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Reports of Communicable Disease to Winnebago County Public Health – 2nd Quarter Update

Data obtained from the Wisconsin Public Health Analysis, Visualization and Reporting Portal (PHAVR). This report is based on episode date and is provided as PROVISIONAL information for health care professionals and may not represent final counts of cases. This report may also be found on our website.

	2022						2023						12 Month
Disease Group	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Tota
Campylobacteriosis	2	7	3	5	2	2	1	1	-	3	3	1	30
Carbapenem-Resistant Enterobacteriaceae	-	-	-	-	-	-	-	-	-	1	-	-	1
Chlamydia	38	53	48	47	57	32	41	32	41	55	42	30	516
Cryptosporidiosis	2	1	1	2	-	-	-	-	-	2	1	1	10
Cyclosporiasis	1	-	-	-	-	-	-	-	-	-	1	-	
Ehrlichiosis / Anaplasmosis	1	1	-	-	1	-	-	-	-	-	-	1	
Giardiasis	-	3	4	1	1	-	-	1	2	-	2	-	14
Gonorrhea	14	14	12	10	7	6	7	7	4	1	4	3	89
Haemophilus Influenzae	1	-	-	1	2	-	-	-	-	-	-	-	4
Hepatitis B	-	-	-	1	1	-	1	1	2	-	1	-	-
Hepatitis C	4	2	-	1	-	3	1	1	4	1	3	1	2:
Influenza	-	-	-	1	6	48	16	-	1	3	_	-	7:
Invasive Strep A	_	1	-	-	1	1	1	1	1	_	_	-	
Invasive Strep B	4	-	2	1	-	-	3	1	1	3	3	-	1
Legionellosis	1	1	1	-	1	-	-	-	-	-	_	-	
Lyme Disease	18	17	6	1	4	-	-	1	2	3	2	6	60
Mycobacterial Disease, Non-TB	2	1	2	8	2	1	4	2	3	6	4	2	3
Мрох	1	-	-	-	-	-	-	-	-	-	_	-	
Pathogenic E.coli	13	5	2	5	5	2	1	2	3	3	2	3	40
Rheumatic Fever	-	-	-	-	-	1	-	-	-	-	-	-	
Salmonellosis	7	3	4	4	2	-	-	1	1	1	1	1	2!
Shigellosis	-	-	-	1	-	-	-	-	-	-	-	-	
Strep, Other Invasive	-	-	-	-	-	-	-	-	-	_	_	1	
Strep Pneumoniae Invasive	-	-	1	-	-	3	3	_	1	1	-	_	g
Syphilis	4	1	1	1	-	2	4	4	1	3	6	2	29
Toxic Shock Syndrome	-	-	-	-	-	-	-	-	_	1	_	_	
Transmissible Spongiform Encephalopathy (TSE, Human)	-	-	-	-	-	-	-	-	-	-	-	1	:
Latent Tuberculosis (LTBI)†	-	3	-	1	-	2	2	4	6	2	4	3	2
Tularemia	-	1	-	-	-	-	-	-	-	-	-	-	·
Varicella (Chickenpox)	-	2	-	1	-	1	-	1	1	1	-	-	
VRSA/VISA	-	-	-	-	-	-	-	-	-	-	1	-	
Yersiniosis	-	1	-	1	-	1	-	2	-	-	1	-	
Total	113	117	87	93	92	105	85	62	74	90	81	56	1,05

Run Date 7/10/2023

This data does not include the <u>City of Menasha</u> or <u>City of Appleton</u>.

^{-:} A dash (-) represents 0 confirmed + probable cases for that disease.

^{†:} The LTBI cases reported on this report represent only cases that were marked as confirmed and probable in WEDSS. Many LTBI cases from 2020 to present are currently marked as suspect in WEDSS as staff are working to follow up with all cases. In the past 12 months, there were 49 LTBI cases listed as suspect in WEDSS.

Incidence of Communicable Disease in Winnebago County Public Health Jurisdiction and Wisconsin

Data obtained from the Wisconsin Public Health Analysis, Visualization and Reporting Portal (PHAVR). This report is based on episode date, is provided as PROVISIONAL information for health care professionals, and may not represent final counts of cases.

Inc†† refers to Incidence, which is the number of cases per 100,000 population. Incidence = # of cases/population * 100,000.

Winnebago County Public Health (WCPH) Jurisdiction population 2020 = 154,010; Wisconsin population 2020 = 5,806,975

Episode Year	20)23 (YTD)		202	2 (Full Year)		2021 (Full Year)			
	WCPH#	WCPH	WI	WCPH#	WCPH	WI	WCPH#	WCPH	WI Inc††	
	of Cases	Inc††	Inc††	of Cases	Inc††	Inc††	of Cases	Inc††		
Babesiosis	-	-	0.3	1	0.6	1.6	1	0.6	1.7	
Blastomycosis	-		1.4	1	0.6	2.4	2	1.3	1.9	
Campylobacteriosis	9	5.8	10.0	30	19.5	23.2	33	21.4	23.1	
Carbapenem-Resistant Enterobacteriaceae	1	0.6	1.4	-	-	2.5	4	2.6	2.6	
Chlamydia	241	156.5	212.3	584	379.2	438.6	648	420.8	477.3	
Cryptosporidiosis	4	2.6	2.9	13	8.4	9.4	12	7.8	10.7	
Cyclosporiasis	1	0.6	0.3	2	1.3	1.1	4	2.6	1.7	
Ehrlichiosis / Anaplasmosis	1	0.6	3.6	3	1.9	9.9	10	6.5	14.4	
Giardiasis	5	3.2	2.8	13	8.4	7.3	9	5.8	9.7	
Gonorrhea	26	16.9	57.6	146	94.8	149.5	185	120.1	179.3	
Haemophilus Influenzae	-	-	1.1	6	3.9	1.9	2	1.3	1.4	
Hepatitis A	-	-	0.3	-	-	0.5	1	0.6	0.4	
Hepatitis B	5	3.2	3.2	5	3.2	7.2	15	9.7	6.0	
Hepatitis C	11	7.1	13.5	28	18.2	29.8	43	27.9	35.5	
Hepatitis D	-	-	0.1	1	0.6	0.1	-	-	0.1	
Histoplasmosis	-	-	0.6	2	1.3	0.6	-	-	0.5	
Influenza	20	13.0	12.5	75	48.7	91.7	5	3.2	11.8	
Invasive Strep A	3	1.9	6.3	5	3.2	3.9	5	3.2	1.9	
Invasive Strep B	11	7.1	4.8	22	14.3	10.1	6	3.9	11.6	
Legionellosis	-	-	1.0	7	4.5	4.0	2	1.3	3.9	
Lyme Disease	14	9.1	22.6	86	55.8	91.1	13	8.4	37.9	
Malaria	-	-	0.1	-	-	0.4	1	0.6	0.3	
Bacterial Meningitis	-	-	0.5	-	-	0.7	2	1.3	1.1	
Mycobacterial (Non-TB)	21	13.6	8.5	30	19.5	17.8	38	24.7	21.8	
Мрох	-	-	0.1	1	0.6	1.5	-	-	0.0	
Parapertussis	-	-	0.9	1	0.6	0.7	-	-	0.4	
Pathogenic E.coli	14	9.1	14.2	63	40.9	39.0	62	40.3	31.2	
Rheumatic Fever	-	-	0.0	1	0.6	0.0	-	-	0.0	
Salmonellosis	5	3.2	7.3	30	19.5	17.7	25	16.2	15.5	
Shigellosis	-	-	0.6	1	0.6	1.9	-	-	0.9	
Strep, Other Invasive	1	0.6	0.2	1	0.6	0.4	-	-	1.1	
Strep Pneumoniae Invasive	5	3.2	4.2	11	7.1	7.4	6	3.9	5.0	
Syphilis	20	13.0	15.8	23	14.9	38.1	14	9.1	31.3	
Toxic Shock Syndrome	1	0.6	0.2	-	-	0.1	-	-	0.1	
Transmissible Spongiform Encephalopathy (TSE)	1	0.6	0.1	-	-	0.1	-	-	0.2	
Tuberculosis (TB)	-	-	0.4	1	0.6	1.1	1	0.6	1.3	
Latent Tuberculosis (LTBI)†	21	13.6	7.7	14	9.1	17.6	19	12.3	17.8	
Tularemia	-	-	0.0	1	0.6	0.1	-	-	0.1	
VRSA/VISA	1	0.6	0.0	-	-	0.0	-	-	0.0	
Varicella	3	1.9	1.8	4	2.6	2.8	4	2.6	2.8	
Vibriosis	-	-	0.3	1	0.6	0.8	-	-	0.6	
Yersiniosis	3	1.9	1.5	4	2.6	2.4	2	1.3	1.6	
Total	448	290.9	424.9	1,217		1,041.1	1,174	762.3	969.2	
Date 7/10/2023	1-10						med + probable			

Kun Date //10/2023
-: A dash (-) represents 0 confirmed + probable cases for that disease.

†: The LTBI cases reported on this report represent only LTBI cases that were marked as confirmed and probable in WEDSS. Winnebago County Public Health had 33 LTBI cases listed as suspect in WEDSS for 2021, 24 cases for 2022, and 32 cases for 2023.

2nd Quarter 2023 Communicable Disease Notes and Updates

Locally Acquired Malaria Cases Identified in the United States

Identification of locally acquired malaria cases (*P. vivax*) in two U.S. states (<u>Florida</u> [4] and <u>Texas</u> [1]) within the last 2 months.

Recommendations for Clinicians:

- Consider the diagnosis of malaria in any person with a fever of unknown origin, regardless of international travel history, particularly if they have been to the areas with recent locally acquired malaria.
- Routinely obtain a travel history and consider malaria in a symptomatic person who traveled to an <u>area</u> with malaria in the weeks to months preceding symptom onset.
- Treatment recommendations for malaria vary by species and severity. Please refer to CDC's Malaria Diagnosis and Treatment Guidelines for U.S. Clinicians for specific detailed instructions.
- Malaria is a medical emergency. If not diagnosed and treated promptly, illness may progress to severe
 disease, a life-threatening stage, where mental status changes, seizures, renal failure, acute respiratory
 distress syndrome, and coma may occur. An algorithm for diagnosis and treatment of malaria is
 available here.

Multinational Fungal Meningitis Outbreak

The Centers for Disease Control and Prevention (CDC), the Mexican Ministry of Health, and U.S. state and local health departments are responding to <u>a multinational outbreak of fungal meningitis</u> among patients who had procedures under epidural anesthesia in Matamoros, Tamaulipas, Mexico from January 1 through May 13, 2023. Officials identified two clinics associated with the outbreak: **River Side Surgical Center** and **Clinica K-3**. Although these clinics were closed May 13, 2023, it can take weeks or months for symptoms to start.

- Healthcare providers should perform the diagnostic assessments in the <u>Interim Recommendations for Diagnosis and Management of Fungal Meningitis Associated with Epidural Anesthesia Administered in Matamoros, Mexico</u>, including a lumbar puncture, on all patients with potential exposure, even if they do not have symptoms.
- Identifying the infection early will provide the best chance of preventing widespread illnesses and death.
- Healthcare providers should also immediately report suspected fungal meningitis cases, including those possibly related to this outbreak, to their state or local health department.

COVID-19

The COVID-19 vaccine is available at the County Administration Building (112 Otter Ave, Oshkosh) by appointment between 8am and 4pm on Tuesdays.