

DATE: January 10, 2025  
TO: Board of Health Members  
FROM: Jacquelyn Phillips Carter, MPH, BSN, RN - Secretary  
SUBJECT: **Agenda for February 7, 2025**

City of Middletown Board of Health & Environment will meet in regular session **February 11, 2025** at 7:30AM in Conference Room 2C at the City Building with the following agenda. If you are unable to attend the meeting, please call 513-425-1818.

### **MEETING CALLED TO ORDER**

**ROLL CALL**- Motion to excuse absent members

### **CITIZEN COMMENTS**

**APPROVAL OF MINUTES** -January 2025  
(Motion and Approval)

**RECEIVE AND FILE FINANCIAL REPORT** -January 2025  
(Motion and Approval)

**EDUCATION PRESENTATION** –Southwest Ohio Air Quality Agency

### **NEW BUSINESS**

1. Travel Authorizations-None
2. 1<sup>st</sup> Reading of MBHE Ordinance No. 2025-01-Allowing Health Commissioner to Suspend a Food Service or Retail Food Establishment License  
(Motion to Read by Title Only)
3. 1<sup>st</sup> Reading of MBHE Ordinance No. 2025-02-Allowing Health Commissioner, Any Registered Environmental Health Specialist or Environmental Health Specialist-In-Training to Take Non-Emergency Enforcement Action  
(Motion to Read by Title Only)
4. 2024 Annual Report

### **REPORTS**

Health Commissioner  
Medical Director  
Director of Nursing  
Environmental Health Director

### **BOARD MEMBER OPEN DISCUSSION**

### **ADJOURNMENT**

The Next Board of Health Meeting is scheduled for March 11, 2025 at 7:30am

It is the policy of the City of Middletown to make all public hearings and meetings accessible to all persons, in accordance with state and/or federal laws. If you have a disability which requires accommodation in order for you to attend and/or participate in this meeting, please contact us at 425-7851 or 425-7705 (TDD) at least forty-eight hours prior to the time of the meeting to advise the need for accommodation, and reasonable efforts shall be made to provide the same.

CITY OF MIDDLETOWN  
BOARD OF HEALTH  
Minutes  
January 14, 2025

The City of Middletown Board of Health met in regular session at 7:30 AM on January 14, 2025.

Members Present

Mayor, Elizabeth Slamka  
Ruth Lolli  
Jeff Bonnell  
Joseph Richmond, MBA  
Amy Sibcy  
Dr. Scott Zollett, MD  
Emily Miller, BSN, RN  
Tiffani Baggett

Health Department Staff Present

Jackie Phillips Carter, MPH, BSN, RN  
Carla Ealy, BS, REHS  
Dr. Paul Jennewine, MD  
Chandra Corbin, BSN, RN  
Amanda McDonald, Vital Statistics Registrar

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ROLL CALL

All board members were present.

CITIZEN COMMENTS

Ms. Phillips Carter introduced newest board member, Tiffani Baggett. Ms. Baggett is a lifelong Middletonian and has worked in healthcare for over twenty years. Ms. Baggett stated that she is looking forward to serving on the City of Middletown Board of Health.

APPROVAL OF MINUTES – December 2024

**Motion:** Ms. Lolli moved, seconded by Ms. Miller to approve the December Board of Health minutes.

**Roll call vote:** Yes-7 (Lolli, Bonnell, Richmond, Sibcy, Zollett, Miller, Baggett). No-0. **Motion Passed.**

RECEIVE AND FILE FINANCIAL REPORT-December 2024

**Motion:** Mr. Richmond moved, seconded by Ms. Lolli to approve the December financial report.

**Roll call vote:** Yes-7 (Lolli, Bonnell, Richmond, Sibcy, Zollett, Miller, Baggett). No-0. **Motion Passed.**

EDUCATION PRESENTATION-Norovirus-Dr. Jennewine

Dr. Jennewine explained that Norovirus is the most common cause of gastroenteritis and food borne illness. The virus has a rapid onset as well as a rapid recovery rate. The virus is self-limiting with low complication rates. There is no treatment for norovirus.

Signs and symptoms of norovirus include: nausea/vomiting, non-bloody diarrhea, stomach pain and cramping, fever and dehydration. The virus is transmitted by fecal-oral route via contaminated food or water, contact surfaces, person-to-person exposure and air transmission from emesis. Diagnosis is based on symptoms and PCR testing.

There is no treatment or vaccine available to prevent norovirus. Handwashing is the most effective prevention tool available, hand sanitizer is not effective against the virus. Bleach should be used to clean surfaces that have come into contact with the virus and patients should be isolated as much as possible to prevent further spread of the virus.



The virus is commonly found in clams and oysters, leafy greens and fruits, carried by food handlers and in close quarters and spaces.

There are 38 million cases of norovirus annually. An “outbreak” is defined as two or more linked cases.

### NEW BUSINESS

#### Travel Authorizations

None.

#### 2025 Election of President Pro Tem

**Motion:** Dr. Zollett moved, seconded by Ms. Lolli to elect Jeff Bonnell as President Pro Tem.

**Roll call vote:** Yes-7 (Lolli, Bonnell, Richmond, Sibcy, Zollett, Miller, Baggett). No-0. **Motion Passed.**

#### 2025 Board of Health Committees

Following discussion amongst board members, committees will be comprised as follows:

Finance Committee-Mayor Slamka, Ms. Sibcy, Ms. Bagget and Mr. Richmond.

Personnel Committee-Mayor Slamka, Dr. Zollett, Mr. Bonnell, Ms. Lolli and Ms. Miller.

#### 2025 Board of Health Roster

Ms. Phillips Carter informed board members that the 2025 roster was included in the packet and advised board members to review and make any necessary corrections to their information.

#### 2024 4<sup>th</sup> Quarter Report

The 2024 4<sup>th</sup> Quarter Report was included in the packet as well as the 2023 4<sup>th</sup> Quarter Report for comparison.

#### Name, Address, Phone, Health History (NAPH) Form Update

Ms. Phillips Carter explained that CMHD began NAPH forms after 9/11 as a means of Emergency Response Planning. These forms allow us to know how many medications are needed and list all known allergies for board members and their households in the case of an emergency. Once board members have completed their forms, they may turn them into Ms. McDonald.

### REPORTS

#### Health Commissioner

Ms. Phillips Carter stated that she was pleased to announce that board member Ruth Lolli is now the point of contact for Walk With a Doc. The next Walk With a Doc will be held indoors at the YMCA. The February session will be back outdoors at the Atrium Medical Center walking path.

Ms. Phillips Carter stated that we are currently working on an easier-to-read financial report to include in the board packets.

Ms. Phillips Carter will be speaking at Sabin Hall on Martin Luther King Day.

Ms. Phillips Carter informed the board that Primary Health Solutions has added a chiropractor to the practice.

Jason Menchhofer will be replacing Wally Burton as the Ohio Department of Health Liason.

Ms. Phillips Carter informed the board that Middletown Connect is conducting a survey about the Code Enforcement in Middletown.

Ms. Phillips Carter was interviewed for a Cincinnati Newspaper, The Soap Box, by Steve August.

## Medical Director

Dr. Jennewine reported the December communicable disease case numbers.

C. auris	2
Campylobacteriosis	2
Chlamydia infection	20
COVID-19	124
Gonococcal Infection	8
Hepatitis B	1
Hepatitis C	6
HIV	1
Influenza-associated hospitalization	3
Legionellosis	1
Pertussis	8
Salmonellosis	1

## Director of Nursing

Ms. Corbin informed the board that the NAPH is available in a fillable PDF document and is available upon request.

Ms. Corbin stated that the regional Public Health Emergency Preparedness (PHEP) chemical response exercise will be held the first week of February. The exercise will be an invitation only, half day event from 8am-12:30pm and will focus on the PHEP standards of communication and coordination. Board members are welcome to attend the exercise and hot wash (after action report and improvement planning).

Ms. Corbin stated that the Workforce Development Grant is moving right along, with the 2024 4<sup>th</sup> quarter deliverables having just been submitted.

## Environmental Director

Ms. Ealy informed the board that two food facility plans were received in December. A body art facility and La Rosa's were licensed.

Ms. Ealy stated that homeowner septic operating permits, septic business license renewals, Tobacco 21 license renewals and body art license renewals were all due December 31<sup>st</sup>.

Ms. Ealy informed the board that health department staff continues to train with Accela. This is a web-based licensing program that is offered to health departments at no cost and will replace Healthspace.

## Board Member Open Discussion

Mayor Slamka informed the board that SHALOM is now open and will operate from January 5<sup>th</sup>-March 2<sup>nd</sup>. Every two weeks the churches will switch locations. The first location will be at First United Methodist Church on Broad Street and dinner and sign-in is between 4-5pm.

Board members and health department staff went around the room giving brief introductions to new board member.

ADJOURNMENT

The meeting was adjourned at 8:09AM. The next meeting will be held on February 11, 2025 at 7:30AM in Conference Room 2C.

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Jacquelyn D. Phillips Carter, MPH, BSN, RN  
Secretary

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Elizabeth Slamka, President  
City of Middletown Board of Health





## City of Middletown Health Department

### January 2025 Financial Notes

#### Vital Statistics

- \$8,966.88 Revenue Earned- ***Vital Stats Revenue Up 5% YOY***
- 767 Certificates Sold
- 56 Burial Permits Sold

#### Environmental

- \$14,373.50 Revenue Earned- ***Environmental Revenue Up 34% YOY***
- \$3,500.00-T21 Licensing Revenue Earned-(fees included in Reimbursement total 228,000.49100)

#### Indigent Services

- \$3,647.00 Spent of the \$35,000 Budget for Indigent Services for 2025
- 5 Applications approved
  - Zero dollars in Reimbursements from the Embalmer's Association Program which ended May 2023

#### Current Grants

- Workforce Development (WF-23) Active through 11/30/2027 - \$495,000 (*Target \$100K/Yr.*)
  - Multi-year project to support the development of current and future public health workforce
    - Original Award granted to CMHD \$435,000
    - \$10,000 awarded to all LHD's in Ohio for equity specific training.
    - The state has added Accreditation efforts to the WF grant in the amount of \$50,000 (*funding not received yet-still in pending status for disbursement*).
    - ***\$102,408.39 - Deposited to date***
- Public Health Emergency Preparedness (PHEP) 7/1/2024-6/30/2025 - \$23,837.70
  - ***\$6,286.53 Deposited to date***
- Allotrac Medicaid Billing (MAC Billing) 1/01/2024-12/31/2024
  - Yearly agreement. Payments approved quarterly
    - ***\$26,805.69 Deposited January 2025***
- Smoking State Reimbursement
  - ***\$0.00 - Deposited in 2025***
- State Health Subsidy Reimbursements & Vital Statistics Reimbursements
  - State Subsidy (January) OAC 3701-36 (***Waiting on payment from State***)
  - State Subsidy (May) OAC 3701-36
  - Vital Stats (February)
  - Vital Stats (May)



## City of Middletown Health Department 2025 Budget Planning Revenue Projections

Next  
Year  
Departmental  
Budget  
Comments

Full  
Year  
2023

Full  
Year  
2024

Next  
Year  
Departmental  
Budget 2025

Grand Total	\$701,017.25	\$885,846.00	\$706,510.00	GRAND TOTAL OF ALL SECTIONS
<b>43 Intergovernmental</b>	<b>\$271,148.30</b>	<b>\$175,300.00</b>	<b>\$115,000.00</b>	<b>INTERGOVERNMENTAL TOTAL LINE</b>
228.000.43310 PHHS GRANT	\$0.00	\$0.00	\$0.00	Grant no longer active
228.000.43320 HIV GRANT (MONT CO)	\$0.00	\$0.00	\$0.00	Grant no longer active
228.000.43330 STATE HEALTH SUBSIDY	\$29,429.56	\$9,300.00	\$15,000.00	State Subsidy based on Population & Accredited HD Status
228.000.43331 IMMUNIZATION ACTION PLAN GRANT	\$0.00	\$0.00	\$0.00	Grant no longer active
228.000.43332 BUREAU CHILDRENS MEDICAL HANDICAP	\$0.00	\$0.00	\$0.00	Program on pause
228.000.43360 PHI GRANT	\$0.00	\$14,333.00	\$0.00	Grant no longer active
228.000.43362 CHILD/FAMILY HEALTH SERVICES GRANT	\$0.00	\$14,333.00	\$0.00	Grant no longer active
228.000.43363 EARLY START GRANT	\$0.00	\$0.00	\$0.00	Grant no longer active
228.000.43364 CARDIOVASCULAR GRANT	\$0.00	\$0.00	\$0.00	Grant no longer active
228.000.43365 HIV GRANT REVENUE	\$0.00	\$0.00	\$0.00	Grant no longer active
228.000.43366 US HHS STIMULUS	\$0.00	\$0.00	\$0.00	Grant no longer active
228.000.43367 COVID-19 CRISIS RESPONSE GRANT (CO-20)	\$125,000.00	\$0.00	\$0.00	Grant no longer active
228.000.43368 COVID-19 CONTACT TRACING GRANT (CT-20)	\$28,540.90	\$0.00	\$0.00	Grant no longer active
228.000.43369 HARM REDUCTION GRANT	\$0.00	\$14,334.00	\$0.00	Grant no longer active
228.000.43370 PUBLIC HEALTH WORKFORCE DEV GRANT	\$88,177.84	\$123,000.00	\$100,000.00	Grant no longer active
<b>44 Charges for Service</b>	<b>\$323,998.38</b>	<b>\$266,546.00</b>	<b>\$341,510.00</b>	<b>CHARGES FOR SERVICE TOTAL LINE</b>
228.000.44197 ADMINISTRATIVE FEES	\$54,942.00	\$56,591.00	\$59,420.00	Transfer from Water & Sewer Fund
228.000.44210 VITAL STATISTICS	\$96,654.51	\$108,130.00	\$100,000.00	Revenue earned for certified birth/death records, burial permits, sheet protectors
228.000.44211 VITAL STATISTICS SHIPPING CHARGES	-\$78.62	\$0.00	\$0.00	USPS shipping charges for expedited certificates-this is money in an out-no revenue
228.000.44215 PATERNITY AFFIDAVITS	\$240.00	\$200.00	\$200.00	Revenue earned for processing and filing paternity affidavits
228.000.44225 IMMUNIZATION CLINICS	\$3,000.00	\$3,000.00	\$3,000.00	Revenue earned for influenza clinics
228.000.44280 VENDING LICENSE	\$734.67	\$620.00	\$750.00	Revenue earned for issuing Environmental Vending licenses
228.000.44281 FSO RESTAURANT LICENSE	\$74,141.19	\$63,000.00	\$80,000.00	Revenue earned for issuing Food Service Operation licenses
228.000.44282 FOOD ESTABLISHMENT LICENSE	\$30,850.25	\$22,000.00	\$35,000.00	Revenue earned for issuing Food Establishment licenses
228.000.44283 HOUSEHOLD SEWAGE	\$4,299.17	\$3,500.00	\$4,200.00	Revenue earned for issuing sewage/septic operation licenses private & haulers
228.000.44284 FOOD SAFETY CLASSES	\$240.00	\$90.00	\$240.00	Revenue earned from holding Food Safety Level 1 Training classes
228.000.44285 SWIMMING POOL/SPA	\$5,500.00	\$5,700.00	\$6,000.00	Revenue earned for issuing Pool & Spa licenses for complexes and hotels
228.000.44286 TATTOO LICENSE	\$2,562.50	\$1,500.00	\$2,500.00	Revenue earned for issuing Tattoo/Body Art licenses
228.000.44287 PARK/CAMPS LICENSE FEES	\$163.00	\$0.00	\$200.00	Revenue earned for issuing Park/Camp licenses
228.000.44288 MAC BILLING	\$50,749.71	\$2,000.00	\$50,000.00	Reimbursement for Medicaid Qualified Services
228.000.44290 MOBILE HOME PARKS	\$0.00	\$215.00	\$0.00	No current active Mobile Home Parks in the City Limits
228.000.44844 CREDIT CARD FEES	\$0.00	\$0.00	\$0.00	Line not in use
<b>46 Interest/Contributions/Rentals/Leases/Misc</b>	<b>\$0.00</b>	<b>\$44,000.00</b>	<b>\$0.00</b>	<b>INTEREST/CONTRIBUTION/RENTALS TOTAL LINE</b>
228.000.46780 MISCELLANEOUS	\$0.00	\$44,000.00	\$0.00	CMHD does not earn interest, rent or lease any equipment-Line not in use
<b>49 Reimbursements/Transfers</b>	<b>\$105,870.57</b>	<b>\$200,000.00</b>	<b>\$250,000.00</b>	<b>REIMBURSEMENT/TRANSFERS TOTAL LINE</b>
228.000.49100 REIMBURSEMENTS	\$105,870.57	\$0.00	\$0.00	Revenue earned from T21, PHEP, Smoking & Passthrough for OH-IZ
228.000.49330 FROM INCOME TAX	\$0.00	\$200,000.00	\$250,000.00	Funds transferred into the CMHD Budget for Opiod Funding



**City of Middletown**

**VIP Analytics Budget Entry For 450 - Health Admin Department**

	Total Budget 2023	Adjusted Forecast 2023	Initial Budget 2024	2025 Budget	Next Year Departmental Budget Comments
<b>Grand Total</b>	<b>1,045,495.69</b>	<b>838,727.00</b>	<b>967,344.00</b>	<b>\$1,087,190.00</b>	
<b>Personnel</b>	<b>805,034.00</b>	<b>775,140.00</b>	<b>822,793.00</b>	<b>\$892,910.00</b>	
228.450.51110 SALARIES & WAGES	590,079.00	611,767.00	600,840.00	\$670,630.00	
228.450.51120 OVERTIME WAGES	0.00	0.00	0.00	\$0.00	
228.450.51211 PERS	79,111.00	83,792.00	84,118.00	\$93,888.00	
228.450.51220 WORKERS COMPENSATION	22,603.00	3,008.00	24,034.00	\$26,825.00	
228.450.51230 GROUP HEALTH INSURANCE	103,148.00	66,745.00	103,148.00	\$90,018.00	
228.450.51240 UNEMPLOYMENT COMPENSATION	0.00	0.00	0.00	\$0.00	
228.450.51270 MEDICARE-CITY SHARE	8,194.00	8,003.00	8,712.00	\$9,724.00	
228.450.51275 LIFE INSURANCE	1,899.00	1,825.00	1,941.00	\$1,825.00	
<b>Other</b>	<b>240,461.69</b>	<b>63,587.00</b>	<b>144,551.00</b>	<b>194,280.00</b>	
228.450.52110 TRAVEL & TRAINING	4,000.00	2,479.00	4,000.00	4,000.00	HC AOHC Spring Conference-\$550, DON AOHC Spring Conference-\$250, DC AOHC Fall Conference-\$550, doe AOHC Fall Conference-\$350, MD AOHC Fall Conference-\$250, OEHA Spring Conference-\$450 for each attending including registration, fees, meals & lodging, OEHA Fall Conference-\$250 for each attending, HC Continuing Education, DON Continuing Education \$200 each
228.450.52120 MILEAGE REIMBURSEMENT	3,000.00	2,186.00	3,000.00	3,000.00	CMHD Staff Mileage
228.450.52222 TELEPHONE LINE CHARGES	5,640.00	3,001.00	5,640.00	5,640.00	Cell Phone Expenses (Voice Only) \$300 x2/Yr=\$1,200, (Voice & Text) \$330x5 2x/Year \$3,300, HC Cell Phone-\$660/yr
228.450.52310 MUNICIPAL GARAGE CHARGES	3,500.00	2,064.00	3,500.00	3,500.00	Environmental Dept. Vehicles (2) Fuel, Insurance, Parts & Labor
228.450.52480 OTHER PROFESSIONAL SERVICES	16,085.00	16,561.00	41,085.00	41,085.00	Treatment of Tuberculosis-\$10K, City Dispersed CC Charges (Midwest) \$13K, PayPal monthly use charges-\$2,500, DPIC Drug Info Center-\$200, Annual Certificate Paper Order-\$93K, Safeway Medical Disposal Charges-\$500, Sonicu Temperature Monitoring-\$1K, Uniform Allowance-\$2K, OH-IZ Middletown Connect-\$5K, Dept. Misc 10K
228.450.52481 WORKFORCE GRANT	41,484.69	16,749.00	55,771.00	100,000.00	Estimated Charges to Workforce Grant for Reimbursement in the 2025 Budget Year
228.450.52488 COVID EXPENSES	135,625.00	5,023.00	0.00	5,000.00	Two existing PO's
228.450.52490 OUTSIDE PRINTING	2,000.00	755.00	2,000.00	2,000.00	Business Cards, Envelopes, Stationary, Address Labels, Department Flyers, Environmental Door Hangers, Rabies Forms, Accreditation
228.450.52510 MAINTENANCE OF EQUIPMENT	8,000.00	3,684.00	8,000.00	8,000.00	HDIS Contract for Environmental Dept., Woodhull Printing Monthly Expenses for Main Office Printer
228.450.52820 LICENSES AND PERMITS	11,340.00	3,069.00	11,855.00	11,855.00	Accreditation Annual Renewal-\$6K, Board of Pharmacy License-\$1K, RN Liability Insurance x2-\$250, RN License Renewals x2-\$150, Sanitarian Board Renewals x3-\$300, Environmental Association Renewal-\$75, NACCHO Renewal-\$350, Survey Monkey Renewal-\$1,300, CLIA Lab Certificate Renewal-\$150, Ohio Public Health Association Renewal-\$100
228.450.52920 MEMBERSHIPS, BOOKS	1,587.00	470.00	1,500.00	1,500.00	Notary Renewals x3-\$150, Ohio Boards of Health Renewal-\$250, Journal News-\$90
228.450.53100 OFFICE SUPPLIES	2,500.00	1,952.00	2,500.00	2,500.00	Basic supplies for the continuity of operations & Laminator Paper-\$1500
228.450.53210 FOOD	200.00	66.00	200.00	200.00	Meeting refreshments (BOH, PHEP, PHAB)
228.450.53610 SMALL TOOLS & EQUIPMENT	200.00	336.00	200.00	500.00	Thermometers, Hair Nets, Flashlights, Light Meters, Probes (Septic), Hooks (Septic), PC/Tablet Accessories, Car Mounts, Fanny Packs
228.450.53710 CHEMICALS & LAB SUPPLIES	500.00	704.00	500.00	700.00	Alcohol Wipes, (RFE/FSO) Test Strips, (Pools/Spas) Test Strips, Chemicals & Reagents, Pool Kits, Septic Dye Kits, Rabies Procedures
228.450.54310 AUTO & TRUCK DEPRECIATION	4,800.00	4,488.00	4,800.00	4,800.00	Set by garage



# City of Middletown Revenue Report

Accounts: 228.000.43310 to 228.000.49385

As Of: 1/1/2025 to 2/28/2025

Account Access Group: N/A

Include Inactive Accounts: No

Account	Description	Budget	MTD Revenue	YTD Revenue	Uncollected	% Collected
228	HEALTH FUND				16.67%	
<b>Revenue</b>						
Intergovernmental						
228.000.43310	PHHS GRANT	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43320	HIV GRANT (MONT CO)	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43330	STATE HEALTH SUBSIDY	\$15,000.00	\$0.00	\$0.00	\$15,000.00	0.00%
228.000.43331	IMMUNIZATION ACTION PLAN GRANT	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43332	BUREAU CHILDRENS MEDICAL HANDIC	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43360	PHI GRANT	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43362	CHILD/FAMILY HEALTH SERVICES GRA	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43363	EARLY START GRANT	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43364	CARDIOVASCULAR GRANT	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43365	H1N1 GRANT REVENUE	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43366	US HHS STIMULUS	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43367	COVID-19 CRISIS RESPONSE GRANT (	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43368	COVID-19 CONTACT TRACING GRANT (	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43369	HARM REDUCTION GRANT	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.43370	PUBLIC HEALTH WORKFORCE DEV GR	\$100,000.00	\$0.00	\$0.00	\$100,000.00	0.00%
	Intergovernmental Totals:	\$115,000.00	\$0.00	\$0.00	\$115,000.00	0.00%
Charges for Service						
228.000.44197	ADMINISTRATIVE FEES	\$59,420.00	\$0.00	\$0.00	\$59,420.00	0.00%
228.000.44210	VITAL STATISTICS	\$100,000.00	\$0.00	\$5,573.78	\$94,426.22	5.57%
228.000.44211	VITAL STATISTICS SHIPPING CHARGE	\$0.00	\$0.00	\$170.45	(\$170.45)	N/A
228.000.44215	PATERNITY AFFIDAVITS	\$200.00	\$0.00	\$0.00	\$200.00	0.00%
228.000.44225	IMMUNIZATION CLINICS	\$3,000.00	\$0.00	\$3,001.72	(\$1.72)	100.06%
228.000.44280	VENDING LICENSE	\$750.00	\$0.00	\$0.00	\$750.00	0.00%
228.000.44281	FSO RESTAURANT LICENSE	\$80,000.00	\$0.00	\$1,106.00	\$78,894.00	1.38%
228.000.44282	FOOD ESTABLISHMENT LICENSE	\$35,000.00	\$0.00	\$300.00	\$34,700.00	0.86%
228.000.44283	HOUSEHOLD SEWAGE	\$4,200.00	\$0.00	\$5,994.00	(\$1,794.00)	142.71%
228.000.44284	FOOD SAFETY CLASSES	\$240.00	\$0.00	\$0.00	\$240.00	0.00%
228.000.44285	SWIMMING POOL/SPA	\$6,000.00	\$0.00	\$0.00	\$6,000.00	0.00%
228.000.44286	TATTOO LICENSE	\$2,500.00	\$0.00	\$562.50	\$1,937.50	22.50%
228.000.44287	PARK/CAMPS LICENSE FEES	\$200.00	\$0.00	\$0.00	\$200.00	0.00%
228.000.44288	MAC BILLING	\$50,000.00	\$0.00	\$14,640.43	\$35,359.57	29.28%
228.000.44290	MOBILE HOME PARKS	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.000.44844	CREDIT CARD FEES	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Charges for Service Totals:	\$341,510.00	\$0.00	\$31,348.88	\$310,161.12	9.18%
Interest/Contributions/Rentals/Leases/Misc						

# Revenue Report

As Of: 1/1/2025 to 2/28/2025

Account	Description	Budget	MTD Revenue	YTD Revenue	Uncollected	% Collected
228.000.46780	MISCELLANEOUS	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Interest/Contributions/Rentals/Leases/Misc Totals:	\$0.00	\$0.00	\$0.00	\$0.00	N/A
Reimbursements/Transfers						
228.000.49100	REIMBURSEMENTS	\$0.00	\$0.00	\$3,346.52	(\$3,346.52)	N/A
228.000.49330	FROM INCOME TAX	\$250,000.00	\$0.00	\$0.00	\$250,000.00	0.00%
228.000.49385	FROM CORONAVIRUS RELIEF FUND	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Reimbursements/Transfers Totals:	\$250,000.00	\$0.00	\$3,346.52	\$246,653.48	1.34%
	Revenue Totals:	\$706,510.00	\$0.00	\$34,695.40	\$671,814.60	4.91%
228 Total:		\$706,510.00	\$0.00	\$34,695.40	\$671,814.60	4.91%
Grand Total:		\$706,510.00	\$0.00	\$34,695.40	\$671,814.60	4.91%
					Target Percent:	16.67%

# City of Middletown Expense Report

Accounts: 228.450.51110 to 228.450.59200  
Account Access Group: N/A  
As Of: 1/1/2025 to 2/28/2025

Include Inactive Accounts: No  
Include Pre-Encumbrances: No

Account	Description	Budget	MTD Expense	YTD Expense	UnExp. Balance	Encumbrance	Unenc. Balance	% Used
228	HEALTH FUND						Target Percent: 16.67%	
<b>Health Admin</b>								
Personal Services								
228.450.51110	SALARIES & WAGES	\$670,630.00	\$25,137.89	\$73,150.58	\$597,479.42	\$0.00	\$597,479.42	10.91%
228.450.51120	OVERTIME WAGES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.51211	PERS	\$93,888.00	\$0.00	\$7,919.38	\$85,968.62	\$20.00	\$85,948.62	8.46%
228.450.51220	WORKERS COMPENSATIO	\$26,825.00	\$0.00	\$0.00	\$26,825.00	\$26,825.00	\$0.00	100.00%
228.450.51230	GROUP HEALTH INSURANC	\$90,018.00	\$0.00	\$0.00	\$90,018.00	\$0.00	\$90,018.00	0.00%
228.450.51231	HEALTH SAVINGS ACCOUN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.51240	UNEMPLOYMENT COMPEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.51270	MEDICARE-CITY SHARE	\$9,724.00	\$0.00	\$668.92	\$9,055.08	\$0.00	\$9,055.08	6.88%
228.450.51275	LIFE INSURANCE	\$1,825.00	\$0.00	\$0.00	\$1,825.00	\$0.00	\$1,825.00	0.00%
228.450.51290	EMPLOYEE AWARDS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
Personal Services Totals:		\$892,910.00	\$25,137.89	\$81,738.88	\$811,171.12	\$26,845.00	\$784,326.12	12.16%
Contractual Services								
228.450.52110	TRAVEL & TRAINING	\$4,000.00	\$0.00	\$0.00	\$4,000.00	\$0.00	\$4,000.00	0.00%
228.450.52111	MANDATORY TRAINING	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52120	EMPLOYEE MILEAGE REIM	\$3,000.00	\$0.00	\$124.55	\$2,875.45	\$0.00	\$2,875.45	4.15%
228.450.52222	TELEPHONE LINE CHARGE	\$5,640.00	\$0.00	\$40.94	\$5,599.06	\$0.00	\$5,599.06	0.73%
228.450.52230	POSTAGE AND POSTAL CH	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52260	HEALTH - DUE STATE GOV	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52310	MUNICIPAL GARAGE CHAR	\$3,500.00	\$0.00	\$151.60	\$3,348.40	\$0.00	\$3,348.40	4.33%
228.450.52340	EQUIPMENT/VEHICLE REN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52410	LEGAL SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52420	MEDICAL SERVICE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52480	OTHER PROFESSIONAL SE	\$41,085.00	\$0.00	\$1,960.23	\$39,124.77	\$0.00	\$39,124.77	4.77%
228.450.52481	WORKFORCE GRANT CON	\$32,699.95	\$0.00	\$555.00	\$32,144.95	\$12,144.95	\$20,000.00	38.84%
228.450.52482	SYRINGE EXCHANGE PRO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52488	HEALTH DEPT COVID-19 EX	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52490	OUTSIDE PRINTING	\$2,000.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$2,000.00	0.00%
228.450.52510	MAINTENANCE OF EQUIPM	\$8,000.00	\$0.00	\$0.00	\$8,000.00	\$0.00	\$8,000.00	0.00%
228.450.52680	MEDICAL LIABILITY INSURA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52820	LICENSES AND PERMITS	\$11,855.00	\$0.00	\$1,333.00	\$10,522.00	\$0.00	\$10,522.00	11.24%
228.450.52920	MEMBERSHIPS, BOOKS, PE	\$1,500.00	\$0.00	\$107.68	\$1,392.32	\$0.00	\$1,392.32	7.18%
228.450.52930	PHOTO SUPPLIES & PROC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52940	INDIGENT BURIALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
Contractual Services Totals:		\$113,279.95	\$0.00	\$4,273.00	\$109,006.95	\$12,144.95	\$96,862.00	14.49%



# Expense Report

As Of: 1/1/2025 to 2/28/2025

Account	Description	Budget	MTD Expense	YTD Expense	UnExp. Balance	Encumbrance	Unenc. Balance	% Used
<b>Commodities</b>								
228.450.53100	OFFICE SUPPLIES	\$2,500.00	\$0.00	\$94.62	\$2,405.38	\$0.00	\$2,405.38	3.78%
228.450.53101	SUPPLIES FOR HIV GRANT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.53102	HARM REDUCTION SUPPLI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.53210	FOOD	\$200.00	\$0.00	\$0.00	\$200.00	\$0.00	\$200.00	0.00%
228.450.53510	SUPPLIES TO MAINTAIN EQ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.53610	SMALL TOOLS & EQUIPME	\$500.00	\$0.00	\$0.00	\$500.00	\$0.00	\$500.00	0.00%
228.450.53620	MAJOR TOOLS & EQUIP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.53710	CHEMICALS & LAB SUPPLI	\$700.00	\$0.00	\$150.00	\$550.00	\$0.00	\$550.00	21.43%
	Commodities Totals:	\$3,900.00	\$0.00	\$244.62	\$3,655.38	\$0.00	\$3,655.38	6.27%
<b>Capital Outlay</b>								
228.450.54300	COMPUTERS & OTHER PE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.54310	AUTO & TRUCK DEPRECIA	\$4,800.00	\$0.00	\$436.37	\$4,363.63	\$0.00	\$4,363.63	9.09%
228.450.54320	OFFICE MACHINERY & EQU	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.54360	OTHER EQUIPMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.54370	COMPUTER SOFTWARE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Capital Outlay Totals:	\$4,800.00	\$0.00	\$436.37	\$4,363.63	\$0.00	\$4,363.63	9.09%
<b>Refunds</b>								
228.450.59200	MISCELLANEOUS REFUND	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Refunds Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
<b>Health Admin Totals:</b>								
		\$1,014,889.95	\$25,137.89	\$86,692.87	\$928,197.08	\$38,989.95	\$889,207.13	12.38%
228 Total:		\$1,014,889.95	\$25,137.89	\$86,692.87	\$928,197.08	\$38,989.95	\$889,207.13	12.38%
Grand Total:		\$1,014,889.95	\$25,137.89	\$86,692.87	\$928,197.08	\$38,989.95	\$889,207.13	12.38%

Target Percent: 16.67%

**MBHE ORDINANCE NO. 2025-01**

**AN ORDINANCE AUTHORIZING THE HEALTH COMMISSIONER TO TAKE ACTION THAT MAY BE TAKEN BY THE BOARD OF HEALTH AS LICENSOR PURSUANT TO OHIO REVISED CODE SECTION 3717.29(D)(1) TO SUSPEND A LICENSE ISSUED TO A RETAIL FOOD ESTABLISHMENT OR OHIO REVISED CODE SECTION 3717.49(C)(1) TO SUSPEND A LICENSE ISSUED TO A FOOD SERVICE OPERATION.**

**BE IT ORDAINED** by the City of Middletown Board of Health, Butler/Warren Counties, Ohio, that:

**Section 1**

The Health Commissioner of the Middletown Board of Health is hereby authorized to act pursuant to Section 3717.29(D)(1) of the Ohio Revised Code to suspend a license issued by the Board as licensor to a retail food establishment in accordance with R.C. 3717 if it has been determined that a violation presents a clear and present danger to the public health.

**Section 2**

In the event a retail food establishment license is suspended pursuant to Section 3717.29(D)(1) of the Ohio Revised Code, the license holder may appeal the suspension by giving written notice to the Board of Health and specifying in the notice whether a hearing is requested as set forth in Section 3717.29(D) of the Ohio Revised Code. Further appeal procedures with respect to an action to deny, suspend, or revoke a retail food establishment license are set forth in Rule 901:3-4-08 of the Ohio Administrative Code.

**Section 3**

The Health Commissioner of the Middletown Board of Health is hereby authorized to act pursuant to Section 3717.49(C)(1) of the Ohio Revised Code to suspend a license issued by the Board as licensor to a food service operation in accordance with R.C. 3717 if it has been determined that a violation presents an immediate danger to the public health.

**Section 4**

In the event a food service operation license is suspended pursuant to Section 3717.49(C)(1) of the Ohio Revised Code, the license holder may appeal the suspension by giving written notice to the licensor and specifying in the notice whether a hearing is requested as set forth in Section 3717.49(C) of the Ohio Revised Code. Further appeal procedures with respect to an action to deny, suspend, or revoke a food service operation license are set forth in Rule 3701-21-26 of the Ohio Administrative Code.

### Section 5

This ordinance supersedes MBHE Ordinance No. 2022-04, adopted November 8, 2022.

### Section 6

This ordinance shall take effect and be in force at the earliest time permitted by law.

\_\_\_\_\_  
Elizabeth Slamka  
Board of Health and Environment

First Reading \_\_\_\_\_  
Second Reading \_\_\_\_\_  
Third Reading \_\_\_\_\_  
Date Adopted \_\_\_\_\_  
Effective Date \_\_\_\_\_

\_\_\_\_\_  
Jacquelyn Phillips Carter, MPH, BSN, RN  
Health Commissioner  
Board of Health and Environment

Approved as to form:

  
\_\_\_\_\_  
Law Director



## **MBHE ORDINANCE NO. 2025-02**

**AN ORDINANCE AUTHORIZING THE HEALTH COMMISSIONER, ANY REGISTERED ENVIRONMENTAL HEALTH SPECIALIST OR ENVIRONMENTAL HEALTH SPECIALIST-IN-TRAINING EMPLOYED BY THE BOARD OF HEALTH TO TAKE ACTION THAT MAY BE TAKEN BY THE BOARD AS LICENSOR PURSUANT TO OHIO REVISED CODE SECTION 3717.29(C)(1) IN A RETAIL FOOD ESTABLISHMENT OR OHIO REVISED CODE SECTION 3717.49(B)(1) IN A FOOD SERVICE OPERATION.**

**BE IT ORDAINED** by the City of Middletown Board of Health, Butler/Warren Counties, Ohio, that:

### **Section 1**

The Health Commissioner, any Registered Environmental Health Specialist or Environmental Health Specialist-In-Training of the Middletown Board of Health is hereby authorized to act in nonemergency enforcement actions pursuant to Section 3717.29(C)(1) of the Ohio Revised Code.

### **Section 2**

In the event an action is initiated to suspend or revoke a retail food establishment license pursuant to Section 3717.29(C)(1) of the Ohio Revised Code, the license holder may appeal the proposed suspension or revocation by giving written notice to the Board of Health and specifying in the notice whether a hearing is requested as set forth in Section 3717.29(C) of the Ohio Revised Code. Further appeal procedures with respect to an action to deny, suspend, or revoke a retail food establishment license are set forth in Rule 901:3-4-08 of the Ohio Administrative Code.

### **Section 3**

The Health Commissioner, any Registered Environmental Health Specialist or Environmental Health Specialist-In-Training of the Middletown Board of Health is hereby authorized to act in nonemergency enforcement actions pursuant to Section 3717.49(B)(1) of the Ohio Revised Code.

### **Section 4**

In the event an action is initiated to suspend or revoke a food service operation license pursuant to Section 3717.49(B)(1) of the Ohio Revised Code, the license holder may appeal the proposed suspension or revocation by giving written notice to the licensor who initiated the suspension or revocation and specifying in the notice whether a hearing is requested as set forth in Section 3717.49(B) of the Ohio Revised Code. Further appeal procedures with respect to an action to deny, suspend, or revoke a food service operation license are set forth in Rule 3701-21-26 of the Ohio Administrative Code.

### Section 5

This ordinance supersedes MBHE Ordinance No. 2022-05, adopted November 8, 2022.

### Section 6

This ordinance shall take effect and be in force at the earliest time permitted by law.

\_\_\_\_\_  
Elizabeth Slamka  
Board of Health and Environment

\_\_\_\_\_  
Jacquelyn Phillips Carter, MPH, BSN, RN  
Health Commissioner  
Board of Health and Environment

First Reading \_\_\_\_\_  
Second Reading \_\_\_\_\_  
Third Reading \_\_\_\_\_  
Date Adopted \_\_\_\_\_  
Effective Date \_\_\_\_\_

Approved as to form:

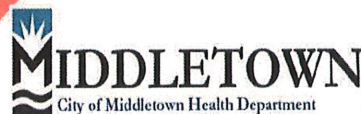
  
\_\_\_\_\_  
Law Director



# ANNUAL REPORT 2024

City of Middletown Health Department  
Middletown, Ohio

A Connected and Healthy Community  
to Live, Work and Play





# City of Middletown Health Department

## 2024 Annual Report

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## Department Overview

The City of Middletown Health Department provides services to all residents of the City of Middletown and surrounding counties. All services are provided in accordance with State of Ohio statutes.

The Vital Statistics Division provides birth certificates from anywhere in the State of Ohio and death certificates for deaths occurring in the city limits of Middletown.

The Environmental Health Department of the City of Middletown Health Department is dedicated to ensuring a safe and healthy community by regulating and licensing various food-related facilities, including restaurants, grocery stores, vending sites, mobile units and temporary events such as the Ohio Balloon Challenge. We investigate foodborne illness outbreaks within city limits and oversee private water supplies, as well as the installation and inspection of on-site sewage systems. Our responsibilities also include monitoring school environments, inspecting body art and piercing establishments, and ensuring the safety and sanitation of the city jail. Through our Rabies Control Program, we investigate animal bite incidents. Additionally, we license and inspect public swimming pools at locations such as apartment complexes, health clubs, and hotels. The division actively participates in emergency response planning and training, enforce Ohio's SmokeFree Workplace Program and enforces a local Tobacco-21 (T-21) program, which mandates that all retail establishments selling tobacco products within Middletown obtain a retail tobacco license.

Public Health Accreditation is a voluntary national program developed to measure Health Department performance against an established set of nationally recognized, practice-focused and evidence-based standards. Overseen by the Public Health Accreditation Board (PHAB) and jointly supported by the Centers for Disease Control Prevention (CDC) and the Robert Wood Johnson Foundation, PHAB modeled its accreditation requirements on the Ten Essential Public Health Services to ensure all applicants meet or exceed an established baseline of quality and services. Although this program is voluntary on a national level, all health departments operating within the State of Ohio are required to gain accreditation status with the Public Health Accreditation Board. City of Middletown Health Department achieved accreditation on November 4, 2022.

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The City of Middletown Board of Health plays an important role in our public health system. They provide oversight and guidance for our health department. They approve public health priorities for our community. By operating at the local level, the board of health is closer to the community whose health they are charged with protecting. Their local nature makes boards of health an integral part of improving and promoting population health. The City of Middletown Board of Health directs our department in many areas such as: governance, policy-making, programmatic reviews, approves budget and much more.

## Our Mission

The City of Middletown Health Department's mission is to prevent disease and injury, promote health and wellness, protect the environment and achieve health equity.

## Our Vision

A Healthy, safe and thriving community where all people have equitable access to quality health care, food, housing, transportation, education, recreation, employment and community services.

## Our Values

**Core Values:** Community Partnerships, equity, respect, diversity, inclusion, open-mindedness, empathy, innovativeness, dignity and trusted connections.

**Our guiding principles provide a framework for staff to conduct their jobs:**

**Build**—We work with partners and stakeholders to meet the needs of our community to promote health equity.

**Unity**—We show support, courtesy and understanding for all with whom we interact.

**Teamwork**—We capitalize on our collective differences, strengths and perspectives.

**Leadership**—We are committed to developing a public health staff that exceeds core competencies and provides outstanding service to the community.

**Excellence**—We set goals and strive to achieve the highest quality of public health service through innovation and demonstration of outcomes.

**Respect**—We respect the diversity of those we serve and value the contributions made by all staff.

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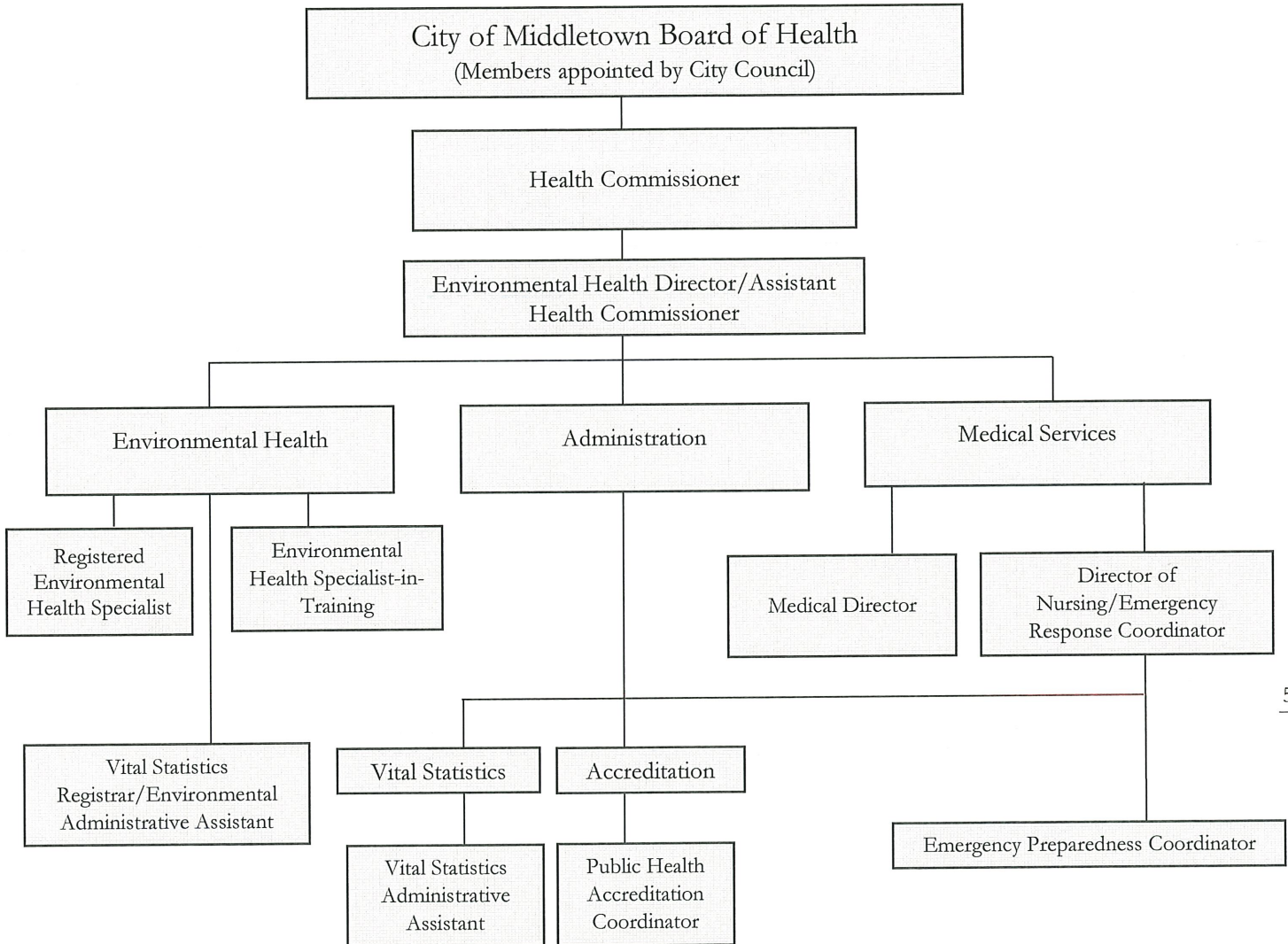
## Health Commissioner



Mrs. Jackie Phillips Carter is the Health Commissioner for the City of Middletown. She has worked in the healthcare field for over 30 years, joining the Health Department in 1997 in Middletown. She is a current member of the Ohio Public Health Association, the Southwest Ohio Health Commissioners Association, Butler County Board of Developmental Disabilities, YWCA Hamilton, as well as many other boards within the community. Jackie received her Bachelor of Science in Nursing from Miami University and her Master's in Public Health from Boonshoft School of Medicine at Wright State University.



## Organizational Chart 2024



## Board of Health Roster 2024

### **President (Ex-Officio)**

Elizabeth Slamka, Mayor

### **President (Pro-Tem)**

Jeff Bonnell

### **Members**

Joseph Richmond, MBA  
Wellness Benefits Consultant

Amy Sibcy  
Business Owner

Sally Kash, RN, MSN  
Community Nurse

Dr. Scott Zollett, MD  
Physician

Ruth L. Lolli  
Outreach Specialist

Jeff Bonnell  
Funeral Director

Emily Miller  
Infectious Disease Prevention

### **Secretary**

Jacquelyn Phillips Carter, MPH, BSN, RN  
Commissioner of Health

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## Board of Health Meeting Dates 2024

January 9, 2024  
February 13, 2024  
March 12, 2024  
April 9, 2024  
May 14, 2024  
June 11, 2024  
July 9, 2024  
August 13, 2024  
September 10, 2024  
October 8, 2024  
November 12, 2024  
December 10, 2024

*\*Agendas are distributed the Friday before each meeting. For further information, call (513) 425-1818 or (513) 425-7854.*

## Selected Causes of Death Report

Selected Causes of Death 2024 Middletown Residents			
Category	Included Causes	2023	2024
		Total	Total
Coronavirus 2019	COVID-19	5	4
Neoplasms	Cancers	81	86
Human Immunodeficiency Virus	N/A	0	0
Endocrine	Nutritional & Metabolic Deficiency	16	11
	Kidney disease/Failure	13	11
Aging	Dementia, Alzheimer's Disease	19	24
	Failure to Thrive	38	53
Nervous System	Meningitis, MS, Parkinson's Disease, Huntington's	3	1
Circulatory System	Hypertensive Heart Disease	6	8
	Ischemic Heart Disease	3	1
	Acute Myocardial Infarction	69	72
	Other Forms of Heart Disease	103	85
	CVA, Hemorrhage, Embolism	3	14
	Atherosclerosis	4	14
Pneumonia	N/A	16	7
Respiratory System	Respiratory Arrest, Lung DS, Bronchitis, COPD	50	82
Septicemia	N/A	12	17
Complications of Pregnancy	Childbirth, Puerperium	0	0
Stillbirth	N/A	6	5
Mortality in Infancy	Prematurity, SIDS, Co-Sleeping	2	2
Homicide	N/A	4	2
Suicide	N/A	8	6
Motor Vehicle Accidents	N/A	7	6
Accidents due to falls	N/A	8	3
Drug Overdoses	N/A	29	21
Fire	N/A	1	0



## Maternal Child Health Services

Atrium Medical Center	2018	2019	2020	2021	2022	2023	2024
Live Births	956	930	884	856	916	862	862
Stillbirths	6	4	9	3	6	6	5
Maternal Deaths	0	0	0	0	0	0	0
Neonatal Deaths	7	6	2	5	1	2	2

## Reportable Communicable Diseases 2024

Disease	1 <sup>st</sup> QTR	2 <sup>nd</sup> QTR	3 <sup>rd</sup> QTR	4 <sup>th</sup> QTR	2024 YTD	2023 YTD
COVID-19	460	73	666	265	1464	1896
MIS-C associated with COVID-19	0	0	0	0	0	0
Candida auris	0	3	6	5	14	0
Campylobacteriosis	0	2	1	3	6	8
Cryptosporidiosis	0	1	0	0	1	2
Haemophilus influenza ( <i>Invasive Disease</i> )	1	0	0	0	1	3
Hepatitis A	1	0	0	0	1	2
Hepatitis B-Acute/Chronic	5	4	7	2	18	33
Hepatitis C-Acute/Chronic	14	25	13	21	73	83
Influenza-associated Hospitalization	60	5	0	3	68	6
Legionellosis-Legionnaires' Disease	0	1	1	1	3	1
Lyme Disease	1	0	0	0	1	0
Meningitis-bacterial ( <i>Not N. Meningitidis</i> )	0	0	0	0	0	0
Salmonellosis	3	0	1	1	5	1
Streptococcal-Group A-Invasive	5	3	2	1	11	9
Streptococcus Pneumoniae-Invasive	1	1	0	2	4	10
Tuberculosis	0	0	0	0	0	0
Meningitis Aseptic/Viral	1	0	1	1	3	3
Pertussis	5	2	4	15	26	5
Varicella	2	0	0	0	2	4
CP Carbapenem-Resistant Enterobacteriaceae	0	0	0	0	0	13
E. Coli, Shiga Toxin-Producing ( <i>STEC</i> )	1	0	1	1	3	4
Giardiasis	0	0	1	1	2	1
Mumps	1	0	0	0	1	0
Shigellosis	1	0	0	0	1	1
HIV	3	3	4	1	11	7
Ehrlichiosis	0	0	0	0	0	0
<b>Sexually Transmitted Infections</b>	<b>1<sup>st</sup> QTR</b>	<b>2<sup>nd</sup> QTR</b>	<b>3<sup>rd</sup> QTR</b>	<b>4<sup>th</sup> QTR</b>	<b>2024 YTD</b>	<b>2023 YTD</b>
Chlamydia Infection	77	80	67	66	290	275
Gonococcal Infection	19	24	28	42	113	106
Syphilis	5	3	5	1	14	12

## HEALTH & ENVIRONMENT FUND

Revenues	2023 Actual	2024 Budget	2025 Budget
Intergovernmental Revenue	\$ 271,148	\$ 175,300	\$ 115,000
Charges for Services	323,998	284,546	341,510
Miscellaneous Revenue	-	44,000	-
Transfers	105,871	200,000	250,000
Total	\$ 701,017	\$ 703,846	\$ 706,510

Table 4.5 Health & Environment Fund revenue sources for 2023-2025

Division Expenditures	2023 Actual	2024 Budget	2025 Budget
Personal Services	\$ 770,787	\$ 822,793	\$ 892,910
Contractual Services	88,391	136,351	100,580
Other	7,985	8,200	8,700
Total	\$ 867,162	\$ 967,344	\$ 1,002,190

Table 4.6 Health & Environment Fund division expenditures for 2023-2025

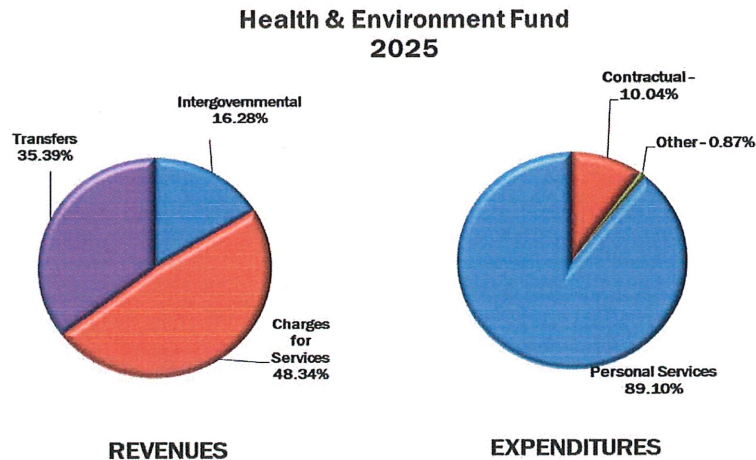


Figure 4.6 Health & Environment Fund revenues and expenditures for budget year 2025





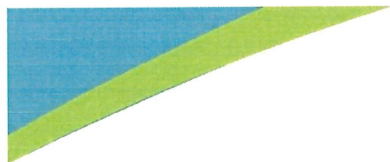
**PROFORMA PROJECTIONS  
HEALTH DEPARTMENT FUND**

	Actual 2021	Actual 2022	Actual 2023	BUDGET 2024	BUDGET 2025	BUDGET 2026	BUDGET 2027
BEGINNING BALANCE: 1/1	714,448	853,206	796,597	630,452	366,954	11,854	(372,138)
<b>PROJECTED REVENUES</b>							
STATE HEALTH SUBSIDY	9,135	9,335	29,430	9,300	15,000	9,096	9,097
HIV/EBOLA GRANT							
US HHS STIMULUS	0		0				
COVID EO, CO & VN GRANTS	371,407	24,022	153,541	0	0		
HARM REDUCTION GRANT				14,334			
WORKFORCE DEVELOPMENT		105,040	88,178	123,000	100,000	100,000	100,001
OTHER GRANTS	9,283	150,207	0	28,881	0		
CHILDREN WITH MEDICAL HANDICAPS (CMH)	0	700	0	0	0	0	1
VITAL STATISTICS	119,746	113,798	96,576	108,130	100,000	101,000	102,010
PATERNITY AFFIDAVITS	220	440	240	200	200	202	204
ENV. VENDING (FSO)	658	624	735	620	750	758	765
ENV. FOOD SERVICE OPERATION (FSO)	66,723	44,111	74,141	63,000	80,000	80,800	81,608
ENV. RETAIL FOOD ESTABLISHMENT (RFE)	26,692	16,712	30,850	22,000	35,000	35,350	35,704
ENV. RESIDENTIAL SEWAGE	11,614	4,741	4,299	3,500	4,200	4,242	4,284
ENV. FOOD SAFETY ED.	60		240	90	240	0	1
ENV. SWIMMING POOLS & SPAS	5,645	6,307	5,500	5,700	6,000	6,060	6,121
ENV. TATTOOS & BODY ART	2,500	2,313	2,563	1,500	2,500	2,525	2,550
ENV. CAMP GROUNDS	0	213	163	0	200	202	204
ALLOTAC MAC BILLING	0	0	50,750	20,000	50,000	20,000	20,001
IMMUNIZATIONS	3,000	0	3,000	3,000	3,000	3,000	3,001
FROM CORONAVIRUS RELIEF FUND			0	0			
MISC. (PHEP, SMOKING, INDIGENTS)	167,152	140,928	105,871	44,000	0	44,000	44,001
Subtotal	793,835	619,491	646,075	447,255	397,090	407,235	409,553
	-15.1%	-22.0%		-30.8%	-11.2%	2.6%	0.6%
WATER & SEWER FUND ADMIN FEES	51,788	53,342	54,942	56,591	0	61,203	63,039
Reimbursements							
TRANSFER FROM CITY INCOME TAX	241,500	103,500	0	200,000	250,000	160,000	160,001
TOTAL REVENUES	1,087,123	776,333	701,017	703,846	647,090	628,437	632,593
	-21.2%	-28.6%	-9.7%	0.4%	-8.1%	-2.9%	0.7%
<b>PROJECTED EXPENDITURES</b>							
	82.5%	103.2%	110.0%	163.3%	224.9%	192.5%	192.7%
PERSONAL SERVICES	698,021	694,474	770,787	822,793	892,910	901,839	910,857
OTHER	243,686	131,391	88,222	136,251	100,980	101,990	103,010
GARAGE CHARGES	1,861	2,281	3,357	3,500	3,500	3,800	3,801
AUTOS & TRUCK DEPR	4,796	4,796	4,796	4,800	4,800	4,800	4,801
Budget Savings							
ENCUMBRANCES							
TOTAL HEALTH ENVIRONMENT/ADM.	948,364	832,942	867,162	967,344	1,002,190	1,012,429	1,022,469
	24%	-12%	4%	12%	4%	1%	1%
REVENUES OVER(UNDER) EXPENDITURES	138,759	(56,609)	(166,145)	(263,498)	(355,100)	(383,992)	(389,877)
UNEXPENDED BALANCE	853,206	796,597	630,452	366,954	11,854	(372,138)	(762,014)
UNENCUMBERED ENDING BALANCE: 12/31	853,206	796,597	630,452	366,954	11,854	(372,138)	(762,014)
<b>INCLUDING GRANTS</b>							
All Revenues (Admin and grants)							
All Expenditures (Admin and grants)							

## 2024 Department Statistics

VITAL STATISTICS	2023 YTD	2024 YTD	ENVIRONMENTAL INSPECTIONS	2023 YTD	2024 YTD
Birth Certificates Filed	862	862	Food Service Operations (FSO)	476	471
Death Certificates Filed	1035	1045	Retail Food Establishments (RFE)	187	225
Birth Certificates Issued	3979	4041	Sewage	9	9
Death Certificates Issued	3917	3954	Schools	40	42
Indigent Cremations Services	34	33	Vending Locations	22	28
			Temporary FSO/RFE	72	30
<b>DEATHS</b>			Mobile FSO/RFE	18	28
Accident			Complaints	53	48
• Drug Overdose	29	21	Smoking	4	5
• Falls	8	3	Swimming Pools	121	99
• Motor Vehicle	7	6	Tattoo	9	16
Homicide	4	2	Temp Park/Camp	6	7
Suicide	8	6	Jail Inspection	1	1
Could Not Be Determined	0	3			
COVID 19 Related Deaths	5	4			
Pending Investigation	6	5	<b>ANIMAL BITES</b>		
			Dog	95	72
<b>FOOD SAFETY TRAINING</b>			Cat	17	7
Number of Attendees	6	3	Raccoon/Groundhog/Bat	2	3





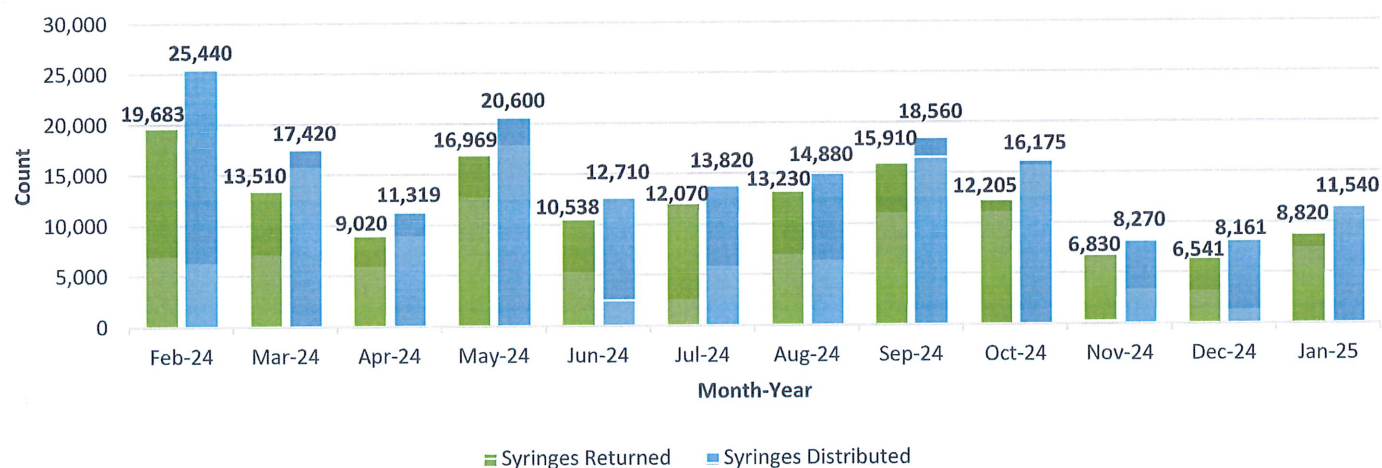
**Public Health**  
Prevent. Promote. Protect.

## Butler County

**Figure 1: Fairfield SSP Site Visitors by Month for 2024 and 2025**



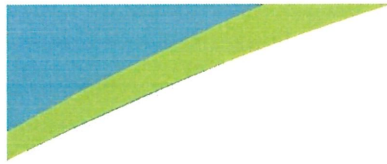
**Figure 2: Syringes Returned and Distributed by Month for the Fairfield SSP Site for 2024 and 2025**



**Table 1: Syringes Returned and Distributed by Visitors' Home County of Residence for the Fairfield SSP Site for January 2025**

County	Syringes Returned	Syringes Distributed	Percent Returned
Butler County, OH	7,930	10,300	76.99%
Clermont County, OH	80	160	50.00%
Hamilton County, OH	710	1,020	69.61%
Montgomery County, OH	100	60	166.67%
<b>Total</b>	<b>8,820</b>	<b>11,540</b>	<b>76.43%</b>

Source: Butler County General Health District – Fairfield Syringe Service Program Site, Data obtained February 3, 2025, Data is provisional and subject to change



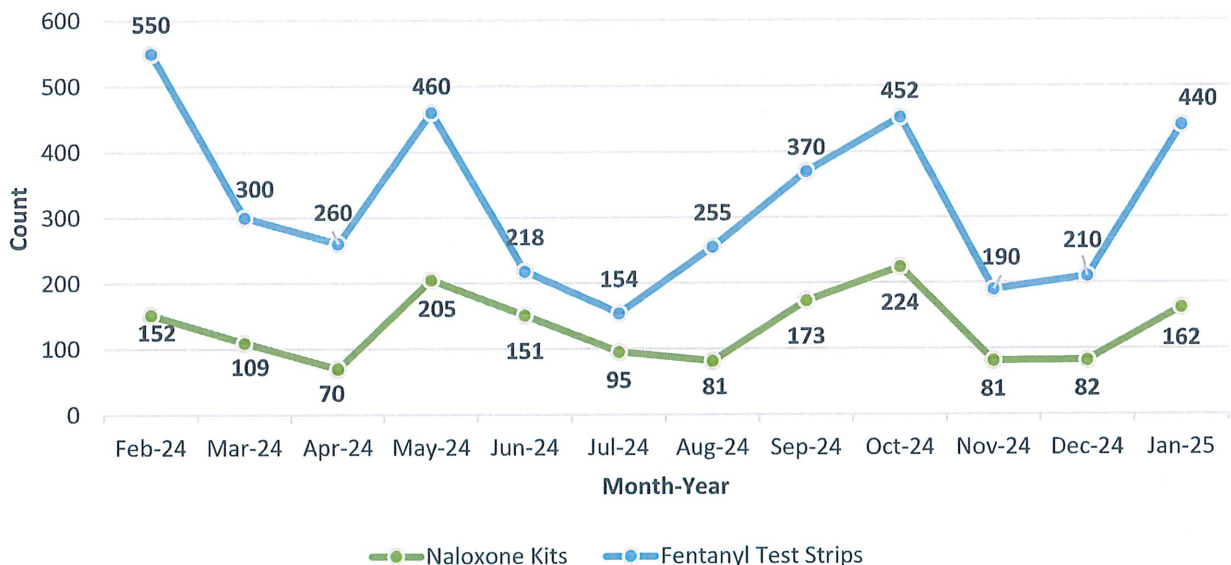
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## Butler County

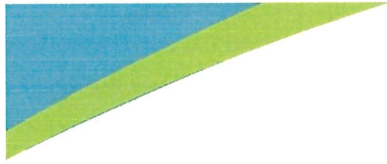
**Table 2: Syringes Returned and Distributed by Zip Code - City for the Fairfield SSP Site by Butler County Visitors' Home Residence for January 2025**

Zip Code - City	Syringes Returned	Syringes Distributed	Percent Returned
<b>Hamilton</b>			
45011	3,650	4,390	83.14%
45013	2,630	3,530	74.50%
45015	530	1,140	46.49%
<b>Hamilton Total</b>	<b>6,810</b>	<b>9,060</b>	<b>75.17%</b>
<b>Middletown</b>			
45042	320	380	84.21%
45044	200	280	71.43%
<b>Middletown Total</b>	<b>520</b>	<b>660</b>	<b>78.79%</b>
<b>45014 - Fairfield</b>	<b>600</b>	<b>580</b>	<b>103.45%</b>
<b>Butler County Total</b>	<b>7,930</b>	<b>10,300</b>	<b>76.99%</b>

**Figure 3: Naloxone Kits and Fentanyl Test Strips Distributed by Month for the Fairfield SSP Site for 2023 and 2024**



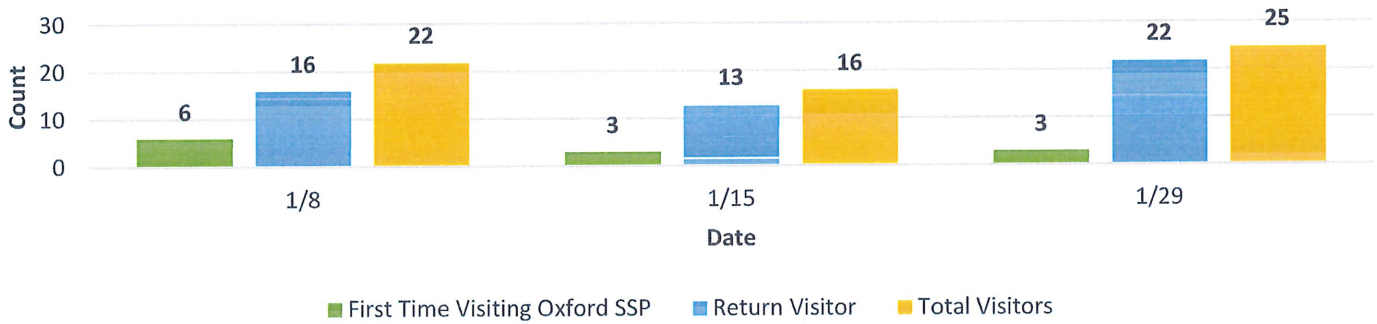




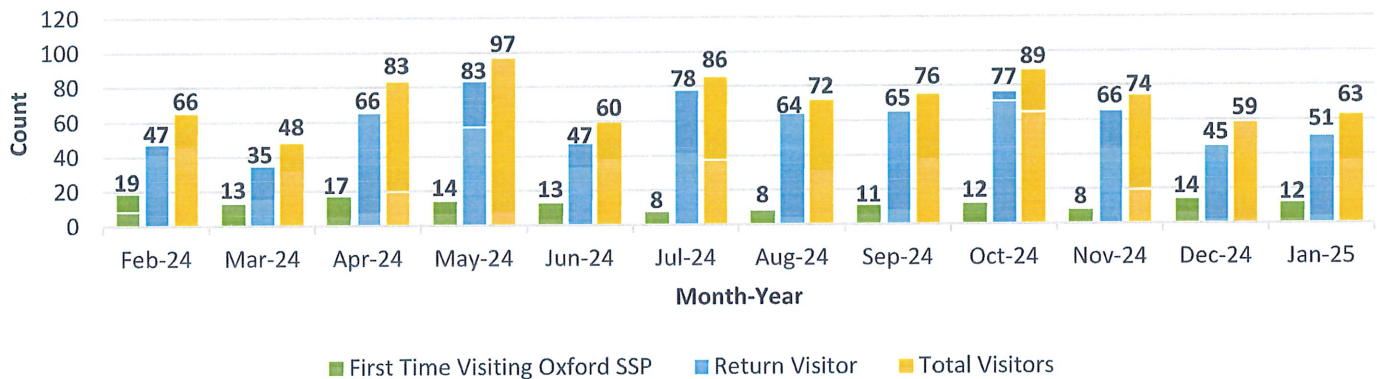
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## Butler County

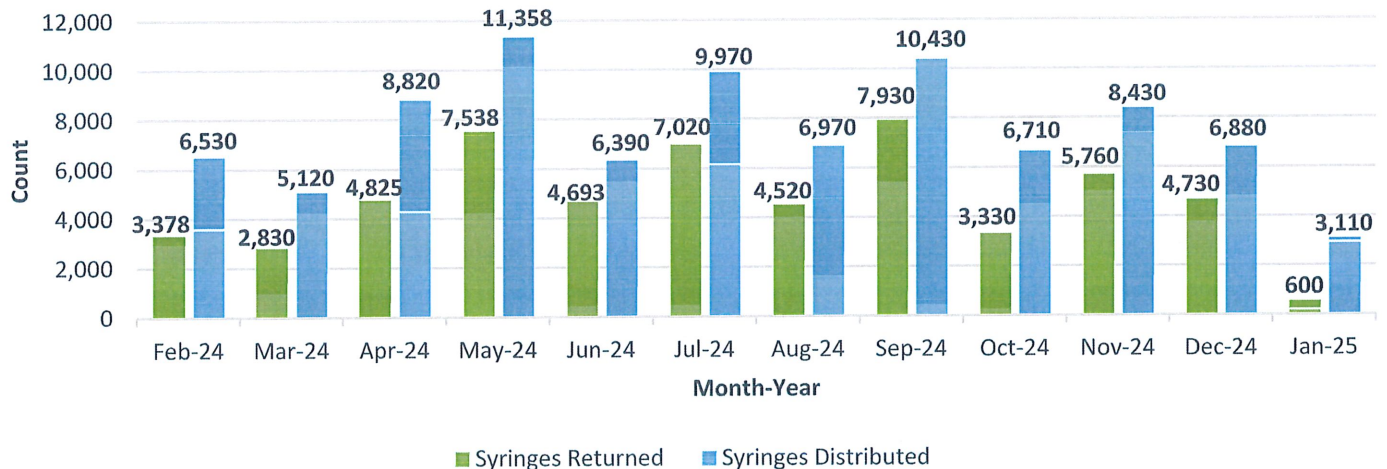
**Figure 1: Oxford SSP Site Visitors by Week for January 2025**

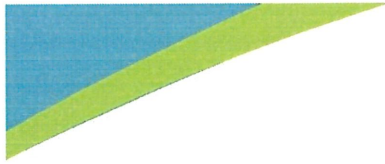


**Figure 2: Oxford SSP Site Visitors by Month for 2024 and 2025**



**Figure 3: Syringes Returned and Distributed by Month for the Oxford SSP Site for 2024 and 2025**





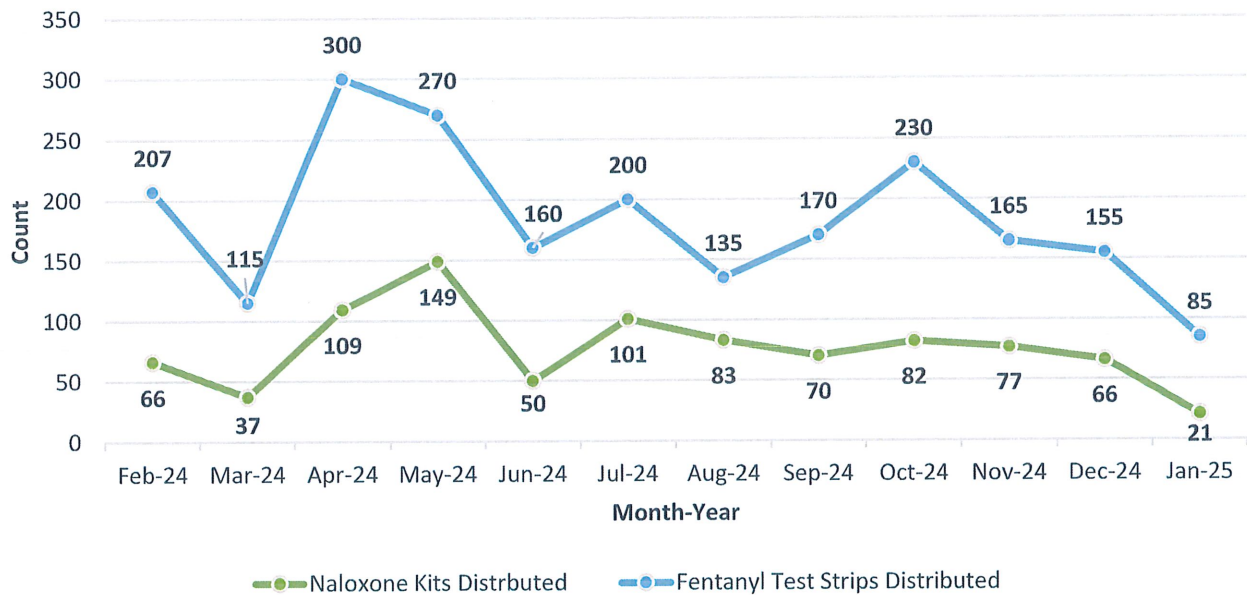
**Public Health**  
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## Butler County

**Table 1: Syringes Returned and Distributed by Zip Code – City or County for the Oxford SSP Site by Visitors' Reported Home Residence for January 2025**

Zip Code - City	Syringes Returned	Syringes Distributed	Percent Returned
<b>Hamilton</b>			
45011	200	760	26.32%
45013	220	1,480	14.86%
45015	0	80	0.00%
<b>Hamilton Total</b>	<b>420</b>	<b>2,320</b>	<b>18.10%</b>
<b>45042 - Middletown</b>	<b>60</b>	<b>180</b>	<b>33.33%</b>
<b>45056 - Oxford</b>	<b>120</b>	<b>570</b>	<b>21.05%</b>
<b>45003 - College Corner Village</b>	<b>0</b>	<b>40</b>	<b>0.00%</b>
<b>Total</b>	<b>600</b>	<b>3,110</b>	<b>19.29%</b>

**Figure 4: Naloxone Kits and Fentanyl Test Strips Distributed at the Oxford SSP Site for 2024 and 2025**





# City of Middletown Health Department

## January 2025

### Vital Statistics

	MONTHLY	YTD		MONTHLY	YTD
Birth Certificates Filed	63	63	Food Service Operations(FSO)	50	50
Death Certificates Filed	86	86	Retail Food Establishments(RFE)	25	25
Birth Certificates Issued	344	344	Prelicense/Consultations	15	15
Death Certificates Issued	423	423	Sewage Inspections	0	0
Indigent Cremation Services	5	5	School Inspections	0	0

### Deaths Filed

Accidental			Vending Locations	0	0
Drug Overdose	0	0	Temporary FSO/RFE	0	0
Falls	1	1	Mobile FSO/RFE	3	3
Motor Vehicle	0	0	Complaints	7	7
Exposure to Elements	0	0	Smoking Complaint Inspections	0	0
Choking	0	0	Swimming Pools	0	0
Fire	0	0	Tattoo	0	0
Homicide	0	0	Temp Park/Park Camp	0	0
Suicide	0	0	Jail Inspection	0	0
COVID-19 Related Deaths	0	0	Site Visit (Septic)	0	0
Could Not Be Determined	0	0	T 21 Inspections	1	1
Pending Investigation	0	0	Well Sealing Permits	1	1
			Septic Abandonment	1	1

\*\*Totals reflect City of Middletown residents that died inside of city limits only

### Level 1 Certification Training

Number of Attendees	0	0
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### Animal Bite Events

Dog	5	5
Cat	1	1
Bat	2	2

## Smoking Complaint Spreadsheet

For January 2025

Business Name	Date	Notice of Report	Dismissed	Notice of Violation (60 Days)	Letter of Warning (15 Days)	Civil Fine Letter	Violation Contested	Notice of Hearing	Additional Comments
1 @ The Square	Complaint 8/11/24								Case completed, must be closed by ODH
2									
3									
Notes:									



Complaint Information from Southwest Ohio Air Quality Agency for Middletown for 2024

Year	Date	Suspected Facility	Pollutant	Locality	County	Street	City	Zip Code	Anonymous
2024	12/23/2024	Middletown Coke Company	Odor	Middletown	Butler	Andrew Street	Middletown	45044	No
2024	12/23/2024	Middletown Coke Company / Cliff	Odor	Middletown	Butler	Navaho St	Middletown	45044	No
2024	12/23/2024	Cleveland Cliffs	Particulate	Middletown	Butler	Ottawa Street	Middletown	45044	No
2024	12/13/2024	Middletown Coke/Pilot Chemical	Odor	Middletown	Butler	Serena Way	Middletown	45044	No
2024	11/6/2024	Sun Coke or Cliffs	Odor	Middletown	Butler	Andrews	Middletown	45044	No
2024	11/5/2024	Cleveland Cliffs Steel	Particulate	Middletown	Butler	Ottawa	Middletown	45044	No
2024	10/30/2024	Unknown	Particulate	Middletown	Hamilton	Ottawa	Middletown	45044	No
2024	10/29/2024	Cleveland Cliffs	Particulate	Middletown	Butler	-	-	-	Yes
2024	10/28/2024	Cleveland Cliffs	Particulate	Middletown	Butler	Ottawa	Middletown	45044	No
2024	10/19/2024	Cleveland Cliffs	Particulate	Middletown	Butler	Ottawa St.	Middletown	45044	No
2024	10/14/2024	Cliffs/ Middletown Coke	Particulate	Middletown	Butler	Ottawa	Middletown	45044	No
2024	10/10/2024	Cleveland Cliffs	Particulate	Middletown	Butler	Ottawa	Middletown	45044	No
2024	10/9/2024	Cleveland-Cliffs	Particulate	Middletown	Butler	Ottawa	Middletown	45044	No
2024	10/7/2024	Cleveland-Cliffs	Particulate	Middletown	Butler	Ottawa St	Middletown	45044	No
2024	10/1/2024	Cleveland Cliffs	Particulate	Middletown	Butler	Ottawa	Middletown	45044	No
2024	9/27/2024	216 Franklin Street	Open Burning	Middletown	Butler			45042	Yes
2024	9/26/2024	3123 Ottawa St	Open Burning	Middletown	Butler	-	-	-	No
2024	9/26/2024	Cleveland Cliffs	Particulate	Middletown	Butler	Ottawa	Middletown	45044	No
2024	9/24/2024	Middletown Coke Co.	Odor	Middletown	Butler	Andrew St.	Middletown	45044	No
2024	9/18/2024	Cliffs	Particulate	Middletown	Hamilton	Ottawa	Middletown	45044	No
2024	9/17/2024	Stein	Fugitive Dust	Middletown	Butler				Yes
2024	9/16/2024	Cliffs	Particulate	Middletown	Hamilton	Ottawa	Middletown	45044	No
2024	9/12/2024	Cliffs	Particulate	Middletown	Butler	Ottawa	Middletown	45044	No
2024	9/12/2024	6398 Trenton Franklin Rd	Asbestos	Middletown	Butler				Yes
2024	9/7/2024	Cleveland Cliffs	Particulate	Middletown	Butler	Seneca street	Middletown	45044	No
2024	9/6/2024	Cleveland Cliffs	Particulate	Middletown	Butler	Lawn Ave	Middletown	45044	No
2024	8/29/2024	Cliffs	Particulate	Middletown	Butler	Ottawa	Middletown	45044	No
2024	8/27/2024	Cleveland Cliffs	Particulate	Middletown	Butler	Ottawa St.	Middletown	45044	No

## Complaint Information from Southwest Ohio Air Quality Agency for Middletown for 2024

2024	8/26/2024	Cleveland Cliffs	Particulate	Middletown	Butler	Ottawa Street	Middletown	45044	No
2024	8/23/2024	Cleveland Cliffs	Particulate	Middletown	Butler	Ottawa	Middletown	45044	No
2024	8/22/2024	Cleveland Cliffs	Particulate	Middletown	Butler	Seneca	Middletown	45044	No
2024	8/13/2024	Cleveland Cliffs	Particulate	Middletown	Butler	Ottawa	Middletown	45044	No
2024	8/9/2024	Cleveland Cliffs	Particulate	Middletown	Butler	Ottawa	Middletown	45044	No
2024	7/29/2024	Middletown Coke Company	Odor	Middletown	Butler	Andrews Street	Middletown	45044	No
2024	7/19/2024	Cliffs	Particulate	Middletown	Hamilton	Ottawa Street	Middletown	45044	No
2024	6/14/2024	Cliffs	Particulate	Middletown	Butler	Ottawa	Middletown	45044	No
2024	5/24/2024	Barrett Paving Middletown	Smoke	Middletown	Butler	Jacoby Ave.	Middletown	45044	No
2024	5/15/2024	Cleveland Cliffs	Particulate	Middletown	Warren	Ottawa	Middletown	45044	No
2024	5/13/2024	Middletown Coke Company	Particulate	Middletown	Butler	Andrew St	Middletown	45044	No
2024	5/13/2024	Cleveland Cliffs	Particulate	Middletown	Hamilton	Kunz Ave	Middletown	-	Yes
2024	5/1/2024	Cliffs	Fugitive Dust	Middletown	Butler				No
2024	5/2/2024	Cliffs	Particulate	Middletown	Butler	Ottawa	Middletown	45044	No
2024	4/26/2024	Middletown Coke Company	Odor	Middletown	Butler	Andrew St	Middletown	45044	No
2024	4/23/2024	112 South Clinton Street	Asbestos	Middletown	Butler	NA	Middletown	45044	Yes
2024	3/7/2024	Suncoke	Odor	Middletown	Butler	Woodgate Circle	Middletown	45044	No
2024	3/6/2024	Suncoke/Cliffs	Odor	Middletown	Butler	NA	NA	NA	Yes
2024	3/6/2024	Suncoke/Cliffs	Odor	Middletown	Butler	Stone Ridge Lane	Middletown	45044	No
2024	3/6/2024	Suncoke/Cliffs	Odor	Middletown	Butler	NA	NA	NA	Yes
2024	3/1/2024	Unknown	Odor	Middletown	Butler	Orlando St.	Middletown	OH	No
2024	2/27/2024	Middletown Coke	Particulate	Middletown	Butler	Andrew St	Middletown	45044	No
2024	2/26/2024	Middletown Coke	Odor	Middletown	Butler				No
2024	2/26/2024	Middletown Coke	Smoke	Middletown	Butler	Andrew St	Middletown	45044	No
2024	2/15/2024	Middletown Coke	Odor	Middletown	Butler	Harbor Cove Cr.	Middletown	45044	No
2024	2/13/2024	Middletown Coke Company	Odor	Middletown	Butler	Stone Ridge Ln	Middletown	45044	Yes
2024	2/7/2024	Stein	Fugitive Dust	Middletown	Butler	Oxford State	Middletown	45044	No
2024	2/6/2024	Cliffs	Particulate	Middletown	Butler	Ottawa	Middletown	45044	No
2024	2/6/2024	unnamed	Odor	Middletown	Butler	Churchill Manor	Middletown	45044	Yes



Complaint Information from Southwest Ohio Air Quality Agency for Middletown for 2024

2024	2/4/2024	Cleveland Cliffs	Particulate	Middletown	Butler	Seneca St	Middletown	45044	No
2024	1/18/2024	Cliffs	Odor	Middletown	Butler	Ambergreen Ct	Middletown	45044	No
2024	2/1/2024	Middletown Coke	Odor	Middletown	Butler	Mohawk	Middletown	45044	No
2024	1/27/2024	Sun Coke	Odor	Middletown	Butler	Stone Ridge Lane	Middletown	45044	No
2024	1/27/2024	Sun Coke	Odor	Middletown	Butler	Stone Ridge Ln	Middletown	45044	No
2024	1/27/2024	Sun Coke	Odor	Middletown	Butler				Yes
2024	1/25/2024	600 North Verity Parkway	Asbestos	Middletown	Butler	NA	NA	NA	Yes
2024	1/22/2024	Middletown Coke Company MCC	Odor	Middletown	Butler	Andrews Street	Middletown	45044	No
2024	1/19/2024	Cliffs	Odor	Middletown	Butler	Stoneridge Ln	Middletown	45044	No
2024	1/18/2024	Air products	Odor	Middletown	Butler	Taylor Rd	Middletown	45044	No
2024	1/18/2024	Air Products	Odor	Middletown	Butler	NA	NA	NA	No
2024	1/11/2024	Undetermined	Odor	Middletown	Butler	Bendel Dr	Middletown	45044	No

1-NOTICE OF VIOLATION - CLIFFS

NOV DATE	NAME	PREMISED NO	LOCALITY	COUNTY	DISCOVERY DATE	TYPE	NOTES
2/7/2024	CLIFFS	1409010006	MIDDLETOWN	BUTLER	1/16/2024	NOV/ROV	Failed stack test- pickling line

OHIO DEPARTMENT OF HEALTH  
BUREAU OF ENVIRONMENTAL HEALTH & RADIATION PROTECTION  
SURVEY DATA SHEET

=====

HEALTH DISTRICT	-	Middletown City Health District
ADDRESS	-	1 Donham Plaza Middletown, OH 45042
PHONE NUMBER	-	513-425-1818
BOARD OF HEALTH PRESIDENT	-	Elizabeth Slamka, Mayor
HEALTH COMMISSIONER	-	Jackie Phillips Carter, BSN, MPH
SURVEY PROGRAM	-	Campground
PROGRAM STATUS	-	Approved
SURVEYOR	-	Tiera Clay, MPH, REHS
SURVEY COMPLETED	-	Oct. 31, 2023
LICENSE YEAR(S) SURVEYED	-	2018-2022

=====

DATE SURVEY SENT FOR REVIEW	-	Jan 5, 2024
DATE OF 1ST REVIEW	-	11/7/2024
DATE OF 2ND REVIEW	-	
DATE SURVEY SENT FOR SIGNATURE	-	
DATE SURVEY MAILED	-	



**MIDDLETOWN CITY HEALTH DISTRICT  
CAMPGROUND PROGRAM  
Administrative & Field Review**

**INTRODUCTION**

A survey of the Middletown City Health District Campground Program was completed on Oct. 31, 2023, by Tiera Clay, MPH, REHS of the Ohio Department of Health (ODH). This review was conducted in accordance with Ohio Revised Code (RC) section 3729.06 which authorizes the ODH to complete such a survey to determine whether the campground program is being administered in accordance with RC sections 3729.01 to 3729.14 and Ohio Administrative Code (OAC) Chapter 3701-26.

The survey consisted of a review of the licensing and certification procedures, fees, annual inspection reports, and related administrative aspects of the program for the 2018-2022 license years. A field observation of the one inspecting Registered Environmental Health Specialist-In-Training (REHSIT) staff was performed as well.

**ADMINISTRATIVE COMPONENT FINDINGS**

**Application Processing**

There was one campground license issued by Middletown City Health District during the 2018-2020 licensing periods and two campground licenses issued during the 2021 and 2022 licensing period. All files were reviewed for the administrative portion of the survey.

Applications contained complete information such as operator and approval signatures, received by dates, process dates, audit, and licensing numbers. Applications were processed within 30 days of receipt.

All operators correctly made application for licensure for the license years surveyed during the month of April as per RC 3729.05(A)(1).

**Temporary Campgrounds**

No temporary campground licenses were issued during the licensing periods surveyed.

**Certification/transmittal procedures**

Certification of licenses and transmittal of state fees were correct and processed in a timely manner. All information on the licenses was consistent with the information on the transmittal report.

**Plans**

All campground files reviewed contained approved plans.

**Fees**

License fee categories were in accordance with OAC 3701-26-03(I) but not (J). Local license fees were calculated using one cost methodology outlined in OAC 3701-36-14 instead of a cost methodology for each license category and was available for the surveyor to review at the time of the survey. The fees were approved by the Board of Health on Nov 8, 2016. The fee schedule for the license periods surveyed were:

- Campgrounds with 50 or fewer sites \$100.00.
- Campgrounds with greater than 50 sites \$100.00 + additional \$1.00 per site over 50.
- Temporary Campgrounds with 50 or fewer sites \$35.00.
- Temporary Campgrounds with greater than 50 sites \$35.00 + additional \$1.00 per site over 50.

## Inspections

Inspection frequency for campgrounds met the minimum of one annually as required by RC 3729.05. Annually has been interpreted to mean every 365 days.

Review of inspection report files revealed the following components were routinely reviewed and documented on compliance inspection reports:

- Number of sites on the inspection report matched the number of sites on the license.
- Spacing between camping units.
- Gray water, Sewage systems & Dump stations used appropriately.
- Safety equipment was present and accessible.
- Operator records reviewed.

Files had inspection reports with complete and clear violation statements, consistent documentation of approved sites and re-inspections were conducted when needed.

A written enforcement action plan that outlined the process of taking issues of non-compliance to the board of health for enforcement action was provided to staff.

## Recommendations

- Continue to send renewal applications to operators early enough to allow operators to apply for licenses in April in compliance with state law in accordance with RC 3729.05(A).
- Utilize a cost methodology, as outlined in OAC 3701-36-14, for each license fee category to determine license fees.

## FIELD COMPONENT FINDINGS

The field work component is designed to evaluate the inspection technique of the REHS staff including their knowledge, application, and execution of the rules to determine the facility's compliance with the rules. This survey included one facility inspection at **River Run RV Park & Lodging**. The inspection was conducted with the REHS staff and the surveyor conducting inspections separately and then comparing and discussing the results at the conclusion of the inspection. An official facility report was then written and left with the facility operator. The REHS staff and the surveyor had the same observations.

## SUMMARY



## Highlights

- Administratively, applications were processed properly and timely, certification of licenses and transmittal of state fees were properly completed and submitted timely.
- License fee categories as specified in code were properly adopted by the board of health.
- Inspections were conducted annually.
- Temporary campground inspections were conducted at a minimum of one when the license is initially issued.
- Minimum inspection components were reviewed or documented.
- Violation statements were noted when violations were observed.
- Follow-up inspections were conducted when critical or repeat violations were observed.
- A written enforcement action plan that outlined the process of taking issues of non-compliance to the board of health for enforcement action was provided to staff.

## Areas for improvement

- Ensure a separate cost methodology is completed for each fee category that clearly indicates the maximum fee that can be adopted.

## CONCLUSION

The administrative findings of the survey indicated that minimum acceptable standards were observed for licensure, certification, and transmittals, and environmental health specialist staff were properly interpreting the rules during their inspections. Middletown City Health District is approved. ODH is available to provide training for your campground program staff upon request. Please contact ODH at 614-644-7455 to schedule training if such assistance is desired.

# CAMPGROUND SURVEY WORKSHEET

Middletown City Health District

Date: Oct. 31, 2023

Name of Surveyor: Tierra Clay MPH, REHS

I. LICENSES 20 Points		Score	Total Points Possible	Corrective Action Plan Required	Comments
1	Were applications/licenses on file for all known campgrounds? (Subtract 1 points based on % of missing from what was reviewed.)	10.00	10		
2	Was the department using a state approved application form?	2.00	2		
3	Did the applications include type of campground, name, address of applicant, location of property, street address of property and name of operator?	1.50	1.5		
4	Were applications acted on within 30 days?	1.50	1.5		
5	Was a late fee applied to the local fee when applications are submitted/postmarked after April 30th? If the 30th falls on a non business day then applications must be received or postmarked on the next business day.	2.00	2		
6	Were plans submitted for new/alterred campgrounds?	3.00	3		
II. FEES/TRANSMITTALS 20 Points		Score	Total Points Possible	Corrective Action Plan Required	Comments
1	Was a cost analysis available that was conducted in accordance with OAC 3701-36-14 and were established fees equal to or less than the maximum allowed by the cost methodology? <i>If fees exceed those that were calculated by the cost methodology, then program will be placed in Provisional Status automatically.</i>	10.00	10		Fees were calculated using one cost methodology.
2	Did the health department establish its fees through a board of health action and follow proper fee adoption procedure per ORC 3729.05?	2.50	2.5		
3	Were fee categories consistent with OAC 3701-26-03?	5	5		
4	Was the transmittal report form and state fee amount submitted to the director within 45 days from the end of the quarter?	2.5	2.5		



# CAMPGROUND SURVEY WORKSHEET

Middletown City Health District

III. INSPECTIONS / ENFORCEMENT 30 Points		Score	Total Points	Corrective Action Plan Required	Comments
1 Was an annual inspection on file for each facility? (Allow for a window of 10 business days) If annual inspection dates fall outside of the window, program will be placed in Provisional Status automatically. Point deductions will occur for each gap of time greater than 365 days.		10.00	10		
2	From year to year, was the type of campground and the number of licensed sites documented consistently? If an expansion or substantial alteration occurred resulting in a change in the type of campground or number of licensed sites was that documented on the inspection report?	10.00	10		
3	Were violations documented on inspection reports and follow up inspections conducted to determine correction of violations as necessary with the operator?	5.00	5		
4	Minimum inspection components noted on inspection forms? (Dump station backflow, gray water systems, spacing between units, sites marked and counted, operator records)	2.50	2.5		
5	Was an enforcement action plan on file and was it followed? Were enforcement and/or other actions taken by the Board of Health in the file?	2.50	2.5		
IV	Field Inspection 30 points	Score	Total Points	Corrective Action Plan Required	Comments
1	Confirm that all aspects of the minimum field inspections are being completed per OAC Section 3701-26.				
a.	Environmental health specialist verified the number of sites corresponds to the number on the license and campsites were number consecutively.	5.00	5		
b.	Environmental health specialist determined that spacing requirements were met.	5.00	5		
c.	Environmental health specialist determined that gray water, sewage systems and dump stations were being used appropriately.	5.00	5		

**CAMPGROUND SURVEY WORKSHEET**

Middletown City Health District

d.	Environmental health specialist verified the required safety equipment was in place.	5.00	5		
e.	Environmental health specialist verified that the operator's records were current and available for review.	5.00	5		
2	Noted violations same or similar to the state surveyor?	5.00	5		





Health District

Middletown City Health District

Address

1 Donham Plaza

City / Zip

Middletown/ 45042

County

Butler

Environmental Health Email

[mcd@cityofmiddletown.org](mailto:mcd@cityofmiddletown.org)

President of Board of Health Name and Email

Nicole Condrey nicolec@cityofmiddletown.org

Health Commissioner Name and Email

Jackie Phillips Carter jackiep@cityofmiddletown.org

Director of Environmental Health

Carla Ealy

Please complete the following for licensed campgrounds within your district

Campground Type

Number of Permits Issued each of the last three complete years

2018

2019

2020

Fees during surveyed period \* Required Fee Category for OAC 3701-26-03 (Do not include state amount)

Recreational Vehicle Park

1

1

2

\$100.00, >50 sites = \$100.00 + \$1.00 per additional site.

Recreation Camp

\$100.00, >50 sites = \$100.00 + \$1.00 per additional site.

Combined Park-Camp

\$100.00, >50 sites = \$100.00 + \$1.00 per additional site.

Temporary Park/Camp

\$35.00, >50 sites = \$35.00 + \$1.00 per additional site.

Indicate below any additional fees that you charge your campgrounds (if applicable):

Fees Types

Water Sample (total coliform)

Others (please specify)

Name and Certification # of OEPA Approved Lab used by LHD for water analysis:

Please indicate the names of environmental health specialists (including REHS license number), technicians, and support staff that participate in the campground program. Please estimate the percent time spent conducting the campground program.

Sarah Chaney EHSIT 22-4915

Amanda McDonald secretary

[illegible]



### **Musical Selection**

*"How Great Thou Art"* words by Carl Boberg  
Directed by Erica West, Bethany Church, with Kevin Ehlert

### **Keynote Address**

Jackie Phillips Carter, Health Commissioner  
City of Middletown

### **Musical Selection**

*"When We All Get to Heaven"* words by Eliza Edmunds Hewitt  
Directed by Erica West, Bethany Church, with Kevin Ehlert

### **Benediction**

Pastor Bob Allen  
Lakota Hills Baptist Church

### **Closing Song**

*"We Can Live the Dream,"* original music  
Written by John W. Stevenson and Joe Hansen  
specially for this Martin Luther King, Jr. celebration

**Contest Judges:** Tina Cartwright, Mia Hilkwitz, Cari Hillman,  
Maddie Jones, Starla Jones, Dan Maxwell, Kim McKinney,  
Jen Sheppard, Gail Webster

**Planning Committee:** Leah Aguilar, Alexis Stiver Bolton,  
Tina Cartwright, Laura Groff, Cari Hillman, Adam Inskeep, Dan Maxwell,  
Kim McKinney, Drew Reeder, Gail Webster, Erica West, Barb Wilson

**Sponsors and Partners:** Bethany Church,  
Cincinnati Children's Hospital Medical Center, Edge Teen Center,  
Floor & Décor, Lakota Local School District, Liberty Center/ Sabin Hall,  
Liberty Township, Melson Photo Arts, City of Middletown Health Department,  
MidPointe Library System, Ray Murray, Starbucks, WalMart, West Chester  
Liberty Chamber Alliance, West Chester Township

**Special Thanks:** Leah Aguilar, Pastor Bob Allen, Lauren Boettcher,  
Jackie Phillips Carter, Kevin Ehlert, Christy Gloyd, Eric Gutttag, Krystal Jones,  
Liberty Township Fire Department, Stacy Maney, Ray Murray,  
West Chester Fire Department, West Chester Police Department, WCTV

# WE CAN LIVE THE DREAM



**26th annual West Chester and Liberty Township  
Community Observance**

**Martin Luther King Jr. Day Celebration**  
**Monday, January 20, 2025**

**March for Unity in Our Community – 9:30 am**  
Start at Floor & Décor, 7250 Cabela Drive  
End at Sabin Hall @ Liberty Center, 7539 Haskell Street

**Awards Program – 10:00 am**  
Sabin Hall @ Liberty Center, 7539 Haskell Street  
More info at <https://LiveTheDreamWCL.weebly.com>



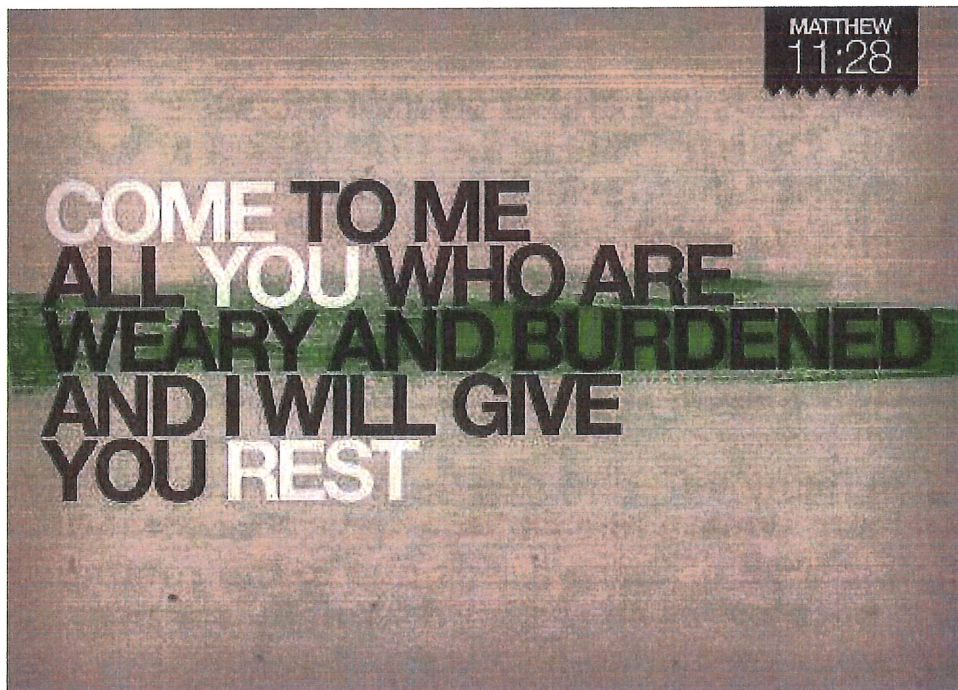
**McDonald, Amanda**

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**From:** Phillips Carter, Jackie  
**Sent:** Friday, February 7, 2025 2:14 PM  
**To:** McDonald, Amanda  
**Subject:** FW: SHALOM Homeless update ~ please read

BOH

**From:** SHALOM <shalomhomeless@gmail.com>  
**Sent:** Friday, February 7, 2025 10:28 AM  
**To:** Pam Fugett <office@myfumc.net>  
**Subject:** SHALOM Homeless update ~ please read



**[EXTERNAL E-MAIL]:** This email originated from outside of the organization. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

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**MATTHEW 11:28**

**Dear faithful friends of SHALOM Homeless,**

**As always, thank you for your continued prayers and support. Without either of these things none of what we do for our communities less fortunate would not be possible. Thank you.**

**I do apologize for not updating sooner but we continue to be very busy this Winter while serving the homeless community and all that are led to us for assistance. Our total number sheltered and served this Winter is 85 different homeless individuals. This total number includes 24 women and 61 men from our City, surrounding communities and beyond.**

**Our guests recently completed a two week stay at Tytus Avenue Church of God where they were served by Stratford Heights Church of God. We would like to extend our thanks to Stratford Heights and especially Church Coordinators Holly and Jim Jackson, and their entire family, for truly making these two week a family affair. Thank you family and thank you to all of the many amazing volunteers from Stratford Heights.**

**Our guests are being served and sheltered this week by Holy Family Parish at St Johns Church. This is the first year that we have been blessed to use the St Johns facility and it has been a blessing for all of those involved and we are thankful that the Holy Family Parish have made themselves available to our communities homeless.**

**Next on the hosting schedule is Crosspointe Church of Christ who will also be serving our guests at the Tytus Avenue Church of God facility.**

**While serving so many different guests this Winter we have had many different needs and we are blessed to report that SHALOM has been able to meet almost all of those needs due to the continued blessings of Jesus Christ, because of all the hard work by our many volunteers and because of your continued prayers and support.**

**As always, we are already seeking additional churches and groups to join our efforts to provide the homeless community with a place to safely escape the Winter elements next Winter which will be our 24th year of freely serving the homeless and less fortunate that are led to our door.**

**Thank you and God bless,**

**Bill F  
SHALOM Homeless**



# JOURNAL-NEWS

TRUSTED SINCE 1898

**Grocery, health clinic under consideration for former Middletown school site. A green space remains where the former Vail Middle School was demolished in Middletown.**



## NEWS

By [Lauren Pack](#)

A green space remains where the former Vail Middle School was demolished in Middletown.

Planning is ongoing to convert city-owned land that was once home to Middletown High School and later Vail Middle School into a community grocer and health clinic facility.

Last month a \$5,000 Pat Landi Access Fund grant was accepted by council to move forward with fleshing out a development concept on a portion of the 10 acres at 1414 Girard Ave. Demolition of the school began in fall of 2018.

The grant will be used to help with the project's implementation, including feasibility studies, environmental assessments, tenant stakeholder coordination, conceptual and marketing planning, according to city staff.





*Demolition crews continue to work on taking down the old Vail Middle School Wednesday, Nov. 7 in Middletown. The main section of the building was being demolished Wednesday.*

Demolition crews continue to work on taking down the old Vail Middle School Wednesday, Nov. 7 in Middletown. The main section of the building was being demolished Wednesday. A “food desert” exists in the neighborhood especially for those without personal transportation and physical challenges make access to fresh food shopping a challenge.

“We looked at studies from the local health department as well as local hospital networks,” said Luis Rodriguez, assistant director of community and economic development. “What we found in surveying the community the top three needs that consistently came up were a lack of access to healthy food, lack of access to health care and communal space.” This project checks all those boxes.

Past proposals on the land involved residential developments that weren’t moved forward by developers or weren’t what council envisioned, according to Councilman Paul Lolli, who is the former city manager and fire chief.

“A grocery is needed in the neighborhood and would be good on a portion of that site,” Lolli said. “But only if it is supported by residents. No retailer is going to locate there if it isn’t sustainable and supported by residents.”

The project calls for a community and employee-owned cooperative grocery store offering fresh, locally sourced produce, staple groceries and foods; a health clinic providing accessible services focusing on preventative care and wellness; and a community room that is a central hub for workforce development, entrepreneurial programming, home ownership and community engagement.

“We would be remiss not to use this land for something that can have such a great impact on the community,” Rodriguez said. He added the city is pursuing other grant opportunities and other funding avenues from the federal all the way down to the local foundation level.

The \$2 million to \$3 million funding strategy includes securing city contributions, corporate sponsors, philanthropic contributions and foundational giving, according to the staff report.

“There is are other ideas on what can also be included in the project. All speculation, but you never who’s going to pop up. What partners we will find,” Rodriguez said.



# Cunningham Sisters to open for En Vogue at inaugural festival in Hamilton



Credit: AP

En Vogue is scheduled to perform in Hamilton at the inaugural HERstory and HERitage event on March 8 at Spooky Nook. Pictured is En Vogue performing during the Boston Pops Fireworks Spectacular at the Hatch Shell, Tuesday, July 4, 2023, in Boston. (AP Photo/Michael Dwyer)

By [Michael D. Pitman](#)

En Vogue, one of the most celebrated female R&B groups from the 1990s, will perform in March at the YWCA's HERstory and HERitage International Community Festival.

And Hamilton's Cunningham Sisters will open for the award-winning group that has sold more than 20 million albums.

"We are beyond excited to have En Vogue as our headliner and to share the stage with our amazing local talent, the Cunningham Sisters," said Wendy Waters-Connell, CEO of YWCA Hamilton. "It's truly a special moment for our community to have both an international music icon and hometown favorites in one unforgettable and inspiring evening."



The HERstory and HERitage festival is free and set for 11 a.m. to 5 p.m. March 8 at the Champion Mill Conference Center at Spooky Nook, 600 N. B St.. The En Vogue concert is a ticketed event and set for 7 p.m. that evening. Tickets for the concert go on sale after Feb. 1, but a price point has not yet been announced.

[The Cunningham Sisters](#) said they are excited about the opportunity to not only meet En Vogue but open for what's being described as an intimate concert.



The Cunningham Sisters, Marie, left, and Macie Cunningham, will open on March 8 for En Vogue at the inaugural HERstory & HERitage festival at the Champion Mill Conference Center at Spooky Nook. Pictured are the Cunningham Sisters in the ride in the 4th of July Parade in Hamilton on July 4, 2022. STAFF FILE



## Explore YWCA Hamilton to honor 10 trailblazers at inaugural HERstory & HERitage event

"Our dad and mom always taught us about music and certain artists that were performing when they were our age," said Marie Cunningham, 17, who said opening for En Vogue "is insane" because they have been fans growing up. We relate to some of their music, and sometimes we don't relate, but we act like we do and we just be jammin'."

Marie and her sister Macie have the same favorite En Vogue song, which is "[Don't Let Go](#)," Marie said she and Macie "always sing together. It's definitely a banger." Macie called the opportunity to perform at the HERstory & HERitage event "quite the opportunity" as they will perform during the six-hour festival in five weeks and before En Vogue goes on stage that evening.

"These women have paved the way. It's just real exciting to be just be a part of this, honestly, and they've created such a timeless catalogue, and they've made music that was poppin' years ago and it's still being played today."

The Cunningham Sisters came to prominence when they appeared on NBC's The Voice, first appearing at the end of the fourth episode of Season 21 in September 2021. The girls made it to the round of 32 known as Knockouts.

Though the girls said the national television experience was an "insane" opportunity, the March concert will be a little more special because En Vogue was a big part of their childhood.

The HERstory & HERitage festival will **honor 10 women**, which include Eva Lande, Ann Antenen, Nellie Craig Walker, Virginia Ritan, Shakila Ahmad, **Jackie Phillips Carter**, Kathy Klink, Katherine Rumph-Cole, Kelli Kurtz, and Dr. Julia Goodman, the first female physician in Hamilton and the founder of the YWCA Hamilton.

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### HERstory & HERitage

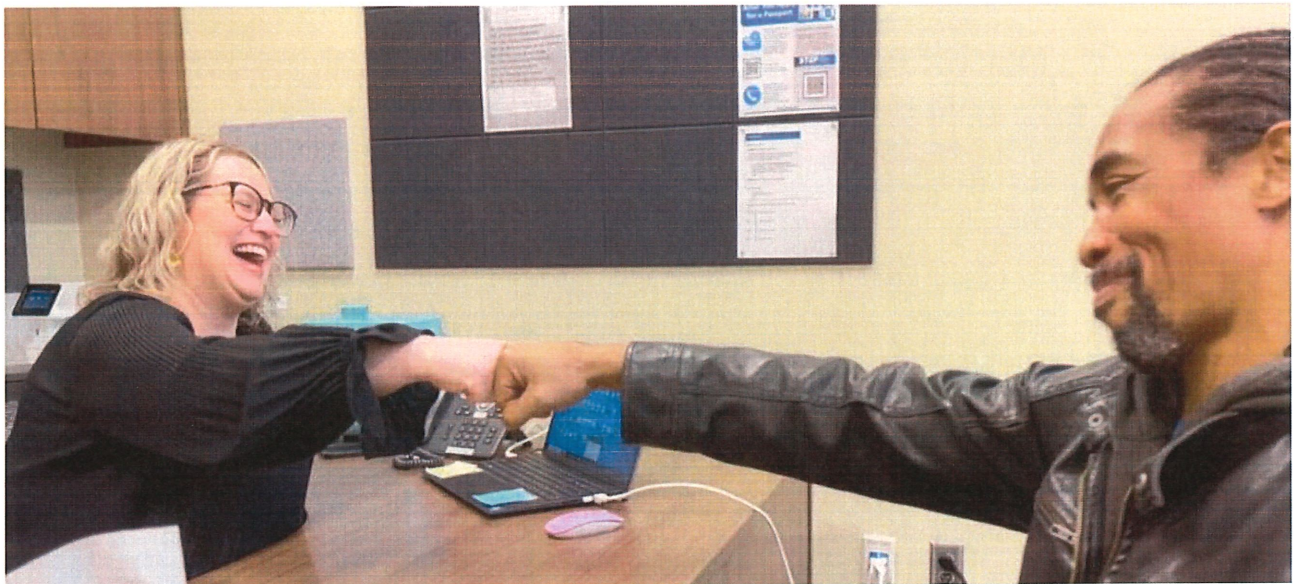
Date: 11 a.m. to 5 p.m. Saturday, March 8 (En Vogue concert at 7 p.m.)

Location: Champion Mill Conference Center at Spooky Nook, 600 N. B St.

Admission: Festival admission is free and open to the public. Concert tickets are available for purchase after Saturday, Feb. 1.



## The Middletown library hired an addiction counselor. She's so busy she says they can barely keep up



Tasha Marcum is an addiction counselor for Sunrise Treatment Center. She visits MidPoint Library in Middletown three days a week. KEITH BIERYGOLICK/WCPO 1/31/2025 Journal News

Sheldon Smith is walking to the library, but he doesn't need a book. He's meeting with his case manager.

"Ms. Marcum," he says once stepping inside. "Good morning!"

Tasha Marcum isn't a librarian. She's an addiction counselor at Sunrise Treatment Center. But she also visits the Middletown library three days a week. Because at this library, they realized the best way to help people sometimes has nothing to do with books.

"I've helped people turn themselves in on warrants," Marcum said. "When they come to see me — or they call me — there's no billing. There's no insurance involved. None of that."

On Thursday, Marcum helps someone get a birth certificate. Because people experiencing homelessness usually don't have that. She told them she'll keep a copy.

"They're not bad people," Marcum said. "A lot of people don't have anybody."

When the library opens at 10 a.m., there's a line to get in. A sign on Marcum's door says she's booked. Later, she visits with a victim of domestic violence. All in a small office in the corner of the library.



When Marcum met Smith, he didn't have insurance. He'd moved from Pittsburgh to try to start over after a divorce.

"My story is I'm a hardworking father of four that's come a long way to build a new life," he said. "I think I've come pretty far."

For Smith, the library is a glimmer of hope. There, Marcum helped get him into a trucking school for free. And that's why Smith's here — to invite her to his graduation next month. Marcum accepts.

"You took off with it. You did it," she said. "I'll be cheering so loud you're going to want me to shut up."

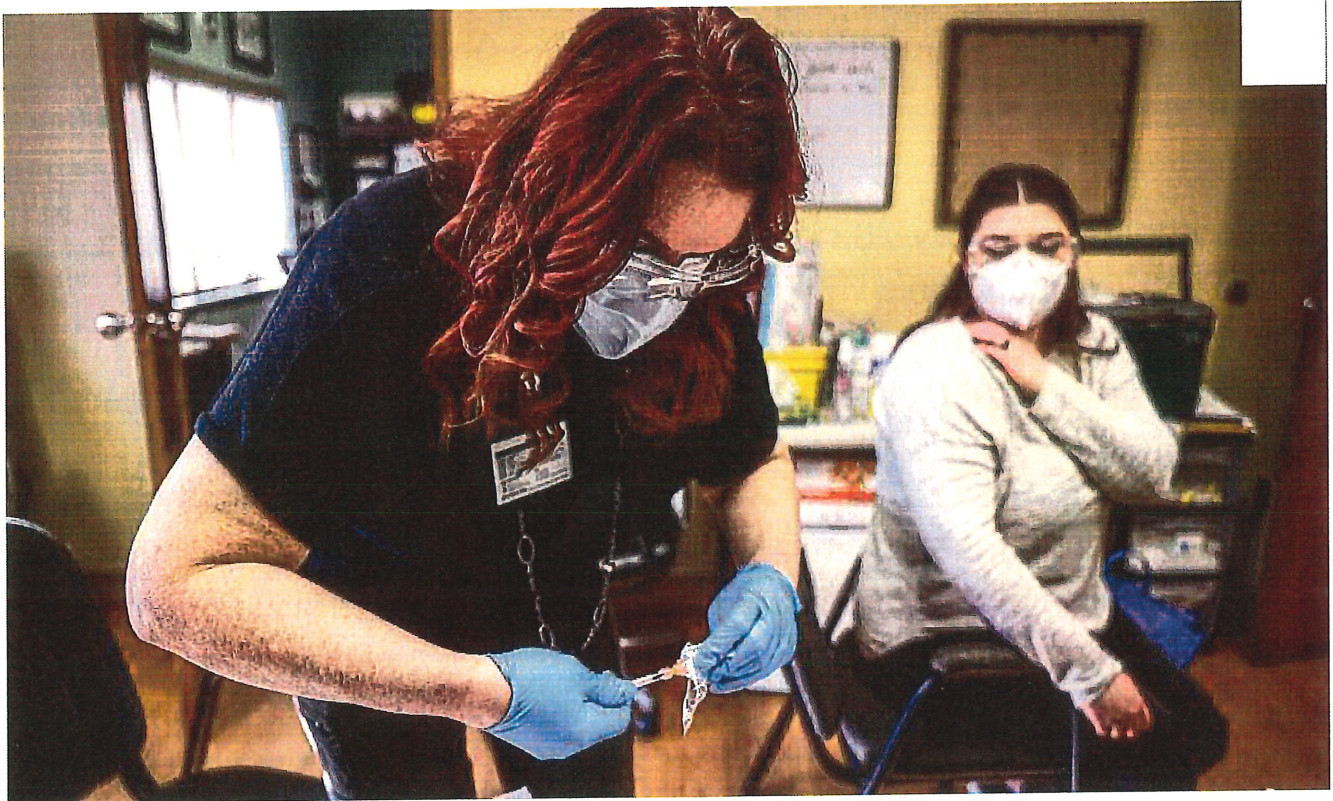
### [YouTube Channel 9 Middletown Library Addiction Counselor Story](#)





# COVID in 2024: Numbers down in Ohio, but threat remains

Despite year-over-year declines, virus still causes deaths, severe illness, say officials.



*Jacinda Snider, a collaborative pharmacist, distributes COVID-19 booster shots at Grafton Oaks Nursing Home in Dayton on Jan. 11, 2022. Nearly five years since the start of the COVID-19 pandemic, hospitalizations and deaths have significantly declined. Montgomery County reported 62 deaths from Jan. 1 to Dec. 26, 2024.*  
JIM NOELKER / STAFF

BY SAMANTHA WILDOW STAFF WRITER

1/1/25

Years after the worst of the COVID-19 pandemic, the virus continues to have a daily impact on Ohioans.

While the threat of COVID-19 has lessened, it has not disappeared, and public health experts have continued to encourage taking precautions to prevent the spread of COVID and other respiratory illnesses.

“Looking at COVID-19, Ohio’s case numbers this fall declined from a late-summer increase, but I want to caution us not to get complacent as the disease continues to cause hospitalizations and deaths across the state,” said Dr. Bruce Vanderhoff, director of the Ohio Department of Health.

For Montgomery County, 2024 will likely be the first year since the start of the COVID-19 pandemic with fewer than 1,000 hospitalizations and 100 deaths. There were 916 hospitalizations and 62 deaths due to COVID-19 reported between Jan. 1 and Dec. 26, 2024, according to the most recent data from ODH.

Year-to-date comparisons between Jan. 1 through Dec. 26 of 2023 and 2024 in Montgomery County show a 45% decline in hospitalizations and a nearly 49% decline in deaths.

Butler County saw 270 hospitalizations and 36 deaths due to COVID-19 between the beginning of 2024 and the most recent week of data. Clark County had one hospitalization and 19 deaths of county residents this year. Greene County had 177 hospitalizations and 22 deaths.

Globally, from the start of the pandemic until Nov. 10, 2024, more than 776.8 million confirmed COVID-19 cases and more than 7 million confirmed deaths were reported to the World Health Organization across 234 countries.

While there is still room for improvement, COVID-19 hospitalizations and deaths have continued to see significant declines year over year. The majority of COVID-19-associated deaths happened in 2020, 2021 and



2022. Increased immunity from infection or vaccination resulted in a significant decrease in deaths since the second half of 2022, the WHO says.

“Even as the virus continues to evolve, we need to remember that it can still cause severe illness and death, particularly among those who are unvaccinated,” Vanderhoff said.

Everyone ages 6 months and older should get the 2024– 2025 COVID-19 vaccine, the Centers for Disease Control says. This includes people who have received a COVID- 19 vaccine, people who have had COVID-19 and people with long COVID.

“It (the vaccine) can reduce the risk of developing what is known as long COVID, a set of debilitating symptoms that can linger for months or even years after infection,” Vanderhoff said.

An estimated 6% of symptomatic COVID-19 infections result in long COVID symptoms, the WHO says.

Fewer than 10% of Ohioans have gotten the latest COVID-19 vaccine, according to ODH.

“It’s not too late to get vaccinated,” said Dan Suffoletto, public information manager at Public Health - Dayton and Montgomery County.

Vaccines are readily available through health care providers and at many pharmacies. Visit [Vaccines.gov](https://www.vaccines.gov) to find a pharmacy near you.

Contact this reporter at 937-503-5305 or email [samantha.wildow@coxinc.com](mailto:samantha.wildow@coxinc.com).

# Acting city manager enjoying opportunity in lead role for Middletown

Ashley Combs has worked for city for 9 years.



*The city of Middletown held two town hall sessions at The Towne Mall for residents to share ideas for the future development of The Towne Mall property. Middletown assistant city manager Ashley Combs talks to attendees about their ideas during the event. NICK GRAHAM/STAFF*

1/2/25

BY LAUREN PACK STAFF WRITER



Ashley Combs has taken the reins as Middletown's acting city manager while council continues to wrestle with how to proceed in the search for a permanent hire.

She is the fourth to lead the city since 2019.

In December, council voted to make Combs, an assistant city manager, acting city manager, giving her a tryout of sorts. Assistant City Manager Nathan Cahall had served in the acting position since Paul Lolli's retirement in July. Cahall remains in his position as assistant city manager.

Lolli is now a council member after being appointed to replace Zack Ferrell, who resigned after moving out of the city.

This past year saw plenty of change and city projects moving forward. Combs has worked in Middletown for nine years, beginning as a city planner and holding the positions of planning director and director of development services before being appointed assistant city manager in 2023.

A Kentuckian, the 38-year-old is the mother of a young son, and she and her husband now live in West Chester Twp.

Combs grew up in Union, Ky. and has been golfing competitively since she was 10. She was a scholarship athlete for the women's golf team at the University of Cincinnati where she received a bachelor's degree in urban planning and a master's degree in community planning. She also holds certificates in historic preservation and public management.

"I aspire to be (a city manager). Whether that be now or later in my career, I will be happy with either," Combs said.

She added she sees the chance to try on the position for at least a few months as a "gift."

"I will take the opportunity to do my best for the city, as I always have. I look forward to it. It is a unique opportunity. It is a gift. I look forward to a challenge," Combs said.

Most recently, Combs has been at the helm of the redevelopment of the largely empty Towne Mall purchased by the city last summer for \$10 million.

Combs said while the city seeks grants for demolition of the building, they thought getting public input on its redevelopment was key. That included a survey campaign for residents' ideas and an open house last month in the former Elder-Beerman's store space to unveil some of those thoughts.

More information will be coming at the council's strategic planning meeting later this month.

The city bought the site because "We want to control the development. It is unique because we have Renaissance Pointe (under construction) there and they are going to act as complementary bookend for the city to I-75," she said.

While it will never be an enclosed mall again, some of the businesses that are not part of the mall property that was purchased, will remain under the current plan including Burlington, Gabe's and Chipotle. Planet Fitness is a key component.

"Planet Fitness will remain on the site. We will build them a stand-alone," Combs said. "It isn't going anywhere. It is the highest performing in the United States, I am told."

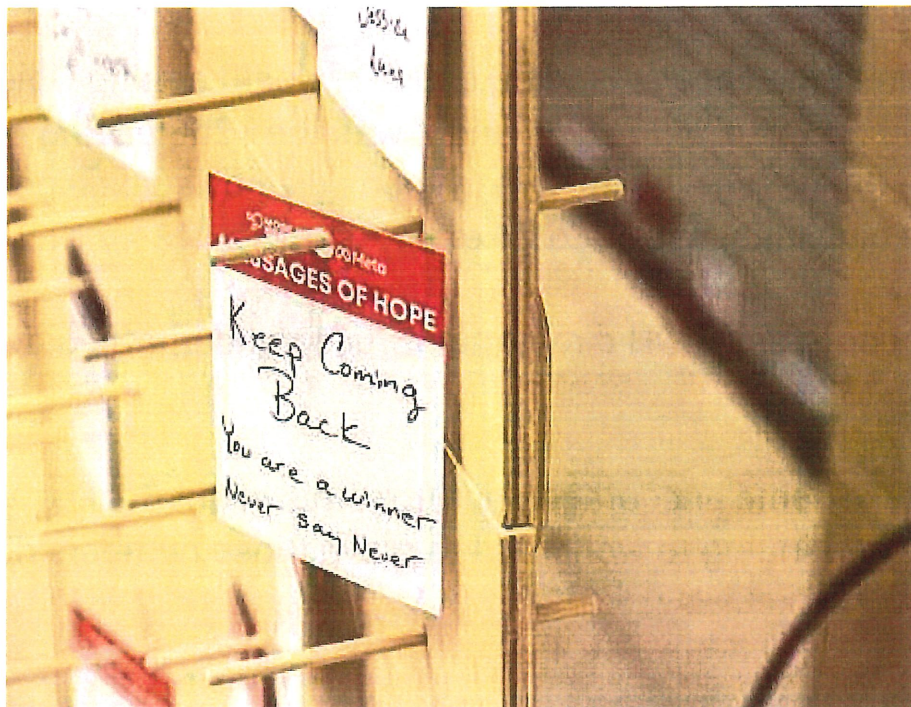
In 2025, residents may see some demolition begin at the mall, but finalizing plans with a request for proposals from developers may not come next year.



Contact this reporter at 513- 543-9227 or email [lauren.pack@coxinc.com](mailto:lauren.pack@coxinc.com).

# Report: 5 Ohioans die from suicide every day

Montgomery County had region's highest number in 2023; state total dropped 1% from 2022.



*A message of hope is displayed at a Mobilize Recovery town hall meeting in Xenia in October 2024. The meeting covered topics including recovery from substance use disorders and other issues pertaining to mental health. SAMANTHA WILDOW / STAFF*

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BY SAMANTHA WILDOW STAFF WRITER

While Ohio saw about a 1% decline in deaths due to suicide in 2023 compared to 2022, the state is still losing about five Ohioans a day to suicide, state health leaders said.

1/25/25



"These are moms, dads, brothers, sisters, neighbors, coworkers, and all of these losses ... are truly a human tragedy and they're a reminder that we have to do more," said LeeAnne Cornyn, director of the Ohio Department of Mental Health and Addiction Services.

In 2023, the most recent year with full data, there were 1,777 suicide deaths in Ohio. This was a 1% decrease in the number of deaths from 2022, according to the Ohio Department of Health's recently released 2023 Ohio Suicide Report.

Suicide remained the second-leading cause of death among Ohioans ages 10 to 14 and 20 to 34 in 2023, and it was the 12th-leading cause of death overall. On average, nearly five Ohioans died by suicide per day, including one individual age 10 to 24 every 36 hours.

"This is a sobering fact," ODH director Dr. Bruce Vanderhoff said Thursday.

"Though we take some encouragement from this slight decline, we are committed to continuing to work hard to drive those numbers down further."

### Local impact

In the region, Montgomery County saw the highest number of suicide deaths in 2023 — 93.

Clark County, which saw 22 suicide deaths in 2023, experienced the highest rate of suicide deaths in the region from 2020 to 2023, according to the new ODH report.

Clark County's 2023 rate of deaths by suicide was 15.2 per 100,000 people, while its 2020-2023 rate was 20.7 deaths by suicide per 100,000 people, according to ODH.

Montgomery County's 2023 rate was 17.4 suicide deaths per 100,000 people, and its 2020-2023 rate was 15.6 deaths per 100,000 people.

Butler County experienced 57 deaths by suicide in 2023, according to ODH.

It saw a rate of 15 deaths per 100,000 people in 2023 and a 2020-2023 rate of 13.8 deaths per 100,000 people.

Rural areas in the region and across the state also experienced higher rates of suicide deaths. Darke County's 2020-2023 rate of deaths by suicide was 18.6 deaths per 100,000 people, according to ODH. Preble County's 2020-2023 rate was 17.8 suicide deaths per 100,000 people, and Champaign County's rate was 16.5.

From 2020 to 2023, Vinton County in southern Ohio had the highest suicide death rate, 31.6 deaths per 100,000 people. Of the 16 counties with the highest suicide death rates, 14 were rural. That included 11 rural counties in the Appalachian region and three that were rural but not in the Appalachian region.

The report is an indicator of how Ohio has become a leader in addressing mental health, said the governor, who added more improvements still need to be made.

"Depression and suicide remain a serious threat, especially to our kids," Gov. Mike DeWine said. "If anything, our progress should inspire us to further advance our commitment to this life-saving work, because the life of every Ohioan is precious."

The demand for mental health services has never been greater, said Cornyn.

### 988's impact in Ohio

The 988 national suicide crisis hotline, also called the 988 Suicide & Crisis Lifeline, has made a big impact in the state.

"Ohio ... has the largest network of call centers, with 19 call centers all



across the state, ensuring that no matter where you are, you're reaching someone close to your very own community who understands the needs and resources that may exist in that community," Cornyn said.

Since 988 launched in July 2022, Ohio has experienced 440,000 contacts through the service, including calls, texts and chats through the website at 988lifeline.org.

"We know that the need is there, and we know that the demand is there," Cornyn said.

Ohio's 988 call centers have answered 99% of the calls from Ohioans since launching.

"This is truly Ohioans supporting one another to ensure that they have access to the resources they need to be well, get well and stay well," Cornyn said.

OhioMHAS is also trying to support local communities in designing interventions and programs that meet their local needs, she said.

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## BY THE NUMBERS

White non-Hispanic males continued to lead all groups for suicide in 2023, accounting for 68.7% of all suicide deaths (1,441).

Other key findings of the 2023 report include:

- Black non-Hispanic females and white non-Hispanic females had the largest decreases in the rate of suicide deaths, both decreasing by 6%.
- Ohioans ages 45-54 had the highest rate of suicide deaths (20.1 per 100,000 people).
- Firearm was the mechanism used in over half (58.0%) of all suicide

deaths (1,031).

- The number of suicide deaths by drug poisoning increased by 11%.

#### EDITOR'S NOTE

This story discusses suicide. If you or someone you know is in crisis, call or text 988 to the Suicide & Crisis Lifeline, 24/7.



# Health care in 2025: Tech, costs are priorities

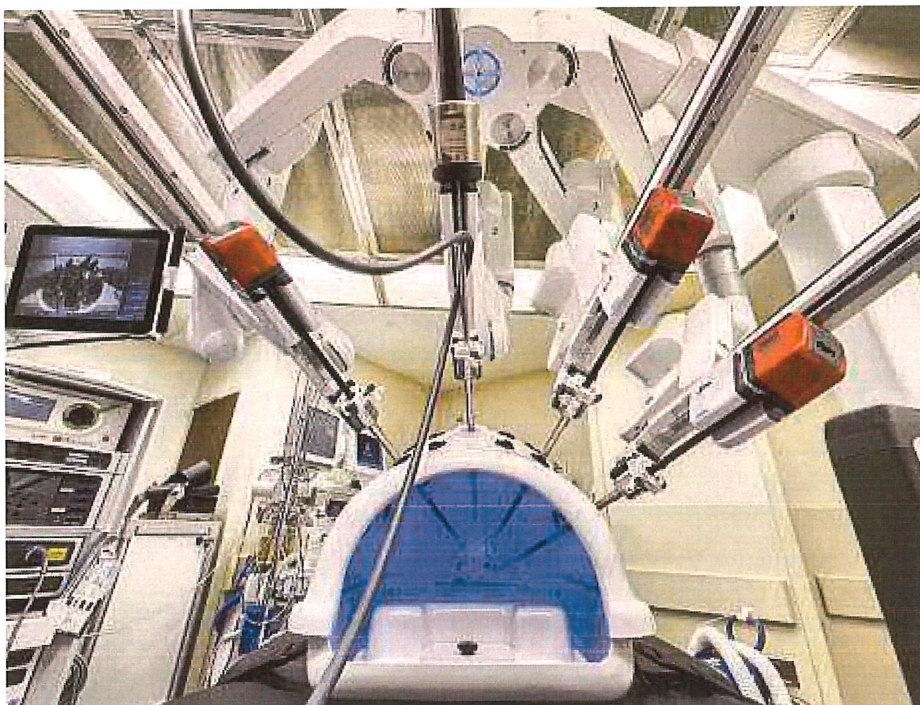
Mental health care will also continue to evolve, say area experts.



*Neurologist Dr. Jody Short explains Mercy Health's new Interventional Neurology Suite at Springfield Regional Medical Center on Sept. 6, 2023 during an open house and ribbon cutting for the new facility. BILL LACKEY / STAFF*

1/4/25





*Kettering Health Hamilton's Davinci XI surgical robot, which provides less invasive surgeries. Industry experts say they expect an increased focus this year on how technology can advance patient care. NICK GRAHAM / STAFF*

BY SAMANTHA WILDOW STAFF WRITER

Health care spending, increased attention to technology and more expansion into mental health care are likely to be the focus of what's to come in the industry in 2025, experts say.

Hospitals and health care providers may seek out more ways to save on costs now that emergency funding for the COVID-19 pandemic has dried up. Cost savings is a priority for patients, as well, as increasing expenses related to medical care and coverage are straining household budgets.

While more Ohioans have a higher level of financial protection against health care costs than people in most other states — about 94% of Ohioans had health insurance in 2023, compared to 88% in 2010, according to the Health Policy Institute of Ohio — some say it's still not enough.



“The cost of health care services and health insurance premiums, deductibles and copays keeps rising, making it difficult for people make ends meet and access care when they need it,” said Amy Rohling McGee, president of the Health Policy Institute of Ohio.

People should pay attention to policy changes, such as looking to other states to see how they lowered health care costs, she said.

There are a number of unknowns about what’s to come in health care under President-elect Donald Trump’s administration, as well as with new leaders in Congress, but what is known is that the American Rescue Plan Act’s premium tax credit enhancements are set to expire this year.

ARPA’s premium tax credits, enacted in 2021 and extended by the Inflation Reduction Act through 2025, increased subsidies for plans on the Affordable Care Act Marketplace and increased access to those subsidized plans to middle-class families.

If they expire, an estimated 4 million Americans could become uninsured, according to the Urban Institute, a social and economic policy think tank.

### Increased focus on technology

Health care experts see advances in technology spurred by the COVID-19 pandemic continuing into the future.

“We saw (technology) help throughout the COVID pandemic and that some services were still able to be maintained through telehealth services through digital services,” said Scott Nelson, managing principal of SpringParker, a Springfield-based consulting firm focused on health care needs.

Many organizations are continuing those or are looking to either start new telehealth services, expand those offerings and/or take on additional telehealth and digital health services, he said.

Artificial intelligence may be another source to fill gaps in service and

help take the load off health care workers.

“Artificial intelligence organizations ... are trying to supplement it to take some of the stress, to take some of the workload — the over-workload — off of individuals’ plates and help them do some of their day-to-day tasks in an easier, more efficient environment,” Nelson said.

The Ohio Hospital Association said investments in technology and artificial intelligence will also be a focus in the new year for health care to enhance patient care experience and improve operational services.

### Leveraging partnerships

Hospitals are facing increased costs, the Ohio Hospital Association said, citing significant inflation, increased labor costs and greater supply chain and pharmaceutical expenses.

“Despite these intense economic conditions, hospitals are committed to providing the best quality care to patients and supporting community wellness,” the Ohio Hospital Association said in an organizational statement.

Workforce continues to be a priority, and hospitals are looking at ways to reimagine care delivery models, along with establishing new career pipelines with educational partners to grow clinical workforce, the association said.

More health care organizations are turning to consolidation and partnerships in order to boost resources while cutting down on costs.

Health systems could consolidate within a singular organization or by merging two or more groups.

Health care organizations have also used partnerships to leverage resources and meet other needs in recent years. This time last year, Dayton Children’s added 11 physicians and four nurse practitioners to the Dayton Children’s medical team after partnering with Pediatric



## Associates of Dayton.

A few months prior to that, Dayton Children's partnered with PriMED Physicians group to improve the continuity of care for their patients through each entity by sharing technology and digital resources such as medical records.

Premier Health also partnered with Wright State University, continuing and enhancing its affiliation agreement to establish an academic medical center in the Dayton region.

## Mental health

Mental health continues to be an area of health care in need of more doctors and providers, making it a sector ripe for expansion.

"Regionally and nationally, there are mental and behavioral health service gaps," Nelson said.

There are opportunities for both health care organizations and other entities to collaborate on how to fill those gaps, such with telehealth and AI.

"There are a lot of groups that are currently inside health care, but then also collaborators that are outside of health care, that are making significant investments into mental and behavioral health services," Nelson said.

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# Local homeless shelter's schedule begins today ahead of winter storm

8 churches hosting 9-week schedule with Stratford Heights for consecutive weeks.

BY LAUREN PACK STAFF WRITER

As bitter cold and snow approaches this weekend, the Middletown Health Department and the SHA- LOM organization assisting the homeless has announced the 2025 schedule beginning Sunday.

Serving the Homeless with Alternate Lodging of Middletown (SHALOM) will host the homeless population for nine weeks this winter.

Those in need of housing are transported at 5 p.m. every day from the SHALOM office, on the lower level of the First United Methodist Church, 120 S. Broad St. to the host church.

All guests are allowed to shower, dine, rest and share fellowship in a safe and warm environment and at approximately 8 a.m. each day, the guests are transported back downtown.

Those needing assistance are picked up every day at 5 p.m. at the SHA-LOM office, then driven to the host church. Volunteers feed the homeless dinner and breakfast and chaperone throughout the night, according to Bill Fugate, director of SHALOM.

Daily intakes are performed from 4-5 p.m. of the hosting season. New guests must arrive at 4 p.m. on their initial day of stay, according to



Fugate.

Eight churches are hosting the nine-week schedule with Stratford Heights hosting consecutive weeks. Tytus Avenue Church of God is allowing churches that want to host use their facilities.

SHALOM, operating without federal financial assistance, was founded in 2002 by Roy and Pat Ickes.

Rick McCrabb contributed to this report.

Contact this reporter at [lauren.pack@coxinc.com](mailto:lauren.pack@coxinc.com).

## SHALOM 2025 SCHEDULE

Serving Homeless with Alternative Lodging Of Middletown (SHALOM) will host the homeless for nine weeks this winter. Those in need of housing are transported at 5 p.m. every day from the SHALOM office, located in the lower level of the First United Methodist Church, 120 S. Broad St., to the host church.

■ Jan. 5-12: Berachah Church at Tytus Avenue Church of God, 3300 Tytus Ave.

■ Jan. 12-19: Breiel Church of God, 2000 N. Breiel Blvd.

■ Jan. 19-Feb. 2: Stratford Heights at Tytus Avenue Church of God

■ Feb. 2-9: Holy Family Parish, 201 Clark St.

■ Feb. 9-16: Crosspointe Church of Christ, 212 S. Broad St.

■ Feb. 16-23: First Baptist Church, 4500 Riverview Ave.

■ Feb. 23-March 2: Quest Church at Tytus Avenue Church of God

■ March 2-9: First United Methodist, 120 S. Broad St.

# Report: Seasonal flu levels are high in Ohio, region

## PUBLIC HEALTH



*Dual COVID-19 and influenza tests are available at area stores and pharmacies. Flu activity is at a high in the state right now, according to the Ohio Department of Health. SAM WILDOW/STAFF*

1/5/25

BY SAMANTHA WILDOW STAFF WRITER



Influenza activity in the state is “high,” as Ohio Department of Health data showed a recent 116% increase in flu hospitalizations.

There were 162 new flu hospitalizations reported in ODH’s recent flu activity report, with the majority of the hospitalizations taking place in northeast Ohio, followed by southwest Ohio.

Statewide, 411 hospitalizations have been reported so far this flu season.

There have been 22 flu hospitalizations in Montgomery County, according to ODH, and 11 hospitalizations in Butler County.

Other Dayton-region counties reported fewer than 10 hospitalizations, including Clark County, which reported four.

The best protection against getting the flu is to get vaccinated, according to Public Health - Dayton and Montgomery County.

“It’s still not too late to do that, and that’s readily available at various locations and pharmacies throughout the area,” said Dan Suffoletto, public information manager at Public Health.

To find a vaccination location, visit [vaccines.gov](https://www.vaccines.gov).

### Ways to prevent the spread

In addition to getting vaccinated, practicing good hygiene techniques can limit the spread of flu.

“For people who are not sick and after you’ve gotten your vaccination, you want to continue to wash your hands thoroughly and frequently,” Suffoletto said. “You want to cover your mouth when you cough and sneeze.”

People can also clean surfaces in the high-traffic areas of their homes and/or limit time in large crowds, he said.

Some people who are at higher risk of a severe case of the flu due to having a weakened immune system might also choose to wear a mask in public.

“Some individuals may choose to wear a mask to protect themselves, so you want to be mindful of that and understand that some people may, because of their medical condition, feel the need to take additional steps, including mask wearing, to help reduce their chances of getting sick,” Suffoletto said.

Those who are sick should stay home, he said.

“That’s not going to work, not going to school, not going to gatherings to try to isolate yourself to stop the spread to other people,” Suffoletto said.

## What the Southern Hemisphere experienced

The flu season for the world’s Southern Hemisphere typically occurs between April and September, sometimes lasting until October or November. The Southern Hemisphere’s flu season is sometimes used as an indicator for what the flu season will be like in the Northern Hemisphere, which typically lasts around November through May.

During the 2024 Southern Hemisphere flu season, most countries experienced similar levels of flu activity compared to trends observed in prior seasons, like the 2017-2019 and 2022-2023 flu seasons, the Centers for Disease Control said.

In South America, Chile, Ecuador and Uruguay saw high levels of severe flu-related disease, including hospitalizations, according to the CDC. Multiple countries in South America experienced flu activity that started and then ended earlier compared with flu seasons from before the COVID-19 pandemic, but were similar to trends those countries saw in 2023.



In Africa, most countries remained at low and moderate levels of influenza detections during the 2024 season, except for Zambia and South Africa, which saw high levels of flu-related hospitalizations.

Australia's 2024 flu season had a similar start week compared to both pre-pandemic trends and the previous 2023 season, the CDC said. Flu activity briefly reached moderate levels but has been decreasing in recent weeks, though several jurisdictions continue to show increasing flu activity.

### When to seek care

For those who get sick, more mild cases can be addressed by your primary care physician or at an urgent care in your area. Outpatient visits for flu-like symptoms increased by about 41%, according to recent ODH data.

People with severe cases should seek care at an emergency room. For adults, emergency symptoms can include:

- Difficulty breathing or shortness of breath.
- Chest pain.
- Ongoing dizziness.
- Seizures.
- Worsening of existing medical conditions.
- Severe weakness or muscle pain.

Emergency symptoms in children include all of the symptoms seen in adults, as well as:

- Gray or blue lips or nail beds.

## ■ Dehydration.

### ACCESSING CARE FOR THE UNINSURED AND UNDER-INSURED

For those who don't have insurance, some uninsured consumers may be eligible for noor low-cost health insurance through Medicaid or subsidized health insurance through the Marketplace. Enrollment is open for the Affordable Care Act's Health Insurance Marketplace at [healthcare.gov](https://healthcare.gov) until Jan. 15.

Most Marketplace consumers are eligible for help paying the cost of their Marketplace plan, according to the Centers for Medicare and Medicaid. Depending on their household income, Marketplace consumers may be eligible for premium tax credits to help pay the costs of their monthly premiums and cost-sharing reductions for help paying their outof-pocket health care costs like deductibles, coinsurance and copayments.

Federally qualified health centers (FQHC) also serve patients with no insurance, along with patients with Medicaid, Medicare or traditional insurance. In the Dayton region, the Community Health Centers of Greater Dayton and Five Rivers Health Centers are two local options.

Use the Health Resources and Service Administration (HRSA) health center locator tool to find an FQHC by address, state, county or zip code at [findahealthcenter.hrsa.gov](https://findahealthcenter.hrsa.gov).



# Hospitals restricting certain visitors amid influenza spike

## PUBLIC HEALTH



*Certain visitors have been restricted from visiting patients at area hospitals due to the uptick in influenza in the area. SAMANTHA WILDOW / STAFF*

BY SAMANTHA WILDOW STAFF WRITER

Certain visitors, including young children and people presenting symptoms of a respiratory illness, have been restricted from visiting patients at area hospitals due to the uptick in influenza in the area.

During influenza season, all hospitals that are part of the Greater Dayton Area Hospital Association (GDAHA) make every effort to protect their patients from flu and other infectious diseases, GDAHA's influenza season visitor restriction policy says.

1/22/25

GDAHA hospitals implemented that policy starting this past Friday, said Sarah Hackenbracht, GDAHA's president and CEO.

Visitors are asked to follow the guidelines below when visiting patients at GDAHA hospitals:

- No children under 14 years old should come to the hospital unless they need medical care. If you feel you have special circumstances, please talk to one of the nursing supervisors.
- All visitors should be healthy. Do not visit if you feel sick or have symptoms of a cold, flu or another illness.
- Cover your cough. Please request a mask if you are coughing frequently. Otherwise, when you sneeze or cough, cover your nose and mouth with a tissue, then throw the tissue in the trash, or cough or sneeze into your sleeve.
- Wash your hands frequently. GDAHA represents 29 member hospitals and health organizations serving 11 counties — Auglaize, Butler, Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble, Shelby and Warren. "With visitation restrictions, the goal is to limit the spread of infections within area hospitals to keep patients and their families safe," Hackenbracht said.

Influenza activity in the state is "high," as Ohio Department of Health data showed a recent 116% increase in flu hospitalizations. Outpatient visits for flu-like symptoms also increased 41%.

In Montgomery County, influenza is on the rise but still under the five-year average, according to Public Health - Dayton and Montgomery County's flu report.

The report says 3% of visits to the emergency department are due to fevers and flu-like symptoms and 11.3% of visits to the emergency department are for constitutional symptoms, which are general



symptoms like fatigue, malaise, muscle aches, headache, nausea and so on.

“This early in the winter season, we are also focused on preventing the spread of infection among staff and employees so they remain healthy and able to provide care to the communities we serve,” Hackenbracht said.

Ohio Gov. Mike DeWine recently signed the Never Alone Act, which becomes law 90 days after his signing.

The Never Alone Act entitles patients to a designated advocate and likely would not interfere with GDAHA’s visitation restriction policy.

Within the Never Alone Act, an advocate means an individual who advocates on behalf of a congregate care setting patient or resident.

Such an individual may include, but is not limited to: the patient’s or resident’s spouse, family member, companion or guardian; for underage patients, the minor’s parent or guardian; someone appointed by a court to be a patient’s guardian; or the patient’s power of attorney.

Automatic disqualifications for being a patient’s advocate includes if the care setting has determined that the individual poses a serious risk to the patient’s or resident’s physical health, according to the bill’s analysis.

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# Eyeing potential bird flu outbreak, Biden ramps up preparedness

## PUBLIC HEALTH



*A researcher collects samples of bird fecal matter to test for the H5N1 bird flu in Queens, N.Y., on May 13, 2024. The results were negative.*

*JUAN ARREDONDO / THE NEW YORK TIMES*

SHERYL GAY STOLBERG ©2025 THE NEW YORK TIMES

The Biden administration, in a final push to shore up the nation's pandemic preparedness before President-elect Donald Trump takes office, announced Thursday it would nearly double the amount of money it was committing to ward off a potential outbreak of bird flu in humans.

Federal health officials have been keeping a close eye on H5N1, a strain of avian influenza that is highly contagious and lethal to chickens, and



has spread to cattle.

The virus has not yet demonstrated that it can spread efficiently among people.

The Centers for Disease Control and Prevention says the current risk to humans remains low, and that pasteurized milk products remain safe to consume.

But should human-to-human transmission become commonplace, experts fear a pandemic that could be far more deadly than COVID-19.

K B3 On Thursday, the administration said it was committing \$306 million toward improving hospital preparedness, early-stage research on therapeutics, diagnostics and vaccines. About \$103 million of that will help maintain state and local efforts to track and test people exposed to infected animals, and for outreach to livestock workers and others at high risk.

The Biden administration has already spent more than \$1.8 billion battling bird flu since the spring of last year. Most of that, \$1.5 billion, was spent by the federal Agriculture Department on fighting the virus among animals. The remainder, about \$360 million, has been spent by the Health and Human Services Department on efforts to protect people, according to federal officials.

The additional funds will be distributed in the next two weeks, Dr. Paul Friedrichs, the director of the White House Office of Pandemic Preparedness and Response Policy, said Thursday.

“While CDC reports that the risk to the general public is low, keeping communities healthy, safe and informed remains a top and urgent priority,” Friedrichs said.

He added that the money would go toward “existing programs that can work to improve preparedness, not just for bird flu, but for other

pathogens as well.”

Thursday’s announcement comes amid a growing sense of urgency around H5N1. In mid-December, the CDC confirmed the nation’s first “severe case” of H5N1 in a southwest Louisiana patient who was exposed to sick and dead birds in a backyard flock. Last month, California declared a state of emergency over bird flu in dairy cows.

With less than three weeks before Biden leaves office, the timing of the announcement also reflects deepening concern among senior federal health officials that the Trump administration will slash the budgets of agencies including the CDC and the National Institutes of Health.

Trump has said he would disband the White House preparedness office, although whether he could do so is unclear because the office was created by an act of Congress. His nominee for health secretary, Robert Kennedy Jr., said while he was running for president that he would “give infectious disease a break for about eight years.”

One senior administration official, who spoke on the condition of anonymity to discuss the matter candidly, noted that because the \$306 million comes from funds that have been appropriated but not spent by the Health and Human Services Department, the money cannot be rescinded regardless of any actions the next administration takes to restrict the mission of health agencies.

Some experts have accused the Biden administration of a lackluster bird flu response. In a report issued last month, the Center for Strategic and International Studies, a research institution, said the administration “continues to fall short in its management of the threat” and needed to “get serious about H5N1” by engaging governors, state and local leaders, and U.S. industry in the response.

“This is long overdue,” J. Stephen Morrison, director of the research group’s global health center, said of Thursday’s announcement, adding that it was “going to be very welcome news to a health security community in America and outside of America, that are increasingly



alarmed at how sluggish the response to H5N1 has been in America.”

He said the money was a signal “that they realize that they need to bolster the efforts on H5N1, because we’ve now entered a much different phase with the Louisiana case.”

Since the first case of H5N1 was confirmed in cattle last spring, the White House has met regularly with officials from the Agriculture Department and the Health and Human Services Department, as well as with industry representatives.

Friedrichs said those meetings were now taking place twice a week. In addition to funding the development of mRNA vaccines, he said, the Biden administration has established a national milk testing strategy and mandated testing of dairy cows moving across state lines. It has also awarded \$176 million to Moderna, a major maker of coronavirus vaccines, to develop a similar vaccine using mRNA technology against H5N1.

The CDC has also ramped up testing and surveillance of the pathogen, and has contracted with commercial manufacturers to make diagnostic tests.

Dr. Nirav Shah, principal deputy director of the CDC, said about 200 CDC scientists are working on bird flu.

Scores of people in the United States have contracted bird flu over the past year, most infected from cows or poultry. The overwhelming majority of the cases have been mild, which has reassured health officials, Shah said.

The case involving the Louisiana patient, however, was followed by an unsettling finding. Some of the genetic samples from the patient contained gene mutations that might help H5N1 infect people more easily. Shah said the patient remained in critical condition.

Experts know that each time the virus infects another person, it has

another opportunity to mutate in a way that might increase its capability of spreading among people.

In another troubling finding, one of the mutations identified in the Louisiana patient also turned up in a viral sample taken from a teenager with a severe case of bird flu in British Columbia.

“That’s our concern — the more shots on goal that we give the virus, the greater chance of there being a mutation of some sort that precipitates a much larger situation,” Shah said. “But we’re also equally interested in the scientific finding that thus far, in the current outbreak, cases have been milder than what we’ve seen historically.”



# Fatal drug overdoses are dropping, not all spared

## CLOSER LOOK



*A nurse with a mobile medical bus checks vital signs of an opioid addict in San Jose, Calif. Federal officials have celebrated a striking drop in drug overdoses across the country, but state-level data shows that Black people are suffering significantly worse outcomes than white people. RACHEL BUJALSKI/THE NEW YORK TIMES*

NOAH WEILAND ©2025 THE NEW YORK TIMES

1/8/25

WASHINGTON — Overdose deaths across the country decreased by more than 12% between May 2023 and May 2024, according to recent federal data, a major development in the nation's efforts to combat the effects of fentanyl. The decrease continued a trend observed in recent months and was the largest on record, the White House said.

But a new analysis from Georgetown University researchers tells a more complicated story about a health crisis still claiming about 100,000 lives every year. In 22 states that track drug overdoses by race and ethnicity, the number of fatal overdoses among Black Americans typically increased between 2022 and 2023, while deadly overdoses among white Americans often decreased, the researchers found.

The findings reveal a continuation of what federal and state health officials have described as a two-track epidemic, with white Americans experiencing better outcomes and Black Americans struggling to keep up. As overdose deaths rose to record levels in recent years, rates among Black and Native Americans were higher.

But the more recent data goes further in showing how sharply the experiences of drug users have diverged by race.

In Arizona, for instance, fatal drug overdoses among white people decreased by more than 2%, while overdoses among Black people increased by roughly a third. In Michigan, deadly drug overdoses among white people decreased by 12% and increased among Black people by 6%. In Maine, fatal overdoses dropped by about 20% among white people but rose by more than 40% among Black people.

In states where decreases were found in both groups, they were typically smaller for Black Americans.

In states where increases were found in both groups, they were often greater for Black people.

And in places that tracked overdoses among Native and Hispanic



Americans, similar disparities arose.

Drug policy experts said that the new data underscored how public health strategies for drug addiction were still being applied unevenly, with deadly consequences.

Naloxone, the overdose-reversing medication, has been harder to find for some Black Americans, as have addiction treatments.

“The question becomes: What are we doing wrong?” said Jennifer Martinez, a researcher at the O’Neill Institute for National and Global Health Law at Georgetown University who analyzed the findings, which were collected from public data and public records requests. “Why aren’t we designing policies that are targeting the populations that need it the most? Something is working, but it’s not working for the people that need it most.”

Researchers and federal and state health officials pointed to three trends that helped explain the disparities.

### Unequal access to treatment

Drug policy experts said that the state-level findings were in part predictable. White and Black Americans have long had varying access to addiction treatments and drug tools that allow them to use substances safely.

“We know that Black and white people don’t use drugs at different rates,” said Emily Keller, who oversees opioid response efforts in Maryland. “This feels clearly like a deeper inequity in our society.”

Dr. Elizabeth Salisbury-Afshar, an addiction expert at the University of Wisconsin, pointed to data showing that methadone, a tightly controlled treatment that often requires daily visits to specialized clinics, has typically been more available in urban minority communities. The treatment is difficult to get for rural minority communities, including Native Americans who live on reservations.

Another effective treatment, buprenorphine, can be picked up in a pharmacy and used at home and has been more available to white Americans, Salisbury-Afshar noted.

Drug overdose deaths among older Black men have been particularly acute, said Tracie Gardner, a former top health official in New York who now leads the Black Harm Reduction Network.

“The addiction field, public health, were not paying attention to older people who had survived the earlier heroin epidemic and were in recovery or had always continued to use heroin safely,” she said. “And once fentanyl got into the supply of things people were already using, that’s what killed them.”

Methadone, she said, was introduced to prevent recidivism and is still not perceived by some drug users as a worthwhile or dignified medical resource.

“Black people are not open to embracing methadone because it’s been villainized,” Gardner added. “Who wants to be known as on methadone?”

Naloxone isn’t always getting to the right people

Health policy experts have been reluctant to attribute the national drop in drug overdoses to any specific cause. But one factor was likely large federal grants that saturated communities with naloxone during the pandemic.

Minority communities have not benefited consistently from efforts to allocate the medication.

In North Carolina in 2023, free naloxone was distributed more frequently in areas with white people than those with Black people, according to Delesha Carpenter, a health policy researcher at the University of North Carolina who is conducting federally funded research into naloxone availability.



Just over half of ZIP codes where Hispanic and Native Americans live had free naloxone distributed frequently, Carpenter has found.

Rachel Winograd, an addiction expert at the University of Missouri, St. Louis who helps oversee naloxone distribution in Missouri, said overdose deaths among Black men in the state fell in 2023 for the first time in many years. That could have resulted from state officials responding to data on racial disparities among overdose victims during the pandemic, she said. The state steered federal grants and opioid settlement funds to community groups in the northern part of the city, creating “depots” of naloxone, Winograd added.

“People are more likely to touse together in a dense urban center, giving them a better chance to save lives,” she said of the efforts to get naloxone to the right people. “It requires infrastructure and concerted effort to reach these groups.”

#### Data collection on overdoses takes time

Researchers have long been hindered by the time it takes state laboratories to confirm overdose deaths. The lag often complicates efforts to reach communities with drug users who have been particularly affected by the spread of fentanyl, stimulants or the increasingly prevalent sedative xylazine.

“It’s a resource issue,” said Robert Anderson, who oversees mortality statistics at the National Center for Health Statistics.

“We’re all used to watching ‘CSI’ or ‘NCIS,’ where toxicology is ready in 15 minutes.

But that’s not typically the way it works.”

Anderson said that many state laboratories handling toxicology reports were overwhelmed by death reports, creating monthslong backlogs.

“That doesn’t count time needed to do an autopsy and death scene

investigation, which, depending on resources, can also take time,” he said.

That leaves local health workers behind in responding to drug overdose patterns in minority communities. Native Americans, hit disproportionately by overdose deaths in recent years, have been particularly hurt by this phenomenon, said Philomena Kebec, a member of the Bad River Tribe in Wisconsin.

Native Americans are often misidentified as other races or not counted in overdose data at all, she said. Roughly 10 of the states Georgetown researchers gathered data from included Black fatality rates but not Native American fatality rates.

Kebec, who helps oversee the state’s mail-order naloxone program, said that her tribe does not have access to county-level breakdowns of overdoses by race, a concern she has raised with state officials.

“The purpose is to interrupt trends of fatalities for Native Americans and people in rural areas,” she said. “In order to be able to evaluate the effectiveness, we need the racial breakdown of the mortality rates.

We’re really running blind.”



# Walk With A Doc to be held Saturday

## MIDDLETOWN

Walk With A Doc Middletown will be held at 9 a.m.

Saturday at Middletown Area Family YMCA, 1020 Manchester Ave. This month's topic is Cervical Cancer.

This walking program is a fun and safe place to take a walk (at your own pace), learn health tips from local healthcare providers, and meet new friends. The event is free and all are welcome.

For more information, call 513-424-2273, email [rlolli@hcmiddletown.org](mailto:rlolli@hcmiddletown.org) or go to [walkwithadoc.org](http://walkwithadoc.org).

1/11/25

# PFAS study reveals public health crisis demanding action



*A researcher treats PFAS at the University of Dayton Research Institute.*  
**CONTRIBUTED**

STAN GOTTFREDSON

1/22/25



While there is now proof that per- and poly-fluoroalkyl substances (PFAS) have a causal link to multiple human diseases, a new study conducted in Shanghai found that PFAS can be transmitted from the mother to the child through the placenta and breastmilk.

The study tested for 16 PFAS in over 1000 mother-child pairs and found that while placenta transmission occurs more easily, the cumulative tendency of PFAS implies similar health risks to children from breastmilk transmission.

In the U.S., around 80% of new mothers choose to breastfeed their children as breastmilk presents several advantages to child development and health.

At present, while there is no data on the presence of PFAS in breastmilk in the U.S., anecdotal evidence estimates that the risks posed by PFAS breast milk contamination do not outweigh the benefits of breastfeeding. Therefore, mothers should not give up on this food source for their infants just yet. However, the Shanghai study does raise a series of questions in relation to PFAS contamination and public health.

PFAS are manmade synthetic chemicals developed in the 1940s and marketed in consumer goods by the 1960s. These substances exhibit a series of characteristics, such as heat resistance and water-repellent properties, that helped their widespread use in consumer goods markets.

Because these substances are highly resistant to degradation, PFAS are also known as “forever chemicals.” Therefore, with repeated exposure, such as consuming breastmilk from a mother contaminated with PFAS, these tend to accumulate in the body and pose significant health risks, even at low doses. A similar effect is observed in the environment, where once contaminated, the soil or water cannot be cleared naturally and requires extensive and costly efforts for removal.

There is sufficient evidence to link PFAS exposure to several neurodevelopmental issues in children, including autism spectrum

disorders, ADHD and IQ inhibitory effects. Other data show a link between PFAS exposure and detrimental immune effects, whereby children exposed to PFAS exhibit reduced immune reaction to stressors, although antibody production following vaccination does not seem to be affected.

Considering these aspects, it can be argued that child exposure to PFAS via maternal milk presents significant development risks. Nonetheless, the PFAS levels at which these risks become imminent are not currently known.

Initially, PFAS were developed by private corporate actors who later expanded their product to the U.S. military, which further developed PFAS for military purposes. At the time of their development, independent animal trials were conducted by companies developing these substances to determine if PFAS would have any health impacts. And indeed, they did. However, these studies were made public only in early 2000, after massive lawsuits piled against one of the PFAS R&D companies, DuPont.

During these trials, several court orders were issued that obligated the company to disclose internal documents related to PFAS development, including animal test trials.

Currently, there is a global effort to remove and replace PFAS entirely, yet the human health damages done by PFAS in the U.S. alone are estimated to be between \$5 billion to \$62 billion for childhood obesity, hypothyroidism in females, kidney cancer, testicular cancer, and low birth weight — only five of the 13 diseases linked with PFAS exposure, including several types of cancers and endocrine dysfunctions.

However, despite current PFAS cleanup efforts and funding for new regulations, to date, the cost of eliminating PFAS and other related chemicals from the environment is estimated to exceed the total global GDP at \$106 trillion. In this context, massive class action lawsuits now gather around major PFAS producers and developers, with damages paid by these companies amounting to tens of billions of dollars.



## Steps new mothers can take to minimize PFAS exposure

Although research shows that 97% of Americans have PFAS in their blood, prevention is key, and one way to do this is minimizing exposure. To do this, it is advisable to have a complete understanding of PFAS sources.

In terms of consumer goods, these can be anything from furniture to carpets, raincoats and cookware. Alternatives to these products are available.

Switching to these goods as well as consulting manufacturer data on product composition can help minimize PFAS contamination.

Recently, the Food and Drug Administration also banned all PFAS products that come into contact with food, such as wrappers, although trace amounts can still be detected in some of these products.

The Environmental Protection Agency also made considerable efforts to remove PFAS from consumer goods products and is currently working toward monitoring, identifying and eliminating such products from the U.S. market.

Another common source of PFAS contamination is groundwater, especially for people who live near military sites, PFAS manufacturing plants or fire stations. In this case, the EPA recommends specific drinking water filters to avoid contamination.

The agency also developed an interactive map showing PFAS contamination sites in private and public drinking water sources. Special water filters are recommended for anyone who lives in these areas.

Setting these measures in place may substantially reduce the PFAS content in the blood and breastmilk of new mothers, and by default, minimize any contamination to infants.

In the meantime, research on PFAS content in breast milk for American mothers is necessary.

Measuring levels of PFAS in maternal milk in the U.S. could provide the necessary information to prompt new state action and regulations for PFAS decontamination and help support new mothers in reducing harm to their infants.

Stan Gottfredson is the President and CEO of Atraxia Law, a San Diego-based paralegal firm committed to assisting individuals affected by toxic exposure.



# COVID can raise the risk of heart problems for years

## CORONAVIRUS

NINA AGRAWAL ©2025 THE NEW YORK TIMES

Since nearly the start of the pandemic, scientists have known that a COVID-19 infection increases the risk of heart problems. A growing body of research now suggests that this risk can last until well after the infection has cleared.

One recent study, conducted by researchers at the University of Southern California and Cleveland Clinic, found that a COVID infection doubled the risk of a major cardiovascular event for up to three years afterward. What's more, the study found that infections severe enough to require hospitalization increased the likelihood of cardiac events as much as — or more than — having previously had a heart attack did.

"A lot of people are at even greater risk of heart attack than they were before," said Dr. David Goff, director for the cardiovascular sciences division at the National Heart, Lung and Blood Institute, which provided funding for the study. "And heart disease is already the leading cause of death on our planet before the pandemic. So this is really concerning."

Given the volume of evidence now linking COVID to heart inflammation, heart failure, arrhythmia and other cardiovascular issues, experts said, doctors should be taking a closer look at patients' COVID history.

People who had a severe infection "should be considered at high risk for

future cardiovascular events,” said Dr. Stanley Hazen, the chair of the department of cardiovascular and metabolic sciences at Cleveland Clinic and one of the authors of the new study.

## The science on COVID and the heart

Anyone who has had an infection faces an elevated risk of heart problems, and research shows this risk is highest around the time of initial infection and for those who had the most severe disease, said Dr. Ziyad Al-Aly, chief of research and development at the Veterans Affairs St. Louis Healthcare System.

Al-Aly analyzed data from a national VA database and compared outcomes after one year of patients who had a COVID infection and of those who did not.

For every 1,000 patients, there were 23 more “major adverse cardiac events,” almost 20 more cases of irregular heartbeat and 10 more incidents related to blood clotting disorders in the COVID group than the control group.

By the three-year mark, the risk of heart problems had fallen to baseline levels for patients who had not been hospitalized but remained somewhat elevated for those who had.

Al-Aly’s research has also shown that the incidence of long-term heart problems associated with COVID has dropped since the beginning of the pandemic, as the virus mutated into somewhat milder strains and more people got vaccinated.

Although people are still getting sick from COVID and developing long-term health issues from it, Al-Aly said, “it’s undeniably much, much less than before.”

The new study, which analyzed a large data set from Britain of patients age 50 and older, reaffirmed some of the earlier findings, showing that those hospitalized for COVID were almost four times as likely to have a



heart attack or stroke or die over the following three years as those who did not have an infection.

Unlike other research, though, the study found that for all patients who had a COVID infection, the elevated risk persisted at relatively the same level for as long as follow-up data was available — nearly three years.

“That’s actually one of the more surprising findings,” Hazen said. “There’s no signs of attenuation of that risk.”

How does COVID cause heart disease?

Scientists aren’t entirely sure how exactly a COVID infection causes cardiovascular disease, but they suspect a few pathways are at play.

The virus can damage the endothelial cells that line blood vessels, leading to inflammation, Goff said.

This could cause a plaque that has already built up from cholesterol and other materials to break apart, form a clot and block a blood vessel, in turn leading to a heart attack or stroke.

That type of blockage can cause sudden death or downstream damage to heart muscles and other tissue, ultimately leading to heart failure or an arrhythmia, Goff explained.

Even without preexisting plaque buildup, Al-Aly said, there is growing evidence that an infection can activate an inflammatory pathway that makes platelets clump up and form clots that can clog blood vessels.

It’s also possible that in some cases, the body may not completely get rid of the virus, creating low-grade chronic inflammation that could damage heart tissues and subsequently lead to heart disease, he said.

The new study found that people with a non-O blood type — A, B or AB — have an especially increased risk for heart disease after a COVID infection, though having an O blood type doesn’t eliminate the risk

entirely. It's not clear why this is the case, Hazen said, but it appears that blood type may be linked to clotting risk.

### How to protect your heart

The first thing you should do is to get your vaccine or booster, doctors said. Vaccines reduce the severity of an initial infection, making you less likely to end up in the hospital. Vaccines also boost the immune system's ability to clear the virus, Al-Aly said, reducing the odds of a persistent infection that causes chronic inflammation.

Beyond vaccination, doctors recommend taking the connection between COVID and heart disease seriously — especially if you had a severe infection or already have a risk factor such as high cholesterol, high blood pressure or diabetes.

After you have recovered from COVID, “see your doctor, so you know your numbers,” Goff said.

If you have had a severe COVID infection, Goff said, you can reduce your risk of heart disease by eating a healthy diet, such as the DASH diet, getting plenty of physical activity, maintaining a normal body weight, avoiding cigarette smoking and secondhand smoke, and getting good rest every night.

And even if you haven't had a severe COVID infection, these measures will help protect your heart, too.

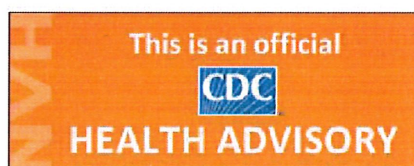




Emergency Preparedness and Response

CDC's website is being modified to comply with President Trump's Executive Orders.

# Ebola Outbreak Caused by Sudan virus in Uganda



Distributed via the CDC Health Alert Network

February 06, 2025, 11:15 AM ET

CDCHAN-00521

## Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory about a recently confirmed outbreak of Ebola disease in Uganda caused by the Sudan virus (species *Orthoebolavirus sudanense*) and to summarize CDC's recommendations for U.S. public health departments and clinicians about case identification, testing, and biosafety considerations in clinical laboratories.

Currently, **no suspected, probable, or confirmed Ebola cases related to this outbreak have been reported in the United States, or outside of Uganda.** However, as a precaution and because there are other viral hemorrhagic fever (VHF) outbreaks in East Africa, CDC is sharing best practices for public health departments, public health and clinical laboratories, and healthcare workers in the United States to raise awareness about this outbreak.

On February 5, 2025, CDC issued a [Travel Health Notice Level 2: Practice Enhanced Precautions](#) for people traveling to Uganda. Currently, CDC has not issued any interim recommendations to health departments for post-arrival risk assessment and management of travelers, including U.S.-based healthcare workers, arriving from Uganda. CDC recommends that travelers monitor themselves for symptoms of Sudan virus disease (SVD) while in the outbreak area and for 21 days after leaving. Travelers should also self-isolate and contact local health authorities or a clinician if they develop symptoms (early "dry" symptoms may include fever, aches, pains, and fatigue and later "wet" symptoms may include diarrhea, vomiting, and unexplained bleeding).

## Background

On January 29, 2025, the Ministry of Health of Uganda officially declared an Ebola outbreak caused by the Sudan virus (species *Orthoebolavirus sudanense*), in the nation's capital, Kampala. This is the eighth Ebola outbreak in Uganda since 2000.

The confirmed case of SVD was in a 32-year-old man who worked as a nurse at the Mulago National Referral Hospital. The man initially developed high fever, chest pain, difficulty in breathing and bleeding from multiple body sites and sought treatment at multiple health facilities, including Mulago Referral Hospital in Kampala, Saidina Abubakar Islamic Hospital in Matugga in Wakiso District, and Mbale Regional Referral Hospital in Mbale City. He also sought treatment from a traditional healer. The patient died on January 29. Post-mortem samples were tested and confirmed positive for Sudan virus at three national reference laboratories. CDC is working closely with the Ministry of Health of Uganda to support the response to this outbreak.

### Description of the situation

While there are no direct flights from Uganda to the United States, travelers from or passing through affected areas in Uganda can enter the United States on flights connecting from other countries. As a precaution, CDC is communicating with public health departments, public health and clinical laboratories, and healthcare workers in the United States and educating travelers to raise awareness of this outbreak. Healthcare providers should be alert and evaluate any patients suspected of having SVD. **It is important for clinicians to obtain a detailed travel history from patients with suspected SVD, especially those that have been in affected areas of Uganda. Early consideration of SVD in the differential diagnosis is important for providing appropriate and prompt patient care, diagnostics, and to prevent the spread of infection.**

### Ebola Disease

Ebola disease is caused by a group of viruses, known as orthoebolaviruses (formally ebolavirus). Ebola disease most commonly affects humans and nonhuman primates, such as monkeys, chimpanzees, and gorillas. There are four orthoebolaviruses that cause illness in people, presenting as clinically similar disease:

- Ebola virus (species *Orthoebolavirus zairense*) causes Ebola virus disease.
- Sudan virus (species *Orthoebolavirus sudanense*) causes Sudan virus disease.
- Tai Forest virus (species *Orthoebolavirus taiense*) causes Tai Forest virus disease.
- Bundibugyo virus (species *Orthoebolavirus bundibugyoense*) causes Bundibugyo virus disease.

A person infected with Ebola disease is not contagious until **symptoms** appear, including fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, and unexplained bleeding. Ebola disease is spread through **direct contact** (through broken skin or mucous membranes) with the body fluids (blood, urine, feces, saliva, droplet, semen, or other secretions) of a person who is sick with or has died from Ebola disease. Ebola disease is also spread by infected animals, or through direct contact with objects like needles that are contaminated with the virus. Ebola disease is **not** spread through airborne transmission.

There is currently no Food and Drug Administration (FDA)-licensed vaccine to protect against Sudan virus infection. The Ebola vaccine licensed in the United States (ERVEBO®) is indicated for preventing Ebola disease due to Ebola virus (species *Orthoebolavirus zairense*) only, and based on studies in animals, is not expected to protect against Sudan virus or other orthoebolaviruses. There is currently no FDA-approved treatment for SVD, but there are therapies in human clinical trials that are highly effective in animal models.

In the absence of early diagnosis and appropriate supportive care, Ebola disease has a high mortality rate. With intense supportive care and fluid replacement, mortality rates may be lowered. Previous outbreaks of SVD have had a mortality rate of approximately 50%.

CDC has developed guidance for U.S.-based nongovernmental organizations and medical centers with staff working in the affected areas: [Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks](#).

### Recommendations for Clinicians




- Systematically assess patients with compatible symptoms for exposure risk and the possibility of VHF including SVD through a [triage and evaluation process](#) including a travel history. Early identification of SVD or other VHFs is important for providing appropriate and prompt patient care and preventing the spread of infection.
- Include SVD in the differential diagnosis for an ill person who has been to an area with an active SVD outbreak in the past 21 days, AND who has compatible symptoms (e.g., fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding), AND who has reported epidemiologically compatible risk factors like one or more of the below, within the 21 days before symptom onset:
  - Had direct contact with a symptomatic person with suspected or confirmed SVD (alive or dead), or with any objects contaminated by their body fluids.
  - Experienced a breach in infection prevention and control precautions that resulted in the potential for contact with body fluids of a patient with suspected or confirmed SVD.
  - Participated in any of the following activities while in an area with an active SVD outbreak:
    - Had contact with someone who was sick or died or with any objects contaminated by their body fluids.
    - Attended or participated in funeral rituals, including preparing bodies for funeral or burial.
    - Visited or worked in a healthcare facility or laboratory.
    - Had contact with cave-dwelling bats or non-human primates.
    - Worked or spent time in a mine or cave.
  - Consider and perform testing for more common diagnoses such as [malaria](#), COVID-19, influenza, or common causes of gastrointestinal and febrile illnesses in an acutely ill patient with recent international travel and evaluate and manage the patient appropriately.
  - Know that patients with SVD may present with concurrent infections (e.g., co-infection with malaria), and the possibility of a concurrent infection should be considered if a patient has a clinical and epidemiologic history compatible with SVD. Travel to or from Uganda during the past 21 days should not be a reason to defer [routine laboratory testing](#) or other measures necessary for standard patient care.
  - Isolate and manage patients with exposure risks and symptoms compatible with SVD in a healthcare facility until receiving a negative SVD test result on a sample collected  $\geq 72$  hours after symptom onset. If a sample collected is  $<72$  hours after symptom onset and is negative, the patient should remain isolated in the healthcare facility and another test should be performed on a new sample taken  $\geq 72$  hours after initial symptom onset. **Routine laboratory testing to monitor the patient's clinical status and diagnostic testing for other potential causes of the patient's illness should be pursued while SVD testing is underway.** SVD diagnostic testing should not be delayed while awaiting results of other diagnostic testing.
    - Patients should be held in isolation at their presenting medical facility and cared for by personnel wearing [appropriate PPE](#), pending test results.
    - If a patient tests positive, they would be transferred to a [Regional Emerging Special Pathogens Treatment Center](#) [📍](#) or a state-designated special pathogens treatment center, depending on the jurisdiction.
  - Contact your state, tribal, local, or territorial health department immediately (via [24-hour Epi-on-Call contact list](#) [📍](#)) if [SVD is suspected](#) and follow jurisdictional protocols for patient assessment. If a diagnosis of SVD is considered, health departments will work with CDC and the clinical team to coordinate care and testing for the patient and ensure appropriate precautions are taken to help prevent potential spread.
  - Counsel patients with planned travel to an SVD outbreak-affected area on ways to prevent exposure during their travel. Prevention methods include:
    - Avoiding contact with blood and body fluids (or with materials possibly contaminated with blood and body fluids) of people who are sick.
    - Avoiding semen from a man who has recovered from Ebola disease until testing shows that the virus is no longer in the semen.
    - Not touching the body of someone who died from suspected or confirmed SVD, such as during funeral or burial practices.
    - Avoiding contact with bats, bat urine or droppings, forest antelopes, nonhuman primates, and blood, fluids, or raw meat from these or unknown animals.
    - Refraining from entering areas known to be inhabited by bats, such as mines or caves.






- Counsel travelers to avoid visiting healthcare facilities in affected areas for nonurgent medical care or for nonmedical reasons, and to avoid visiting traditional healers.
- Counsel healthcare workers traveling to Uganda for work in clinical settings of their potential increased risk of exposure to SVD, the importance of following recommended infection prevention and control precautions and monitoring themselves for symptoms of SVD after their return to the United States.
- Follow CDC's [Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers \(VHF\)](#).

### Recommendations for Public Health Departments

- Follow your established jurisdictional protocols about patient assessment to determine if testing for SVD is warranted for a patient with concerning clinical and epidemiologic history for SVD if identified in your jurisdiction.
- Coordinate patient management, sample referral, and SVD testing with state, tribal, local and territorial health departments, CDC, and the clinical team.
- Contact CDC's Viral Special Pathogens Branch (VSPB) 24/7 for consultations about SVD or other VHFs. Call CDC's Emergency Operations Center at 770-488-7100 and request VSPB's on-call epidemiologist. For non-emergency inquiries, email [spather@cdc.gov](mailto:spather@cdc.gov).
- For suspect cases, request testing for SVD and other viral hemorrhagic fevers from CDC (Atlanta, Georgia) or the [Laboratory Response Network \(LRN\)](#).
  - To date, 38 geographically diverse LRN laboratories and 13 Regional Emerging Special Pathogen Treatment Centers can test using the [Biofire FilmArray NGDS Warrior Panel](#) or [Global Fever Special Pathogens Panel](#)  , with several more LRN laboratories expected to receive testing kits soon.
  - The Biofire Warrior Panel and Global Fever Special Pathogens Panel can detect orthomareburgviruses (Marburg and Ravn viruses) and orthoebolaviruses (Ebola, Sudan, Tai Forest, Bundibugyo, and Reston viruses) in addition to other high-consequence pathogens.
  - Per manufacturers' recommendations, results from these test kits are presumptive, and results require confirmatory testing, which can be performed at CDC.
- Be aware of CDC's [Travel Health Notice](#) for suspected SVD in Uganda and consider engaging travel health clinics or other clinical and public health partners to increase awareness on SVD.
- Review CDC's guidance for [Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures](#).

### Recommendations for Clinical Laboratory Biosafety

- Be aware that early symptoms associated with SVD are similar to other illnesses associated with fever in recent international travelers.
- Following CDC's [Standard Precautions for All Patient Care](#), which includes Occupational Safety and Health Administration's (OSHA) [Bloodborne Pathogens Standard](#)  , and the [BMBL appendix 9](#)  effectively prevents laboratory acquired illnesses from bloodborne pathogens, such as VHFs and other high-consequence diseases. Handle all blood and body fluids (e.g. urine, pleural fluid) as if they contain an unknown pathogen, taking the necessary precautions to avoid exposure.
- Be prepared to [perform laboratory testing](#) that is critical to evaluating an ill traveler.
- Have a written [Exposure Control Plan](#)  in place to eliminate or minimize employees' risk of exposure to blood, body fluids or other potentially infectious materials per OSHA's Bloodborne Pathogens Standard.
- Make [recommended PPE](#) available and train staff to properly put on (don) and take off (doff) their PPE.
- If a facility does not have the appropriate risk mitigation capabilities, forward the sample using [appropriate packing and shipping requirements](#) to a facility that does.

### Recommendations for the Public

- Protect yourself and prevent the spread of Ebola when living in or traveling to a region where Sudan virus is potentially present or that is currently experiencing an outbreak.



- Take the following actions to protect yourself:
  - Avoid contact with sick people who have symptoms such as fever, muscle pain, and rash.
  - Avoid contact with blood and other body fluids.
  - Avoid materials possibly contaminated with blood or other body fluids of people who are sick.
  - Avoid semen from men who have recovered from Ebola disease, until testing shows that the virus is no longer in the semen.
  - Avoid visiting healthcare facilities in affected areas for nonurgent medical care or for nonmedical reasons.
  - Avoid visiting traditional healers.
  - Do not participate in funeral or burial practices that involve touching the body of someone who died.
  - Keep away from bats, forest antelopes, non-human primates (e.g., monkeys, chimpanzees, gorillas), and avoid contact with blood, fluids, or raw meat from these or unknown animals.
  - Do not enter areas where bats live, such as mines or caves.
- Monitor your health while you are in and for 21 days after you return from an area experiencing an SVD outbreak.
- Isolate (separate) yourself immediately from others, do not travel, and contact local health authorities or a healthcare facility for advice if you develop [symptoms of SVD](#). Before you enter a healthcare facility, alert the healthcare providers of your recent presence in an SVD-affected area.

## For More Information

### General Ebola Information

- [Ebola Disease Basics | Ebola | CDC](#)
- [Outbreak History | Ebola | CDC](#)
- [Travel Health Notice](#)

### Clinician Resources

- [Clinical Guidance for Ebola Disease | Ebola | CDC](#)
- [Clinical Signs of Ebola Disease | Ebola | CDC](#)
- [Healthcare Provider Trainings on Ebola Disease | Ebola | CDC](#)
- [Recommendations for Organizations Sending U.S.-based Personnel to Areas with VHF Outbreaks | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#)
- [Viral Hemorrhagic Fevers | CDC Yellow Book 2024](#)
- [Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#)

### U.S. Healthcare Settings

- [System of Care | NETEC](#) 

### U.S. Public Health Departments

- [Public Health Strategies for Ebola Disease | Ebola | CDC](#)
- [Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#)
- [Public Health Guidance for VHF Response Planning | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#)

### Non-U.S. Healthcare Settings

- [Viral Hemorrhagic Fevers \(VHFs\) for Health Care Providers | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#)

- [Clinical Screening and Diagnosis for VHFs | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#)
- [Clinical Treatment of Viral Hemorrhagic Fevers \(VHFs\) | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#)
- [Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers \(VHF\) | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#)
- [Guidance for Personal Protective Equipment \(PPE\) | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#)

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*The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

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### HAN Message Types

- **Health Alert:** Conveys the highest level of importance about a public health incident.
- **Health Advisory:** Provides important information about a public health incident.
- **Health Update:** Provides updated information about a public health incident.

###

This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

###

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### Additional Resources

- [HAN Archive By Year](#)
- [HAN Types](#)
- [Sign Up for HAN Email Updates](#)
- [HAN Jurisdictions](#)

Last Reviewed: February 6, 2025

Was this page helpful?



# ERs crowded as flu surges in Ohio

Area hospitals report long wait times, high admissions.



*More than 70% of inpatient and ICU beds are filled at hospitals throughout Ohio, according to state data. MATTHEW RYAN WILLIAMS / THE NEW YORK TIMES*

BY SAMANTHA WILDOW STAFF WRITER

Ohio is seeing a resurgence of influenza in recent weeks and hospitals in the Dayton region are reporting long wait times at their emergency rooms. Hospitals locally and throughout Ohio are filling more than 70% of inpatient and ICU beds, state data says.

The most recent week of data shows a 24.6% increase in flu-related hospitalizations, with 730 new hospitalizations reported statewide,



according to the Ohio Department of Health.

Ohio's flu activity, from outpatient and ER visits for flu-related symptoms to confirmed flu hospitalizations, is above the five-year average for this time of year, according to ODH.

### Illnesses pick up

Butler, Clark and Montgomery counties are seeing an uptick in respiratory illnesses, including the flu.

People should follow influenza precautions to avoid getting and spreading illnesses, such as through frequent hand-washing, staying home when sick and getting vaccinated, health experts said.

"If you have symptoms of a respiratory illness, such as a cough, fever, or sore throat, avoid going to work or public places to prevent spreading it to others," said Dan Suffoletto, public information manager for Public Health-Dayton and Montgomery County.

Respiratory illnesses are also picking up in southwest Ohio.

"Butler County has seen a significant rise of flu in recent weeks, and we've also observed (a) similar increase in the influenza viral gene copies we monitor at both the Oxford and Hamilton City Waste Water Treatment Plants," said Butler County Health Commissioner Erik Balster.

Increasing viral concentrations in wastewater is often a leading indicator of eventual higher transmission, higher case counts and hospitalizations in the community, Balster said. Since around mid-January, Butler County has seen an increase in the level of influenza gene copy rates in treatment plants.

"These rises are running in parallel with ... the observed increase in school absenteeism throughout multiple Butler County school districts, flu-related hospitalizations and positive cases we are made aware of," Balster said.

Clark County is seeing an increase in the influenza virus detected in



wastewater samples, according to the Clark County Combined Health District. The region is “well above” the five-year average for flu-related hospitalizations and ER visits for flu symptoms, the health district said.

### Hospitals filling beds

Hospitals across Ohio have filled about 73% of their total available inpatient beds, including ICU beds, the majority of which are occupied by non-COVID patients, according to the Ohio Department of Health.

About 2% of the beds are COVID-positive patients.

Similar trends are being seen in the Dayton and Springfield regions, as well as in southwest Ohio, including Butler and Warren counties, according to ODH data.

Miami Valley Hospital has seen significant wait times for its ER, according to its website, which has shown recent wait times of more than two hours.

All of Premier Health’s hospitals are experiencing an increase in both inpatient and ER visits, according to a spokesperson. This is due to flu, other respiratory illnesses and COVID.

Kettering Health hospitals have shown wait times anywhere from 20 minutes to more than an hour and a half, according to its website.

“Like other local health systems, Kettering Health has experienced an increase in emergency department visits and patient volumes for influenza-like illnesses, with the highest volume and acuity this last week,” Kettering Health said in a statement.

Kettering Health is encouraging people to continue following practices to minimize the spread of respiratory illnesses and to get a flu shot. Patients can also visit a primary care provider or a Kettering Health On-Demand Care location for testing or mild symptoms such as congestion, cough or lowgrade fever.

“Kettering Health has procedures in place to manage these surges in

patient volumes, helping ensure our patients receive appropriate care,” the health system said.

Mercy Health has observed a significant increase in influenza A cases since the beginning of January, a spokesperson for Mercy Health-Springfield Regional Medical Center said.

From last week to this week, positive cases have surged by 86%, the spokesperson said.

In regard to hospital capacity, Mercy Health said it is not seeing anything that’s out of the norm for this time of year.

### Other healthy precautions

In addition to staying home when sick, people should avoid close contact with people who are sick or exhibiting symptoms such as coughing and sneezing.

“Wash your hands with soap and water for at least 20 seconds, especially after being in public places or touching surfaces that may be contaminated,” Suffoletto said.

If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol, he said.

Other good hygiene practices include covering your mouth and nose with a tissue or the elbow of your arm when coughing or sneezing to prevent the spread of germs. People should also disinfect frequently touched surfaces like phones, doorknobs, light switches and keyboards.

Be cautious in if you are in a high-risk environment, Suffoletto said.

“If you work in places like health care facilities, public transportation or other high-traffic areas, take extra precautions, such as wearing a mask, using hand sanitizer and disinfecting items you come into contact with,” Suffoletto said.