ERIE COUNTY HEALTH DEPARTMENT
COMMUNITY HEALTH CENTER

ERIE COUNTY COMMUNICABLE DISEASE REPORT

QUARTER 3 (JULY- SEPTEMBER 2026)

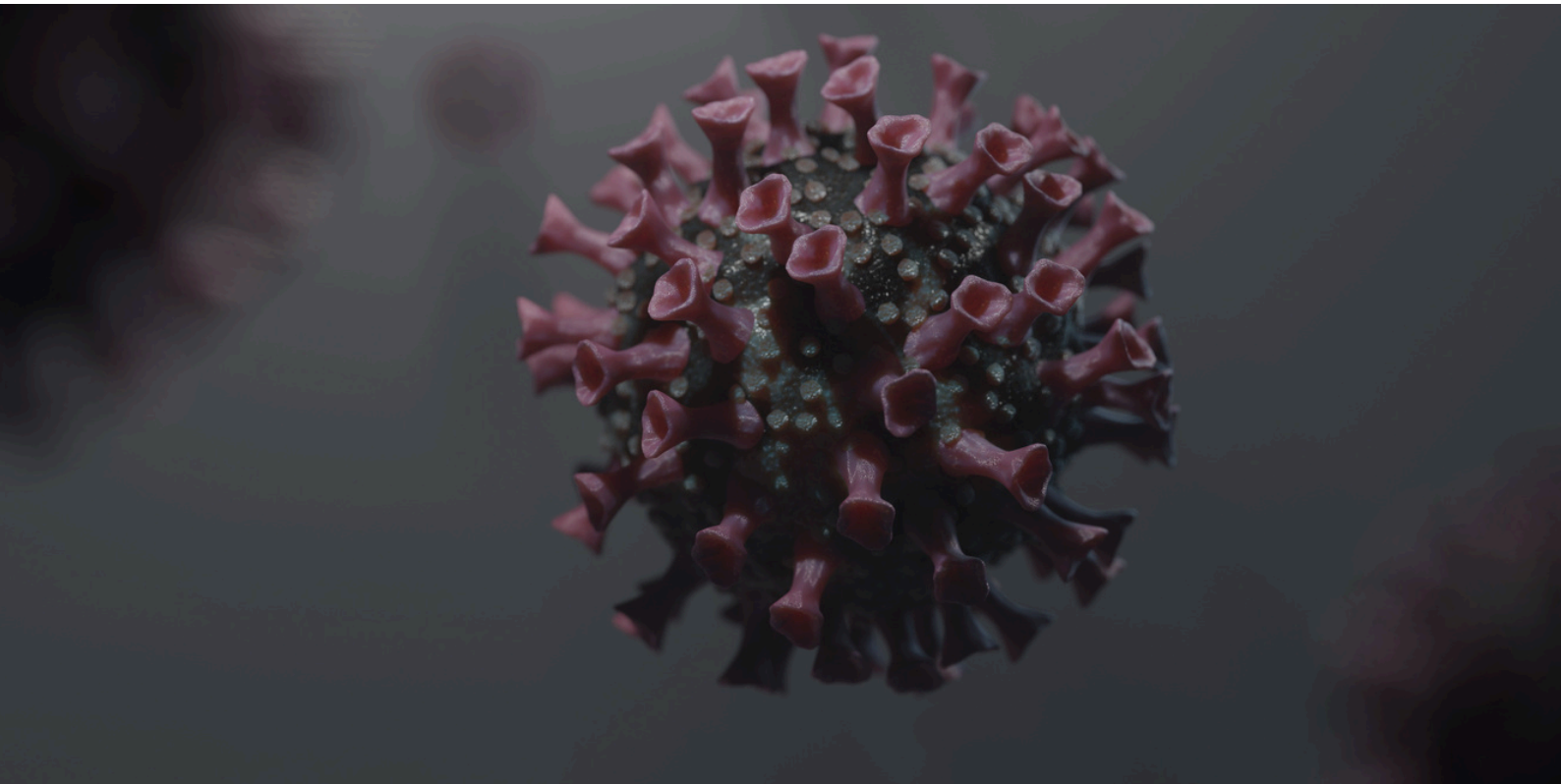
PREPARED BY:

Taylor Kula, MPH
Chief of Epidemiology

ERIE COUNTY COMMUNICABLE DISEASE STATISTICS*

	JULY	AUGUST	SEPTEMBER
TOTAL REPORTED COMMUNICABLE DISEASES	210	109	37
TOTAL OUTBREAKS	1 NEW OUTBREAKS	1 NEW OUTBREAKS	0 NEW OUTBREAKS
TOP 5 REPORTED COMMUNICABLE DISEASES PER MONTH	1. CYCLOSPORIASIS (156) 2. CHLAMYDIA (23) 3. CAMPYLOBACTEROSIS(6) 4. LYME (5) 5. SALMONELLA (3)	1. CYCLOSPORIASIS (48) 2. CHLAMYDIA (35) 3. CAMPLOBACTEROSIS (6) 4. LYME (5) 5. GONORRHEA (5)	1. CHLAMYDIA (19) 2. GONORRHEA (8) 3. CAMPYLOBACTEROSIS(3) 4. HEPATITIS C (2) 5. LYME (1)

*Numbers are preliminary and subject to change



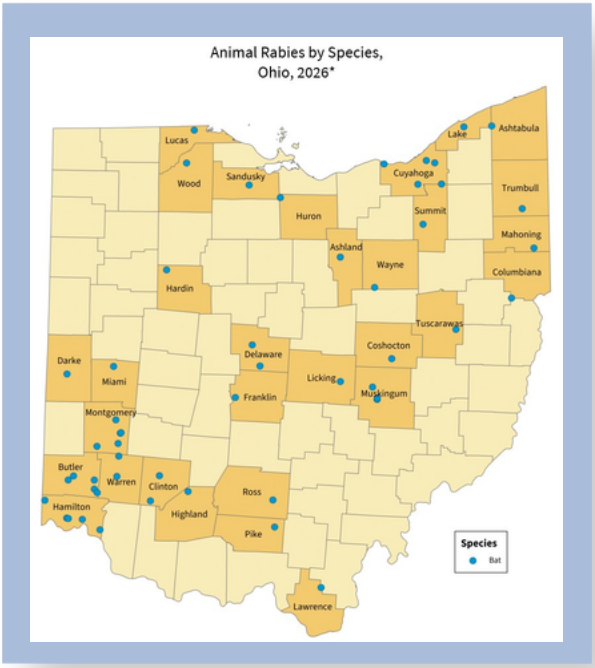
WHAT'S NEW IN PUBLIC HEALTH?

Rabies and Animal Bites/Exposures

The CDC sent out a Health Advisory Notification on September 10, 2026 in regards to the nationwide increase in reported human rabies exposures and the increased need for rabies post-exposure prophylaxis (PEP) administration. From July through August 2026, CDC received 17% more rabies related inquiries than the same period in 2025. Utilization for rabies vaccine increased by an estimated 33% while the rabies immunoglobulin increased an estimated 76% compared with the same time period last year according to pharmacy data. **Click here** to learn more.

Ohio Bites and Exposure Statistics 2025:

Species	Exposure Events				Number of Humans Exposed
	Bite	Non-Bite	Other	Total	
Bat	260	511	175	946	864
Cat	3,946	205	102	4,253	4,152
Dog	14,840	264	411	15,515	15,125
Ferret	9	0	0	9	9
Livestock	39	3	1	43	45
Raccoon	146	54	52	252	206
Skunk	19	4	14	37	22
Reporting optional:					
Other Domestic	118	4	1	123	122
Other Wild	152	9	20	180	157
TOTAL	**19,529**	**1,054**	**776**	**21,358**	**20,702**



What is an exposure?

Rabies is transmitted only when the virus is introduced into bite wounds or open skin wounds or onto mucous membranes. **Two general categories of exposure are recognized**:

1. **Bite**: All bites that penetrate the skin, regardless of anatomic location, constitute a bite exposure.
2. **Non-Bite**: The contamination of wounds or mucous membranes or scratches with saliva or other potentially infectious material (e.g., brain tissue) constitutes a non-bite exposure. If the material containing the virus is dry, the virus is considered to be non-infectious. It is rare for non-bite exposures to result in rabies. Bats warrant special consideration when deciding whether a non-bite exposure has occurred.

Bats are considered a high-risk species for rabies. Due to the nature of bat bites (small, often unnoticed), evaluating exposure is different from other animals.
The following criteria are considered bat exposures:

1. Bitten by a bat and knows that they have been bitten.
2. Direct, bare-skinned contact with the bat and cannot rule out that a bite has not occurred.
3. In a room with a bat and is unable to articulate whether an exposure took place (e.g., a deeply sleeping person wakens to find a bat in the same room; a previously unattended young child, a mentally impaired individual due to medication, illness, or intoxication when the exposure occurred).

Post-Exposure Prophlaxsis Recommendations:

PEP is not automatic — it depends on:

- The type and severity of the exposure.
- The species and rabies risk of the animal.
- The person's vaccination status.
- Local rabies prevalence and animal availability for testing

PEP may include:

- Wound washing with soap and water immediately.
- Human rabies immune globulin (HRIG) at the wound site for severe exposures.
- A 4-dose vaccine series over 14 days

Click here to see the recommended schedule.

Upcoming Respiratory Season

CDC expects the upcoming U.S. fall and winter respiratory disease season will likely have a similar combined number of peak hospitalizations due to COVID-19, influenza, and RSV disease compared to last season. CDC's outlook is based on historical trends, expert opinion, and COVID-19 scenario modeling results. **Click here** to see the full upcoming season's predictions.

2026-2027 Season Influences:

While this season's peak combined hospitalization rate is expected to be similar to that of last year, other outcomes remain possible. This uncertainty underscores the need to plan and prepare for the possibility of a higher peak, which could be driven by the following factors:

- **Emergence of viruses** with increased ability to evade existing population immunity, including:
  - New mutations in a predominating influenza subtype that result in antigenic drift and reduced immunity from influenza vaccination or recent infection
- **Increased viral severity:** emergence of a new SARS-CoV-2 variant, or predominance of an influenza subtype, associated with increased clinical or seasonal severity
- **Lower immunization uptake** including:
  - Lower than expected uptake of the COVID-19 vaccine, influenza seasonal vaccine, or RSV disease immunizations

Influenza Outlook

CDC expects the severity of the 2026-2027 influenza season, based on the peak of influenza hospitalizations, will likely be classified as moderate across all ages. The 2025-2026 influenza season was classified as a moderate-severity season across all ages and as a high-severity season in children (ages 0-17 years).

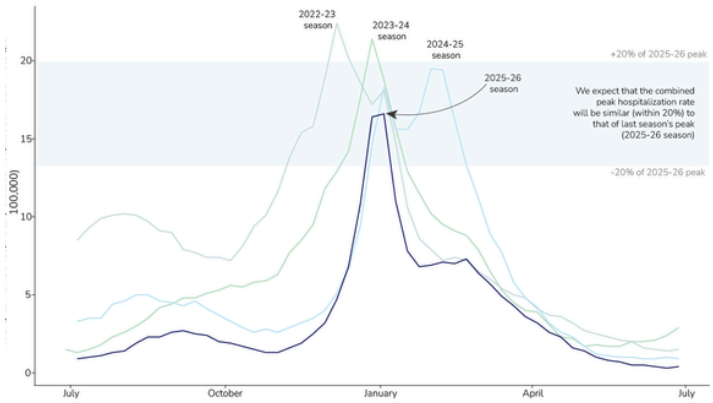
COVID-19 Outlook

CDC expects that the peak weekly hospitalization rate due to COVID-19 for the 2026-2027 season will be similar to or lower than that of the 2025-2026 season. Fall and winter

COVID-19 hospitalization rates during the upcoming season will depend on several factors including:

- Summer 2026 activity
- Emergence of new variants
- Vaccination uptake

Combined hospitalization rate for 2026-2027 season



RSV Outlook

CDC expects the 2026-2027 peak weekly hospitalization rate across all age groups due to RSV disease will be similar to that of the 2025-2026 season. RSV disease historically has a consistent seasonality, with national-level hospitalizations generally peaking in late December or early January. Last season peaked later than usual, in the week ending February 21, 2026. Hospitalizations due to RSV disease peaked later than usual during the 2025-2026 season are uncertain are due to:

- High levels of transmission in post-pandemic seasons, contributing to a higher level of population immunity to RSV during the 2025-2026 season.
- Changes in age group transmission dynamics due to the rollout of immunization products for infants.
- Other unknown behavioral or disease-specific factors

Erie County Wireless Emergency Notification System (WENS)

The Erie County Health Department's Office of Epidemiology & Surveillance is responsible for ensuring Erie County's preparedness for a public health emergency, strengthening our ability to respond as a community to all types of public health incidents, and monitoring the overall health of Erie County.

History has shown that quickly alerting the medical community of impending disasters, both physical and biological, can reduce loss of life and improve communication among key responders.

ECHD provides the following types of alerts to our medical community:

- Urgent public health incidents
- Periodic disease alerts
  - Quarterly Communicable Disease Updates
  - Increased Respiratory Activity alerts
  - Large foodborne illness outbreak alerts
- Weekly Influenza Reports (during flu season)

Contact Taylor Kula (tkula@echdohio.org) for more information!

FOR MORE INFORMATION:

Erie County Health Department (419) 626-5623 x5103
Centers for Disease Control and Prevention www.cdc.gov
Ohio Department of Health www.odh.ohio.gov

Measles Vaccination Guidance

Two doses of the measles, mumps, rubella (MMR) vaccine is the best way to protect against measles. The first dose is routinely recommended at 12-15 months and the second dose at 4 6 years.

- Vaccine considerations in areas affected by outbreaks *(Ohio is currently considered to be in a statewide outbreak)*
  - While MMR vaccination is not routinely recommended for children before 12 months of age, it can be safely administered to children as young as 6 months if they are at increased risk of exposure to measles. The Ohio Department of Health, consistent with guidance from the American Academy of Pediatrics (AAP), recommends an early dose of MMR vaccine for children aged 6-11 months who are traveling internationally or who live in or are traveling to an outbreak area.
    - Clinicians should weigh the benefit of protection from measles during an outbreak against the risk of decreased immune responses in infants vaccinated with MMR before 12 months of age.
    - Infants younger than 12 months of age are at greatest risk of severe illness. Vaccination of infants aged 6-11 months minimizes the risk of disease and death that could occur in these infants during measles outbreaks.
    - The level of protective antibodies is lower and may remain lower in children vaccinated at younger than 12 months of age than children vaccinated later. Infants who receive one dose of MMR vaccine before their first birthday should receive two more doses according to the routinely recommended schedule (one dose at 12 through 15 months of age and another dose at 4 to 6 years of age or at least 28 days later).
    - For additional information, see the **AAP's Measles Prevention and Control Implementation** or **CDC's Clinical Questions about Measles**.

For additional guidance on measles **click here**.

Anabolic Steroids Warning

An uptick in steroid use has been noticed by the Food and Drug Administration. Erie County Health Department will work to provide signage stating the risks of anabolic steroid usage to publically owned and privately owned gyms to address this public health issue.

Ohio Revised Code 3707.50 states warning concerning anabolic steroids to be conspicuously posted in athletic facility locker rooms. An athletic facility includes a privately owned athletic training, exercise, or sports facility or stadium that is open to the public and a publicly owned sports facility or stadium.

The following warning shall be conspicuously posted in each locker room of every athletic facility:
"Warning: improper use of anabolic steroids may cause serious or fatal health problems, such as heart disease, stroke, cancer, growth deformities, infertility, personality changes, severe acne, and baldness. Possession, sale, or use of anabolic steroids without a valid prescription is a crime punishable by a fine and imprisonment." **Click here** to read more.

Erie County Bloodborne Pathogens Training

The Erie County Health Department and Erie County Community Health Center will be offering training to agencies that have risk of contracting bloodborne infections like HIV, Hepatitis C or Hepatitis B.

The training will focus on best practice prevention methods, recommended testing and time periods, and post-exposure to reduce risk of infectious disease in staff and the community.

Stay tuned for more information that will become available in 2027 on when these trainings will be held!

Contact Taylor Kula (tkula@echdohio.org) for more information!

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