








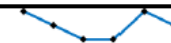





## Gallatin County Weekly Communicable Disease Report

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 3 (week ending January 20, 2024).

	Gallatin County			State of Montana	
	Total (2024 Year-to-Date)	MMWR Week 3	Six-Week Trend Line	Total (2024 Year-to-Date)	MMWR Week 3
<b>Influenza (2023-2024 Season)**</b>					
Influenza A	1,152	114		10,876	1,523
Influenza B	446	41			
Hospitalizations or Deaths	51	2		625	55
<b>General Communicable Diseases</b>					
COVID-19	233	65		2,093	570
<b>Enteric Diseases</b>					
Campylobacteriosis	1	1		16	4
Cryptosporidiosis	1	1		3	2
Giardiasis	1	1		5	1
Salmonellosis	2	2		4	2
Shiga Toxin-Producing E. Coli (STEC)	1	1		3	1
<b>Hepatitis</b>					
Hepatitis C, Chronic	3	1		54	17
<b>Sexually Transmitted Diseases</b>					
Chlamydia	16	3		142	44
Syphilis, Latent	2	1		21	6
<b>Other Conditions</b>					
Animal Bites	11	2		Not Reported	

Data source: MTPHHS 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 3:
  - **Enteric Diseases:** Vibriosis (1), Trichinosis (1)
  - **General Communicable Diseases:** Latent TB Infection (LTBI) (3)
  - **Heavy Metal Exposures:** Lead (8)
  - **Hepatitis:** Hepatitis A, acute (1)
  - **STD/HIV:** Gonorrhea (7), Syphilis, primary or secondary (5), Syphilis, congenital (1), HIV/AIDS (1)
  - **Vaccine Preventable Diseases:** *Streptococcus pneumoniae*, invasive (2), *Haemophilus influenzae*, invasive (1)
  - **Zoonotic:** Rabies, post-exposure prophylaxis (PEP) (1)

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

[Reportable Communicable Disease List](#)

**Questions? Please Contact:**

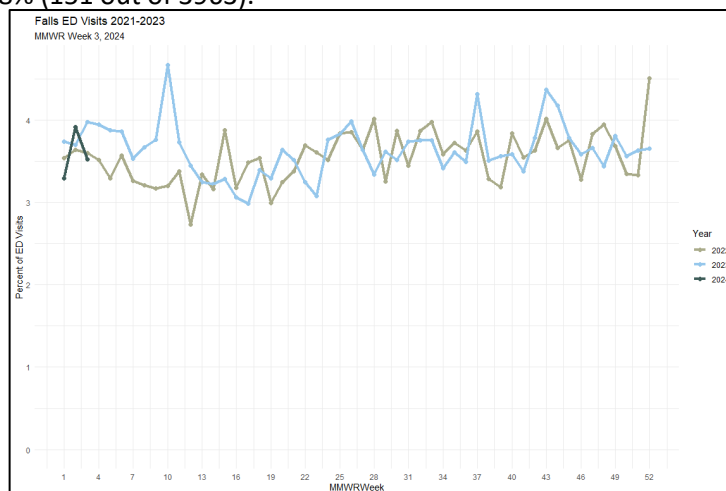
## Gallatin County Weekly Communicable Disease Report

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- **Statewide Influenza Summary for MMWR Week 3: Activity is WIDESPREAD**
  - Influenza activity is **slowly declining** for the 2023-2024 influenza season in Montana. 1,523 cases of influenza were reported during MMWR week 3.
  - Season to date, 10,876 cases, 601 hospitalizations, and 24 deaths have been associated with influenza. 95% of counties have reported at least one case of influenza this season.
  - Eleven facilities in Montana are currently responding to outbreaks of influenza. An outbreak of influenza indicates that there is evidence of active transmission between employees, patients, residents, and/or students of a congregate setting.
  - During week 3, 1,373 specimens were tested for influenza at partner surveillance laboratories and 366 (26.66%) were positive.
  - Partner surveillance laboratories have tested 19,694 specimens for influenza since October 1, 2023. Out of 19,694 specimens, 3,317 (16.84%) have tested positive for influenza. Influenza A is currently the dominant influenza type circulating in Montana. Flu A seasonal subtype H1N1 (n=232), H3N2 (n=172), and flu B (n=651) have been detected.
  - Emergency department visits due to influenza-like illness (ILI) in Montana decreased slightly to 3.65%.
  - During week 3, 408 specimens were tested for RSV at partner surveillance laboratories and 31 (7.60%) were positive.
  - Visit the new CDEpi Pan-Respiratory dashboard [here](#).
- **CDC Reports substantial increase in measles cases in US in recent weeks**
  - Aside from winter arriving around the US, measles has also made an unscheduled arrival. Multiple states are reporting cases of measles where an unvaccinated traveler was exposed and became ill after arriving back in the US. CDC released a [COCA Now article](#) reporting at least 23 confirmed cases of measles between December 1, 2023 and January 23, 2024. In Pennsylvania, this has led to measles spreading to at least 9 people, many of them children in daycare.
  - Most of these cases were among children and adolescents who had not received a measles-containing vaccine ([MMR \[t.emailupdates.cdc.gov\]](#) or MMRV), even if age eligible.
  - The characteristic red measles rash starts on the face and behind the ears and moves down the body. A few days beforehand, a high fever (104 degrees or higher), cough, runny nose, and red, watery eyes will occur. Some people get tiny white spots in their mouth called Koplik spots. The great news is that measles is preventable with 2 doses of vaccine. Most children get these at age 12-15 months and 4-6 years.
  - Due to the recent cases, healthcare providers should be on alert for patients who have: (1) febrile rash illness and [symptoms consistent with measles \[t.emailupdates.cdc.gov\]](#) (e.g., cough, coryza, or conjunctivitis), and (2) have recently traveled abroad, especially to countries with ongoing measles [outbreaks. \[t.emailupdates.cdc.gov\]](#) Infected people are contagious from 4 days before the rash starts through 4 days afterwards.
  - Measles cases often originate from unvaccinated or under vaccinated U.S. residents who travel internationally and then transmit the disease to people who are not vaccinated against measles. The increased number of measles importations seen in recent weeks is reflective of a rise in global measles cases and a growing [global threat \[t.emailupdates.cdc.gov\]](#) from the disease.
  - **Recommendations for Healthcare Providers on next page:**

## Gallatin County Weekly Communicable Disease Report

- **Isolate:** Do not allow patients with suspected measles to remain in the waiting room or other common areas of the healthcare facility; isolate patients with suspected measles immediately, ideally in a single-patient airborne infection isolation room (AIIR) if available, or in a private room with a closed door until an AIIR is available. Healthcare providers should be adequately [protected against measles](#) and should adhere to [standard and airborne precautions](#) when evaluating suspect cases regardless of their vaccination status.
- **Notify:** Immediately notify local or state health departments about any suspected case of measles to ensure rapid testing and investigation. Measles cases are reported by states to CDC through the [National Notifiable Diseases Surveillance System \(NNDSS\)](#) and can also be reported directly to CDC at [measlesreport@cdc.gov](mailto:measlesreport@cdc.gov).
- **Test:** Follow [CDC's testing recommendations and collect](#) either a nasopharyngeal swab or throat swab for reverse transcription polymerase chain reaction (RT-PCR), as well as a blood specimen for serology from all patients with clinical features compatible with measles. RT-PCR is available at CDC, at many state public health laboratories, and through the [APHL/CDC Vaccine Preventable Disease Reference Centers](#).
- **Manage:** In coordination with local or state health departments, provide appropriate measles post-exposure prophylaxis (PEP) to close contacts without evidence of immunity, either MMR or immunoglobulin. The [choice of PEP](#) is based on elapsed time from exposure or medical contraindications to vaccination.
- **Vaccinate:** Make sure all your patients are up-to-date on measles vaccine, especially before international travel. People 6 months of age or older who will be [traveling internationally](#) should be protected
- Below are data reported from the Montana Syndromic Surveillance system. These data capture real-time changes in the percentage of emergency department (ED) visits related to falls across the state and are monitored for significant increases. While most hospital facilities participate in syndromic surveillance, not all do. The charts represent only reported data; true numbers may vary. For questions on the data please contact Vanessa Whattam at 406-439-5324 or [vanessa.whattam@mt.gov](mailto:vanessa.whattam@mt.gov).
  - **Fall-related ED visits** accounted for 3.5% (230 out of 6521) of total ED visits during MMWR Week 3 in 2024 (January 14 - January 20) which is 0.4% decreased from the previous week. In 2023, falls-related ED visits made up 4% (265 out of 6666) of the total ED visits during MMWR Week 3. Over the past five weeks, the mean percentage of falls visits in 2024 is not statistically significantly different from the percentage for the same period in 2023. The preliminary rate for MMWR Week 4, 2024 (January 21 - January 27) is 3.8% (151 out of 3963).



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