Cumulative Report

Date Type: Create

Date Range: 12/01/2014 to 01/31/2015

Incident Jurisdiction:

Health Jurisdiction: Health Jurisdiction

Outbreak Jurisdiction:

Transmission Status:

Resolution Status: Confirmed, Probable, Suspect

Process Status:

Prepared By: WEDSS (Preparer's Title) Telephone: 9885297959 Fax: 9848999801

Disease Name	Number of Incidents
CHLAMYDIA TRACHOMATIS INFECTION	10
INFLUENZA-ASSOCIATED HOSPITALIZATION	7
MUMPS	1
PERTUSSIS (WHOOPING COUGH)	2
SALMONELLOSIS	1
SHIGELLOSIS	1
SYPHILIS, LATE LATENT	1
VARICELLA (CHICKENPOX)	2

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).