









## 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 8 (week ending February 24, 2024).

	Gallatin County			State of Montana	
	Total (2024 Year-to-Date)	MMWR Week 8	Six-Week Trend Line	Total (2024 Year-to-Date)	MMWR Week 8
<b>Influenza (2023-2024 Season)**</b>					
Influenza A	1,476	25		17,227	821
Influenza B	646	20			
Hospitalizations or Deaths	67	0		844	20
<b>General Communicable Diseases</b>					
COVID-19	541	61		1,303	407
<b>Hepatitis</b>					
Hepatitis C, Chronic	7	2		148	14
<b>Sexually Transmitted Diseases</b>					
Chlamydia	78	11		538	63
Gonorrhea	5	1		102	18
<b>Other Conditions</b>					
Animal Bites	33	5		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 8:
  - **Enteric Diseases:** Campylobacteriosis (7), Cryptosporidiosis (1), Salmonellosis (1), Shigellosis (2), Shiga toxin-producing *Escherichia coli* (STEC) (2)
  - **General Communicable Diseases:** Latent TB Infection (LTBI) (4)
  - **Heavy Metal Exposures:** Lead (5)
  - **STD/HIV:** HIV/AIDS (1), Syphilis, primary or secondary (5), Syphilis, latent (3)
  - **Vaccine Preventable Diseases:** Pertussis (1), *Streptococcus pneumoniae*, invasive (1)
  - **Zoonotic and Vector Borne:** Rabies, post-exposure prophylaxis (PEP) (1)

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### Expanded COVID-19 Data

During the month of February 2024, 325 new COVID-19 cases were reported among Gallatin County residents. This is an approximate 12.5% increase from the case-level reported for Gallatin County in December 2023, and a 5.2% decrease compared to January 2023. Since the last expanded COVID-19 data report was published last month, nine hospitalizations and no additional deaths associated with COVID-19 have been reported among Gallatin county residents.

**Table 2.** Summary of COVID-19 activity among Gallatin County residents reported between 3/17/2020 to 3/2/2024.

	Total	MMWR Week 9	% Change from Previous Week
Reported Cases	44,618	45	-26.23%
Hospitalizations	1,679	2	-60.00%
Deaths	140	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 3/3/2024.

Age Group	Number of Active Cases	Total Number of Residents	Active Cases per 100,000
0 to 4	13	5,906	220
5 to 11	4	9,138	44
12 to 17	5	7,616	66
18 to 29	23	28,995	79
30 to 39	23	17,388	132
40 to 49	15	14,113	106
50 to 59	14	11,667	120
60 to 69	17	12,149	140
70 to 79	20	6,846	292
80+	19	2,968	640

**Table 4.** Describes CDC COVID-19 hospital admission levels as of 3/4/2024, 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 respiratory virus guidance, 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)	<b>&lt;10.0</b>	10.0 – 19.9	≥20.0

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- **Statewide Influenza & RSV Summary for MMWR Week 8: Activity is WIDESPREAD**
  - Influenza activity is **slowly declining** for the 2023-2024 influenza season in Montana. 821 cases of influenza were reported during MMWR week 8.
  - Season to date, 17,227 cases, 806 hospitalizations, and 38 deaths have been associated with influenza. 98% of counties have reported at least one case of influenza this season.
  - Four 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 37 outbreaks of influenza have been identified in congregate settings season-to-date.
  - During week 8, 1,438 specimens were tested for influenza at partner laboratories and 205 (14.26%) were positive.
  - Partner surveillance laboratories have tested 28,072 specimens for influenza since October 1, 2023. Out of 28,072 specimens, 4,937 (17.59%) have tested positive for influenza. Influenza A is currently the dominant influenza type circulating in Montana – Flu A seasonal subtype H1N1 (n=281), H3N2 (n=207), and flu B (n=1,342) have been detected.
  - Emergency department (ED) visits due to influenza-like illness (ILI) in Montana decreased to 2.24%. This is below 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 8, 632 specimens were tested for RSV at partner labs and 77 (12.18%) were positive.
- **Gallatin County Foodborne Illness Outbreak Report Summary:**
  - Health department staff have conducted an outbreak investigation in response to the September 2023 foodborne illness outbreak associated with the Belgrade Fall Festival. The epidemiological and environmental health findings both suggest that beef brisket was likely the source of the outbreak. The full investigation summary can be found on our website, [here](#).
- **CDC Updates and Simplifies Respiratory Virus Recommendations**
  - On March 1, 2024, the Centers for Disease Control and Prevention (CDC) released community [respiratory virus guidance](#), including COVID-19, influenza, and RSV. Currently, these updates do not pertain to healthcare settings. Employees in healthcare settings should continue to adhere to healthcare-specific COVID-19 [guidelines issued by the CDC](#).
  - Summary of Key Changes:
    - 5-day isolation no longer required for COVID-19.
    - Two negative tests taken 48-hours apart no longer required for discontinuing mask usage days 6-10.
  - Individuals who are sick with COVID-19, influenza, RSV, or an unknown viral respiratory illness should stay home and away from others while ill. Symptoms of these conditions may include fever, chills, sore throat, cough, fatigue, runny nose, body aches, and headaches. Individuals may return to their normal activities (e.g., work, school, sports) when they have had improved symptoms AND have been fever free for at least 24 hours without the use of a fever-reducing medication. If an individual’s symptoms return, they should repeat the process of staying at

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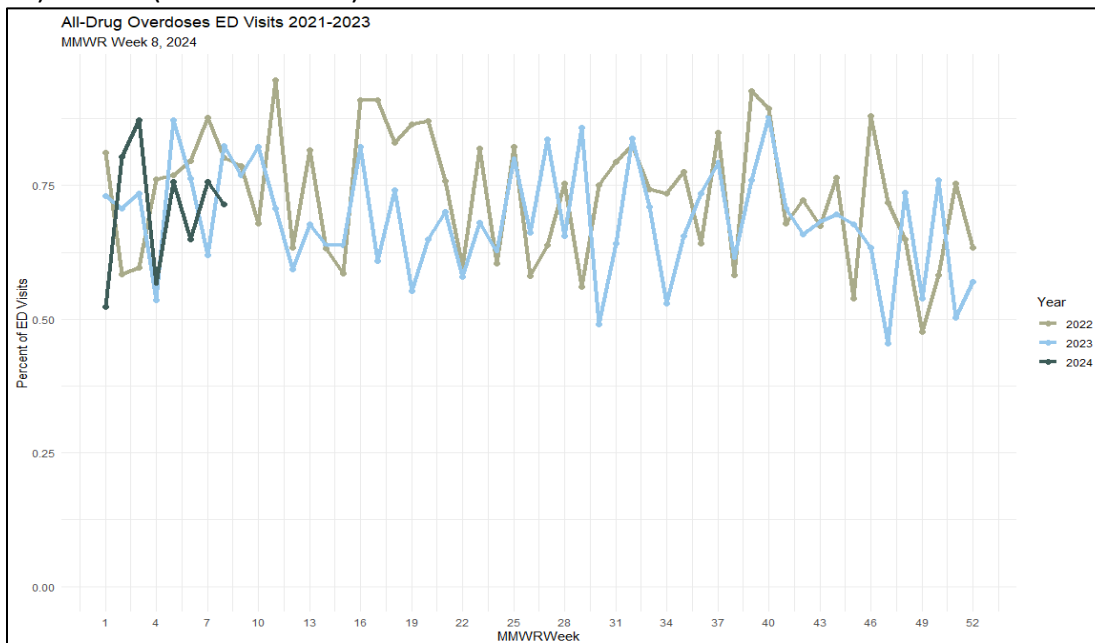
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home and away from others until they have improved symptoms AND are fever free for at least 24 hours.

- It is encouraged that individuals take precautions for 5 days after they return to their normal activities to help prevent the spread of these conditions to others. These precautions include increased hygiene measures (e.g., hand washing and using disposable tissues to sneeze/cough into), masking, maintaining physical distance, and/or testing if you will be around others while indoors.
- **Montana Statewide Syndromic Surveillance: All-Drug and Opioid Overdoses**
  - 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 all-drug and opioid overdoses 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).
  - All-Drug Overdoses-related ED visits accounted for 0.7% (51 out of 7133) of total ED visits during MMWR Week 8 in 2024 (February 18 - February 24) which is 0.1% decreased from the previous week. In 2023, all-drug overdoses-related ED visits made up 0.8% (55 out of 6680) of the total ED visits during MMWR Week 8. Over the past five weeks, the mean percentage of all-drug overdoses visits in 2024 is not statistically significantly different from the percentage for the same period in 2023. The preliminary rate for MMWR Week 9, 2024 (February 25 - March 02) is 0.5% (23 out of 4290).



- Opioid Overdoses-related ED visits accounted for 0.2% (14 out of 7133) of total ED visits during MMWR Week 8 in 2024 (February 18 - February 24) which is 0.1% increased from the previous week. In 2023, opioid overdoses-related ED visits made up 0.2% (14 out of 6680) of the total ED visits during MMWR Week 8. Over the past five weeks, the mean percentage of opioid

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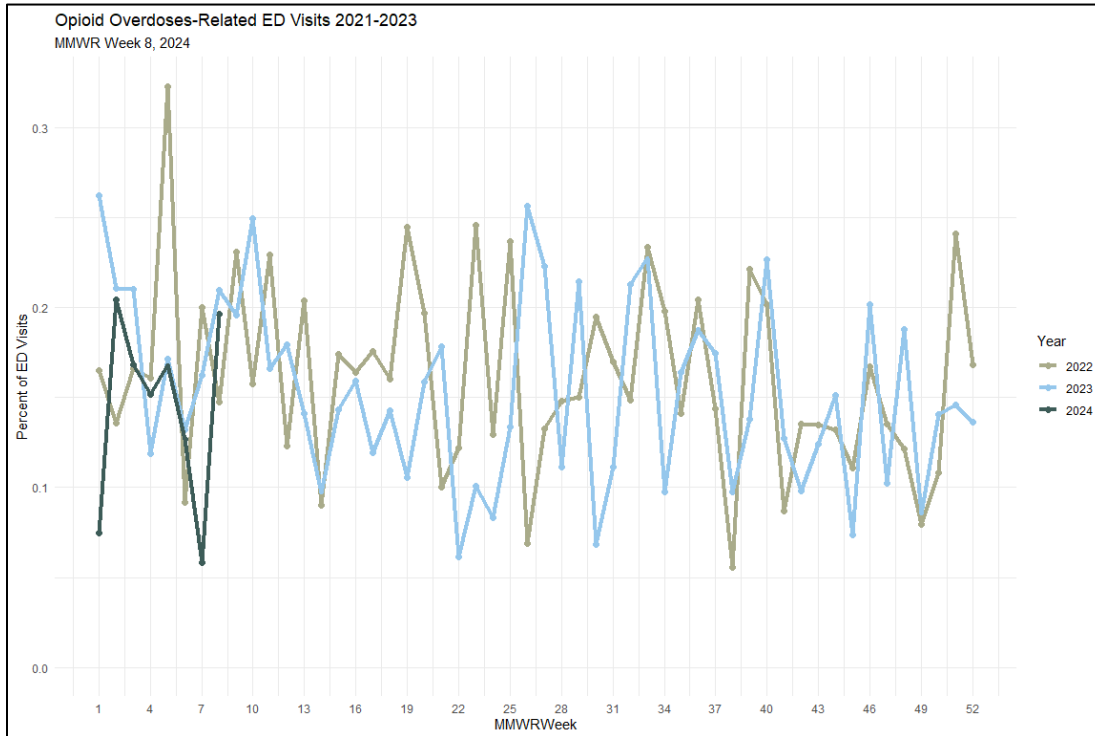
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overdoses visits in 2024 is not statistically significantly different from the percentage for the same period in 2023. The preliminary rate for MMWR Week 9, 2024 (February 25 - March 02) is 0.1% (6 out of 4290).



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