Weekly Summary of Vermont COVID-19 Data

Reflecting cases identified between March 5 – September 16, 2020

Date published: September 18, 2020. 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 September 9 through September 16.

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.
COVID-19 in Vermont

An overview of our number of cases and laboratory testing to date.
Total Number of Cases in Vermont: 1,705

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=1,697)

Cumulative cases are presented using a log scale to help compare the large number of cases in Chittenden County (n=825, 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.

Cumulative cases are presented using a log scale to help compare the large number of cases in Chittenden County (n=825, 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.

*Not a stable estimate due to small numbers. There were 8 total tests and 1 was positive.

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 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.
Contact tracers speak with both confirmed cases and their close contacts each week.

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of contact tracers 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>March 7</td>
<td>65</td>
<td>34</td>
<td>127</td>
<td>3 since March 7</td>
</tr>
<tr>
<td>March 14</td>
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<td>March 21</td>
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<td>March 28</td>
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<td>April 4</td>
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<td>April 25</td>
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<td>May 2</td>
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<td>May 30</td>
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<td>June 6</td>
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<td>June 13</td>
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<td>June 20</td>
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<td>June 27</td>
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<td>July 4</td>
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<td>July 11</td>
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<td>July 18</td>
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<td>July 25</td>
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<td>August 1</td>
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<td>August 8</td>
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<td>August 15</td>
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<td>August 22</td>
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<td>August 29</td>
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<td>September 5</td>
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</tr>
<tr>
<td>September 12</td>
<td></td>
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</tr>
</tbody>
</table>

*Since March 7
In the last two weeks (from September 6 to September 12):

- 99% of cases were interviewed within 24 hours.
- 83% of cases provided their close contacts.
- 43% 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

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

- White: 80.4%
- Black or African American: 10.2%
- Other Race: 2.2%
- American Indian or Alaskan Native: 0.1%
- Asian: 3.9%

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

- Non-Hispanic: 89.0%
- 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 = 54) and ethnicity is unknown in 8% of cases (n = 129).
Approximately 53% of people* with COVID-19 have a pre-existing condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>148</td>
<td>11%</td>
</tr>
<tr>
<td>Chronic Lung Disease (includes asthma and COPD)</td>
<td>188</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>35</td>
<td>3%</td>
</tr>
<tr>
<td>Current/Former Smoker</td>
<td>268</td>
<td>19%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>118</td>
<td>9%</td>
</tr>
<tr>
<td>Immunocompromised Condition</td>
<td>55</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>332</td>
<td>24%</td>
</tr>
<tr>
<td>Pregnant</td>
<td>13</td>
<td>1%</td>
</tr>
</tbody>
</table>

43% 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% (1,386) of 1,705 total COVID-19 cases.

*of the 1,386 people that the Health Department has pre-existing condition data for.
### Prevalence of select conditions in COVID-19 patients and Vermont adults.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>11%</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>8%</td>
</tr>
<tr>
<td>Chronic Lung Disease</td>
<td>9%</td>
</tr>
</tbody>
</table>


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

- 52% Female
- 48% Male

### 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.

- 16% with pre-existing conditions
- 2% without pre-existing conditions
Number of New Health Care Worker and All Cases by Day

Health care worker cases peaked on April 4.

- **7 in 10 health care workers with COVID-19 are female.**
- **31% of health care workers with COVID-19 are associated with an outbreak.**

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.

Sign or Symptom among Health Care Workers with COVID-19

<table>
<thead>
<tr>
<th>Symptom</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>52%</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>43%</td>
</tr>
<tr>
<td>Fever</td>
<td>41%</td>
</tr>
</tbody>
</table>

Case Demographics

- White: 87%
- Asian: 2%
- Other Race: 1%
- Black or African American: 5%
- American Indian or Alaska Native: 0.4%

Not Hospitalized: 209
Hospitalized: 10
Unknown: 6

Symptomatic: 80%
Asymptomatic: 19%
Unknown: 2%
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

Note: Date of symptom onset is not always known.

<table>
<thead>
<tr>
<th>Sign or Symptom</th>
<th>Percent of Symptomatic Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td>66%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>66%</td>
</tr>
<tr>
<td>Headache</td>
<td>54%</td>
</tr>
<tr>
<td>Muscle Pain</td>
<td>50%</td>
</tr>
<tr>
<td>Fever</td>
<td>45%</td>
</tr>
<tr>
<td>Loss of Smell/Taste</td>
<td>46%</td>
</tr>
</tbody>
</table>

12 days
Average illness duration

73%
Cases with symptoms

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

| Unknown = 84 |
| Hospitalized = 143 |

Not hospitalized = 1,478

15% Of those hospitalized were on a ventilator

35% Of those hospitalized were in the ICU

9 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

Vermonters 80 years and older are more likely to be hospitalized for COVID-19.

Vermonters 80 years and older are more likely to be hospitalized for COVID-19.

<table>
<thead>
<tr>
<th>0.0</th>
<th>0.0</th>
<th>0.0</th>
<th>0.5</th>
<th>1.4</th>
<th>2.6</th>
<th>3.7</th>
<th>6.5</th>
<th>13.8</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>10-19</td>
<td>20-29</td>
<td>30-39</td>
<td>40-49</td>
<td>50-59</td>
<td>60-69</td>
<td>70-79</td>
<td>≥80</td>
</tr>
</tbody>
</table>

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

Hospitalization rates by race are similar.

Rate per 10,000 Vermonters

<table>
<thead>
<tr>
<th>Asian 4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African American 2%</td>
</tr>
<tr>
<td>Other Race 2%</td>
</tr>
</tbody>
</table>

White 93% Asian 4% Black or African American 2% Other Race 2%

Please note 5 hospitalized persons are missing race information.

*The number of Asian, Black, and persons in the other race category is based on small numbers.*
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 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.

**Educational Settings**

2 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.

**Congregate Care or Living Settings***

One resident or staff member with COVID-19, and one or more residents or staff with respiratory illness who have had contact with each other.

or

Two or more facility residents and/or staff with an illness start or positive test collection date 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, and the cases:
- had contact with each other in the workplace, and
- 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.
27% of COVID-19 cases are associated with an outbreak

Outbreaks

3 Active
25 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

Workplace

- 42 cases among employees

Schools and Child Care

- 7 cases among children and staff

Community

- 166 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 50 days.

Source: Vermont Department of Health
Reflects confirmed data as of 9/16/2020.
While only 27% of all COVID-19 cases are associated with outbreaks, more than half of COVID-19-related deaths occur in outbreak settings.

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 9/16/2020.

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.
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.

28% 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.

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. Percentages by outbreak type are rounded to the whole number, but combined totals take into account the full percentages.

Source: Vermont Department of Health
Reflects case counts as of 9/16/20
Percent of Cases 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>3%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>10-19</td>
<td>9%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td>18%</td>
<td>4%</td>
<td>11%</td>
</tr>
<tr>
<td>30-39</td>
<td>13%</td>
<td>4%</td>
<td>13%</td>
</tr>
<tr>
<td>40-49</td>
<td>12%</td>
<td>3%</td>
<td>9%</td>
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<tr>
<td>50-59</td>
<td>18%</td>
<td>4%</td>
<td>7%</td>
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<tr>
<td>60-69</td>
<td>14%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>70-79</td>
<td>7%</td>
<td>8%</td>
<td>2%</td>
</tr>
<tr>
<td>80-89</td>
<td>4%</td>
<td>7%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>90+</td>
<td>&lt;1%</td>
<td>5%</td>
<td></td>
</tr>
</tbody>
</table>

Median age 45 years old
45 years old
70 years old
32 years old

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 9/16/20
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.*

Vermont Department of Health
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 371 Vermont resident cases who are Asian, African American or Black, American Indian or Alaskan Native, Hispanic or race other than white.
Every week, BIPOC make up at least 7% of new cases. However, 6% of Vermont residents are BIPOC.

During the first week in June, a majority (78%) of COVID-19 cases were among BIPOC. This was around the same time a large community outbreak was identified.
**Chittenden County** has the highest rate of BIPOC with COVID-19. Rate per 10,000 BIPOC residents

BIPOC cases are more likely to report working in the **manufacturing industry**, compared to white non-Hispanic cases.

If no rate is shown, data is not shown due to small numbers (<6)
Nearly 1 in 4 Vermont residents with COVID-19 are BIPOC. Rates of COVID-19 are 4 times higher for BIPOC compared with white non-Hispanic Vermont residents.

Rates per 10,000 Vermont BIPOC or white non-Hispanic residents
**BIPOC** with COVID-19 tend to be younger than **white non-Hispanic** people with COVID-19.

![Bar chart showing the number of cases by age group and race/ethnicity.](#)

- **BIPOC**:
  - 0 to 9 years: 36
  - 10 to 19 years: 25
  - 20 to 29 years: 65
  - 30 to 39 years: 77
  - 40 to 49 years: 82
  - 50 to 59 years: 57
  - 60 to 69 years: 44
  - 70 to 79 years: 43
  - 80+ years: 43

- **White non-Hispanic**:
  - 0 to 9 years: 57
  - 10 to 19 years: 43
  - 20 to 29 years: 29
  - 30 to 39 years: 118
  - 40 to 49 years: 174
  - 50 to 59 years: 17
  - 60 to 69 years: 77
  - 70 to 79 years: 188
  - 80+ years: 212

**Average age of BIPOC cases**: 34 years

**Average age of white non-Hispanic cases**: 48 years

The proportion of males to females with COVID-19 are similar among **BIPOC** and **white non-Hispanic** people.

![Bar chart showing the number of cases by gender and race/ethnicity.](#)

- **Female**:
  - BIPOC: 179
  - White non-Hispanic: 182

- **Male**:
  - BIPOC: 552
  - White non-Hispanic: 599

*Not adjusted for population size.*
**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

<table>
<thead>
<tr>
<th>BIPOC</th>
<th>White Non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3</td>
<td>1.8</td>
</tr>
</tbody>
</table>

10 days
Average hospital stay among BIPOC with COVID-19
Rates of BIPOC with COVID-19 and a chronic disease are higher than white non-Hispanic people with COVID-19 and a chronic disease.

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

<table>
<thead>
<tr>
<th>Chronic Disease</th>
<th>BIPOC Rate</th>
<th>White Non-Hispanic Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>2.1</td>
<td>1.6</td>
</tr>
<tr>
<td>Diabetes</td>
<td>3.7</td>
<td>4.5</td>
</tr>
<tr>
<td>Former Smoker</td>
<td>5.4</td>
<td>3.2</td>
</tr>
<tr>
<td>Lung Disease</td>
<td>5.8</td>
<td>2.6</td>
</tr>
</tbody>
</table>

Due to small numbers, not all chronic diseases are shown.

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

Rate per 10,000 Vermont BIPOC or white non-Hispanic residents
How are Black, Indigenous and people of color getting COVID-19?

**Known Source**

- **48%** BIPOC are more likely to be part of an outbreak.
- **52%** BIPOC are more likely to have had contact with a case.
- **41%** BIPOC are more likely to have had household contact with a case.

**Unknown Source**

- **42%** BIPOC are less likely to have had an unknown source of exposure.

For more information about source of exposure, see the weekly spotlight on the Data Summary from July 24 and August 28.
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