



Cambridge Annual Communicable Disease Report



Cambridge
Public Health
Department

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Under Massachusetts law, approximately 90 communicable diseases are reportable by health care providers and laboratories to local boards of health. State and local public health departments monitor communicable disease cases in order to ensure proper identification and follow-up of cases; detect and respond to unusual occurrences of diseases; identify trends over time; and evaluate the effectiveness of disease prevention and control efforts. Communicable disease case reports come to the public health department's attention through the Massachusetts Virtual Epidemiologic Network (MAVEN), a web-based communicable disease surveillance system, which has the ability to accept electronic laboratory reports. Diseases are reported through this system to the Cambridge Public Health Department (CPHD) for all Cambridge residents, even if a resident was tested or acquired a disease outside of Cambridge.

All reportable diseases that occurred in Cambridge residents from 2020 through 2025 are included in this report. Case counts for COVID-19 and Influenza are shown for the 2024-2025 respiratory illness season which ranged from July 1, 2024 through June 30, 2025. All other case counts are reported for the calendar year 2025 and are compared to the average counts of the past 5 years (2020-2024). Cases classified as confirmed, suspect, or probable are included in the report. CPHD does not disclose to the public exact case counts for any reportable disease when the number is under 5. Case counts of 1-5 are shown as 2.5 in figures and "<5" in Table 1. 5-year averages of less than 1 are shown as 1 in figures and "<1" in Table 1.

The following case counts are a snapshot of disease burden and likely an underrepresentation of the true number of communicable diseases among Cambridge residents. Not every infected individual seeks medical care or has laboratory testing done, and interpreting laboratory tests can be complex in certain cases. Additionally, trends over time may not reflect true increases or decreases due to possible changes in reporting or laboratory testing and should be interpreted with caution.

For more information on how this data was collected and analyzed, please contact the Cambridge Public Health Department's Division of Epidemiology & Data Services at epidept@challiance.org. If you are interested in exploring this data further, [annual](#) and [monthly](#) data sets can be accessed on the City of Cambridge Open Data Portal. More information about diseases can be found in the Massachusetts Department of Public Health's [infectious disease fact sheets](#).

Figure 1. COVID-19 Cases 2024-2025

The overall number of COVID-19 cases in Cambridge in the 2024-2025 respiratory season was 907. The average number of cases across the last 4 respiratory seasons (2020-2021, 2021-2022, 2022-2023, and 2023-2024) is shown to give a frame of reference, but is not an exact comparison to the case counts from this year. As stated on the [MDPH COVID-19 Report](#):

“COVID-19 testing patterns have changed over time ... Individuals testing themselves using at-home antigen tests are not included. Case counts represent only a portion of people with COVID-19 and should be interpreted with caution. Current case counts should not be compared to earlier parts of the pandemic.”

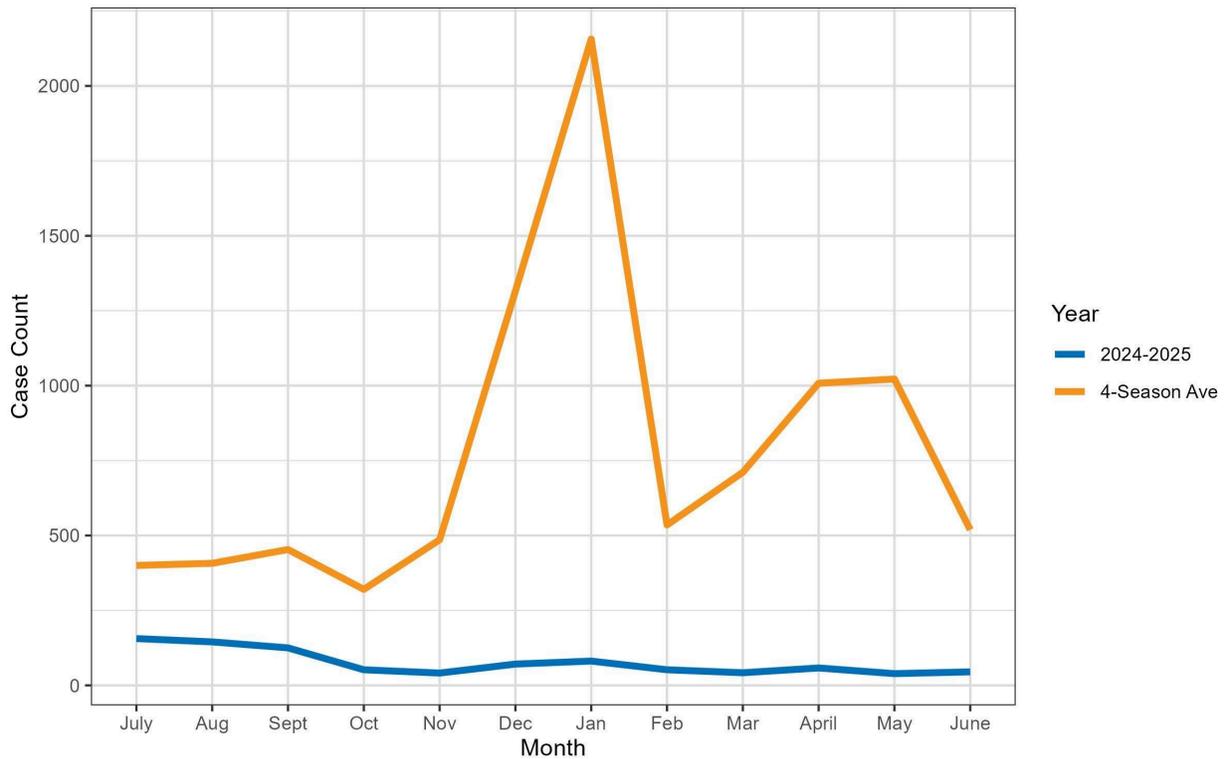


Figure 2. Influenza Cases 2024-2025 Compared to Prior Seasons

There were more Influenza cases in the 2024-2025 respiratory season compared to the average of the past 5 seasons (2019-2020 through 2023-2024). Overall, we saw 961 cases in the 2024-2025 respiratory season, compared to a 5-season average of 347 cases.

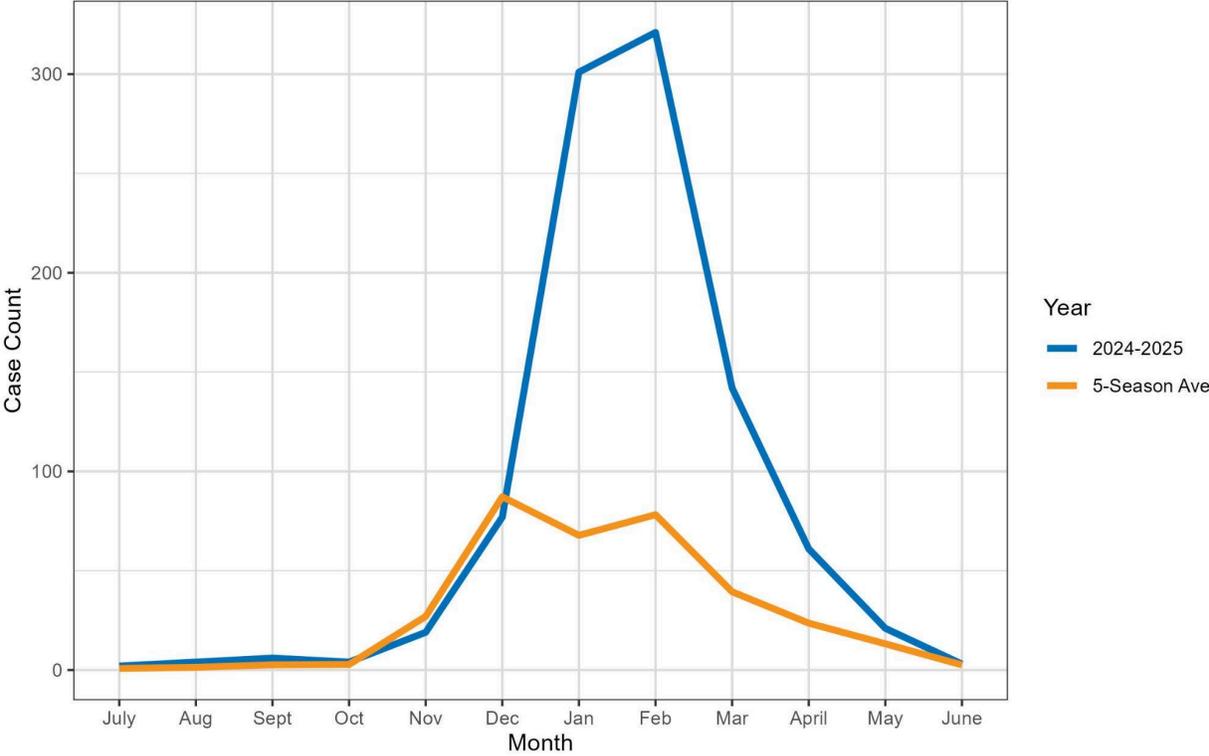
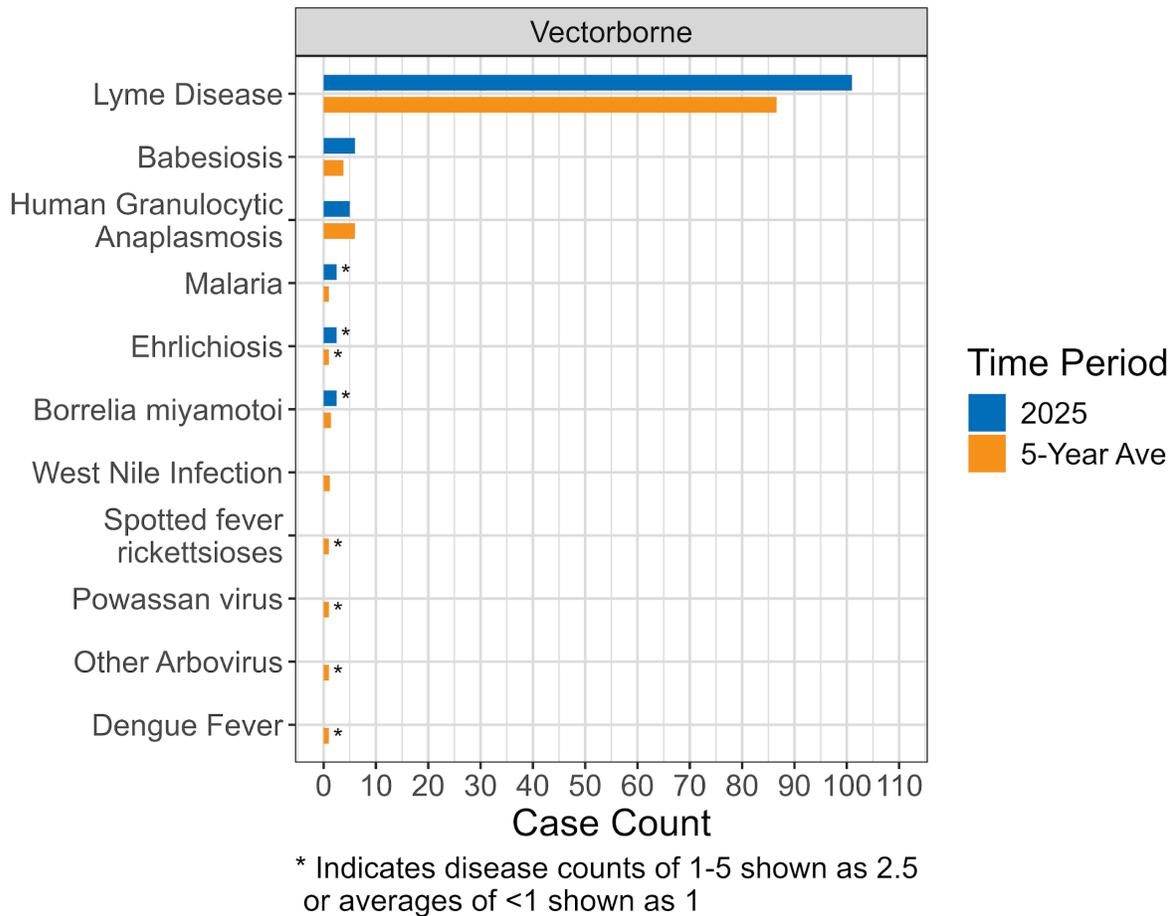


Figure 3. Vector-borne Disease Case Counts in 2025 Compared to 5-year Average.

Vector-borne diseases are infections that are transmitted by the bite of an arthropod such as a tick or mosquito. The most prevalent vector borne disease seen in Cambridge residents in 2025 was Lyme disease, which is spread by ticks¹. Other less common tick-borne diseases were Babesiosis, Human Granulocytic Anaplasmosis (HGA), Ehrlichiosis, and Borrelia miyamotoi infection. The only Mosquito-borne disease in 2025 was Malaria².



¹ Deer ticks, the vector for Lyme disease, are rarely observed in Cambridge. These infections were likely acquired outside of Cambridge.

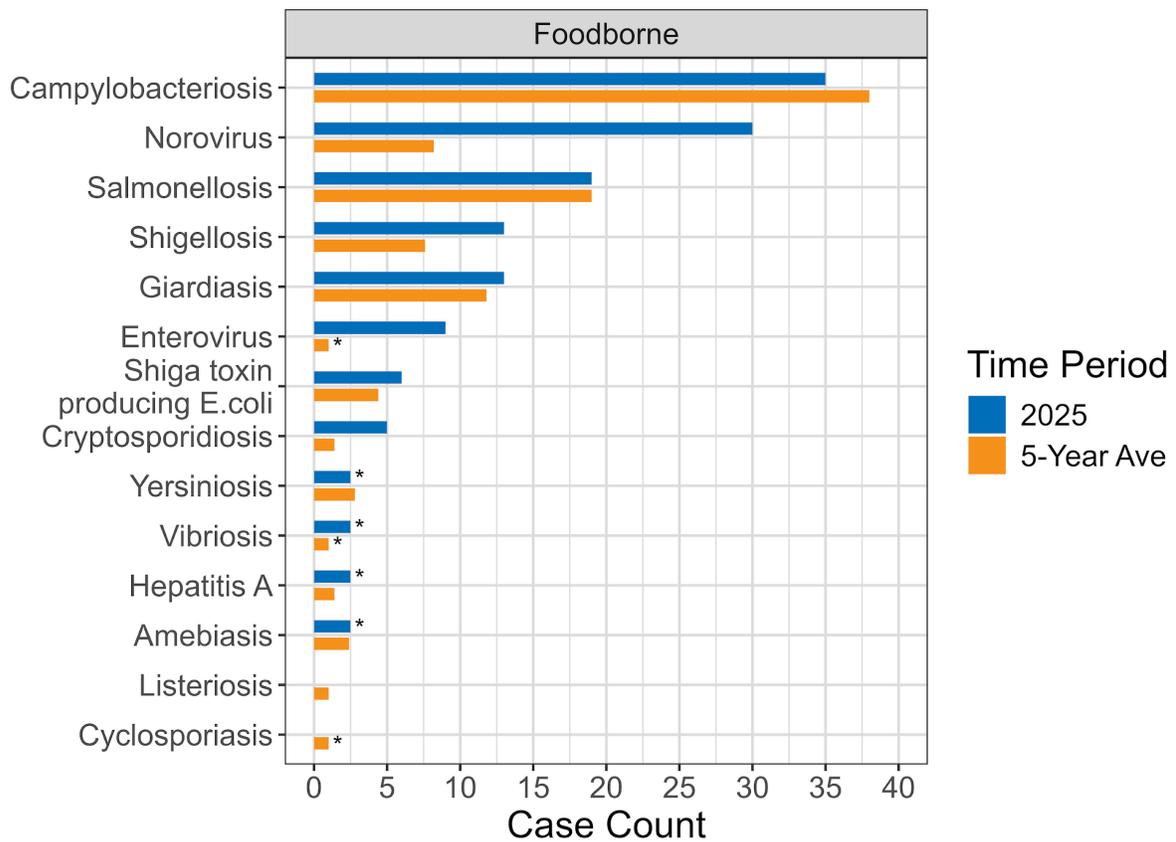
² Malaria has not been found in mosquitoes in Cambridge. These infections were likely acquired outside of Cambridge.

Figure 4. Food borne Disease Case Counts in 2025 Compared to 5-year Average.

Food borne diseases, sometimes called “food poisoning”, are infections that you get from eating contaminated food or drinks. Common food-borne diseases included Campylobacteriosis, Norovirus, Salmonellosis (Salmonella), Shigellosis, Giardiasis, Enterovirus, Shiga toxin producing E.coli, and Cryptosporidiosis.

Diseases with a noteworthy increase compared to the 5 year average:

- Norovirus
- Shigellosis
- Enterovirus
- Cryptosporidiosis



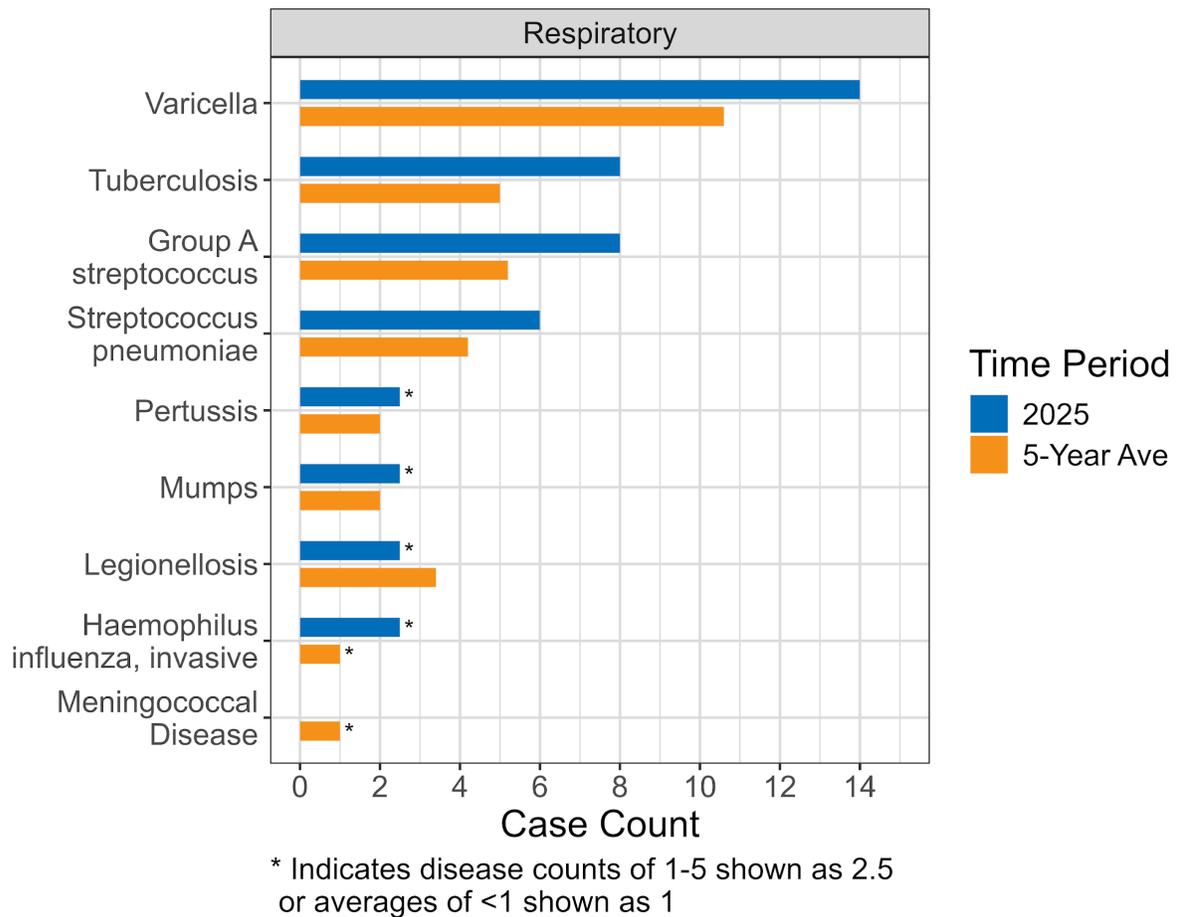
* Indicates disease counts of 1-5 shown as 2.5 or averages of <1 shown as 1

Figure 5. Respiratory Disease Case Counts in 2025 Compared to 5-year Average.

The following diseases are spread through the respiratory droplets, or the droplets an infected person spreads when they cough or sneeze. In addition to Influenza and COVID-19, which are shown in figures 1 and 2, some of the more common diseases spread through the respiratory pathway in Cambridge were Varicella (Chicken Pox), Tuberculosis, Group A streptococcus³ (GAS, which causes Strep throat), and Streptococcus pneumoniae (which causes pneumonia).

Diseases with a noteworthy increase compared to the 5 year average:

- Tuberculosis
- Group A streptococcus



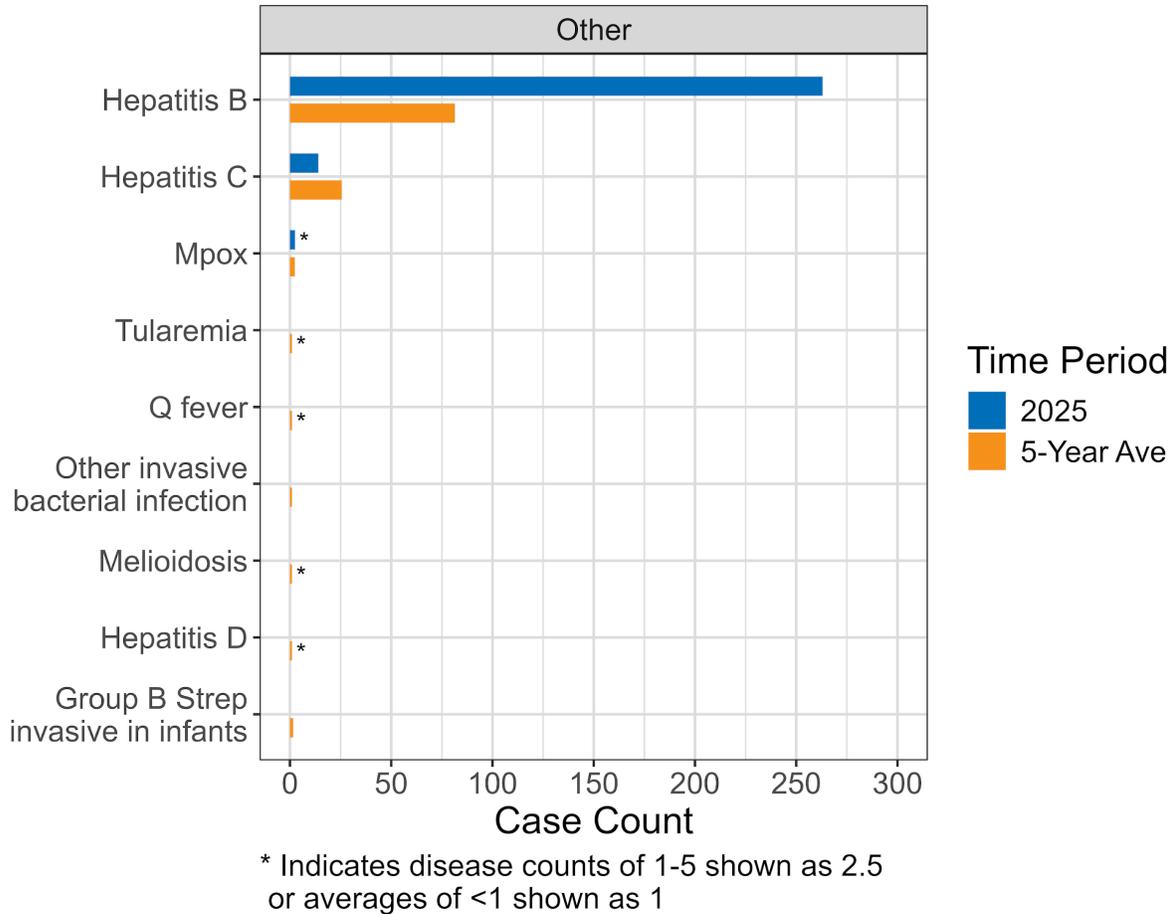
³ Some cases of Group A strep are investigated as invasive GAS, and can spread through other mechanisms. It is included here as respiratory strep throat is the most common in Cambridge.

Figure 6. Other Disease Case Counts in 2025 Compared to 5-year Average.

The following figure includes diseases that have other or multiple modes of transmission. The most common of these diseases seen in Cambridge this year included Hepatitis B and C⁴. There were also 1-5 cases of Mpox⁵ (formerly called monkeypox).

Diseases with a noteworthy increase compared to the 5 year average:

- Hepatitis B



⁴ New cases of Hepatitis B and C are often chronic conditions being newly diagnosed through routine screening, not necessarily newly acquired cases. The case definition for Hepatitis B was expanded in 2024, leading to higher reported case counts in 2024 and 2025.

⁵ The first case of Mpox in Cambridge was reported in 2022, so there is insufficient data to report a 5-year average.

Table 1. Annual case counts.

All counts are for the 2025 calendar year and 5-Year Averages⁶ are for calendar years 2020-2024. ♦ Indicates the top 5 most prevalent diseases in 2025, and * indicates the top 5 most prevalent diseases over 2020-2024. A comprehensive list of reportable diseases can be found in [105 CMR 300.100](#). Any reportable diseases not listed below were detected in Cambridge in the last 6 years.

- A red dot indicates a noteworthy increase in 2025 compared to the 5-year average.
- A blue dot indicates a noteworthy decrease in 2025 compared to the 5-year average.
- A grey dot indicates no noteworthy change in 2025 compared to the 5-year average.

Disease	2020	2021	2022	2023	2024	5-Year Ave	2025
• Amebiasis	<5	<5	<5	<5	<5	2	<5
• Babesiosis	5	<5	<5	<5	6	4	6
• Borrelia miyamotoi	<5	<5	<5	<5	<5	1	<5
• COVID-19 ♦ *	3,411	8,977	23,387	2,058	1,225	7,812	693
• Campylobacteriosis ♦ *	20	22	49	48	51	38	35
• Cryptosporidiosis	<5	<5	<5	<5	<5	1	5
• Cyclosporiasis	0	0	0	<5	<5	<1	0
• Dengue Fever	0	0	0	<5	<5	<1	0
• Ehrlichiosis	<5	<5	<5	0	0	<1	<5
• Enterovirus	0	0	<5	<5	0	<1	9
• Giardiasis	8	8	16	12	15	12	13
• Group A streptococcus	0	<5	5	9	9	5	8
• Group B Strep invasive in infants	<5	0	<5	<5	0	2	0
• Haemophilus influenza, invasive	0	0	0	<5	<5	<1	<5
• Hepatitis A	<5	<5	0	<5	0	1	<5
• Hepatitis B ♦ *	27	36	31	36	277	81	263
• Hepatitis C	24	35	27	27	15	26	14
• Hepatitis D	<5	0	<5	0	0	<1	0
• Human Granulocytic Anaplasmosis	8	9	5	7	<5	6	5
• Influenza ♦ *	418	66	511	225	577	359	1,208
• Legionellosis	<5	5	<5	5	<5	3	<5
• Listeriosis	<5	<5	<5	0	<5	1	0
• Lyme Disease ♦ *	65	69	74	131	94	87	101
Disease	2020	2021	2022	2023	2024	5-Year Ave	2025

⁶ 5 full years of data are not available for Mpox, so no 5-year average is reported.

• Malaria	0	<5	<5	0	<5	1	<5
• Melioidosis	0	0	0	0	<5	<1	0
• Meningitis - Unknown Type	0	0	0	0	<5	<1	0
• Meningococcal Disease	0	0	0	<5	0	<1	0
• Mpox	NA	NA	10	<5	<5	NA	<5
• Mumps	6	<5	0	<5	<5	2	<5
• Norovirus	<5	<5	6	9	22	8	30
• Other Arbovirus	0	<5	<5	<5	0	<1	0
• Other invasive bacterial infection	<5	<5	0	0	<5	1	0
• Pertussis	0	0	0	<5	9	2	<5
• Powassan virus	0	<5	0	0	0	<1	0
• Q fever	0	0	0	<5	0	<1	0
• Salmonellosis	8	29	14	20	24	19	19
• Shiga toxin producing E.coli	<5	<5	<5	6	7	4	6
• Shigellosis	<5	<5	8	11	14	8	13
• Spotted fever rickettsioses	0	<5	<5	0	0	<1	0
• Streptococcus pneumoniae	<5	<5	6	<5	5	4	6
• Tuberculosis	7	6	<5	6	5	5	8
• Tularemia	0	<5	0	0	0	<1	0
• Varicella	5	10	7	18	13	11	14
• Vibriosis	0	<5	0	<5	<5	<1	<5
• West Nile Infection	<5	<5	<5	0	<5	1	0
• Yersiniosis	0	<5	6	<5	<5	3	<5