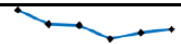


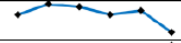








Gallatin County Weekly Communicable Disease Report

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 9 (week ending March 2, 2024).

	Gallatin County			State of Montana	
	Total (2024 Year-to-Date)	MMWR Week 9	Six-Week Trend Line	Total (2024 Year-to-Date)	MMWR Week 9
Influenza (2023-2024 Season)**					
Influenza A	1,519	41		17,783	554
Influenza B	672	24			
Hospitalizations or Deaths	70	3		852	8
General Communicable Diseases					
COVID-19	572	31		4,761	384
Latent TB Infection (LTBI)	3	1		36	3
Enteric Diseases					
Campylobacteriosis	7	2		68	8
Shiga Toxin-Producing E. Coli (STEC)	4	1		14	3
Shigellosis	2	1		6	1
Sexually Transmitted Diseases					
Chlamydia	95	17		609	71
Other Conditions					
Animal Bites	34	1		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 9:
 - **Enteric Diseases:** Giardiasis (4), Legionellosis (1)
 - **General Communicable Diseases:** Streptococcal toxic-shock syndrome (1)
 - **Heavy Metal Exposures:** Lead (6)
 - **Hepatitis:** Hepatitis C, acute (2), Hepatitis C, chronic (14)
 - **STD/HIV:** Gonorrhea (12), HIV/AIDS (1), Syphilis, latent (12), Syphilis, primary or secondary (2)
 - **Vaccine Preventable Diseases:** *Streptococcus pneumoniae*, invasive (1)
 - **Zoonotic and Vector Borne:** 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

[Reportable Communicable Disease List](#)

Questions? Please Contact:

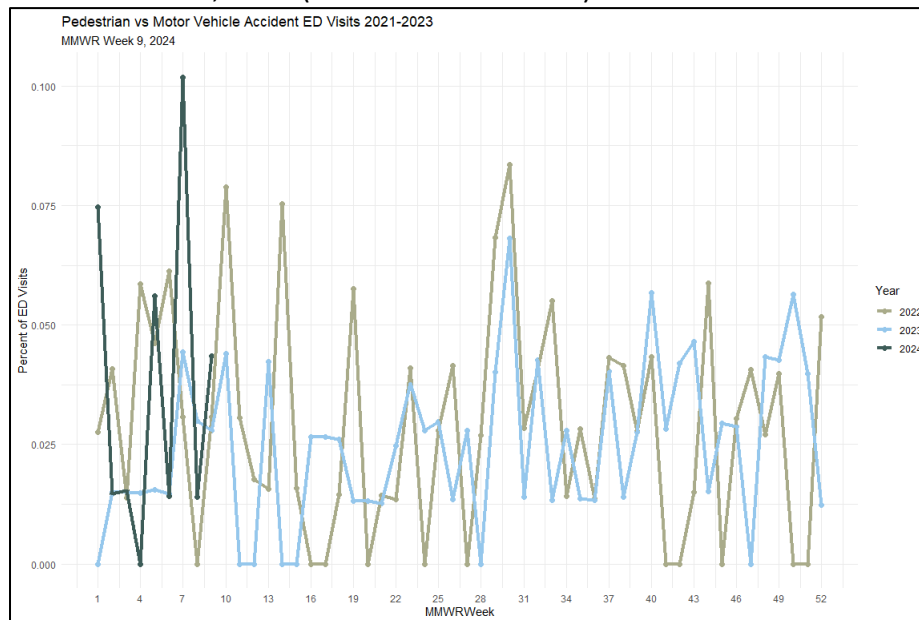
Gallatin County Weekly Communicable Disease Report

- **Statewide Influenza & RSV Summary for MMWR Week 9: Activity is WIDESPREAD**
 - Influenza activity is **declining** for the 2023-2024 influenza season in Montana. 554 cases of influenza were reported during MMWR week 9.
 - Season to date, 17,783 cases, 814 hospitalizations, and 38 deaths have been associated with influenza. 98% of counties have reported at least one case of influenza this season.
 - Three 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 9, 1,209 specimens were tested for influenza at partner surveillance laboratories and 137 (11.33%) were positive.
 - Partner surveillance laboratories have tested 29,312 specimens for influenza since October 1, 2023. Out of 29,312 specimens, 5,080 (17.33%) have tested positive for influenza. Influenza A is currently the dominant flu type circulating in Montana – Flu A seasonal subtype H1N1 (n=285), H3N2 (n=209), and flu B (n=1,406) have been detected.
 - Emergency department (ED) visits due to influenza-like illness (ILI) in Montana decreased to 1.86%. 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 9, 484 specimens were tested for RSV at partner surveillance laboratories and 42 (8.68%) were positive.
- **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 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.

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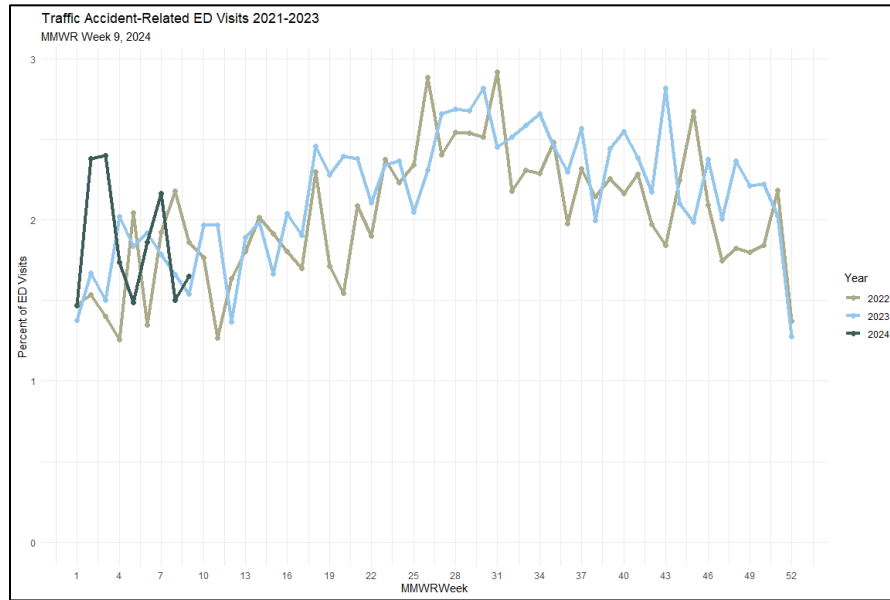
- Montana statewide syndromic surveillance: Pedestrian vs Motor Vehicle Accident and Traffic Accidents**

- 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 pedestrian vs motor vehicle accident and traffic accident symptoms 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, or inquiries about facilities reporting in your jurisdiction, please contact Vanessa Whattam at 406-439-5324 or vanessa.whattam@mt.gov.
- Pedestrian vs Motor Vehicle Accident**-related ED visits accounted for <1% of total ED visits during MMWR Week 9 in 2024 (February 25 - March 02) which is 0% decrease from the previous week. In 2023, pedestrian vs motor vehicle accident-related ED visits made up <0.05% of the total ED visits during MMWR Week 9. Over the past five weeks, the mean percentage of pedestrian vs motor vehicle accident visits in 2024 is not statistically significantly different from the percentage for the same period in 2023. The preliminary rate for MMWR Week 10, 2024 (March 03 - March 09) is 0%.



- Traffic accident**-related ED visits accounted for 1.7% (114 out of 6897) of total ED visits during MMWR Week 9 in 2024 (February 25 - March 02) which is 0.2% increase from the previous week. In 2023, traffic accident-related ED visits made up 1.5% (110 out of 7146) of the total ED visits during MMWR Week 9. Over the past five weeks, the mean percentage of traffic accident visits in 2024 is not statistically significantly different from the percentage for the same period in 2023. The preliminary rate for MMWR Week 10, 2024 (March 03 - March 09) is 1.9% (67 out of 3608). Graph continued on next page:

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