

## Report Timeframe: June 19 to June 25, 2022

**Statewide community levels: Low.** The rate of new COVID-19 cases per 100,000 Vermonters is below 200. New COVID-19 admissions are below 10 per 100,000 Vermonters per day, and the percent of staffed hospital beds occupied by COVID-19 is below 10%.

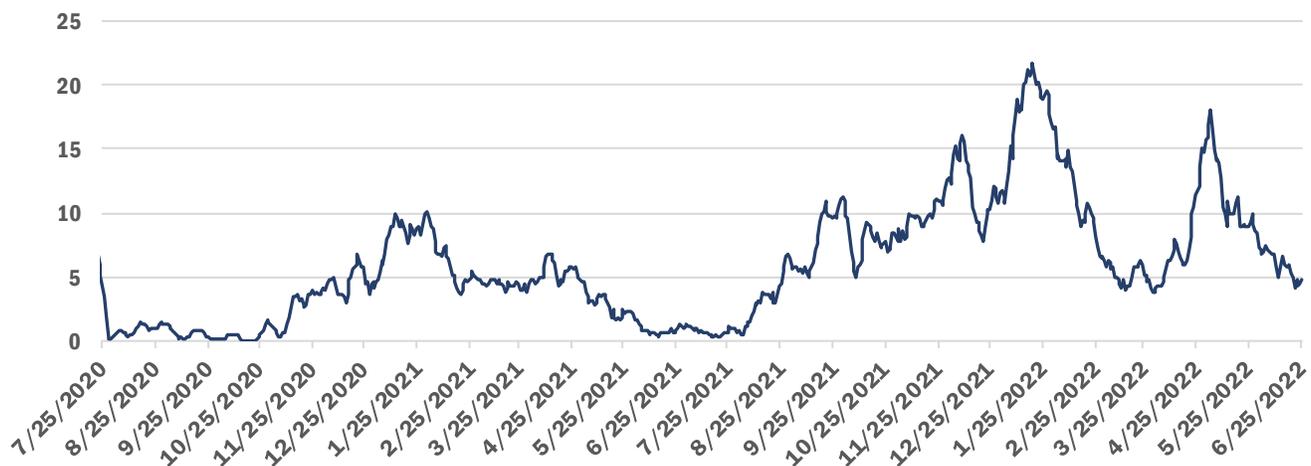
- New COVID-19 cases, last 7 days: 104.65 per 100K
  - Weekly Case Count: 653 (increase of seven total cases from last week)
- New hospital admissions of patients with COVID-19, last 7 days: 5.29 per 100K
  - 33 total new admissions with COVID-19 (decrease of nine from previous week)
- Percent of staffed inpatient beds occupied by patients with COVID-19 (7-day average): 1.47% (decrease from last week)

Vermont Department of Health recommendations: [Protect Yourself & Others](#)

CDC recommendations: [COVID-19 by County | CDC](#)

## Hospitalizations Over Time

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



Source: U.S. Department of Health and Human Services Unified Hospital Data Surveillance System (UHDSS)

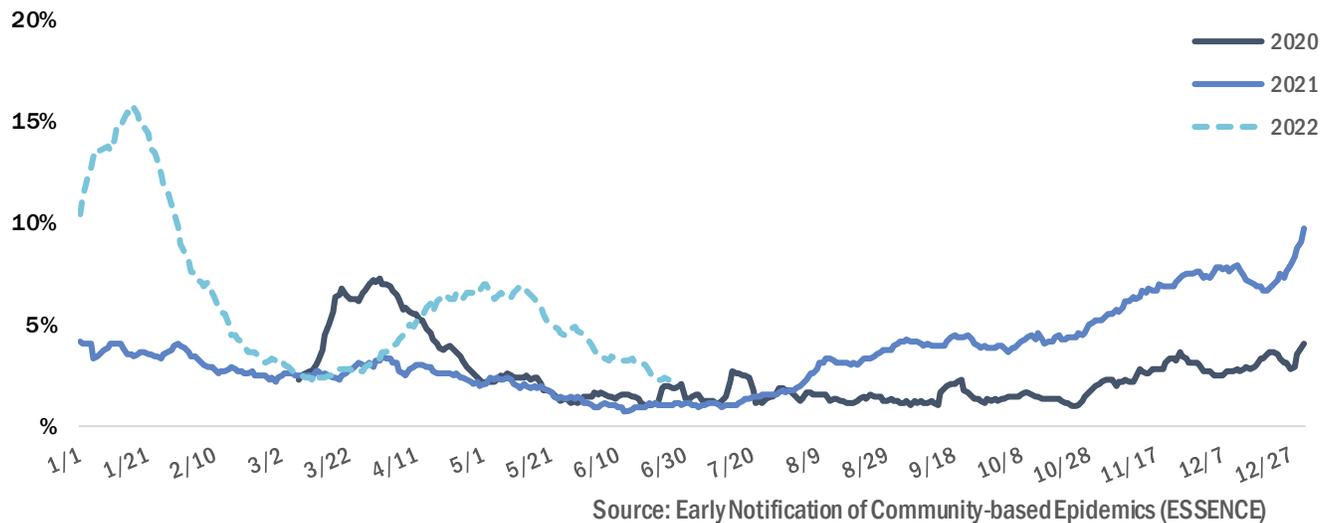
The seven-day rolling average of hospital patients admitted with a laboratory-confirmed COVID-19 infection peaked in January 2022 and increased again throughout April and into early May. The average has since trended downward and is currently under five such hospitalizations a day for the first time since early April 2022. 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

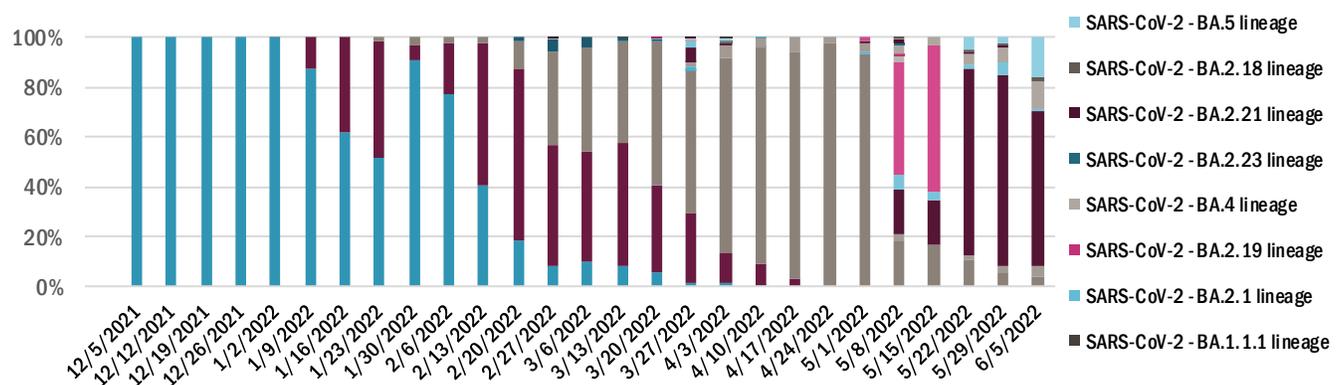
Vermont is using the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), which provides all individual emergency department visits from participating emergency departments<sup>1</sup> to identify Emergency Department visits for COVID-like illness (CLI).

During this reporting period under 3% of emergency visits in participating emergency departments have included CLI. This is the lowest proportion since March of 2022, though slightly higher than the same calendar dates in the previous two years.

### Percent of Emergency Visits with COVID-Like Illness Seven-Day Rolling Average, over Calendar Year



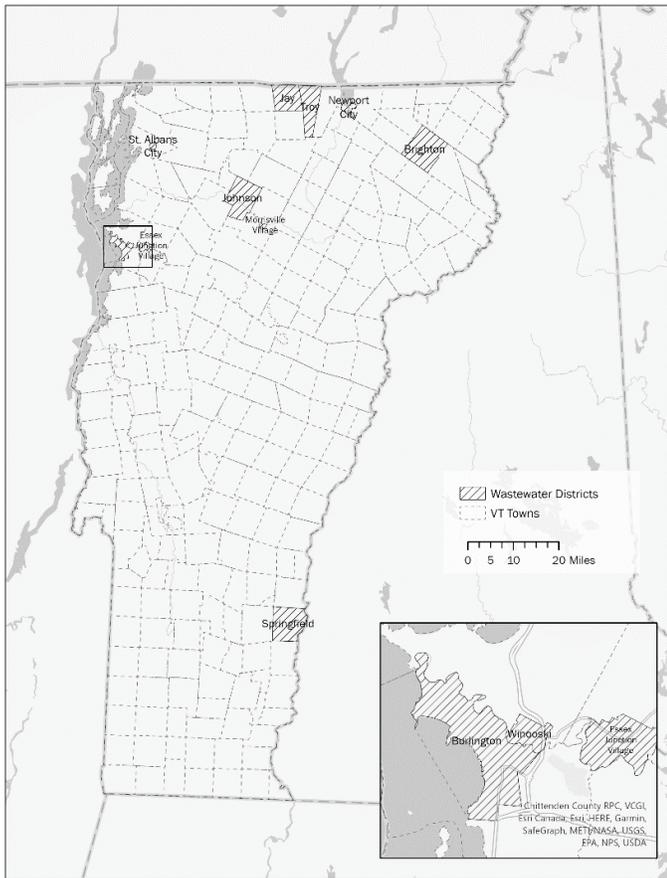
## Proportion of circulating variants



Among the most recent sequenced samples collected in Vermont (the week of 6/5), BA.4 (11%) and BA.5 (16%) comprised their largest virus proportion so far. The majority remained BA.2 and its subvariants. All sequenced samples remain Omicron variants. (Sources: Broad; Health Department Whole Genome Sequencing program)

<sup>1</sup> All Vermont hospitals and two urgent care clinics are included in ESSENCE.

## Wastewater Monitoring



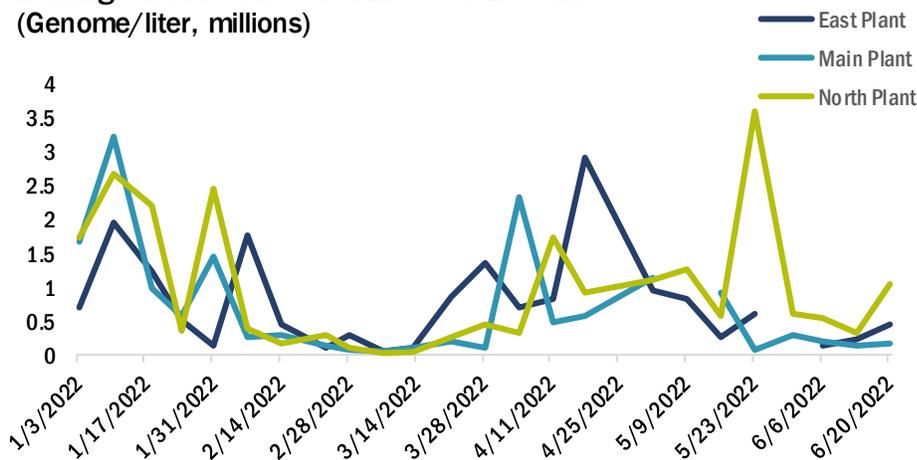
Several Vermont wastewater districts have recently begun participating in the National Wastewater Surveillance System (NWSS). The NWSS reports the percent of changes over 15 days. Sample frequency may vary by site. Due to a recent change in NWSS contractor, most NWSS sites still have not accumulated enough data to show trends

NWSS Site	15-day % change
Bennington	*
Brighton	Decrease between 10% and 99%
Essex Junction	*
Johnson	*
Morrisville	*
Newport City	*
Springfield	*
St. Albans City	*
St. Johnsbury	*
Troy / Jay WWTP	Increase between 10% and 99%
Winooski	*

\*Trend data will be reported when available

In addition to Vermont’s NWSS sites, the City of Burlington has been collecting samples in collaboration with the Health Department and research partners at the University of Vermont and at Dartmouth-Hitchcock Medical Center. Burlington has been collecting data since August 2020, and reports on the 24-hour viral concentration (as genomes per liter) of SARS-CoV-2 ribonucleic acid (RNA) collected at the city’s three wastewater plants.

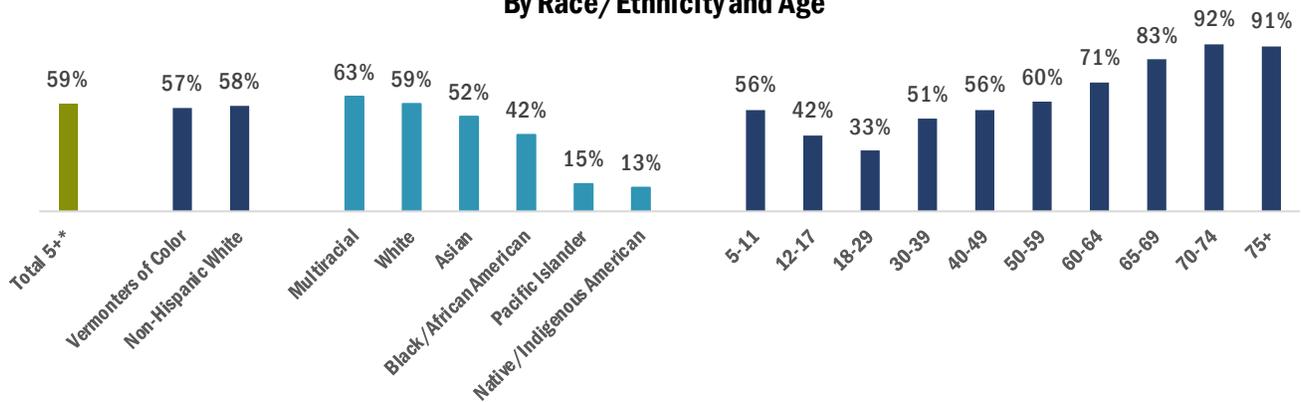
**Burlington Wastewater SARS-CoV-2 Counts (Genome/liter, millions)**



For samples collected June 13, Burlington reported an increase at the North and East plants. The Main plant was close to the previous week. (Source: [City of Burlington: burlingtonvt.gov](http://City of Burlington: burlingtonvt.gov))

## Vaccination Rates

**Vermonters Age 5+ Up to Date on COVID-19 Vaccination  
By Race/Ethnicity and Age**



Source: Vermont Immunization Registry (June 2022), Health Department Population Estimates (2019)

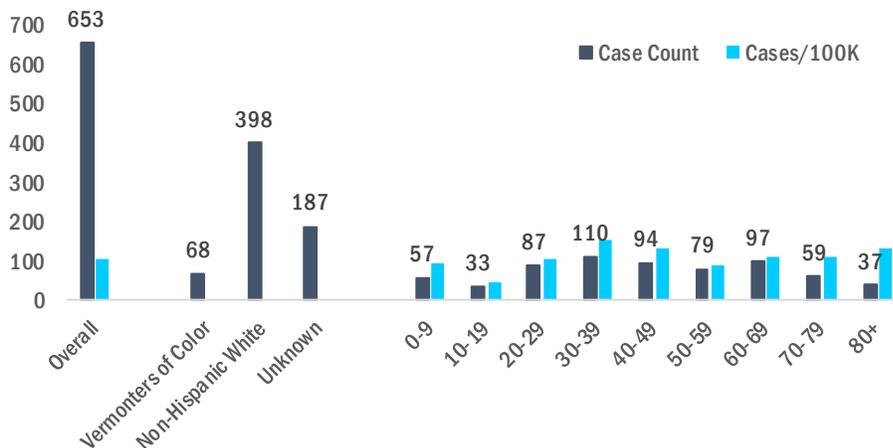
Note: Race/ethnicity information is missing for 4% of vaccinated individuals. Population denominators are from 2019 population estimates so percentages shown are an estimate which may vary from the true proportion in the population, particularly for smaller groups. “Up to date” means a person has received all recommended doses in their primary series of COVID-19 vaccine, and one booster dose when eligible.

[COVID-19 vaccination rates](#) for Vermonters who identify as Pacific Islanders or Native American, Indigenous, or First Nation have been substantially lower than rates for other Vermonters. In addition, the number of people in the Vermont Immunization Registry who identify as Pacific Islanders or Native American, Indigenous, or First Nation are much lower than our Vermont Department of Health population estimates. These findings could be due to one or more of the following:

- 1) Pacific Islanders and Native/Indigenous Americans are less likely to report their race.
- 2) Pacific Islanders and Native/Indigenous Americans are receiving fewer vaccinations.
- 3) Health Department population estimates are overestimating the true population.
- 4) Race and ethnicity are collected by providers in a way that does not align with how people identify.

## Identified Cases

**Vermont Weekly Case Counts/Rates**



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

To calculate rates, counts are divided by 2019 Vermont population estimates for respective category and expressed per 100,000 in each category.

Due to high number of cases missing race/ethnicity data, rates are not provided for race/ethnicity categories.

## Reported and Confirmed Outbreaks, Active as of June 28, 2022

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	Reported outbreaks active on 6/28
Long-term Care (LTC)	5
Non-LTC Healthcare	1
Correctional Facility	2
School/childcare	-
Other	1

County	Reported outbreaks active on 6/28
Addison	-
Bennington	2
Caledonia	-
Chittenden	-
Essex	-
Franklin	1
Grand Isle	-
Lamoille	-
Orange	1
Orleans	1
Rutland	1
Washington	1
Windham	1
Windsor	1

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