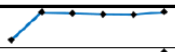
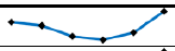
HEALTHY GALLATIN

Gallatin County Weekly Communicable Disease Report

Published 1/27/2025

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 3 (week ending January 18, 2025).

	Gallatin County			State of Montana	
	MMWR Week 3	Total (2025 Year-to-Date)	Six-Week Trend Line	MMWR Week 3	Total (2025 Year-to-Date)
Influenza (2024-2025 Season)**					
Influenza A	135	725		682	3,332
Influenza B	9	20			
Hospitalizations or Deaths	0	25		25	190
General Communicable Diseases					
COVID-19	18	64		238	802
Sexually Transmitted Diseases					
Chlamydia	8	31		64	171
Vaccine Preventable Diseases					
Pertussis	8	10		23	46
Varicella (Chickenpox)	1	1		7	8
Zoonotic Diseases					
Rabies, PEP	1	1		1	3
Other Conditions					
Animal Bites	4	12		Not Reported	

Data source: MTDPHHS Weekly Communicable Disease Epidemiology Report
*Not all cases were contracted in Gallatin County.
**Disaggregated influenza data are unavailable at the state-level.

Communicable Disease News:

- Additional summary of diseases reported in the state of Montana for MMWR week 3:
  - **Enteric Diseases:** Campylobacteriosis (3), Cryptosporidiosis (1), Giardiasis (1), Salmonellosis (1), Shiga toxin-producing *Escherichia coli* (STEC) (1)
  - **General Communicable Diseases:** Group A Streptococcal disease, invasive (1), Tuberculosis, latent infection (LTBI) (5)
  - **Heavy Metal Exposures:** Elevated Blood Lead (3)
  - **Hepatitis:** Hepatitis C, acute (1), Hepatitis C, chronic (10)
  - **STD/HIV:** Gonorrhea (1), Syphilis, latent (6), syphilis, primary or secondary (1)
  - **Vaccine Preventable Diseases:** *Haemophilus influenzae,* invasive (1), Mumps (1)
- **Montana Health Alert Network (HAN): Request for Accelerated Subtyping of Influenza A in Hospitalized Patients:** The Centers for Disease Control and Prevention (CDC) is requesting that all hospitalized patients positive for influenza A also undergo accelerated subtyping for seasonal

Questions? Please Contact:

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influenza A viruses [A(H1) and A(H3)] as soon as possible, ideally within 24 hours. This will support optimal patient care and infection control practices, and prevent delays in identifying non-seasonal influenza, including Highly Pathogenic Avian Influenza (HPAI) A(H5N1) in humans. Montana has not detected any cases of avian influenza A(H5N1) virus infection in humans. Sporadic detections of avian influenza A(H5N1) virus have occurred in Montana in domestic poultry flocks, wild birds, and other mammals such as bears, racoons, mountain lions, skunks, and domestic cats. Read the full HAN here.

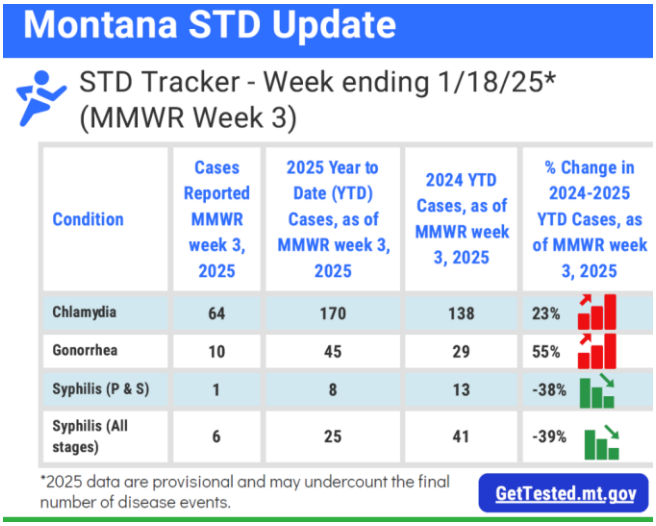
- **Gastrointestinal Illness Update:** Cases of gastrointestinal illness are surging both nationally and locally. The Gallatin City-County Health Department continues to investigate cases of gastrointestinal illness in the community, with concentration in the schools and other congregate settings. Based on the presentation of illness and laboratory results received thus far, norovirus is the most likely cause of illness in the identified outbreaks. If patients are reporting GI illness, please consider testing for norovirus or other pathogens and notify the Health Department if you think they may be involved in an outbreak (schools, daycares, congregate settings, etc.). Individuals should be symptom-free for at least 48 hours prior to resuming normal activities.

- **Pertussis Update**: Gallatin County has been actively investigating an increasing number of pertussis cases since September 1, 2024. As of January 27, 2025, a total of 57 laboratory-confirmed cases and 4 probable cases have been reported. Please consider pertussis as a possible diagnosis in patients with symptoms consistent with the disease. While waiting for test results, treatment is recommended. Pertussis is best treated early in illness with 5 days of azithromycin. Pertussis spreads easily in households and all household members are recommended to receive prophylactic antibiotics to prevent infection even if they are vaccinated for pertussis. Some other close contacts may be recommended prophylaxis as well. Anyone who has been exposed to pertussis and has a cough illness should be tested for pertussis. A HAN was issued on Monday, September 30th with additional information. We are no longer reporting out parapertussis numbers, as we don't have an accurate estimate of cases because it is not a reportable condition. Pertussis is now widespread throughout Gallatin County, effecting multiple age groups; however, most cases continue to be among adolescents and young adults.

- **Statewide Viral Respiratory Disease Summary for MMWR Week 3**:
  - View Pan-Respiratory Dashboard (COVID-19, Influenza, and RSV)
  - **COVID-19:** There were 238 cases of COVID-19 reported during MMWR week 3. Of these, 19 required hospitalization. Two deaths due to COVID-19 were reported for MMWR week 3.
  - **Influenza:** There were 682 cases of influenza reported during MMWR week 3. Of these, 25 resulted in hospitalization. There were no deaths due to influenza during MMWR week 3.
    - **Laboratory Surveillance for Influenza:** During MMWR week 3, there were 1,012 specimens tested for influenza at partner laboratories. Of these, 207 (20.45%) were positive. There have been 1,084 specimens that have tested positive for influenza season to date (9/29/2024-1/18/2025): Flu A H1N1 (68), Flu A H3 (50), Flu A Subtyping Not Performed (952) and Flu B(14)
    - View influenza dashboard

- **RSV:** There were 482 specimens tested for RSV at partner laboratories during MMWR week 3. There were 38 (7.88%) specimens positive for RSV, which is above the 3% positivity threshold and indicates RSV season onset.
- **Outbreaks:** There were 31 current outbreaks of respiratory illness during MMWR week 3. Of these, 24 (77%) occurred in healthcare settings and 22 (71%) are outbreaks of COVID-19. There have been 100 new outbreaks of respiratory illness reported season-to-date (9/29/2024-1/18/2025), which is fewer compared to this time last year (213 new outbreaks reported between 10/1/2023-1/20/2024).
- **Emergency Department Surveillance:** There were 6,705 emergency department visits during MMWR week 3. Of these, 233 (3.48%) were due to viral respiratory illness (COVID-19, influenza, and/or RSV) and 104 (1.55%) were due to individuals experiencing symptoms of influenza-like illness.

Montana STD Resources and Communications



Montana STD Update

STD Tracker - Week ending 1/18/25* (MMWR Week 3)

Condition	Cases Reported MMWR week 3, 2025	2025 Year to Date (YTD) Cases, as of MMWR week 3, 2025	2024 YTD Cases, as of MMWR week 3, 2025	% Change in 2024-2025 YTD Cases, as of MMWR week 3, 2025
Chlamydia	64	170	138	23%
Gonorrhea	10	45	29	55%
Syphilis (P & S)	1	8	13	-38%
Syphilis (All stages)	6	25	41	-39%

*2025 data are provisional and may undercount the final number of disease events.

GetTested.mt.gov

- **New Rapid Syphilis Testing:** Gallatin City-County Health Department now has Point of Care (POC) Rapid Syphilis tests. Community partners, if there are patients who would benefit from receiving free POC syphilis testing, please call the health department. Referrals will be made to local providers for further testing and treatment. Gallatin City-County Health Department and Bridgercare are holding free sexual health clinics at the Warming Center the last Wednesday of every month from 10-12pm. Free services include, rapid syphilis testing, pregnancy tests, appointment referrals to Bridgercare, vaccines for sexual health, and condoms.

- CDC Clinical Guidelines on the Use of Doxycycline Postexposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention, United States, 2024 [cdc.gov]:
  - This document outlines the use of doxycycline prophylaxis as a patient-managed biomedical STI prevention strategy for a selected population.

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- CDC recommends that MSM and transgender women who have had a bacterial STI (specifically chlamydia, gonorrhea, or syphilis) diagnosed in the past 12 months should receive counseling that Doxy PEP can be used as postexposure prophylaxis to prevent these infections.
- Following shared decision-making with their provider, CDC recommends that providers offer persons in this group a prescription for doxy PEP to be self-administered within 72 hours of having oral, vaginal, or anal sex. The recommended dose of doxycycline is 200 mg and should not exceed a maximum dose of 200 mg every 24 hours.
- Doxy PEP, when offered, should be implemented in the context of a comprehensive sexual health approach, including risk reduction counseling, STI screening and treatment, recommended vaccination and linkage to HIV PrEP, HIV care, or other services as appropriate.
- Persons who are prescribed doxy PEP should undergo bacterial STI testing at anatomic sites of exposure at baseline and every 3-6 months thereafter. Ongoing need for doxy PEP should be assessed every 3-6 months as well.
- HIV screening should be performed for HIV negative MSM and transgender women according to current recommendations.

- Considerations for the Implementation of Point of Care Tests for Syphilis [hhs.gov]:
  - This document from the National Syphilis and Congenital Syphilis Syndemic Federal Task Force outlines how to best utilize point of care (POC) syphilis tests, particularly for individuals who access health care infrequently and have difficulty with follow-up visits.
  - In some settings and for some populations, the rapid results from a POC test creates an opportunity to treat syphilis during the same visit.
  - A non-treponemal test from a laboratory will also be needed if the POC test is positive.
  - Please read the document for more information and to determine how the utilization of POC testing may be beneficial in your community.
  - Community Partners: Positive POC Syphilis tests must be reported to local public health.

- Bicillin Shortage [cdc.gov]:
  - On June 10, Pfizer noted they currently have an available supply of 2.4 million Units/4 ml Bicillin L-A.
  - If there is sufficient supply of Bicillin L-A in your jurisdiction, please consider using Bicillin L-A for all appropriate patients, per the CDC's guidelines.
  - Bicillin L-A is the first-line recommended treatment for syphilis and the only recommended treatment option for pregnant patients.