

Weekly COVID-19 Update in Montana (as of 7/16/2021)

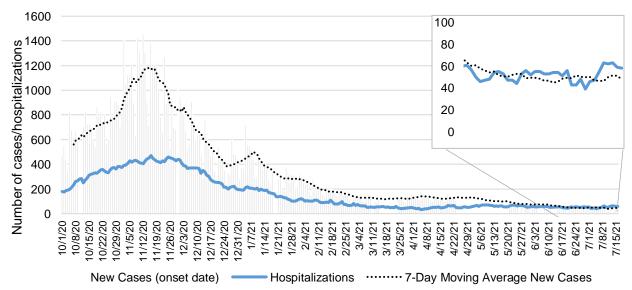
This report is a weekly snapshot of COVID-19 activity in Montana. Data is analyzed based on information available as of July 16, 2021. Data is provisional and expected to change as more information is received.

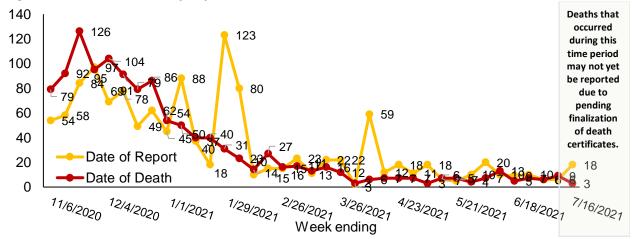
Case Data

Table 1. Summary of COVID-19 Activity – Montana, as of 7/16/2021

	TOTAL	RECENT WEEK	PERCENT CHANGE FROM PREVIOUS WEEK
REPORTED CASES	114,722	419	+11%
LABORATORY TESTS	1,471,529	9,705	-9%
HOSPITALIZATIONS	5,597	58	+21%
DEATHS	1,692	3	-67%

Figure 1. COVID-19 Cases and Hospitalizations over Time - Montana, as of 7/16/2021









Vaccine Data – updated through 7/16/2021

Montana began vaccinating individuals in mid-December 2020 with a phased process: Phase 1A on December 14, 2020, Phase 1B on January 19, 2021, and Phase 1B+ on March 8, 2021. Vaccinations were opened to all Montanans age 16+ on April 1, 2021 and expanded to all Montanans age 12+ on May 10th, 2021. To date 880,240 doses have been given across the state and 48% of the eligible population are considered fully vaccinated.

Table 2: COVID-19 Vaccine Doses Admi	nistered – Montana, as of 7/16/2021
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	NUMBER	PERCENT OF ELIGIBLE POPULATION	THIS WEEK	PERCENT CHANGE FROM PREVIOUS WEEK
TOTAL DOSES ADMINISTERED	880,240		4,681	-7%
DOSE 1 ADMINISTERED	479,849	52%	2,469	-6%
FULLY VACCINATED INDIVIDUALS	436,727	48%	2,569	-11%

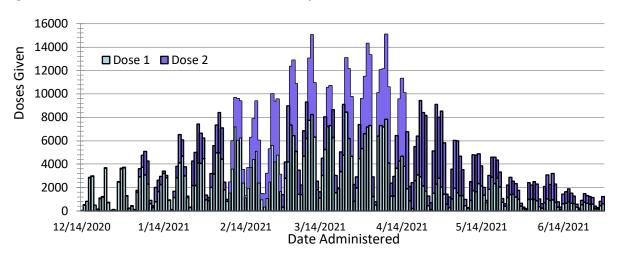


Figure 3. COVID-19 Vaccine Doses Administered by Week – Montana, as of 7/16/2021

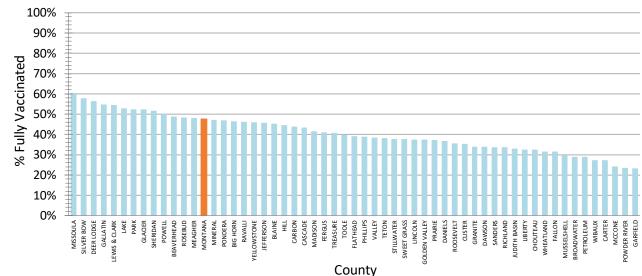
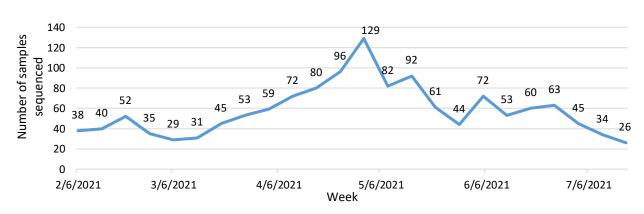


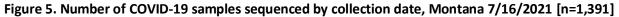
Figure 4. Percent of Eligible Montanans (12+ years) Fully Vaccinated by County – Montana, 7/16/2021

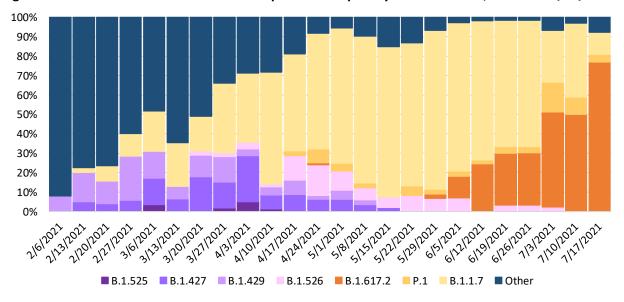


Variant and Breakthrough Cases

A variant has one or more mutations that differentiate it from other variants in circulation. Multiple variants of SARS-COV-2 have been documented throughout this pandemic. Of 1,391 samples that were sequenced and reported to <u>GISAID</u> since February 2021, 1,079 (78%) were identified as either a variant of concern or variant of interest. The most common variant identified overall (51% of all sequenced specimens) is B.1.1.7 (Alpha/UK). However, B.1.617.2 (Delta) is increasingly common in Montana in recent weeks. March through June, the Alpha/UK variant was predominant. Beginning in July, the Delta variant has been detected more commonly in sequenced samples, now making up more than 50% of recently sequenced samples and Delta is currently the most predominant variant. Not all samples have enough genetic material to be sequenced. The charts below reflect information on specimens that were sequenced and reported to GISAID.









A breakthrough COVID-19 infection is defined as a positive SARS-CoV-2 collected ≥14 days after completing the primary COVID-19 vaccine series of an FDA-authorized COVID-19 vaccine. Depending on the specific vaccine administered, completion of series could be one or two doses of vaccine. As of 7/16/2021, 437 cases of confirmed breakthrough disease were reported, including 47 hospitalizations and eight deaths.



Hospitalizations and Deaths and Vaccination Status

COVID-19 related hospitalization and death data from **April 25** – **July 16** were analyzed to review vaccination status. Ninety-four percent of Montanans who were hospitalized and 88% of those who had died had not received a COVID-19 vaccine (Table 3). Of those tested, ten percent or fewer of hospitalizations or deaths were identified as a variant of concern.

Table 3. Vaccination status of reported COVID-19 hospitalizations and deaths - April 25 - July 16, 2021

	HOSPITALIZATIONS	DEATHS
TOTAL REPORTED	580	60
MEDIAN AGE (YEARS)	63	75
AGE RANGE (YEARS)	0-102	35-96
UNVACCINATED	545 (94%)	53 (88%)
VACCINATED (BREAKTHROUGH CASE)	35 (6%)	7 (12%)
VARIANTS OF CONCERN OR INTEREST AND NUMBER OF TYPES RELATED TO HOSPITALIZATIONS AND DEATHS*	42 (7%) 4 variant types	6 (10%) 3 variant types

*Not all breakthrough cases are sequenced. Additionally, when sequence testing is performed by a thirdparty laboratory, patient data is not identified. Therefore, it is difficult to determine hospitalization and death status of all sequenced specimens.