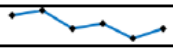
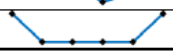
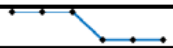
Published 3/24/2025

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 11 (week ending March 15, 2025).

	Gallatin County			State of Montana	
	MMWR Week 11	Total (2025 Year-to-Date)	Six-Week Trend Line	MMWR Week 11	Total (2025 Year-to-Date)
Influenza (2024-2025 Season)**					
Influenza A	65	2,126		675	14,187
Influenza B	5	123			
Hospitalizations or Deaths	4	105		37	895
General Communicable Diseases					
COVID-19	16	208		137	2,471
Enteric Diseases					
Shiga Toxin-Producing E. Coli (STEC)	1	2		1	18
Sexually Transmitted Diseases					
Chlamydia	7	110		54	681
Gonorrhea	1	14		10	180
Syphilis, Latent	1	4		14	90
Other Conditions					
Animal Bites	2	40		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 11:
  - **Enteric Diseases:** Campylobacteriosis (3), Cryptosporidiosis (1), Salmonellosis (1)
  - **General Communicable Diseases:** Coccidioidomycosis (1), *Haemophilus influenzae, invasive* (2), Tuberculosis, Latent Infection (1)
  - **Hepatitis:** Hepatitis C, acute (2), Hepatitis C, chronic (15)
  - **STD/HIV:** Syphilis, primary or secondary (7)
  - **Vaccine Preventable Diseases:** *Haemophilus influenzae,* invasive (2), Pertussis (11), Varicella (1), *Streptococcus pneumoniae*, invasive (3)
  - **Zoonotic Diseases:** Rabies, post-exposure prophylaxis (PEP) (2) \
  - **Other Conditions:** Elevated Blood Lead (4)
  - View Pan-Respiratory Dashboard (COVID-19, Influenza, and RSV)
  - View influenza dashboard.

Questions? Please Contact:

Gallatin City-County Communicable Disease Program
Hours: M-F 8:00AM-5:00PM: (406) 582-3100
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- **Measles:** As of March 20, 2025, a total of 378 confirmed measles cases were reported by 18 jurisdictions: Alaska, California, Florida, Georgia, Kansas, Kentucky, Maryland, Michigan, New Jersey, New Mexico, New York City, New York State, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, and Washington. Clinicians should consider measles in patients presenting with fever (≥101°F or 38.3°C) and a generalized maculopapular rash, especially when accompanied by cough, coryza, or conjunctivitis. The risk is higher in individuals who have recently traveled to areas with increased transmission, including international destinations where measles is circulating, or those who had close contact with a confirmed measles case within the past 21 days. If measles is suspected, immediate action is necessary to prevent further transmission.
    - The patient should be isolated to reduce exposure to others.
    - Healthcare providers must notify local public health authorities to ensure a coordinated response.
    - Prompt testing is essential to confirm the diagnosis and guide appropriate management.
    - Supportive care should be provided to manage symptoms and prevent complications.
    - Vaccination – In coordination with local health departments and the Department of Public Health and Human Services (DPHHS), providers should administer post-exposure prophylaxis (PEP) as soon as possible to individuals without evidence of immunity who have been exposed to a confirmed measles case or a probable case with clinical symptoms and an epidemiologic link. MMR vaccine should be given within 72 hours of exposure, while immunoglobulin can be administered within six days when vaccination is contraindicated. The choice of PEP depends on the time elapsed since exposure and medical considerations. Additionally, vaccination remains the most effective way to prevent measles. No changes have been made to the existing MMR vaccine recommendations in the United States, and schools, early childhood education providers, and healthcare facilities should ensure that all students and individuals are up to date with MMR vaccination to reduce the risk of future outbreaks.

- **Pertussis Update**: Gallatin County has been actively investigating an increasing number of pertussis cases since September 1, 2024. As of March 24, 2025, a total of 65 confirmed and 5 probable pertussis 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.

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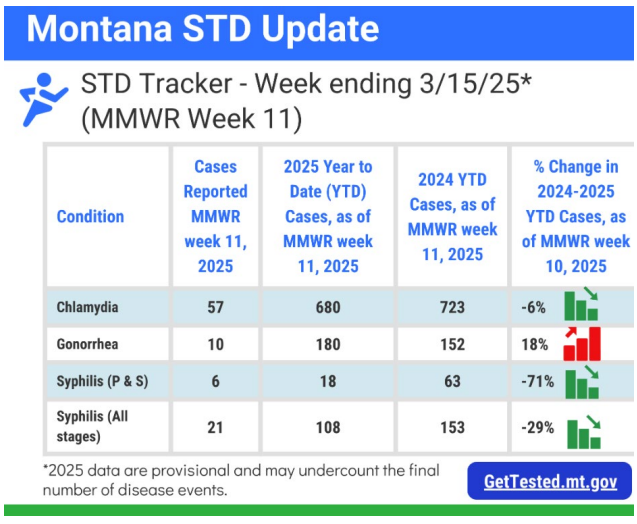
- **Update from GCCHD**: The Gallatin County Health Department has temporarily relocated to **400 E Babcock Street** in Bozeman for the foreseeable future while the main annex undergoes structural repairs. Most services have resumed normal operations at this location. The vaccine clinic is currently operating at a limited offsite capacity but expects to resume normal operations at **400 E Babcock the week of March 24**. Further updates will be provided in next week's report. For specific questions, please call 406-582-3100.

- **Message to Providers:** Public health and healthcare providers work together to control communicable diseases under Montana law (MCA 50-1-202) and ARM 37.114. Providers must report probable and suspect cases of reportable diseases, even without laboratory confirmation. This includes conditions like varicella and pertussis, which can be diagnosed based on clinical criteria. Cases with an epidemiological link to a confirmed case should also be reported as probable. Laboratories typically handle automatic reporting of positive results, but if there are concerns that this process may not be functioning properly at your facility, please contact the Gallatin City-County Health Department at 406-582-3100. Immediate phone reporting is required for diseases marked in red on the reportable conditions list, including bat bites/exposures, while all other conditions should be reported during regular business hours.
    - Public health is required to follow established rules and control measures for determining when individuals can safely return to work or school after a communicable disease diagnosis. While providers should discuss exclusions with patients to help reduce the risk of disease spread, public health authorities have the final responsibility for enforcing isolation and quarantine measures. Identifying patients who work or spend time in high-risk settings is critical for a prompt public health response. A Health Alert (HAN) with additional details was sent out on Monday, March 3rd. If you have any questions about reporting or exclusion criteria, please reach out to the Gallatin City-County Health Department.

Montana STD Resources and Communications



Condition	Cases Reported MMWR week 11, 2025	2025 Year to Date (YTD) Cases, as of MMWR week 11, 2025	2024 YTD Cases, as of MMWR week 11, 2025	% Change in 2024-2025 YTD Cases, as of MMWR week 10, 2025
Chlamydia	57	680	723	-6%
Gonorrhea	10	180	152	18%
Syphilis (P & S)	6	18	63	-71%
Syphilis (All stages)	21	108	153	-29%

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- **Rapid Syphilis Testing:** We continue to offer 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.
  - 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.

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