








Gallatin County Weekly Communicable Disease Report

This report provides a weekly snapshot of communicable disease activity in Gallatin County. Data are provisional and are expected to change as more information is received.

Table 1. Communicable diseases reported in Gallatin County* compared to statewide data during MMWR Week 12 (week ending 3/25/2023).

	Gallatin County			State of Montana	
	Total (2023 Year-to-Date)	MMWR Week 12	Six-Week Trend Line	Total (2023 Year-to-Date)	MMWR Week 12
General Communicable Diseases					
COVID-19**	1,073	59		8,355	675
<i>Streptococcus Pneumoniae</i> , Invasive	2	1		37	4
Influenza (2022-2023 Season)					
Cases	2,073	8		10,759	30
Hospitalizations or Deaths	60	0		567	4
Sexually Transmitted Diseases					
Chlamydia	138	17		851	67
Gonorrhea	17	4		239	21
Other Conditions					
Animal Bites	44	3		Not Reported	

Data source: MTDPHHS Weekly Communicable Disease Epidemiology Report

*Not all cases were contracted in Gallatin County

**Expanded COVID-19 data is available on the next page, and updated weekly on our [dashboard](#)

Communicable Disease News:

- **COVID-19 Update:** On January 30, 2023, President Biden announced the COVID-19 public health emergency will end on May 11, 2023. Read the full declaration [here](#).
- Additional summary of diseases reported in the state of Montana for MMWR Week 12:
 - **Enteric Diseases:** Campylobacteriosis (3), Cryptosporidiosis (2), Cyclosporiasis (1), Giardiasis (2), Salmonellosis (2), Shiga toxin-producing Escherichia coli (STEC) (2)
 - **General Communicable Diseases:** Elevated blood lead (5), Latent TB infection (9)
 - **Hepatitis:** Hepatitis B, acute (1), Hepatitis C, acute (1), Hepatitis C, chronic (26)
 - **STD/HIV:** Syphilis, primary or secondary (7)
 - **VPDs:** Influenza hospitalization or death (3), Varicella (chickenpox) (2)
 - **Zoonotic Diseases:** Rabies, post-exposure prophylaxis (PEP) (4)
- **Influenza:** Influenza activity **increased** statewide from March 19th – March 25th, 2023, with 30 new cases, 3 hospitalizations, and 1 death reported. Season to date, 10,759 cases, 547 hospitalizations, and 20 deaths have been associated with influenza. Influenza A is currently the dominant influenza type circulating in Montana – seasonal subtypes H1N1 (n=194) and H3N2 (n=382) have both been detected.
 - Influenza-like illness (ILI) reported in Montana for Week 12 **increased slightly** from 1.62% to 1.84%.
 - During week 12, RSV percent positivity **decreased** to 1.24%. Due to two consecutive weeks of RSV activity below 3% positivity, the 2022-2023 RSV season was declared over in Montana on March 11, 2023.

Questions? Please Contact:

Gallatin City-County Communicable Disease Program
Hours: M-F 8:00AM-5:00PM: (406) 582-3100
After hours 24/7 line: (406) 582-2100 ext. 2, ask to page the Health Dept
www.healthygallatin.org
[Reportable Communicable Disease List](#)

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Gallatin County COVID-19 Data

During MMWR Week 13 (week ending 4/1/23), 50 new COVID-19 cases were reported among Gallatin County residents. Among the newly reported cases, approximately 61% were confirmed breakthrough cases, defined as testing positive for SARS-CoV-2 ≥ 14 days after receiving a primary COVID-19 vaccine series. As of April 1, 2023 Gallatin County reports 13,262 cases of confirmed breakthrough disease, which includes 360 hospitalizations and 30 deaths.

Table 2. Summary of COVID-19 Activity among Gallatin County residents reported between 3/17/2020 to 4/1/2023.

	Total	MMWR Week 13	% Change from Previous Week
Reported Cases	42,068	50	-15.25%
Laboratory Tests	353,846	577	-1.20%
Hospitalizations	1,568	2	-60.00%
Deaths	134	0	0.00%

Table 3. Describes the number of active cases per 100,000 Gallatin County residents among Vaccine Eligible Age Groups as of 4/2/2023.

Age Group	Number of Active Cases	Total Number of Residents	Active Cases per 100,000
0 to 4	3	5,906	51
5 to 11	1	9,138	11
12 to 17	3	7,616	39
18 to 29	26	28,995	90
30 to 39	3	17,388	17
40 to 49	9	14,113	64
50 to 59	5	11,667	43
60 to 69	13	12,149	107
70 to 79	16	6,846	234
80+	6	2,968	202

Table 4. Describes [CDC community impact level](#) as of 4/2/2023, established to help determine which prevention actions are recommended based on healthcare system strain. Gallatin County is currently experiencing “Low” community impact, as depicted by the black circle on the table below. Data regarding community levels and local indicators are found at the CDC COVID Data Tracker [here](#). During periods of low impact, the CDC recommends staying up to date with COVID-19 vaccines and boosters, maintaining improved ventilation throughout indoor spaces when possible, and following CDC guidelines for isolation and quarantine, including testing if you are exposed or have symptoms. Individuals who are immunocompromised or at high risk for severe disease should have a plan for rapid testing if needed and talk to their healthcare provider about whether they are a candidate for treatments like oral antivirals or monoclonal antibodies.

New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
		<200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	$\geq 15.0%$
≥ 200	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥ 10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	$\geq 10.0%$

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Figure 1. Describes the number of hospitalized COVID-19 cases by breakthrough status and CDC MMWR Week from March 28, 2021 to April 1, 2023. A breakthrough case is defined as testing positive for SARS-CoV-2 ≥ 14 days after receiving a primary COVID-19 vaccine series.

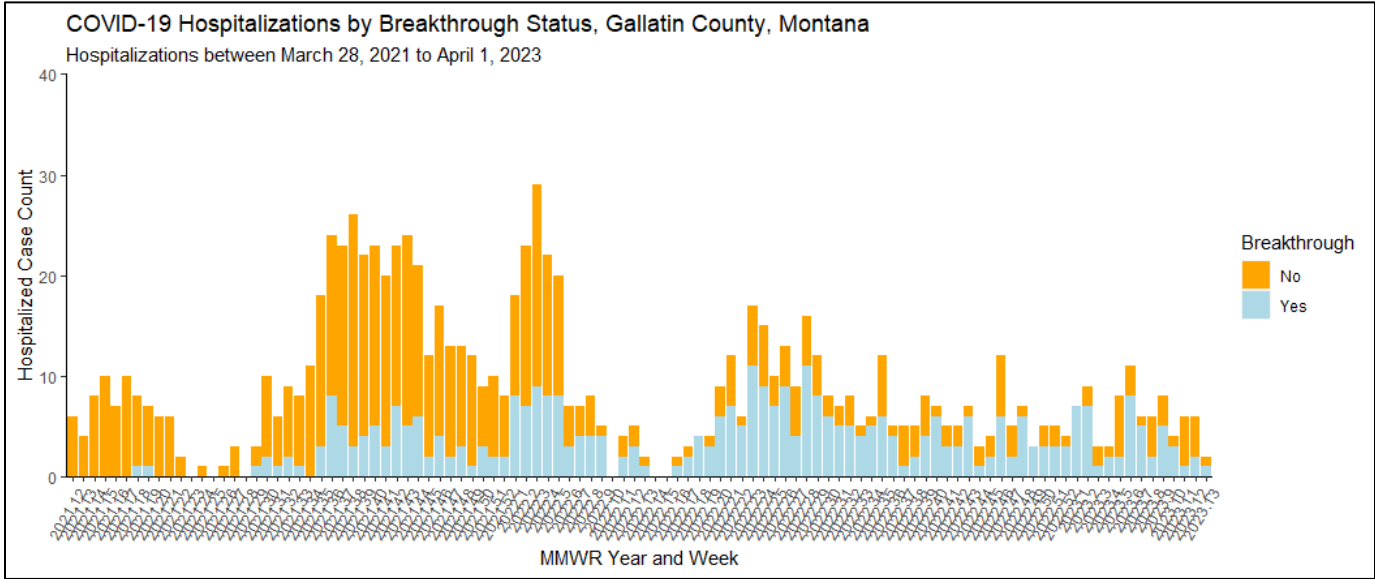
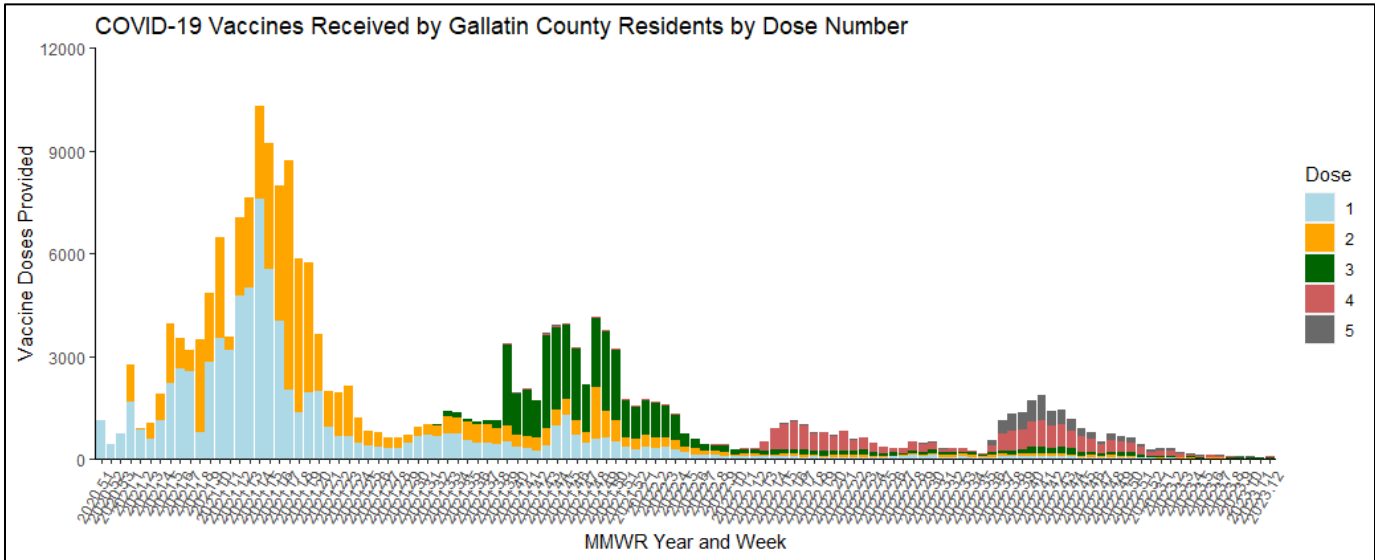


Figure 2. Describes COVID-19 vaccine doses received by Gallatin County residents by MMWR Year and Week as of March 25, 2023. Visit our [website](#) for a list of upcoming vaccine clinics.



If you are seeking data that is not included in the above report or our [dashboard](#), please submit a data request through HS@gallatin.mt.gov. The turnaround time depends on the complexity of the request and availability of our staff.

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