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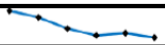
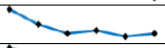
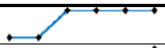
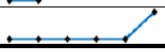
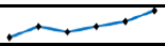
Gallatin County Weekly Communicable Disease Report

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 20 (week ending May 17, 2025).

	Gallatin County			State of Montana**	
	MMWR Week 20	Total (2025 Year-to-Date)	Six-Week Trend Line	MMWR Week 20	Total (2025 Year-to-Date)
Influenza (2024-2025 Season)					
Influenza A	1	2,226		12	15,572
Influenza B	1	204			
Hospitalizations or Deaths	0	116		0	1,049
General Communicable Diseases					
COVID-19	7	302		58	--
Enteric Diseases					
Giardiasis	1	8		1	--
Shiga Toxin-Producing E. Coli (STEC)	2	4		2	--
Hepatitis					
Hepatitis C, Chronic	1	6		12	--
Sexually Transmitted Diseases					
Chlamydia	8	199		55	--
Other Conditions					
Animal Bites	6	72		Not Reported	

Data source: MTDPHHS Weekly Communicable Disease Epidemiology Report

*Not all cases were contracted in Gallatin County.

**Statewide YTD data is unavailable due to a technical problem. The issue is expected to be resolved by next week's report.

Communicable Disease News:

- Additional summary of diseases reported in the state of Montana for MMWR week 20:
  - **Enteric Diseases:** Campylobacteriosis (4), Cryptosporidiosis (3), Vibriosis (non-cholera Vibrio species infections) (1)
  - **General Communicable Diseases:** Coccidioidomycosis (4), Group A Streptococcus, invasive (1), Pertussis (2), Streptococcal disease, invasive, Group A (1), *Streptococcus pneumoniae*, invasive (2)
  - **Hepatitis:** Hepatitis C, acute (1)
  - **STD/HIV:** Gonorrhea (8), HIV/AIDS (1), Syphilis, primary or secondary (2)
  - **Vaccine Preventable Diseases:** Measles (1)
  - **Other Reportable Conditions:** Elevated blood lead (3)

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

- **Measles Update:** In Montana, 11 total cases of measles have been reported throughout the state; Gallatin (9), Hill (1), Flathead (1). All nine Gallatin County cases have recovered and been released from isolation. Measles also continues to circulate in jurisdictions neighboring Montana, including North Dakota, Alberta, Saskatchewan, and British Columbia.
- As of May 22, 2025, a total of 1,046 confirmed measles cases have been reported across 31 jurisdictions: Alaska, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, New Jersey, New Mexico, New York City, New York State, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont, Virginia, and Washington. There have been 14 outbreaks (defined as 3 or more related cases) reported in 2025, and 92% of confirmed cases (961 of 1,046) 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.

- **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 23 confirmed and 7 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.

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- **Update from GCCHD**: The Gallatin City-County Health Department continues to operate out of 400 E Babcock Street in Bozeman for the foreseeable future while the main 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 5/17/25* (MMWR Week 20)

Condition	Cases Reported MMWR week 20, 2025	2025 Year to Date (YTD) Cases, as of MMWR week 20, 2025	2024 YTD Cases, as of MMWR week 20, 2025	% Change in 2024-2025 YTD Cases, as of MMWR week 20, 2025
Chlamydia	57	1244	1330	-6%
Gonorrhea	11	331	295	12%
Syphilis (P & S)	3	48	92	-48%
Syphilis (All stages)	7	199	258	-23%

*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.

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- 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.