

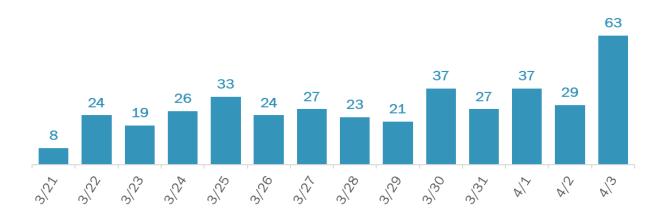
TO: Vermont Health Care Providers and Health Care Facilities

FROM: Jennifer S. Read, MD, Medical Epidemiologist

Overview of Vermont Residents Testing Positive for SARS-CoV-2: March 21-April 3, 2020

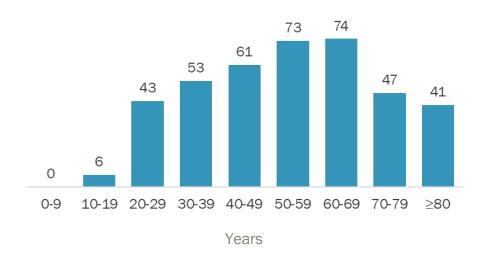
Between March 21, 2020 and April 3, 2020, a total of 398 Vermont residents tested positive for SARS-CoV-2, the etiologic agent for novel coronavirus 2019 (COVID-19) disease (figure).

Number of New COVID-19 Cases Among Vermont Residents



The median age was 55 years (range: 13-99 years; interquartile range: 39-67 years) (figure).

Distribution of Vermont Resident COVID-19 Cases by Age Group

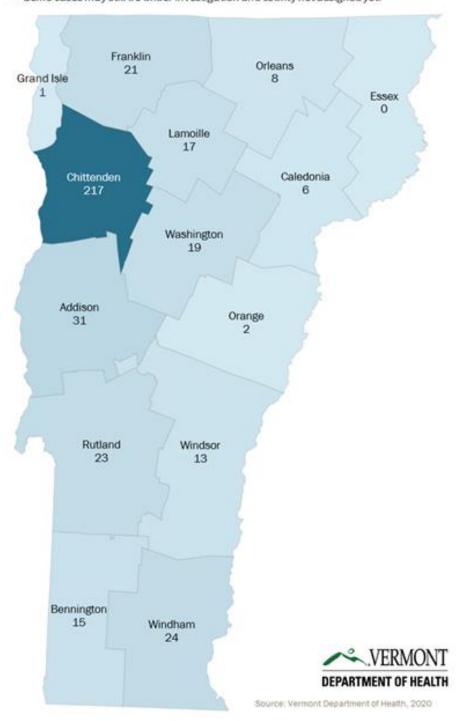




The geographic distribution of cases is shown in the following two figures:

Vermont Resident COVID-19 Cases by County March 21 - April 3, 2020

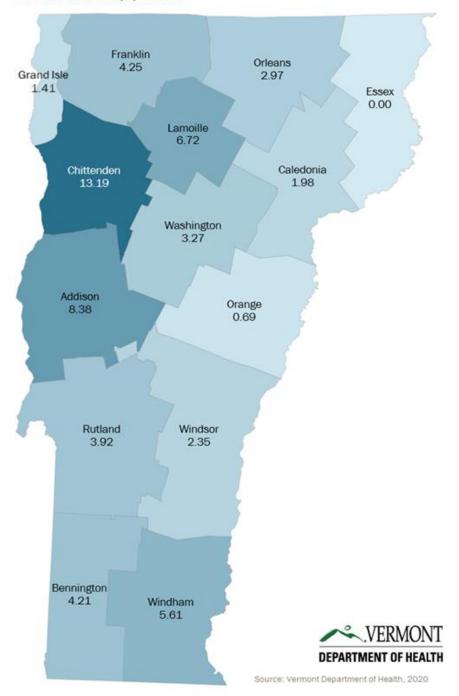
- *Vermont residents who tested positive for COVID-19.
- **Some cases may still be under investigation and county not assigned yet.





Vermont Resident COVID-19 Rates by County March 21 - April 3, 2020

- *Vermont residents who tested positive for COVID-19.
- **Number of cases per 10,000 population. Caution should be used when interpreting rates in counties with small populations.





In order to characterize the clinical epidemiology of these infections, a systematic sample of 38 individuals who tested positive for SARS-CoV-2 was assembled. Characteristics and clinical features of these 38 cases are delineated below.

- **Co-morbidities:** Ten (26%) had the following pre-existing conditions: chronic obstructive pulmonary disease (COPD), asthma, diabetes, and/or a history of cigarette smoking.
- Contact with known COVID-19 patients: 9 (24%)
- Travel outside of Vermont: 6 (16%)
 - U.S. only (outside New England): 3
 - o International (Europe, Africa, or Central America): 3
- Health care worker: 5 (13%)
- Location of patient when testing was ordered, and subsequent disposition:
 - Long Term Care Facility (LTCF): 7 (18%)
 - Remained at facility: 6
 - Hospitalized (and subsequently returned to LTCF): 1
 - Outpatient: 31 (82%)
 - Emergency Department: 10 (32%)
 - Discharged to home: 5
 - Discharged to LTCF (where previously a resident): 1
 - Hospitalized: 4 (1 subsequently discharged to home, 3 remain hospitalized)
 - Outpatient clinic/office: 3 (10%)
 - Discharged to home: 3
 - Telephone, Email, Telemedicine: 18 (58%)
 - (Discharged to) home: 18
- Signs and Symptoms:
 - o Cough: 27 (71%)
 - Nasal congestion or rhinorrhea: 16 (42%)
 - Fever: 15 (39%)
 - o Fatigue: 14 (37%)
 - Headache: 12 (32%)
 - Myalgia: 10 (26%)
 - Shortness of breath: 10 (26%)
 - Sore throat: 10 (26%)
 - Diarrhea: 10 (26%)
 - Dysgeusia and/or anosmia: 9 (24%)
 - Nausea: 6 (16%)

Summary: This overview of Vermont residents with confirmed COVID-19 disease (March 21-April 3, 2020) incorporates early data; similar reviews are planned as more infections occur in Vermont. Only approximately a quarter of individuals had pre-existing conditions related to the pulmonary and/or immune systems. Similarly, about a quarter of individuals had contact with



confirmed COVID-19 patients. Less than a fifth had a history of travel outside of Vermont or were health care workers. Most patients were outpatients when diagnostic testing was ordered. Cough was the most common symptom, followed by nasal congestion or rhinorrhea. About a third had fever, fatigue, and/or headache. About a quarter had myalgia, shortness of breath, sore throat, and/or diarrhea. Similarly, about a quarter of individuals had dysgeusia and/or anosmia. Nausea was reported by less than a fifth of patients.

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

HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

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

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.