

Cumulative Report

Date Type: Create

Date Range: 01/01/2021 to 06/30/2021

Incident Jurisdiction: Jefferson County

Health Jurisdiction: Health Jurisdiction

Outbreak Jurisdiction:

Transmission Status:

Resolution Status: Confirmed

Process Status:

Prepared By: WEDSS (Preparer's Title)

Telephone: 9885297959

Fax: 9848999801

All diseases except HIV and Lead

<u>Disease Name</u>	<u>Number of Incidents</u>
ANAPLASMOSIS, A. phagocytophilum	1
BLASTOMYCOSIS	2
CAMPYLOBACTERIOSIS	4
CARBON MONOXIDE POISONING	2
CHLAMYDIA TRACHOMATIS INFECTION	93
CORONAVIRUS, NOVEL 2019 (COVID-19)	1,515
CRYPTOSPORIDIOSIS	1
E-COLI, ENTEROPATHOGENIC (EPEC)	1
E-COLI, ENTEROTOXIGENIC (ETEC)	1
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	1
GIARDIASIS	1
GONORRHEA	18
HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE	1
HEPATITIS A	1
HEPATITIS C, CHRONIC	8
HISTOPLASMOSIS	1
LEGIONELLOSIS	2
LYME DISEASE (B.BURGDORFERI)	2
MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C)	1
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	3
SALMONELLOSIS	3
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A	1
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	5

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).

Date Type: Create

Date Range: 01/01/2021 to 06/30/2021

Incident Jurisdiction: Jefferson County

Health Jurisdiction: Health Jurisdiction

Outbreak Jurisdiction:

Transmission Status:

Resolution Status: Confirmed

Process Status:

Prepared By: WEDSS (Preparer's Title)

Telephone: 9885297959

Fax: 9848999801

All diseases except HIV and Lead

<u>Disease Name</u>	<u>Number of Incidents</u>
STREPTOCOCCAL INFECTION, OTHER INVASIVE	1
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	1
TUBERCULOSIS	1
TUBERCULOSIS, LATENT INFECTION (LTBI)	2
VARICELLA (CHICKENPOX)	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).