

Weekly Summary of Vermont COVID-19 Data

Reflecting cases identified between
March 5, 2020 – January 6, 2021

Date published: January 8, 2021. 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 December 30 through January 6.

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.

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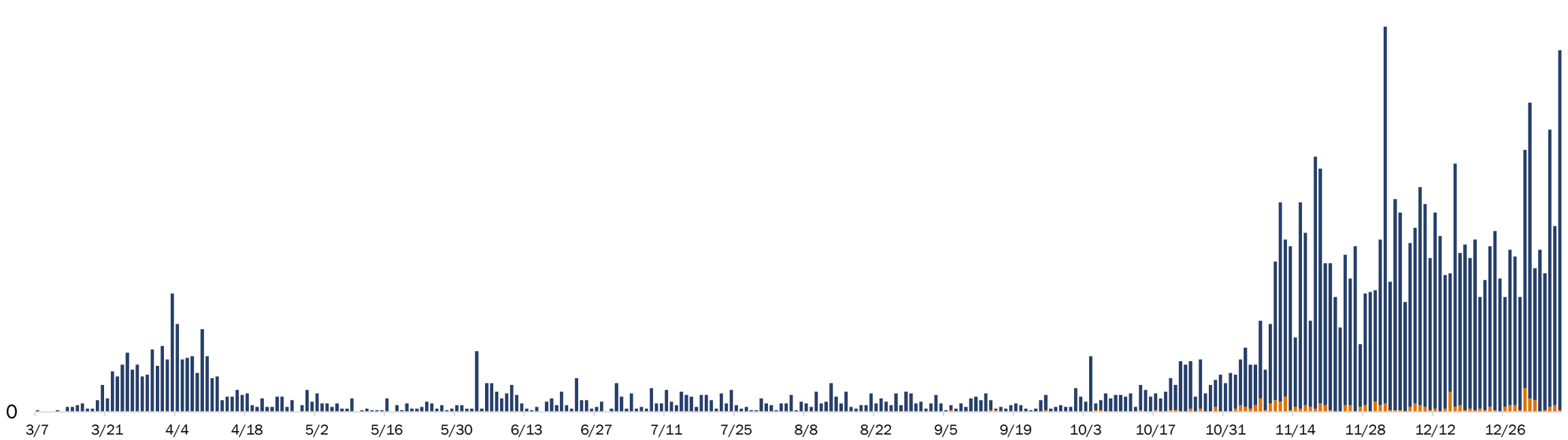
[Weekly Spotlight](#)

COVID-19 in Vermont

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

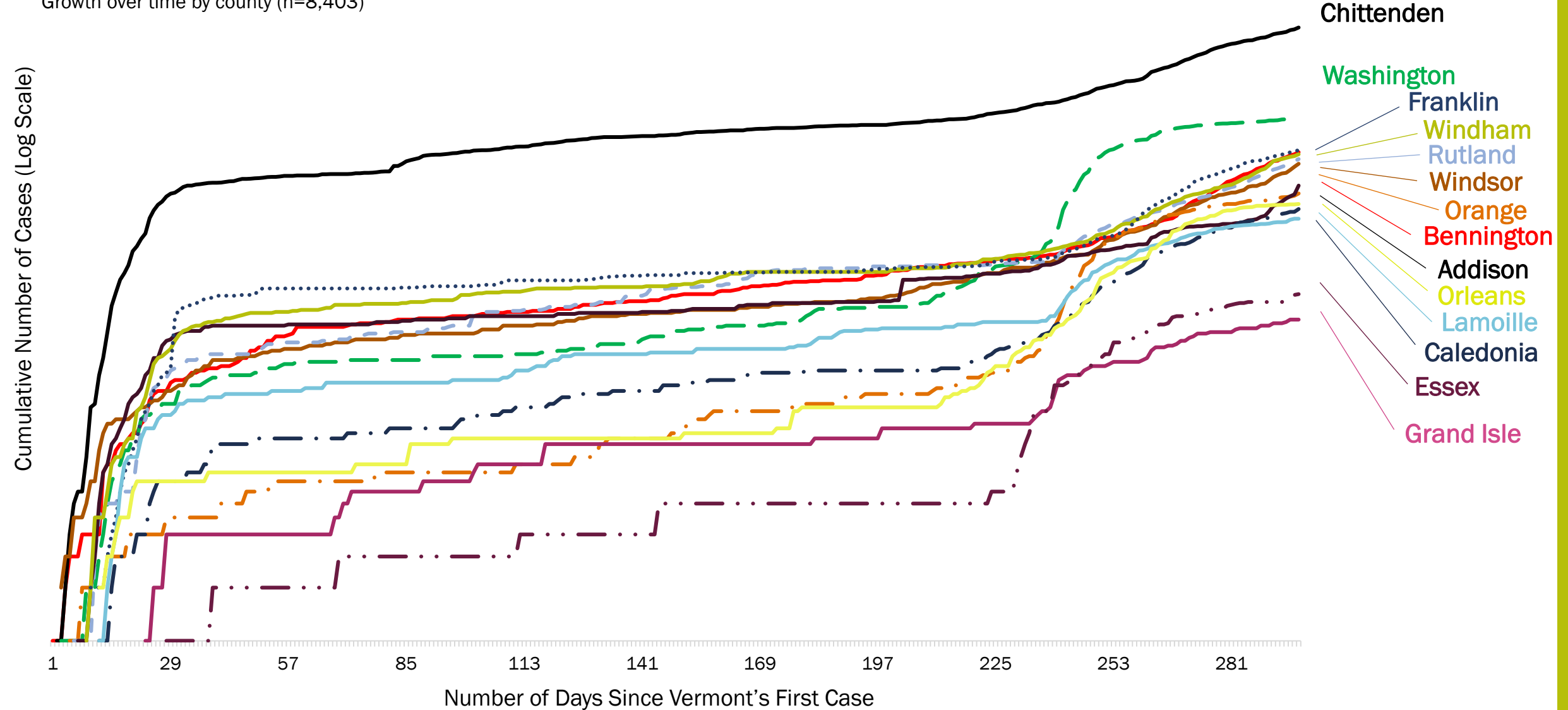
Total Number of **Confirmed** and **Probable** Cases in Vermont: 8,403

250

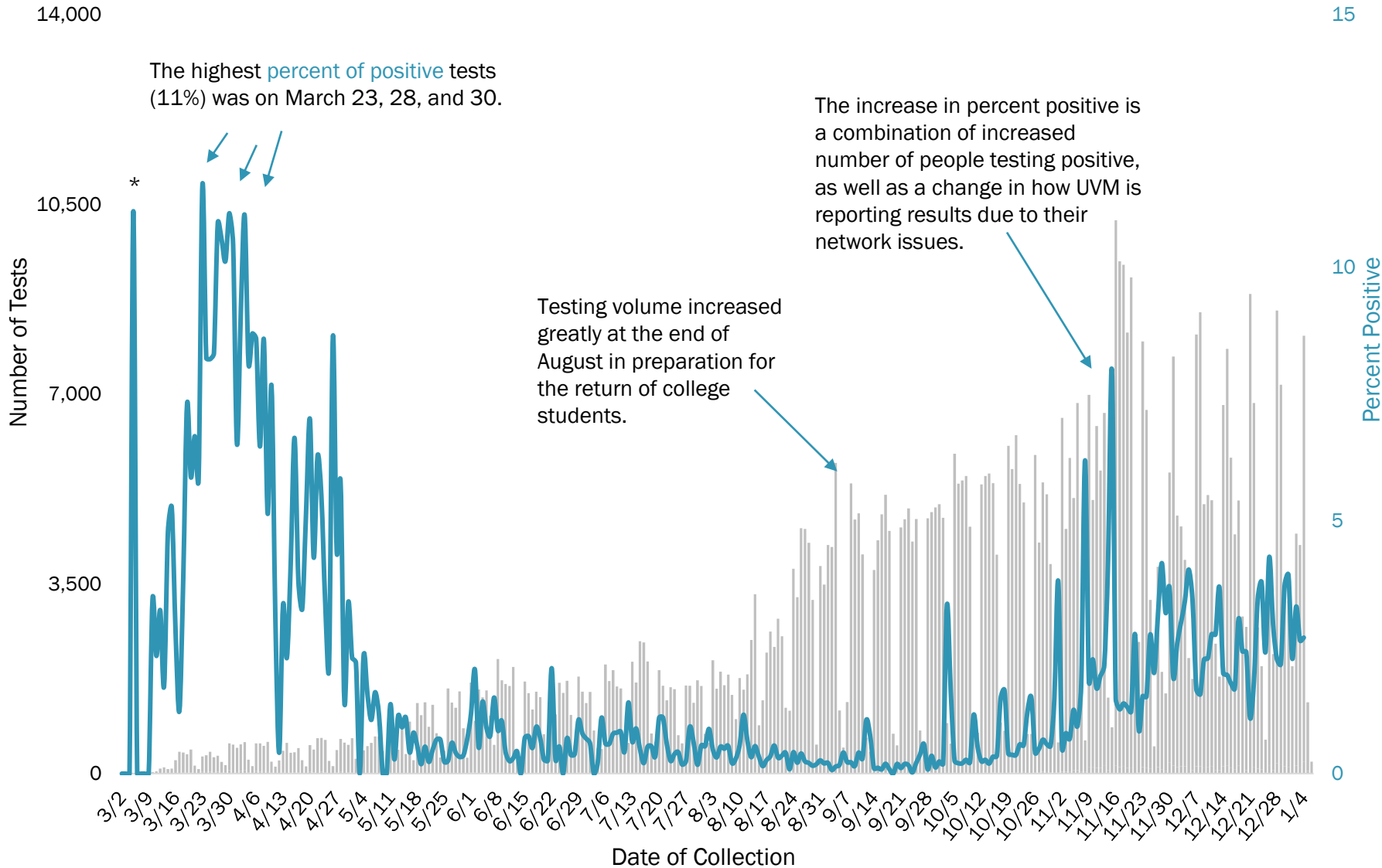


Most counties continue to see new cases.

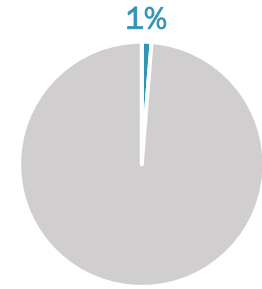
Growth over time by county (n=8,403)



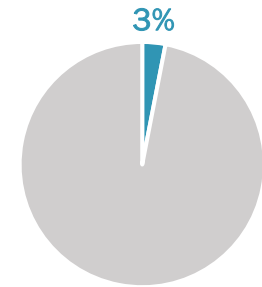
Percent of positive COVID-19 tests may indicate how prevalent the disease is in the population.



Percent Positive to Date



Percent Positive This Week (December 30 – January 6)



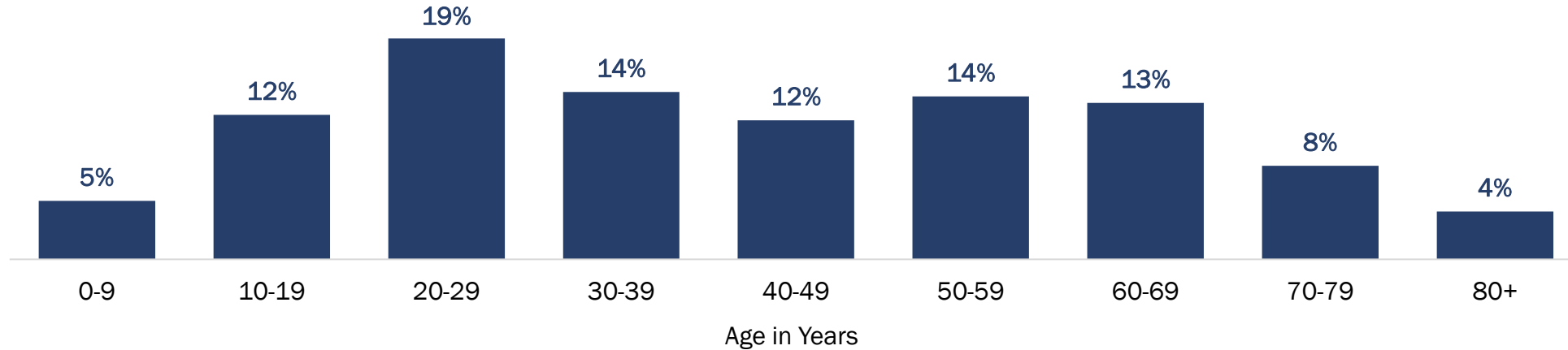
10,559 People Tested this Week	27,002 Tests this Week
271,568 People Tested to Date	731,590 Tests to Date

Vermont Department of Health

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.

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

The distribution of people tested for COVID-19 in Vermont varies by age group.



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



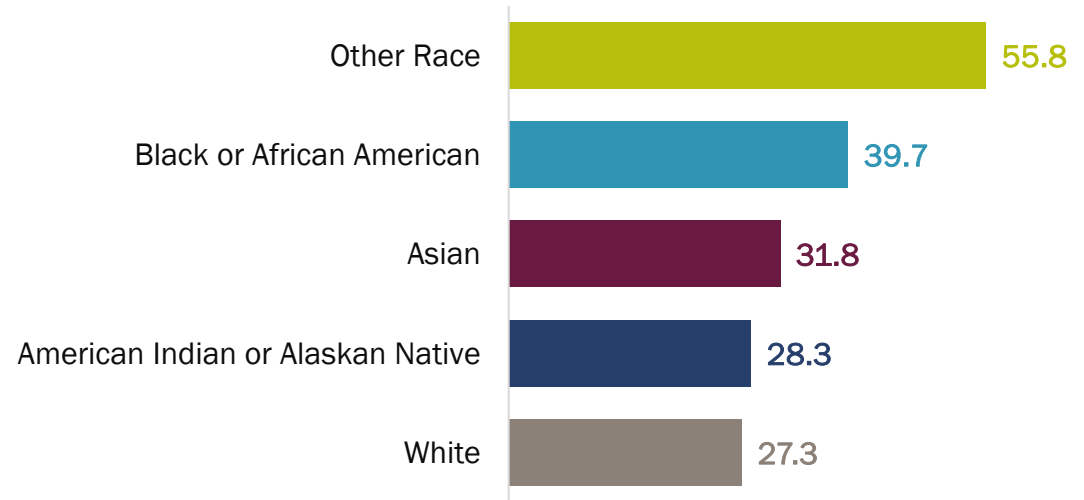
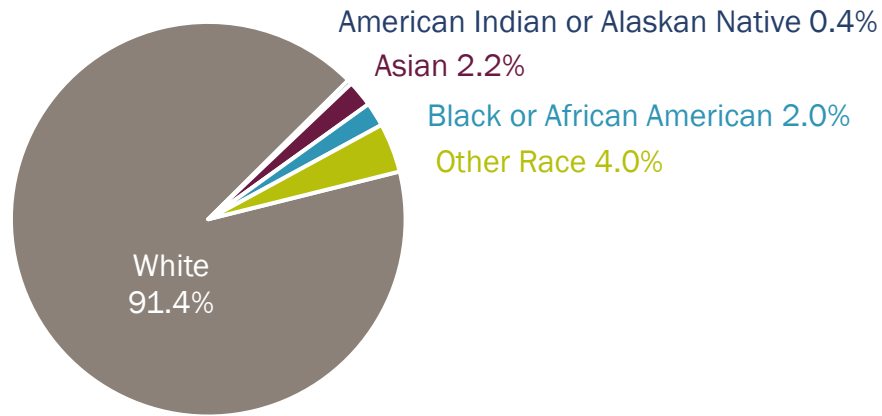
56% of people tested for COVID-19 are **female**.



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

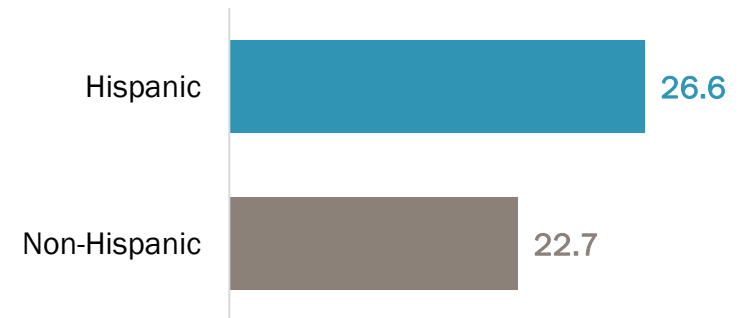
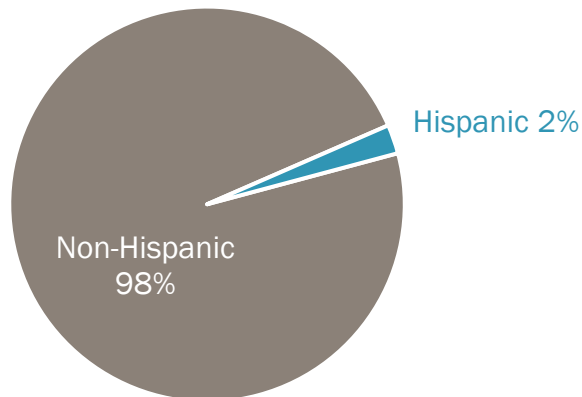
White Vermonters represent the majority of people tested in Vermont for COVID-19. Vermonters with other race have the highest rate of testing.

Rates per 100 Vermonters

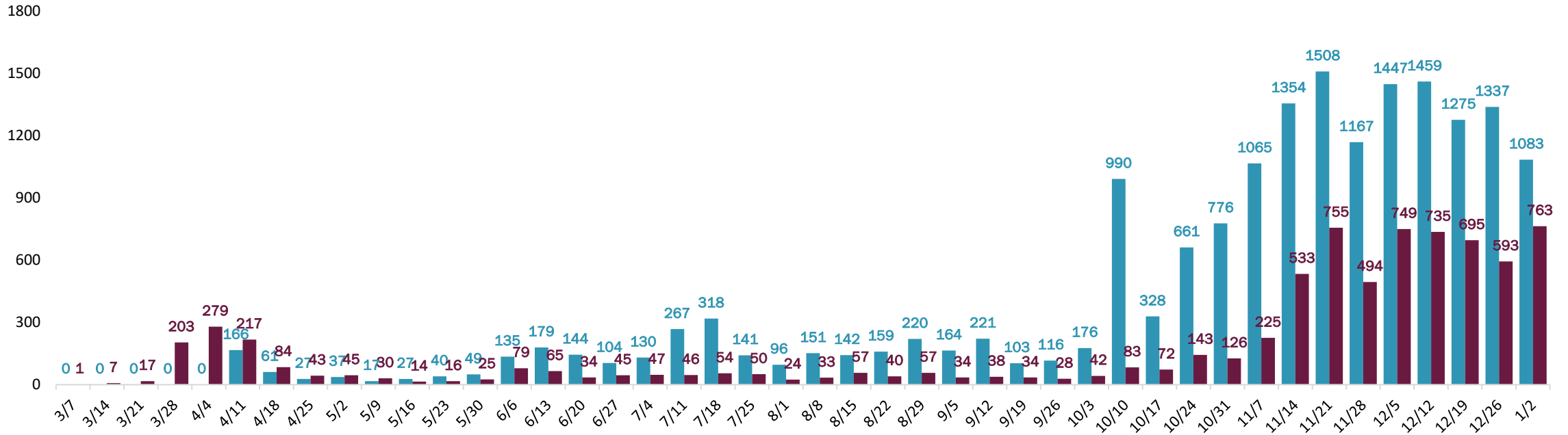


Non-Hispanic Vermonters represent the majority of people tested in Vermont for COVID-19. Hispanic Vermonters have the higher rate of testing.

Rates per 100 Vermonters



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



195

Number of full-time equivalent contact tracing staff trained

630

Cases interviewed last week

December 27 – January 2

1,083

Contacts named last week

December 27 – January 2

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.

In the last two weeks (from December 20 to January 2):



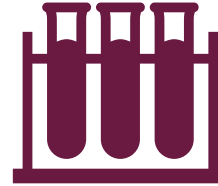
88%

Of cases were interviewed within 24 hours



82%

Of cases provided their close contacts



55%

Of contacts were tested within 14 days of exposure



15%

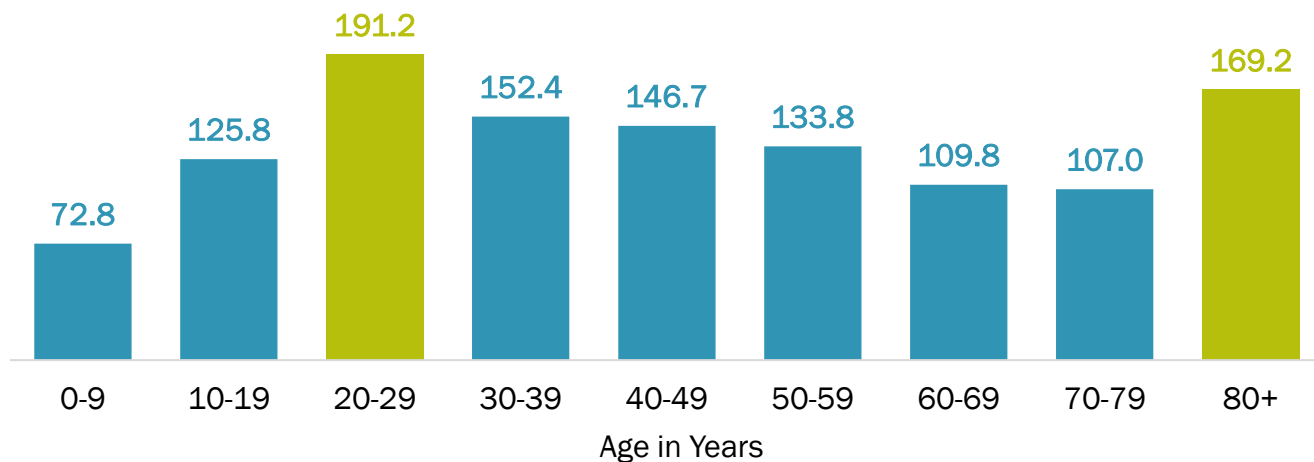
Of contacts became a case

Case Demographics

Who has been impacted by COVID-19 in Vermont?

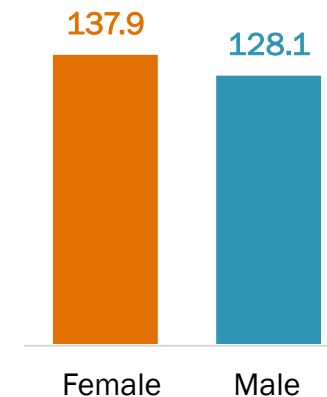
Rates of COVID-19 are highest among Vermonters 20-29 and 80 years and older.

Rate per 10,000 Vermonters



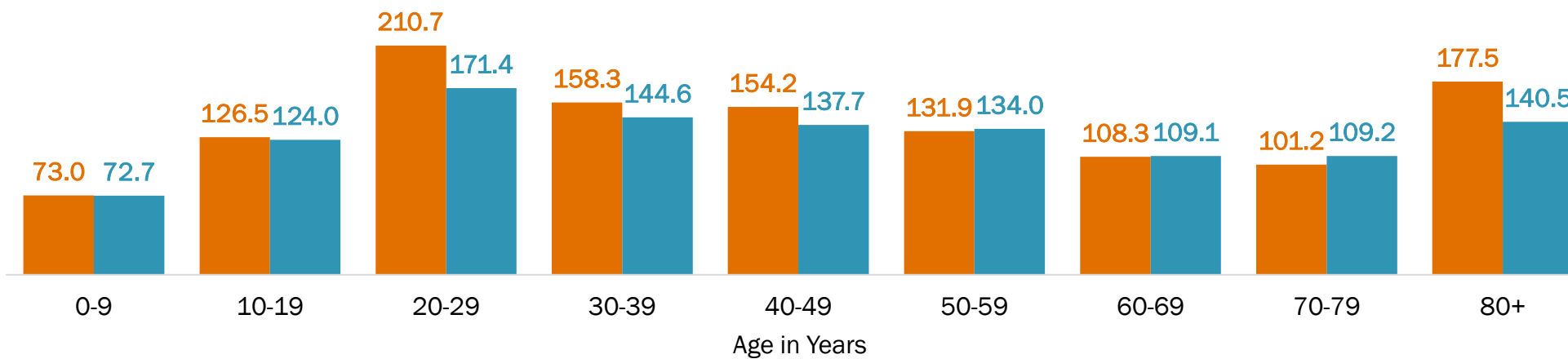
Females and males have similar rates of COVID-19.

Rate per 10,000 Vermonters



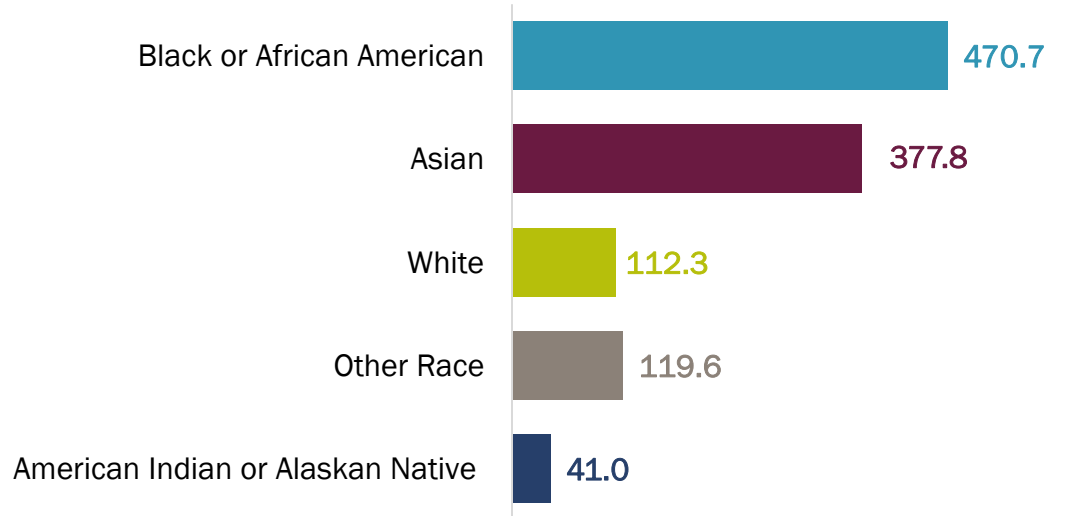
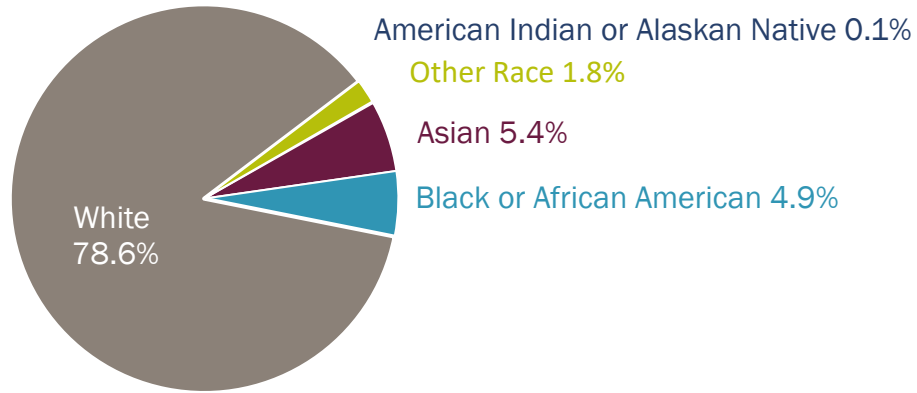
There are differences in age and sex of Vermonters with COVID-19.

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



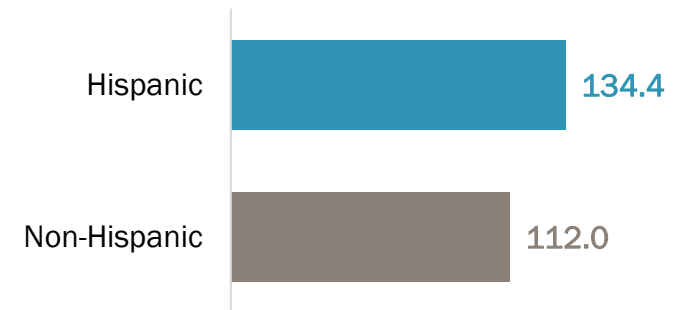
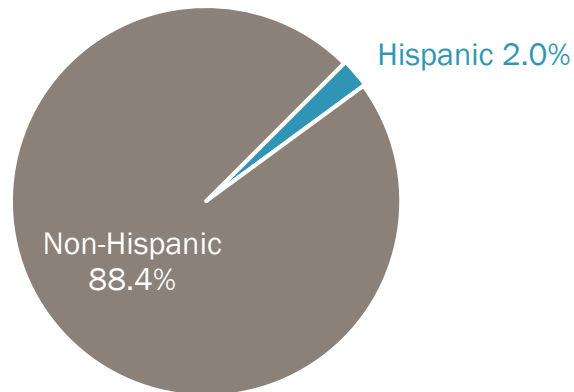
White Vermonters represent the majority of COVID-19 cases. African American Vermonters have the highest rate.

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 9% of cases (n = 770) and ethnicity is unknown in 16% of cases (n = 1,383).
 * Value suppressed due to small numbers.

Approximately 40% of people* with COVID-19 have a pre-existing condition.

*of the 6,686 people that the Health Department has pre-existing condition data for.

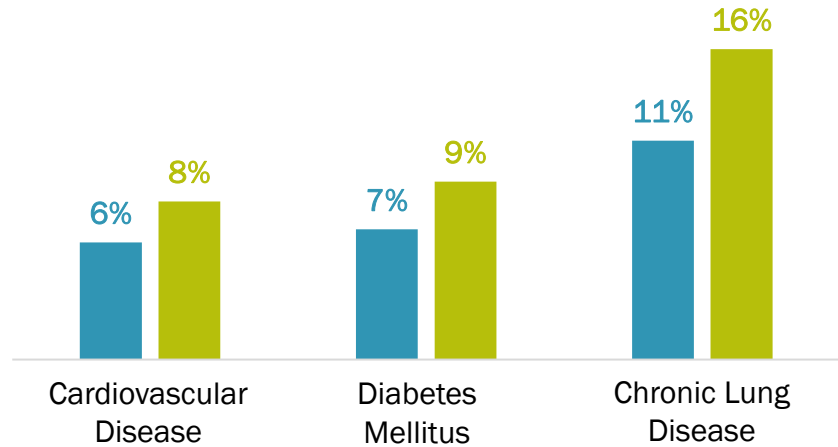
Condition	Count	Percentage
Other Chronic Condition**	785	12%
Chronic Lung Disease (includes asthma and COPD)	704	11%
Current/Former Smoker	684	10%
Diabetes	383	6%
Heart Disease	348	5%
Neurologic Condition/Intellectual Disability	147	2%
Immunocompromised Condition	96	1%
Chronic Kidney Disease	68	1%
Pregnant	45	1%
Chronic Liver Disease	25	0.4%

30% 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.

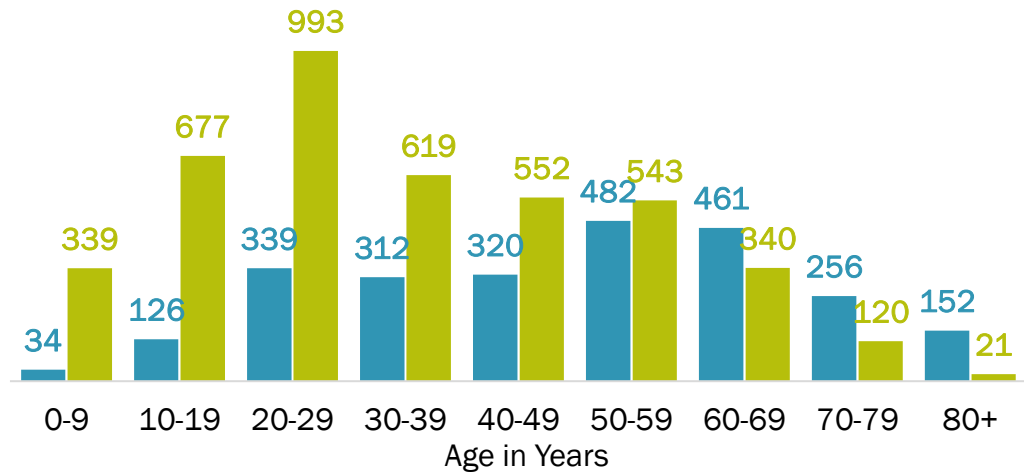
The Health Department has information about pre-existing conditions in 80% (6,686) of 8,403 total COVID-19 cases.

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

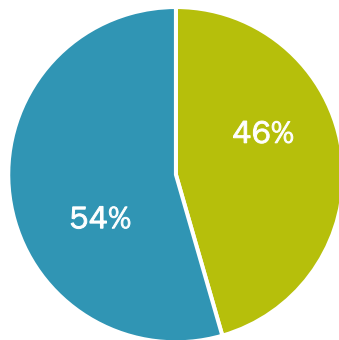


Data Source: Cardiovascular disease and diabetes, BRFSS 2018 annual report. Chronic lung disease, 3-4-50 Community profile (2016-2017 BRFSS).

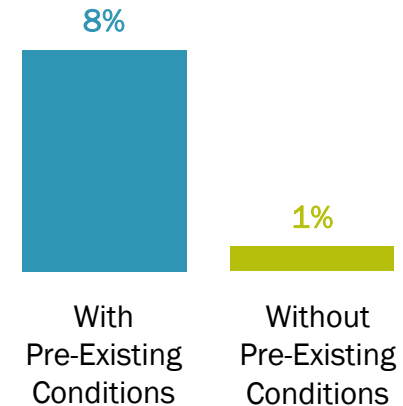
COVID-19 patients with pre-existing conditions tend to be older than those without pre-existing conditions.



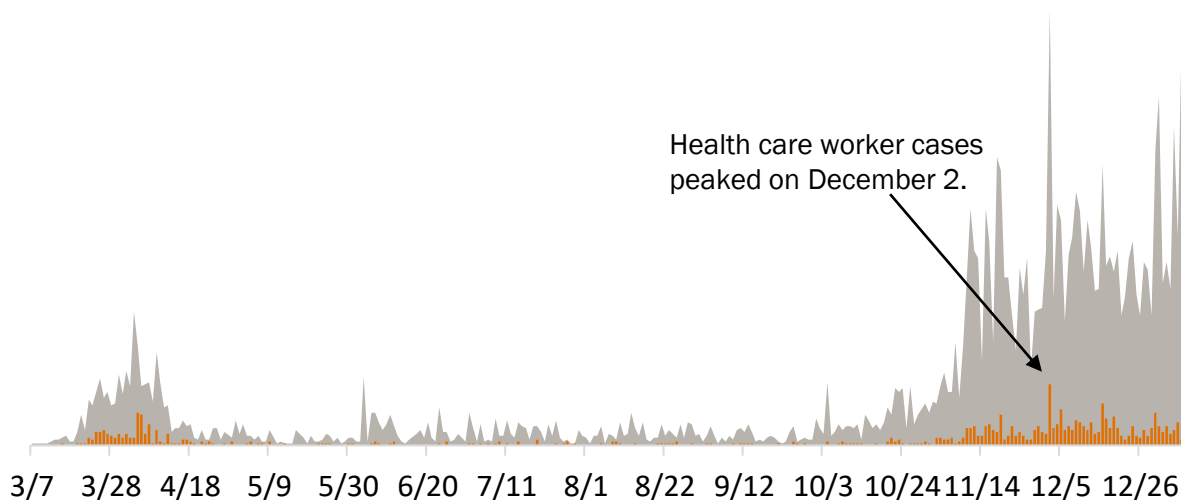
The likelihood of having a pre-existing condition is greater among female compared to male COVID-19 patients.



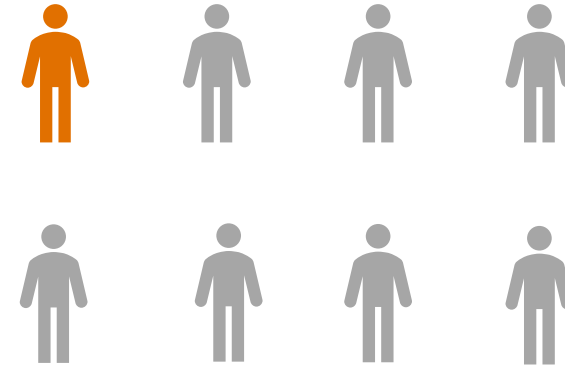
A higher percentage of COVID-19 patients with pre-existing conditions have been hospitalized than those without pre-existing conditions.



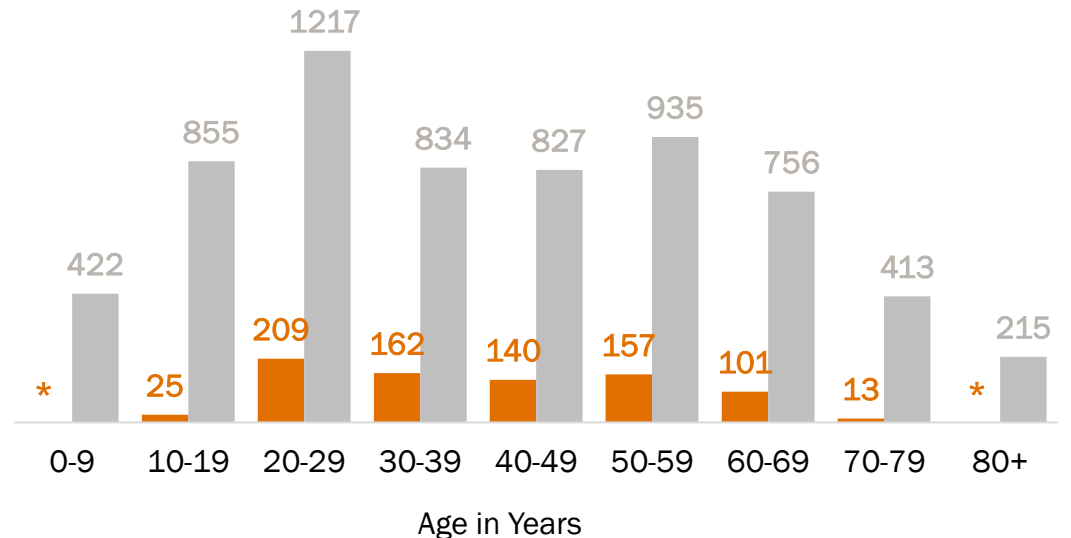
Number of **New Health Care Worker** and **All Cases** by Day



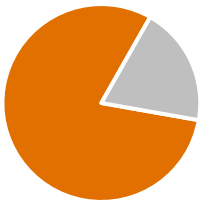
1 in 8 Vermonters with COVID-19 are health care workers.



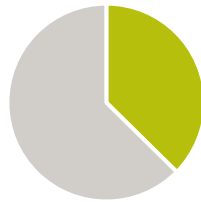
The age distribution of **health care workers** and **non-health care workers** with COVID-19 is similar.



79% of health care workers with COVID-19 are **female**.



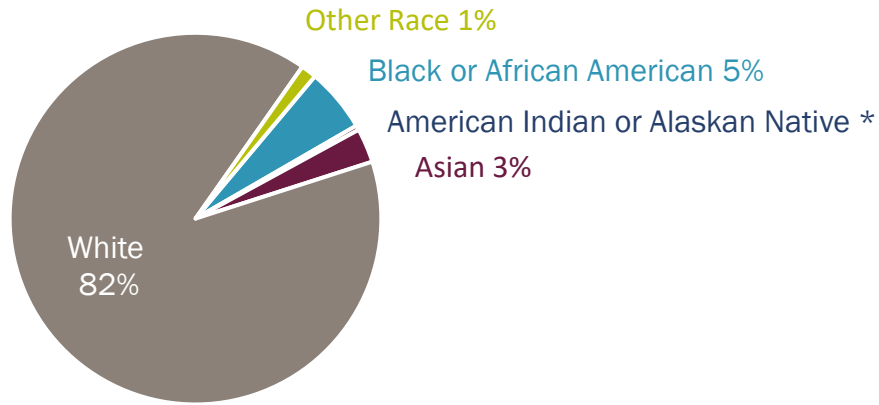
37% of health care workers with COVID-19 are associated with an **outbreak**.



The Health Department has information about healthcare worker status in 87% (5,368) of 6,149 total COVID-19 cases.

* Value suppressed due to small numbers.

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



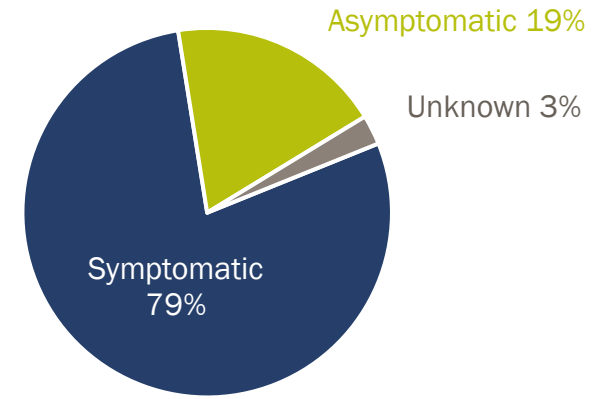
* Value suppressed due to small numbers.

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.

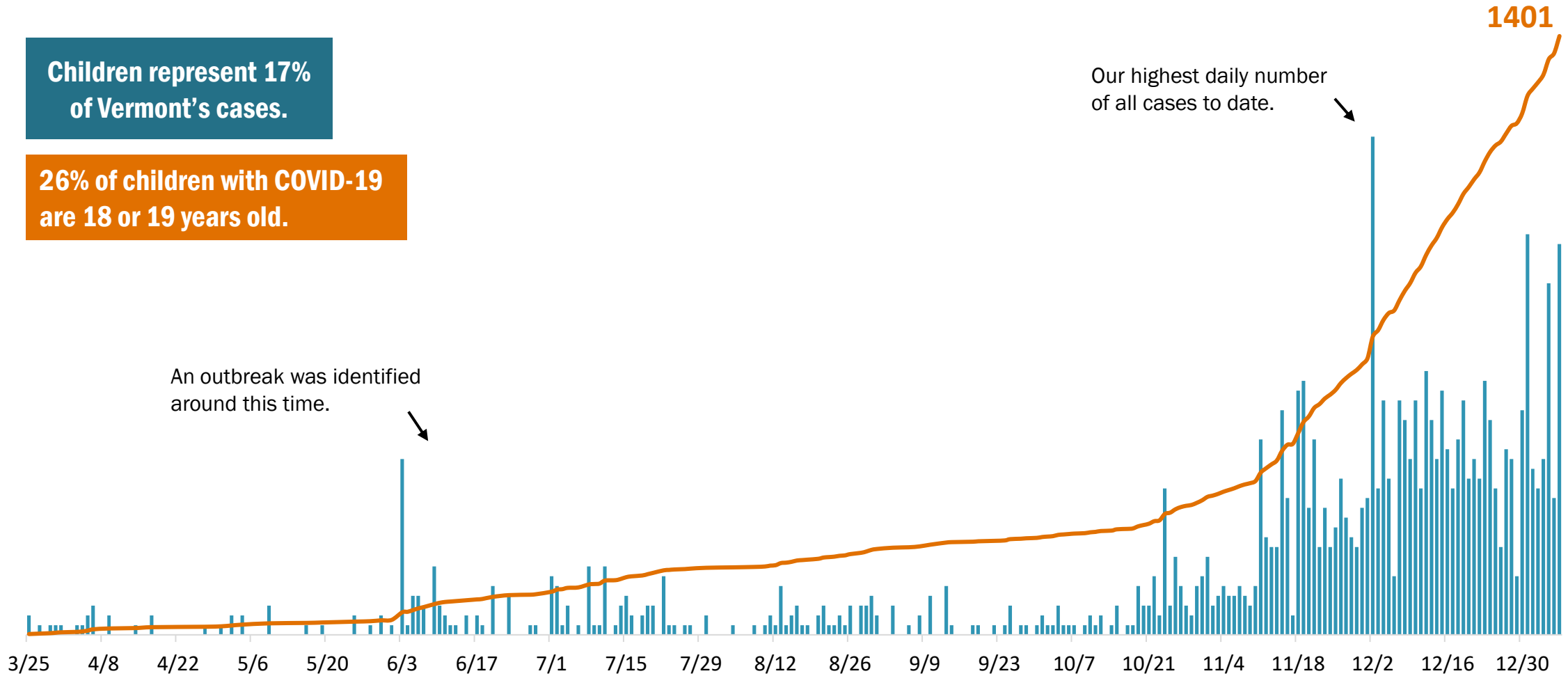


Sign or Symptom among Health Care Workers with COVID-19	Percent of Symptomatic Cases
Cough	62%
Fatigue	61%
Headache	58%
Runny Nose	52%
Muscle Pain	51%
Loss of Smell or Taste	44%
Chills	35%
Fever	26%

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

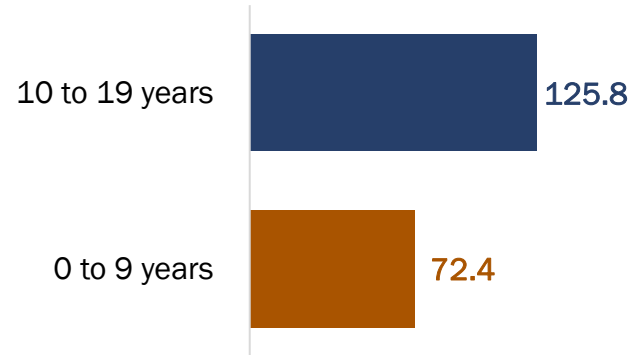
Children represent 17% of Vermont's cases.

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



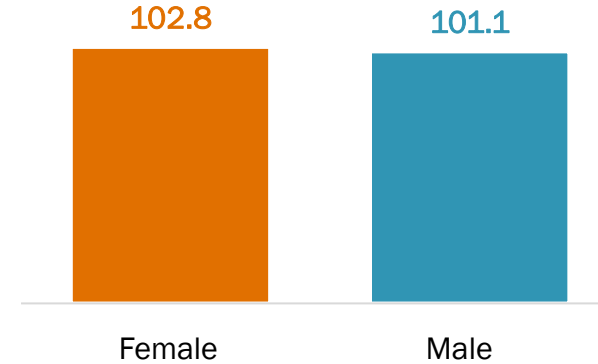
Older children have a higher rate of COVID-19 compared to younger children.

Rate per 10,000 Vermonters 0-19 years old

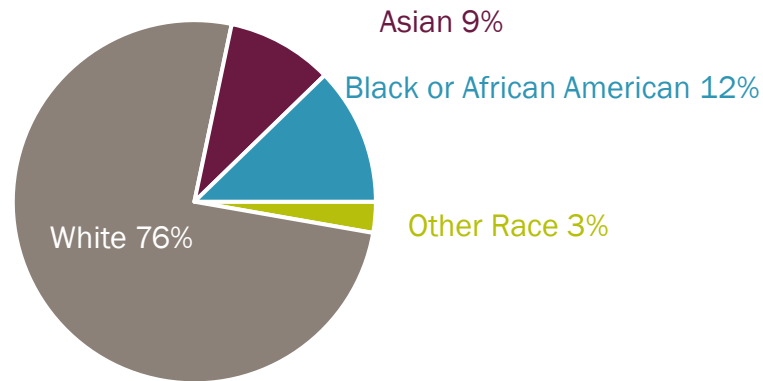


Female and male children have similar rates of COVID-19.

Rate per 10,000 Vermonters 0 to 19 years old

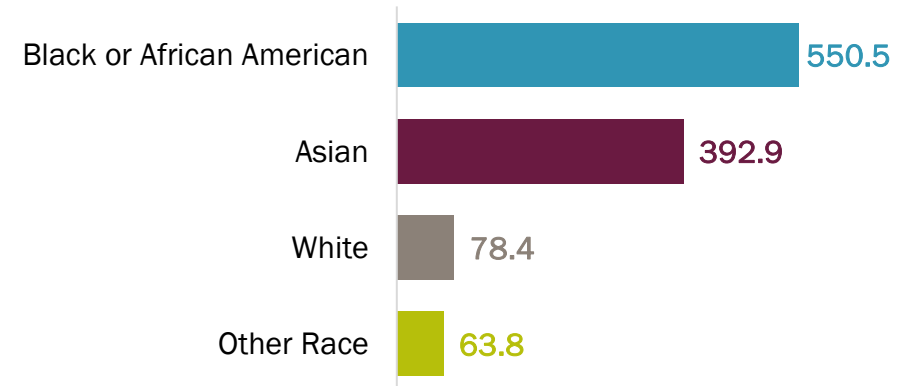


Among children with COVID-19, Black, Indigenous and people of color represent 19% of cases.



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

Rate per 10,000 Vermonters 0 to 19 years

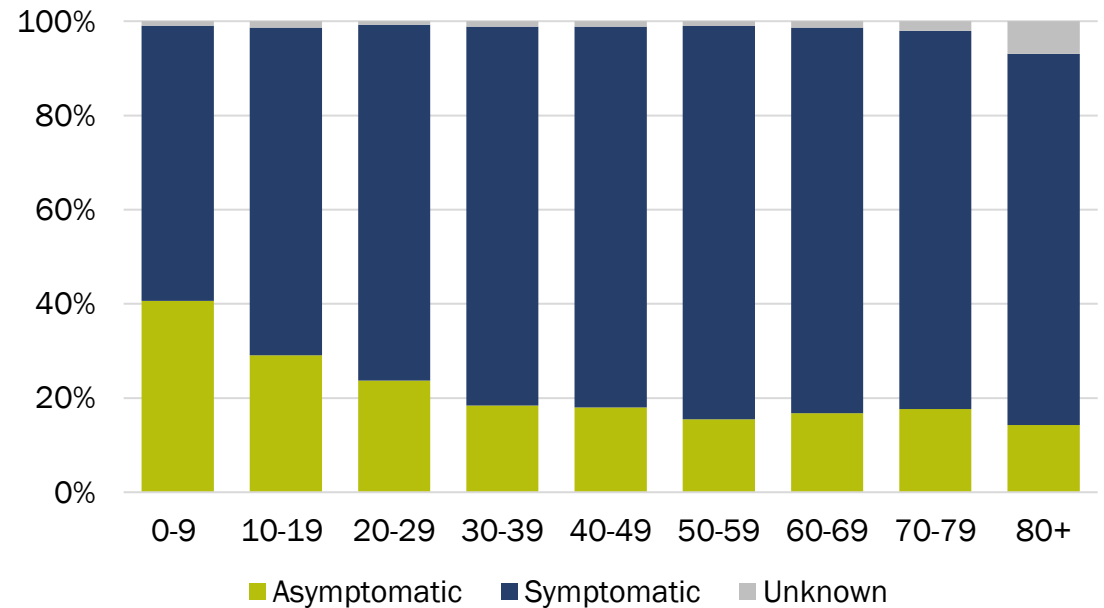


Sign or Symptom	Percent of Children with Symptom
Runny nose	51%
Headache	46%
Cough	41%
Fatigue	38%
Sore Throat	36%
Loss of smell or taste	27%
Muscle pain	25%
Fever	21%

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.

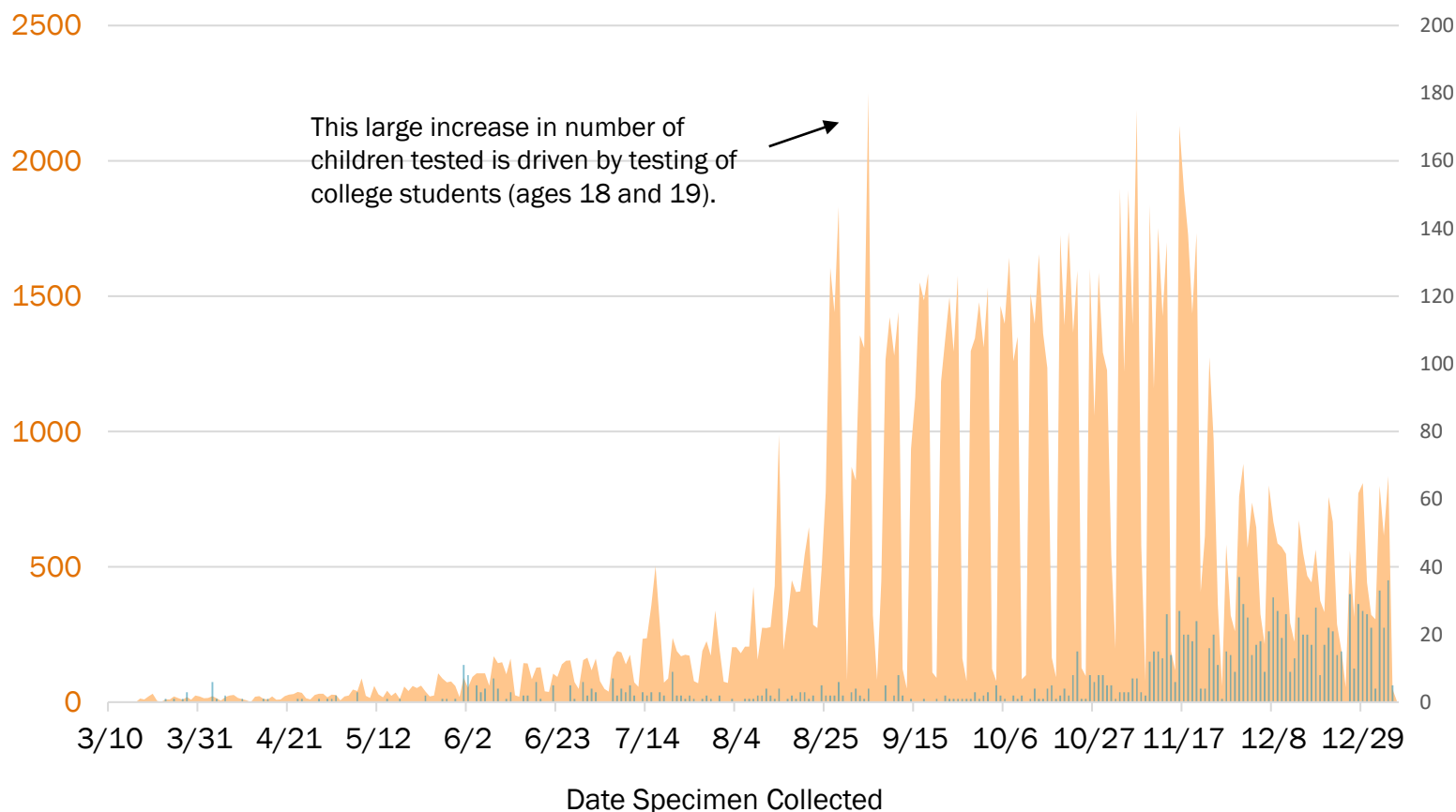
The percent of COVID-19 cases with **no symptoms is higher among children. Less than half (31%) of cases among children had **no symptoms** reported.**



71% 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.

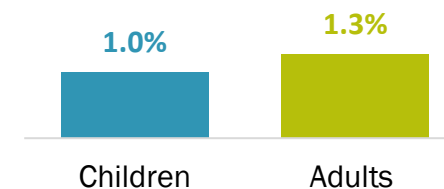
The number of **tests among children** for COVID-19 and the number of **positive tests** have increased over time.



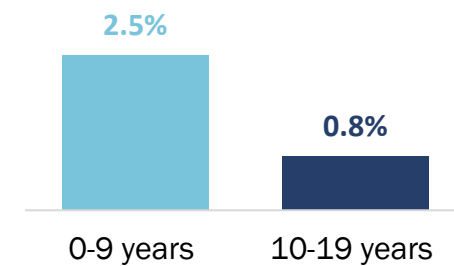
Total tests represents the total number of tests among children (specimen level). Please note that <1% individuals tested are missing age. They are excluded from these analyses.

There have been 139,927 COVID-19 tests completed among children.

Percent of tests positive among **children** is similar to **adults**.




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

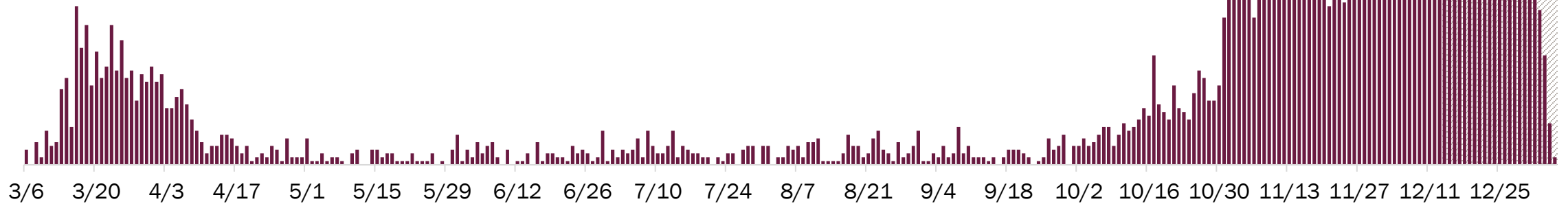


Clinical Course

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.

 Illnesses occurring in this window may not be reported yet; median reporting lag = 6 days



Note: Date of symptom onset is not always known.

9 days

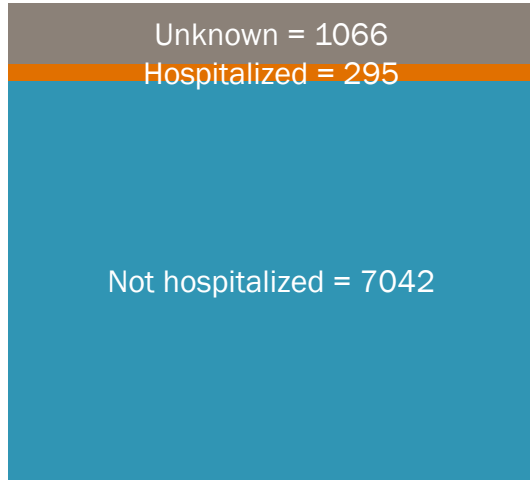
Average illness duration

70%

Cases with symptoms

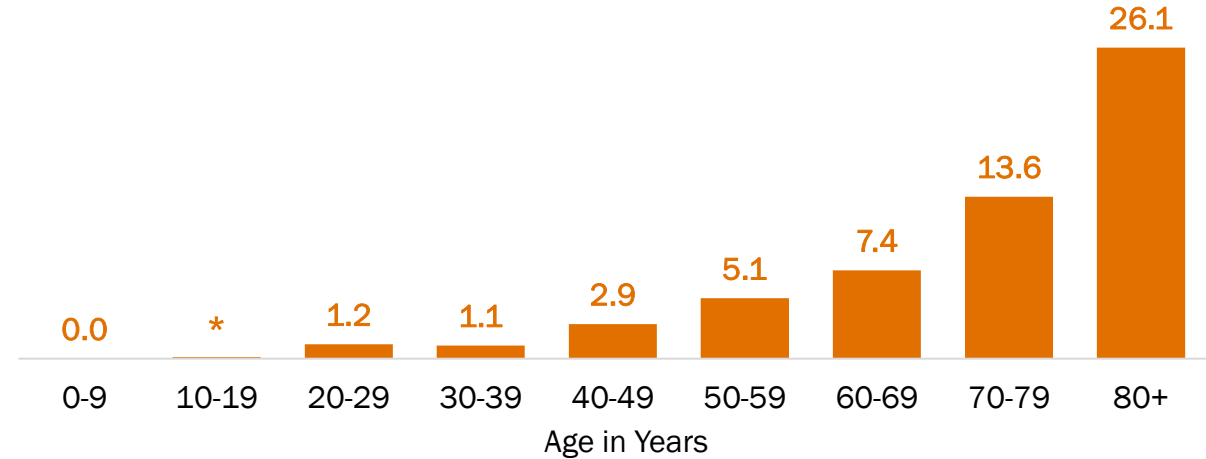
Sign or Symptom	Percent of Symptomatic Cases
Cough	58%
Fatigue	57%
Headache	52%
Runny Nose	49%
Muscle Pain	46%
Loss of Smell/Taste	39%
Felt Feverish	37%
Sore Throat	36%

Most Vermonters with COVID-19 are not hospitalized.

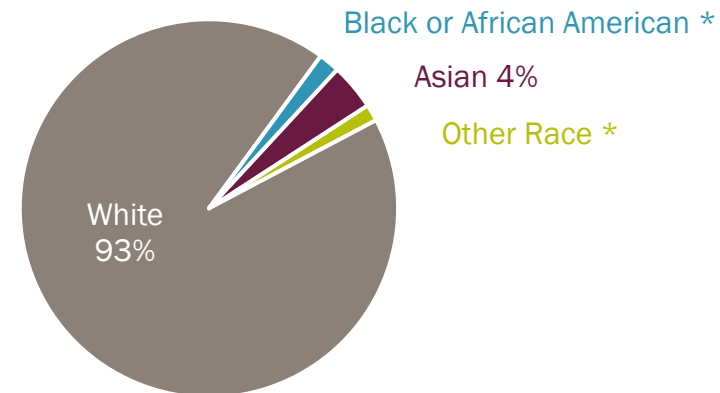


Vermonters 80 years and older are more likely to be hospitalized for COVID-19.

Rate per 10,000 Vermonters



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



Please note 10 hospitalized persons are missing race information.
*Values suppressed due to small numbers.

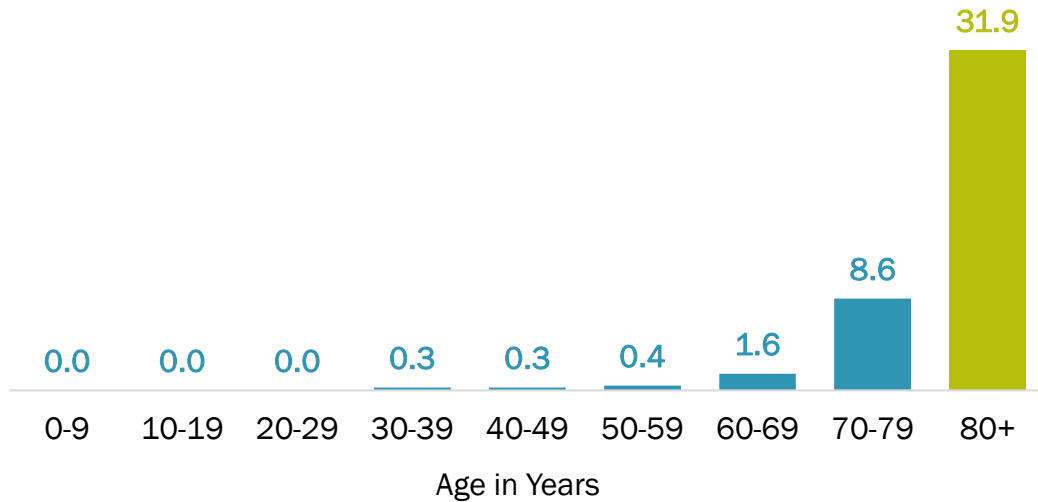
8%
Of those hospitalized were on a ventilator

27%
Of those hospitalized were in the ICU

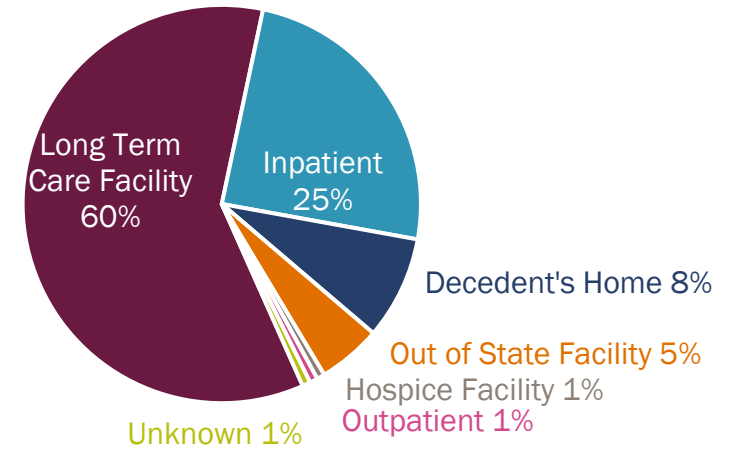
7 days
Average hospital stay (range: 0-43 days)

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

Rate per 10,000 Vermonters

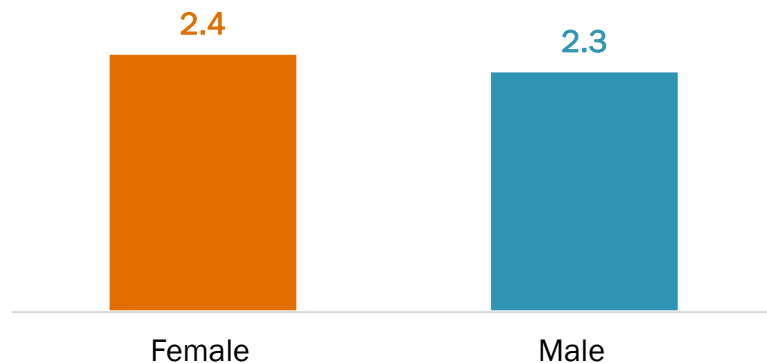


Most COVID-19 deaths occurred in a long-term care facility or an inpatient hospital setting.



Females and males have similar rates of COVID-19 death.

Rate per 10,000 Vermonters



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:

Social Gathering/Event

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.

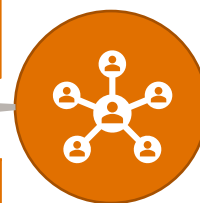
Resolved when no new confirmed or probable COVID-19 cases after 28 days (2 incubation periods) have passed since the most recent case's specimen collection date or illness onset date (whichever is later).

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).



Healthcare and Supportive Residential 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 and outpatient health care settings, and 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/Businesses

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).



20% of people testing positive for COVID-19 are associated with an outbreak



Outbreaks

38 Active

85 Resolved*

*See previous page for definitions of resolved outbreaks.

Healthcare and Supportive Residential Settings



532
cases among residents



312
cases among facility staff

Schools and Child Care



99
cases among children and staff

Workplaces/Businesses



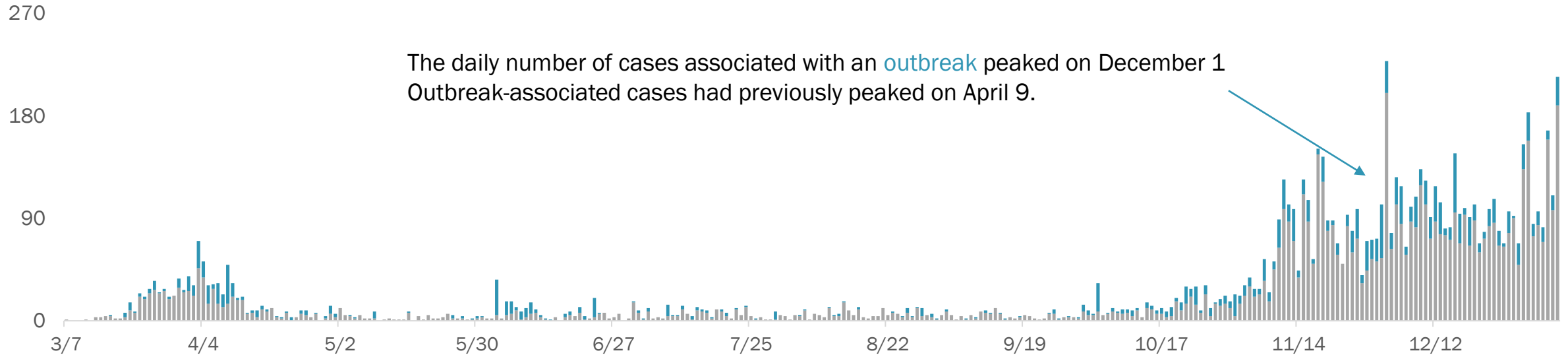
184
cases among employees

Social Gathering/Event

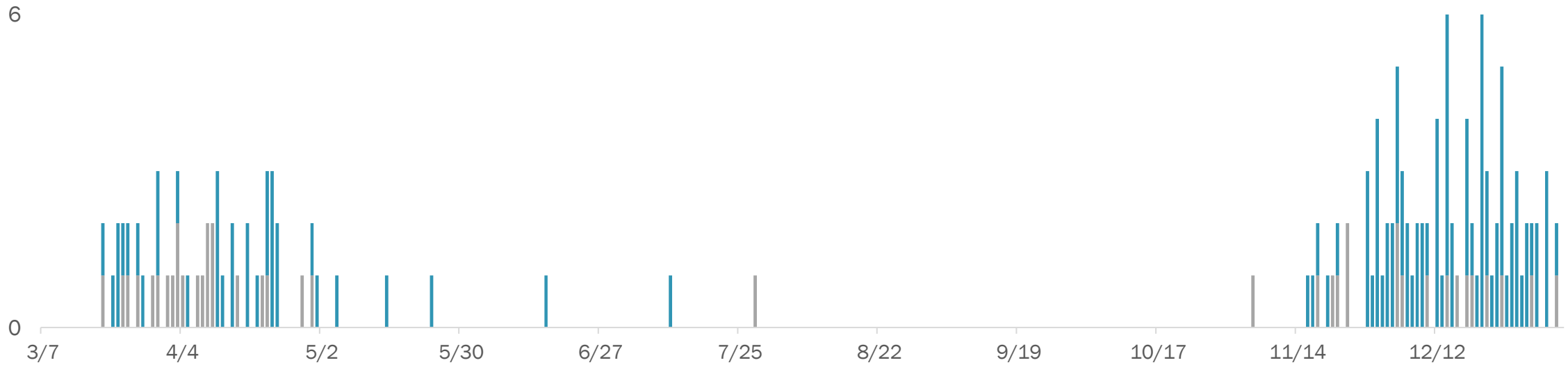


544
cases

Vermont COVID-19 Cases Associated with an **Outbreak** Over Time

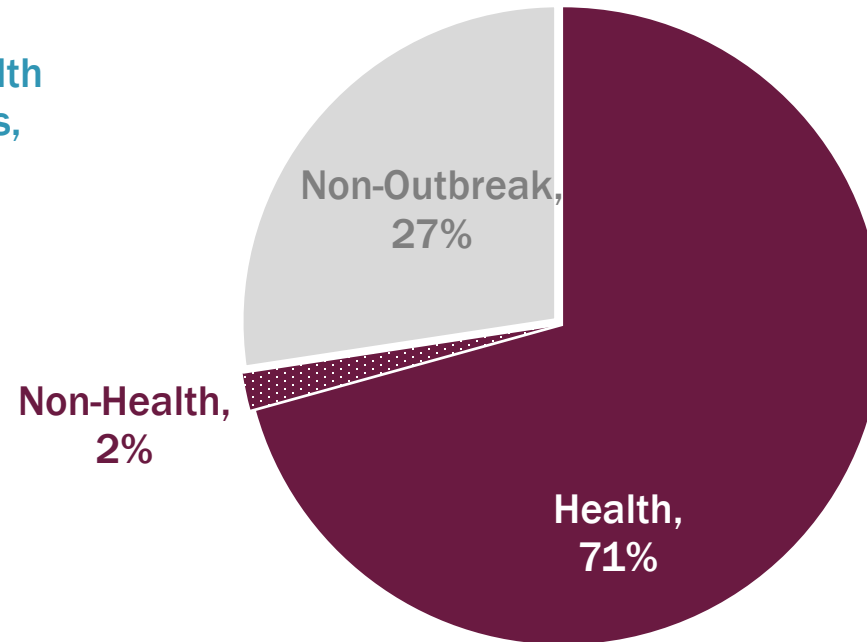
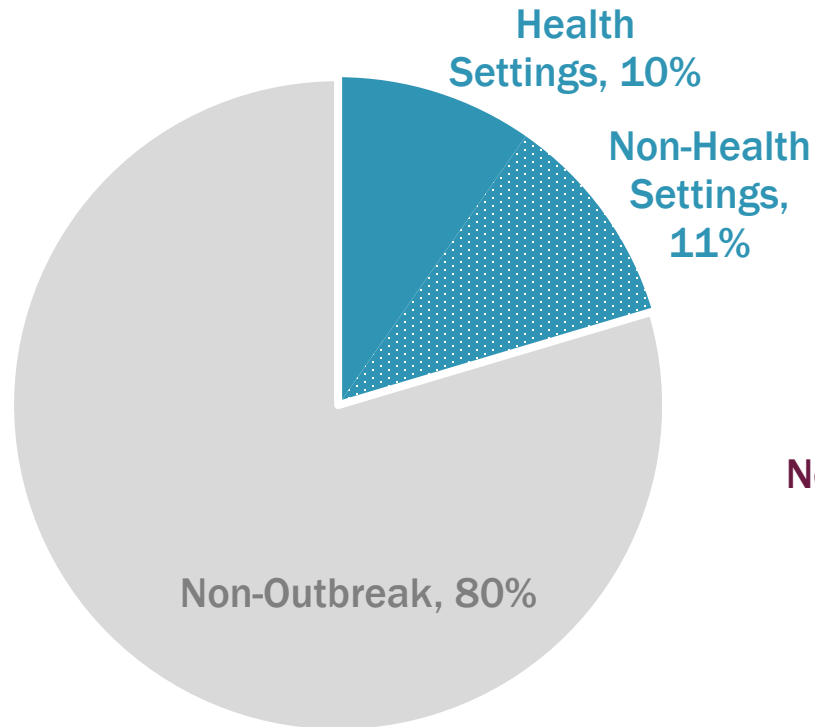


Vermont COVID-19 Deaths Associated with an **Outbreak** Over Time



Source: Vermont Department of Health
Reflects confirmed data as of 12/9/2020

While only 20% of all people testing positive for COVID-19 are associated with an outbreak, 73% of COVID-19-related deaths have occurred 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.

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.

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

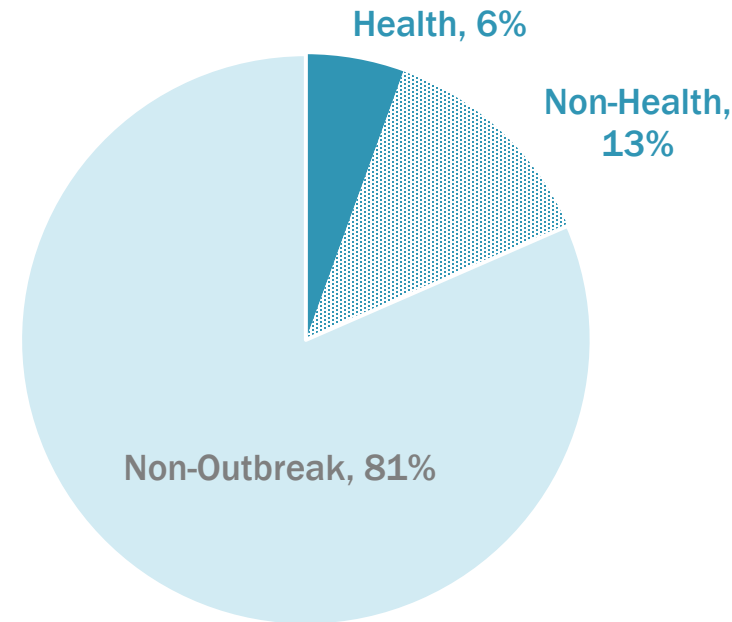
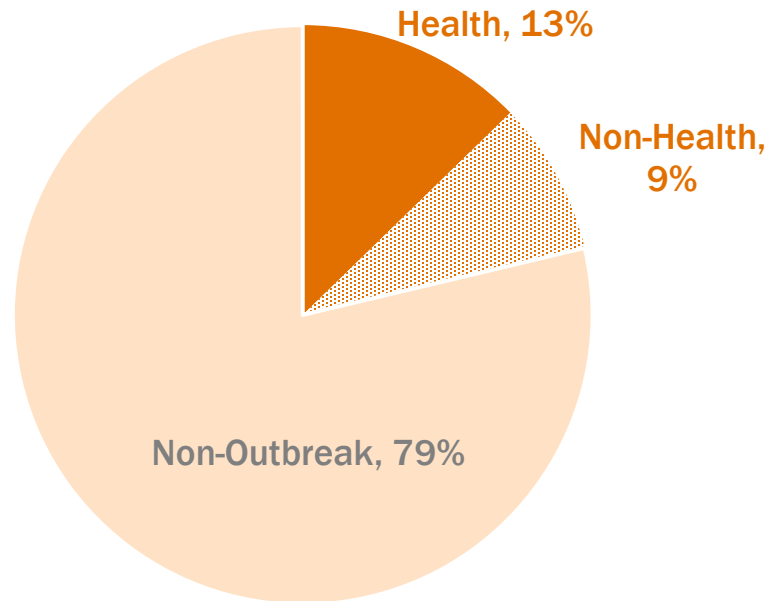


21% of **females** with COVID-19 are associated with an outbreak.



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

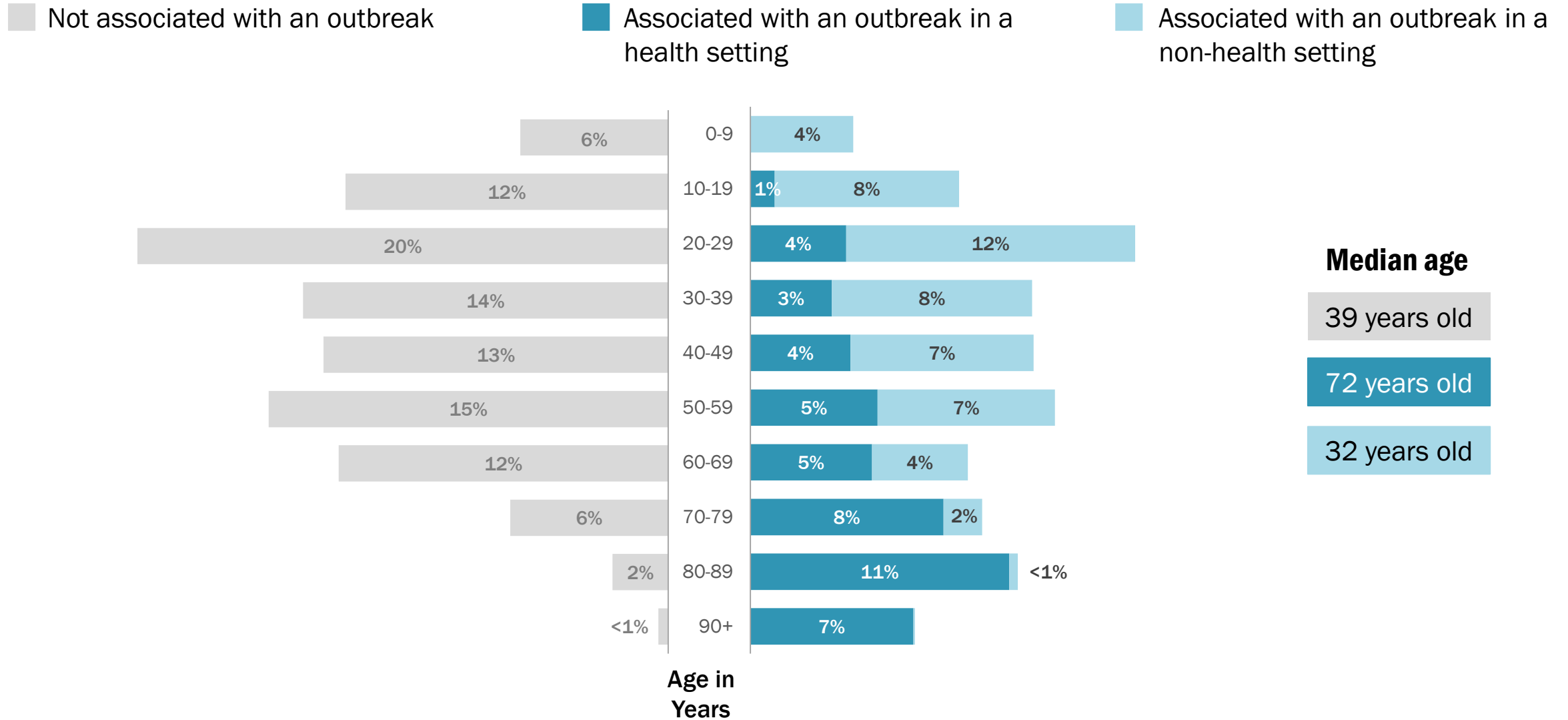
Females with COVID-19 are more likely to be associated with outbreaks in health settings than **males**.



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.

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



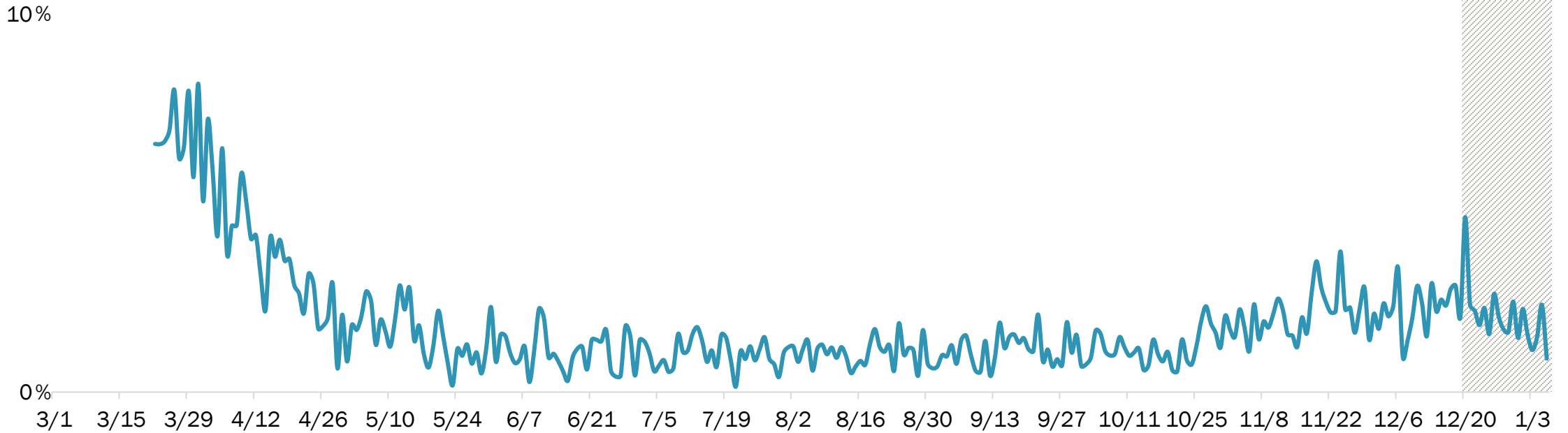
Note: Examples of a health setting include long-term care or assisted living facilities, therapeutic treatment centers, and behavioral health institutions. Examples of a non-health setting include correctional facilities, senior housing communities, businesses, and homeless shelters.

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 increased slightly since late October.

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.

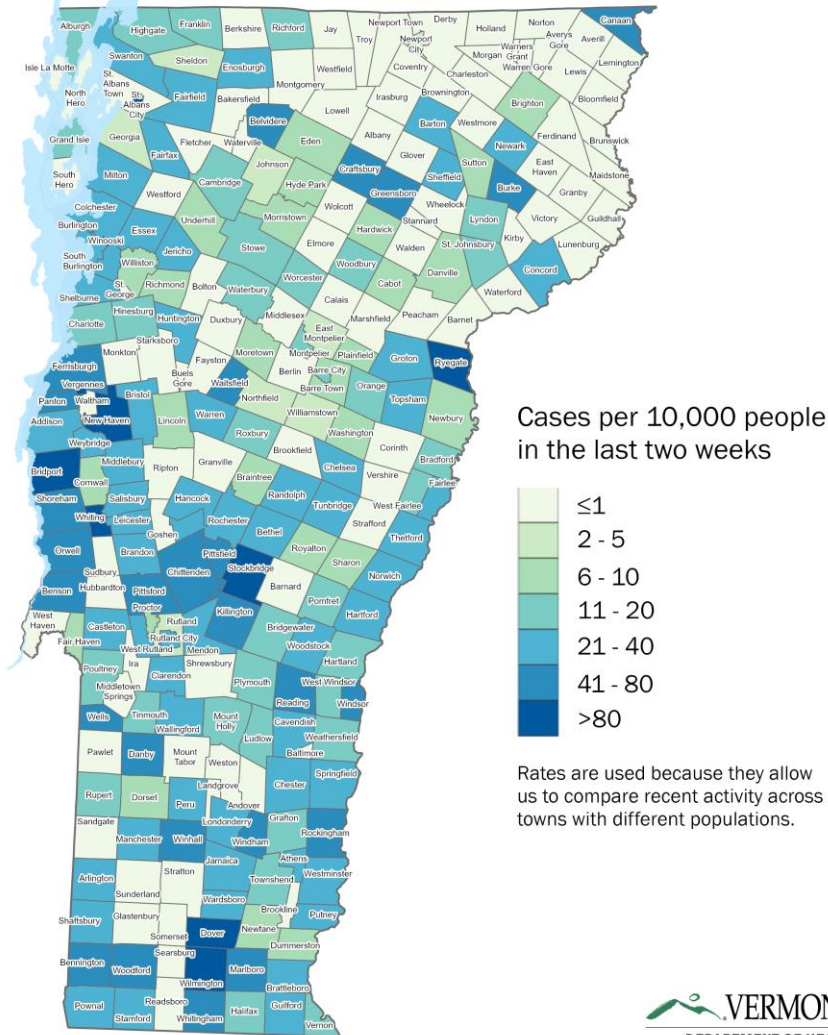
COVID-19-like illness excludes patients with an influenza discharge diagnosis.

Weekly Spotlight: Town Level Data

This section provides information about the [map](#) that shows recent rates of COVID-19 in Vermont cities and towns.

How does the Health Department create this map?

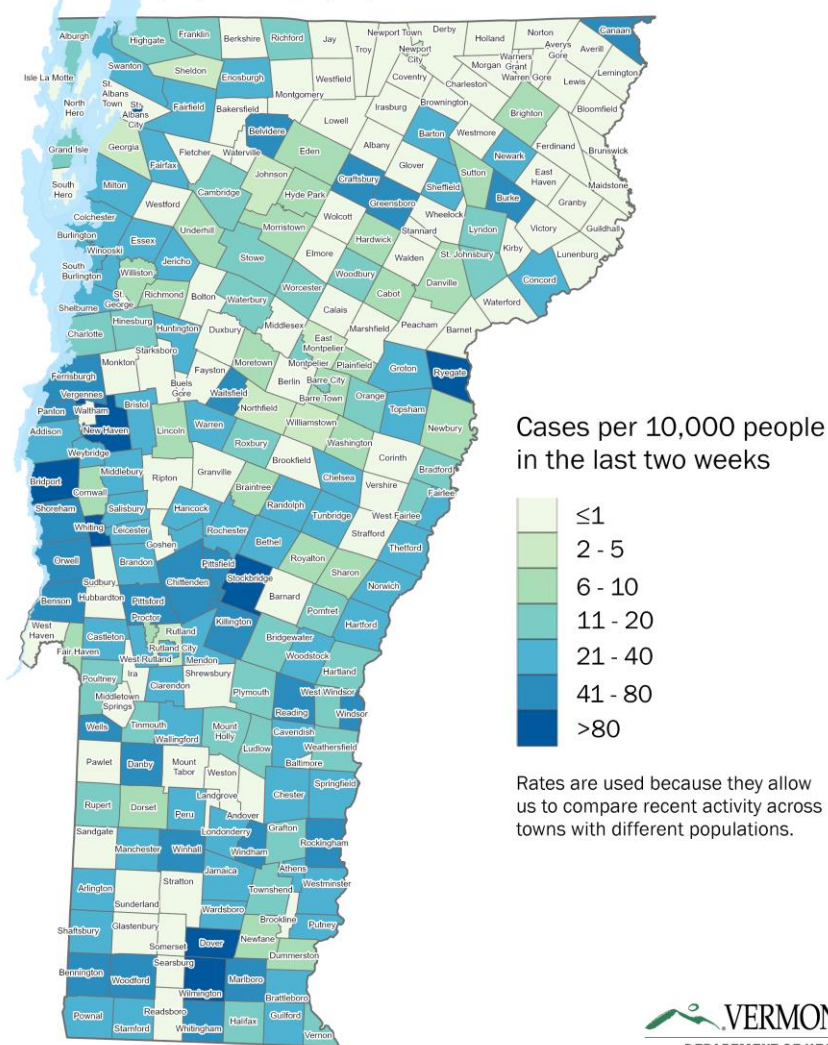
Rate of Vermonters with COVID-19 by Town in the Last Two Weeks
Data from 12/24/2020 to 01/06/2021



- When someone tests positive for COVID-19, data analysts open the case and look at basic demographic information, including the address provided on the person's lab report.
- Contact tracers connect with the person and collect more information about their symptoms and places they may have gone while infectious. During these interviews, they may collect an updated address.
- Each week, analysts process and update the information gathered by contact tracers. This involves correcting misspellings and categorizing into a list of 255 Vermont cities and towns. For example, Essex Town and Essex Junction are categorized as Essex.
- Analysts share the final information with a Geographic Information System (GIS) professional who visualizes the data in map form.

What does the map tell us?

Rate of Vermonters with COVID-19 by Town in the Last Two Weeks
Data from 12/24/2020 to 01/06/2021



- The map reflects the rate of cases of COVID-19 among Vermont residents per 10,000 people, by town of residence, from the past two weeks.
- We use rates, instead of counts, in this map, because rates allow us to compare across populations of different sizes.
- Rates help us to assess the impact of a given number of cases on a population. For example, 15 cases in a town with 2,000 people has a bigger impact than 15 cases in a town with 20,000 people.
- By calculating a rate over the last two weeks, we can get a sense of recent COVID-19 activity in a city or town.

! It is important to remember that COVID-19 is in every city and town in Vermont. You should follow health guidance to slow the spread of COVID-19 regardless of where you live, work, or go grocery shopping.



Learn more about COVID-19 in Vermont:

Web: www.healthvermont.gov/COVID-19

Email: AHS.VDHPublicCommunication@vermont.gov

See more data: [Weekly Data Summaries](#)