

Cumulative Report

Date Type: Create

Date Range: 11/01/2014 to 11/30/2014

Incident Jurisdiction: Menasha

Health Jurisdiction: Health Jurisdiction

Outbreak Jurisdiction:

Transmission Status:

Resolution Status: Confirmed, Suspect, Probable

Process Status:

Prepared By: WEDSS (Preparer's Title)

Telephone: 9885297959

Fax: 9848999801

| <u>Disease Name</u> | <u>Number of Incidents</u> |
|---|----------------------------|
| CAMPYLOBACTERIOSIS | 1 |
| CHLAMYDIA TRACHOMATIS INFECTION | 5 |
| E-COLI, SHIGA TOXIN-PRODUCING (STEC) | 1 |
| LEGIONELLOSIS | 1 |

Information contained on this form or report which would permit identification of any individual has been collected with a guarantee that it will be held in strict confidence, will be used only for surveillance purposes, and will not be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).