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Reports of Communicable Disease to Winnebago County Public Health (WCPH) – 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.

	WCPH* Q2 Cases		WI Q2 Cases	
	2025	2024	2025	2024
Gastrointestinal (GI) Diseases				
Campylobacteriosis	4	16	358	416
Cryptosporidiosis	3	1	104	97
Giardia	3	7	67	95
Hepatitis C	4	10	221	289
Salmonellosis	7	6	260	278
Shiga Toxigenic E Coli	3	4	112	139
Shigellosis	-	-	15	24
Yersiniosis	2	5	37	73
Respiratory Diseases				
COVID-19	35	131	1834	6241
Influenza Hospitalizations	31	31	1516	1967
Legionella	1	2	35	55
RSV Hospitalizations	24	11	581	302
TB Disease	-	-	9	22
TB Infection (LTBI)	8	18	235	419
Sexually Transmitted Infections (STIs)				
Chlamydia	104	145	5282	5702
Gonorrhea	16	26	1257	1572
Syphilis	2	3	277	347
Tickborne Diseases				
Babesiosis	2	-	21	37
Ehrlichiosis / Anaplasmosis	3	1	442	456
Lyme Disease	12	19	1866	2340
Vaccine Preventable Diseases				
Hepatitis A	-	1	4	12
Hepatitis B	3	5	80	95
Mumps	-	-	1	2
Pertussis	3	2	118	219
Varicella	2	3	54	54

Run Date 7/7/2025

**This data does not include the City of Menasha or City of Appleton.*

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

Incidence of Communicable Disease in WCPH Jurisdiction and Wisconsin – Past 12 months

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.

	2024						2025						12 month total
Disease Group	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Total**
Arboviral Diseases	-	1	-	-	-	-	1	-	-	-	-	-	2
Babesiosis	2	-	-	-	-	-	-	-	-	-	1	1	4
Campylobacteriosis	3	3	6	-	1	2	3	-	2	-	2	2	24
Carbapenemase producing organisms	-	-	-	-	-	-	-	-	-	-	-	2	2
Chlamydia	33	37	51	56	38	29	36	24	37	41	28	35	445
Coccidioidomycosis	-	-	-	-	-	-	-	-	-	1	-	-	1
Cryptosporidiosis	2	2	1	1	-	-	-	1	-	-	-	3	10
Cyclosporiasis	-	1	-	-	-	-	-	-	-	-	-	-	1
Ehrlichiosis / Anaplasmosis	2	-	-	-	1	-	-	-	-	1	1	1	6
Giardiasis	4	-	4	1	-	3	2	2	1	2	-	1	20
Gonorrhea	10	11	9	6	7	2	7	5	5	3	9	4	78
Haemophilus Influenzae	1	-	-	-	-	1	-	-	-	-	-	1	3
Hepatitis B	-	1	-	3	-	1	1	1	2	3	-	-	12
Hepatitis C	1	1	-	1	1	4	-	3	1	-	4	-	16
Influenza hospitalizations	2	1	1	2	6	63	277	451	83	26	5	-	917
Invasive Streptococcal Disease	1	5	-	2	2	6	1	-	2	2	3	1	25
Kawasaki Disease	-	-	-	-	-	-	-	-	-	-	1	-	1
Legionellosis	-	-	-	-	-	1	2	-	1	-	1	-	5
Lyme Disease	12	4	2	8	4	2	4	4	1	2	3	7	53
Meningitis	2	-	-	1	-	-	-	-	1	-	-	-	4
Mycobacterial Disease, Non-TB	8	5	4	2	2	4	6	5	6	4	8	3	57
Orthopoxvirus	-	1	-	-	-	-	-	-	-	-	-	-	1
Pathogenic E. coli	10	5	6	6	4	2	2	1	4	-	3	3	46
Pertussis	7	10	15	15	14	8	3	1	3	1	-	2	79
RSV hospitalizations	1	-	-	2	1	11	39	42	39	21	3	-	159
Salmonellosis	2	2	1	3	2	-	2	2	3	2	5	-	24
Shigellosis	-	-	-	1	-	-	-	-	-	-	-	-	1
Strep, Other Invasive	-	-	-	-	2	-	-	-	-	-	-	-	2
Strep Pneumoniae Invasive	-	1	2	3	2	1	1	-	1	-	-	-	11
Syphilis	1	2	4	4	2	-	1	-	1	2	-	-	17
Toxoplasmosis	-	-	-	1	-	-	-	-	-	-	-	-	1
Tuberculosis	-	-	1	-	-	-	-	-	-	-	-	-	1
Latent Tuberculosis (LTBI)†	16	4	5	9	7	8	9	7	8	3	5	0	81
Vancomycin-resistant Enterococci (VRE)	-	-	1	-	-	-	-	1	1	-	-	-	3
Varicella (Chickenpox)	-	1	1	-	1	-	1	-	-	-	2	-	6
Yersiniosis	-	-	1	-	-	1	1	-	1	-	-	2	6
Total	112	98	115	127	97	149	399	550	203	114	84	68	2116

Run Date 7/7/2025 *This data does not include the City of Menasha or City of Appleton.*

- : 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 recent years are currently marked as suspect in WEDSS as staff are working to follow up with all cases. In the past 12 months, there were 33 LTBI cases listed as suspect in WEDSS.

Incidence of Communicable Disease in WCPH Jurisdiction and Wisconsin – Comparison of Past 3 Years

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	2025 (Jan-Jun)			2024 (Full Year)			2023 (Full Year)		
	WCPH # of Cases	**WCPH Inc††**	**WI Inc††**	**WCPH # of Cases**	**WCPH Inc††**	**WI Inc††**	**WCPH # of Cases**	**WCPH Inc††**	**WI Inc††**
Arboviral Disease	1	**0.6**	0.3	1	0.6	1.7	-	-	0.9
Babesiosis	2	**1.3**	0.4	2	1.3	2.4	-	-	2.1
Campylobacteriosis	9	5.8	11.2	40	26.0	29.2	36	23.4	27.6
Carbapenemase producing organisms	2	1.3	1.3	-	-	3.4	2	1.3	3.1
Chlamydia	201	130.5	181.7	525	340.9	400.6	522	338.9	429.4
Coccidioidomycosis	1	0.6	0.8	-	-	0.6	1	**0.6**	0.3
Cryptosporidiosis	4	2.6	2.8	9	5.8	11.0	9	5.8	9.4
Cyclosporiasis	-	-	0.2	1	0.6	1.2	5	**3.2**	1.2
Ehrlichiosis / Anaplasmosis	3	1.9	7.8	4	2.6	14.5	8	5.2	12.8
Giardiasis	8	**5.2**	2.6	21	**13.6**	11.3	13	8.4	9.0
Gonorrhea	33	21.4	44.8	84	54.5	118.3	62	40.3	120.3
Haemophilus Influenzae	1	0.6	1.2	4	2.6	2.6	2	1.3	2.3
Hepatitis A	-	-	0.1	1	**0.6**	0.5	-	-	0.4
Hepatitis B	7	**4.5**	2.9	15	**9.7**	6.3	12	**7.8**	6.7
Hepatitis C	8	5.2	7.8	23	14.9	18.9	23	14.9	23.7
Influenza hospitalizations	842	**546.7**	527.7	351	227.9	305.7	94	61.0	111.2
Invasive Strep A & B	9	5.8	9.6	28	**18.2**	17.8	22	14.3	20.3
Kawasaki	1	**0.6**	0.3	-	-	0.4	-	-	0.4
Legionellosis	4	**2.6**	1.3	4	2.6	3.7	1	0.6	3.7
Listeriosis	-	-	0.1	1	**0.6**	0.5	-	-	0.4
Lyme Disease	21	13.6	41.6	57	37.0	113.8	79	51.3	116.1
Malaria	-	-	0.1	-	-	0.3	1	**0.6**	0.3
Bacterial Meningitis	1	0.6	0.6	3	**1.9**	1.0	-	-	1.2
Mycobacterial (Non-TB)	32	**20.8**	14.2	54	**35.1**	29.5	38	**24.7**	22.5
Orthopoxvirus	-	-	0.0	1	**0.6**	0.1	-	-	0.1
Pathogenic E.coli	13	8.4	17.4	60	39.0	58.4	74	48.0	49.6
Pertussis	10	6.5	7.5	71	46.1	51.4	1	0.6	0.9
RSV hospitalizations	144	93.5	106.2	105	68.2	80.3	33	21.4	39.2
Salmonellosis	14	**9.1**	8.2	25	16.2	19.5	18	11.7	17.7
Shigellosis	-	-	0.6	1	0.6	1.5	1	0.6	1.4
Strep, Other Invasive	-	-	0.2	5	**3.2**	0.8	1	0.6	0.3
Strep Pneumoniae Invasive	2	1.3	6.2	12	7.8	9.9	10	6.5	9.0
Syphilis	4	2.6	11.1	22	14.3	24.4	33	21.4	30.9
Toxic Shock Syndrome	-	-	0.0	-	-	0.1	1	**0.6**	0.3
Toxoplasmosis	-	-	0.7	2	1.3	2.3	-	-	1.3
Tuberculosis (TB)	-	-	0.5	1	0.6	1.4	1	0.6	1.2
Latent Tuberculosis (LTBI)†	32	**20.8**	10.9	77	**50.0**	29.3	69	**44.8**	27.3
VRSA/VISA	-	-	0.0	-	-	0.0	1	0.6	0.1
Vancomycin-resistant Enterococci (VRE)	2	**1.3**	0.5	3	**1.9**	0.8	3	**1.9**	1.0
Varicella	3	1.9	1.9	6	3.9	4.0	5	3.2	3.2
Vibriosis	-	-	0.3	-	-	0.9	1	0.6	0.8
Yersiniosis	4	**2.6**	1.5	8	5.2	4.5	9	**5.8**	3.2
Total	1,418	920.7	1,035.5	1,627	1,056.4	1,385.5	1,191	773.3	1,113.3

Run Date 7/7/2025

- : 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 28 LTBI cases listed as suspect in WEDSS for 2023, 31 cases for 2024, and 17 cases for 2025.

2nd Quarter 2025 Communicable Disease Notes and Updates

Powassan Virus Activity in Wisconsin and Recommendations for Testing and Diagnosis

As of June 2025, three cases of Powassan virus (POWV) disease have been reported in adult Wisconsin residents. All three individuals were hospitalized, and one died from the infection. In 2024, 12 cases of POWV disease were reported in Wisconsin residents, the highest number of cases reported in the state in a calendar year and the second most cases in the United States after Minnesota, which reported 14 cases last year. POWV is a tickborne virus spread by the blacklegged (deer) tick, the same tick that spreads Lyme disease, anaplasmosis, and several other diseases in Wisconsin. POWV infection can cause a mild febrile illness or neurologic disease that often presents as meningitis or encephalitis. Diagnosis of POWV disease can be delayed due to nonspecific symptomology, limited commercial laboratory testing, and lack of provider awareness.

The Wisconsin Department of Health Services (DHS) recommends that health care providers:

- Consider POWV disease in patients with unexplained neurologic disease with known or possible tick exposure one to five weeks before illness onset.
- Order the appropriate diagnostic testing for patients with suspected POWV disease.
    - POWV IgM testing in serum or cerebrospinal fluid (CSF), or
    - POWV IgM in serum or CSF and POWV RT-PCR in whole blood, serum, or CSF, which may be particularly helpful for immunocompromised patients.
- Ensure timely reporting of POWV infections to state or local public health authorities.
- POWV RT-PCR testing can also be performed at CDC on specimens from immunocompromised patients. To request POWV RT-PCR testing at CDC, please contact DHS, Bureau of Communicable Diseases at 608-267-9003 or dhsdphbcd@dhs.wisconsin.gov.

Clinical management for POWV disease

There is no specific treatment for POWV disease. Clinical management is supportive. Patients with severe meningeal symptoms often require pain control for headaches and antiemetic therapy and rehydration for associated nausea and vomiting. Patients with encephalitis require close monitoring for the development of elevated intracranial pressure, seizures, and inability to protect their airway.

DHS Resources related to POWV Disease

- About Powassan
- Powassan Virus: Wisconsin Data
- Powassan Reporting, Testing, and Diagnosis
- Tick Bite Prevention

DHS Expands Wastewater Monitoring Program to Include Measles

The Wisconsin Department of Health Services (DHS) partners with the Wisconsin State Laboratory of Hygiene (WSLH) and wastewater utilities to conduct routine monitoring of untreated wastewater in communities across Wisconsin for a range of diseases including influenza, RSV, mpox, and COVID-19.

The program began wastewater monitoring for measles at wastewater treatment facilities in Wisconsin in late June. All 44 sites in the Wisconsin Wastewater Monitoring Network will be included in measles monitoring which covers approximately 50% of the Wisconsin population. Wastewater samples will be tested for measles twice per month.

If the measles virus is detected in a wastewater sample, it means that one or more people infected with the measles virus were present in the community where the sample was collected. DHS will notify the local or Tribal health departments within the jurisdiction for all measles detections and increase the frequency of wastewater measles testing from that site. DHS will also work with the local or Tribal health department to coordinate further investigation, plan communications, and provide regular data updates.

Additional News Updates

- **A voluntary recall of Zicam® Cold Remedy Nasal Swabs, Zicam® Nasal AllClear Swabs, and Orajel™ Baby Teething Swabs has been issued** due to potential microbial contamination to cotton swab components. Microbial contamination can potentially present a significant health and safety risk, including serious and life-threatening blood infections. At this time, no serious adverse events associated with the affected products have been reported.
- **The CDC (Centers for Disease Control and Prevention) is investigating an outbreak of *Paraburkholderia fungorum* (*P. fungorum*)**, an environmental bacterium, associated with the use of ultrasound gel in multiple states. Additional information on this outbreak and recommendations for health care providers are available on the CDC website.