|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
|  |

 |

|  |
| --- |
| **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' |

 |  |