VERMONT
DEPARTMENT OF HEALTH

# Weekly COVID-19 Surveillance Report

**August 31, 2022**

## Report Timeframe: August 21 to August 27, 2022

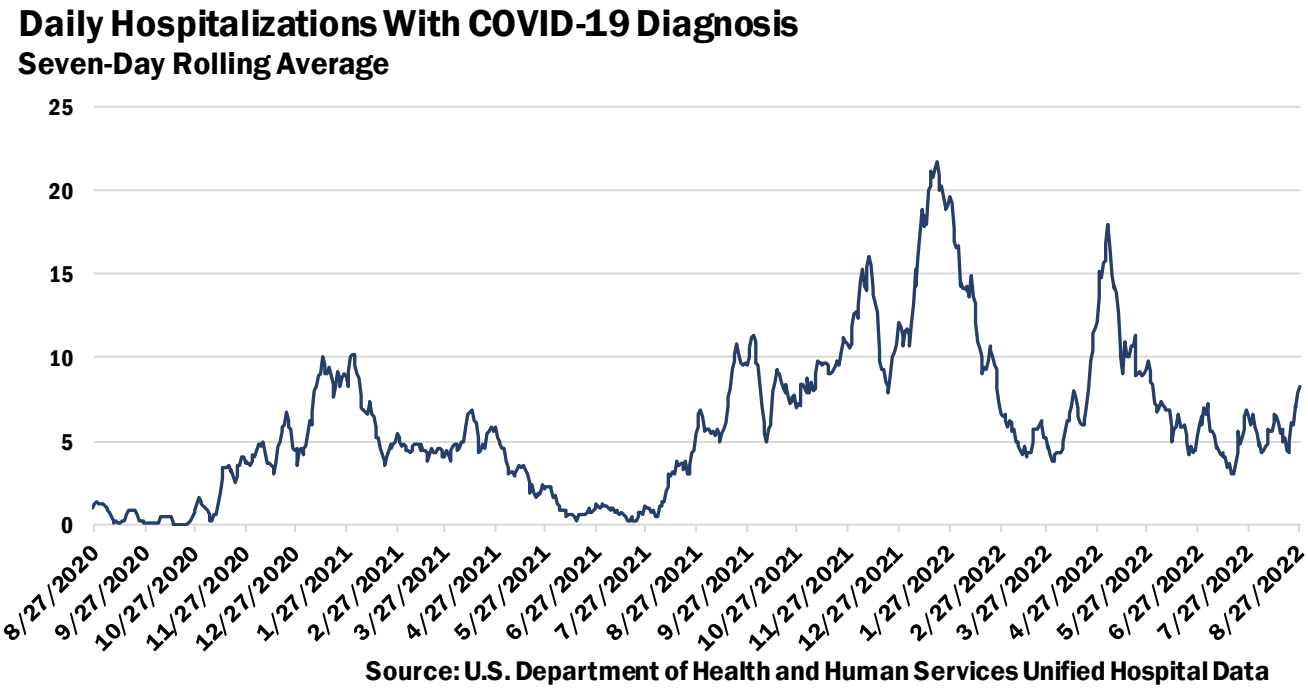
**Statewide community levels: Low.** For this seven-day reporting period, the rate of new COVID-19 cases per 100,000 Vermonters is below 200. New COVID-19 admissions are below 10 per 100,000 Vermonters per day, and the percent of staffed hospital beds occupied by COVID-19 is below 10%.

- New COVID-19 cases, last 7 days: 87.34 per 100k
  - Weekly case count: 545 (increase from previous week)
- New hospital admissions of patients with COVID-19, last 7 days: 9.30 per 100K
  - 58 total new admissions with COVID-19 (increase from previous week)
- Percent of staffed inpatient beds occupied by patients with COVID-19 (7-day average): 3.89% (increase from previous week)

Vermont Department of Health recommendations: Protect Yourself & Others

CDC recommendations: COVID-19 by County | CDC

## Hospitalizations Over Time



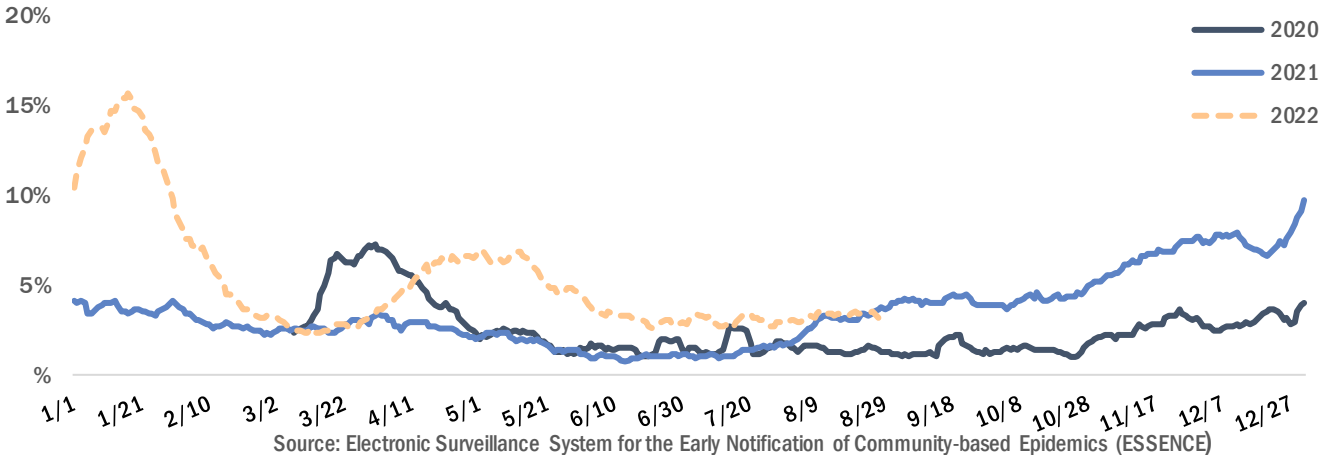

The seven-day rolling average of hospital patients admitted with a laboratory-confirmed COVID-19 infection peaked in January 2022 and increased again throughout April and into early May. The number of daily COVID-19-positive admissions is currently at its highest point since the end of May 2022. The number is the daily average of the previous seven days; for example, the value for May 28 is the daily average for the days of May 21 through May 27.

## Syndromic Surveillance

Vermont is using the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), which provides all individual emergency department visits from participating emergency departments[1], to identify Emergency Department visits for COVID-Like Illness (CLI).

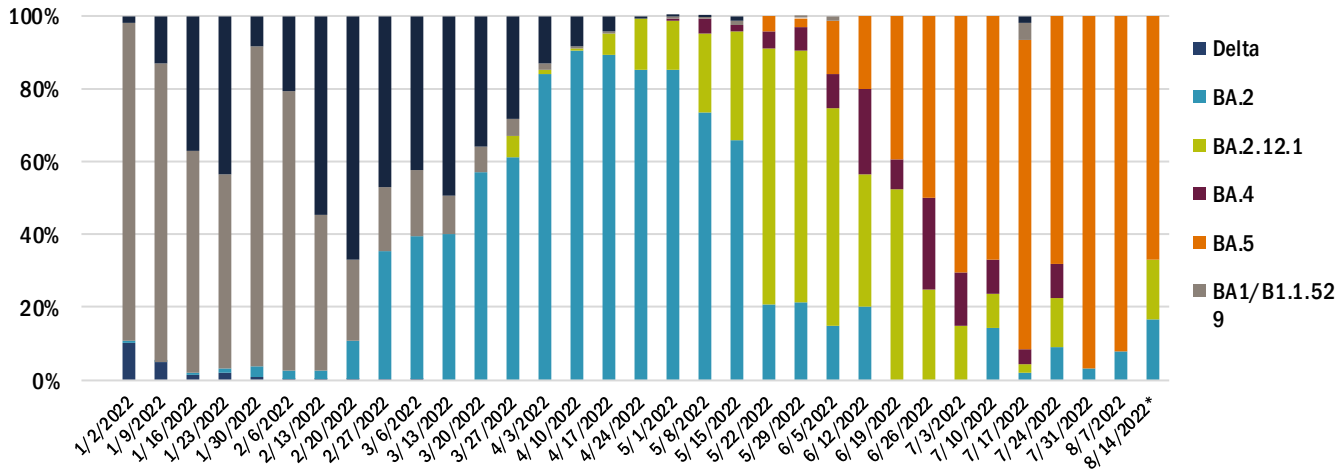
During this reporting period slightly over 3% of emergency visits in participating emergency departments included COVID-like illness. This is similar to the same period in 2021.

**Percent of Emergency Visits with COVID-Like Illness**
**Seven-Day Rolling Average, over Calendar Year**




Source: Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)

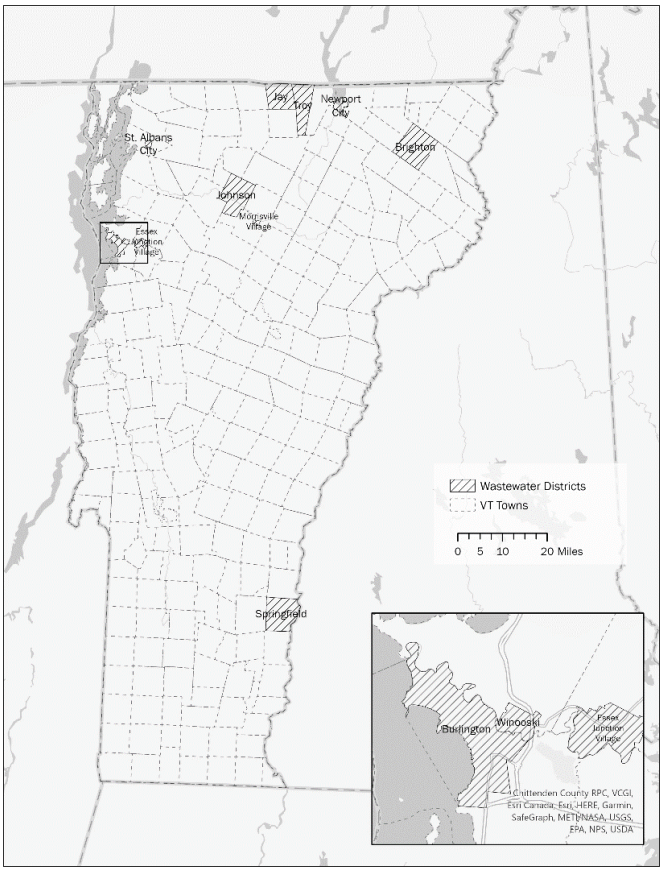
## Proportion of sequenced variants




BA.5 continues to predominate among sampled sequences in Vermont, comprising 40 of the 42 processed samples collected the weeks of July 31 and August 7th. *Only six samples from the week of August 14th have been sequenced so far, four of which are BA.5. (Sources: Broad; Aegis; Helix; LabCorp; Quest; Health Department Whole Genome Sequencing program; CDC COVID Data Tracker)

[1] All Vermont hospitals and two urgent care clinics are included in ESSENCE.

## Wastewater Monitoring



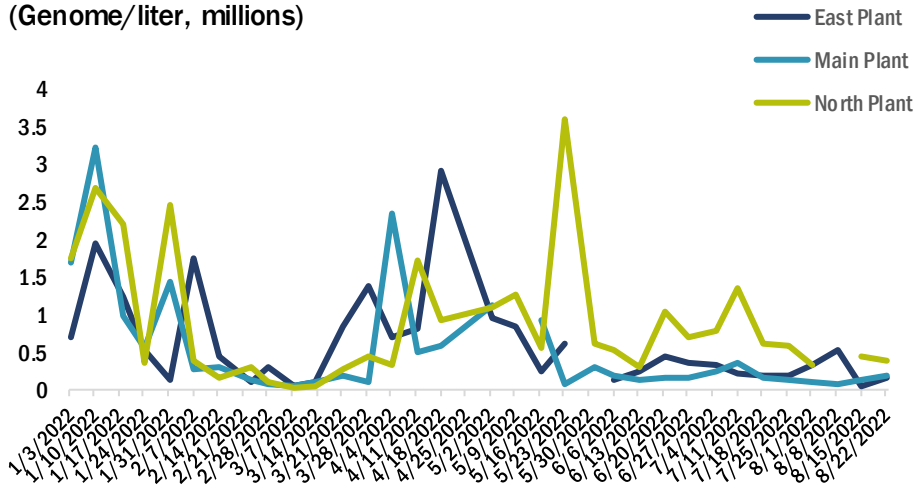

Several Vermont wastewater districts have begun participating with the National Wastewater Surveillance System (NWSS).

| NWSS Site | 15-day % change |
|---|---|
| Barre | * |
| Bennington | Decrease between 10%-99% |
| Brighton | Decrease between 10%-99% |
| Essex Junction | Decrease between 10%-99% |
| Johnson | Increase of 1000%+ |
| Morrisville | Increase of 1000%+ |
| Newport City | * |
| St. Albans City | Decrease between 10%-99% |
| St. Johnsbury | Increase between 100%-999% |
| Troy / Jay WWTP | Increase between 10%-99% |
| Winooski | Increase between 10%-99% |

*Trend data will be reported when available

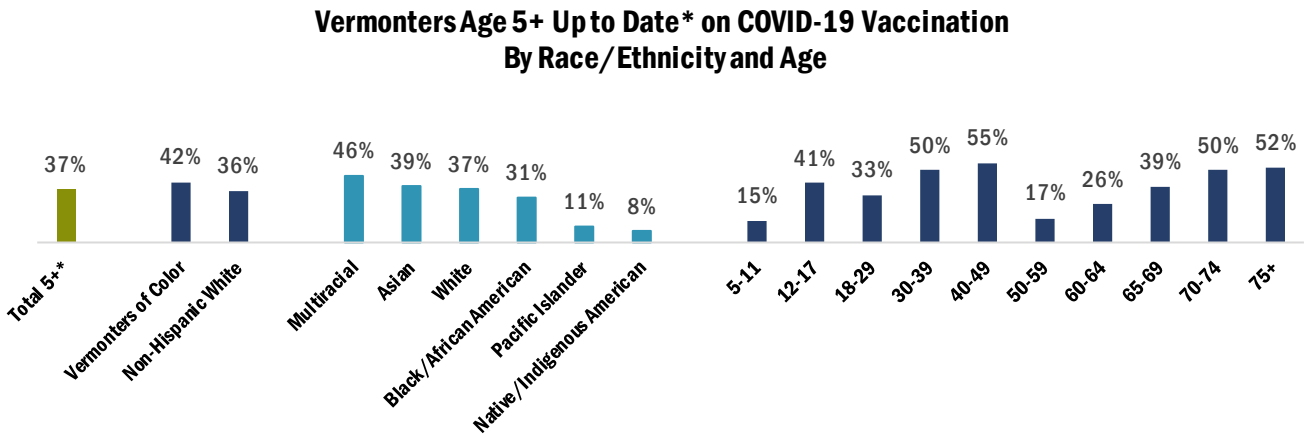
In addition to Vermont's NWSS sites, the City of Burlington has been collecting samples in collaboration with the Health Department and research partners at the University of Vermont and at Dartmouth-Hitchcock Medical Center. Burlington has been collecting data since August 2020, and reports on the 24-hour viral concentration (as genomes per liter) of SARS-CoV-2 ribonucleic acid (RNA) collected at the city's three wastewater plants.

**Burlington Wastewater SARS-CoV-2 Counts**
**(Genome/liter, millions)**




Burlington wastewater SARS-CoV-2 counts showed slight increases at the East and Main plants, though both sites still had lower counts than they showed earlier in the Spring/Summer. There was a slight decrease at the North plant. (Source: City of Burlington: burlingtonvt.gov)

## Vaccination Rates




**Source: Vermont Immunization Registry (August 2022), Health Department Population Estimates (2019)**

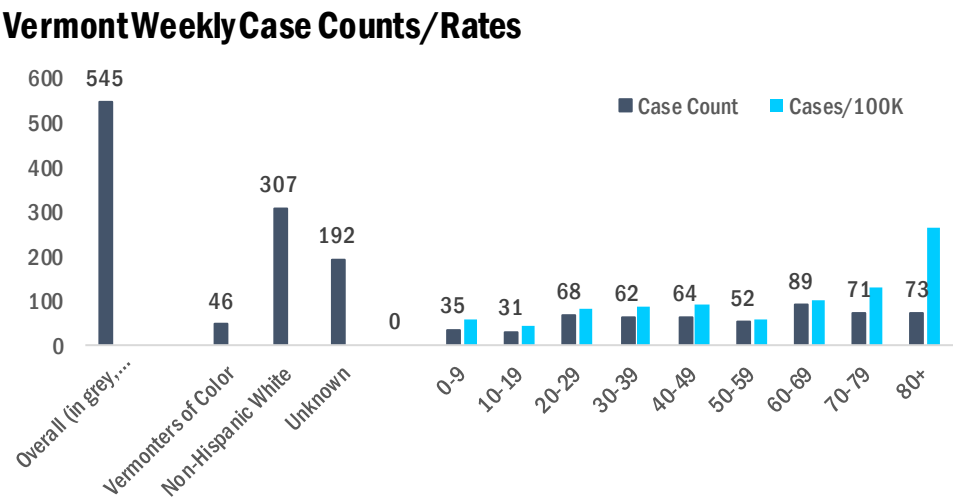
Note: Race/ethnicity information is missing for 4% of vaccinated individuals. Population denominators are from 2019 population estimates so percentages shown are an estimate which may vary from the true proportion in the population, particularly for smaller groups.

*The Health Department updated its definition of *up to date* to align with the CDC: people who have received all recommended doses of vaccine they are eligible for. *Up to date* numbers now reflect Vermonters age fifty and older who have received a second booster and those age five to eleven who have received a booster

COVID-19 vaccination rates for Vermonters who identify as Pacific Islanders or Native American, Indigenous, or First Nation have been substantially lower than rates for other Vermonters. In addition, the number of people in the Vermont Immunization Registry who identify as Pacific Islanders or Native American, Indigenous, or First Nation are much lower than our Vermont Department of Health population estimates. These findings could be due to one or more of the following:

1) Pacific Islanders and Native/Indigenous Americans are less likely to report their race.
2) Pacific Islanders and Native/Indigenous Americans are receiving fewer vaccinations.
3) Health Department population estimates are overestimating the true population.
4) Race and ethnicity are collected by providers in a way that does not align with how people identify.

## Identified Cases




Note: Case counts and rates are calculated by *confirmed* and *probable* cases reported to the Health Department.

To calculate rates, counts are divided by 2019 Vermont population estimates for respective category and expressed per 100,000 in each category.

Due to a high number of cases missing race/ethnicity data, rates are not provided for race/ethnicity categories.

## Reported and Confirmed Outbreaks, Active as of August 31, 2022

For purposes of this report, an outbreak is defined as three or more epidemiologically linked cases of COVID-19, where at least one such case has been laboratory or otherwise clinically confirmed as COVID-19.

| Facility type | Reported outbreaks active on 8/31 |
|---|---|
| Long-term Care (LTC) | 9 |
| Non-LTC Healthcare | 1 |
| Correctional Facility | 1 |
| School/childcare | - |
| Other | 1 |

| County | Reported outbreaks active on 8/31 |
|---|---|
| Addison | 2 |
| Bennington | 2 |
| Caledonia | 1 |
| Chittenden | 1 |
| Essex | - |
| Franklin | 1 |
| Grand Isle | - |
| Lamoille | 1 |
| Orange | - |
| Orleans | 1 |
| Rutland | - |
| Washington | 2 |
| Windham | - |
| Windsor | 1 |

For more information about this report, please contact john.davy@vermont.gov