Weekly Summary of Vermont COVID-19 Data

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

Date published: March 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 March 17 through March 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.
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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: 18,215
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: 91.0%
- Black or African American: 1.9%
- Asian: 2.0%
- American Indian or Alaskan Native: 0.3%
- Other Race: 4.8%

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: 97.5%
- Hispanic: 2.5%

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 = 92,104) and ethnicity is unknown in 40% of people tested (n = 136,411).
Contact tracers speak with both cases and their close contacts each week.

82
Number of full-time equivalent contact tracing staff trained

799
Cases interviewed last week
March 14 – March 20

2,400
Contacts named last week
March 13 – March 20

3.4
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 March 7 to March 20):

90% of cases were interviewed within 24 hours.

86% of cases provided their close contacts.

56% of contacts were tested within 14 days of exposure.

14% of contacts became a case.
Case Demographics

Who has been impacted by COVID-19 in Vermont?
Rates of COVID-19 are highest among Vermonters 20-29 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>196.7</td>
</tr>
<tr>
<td>10-19</td>
<td>340.9</td>
</tr>
<tr>
<td>20-29</td>
<td>428.7</td>
</tr>
<tr>
<td>30-39</td>
<td>326.5</td>
</tr>
<tr>
<td>40-49</td>
<td>312.6</td>
</tr>
<tr>
<td>50-59</td>
<td>290.8</td>
</tr>
<tr>
<td>60-69</td>
<td>223.3</td>
</tr>
<tr>
<td>70-79</td>
<td>189.0</td>
</tr>
<tr>
<td>80+</td>
<td>241.3</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>284.2</td>
</tr>
<tr>
<td>Male</td>
<td>297.0</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**: 88.2%
- **American Indian or Alaskan Native**: 0.2%
- **Other Race**: 2.9%
- **Asian**: 4.8%
- **Black or African American**: 3.9%

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate per 10,000 Vermonters</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>247.3</td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>127.0</td>
</tr>
<tr>
<td>Other Race</td>
<td>373.0</td>
</tr>
<tr>
<td>Asian</td>
<td>663.7</td>
</tr>
<tr>
<td>Black or African American</td>
<td>740.8</td>
</tr>
</tbody>
</table>

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

Rate per 10,000 Vermonters

- **Non-Hispanic**: 97.2%
- **Hispanic**: 2.8%

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate per 10,000 Vermonters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>344.4</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>244.9</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 9% of cases (n = 1,720) and ethnicity is unknown in 15% of cases (n = 2,808).

On 3/12/2021, the pie chart methodology for percentage of race and ethnicity among cases was updated.

Vermont Department of Health
New and Cumulative Cases of Vermont Children (Age 19 and Younger) with COVID-19

Children represent 20% of Vermont’s cases.

25% 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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 9 years</td>
<td>196.7</td>
<td></td>
</tr>
<tr>
<td>10 to 19 years</td>
<td>340.9</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Gender</th>
<th>Rate per 10,000 Vermonters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>265.3</td>
</tr>
<tr>
<td>Male</td>
<td>285.4</td>
</tr>
</tbody>
</table>

**Among children with COVID-19, Black, Indigenous and people of color represent 18% of cases.**

- White 82%
- Asian 7%
- Black or African American 7%
- Other Race 5%
- American Indian or Alaskan Native *

**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>Race Group</th>
<th>Rate per 10,000 Vermonters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African American</td>
<td>804.5</td>
</tr>
<tr>
<td>Asian</td>
<td>713.8</td>
</tr>
<tr>
<td>Other Race</td>
<td>275.3</td>
</tr>
<tr>
<td>White</td>
<td>220.8</td>
</tr>
<tr>
<td>American Indian or Alaskan Native *</td>
<td>*</td>
</tr>
</tbody>
</table>
Sign or Symptom | Percent of Children with Symptom
---|---
Runny nose | 54%
Headache | 45%
Cough | 44%
Fatigue | 40%
Sore Throat | 39%
Muscle pain | 26%
Loss of smell or taste | 25%
Fever | 20%

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 six hospitalizations.

The percent of COVID-19 cases with no symptoms is higher among children. Less than one third (30%) of cases among children had no symptoms reported.

60% of children with COVID-19 had known contact with somebody else who had COVID-19.

22% 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 252,705 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.

Vermont Department of Health
Clinical Course

What symptoms have Vermonters experienced? How many have been hospitalized? How many have died?
### Clinical Course

#### Symptoms Among COVID-19 Cases

- **Average illness duration**: 8 days
- **Cases with symptoms**: 72%

#### Sign or Symptom

<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>55%</td>
</tr>
<tr>
<td>Headache</td>
<td>53%</td>
</tr>
<tr>
<td>Runny Nose</td>
<td>52%</td>
</tr>
<tr>
<td>Muscle Pain</td>
<td>44%</td>
</tr>
<tr>
<td>Loss of Smell/Taste</td>
<td>36%</td>
</tr>
<tr>
<td>Sore Throat</td>
<td>36%</td>
</tr>
<tr>
<td>Felt Feverish</td>
<td>34%</td>
</tr>
</tbody>
</table>

Source: Vermont Department of Health
Hospitalizations Among COVID-19 Cases

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.

Vermont Department of Health

American Indian or Alaskan Native *
Other Race *
Black or African American 2%
Asian 3%

Please note 27 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.

White Vermonters represent a majority of COVID-19 deaths.
Death rates by race are similar.
Rate per 10,000 Vermonters

Number of Deaths Over Time.

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 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 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

108 Active
96 Primary
12 Secondary
279 Resolved*

*See previous page for definitions of resolved outbreaks.

Congregate Care & Living
- 775 cases among residents
- 393 cases among facility staff

Acute & Outpatient Healthcare
- 87 cases

Schools & Child Care
- 1094 cases among children & staff

Workplaces/Businesses
- 850 cases among employees

Community
- 781 cases

Source: Vermont Department of Health
Reflects confirmed data as of 3/24/2021

775 cases among residents
393 cases among facility staff
1094 cases among children & staff
850 cases among employees
781 cases
29 primary outbreaks have led to 51 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, workplaces, and schools.

Multiple cases identified with known connections in the setting*

Exposure from the primary setting* led to transmission in a separate setting*

*See outbreak definitions on page 23 for setting descriptions.
Vermont COVID-19 Cases Associated with an Outbreak Over Time

Vermont COVID-19 Deaths Associated with an Outbreak Over Time

Source: Vermont Department of Health

Reflects confirmed data as of 03/17/2021
While only 21% of all people testing positive for COVID-19 are associated with an outbreak, 64% 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 3/24/2021
A similar percentage of **females** and **males** with COVID-19 are associated with outbreaks

- **20%** of **females** with COVID-19 are associated with an outbreak.
- **23%** 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 3/24/2021
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**

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>Median age</th>
<th>Not associated</th>
<th>Associated in health setting</th>
<th>Associated in non-health setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td></td>
<td>0.4%</td>
<td>2%</td>
<td>20%</td>
</tr>
<tr>
<td>0-9</td>
<td>37 years old</td>
<td>4%</td>
<td>15%</td>
<td>3%</td>
</tr>
<tr>
<td>10-19</td>
<td>69 years old</td>
<td>1%</td>
<td>15%</td>
<td>2%</td>
</tr>
<tr>
<td>20-29</td>
<td>27 years old</td>
<td>2%</td>
<td>20%</td>
<td>2%</td>
</tr>
<tr>
<td>30-39</td>
<td></td>
<td>2%</td>
<td>10%</td>
<td>2%</td>
</tr>
<tr>
<td>40-49</td>
<td></td>
<td>2%</td>
<td>9%</td>
<td>2%</td>
</tr>
<tr>
<td>50-59</td>
<td></td>
<td>3%</td>
<td>9%</td>
<td>3%</td>
</tr>
<tr>
<td>60-69</td>
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<td>3%</td>
<td>5%</td>
<td>3%</td>
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<tr>
<td>70-79</td>
<td></td>
<td>4%</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>80-89</td>
<td></td>
<td>5%</td>
<td>&lt;1%</td>
<td>5%</td>
</tr>
<tr>
<td>90+</td>
<td></td>
<td>3%</td>
<td>&lt;1%</td>
<td>3%</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.

Source: Vermont Department of Health
Reflects case counts as of 3/24/2021
Weekly Spotlight: Close Contacts in Vermont

This spotlight focuses on people who have been identified as close contacts to a person with COVID-19 in Vermont.
What does it mean to be a close contact?

Close contact means:

• Being within six feet for a total of 15 minutes or more over a 24-hour period, of someone with COVID-19 during their infectious period.
• The infectious period is when the person is contagious. It starts two days before symptoms began, or for people who haven’t had symptoms, two days before they were tested, and continues until they are recovered.
• If someone was in close contact with more than one person with COVID-19, they may be identified as a contact multiple times.

Close contact does not mean:

• Being more than six feet away in the same indoor environment for a short period of time, walking by, or briefly being in the same room.

When someone tests positive for COVID-19:

• A contact tracer calls them to give guidance about what to do until they recover. They also ask questions to help identify the person’s close contacts.
Since March 2020...

60,599 close contacts have been identified by people with COVID-19

42,148 unique people have been identified as a close contact

4,495 people identified as a close contact have become a case

Why is the number of contacts higher than the number of unique people identified as contacts?

People can be identified as a close contact more than once. For example, if two members of their family have COVID-19 at the same time, they may be identified once by each family member. Or someone may be identified by a family member in January and then identified again by a coworker with COVID-19 in April.

33,683 people have been identified one time

5,706 people have been identified two times

3,846 people have been identified three or more times
Females and males are equally likely to be identified as a close contact.

49% of people identified as a close contact are female.

51% of people identified as a close contact are male.

Household members are mostly likely to be identified as a close contact. They are also the type of contact most likely to become a case.

Younger people are more likely to be identified as a close contact than older people.*

*Note: close contact data is not collected in the same way for long term care facility residents or people who are incarcerated.
Learn more about COVID-19 in Vermont:

Web:  www.healthvermont.gov/COVID-19

Email:  AHS.VDHPublicCommunication@vermont.gov

See more data:  Weekly Data Summaries