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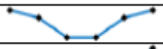
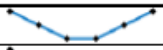
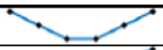
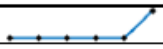
Gallatin County Weekly Communicable Disease Report

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 28 (week ending July 12, 2025).

	Gallatin County			State of Montana	
	MMWR Week 28	Total (2025 Year-to-Date)	Six-Week Trend Line	MMWR Week 28	Total (2025 Year-to-Date)
General Communicable Diseases					
COVID-19	11	364		73	3,841
Haemophilus Influenzae , Invasive	1	3		1	17
Enteric Diseases					
Campylobacteriosis	2	21		16	169
Cryptosporidiosis	1	55		1	86
Sexually Transmitted Diseases					
Chlamydia	8	258		58	1,714
Gonorrhea	3	39		18	464
Vaccine Preventable Diseases					
Pertussis	2	39		7	286
Vector-Borne Diseases					
Anaplasmosis	1	1		1	1
Zoonotic Diseases					
Rabies, PEP	1	4		10	101
Other Conditions					
Animal Bites	2	127		Not Reported	

Data source: MTDPHHS Weekly Communicable Disease Epidemiology Report
*Not all cases were contracted in Gallatin County.

Communicable Disease News:

- Additional summary of diseases reported in the state of Montana for MMWR week 28:
  - **Enteric Diseases:** Cryptosporidiosis (1), Giardiasis (1), Salmonellosis (7), Shiga toxin-producing *Escherichia coli* (STEC) (2)
  - **General Communicable Diseases:** Streptococcal disease, invasive, Group A (1), *Streptococcus pneumoniae,* invasive (1), *Haemophilus influenzae*, invasive (1), Tuberculosis, Latent Infection (LTBI) (3)
  - **Hepatitis:** Hepatitis C, chronic (42), Hepatitis B, chronic (1)
  - **STD/HIV:** HIV/AIDS (1), Syphilis, primary or secondary (5), Syphilis, latent (8), Gonorrhea (18), Chlamydia (58)
  - **Vaccine Preventable Diseases:** Measles (1), Pertussis (7)
  - **Zoonotic Diseases:** Rabies, animal (1), Rabies, post-exposure prophylaxis (PEP) (10)
  - **Vector-borne Diseases:** Anaplasmosis (1), Lyme disease (2)
  - **Other Reportable Conditions:** Elevated blood lead (2)

Questions? Please Contact:

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- **Statewide Measles Update:** As of 7:00 am, July 18, 2025, 26 cases of measles have been reported in Montana. There was one new case reported this week from Cascade County. The 26 cases have been reported from five counties in Montana: Flathead (2), Yellowstone (2), Hill (4), Gallatin (17), and Cascade (1). Gallatin County has had three individuals with measles who have reported no contact with previous cases, and no out-of-sate travel/visitors. We will continue to add any known, potential exposure sites to our website ; please refer to it often. Please remain vigilant about screening all patients with clinical presentation of measles and notify the health department immediately if you suspect a case of measles in a patient.
  - Based on the information GCCHD has at this time; healthcare providers may want to consider an accelerated MMR vaccination schedule for some of their patients. We will encourage parents to talk with their child's health care provider to determine if an accelerated schedule is appropriate. The accelerated schedule may be utilized based on shared clinical decision making between the patient's provider and the patient/guardian. At this time, we do not have sustained community transmission in children. GCCHD will continue to monitor the situation and will update our recommendations if or when there is sustained community transmission in the younger age groups. Patients and families may have questions. We refer you to two published articles which support the rationale for initiating the MMR vaccine schedule at 12 months of age in routine and non-outbreak circumstances. These articles highlight some uncertainty regarding the long-term immunogenicity of the vaccine when given to children aged 6–11 months. However, in an outbreak setting, the benefits of immune protection for this age group likely outweigh concerns about long-term immunity.
    - **Accelerated Schedules for Consideration:**
    - **Infants 6-11 months:** Infants aged 6-11 months old may receive a dose of MMR vaccine early due to potential risk of ongoing measles transmission. Measles, Mumps, Rubella, and Varicella (MMRV) vaccine should not be utilized in infants under 12 months of age. Children who receive a dose of MMR prior to 12 months should still receive two age- appropriate doses of MMR vaccine at least 28 days apart after their first birthday.
    - **Children 12 months-17 years**: Any child 12 months-17 years old who has not previously received any dose of MMR vaccine should be vaccinated. For children residing in or visiting Gallatin County, a second dose of MMR vaccine may be administered at least 28 days after receipt of the first dose of MMR vaccine. Children residing in or visiting Gallatin County who received their first age-appropriate dose of MMR vaccine do not have to wait to receive their second dose of MMR vaccine until 4-6 years old. The minimum interval of 28 days may be utilized due to the risk of ongoing measles transmission in Gallatin County. No additional or booster doses of MMR are recommended for children aged 1-17 years who have received two doses of MMR after 12 months old.
    - **Adults born before 1957**: All adults born before 1957 were likely exposed to measles as a child and are considered immune to measles. Unless these individuals work in health care, there are no recommendations for these individuals to receive MMR vaccine.
    - **Adults born between 1957 and 1968** who have no documented doses of MMR vaccine or who received doses of inactivated MMR vaccine and who reside in or are visiting Gallatin County should receive the first dose of MMR vaccine followed by a second dose at least 28

days later. Adults born in this age group who have one dose of live-attenuated MMR vaccine and who reside in or are visiting Gallatin County may receive a second dose of MMR vaccine. There are no booster or additional doses recommended after an individual has received two doses of MMR vaccine.

- **Adults born after 1968 who reside in or are visiting Gallatin County** and are unvaccinated should receive a dose of MMR vaccine followed by a second dose at least 28 days later. Any adult born after 1968 residing in or visiting Gallatin County who has one documented dose of MMR vaccine may receive a second dose of MMR vaccine. There are no booster or additional doses recommended after an individual has received two doses of MMR vaccine. **Adults born after 1968 who DO NOT reside in or travel to Gallatin County** only need one dose of MMR vaccine to be considered up to date unless otherwise indicated (international travelers, healthcare workers, students in post-high school secondary education).
- **Unknown Vaccination Status:** Anyone who does not know their vaccination status or is unable to find their record should receive a dose of MMR

- **National Measles Update**: As of July 16, the CDC reports a total of 1,309 confirmed measles cases reported by 40 jurisdictions: Alaska, Arkansas, Arizona, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York City, New York State, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, and Wyoming.
  - There have been 29 outbreaks (defined as 3 or more related cases) reported in 2025, and 88% of confirmed cases (1,151 of 1,309) are outbreak-associated. For comparison, 16 outbreaks were reported during 2024 and 69% of cases (198 of 285) were outbreak-associated.
  - 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. 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.

- **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 32 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

- **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.
- 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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Montana STD Update

STD Tracker - Week ending 7/12/25* (MMWR Week 28)

Condition	Cases Reported MMWR week 28, 2025	2025 Year to Date (YTD) Cases, as of MMWR week 28, 2024	2024 YTD Cases, as of MMWR week 28, 2025	% Change in 2024-2025 YTD Cases, as of MMWR week 28, 2025
Chlamydia	58	1714	1818	-6%
Gonorrhea	18	464	399	16%
Syphilis (P & S)	5	69	121	-43%
Syphilis (All stages)	13	276	350	-21%

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

GetTested.mt.gov

- 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.

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