Weekly Summary of Vermont COVID-19 Data

Reflecting cases identified between
March 5, 2020 – February 3, 2021

Date published: February 5, 2021. This summary will be updated every Friday.

VERMONT
DEPARTMENT OF HEALTH

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 January 27 through February 3.

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. For information on cases in schools, see COVID-19 Cases in Vermont K-12 Learning Communities While Infectious.

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.

- As of December 4, 2020 the Weekly Summary includes both probable and confirmed cases of COVID-19.

Table of Contents

Click on a box below to jump to that section

Overview of COVID-19 in Vermont

Case Demographics
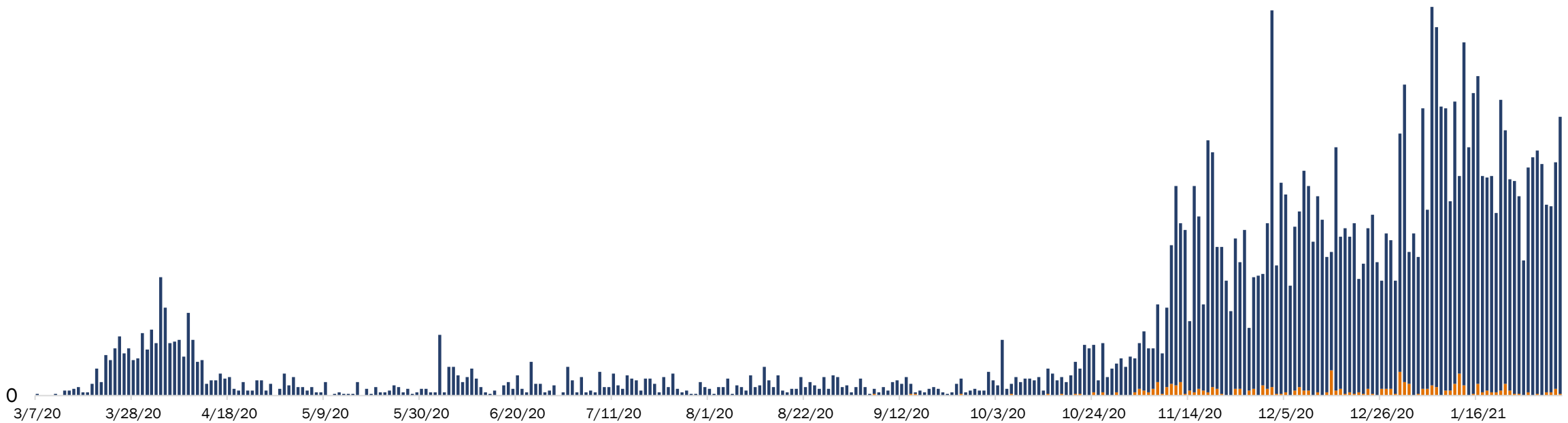
Clinical Course

Outbreaks

Syndromic Surveillance

Weekly Spotlight

COVID-19 in Vermont

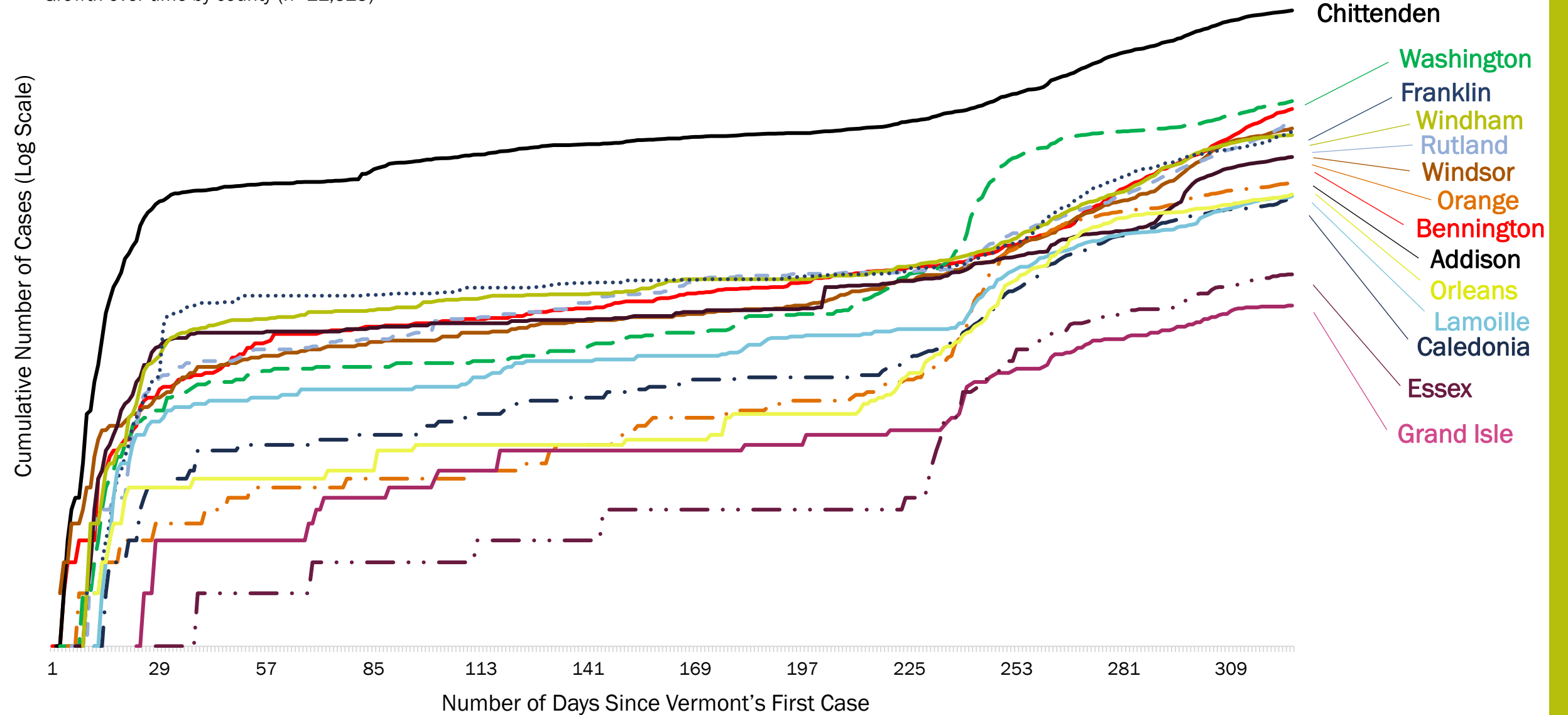An overview of our number of cases and laboratory testing to date.

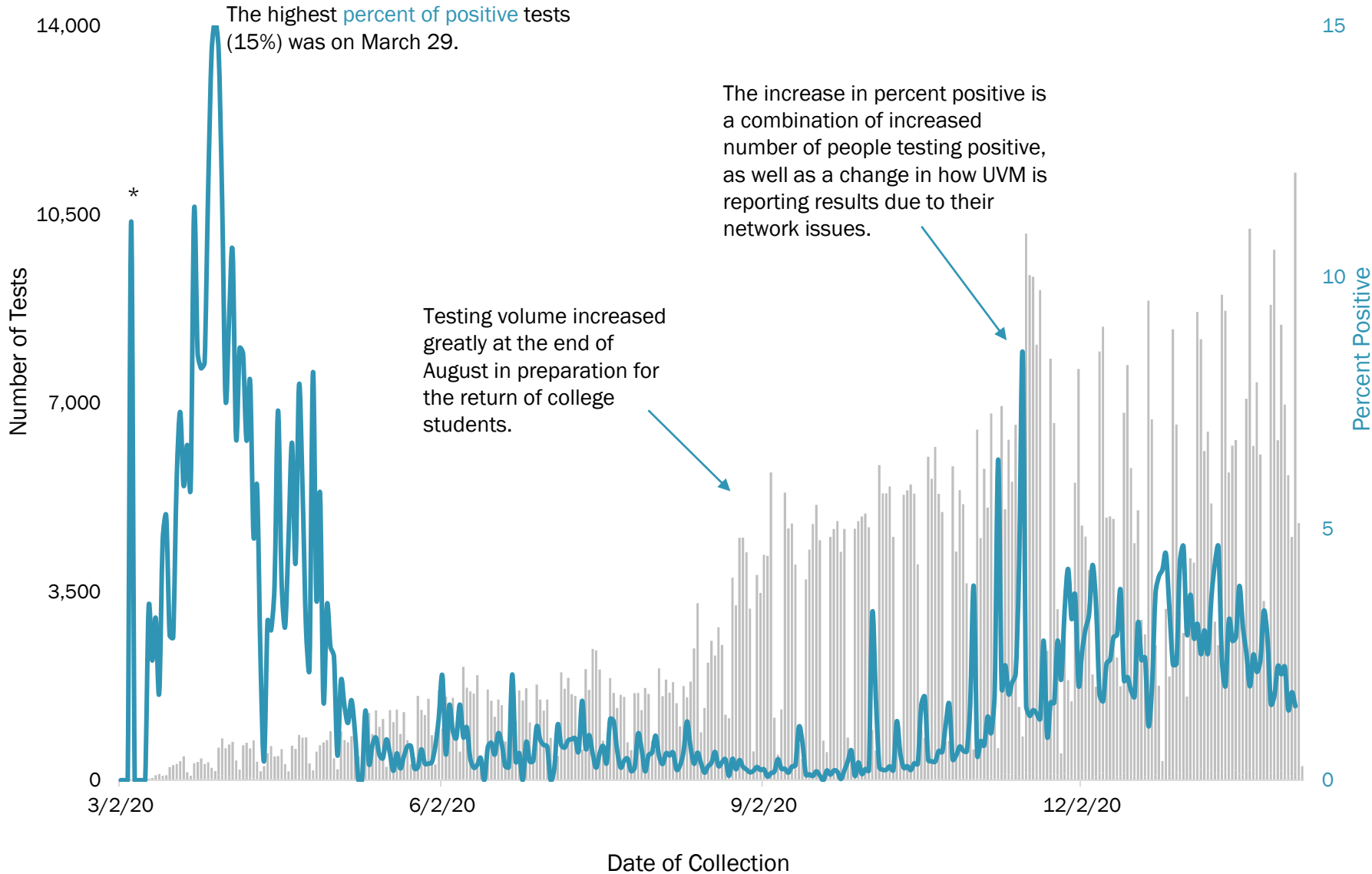# Total Number of **Confirmed** and **Probable** Cases in Vermont: 12,503

COVID-19 in Vermont
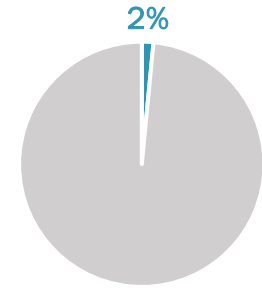
Most counties continue to see new cases.

Growth over time by county (n=11,515)

Cumulative Number of Cases (Log Scale)

Chittenden
Washington
Franklin
Windham
Rutland
Windsor
Orange
Bennington
Addison
Orleans
Lamoille
Caledonia
Essex
Grand Isle

Number of Days Since Vermont's First Case

1   29   57   85   113   141   169   197   225   253   281   309

Cumulative cases are presented using a log scale to help compare the large number of cases in Chittenden County (n=4,178, roughly 33% of all cases) to other counties. Using a log scale also helps visualize percent change. For the number of cases by county, see the Data Dashboard.

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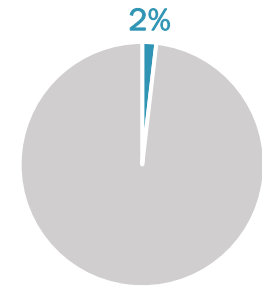
Percent of positive COVID-19 tests may indicate how prevalent the disease is in the population.

The highest percent of positive tests (15%) was on March 29.

The increase in percent positive is a combination of increased number of people testing positive, as well as a change in how UVM is reporting results due to their network issues.

Testing volume increased greatly at the end of August in preparation for the return of college students.

Number of Tests

Percent Positive

14,000
10,500
7,000
3,500
0

15
10
5
0

3/2/20   6/2/20   9/2/20   12/2/20

Date of Collection

Vermont Department of Health

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

Percent Positive to Date

2%

Percent Positive This Week
(January 27 – February 3)

2%

10,100 People Tested this Week	48,220 Tests this Week
308,055 People Tested to Date	912,203 Tests to Date

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 tests 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 laboratory confirmed COVID-19 specimens divided by the total number of specimens (updated 11/6/20). None of these numbers include serology or antigen testing.
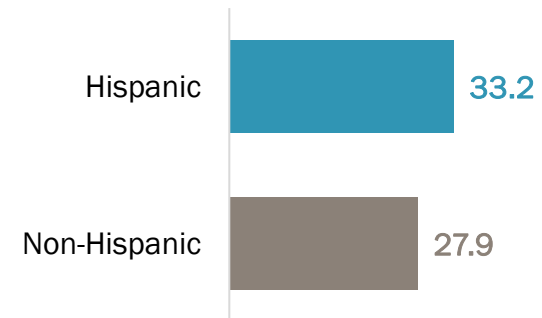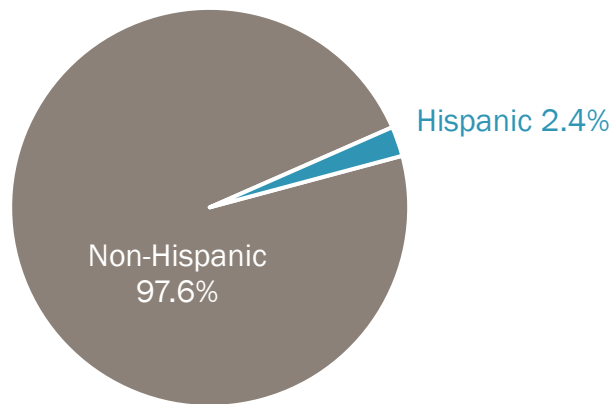
7
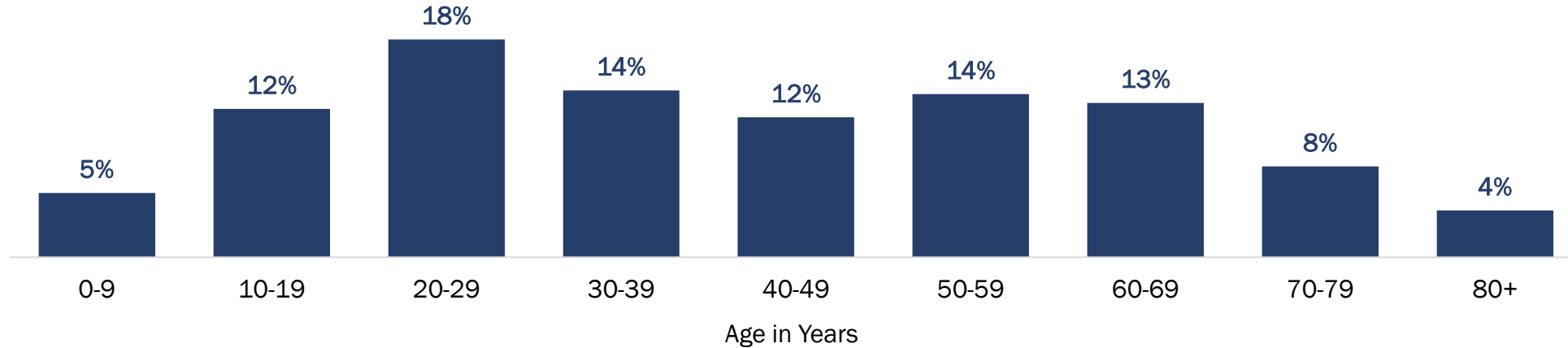
White Vermonters represent the majority of people tested in Vermont for COVID-19. Vermonters with **other race** have the highest rate of testing.
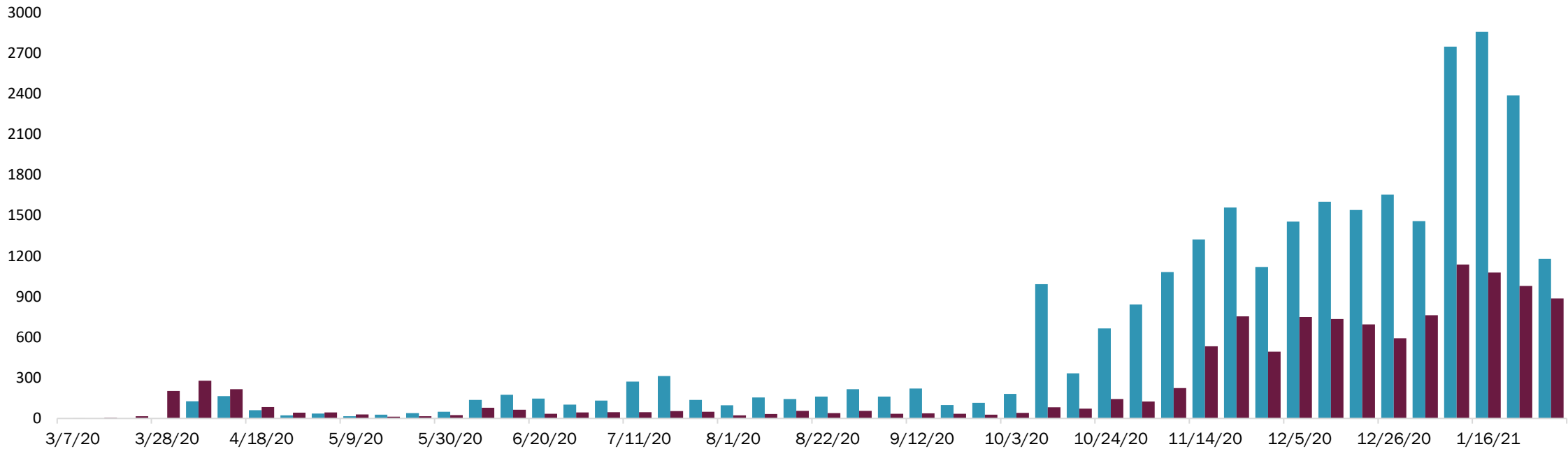
Rates per 100 Vermonters

Pie chart:
- White 91.5%
- American Indian or Alaskan Native 0.3%
- Asian 2.1%
- Black or African American 2.0%
- Other Race 4.1%

Bar chart (Rates per 100):
- Other Race: 69.6
- Black or African American: 48.8
- Asian: 37.0
- White: 33.3
- American Indian or Alaskan Native: 32.0
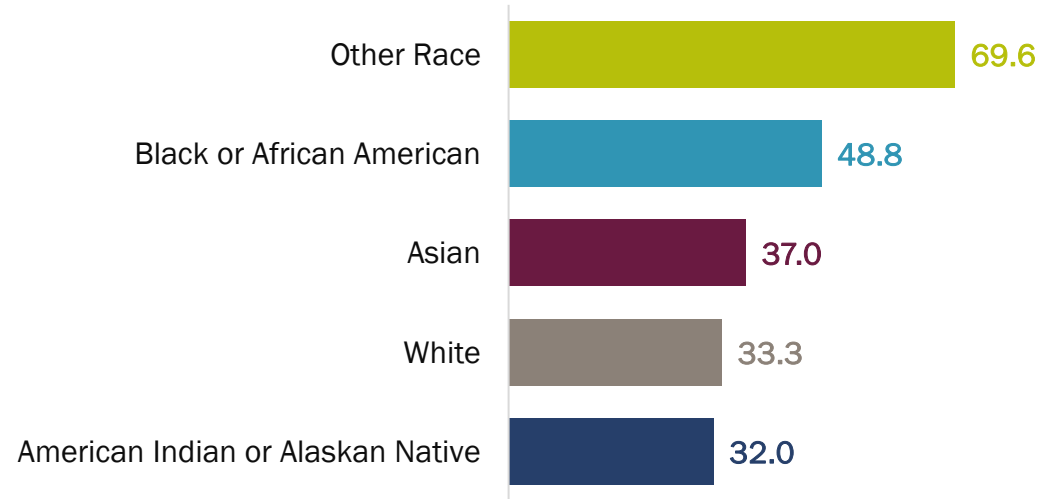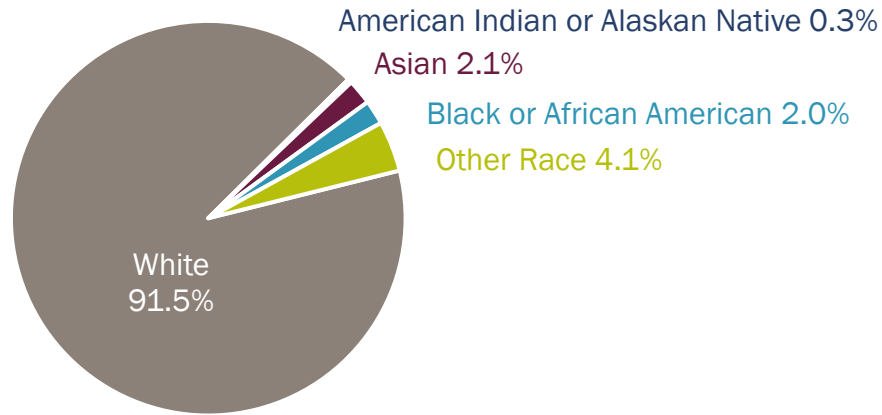
Non-Hispanic Vermonters represent the majority of people tested in Vermont for COVID-19. **Hispanic** Vermonters have the higher rate of testing.

Rates per 100 Vermonters

Pie chart:
- Non-Hispanic 97.6%
- Hispanic 2.4%

Bar chart:
- Hispanic: 33.2
- Non-Hispanic: 27.9

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.

COVID-19 in Vermont

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

82
Number of full-time equivalent contact tracing staff trained

774
Cases interviewed last week

January 24 – January 30

1,179
Contacts named last week

January 24 – January 30

3.1
Average number of contacts per case*

*Since April 1

The number of confirmed cases may not match the number of cases interviewed. There is not always clean overlap between the week in which a case is confirmed and in which that case is interviewed (i.e., a case confirmed on Saturday afternoon may not be interviewed until Sunday morning). Some cases (long term care facility residents, for example) are not managed by the contact tracing team and are not "eligible" for interview.

COVID-19 in Vermont

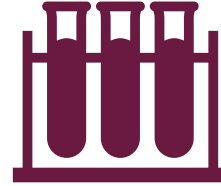# In the last two weeks (from January 17 to January 30):

84%
Of cases were interviewed within 24 hours

79%
Of cases provided their close contacts

66%
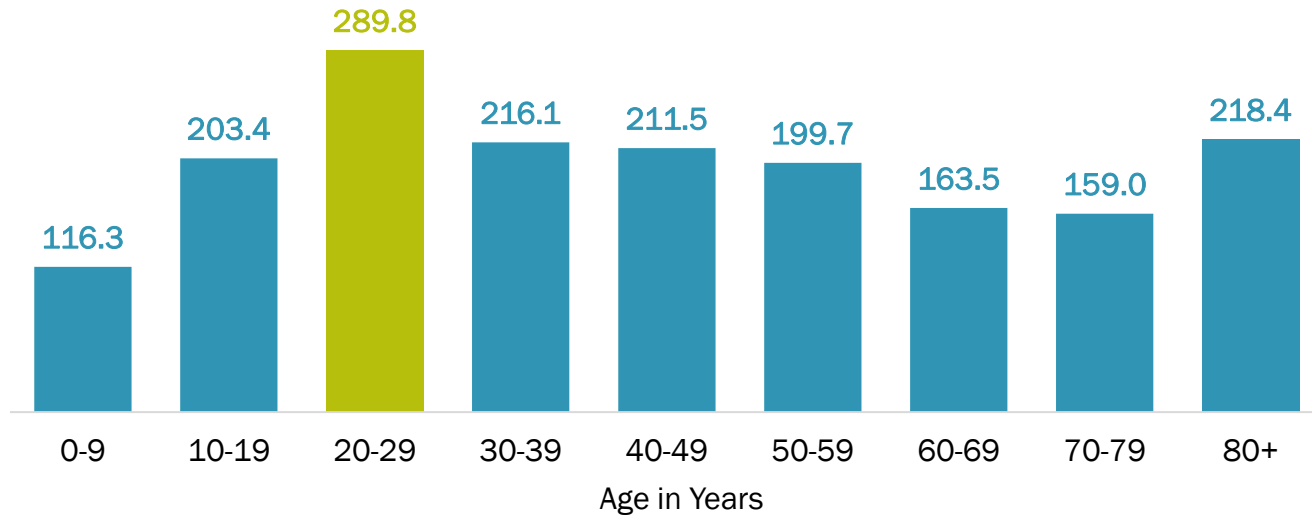Of contacts were tested within 14 days of exposure

12%
Of contacts became a case

Case Demographics

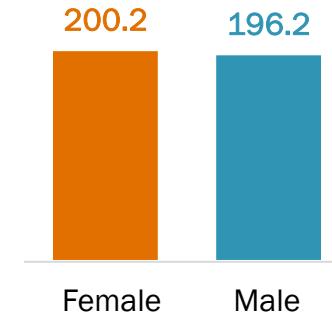Who has been impacted by COVID-19 in Vermont?

Rates of COVID-19 are highest among Vermonters 20-29 years old.
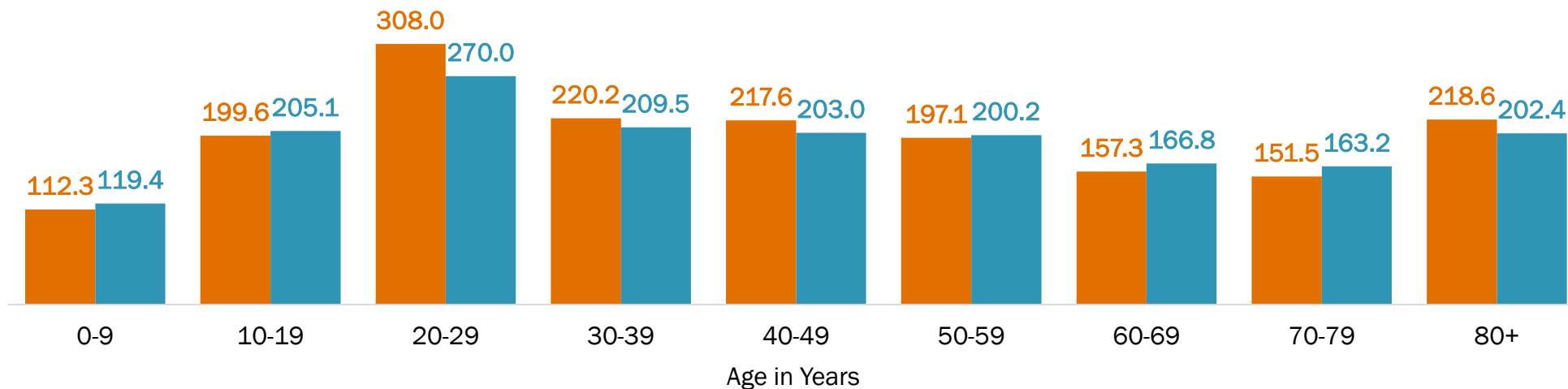
Rate per 10,000 Vermonters

Age in Years

0-9: 116.3
10-19: 203.4
20-29: 289.8
30-39: 216.1
40-49: 211.5
50-59: 199.7
60-69: 163.5
70-79: 159.0
80+: 218.4

Females and males have similar rates of COVID-19.
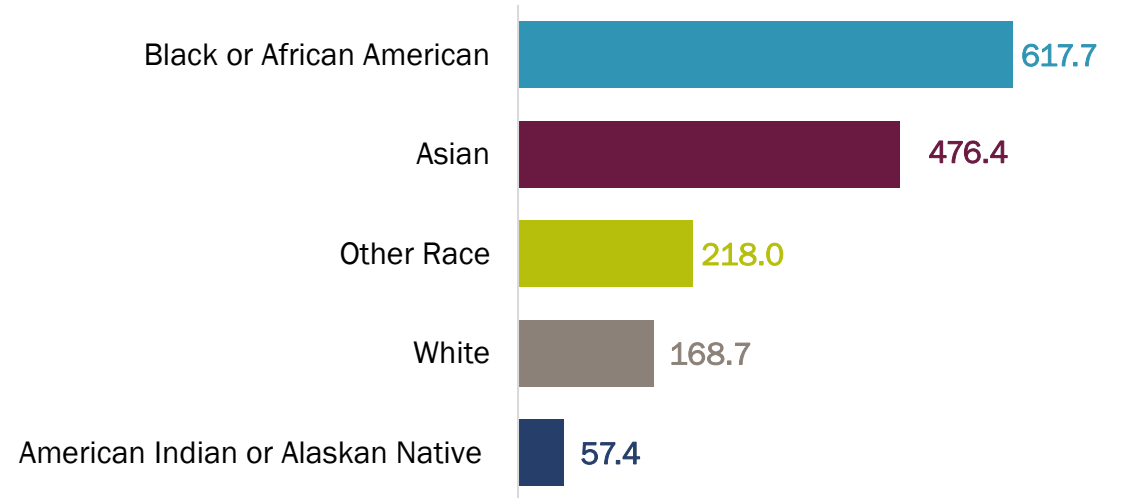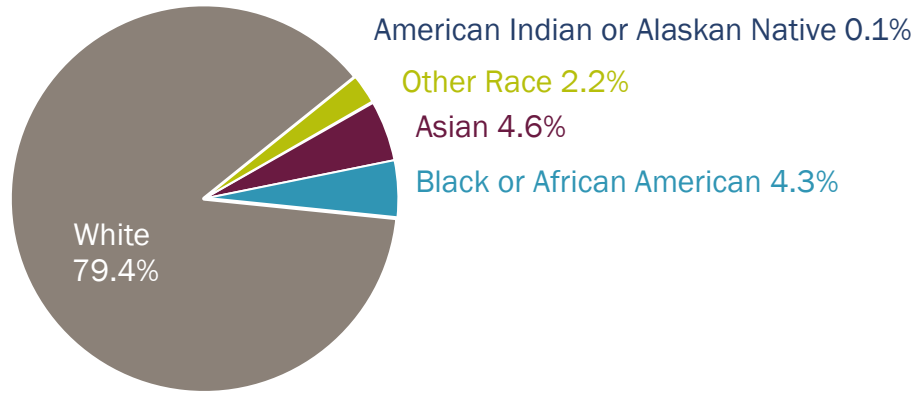
Rate per 10,000 Vermonters

Female: 200.2
Male: 196.2

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

Age in Years

| Age	Female	Male
0-9	112.3	119.4
10-19	199.6	205.1
20-29	308.0	270.0
30-39	220.2	209.5
40-49	217.6	203.0
50-59	197.1	200.2
60-69	157.3	166.8
70-79	151.5	163.2
80+	218.6	202.4

Case Demographics

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

Rate per 10,000 Vermonters

American Indian or Alaskan Native 0.1%

Other Race 2.2%

Asian 4.6%

Black or African American 4.3%

White 79.4%

Race	Rate per 10,000
Black or African American	617.7
Asian	476.4
Other Race	218.0
White	168.7
American Indian or Alaskan Native	57.4

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

Rate per 10,000 Vermonters
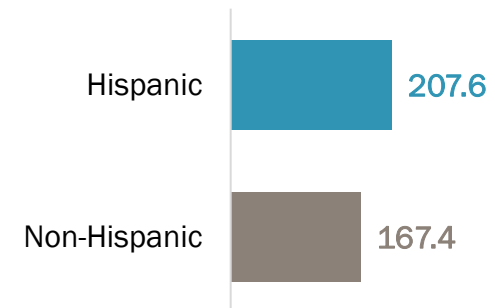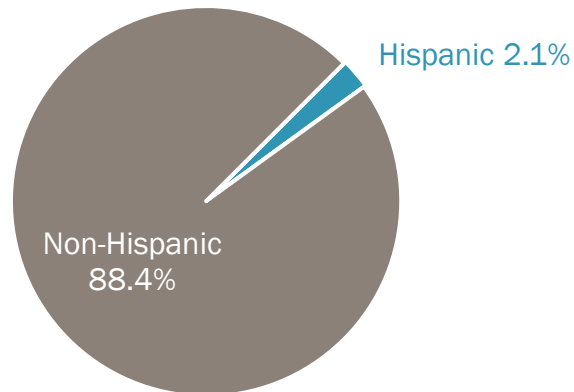
Hispanic 2.1%

Non-Hispanic 88.4%

Ethnicity	Rate per 10,000
Hispanic	207.6
Non-Hispanic	167.4

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 9% of cases (n = 1,077) and ethnicity is unknown in 16% of cases (n = 1,852).

Case Demographics

Approximately 35% of people* with COVID-19 have a pre-existing condition.

*of the 10,345 people that the Health Department has pre-existing condition data for.

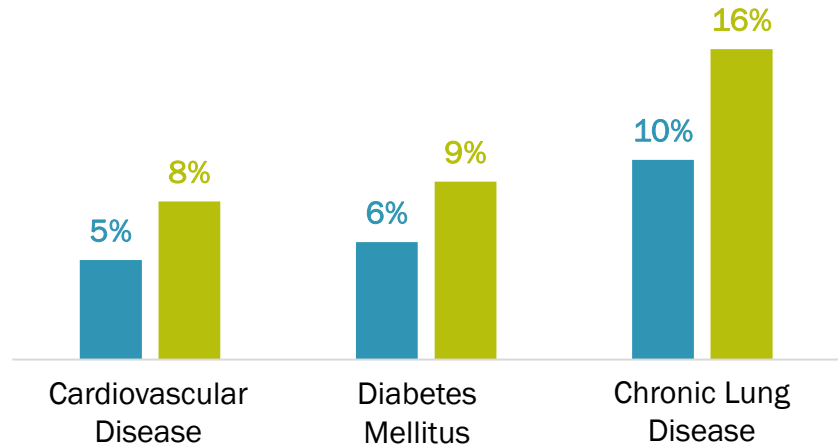| Condition	Count	Percentage
Other Chronic Condition**	1,054	10%
Chronic Lung Disease (includes asthma and COPD)	995	10%
Current/Former Smoker	954	9%
Diabetes	533	5%
Heart Disease	454	4%
Disability***	207	2%
Immunocompromised Condition	142	1%
Chronic Kidney Disease	79	1%
Pregnant	65	1%
Chronic Liver Disease	27	0.3%

28% 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.

***Includes neurologic, neurodevelopmental, and intellectual disabilities, as well as physical, vision, and hearing impairments (as of 11/4/20).
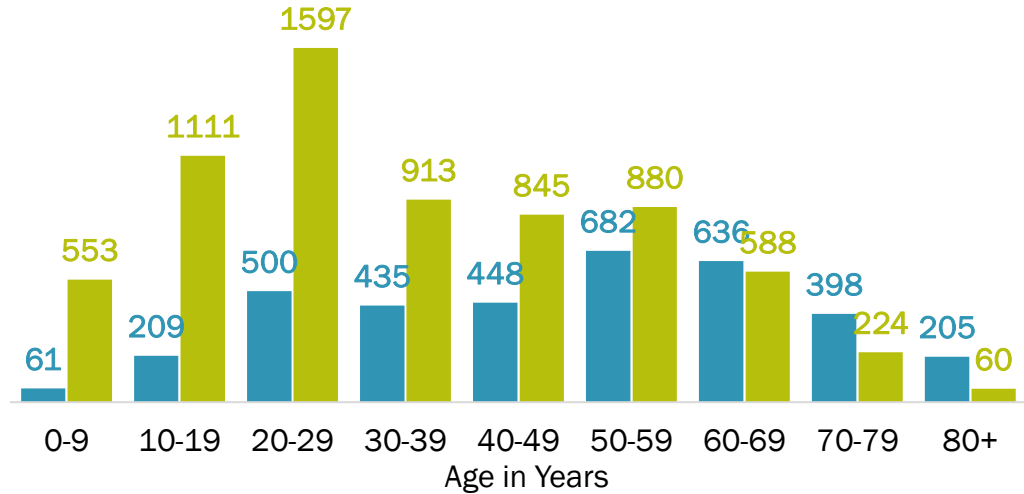
The Health Department has information about pre-existing conditions in 83% (10,345) of 12,503 total COVID-19 cases.

Case Demographics

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

Cardiovascular Disease: 5% | 8%
Diabetes Mellitus: 6% | 9%
Chronic Lung Disease: 10% | 16%

Data Source: Cardiovascular disease and diabetes, BRFSS 2018 annual report. Chronic lung disease, 3-4-50 Community profile (2016-2017 BRFSS).
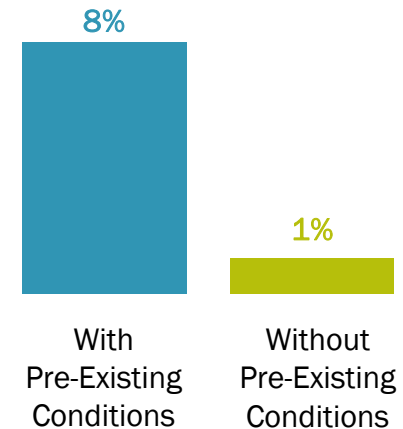
COVID-19 patients with pre-existing conditions tend to be older than those without pre-existing conditions.

Age in Years	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
with	61	209	500	435	448	682	636	398	205
without	553	1111	1597	913	845	880	588	224	60

The likelihood of having a pre-existing condition is greater among female compared to male COVID-19 patients.
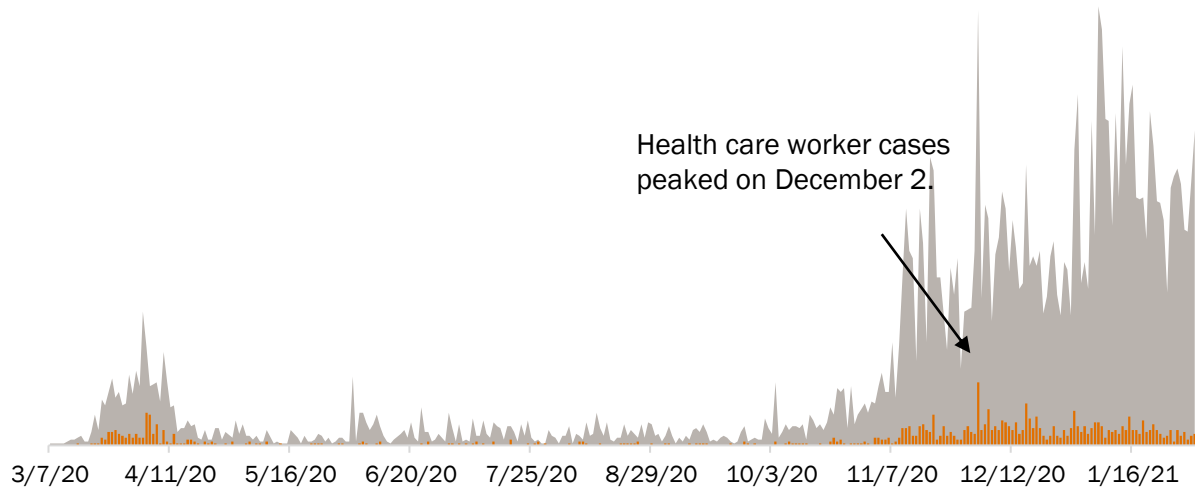

54% | 46%
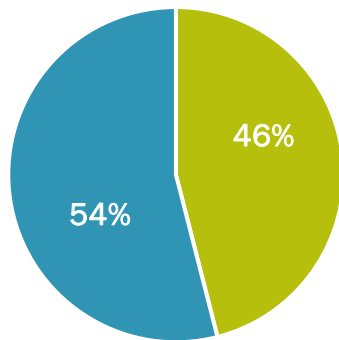
A higher percentage of COVID-19 patients with pre-existing conditions have been hospitalized than those without pre-existing conditions.
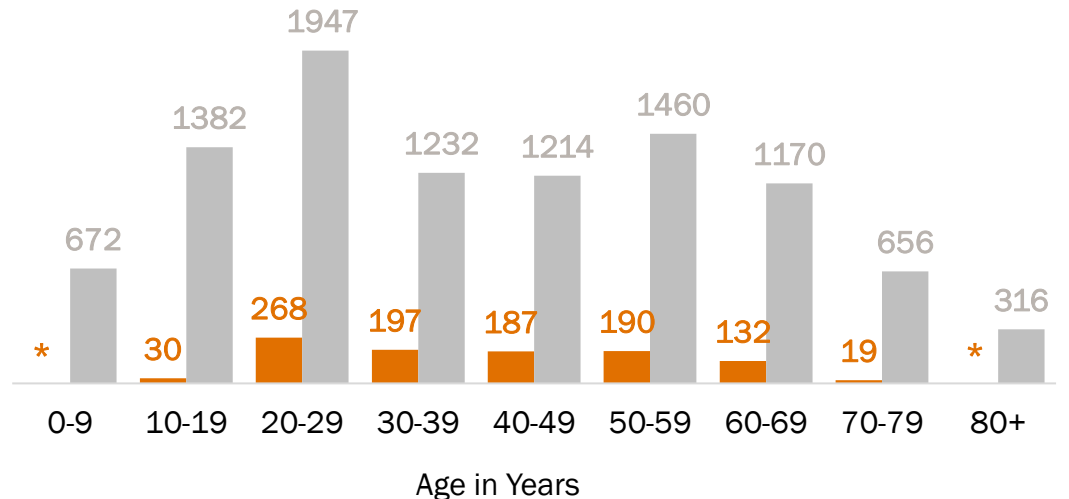

With Pre-Existing Conditions: 8%
Without Pre-Existing Conditions: 1%

Case Demographics

Number of New Health Care Worker and All Cases by Day

Health care worker cases peaked on December 2.

3/7/20 4/11/20 5/16/20 6/20/20 7/25/20 8/29/20 10/3/20 11/7/20 12/12/20 1/16/21

80% of health care workers with COVID-19 are female.

35% of health care workers with COVID-19 are associated with an outbreak.

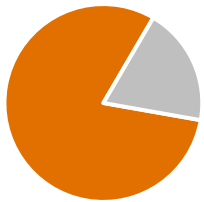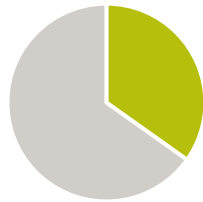The Health Department has information about healthcare worker status in 89% (11,073) of 12,503 total COVID-19 cases.
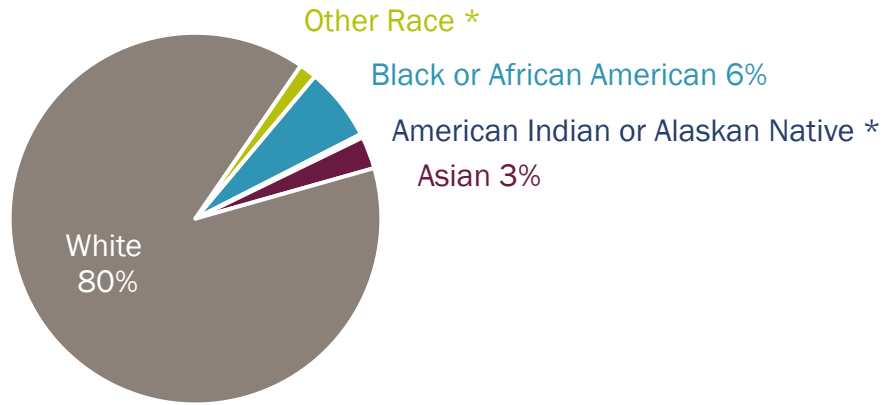
1 in 10 Vermonters with COVID-19 are health care workers.

The age distribution of health care workers and non-health care workers with COVID-19 is similar.

Age	HCW	Non-HCW
0-9	*	672
10-19	30	1382
20-29	268	1947
30-39	197	1232
40-49	187	1214
50-59	190	1460
60-69	132	1170
70-79	19	656
80+	*	316

Age in Years

* Value suppressed due to small numbers.

Case Demographics

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

Other Race *

Black or African American 6%

American Indian or Alaskan Native *

Asian 3%

White 80%

* Value suppressed due to small numbers.

Most health care workers with COVID-19 have symptoms.

Asymptomatic 21%

Unknown 2%

Symptomatic 76%

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

Unknown = 35
Hospitalized = 19

Not Hospitalized = 970
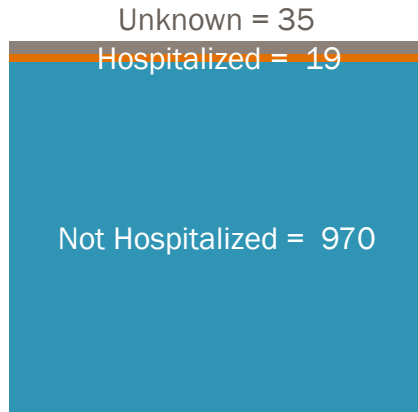
There are no reported deaths among health care workers.
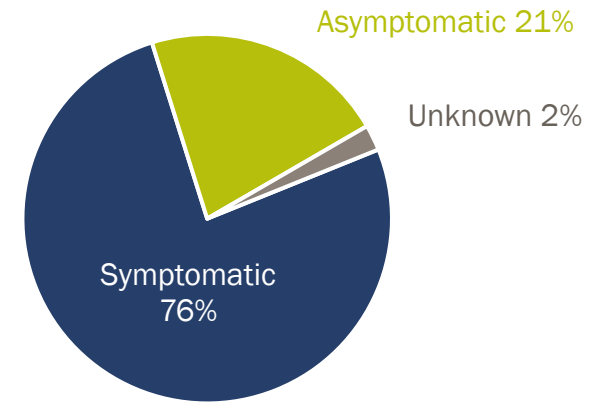
Sign or Symptom among Health Care Workers with COVID-19	Percent of Symptomatic Cases
Cough	62%
Fatigue	61%
Headache	59%
Runny Nose	54%
Muscle Pain	50%
Loss of Smell or Taste	43%
Chills	34%
Loss of Appetite	26%

Case Demographics

New and Cumulative Cases of Vermont Children (Age 19 and Younger) with COVID-19

Children represent 18% of Vermont's cases.

26% of children with COVID-19 are 18 or 19 years old.

2256

Our highest daily number of all cases to date.

An outbreak was identified around this time.

3/25/20 4/15/20 5/6/20 5/27/20 6/17/20 7/8/20 7/29/20 8/19/20 9/9/20 9/30/20 10/21/20 11/11/20 12/2/20 12/23/20 1/13/21 2/3/
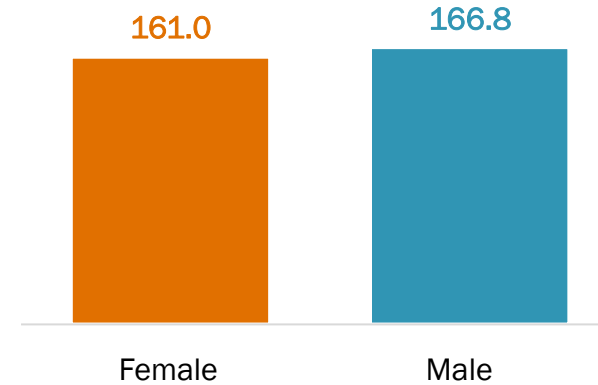
Case Demographics
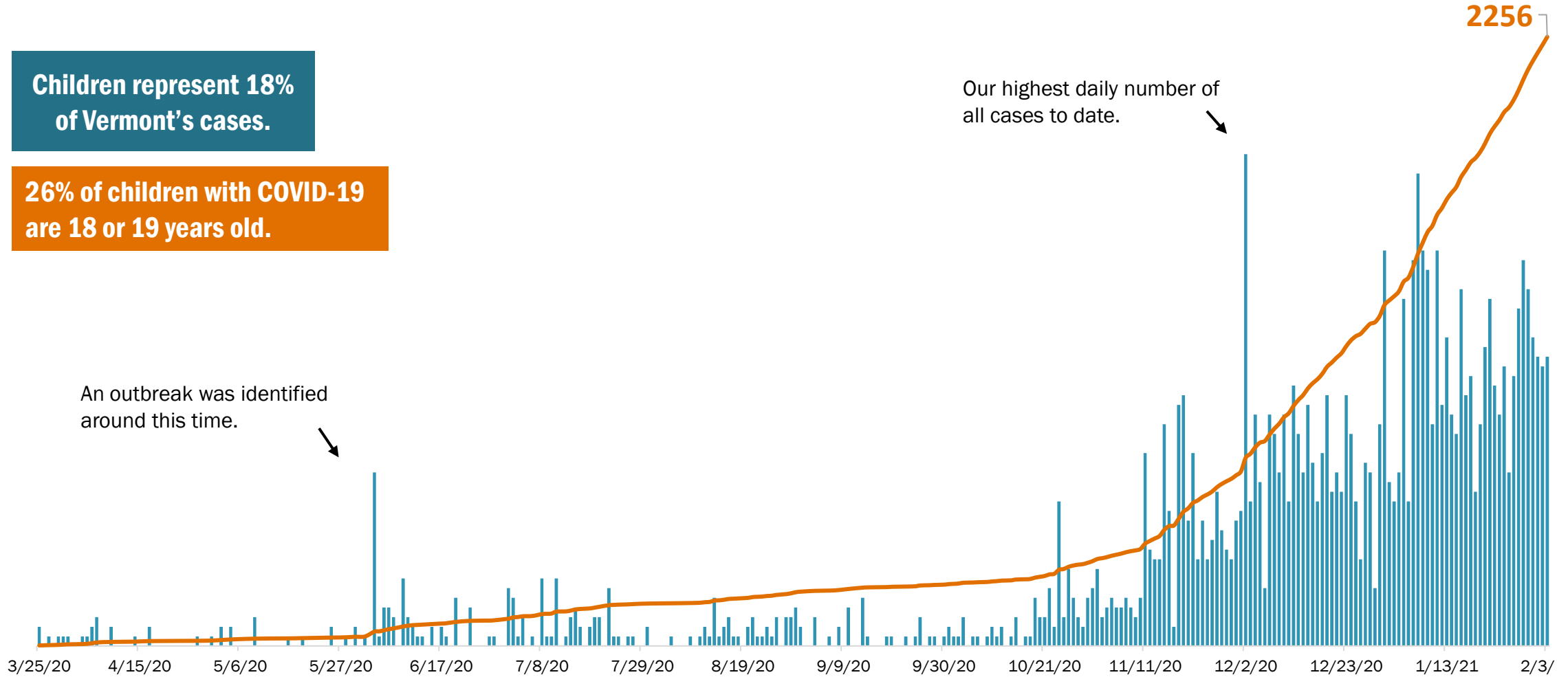
Older children have a higher rate of COVID-19 compared to younger children.

Rate per 10,000 Vermonters 0-19 years old

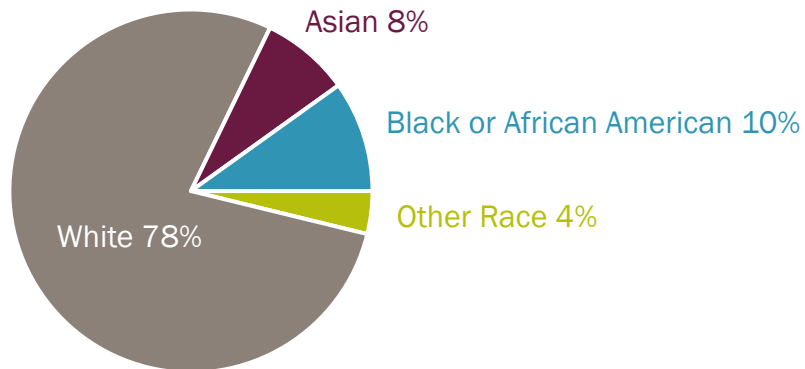- 10 to 19 years: 203.4
- 0 to 9 years: 116.3
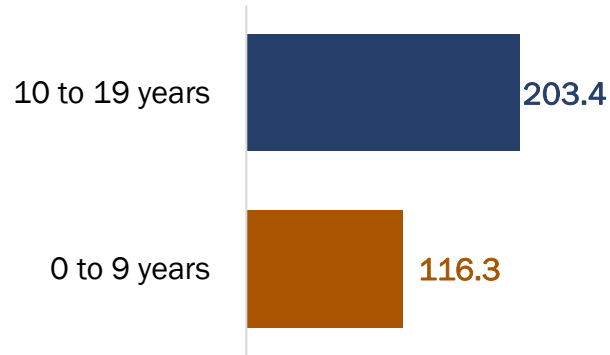
Female and male children have similar rates of COVID-19.

Rate per 10,000 Vermonters 0 to 19 years old

- Female: 161.0
- Male: 166.8
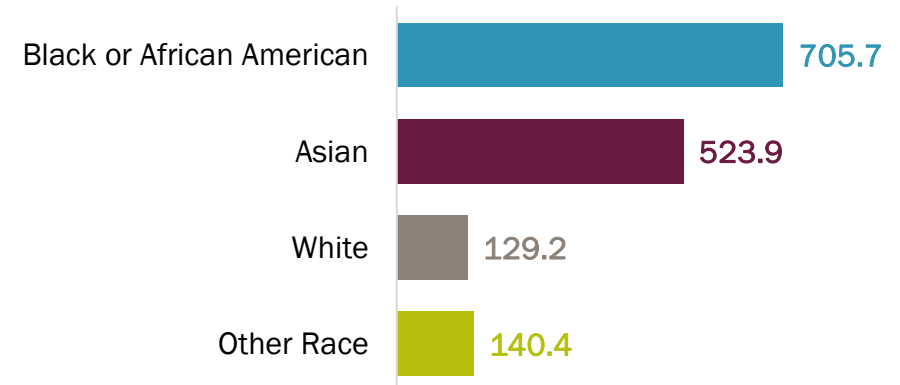
Among children with COVID-19, Black, Indigenous and people of color represent 23% of cases.

- Asian 8%
- Black or African American 10%
- Other Race 4%
- White 78%

Among children with COVID-19, Black or African Americans have the highest rate.

Rate per 10,000 Vermonters 0 to 19 years

- Black or African American: 705.7
- Asian: 523.9
- White: 129.2
- Other Race: 140.4

Note: No children with COVID-19 identify as American Indian or Alaskan Native.

Case Demographics

Sign or Symptom	Percent of Children with Symptom
Runny nose	51%
Headache	44%
Cough	42%
Fatigue	39%
Sore Throat	37%
Loss of smell or taste	26%
Muscle pain	25%
Fever	21%

5 days
Average illness duration among children

Among Vermont's children with COVID-19, there are currently no reported cases of multi-system inflammatory syndrome or deaths, and there are fewer than six hospitalizations.
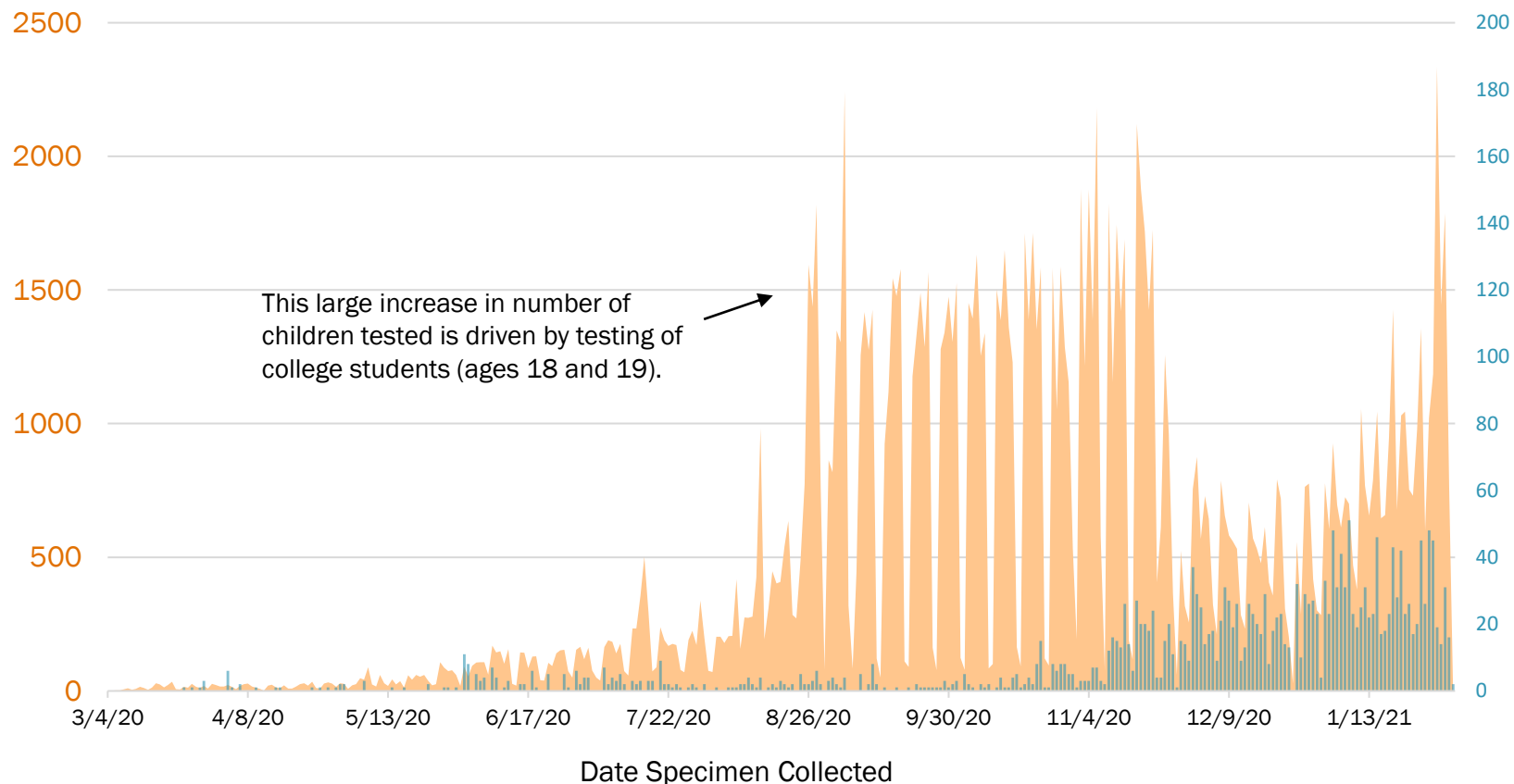
The percent of COVID-19 cases with no symptoms is higher among children. Less than one third (31%) of cases among children had no symptoms reported.
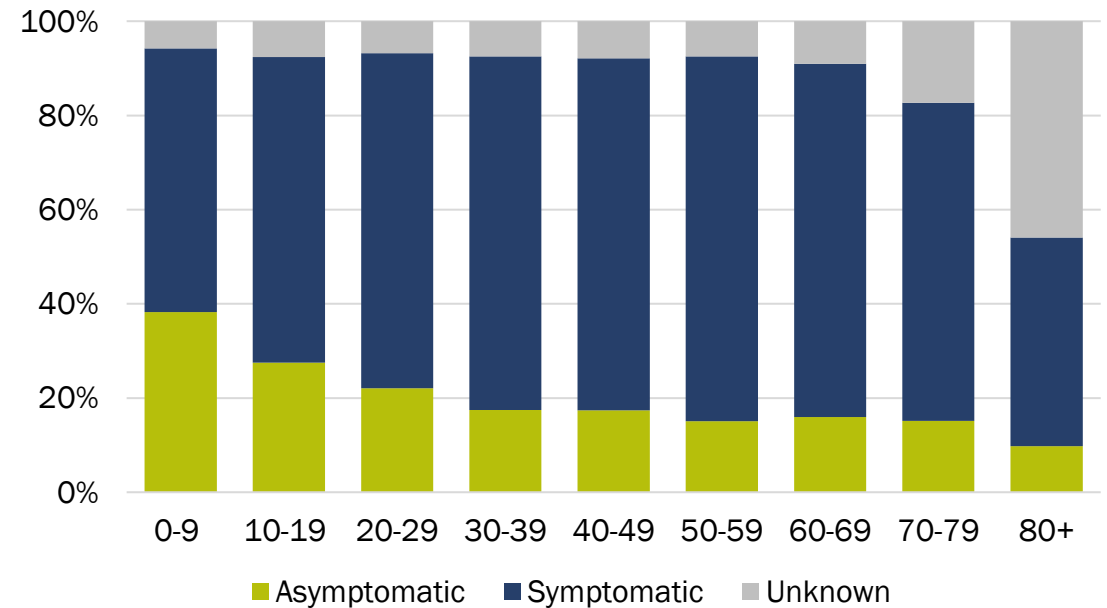
67% of children with COVID-19 had known contact with somebody else who had COVID-19.

**16% of children with COVID-19 were part of an outbreak.**

Case Demographics

The number of tests among children for COVID-19 and the number of positive tests have increased over time.

2500

2000

1500

This large increase in number of children tested is driven by testing of college students (ages 18 and 19).

1000

500

0

| 3/4/20 | 4/8/20 | 5/13/20 | 6/17/20 | 7/22/20 | 8/26/20 | 9/30/20 | 11/4/20 | 12/9/20 | 1/13/21 |

200
180
160
140
120
100
80
60
40
20
0

Date Specimen Collected

Total tests represents the total number of tests among children (specimen level).

There have been 166,584 COVID-19 tests completed among children.

Percent of tests positive among children is similar to adults.

1.4%
Children

1.6%
Adults
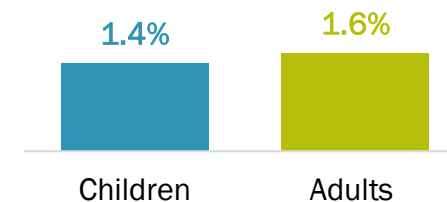
Percent of tests positive among younger children is greater than older children, however many more older children have been tested.

3.0%
0-9 years
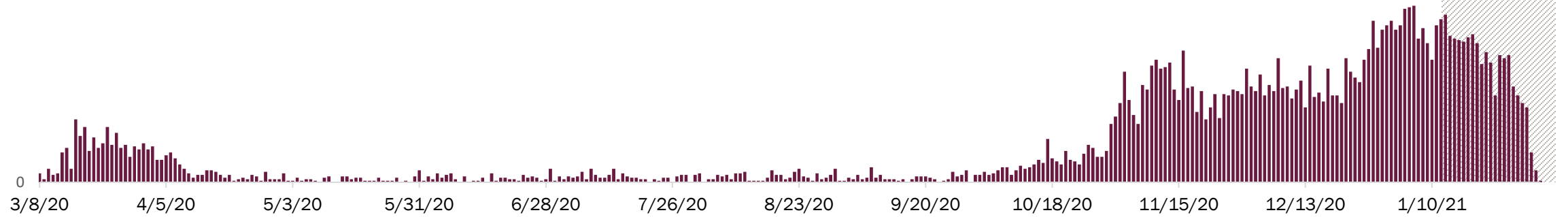
1.2%
10-19 years

Case Demographics
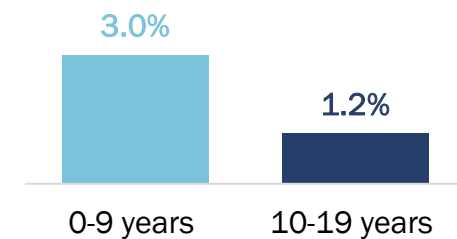
Clinical Course

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.

200

Illnesses occurring in this window may not be reported yet;
median reporting lag = 5 days

3/8/20   4/5/20   5/3/20   5/31/20   6/28/20   7/26/20   8/23/20   9/20/20   10/18/20   11/15/20   12/13/20   1/10/21

Note: Date of symptom onset is not always known.

9 days
Average illness duration

70%
Cases with symptoms

Sign or Symptom	Percent of Symptomatic Cases
Cough	57%
Fatigue	54%
Headache	52%
Runny Nose	50%
Muscle Pain	44%
Loss of Smell/Taste	37%
Sore Throat	35%
Felt Feverish	34%

Most Vermonters with COVID-19 are not hospitalized.

Unknown = 1,365
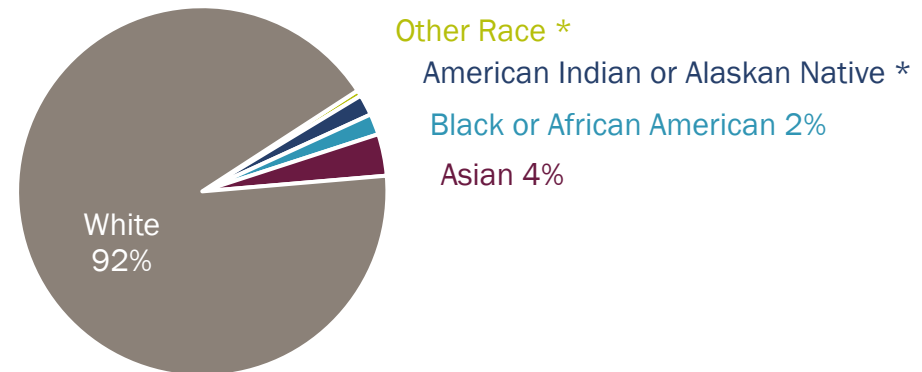Hospitalized = 402

Not hospitalized = 10,736

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

Rate per 10,000 Vermonters

| 0-9 | 10-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80+ |

0.2 | * | 1.9 | 1.4 | 3.6 | 6.3 | 9.5 | 20.3 | 35.9

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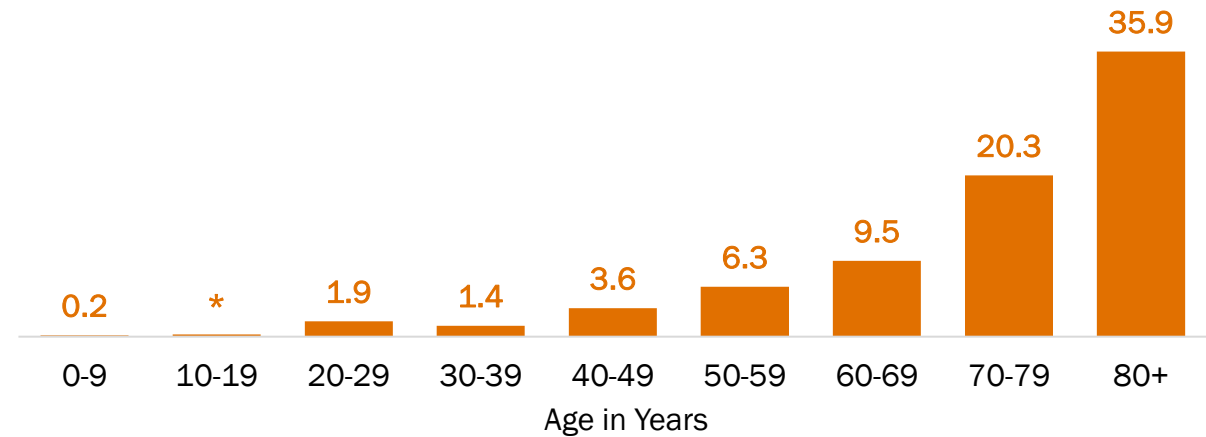
White Vermonters represent a majority of hospitalized COVID-19 cases.

Other Race *
American Indian or Alaskan Native *
Black or African American 2%
Asian 4%

White
92%

7%
Of those hospitalized were on a ventilator

24%
Of those hospitalized were in the ICU

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

Please note 17 hospitalized persons are missing race information.
*Values suppressed due to small numbers.

Clinical Course

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

Rate per 10,000 Vermonters

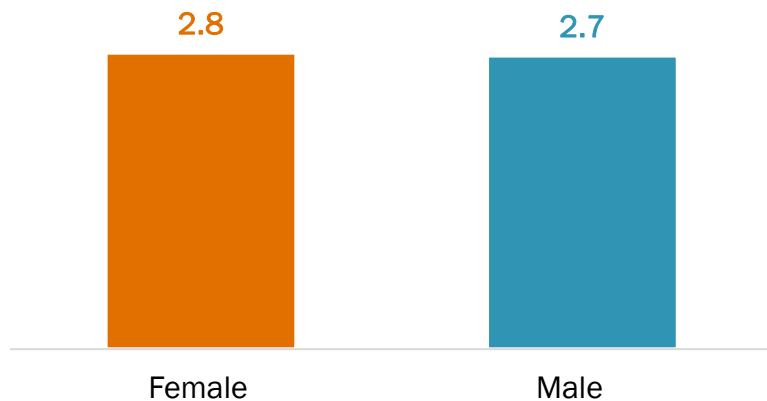| Age in Years	Rate
0-9	0.0
10-19	0.0
20-29	0.0
30-39	0.3
40-49	0.3
50-59	0.4
60-69	1.8
70-79	9.2
80+	39.5
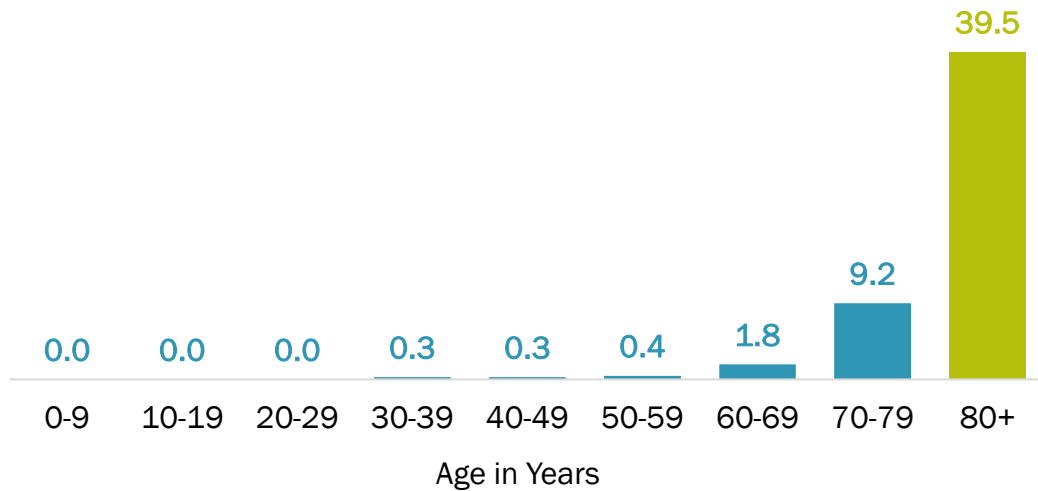
Most COVID-19 deaths occurred in a long-term care facility or an inpatient hospital setting.

Long Term Care Facility 57%
Inpatient 27%
Decedent's Home 8%
Out of State Facility 6%
Hospice Facility 1%
Outpatient 1%
Unknown 1%
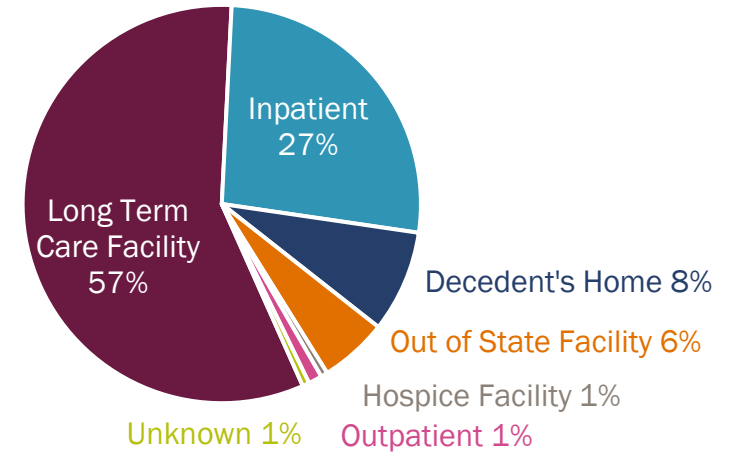
Females and **males** have similar rates of COVID-19 death.

Rate per 10,000 Vermonters

Female 2.8
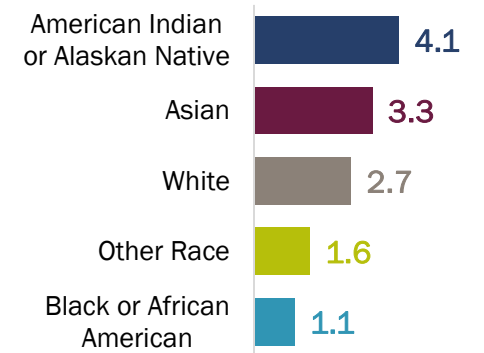Male 2.7

White Vermonters represent a majority of COVID-19 deaths. Death rates by race are similar.

Rate per 10,000 Vermonters

White 89%
Unknown 6%
American Indian or Alaska Native 1%
Asian 2%
Black or African American 1%
Other Race 1%

Race	Rate
American Indian or Alaskan Native	4.1
Asian	3.3
White	2.7
Other Race	1.6
Black or African American	1.1
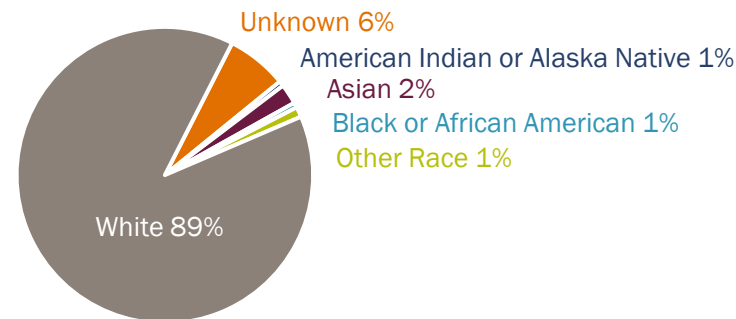
Note: No deaths have identified as Hispanic or Latino.

Clinical Course

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

Three 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.

Resolved when no new confirmed or probable COVID-19 cases after 28 days (2 incubational periods) have passed since the most recent case's specimen collection date or illness onset date (whichever is later).

Educational Settings

Two 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.

Resolved when no new confirmed or positive cases are identified after 28 days (two incubation periods) from the last known facility exposure from a case, or if unknown, the last case's specimen collection or illness onset date (whichever is later).

Congregate Care or Living Settings*

Two or more patients/clients/residents or staff members with COVID-19 and known connections to each other in the facility setting.

*Examples include inpatient & outpatient healthcare settings as well as other residential care facilities, correctional facilities and homeless shelters.

Resolved when no new COVID-19 positive tests occur after 28 days from the last positive test or illness start date (whichever is later).

Workplaces

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

- had contact with each other in the business, and
- have 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.

Resolved when no new confirmed or probable cases are identified after 28 days (two incubation periods) from the last known business exposure from a case, or if unknown, the last case's specimen collection date or illness onset date (whichever is later).
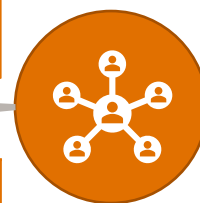
Outbreaks

19% of people testing positive for COVID-19 are associated with an outbreak

Outbreaks
68 Active
128 Resolved*

*See previous page for definitions of resolved outbreaks.

Congregate Care & Living

590 cases among residents

383 cases among facility staff

Schools and Child Care

369 cases among children and staff

Workplaces

427 cases among employees

Community

678 cases

Source: Vermont Department of Health
Reflects confirmed data as of 2/3/2021

Vermont COVID-19 Cases Associated with an Outbreak Over Time

The daily number of cases associated with an outbreak peaked on December 16, 2020. Outbreak-associated cases had previously peaked on April 9 and December 1.

Vermont COVID-19 Deaths Associated with an Outbreak Over Time

Outbreaks

While only 19% of all people testing positive for COVID-19 are associated with an outbreak, 70% of COVID-19-related deaths have occurred in outbreak settings.
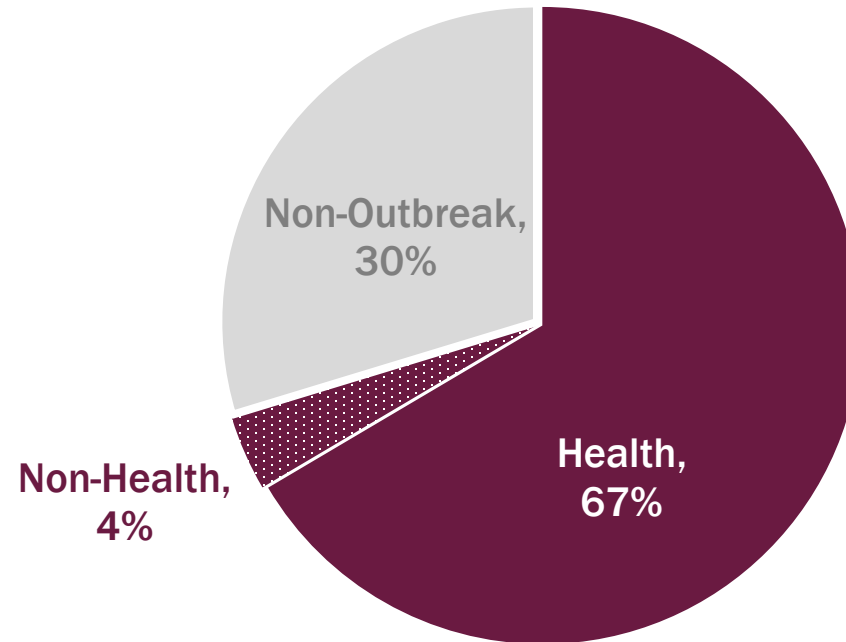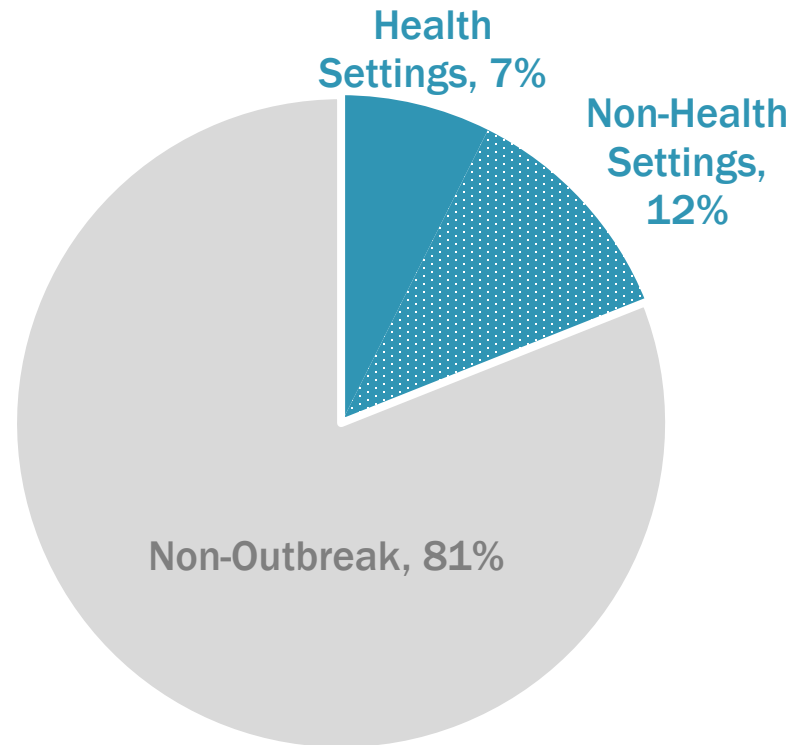
Health Settings, 7%

Non-Health Settings, 12%

Non-Outbreak, 81%

Non-Outbreak, 30%

Non-Health, 4%

Health, 67%

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.

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.

Source: Vermont Department of Health
Reflects confirmed data as of 2/3/2021

Outbreaks

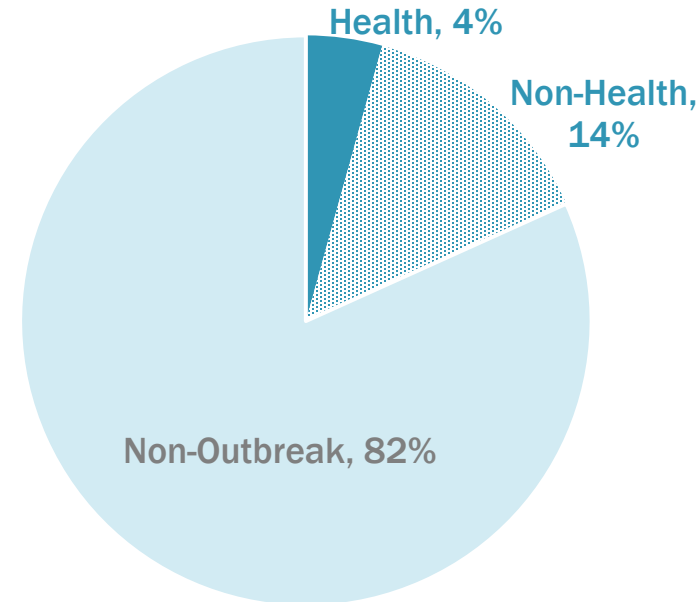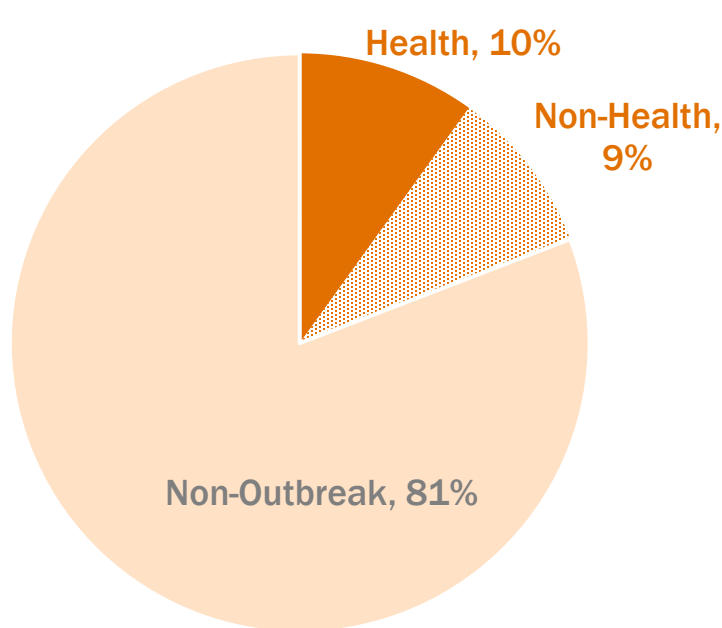# A similar percentage of **females** and **males** with COVID-19 are associated with outbreaks

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

18% of males with COVID-19 are associated with an outbreak.

Males with COVID-19 are more likely to be associated with outbreaks in non-health settings.

Health, 10%

Non-Health, 9%

Non-Outbreak, 81%

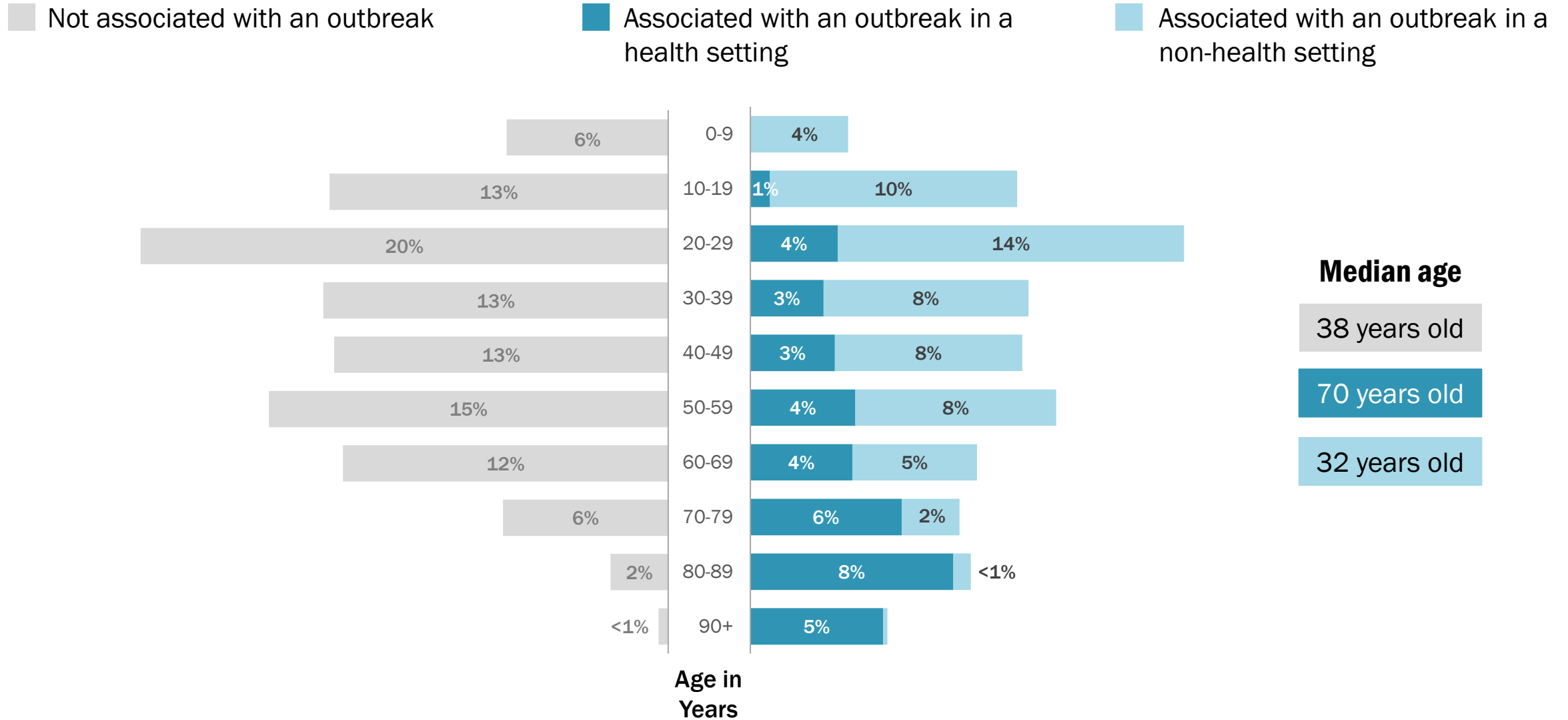Health, 4%

Non-Health, 14%

Non-Outbreak, 82%

Values in these charts are rounded to the nearest whole number and therefore may not always add to 100%.
Percentages by outbreak type are rounded to the whole number, but combined totals consider the full percentages.

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.

Source: Vermont Department of Health
Reflects case counts as of 2/3/2021

Outbreaks

Percent of People Testing Positive for COVID-19 by Outbreak Status and Age

Legend:
- Not associated with an outbreak
- Associated with an outbreak in a health setting
- Associated with an outbreak in a non-health setting

Age in Years	Not associated with an outbreak	Associated with an outbreak in a health setting	Associated with an outbreak in a non-health setting
0-9	6%		4%
10-19	13%	1%	10%
20-29	20%	4%	14%
30-39	13%	3%	8%
40-49	13%	3%	8%
50-59	15%	4%	8%
60-69	12%	4%	5%
70-79	6%	6%	2%
80-89	2%	8%	<1%
90+	<1%	5%	

**Median age**
- 38 years old
- 70 years old
- 32 years old

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 Department of Health

Source: Vermont Department of Health
Reflects case counts as of 2/3/2021

33

Outbreaks

Syndromic Surveillance

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

The percent of emergent care visits for COVID-19-like illness has remained steady for the past 3 weeks.

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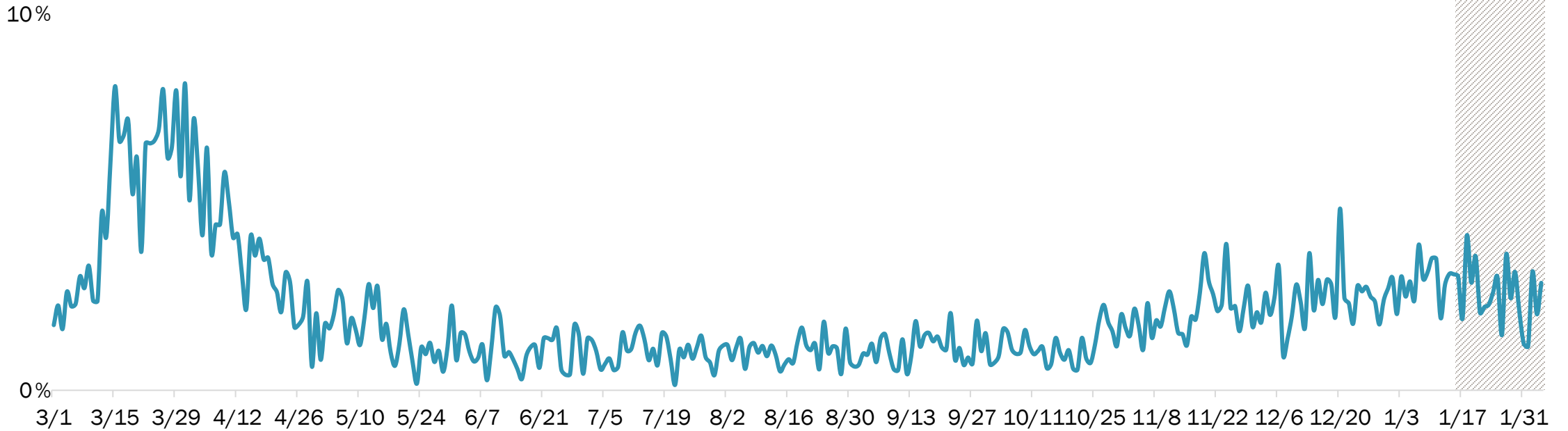
Interpret with caution, there is a chance for over or underestimation given the lag in reporting.

COVID-19-like illness diagnosis is determined using the patient's chief complaint and/or discharge diagnosis.
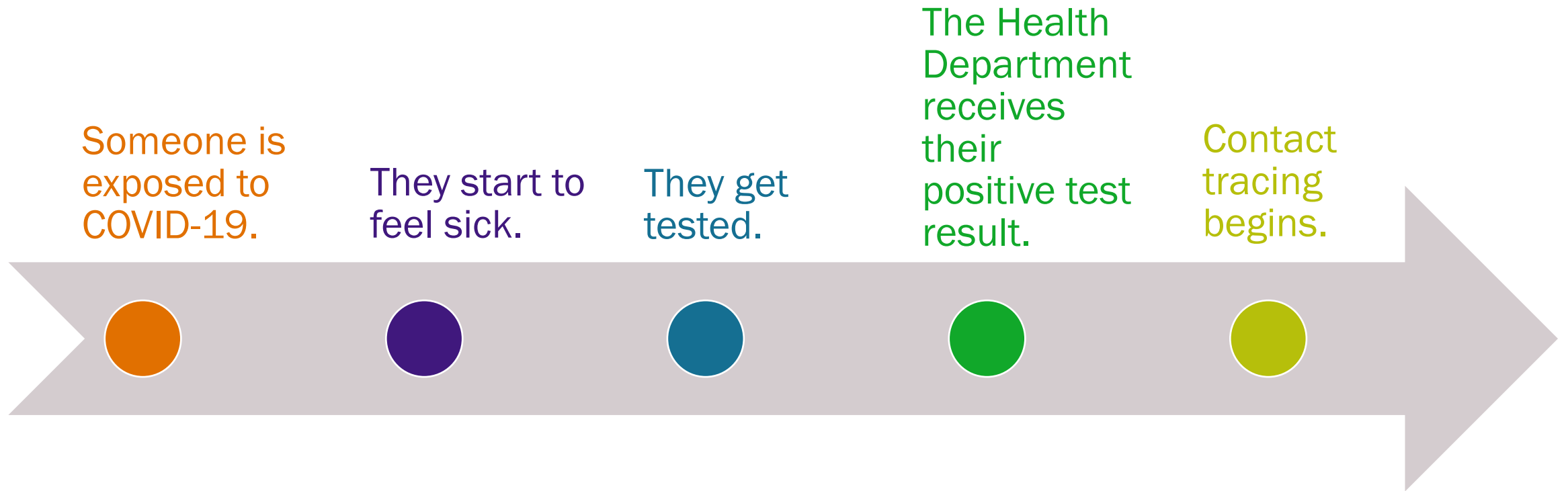
COVID-19-like illness is the presence of a fever with the addition of shortness of breath, difficulty breathing, or cough.

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

Syndromic Surveillance

Weekly Spotlight: Timeline of Symptom Onset to Public Health Response

This section focuses on how long it takes after someone with COVID-19 starts to feel sick for the Health Department to receive their positive test result.
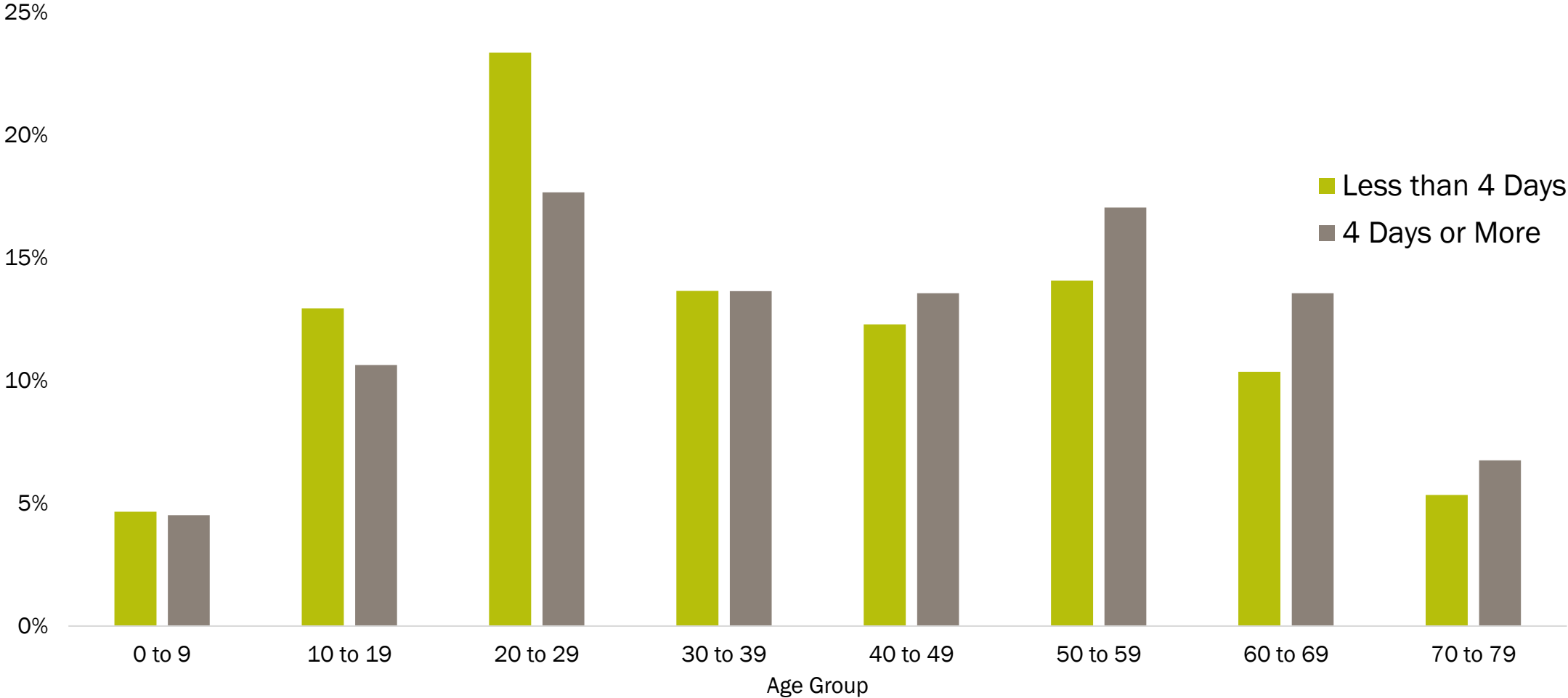
What does the process look like?

Someone is exposed to COVID-19.

They start to feel sick.

They get tested.

The Health Department receives their positive test result.

Contact tracing begins.

Weekly Spotlight

# Number of Days Between Symptom Onset and Test Result Received by Health Department
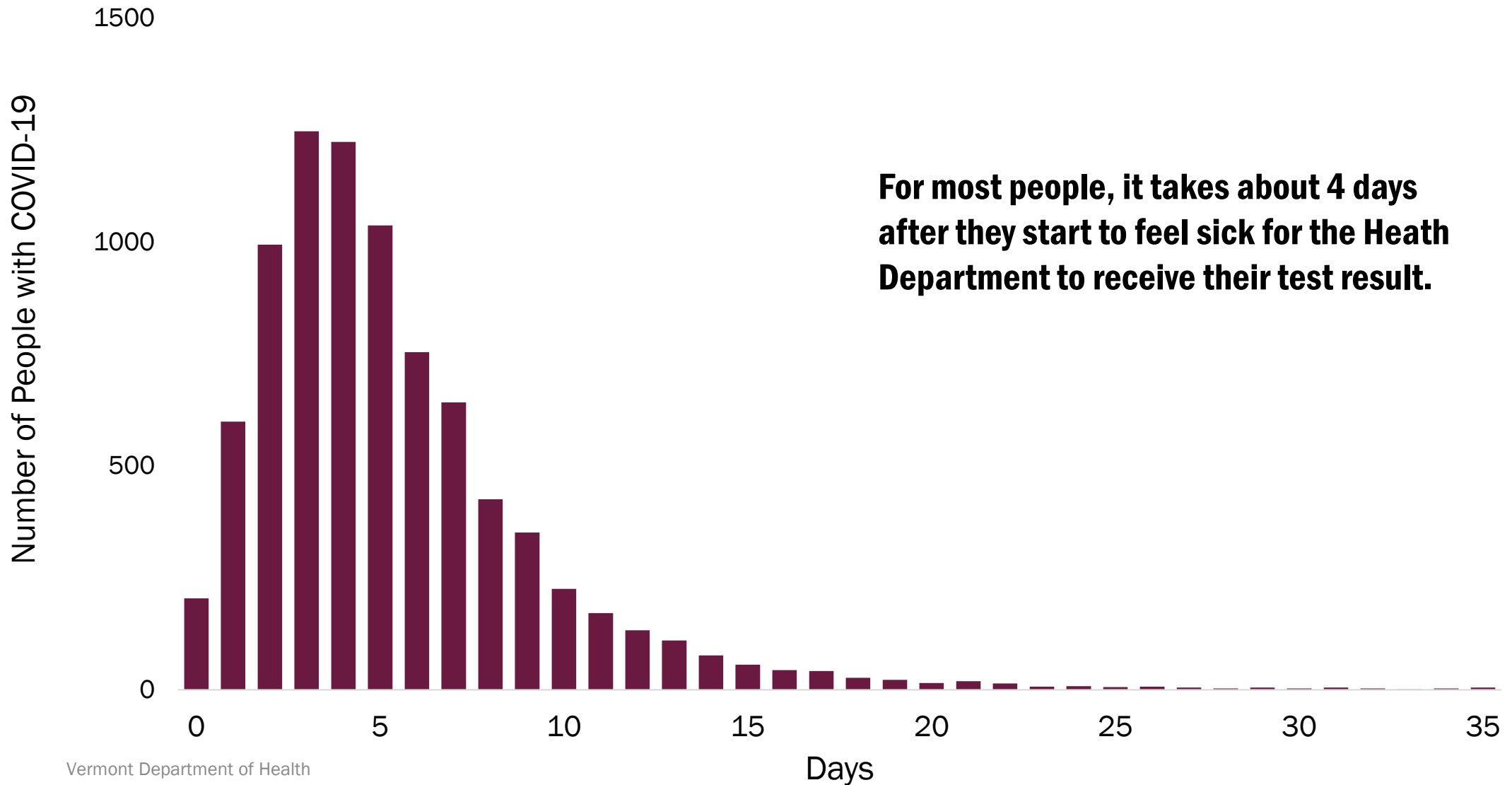
For most people, it takes about 4 days after they start to feel sick for the Heath Department to receive their test result.

Weekly Spotlight

Teens and people in their 20s are tested sooner after starting to feel sick. People in their 50s and 60s are tested later after starting to feel sick.

Legend: ■ Less than 4 Days ■ 4 Days or More

Y-axis: 0%, 5%, 10%, 15%, 20%, 25%

X-axis (Age Group): 0 to 9, 10 to 19, 20 to 29, 30 to 39, 40 to 49, 50 to 59, 60 to 69, 70 to 79

*The Health Department has symptom onset information in 68% (8,558 of 12,503) COVID-19 cases.

Weekly Spotlight

More people who are associated with an outbreak are tested sooner after developing symptoms.
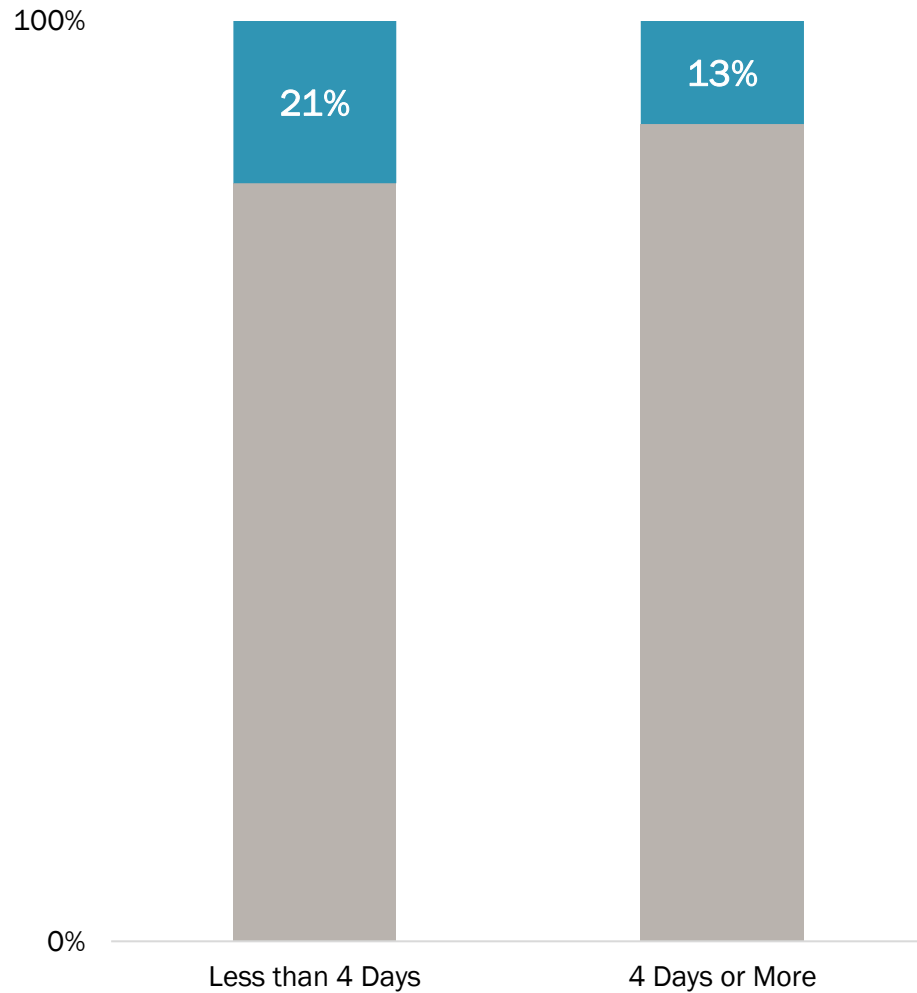
Slightly more health care workers are tested sooner after developing symptoms.

Weekly Spotlight
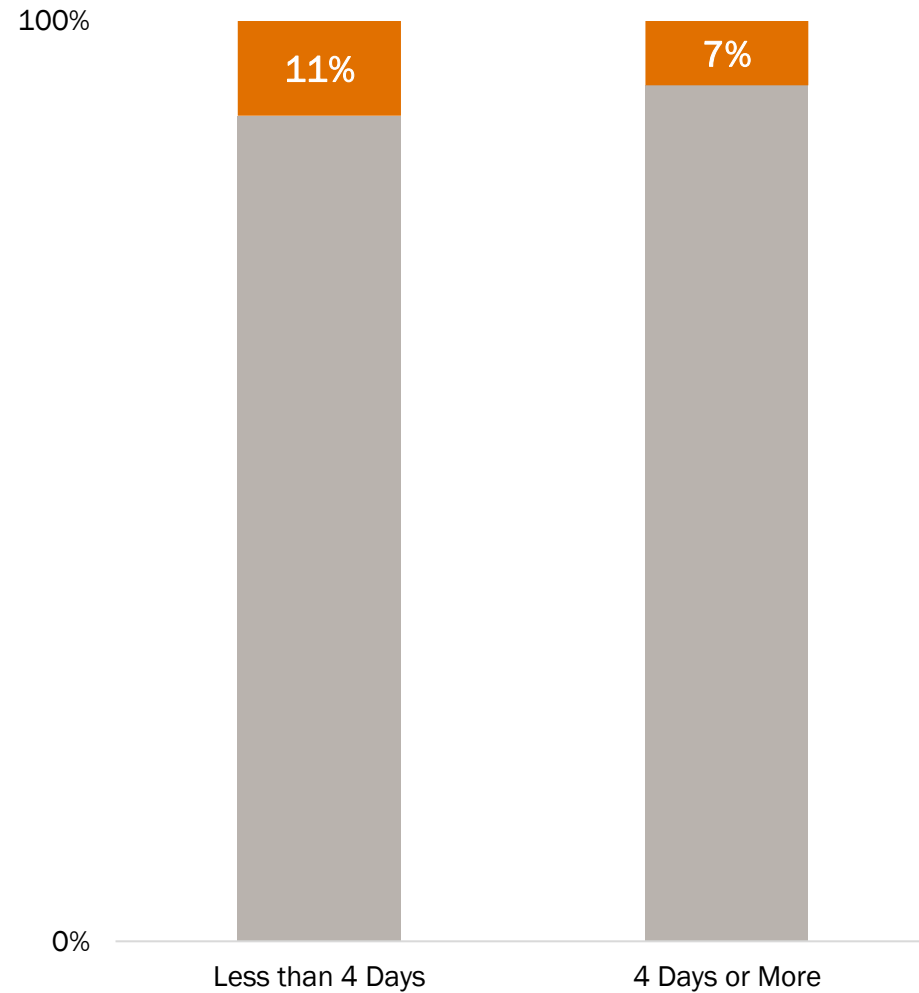
One of the best ways to stop the spread of COVID-19 is by getting tested as soon as you start to feel sick.

- The sooner you find out you are positive, the sooner you can protect yourself and your community.

- Call your health care provider to find out if you should be tested.

- Remember, not everyone with COVID-19 has a fever, and even mild symptoms (like a headache or dry cough) could be signs of COVID-19.

- If you do not have a health care provider, call 2-1-1 to be connected to care, or contact the nearest [federally qualified health center](#) or one of [Vermont's free & referral clinics](#).

Weekly Spotlight

VERMONT

DEPARTMENT OF HEALTH

Learn more about COVID-19 in Vermont:

Web: www.healthvermont.gov/COVID-19

Email: AHS.VDHPublicCommunication@vermont.gov

See more data: Weekly Data Summaries