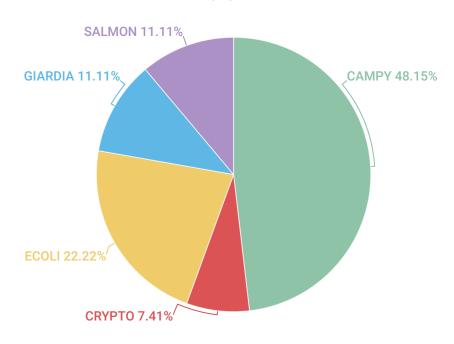
Quarter 2 - Total Confirmed & Probable Cases April to June

ENTERIC/GASTROINTESTINAL

Disease	Abbreviation	2022	Q1	Q2	Q3	Q4	2023 YTD
Campylobacteriosis	CAMPY	19	6	7			13
Cryptosporidiosis	CRYPTO	11	1	1			2
E. coli (All Types)	ECOLI	17	1	5			6
Giardiasis	GIARDIA	4	1	2			3
Salmonellosis	SALMON	5	1	2			3



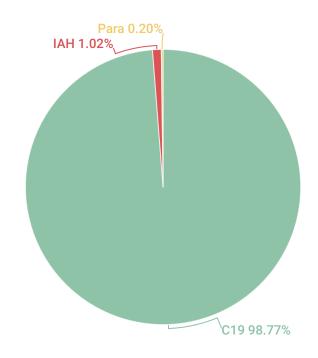




Quarter 2 - Total Confirmed & Probable Cases April to June

RESPIRATORY

Disease	Abbreviation	2022	Q1	Q2	Q3	Q4	2023 YTD
Coronavirus (COVID-19)	C19	2,765	374	109			483
Influenza-Associated Hospitalizations	IAH	22	5	0			5
Parapertussis	PARA	1	0	1			1



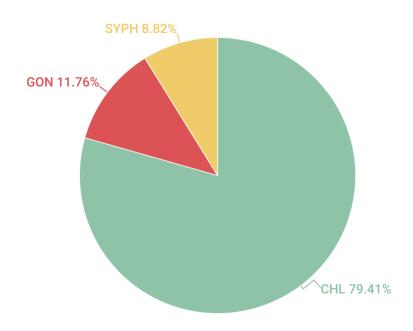




Quarter 2 - Total Confirmed & Probable Cases April to June

SEXUALLY TRANSMITTED

Disease	Abbreviation	2022	Q1	Q2	Q3	Q4	2023 YTD
Chlamydia	CHL	58	14	13			27
Gonorrhea	GON	4	2	2			4
Syphilis (All Stages)	SYPH	0	0	3			3



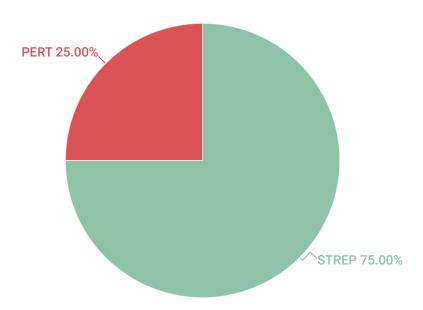




Quarter 2 - Total Confirmed & Probable Cases April to June

VACCINE PREVENTABLE

Disease	Abbreviation	2022	Q1	Q2	Q3	Q4	2023 YTD
Pertussis (Whooping Cough)	STREP	5	0	1			1
Streptococcus Pneumoniae	PERT	2	3	0			3



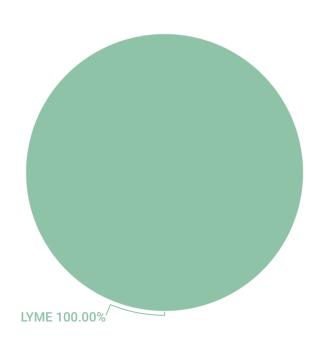




Quarter 2 - Total Confirmed & Probable Cases April to June

VECTORBORNE

Disease	Abbreviation	2022	Q1	Q2	Q3	Q4	2023 YTD
Lyme Disease (All Types)	LYME	38	6	4			10



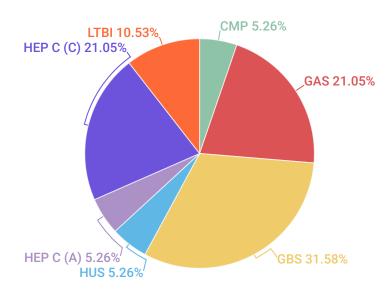




Quarter 2 - Total Confirmed & Probable Cases April to June

OTHER/ADDITIONAL

Disease	Abbreviation	2022	Q1	Q2	Q3	Q4	2023 YTD
Carbon Monoxide Poisoning	CMP	1	1	0			1
Group A Streptococcal Disease	GAS	0	4	0			4
Group B Streptococcal Disease	GBS	2	5	1			6
Hemolytic Uremic Syndrome	HUS	0	1	0			1
Hepatitis C (Acute)	HEP C (A)	0	1	0			1
Hepatitis C (Chronic)	HEP C (C)	3	2	2			4
Tuberculosis, Latent Infection (LTBI)	LTBI	3	0	2			2







Quarter 2 - Total Confirmed & Probable Cases April to June

OUTBREAKS

Outbreaks*	YTD #
Coronavirus (COVID-19)	3

DISCLAIMERS

This report contains a selection of reportable conditions with inclusion based on public health significance and frequency of occurrence. The case counts reflect confirmed and probable cases, for all process statuses. These numbers are not final, and are subject to change as confirmatory testing and case follow-up are completed. Case counts should not be considered final and are subject to change. In addition, case counts reflect only what is reported to Clark County Health Department.

If an individual with an open communicable disease case moves while their case it still active, their case will be counted towards the county of current residence. Example: If Clark County follows up on a Tuberculosis case for 6 months, but then the case moves to Taylor County for the remaining 6 months of treatment, the Tuberculosis case count will be reflected in Taylor County's case counts, not Clark County.

*Outbreak numbers reflect only what is reported to CCHD. Outbreak definitions vary based on the type of disease and setting of the outbreak.

Disease Reporting

View reporting requirements for categories I–III diseases and other conditions.

https://dhs.wisconsin.gov/disease/reporting.htm

