SUMMARY

- Montana is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 18th highest rate in the country. Montana is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 7th highest rate in the country.
- Montana has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Yellowstone County, 2. Rosebud County, and 3. Cascade County. These counties represent 46.9% of new cases in Montana.
- Bozeman (Montana State University) and Missoula (University of Montana) have had increases in cases and test positivity, suggesting increasing transmission.
- 27% of all counties in Montana have moderate or high levels of community transmission (yellow, orange, or red zones), with 9% having high levels of community transmission (red zone).
- During the week of Sep 7 - Sep 13, 5% of nursing homes had at least one new resident COVID-19 case, 14% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Montana had 105 new cases per 100,000 population in the last week, compared to a national average of 86 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA; 13 to support medical activities from ASPR; 1 to support operations activities from ASPR; 6 to support epidemiology activities from CDC; and 3 to support operations activities from CDC.
- Between Sep 12 - Sep 18, on average, 16 patients with confirmed COVID-19 and 20 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Montana. An average of 82% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Testing is critical to epidemic control and recent increases in testing will help guide efforts; areas with increasing test positivity in context of increased testing suggest increasing transmission. Consider fines for violation of face mask mandates in high transmission communities.
- Monitor hospitalizations and ensure hospital and EMS capacity remain sufficient and clinical staff are trained on latest care strategies.
- Intensify public health messaging, promoting personal and social responsibility for social distancing and face coverings, targeting young adult populations; counsel young adults to avoid close contact with elderly or vulnerable people/family in efforts to reduce transmission.
- Feature testing, hospitalization, and mortality data on state website.
- Continue all efforts to expand testing capacity, utilizing every PCR platform in the state and conducting pooled testing to expand surveillance efforts. Recruit and train college and university students to expand contact tracing capacity.
- At colleges and universities, ensure capacity to conduct surge testing of 50-100% of the student body over 14 days and ensure adequate isolation so that students do not return home and transmit to their families. Conduit surveillance testing thereafter to identify resurgence; consider using focused wastewater surveillance to detect outbreaks early and to direct diagnostic testing and public health interventions.
- Require strong mitigation efforts on campus, including masks and social distancing; de-densification of residences and classrooms; maximum ventilation adjustments in all buildings; creation of sheltered outside study and dining areas, if reasonable; and proactive and adaptive limits on bar patronage and student gatherings on and off campus.
- Ensure long term care facilities (LTCFs) follow CMS testing requirements. For LTCFs in Billings, Bozeman, or Missoula, increase testing even further to prevent spread. Immediately ensure that inspection surveys have been conducted in all LTCFs with an initial case or 3 or more cases in the last week and ensure prompt corrective actions were taken.
- Conduct routine surveillance at all crowded indoor work environments (e.g., meat packing plants) to identify outbreaks early.
- Implement a plan for increased surveillance using the Abbott BinaxNOW or other antigen tests.
- Develop weekly surveillance among critical populations to monitor degree of community spread among: K-12 teachers, staff working at LTCFs, prison staff, public transportation workers, and first responders, as capacity allows.
- Intensify focus on Tribal Nations: As inter-tribal community events resume and epidemic fatigue sets in, develop specific messaging with tribal communities to promote social distancing and mask recommendations. Ensure widely available testing with quick turnaround of results (48 hours), provide immediate housing and food for quarantine and isolation while results are pending, and conduct contact interviews within 48 hours of test results. Recruit and train contact tracers from within the community.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.