



August 1, 2025

The Van Buren/Cass District Board of Health will hold their regularly scheduled meeting on **Wednesday, August 13, 2025, at 3:00 pm**. The meeting will be held at the Van Buren Cass District Health Department at 260 South Street, Lawrence, MI in the conference room, first level as well as on Microsoft Teams.

AGENDA

1. Roll call
2. Minutes of Previous Meeting
3. Finance Director's Report
4. Administrator/Health Officer's Report
5. Nursing Report
6. Medical Director
7. Dental Report
8. Environmental Health Report
9. Health Promotions Report
10. Other Business
11. Public Comment
12. Adjournment



Van Buren/Cass District Health Department Minutes
07/09/2025

Chairperson Leary called the meeting to order at 3:00pm in the Commissioners' Chambers at the Cass County Administrative Building, on July 9, 2025. Roll call taken.

Board members present: Tina Leary, Roseann Marchetti, Priscilla Gatties, Don Hanson, Jeremiah Jones, Robert Linderman, Randall Peat in-person

Board members absent: Don Hanson

Employees present: Nancy Desai, Danielle Persky, Lauren Jaramillo in-person and Kelly Adkins, Alisha Bartlett, Larry Wile virtually

Others: Roger ~~Boyd~~ Boyer, Jerry Marchetti in-person and Karen Tan and Kim virtually

June's meeting minutes were reviewed. Motioned by Marchetti and second by Peat to approve the meeting minutes as written. All voting yes, motion carried.

Finance Director's Report

Desai discussed the summary of disbursement for the month of June. Linderman asked if the dental software maintenance expense was for both offices with Desai answering yes. Linderman asked about lines 16 and 18 to vendor Handled, LLC. Yes, it is split between a few parts answered Persky. This is being funded through the public health infrastructure grant. Linderman asked if the leadership training has taken place yet. Persky stated the first part of the training has with an all-day training set for July 18.

Discussed and reviewed. Motioned by Peat, second by Jones to accept the finance director's report. All voting yes, motion carried.

Expenditures Report

Desai reviewed the expenditures report for June. This report incorporated all the budget changes and budget amendments. With a quarter of the financial year left, the health department is in good shape with expenses and revenues both being slightly above.

Discussed and reviewed. Motioned by Gatties, second by Marchetti to accept the expenditures report. All voting yes, motion carried.

Administrator/Health Officer's Report

Persky started by noting next month's board meeting will be lengthier with next year's budget, and handbook being reviewed. Persky moved to the monthly report. The Senior Project Fresh mentioned in the health promotions update provides coupons for fresh produce to seniors. With this year's change to digital coupons via an app, the health department is hosting sign-up assistance days for area seniors in collaboration with community partners. Farmers and seniors can also call the health department for help.

Marchetti asked if this is available in Cass County. Current sign-up assistance days are set for Van Buren County and more will be set for Cass County residents. Marchetti asked if the health department is working with Council on Aging. Persky said yes, the health department is partnering with senior-serving organizations.

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Leary asked how many farmers are participating. Adkins answered that we have no farmers in Van Buren County signed up, but a few in Cass County registered. The health department is working with the Michigan Department of Health and Human Services (MDHHS) and community partners to promote this program to both seniors and farmers. Adkins continued that if anyone has local farmer connections, please let her know. She is happy to speak with any recommended contacts.

Leary asked if the Michigan State University (MSU) Extension has been utilized for farmer outreach. Adkins answered that MSU Extension is not a listed community resource for all counties. Resources have been focused on mass mailings to seniors and farmers. Leary continued that MSU Extension may be able to provide contact with the farming community as they work closely together. Adkins confirmed that MSU works closely with MDHHS but will have to double check if they are helping promote this program to the local area. Leary concluded the discussion by noting this is a great program, and farmer participation in Van Buren County is needed.

Persky moved to the next page of the board packet showing an all-staff memo that provided updates on what is being watched by leadership and what staff can do for public health advocacy. Discussion points are what's already been impacted, major grant losses, and updated program allocations. Hearing Screening, Vision Screening, and Kindergarten Oral Health Assessment screening are absent from Michigan's House of Representatives proposed budget. Conflicting information and understanding of the ramifications is a major concern as these programs are part of the public health code. Michigan has also provided information on the current state of Medicaid and what could be lost. The health department relies on \$1.2 million a year in Medicaid match dollars and Medicaid billing.

Federal Health and Human Services (HHS) dollars have seen a major cut from the prior fiscal year. The concern is what that will mean to the local level if the state places other programs as budgeting priorities. Persky finalized this memo with what staff can do through advocacy. After connecting with Human Resources at both Van Buren and Cass Counties, a staff legislative engagement policy is being drafted.

Leary commented that advocacy is education when ramifications aren't always understood. Persky agreed with education and the cost is understood. Marchetti agreed. Persky added that it is important staff feel they can stand up for themselves and advocate. With the health department being already bare bones, this places leadership between a rock and a hard place. County appropriations for next year are noted. Van Buren County has agreed to a three percent increase. Cass County has not given word, but leadership will continue to work to anticipate ahead of next month. The legislative alert after the memo highlights the above-mentioned concerns around the state budget.

Moving to two more items, Persky provided the opportunity for anyone in the counties to receive a free air purifier through the health department. Coordinate with Persky or Jaramillo if interested. Persky announced she gave an interview about the Van Buren Opioid Settlement Request for Proposals (RFP) with News Channel 3. The Van Buren County Opioid Settlement Grant Opportunity is hosted on our website; Cass County's Settlement RFP is also listed on our website.

Nursing and Medical Director Report

Dr. Wile brought three topics to the board for awareness. First, a study about the benefits and harmful effects of marijuana use since legalization occurred. The large study of over 2 million recreational marijuana users showed that there is increased risk of cardiovascular harm. In young adults 18-59 years of

Van Buren/Cass District Health Department Minutes
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age there is a 29% increase in heart attacks and a 20% increase in strokes. The 12-year-old to 17-year-old age group is the most likely to start with marijuana usage, so Wile highlighted the importance of discouraging youth from marijuana use. Second, fluoride in water is reviewed through a report of 19 studies showing that naturally occurring, extremely high dosages of fluoride occur in the same locations as lower IQ and cognitive development. Wile emphasized that although municipalities are using much lower amounts than what is noted in the 19 studies, some cities are pulling fluoride. Dental associations are concerned about these sudden decisions as fluoride is important to dental cavity and decay prevention. Third, Michigan is looking at a new waiver to restrict Supplemental Nutrition Assistance Program (SNAP) users from purchasing sugary products. This could potentially benefit dental health in rural communities.

Jones commented on the comparison of alcohol and marijuana use with more benefits connected to marijuana. Wile agreed as alcohol is toxic based on studies while deaths associated with marijuana are in conjunction with other pharmaceuticals. Jones continued by asking the exact details of fluoride as he has seen concern within his community. Wile answered that he spoke with Dr. Malsbary, health department dental director, after reviewing the article. The discussion focused on fluoride in water being one of the largest public health achievements. The concern lies with naturally occurring fluoride, which is double or more of the amount that U.S. municipalities put in their water. Linderman asked about the definition of high versus low levels of fluoride. Wile reviewed the recommendations and the much higher amount being connected to lower IQ levels. Persky added a reminder that in data and scientific studies, the control of all variables is not always possible, and correlation does not imply causation. It's important to take a beat when reading narratives on social media and consider the complexities of data and statistics.

Dental Report

Updates are discussed in the written report.

Environmental Health Report

Updates are discussed in the written report.

Health Promotions Report

Updates are discussed in the written report.

There was no other business and no public comment. Motion to adjourn at 3:44pm by Jones, second by Peat. The next regular District Board of Health meeting is scheduled for August 13, 2025, at 3:00pm at the Van Buren Cass District Health Department, 260 South Street, Lawrence, MI.

Tina Leary, Board of Health Chairperson

Danielle Persky, Health Officer

Lauren Jaramillo, Board of Health Secretary

VAN BUREN/CASS COUNTY DISTRICT HEALTH DEPARTMENT
2025-2026 FISCAL YEAR PROPOSED BUDGET - DENTAL

Account Code	Account Title	FYE 2024 ACTUAL	YTD 07/31/25 ACTUAL	2025 PROPOSED BUDGET
TOTAL REVENUES				
	Dental Revenue	2,107,671	1,816,038	2,150,000
4106	Veterans Services - County	57,207	55,298	72,000
4202	Miscellaneous Revenue	96	527	250
TOTAL REVENUES		2,164,974	1,871,863	2,222,250
TOTAL EXPENSES				
7001	Salary and Wages	1,607,720	1,010,155	1,415,404
7005	Production Pay		365,816	430,000
7006	PTO Payout		21,432	10,000
7010	Salary and Wages Overtime	2,000	801	1,000
7101	FICA Employer's Share	101,334	98,147	108,500
7102	Health Insurance	195,782	166,400	222,000
7103	Health Reimbursement Account	10,481	2,849	-
7104	Dental Reimbursement	168	1,115	750
7105	Vision Insurance	1,700	1,545	2,016
7106	Life Insurance	1,976	1,874	2,728
7107	Retirement Contribution	28,671	21,580	45,000
7108	Worker's Compensation	(2,457)	4,163	5,000
7109	Unemployment Taxes	(9,012)	-	-
7110	Health Insurance Option	8,817	9,266	18,000
7111	Short Term Disability	4,732	6,417	7,625
7112	Dental Insurance	6,956	8,091	11,700
7201	General Office Supplies	13,625	2,952	5,000
7202	Subscriptions & Publications	941	2,033	2,100
7203	Uniforms and Accessories	977	1,137	2,300
7205	Computer Software Maint/Fees	11,092	16,137	20,000
7206	Janitorial Supplies	3,135	46	1,000
7207	Medical Supplies	746	97	250
7208	Non-Capital Equipment and Furniture	5,704	1,224	2,000
7210	Operating Supplies	797	421	500
7220	Dental Supplies	142,741	137,060	150,000
7301	Mileage Reimbursement	7,442	6,368	7,500
7304	Professional Development - Conferences	(10)	-	-
7306	Professional Development - Training	450	445	500
7401	Telephone	5,894	3,760	4,500
7402	Utilities - Cable/Internet	4,237	2,637	3,000
7403	Postage	984	1,316	1,500
7501	Utilities - Electricity	13,929	8,160	11,000
7502	Utilities - Gas	2,761	2,549	2,800
7503	Utilities - Waste/Recycle	5,337	3,395	4,000
7504	Utilities - Water/Sewer	1,917	833	1,000
7520	Building Lease Fees	100,817	77,517	90,500
7540	Building Maintenance	2,121	2,564	2,500

VAN BUREN/CASS COUNTY DISTRICT HEALTH DEPARTMENT
2025-2026 FISCAL YEAR PROPOSED BUDGET - DENTAL

Account Code	Account Title	FYE 2024 ACTUAL	YTD 07/31/25 ACTUAL	2025 PROPOSED BUDGET
7601	Consultant Fees	146	-	-
7602	Legal Fees	-	2,221	1,000
7604	Computer Consultants			5,000
7606	Laboratory Services	162,364	126,040	150,000
7610	Professional License Fees	3,754	2,094	2,500
7611	Membership Dues		3,114	3,200
7613	Printing	40	74	100
7614	X-Rays	345	-	-
7630	Professional Liability Insurance	2,095	8,009	10,000
7631	Property Liability Insurance	9,093		10,000
7640	Office Equipment Lease/Rental	1,689	1,538	1,700
7650	Equipment Maintenance	8,190	5,716	10,000
7671	Credit Card Fees	10,756	170	-
7672	PayPal Fees	33		-
7673	Other Fees	802		1,000
TOTAL EXPENSES		\$ 2,483,812	\$ 2,139,277	\$ 2,786,173
NET GAIN (LOSS) - DENTAL OPERATIONS		\$ (318,838)	\$ (267,414)	\$ (563,923)

**** No overhead costs allocated**

VAN BUREN/CASS COUNTY DISTRICT HEALTH DEPARTMENT
2025-2026 FISCAL YEAR PROPOSED BUDGET

REVENUES

		ADOPTED BUDGET AMOUNT
FUNDING DESCRIPTION	FUNDING SOURCE	
FEDERAL/STATE FUNDING		
CHILDREN'S SPECIAL HEALTH CARE OUTREACH & ADVOCACY	MDHHS	100,821
CSHCS CARE COORDINATION	DHHS/MDHHS	35,000
CSHCS MEDICAID ELEVATED BLOOD LEAD CASE MGMT	DHHS	2,500
CSHCS MEDICAID OUTREACH	DHHS	38,000
DISEASE INTERVENTION SPECIALIST WORKFORCE (12/31/25)	DHHS	19,444
HIV PREVENTION (05/31/26)	DHHS/MDHHS	40,000
IMMUNIZATION ACTION PLAN	DHHS	61,868
LOCAL MCH	DHHS	78,545
LOCAL HEALTH DEPT SHARING SUPPORT	MDHHS	5,000
MEDICAID OUTREACH REIMBURSEMENT	DHHS	22,450
PUBLIC HEALTH INFRASTRUCTURE GRANT	DHHS	84,000
PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP)	DHHS	127,353
TUBERCULOSIS (TB) CONTROL	DHHS	172
BEACH MONITORING	EGL	11,100
BODY ART INSPECTIONS	EGL	2,335
CAMPGROUND PROGRAM	EGL	5,600
DRINKING WATER LONG-TERM MONITORING PROGRAM	EGL	3,800
EGL DRINKING WATER & ONSITE WASTEWATER MANAGEMENT	MDHHS	725,204
ESSENTIAL LOCAL PUBLIC HEALTH SERVICES	MDHHS	466,559
FOOD ELPHS	MDHHS	198,822
HEARING ELPHS	MDHHS	87,278
IMMUNIZATION VACCINE QUALITY ASSURANCE	MDHHS	16,895
LEAD CASE MANAGEMENT	MDHHS	1,500
LOCAL COMMUNITY STABILIZATION AUTHORITY	MDHHS	192,942
NON-COMMUNITY WATER SUPPLY PROGRAM	EGL	232,000
ORAL HEALTH - KINDERGARTEN ASSESSMENT	MDHHS	160,783
SEAL! MICHIGAN DENTAL SEALANT	MDHHS	65,364
PUBLIC SWIMMING POOL PROGRAM	EGL	8,475
SEPTIC HAULERS PROGRAM	EGL	2,800
VECTOR BORNE SURVEILLANCE PROGRAM	MDHHS	18,000
VISION ELPHS	MDHHS	87,278
TOTAL STATE FUNDING		\$ 2,901,888
NON-PROFIT FUNDING		
EAT WELL BE WELL (06/30/26)	UNITED WAY	30,000
TOTAL NON-PROFIT FUNDING		\$ 30,000
LICENSES & PERMITS		
SEPTIC SYSTEM PERMITS	VBCASSDHD	155,000
WELL PERMIT FEES	VBCASSDHD	175,000
TOTAL LICENSES & PERMITS		\$ 330,000
CHARGES FOR SERVICES		
HOME LOAN INSPECTIONS	VBCASSDHD	7,000

VAN BUREN/CASS COUNTY DISTRICT HEALTH DEPARTMENT
2025-2026 FISCAL YEAR PROPOSED BUDGET

REVENUES

FUNDING DESCRIPTION	FUNDING SOURCE	ADOPTED BUDGET AMOUNT
SOIL EVALUATIONS	VBCASSDHD	2,500
SWIMMING POOL INSPECTIONS	VBCASSDHD	7,000
FOSTER HOME & DAYCARE INSPECTIONS	VBCASSDHD	15,000
RADON/LEAD TESTS	VBCASSDHD	30
CAMPGROUND INSPECTION FEES	VBCASSDHD	10,500
FOOD INSPECTION/LICENSE FEES	VBCASSDHD	160,000
FOOD PLAN REVIEW	VBCASSDHD	7,500
COPY FEES	VBCASSDHD	3,500
IMMUNIZATION SERVICES	VBCASSDHD	45,000
COMMUNICABLE DISEASE SERVICES	VBCASSDHD	2,500
HEARING/VISION SERVICES	VBCASSDHD	20,000
TOTAL CHARGES FOR SERVICES		\$ 280,530
CONTRIBUTIONS FROM LOCAL UNITS		
APPROPRIATIONS - GENERAL	VAN BUREN CO	445,000
APPROPRIATIONS - LAWRENCE BUILDING SPACE	VAN BUREN CO	75,000
APPROPRIATIONS - GENERAL	CASS CO	308,000
TOTAL CONTRIBUTIONS FROM LOCAL UNITS		\$ 828,000
INVESTMENT INCOME		
INTEREST		55,000
TOTAL INVESTMENT INCOME	VBCASSDHD	\$ 55,000
OTHER REVENUE		
MISCELLANEOUS INCOME		1,000
TOTAL OTHER REVENUE	VBCASSDHD	\$ 1,000
TOTAL OPERATING REVENUES		\$ 4,426,418
FUND BALANCE APPROPRIATION		-
TOTAL REVENUES		\$ 4,426,418
Net Revenues(Expenses)		\$ 145,791

VAN BUREN/CASS COUNTY DISTRICT HEALTH DEPARTMENT
2025 - 2026 FISCAL YEAR PROPOSED BUDGET

EXPENDITURES

EXPENSE DESCRIPTION	PROPOSED BUDGET
<u>PERSONNEL COSTS</u>	
7001 SALARIES & WAGES	2,550,847
7006 PTO PAYOUT	40,000
7010 SALARIES & WAGES OVERTIME	4,000
7101 FICA	180,000
7102 HEALTH INSURANCE	415,000
7104 DENTAL REIMBURSEMENT	750
7112 DENTAL INSURANCE	16,625
7105 VISION INSURANCE	3,640
7106 LIFE INSURANCE	4,515
7107 RETIREMENT CONTRIBUTION	142,000
7108 WORKER'S COMPENSATION	30,600
7110 HEALTH INSURANCE OPT OUT	32,400
7111 SHORT TERM DISABILITY	15,390
TOTAL PERSONNEL BUDGET	\$ 3,435,767

OPERATIONS & MAINTENANCE

7201 GENERAL OFFICE SUPPLIES	12,000
7202 SUBSCRIPTIONS & PUBLICATIONS	7,400
7203 UNIFORMS & ACCESSORIES	2,700
7204 COMPUTER SUPPLIES	5,000
7205 COMPUTER SOFTWARE/MAINT FEES	95,000
7206 JANITORIAL SUPPLIES	12,000
7207 MEDICAL SUPPLIES	7,250
7208 NON CAPITAL EQUIPMENT & FURNITURE	13,000
7210 OPERATING SUPPLIES	5,000
7211 PROMOTIONAL SUPPLIES	4,500
7220 DENTAL SUPPLIES	-
7245 FUEL CHARGES	6,500
7301 MILEAGE REIMBURSEMENT	50,200
7302 MEALS	2,500
7303 LODGING	3,500
7304 PROFESSIONAL DEVELOPMENT - CONFERENCES	5,000
7305 PARKING FEES	500
7306 PROFESSIONAL DEVELOPMENT - TRAINING & SEMINARS	14,500
7320 BOARD OF HEALTH - MILEAGE	1,100
7401 UTILITIES - TELEPHONE	25,500
7402 UTILITIES - CABLE/INTERNET	12,000
7403 POSTAGE	17,500
7501 ELECTRICITY	34,000
7502 UTILITIES GAS	7,200
7503 UTILITIES - WASTE/RECYCLE	6,000
7504 UTILITIES - WATER/SEWER	4,000
7520 BUILDING RENTAL	222,250

VAN BUREN/CASS COUNTY DISTRICT HEALTH DEPARTMENT
2025 - 2026 FISCAL YEAR PROPOSED BUDGET

EXPENDITURES

EXPENSE DESCRIPTION	PROPOSED BUDGET
7540 BUILDING MAINTENANCE	12,500
7601 CONSULTANT FEES	10,000
7602 LEGAL FEES	4,000
7603 AUDITING FEES	16,050
7604 COMPUTER CONSULTANTS	20,000
7606 LABORATORY SERVICES	-
7608 SPECIAL NEEDS ASSISTANCE	250
7610 PROFESSIONAL LICENSES FEES	2,500
7611 MEMBERSHIP DUES	6,800
7615 FOOD LICENSE SURCHARGE	15,000
7620 BOARD OF HEALTH - PER DIEM	2,500
7630 PROFESSIONAL LIABILITY INSURANCE	2,500
7631 PROPERTY LIABILITY INSURANCE	52,360
7640 OFFICE EQUIPMENT RENTAL	18,300
7650 EQUIPMENT MAINTENANCE	2,500
7651 VEHICLE MAINTENANCE	15,000
7655 CAPITAL EQUIPMENT	84,000
7670 BANK CHARGES	3,500
7673 OTHER FEES	1,000
TOTAL OPERATIONS & MAINTENANCE BUDGET	\$ 844,860
TOTAL EXPENSES	\$ 4,280,627
NET GAIN (LOSS)	\$ 145,791

Dental Ad-Hoc Committee Charter

I. Purpose

The purpose of the Ad-Hoc Committee is to conduct a comprehensive analysis of and provide consultation to the Health Officer, Finance Director, Dental Director and Board of Health on opportunities to sustain the dental clinic and its operations.

II. Objectives

The objectives of the Ad-Hoc Committee are to:

1. Review and analyze dental clinic revenue and expenses
2. Review and analyze leadership-designed strategies to solve the deficit, taking into consideration local public health code and Michigan rules & statutes.
3. Develop budget recommendations for the Board of Health

III. Membership

1. **Composition:** The committee shall consist of 6 members, including:
 - o Health Officer (serve as Chair)
 - o Three members of the Board of Health; at least one Commissioner from each county
 - o Finance Director
 - o Dental Director
2. **Appointment:** Members shall be appointed by the Board of Health.
3. **Term:** The term of the committee members shall last until the committee has completed its objectives and delivered its final recommended budget but shall not exceed three (2) months from the date of formation unless extended by the Board of Health.

IV. Responsibilities

The responsibilities of the Ad-Hoc Committee include:

1. **Meetings:** Convene at least once and as necessary to accomplish objectives.
2. **Analysis:** Conduct thorough review and analysis of the revenue and expenses of the dental department, competing budget priorities, and MI Public Health Code Rule and Statute-requirements of the local public health department. Conduct thorough analysis

of leadership-designed strategies to solve the deficit, address the competing priorities, and maintain obligations to MI Public Health Code rules and statutes.

3. **Reporting:** Submit a final budget and report with findings and recommendations.

V. Documentation

Minutes of all meetings shall be recorded. Upon request, minutes may be distributed to all committee members and the Board of Health.

VI. Timeline

1. **Formation Date:** The committee shall be formed on Wednesday, August 13, 2025.
2. **Milestones:**
 - First meeting: TBD
 - Analysis & drafting recommendations: August
 - Budget recommendation submitted: September

VII. Dissolution

The Ad-Hoc Committee shall be dissolved upon completion of its objectives and the submission of its final budget recommendation to the Board of Health, unless otherwise extended by the Board.



Hours of Operation:

Monday - Thursday 8am - 5pm
Friday 8am - 2pm

Cass County

Immunizations
1st & 3rd Wednesdays

STI Testing & Treatment
Thursdays

Dental
Monday - Friday

Van Buren County

Immunizations
Thursdays

STI testing & treatment
Wednesdays

Dental
Monday - Friday

Newsworthy

Visit vbcassdhd.org/news

First 2025 Human Case of West Nile Virus in Michigan

Your Voice, Your Health: What We Heard from Cass County

Farmers: Apply Now to Join the 2025 Senior Project Fresh Program

Medical Director and Nursing

In July, outreach events at Decatur and Covert Libraries provided hearing and vision screenings along with Michigan Care Improvement Registry (MCIR) immunization record reviews. Screenings were also conducted at the Project Nomad Migrant Program in Lawrence. Additionally, the HIV Public Health Nurse (PHN) Team attended the annual HIV meeting in Lansing. PHNs recently participated in Question, Persuade, Refer (QPR) Training, hosted by Van Buren Community Mental Health—a key step in community mental health support. Meanwhile, the Patagonia Lab Interface with the Michigan Department of Health and Human Services Bureau of Laboratories (MDHHS-BOL) is nearing completion, with a launch in late August.

Van Buren County has seen a rise in **Campylobacter** cases, with over 50% linked to backyard flocks. There is also an increase in Lyme Disease cases across our district and the state. Education is key to preventing the spread of Lyme Disease. Read more [here](#). Michigan has reported 27 measles cases as of July 31st, 2025. Review the **Measles in Michigan Dashboard** for the most up to date information. Public health officials continue to monitor arbovirus activity across Michigan with the **Arbovirus Weekly Summary**. 11 mosquito pools have tested positive for arbovirus infections, indicating active transmission in the environment. 1 animal has tested positive for West Nile Virus (WNV). No human cases of arboviruses have been reported to date.

Dental Clinic and Outreach

Both clinics were active in July, and we're working diligently to integrate new patients into the schedule as efficiently as possible. Dowagiac welcomed 391 patients, including 36 new patients. Lawrence saw 591 patients, with 71 new patients joining our care community.

Currently, dentist appointments are booking three to four weeks out. Hygiene appointments remain in high demand and are currently scheduled over 3 months out. We are actively managing a short-call list to offer openings to new patients as cancellations arise.

Environmental Health

- 64 septic permits
- 77 well permits
- 49 restaurant inspections
- 13 temporary food inspections
- 29 swimming pool inspections
- 39 septic final inspections
- 49 well final inspections
- 20 restaurant reinspection's
- 26 campground inspections



Hours of Operation:

Monday - Thursday 8am - 5pm
Friday 8am - 2pm

Cass County

Immunizations
1st & 3rd Wednesdays

STI testing & treatment
Thursdays

Dental
Monday - Friday

Van Buren County

Immunizations
Thursdays

STI testing & treatment
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**Farmers: Apply Now to
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Project Fresh Program**

Health Promotions

Health Promotions and clinical staff participated in outreach events hosted by the Van Buren District Library at the Covert and Bloomingdale branches on July 31st and August 11th. Attendees received hearing and vision screenings, immunization records, and general health information. These events were a great opportunity to connect with families and promote accessible health services.

On July 26th, staff joined in the celebration at the Lawrence Community Clinic grand opening. The health department shared general service information, answered questions, and handed out giveaways to welcome this new resource.

Thanks to an employee wellness grant, Health Promotions organized a week-long wellness activity for employees to take a break from their desks and enjoy some creative and relaxing time together. Activities included painting, snacking, and team-building exercises.

August is National Emergency Preparedness Month
Are you prepared in case of an emergency? Holtec Palisades wants to ensure our community knows how to stay safe and informed.

Review the Holtec Emergency Planning Guide to learn what steps to take before, during, and after an emergency. Emergency Planning Guide:

holtecinternational.com/products-and-services/holtec-palisades/emergency/

Visit the VBCDHD website for more emergency preparedness resources:

vbcassdhd.org/resources/emergency-planning-disaster-preparedness/

PALISADES POWER PLANT EMERGENCY INFORMATION IS NOW AVAILABLE ONLINE.

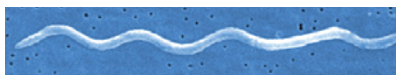
Palisades Nuclear Station Public Information is now available online and can be accessed at
www.holtec.com/emergencypreparedness



You can use the following QR code to find more emergency information

LYME DISEASE

Lyme disease is caused by bacteria called *Borrelia burgdorferi*, and rarely, *Borrelia mayonii*. The bacteria are spread to people through the bites of infected blacklegged ticks.



Under a microscope, the Lyme disease bacteria are corkscrew shaped.



Ticks can attach to any part of the human body but prefer hard-to-see areas such as the groin, armpits, and scalp. In most cases, the tick must be attached and fill with blood before Lyme disease bacteria can be transmitted.

EMBEDDED NYMPHAL TICK
PHOTO COURTESY OF DURLAND FISH.

Where People Most Commonly Get Lyme Disease

People can only get Lyme disease from ticks that carry the bacteria. In high-risk areas, about 10–50% of blacklegged ticks carry the bacteria. These high-risk areas include:

- Eastern states, primarily New England and the mid-Atlantic.
- The Great Lakes Region and Northern Midwestern states, especially Wisconsin and Minnesota.
- West Coast, particularly parts of northern California and, less commonly, Oregon and Washington.

Transmission

Ticks need to be attached for more than 24 hours and begin filling with blood before they can transmit (spread) Lyme disease bacteria. Most people are infected through the bites of immature ticks called nymphs. Nymphs are tiny (less than 2 mm) and difficult to see. They most commonly bite during spring and summer.



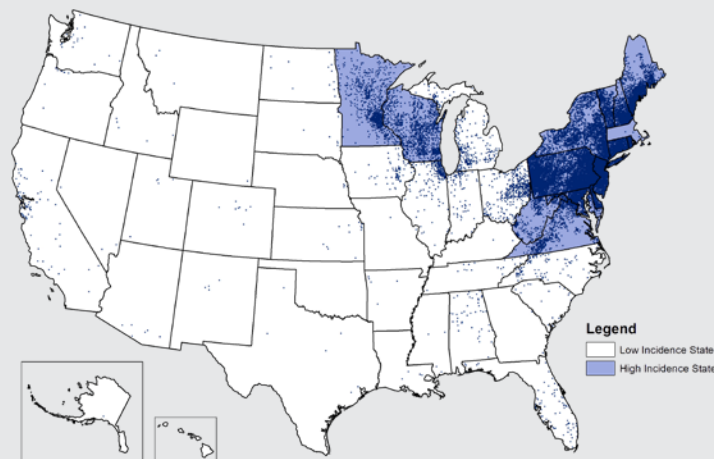
Blacklegged ticks don't just have black legs! They are a different species than other common ticks, like the dog tick. In their larval and nymphal stages, blacklegged ticks are no bigger than a pinhead. Adults are larger, about the size of a sesame seed. (Left to right: larva, nymph, adult male, adult female)

Adult ticks can also transmit Lyme disease bacteria. They are more likely to be found and removed because they are bigger than nymphs. They most commonly bite during the fall.

There is no evidence that Lyme disease is transmitted from person-to-person through touching, kissing, or having sex with a person who has Lyme disease. Untreated Lyme disease during pregnancy can lead to infection of the placenta. Spread from mother to fetus is possible, but rare. Fortunately, with appropriate antibiotic treatment, there is no increased risk of adverse birth outcomes. If you are pregnant and suspect you may have Lyme disease, contact your healthcare provider. There are no reports of Lyme disease transmission through breast milk or blood transfusion.

Reported Cases of Lyme Disease — United States, 2019

1 DOT PLACED RANDOMLY WITHIN COUNTY OF RESIDENCE FOR EACH CONFIRMED CASE

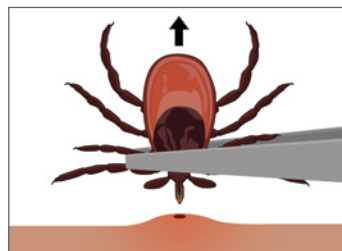
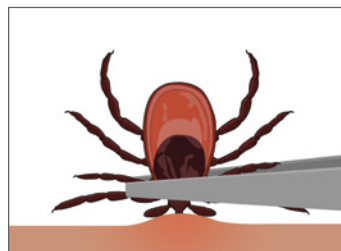


Although Lyme disease cases have been reported in nearly every state, this does not mean there is risk of infection in every state. Cases are reported based on where a person lives, not where they were infected. Some people become infected while traveling out of state.

This map does not reflect every case of Lyme disease diagnosed in 2019. Surveillance data are subject to each state's ability to capture and classify cases, which may vary between states, and from year to year. Due to the coronavirus disease 2019 (COVID-19) pandemic, 2019 and 2020 data from some jurisdictions may be incomplete. For more information, visit www.cdc.gov/lyme/datasurveillance.

Tick Removal

Grasp the tick firmly and as close to the skin as possible. With a steady motion, pull the tick's body away from the skin. Do not be alarmed if the tick's mouthparts remain in the skin. Cleanse the area with rubbing alcohol or soap and water.



Signs and symptoms

Early diagnosis and proper antibiotic treatment of Lyme disease is important and can help prevent more serious forms of the disease. Contact your healthcare provider if you notice an expanding rash or other possible symptoms.

Signs and symptoms of early Lyme disease can include:

- An expanding skin rash, called erythema migrans
- Fatigue
- Chills and fever
- Headache
- Muscle and joint pain
- Swollen lymph nodes

Erythema migrans is often a reddish or purple-colored rash that appears 3–30 days after the bite of an infected tick. It typically appears at the site of the tick bite, is round or oval, and expands gradually over several days. It can appear on any area of the body. The center of the rash sometimes clears as it enlarges, resulting in a “bull’s-eye” appearance. The rash may be warm, but it is rarely itchy or painful. Erythema migrans occurs in over 70 percent of people with Lyme disease.

Not all rashes that occur at the site of a tick bite are due to Lyme disease. An allergic reaction to tick saliva can also occur and be confused with an erythema migrans rash. Allergic reactions to tick saliva usually appear within a few hours after the tick bite, usually do not gradually expand in size, and disappear within a few days. A rash similar to erythema migrans has also been described following bites of the lone star tick. The condition has been named southern tick-associated rash illness (STARI), and the cause is unknown but it is not due to Lyme disease.

More severe forms of Lyme disease

Some signs and symptoms of Lyme disease may not appear until weeks or months after a tick bite:

- Arthritis with severe joint pain and swelling can occur, usually in one or more large joints, especially the knees.
- Nervous system symptoms can include numbness, pain, nerve paralysis (often of the facial muscles, usually on one side), and meningitis (fever, stiff neck, and severe headache).
- Rarely, irregularities of the heart rhythm can occur.

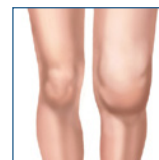
For a small percentage of people, symptoms of fatigue, body aches, or difficulty thinking can last after finishing treatment.

Reinfection

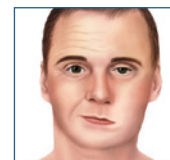
You can get Lyme disease again if you are bitten by another infected tick, so always protect yourself from tick bites.



*Erythema migrans
(bull’s-eye) rash*



*Lyme arthritis
(swollen knee)*



*Facial palsy
(facial droop)*

Diagnosis

Healthcare providers should consider the following factors when diagnosing Lyme disease:

- The likelihood that the patient has been exposed to infected blacklegged ticks (see map).
- Patient has signs and symptoms of Lyme disease, such as erythema migrans or arthritis.
- The possibility that other illnesses may be causing similar symptoms.
- Results of laboratory tests, recognizing that a serologic response may take several weeks to develop.

CDC recommends the use of Food and Drug Administration (FDA)–cleared tests for Lyme disease. Most available tests measure antibodies made in response to infection, which can take several weeks to appear in the blood. People who have been infected for longer than 6 weeks will almost always test positive, but people infected for shorter periods may not. Once produced, antibodies normally remain detectable in the blood for months or years after the patient has recovered.

This means that:

- Patients can have a negative blood test result if tested in the first few weeks after infection.
- Healthcare providers should treat patients for Lyme disease promptly if the patient has a history of recent exposure to tick bites and signs and symptoms of early Lyme disease, such as erythema migrans.
- A negative test result in a patient with arthritis or other long-standing symptoms is strong evidence that Lyme disease is not the cause of their illness.
- For people concerned about reinfection, it is difficult to distinguish between an old infection and a new infection using a blood test. Diagnosis of reinfection relies on careful clinical consideration of exposure history and symptoms.

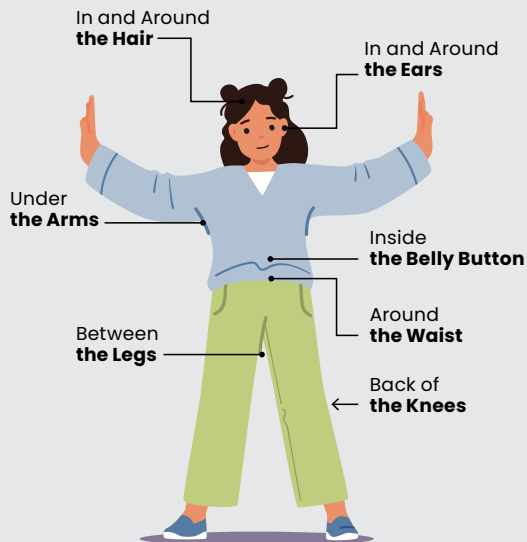
Treatment

People treated with appropriate antibiotics in the early stages of Lyme disease usually recover rapidly and completely. The antibiotics most commonly used to treat Lyme disease include doxycycline, amoxicillin, or cefuroxime axetil. Early diagnosis and proper antibiotic treatment of Lyme disease can help prevent more severe disease.

Tick Bite Prevention

- Use Environmental Protection Agency (EPA)-registered insect repellents containing DEET, picaridin, IR3535, oil of lemon eucalyptus, para-menthane-diol, or 2-undecanone. Always follow product instructions.
- Wear clothing treated with 0.5% permethrin. Re-treat clothing according to label instructions.
- Shower as soon as possible after spending time outdoors.
- Check for ticks daily. Ticks can hide under the armpits, behind the knees, in the hair, and in the groin.
- Tumble clothes in a dryer on high heat for 10 minutes to kill ticks on dry clothing after you come indoors. If the clothes are damp, dry them completely and then dry for 10 minutes on high heat.

Where to Check for Ticks



Lyme Disease Vaccine

There is not currently a vaccine for people to prevent Lyme disease, however clinical trials of new vaccines for Lyme disease are underway.

Post-Exposure Antibiotics

In general, CDC does not recommend antibiotics after tick bites to prevent tickborne diseases. However, in certain circumstances, a single dose of doxycycline after a tick bite in an area where Lyme disease is common may lower risk of Lyme disease. Ask your healthcare provider if antibiotics after a tick bite are appropriate for you.

Tick Bite Prevention for Pets

It is important to use a tick preventive product on your dogs because they are very susceptible to tick bites and tickborne diseases. Talk to your veterinarian about:

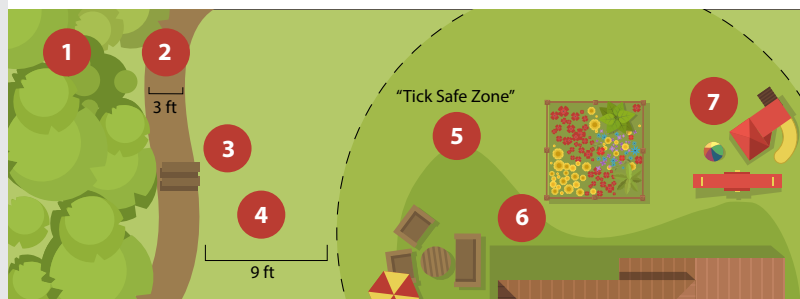
- Lyme disease vaccination for your dog
- The best tick prevention products for your pets
- Tickborne diseases in your area

Reduce the chances that a tick bite will make your dog sick by:

- Checking your pets for ticks daily
- Removing ticks from your pet immediately

Tick Control in the Yard

Landscaping to create tick-safe zones. Blacklegged ticks need high humidity to survive; they die quickly in drier environments. Removing leaf litter and clearing tall grass and brush around houses and at the edges of lawns will reduce the numbers of ticks. Placing wood chips or gravel between lawns or play areas and wooded areas creates a dry barrier that is difficult for ticks to cross. Fences can help keep deer away from homes.



- | | |
|---|--|
| 1 TICK ZONE
Avoid areas with forest and brush where deer, rodents, and ticks are common. | 5 TICK SAFE ZONE
Enjoy daily living activities such as gardening and outdoor play inside this perimeter. |
| 2 WOOD CHIP BARRIER
Use a 3-ft. barrier of wood chips or rock to separate the "tick zone" and rock walls from the lawn. | 6 GARDENS
Plant deer-resistant crops. If desired, an 8-ft. fence can keep deer out of the yard. |
| 3 WOOD PILE
Keep wood piles on the wood chip barrier, away from the home. | 7 PLAY SETS
Keep play sets in the "tick safe zone" in sunny areas where ticks have difficulty surviving. |
| 4 TICK MIGRATION ZONE
Maintain a 9-ft. barrier of lawn between the wood chips and areas such as patios, gardens, and play sets. | |

Based on a diagram by K. Stafford, Connecticut Agricultural Experiment Station

For more information please contact:

Telephone: 1-800-CDC-INFO (232-4636) / TTY: 1-888-232-6348
Web: www.cdc.gov/Lyme

Arbovirus* Activity, Including West Nile Virus and Eastern Equine Encephalitis: Weekly Summary, Michigan 2025

**Arboviruses are viruses transmitted by mosquitoes or other insects*

Updated: July 7, 2025



Mosquito pools testing positive for arbovirus infection



Animals testing positive for West Nile virus infection



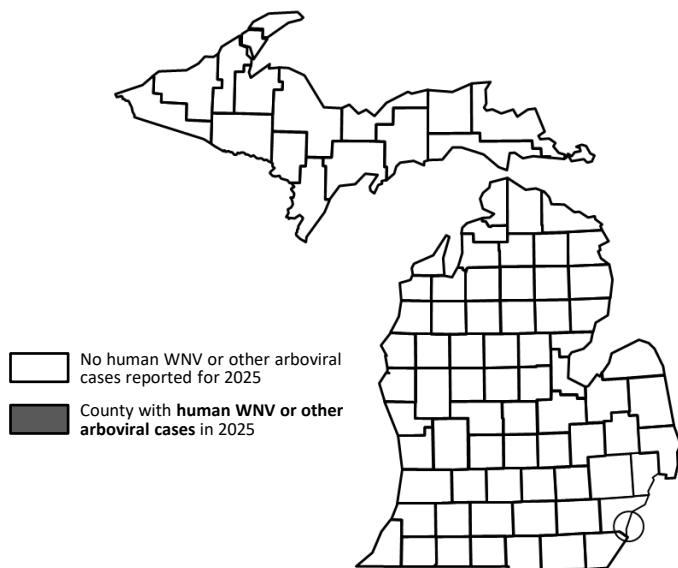
Human cases of West Nile virus or other arboviruses reported

Highlights

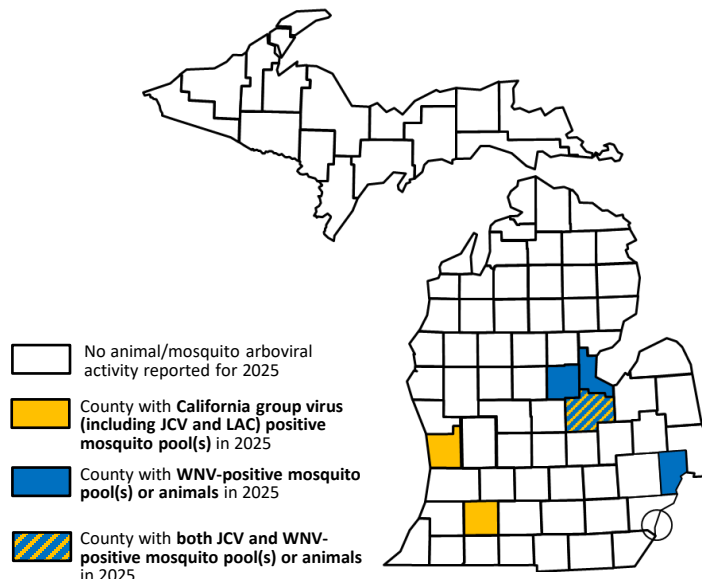
- So far in 2025, one bird from Saginaw County and five mosquito pools from Bay, Macomb and Midland (3) counties have tested positive for West Nile virus (WNV).
- Six total mosquito pools from Saginaw (4), Kalamazoo, and Macomb counties have tested positive for Jamestown Canyon virus (JCV).
- In 2024,
 - Thirty-one Michigan residents tested positive for WNV, and seven tested positive for Jamestown Canyon virus (JCV).
 - Eighteen animals tested positive for Eastern equine encephalitis virus (EEEV).
 - 167 mosquito pools tested positive for arbovirus infection, out of 6,129 pools submitted for testing.

2024 Michigan Arbovirus Surveillance	
Total Number of Mosquito Pools Tested	1,698
Total Number of Mosquitoes Tested	32,346
WNV-Positive Mosquito Pools	5
JCV-Positive mosquito pools	6
Animal Arbovirus cases	1
Human Arbovirus cases	0

Human Cases



Animal Cases



For more information

www.michigan.gov/westnile

Preventing Mosquito Bites and Arboviruses:

Tips for Michigan Residents

The most effective way to avoid arboviruses is to prevent mosquito bites. Be aware of the West Nile virus and other arbovirus activity in your area and take action to protect yourself and your family.



Use Insect Repellent

Use Environmental Protection Agency (EPA)-registered insect repellents with one of the active ingredients below. When used as directed, EPA-registered insect repellents are proven safe and effective, even for pregnant and breastfeeding women.

- DEET
- Picaridin
- IR3535
- Oil of lemon eucalyptus (OLE) or para menthane-diol (PMD)
- 2-undecanone

Find the insect repellent that's right for you by using [EPA's search tool](#)



Tips for Babies & Children

- Always follow instructions when applying insect repellent to children.
- Do not use insect repellent on babies younger than 2 months old.
- Do not apply insect repellent onto a child's hands, eyes, mouth, and cut or irritated skin.
 - Adults: Spray insect repellent onto your hands and then apply to a child's face.
- Do not use products containing oil of lemon eucalyptus (OLE) or para-menthane-diol (PMD) on children under 3 years old.



Take steps to control mosquitoes inside and outside your home

- Use screens on windows and doors. Repair holes in screens to keep mosquitoes outside.
- Once a week, eliminate potential breeding areas for mosquitoes. Check inside and outside your home. Mosquitoes lay eggs on or near water:
 - Discard old tires, tin cans, ceramic pots or other containers that can hold water
 - Repair failed septic systems
 - Drill holes in the bottom of recycling containers left outdoors
 - Keep grass cut short and shrubbery trimmed
 - Clean clogged roof gutters, particularly if leaves tend to plug up the drains
 - Frequently replace the water in pet bowls
 - Flush ornamental fountains and birdbaths periodically; aerate ornamental pools, or stock them with predatory fish.

For Up-to-Date Information Visit Michigan's Emerging Diseases Website

www.michigan.gov/westnile

or the Centers for Disease Control and Prevention Website

www.cdc.gov/westnile

Cass County 2025 Reportable Diseases

Date Reported: 08/13/2025

Presented to: Appointed Membrs of the Board of Health
Presented by: Julie Beeching RN, BSN Director of Nursing

Jul-2025 Reporting Period	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 2025	YTD 2024	2024 total	2023 total	2022 total	2021 total	2020 total
acute flaccid myelitis													0	0	0	0	0	0	0
anaplasmosis					1								1	0	0	0	0	0	0
animal bites	4	4	8	5	5	7	9						42	38	66	73	66	63	61
anthrax													0	0	0	0	0	0	0
arboviral encephalitides													0	0	0	0	0	0	0
eastern equine													0	0	0	0	0	0	0
west nile													0	0	0	0	0	0	0
zika													0	0	0	0	0	0	0
babesiosis													0	0	0	0	0	0	0
blastomycosis													0	0	1	0	1	0	0
botulism													0	0	0	0	0	0	0
brucellosis													0	0	0	0	0	0	0
campylobacteriosis						2	2						4	5	6	5	3	4	5
candidiasis													0	0	0	0	0	0	0
chancroid													0	0	0	0	0	0	0
chickenpox/varicella													0	0	0	0	1	0	1
cholera													0	0	0	0	0	0	0
coccioioidomycosis						1							1	0	0	0	0	0	0
CPO (CP-CRE)				1									1	0	0	1	0	1	0
cryptosporidiosis													0	1	1	1	1	2	4
cyclosporidiosis													0	0	0	0	0	0	0
dengue fever													0	0	0	0	0	0	0
diphtheria													0	0	0	0	0	0	0
E-coli 0157:H7													0	0	0	0	0	0	0
ehrlichiosis													0	0	0	0	0	0	0
encephalitis													0	0	0	0	0	0	0
giardiasis			1										1	1	3	1	3	0	6
glanders													0	0	0	0	0	0	0
guillain-barre syndrome													0	0	0	0	0	0	0
haemopholis influenzae	1												1	2	2	4	0	0	1
hantavirus													0	0	0	0	0	0	0
hemolytic uremic syndrome													0	0	0	0	0	0	0
hemorrhagic fever virus													0	0	0	0	0	0	0
hepatitis A													0	0	0	0	0	0	0
hepatitis B		1				2							3	2	2	2	2	2	5
hepatitis C acute	3		1			1							5	4	9	8	0	2	2
hepatitis C chronic	1	3	2	1	1	1	3						12	6	8	17	6	3	9
hepatitis non A non B													0	3	0	0	0	0	0
histoplasmosis	1	1	1		1								4	0	2	1	0	0	0
influenza virus ILI and confirmed	186	411	141	75	67	7	0						887	643	1049	933	267	0	677
kawasaki disease													0	0	0	1	0	0	0
legionellosis	1												1	0	0	1	2	2	3
leprosy													0	0	0	0	0	0	0

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leptospirosis													0	0	0	0	0	0	0
listeriosis													0	0	0	2	0	0	1
lyme disease						2	2						4	4	5	10	4	16	3
malaria													0	0	0	0	1	0	0
measles													0	0	0	0	0	0	0
meliodosis													0	0	0	0	0	0	0
meningitis - aseptic													0	0	0	2	2	1	2
meningitis - bacterial													0	0	0	2	0	0	0
meningococcal disease													0	0	0	0	0	0	0
MERS-CoV													0	0	0	0	0	0	0
mumps													0	0	0	0	1	0	0
orthopox virsu													0	0	0	0	0	0	0
pertussis	1			2	3								6	0	2	0	0	0	0
plague													0	0	0	0	0	0	0
polio													0	0	0	0	0	0	0
prion disease													0	0	0	0	0	0	0
psittacosis													0	0	0	0	0	0	0
Q fever													0	0	0	0	0	0	0
rabies													0	0	0	0	0	0	0
rubella													0	0	0	0	0	0	0
salmonellosis							1						1	0	4	3	1	3	4
SARS													0	0	0	0	0	0	0
shigellosis													0	1	1	0	0	0	0
spotted fever													0	0	0	0	0	0	0
STEC - shiga toxin e-coli							1						1	0	0	0	1	0	0
staphylococcus aureus MRSA													0	0	0	0	0	0	0
streptococcus pneumonia,Invasive			1	1									2	2	5	2	5	0	4
streptococcus pyogenes grp A		1		1									2	3	5	10	0	2	3
tetanus													0	0	0	0	0	0	0
toxic shock syndrome													0	0	0	0	0	0	0
trichinellosis													0	0	0	0	0	0	0
tuberculosis													0	0	0	0	0	0	0
tularemia													0	0	0	0	0	0	0
typhoid fever													0	0	0	0	0	0	0
vibriosis													0	0	0	0	0	0	0
VISA(5)/VERSA(4)													0	0	0	0	0	0	0
yellow fever													0	0	0	0	0	0	0
yersiniosis				1									1	1	1	0	0	2	0
COVID-19	68	46	17	13	4	7	2						157	296	480	729	3748	5253	2895
RSV pediatric mortality (< 5 yrs of age)													0	0	0	na	na	na	na

Van Buren County 2025
Reportable Diseases

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acute flaccid myelitis													0	0	0	0	0	0	0
anaplasmosis													0	0	0	0	0	0	0
animal bites	11	12	21	17	18	23	17						119	77	150	117	185	131	151
anthrax													0	0	0	0	0	0	0
arboviral encephalitides													0	0	0	0	0	0	0
eastern equine													0	0	0	0	0	0	0
west nile													0	0	0	0	0	0	0
zika													0	0	0	0	0	0	0
babesiosis													0	0	0	0	0	0	0
blastomycosis				1									1	1	1	1	0	0	0
botulism													0	0	0	0	0	0	0
brucellosis													0	0	0	0	0	0	0
campylobacteriosis	1		1	1	3	1	9						16	8	18	12	13	16	7
candidiasis													0	0	0	0	0	0	0
chancroid													0	0	0	0	0	0	0
chickenpox/varicella			1	1									2	0	5	0	0	0	1
cholera													0	0	0	0	0	0	0
coccioioidomycosis													0	0	0	1	0	0	0
CPO (CP-CRE)													0	0	0	0	1	0	1
cryptosporidiosis							1						1	1	1	2	4	4	5
cyclosporidiosis													0	0	0	0	0	3	1
dengue fever													0	0	0	0	0	0	0
diphtheria													0	0	0	0	0	0	0
E-coli 0157:H7													0	0	0	0	0	0	0
ehrlichiosis													0	0	0	0	0	0	0
encephalitis													0	0	0	0	0	0	2
giardiasis					1								1	0	1	4	3	3	9
glanders													0	0	0	0	0	0	0
guillain-barre syndrome													0	0	0	0	1	0	0
haemopholis influenzae				1	1								2	0	0	4	2	1	2
hantavirus													0	0	0	0	0	0	0
hemolytic uremic syndrome													0	0	0	0	0	0	0
hemorrhagic fever virus													0	0	0	0	0	0	0
hepatitis A	1												1	0	0	0	0	0	1
hepatitis B													0	0	1	2	2	5	2
hepatitis C acute		1											1	4	11	3	1	4	6
hepatitis C chronic		1			2	1	2						6	15	20	18	12	13	17
hepatitis non A non B													0	0	0	0	0	0	0
histoplasmosis		3											3	0	0	3	8	3	0
influenza virus ILI & Confirmed	710	1460	714	365	184	29	2						3464	2174	3547	3070	1739	5	1699
kawasaki disease													0	0	0	0	1	0	0
legionellosis													0	3	4	0	1	3	3
leprosy													0	0	0	0	0	0	0

Van Buren County 2025
Reportable Diseases

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leptospirosis													0	0	0	0	0	0	0
listeriosis													0	0	0	0	1	0	0
lyme disease			1		1	5	10						17	16	20	23	11	16	3
malaria													0	0	0	0	0	0	0
measles													0	0	0	0	0	0	0
meliodosis													0	0	0	0	0	0	0
meningitis - aseptic					1	1	1						3	1	1	2	6	2	4
meningitis - bacterial					1		1						2	2	5	3	2	0	0
meningococcal disease													0	0	0	0	0	0	0
MERS-CoV													0	0	0	0	0	0	0
mumps													0	0	0	1	0	0	0
orthopox virsu													0	0	0	0	0	0	0
pertussis	1					1	1						3	0	5	0	0	0	4
plague													0	0	0	0	0	0	0
polio													0	0	0	0	0	0	0
prion disease													0	0	0	0	0	1	0
psittacosis													0	0	0	0	0	0	0
Q fever													0	0	0	0	0	1	0
rabies													0	0	0	1	0	0	0
rubella													0	0	0	0	0	0	0
salmonellosis	2						1						3	3	6	13	4	7	5
SARS													0	0	0	0	0	0	0
shigellosis													0	1	3	5	2	1	1
spotted fever													0	0	0	0	0	0	1
STEC - shiga toxin e-coli				1									1	1	3	4	1	1	2
staphylococcus aureus MRSA	1				1								2	11	11	1	2	0	0
streptococcus pneumonia Inv.	2	2	1	1	1		1						8	8	11	11	7	11	5
streptococcus pyogenes grp A	1	2		1									4	4	5	19	3	0	2
tetanus													0	0	0	0	0	0	0
Strep toxic shock syndrome													0	0	0	0	0	0	1
trichinellosis													0	0	0	0	0	0	0
tuberculosis	1												1	0	0	0	0	0	0
tularemia													0	0	0	0	0	0	0
typhoid fever													0	0	0	0	0	0	0
vibriosis													0	0	0	0	1	0	0
VISA(5)/VERSA(4)													0	0	0	0	0	0	0
yellow fever													0	0	0	0	0	0	0
yersiniosis					1								1	3	3	2	1	0	4
COVID-19	118	104	42	18	5	2	12						301	486	879	1254	7475	8410	3877
RSV pediatric mortality (< 5 yrs of age)													0	0	0	na	na	na	na

Monthly