|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  | | --- | |  | | |  | | --- | | **Wisconsin Department of Health Services**  **Division of Public Health**  **PHAVR - WEDSS** | |  |  |
| |  | | --- | | **County Board of Health Report** | | | |  |
| |  | | --- | | **Jurisdiction: Sauk County** | | | |  |
| |  | | --- | | **Received Date: 3/1/2019 to 3/31/2019** | | | |  |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Confirmed** | | **Probable** | | **Suspect** | | **Not A Case** | |  | | **Disease** | **Incidents** | **Contacts** | **Incidents** | **Contacts** | **Incidents** | **Contacts** | **Incidents** | **Contacts** | **Total Incidents** | | INFLUENZA-ASSOCIATED HOSPITALIZATION | 29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 29 | | PERTUSSIS (WHOOPING COUGH) | 0 | 0 | 1 | 1 | 0 | 0 | 19 | 0 | 20 | | CHLAMYDIA TRACHOMATIS INFECTION | 19 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 19 | | HEPATITIS C, CHRONIC | 3 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 5 | | LYME DISEASE (B.BURGDORFERI) | 0 | 0 | 2 | 0 | 0 | 0 | 3 | 0 | 5 | | CARBON MONOXIDE POISONING | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 3 | | LEGIONELLOSIS | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | | VARICELLA (CHICKENPOX) | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 3 | | CAMPYLOBACTERIOSIS | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | | GONORRHEA | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | | HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | | STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | | TUBERCULOSIS, LATENT INFECTION (LTBI) | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | | E-COLI, SHIGA TOXIN-PRODUCING (STEC) | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | | MEASLES (RUBEOLA) | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | | METHICILLIN- or OXICILLIN RESISTANT S. AUREUS (MRSA/ORSA) | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | MUMPS | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | | SHIGELLOSIS | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | | STREPTOCOCCAL DISEASE, INVASIVE, GROUP B | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | STREPTOCOCCAL INFECTION, OTHER INVASIVE | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | TOXOPLASMOSIS | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | | TUBERCULOSIS | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | | TUBERCULOSIS, CLASS A OR B | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | | YERSINIOSIS | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | | **Total** | 63 | 2 | 7 | 1 | 3 | 0 | 35 | 0 | 108 | | | | |
|  |  |  |  |
| |  | | --- | | Default Filters: 'State' EQUAL TO 'WI' | | | |  |