

# ALLEGAN COUNTY HEALTH DEPARTMENT

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**Communicable Disease**  
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## ACHD Quarterly Communicable Disease Report – Q2-24

### Foodborne or Waterborne Diseases:

| Disease             | Cases in Last 4 Quarters** |       |       |       | Q2 Cases by Year*** |       |       |       |
|---------------------|----------------------------|-------|-------|-------|---------------------|-------|-------|-------|
|                     | Q3-23                      | Q4-23 | Q1-24 | Q2-24 | Q2-21               | Q2-22 | Q2-23 | Q2-24 |
| Campylobacter       | 11                         | 12    | 2     | 8     | 3                   | 8     | 9     | 8     |
| Cryptosporidiosis   | 2                          | 1     | 1     | -     | 2                   | 1     | 7     | -     |
| Giardiasis          | 1                          | 6     | 2     | 3     | 4                   | 1     | 2     | 3     |
| Listeriosis         | -                          | -     | -     | -     | -                   | -     | 1     | -     |
| Salmonellosis       | 3                          | 1     | 2     | 4     | 6                   | 4     | 3     | 4     |
| Shiga Toxin E. Coli | 1                          | 3     | 2     | -     | 2                   | -     | 3     | -     |
| Shigellosis         | 1                          | -     | 1     | -     | -                   | 1     | 2     | -     |

### Vaccine-Preventable Diseases:

| Disease                | Cases in Last 4 Quarters** |       |       |       | Q2 Cases by Year*** |       |       |       |
|------------------------|----------------------------|-------|-------|-------|---------------------|-------|-------|-------|
|                        | Q3-23                      | Q4-23 | Q1-24 | Q2-24 | Q2-21               | Q2-22 | Q2-23 | Q2-24 |
| Chickenpox (Varicella) | -                          | 11    | 3     | -     | -                   | 2     | 1     | -     |
| Diphtheria             | -                          | -     | -     | -     | -                   | -     | -     | -     |
| H. influenza disease   | -                          | -     | 1     | 1     | -                   | -     | 1     | 1     |
| Measles                | -                          | -     | -     | -     | -                   | -     | -     | -     |
| Mumps                  | -                          | -     | -     | -     | -                   | -     | -     | -     |
| Pertussis              | -                          | 2     | 1     | 2     | -                   | -     | -     | 2     |

### Meningitis and Meningococcal Disease:

| Disease                           | Cases in Last 4 Quarters** |       |       |       | Q2 Cases by Year*** |       |       |       |
|-----------------------------------|----------------------------|-------|-------|-------|---------------------|-------|-------|-------|
|                                   | Q3-23                      | Q4-23 | Q1-24 | Q2-24 | Q2-21               | Q2-22 | Q2-23 | Q2-24 |
| Aseptic Meningitis (Viral)        | 1                          | -     | -     | -     | -                   | -     | 1     | -     |
| Bacterial/Other Meningitis        | -                          | 1     | -     | -     | -                   | -     | -     | -     |
| Meningococcal Disease             | -                          | -     | -     | -     | -                   | -     | -     | -     |
| Streptococcus pneumonia, invasive | 1                          | 5     | 4     | 6     | 2                   | 3     | 3     | 6     |

NOTE: The data in the quarterly summary reports are provisional, based on current reports in the Michigan Disease Surveillance System (MDSS) made available to local public health departments. The MDSS is a continually active system so counts of diseases are constantly changing as cases are investigated, confirmed as cases, or ruled out as not meeting case definition. Each quarterly surveillance report reflects this constant activity as the numbers may slightly fluctuate each quarter. Therefore, it should be kept in mind that numbers in the quarterly disease reports are not final and should be used only to generally monitor trends over time. Probable and confirmed cases are included in this quarterly report.

**Vectorborne Disease:**

| Disease                             | Cases in Last 4 Quarters** |       |       |       | Q2 Cases by Year*** |       |       |       |
|-------------------------------------|----------------------------|-------|-------|-------|---------------------|-------|-------|-------|
|                                     | Q3-23                      | Q4-23 | Q1-24 | Q2-24 | Q2-21               | Q2-22 | Q2-23 | Q2-24 |
| Eastern Equine Encephalitis*        | -                          | -     | -     | -     | -                   | -     | -     | -     |
| Lyme Disease                        | 26                         | 2     | 1     | 9     | 9                   | 13    | 16    | 9     |
| Rickettsial Disease (Spotted Fever) | -                          | -     | -     | -     | -                   | -     | -     | -     |
| West Nile Virus                     | -                          | -     | -     | -     | -                   | -     | -     | -     |

**Other Communicable Disease:**

| Disease                         | Cases in Last 4 Quarters** |       |       |       | Q2 Cases by Year*** |       |       |       |
|---------------------------------|----------------------------|-------|-------|-------|---------------------|-------|-------|-------|
|                                 | Q3-23                      | Q4-23 | Q1-24 | Q2-24 | Q2-21               | Q2-22 | Q2-23 | Q2-24 |
| CP-CRE/CPO                      | -                          | -     | 2     | 2     | -                   | -     | 1     | 2     |
| Cyclosporiasis                  | -                          | -     | -     | -     | 1                   | 1     | -     | -     |
| Guillain-Barre Syndrome         | -                          | -     | -     | -     | -                   | -     | -     | -     |
| Histoplasmosis                  | 2                          | 3     | 4     | 4     | 1                   | 5     | 6     | 4     |
| Legionellosis                   | -                          | 1     | 1     | 1     | -                   | 1     | 2     | 1     |
| Leptospirosis                   | -                          | -     | -     | -     | -                   | -     | -     | -     |
| Rabies (Animal)                 | -                          | 1     | -     | 2     | -                   | 1     | -     | 2     |
| Rabies Potential Exposure & PEP | 10                         | 7     | 2     | 7     | 2                   | 7     | 5     | 7     |
| Streptococcal Dis, Inv, Grp A   | 2                          | -     | 2     | 2     | -                   | -     | 4     | 2     |
| Tuberculosis Disease            | -                          | -     | -     | -     | -                   | -     | -     | -     |
| Vibriosis-non cholera           | 1                          | -     | -     | 1     | -                   | -     | -     | 1     |

**Viral Hepatitis:**

| Disease                               | Cases in Last 4 Quarters** |       |       |       | Q2 Cases by Year*** |       |       |       |
|---------------------------------------|----------------------------|-------|-------|-------|---------------------|-------|-------|-------|
|                                       | Q3-23                      | Q4-23 | Q1-24 | Q2-24 | Q2-21               | Q2-22 | Q2-23 | Q2-24 |
| Hepatitis A                           | -                          | -     | -     | -     | -                   | -     | -     | -     |
| Hepatitis B (Acute and Chronic Cases) | 18                         | 6     | 16    | 7     | 5                   | 5     | 7     | 7     |
| Hepatitis C (Acute and Chronic Cases) | 2                          | -     | 6     | 5     | 4                   | 5     | 6     | 5     |

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**Sexually Transmitted Infections:**

| Disease   | Cases in Last 4 Quarters** |       |       |       | Q2 Cases by Year*** |       |       |       |
|-----------|----------------------------|-------|-------|-------|---------------------|-------|-------|-------|
|           | Q3-23                      | Q4-23 | Q1-24 | Q2-24 | Q2-21               | Q2-22 | Q2-23 | Q2-24 |
| Syphilis* | -                          | 2     | 1     | 1     | -                   | 4     | -     | 1     |
| Chlamydia | 64                         | 61    | 66    | 62    | 70                  | 58    | 57    | 62    |
| Gonorrhea | 22                         | 21    | 17    | 6     | 24                  | 23    | 13    | 6     |

\*Syphilis includes Primary and Secondary cases

**COVID-19:**

| Disease  | Cases in Last 4 Quarters** |       |       |       | Q2 Cases By Year** |       |       |       |
|----------|----------------------------|-------|-------|-------|--------------------|-------|-------|-------|
|          | Q3-23                      | Q4-23 | Q1-24 | Q2-24 | Q2-21              | Q2-22 | Q2-23 | Q2-24 |
| COVID-19 | 324                        | 1,061 | 345   | 109   | 2,754              | 1,746 | 151   | 109   |

**Influenza:**

| Disease          | Cases in Last 4 Quarters** |       |       |       | Q2 Cases By Year** |       |       |       |
|------------------|----------------------------|-------|-------|-------|--------------------|-------|-------|-------|
|                  | Q3-23                      | Q4-23 | Q1-24 | Q2-24 | Q2-21              | Q2-22 | Q2-23 | Q2-24 |
| Flu Like Disease | 287                        | 1,509 | 2,164 | 850   | 157                | 511   | 312   | 850   |
| Influenza        | 1                          | 12    | 231   | 56    | -                  | 17    | 1     | 56    |

\* Indicates includes historic and current forms in MDSS

\*\*Data for cases reported in last four quarters is based on week case was referred to the health department

\*\*\* Data for cases reported in same quarter of last 4 years

Q1=Jan-Mar, Q2=Apr-Jun, Q3=Jul-Sep Q4=Oct-Dec

**For any questions regarding this information please submit an inquiry form:**

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