

### Sheila Hogan, Director

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# Coronavirus Disease 2019 (COVID-19)

Analysis of COVID-19 Cases in Montana as of 07/10/2020

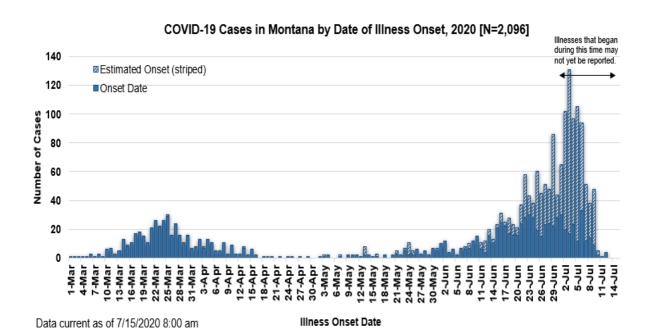
Archive of COVID-19 Montana Analyses



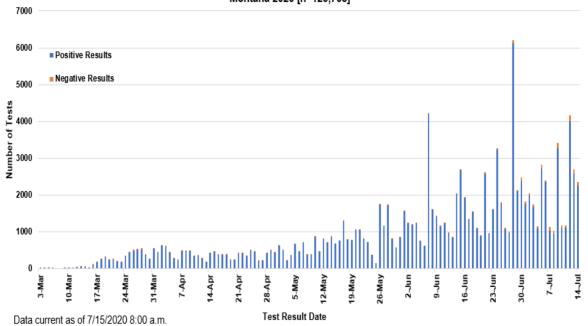
# **Demographic Information on Confirmed Cases**

COVID-19 Cases in Montana	
Total Number of Cases	2096
- Number of Deaths	34

<sup>\*</sup> 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=123,758]



County of Residence	Number of Cases	Number of Deaths	Community Transmission*
Beaverhead	6		
Big Horn	128	5	Yes
Broadwater	9		
Carbon	35		
Cascade	56	2	Yes
Custer	38		
Dawson	8		
Deer Lodge	6		
Fallon	1		
Fergus	2		
Flathead	92	2	Yes
Gallatin	489	1	Yes
Garfield	9		
Glacier	28		
Golden Valley	3		
Granite	6		
Hill	14		
Jefferson	12		
Lake	81		
Lewis and Clark	59		Yes
Liberty	1		
Lincoln	40	1	
Madison	34	1	

County of Residence	Number of Cases	Number of Deaths	Community Transmission*
Meagher	4		
Missoula	130	1	Yes
Musselshell	1		
Park	20		
Pondera	2		
Ravalli	47	1	Yes
Richland	32		
Roosevelt	9		
Rosebud	15	1	Yes
Sanders	3		
Sheridan	2		
Silver Bow	25		
Stillwater	9		
Sweet Grass	1		
Teton	15		
Toole	31	6	
Treasure	2		
Valley	4		
Wheatland	2		
Wibaux	1		
Yellowstone	584	13	Yes
Total	2096	34	

<sup>\*</sup> 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.

<b>Hospitalization Status</b>	Number of Cases (percent of total)
Ever hospitalized	145 (7%)
Not Hospitalized	1907 (91%)
Under Investigation	44 (2%)
Total	2096

Age Group	Number of Cases (percent of total)
0-9 years	76 (4%)
10-19	168 (8%)
20-29 years	535 (24%)

Age Group	Number of Cases (percent of total)
30-39 years	356 (17%)
40-49 years	256 (12%)
50-59 years	261 (13%)
60-69 years	237 (12%)
70-79 years	116 (6%)
80+ years	91 (5%)
Total	2096

Sex	Number of Cases (percent of total)
Female	1065 (51%)
Male	1031 (49%)
Total	2096

Race and Ethnicity	Number of Cases (percent of total)
White	1201 (57%)
American Indian, Alaska Native, Native Hawaiian, and Pacific Islander	204 (11%)
Asian	5 (<1%)
Black or African American	12 (<1%)
Other Race	26 (1%)
Undetermined/Under investigation	648 (31%)
Total	2096
Among those with ethnicity specified:	
Hispanic/Latino	109 (8%)
Not Hispanic/Latino	1312 (92%)
Total	1421

Current Status of Cases	Number of Cases (percent of total)
Hospitalized	37 (1%)
Deceased	34 (2%)

Current Status of Cases	Number of Cases (percent of total)
Recovering	1110 (52%)
Recovered and released from isolation	915 (45%)
Total number of cases	2096

# 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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