

## Sheila Hogan, Director

Children/Families			
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# Coronavirus Disease 2019 (COVID-19)

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

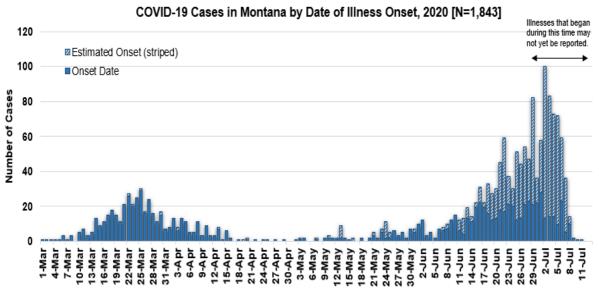
# Archive of COVID-19 Montana Analyses

2012/2 2015

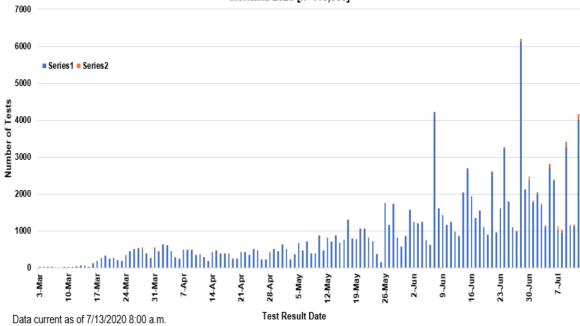
Demographic Information on Confirmed Cases

COVID-19 Cases in Montana		
Total Number of Cases	1843	
- Number of Deaths	32	

\* Tables and charts are updated by 10 am every morning.



Data current as of 7/13/2020 8:00 am



County of Residence	Number of Cases	Number of Deaths	Community Transmission*
Beaverhead	5		
Big Horn	119	5	Yes
Broadwater	9		
Carbon	34		
Cascade	50	2	Yes
Custer	38		
Dawson	8		
Deer Lodge	6		
Fallon	1		
Fergus	2		
Flathead	75	2	Yes
Gallatin	404	1	Yes
Garfield	1		
Glacier	28		
Golden Valley	3		
Granite	6		
Hill	14		
Jefferson	10		
Lake	53		
Lewis and Clark	49		Yes
Liberty	1		
Lincoln	33	1	
Madison	34	1	

#### SARS-Cov-2 PCR Testing at Montana Public Health Laboratory and Reference Laboratories, Montana 2020 [n=118,695]

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	14	1	
Sheridan	1		
Silver Bow	25		
Stillwater	9		
Teton	15		
Toole	31	6	
Treasure	2		
Valley	4		
Wheatland	2		
Yellowstone	525	11	Yes
Total	1843	32	

\* 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	133 (7%)
Not Hospitalized	1667 (91%)
Under Investigation	43 (2)
Total	1843

Age Group	Number of Cases (percent of total)
0-9 years	67 (4%)
10-19	151 (8%)
20-29 years	435 (23%)
30-39 years	311 (17%)
40-49 years	232 (12%)

	Age Grouj	Number of Cases (percent of total)	
	50-59 years	234 (13%)	
	60-69 years	218 (12%)	
	70-79 years	107 (6%)	
	80+ years	88 (5%)	
	Total	1843	
S	ex	Number of Cases (percent of total)	
F	Female	939 (51%)	
N	Iale	904 (49%)	

Total

1843

Race and Ethnicity	Number of Cases (percent of total)
White	1090 (59%)
American Indian, Alaska Native, Native Hawaiian, and Pacific Islander	192 (11%)
Asian	3 (<1%)
Black or African American	11 (<1%)
Other Race	23 (1%)
Undetermined/Under investigation	524 (28%)
Total	1843
Among those with ethnicity specified:	
Hispanic/Latino	98 (8%)
Not Hispanic/Latino	1188 (92%)
Total	1286

Current Status of Cases	Number of Cases (percent of total)
Hospitalized	28 (1%)
Deceased	32 (2%)
Recovering	908 (48%)
Recovered and released from isolation	875 (49%)
Total number of cases	1843

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

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

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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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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