

Cumulative Report

Date Type: Create

Date Range: 10/01/2014 TO 10/31/2014

Jurisdiction: Menasha

Health Jurisdiction : Health Jurisdiction

Resolution Status: Probable, Confirmed, Suspect

Process Status:

Transmission Status:

Prepared By : WEDSS Preparer's Title

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<u>Disease Name</u>	<u>Number of Incidents</u>
CHLAMYDIA TRACHOMATIS INFECTION	10
GONORRHEA	1
HEPATITIS B, PERINATAL	1
PERTUSSIS (WHOOPING COUGH)	2
SHIGELLOSIS	1
VIBRIOSIS, NON CHOLERA	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).