Weekly Summary of Vermont COVID-19 Data

Reflecting cases identified between March 5, 2020 – February 17, 2021

Date published: February 19, 2021. 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 February 10 through February 17.

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 February 11, 2021 the denominators used to calculate rates by age and sex were updated from 2018 to 2019 Vermont Department of Health estimates based on Census data. The corresponding change in rates in the February 12, 2021 Weekly Summary is due to this change in methodology.
Table of Contents
Click on a box below to jump to that section

Overview of COVID-19 in Vermont
Case Demographics
Clinical Course
Outbreaks
Syndromic Surveillance
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: 14,149
Testing for COVID-19 in Vermont

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

The highest percent of positive tests (15%) was on March 29.

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.

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 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.

- 55% of people tested for COVID-19 are female.
- 45% 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 Vermonters: 91.3%
- American Indian or Alaskan Native: 0.3%
- Asian: 2.0%
- Black or African American: 2.0%
- Other Race: 4.4%

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 Vermonters: 97.6%
- Hispanic: 2.4%

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

82
Number of full-time equivalent contact tracing staff trained

740
Cases interviewed last week
February 7 – February 13

2,084
Contacts named last week
February 7 – February 13

3.3
Average number of contacts per case*

*Since April 1, 2020

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. On 2/11/2021, the methodology for determining contact metrics was updated.
In the last two weeks (from January 31 to February 13):

- 88% Of cases were interviewed within 24 hours
- 80% Of cases provided their close contacts
- 60% Of contacts were tested within 14 days of exposure
- 11% 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 years old.
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

- Black or African American: 653.1
- Asian: 514.9
- Other Race: 269.1
- White: 191.1
- American Indian or Alaskan Native: 61.5

Non-Hispanic Vermonters represent the majority of COVID-19 cases. Hispanic Vermonters have the higher rate.

Rate per 10,000 Vermonters

- Hispanic: 234.3
- Non-Hispanic: 189.2

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.

Race is unknown in 9% of cases (n = 1,362) and ethnicity is unknown in 16% of cases (n = 2,288).
Approximately 34% of people* with COVID-19 have a pre-existing condition.

*of the 11,855 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>Other Chronic Condition**</td>
<td>1,148</td>
<td>10%</td>
</tr>
<tr>
<td>Chronic Lung Disease (includes asthma and COPD)</td>
<td>1,147</td>
<td>10%</td>
</tr>
<tr>
<td>Current/Former Smoker</td>
<td>1,067</td>
<td>9%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>611</td>
<td>5%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>491</td>
<td>4%</td>
</tr>
<tr>
<td>Disability***</td>
<td>231</td>
<td>2%</td>
</tr>
<tr>
<td>Immunocompromised Condition</td>
<td>157</td>
<td>1%</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td>83</td>
<td>1%</td>
</tr>
<tr>
<td>Pregnant</td>
<td>73</td>
<td>1%</td>
</tr>
<tr>
<td>Chronic Liver Disease</td>
<td>33</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

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

***Includes neurologic, neurodevelopmental, and intellectual disabilities, as well as physical, vision, and hearing impairments (as of 11/4/20).

The Health Department has information about pre-existing conditions in 84% (11,855) of 14,149 total COVID-19 cases.

28% of people with a pre-existing condition have two or more conditions.
Prevalence of select conditions in COVID-19 adult patients and Vermont adults.


The likelihood of having a pre-existing condition is greater among female compared to 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 December 2.

80% of health care workers with COVID-19 are female.

36% of health care workers with COVID-19 are associated with an outbreak.

The Health Department has information about healthcare worker status in 89% (12,644) of 14,149 total COVID-19 cases.

1 in 11 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.

* Value suppressed due to small numbers.

The Vermont Department of Health
White Vermonters represent the majority of health care workers with COVID-19.

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

Most health care workers with COVID-19 have symptoms.

There are no reported deaths among health care workers.

<table>
<thead>
<tr>
<th>Sign or Symptom among Health Care Workers with COVID-19</th>
<th>Percent of Symptomatic Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td>61%</td>
</tr>
<tr>
<td>Cough</td>
<td>61%</td>
</tr>
<tr>
<td>Headache</td>
<td>59%</td>
</tr>
<tr>
<td>Runny Nose</td>
<td>54%</td>
</tr>
<tr>
<td>Muscle Pain</td>
<td>49%</td>
</tr>
<tr>
<td>Loss of Smell or Taste</td>
<td>41%</td>
</tr>
<tr>
<td>Chills</td>
<td>33%</td>
</tr>
<tr>
<td>Loss of Appetite</td>
<td>25%</td>
</tr>
</tbody>
</table>
New and Cumulative Cases of Vermont Children (Age 19 and Younger) with COVID-19

Children represent 19% of Vermont’s cases.

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

An outbreak was identified around this time.

Our highest daily number of all cases to date.

Vermont Department of Health
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 21% of cases.

Among children with COVID-19, Black or African Americans have the highest rate.
Rate per 10,000 Vermonters 0 to 19 years
<table>
<thead>
<tr>
<th>Sign or Symptom</th>
<th>Percent of Children with Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Runny nose</td>
<td>51%</td>
</tr>
<tr>
<td>Headache</td>
<td>46%</td>
</tr>
<tr>
<td>Cough</td>
<td>42%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>38%</td>
</tr>
<tr>
<td>Sore Throat</td>
<td>38%</td>
</tr>
<tr>
<td>Muscle pain</td>
<td>26%</td>
</tr>
<tr>
<td>Loss of smell or taste</td>
<td>25%</td>
</tr>
<tr>
<td>Fever</td>
<td>20%</td>
</tr>
</tbody>
</table>

### 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 one third (31%) of cases among children had **no symptoms** reported.

68% 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.

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

There have been 186,021 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.

Note: Date of symptom onset is not always known.

Illnesses occurring in this window may not be reported yet; median reporting lag = 5 days

<table>
<thead>
<tr>
<th>Sign or Symptom</th>
<th>Percent of Symptomatic Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td>57%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>54%</td>
</tr>
<tr>
<td>Headache</td>
<td>52%</td>
</tr>
<tr>
<td>Runny Nose</td>
<td>50%</td>
</tr>
<tr>
<td>Muscle Pain</td>
<td>44%</td>
</tr>
<tr>
<td>Loss of Smell/Taste</td>
<td>37%</td>
</tr>
<tr>
<td>Sore Throat</td>
<td>36%</td>
</tr>
<tr>
<td>Felt Feverish</td>
<td>34%</td>
</tr>
</tbody>
</table>

8 days
Average illness duration

71%
Cases with symptoms
Most Vermonters with COVID-19 are not hospitalized.

- Not hospitalized = 12,259
- Hospitalized = 444
- Unknown = 1,446

9% of those hospitalized were on a ventilator.

24% of those hospitalized were in the ICU.

6 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.

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

Please note 20 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

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

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

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. Death rates by race are not statistically different.
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>
</tr>
</thead>
<tbody>
<tr>
<td>Three or more COVID-19 cases involving more than one family or household where the cases:</td>
</tr>
<tr>
<td>• have an illness start date or positive test collection date within 14 days, and</td>
</tr>
<tr>
<td>• are linked through contact or location, and</td>
</tr>
<tr>
<td>• are not linked to another outbreak, and</td>
</tr>
<tr>
<td>• there is no other more likely source of exposure.</td>
</tr>
</tbody>
</table>

*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).

<table>
<thead>
<tr>
<th>Educational Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two or more COVID-19 cases among children/students or teachers/staff with known connections in the educational setting, and the cases:</td>
</tr>
<tr>
<td>• have an illness start date or a positive test collection date within 14 days, and</td>
</tr>
<tr>
<td>• do not live together or have close contact with each other in another setting, and</td>
</tr>
<tr>
<td>• there is no other more likely source of exposure.</td>
</tr>
</tbody>
</table>

*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).

<table>
<thead>
<tr>
<th>Congregate Care or Living Settings*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two or more patients clients/ residents or staff members with COVID-19 and known connections to each other in the facility setting.</td>
</tr>
</tbody>
</table>

*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).

<table>
<thead>
<tr>
<th>Workplaces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two or more COVID-19 cases among employees or customers at the same workplace, and the cases:</td>
</tr>
<tr>
<td>• had contact with each other in the business, and</td>
</tr>
<tr>
<td>• have an illness start or positive test collection date within 14 days, and</td>
</tr>
<tr>
<td>• do not live together or have close contact with each other in another setting, and</td>
</tr>
<tr>
<td>• there is no other more likely source of exposure.</td>
</tr>
</tbody>
</table>

*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).
Outbreaks

75 Active
68 Primary
7 Secondary

154 Resolved*

*See previous page for definitions of resolved outbreaks.

18% of people testing positive for COVID-19 are associated with an outbreak.

Congregate Care & Living

- 634 cases among residents
- 404 cases among facility staff

Acute & Outpatient Healthcare

- 84 cases

Schools & Child Care

- 421 cases among children & staff

Workplaces/Businesses

- 516 cases among employees

Community

- 694 cases

Source: Vermont Department of Health
Reflects confirmed data as of 2/17/2021

Some cases may be counted in more than one outbreak. The unique case count is the cumulative outbreak count, where all cases are counted only once.
19 primary outbreaks have led to 35 secondary outbreaks.

Secondary outbreaks are when multiple cases occur in a new setting as a result of spread from the primary outbreak. Transmission is largely, but not exclusively, happening among people interacting in small groups of people they trust in settings such as private parties, recreational sports, and workplaces.

Represents community transmission. Vermont is experiencing elevated levels of community transmission across the state.

Source: Vermont Department of Health
Reflects confirmed data as of 2/17/2021
Vermont COVID-19 Cases Associated with an Outbreak Over Time

The daily number of cases associated with an outbreak peaked on December 16, 2020. Outbreak-associated cases had previously peaked on April 9 and December 1.

Vermont COVID-19 Deaths Associated with an Outbreak Over Time

Source: Vermont Department of Health
Reflects confirmed data as of 2/10/2021
While only 18% of all people testing positive for COVID-19 are associated with an outbreak, 68% 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 2/17/2021
A similar percentage of females and males with COVID-19 are associated with outbreaks

18% of females with COVID-19 are associated with an outbreak.

18% 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.

Source: Vermont Department of Health
Reflects case counts as of 2/17/2021
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.

Source: Vermont Department of Health
Reflects case counts as of 2/17/2021
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 declined over the past 2 weeks.

 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: How are people getting COVID-19?

This spotlight focuses on how people may have become infected with COVID-19 over time.
How are people getting COVID-19?

We categorize how someone with COVID-19 may have gotten it in three main ways: known source of exposure, potential source of exposure, or the source of their exposure is unknown. This spotlight focuses on known and unknown sources of exposure.

**Known source**
- Associated with an outbreak
- Known contact with a confirmed case

**Potential Source**
- Travel

**Unknown source**
- No source was identified

Source: Vermont Department of Health. 2020
Since March, an **average of 19%** of people with COVID-19 are **associated with an outbreak**. Since January, this percent has been about average.
Since March, an **average of 44%** of people with COVID-19 had **known contact with another case**. Since November, this percent has been higher than average nearly every week.
Since March, an average of 7% of people with COVID-19 had a recent history of travel.
Since November, this percent has been about average nearly every week.
Since March, an **average of 29%** of people with COVID-19 have an **unknown source of exposure**.

Since mid-January, this percent has been average or higher.
What does this mean?

Recently, the percent of people with COVID-19 who:

- Are associated with an outbreak has been about average.
- Had contact with another case has been higher than average.
- Traveled has been about average.
- Have an unknown source of exposure has been average or higher.

This means we know how more people are getting COVID-19. People are more likely to get COVID-19 through close contact to another case and less likely to be associated with an outbreak. While we are still seeing outbreaks across the state, they are not as impactful as they were in October and early November.
Learn more about COVID-19 in Vermont:

Web: www.healthvermont.gov/COVID-19

Email: AHS.VDHPublicCommunication@vermont.gov

See more data: Weekly Data Summaries