

Sheila Hogan, Director

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Coronavirus Disease 2019 (COVID-19)

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

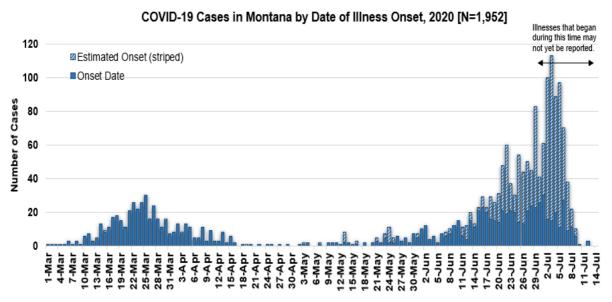
Archive of COVID-19 Montana Analyses



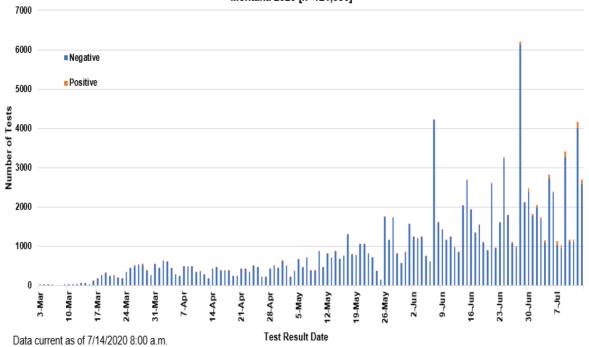
Demographic Information on Confirmed Cases

COVID-19 Cases in Montana	
Total Number of Cases	1952
- Number of Deaths	34

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



SARS-Cov-2 PCR Testing at Montana Public Health Laboratory and Reference Laboratories, Montana 2020 [n=121,396]



County of Residence	Number of Cases	Number of Deaths	Community Transmission*
Beaverhead	5		
Big Horn	121	5	Yes
Broadwater	9		
Carbon	34		
Cascade	50	2	Yes
Custer	38		
Dawson	8		
Deer Lodge	6		
Fallon	1		
Fergus	2		
Flathead	84	2	Yes
Gallatin	417	1	Yes
Garfield	1		
Glacier	28		
Golden Valley	3		
Granite	6		
Hill	14		
Jefferson	12		
Lake	80		
Lewis and Clark	57		Yes
Liberty	1		
Lincoln	40	1	

County of Residence	Number of Cases	Number of Deaths	Community Transmission*
Madison	34	1	
Meagher	4		
Missoula	125	1	Yes
Musselshell	1		
Park	20		
Pondera	2		
Ravalli	45	1	Yes
Richland	30		
Roosevelt	9		
Rosebud	14	1	9
Sanders	3		
Sheridan	2		
Silver Bow	25		
Stillwater	9		
Teton	15		
Toole	31	6	
Treasure	2		
Valley	4		
Wheatland	2		
Wibaux	1		
Yellowstone	557	13	Yes
Total	1952	34	

^{*} 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	136 (7%)
Not Hospitalized	1770 (91%)
Under Investigation	46 (2%)
Total	1952

Age Group	Number of Cases (percent of total)
0-9 years	71 (4%)
10-19	158 (8%)
20-29 years	475 (24%)

Age Group	Number of Cases (percent of total)
30-39 years	332 (17%)
40-49 years	242 (12%)
50-59 years	248 (13%)
60-69 years	226 (12%)
70-79 years	112 (6%)
80+ years	89 (5%)
Total	1952

Sex		umber of Cases (percent f total)
Fema	le 10	000 (51%)
Male	9.	52 (49%)
Total	19	952

Race and Ethnicity	Number of Cases (percent of total)
White	1149 (59%)
American Indian, Alaska Native, Native Hawaiian, and Pacific Islander	204 (11%)
Asian	4 (<1%)
Black or African American	12 (<1%)
Other Race	23 (1%)
Undetermined/Under investigation	560 (29%)
Total	1952
Among those with ethnicity specified:	
Hispanic/Latino	102 (8%)
Not Hispanic/Latino	1257 (92%)
Total	1359

Current Status of Cases	Number of Cases (percent of total)
Hospitalized	29 (1%)
Deceased	34 (2%)

Current Status of Cases	Number of Cases (percent of total)
Recovering	1005 (52%)
Recovered and released from isolation	884 (45%)
Total number of cases	1952

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	2 (2%)
Cascade	15 (12%)
Custer	3 (2%)
Dawson	1 (1%)
Deer Lodge	1 (1%)
Fergus	2 (2%)
Flathead	20 (16%)
Gallatin	32 (25%)
Glacier	1 (1%)
Lake	6 (5%)
Lewis and Clark	4 (3%)
Lincoln	3 (2%)
Madison	5 (4%)
Missoula	4 (3%)
Park	7 (5%)
Powell	1 (1%)
Ravalli	7 (5%)
Silver Bow	3 (2%)
Toole	1 (1%)
Yellowstone	8 (6%)
Total	128

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.



Communicable Disease Epidemiology Staff Listing



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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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