

Recent data are preliminary and subject to change.

The term “long-term care facility” (LTCF) refers to several types of group living settings that provide various levels of medical and personal care to people who are unable to take care of themselves independently in the community. These include nursing homes/skilled nursing facilities, assisted living residences, residential care homes, and therapeutic community residences. Vermont has 201 LTCFs licensed through the Department of Disabilities, Aging, and Independent Living (DAIL) with a total of 6,950 licensed beds.

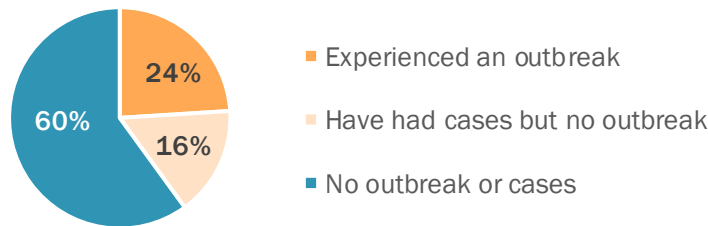
## KEY POINTS

- In June, there were <6 cases among long-term care facility staff and residents.
- As of June 2021, there are no active outbreaks in any LTCFs.
- Since March 2020, 40% of facilities have had a case.
- It has been 13 days since the last resident death.

## Incidence

Since the beginning of the pandemic, 40% of LTCFs (81 facilities) have had cases of COVID-19. Only 24% of LTCFs (46 facilities) have experienced an outbreak. See the section on [Outbreaks](#) for more information on active outbreaks.

**Nearly Two-thirds of LTCFs (60%) have not had any outbreaks or cases of COVID-19.**

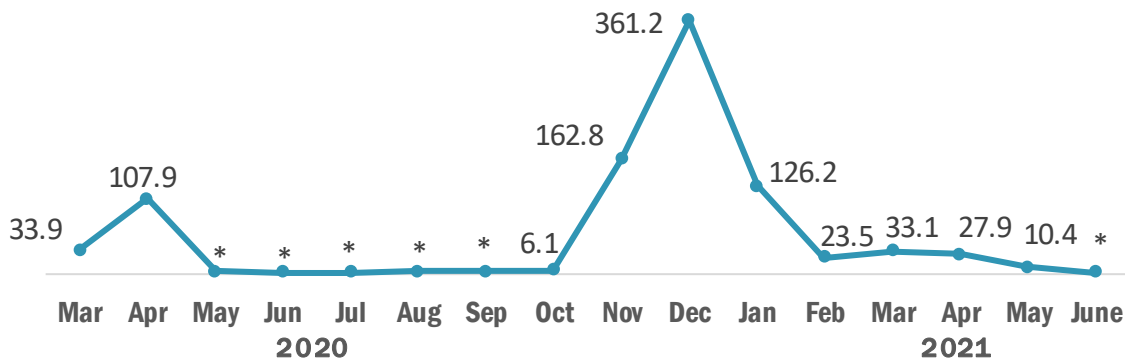


Values are rounded to the nearest whole number and may therefore not always add up to 100%.

December had the highest monthly incidence of COVID-19 in LTCFs and November the second highest rate. The incidence among LTCF staff and residents descended sharply through February. In June 2021 there were less than 6 COVID-19 cases among LTCF staff and residents. The COVID-19 incidence among LTCF staff and residents in June 2021 was less than half of what it was in March.

## Monthly COVID-19 Incidence in LTCFs

Rate per 10,000 LTCF staff & residents



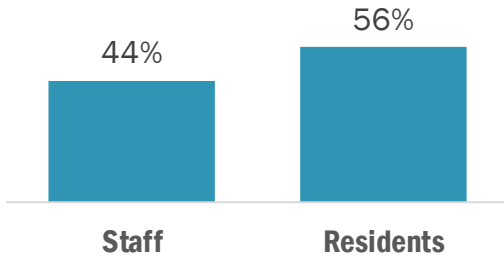
\*Value suppressed due to small numbers.

## Cases and Mortality

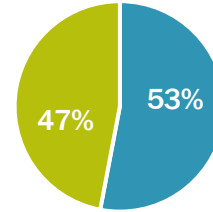
Three in five cases (56%) in LTCFs have been among residents, while two in five cases (44%) have been among staff.

Just over half (53%) of COVID-19-related deaths are associated with LTCFs. All LTCF associated deaths have occurred among residents.

**Percent of LTCF Cases among Residents and Staff**



**LTCF and Non-LTCF COVID-19 Related Deaths**



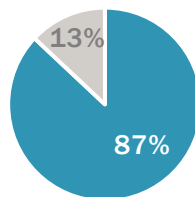
Data include deaths with a primary or contributing cause of COVID-19.

Values are rounded to the nearest whole number and may therefore not always add up to 100%.

## Outbreaks

Not all cases in LTCFs lead to outbreaks but some do. **An outbreak in a LTCF is a situation where three or more residents or staff members with COVID-19 have known connections to each other in the facility setting.** Outbreaks in LTCFs account for 10% of all outbreaks that have occurred in Vermont. The majority of outbreaks in LTCFs occurred in December 2020 followed closely by January 2021.

**The majority of LTCF cases are associated with an outbreak.**



## Outbreak Count

**48** outbreaks have occurred in LTCFs. \*

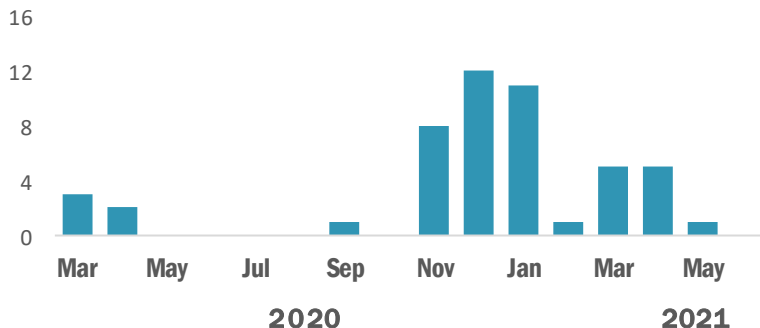
**45** Primary, **3** Secondary^

**0** Active, **48** Resolved

\*42 unique facilities have experienced an outbreak; 4 facilities have experienced more than one.

^Secondary outbreaks are those that occur because of a different outbreak.

**Number of Outbreaks by Month**



**906**

LTCF cases associated with an outbreak

**565**

Outbreak-associated cases among residents

**341**

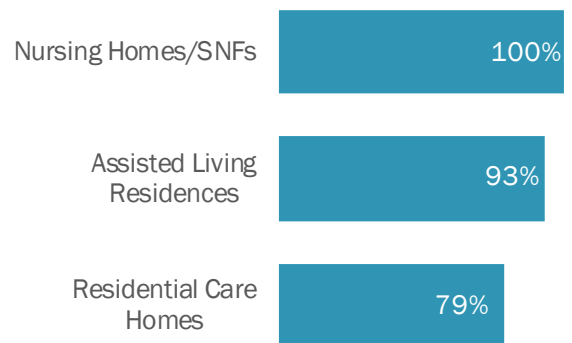
Outbreak-associated cases among staff

## Outbreak Prevention

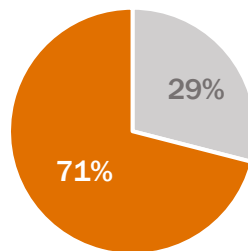
The Health Department works with LTCFs to prepare for and prevent COVID-19, and to identify cases early to contain the spread in facilities through a specialized facility-wide testing strategy.

LTCFs have systematically been offered the opportunity to complete telephonic COVID-19 Infection Control Assessment and Response (Tele-ICAR) assessment with Health Department staff. Tele-ICARs have been prioritized by facility type; therapeutic treatment residences have not yet been prioritized but will be in the near future. This 150-question tool covers topics such as visitor restrictions; educating, monitoring, and screening staff and residents; personal protective equipment (PPE) and other supply availability; infection prevention and control practices; and how to communicate with the Health Department and other health care facilities. The goal of the assessment is to keep COVID-19 out of facilities, identify infections early, prevent spread within the facility, and assess and optimize PPE. **Assessments have been completed** among 69% of LTCFs.

### Percent of LTCFs with Completed ICARS, by Facility Type



**71% of LTCFs that identified a positive case from surveillance testing did not result in an outbreak.**



The LTCF testing strategy seeks to identify situations early to contain spread within the facility. When a new positive case is identified at a facility from surveillance testing, further testing is conducted. At 101 different facilities, 167 new positives were identified by following the normal testing strategy. Among the 167 new cases identified, 119 of those, at 59 different LTCFs, **did not lead to additional spread** within the facility.

## Key Takeaways

While some Vermont LTCFs have had outbreaks, with several of them having large numbers of cases, 60% of LTCFs have **not** had an outbreak or had cases. The highest percentage of COVID-19 cases among LTCF staff and residents are associated with outbreaks. December 2020 had the highest incidence rate and the greatest number of outbreaks among LTCFs to date. As of June 2021, there are no active outbreaks in any LTCFs.

**60% of Vermont LTCFs have not experienced an outbreak or had cases of COVID-19.**

References:

Data Source: Vermont Department of Health – data reflect case counts as of June 30, 2021.

This report will be updated the first Tuesday of every month.

**For more information about COVID-19 data in this report:** contact COVID-19 Public Health Inquiries, [ahs.vdhpubliccommunication@vermont.gov](mailto:ahs.vdhpubliccommunication@vermont.gov)