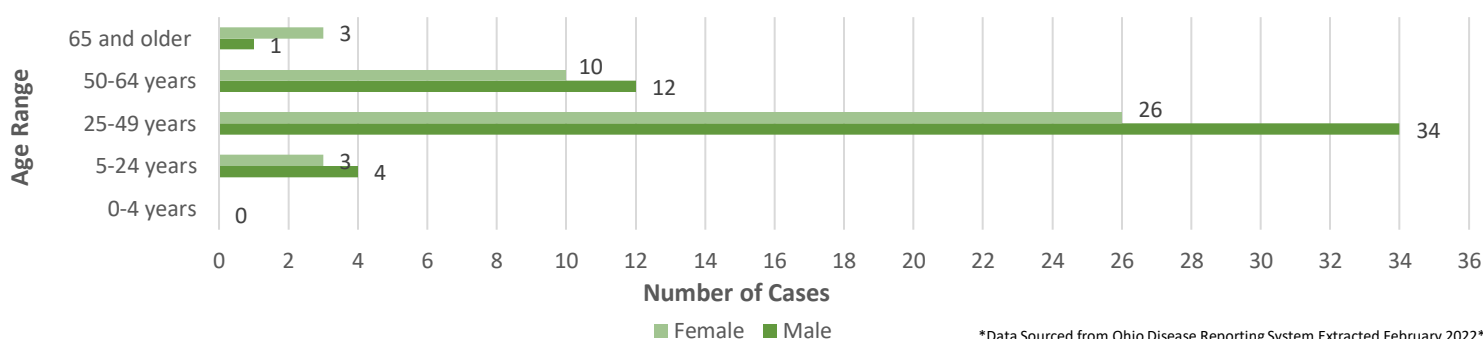


Figure 30: Race Breakdown of Hepatitis A Outbreak Cases, in Cincinnati, 2018



Data Sourced from Ohio Disease Reporting System Extracted February 2022

Figure 31: Sex and Age Breakdown of Hepatitis A Outbreak, in Cincinnati, 2018



Data Sourced from Ohio Disease Reporting System Extracted February 2022

Cincinnati City Outbreak in 2018¹²:

- ❖ 168 cases reported to Cincinnati Health department for investigation
- ❖ 94 of those cases were confirmed cases by the CHD
- ❖ 65 of those cases were directly linked to an outbreak.

Cincinnati City Cases in 2014-2017:

- ❖ 5-49 probable cases¹³ reported per year
- ❖ 0 confirmed¹⁴ by the CHD
- ❖ 0 were linked to an outbreak

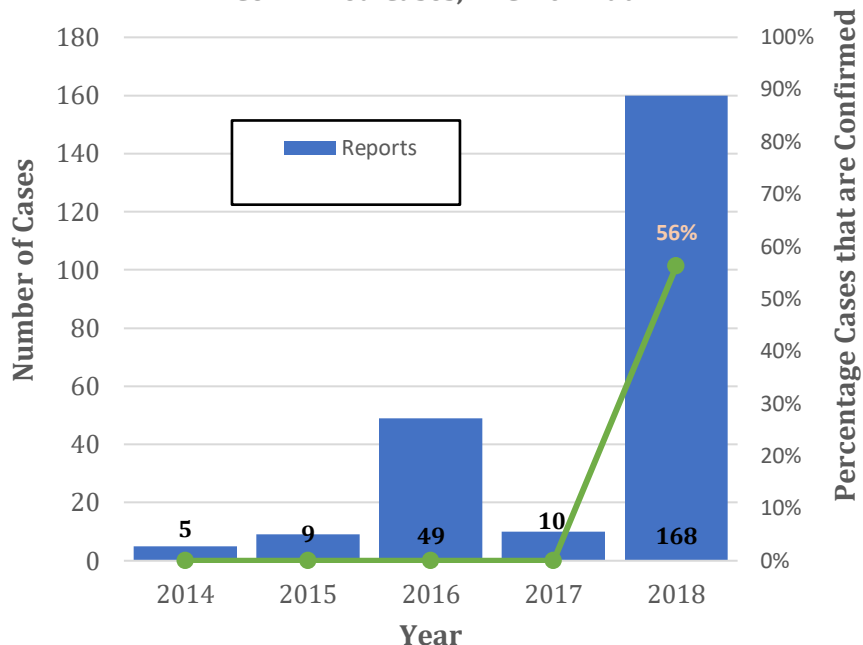
Outcomes:

- ❖ 71% cases hospitalized
- ❖ 62% cases coinfectd with hepatitis B or C
- ❖ 0 deaths

Cincinnati health Department Response to Outbreak:

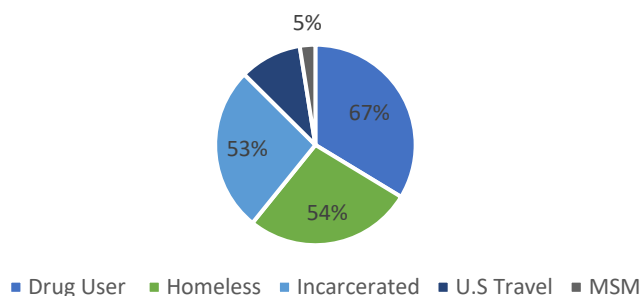
- ❖ Special vaccine clinics held at homeless shelters, soup kitchens, parks, faith-based organizations, substance abuse facilities and correctional facilities.
- ❖ Hosted syringe exchange program, to reduce the use of old needles or sharing needles.
- ❖ Conducted education training for homeless shelter workers on Hepatitis A.
- ❖ CHD identified and attempted to contact over 500 individuals of a possible Hepatitis A exposure.

Figure 32: Number of Hepatitis A Cases Reported to CHD by Year and % of the Reports that were Confirmed Cases, in Cincinnati



*Data Sourced from Cincinnati Health Department Report, Extracted 2019

Figure 33: Risk Factor Breakdown of Hepatitis A Outbreak, in Cincinnati, 2018



*Data Sourced from Cincinnati Health Department Report, Extracted 2019

NOTE: AN INDIVIDUAL CAN IDENTIFY WITH MORE THAN ONE RISK FACTOR.

¹² All graphs and data regarding this outbreak were Provided by the Cincinnati Health Department' Communicable Disease Unit.

¹³ A probable case does not fully meet the clinical case definition but is IgM laboratory confirmed, or a case that does not fully meet either the clinical or the IgM laboratory components of the case definition.

¹⁴ A case that meets the clinical criteria and is IgM anti-HAV positive**, OR a case that has hepatitis A virus RNA detected by NAAT (such as PCR or genotyping). Or a case that meets the clinical criteria and occurs in a person who had contact (e.g., household or sexual) with a laboratory-confirmed hepatitis A case 15 to 50 days prior to the onset of symptoms.

Timeline of events during Hepatitis A Outbreak in 2018

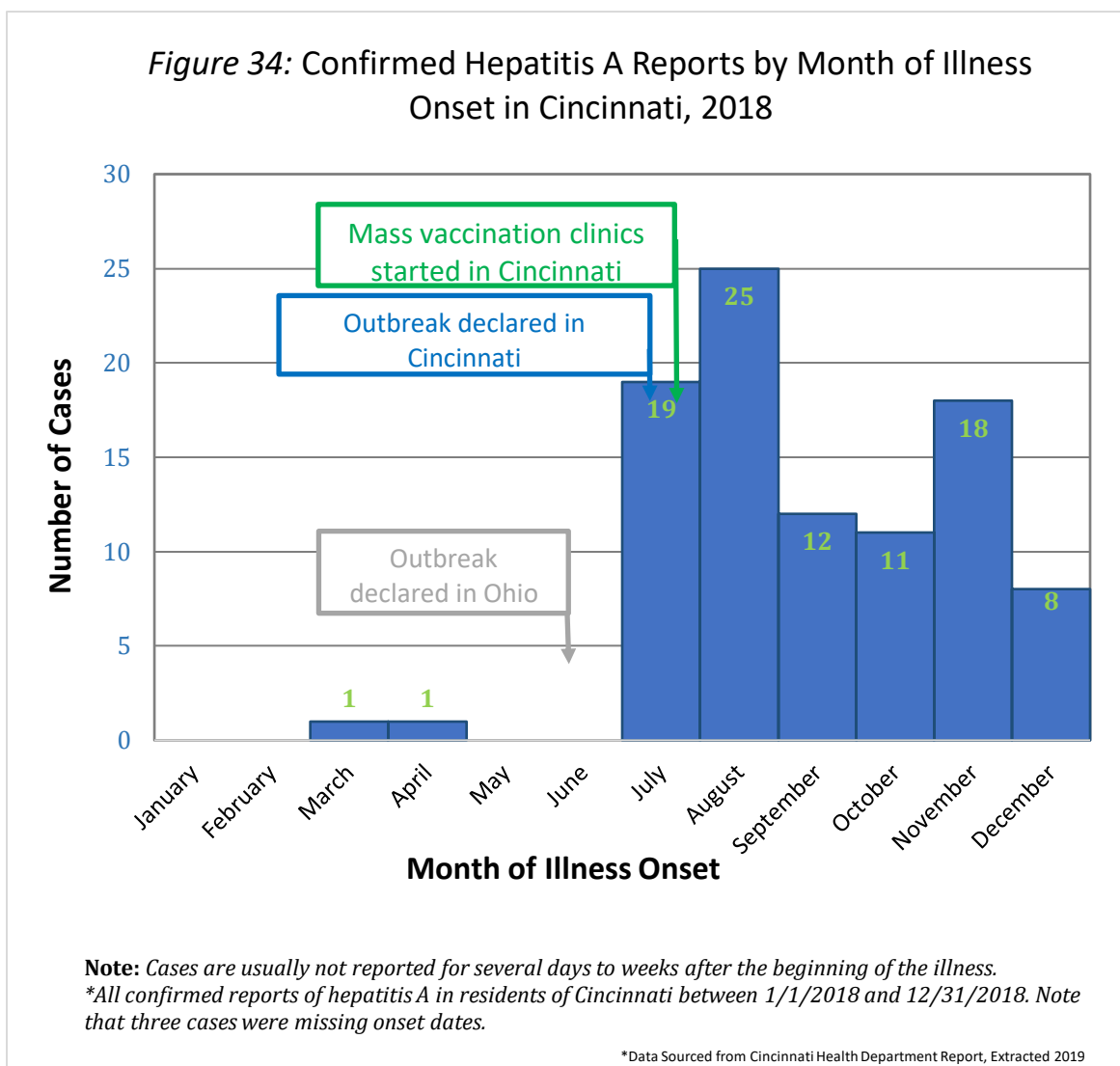


Table 5: Special Vaccine Clinic Successes

<u>Clinic Model</u>	<u>Number of Clinics</u>	<u>Vaccines Administered</u>
Post- Exposure	26	293
Pre-Exposure	27	347
Total	52	640

- ❖ By organizing and holding special vaccine clinics across the city in a variety of locations and utilizing several different community partners, CHD was nurses were able to meet citizens where they were.
- ❖ Those who were at risk, or already exposed had to opportunity to be vaccinated and learn about reducing their risks of contracting Hepatitis A.

Emerging Threat of Multi-Drug Resistant Diseases

What Are Bacteria? Bacteria and fungi are germs that are found inside and outside the human body. Most germs are harmless, and some can be helpful to humans, however some germs can cause infections. [12]

What are antibiotics? Antibiotics are tools that are used in preventing and treating infections caused by specific bacteria in humans, animals, and plants. In the healthcare setting, antibiotics are one of the most powerful drugs for treating life threatening bacterial infections. [12]

What are Multi-Drug Resistant Diseases?

These are diseases that are incredibly difficult to treat, due to bacteria and fungi's ability to adapt and defeat antibiotics designed to kill them. Antibiotic resistance can occur when antibiotics are overprescribed or not properly administered to patients when prescribed by doctors. The diseases can become resistance to the medications. When this happens, doctors have a hard time treating patients, and it may result in an extended hospital stay, additional treatments and possibly more expensive and invasive alternative treatments. **All these examples below are diseases that are considered an "Urgent Threat" by the CDC and require aggressive action to address their impacts nationwide.** [12]

Examples of These Diseases:

Candida Auris is a fungus that can cause serious infections, and death in those who become colonized with *C. Auris*. It is often resistant to medication and treatment. There have been reported cases of *C. Auris* that has been resistant to all three types of antifungal medications. *C. Auris* is hard to diagnose, and many times is misdiagnosed and has led patients to receive the wrong treatment. *C. Auris* has caused outbreaks in healthcare facilities and can spread quickly through contact with infected patients, equipment, or other contaminated surfaces. Hand washing and disinfecting of all surfaces is extremely important because *C. Auris* can live on surfaces for several weeks. *C. Auris* only emerged in 2009, so scientists are still researching how it occurs, why it is so resistant to treatment as well as its origin. [12] *C. Auris* has recently emerged in Cincinnati, in 2021 *C. Auris* had one of the highest communicable disease rates reported in the city. For more information the emergence of *Candida Auris* please visit, <https://www.cdc.gov/fungal/candida-auris/c-auris-drug-resistant.html>

Acinetobacter is a group of bacteria that are commonly found in environments such as soil and water, however it is commonly spread to humans through healthcare settings. This bacterium can cause infections in the blood, urinary tract, and lung, like *Candida Auris* it can colonize and live in patients, then can be spread from person to person, or can contaminate equipment. Patients with open wounds, on ventilators, or have catheters are most at risk for infections. Disinfection of equipment and hands is important to reduce and prevent the spread of *Acinetobacter*. These bacteria are known to be antibiotic resistant and therefore difficult to treat.

[12] For more information the emergence of *Acinetobacter* please visit, <https://www.cdc.gov/hai/organisms/acinetobacter.html>

What are antibiotic-resistant bacteria?

Antibiotics can save lives, but anytime antibiotics are used, they can lead to antibiotic resistance. Antibiotic resistance occurs when germs like bacteria and fungi develop the ability to defeat the drugs designed to kill them. If antibiotics lose their effectiveness, then we lose the ability to treat infections, like those that lead to sepsis.



Bacteria, not the body, develop the ability to defeat the antibiotics designed to kill them.



When bacteria become resistant, antibiotics cannot fight them, and the bacteria multiply.



Some resistant bacteria can be harder to treat and can spread to other people.

Talk to your healthcare professional about how you can feel better when antibiotics are not needed.

To learn more about antibiotic prescribing and use, visit www.cdc.gov/antibiotic-use or call 1-800-CDC-INFO.



More than **2.8 million** antibiotic-resistant infections occur in the United States each year, and more than **35,000 people** die as a result.



CS23502

Carbapenem-Resistant Enterobacterales (CRE) Enterobacterales are a type of bacterium, such as *Escherichia coli* (*E. Coli*). CRE infections can be invasive and noninvasive, symptoms can vary according to the organism or location. CRE infections are usually spread in healthcare setting, affecting those with chronic medical conditions such as diabetes, obesity, and compromised immune system. A CRE infection can cause pneumonia, bloodstream, or urinary tract infections.

Patients that have a colonized CRE infection can easily spread it to other patients and source of a healthcare outbreak. Person to person transmission occurs when a person has contact with an infected person's wounds or stool. The bacteria can also be spread by healthcare workers who have had direct contact with contaminated surfaces such as bed rails, computer keyboards, or reusable equipment such a catheter or ventilators. CRE is a multi-antibiotic drug resistant bacterium, it is very hard and usually unsuccessfully treated with antibiotics. [12] For more information the emergence of CRE please visit, <https://www.cdc.gov/hai/organisms/cre/cre-patients.html>



BE ANTIBIOTICS AWARE

SMART USE, BEST CARE

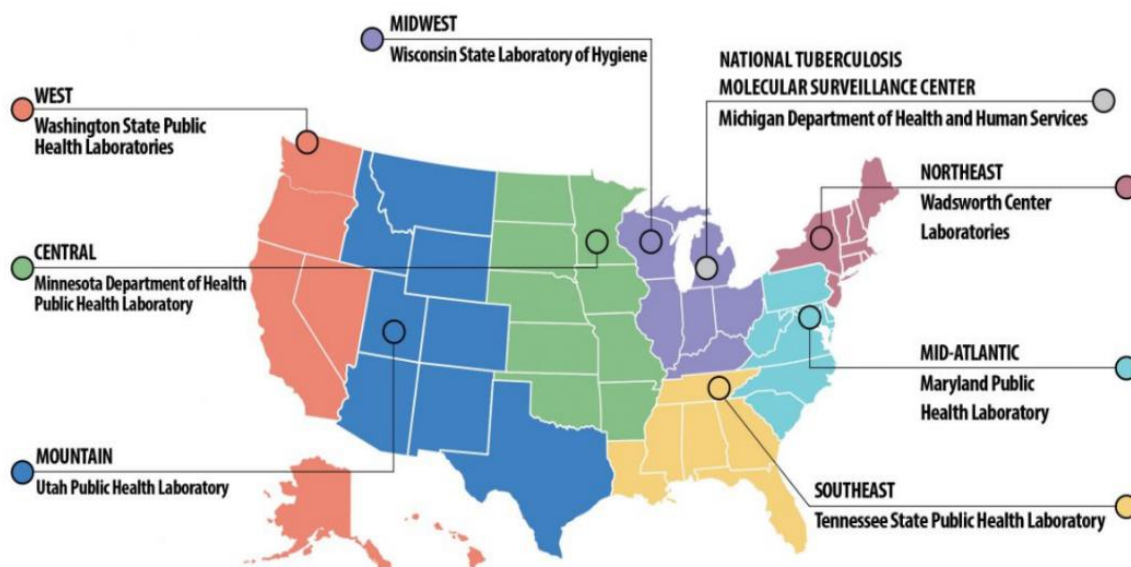
**Antibiotics aren't always the answer when you're sick.
Ask your doctor how you can feel better.**

For more information on antibiotic prescribing and use, visit www.cdc.gov/antibiotic-use.

What are Local Health Departments doing to address antibiotic resistance? Laboratories are connected and in communication with CDC's Antibiotic Resistance Lab Network to ensure when outbreaks occur, information is shared and discussed with both federal, state, and local health partners. Local health departments need to work closely with local hospitals and other healthcare facilities to track and prevent the occurrence of healthcare associated, foodborne, or other community infections caused by antibiotic resistant diseases. The responsible use and prescribing of antibiotics are a very important factor in reducing the emergence of multidrug resistant diseases. Education to both care providers and patients should be present in all healthcare and pharmaceutical environments. If antibiotics are continuously over prescribed or misused, they will no longer be effective on the diseases they are needed to treat.[12]

The current CDC Antibiotic Resistance Lab Network – each region sends their lab sample to their corresponding State lab for testing.

For example, Cincinnati will send all samples of *Candida Auris* taken from patients to the Wisconsin State Laboratory of Hygiene.



Conclusions:

This report serves to describe the communicable disease data trends in Cincinnati from 2017-2021. This report will be used to further drive the efforts of Cincinnati Health Department disease investigations, planning for future resources, developing, and improving programs and to continue outreach and education in our community.

This report also serves to education the community on the diseases on the rise in Cincinnati and gives an insight into the emerging threat of multidrug resistant diseases. For example, Candida Auris has only emerged in Cincinnati in 2021, however, it already has one of the highest rates of disease in 2021. Proving to be a unique addition to the landscape of reportable communicable diseases in Cincinnati.

COVID-19 also proved to be a unique and new addition to the reportable diseases in Cincinnati, emerging within the city in 2020, took over as the most reported disease in 2020 and 2021. COVID-19 drastically increased the number of outbreak investigations conducted by the Cincinnati Health Department's Communicable Disease Unit. The presence of COVID-19 has impacted the trends of other respiratory diseases such as Influenza, due to the increase in masking and social distancing, the rate of Influenza dramatically dropped in 2021.

Acknowledgements and thanks for this report go to the Cincinnati Health Department's Epidemiology and Communicable Disease teams.

For any questions, reach out to the Cincinnati Health Department at the main line: 513-357-7200

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