

Weekly Summary of Vermont COVID-19 Data

Reflecting cases identified between
March 5 – September 30, 2020

Date published: October 2, 2020. This summary will be updated every Friday.

Common Terms and Data Sources

This document contains information about people who have tested positive for COVID-19 in Vermont. You will find data presented in a few different ways throughout this document:

- **Count:** the number of people who have tested positive for COVID-19 (overall or in a particular group)
- **Rate:** the number of people who have tested positive for COVID-19 in a particular group, divided by the total number of people in that group. Using rates allows for more direct comparisons between groups.
- **Growth rate:** a measure of the percent change in COVID-19 cases over time; this tells us how quickly or slowly the disease is spreading in Vermont
- **Week:** for the purposes of this document, “this week” is defined as September 23 through September 30.

For geographic information, please see the [COVID-19 Data Dashboard](#) or [Town Map](#). For more information on data sources, please see our [Data Notes](#) document.

Please Note: On October 1, the denominators used to calculate rates by race and ethnicity were switched over from 2018 American Community Survey estimates to 2019 Vermont Department of Health estimates based on Census data. This change was made to be more consistent with how the Health Department typically calculates rates. The relatively large change in rates for some racial groups in the October 2, 2020 Weekly Summary is due to this change in methodology.

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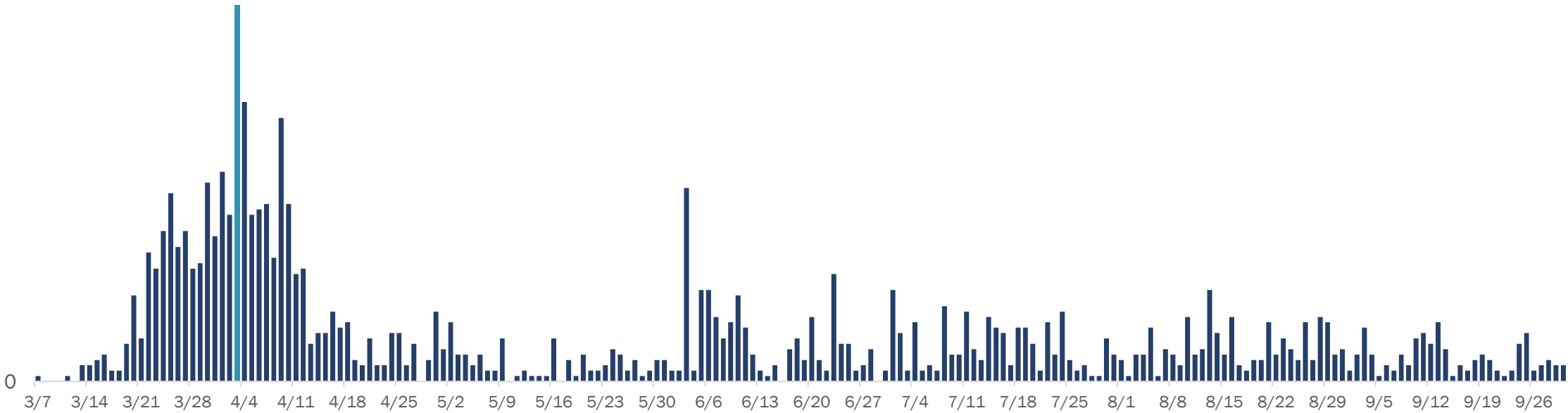
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COVID-19 in Vermont

An overview of our number of cases and laboratory testing to date.

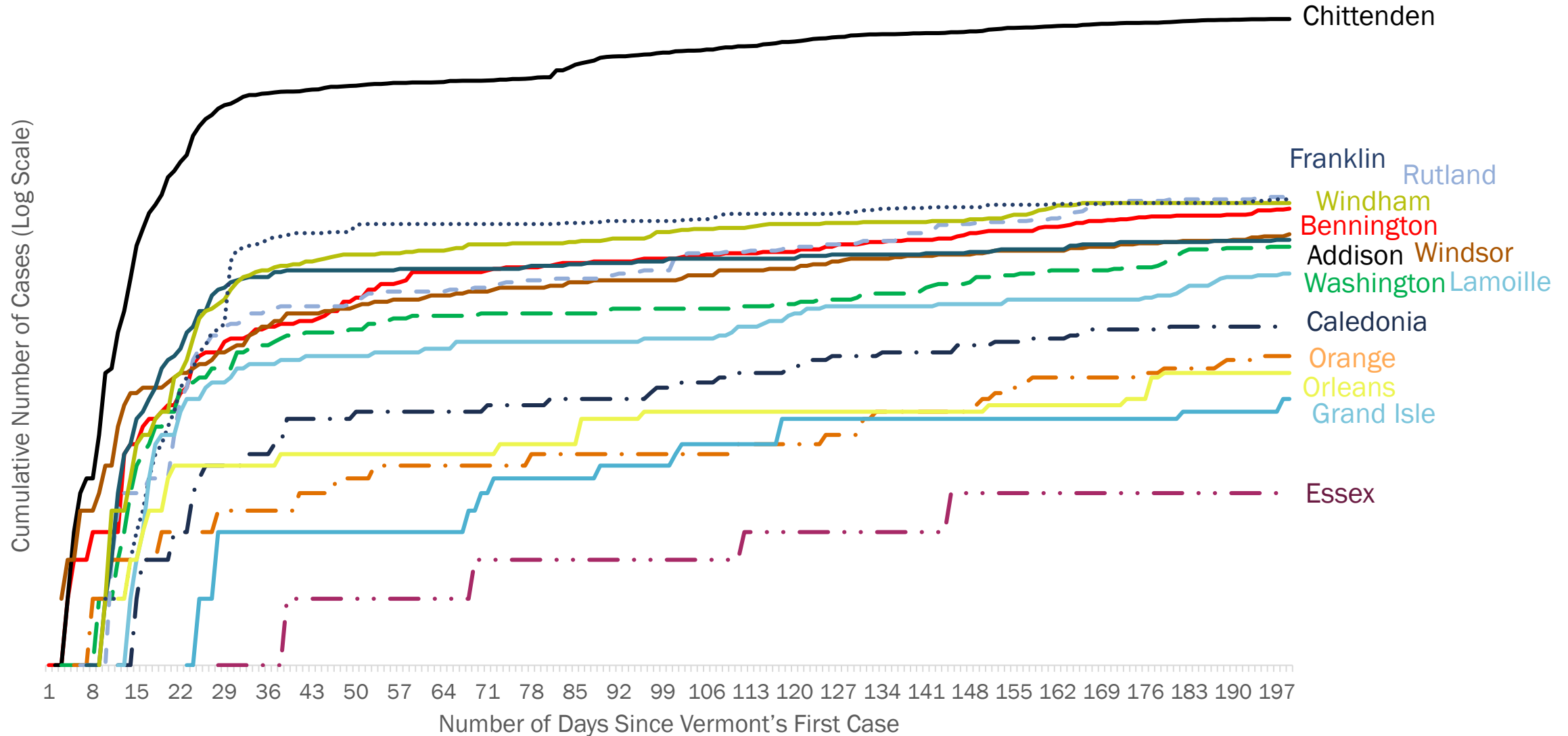
Total Number of Cases in Vermont: 1,755

80 The daily number of COVID-19 cases in Vermont peaked on April 3.

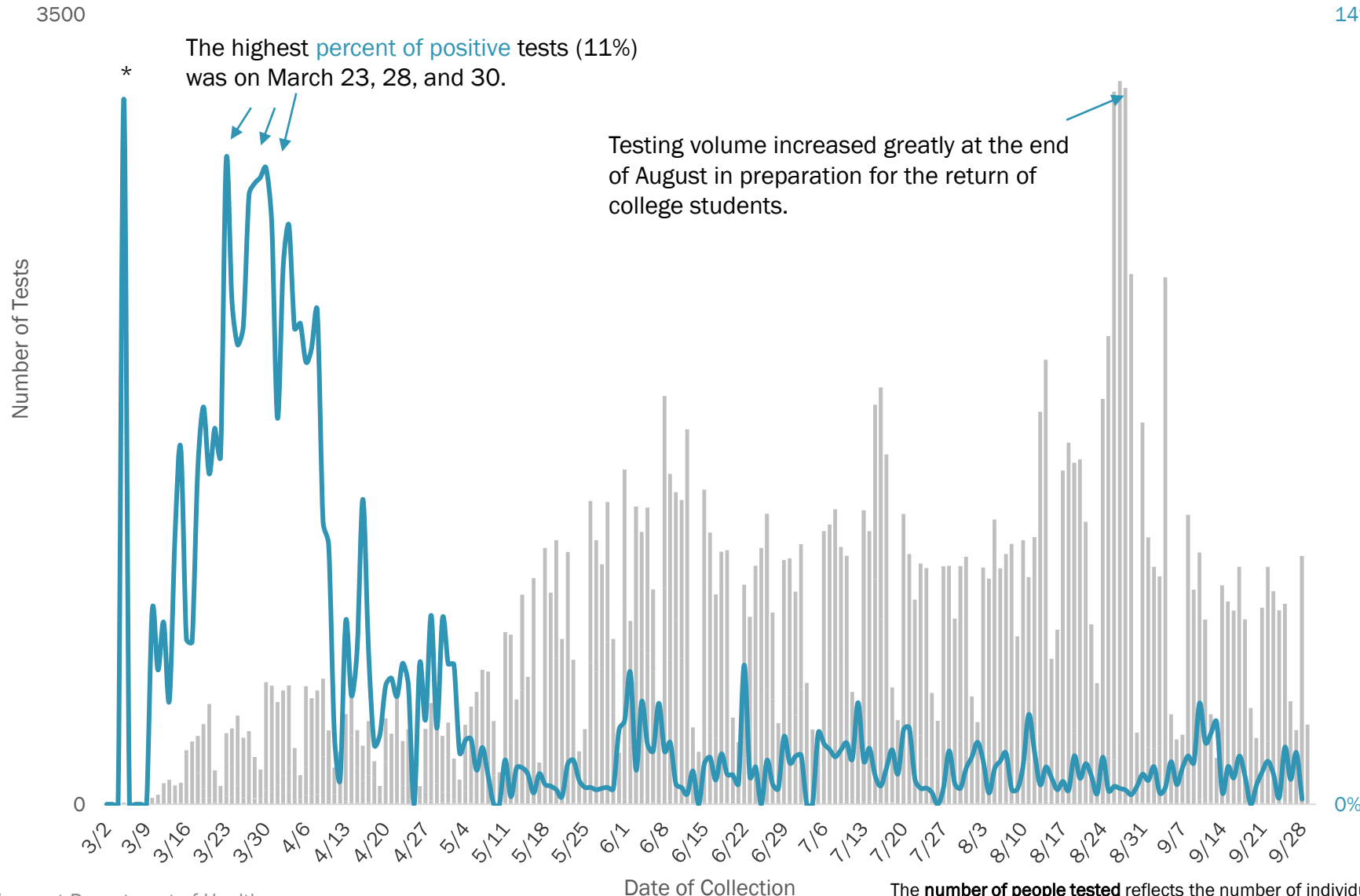


Most counties have reached a plateau in the number of new cases.

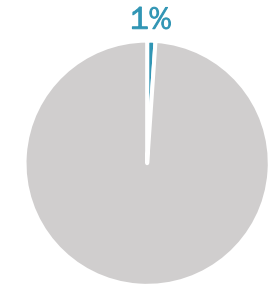
Growth over time by county (n=1,747)



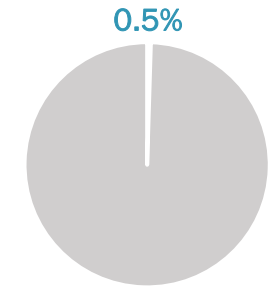
Percent of positive COVID-19 tests may indicate how prevalent the disease is in the population.



Percent Positive to Date



Percent Positive This Week (September 23 - September 30)



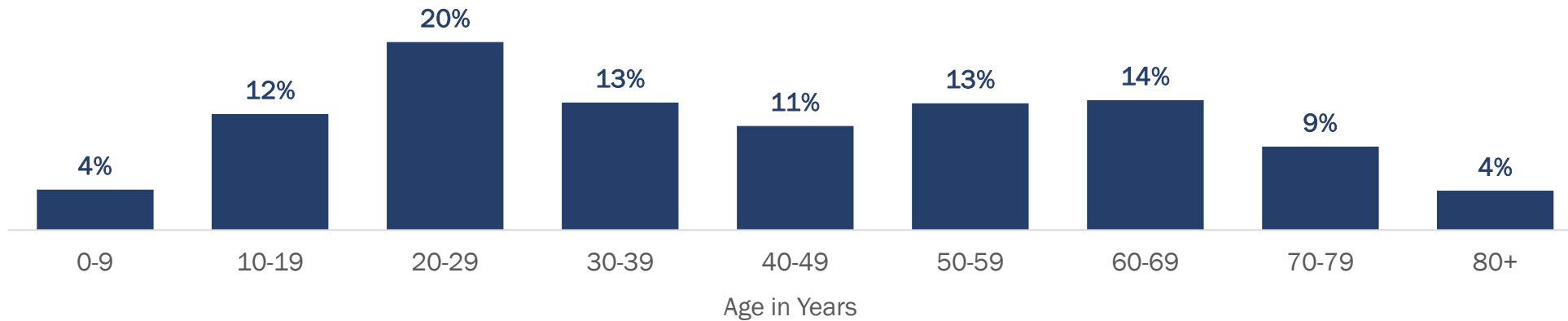
6,807 People Tested this Week	28,220 Tests this Week
163,844 People Tested to Date	286,302 Tests to Date

Vermont Department of Health

*Not a stable estimate due to small numbers. There were 8 total tests and 1 was positive.

The **number of people tested** reflects the number of individual people who have had confirmatory testing for COVID-19 in Vermont. Each person is only counted once. The **number of tests** reflects the number of specimens that have had confirmatory for COVID-19 in Vermont. This number may include multiple specimens for one person, the same person tested multiple times, etc. **Percent positive** is the number of people with laboratory confirmed COVID-19 divided by the total number of people tested. None of these numbers include serology or antigen testing.

The proportion of people tested for COVID-19 in Vermont varies across age groups.



More **females** are tested than **males** for COVID-19.



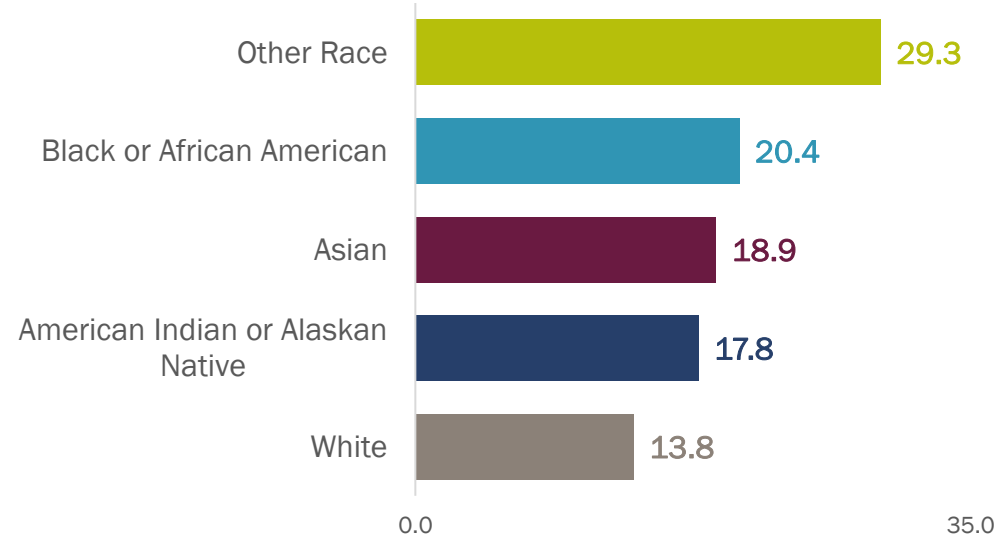
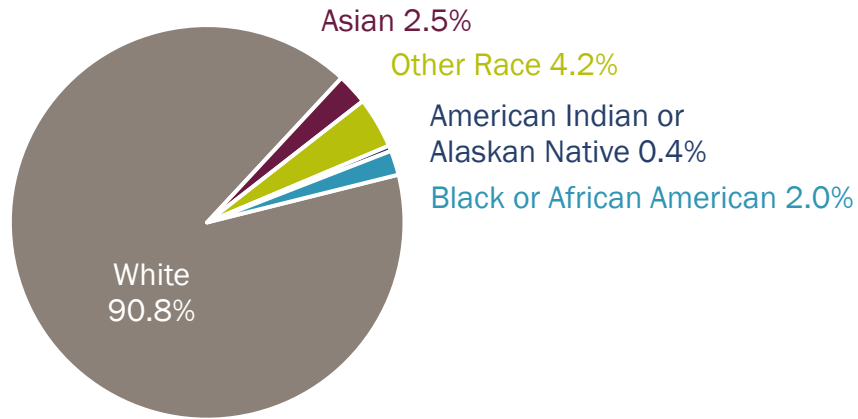
56% of people tested for COVID-19 are **female**.



44% of people tested for COVID-19 are **male**.

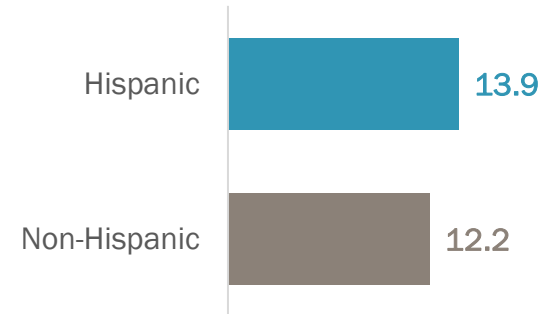
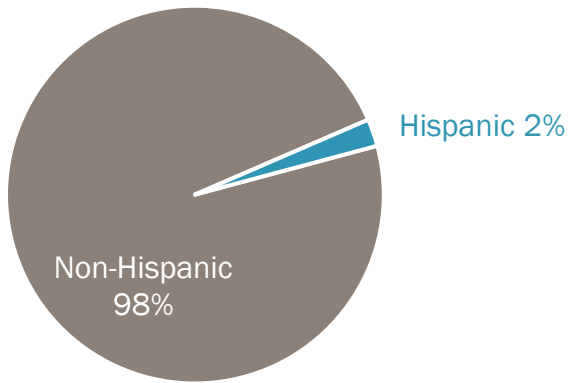
While the majority of people tested in Vermont for COVID-19 are white, the rates are similar across racial groups.

Rates per 100 Vermonters

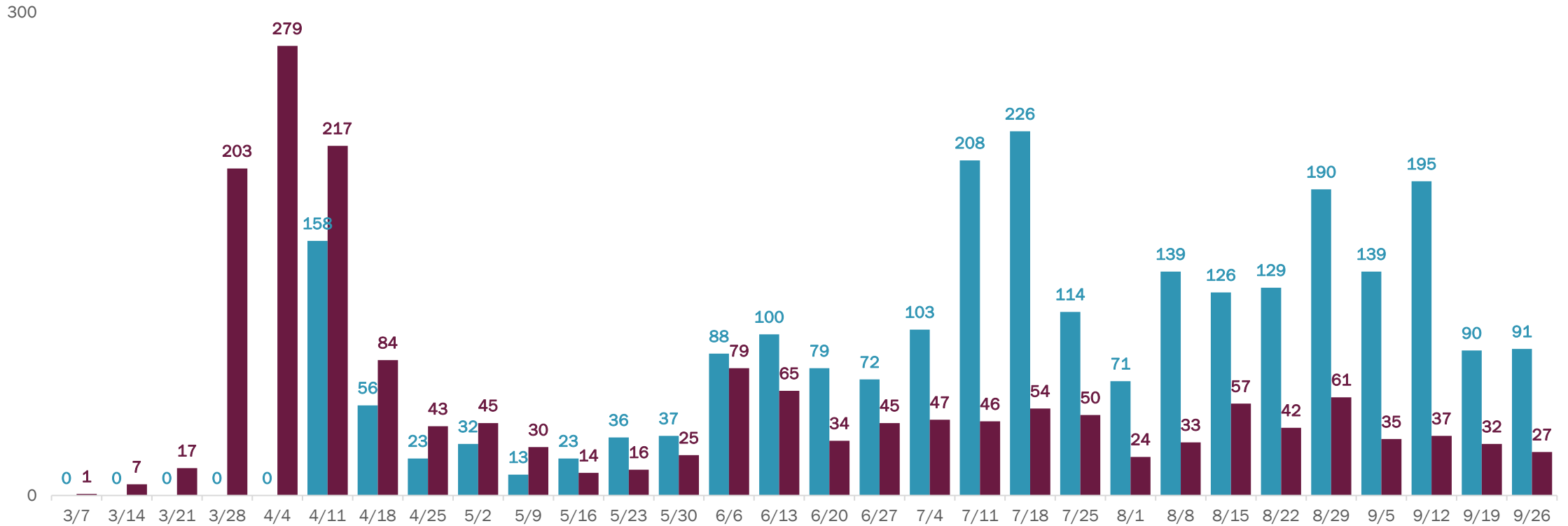


While the majority of people tested in Vermont for COVID-19 are non-Hispanic, the rates are nearly the same across ethnic groups.

Rates per 100 Vermonters



Contact tracers speak with both **confirmed cases** and their **close contacts** each week.



65

Number of contact tracers trained

27

Cases interviewed last week

September 20 –September 26

91

Contacts named last week

September 20 –September 26

3

Average number of contacts per case*

*Since March 7

In the last two weeks (from September 13 to September 26):



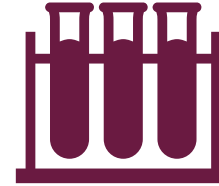
100%

Of cases were interviewed within 24 hours



90%

Of cases provided their close contacts



51%

Of contacts were tested within 14 days of exposure



6%

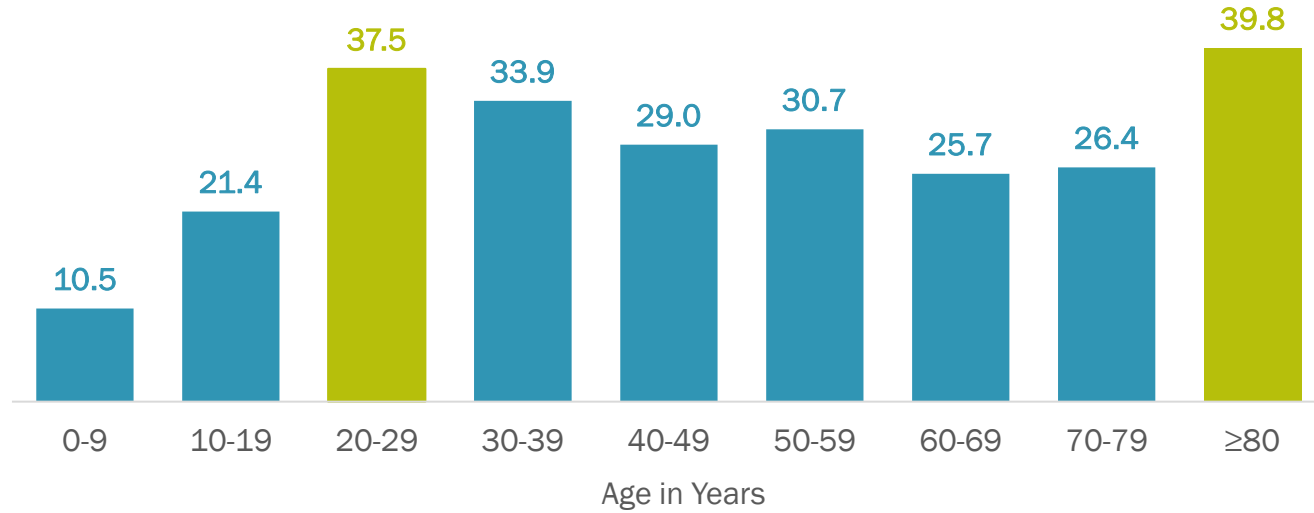
Of contacts became a case

Case Demographics

Who has been impacted by COVID-19 in Vermont?

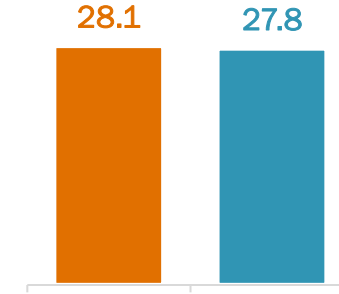
Rates of COVID-19 are highest among Vermonters 20-29 and 80 years and older.

Rate per 10,000 Vermonters



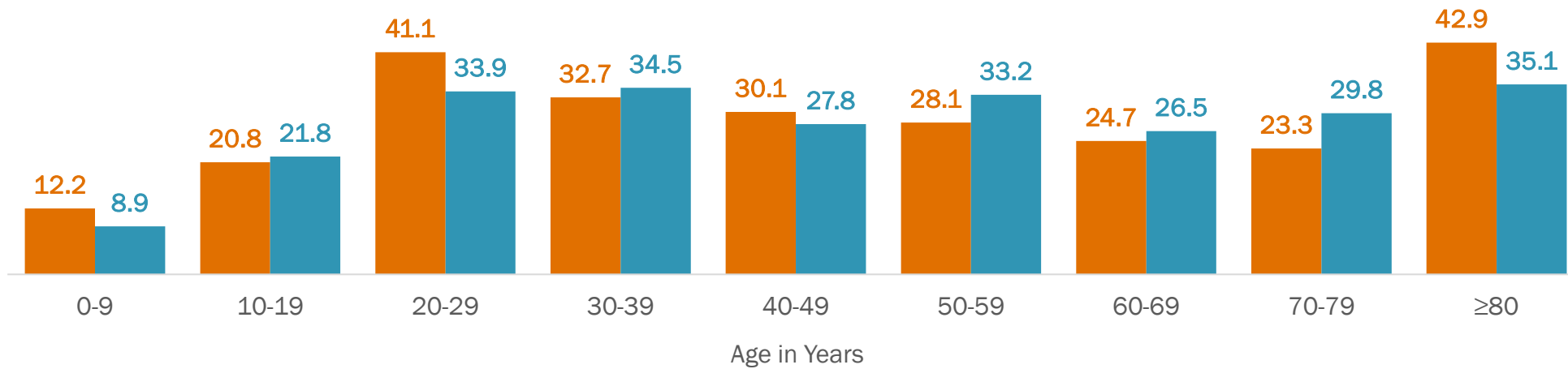
Females and males have similar rates of COVID-19.

Rate per 10,000 Vermonters



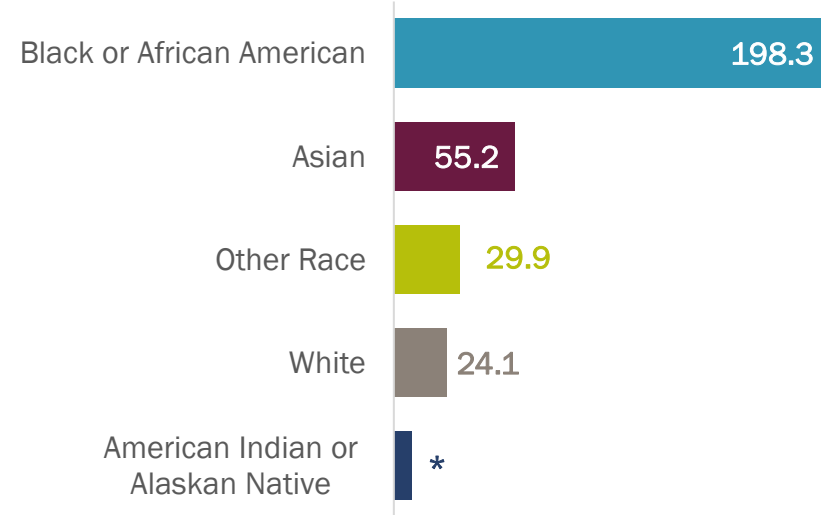
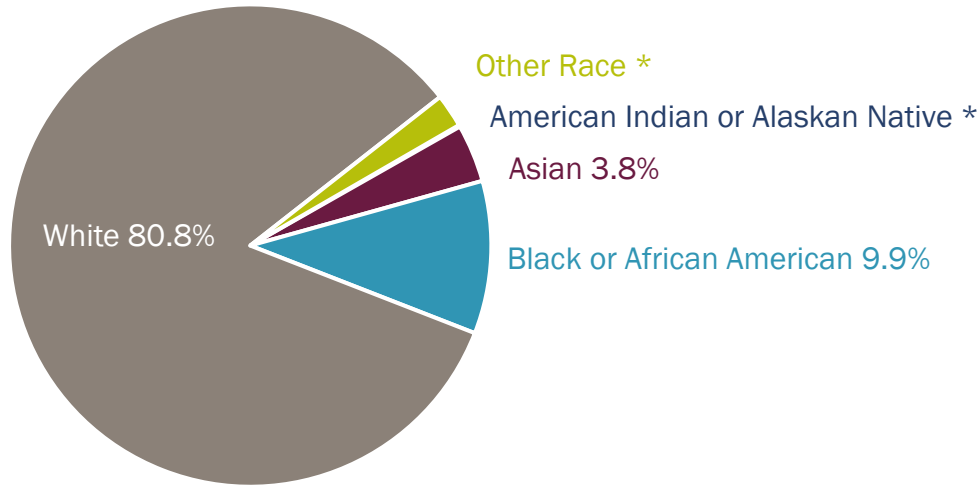
There are differences in age and sex of Vermonters with COVID-19.

Rates of COVID-19 by Age Group for Females and Males per 10,000 Vermonters



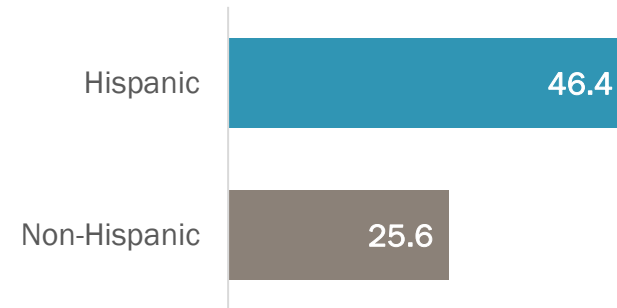
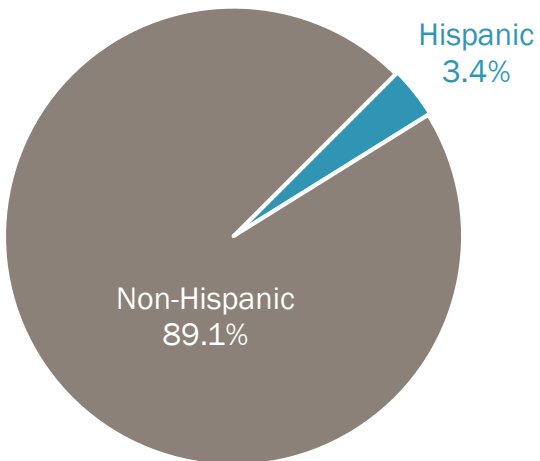
White Vermonters represent the majority of COVID-19 cases. African American Vermonters have the highest rate.

Rate per 10,000 Vermonters



Non-Hispanic Vermonters represent the majority of COVID-19 cases. Hispanic Vermonters have the higher rate.

Rate per 10,000 Vermonters



Other Race includes people who identify as two or more races, or a race other than White, Asian, African American or Black, and American Indian or Alaskan Native.

Race is unknown in 3% of cases (n = 57) and ethnicity is unknown in 8% of cases (n = 133).

* Value suppressed due to small numbers.

Approximately 52% of people* with COVID-19 have a pre-existing condition.

*of the 1,430 people that the Health Department has pre-existing condition data for.

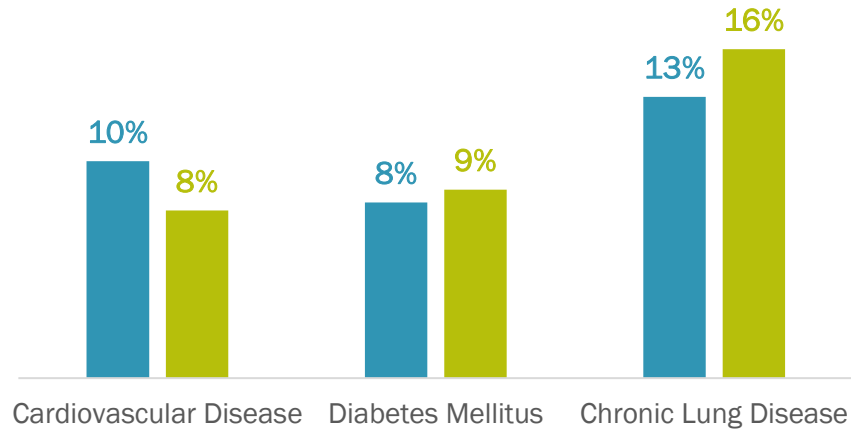
Condition	Count	Percentage
Heart Disease	148	10%
Chronic Lung Disease (includes asthma and COPD)	192	13%
Chronic Liver Disease	11	1%
Chronic Kidney Disease	36	3%
Current/Former Smoker	286	20%
Diabetes	120	8%
Immunocompromised Condition	55	4%
Neurologic Condition/Intellectual Disability	39	3%
Other Chronic Condition**	336	23%
Pregnant	14	1%

44% of people with a pre-existing condition have two or more conditions.

**Not mutually exclusive, includes things like arthritis, thyroid conditions, multiple free text entries.

The Health Department has information about pre-existing conditions in 81% (1,430) of 1,755 total COVID-19 cases.

Prevalence of select conditions in COVID-19 patients and Vermont adults.



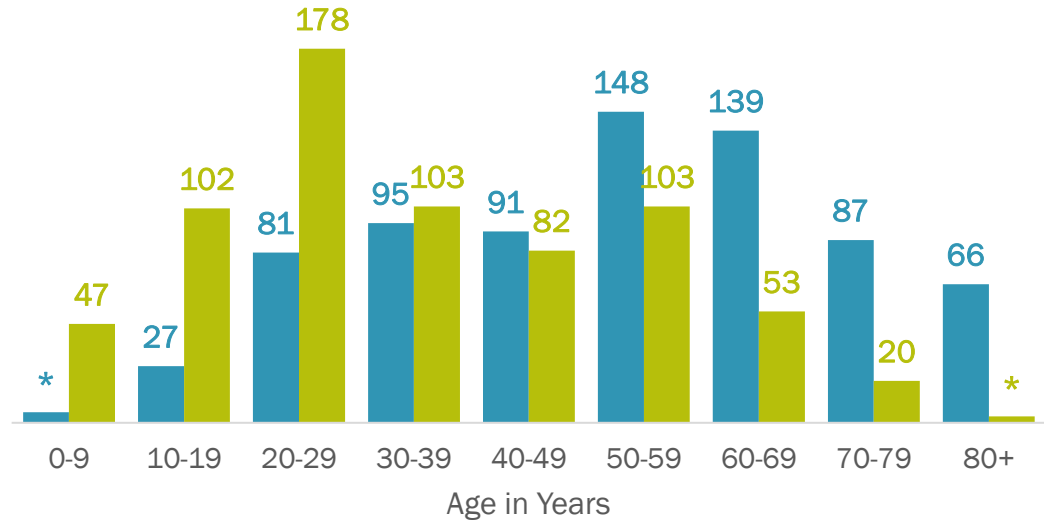
Data Source: Cardiovascular disease and diabetes, BRFSS 2018 annual report. Chronic lung disease, 3-4-50 Community profile (2016-2017 BRFSS).

Likelihood of having a pre-existing condition is approximately equal between female and male COVID-19 patients.



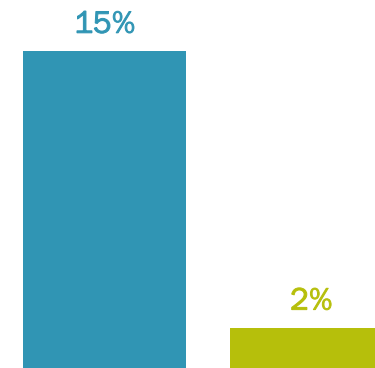
Vermont Department of Health

COVID-19 patients with pre-existing conditions tend to be older than those without pre-existing conditions.

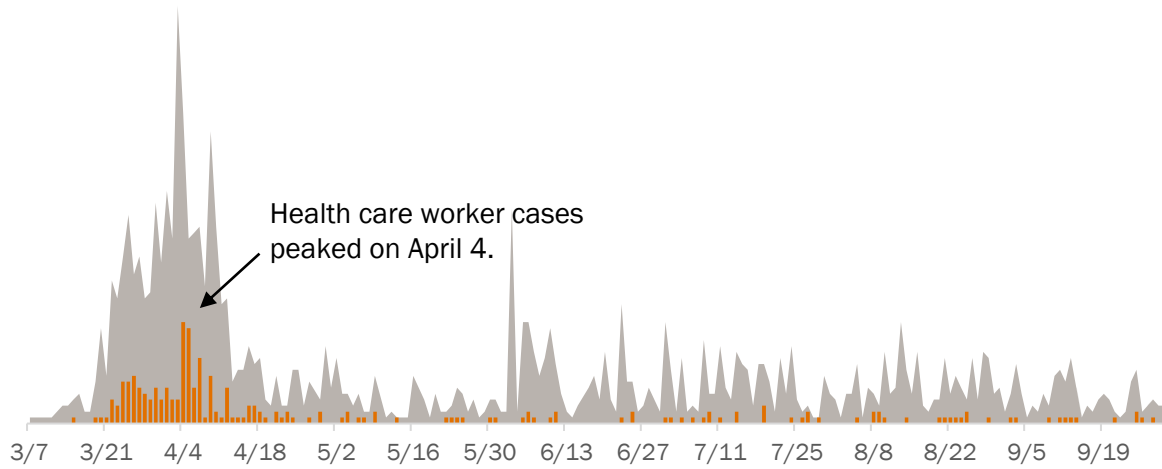


* Value suppressed due to small numbers.

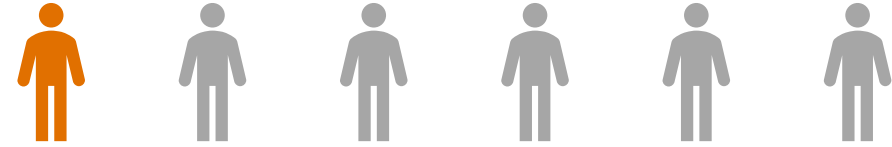
A higher percentage of COVID-19 patients with pre-existing conditions have been hospitalized than those without pre-existing conditions.



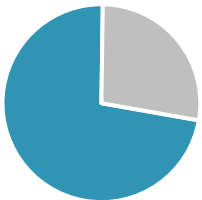
Number of **New Health Care Worker** and **All Cases** by Day



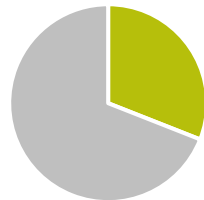
1 in 6 Vermonters with COVID-19 are health care workers.



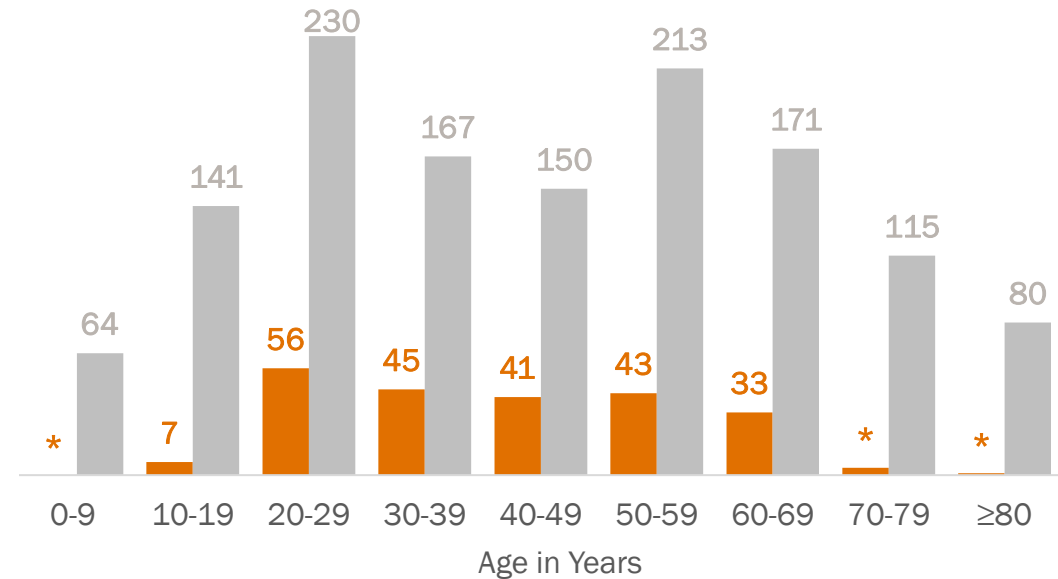
7 in 10 health care workers with COVID-19 are **female**.



31% of health care workers with COVID-19 are associated with an **outbreak**.

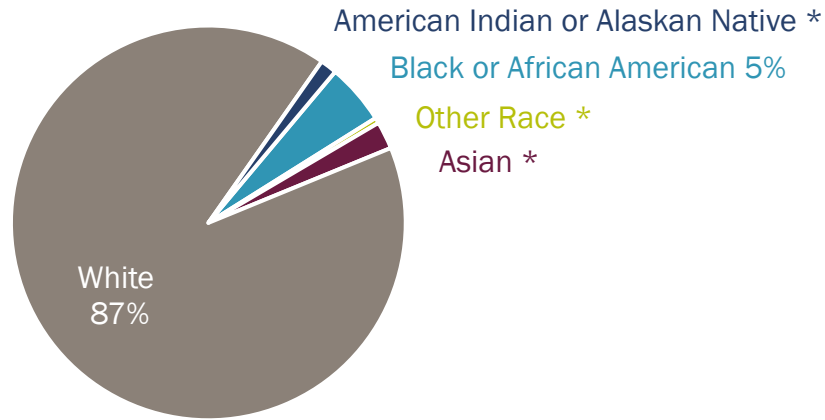


Health care workers with COVID-19 tend to be younger than non-health care workers with COVID-19.



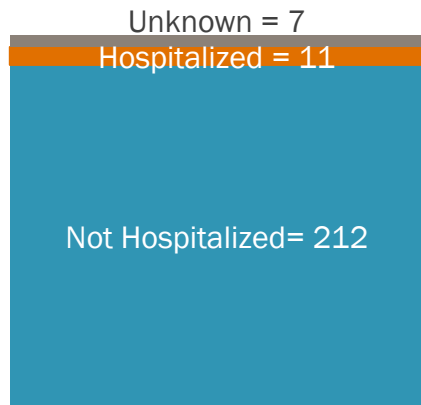
* Value suppressed due to small numbers.

White Vermonters represent the majority of health care workers with COVID-19.



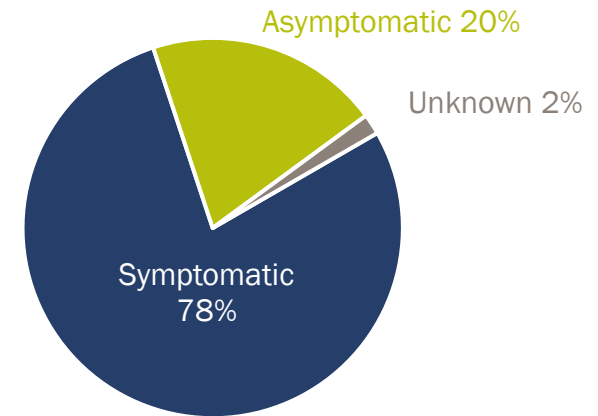
* Value suppressed due to small numbers.

Most health care workers with COVID-19 are not hospitalized.



There are no reported deaths among health care workers.

Most health care workers with COVID-19 have symptoms.

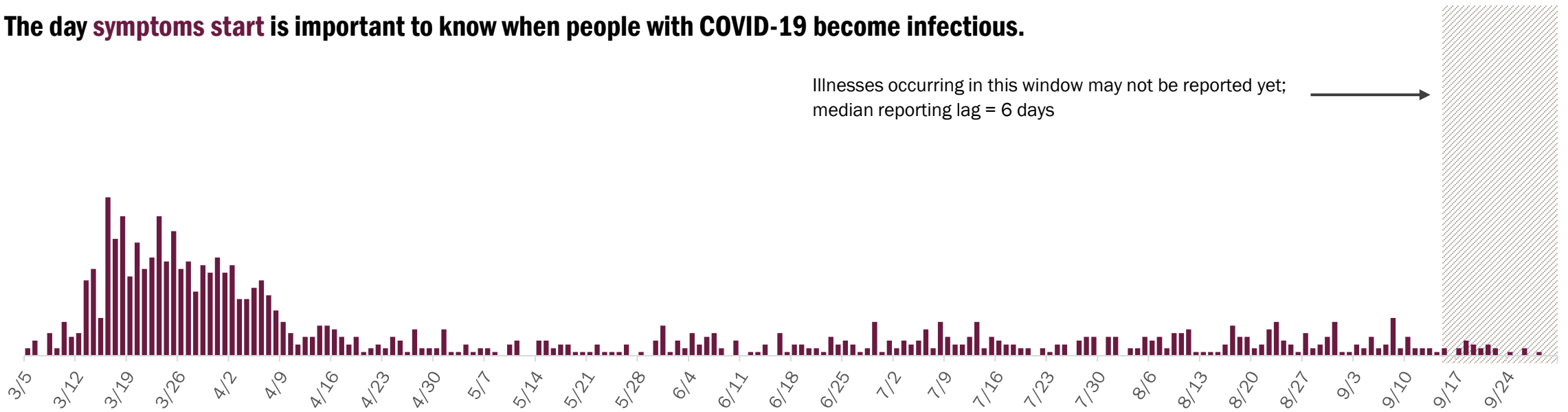


Sign or Symptom among Health Care Workers with COVID-19	Percent of Symptomatic Cases
Cough	71%
Fatigue	64%
Headache	62%
Loss of Smell or Taste	52%
Muscle Pain	50%
Runny nose	46%
Chills	43%
Fever	41%

Clinical Course

What symptoms have Vermonters experienced? How many have been hospitalized? How many have died?

The day **symptoms start** is important to know when people with COVID-19 become infectious.



Note: Date of symptom onset is not always known.

12 days
Average illness duration

72%
Cases with symptoms

Sign or Symptom	Percent of Symptomatic Cases
Cough	65%
Fatigue	65%
Headache	54%
Muscle Pain	50%
Felt Feverish	47%
Loss of Smell/Test	46%
Fever	44%

Most Vermonters with COVID-19 are not hospitalized.



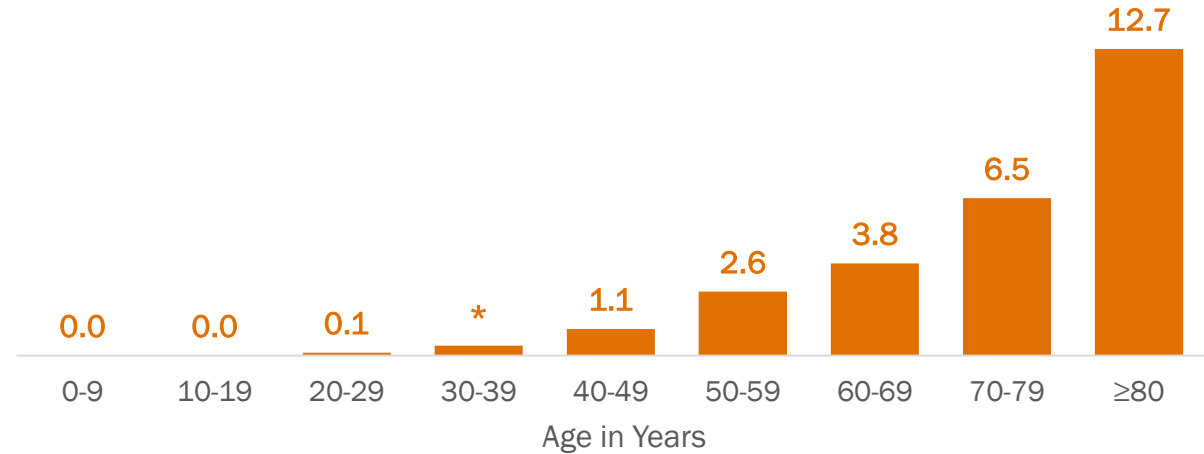
15%
Of those hospitalized
were on a ventilator

36%
Of those hospitalized
were in the ICU

9 days
Average hospital stay
(range: 0-43 days)

Vermonters 80 years and older are more likely to be hospitalized for COVID-19.

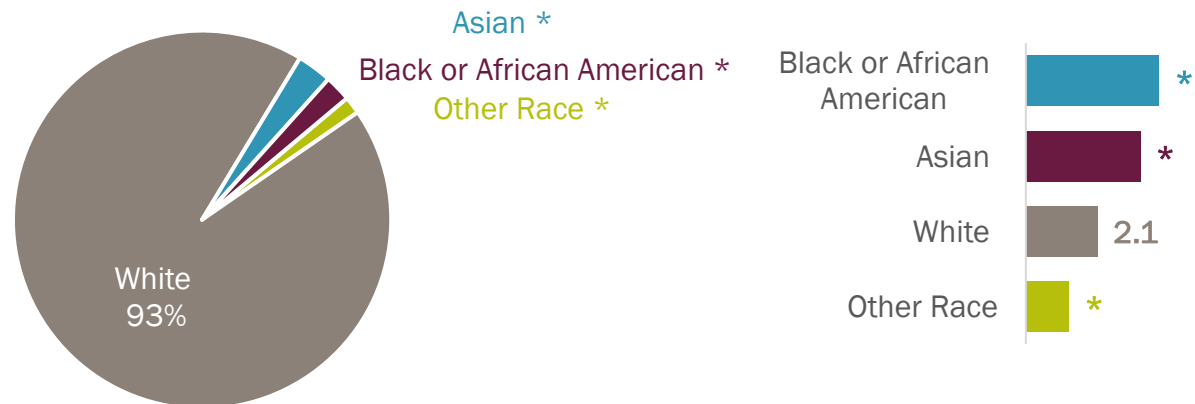
Rate per 10,000 Vermonters



White Vermonters represent a majority of hospitalized COVID-19 cases.

Hospitalization rates by race are similar.

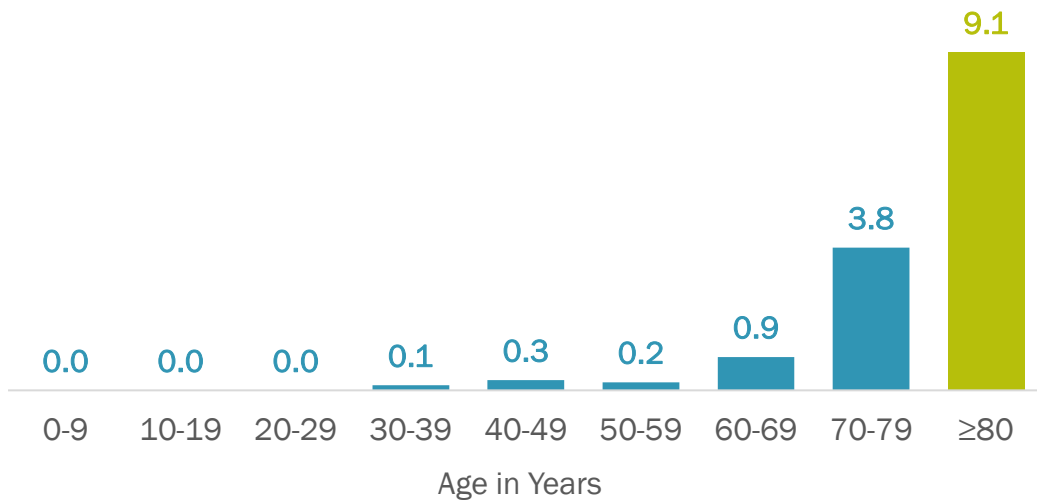
Rate per 10,000 Vermonters



Please note 5 hospitalized persons are missing race information.
*Values suppressed due to small numbers.

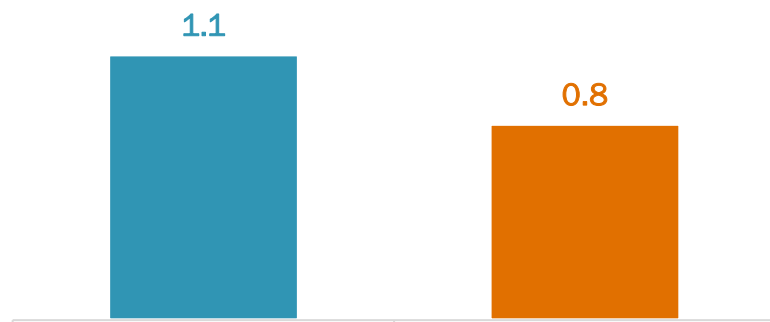
Vermonters 80 years and older have higher rates of COVID-19 death than other age groups.

Rate per 10,000 Vermonters

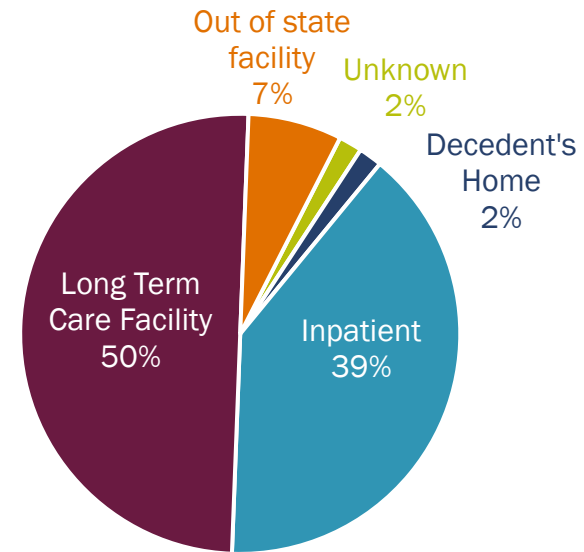


Males and females have similar rates of COVID-19 death.

Rate per 10,000 Vermonters



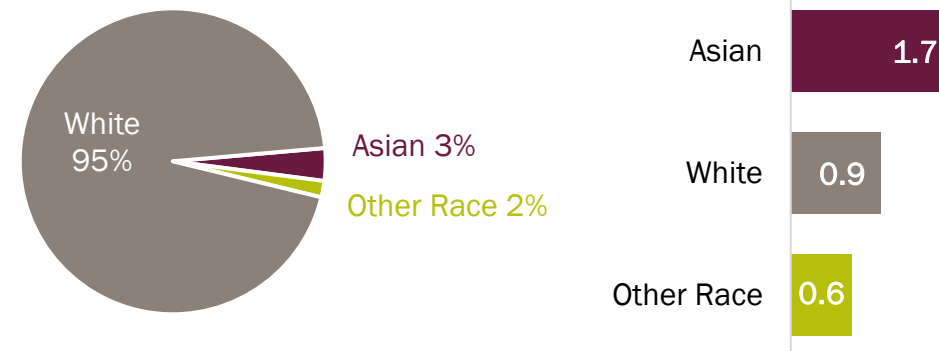
Most COVID-19 deaths occurred in an inpatient hospital setting or a long-term care facility.



White Vermonters represent a majority of COVID-19 deaths.

Death rates by race are similar.

Rate per 10,000 Vermonters



Note: No deaths have identified as Hispanic or Latino.

Outbreaks

How is COVID-19 impacting group settings?

Outbreaks can occur in many types of places. Here is what outbreak means in these places:

Community Settings

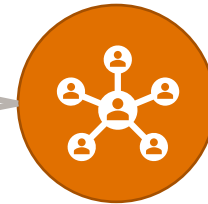
3 or more COVID-19 cases involving more than one family or household where the cases:

- have an illness start date or positive test collection date within 14 days, and
- are linked through contact or location, and
- are not linked to another outbreak, and
- there is no other more likely source of exposure.

Educational Settings

2 or more COVID-19 cases among children/students or teachers/staff with known connections in the educational setting, and the cases:

- have an illness start date or a positive test collection date within 14 days, and
- Do not live together or have close contact with each other in another setting, and
- there is no other more likely source of exposure.



Congregate Care or Living Settings*

One resident or staff member with COVID-19, and one or more residents or staff with respiratory illness who have had contact with each other.

or

Two or more facility residents and/or staff with an illness start or positive test collection date within 14 days.

*Examples include long-term care and other residential care facilities, correctional facilities and homeless shelters.

Workplaces

2 or more COVID-19 cases among employees at the same workplace, and the cases:

- had contact with each other in the workplace, and
- an illness start or positive test collection date within 14 days, and
- do not live together or have close contact with each other in another setting, and
- there is no other more likely source of exposure.



26% of COVID-19 cases are associated with an outbreak



Outbreaks

3 Active

26 Resolved*

*Resolved outbreaks are those where it has been >28 days since the last known case of COVID-19.

Congregate Care & Living



160
cases among residents



84
cases among facility staff

Schools and Child Care



7
cases among children and staff

Workplace



43
cases among employees

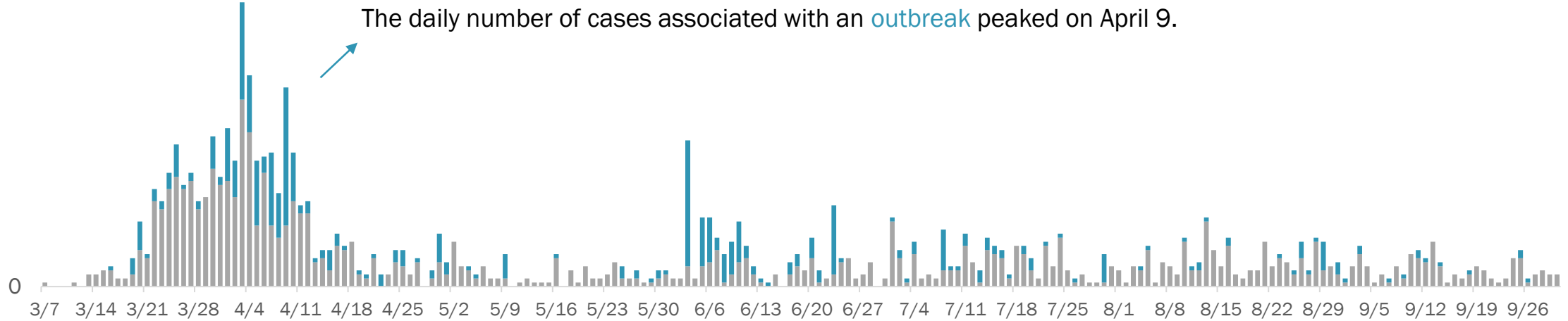
Community



166
cases

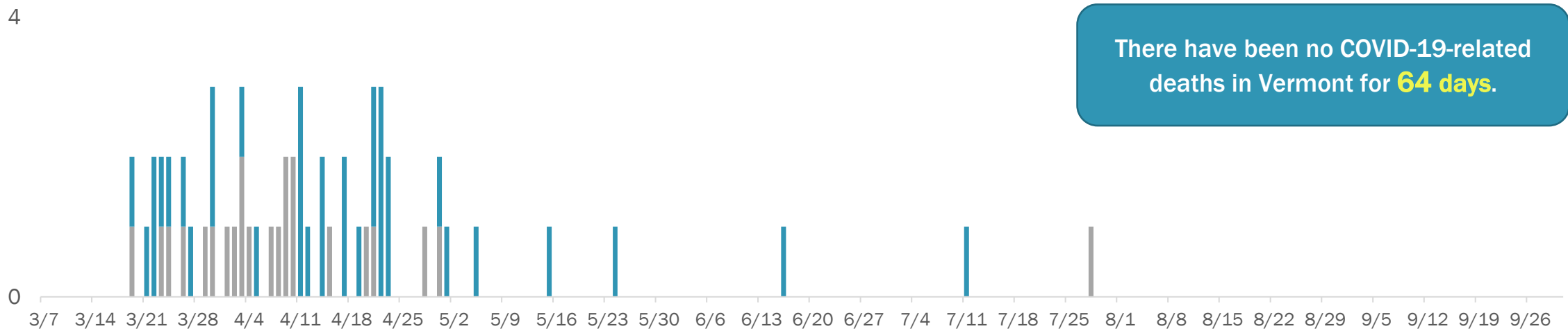
Vermont COVID-19 Cases Associated with an Outbreak Over Time

90



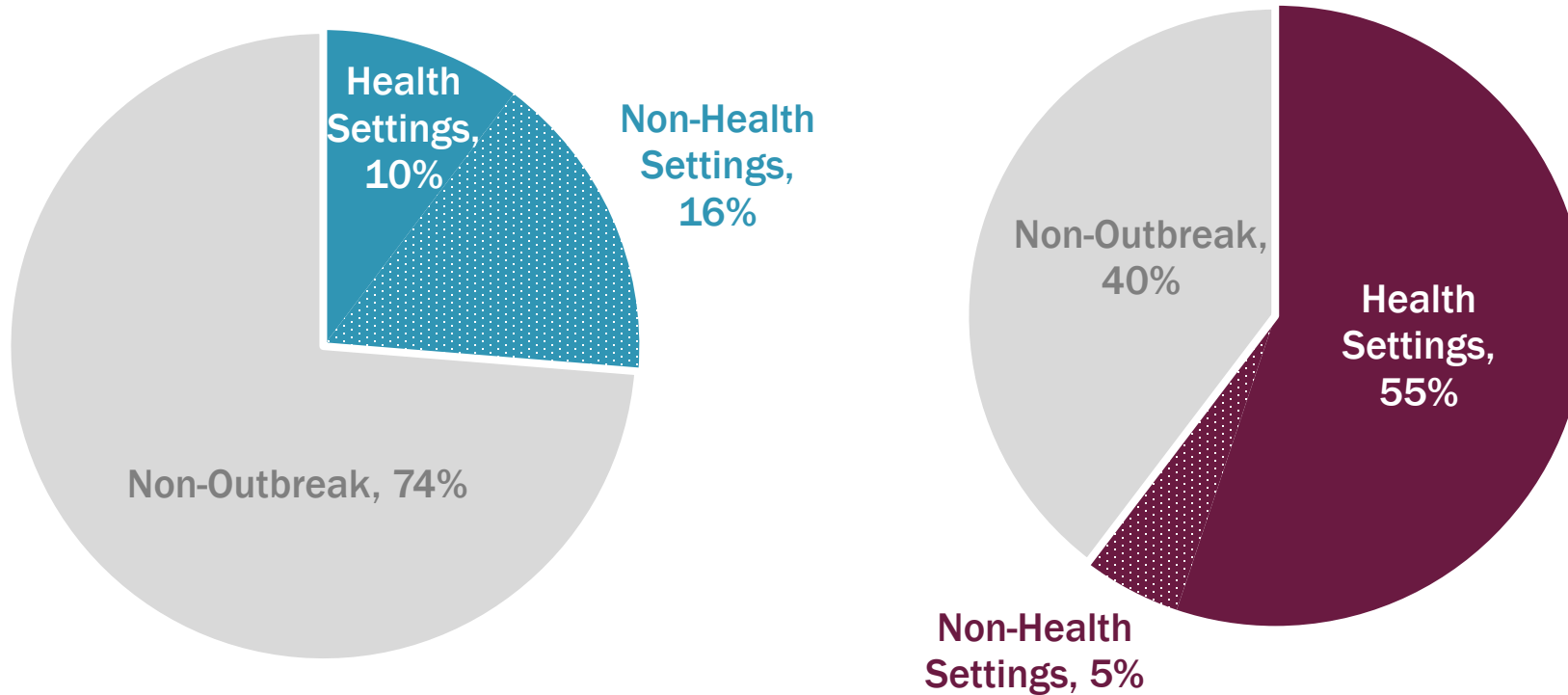
Vermont COVID-19 Deaths Associated with an Outbreak Over Time

4



Source: Vermont Department of Health
Reflects confirmed data as of 9/23/2020.

While only 26% of all COVID-19 cases are associated with outbreaks, more than half of COVID-19-related deaths occur in outbreak settings.



Values in these charts are rounded to the nearest whole number and therefore may not always add to 100% due to error introduced in rounding.

Source: Vermont Department of Health
Reflects confirmed data as of 9/30/2020.

Note: Examples of a health setting include long term care or assisted living facilities, therapeutic treatment centers, and behavioral health institutions. Examples of a non-health setting include correctional facilities, senior housing communities, businesses, and homeless shelters. Vermont has not experienced an outbreak in all health and non-health settings.

The percentages of **females** and **males** with COVID-19 that are associated with an outbreak is about even.

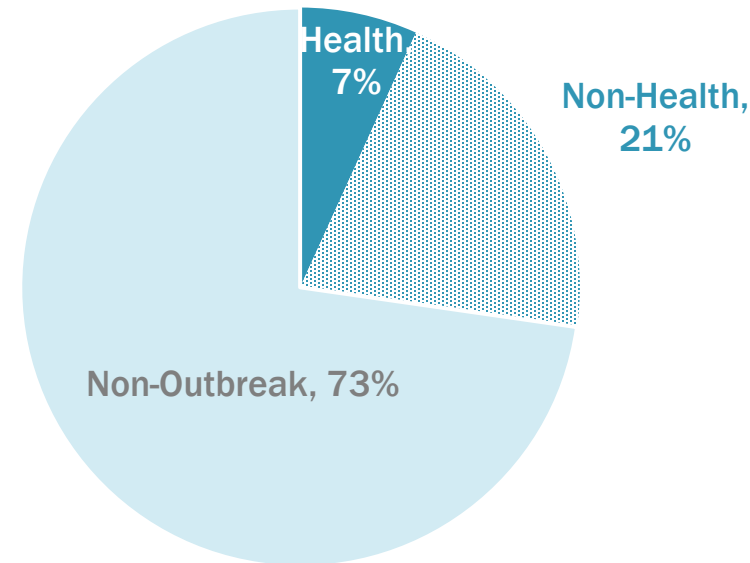
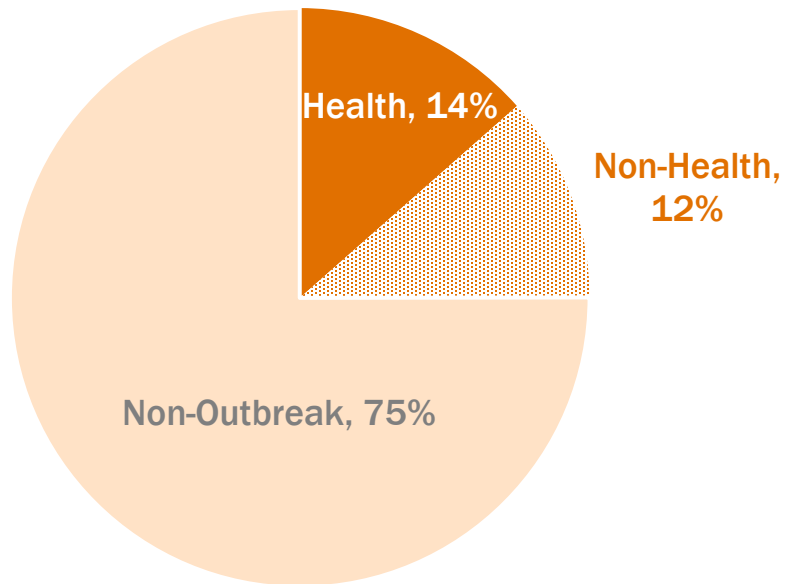


25% of **females** with COVID-19 are associated with an outbreak.



27% of **males** with COVID-19 are associated with an outbreak.

But in outbreak settings, **males** with COVID-19 are more likely to be associated with non-health settings than health settings.

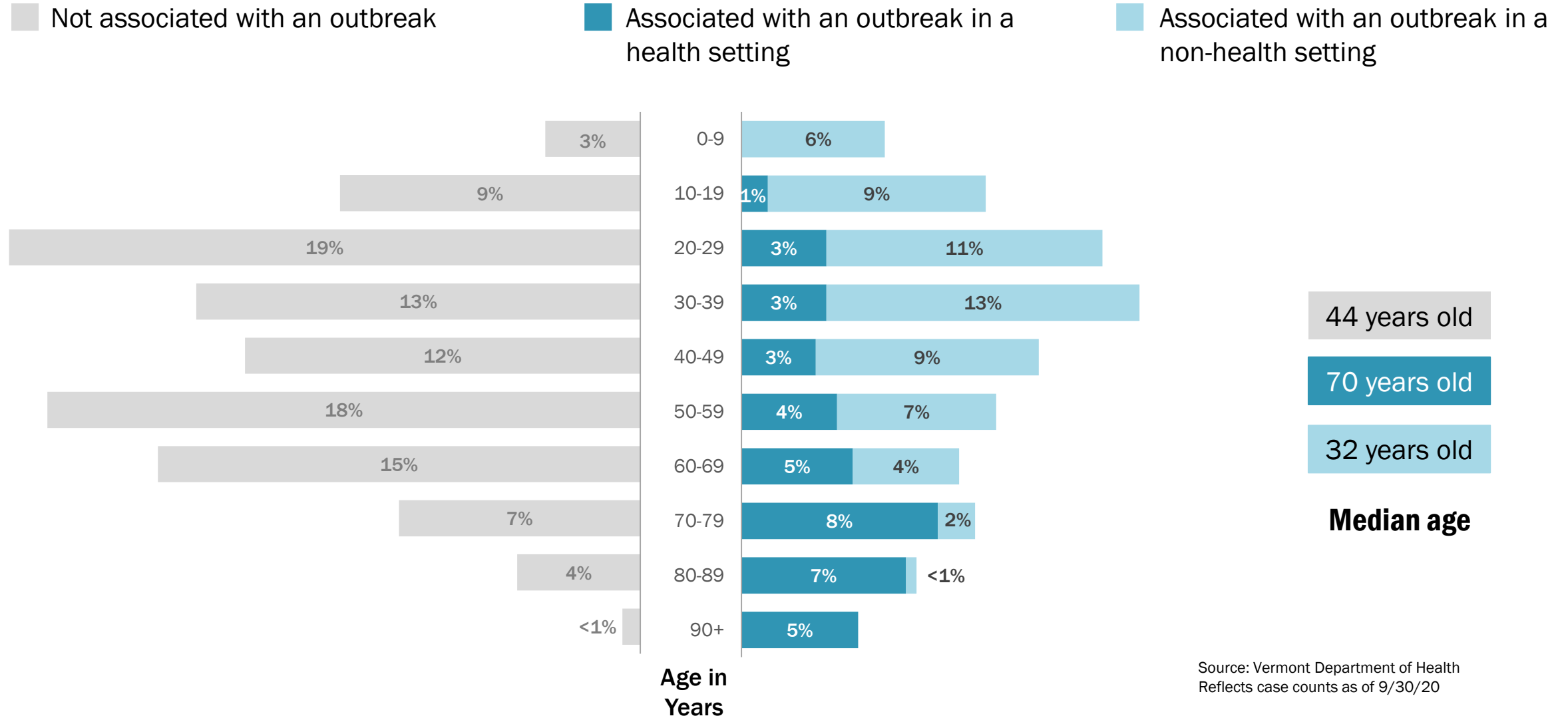


Values in these charts are rounded to the nearest whole number and therefore may not always add to 100% due to error introduced in rounding. Percentages by outbreak type are rounded to the whole number, but combined totals take into account the full percentages.

Source: Vermont Department of Health
Reflects case counts as of 9/30/20

Note: Examples of a health setting include long-term care or assisted living facilities, therapeutic treatment centers, and behavioral health institutions. Examples of a non-health setting include correctional facilities, senior housing communities, businesses, and homeless shelters. Vermont has not experienced an outbreak in all health and non-health settings.

Percent of Cases by Outbreak Status and Age



Source: Vermont Department of Health
Reflects case counts as of 9/30/20

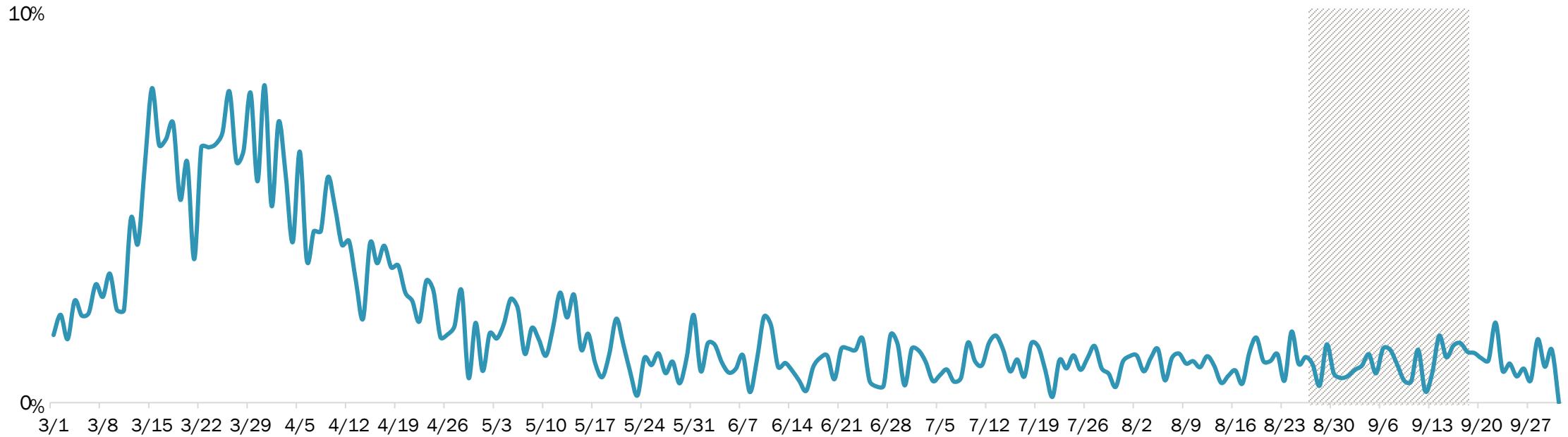
Note: Examples of a health setting include long-term care or assisted living facilities, therapeutic treatment centers, and behavioral health institutions. Examples of a non-health setting include correctional facilities, senior housing communities, businesses, and homeless shelters. Vermont has not experienced an outbreak in all health and non-health settings.

Syndromic Surveillance

What we can learn from emergency room and urgent care centers?

The percent of emergent care visits for COVID-19-like illness remains steady.

Syndromic surveillance from 13 of 14 Vermont hospitals and 2 urgent care centers. Monitoring this data acts as an early indicator of potential spikes of COVID-19 in the community.



Interpret with caution, there is a chance for over or underestimation given the lag in reporting.

COVID-19-like illness diagnosis is determined using the patient's chief complaint and/or discharge diagnosis.

COVID-19-like illness is the presence of a fever with the addition of shortness of breath, difficulty breathing, or cough.

COVID-19-like illness excludes patients with an influenza discharge diagnosis.

Weekly Spotlight: Syndromic Surveillance

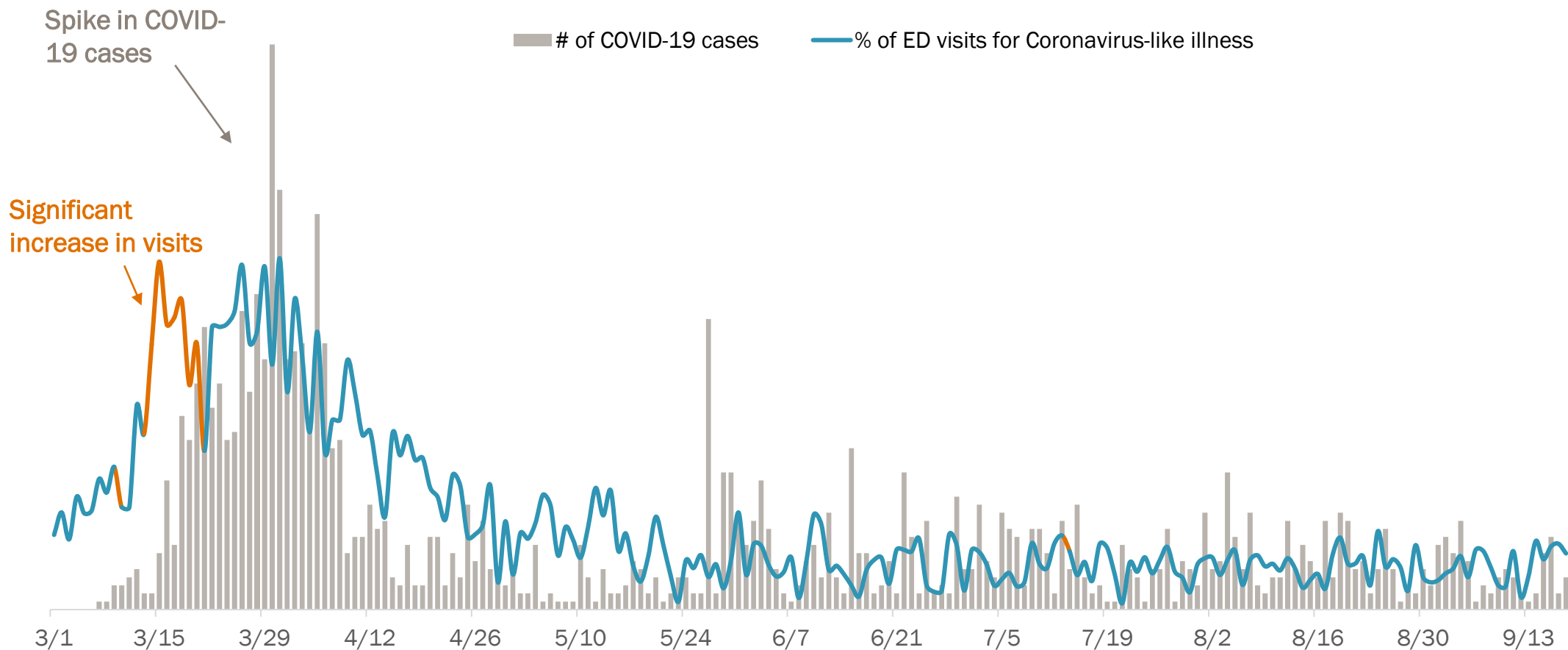
What can visits to emergency rooms and urgent care centers tell us about COVID-19 in Vermont?



What is syndromic surveillance data and what can it tell us about COVID-19?

- [Syndromic surveillance](#) is used to identify potential COVID-19 clusters or spikes in the community early on.
- It means collecting near real-time data from emergency departments and urgent care centers.
- For COVID-19, we look at the percent of emergency care visits where the patient's chief complaint is COVID-19-like symptoms or if a patient's discharge diagnosis includes coronavirus.
- Syndromic data represents visits, not people. For example, if someone visited an emergency department three times, they would be represented in the data through three unique visits.
- As we enter flu season, it is important to look at visits for COVID-19-like illness and influenza-like-illness together, because the symptoms for flu and COVID-19 are similar. For more information on seasonal flu trends, see our [Flu Activity and Surveillance web page](#).

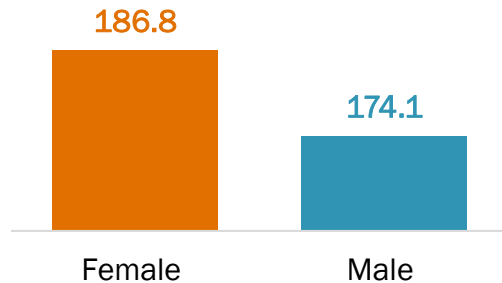
In March, there was a significant increase in visits for COVID-like illness, leading to a spike in COVID-19 cases. This helps confirm that syndromic surveillance data can be an early indicator for COVID-19 transmission in Vermont.



Who is visiting emergency departments and urgent care centers for COVID-19-like illness?

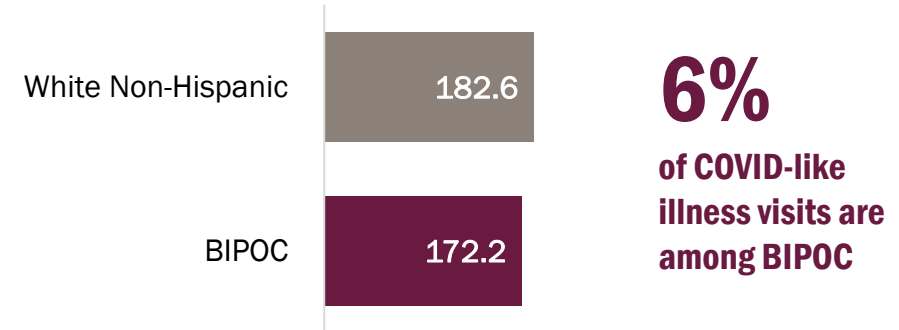
Rates for COVID-like illness visits are higher for **females** compared to **males**.

Rates per 10,000 ED/Urgent Care Visits for Females and Males



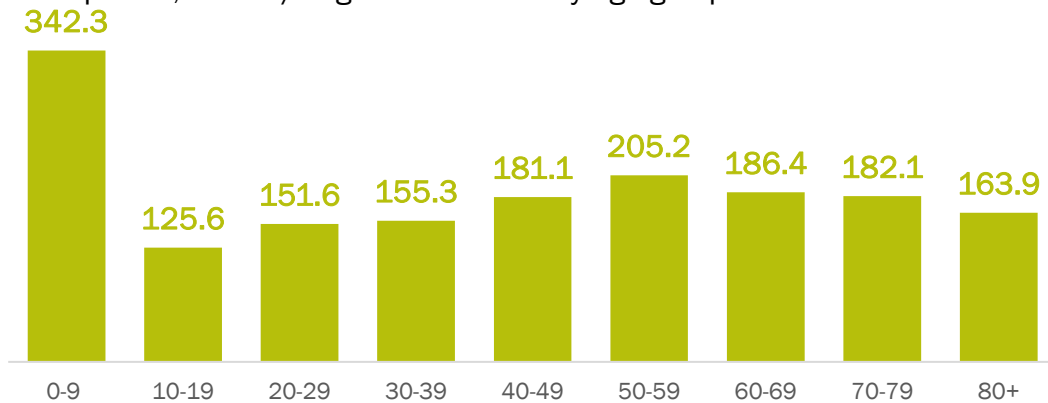
Rates for COVID-like illness are similar for **white non-Hispanic** and **Black, Indigenous and people of color (BIPOC)**.

Rates per 10,000 ED/Urgent Care Visits for White non-Hispanic and BIPOC.



Rates for COVID-like illness visits are higher for children age 9 and under, but represent a small fraction of visits.

Rates per 10,000 ED/ Urgent Care Visits by age group.



Vermont Department of Health

Why are the rates so high for children age 9 and under?

Young children who go to the hospital represent about 6% of all emergency department and urgent care visits. The symptoms of COVID-like illness are common among all of us, particularly young children. Parents may be more likely to seek urgent care for young children than they would be for their older children or themselves.

What else do we know about our visits for CLI?



2:00 pm

Average time people are visiting the ED and urgent care for CLI

Rutland Regional, Southwestern Medical, and University of Vermont Medical Center have seen the greatest number of CLI visits.



Fever was mentioned in approximately 63% of CLI visits.



Cough was mentioned in approximately 58% of CLI visits.



Learn more about COVID-19 in Vermont:

Web: www.healthvermont.gov/COVID-19

Email: AHS.VDHPublicCommunication@vermont.gov