
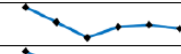

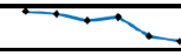






Gallatin County Weekly Communicable Disease Report

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 10 (week ending March 9, 2024).

	Gallatin County			State of Montana	
	Total (2024 Year-to-Date)	MMWR Week 10	Six-Week Trend Line	Total (2024 Year-to-Date)	MMWR Week 10
Influenza (2023-2024 Season)**					
Influenza A	1,546	27		18,152	371
Influenza B	689	17			
Hospitalizations or Deaths	71	1		885	12
General Communicable Diseases					
COVID-19	596	23		5,052	291
Enteric Diseases					
Campylobacteriosis	10	2		72	4
Salmonellosis	5	1		20	2
Sexually Transmitted Diseases					
Chlamydia	110	15		671	62
Other Conditions					
Animal Bites	39	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 10:
 - **Enteric Diseases:** Giardiasis (4), Shiga toxin-producing *Escherichia coli* (STEC) (3)
 - **General Communicable Diseases:** Coccidioidomycosis (2), Latent TB Infection (LTBI) (4)
 - **Heavy Metal Exposures:** Lead (4), Mercury (1)
 - **Hepatitis:** Hepatitis C, chronic (19)
 - **STD/HIV:** Gonorrhea (19), Syphilis, latent (4), Syphilis, primary or secondary (4)
 - **Vaccine Preventable Diseases:** *Haemophilus influenzae*, invasive (1), *Streptococcus pneumoniae*, invasive (4), Varicella (chickenpox) (1)

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

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- **Statewide Influenza & RSV Summary for MMWR Week 10: Activity is WIDESPREAD**
 - Influenza activity is **declining** for the 2023–2024 influenza season in Montana. 371 cases of influenza were reported during MMWR week 10.
 - Season to date, 18,152 cases, 847 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 10, 1,119 specimens were tested for influenza at partner surveillance laboratories and 141 (12.60%) were positive.
 - Partner surveillance laboratories have tested 30,479 specimens for influenza since October 1, 2023. Out of 30,479 specimens, 5,227 (17.15%) have tested positive for influenza. Influenza A is currently the dominant flu type circulating in Montana – Flu A seasonal subtype H1N1 (n=292), H3N2 (n=221), and flu B (n=1,488) have been detected.
 - Emergency department (ED) visits due to influenza-like illness (ILI) in Montana decreased to 2.20%. 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 10, 471 specimens were tested for RSV at partner surveillance laboratories and 44 (9.34%) were positive.
- **Montana statewide syndromic surveillance: Syncope and Seizure-related ED Visits**
 - 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 syncope and seizure-related symptoms across the state and are monitored for significant increases. While most hospital facilities participate in syndromic surveillance, not all do. The charts (continued on the next page) 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.
 - **Syncope-(or fainting)-related ED visits** accounted for 1.7% (110 out of 6600) of total ED visits during MMWR Week 10 in 2024 (March 03 - March 09) which is 0.4% increased from the previous week. In 2023, syncope-related ED visits made up 1.7% (119 out of 6811) of the total ED visits during MMWR Week 10. Over the past five weeks, the mean percentage of syncope visits in 2024 is not statistically significantly different from the percentage for the same period in 2023. The preliminary rate for MMWR Week 11, 2024 (March 10 - March 16) is 1.2% (43 out of 3545).

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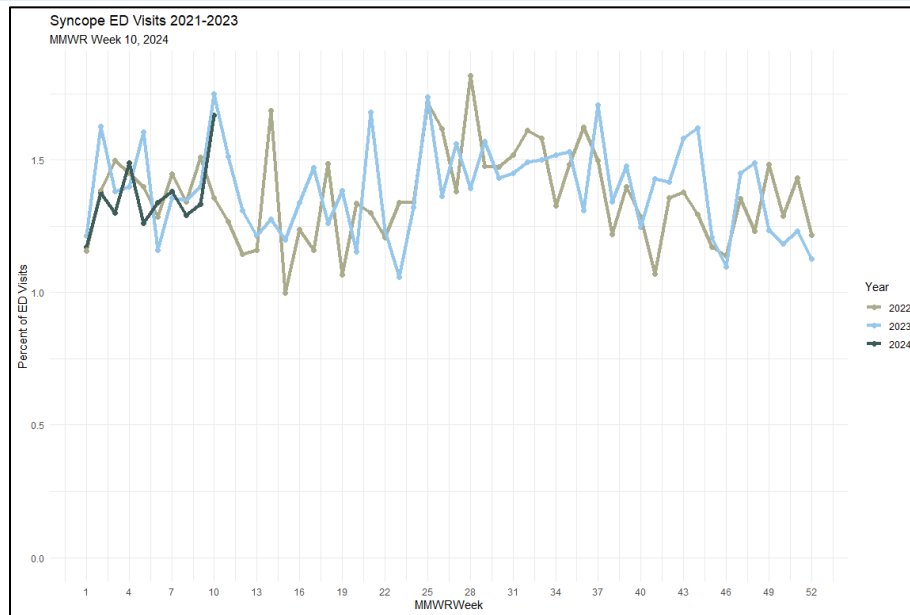
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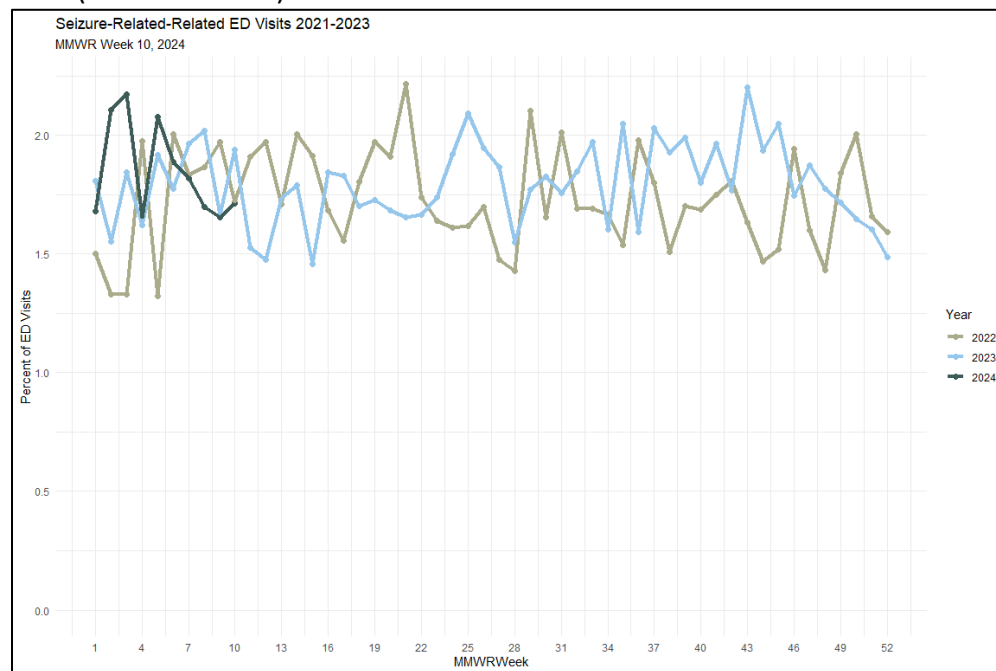
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- **Seizure**-related ED visits accounted for 1.7% (113 out of 6600) of total ED visits during MMWR Week 10 in 2024 (March 03 - March 09) which is the same as the previous week. In 2023, seizure-related ED visits made up 1.9% (132 out of 6811) of the total ED visits during MMWR Week 10. Over the past five weeks, the mean percentage of seizure-related visits in 2024 is not statistically significantly different from the percentage for the same period in 2023. The preliminary rate for MMWR Week 11, 2024 (March 10 - March 16) is 1.6% (56 out of 3545).



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