











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 6 (week ending February 10, 2024).

	Gallatin County			State of Montana	
	Total (2024 Year-to-Date)	MMWR Week 6	Six-Week Trend Line	Total (2024 Year-to-Date)	MMWR Week 6
Influenza (2023-2024 Season)**					
Influenza A	1,391	56		15,232	1,160
Influenza B	581	29			
Hospitalizations or Deaths	66	2		786	24
General Communicable Diseases					
COVID-19	425	66		3,501	454
<i>Streptococcus Pneumoniae</i> , Invasive	2	1		18	2
Enteric Diseases					
Salmonellosis	4	2		14	2
Hepatitis					
Hepatitis C, Chronic	4	1		107	17
Sexually Transmitted Diseases					
Chlamydia	51	9		397	85
Gonorrhea	4	1		69	14
Other Conditions					
Animal Bites	23	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 6:
 - **Enteric Diseases:** Campylobacteriosis (8), Giardiasis (1), Shiga toxin-producing *Escherichia coli* (STEC) (1)
 - **General Communicable Diseases:** Latent TB Infection (LTBI) (3), Streptococcal toxic-shock syndrome (1)
 - **Heavy Metal Exposures:** Lead (3)
 - **Hepatitis:** Hepatitis B, chronic (1)
 - **STD/HIV:** Syphilis, congenital (1), Syphilis, primary or secondary (3), Syphilis, latent (13)
 - **Vaccine Preventable Diseases:** Varicella (1)
 - **Zoonotic and Vector Borne:** Rabies, post-exposure prophylaxis (PEP) (2)

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](#)

Questions? Please Contact:

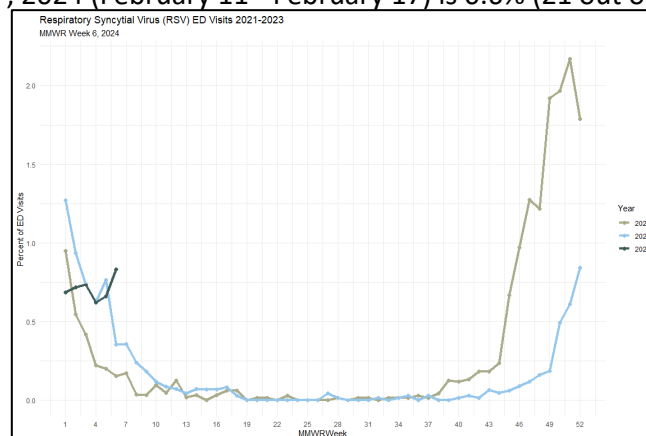
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- **Statewide Influenza & RSV Summary for MMWR Week 6: Activity is WIDESPREAD**

- Influenza activity is **slowly declining** for the 2023-2024 influenza season in Montana. 1,160 cases of influenza were reported during MMWR week 6.
- Season to date, 15,232 cases, 750 hospitalizations, and 36 deaths have been associated with influenza. 96% of counties have reported at least one case of influenza this season.
- Seven 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. A total of 33 outbreaks of influenza have been identified in congregate settings season-to-date.
- During week 6, 1,612 specimens were tested for influenza at partner surveillance laboratories and 311 (19.29%) were positive.
- Partner surveillance laboratories have tested 24,919 specimens for influenza since October 1, 2023. Out of 24,919 specimens, 4,409 (17.69%) have tested positive for influenza. Influenza A is currently the dominant influenza type circulating in Montana – Flu A seasonal subtype H1N1 (n=273), H3N2 (n=198), and flu B (n=1,079) have been detected.
- Emergency department (ED) visits due to influenza-like illness (ILI) in Montana decreased to 3.29%. This is above Montana’s baseline of 3.2%. Crossing above the baseline indicates an above-average number of patients being seen for ILI in EDs.
- During week 6, 621 specimens were tested for RSV at partner surveillance laboratories and 69 (11.11%) were positive.

- **Montana Statewide Syndromic Surveillance: Respiratory Syncytial Virus (RSV)**

- 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 RSV across the state and are monitored for significant increases. While most hospital facilities participate in syndromic surveillance, not all do. The chart represents 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.
- Respiratory Syncytial Virus (RSV)-related ED visits accounted for 0.8% (59 out of 7098) of total ED visits during MMWR Week 6 in 2024 (February 04 - February 10) which is 0.1% increased from the previous week. In 2023, RSV-related ED visits made up 0.4% (24 out of 6818) of the total ED visits during MMWR Week 6. Over the past five weeks, the mean percentage of RSV visits in 2024 is not statistically significantly different from the percentage for the same period in 2023. The preliminary rate for MMWR Week 7, 2024 (February 11 - February 17) is 0.6% (21 out of 3724).



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"Committed to the protection and promotion of public health."

Gallatin City-County Health Department

****Health Alert Network (HAN) Message****

Message Type: Health Update
To: Gallatin County Health Care Providers
Date: February 13, 2024
Re: Communicable Disease Reporting

Categories of Health Alert Messages:

Health Alert	Conveys the highest level of importance; warrants immediate action or attention.
Health Advisory	Provides important information for a specific incident; may not require immediate action.
Health Update	Provides updated information regarding an incident; unlikely to require immediate action.

Please see attached list of diseases and conditions that are reportable to public health in accordance with [ARM 37.114.203](#) (updated 2023). Most diseases should be reported to the health department once a diagnosis of a reportable condition is made. **This includes provider diagnosed probable and suspect cases of a communicable disease that are *not confirmed through laboratory testing*.** For example, diseases such as varicella and pertussis are often diagnosed in the clinical setting without laboratory confirmation, though we do encourage providers to *confirm these diagnoses through laboratory testing if possible*. In addition, if a patient presents to a clinical setting with an epidemiological link to a confirmed case of a reportable condition AND they have symptoms consistent with that condition, please report it to the health department as a probable case.

Laboratories should already be set up to fax positive communicable disease reports (typically through an automated system), so providers do not need to report conditions that are laboratory confirmed. However, if you have concerns this may not be happening at your facility, please call the Gallatin City-County Health Department at 406-582-3100 as soon as possible.

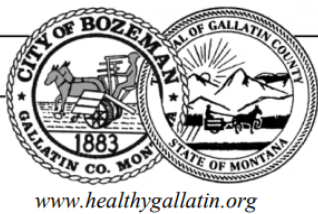
The only diseases that need to be reported **immediately through a phone call**, including outside of regular business hours, are in **red**. All other conditions can be reported during regular business hours (M-F, 8-5) via fax, electronic reporting, or phone. In addition to the diseases on this list, animal bites are also reportable to the health department. The only animal bite that is immediately reportable to the health department is a bat bite/exposure.

To make communicable disease reporting more streamlined and accessible, we have developed three online forms for your use. Please use the below forms ***for diagnoses that do not have a laboratory result associated with them***. For animal bites, please use the designated form rather than the general reporting form since it asks more specific

questions. The other form can be used for all other diseases that are provider diagnosed *without laboratory confirmation*. Finally, we have a form for reporting positive flu cases. For many facilities, positive flu results are not faxed or automatically reported to us, especially for rapid antigen positives. While influenza itself is not a reportable condition, we do track flu numbers throughout the season.

- **General reporting form** (for non-laboratory diagnosed conditions): <https://form.jotform.com/232414600884150>
- **Animal Bite report form**: <https://form.jotform.com/232345498508060>
- **Flu Reporting**: https://boardofhealthpubliccomment.formstack.com/forms/flu_reporting

Please reach out if you have any questions or concerns about communicable disease reporting to the Gallatin City-County Health Department. This HAN is intended to help clarify our reporting requirements and simplify the process. We appreciate your continued partnership.



www.healthygallatin.org

Gallatin City-County Health Department

Human Services

215 W. Mendenhall, Rm 117
Bozeman, MT 59715-3478
(406) 582-3100 • Fax (406) 582-3112

Communicable Disease Reporting in Montana

Please report suspected or confirmed cases by calling 406-582-3100 or email hs@gallatin.mt.gov.

For diseases in RED, please report cases immediately to your local health department. If your local public health jurisdiction is unavailable, call 406-444-0273 (available 24/7). Diseases that are bolded must be reported within 24 hours.

All reportable diseases listed below whether suspected or confirmed, or any unusual incident of unexplained illness or death in a human or animal with potential human health implications must be reported to your local health jurisdiction as required by the Administrative Rules of Montana ([ARM 37.114.203](#)).

- Acquired Immune Deficiency Syndrome (AIDS)
- Anaplasmosis
- **Anthrax**[§]
- Arboviral disease, neuroinvasive/non-neuroinvasive[§] (California Serogroup Chikungunya, Eastern Equine Encephalitis, Powassan, St. Louis Encephalitis, West Nile Virus, Western Equine Encephalitis, Zika Virus Infection)
- Arsenic poisoning (urine levels ≥ 70 micrograms/liter total Arsenic, or ≥ 35 micrograms/liter methylated plus inorganic arsenic)
- Babesiosis
- **Botulism (infant/foodborne/wound/other)**[§]
- **Brucellosis**[§]
- Cadmium poisoning (blood level ≥ 5 micrograms/liter or urine level ≥ 3 micrograms/liter)
- Campylobacteriosis
- Candida Auris[§]
- Chancroid
- Chlamydia trachomatis infection
- Coccidioidomycosis
- Colorado Tick fever
- Coronavirus Disease 2019 (COVID-19)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue Virus infection
- **Diphtheria**[§]
- Ehrlichiosis
- Escherichia coli, Shiga-toxin producing (STEC)[§]
- **Gastroenteritis outbreak**
- Giardiasis
- Gonorrheal infection
- Granuloma inguinale
- Haemophilus influenza, invasive disease[§]
- Hansen's disease (leprosy)
- Hantavirus pulmonary syndrome/infection[§]
- Hemolytic Uremic Syndrome, post-diarrheal
- Hepatitis A, acute
- Hepatitis B, acute, chronic, perinatal
- Hepatitis C, acute, chronic, perinatal
- Human Immunodeficiency Virus (HIV)
- **Influenza (hospitalizations)**[§] (**deaths**)[§]
- Lead levels in a venous blood specimen at any level
- Lead levels in a capillary blood specimen ≥ 3.5 micrograms per deciliter in a person less than 16 years of age
- Legionellosis
- Leptospirosis
- Listeriosis[§]
- Lyme disease
- Lymphogranuloma venereum
- Malaria
- **Measles (rubeola)**[§]
- **Melioidosis**[§]
- Meningococcal disease (Neisseria meningitides)[§]
- Mercury poisoning (urine level ≥ 10 micrograms/liter or urine level ≥ 10 micrograms/liter elemental mercury/gram of creatinine or blood level ≥ 10 micrograms/liter elemental, organic/inorganic mercury)
- Mpox
- Mumps
- **Novel Influenza A virus**
- **Outbreak of reportable disease or condition, or any disease in the CCDM**
- **Outbreak in an institutional or congregate setting**
- Pertussis
- **Plague (Yersinia pestis)**[§]
- **Poliomyelitis**[§]
- Psittacosis
- Q fever (Coxiella burnetii), acute/chronic
- **Rabies, human[§] and animal (including exposure to a human by a species susceptible to rabies infection)**
- Rabies post-exposure prophylaxis (PEP) recommendation or administration
- **Rubella, including congenital**[§]
- Salmonellosis (including Salmonella Typhi and Paratyphi)[§]
- **Severe Acute Respiratory Syndrome associated with Coronavirus (SARS-CoV) disease**[§]
- Shigellosis
- **Smallpox**
- Spotted fever rickettsiosis
- Streptococcus pneumonia, invasive disease
- Streptococcal toxic shock syndrome (STSS)
- **Syphilis**
- Tetanus
- Tickborne relapsing fever
- Toxic Shock Syndrome, non-streptococcal (TSS)
- Transmissible spongiform encephalopathies (including Creutzfeldt Jakob Disease)
- Trichinellosis (Trichinosis)[§]
- Tuberculosis (including latent tuberculosis infection)*
- **Tularemia**[§]
- Varicella (chickenpox)
- Vibrio cholera infection (Cholera)[§]
- Vibrosis[§]
- **Viral hemorrhagic fevers**
- Yellow fever

§ Indicates a specimen must be sent to the Montana Public Health Laboratory for confirmation. Additional specimens may be requested by CDEpi.