

# Cumulative Report

Date Type: Create

Date Range: 07/01/2016 to 07/31/2016

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

<u>Disease Name</u>	<u>Number of Incidents</u>
BABESIOSIS	1
CHLAMYDIA TRACHOMATIS INFECTION	10
EHRlichiosis/ANAPLASMOSIS, undetermined	1
GONORRHEA	1
HEPATITIS C, CHRONIC	1
LYME DISEASE	2
LYME LABORATORY REPORT	3
PERTUSSIS (WHOOPING COUGH)	1
SALMONELLOSIS	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).