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## Reports of Communicable Disease to Winnebago County Public Health – 3<sup>rd</sup> 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](#).

Disease Group	2023			2024									12 Month Total
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Arboviral Diseases	-	-	-	-	-	-	-	-	-	-	1	-	1
Babesiosis	-	-	-	-	-	-	-	-	-	1	-	-	1
Campylobacteriosis	2	4	1	1	5	2	6	3	6	3	1	5	39
Carbapenemase producing organisms	-	-	1	-	-	-	-	-	-	-	-	-	1
Chlamydia	54	48	57	49	51	35	58	37	46	34	35	50	554
Coccidioidomycosis	-	-	-	-	1	-	-	-	-	1	-	-	2
Cryptosporidiosis	1	-	-	1	1	-	-	1	-	2	2	-	8
Cyclosporiasis	1	-	-	-	-	-	-	-	-	-	1	-	2
Ehrlichiosis / Anaplasmosis	1	-	1	-	-	-	-	-	-	2	-	-	4
Giardiasis	2	1	2	-	2	-	3	1	1	3	1	3	19
Gonorrhea	4	4	7	4	7	2	8	8	9	10	11	8	82
Haemophilus Influenzae	1	-	1	-	-	-	-	1	1	1	-	-	5
Hepatitis A	-	-	-	-	-	-	1	-	-	-	-	-	1
Hepatitis B	1	1	-	2	1	1	1	1	2	-	1	-	11
Hepatitis C	2	1	1	2	2	1	6	1	3	1	1	-	21
Influenza hospitalizations	-	2	34	44	109	92	25	5	1	2	1	1	316
Invasive Strep A	-	-	-	-	1	2	1	-	-	-	-	-	4
Invasive Strep B	1	-	2	-	2	1	2	-	2	1	5	-	16
Legionellosis	-	-	-	-	1	-	1	1	-	-	-	-	3
Listeriosis	-	-	-	-	-	-	-	-	1	-	-	-	1
Lyme Disease	2	1	-	-	1	2	-	3	3	3	-	1	16
Meningitis	-	-	-	-	-	-	-	-	-	2	-	-	2
Mycobacterial Disease, Non-TB	4	5	1	4	9	3	5	3	3	8	5	3	53
Orthopoxvirus	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathogenic E. coli	13	8	2	-	5	3	4	-	5	7	3	-	50
Pertussis	1	-	-	-	-	-	-	-	2	7	10	16	36
RSV hospitalizations	-	3	30	26	27	19	10	-	-	1	-	-	116
Salmonellosis	-	2	2	4	4	1	3	-	3	2	2	1	24
Strep, Other Invasive	-	-	-	2	1	-	-	-	-	-	-	-	3
Strep Pneumoniae Invasive	1	3	1	-	-	1	2	-	-	-	1	2	11
Syphilis	4	2	1	1	3	1	-	2	1	1	2	2	20
Toxoplasmosis	-	-	-	-	-	-	-	-	1	-	-	-	1
Tuberculosis	-	1	-	-	-	-	-	-	-	-	-	1	2
Latent Tuberculosis (LTBI)†	6	9	4	3	5	9	7	6	4	7	2	1	63
Vancomycin-resistant Enterococci (VRE)	-	1	-	1	-	-	1	-	-	-	-	1	4
Varicella (Chickenpox)	-	-	-	-	-	-	-	1	2	-	1	1	5
Vibriosis	-	-	1	-	-	-	-	-	-	-	-	-	1
Yersiniosis	1	-	1	1	-	-	2	1	1	-	-	1	8
<b>Total</b>	<b>102</b>	<b>96</b>	<b>150</b>	<b>145</b>	<b>238</b>	<b>175</b>	<b>146</b>	<b>75</b>	<b>97</b>	<b>99</b>	<b>86</b>	<b>97</b>	<b>1,506</b>

Run Date 10/4/2024

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 37 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<sup>++</sup> 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	2024 (YTD)			2023 (Full Year)			2022 (Full Year)		
	WCPH # of Cases	WCPH Inc <sup>++</sup>	WI Inc <sup>++</sup>	WCPH # of Cases	WCPH Inc <sup>++</sup>	WI Inc <sup>++</sup>	WCPH # of Cases	WCPH Inc <sup>++</sup>	WI Inc <sup>++</sup>
Arboviral Disease	1	0.6	1.2	-	-	0.9	-	-	0.5
Babesiosis	1	0.6	1.9	-	-	2.1	1	0.6	1.6
Campylobacteriosis	32	<b>20.8</b>	20.0	36	23.4	27.5	30	19.5	23.2
Carbapenemase producing organisms	-	-	0.1	2	1.3	3.0	-	-	2.5
Chlamydia	395	256.5	298.8	519	337.0	427.5	584	379.2	439.5
Coccidioidomycosis	2	<b>1.3</b>	0.6	-	-	0.3	-	-	0.4
Cryptosporidiosis	7	4.5	8.1	9	5.8	9.4	13	8.4	9.4
Cyclosporiasis	1	0.6	1.0	5	<b>3.2</b>	1.2	2	<b>1.3</b>	1.1
Ehrlichiosis / Anaplasmosis	2	1.3	10.7	8	5.2	12.7	3	1.9	9.9
Giardiasis	14	<b>9.1</b>	7.8	13	8.4	8.9	14	<b>9.1</b>	7.3
Gonorrhea	67	43.5	89.1	62	40.3	119.5	146	94.8	148.9
Haemophilus Influenzae	3	<b>1.9</b>	1.7	2	1.3	2.3	6	<b>3.9</b>	1.9
Hepatitis A	1	<b>0.6</b>	0.5	-	-	0.4	-	-	0.4
Hepatitis B	9	<b>5.8</b>	5.1	11	<b>7.1</b>	6.5	5	3.2	7.2
Hepatitis C	17	11.0	15.2	22	14.3	24.8	28	18.2	28.9
Influenza hospitalizations	280	181.8	248.1	94	61.0	111.0	454	<b>294.8</b>	291.3
Invasive Strep A	4	2.6	5.5	4	2.6	9.2	5	3.2	4.0
Invasive Strep B	13	<b>8.4</b>	7.8	18	<b>11.7</b>	11.1	22	<b>14.3</b>	10.2
Legionellosis	3	1.9	2.5	1	0.6	3.7	7	<b>4.5</b>	4.0
Listeriosis	1	<b>0.6</b>	0.4	-	-	0.4	-	-	0.4
Lyme Disease	13	8.4	64.5	67	43.5	107.1	91	59.1	100.8
Malaria	-	-	0.2	1	<b>0.6</b>	0.3	-	-	0.4
Bacterial Meningitis	2	<b>1.3</b>	0.7	-	-	1.2	-	-	0.7
Mycobacterial (Non-TB)	43	<b>27.9</b>	20.2	38	<b>24.7</b>	22.5	30	<b>19.5</b>	17.9
Orthopoxvirus	1	<b>0.6</b>	0.1	0	0.0	0.1	1	0.6	1.5
Pathogenic E.coli	27	17.5	37.4	74	48.0	49.5	63	<b>40.9</b>	39.0
Pertussis	35	<b>22.7</b>	21.0	1	0.6	0.9	-	-	0.3
RSV hospitalizations	83	53.9	56.4	33	21.4	37.8	-	-	0.0
Salmonellosis	20	13.0	14.6	18	11.7	17.7	30	<b>19.5</b>	17.8
Shigellosis	-	-	1.2	1	0.6	1.4	1	0.6	1.9
Strep, Other Invasive	3	<b>1.9</b>	0.6	1	<b>0.6</b>	0.3	1	<b>0.6</b>	0.4
Strep Pneumoniae Invasive	6	3.9	6.6	10	<b>6.5</b>	8.9	11	7.1	7.4
Syphilis	13	8.4	17.1	33	21.4	31.0	23	14.9	38.5
Toxic Shock Syndrome	-	-	0.1	1	<b>0.6</b>	0.3	-	-	0.1
Toxoplasmosis	1	0.6	1.8	-	-	1.3	-	-	1.4
Transmissible Spongiform Encephalopathy (TSE)	-	-	0.2	1	<b>0.6</b>	0.2	1	<b>0.6</b>	0.2
Tuberculosis (TB)	1	0.6	0.8	1	0.6	1.2	1	0.6	1.1
Latent Tuberculosis (LTBI) <sup>†</sup>	44	<b>28.6</b>	16.8	69	<b>44.8</b>	26.4	18	11.7	19.0
VRSA/VISA	-	-	0.0	1	<b>0.6</b>	0.1	-	-	0.0
Vancomycin-resistant Enterococci (VRE)	3	<b>1.9</b>	0.6	3	<b>1.9</b>	1.0	-	-	0.8
Varicella	5	<b>3.2</b>	2.9	5	3.2	3.2	4	<b>2.6</b>	2.8
Vibriosis	-	-	0.6	1	0.6	0.8	1	0.6	0.8
Yersiniosis	6	<b>3.9</b>	3.0	9	<b>5.8</b>	3.2	5	<b>3.2</b>	2.4
<b>Total</b>	<b>1,159</b>	<b>705.1</b>	<b>994.8</b>	<b>1,174</b>	<b>762.3</b>	<b>1,100.0</b>	<b>1,603</b>	<b>791.5</b>	<b>1,249.3</b>

Run Date 10/4/2024

- : 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 21 LTBI cases listed as suspect in WEDSS for 2022, 28 cases for 2023, and 30 cases for 2024.

### 3<sup>rd</sup> Quarter 2024 Communicable Disease Notes and Updates

- **Pertussis: Reported cases increasing state-wide**
  - There have been significant increases in confirmed pertussis cases in Wisconsin this year.
    - <https://www.dhs.wisconsin.gov/news/releases/091924.htm>
  - Test. Treat. Isolate.
    - PCR testing is the preferred testing method completed within 21 days of cough onset.
    - Treatment information can be found here:  
<https://www.dhs.wisconsin.gov/publications/p01992.pdf>
    - Isolate symptomatic patients for 5 days of antibiotic therapy.
  - Getting vaccinated is the best way to protect oneself and their loved ones against pertussis.
    - <https://www.dhs.wisconsin.gov/immunization/pertussis.htm>
- **Annual Respiratory Letter and Vaccine Recommendations**
  - The annual respiratory letter from Department of Health Services with recommendations for the 2024-2025 respiratory season is now available: <https://www.dhs.wisconsin.gov/immunization/influenza-vaccine-recommendations.pdf>
  - Additional information regarding the seasonal influenza vaccination recommendations from the Advisory Committee on Immunization Practices (ACIP) can be found here:  
<https://www.cdc.gov/mmwr/volumes/73/rr/rr7305a1.htm>
- **Ciprofloxacin-Resistant Meningococcal Disease Cases in Wisconsin**
  - Wisconsin is experiencing an increase in meningococcal disease cases with six cases reported in 2024, five of which have been reported since June.
  - Of the cases of meningococcal disease reported, at least two cases have been resistant to the antibiotic ciprofloxacin.
  - The Wisconsin Department of Health Services (DHS) encourages clinicians to be alert for signs and symptoms of meningitis and bacteremia. Health care providers should suspect meningococcal disease in ill and rapidly worsening patients.
  - Health care providers should not prescribe ciprofloxacin to prevent meningococcal disease in close contacts of people with invasive meningococcal disease. Instead, providers should prescribe rifampin or ceftriaxone in accordance with [CDC recommended chemoprophylaxis regimens for high-risk contacts](#).