
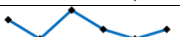










Gallatin County Weekly Communicable Disease Report

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. 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 44 (week ending November 4, 2023).

	Gallatin County			State of Montana	
	Total (2023 Year-to-Date)	MMWR Week 44	Six-Week Trend Line	Total (2023 Year-to-Date)	MMWR Week 44
Influenza (2023-2024 Season)**					
Influenza A	15	3		79	23
Influenza B	7	1			
Hospitalizations or Deaths	0	0		7	0
General Communicable Diseases					
COVID-19	2,654	60		20,708	489
Enteric Diseases					
Campylobacteriosis	38	2		391	8
Shiga Toxin-Producing E. Coli (STEC)	15	1		121	1
Hepatitis					
Hepatitis C, Chronic	19	1		915	16
Sexually Transmitted Diseases					
Chlamydia	461	22		3,119	79
Gonorrhea	53	2		690	21
Other Conditions					
Animal Bites	226	8		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 44:
 - **Enteric Diseases:** Cryptosporidiosis (1), Giardiasis (1)
 - **General Communicable Diseases:** Latent TB Infection (LTBI) (2)
 - **Heavy Metal Exposures:** Lead (2)
 - **STD/HIV:** HIV/AIDS (1), Syphilis, primary and secondary (3), Syphilis, latent (3)
 - **Vaccine Preventable Diseases:** *Haemophilus influenzae*, invasive (1), Pertussis (1), *Streptococcus pneumoniae*, invasive (5)
 - **Zoonotic:** Rabies, post-exposure prophylaxis (PEP) (4)

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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- **Statewide Influenza Summary for MMWR Week 44: Activity is SPORADIC**
 - Influenza activity is currently low for the 2023-2024 influenza season in Montana.
 - Season to date, 79 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 44, 843 specimens were tested for influenza at partner surveillance laboratories and 12 (1.42%) 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=7) have been detected.
 - Emergency department visits due to influenza-like illness (ILI) in Montana remained low at 1.03%.
 - During week 44, 353 specimens were tested for RSV at partner surveillance laboratories and 2 (0.57%) were positive.
 - Visit the new CDEpi Influenza dashboard [here!](#)
- **Vaccine Preventable Disease Update from DPHHS**
 - DPHHS has 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](#).
 - DPHHS has also 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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