Weekly Summary of Vermont COVID-19 Data

Reflecting cases identified between March 5, 2020 – April 21, 2021

Date published: April 23, 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 April 14 through April 21.

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.
- On March 28, 2021 the outbreak definition changed. See slide 24 for more details.
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: 22,325
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.

Vermont Department of Health
The distribution of people tested for COVID-19 in Vermont varies by age group.

More females are tested than males for COVID-19.

- 54% of people tested for COVID-19 are female.
- 46% 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%
- American Indian or Alaskan Native: 0.3%
- Asian: 1.9%
- Black or African American: 1.9%
- Other Race: 4.7%

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 24% of people tested (n = 91,392) and ethnicity is unknown in 37% of people tested (n = 137,373).
Contact tracers speak with both **cases** and their **close contacts** each week.

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of full-time equivalent contact tracing staff trained</th>
<th>Cases interviewed last week</th>
<th>Contacts named last week</th>
<th>Average number of contacts per case*</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/7/20</td>
<td>82</td>
<td>760</td>
<td>2,405</td>
<td>3.3</td>
</tr>
<tr>
<td>4/4/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/2/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/30/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/27/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/25/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/22/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/19/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/17/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/14/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/12/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/9/21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/6/21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/6/21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/3/21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 April 4 to April 17):

- 91% Of cases were interviewed within 24 hours
- 87% 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

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

9% of Vermonters with COVID-19 have a disability*.  
*The Health Department has complete data about disabilities for 5,013 people with COVID-19. The disability data gathered includes information about people with neurologic, neurodevelopmental, and intellectual disabilities, as well as physical, vision, and hearing impairments.
White Vermonters represent the majority of COVID-19 cases. African American Vermonters have the highest rate.

Rate per 10,000 Vermonters

- White: 89.1%
- Black or African American: 3.6%
- Asian: 4.3%
- Other Race: 2.9%
- American Indian or Alaskan Native: 0.2%

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

Rate per 10,000 Vermonters

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

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 = 2,044) and ethnicity is unknown in 15% of cases (n = 3,238). 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 22% of Vermont’s cases.

25% of children with COVID-19 are 18 or 19 years old.

An outbreak was identified around this time.

4,909
Both the number and the rate of COVID-19 among school aged children have been decreasing in the last two weeks.
**Older children have a higher rate of COVID-19 compared to younger children.**
Rate per 10,000 Vermonters 0-19 years old

- **0 to 9 years**: 259.2
- **10 to 19 years**: 451.0

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

- **Female**: 353.2
- **Male**: 375.1

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

- **White**: 84%
- **Asian**: 6%
- **Black or African American**: 6%
- **Other Race**: 4%
- **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

- **Black or African American**: 917.4
- **Asian**: 792.4
- **Other Race**: 328.2
- **White**: 302.0
- **American Indian or Alaskan Native**: *
<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>46%</td>
</tr>
<tr>
<td>Cough</td>
<td>45%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>41%</td>
</tr>
<tr>
<td>Sore Throat</td>
<td>39%</td>
</tr>
<tr>
<td>Muscle Pain</td>
<td>25%</td>
</tr>
<tr>
<td>Loss of Smell/Taste</td>
<td>24%</td>
</tr>
<tr>
<td>Fever</td>
<td>19%</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 nine hospitalizations.

The percent of COVID-19 cases with **no symptoms** is higher among children. More than one quarter (28%) of cases among children had **no symptoms** reported.

68% 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.

5 days
Average illness duration among children
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).

Total tests represents the total number of tests among children (specimen level).

There have been 307,441 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

**73%**
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>58%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>55%</td>
</tr>
<tr>
<td>Headache</td>
<td>54%</td>
</tr>
<tr>
<td>Runny Nose</td>
<td>52%</td>
</tr>
<tr>
<td>Muscle Pain</td>
<td>44%</td>
</tr>
<tr>
<td>Sore Throat</td>
<td>37%</td>
</tr>
<tr>
<td>Loss of Smell/Taste</td>
<td>35%</td>
</tr>
<tr>
<td>Felt Feverish</td>
<td>35%</td>
</tr>
</tbody>
</table>
**Number of Hospitalizations Over Time**

<table>
<thead>
<tr>
<th>Month</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>58</td>
<td>81</td>
<td>81</td>
<td>95</td>
<td>81</td>
<td>58</td>
<td>66</td>
<td>66</td>
<td>50</td>
<td>66</td>
</tr>
</tbody>
</table>

*7% Of those hospitalized were on a ventilator*

*24% Of those hospitalized were in the ICU*

*7 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

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>0-9</th>
<th>10-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>70-79</th>
<th>80+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate per 10,000</td>
<td>3.0</td>
<td>4.1</td>
<td>6.4</td>
<td>11.6</td>
<td>15.7</td>
<td>28.3</td>
<td>47.3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Please note 31 hospitalized persons are missing race information.

*Values suppressed due to small numbers.*
Deaths Among COVID-19 Cases

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.

Number of Deaths Over Time

Vermont Department of Health

Note: On April 9, 2021 the methodology for generating this graph changed. It now shows number of deaths by the month in which the person died, not the month in which their case of COVID-19 was reported to the Health Department.

Death rates by race are similar.

Rate per 10,000 Vermonters

Note: One death is missing race information. One death has been 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>Outbreak Setting</th>
<th>Healthcare and Supportive Residential</th>
<th>Education</th>
<th>Businesses/Workplaces</th>
</tr>
</thead>
</table>
| **Outbreak Definition**              | Three or more patients/clients/residents or staff members with COVID-19 and known connections to each other in the facility setting. | Three 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 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. | Three or more COVID-19 cases among employees or customers at the same business, 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. |
| **Outbreak Resolved When**           | No new COVID-19 positive tests occur after 28 days from the last positive test or illness start date (whichever is later). | 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). | 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). |
| **Examples of Where Definition is Used** | Inpatient and outpatient healthcare settings (including long-term care facilities), correctional facilities, and homeless shelters. | K-12 schools, colleges/universities, and childcare. | All workplaces not elsewhere classified (e.g. restaurants, grocery stores, ski resorts, manufacturing, construction, etc.). |

Outbreak definitions changed on 3/28/2021, see page 02 for more details.
Outbreaks can occur in many types of places. Here is what outbreak means in these places:

<table>
<thead>
<tr>
<th>Outbreak Setting</th>
<th>Social Gatherings/Events</th>
<th>Senior Independent Living and Income-Restricted Multifamily Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outbreak Definition</strong></td>
<td>Three or more COVID-19 cases involving more than one family or household where the cases:</td>
<td>Three or more COVID-19 cases involving different households or staff where the cases:</td>
</tr>
<tr>
<td></td>
<td>- have an illness start date or positive test collection date within 14 days, and</td>
<td>- have an illness start date or positive test collection date within 14 days, and</td>
</tr>
<tr>
<td></td>
<td>- are linked through contact or location, and</td>
<td>- live, work, or provide services at the same multifamily housing facility, and</td>
</tr>
<tr>
<td></td>
<td>- are not linked to another outbreak, and</td>
<td>- had contact with each other at the facility, and</td>
</tr>
<tr>
<td></td>
<td>- attended a social event/gathering, and</td>
<td>- there is no other more likely source of exposure.</td>
</tr>
<tr>
<td></td>
<td>- there is no other more likely source of exposure.</td>
<td></td>
</tr>
<tr>
<td><strong>Outbreak Resolved When</strong></td>
<td>When No new confirmed or probable COVID-19 cases after 28 days (two incubation periods) have passed since the most recent case’s specimen collection date or illness onset date (whichever is later).</td>
<td></td>
</tr>
<tr>
<td><strong>Examples of Where Definition is Used</strong></td>
<td>Parties, meetings, celebrations, recreational sports, fitness classes, etc.</td>
<td>Senior independent living facilities and other high risk community independent living settings (not meant for general community multifamily independent living settings).</td>
</tr>
</tbody>
</table>
21% of people testing positive for COVID-19 are associated with an outbreak.

**Outbreaks**

93 Active
83 Primary
10 Secondary

382 Resolved*

*See previous page for definitions of resolved outbreaks.

**Congregate Care & Living**
- 787 cases among residents
- 401 cases among facility staff

**Acute & Outpatient Healthcare**
- 90 cases

**Schools & Child Care**
- 1575 cases among children & staff

**Workplaces/Businesses**
- 1059 cases among employees

**Community**
- 917 cases

Source: Vermont Department of Health
Reflects confirmed data as of 4/21/2021

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.
36 primary outbreaks have led to 62 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.

*See outbreak definitions on page 23 for setting descriptions.

Source: Vermont Department of Health
Reflects confirmed data as of 4/21/2021
Vermont COVID-19 Cases Associated with an Outbreak Over Time

Source: Vermont Department of Health
Reflects confirmed data as of 4/21/2021

Vermont COVID-19 Deaths Associated with an Outbreak Over Time

Source: Vermont Department of Health
Reflects confirmed data as of 4/21/2021
While only 21% of all people testing positive for COVID-19 are associated with an outbreak, 61% of COVID-19-related deaths occur in outbreak settings.

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.
Similar percentages of females and males with COVID-19 are associated with outbreaks

- 20% 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 confirmed data as of 4/21/2021
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>Not associated with an outbreak</th>
<th>Associated with an outbreak in a health setting</th>
<th>Associated with an outbreak in a non-health setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>8%</td>
<td>5%</td>
<td>17%</td>
</tr>
<tr>
<td>10-19</td>
<td>14%</td>
<td>1%</td>
<td>17%</td>
</tr>
<tr>
<td>20-29</td>
<td>19%</td>
<td>2%</td>
<td>23%</td>
</tr>
<tr>
<td>30-39</td>
<td>14%</td>
<td>2%</td>
<td>10%</td>
</tr>
<tr>
<td>40-49</td>
<td>13%</td>
<td>2%</td>
<td>8%</td>
</tr>
<tr>
<td>50-59</td>
<td>15%</td>
<td>3%</td>
<td>8%</td>
</tr>
<tr>
<td>60-69</td>
<td>11%</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>70-79</td>
<td>5%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>80-89</td>
<td>2%</td>
<td>4%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>90+</td>
<td>0.3%</td>
<td>3%</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

Note: Examples of a health setting include long-term care or assisted living facilities, therapeutic treatment centers, and behavioral health institutions. Examples of a non-health setting include correctional facilities, senior housing communities, businesses, and homeless shelters.

Source: Vermont Department of Health
Reflects confirmed data as of 4/21/2021
Weekly Spotlight: Facilities Experiencing More Than One Outbreak

This section focuses on places where an outbreak has occurred more than once.
14% of outbreaks have occurred in the same facilities

The number of outbreaks in facilities that experienced more than one ranged from 2 to 4 outbreaks.

**30 facilities have experienced more than one outbreak.**

There have been **475 outbreaks** since March 2020.

**35 of those** are outbreaks that occurred in facilities that had previously experienced an outbreak.

The successive outbreak experienced by facilities was slightly more likely to be the same or more severe* than the first

*Severity is measured by increased case counts, people experiencing illness, hospitalizations, and deaths.

Change in Outbreak Severity Compared to Facilities’ First Outbreak

<table>
<thead>
<tr>
<th>Percent of Facilities Experiencing More than One Outbreak</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Severe, 49%</td>
</tr>
<tr>
<td>No Difference, 9%</td>
</tr>
<tr>
<td>More Severe, 43%</td>
</tr>
</tbody>
</table>

Values are rounded to the nearest whole number and therefore may not add to 100% due to error introduced in rounding.

Facilities experiencing more than one outbreak are not unique to one setting

Of all settings experiencing more than one outbreak, the majority (94%) are considered essential services* or functions.

### Percent of Outbreaks that Occurred in Facilities that had Previously Experienced an Outbreak by Setting Type

<table>
<thead>
<tr>
<th>Setting Type</th>
<th>Percent of Outbreaks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless Shelter (N=3)</td>
<td>33%</td>
</tr>
<tr>
<td>Medical/Dental Clinic (N=4)</td>
<td>25%</td>
</tr>
<tr>
<td>College/University (N=13)</td>
<td>23%</td>
</tr>
<tr>
<td>Correctional Facility (N=6)</td>
<td>17%</td>
</tr>
<tr>
<td>LTCF (N=50)</td>
<td>16%</td>
</tr>
<tr>
<td>School (K-12) (N=88)</td>
<td>14%</td>
</tr>
<tr>
<td>Child Care Facility (N=41)</td>
<td>10%</td>
</tr>
<tr>
<td>Workplace (N=197)</td>
<td>3%</td>
</tr>
</tbody>
</table>


*For more information on the types of business/organizations that provide essential services please see [https://accd.vermont.gov/sites/accdnew/files/documents/NAICS-Code-Guidance-for-Vermont-Businesses_0.pdf](https://accd.vermont.gov/sites/accdnew/files/documents/NAICS-Code-Guidance-for-Vermont-Businesses_0.pdf)
Key Takeaways

• Facilities that have experienced more than one outbreak are spread across multiple setting types impacting all age groups.

• Having more than one outbreak does not mean anyone has done anything wrong. Staff turnover and elevated levels of community transmission are all factors that lead to increased spread of COVID-19.

• Don’t be complacent. Since COVID-19 will continue to be a concern as Vermont reopens, precautions to prevent the spread of COVID-19 are still encouraged.

Wear a mask  Practice social distancing  Wash your hands often
Learn more about COVID-19 in Vermont:

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