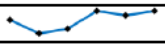
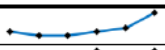
Published 4/21/2025

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 15 (week ending April 12, 2025).

	Gallatin County			State of Montana	
	MMWR Week 15	Total (2025 Year-to-Date)	Six-Week Trend Line	MMWR Week 15	Total (2025 Year-to-Date)
Influenza (2024-2025 Season)**					
Influenza A	13	2,204		151	15,343
Influenza B	9	196			
Hospitalizations or Deaths	3	113		11	1,006
General Communicable Diseases					
COVID-19	7	260		95	2,900
Streptococcal disease, invasive, Group A	1	2		1	16
Sexually Transmitted Diseases					
Chlamydia	12	153		68	940
Vaccine Preventable Diseases					
Pertussis	6	31		13	187
Varicella (Chickenpox)	1	5		1	26
Other Conditions					
Animal Bites	1	49		Not Reported	
Elevated Blood Lead	1	5		3	56

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 15:
  - **Enteric Diseases:** Campylobacteriosis (5), Cryptosporidiosis (1), Salmonellosis (2), Shiga toxin-producing *Escherichia coli* (STEC) (2)
  - **General Communicable Diseases:** *Streptococcus pneumoniae*, invasive (3)
  - **Hepatitis:** Hepatitis B, chronic (2), Hepatitis C, chronic (11)
  - **STD/HIV:** Gonorrhea (12), Syphilis, latent (7)
  - **Zoonotic Diseases:** Rabies, post-exposure prophylaxis (PEP) (1), Tularemia (1)

- **Measles:** The Montana Department of Public Health and Human Services (MT DPHHS) and GCCHD are reporting five confirmed cases of measles. This is the first time measles has been reported in Montana since 1990. The ill individuals are children and adults who reside in Gallatin County. The individuals were exposed to measles while traveling outside of Montana. Public health officials are investigating the source of the infection and working to identify anyone who may have been exposed to determine if they are at risk of infection. Individuals who are immune

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
Reportable Communicable Disease List

to measles are not considered at risk for infection. Individuals who are not immune to measles and are exposed to a case have a 90% chance of developing measles without prompt and appropriate post-exposure prophylaxis.

- As of April 17, 2025, a total of 800 confirmed measles cases have been reported across 26 jurisdictions: Alaska, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Indiana, Kansas, Kentucky, Maryland, Michigan, Minnesota, Montana, New Jersey, New Mexico, New York City, New York State, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont, and Washington. There have been 10 outbreaks (defined as 3 or more related cases) reported in 2025, and 94% of confirmed cases (751 of 800) are outbreak-associated. For comparison, 16 outbreaks were reported during 2024 and 69% of cases (198 of 285) were outbreak-associated. 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. More information is available on the CDC website.
- The patient should be isolated to reduce exposure to others. Supportive care should be provided to manage symptoms and prevent complications.
- Healthcare providers must notify local public health to ensure a coordinated response.
- Prompt testing is essential to confirm the diagnosis and guide appropriate management.
- 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 6 days when vaccination is contraindicated. The choice of PEP depends on 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 US, 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.
- GCCHD MMR Vaccine Clinics:
  - Monday April 21 from 12:00-4:30PM, Gallatin County Fairgrounds, Building 4
  - Wednesday April 23 from 9:00AM-5:00PM, Gallatin County Fairgrounds, Building 4
  - Friday April 225 from 10:00AM-6:00PM, Three Forks Ambulance Bay

- **Pertussis Update**: *Please confirm the diagnosis and differentiation of pertussis and parapertussis prior to notification.* Gallatin County continues to investigate cases of pertussis. Year-to-date for 2025, a total of 21 confirmed and 6 probable pertussis cases have been reported. Please consider pertussis as a possible diagnosis in patients with symptoms consistent with the disease. 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.

- **Update from GCCHD**: The Gallatin County Health Department continues to operate out of 400 E Babcock Street in Bozeman for the foreseeable future while the mani annex undergoes structural repairs. Services have resumed normal operations at this location.

- **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

Montana STD Update

STD Tracker - Week ending 4/12/25*
(MMWR Week 15)

Condition	Cases Reported MMWR week 15, 2025	2025 Year to Date (YTD) Cases, as of MMWR week 15, 2025	2024 YTD Cases, as of MMWR week 15, 2025	% Change in 2024-2025 YTD Cases, as of MMWR week 15, 2025
Chlamydia	68	935	984	-5%
Gonorrhea	12	264	220	20%
Syphilis (P & S)	0	26	74	-65%
Syphilis (All stages)	7	151	203	-26%

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

GetTested.mt.gov

- **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. GCCHD 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.