TO: Vermont Health Care Providers and Health Care Facilities
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Clinical Overview of Deaths Among Vermont Residents Testing Positive for SARS-CoV-2: April 15-30, 2020

Between April 15 and April 30, 16 Vermont residents who tested positive for SARS-CoV-2, the etiologic agent for novel coronavirus 2019 (COVID-19) disease died (the previous clinical overview reviewed deaths that occurred through April 14, 2020). Of these 16 individuals, all were residents of Chittenden County – 11 resided in a long-term care facility (LTCF) and five lived outside of a facility.

Of the 11 residents of a LTCF, the median age was 84 years (range: 68-91 years). Eight were female and three were male. All were white, non-Hispanic. None had recent travel outside of Vermont. All resided in a LTCF where at least one resident or staff member had COVID-19. All of the LTCF residents had multiple co-morbidities as follows:

1. Hypertension, hyperlipidemia, cardiovascular disease, dementia, osteoarthritis, gastro-esophageal reflux disease, former smoker
2. Dementia, hypertension, chronic gastritis, Raynaud's syndrome, protein calorie malnutrition, current smoker, contractures
3. Dementia, osteoarthritis, diabetes, former smoker
4. Hypertension, hyperlipidemia, gastro-esophageal reflux disease, rectal prolapse, obesity
5. Cerebrovascular arteriosclerosis, vascular dementia, diabetes with gastroparesis and neuropathy, osteoarthritis, infected joint prosthesis on chronic antibiotics
6. Dementia, hypertension, chronic obstructive pulmonary disease, current smoker, chronic kidney disease, peripheral neuropathy
7. Dementia, cirrhosis, coronary artery disease, hypothyroidism, protein calorie malnutrition, contractures, hypertension
8. Dementia, seizure disorder, hypothyroidism, osteoarthritis, ankylosing spondylitis, obesity, dysphagia, former smoker
9. Dementia, hyperlipidemia, hypertension, spinal stenosis, osteoarthritis, cerebral arteriosclerosis, former smoker
10. Hypertension, hyperlipidemia, diabetes, heart failure, chronic obstructive pulmonary disease, history of cancer, urinary retention, dementia
11. Former smoker, paroxysmal atrial fibrillation, supraventricular tachycardia, chronic obstructive pulmonary disease, osteoporosis

All died at the LTCF after developing fever, cough, lethargy, vomiting, shortness of breath and/or decreased oral intake, and finally hypoxemia with a new supplemental oxygen requirement with or without respiratory distress. All patients (or patients' representatives) requested that transportation to a hospital not occur.

The remaining five individuals were all white, non-Hispanic. The median age was 72 years (range: 50-79 years). Three of the five had known contact with a COVID-19 case. Two had travelled to Central America a few weeks previously. All presented to an ED and were subsequently hospitalized before death.

1. This patient had a history of smoking without other known co-morbidities. He presented with over a two-week history of fever and cough, with anorexia, orthopnea, anasarca, worsening shortness of breath, pleuritic chest pain. The initial oxygen saturation was 71%, with an abnormal chest x-ray. He died within 36 hours of arrival in the ED.
2. This patient had a history of morbid obesity, diabetes, and hypertension, was found on the floor in his home and was transported to the ED. He had a five-day history of "flu-like symptoms", along with fatigue, confusion, poor oral intake, diarrhea, and shortness of breath. He required intubation in the ED and subsequently died.
3. This patient had a history of gastroesophageal reflux disease, prostate cancer status post radiation therapy, hyperlipidemic. He had a known COVID-19 exposure. He presented to the ED with dyspnea but was not hypoxemic and was discharged to home. Subsequently he returned to the ED because of worsening dyspnea. He was admitted, and then intubated and received mechanical ventilation. He became anuric and ultimately died following a large intracranial hemorrhage.
4. This patient had a history of hyperlipidemia, gastroesophageal reflux disease, hypertension, Lyme carditis with atrioventricular block, and atherosclerotic heart disease. He had a known COVID-19 exposure. He developed an influenza-like illness, fever, cough, shortness of breath, myalgia, arthalgias, headache, rhinorrhea. He presented to an ED and was hospitalized, requiring supplemental oxygenation. He was subsequently transferred to another hospital where he was intubated and placed in a prone position. Despite these interventions, he died.
5. This patient in his 70s had no significant medical history. He had a known COVID-19 exposure. He presented to the ED with fever, cough, rhinorrhea, myalgias, diarrhea, nausea, loss of appetite, and weight loss. He was hospitalized, and then transferred to another hospital. He had an increasing oxygen requirement, underwent intubation and ventilation, and subsequently died.

Summary: Most of the Vermont residents who died during this time period had multiple and significant comorbidities. Most resided in a LTCF that had at least one resident or staff member with COVID-19. As before, despite a range of signs and symptoms, all appeared to have a common final clinical pathway of hypoxemic respiratory failure.

If you have any questions, please contact the HAN Coordinator at 802-859-5900 or vthan@vermont.gov

HAN Message Type Definitions

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Health Advisory: Provides important information for a specific incident or situation may not require immediate action.

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