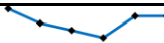
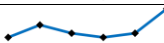








Gallatin County Weekly Communicable Disease Report

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 45 (week ending November 11, 2023).

	Gallatin County			State of Montana	
	Total (2023 Year-to-Date)	MMWR Week 45	Six-Week Trend Line	Total (2023 Year-to-Date)	MMWR Week 45
Influenza (2023-2024 Season)**					
Influenza A	18	3		164	69
Influenza B	14	7			
Hospitalizations or Deaths	0	0		8	1
General Communicable Diseases					
COVID-19	2,701	47		21,366	590
<i>Streptococcus Pneumoniae</i> , Invasive	6	1		88	1
Enteric Diseases					
Vibriosis	2	1		12	1
Sexually Transmitted Diseases					
Chlamydia	472	10		3,192	75
Other Conditions					
Animal Bites	230	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 45:
 - **Enteric Diseases:** Campylobacteriosis (6), Cryptosporidiosis (1), Giardiasis (4), Salmonellosis (4), Shiga toxin-producing *Escherichia coli* (STEC) (1), Shigellosis (1)
 - **General Communicable Diseases:** Latent TB Infection (LTBI) (4)
 - **Heavy Metal Exposures:** Lead (4)
 - **Hepatitis:** Hepatitis B, chronic (1), Hepatitis C, acute (2), Hepatitis C, chronic (13)
 - **STD/HIV:** Gonorrhea (9), Syphilis, primary and secondary (5), Syphilis, latent (2)
 - **Vaccine Preventable Diseases:** Pertussis (4), *Streptococcus pneumoniae*, invasive (1)
 - **Zoonotic:** Rabies, post-exposure prophylaxis (PEP) (3)

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](#)

Gallatin County Weekly Communicable Disease Report

- **Statewide Influenza Summary for MMWR Week 45: Activity is REGIONAL**
 - Influenza activity has started to increase during the 2023-2024 influenza season in Montana.
 - Season-to-date, 164 cases, 7 hospitalizations, and 1 death have 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 45, 734 specimens were tested for influenza at partner surveillance laboratories and 24 (3.27%) were positive.
 - Influenza A is currently the dominant influenza type circulating in Montana – Flu A seasonal subtype H1N1 (n=21), H3N2 (n=5) and flu B (n=10) have been detected.
 - Emergency department visits due to influenza-like illness (ILI) in Montana remained low at 0.91%.
 - During week 45, 378 specimens were tested for RSV at partner surveillance laboratories and 6 (1.59%) were positive.
 - Visit the new MTDPHHS Influenza dashboard [here](#).
- **CDC/MTDPHHS Health Alert Network (HAN): High blood lead levels in children consuming recalled cinnamon applesauce pouches**
 - FDA, CDC, and state and local partners are investigating a potential link between high blood lead levels (BLLs) in children and consuming certain cinnamon-containing apple purée and applesauce products.
 - There are 22 cases, in states including Alabama, Arkansas, Louisiana, Maryland, Missouri, New Mexico, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, and Washington, ages 1 to 3 years, with BLLs ranging from 4 to 29 micrograms per deciliter (µg/dL) after consumption of these products. Cases experienced signs and symptoms including headache, nausea, vomiting, diarrhea, change in activity level, and anemia.
 - At this time there are no children in Montana with high BLLs known to have consumed these products, but DPHHS recommends that children who have consumed a recalled applesauce pouch product should be tested for lead exposure.
 - WanaBana, Schnucks, and Weis have initiated voluntary recalls of certain lots of the following products:
 - WanaBana brand apple cinnamon fruit purée pouches
 - Schnucks brand cinnamon applesauce pouches
 - Weis brand cinnamon applesauce pouches
 - Read the full HAN [online here](#).
- **Local Syphilis Update:**
 - Syphilis cases continue to rise on a local, state, and national level. Screening at risk patients, along with prompt staging and treatment of those diagnosed with syphilis and their sexual partners are key strategies to reduce syphilis rates and prevent congenital syphilis. We have created a quick reference guide for providers to use in the clinical setting (see next two pages). It includes information on staging, treatment, post-treatment monitoring, and more. If your facility needs additional syphilis resources, please contact us at 406-582-3100.

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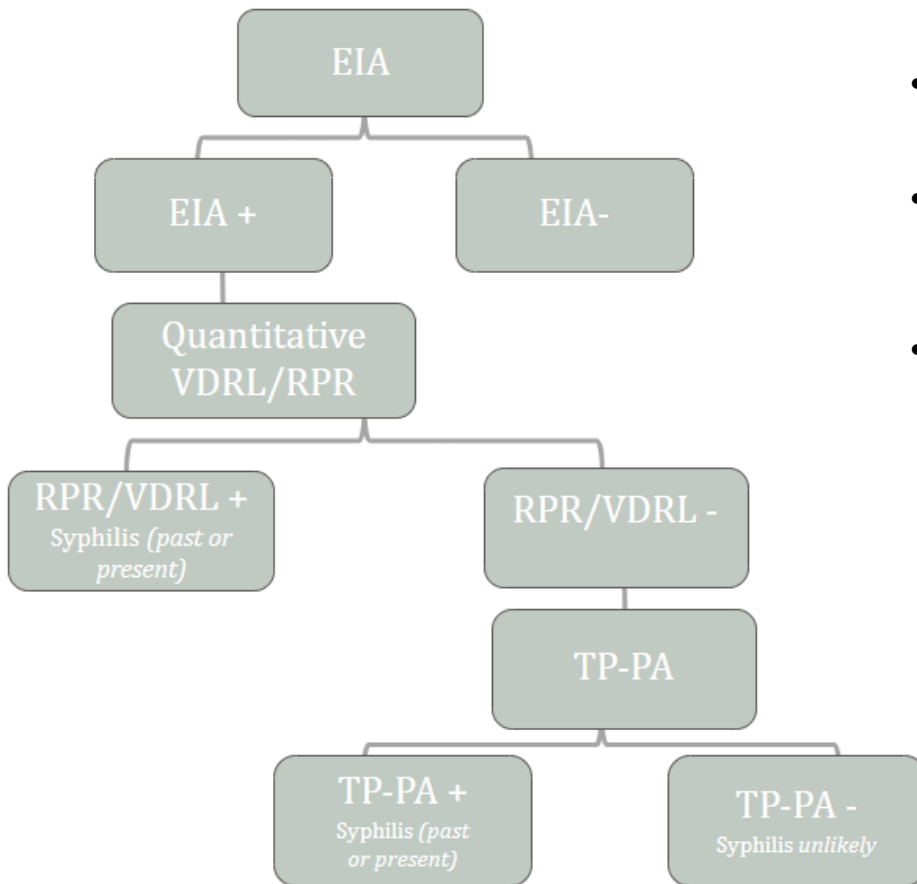
Provider Quick Reference Guide: Syphilis (Non-Congenital)

* At all stages of infection, patients should be screened for symptoms of *neurosyphilis*, which include: headache, stiff neck, confusion, nausea, vomiting, vision changes, floaters, cranial neuropathies, seizures, hearing loss, new or worsening tinnitus. If you suspect neurosyphilis in your patient, consult with an Infectious Disease Provider immediately.

Stage of Infection*					
	Primary	Secondary	Early Latent	Late Latent/ Tertiary	Unknown duration or Late
<i>Clinical Description</i>	Characterized by one or more ulcerative lesions (i.e. chancre), which might differ in clinical appearance. Classic Presentation: Single painless ulcer or chancre at the site of infection Atypical Presentation: Multiple, atypical, or painful lesions at the site of infection. More common in people with HIV.	Characterized by localized or diffuse mucocutaneous lesions (e.g., rash – such as non-pruritic macular, maculopapular, papular, or pustular lesions), often with generalized lymphadenopathy. Other signs can include mucous patches, condyloma lata, and alopecia. The primary ulcerative lesion may still be present	Initial infection has occurred within the previous 12 months but there are no current signs or symptoms of primary, secondary, or neurosyphilis . Less than 12 months duration by: 1) interval from prior negative syphilis test (or 4-fold titer increase) OR 2) report of symptoms consistent with syphilis within prior 12 months OR 3) sexual contact with a known case (or sexual debut) within prior 12 months	Late clinical manifestations of syphilis (tertiary syphilis) may include inflammatory lesions of: 1. Cardiovascular system (e.g. aortitis, coronary vessel disease), 2. Skin (e.g., gummatous lesions), 3. Bone (e.g., osteitis), 4. Other structures including the upper and lower respiratory tracts, mouth, eye, abdominal organs, reproductive organs, lymph nodes, and skeletal muscle)	Initial infection has occurred >12 months previously or there is insufficient evidence to conclude that infection was acquired during the previous 12 months . Greater than 12 months duration by: 1) interval from prior negative syphilis test (or 4-fold titer increase) OR 2) report of symptoms consistent with syphilis occurring > 12 months ago OR 3) sexual contact with a known case > 12 months ago
<i>Treatment</i>	Benzathine penicillin 2.4 million units IM in a single dose	Benzathine penicillin 2.4 million units IM in a single dose	Benzathine penicillin 2.4 million units IM in a single dose	Benzathine penicillin administered as 3 doses of 2.4 million units IM each at 1-week intervals	Benzathine penicillin administered as 3 doses of 2.4 million units IM each at 1-week intervals
	Alternative: Doxycycline 100 BID x 14 days	Alternative: Doxycycline 100 BID x 14 days	Alternative: Doxycycline 100 BID x 14 days	Alternative: Doxycycline 100 BID x 28 days	Alternative: Doxycycline 100 BID x 28 days
<i>Post Treatment Monitoring</i>	Nontreponemal Test (VDRL/RPR) at 6 and 12 months	Nontreponemal Test (VDRL/RPR) at 6 and 12 months	Nontreponemal Test (VDRL/RPR) at 6 and 12 months	Nontreponemal Test (VDRL/RPR) at 6, 12 months, and 24 months	Nontreponemal Test (VDRL/RPR) at 6, 12 months, and 24 months
<i>Successful Treatment Indicator</i>	4-fold titer decline by 12 months	4-fold titer decline by 12 months	4-fold titer decline by 12 months	4-fold titer decline by 24 months	4-fold titer decline by 24 months

Provider Quick Reference Guide: Syphilis (Non-Congenital)

Testing Algorithm (Reverse Sequence)



- Reverse Algorithm is typical in Montana.
- Cannot compare RPR and VDRL titers, try to stay consistent with patient's testing history.
- MT Public Health lab does TP-PA and VDRL testing- typically TP-PA results first at MTPHL.

Key Considerations:

- Have a very low threshold to test.
- Repeat VDRL on day of treatment.
- If follow-up is uncertain, don't wait for test results. Treat!
- Remember that titers fall over time, even without treatment. If there is no documentation of treatment and appropriate response, treat empirically.

Reporting to Public Health:

- Syphilis is a reportable condition under [ARM 37.114.203](#). Cases of syphilis should be reported to public health at time of diagnosis (by test results, patient history, and/or clinical findings).
- Public health will need to know the following: stage of infection (including symptoms, history of infection, and other staging indicators), treatment provided (including date(s) of treatment), risk factors identified (i.e., MSM, multiple anonymous partners, etc.), and any partners who were identified and empirically treated.