Weekly Summary of Vermont COVID-19 Data

Reflecting cases identified between March 5, 2020 – February 24, 2021

Date published: February 26, 2021. 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 February 17 through February 24.

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.
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: 14,840
Percent of positive COVID-19 tests may indicate how prevalent the disease is in the population.

<table>
<thead>
<tr>
<th>Date of Collection</th>
<th>Percent Positive to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/2/20</td>
<td>2%</td>
</tr>
<tr>
<td>6/2/20</td>
<td>2%</td>
</tr>
<tr>
<td>9/2/20</td>
<td>2%</td>
</tr>
<tr>
<td>12/2/20</td>
<td>2%</td>
</tr>
</tbody>
</table>

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.

Vermont Department of Health

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**: 91.2%
- **American Indian or Alaskan Native**: 0.3%
- **Asian**: 2.0%
- **Black or African American**: 1.9%
- **Other Race**: 4.5%

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**: 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

671
Cases interviewed last week
February 14 – February 20

2,000
Contacts named last week
February 14 – February 20

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 February 7 to February 20):

- 90% Of cases were interviewed within 24 hours
- 82% Of cases provided their close contacts
- 62% Of contacts were tested within 14 days of exposure
- 10% 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

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

Females and males have similar rates of COVID-19.

Rate 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: 666.7
- Asian: 562.5
- Other Race: 284.9
- White: 200.2
- American Indian or Alaskan Native: 69.6

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

- Hispanic: 249.2
- Non-Hispanic: 198.6

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 10% of cases (n = 1,428) and ethnicity is unknown in 16% of cases (n = 2,382).
Approximately 34% of people* with COVID-19 have a pre-existing condition.

*of the 12,495 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>Chronic Lung Disease (includes asthma and COPD)</td>
<td>1,200</td>
<td>10%</td>
</tr>
<tr>
<td>Other Chronic Condition**</td>
<td>1,196</td>
<td>10%</td>
</tr>
<tr>
<td>Current/Former Smoker</td>
<td>1,127</td>
<td>9%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>640</td>
<td>5%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>510</td>
<td>4%</td>
</tr>
<tr>
<td>Disability***</td>
<td>238</td>
<td>2%</td>
</tr>
<tr>
<td>Immunocompromised Condition</td>
<td>168</td>
<td>1%</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td>85</td>
<td>1%</td>
</tr>
<tr>
<td>Pregnant</td>
<td>74</td>
<td>1%</td>
</tr>
<tr>
<td>Chronic Liver Disease</td>
<td>36</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

27% 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.

***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% (12,495) of 14,840 total COVID-19 cases.
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.

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.

**Case Demographics**

81% 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 90% (13,295) of 14,480 total COVID-19 cases.

* 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. 

Most health care workers with COVID-19 have symptoms.

<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>62%</td>
</tr>
<tr>
<td>Cough</td>
<td>62%</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>50%</td>
</tr>
<tr>
<td>Loss of Smell or Taste</td>
<td>42%</td>
</tr>
<tr>
<td>Chills</td>
<td>34%</td>
</tr>
<tr>
<td>Loss of Appetite</td>
<td>25%</td>
</tr>
</tbody>
</table>

There are no reported deaths among health care workers.

* Value suppressed due to small numbers.
New and Cumulative Cases of Vermont Children (Age 19 and Younger) with COVID-19

Children represent 19% of Vermont’s cases.

27% 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.


2,838
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

Vermont Department of Health
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.

### Sign or Symptom

<table>
<thead>
<tr>
<th>Exclude</th>
<th>Percent of Children with Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Runny nose</td>
<td>52%</td>
</tr>
<tr>
<td>Headache</td>
<td>44%</td>
</tr>
<tr>
<td>Cough</td>
<td>43%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>39%</td>
</tr>
<tr>
<td>Sore Throat</td>
<td>39%</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>

Among Vermont’s children with COVID-19, 5 days is the average illness duration among children.

15% of children with COVID-19 were part of an outbreak.

68% of children with COVID-19 had known contact with somebody else who had COVID-19.

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.
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 195,699 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.

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

Note: Date of symptom onset is not always known.

8 days
Average illness duration

71%
Cases with symptoms

<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>51%</td>
</tr>
<tr>
<td>Muscle Pain</td>
<td>44%</td>
</tr>
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<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>

Vermont Department of Health
Most Vermonters with COVID-19 are **not hospitalized**.

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not hospitalized</td>
<td>12,891</td>
<td>88%</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>464</td>
<td>3%</td>
</tr>
<tr>
<td>Unknown</td>
<td>1,485</td>
<td>10%</td>
</tr>
</tbody>
</table>

8% 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

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>Rate per 10,000 Vermonters</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>*</td>
</tr>
<tr>
<td>10-19</td>
<td>*</td>
</tr>
<tr>
<td>20-29</td>
<td>2.2</td>
</tr>
<tr>
<td>30-39</td>
<td>1.5</td>
</tr>
<tr>
<td>40-49</td>
<td>4.2</td>
</tr>
<tr>
<td>50-59</td>
<td>7.8</td>
</tr>
<tr>
<td>60-69</td>
<td>11.0</td>
</tr>
<tr>
<td>70-79</td>
<td>22.9</td>
</tr>
<tr>
<td>80+</td>
<td>38.7</td>
</tr>
</tbody>
</table>

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

- **White**: 92%
- **Asian**: 4%
- **Black or African American**: 2%
- **American Indian or Alaskan Native**: *
- **Other Race**: *

Please note 23 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 a long-term care facility or an inpatient hospital setting.

Females and males 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. 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:

### Community Settings

Three 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 confirmed or probable COVID-19 cases occur after 28 days from the last positive test or illness start date (whichever is later).

### Educational Settings

Two 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 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 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).

### Congregate Care or Living Settings*

Two or more patients/clients/residents or staff members with COVID-19 and known connections to each other in the facility setting.

*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

Two or more COVID-19 cases among employees or customers at the same workplace, and the cases:

- had contact with each other in the business, and
- have 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 confirmed or probable cases are identified after 28 days (two incubation periods) from the most recent case’s specimen collection date or illness onset date (whichever is later).
18% of people testing positive for COVID-19 are associated with an outbreak.

Outbreaks

85 Active
77 Primary
8 Secondary

167 Resolved*

*See previous page for definitions of resolved outbreaks.

Congregate Care & Living

- 643 cases among residents
- 404 cases among facility staff

Acute & Outpatient Healthcare

- 84 cases

Schools & Child Care

- 426 cases among children & staff

Workplaces/Businesses

- 590 cases among employees

Community

- 694 cases

Source: Vermont Department of Health
Reflects confirmed data as of 2/24/2021

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.
20 primary outbreaks have led to 37 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 2/24/2021
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.

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, 67% 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 2/24/2021
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.

19% 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 2/24/2021
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 2/24/2021
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: Cases among Black, Indigenous and People of Color (BIPOC)

There is a disproportionate number of BIPOC with COVID-19 in Vermont. This section focuses on the 1,742 Vermont resident cases who are Asian, African American or Black, American Indian or Alaskan Native, Hispanic or race other than white.
New COVID-19 Cases among BIPOC
Rates of COVID-19 among BIPOC and White non-Hispanic Vermonters Over Time

Rate per 10,000

Around November we saw a spike in cases. Rates November 1st

- BIPOC Cases per 10,000 Vermonters:
  - Mar-20: 2.0
  - Apr-20: 5.0
  - May-20: 10.0
  - Jun-20: 20.0
  - Jul-20: 30.0
  - Aug-20: 40.0
  - Sep-20: 50.0
  - Oct-20: 60.0
  - Nov-20: 70.0
  - Dec-20: 80.0
  - Jan-21: 90.0
  - Feb-21: 100.0

- White Non-Hispanic cases per 10,000 Vermonters:
  - Mar-20: 26.1
  - Apr-20: 27.0
  - May-20: 28.0
  - Jun-20: 29.0
  - Jul-20: 30.0
  - Aug-20: 31.0
  - Sep-20: 32.0
  - Oct-20: 33.0
  - Nov-20: 34.0
  - Dec-20: 35.0
  - Jan-21: 36.0
  - Feb-21: 37.0

- BIPOC Cases per 10,000 Vermonters:
  - Mar-20: 73.0
  - Apr-20: 146.0
  - May-20: 219.0
  - Jun-20: 292.0
  - Jul-20: 365.0
  - Aug-20: 438.0
  - Sep-20: 511.0
  - Oct-20: 584.0
  - Nov-20: 657.0
  - Dec-20: 730.0
  - Jan-21: 803.0
  - Feb-21: 876.0

- White Non-Hispanic cases per 10,000 Vermonters:
  - Mar-20: 170.2
  - Apr-20: 171.2
  - May-20: 172.2
  - Jun-20: 173.2
  - Jul-20: 174.2
  - Aug-20: 175.2
  - Sep-20: 176.2
  - Oct-20: 177.2
  - Nov-20: 178.2
  - Dec-20: 179.2
  - Jan-21: 180.2
  - Feb-21: 181.2

- BIPOC Cases per 10,000 Vermonters:
  - Mar-20: 375.0
  - Apr-20: 376.0
  - May-20: 377.0
  - Jun-20: 378.0
  - Jul-20: 379.0
  - Aug-20: 380.0
  - Sep-20: 381.0
  - Oct-20: 382.0
  - Nov-20: 383.0
  - Dec-20: 384.0
  - Jan-21: 385.0
  - Feb-21: 386.0

- White Non-Hispanic cases per 10,000 Vermonters:
  - Mar-20: 170.2
  - Apr-20: 171.2
  - May-20: 172.2
  - Jun-20: 173.2
  - Jul-20: 174.2
  - Aug-20: 175.2
  - Sep-20: 176.2
  - Oct-20: 177.2
  - Nov-20: 178.2
  - Dec-20: 179.2
  - Jan-21: 180.2
  - Feb-21: 181.2
**Weekly Spotlight**

1 in 7 COVID-19 cases are BIPOC. Rates of COVID-19 are 2 times higher for BIPOC compared with white non-Hispanic residents.

Rates per 10,000 Vermont BIPOC or white non-Hispanic residents

- **BIPOC**
  - Cardiovascular Disease: 16.4
  - Diabetes: 17.0
  - Lung Disease: 20.0
  - Former or Current Smoker: 15.6

- **White Non-Hispanic**
  - Cardiovascular Disease: 8.3
  - Diabetes: 7.3
  - Lung Disease: 16.3
  - Former or Current Smoker: 15.6

**BIPOC with COVID-19 have a higher hospitalization rate than white non-Hispanic people with COVID-19.**

Rate per 10,000 Vermont BIPOC and white non-Hispanic residents

- **BIPOC**
  - Hospitalization: 42

- **White Non-Hispanic**
  - Hospitalization: 5.9

**BIPOC with COVID-19 have higher rates of most chronic diseases compared with white non-Hispanic people with COVID-19.**

Rate per 10,000 Vermont BIPOC or white non-Hispanic residents

- **BIPOC**
  - Cardiovascular Disease: 16.4
  - Diabetes: 17.0
  - Lung Disease: 20.0
  - Former or Current Smoker: 15.6

- **White Non-Hispanic**
  - Cardiovascular Disease: 8.3
  - Diabetes: 7.3
  - Lung Disease: 16.3
  - Former or Current Smoker: 15.6

Vermont Department of Health
Chittenden County has the highest rate of COVID-19 among BIPOC.

Rate per 10,000 BIPOC Vermonters

Vermont: 375.0
Chittenden: 637.7
Washington: 251.3
Franklin: 241.5
Bennington: 222.9
Addison: 216.0
Lamoille: 207.9
Windham: 194.7
Rutland: 174.9
Caledonia: 170.2
Windsor: 24.7
Orleans: 24.7
Orange: 23.7

*Fewer than 6 cases
The percent positivity among BIPOC Vermonters may indicate how prevalent COVID-19 may be in the BIPOC community.
Rates of COVID-19 among BIPOC Vermonters by age

Rates per 10,000 BIPOC Vermonters

BIPOC case average age: 32
White non-Hispanic case average age: 42
Rates among younger BIPOC Vermonters are higher compared to older BIPOC Vermonters.

Rate of COVID-19 per 10,000 BIPOC Vermonters

Rates among white non-Hispanic people are highest among 18-44 year olds.

Rate per 10,000 White Non-Hispanic Vermonters
**Percent of BIPOC Cases by Source of Exposure**

- Contact with a case: 67%, 62%, 48%, 50%, 64%, 62%, 55%, 49%
- Outbreak: 83%, 50%, 48%, 52%, 55%
- Travel: 35%, 33%
- Unknown: 5%, 5%

*data through 2/24*

**Percent of White Non-Hispanic Cases by Source of Exposure**

- Contact with a case: 60%, 51%
- Outbreak: 33%, 44%
- Travel: 35%
- Unknown: 50%, 48%, 52%, 55%

*data through 2/24*
What are some contributing factors that led to the disparities we see for Black, Indigenous and people of color?

Systemic and structural racism, and oppressive systems affect the conditions in which people are born, grow, live and work.

People in communities that are underserved may:
• have higher rates of underlying medical conditions.
• work in jobs with higher risk for exposure and have less paid sick time.
• be more likely to live in multi-generational housing or congregate living spaces.
• have less access to personal protective equipment and hand sanitizer.
What must be done about the Black, Indigenous and people of color disparities we see?

• Fund racial justice advocacy organizations
• Fund community health workers
• Focus on primary prevention efforts
• Acknowledge that Vermont Department of Health messages and services miss many Vermonters
• Engage the community in determining the most effective ways to reach all people
Learn more about COVID-19 in Vermont:

Web:  www.healthvermont.gov/COVID-19

Email:  AHS.VDHPublicCommunication@vermont.gov

See more data:  Weekly Data Summaries