

Report Timeframe: March 3 to March 9, 2024

Statewide hospitalization levels: Low. New COVID-19 admissions are below 10 per 100,000 Vermonters per day.

- New hospital admissions of patients with COVID-19, last 7 days: 2.79 per 100K
 - 18 total new admissions with COVID-19.

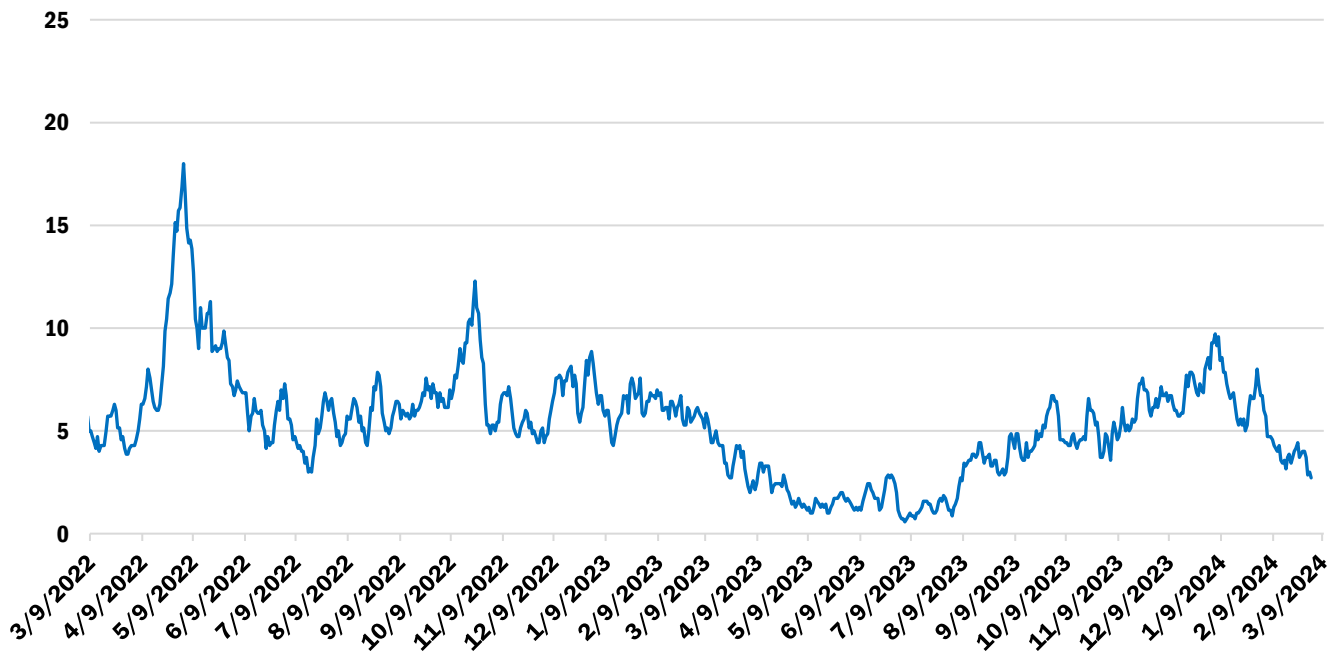
The hospitalizations dataset contains day-level data reported from all Vermont hospitals each Tuesday. Reported numbers are subject to correction.

The number of reportable COVID-19 cases is still available in this report, below. Laboratory-confirmed and diagnosed COVID-19 cases and COVID-19 outbreaks must still be reported to the Vermont Department of Health

Vermont Department of Health recommendations: [Preventing COVID-19 \(healthvermont.gov\)](https://healthvermont.gov)

Hospitalizations Over Time

Daily Hospitalizations With COVID-19 Diagnosis Seven-Day Rolling Average



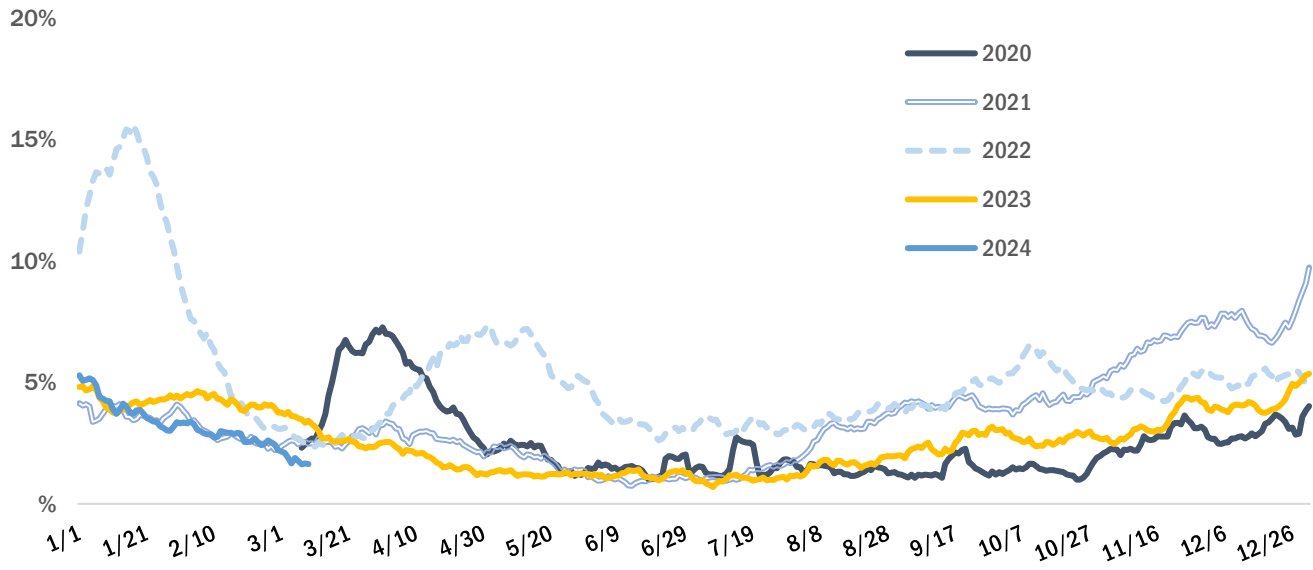
Source: U.S. Department of Health and Human Services HHS Protect

The seven-day rolling average of hospital patients was between three and four during the most recent week. 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

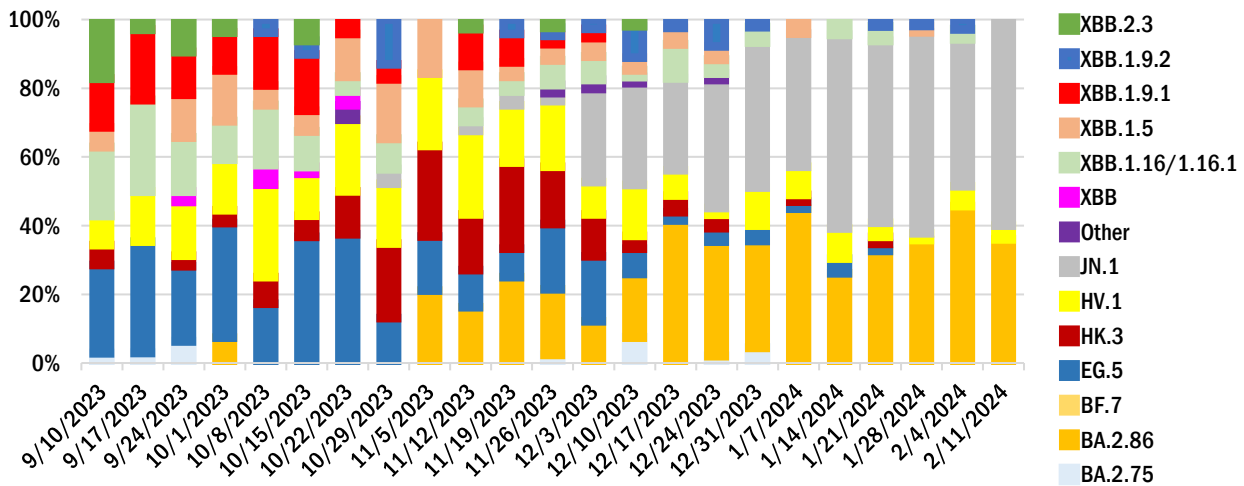
The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) reflects all visits from participating emergency departments¹, to identify visits for COVID-Like Illness (CLI). During this reporting period the proportion of emergency visits that included CLI decreased to < 2%, somewhat lower than on the same dates in prior years.

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



JN.1 and BA.2.86 are the dominant circulating variants. (Sources: LabCorp, Quest, Helix, Health Department Whole Genome Sequencing program).

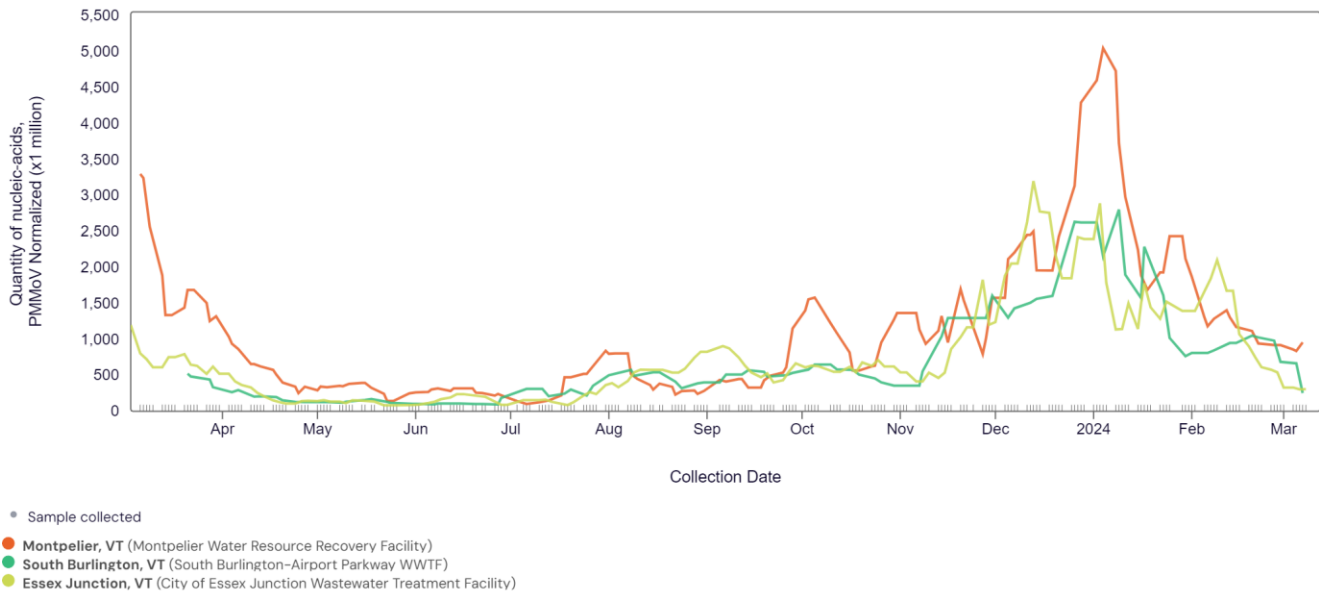
¹ All Vermont hospitals and two urgent care clinics are included in ESSENCE.

Wastewater Monitoring

Three Vermont wastewater districts participate in [WastewaterSCAN](#). WastewaterSCAN sites began submitting samples in the Spring of 2023. These data are reported in graph form to show levels and trends over time.

Concentration levels are decreasing at most sites. Some week-to-week fluctuations are expected.

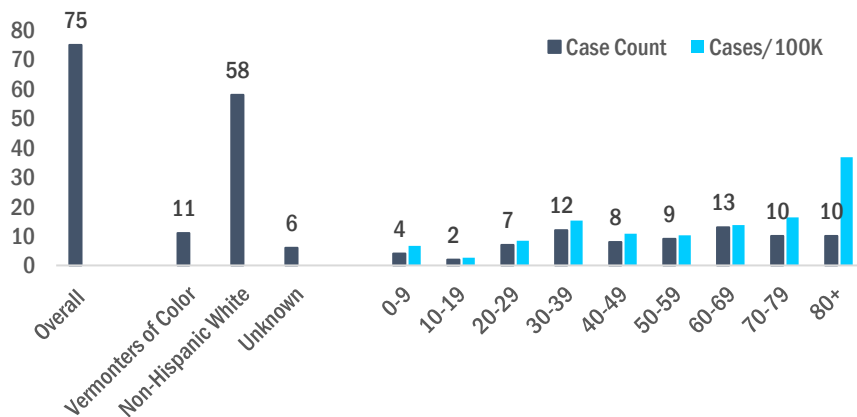
SARS-CoV-2, Vermont



Gaps in data reporting through the [National Wastewater Surveillance System](#) remain due to a contract change. Data for sites in Bennington, Chittenden, Franklin, and Windsor Counties are available on the [Biobot Analytics](#) website. Data for Burlington’s North and Main plants are available through [Burlington’s Wastewater Monitoring Report](#).

Identified Cases

Vermont Weekly Case Counts/Rates



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

To calculate rates, counts are divided by 2021 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.

COVID-19 Outbreaks Reported March 5 to March 11

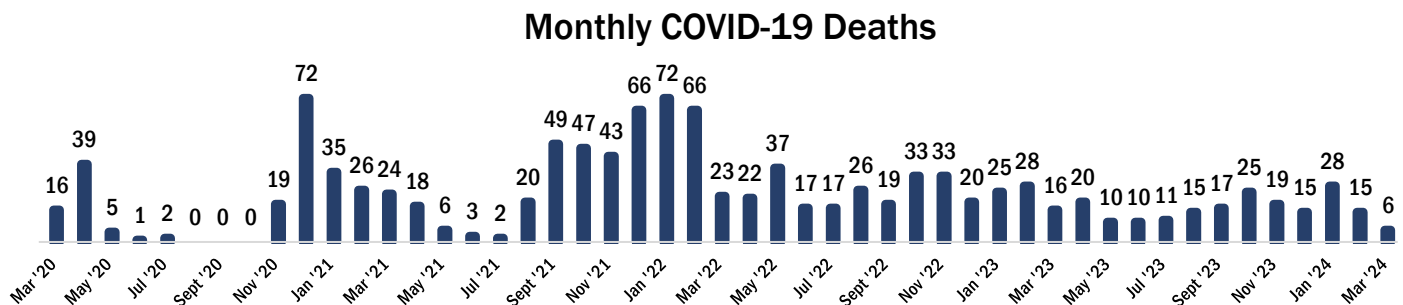
For purposes of this report, an outbreak is defined as three or more epidemiologically linked cases of COVID-19, where at least one such case has been laboratory or otherwise clinically confirmed as COVID-19.

Facility type	New Outbreaks Reported 3/5 – 3/11
Long-term Care (LTC)	-
Non-LTC Healthcare	-
Correctional Facility	-
School/childcare	-
Other	-

County	New Outbreaks Reported 3/5 – 3/11
Addison	-
Bennington	-
Caledonia	-
Chittenden	-
Essex	-
Franklin	-
Grand Isle	-
Lamoille	-
Orange	-
Orleans	-
Rutland	-
Washington	-
Windham	-
Windsor	-

Cumulative COVID-19 Deaths as of March 9, 2023

Total	Age group								
	Under 10	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
1138	1	0	2	11	20	74	111	259	660



Note: Deaths are from registered death certificates and represent preliminary data. A change in death count may represent new deaths, corrections, or other updates.

Data Source: Vermont Department of Health Vital Statistics System.

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