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Monthly Communicable Disease Report

November 2025

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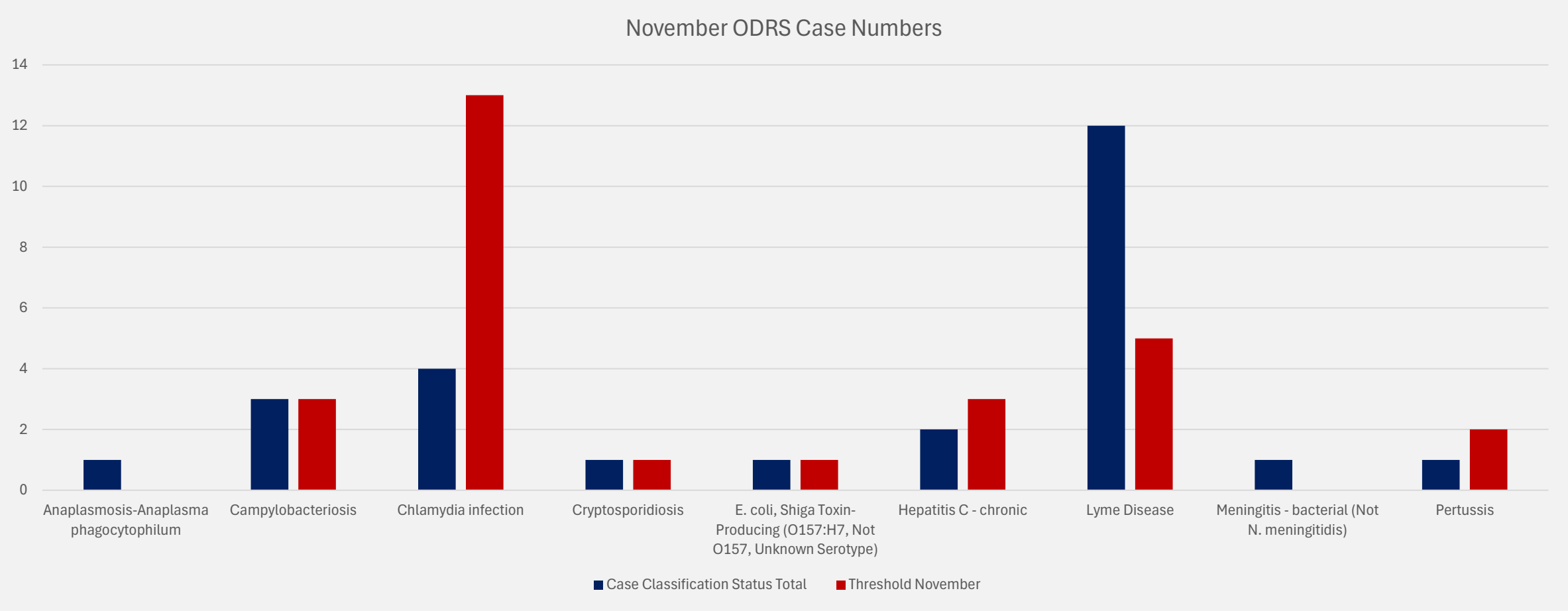
December 12th, 2025

Table 1: November 2025 Reportable Diseases

Ohio Disease Reporting System (ODRS)	Case Classification Status				Threshold	YTD	2024 November	2024 YTD
REPORTABLE DISEASE	Suspected	Probable	Confirmed	Total	November	Cases	Total	Cases
Anaplasmosis-Anaplasma phagocytophilum	1	0	0	1	0	2	0	1
Campylobacteriosis	0	3	0	3	3	29	2	22
Chlamydia infection	0	0	4	4	13	57	4	82
Cryptosporidiosis	0	0	1	1	1	5	0	12
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	0	0	1	1	1	2	0	5
Hepatitis C - chronic	0	0	2	2	3	20	0	10
Lyme Disease	12	0	0	12	5	188	5	120
Meningitis - bacterial (Not N. meningitidis)	0	1	0	1	0	4	0	0
Pertussis	0	0	1	1	2	2	2	6
This report contains information regarding suspected, probable, and confirmed cases of the diseases listed and are								
**Threshold calculated from the average and standard deviation of monthly disease reporting from 2019 to 2024*								

Figure 1: November 2025 Reportable Disease Comparison



ODRS = Ohio Disease Reporting System

Figure 2: Knox County 2025 – 2026 Influenza Season

Current influenza case counts are rising, and we are entering the start of influenza season. If you have not yet received your influenza vaccine, please do so to ensure protection for the months ahead.

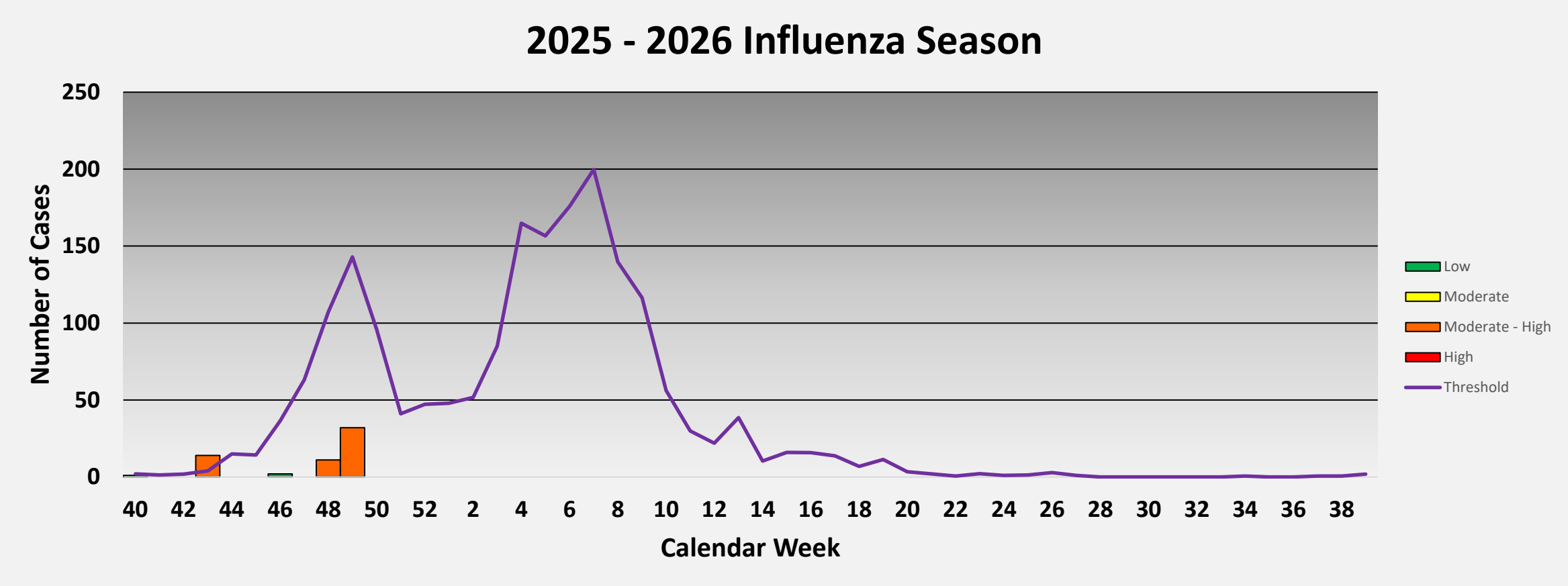
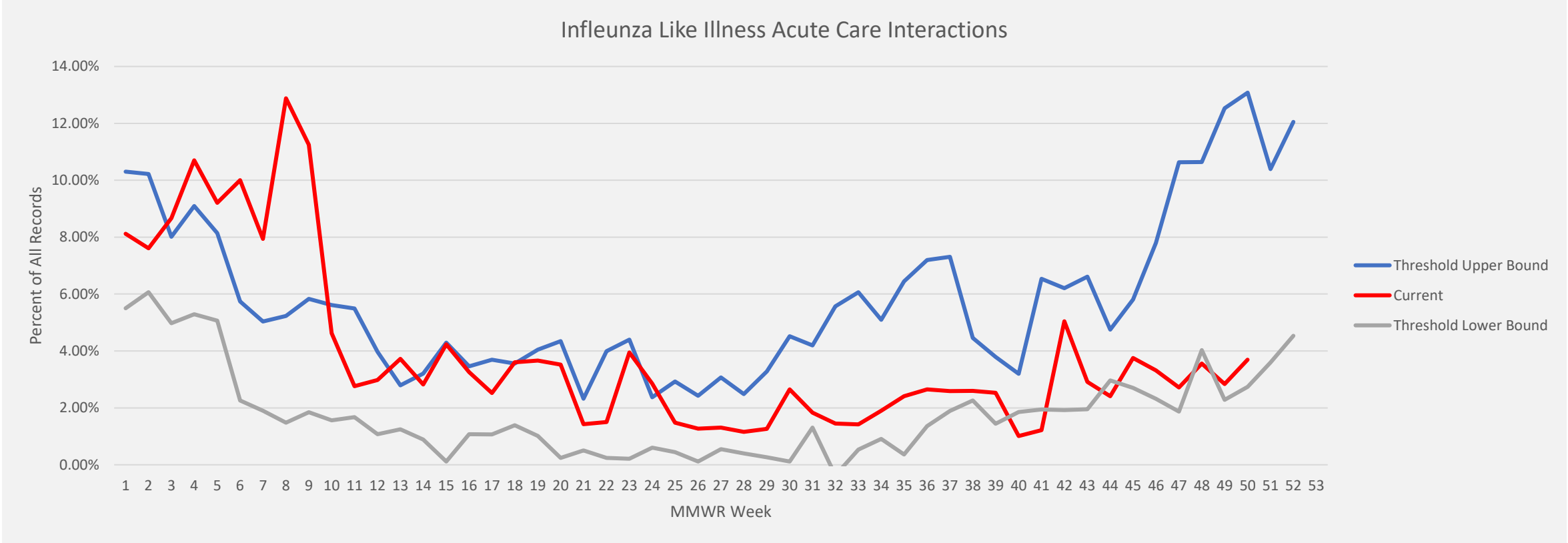


Figure 3: Knox County Influenza Like Illness Interaction

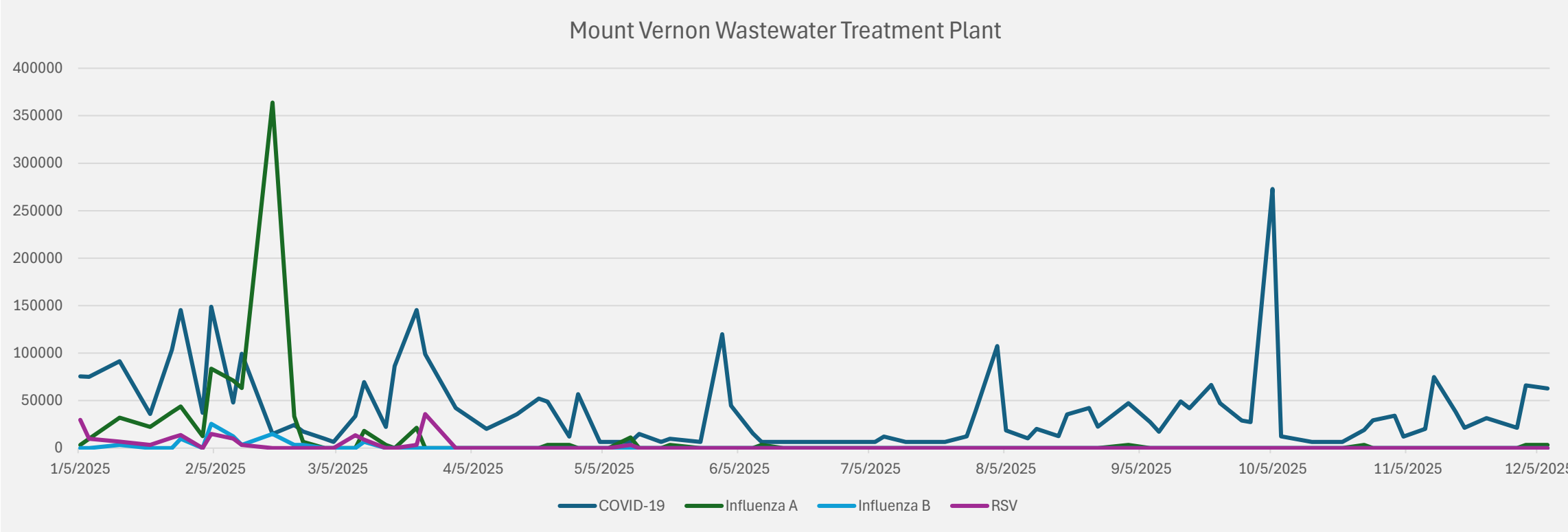
We are not in an endemic influenza state but are in influenza season. Influenza peaked around the end of February.



*This is a snapshot of ILI not laboratory confirmed respiratory virus and may capture patient visits due to other respiratory pathogens that cause similar symptoms. Threshold calculated from the average and standard deviation of monthly disease reporting from 2019 to 2024

Figure 4: Knox County Wastewater-based Epidemiology

Current wastewater monitoring at the Mount Vernon Wastewater Treatment Plant shows stable very low or nondetectable levels of COVID-19, Influenza A, Influenza B, and RSV. This suggests that these infections among people whose sewage flows to this facility are currently low. Although wastewater trends can provide early warning of rising infections in the community, current data do not indicate an upward trend for COVID-19, influenza, or RSV at this time.



*While wastewater data is informative, it should be interpreted cautiously and in conjunction with other forms of surveillance.
*Influenza wastewater testing is highly experimental at this time and needs to be interpreted with extreme caution.
* It is typical to see small variations up or down from week to week.

Figure 6: RSV

RSV activity is increasing as we move into the winter respiratory virus season. This rise is consistent with typical seasonal patterns, with the highest activity usually seen in late fall and winter. We encourage the community to stay alert for respiratory symptoms, practice good hand hygiene, and keep sick individuals, especially children, home when ill.

Those at greatest risk for severe RSV illness include:

- Infants and young children, especially under 6 months.
- Older adults, particularly those 75+ or adults with chronic health conditions.
- People with weakened immune systems.

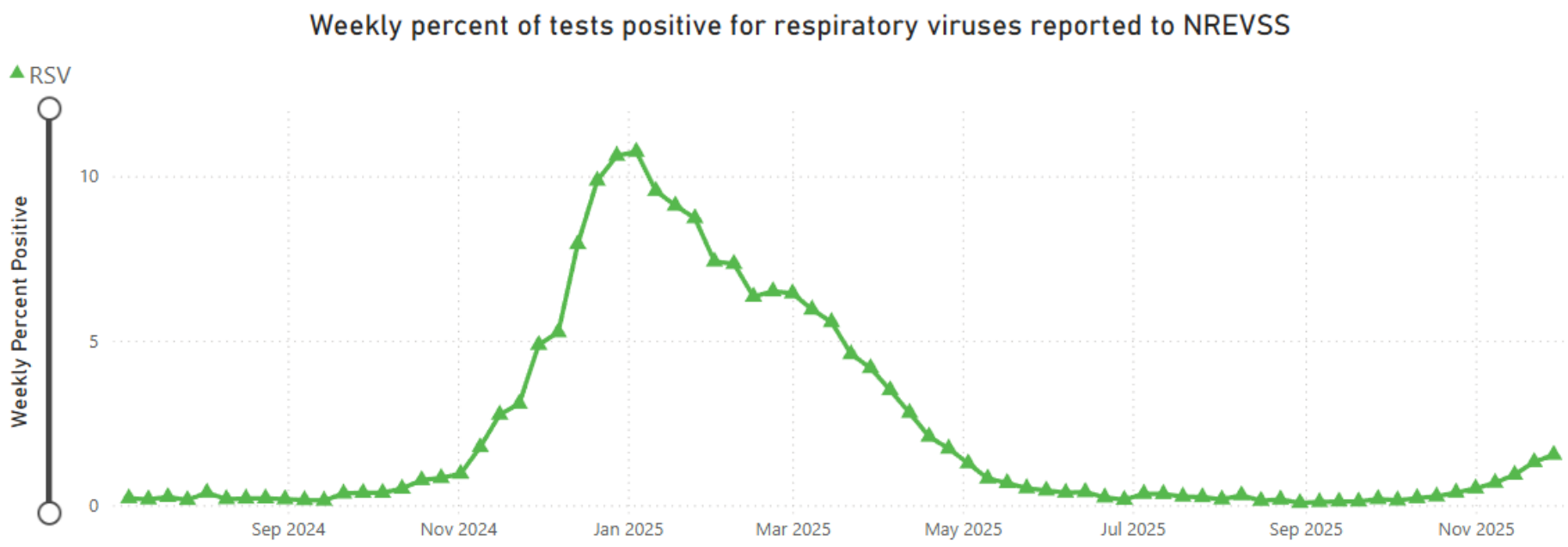


Figure 8: Parainfluenza and RV/EV

Parainfluenza activity remains low overall, with only a modest seasonal rise. Rhinovirus and enterovirus continue to show the highest levels of circulation even though we have seen recent declines. RV and EV spread easily through respiratory droplets, close contact, and contaminated surfaces, with enteroviruses also sometimes spreading through the fecal-oral route. Because of these shared transmission pathways, the same prevention measures of frequent handwashing, good respiratory hygiene, and avoiding close contact with those who are ill, remain important. These viruses are common causes of cold-like symptoms, though they can occasionally lead to more significant illness in young children or individuals with weakened immune systems.

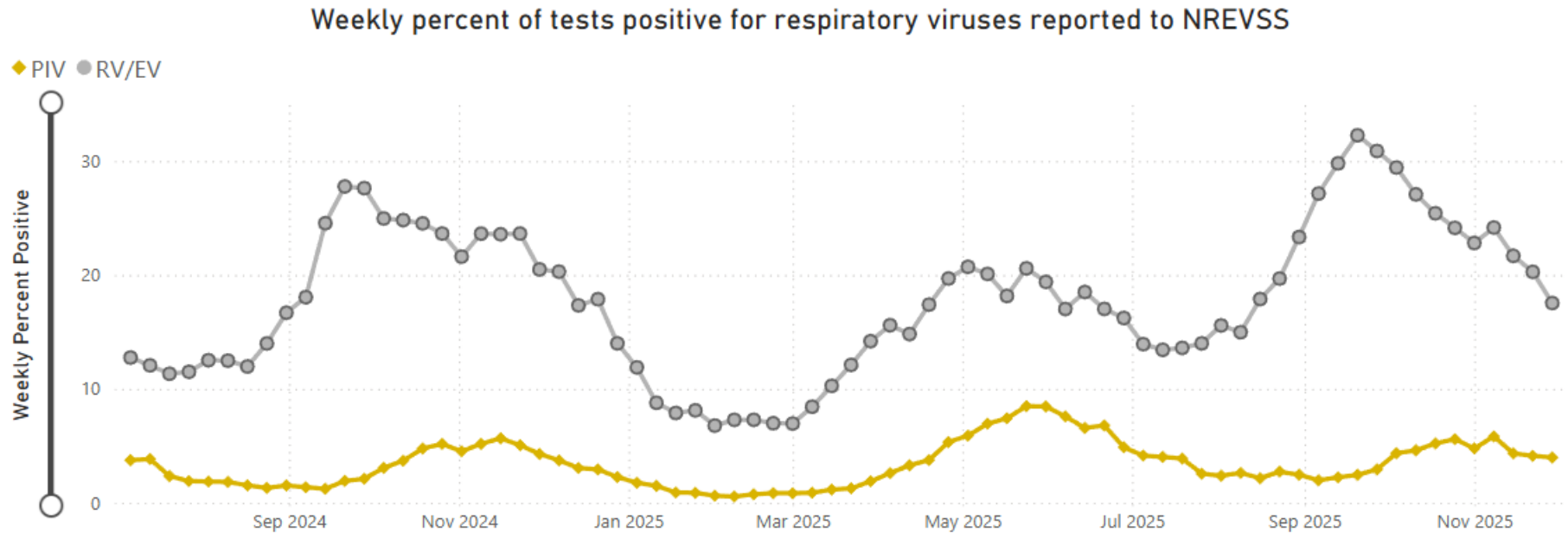


Figure 9: Metapneumovirus & Adenovirus

Adenovirus activity remains steady but increasing. Human metapneumovirus (HMPV), however, shows a clear seasonal pattern, with significant increases during late winter and early spring before returning to very low levels in the summer months. Both viruses spread through respiratory droplets and close contact, and they often cause symptoms like other common respiratory infections. While many cases are mild, HMPV can lead to more severe illness in young children, older adults, and individuals with weakened immune systems. Preventive measures such as frequent handwashing, good respiratory etiquette, and staying home when sick continue to be effective in reducing transmission.

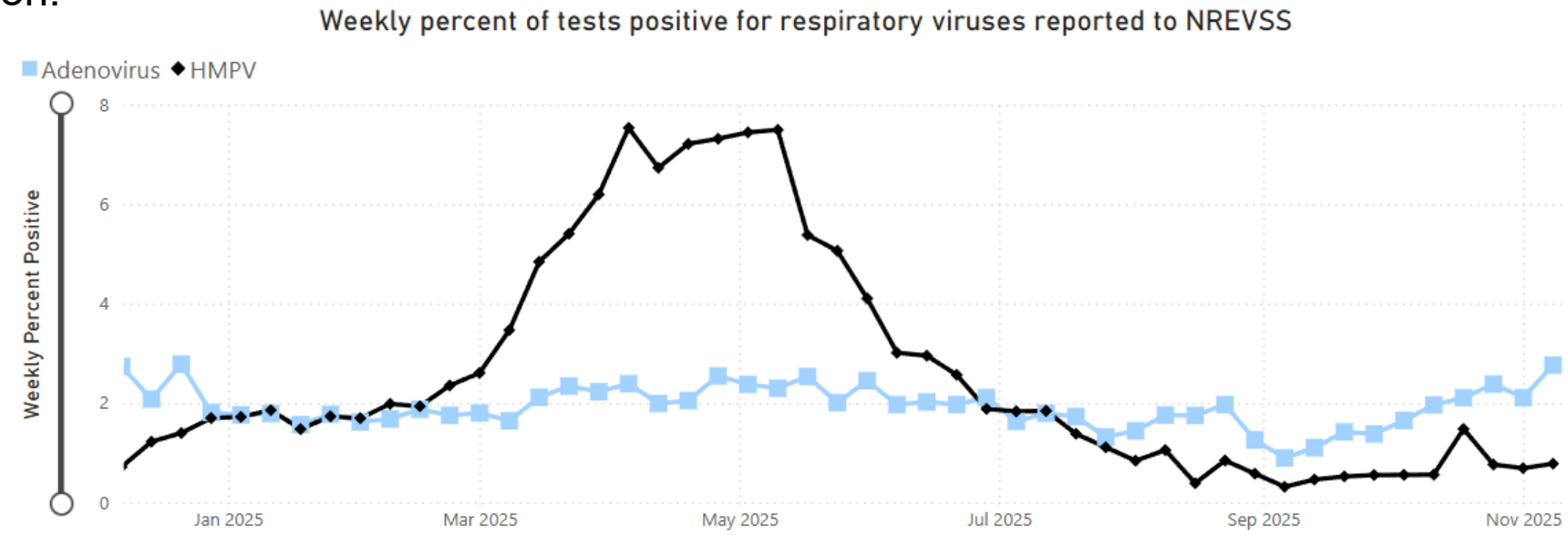
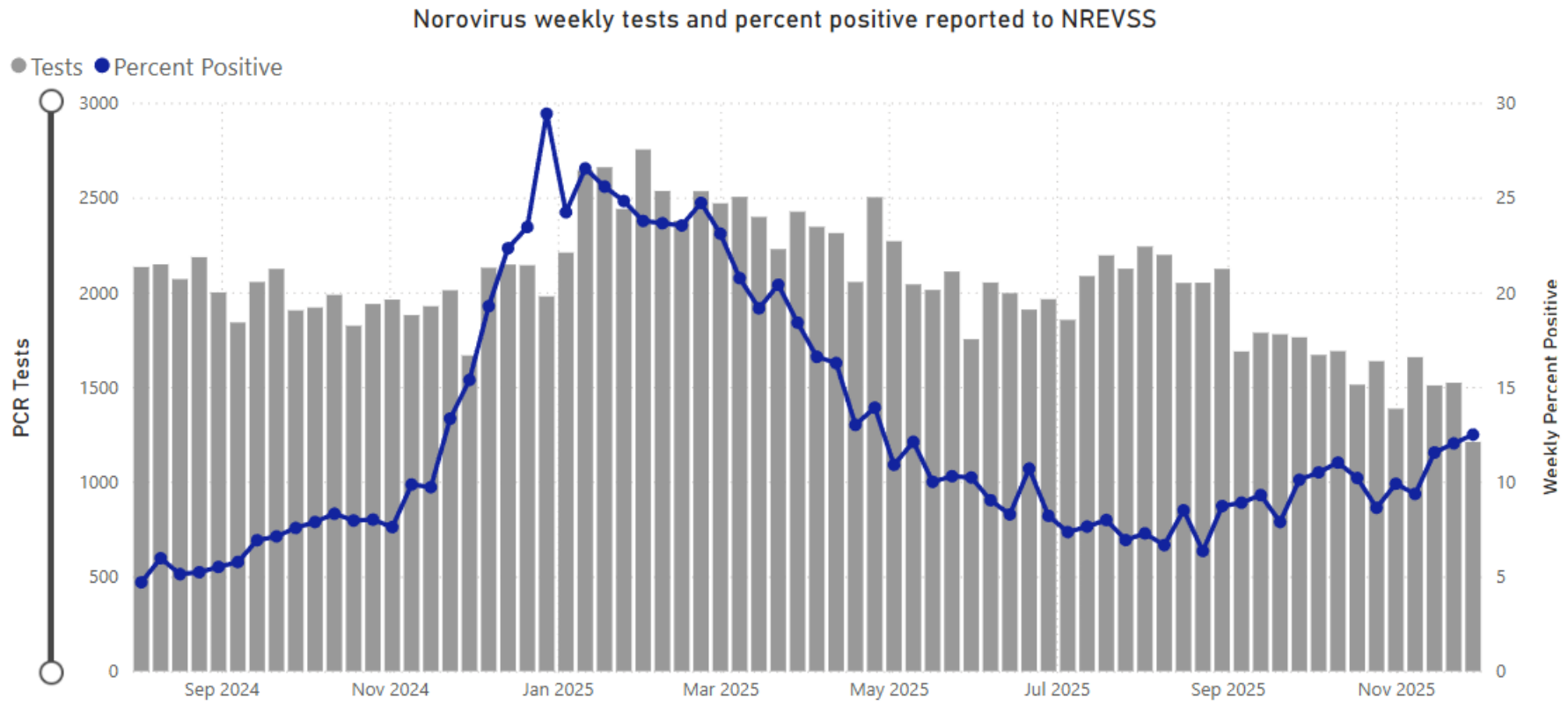


Figure 7: Norovirus

Norovirus is slowly increasing and still higher then traditional out of season numbers. To prevent its spread, practice frequent handwashing with soap, refrain from touching your face, and if experiencing symptoms, stay home and avoid preparing food for others until 48 hours after symptoms cease.

The most common symptoms of norovirus are:

- Diarrhea
- Vomiting
- Nausea
- Stomach pain



Summary

Campylobacteriosis, Chlamydia, Cryptosporidiosis, E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype), Hepatitis C – chronic, and Pertussis are at or below the monthly threshold, suggesting there's no immediate cause for concern.

Anaplasmosis, Lyme Disease, and Meningitis - bacterial (Not N. meningitidis) are above the monthly threshold.

Recommendations:

Anaplasmosis:
- Educate the public on tick bite prevention (use repellents, wear long sleeves/pants, perform tick checks).
- Share information on common symptoms (fever, chills, headache, muscle aches) and the importance of early treatment.
- Remind providers to consider anaplasmosis in patients with febrile illness during tick active months.

Lyme Disease:
- Educate the public about tick bite prevention (long sleeves, repellents, tick checks).
- Share info on signs/symptoms (fever, rash, fatigue, joint pain) and early treatment.
- Promote awareness during spring/summer when tick exposure is higher.
- Encourage providers to test and report suspected cases promptly.

Meningitis – Bacterial (Not N. meningitidis):
- Increase awareness of key symptoms (fever, severe headache, stiff neck, nausea, confusion) and the need for immediate medical attention.
- Encourage providers to quickly evaluate and treat suspected cases and follow appropriate reporting requirements.
- Promote general infection prevention practices such as hand hygiene and staying home when symptomatic.
- Reinforce vaccination of at-risk individuals for conditions that can lead to secondary bacterial meningitis (e.g., pneumococcal vaccination where indicated).

*It's important to note that this analysis may be subject to change or further interpretation based on additional data and context.

Summary

Prevention:

Anaplasmosis:
- Avoid tick exposure by using insect repellents (DEET, picaridin) and wearing long sleeves and pants in wooded or grassy areas.
- Perform thorough tick checks after outdoor activities and remove ticks promptly.
- Keep yards clear of leaf litter and tall grass to reduce tick habitats.
- Educate the public about peak tick season and the importance of early detection.

Lyme Disease:
- Wear long sleeves and pants when in wooded or grassy areas.
- Use EPA-registered insect repellents containing DEET or picaridin.
- Perform tick checks after outdoor activities and promptly remove ticks.
- Keep yards tidy by clearing tall grass and leaf litter.
- Educate on early symptoms and seek medical care if suspected.

Meningitis – Bacterial (Not N. meningitidis):
- Practice good hand hygiene, especially after coughing, sneezing, or being in crowded settings.
- Avoid sharing drinks, utensils, or items that contact saliva.
- Stay home when sick to reduce spread of respiratory illnesses that can lead to secondary bacterial infections.
- Ensure appropriate vaccinations are up to date (such as pneumococcal vaccines) to reduce the risk of related bacterial meningitis.
- Seek prompt medical attention for severe or rapidly worsening illness.

*It's important to note that this analysis may be subject to change or further interpretation based on additional data and context.

Summary

COVID-19 Disease Surveillance Update:
COVID-19 will no longer be reported in ODRS. This means that I will no longer be including it in my reports.

*It's important to note that this analysis may be subject to change or further interpretation based on additional data and context.

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