

# REPORTABLE DISEASE UPDATE

*2nd Quarter 2021 - 2025 · Issued August 5, 2025*

The Reportable Disease Update has been developed to communicate infectious disease data and information to our community healthcare partners. This update will be distributed quarterly to identify communicable disease trends and communicate any emerging diseases that may impact our community.

## IMPORTANT 2ND QUARTER INFORMATION

**Lyme:** In Q2, Oakland County has seen a significant increase in Lyme Disease cases compared to previous years. There was a 64.5% increase in reported Lyme Disease cases in Q2 2025 (51 cases) compared to Q2 2024 (31 cases). As we experience warmer weather, tick activity increases, raising the risk of Lyme disease exposure. This multi-systemic illness is caused by the spirochete *Borrelia burgdorferi*. Lyme remains the most reported vector-borne illness in the United States, and cases are increasing across the state of Michigan, including Oakland County. Providers should maintain a high index of suspicion, especially during peak tick activity seasons which include late spring, summer, and fall.

With the increase in Lyme disease in Oakland County, it is recommended that providers consider Lyme as a part of their differential diagnosis when indicated. The pretest probability to determine whether testing is necessary for a patient can be found [here](#).

The current recommended test is serologic testing via a standard two-tiered test with an Enzyme Immunoassay (EIA) or Immunofluorescence Assay (IFA) reflexed to a Western Immunoblot (WB). When ordering testing, keep in mind:

- Antibodies can take weeks to develop, patients may test negative if infected recently. Patients suspected for Lyme disease should be treated while awaiting test results.
- Antibodies normally persist in the blood for months or even years after the infection is gone; therefore, the test cannot be used to determine cure.
- Some tests give results for two types of antibodies, IgM and IgG. Positive IgM results should be disregarded if the patient has been ill for more than 30 days.

A single dose of doxycycline has been shown to reduce the frequency of Lyme disease. Lyme disease prophylaxis after tick bite can be beneficial under certain circumstances. Please see the [CDC's Lyme Disease Prophylaxis After Tick Bite decision chart](#) to determine whether a patient with a tick bite might benefit from post exposure prophylaxis (PEP) to prevent Lyme Disease. Healthcare providers may consider providing educational materials to patients at general checkups and physicals on how to prevent tick exposures due to the increased risk of Lyme disease in Michigan and Oakland County. Information on preventing tick bites on humans can be found at: [www.cdc.gov/ticks/prevention/index.html](http://www.cdc.gov/ticks/prevention/index.html). Pets can also contract Lyme disease and bring ticks into the home. Veterinarians may consider increased counseling to their clients on how to best prevent ticks on pets.

**Animal Exposures:** Only one rabies-positive animal, a bat, was identified in Oakland County during Q2. During the spring and summer months, we experience a significant increase in animal bites and exposures that require investigation due to potential rabies virus exposure. Educating the community on rabies disease prevention is key to mitigate transmission in Oakland County.

- To report an animal bite or exposure during regular business hours, call 248-858-1286. If bitten or exposed after hours & need immediate assistance, call 248-858-0931.
- For animal collection to test for rabies, call Oakland County Animal Control at 248-858-1090.

## OCHD HELPFUL INFORMATION

[MDHHS Lyme Disease Resources](#)

[OCHD Animal Exposures Webpage](#)

[Video - How to Safely Capture a Bat](#)

[2025 Michigan Reportable Disease List](#)

OCHD After Hours line: 248-858-0931

OCHD Communicable Disease  
(CD) Unit: 249.858.1286



# Oakland County First Quarter Reportable Disease Update 2021 - 2025

Enteric Disease	Q2 2021	Q2 2022	Q2 2023	Q2 2024	Q2 2025
Campylobacter	37	42	35	25	38
Cryptosporidiosis	0	2	4	9	6
Giardiasis	12	6	14	15	12
Salmonellosis	37	13	31	37	18
Shiga toxin Producing E. coli (STEC)	4	5	5	4	6
Shigellosis	8	9	11	8	6
Hepatitis	Q2 2021	Q2 2022	Q2 2023	Q2 2024	Q2 2025
Hepatitis A	1	0	0	1	0
Hepatitis B Acute	0	2	1	5	0
Hepatitis B Chronic	44	23	37	50	33
Hepatitis C Acute	0	0	0	1	4
Hepatitis C Chronic	106	66	57	62	58
Vaccine Preventable Diseases	Q2 2021	Q2 2022	Q2 2023	Q2 2024	Q2 2025
Chickenpox (Varicella)	5	5	9	8	8
Hib	1	2	1	5	0
Measles	0	0	0	0	0
Mumps	0	1	0	0	0
Pertussis	2	3	3	15	8
STI	Q1 2021	Q1 2022	Q1 2023	Q1 2024	Q1 2025
Chlamydia	986	907	936	842	778
Gonorrhea	379	294	304	283	226
Syphilis - Primary*	9	11	7	3	10
Meningitis & Invasive Diseases	Q1 2021	Q1 2022	Q1 2023	Q1 2024	Q1 2025
Meningitis - Aseptic	8	7	6	7	4
Meningitis - bacterial other	2	5	4	5	4
Meningitis - Meningococcal Disease	2	0	0	0	0
Meningitis - Streptococcus pneumoniae invasive	4	9	22	25	18
Vector Borne Disease	Q1 2021	Q1 2022	Q1 2023	Q1 2024	Q1 2025
Lyme Disease	17	17	17	31	51
West Nile Virus	0	0	0	0	0
Animals	Q1 2021	Q1 2022	Q1 2023	Q1 2024	Q1 2025
Rabies Animals	2	1	2	1	1
Rabies: Potential Exposure and PEP	28	51	60	46	64
Other	Q1 2021	Q1 2022	Q1 2023	Q1 2024	Q1 2025
Novel Coronavirus COVID-19	34,931	42,274	5,793	2,264	1,307
Legionellosis	14	14	9	14	6
Streptococcus pneumoniae - Drug Resistant	4	0	1	0	0
Streptococcus Disease, Invasive, Group A	2	9	25	15	18
CPO (Formerly CP-CRE)	4	4	18	12	13
C Auris	1	2	11	18	31

Second Quarter = April - June and includes Confirmed, Probable, Suspect and Unknown cases. This includes cases marked Active, Completed, Completed Follow-Up, New and Review.