Weekly Summary of Vermont COVID-19 Data

Reflecting cases identified between March 5 – October 28, 2020

Date published: October 30, 2020. This summary will be updated every Friday.
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 October 21 through October 28.

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.

**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.
COVID-19 in Vermont

An overview of our number of cases and laboratory testing to date.
Total Number of Cases in Vermont: 2,141

The daily number of COVID-19 cases in Vermont peaked on April 3.
Most counties continue to see new cases.
Growth over time by county (n=2,133)

Cumulative cases are presented using a log scale to help compare the large number of cases in Chittenden County (n=986, roughly 46% 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.
Percent of positive COVID-19 tests may indicate how prevalent the disease is in the population.

![Graph showing the number of tests and percent positive for COVID-19 in Vermont.](image)

* The highest percent of positive tests (11%) was on March 23, 28, and 30.

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

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 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 people with laboratory confirmed COVID-19 divided by the total number of people tested. None of these numbers include serology or antigen testing.

Vermont Department of Health

*Not a stable estimate due to small numbers. There were 8 total tests and 1 was positive.*
The proportion of people tested for COVID-19 in Vermont varies across age groups.

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

- **White**: 91%
- **American Indian or Alaskan Native**: 0%
- **Asian**: 2%
- **Black or African American**: 2%
- **Other Race**: 4%

**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

- **Non-Hispanic**: 98%
- **Hispanic**: 2%

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

**65**
Number of contact tracers trained

**129**
Cases interviewed last week

**453**
Contacts named last week

**3**
Average number of contacts per case*

*Since March 7
In the last two weeks (from October 11 to October 24):

- 92% Of cases were interviewed within 24 hours
- 89% Of cases provided their close contacts
- 51% Of contacts were tested within 14 days of exposure
- 14% 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

- White 80.3%
- Black or African American 9.5%
- American Indian or Alaskan Native *
- Asian 3.5%
- Other Race *

Non-Hispanic Vermonters represent the majority of COVID-19 cases. Hispanic Vermonters have the higher rate.
Rate per 10,000 Vermonters

- Hispanic 3.1%
- Non-Hispanic 88.4%

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 4% of cases (n = 74) and ethnicity is unknown in 9% of cases (n = 176).
* Value suppressed due to small numbers.
Approximately 48% of people* with COVID-19 have a pre-existing condition.

*of the 1,776 people that the Health Department has pre-existing condition data for.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>166</td>
<td>9%</td>
</tr>
<tr>
<td>Chronic Lung Disease (includes asthma and COPD)</td>
<td>224</td>
<td>13%</td>
</tr>
<tr>
<td>Chronic Liver Disease</td>
<td>11</td>
<td>1%</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td>39</td>
<td>2%</td>
</tr>
<tr>
<td>Current/Former Smoker</td>
<td>302</td>
<td>17%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>133</td>
<td>7%</td>
</tr>
<tr>
<td>Immunocompromised Condition</td>
<td>56</td>
<td>3%</td>
</tr>
<tr>
<td>Neurologic Condition/Intellectual Disability</td>
<td>43</td>
<td>2%</td>
</tr>
<tr>
<td>Other Chronic Condition**</td>
<td>362</td>
<td>20%</td>
</tr>
<tr>
<td>Pregnant</td>
<td>16</td>
<td>1%</td>
</tr>
</tbody>
</table>

41% 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 83% (1,776) of 2,141 total COVID-19 cases.
**Prevalence of select conditions in COVID-19 patients and Vermont adults.**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>9%</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>8%</td>
</tr>
<tr>
<td>Chronic Lung Disease</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td>16%</td>
</tr>
</tbody>
</table>


**Likelihood of having a pre-existing condition is approximately equal between female and male COVID-19 patients.**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>51%</td>
<td>49%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>Pre-existing Conditions</th>
<th>Without Pre-existing Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>6</td>
<td>53</td>
</tr>
<tr>
<td>10-19</td>
<td>138</td>
<td>39</td>
</tr>
<tr>
<td>20-29</td>
<td>240</td>
<td>102</td>
</tr>
<tr>
<td>30-39</td>
<td>105</td>
<td>105</td>
</tr>
<tr>
<td>40-49</td>
<td>107</td>
<td>107</td>
</tr>
<tr>
<td>50-59</td>
<td>138</td>
<td>138</td>
</tr>
<tr>
<td>60-69</td>
<td>170</td>
<td>157</td>
</tr>
<tr>
<td>70-79</td>
<td>79</td>
<td>100</td>
</tr>
<tr>
<td>80+</td>
<td>24</td>
<td>73</td>
</tr>
</tbody>
</table>

* Value suppressed due to small numbers.

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

Health care worker cases peaked on April 4.

76% of health care workers with COVID-19 are female.

30% of health care workers with COVID-19 are associated with an outbreak.

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

Health care workers with COVID-19 tend to be younger than non-health care workers with COVID-19.

Vermont Department of Health

* Value suppressed due to small numbers.
White Vermonters represent the majority of health care workers with COVID-19.

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

There are no reported deaths among health care workers.

**Sign or Symptom among Health Care Workers with COVID-19**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Percent of Symptomatic Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td>70%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>65%</td>
</tr>
<tr>
<td>Headache</td>
<td>61%</td>
</tr>
<tr>
<td>Loss of Smell or Taste</td>
<td>53%</td>
</tr>
<tr>
<td>Muscle Pain</td>
<td>49%</td>
</tr>
<tr>
<td>Runny nose</td>
<td>46%</td>
</tr>
<tr>
<td>Chills</td>
<td>42%</td>
</tr>
<tr>
<td>Fever</td>
<td>38%</td>
</tr>
</tbody>
</table>

* Value suppressed due to small numbers.
To date, the highest daily number of children with COVID-19 was **18** on June 3. An outbreak was identified around this time.

Children represent **14%** of Vermont's cases.

34% 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

- 0 to 9 years: 12.6
- 10 to 19 years: 28.9

**Among children with COVID-19, Black, Indigenous and people of color represent a 35% of cases.**

**Male and female children have similar rates of COVID-19.**
Rate per 10,000 Vermonters 0 to 19 years old

- Male: 21.9
- Female: 21.3

**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: 257.6
- Asian: 49.1
- Other Race: 20.1
- White: 14.8
The percent of COVID-19 cases with no symptoms is higher among children. Less than half (41%) of cases among children had no symptoms reported.

<table>
<thead>
<tr>
<th>Sign or Symptom</th>
<th>Percent of Children with Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>52%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>44%</td>
</tr>
<tr>
<td>Cough</td>
<td>42%</td>
</tr>
<tr>
<td>Loss of smell or taste</td>
<td>29%</td>
</tr>
<tr>
<td>Sore throat</td>
<td>31%</td>
</tr>
<tr>
<td>Fever</td>
<td>26%</td>
</tr>
<tr>
<td>Muscle pain</td>
<td>27%</td>
</tr>
</tbody>
</table>

There are no currently reported cases of multi-system inflammatory syndrome, hospitalizations, or deaths among Vermont’s children with COVID-19.

5 days
Average illness duration among children

67% of children with COVID-19 had known contact with somebody else who had COVID-19.

40% of children with COVID-19 were part of an outbreak.
The number of children tested for COVID-19 and the number of children who tested positive have increased over time.

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

On April 3, we saw the highest percent of children who were tested test positive for COVID-19 (25%). There were 24 children tested that day, and 6 were positive. On June 2, we saw the second highest percent positive (15%).

Total tests represents the total number of children tested. Please note that <1% individuals tested are missing age. They are excluded from these analyses.
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.
Most Vermonters with COVID-19 are not hospitalized.

- Unknown = 93
- Hospitalized = 151
- Not hospitalized = 1897

14% Of those hospitalized were on a ventilator
34% Of those hospitalized were in the ICU
9 days Average hospital stay (range: 0-43 days)

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.
Rate per 10,000 Vermonters

- Black or African American *
- Asian *
- Other Race *

White 92%

Please note 5 hospitalized persons are missing race information.
*Values suppressed due to small numbers.
Vermonters 80 years and older have higher rates of COVID-19 death than other age groups. Rate per 10,000 Vermonters

Males and females have similar rates of COVID-19 death. Rate per 10,000 Vermonters

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

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:

<table>
<thead>
<tr>
<th>Community Settings</th>
<th>Educational Settings</th>
</tr>
</thead>
</table>
| 3 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. |
| 2 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 COVID-19 positive tests or people with COVID-like illness occur after 28 days from the last positive test or illness start date (whichever is later).

<table>
<thead>
<tr>
<th>Congregate Care or Living Settings*</th>
<th>Workplaces</th>
</tr>
</thead>
</table>
| One resident or staff member with COVID-19, and one or more residents or staff with respiratory illness who have had contact with each other.  
  or  
  Two or more facility residents and/or staff with an illness start or positive test collection date within 14 days.  
  *Examples include long-term care and other residential care facilities, correctional facilities and homeless shelters. |
| 2 or more COVID-19 cases among employees at the same workplace, and the cases:  
  - had contact with each other in the workplace, and  
  - 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 COVID-19 positive tests occur after 28 days from the last positive test or illness start date (whichever is later).

Resolved when no new COVID-19 positive tests or people with COVID-like illness occur after 28 days from the last known exposure to the school.

Resolved when no new COVID-19 positive tests or people with COVID-like illness occur after 28 days from the last known exposure to the workplace.
28% of people testing positive for COVID-19 are associated with an outbreak.

Outbreaks
- 8 Active
- 30 Resolved*

*See previous page for definitions of resolved outbreaks.

Congregate Care & Living
- 160 cases among residents
- 84 cases among facility staff

Schools and Child Care
- 13 cases among children and staff

Workplace
- 81 cases among employees

Community
- 272 cases

Source: Vermont Department of Health
Reflects confirmed data as of 10/28/2020.
Vermont COVID-19 Cases Associated with an **Outbreak** Over Time

The daily number of cases associated with an **outbreak** peaked on April 9.

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

There have been no COVID-19-related deaths in Vermont for **92 days**.

Source: Vermont Department of Health
Reflects confirmed data as of 10/28/2020.
While only 28% of all people testing positive for COVID-19 are associated with outbreaks, more than half of COVID-19-related deaths occur 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.

Source: Vermont Department of Health
Reflects confirmed data as of 10/28/2020.
The percentages of females and males with COVID-19 that are associated with an outbreak is about even.

26% of females with COVID-19 are associated with an outbreak.

31% of males with COVID-19 are associated with an outbreak.

But in outbreak settings, males with COVID-19 are more likely to be associated with non-health settings than health 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. Percentages by outbreak type are rounded to the whole number, but combined totals take into account the full percentages.

Source: Vermont Department of Health
Reflects case counts as of 10/28/20

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.
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 case counts as of 10/28/20
 Syndromic Surveillance

What we can learn from emergency room and urgent care centers?
The percent of emergent care visits for COVID-19-like illness remains steady.
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: Number of Contacts per Case

This section describes how the number of close contacts per COVID-19 case has changed over time.
Why is the number of close contacts per case important?

• Close contact means being within six feet for a total of 15 minutes or more over a 24-hour period.

• Early data suggests that we would expect to see three contacts per person with COVID-19.

• Limiting the number of close contacts we have lowers our risk of getting COVID-19 or spreading it to others.

• We can all protect one another by keeping our social circles small.

• We can also keep a journal of people we are in close contact with. This will help contact tracers do their work quickly to prevent further spread of COVID-19.
Each person with COVID-19 has a different number of close contacts during their infectious period. Some people only have one or two, while others may have nine or 10.

\[
\text{Total Number of Close Contacts} \div \text{Total Number of Cases} = \text{Average Number of Contacts Per Case}
\]
There is an **upward trend** in the **average number of contacts per case** over time.

- **3.4** Average since 4/1
- **4.4** Highest Average (week of 10/18)
- **4.4** Average Last Week (10/18-10/24)
We have also seen an increase in the **total number of people named as contacts** each week, particularly since early September.

Since each person with COVID-19 has an average of three close contacts, this number will increase as the number of cases increases. This increase may be larger in outbreak situations or when there are larger gatherings.
Learn more about COVID-19 in Vermont:

Web:  www.healthvermont.gov/COVID-19
Email:  AHS.VDHPublicCommunication@vermont.gov
See more data:  Weekly Data Summaries