Weekly Summary of Vermont COVID-19 Data

Reflecting cases identified between March 5, 2020 – March 10, 2021

Date published: March 12, 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 March 3 through March 10.

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.
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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: **16,500**
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 an 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.
**Race and Ethnicity of People Tested for COVID-19 in Vermont**

**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

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate per 100 Vermonters</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaskan Native</td>
<td>0.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.0%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1.9%</td>
</tr>
<tr>
<td>Other Race</td>
<td>4.7%</td>
</tr>
<tr>
<td>White</td>
<td>91.1%</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.

Rates per 100 Vermonters

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate per 100 Vermonters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>2.5%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>97.5%</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.

Race is unknown in 27% of people tested (n = 93,218) and ethnicity is unknown in 40% of people tested (n = 137,351).
Contact tracers speak with both **cases** and their **close contacts** each week.

**82**
Number of full-time equivalent contact tracing staff trained

**700**
Cases interviewed last week
February 28 – March 6

**2,622**
Contacts named last week
February 28 – March 6

**3.3**
Average number of contacts per case*

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Vermont Department of Health

*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 21 to March 6):

84% Of cases were interviewed within 24 hours

83% Of cases provided their close contacts

64% Of contacts were tested within 14 days of exposure

12% 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

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>Rate per 10,000 Vermonters</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>178.9</td>
</tr>
<tr>
<td>10-19</td>
<td>297.1</td>
</tr>
<tr>
<td>20-29</td>
<td>375.6</td>
</tr>
<tr>
<td>30-39</td>
<td>297.4</td>
</tr>
<tr>
<td>40-49</td>
<td>286.4</td>
</tr>
<tr>
<td>50-59</td>
<td>264.9</td>
</tr>
<tr>
<td>60-69</td>
<td>207.3</td>
</tr>
<tr>
<td>70-79</td>
<td>180.3</td>
</tr>
<tr>
<td>80+</td>
<td>234.8</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Gender</th>
<th>Rate per 10,000 Vermonters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>258.4</td>
</tr>
<tr>
<td>Male</td>
<td>267.7</td>
</tr>
</tbody>
</table>
White Vermonters represent the majority of COVID-19 cases. African American Vermonters have the highest rate.

Rate per 10,000 Vermonters

- White: 87.7%
- Asian: 5.1%
- Black or African American: 4.2%
- American Indian or Alaskan Native: 0.1%
- Other Race: 2.9%

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

Rate per 10,000 Vermonters

- Hispanic: 2.7%
- Non-Hispanic: 97.3%

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 = 1,584) and ethnicity is unknown in 16% of cases (n = 2,619). On 3/12/2021, the pie chart methodology for percentage of race and ethnicity among cases was updated.
New and Cumulative Cases of Vermont Children (Age 19 and Younger) with COVID-19

Children represent 20% 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

- 10 to 19 years: 297.1
- 0 to 9 years: 178.9

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

- Female: 235.5
- Male: 251.0

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

- White: 81%
- Asian: 7%
- Black or African American: 8%
- Other Race: 5%
- American Indian or Alaskan Native: *5%

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: 776.3
- Asian: 684.3
- Other Race: 248.0
- White: 191.0
- American Indian or Alaskan Native: *
Symptoms and How Children Contract COVID-19

<table>
<thead>
<tr>
<th>Sign or Symptom</th>
<th>Percent of Children with Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Runny nose</td>
<td>54%</td>
</tr>
<tr>
<td>Headache</td>
<td>44%</td>
</tr>
<tr>
<td>Cough</td>
<td>43%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>40%</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>26%</td>
</tr>
<tr>
<td>Fever</td>
<td>20%</td>
</tr>
</tbody>
</table>

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.

5 days
Average illness duration among children

The percent of COVID-19 cases with **no symptoms** is higher among children. Less than one third (29%) of cases among children had **no symptoms** reported.

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

20% 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 222,792 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?
Symptoms Among COVID-19 Cases

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>53%</td>
</tr>
<tr>
<td>Runny Nose</td>
<td>51%</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>

Vermont Department of Health

Clinical Course
8% Of those hospitalized were on a ventilator

24% Of those hospitalized were in the ICU

6 days Average hospital stay (range: 0-78 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.

American Indian or Alaskan Native *
Other Race *
Black or African American 2%
Asian 4%

Please note 26 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.

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 after 28 days (2 incubation periods) have passed since the most recent case’s specimen collection date or illness onset 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 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 confirmed or probable 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 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).
21% of people testing positive for COVID-19 are associated with an outbreak.

Outbreaks

99 Active
87 Primary
12 Secondary

198 Resolved*

*See previous page for definitions of resolved outbreaks.

Congregate Care & Living

875 cases among residents
415 cases among facility staff

Schools & Child Care

824 cases among children & staff

Workplaces/Businesses

705 cases among employees

Community

742 cases

Source: Vermont Department of Health
Reflects confirmed data as of 3/10/2021

3,397 Unique Cases

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.
25 primary outbreaks have led to 44 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.
While only 21% of all people testing positive for COVID-19 are associated with an outbreak, 66% 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 3/10/2021
A similar percentage of females and males with COVID-19 are associated with outbreaks

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

22% 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 3/10/2021
Percent of People Testing Positive for COVID-19 by Outbreak Status and Age

- Not associated with an outbreak
- Associated with an outbreak in a health setting
- Associated with an outbreak in a non-health setting

### Median Age
- 38 years old
- 70 years old
- 29 years old

### Age in Years

- 0-9: 4%
- 10-19: 1% / 14%
- 20-29: 3% / 18%
- 30-39: 2% / 10%
- 40-49: 2% / 9%
- 50-59: 3% / 8%
- 60-69: 3% / 5%
- 70-79: 4% / 2%
- 80-89: 6% / <1%
- 90+: 4% / <1%

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 3/10/2021
Weekly Spotlight: Workplace Outbreaks

This section focuses on outbreaks in workplace settings (not including health care, institutional or long-term care facilities, education, and child care centers). For the definition of an outbreak in various settings, please see page 28.
What happens when a case of COVID-19 is reported in a workplace to help prevent an outbreak?

Health Department reaches out to an employer/business owner to notify them when an employee worked while infectious. The Health Department:

- Helps the employer/business owner identify close contacts of employees who tested positive for COVID-19.

- Advises the employer/business owner to exclude anyone testing positive for COVID-19 from work for their designated quarantine period, which is at least 10 days from the symptom onset or test collection date.

- Advises the employer/business owner to exclude coworkers who had close contact with cases from work for 14 days from exposure or until a negative COVID-19 test is collected 7 or more days after exposure.

- Reviews work environment and infection prevention practices.

- Provides guidance to employers/business owners on cleaning, infection prevention practices, and staffing shortages, which may influence a business owner’s decision whether to temporarily close.
20% of outbreak-associated cases are attributed to workplaces.


Includes data through March 10, 2021.

Counts of workplaces include counts of primary and secondary outbreaks of that setting type.

Date reflects the date of report to public health.
Since March 2020, there have been **135 outbreaks in workplaces**.

111 primary outbreaks and 24 secondary outbreaks

**39%** of primary outbreaks and **55%** of secondary outbreaks (41% of all outbreaks) have occurred in workplaces.

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**39%** of primary outbreaks and **55%** of secondary outbreaks (41% of all outbreaks) have occurred in workplaces.
Most workplace types have had few outbreaks since the start of the pandemic.

10 or more outbreaks
- Manufacturing
- Skilled trades*
- Restaurants
- Retail

6 to 9 outbreaks
- Farms
- Military, law enforcement, and fire
- Construction and carpentry
- Automotive repair and maintenance

Fewer than 6 outbreaks
- Food production
- Grocery stores
- Banks
- Office settings
- Car dealerships
- Public services, government or non-profit organizations
- Ski mountain operations
- Mail & delivery services
- Sanitation & cleaning services
- Transportation
- Hospitality
- Waste management
- Gas Stations
- Salon & Spas

*Includes electricians, plumbers, household appliance maintenance, home business heating services, plumbing, window services. Workplaces are categorized using methodology developed by the Vermont Department of Health.
Key takeaways

• Manufacturing, skilled trades, and restaurants have each had 10 or more outbreaks in the past year. Manufacturing workplaces have had 22 outbreaks in the past year.

• On average, there are 5 or fewer cases associated with an outbreak in a workplace.

• Nearly all of the cases associated with workplace outbreaks were among staff only. There are few known instances where customers or patrons got COVID-19 from visiting a business.

• The number of outbreaks among workplaces are relatively small given the number of workplaces operating in Vermont.
Learn more about COVID-19 in Vermont:

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