

Cumulative Report

Date Type: Create

Date Range: 10/01/2015 to 10/31/2015

Incident Jurisdiction:

Health Jurisdiction: Health Jurisdiction

Outbreak Jurisdiction:

Transmission Status:

Resolution Status: Confirmed, Probable, Suspect

Process Status:

Prepared By: WEDSS (Preparer's Title)

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<u>Disease Name</u>	<u>Number of Incidents</u>
ARBOVIRAL ILLNESS, WEST NILE VIRUS	1
CHLAMYDIA TRACHOMATIS INFECTION	13
EHRlichiosis/ANAPLASMOSIS, A. phagocytophilum	1
GIARDIASIS	1
GONORRHEA	1
HEPATITIS C	1
INFLUENZA-ASSOCIATED HOSPITALIZATION	1
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	1
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	1
TUBERCULOSIS, LATENT INFECTION (LTBI)	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).