

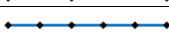


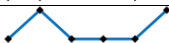








## Gallatin County Weekly Communicable Disease Report

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

**Table 1.** Communicable diseases reported in Gallatin County\* compared to statewide data during MMWR Week 43 (week ending October 28, 2023).

	Gallatin County			State of Montana	
	Total (2023 Year-to-Date)	MMWR Week 43	Six-Week Trend Line	Total (2023 Year-to-Date)	MMWR Week 43
<b>Influenza (2023-2024 Season)**</b>					
Influenza A	12	0		49	14
Influenza B	6	0			
Hospitalizations or Deaths	0	0		7	0
<b>General Communicable Diseases</b>					
COVID-19	2,595	54		20,213	523
<b>Enteric Diseases</b>					
Campylobacteriosis	36	2		383	10
Cryptosporidiosis	15	1		85	1
Giardiasis	18	1		81	2
<b>Hepatitis</b>					
Hepatitis C, Chronic	18	1		899	23
<b>Sexually Transmitted Diseases</b>					
Chlamydia	439	8		3,040	73
Gonorrhea	51	1		667	12
<b>Zoonotic Diseases</b>					
Rabies, PEP	19	1		227	1
<b>Other Conditions</b>					
Animal Bites	218	4		Not Reported	

Data source: MTDPHHS Weekly Communicable Disease Epidemiology Report

\*Not all cases were contracted in Gallatin County

\*\*Statewide disaggregated influenza data is unavailable.

### Communicable Disease News:

- Additional summary of diseases reported in the state of Montana for MMWR Week 43:
  - **Enteric Diseases:** Salmonellosis (2), Shiga toxin-producing *Escherichia coli* (STEC) (2), Shigellosis (1)
  - **General Communicable Diseases:** Latent TB Infection (LTBI) (1)
  - **Heavy Metal Exposures:** Lead (4)
  - **Hepatitis:** Hepatitis B, acute (1), Hepatitis B, chronic (1)
  - **STD/HIV:** Syphilis, primary and secondary (6), Syphilis, latent (7)
  - **Vaccine Preventable Diseases:** *Haemophilus influenzae*, invasive (2), Pertussis (3), *Streptococcus pneumoniae*, invasive (3), Varicella (Chickenpox) (1)
  - **Vector-borne Disease:** Lyme disease (1)

Gallatin City-County Communicable Disease Program

Hours: M-F 8:00AM-5:00PM: (406) 582-3100

**Questions? Please Contact:**

After hours 24/7 line: (406) 582-2100 ext. 2, ask to page the Health Dept

[www.healthygallatin.org](http://www.healthygallatin.org)

[Reportable Communicable Disease List](#)

## Gallatin County Weekly Communicable Disease Report

### Expanded COVID-19 Data

During the month of October 2023, 351 new COVID-19 cases were reported among Gallatin County residents. This is an approximate 31% decrease from the case-level reported for Gallatin County in September 2023, and a 19% decrease compared to October 2022. Due to changes made to state-level reporting requirements, we are no longer able to report data on breakthrough (vaccinated) infections.

**Table 2.** Summary of COVID-19 activity among Gallatin County residents reported between 3/17/2020 to 11/4/2023.

	Total	MMWR Week 44	% Change from Previous Week
Reported Cases	43,603	58	+16.00%
Hospitalizations	1,635	3	-33.33%
Deaths	139	0	NA*

\*percent change is incalculable when the previous value is zero.

**Table 3.** Describes the number of active cases by age group per 100,000 residents as of 11/5/2023.

Age Group	Number of Active Cases	Total Number of Residents	Active Cases per 100,000
0 to 4	6	5,906	102
5 to 11	2	9,138	22
12 to 17	0	7,616	0
18 to 29	20	28,995	69
30 to 39	11	17,388	63
40 to 49	10	14,113	71
50 to 59	8	11,667	69
60 to 69	5	12,149	41
70 to 79	5	6,846	73
80+	3	2,968	101

**Table 4.** Describes CDC COVID-19 hospital admission levels as of 11/6/2023, established to guide recommended preventative actions based on healthcare system strain. Gallatin County is currently experiencing “Low” level, in which 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 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.

Indicator	Low	Medium	High
New COVID-19 admissions per 100,000 (7-day total)	<10.0	10.0 – 19.9	≥20.0

## Gallatin County Weekly Communicable Disease Report

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- **Influenza in Montana: Activity is SPORADIC**
  - Influenza activity is currently low for the 2023-2024 influenza season in Montana.
  - Season to date, 49 cases, 6 hospitalizations, and 1 death has been associated with influenza. Active monitoring for the 2023-2024 influenza season began on October 1, 2023. Early reports of cases and hospitalizations began near the end of September.
  - During week 43, 565 specimens were tested for influenza at partner surveillance laboratories and 5 (0.88%) were positive.
  - Influenza A is currently the dominant influenza type circulating in Montana – Flu A seasonal subtype H1N1 (n=10), H3N2 (n=1) and flu B (n=5) have been detected.
  - Emergency department visits due to influenza-like illness (ILI) in Montana remained low at 0.99%.
  - During week 43, 402 specimens were tested for RSV at partner surveillance laboratories and 5 (1.24%) were positive.
  - Visit the new CDEpi Influenza dashboard [here!](#)
- **Vaccine Preventable Disease Update from DPHHS**
  - We've seen an increase in recent varicella (chickenpox) and pertussis (whooping cough) cases in the last weeks. Both varicella and pertussis are spread in the air from person to person. Both can be prevented through safe and effective vaccines.
  - Varicella starts with a fever and generally not feeling well and progresses to an itchy rash starting on the trunk and moving out. There is no usual treatment for varicella, but it can have severe complications including pneumonia, meningitis, and rarely death. More information can be found on the CDC website.
  - We've seen a number of provider-diagnosed varicella cases with negative PCR testing that turned out to be hand, foot, and mouth disease (HFMD) instead. The rash for HFMD presents differently than varicella; HFMD has a much shorter incubation period and spreads quicker than varicella. Varicella cases in a daycare or school require exposed, susceptible students to be excluded from school, while HFMD does not require exclusions after exposure. You can help prevent catching or spreading HFMD by washing hands and cleaning and disinfecting shared items such as toys and doorknobs. More information on HFMD can be found on the CDC website
  - Pertussis starts with a general unwell feeling progressing to a cough. This cough lasts for several weeks and may include the "whoop" sound at the end or vomiting during a coughing fit. The ill person usually feels well between the fits. It is most dangerous for babies, which is why vaccination is so important. Pertussis is treated with antibiotics for 5-7 days. More information about pertussis can be found on the CDC website.

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