Weekly Summary of Vermont COVID-19 Data

Reflecting cases identified between March 5 – September 9, 2020

Date published: September 11, 2020. 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 September 2 through September 9.

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.
Overview of COVID-19 in Vermont
Case Demographics
Clinical Course
Outbreaks
Syndromic Surveillance

Table of Contents
Click on a box below to jump to that section
COVID-19 in Vermont

An overview of our number of cases and laboratory testing to date.
Total Number of Cases in Vermont: 1,661

The daily number of COVID-19 cases in Vermont peaked on April 3.
Most counties have reached a plateau in the number of new cases.
Growth over time by county (n=1,653)

Cumulative cases are presented using a log scale to help compare the large number of cases in Chittenden County (n=804, roughly 49% of all cases) to other counties. Using a log scale also helps visualize percent change. For the number of cases by county, see the Data Dashboard.
**Percent of positive COVID-19 tests may indicate how prevalent the disease is in the population.**

The highest percent of positive tests (11%) was on March 23, 28, and 30.

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 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 people with laboratory confirmed COVID-19 divided by the total number of people tested. 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.*
Contact tracers speak with both confirmed cases and their close contacts each week.

65
Number of contact tracers trained

33
Cases interviewed last week

101
Contacts named last week

3
Average number of contacts per case*

*Since March 7
In the last two weeks (from August 23 to September 5):

- 96% Of cases were interviewed within 24 hours
- 88% Of cases provided their close contacts
- 37% Of contacts were tested within 14 days of exposure
- 4% Of contacts became a case
Case Demographics

Who has been impacted by COVID-19 in Vermont?
Rates of COVID-19 are highest among Vermonters 80 years and older.

Rate per 10,000 Vermonters

Females and males have similar rates of COVID-19.

Rate per 10,000 Vermonters

There are differences in age and sex of Vermonters with COVID-19.

Rates of COVID-19 by Age Group for Females and Males per 10,000 Vermonters
**White Vermonters** represent the majority of COVID-19 cases. **African American Vermonters** have the highest rate.

Rate per 10,000 Vermonters

- **White** 80.3%
- **Other Race** 2.2%
- **American Indian or Alaskan Native** 0.1%
- **Asian** 3.9%
- **Black or African American** 10.5%

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

Rate per 10,000 Vermonters

- **Non-Hispanic** 88.9%
- **Hispanic** 3.5%

**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.

Note: Race is unknown in 3% of cases (n = 51) and ethnicity is unknown in 8% of cases (n = 123).
Approximately 53% of people* with COVID-19 have a pre-existing condition.

*of the 1,343 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>Heart Disease</td>
<td>147</td>
<td>11%</td>
</tr>
<tr>
<td>Chronic Lung Disease (includes asthma and COPD)</td>
<td>186</td>
<td>14%</td>
</tr>
<tr>
<td>Chronic Liver Disease</td>
<td>11</td>
<td>1%</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td>34</td>
<td>3%</td>
</tr>
<tr>
<td>Current/Former Smoker</td>
<td>273</td>
<td>20%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>116</td>
<td>9%</td>
</tr>
<tr>
<td>Immunocompromised Condition</td>
<td>54</td>
<td>4%</td>
</tr>
<tr>
<td>Neurologic Condition/Intellectual Disability</td>
<td>38</td>
<td>3%</td>
</tr>
<tr>
<td>Other Chronic Condition**</td>
<td>331</td>
<td>25%</td>
</tr>
<tr>
<td>Pregnant</td>
<td>14</td>
<td>1%</td>
</tr>
</tbody>
</table>

44% 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.

The Health Department has information about pre-existing conditions in 81% (1,343) of 1,661 total COVID-19 cases.
Prevalence of select conditions in **COVID-19 patients** and Vermont **adults**.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Prevalence COVID-19 Patients</th>
<th>Vermont Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Chronic Lung Disease</td>
<td>14%</td>
<td>16%</td>
</tr>
</tbody>
</table>


Prevalence of pre-existing conditions is approximately equal between **female** and **male** COVID-19 patients.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>52%</td>
<td>48%</td>
</tr>
</tbody>
</table>

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

- 7 in 10 health care workers with COVID-19 are female.
- 32% of health care workers with COVID-19 are associated with an outbreak.
- Health care worker cases peaked on April 4.

1 in 6 Vermonters with COVID-19 are health care workers.

Health care workers with COVID-19 tend to be younger than non-health care workers with COVID-19.

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

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

There are no reported deaths among health care workers.

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>Cough</td>
<td>71%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>64%</td>
</tr>
<tr>
<td>Headache</td>
<td>61%</td>
</tr>
<tr>
<td>Loss of Smell or Taste</td>
<td>53%</td>
</tr>
<tr>
<td>Muscle Pain</td>
<td>50%</td>
</tr>
<tr>
<td>Runny nose</td>
<td>46%</td>
</tr>
<tr>
<td>Chills</td>
<td>44%</td>
</tr>
<tr>
<td>Fever</td>
<td>40%</td>
</tr>
</tbody>
</table>
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 = 6 days.

Average illness duration: 12 days

Cases with symptoms: 73%

<table>
<thead>
<tr>
<th>Sign or Symptom</th>
<th>Percent of Symptomatic Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td>67%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>66%</td>
</tr>
<tr>
<td>Headache</td>
<td>53%</td>
</tr>
<tr>
<td>Muscle Pain</td>
<td>50%</td>
</tr>
<tr>
<td>Fever</td>
<td>46%</td>
</tr>
<tr>
<td>Loss of Smell/Taste</td>
<td>46%</td>
</tr>
</tbody>
</table>

Note: Date of symptom onset is not always known.
Most Vermonters with COVID-19 are not hospitalized.

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.
Hospitalization rates by race are similar.
Rate per 10,000 Vermonters

- Not hospitalized = 1,434
- Hospitalized = 142
- Unknown = 85

- Of those hospitalized were on a ventilator
- Of those hospitalized were in the ICU
- Average hospital stay (range: 0-43 days)
- Unknown = 85
- Hospitalized = 142

- Vermonters 80 years and older are more likely to be hospitalized for COVID-19.
- Most Vermonters with COVID-19 are not hospitalized.
- Vermonters represent a majority of hospitalized COVID-19 cases.
- Hospitalization rates by race are similar.

Please note 5 hospitalized persons are missing race information.
*The number of Asian, Black, and persons in the other race category is less than 5.
Vermonters 80 years and older have higher rates of COVID-19 death than other age groups.
Rate per 10,000 Vermonters

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

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

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.
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**

3 or more COVID-19 cases involving more than one family or household where the cases:

- have an illness start date or positive test 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.

**Educational Settings**

2 or more COVID-19 cases among students or teachers/staff with known connections in the educational setting, where the cases are connected by:

- having an illness start date or a positive test within 14 days, and
- not living together or having close contact with each other in another setting, and
- there is no other more likely source of exposure.

**Congregate Care or Living Settings***

One resident or staff member with COVID-19, and one or more residents or staff with whom they had contact with respiratory illness.

or

Two or more facility residents and/or staff with an illness start date or positive test within 14 days.

*Examples include long-term care and other residential care facilities, correctional facilities and homeless shelters.

**Workplaces**

2 or more COVID-19 cases among employees at the same workplace, where the cases are connected by:

- having contact with each other, and
- an illness start date or positive test within 14 days, and
- not living together or having close contact with each other in another setting, and
- there is no other more likely source of exposure.
27% of COVID-19 cases are associated with an outbreak

Outbreaks
4 Active
23 Resolved*

*Resolved outbreaks are those where it has been >28 days since the last known case of COVID-19.

Congregate Care & Living

159 cases among residents
82 cases among facility staff

Schools and Child Care
7 cases among children and staff

Workplace
37 cases among employees

Community
165 cases
Vermont COVID-19 Cases Associated with an Outbreak Over Time

The daily number of cases associated with an outbreak peaked on April 9.

Vermont COVID-19 Deaths Associated with an Outbreak Over Time

There have been no COVID-19-related deaths in Vermont for 43 days.

Source: Vermont Department of Health
Reflects confirmed data as of 9/2/2020.
While only 27% of all COVID-19 cases are associated with outbreaks, more than half 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.

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.

Source: Vermont Department of Health
Reflects confirmed data as of 9/9/2020.
The percentages of **females** and **males** with COVID-19 that are associated with an outbreak is about even.

- **25%** of females with COVID-19 are associated with an outbreak.
- **29%** of males with COVID-19 are associated with an outbreak.

But in outbreak settings, **males** with COVID-19 are more likely to be associated with non-health settings than health 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. Percentages by outbreak type are rounded to the whole number, but combined totals take into account 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. Vermont has not experienced an outbreak in all health and non-health settings.

---

### Sources

- Vermont Department of Health

Reflects case counts as of 9/9/20.
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 case counts as of 9/9/20
Syndromic Surveillance

What we can learn from emergency room and urgent care centers?
The percent of emergent care visits for COVID-19-like illness remains steady.
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.

*Please note: the query used to identify COVID-19-like illness in syndromic surveillance data changed on 5/28. This was to be consistent with the most up-to-date national definition provided by the CDC.
Learn more about COVID-19 in Vermont:

Web:  www.healthvermont.gov/COVID-19
Email: AHS.VDHPublicCommunication@vermont.gov