

Sheila Hogan, Director

Children/Families

Disabilities

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Health

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Coronavirus Disease 2019 (COVID-19)

Analysis of COVID-19 Cases in Montana as of 06/26/2020

Archive of COVID-19 Montana Analyses

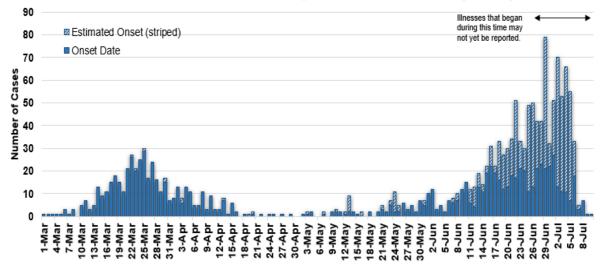


Demographic Information on Confirmed Cases

COVID-19 Cases in Montana	
Total Number of Cases	1758
- Number of Deaths	29

^{*} Tables and charts are updated by 10 am every morning.

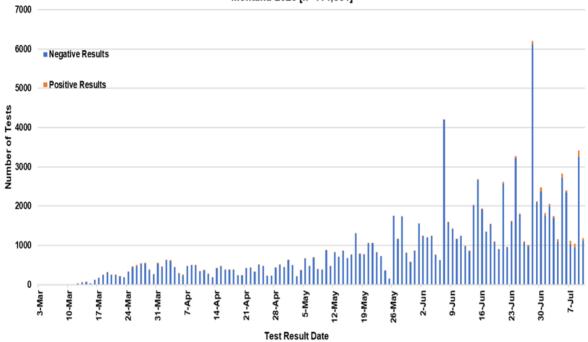
COVID-19 Cases in Montana by Date of Illness Onset, 2020 [N=1,758]



Data current as of 7/12/2020 8:00 am

Iliness Onset Date

SARS-Cov-2 PCR Testing at Montana Public Health Laboratory and Reference Laboratories, Montana 2020 [n=114,661]



County of Residence	Number of Cases	Number of Deaths	Community Transmission*
Beaverhead	5		
Big Horn	115	4	Yes
Broadwater	9		
Carbon	34		
Cascade	48	2	Yes
Custer	38		
Dawson	8		
Deer Lodge	6		
Fallon	1		
Fergus	2		
Flathead	66	2	Yes
Gallatin	403	1	Yes
Glacier	28		
Golden Valley	3		
Granite	6		
Hill	13		
Jefferson	10		
Lake	51		
Lewis and Clark	46		Yes
Liberty	1		
Lincoln	14	1	
Madison	29	1	

County of Residence	Number of Cases	Number of Deaths	Community Transmission*
Meagher	4		
Missoula	124	1	Yes
Musselshell	1		
Park	17		
Pondera	2		
Ravalli	44	1	Yes
Richland	30		
Roosevelt	10		
Rosebud	12	1	
Sheridan	1		
Silver Bow	25		
Stillwater	9		
Teton	15		
Toole	31	6	
Treasure	2		
Valley	4		
Wheatland	2		
Yellowstone	489	9	Yes
Total	1758	29	

^{*} Community transmission - a community has identified cases who are unable to be linked with other known cases or travel. This status has been determined after consultation between state and local health departments.

Hospitalization Status	Number of Cases (percent of total)
Ever hospitalized	128 (7%)
Not Hospitalized	1630 (93%)
Total	1758

Age Group	Number of Cases (percent of total)
o-9 years	64 (4%)
10-19	144 (8%)
20-29 years	413 (23%)
30-39 years	297 (17%)
40-49 years	220 (12%)
50-59 years	227 (13%)

	Age Group 60-69 years		Number of Cases (percent of total)
			208 (12%)
	70-79 years		101 (6%)
	80+ years		83 (5%)
	Total		1758
S	OV		umber of Cases (percent total)
F	emale	906 (51%)	
N	Male	852 (49%)	

Total

1758

Race and Ethnicity	Number of Cases (percent of total)
White	1057 (60%)
American Indian, Alaska Native, Native Hawaiian, and Pacific Islander	187 (11%)
Asian	2 (<1%)
Black or African American	7 (<1%)
Other Race	23 (1%)
Undetermined/Under investigation	484 (27%)
Total	1758
Among those with ethnicity specified:	
Hispanic/Latino	99 (8%)
Not Hispanic/Latino	1148 (92%)
Total	1247

Current Status of Cases	Number of Cases (percent of total)
Hospitalized	26 (1%)
Deceased	29 (2%)
Recovering	841 (48%)
Recovered and released from isolation	865 (49%)
Total number of cases	1758

Location (at time of testing) of individuals diagnosed but not residing or counted in Montana:

County	Number of Cases (percent of total)
Beaverhead	2 (2%)
Carbon	1 (1%)
Cascade	9 (9%)
Custer	3 (3%)
Dawson	1 (1%)
Deer Lodge	2 (2%)
Fergus	2 (2%)
Flathead	10 (10%)
Gallatin	27 (27%)
Glacier	1 (1%)
Lake	6 (6%)
Lewis and Clark	2 (2%)
Lincoln	1 (1%)
Madison	4 (4%)
Missoula	3 (3%)
Park	7 (7%)
Ravalli	7 (7%)
Silver Bow	2 (2%)
Toole	1 (1%)
Yellowstone	8 (8%)
Total	99

Cases reported in the tables above include 13 residents of other states who were tested, isolated and/or hospitalized in Montana during the early phases of the pandemic. As COVID-19 is now widespread across the United States, data no longer include out-of-state residents who test positive in Montana in order to align with Council of State and Territorial Epidemiologists guidelines that classify cases by the individual's usual state of residence. This is standard practice for all communicable diseases to ensure accurate case reporting for Montana and the US. Additional individuals were diagnosed in Montana but are not included due to residency and/or the transient nature of their visit to the state: data for these individuals are reflected in the table immediately above.



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愛Sexually Transmitted Diseases (HIV/STD)

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The DPHHS CDEpi Section mission is to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance.

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