Weekly Summary of Vermont COVID-19 Data

Reflecting cases identified between March 5 – November 4, 2020

Date published: November 6, 2020. 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 October 28 through November 4.

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.
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COVID-19 in Vermont

An overview of our number of cases and laboratory testing to date.
Total Number of Cases in Vermont: 2,303

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=2,294)

Cumulative cases are presented using a log scale to help compare the large number of cases in Chittenden County (n=1076, roughly 47% 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.

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 increase in percent positive is a combination of increased number of people testing positive as well as a change in how UVM is reporting results due to their network issues.

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

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 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.
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.

<table>
<thead>
<tr>
<th>Race</th>
<th>Rate per 100 Vermonters</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>91%</td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>0.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>2%</td>
</tr>
<tr>
<td>Other Race</td>
<td>4%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>26.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>22.2%</td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>21.4%</td>
</tr>
<tr>
<td>White</td>
<td>17.1%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Race</th>
<th>Rate per 100 Vermonters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic</td>
<td>98%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>14.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>17.7%</td>
</tr>
</tbody>
</table>

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.

Vermont Department of Health
Contact tracers speak with both confirmed cases and their close contacts each week.

65
Number of contact tracers trained

111
Cases interviewed last week

October 25 – October 31

341
Contacts named last week

October 25 – October 31

3
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).
In the last two weeks (from October 18 to October 31):

97% Of cases were interviewed within 24 hours
88% Of cases provided their close contacts
48% Of contacts were tested within 14 days of exposure
16% 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**: 79.8%
- **Black or African American**: 8.9%
- **Asian**: 3.8%
- **American Indian or Alaskan Native**: * (value suppressed)
- **Other Race**: * (value suppressed)

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

- **Non-Hispanic**: 88.4%
- **Hispanic**: 3.1%

**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 6% of cases (n = 128) and ethnicity is unknown in 10% of cases (n = 236).

* Value suppressed due to small numbers.
Approximately 48% of people* with COVID-19 have a pre-existing condition.

*of the 1,911 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>171</td>
<td>9%</td>
</tr>
<tr>
<td>Chronic Lung Disease (includes asthma and COPD)</td>
<td>239</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>41</td>
<td>2%</td>
</tr>
<tr>
<td>Current/Former Smoker</td>
<td>317</td>
<td>17%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>139</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>44</td>
<td>2%</td>
</tr>
<tr>
<td>Other Chronic Condition**</td>
<td>375</td>
<td>20%</td>
</tr>
<tr>
<td>Pregnant</td>
<td>18</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Not mutually exclusive, includes things like arthritis, thyroid conditions, multiple free text entries.

The Health Department has information about pre-existing conditions in 83% (1,911) of 2,303 total COVID-19 cases.
Prevalence of select conditions in COVID-19 patients and Vermont adults.


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

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

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.

74% 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.

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

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.

35% 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

- 10 to 19 years: 32.0
- 0 to 9 years: 14.1

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

- Male: 24.8
- Female: 22.8

Among children with COVID-19, Black, Indigenous and people of color represent 33% of cases.

- Black or African American: 24%
- Asian: 6%
- Other Race: 3%
- White: 67%

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: 58.9
- Other Race: 18.2
- White: 16.6
### Case Demographics

<table>
<thead>
<tr>
<th>Sign or Symptom</th>
<th>Percent of Children with Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>48%</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>31%</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>28%</td>
</tr>
</tbody>
</table>

The percent of COVID-19 cases with **no symptoms** is higher among children. Less than half (39%) of cases among children had **no symptoms** reported.

5 days
Average illness duration among children

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

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

41% 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.

### Average illness duration
- **11 days**

### Cases with symptoms
- **72%**

<table>
<thead>
<tr>
<th>Sign or Symptom</th>
<th>Percent of Symptomatic Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td>64%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>65%</td>
</tr>
<tr>
<td>Headache</td>
<td>54%</td>
</tr>
<tr>
<td>Muscle Pain</td>
<td>49%</td>
</tr>
<tr>
<td>Felt Feverish</td>
<td>44%</td>
</tr>
<tr>
<td>Loss of Smell/Taste</td>
<td>44%</td>
</tr>
<tr>
<td>Fever</td>
<td>40%</td>
</tr>
</tbody>
</table>
Most Vermonters with COVID-19 are not hospitalized.

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

- Not hospitalized = 2036
- Hospitalized = 157
- Unknown = 110

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

- 13% Of those hospitalized were on a ventilator
- 34% Of those hospitalized were in the ICU
- 9 days Average hospital stay (range: 0-43 days)

Rate per 10,000 Vermonters

Please note 7 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

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

Males and females 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:

### Community Settings

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.

**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).

### Educational Settings

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 known exposure to the school.

### Congregate Care or Living Settings*

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.

**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

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 or people with COVID-like illness occur after 28 days from the last known exposure to the workplace.
29% 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
- **16** cases among children and staff

### Workplace
- **83** cases among employees

### Community
- **314** cases

Source: Vermont Department of Health
Reflects confirmed data as of 11/04/2020
The daily number of cases associated with an outbreak peaked on April 9.

There have been no COVID-19-related deaths in Vermont for 99 days.

Source: Vermont Department of Health
Reflects confirmed data as of 11/04/2020
While only 29% of all people testing positive for COVID-19 are associated with an outbreak, 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 11/04/2020
The percentage of males with COVID-19 that are associated with an outbreak is slightly higher than the percentage of females with COVID-19 that are associated with an outbreak.

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

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

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.

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 11/04/2020
### Percent of People Testing Positive for COVID-19 by Outbreak Status and Age

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>Not associated with an outbreak</th>
<th>Associated with an outbreak in a health setting</th>
<th>Associated with an outbreak in a non-health setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>3%</td>
<td>5%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>10-19</td>
<td>9%</td>
<td>15%</td>
<td>2%</td>
</tr>
<tr>
<td>20-29</td>
<td>13%</td>
<td>15%</td>
<td>2%</td>
</tr>
<tr>
<td>30-39</td>
<td>12%</td>
<td>12%</td>
<td>2%</td>
</tr>
<tr>
<td>40-49</td>
<td>18%</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td>50-59</td>
<td>14%</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>60-69</td>
<td>7%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>70-79</td>
<td>4%</td>
<td>2%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>80-89</td>
<td>4%</td>
<td>5%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>90+</td>
<td>&lt;1%</td>
<td>3%</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

**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.

**Median age:**
- 44 years old
- 70 years old
- 31 years old

**Source:** Vermont Department of Health

**Reflects case counts as of 11/04/2020**
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: Cases Among People with Neurological Conditions and Intellectual Disabilities

This section focuses on the 44 COVID-19 cases who have a neurological condition or intellectual disability.
What are examples of a neurological condition or intellectual disability?

- Autoimmune disorders
- Autism Spectrum Disorder
- Alzheimer’s
- Charcot Marie-Tooth Disease
- Cognitive impairment
- Dementia
- Epilepsy

- Fibromyalgia
- Multiple sclerosis
- Narcolepsy
- Neuropathy
- Parkinson’s Disease
- Seizures
- Tremors
2% of people with COVID-19* have a neurological condition or intellectual disability.

*Of the 1,911 people (83% of cases) that the Health Department has pre-existing condition data for.

44 people with COVID-19 have a neurological condition or intellectual disability.

More females than males with COVID-19 have a neurological condition or intellectual disability.

The majority of people with COVID-19 that have a neurological condition or intellectual disability tend to be older.

The majority of COVID-19 cases with a neurological condition or intellectual disability are white non-Hispanic, compared to those that are Black, Indigenous or people of color.
66% of COVID-19 cases with a neurological condition or intellectual disability are not hospitalized.

<table>
<thead>
<tr>
<th>Not Hospitalized</th>
<th>Hospitalized</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>13</td>
</tr>
</tbody>
</table>

The majority of COVID-19 cases with a neurological condition or intellectual disability experience symptoms, compared to those who do not experience symptoms.

12 COVID-19 cases with a neurological condition or intellectual disability are residents of a long-term care or assisted living facility.

Almost 1 in 4 deaths due to COVID-19* had a neurological condition or intellectual disability.

*Of the 54 deaths (93% of total deaths) that the Health Department has pre-existing condition data for.

Note: Conditions for these 13 deaths include Alzheimer’s, dementia, cognitive impairment, multiple sclerosis and underlying neurological disorders.
What are some contributing factors that lead to the disparities we see for people with neurological conditions and intellectual disabilities?

People with disabilities are marginalized in health care and often deal with systemic deficiencies.

Compared to those without disabilities, people with disabilities may be:

• Less likely to have private or employer-funded health insurance and access to preventive services.
• More likely to report unmet health care needs.
• Unable to receive immediate or consistent accessible information about COVID-19.
• More likely to live in long-term, congregate care settings that place them at greater risk.

Learn more about COVID-19 in Vermont:

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