

# Weekly Summary of Vermont COVID-19 Data

Reflecting cases identified between  
March 5 – December 2, 2020



Date published: December 4, 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 November 25 through December 2.

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 October 1, the denominators used to calculate rates by race and ethnicity were switched over from 2018 American Community Survey estimates to 2019 Vermont Department of Health estimates based on Census data. This change was made to be more consistent with how the Health Department typically calculates rates. The relatively large change in rates for some racial groups in the October 2, 2020 Weekly Summary is due to this change in methodology.
- As of December 4, 2020 the Weekly Summary includes both probable and confirmed cases of COVID-19.

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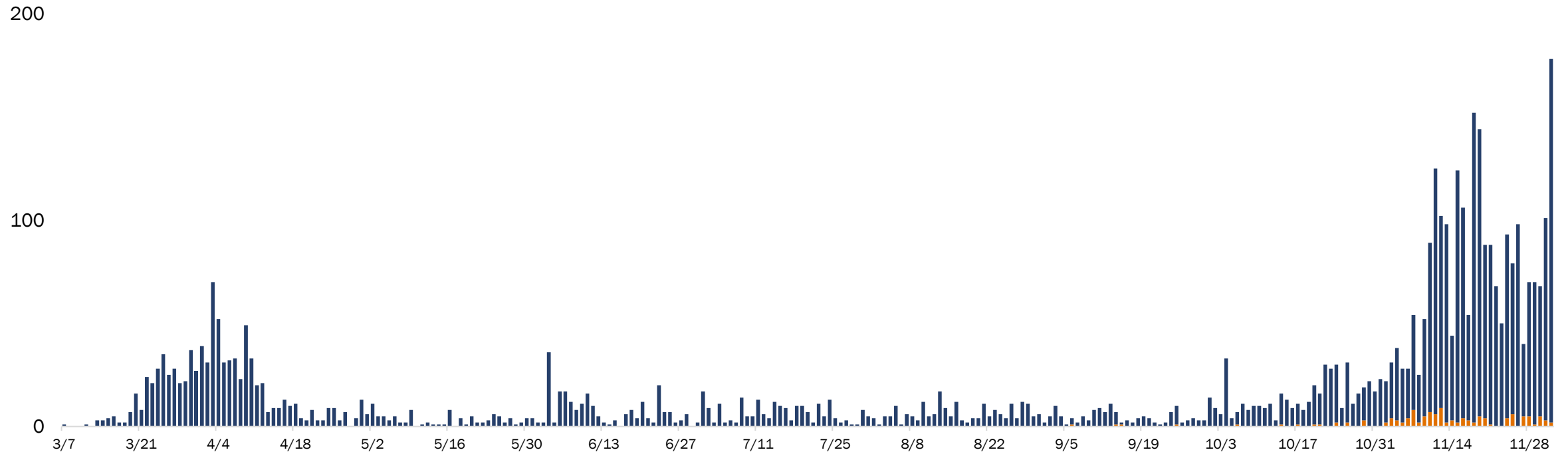
[Syndromic Surveillance](#)

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# COVID-19 in Vermont

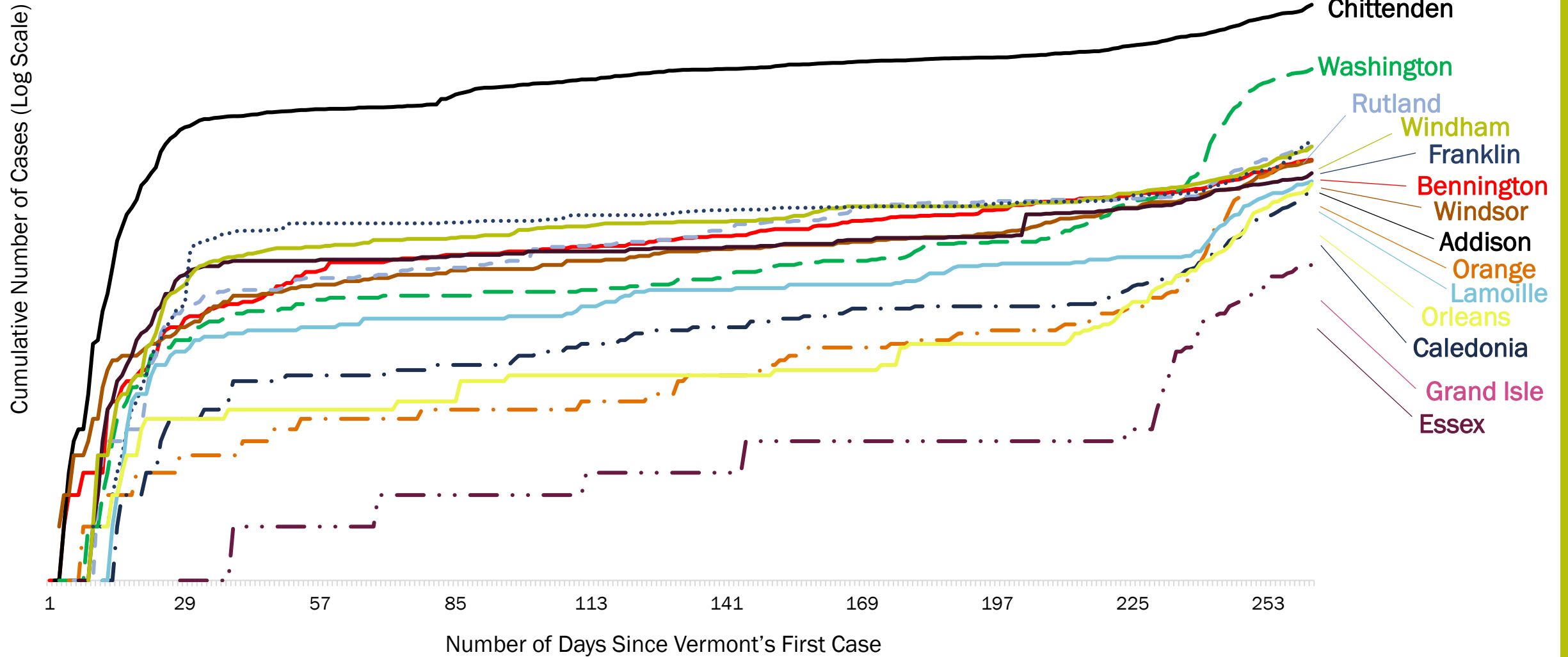
An overview of our number of cases and laboratory testing to date.

# Total Number of **Confirmed** and **Probable** Cases in Vermont: 4,642

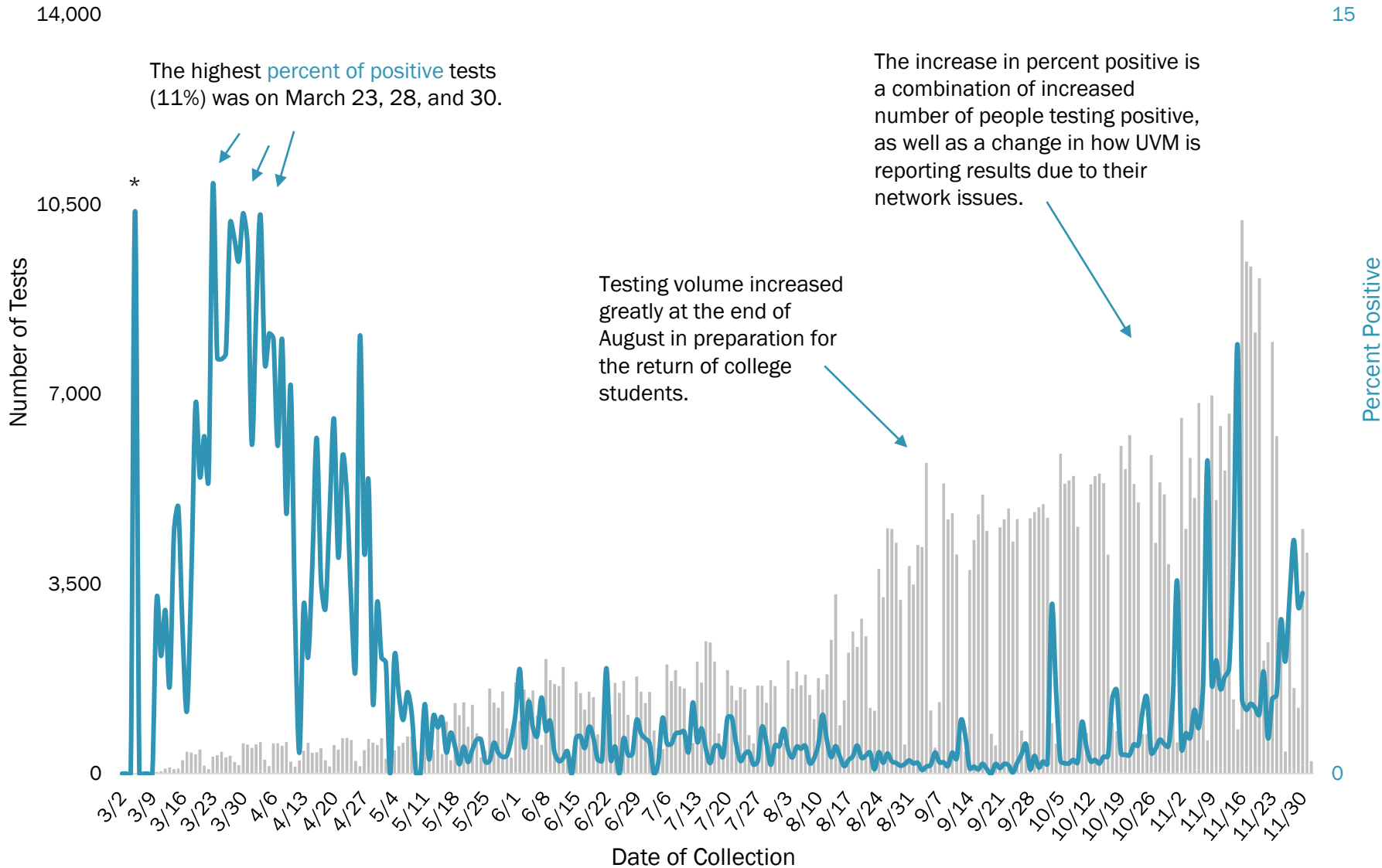


# Most counties continue to see new cases.

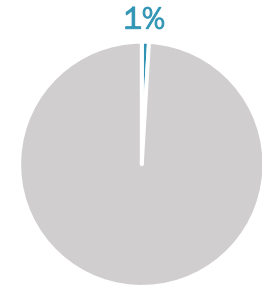
Growth over time by county (n=4,642)



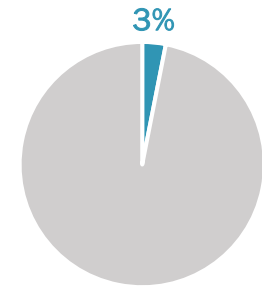
# Percent of positive COVID-19 tests may indicate how prevalent the disease is in the population.



## Percent Positive to Date



## Percent Positive This Week (November 25 – December 2)



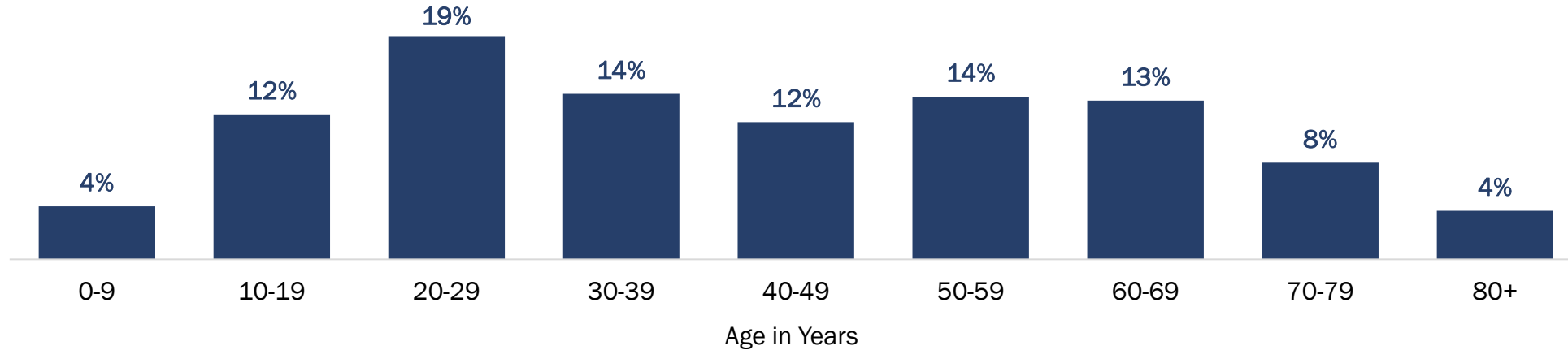
<b>9,306</b> People Tested this Week	<b>18,073</b> Tests this Week
<b>227,464</b> People Tested to Date	<b>567,041</b> Tests to Date

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 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 proportion of people tested for COVID-19 in Vermont varies across age groups.



## More **females** are tested than **males** for COVID-19.



**56%** of people tested for COVID-19 are **female**.

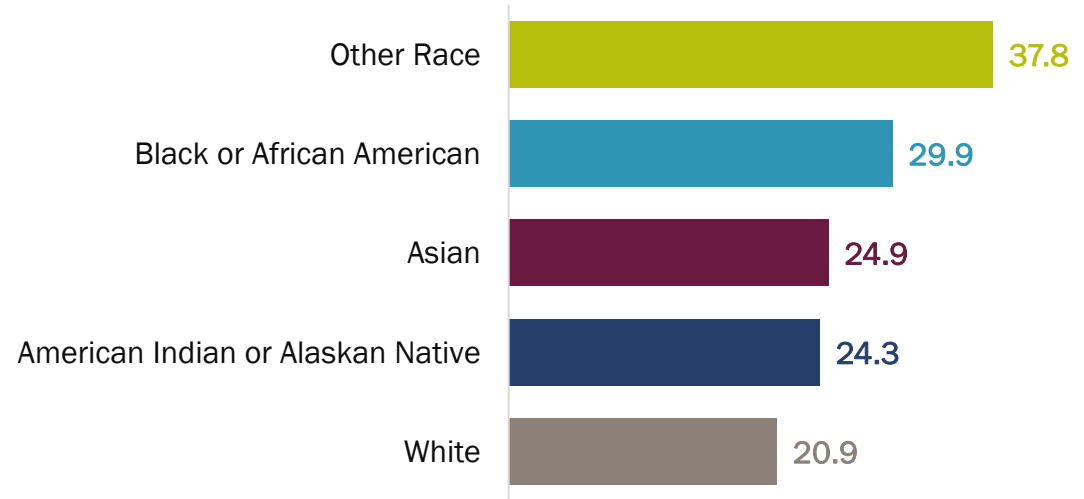
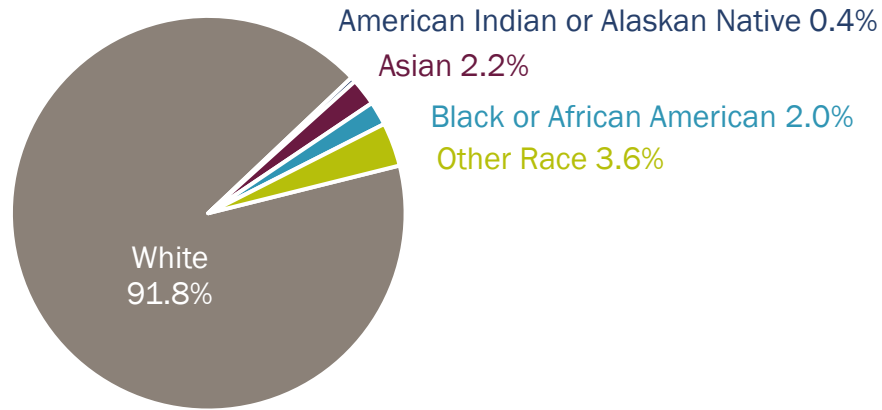


**44%** of people tested for COVID-19 are **male**.



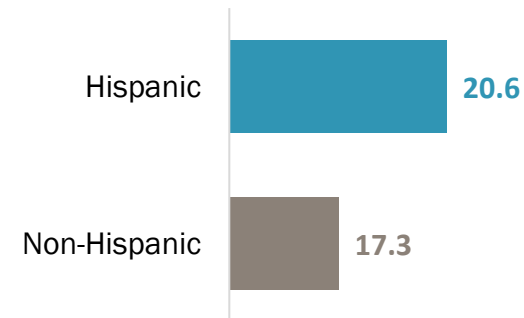
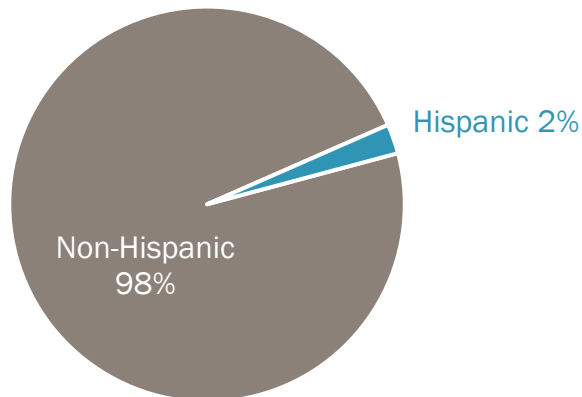
**White Vermonters represent the majority of people tested in Vermont for COVID-19. Vermonters with other race have the highest rate of testing.**

Rates per 100 Vermonters

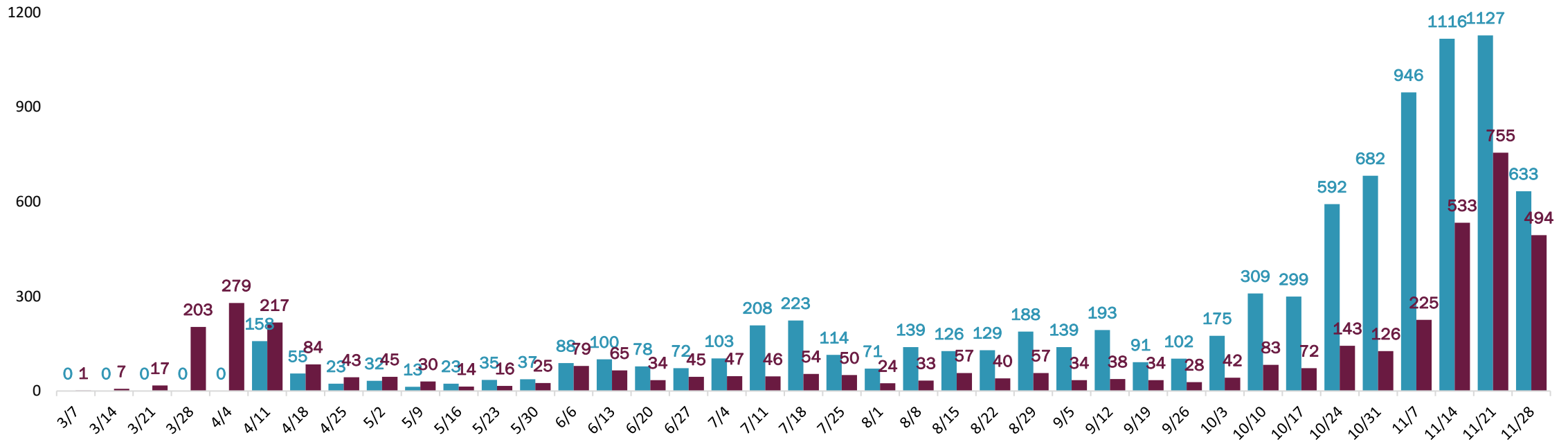


**Non-Hispanic Vermonters represent the majority of people tested in Vermont for COVID-19. Hispanic Vermonters have the higher rate of testing.**

Rates per 100 Vermonters



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



**65**

Number of contact tracers trained

**386**

Cases interviewed last week

November 22 – November 28

**783**

Contacts named last week

November 22 – November 28

**3.3**

Average number of contacts per case\*

\*Since April 1

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).

## In the last two weeks (from November 15 to November 28):



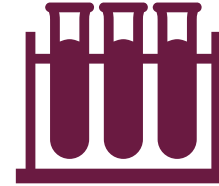
**74%**

Of cases were interviewed within 24 hours



**81%**

Of cases provided their close contacts



**40%**

Of contacts were tested within 14 days of exposure



**17%**

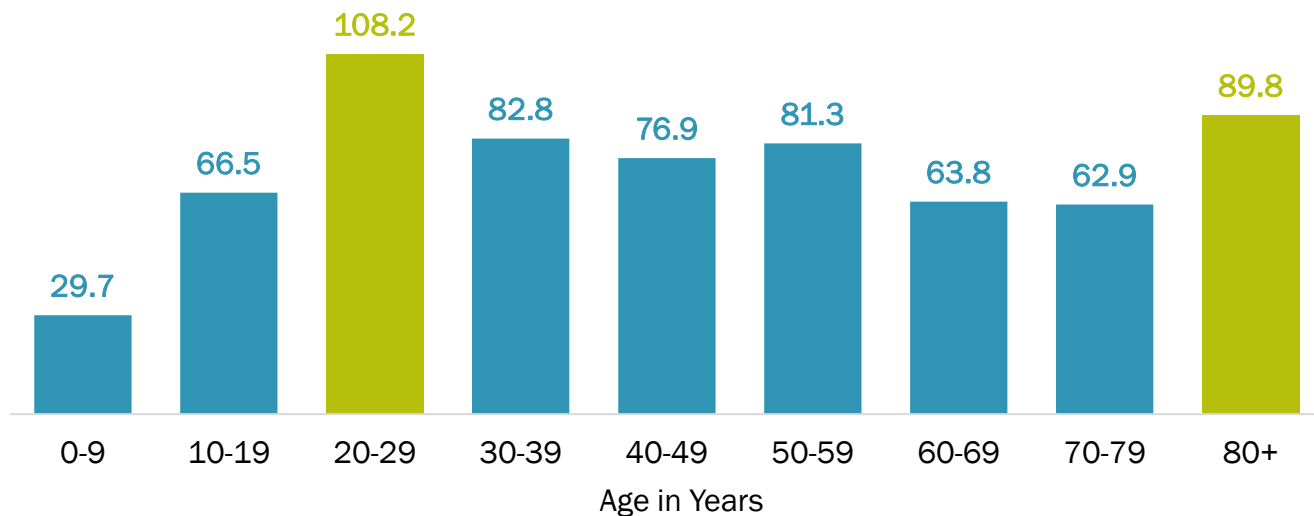
Of contacts became a case

# Case Demographics

Who has been impacted by COVID-19 in Vermont?

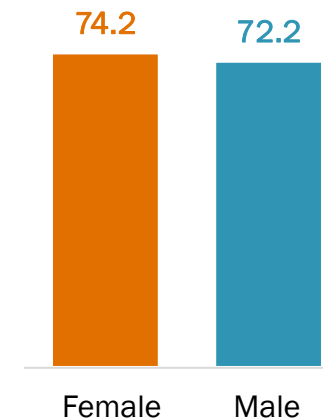
**Rates of COVID-19 are highest among Vermonters 20-29 and 80 years and older.**

Rate per 10,000 Vermonters



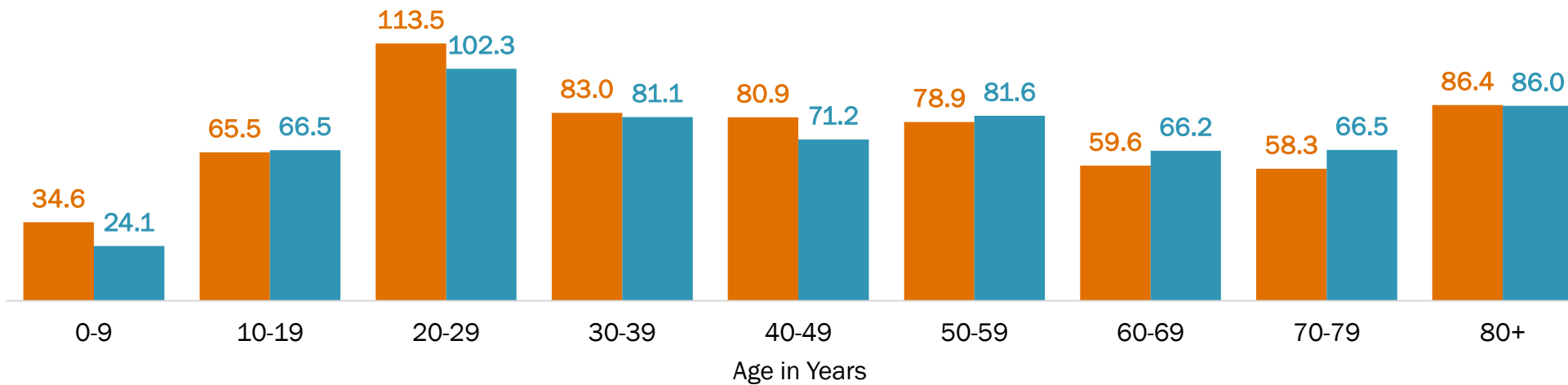
**Females and males have similar rates of COVID-19.**

Rate per 10,000 Vermonters



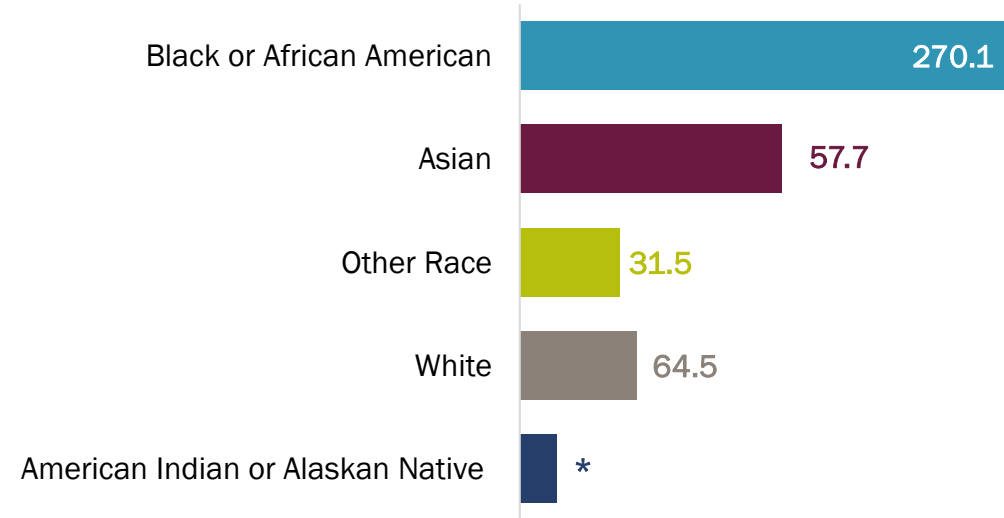
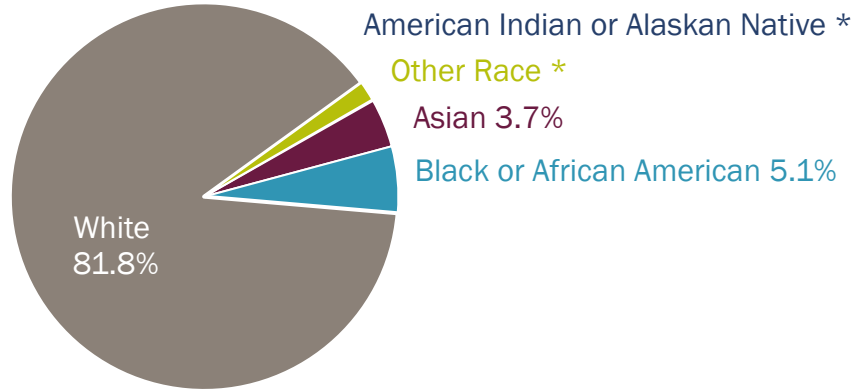
**There are differences in age and sex of Vermonters with COVID-19.**

Rates of COVID-19 by Age Group for Females and Males per 10,000 Vermonters



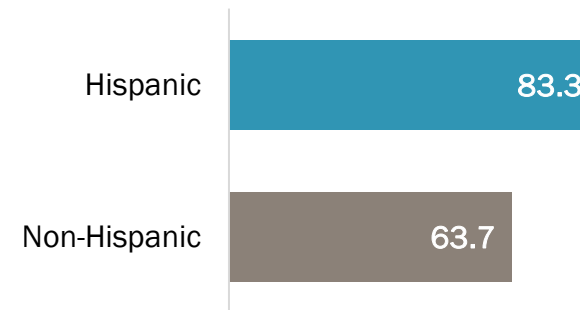
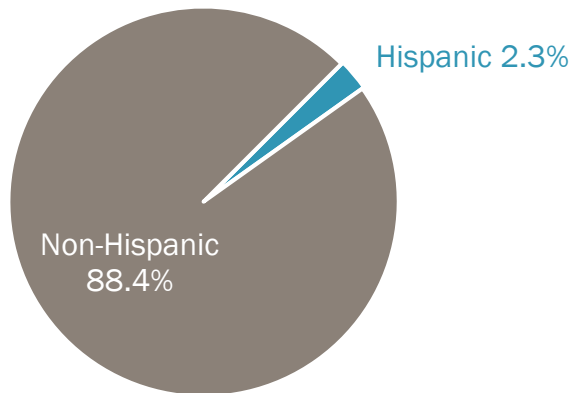
**White Vermonters represent the majority of COVID-19 cases. African American Vermonters have the highest rate.**

Rate per 10,000 Vermonters



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

Rate per 10,000 Vermonters



**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 8% of cases (n = 362) and ethnicity is unknown in 14% of cases (n = 641). \* Value suppressed due to small numbers.

# Approximately 42% of people\* with COVID-19 have a pre-existing condition.

\*of the 3,722 people that the Health Department has pre-existing condition data for.

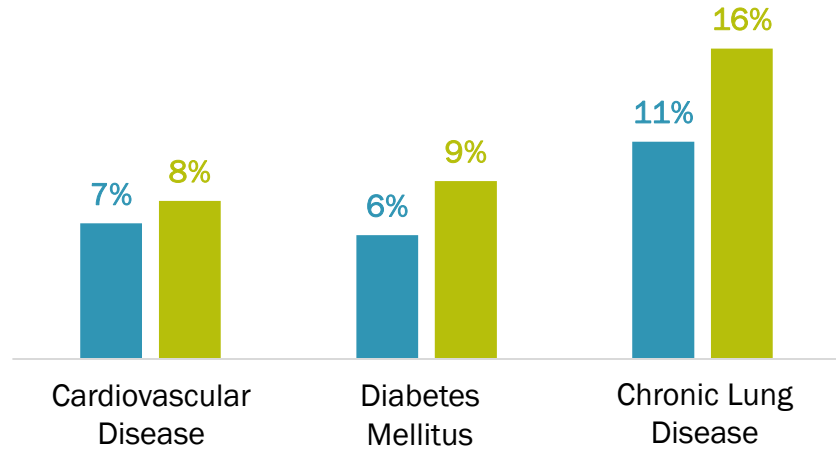
Condition	Count	Percentage
Other Chronic Condition**	526	14%
Current/Former Smoker	482	13%
Chronic Lung Disease (includes asthma and COPD)	409	11%
Heart Disease	255	7%
Diabetes	233	6%
Immunocompromised Condition	66	2%
Neurologic Condition/Intellectual Disability	85	2%
Pregnant	26	1%
Chronic Kidney Disease	55	1%
Chronic Liver Disease	17	0.5%

**33% 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.

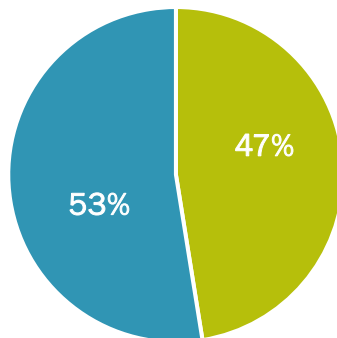
The Health Department has information about pre-existing conditions in 80% (3,722) of 4,642 total COVID-19 cases.

**Prevalence of select conditions in COVID-19 patients and Vermont adults.**



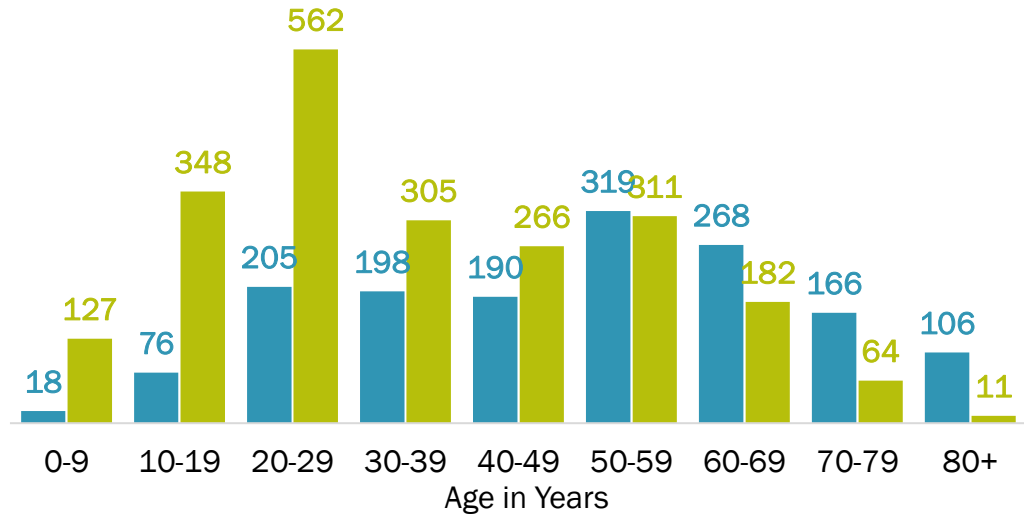
Data Source: Cardiovascular disease and diabetes, BRFSS 2018 annual report. Chronic lung disease, 3-4-50 Community profile (2016-2017 BRFSS).

**Likelihood of having a pre-existing condition is greater among female compared to male COVID-19 patients.**



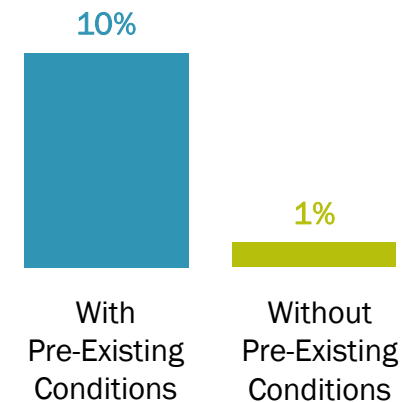
Vermont Department of Health

**COVID-19 patients with pre-existing conditions tend to be older than those without pre-existing conditions.**



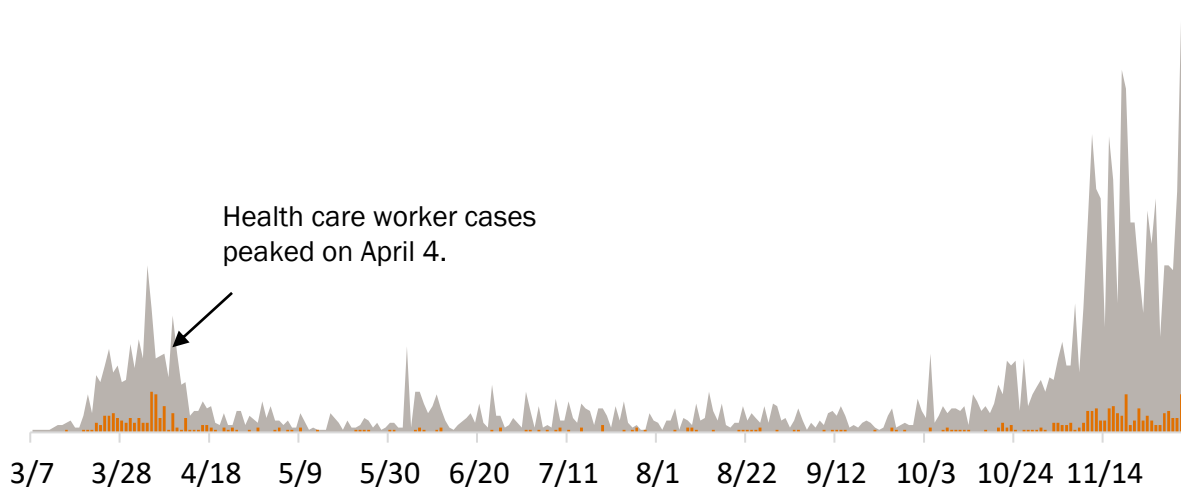
\* Value suppressed due to small numbers.

**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

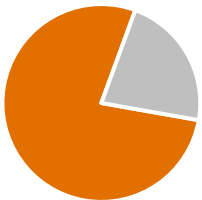


**1 in 8** Vermonters with COVID-19 are health care workers.

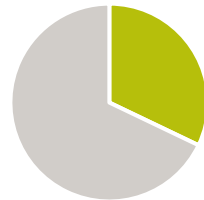


**Health care workers** with COVID-19 tend to be younger than non-health care workers with COVID-19.

**77%** of health care workers with COVID-19 are **female**.

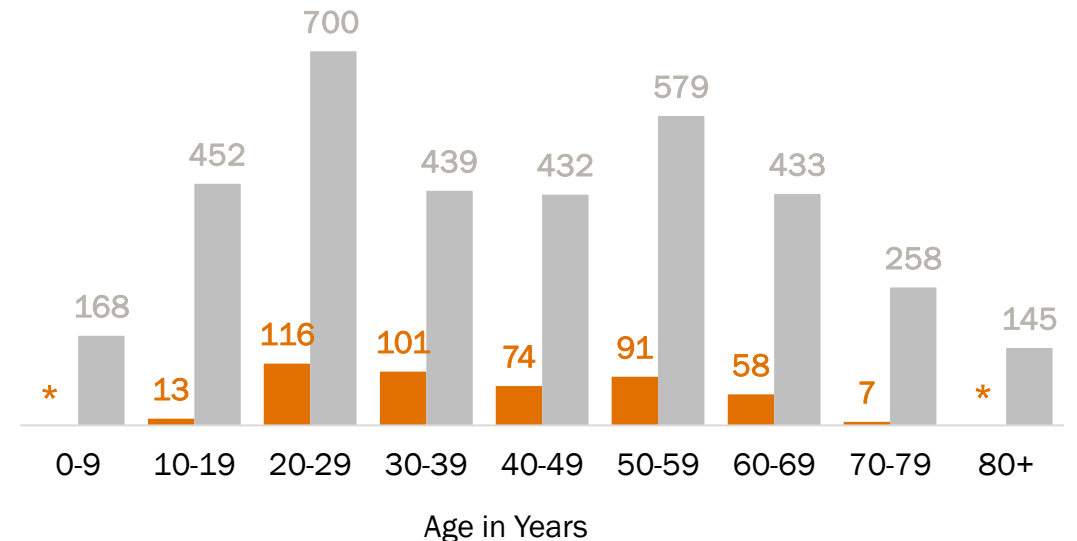


**32%** of health care workers with COVID-19 are associated with an **outbreak**.



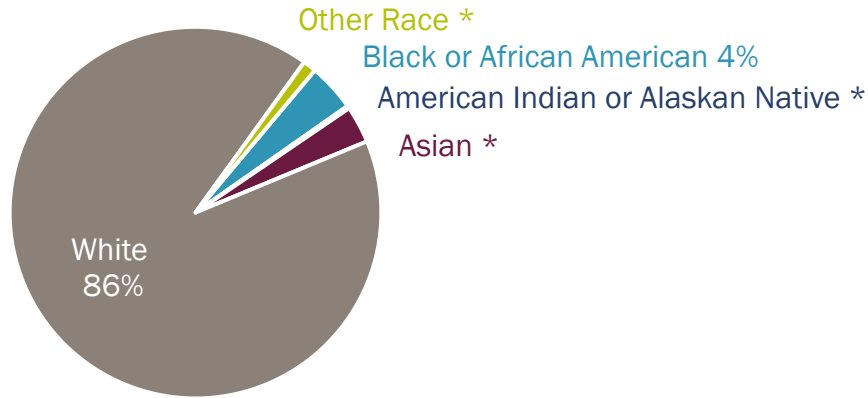
The Health Department has information about healthcare worker status in 88% (4,067) of 4,642 total COVID-19 cases.

Vermont Department of Health



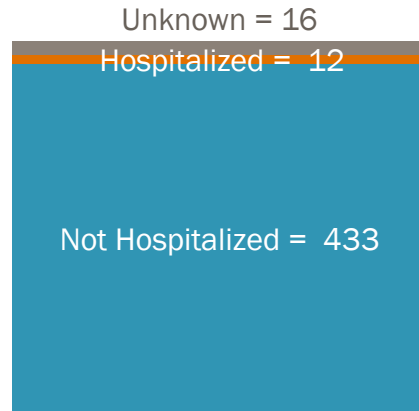
\* Value suppressed due to small numbers.

**White Vermonters represent the majority of health care workers with COVID-19.**



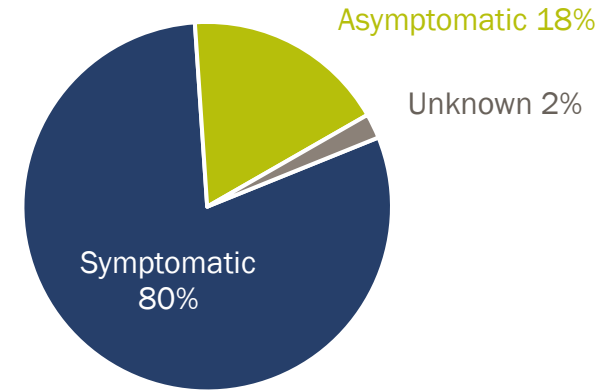
\* Value suppressed due to small numbers.

**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.**

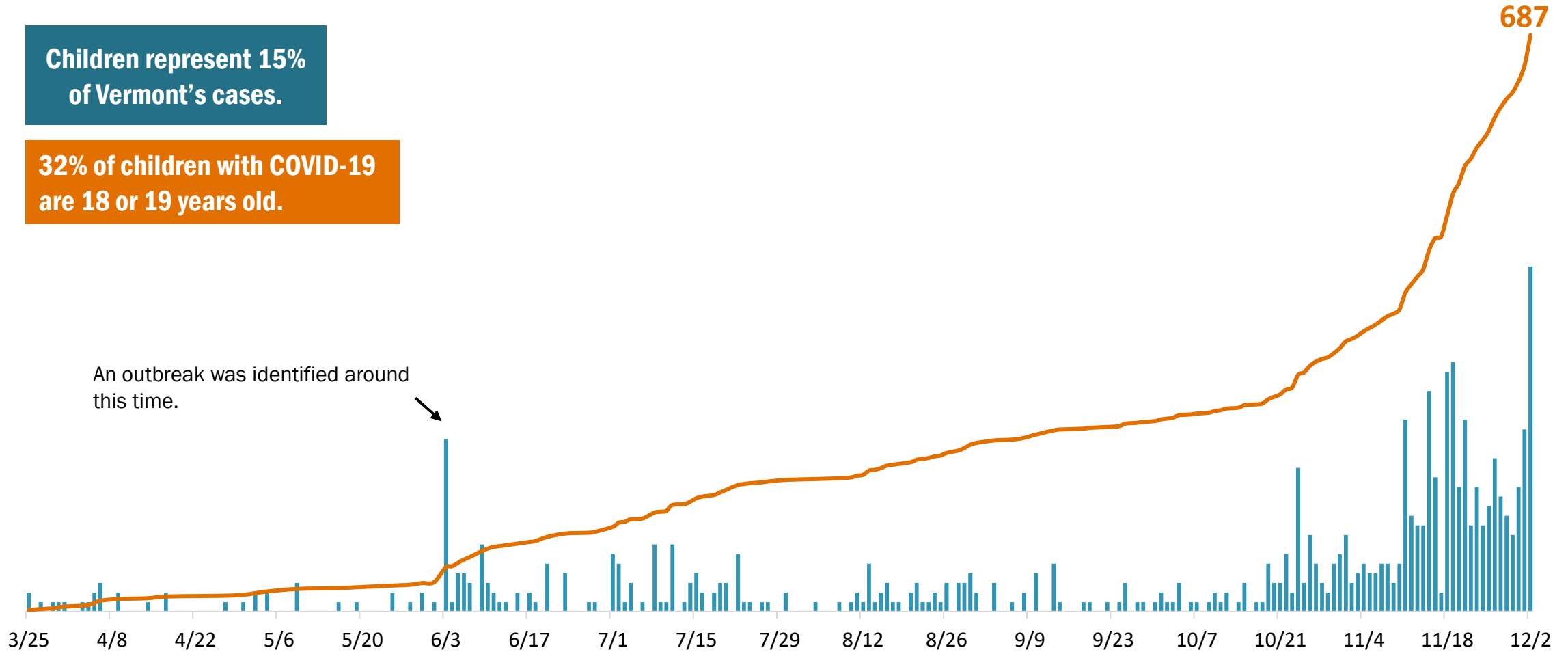


Sign or Symptom among Health Care Workers with COVID-19	Percent of Symptomatic Cases
Cough	65%
Fatigue	64%
Headache	59%
Muscle Pain	50%
Loss of Smell or Taste	47%
Runny nose	48%
Chills	37%
Fever	32%

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

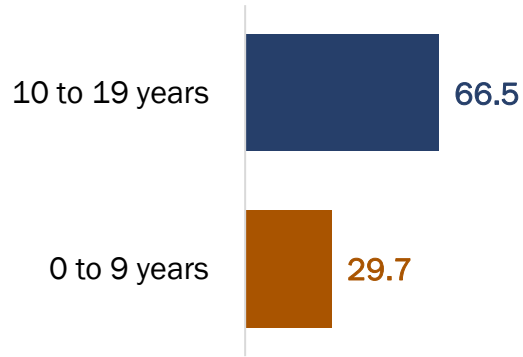
Children represent 15% of Vermont's cases.

32% of children with COVID-19 are 18 or 19 years old.



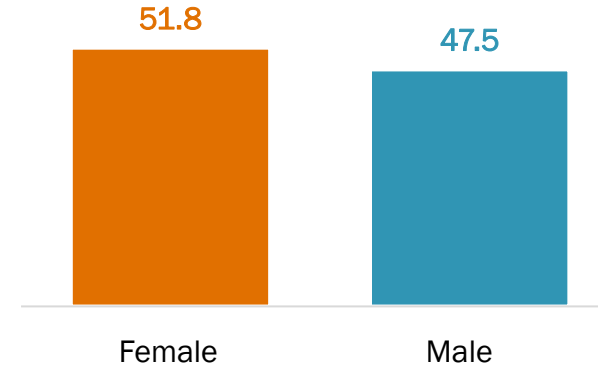
**Older children have a higher rate of COVID-19 compared to younger children.**

Rate per 10,000 Vermonters 0-19 years old

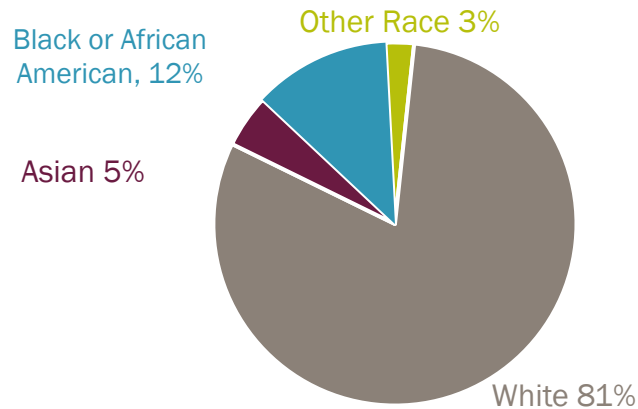


**Female and male children have similar rates of COVID-19.**

Rate per 10,000 Vermonters 0 to 19 years old

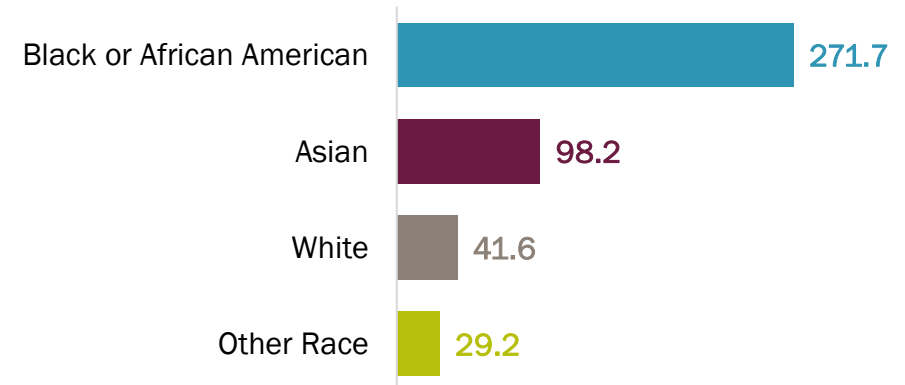


**Among children with COVID-19, Black, Indigenous and people of color represent 19% of cases.**



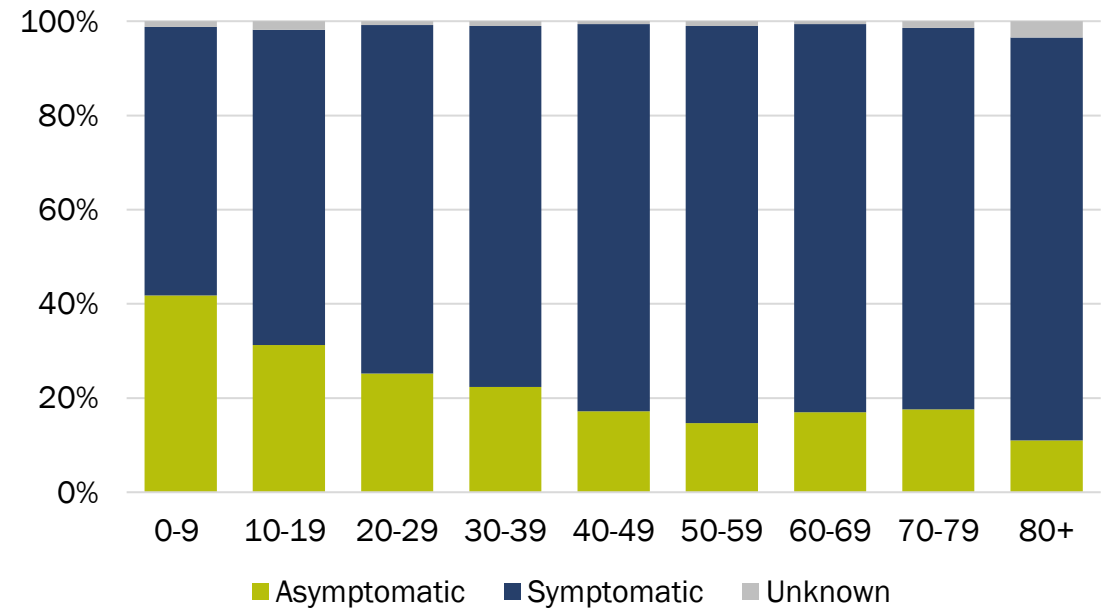
**Among children with COVID-19, Black or African Americans have the highest rate.**

Rate per 10,000 Vermonters 0 to 19 years



Sign or Symptom	Percent of Children with Symptom
Runny nose	49%
Headache	48%
Cough	42%
Fatigue	41%
Sore Throat	36%
Loss of smell or taste	31%
Muscle pain	26%
Fever	20%

The percent of COVID-19 cases with **no symptoms** is higher among children. Less than half (33%) of cases among children had **no symptoms** reported.



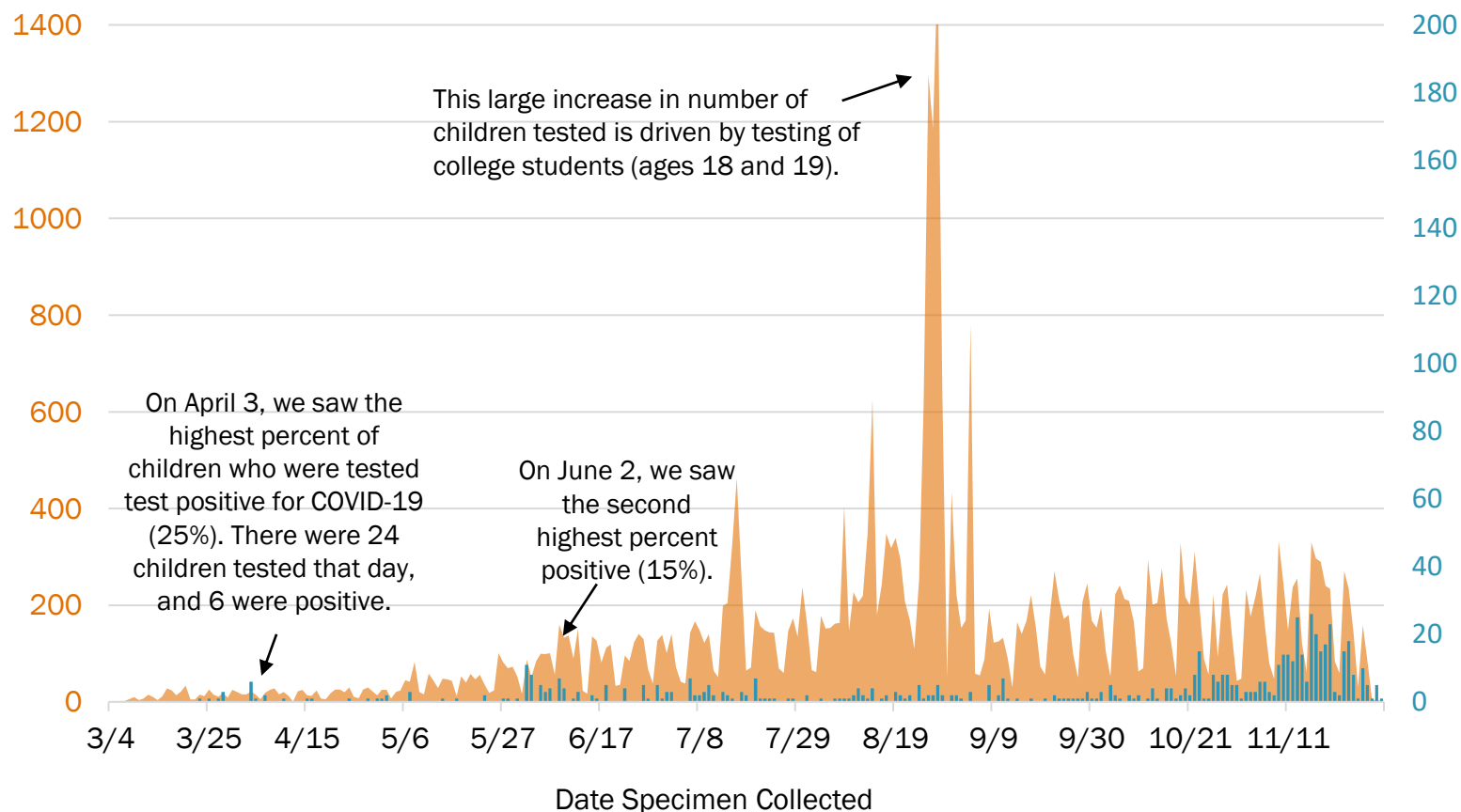
**5 days**  
Average illness duration among children

**66% of children with COVID-19 had known contact with somebody else who had COVID-19.**

**23% of children with COVID-19 were part of an outbreak.**

**There are no currently reported cases of multi-system inflammatory syndrome, hospitalizations, or deaths among Vermont’s children with COVID-19.**

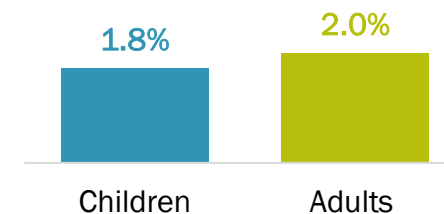
The number of **children tested** for COVID-19 and the number of **children who tested positive** have increased over time.



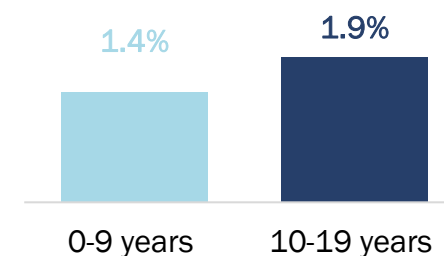
Total tests represents the total number of children tested.  
Please note that <1% individuals tested are missing age. They are excluded from these analyses.

36,488 children have been tested for COVID-19.

Percent of tests positive among **children** is similar to **adults**.



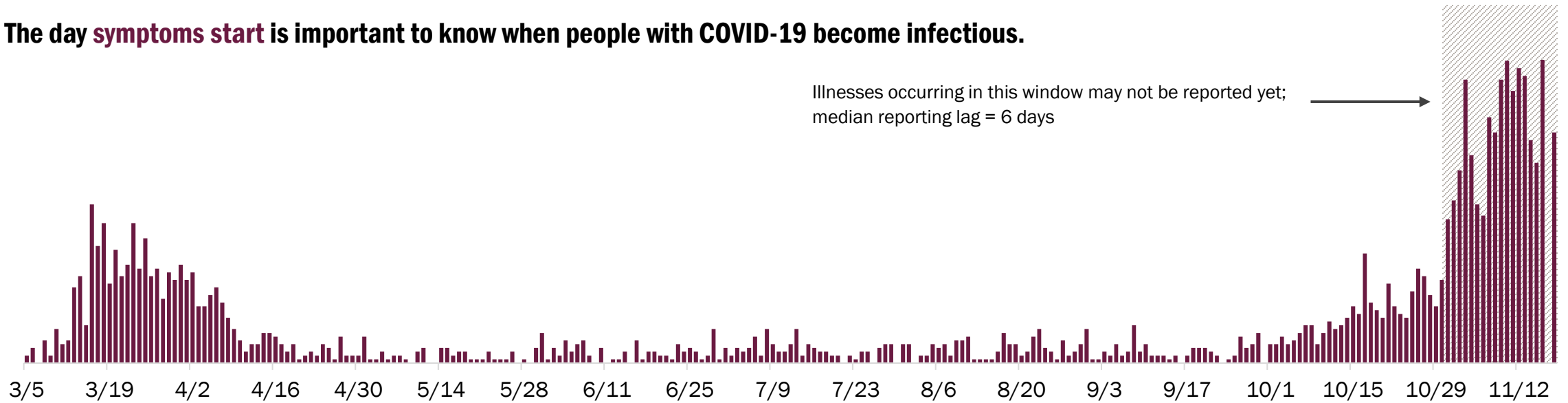
Percent of tests positive among **younger children** is similar to **older children**.



# 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.**



Note: Date of symptom onset is not always known.

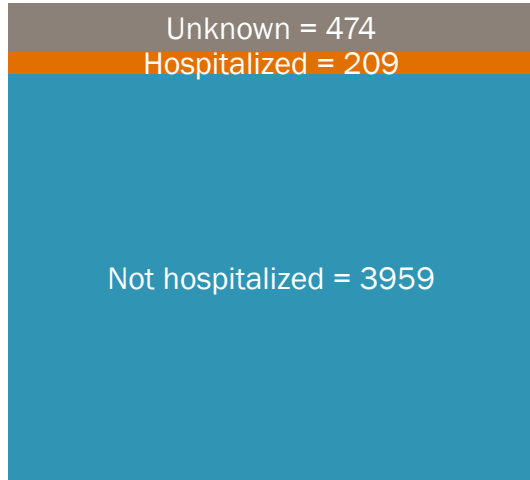
**10 days**  
Average illness duration

**71%**  
Cases with symptoms

Sign or Symptom	Percent of Symptomatic Cases
Fatigue	61%
Cough	59%
Headache	53%
Runny Nose	47%
Muscle Pain	46%
Loss of Smell/Taste	42%
Felt Feverish	39%
Sore Throat	35%



**Most Vermonters with COVID-19 are not hospitalized.**



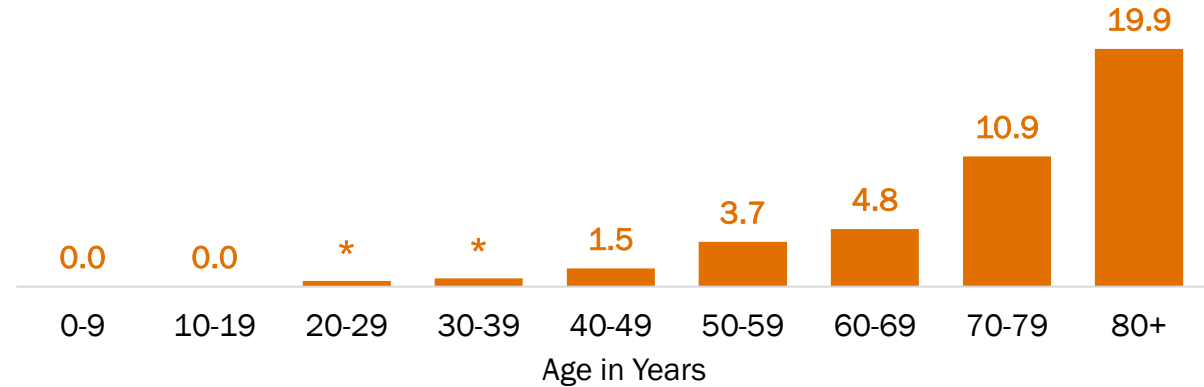
**11%**  
Of those hospitalized  
were on a ventilator

**31%**  
Of those hospitalized  
were in the ICU

**9 days**  
Average hospital stay  
(range: 0-43 days)

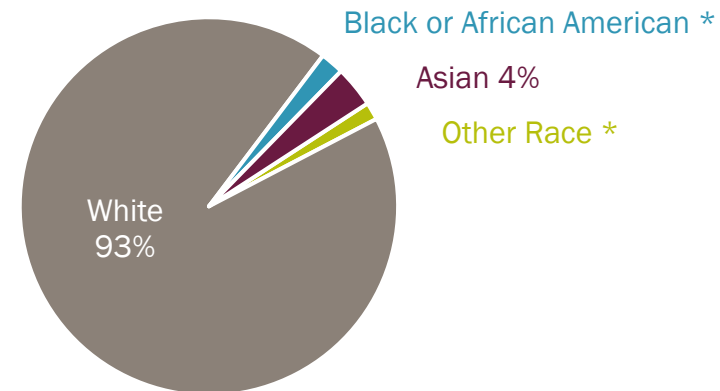
**Vermonters 80 years and older are more likely to be hospitalized for COVID-19.**

Rate per 10,000 Vermonters



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

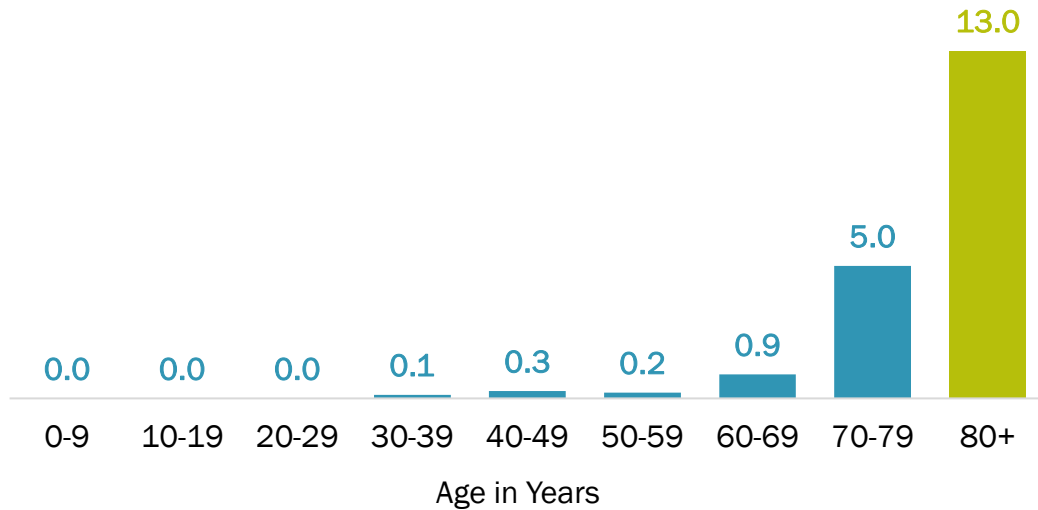
Rate per 10,000 Vermonters



Please note 7 hospitalized persons are missing race information.  
\*Values suppressed due to small numbers.

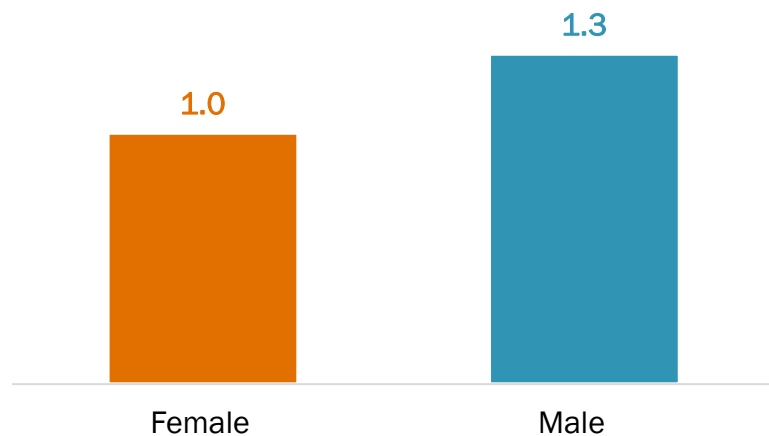
**Vermonters 80 years and older have higher rates of COVID-19 death than other age groups.**

Rate per 10,000 Vermonters

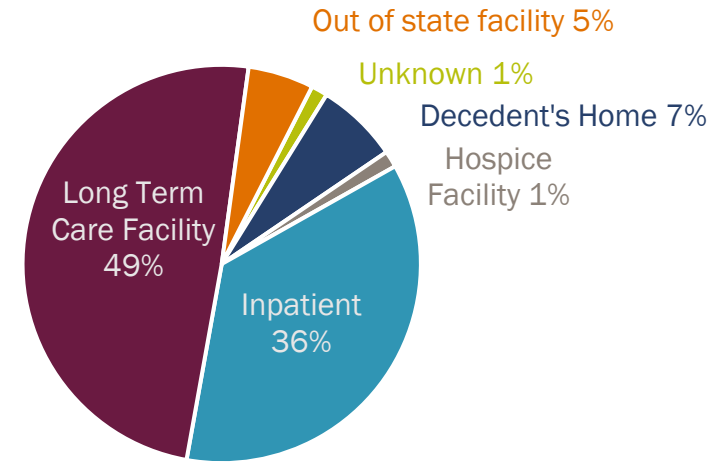


**Females and males have similar rates of COVID-19 death.**

Rate per 10,000 Vermonters



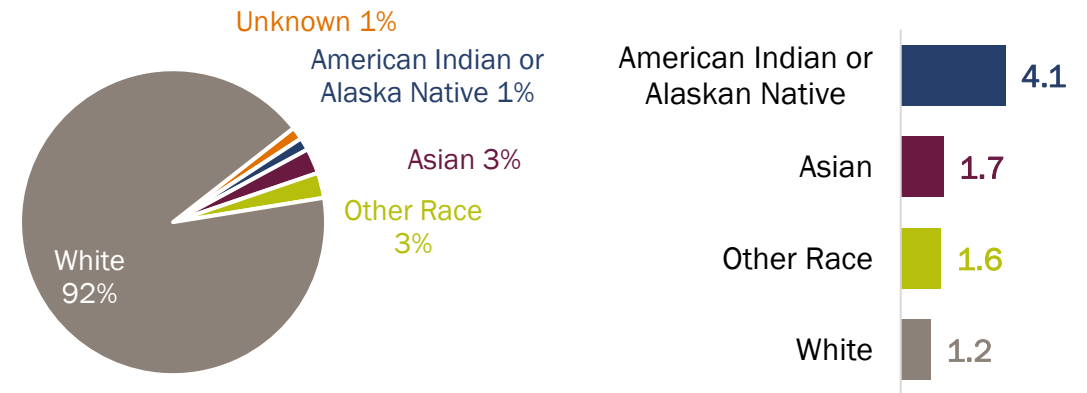
**Most COVID-19 deaths occurred in an inpatient hospital setting or a long-term care facility.**



**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.

**Resolved** when no new COVID-19 positive tests or people with COVID-like illness occur after 28 days from the last positive test or illness start date (whichever is later).

## 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.

**Resolved** when no new COVID-19 positive tests or people with COVID-like illness occur after 28 days from the last known exposure to the school.

## 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.

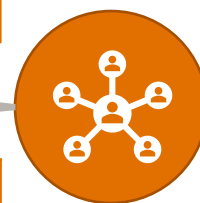
**Resolved** when no new COVID-19 positive tests occur after 28 days from the last positive test or illness start date (whichever is later).

## Workplaces

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.

**Resolved** when no new COVID-19 positive tests or people with COVID-like illness occur after 28 days from the last known exposure to the workplace.





**23%** of people testing positive for COVID-19 are associated with an outbreak.



# Outbreaks

**36 Active**

40 Resolved\*

\*See previous page for definitions of resolved outbreaks.

## Congregate Care & Living



**335**  
cases among residents



**159**  
cases among facility staff

## Schools and Child Care



**31**  
cases among children and staff

## Workplace



**140**  
cases among employees

## Community



**428**  
cases

Source: Vermont Department of Health  
Reflects confirmed data as of 12/2/2020

## Vermont COVID-19 Cases Associated with an **Outbreak** Over Time

270

180

90

0

The daily number of cases associated with an **outbreak** peaked on December 1. Outbreak-associated cases had previously peaked on April 9.

3/7 3/17 3/27 4/6 4/16 4/26 5/6 5/16 5/26 6/5 6/15 6/25 7/5 7/15 7/25 8/4 8/14 8/24 9/3 9/13 9/23 10/3 10/13 10/23 11/2 11/12 11/22 12/2

## Vermont COVID-19 Deaths Associated with an **Outbreak** Over Time

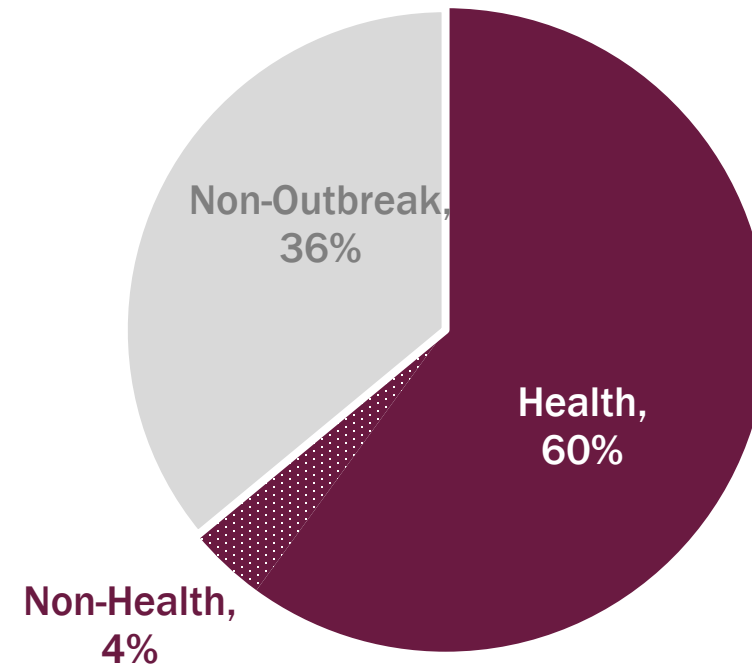
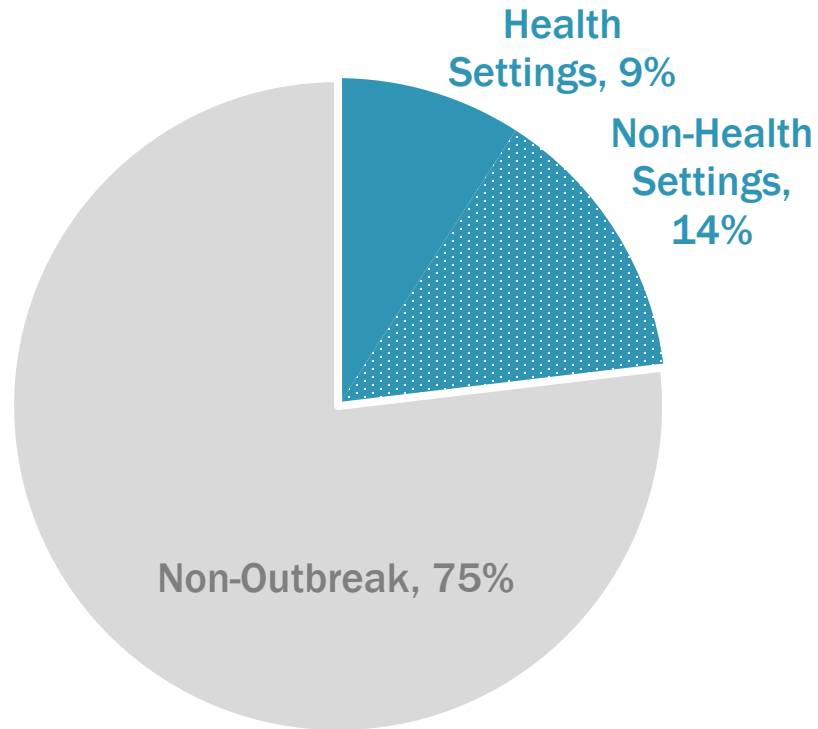
4

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3/7 3/17 3/27 4/6 4/16 4/26 5/6 5/16 5/26 6/5 6/15 6/25 7/5 7/15 7/25 8/4 8/14 8/24 9/3 9/13 9/23 10/3 10/13 10/23 11/2 11/12 11/22 12/2

Source: Vermont Department of Health  
Reflects confirmed data as of 12/2/2020

**While only 23% of all people testing positive for COVID-19 are associated with an outbreak, more than 60% 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 12/2/2020

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 percentage of **males** with COVID-19 that are associated with an outbreak is slightly higher than the percentage of **females** with COVID-19 that are associated with an outbreak.

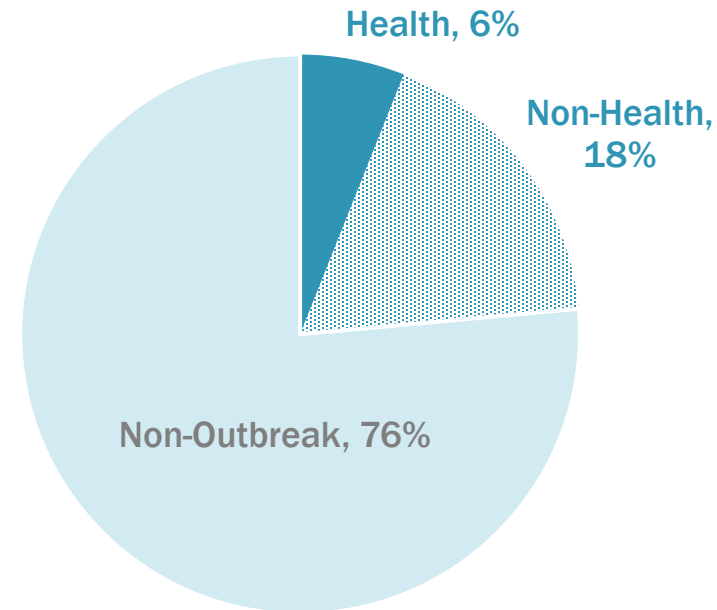
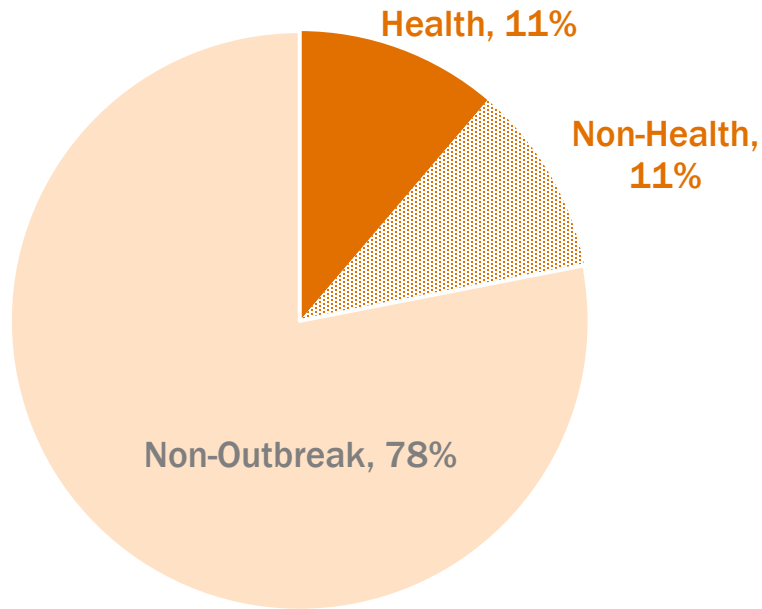


**22%** of **females** with COVID-19 are associated with an outbreak.



**26%** of **males** with COVID-19 are associated with an outbreak.

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.

Source: Vermont Department of Health  
Reflects case counts as of 12/2/2020

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.

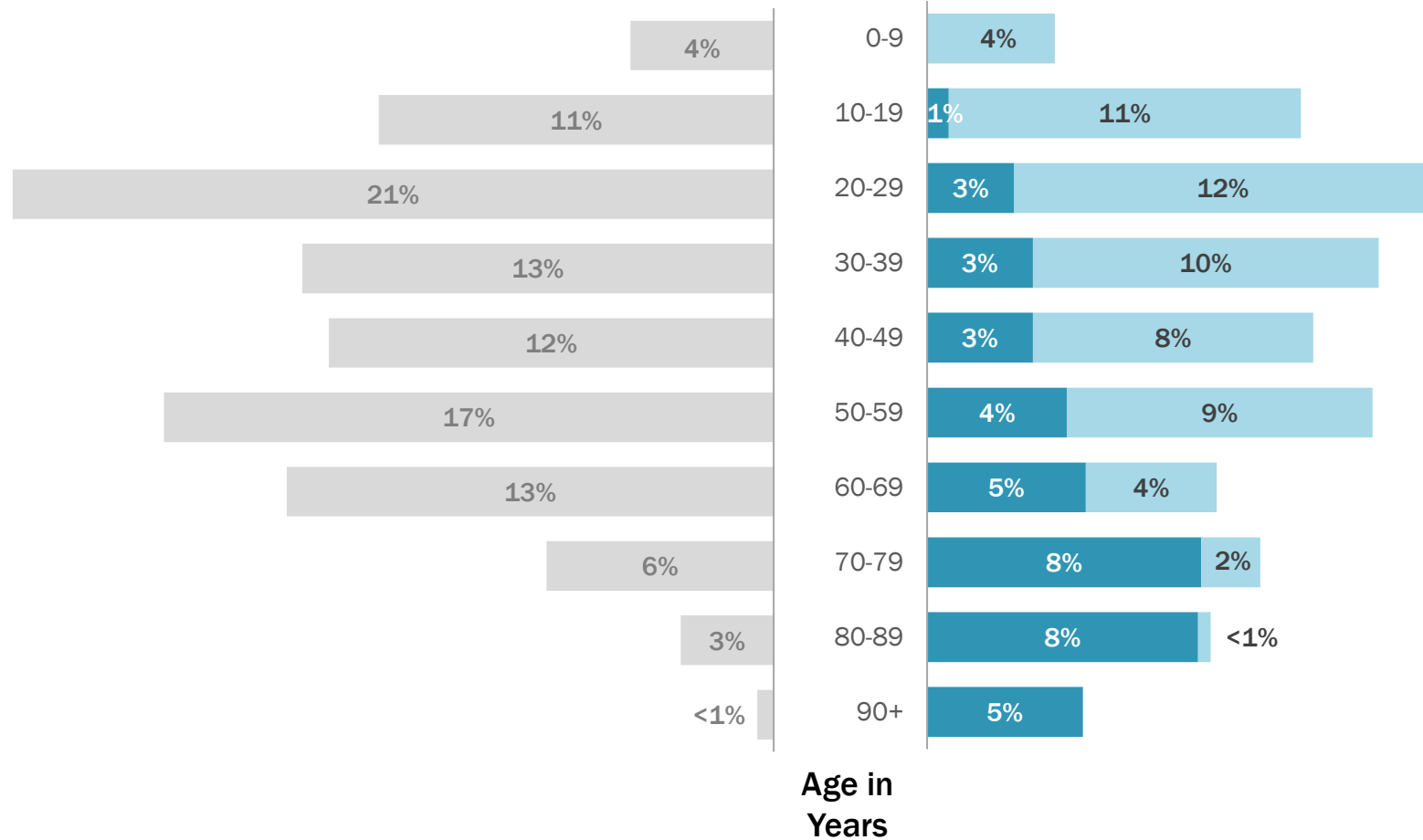


# Percent of People Testing Positive for COVID-19 by Outbreak Status and Age

Not associated with an outbreak

Associated with an outbreak in a health setting

Associated with an outbreak in a non-health setting



41 years old

72 years old

33 years old

**Median age**

Source: Vermont Department of Health  
Reflects case counts as of 12/2/2020

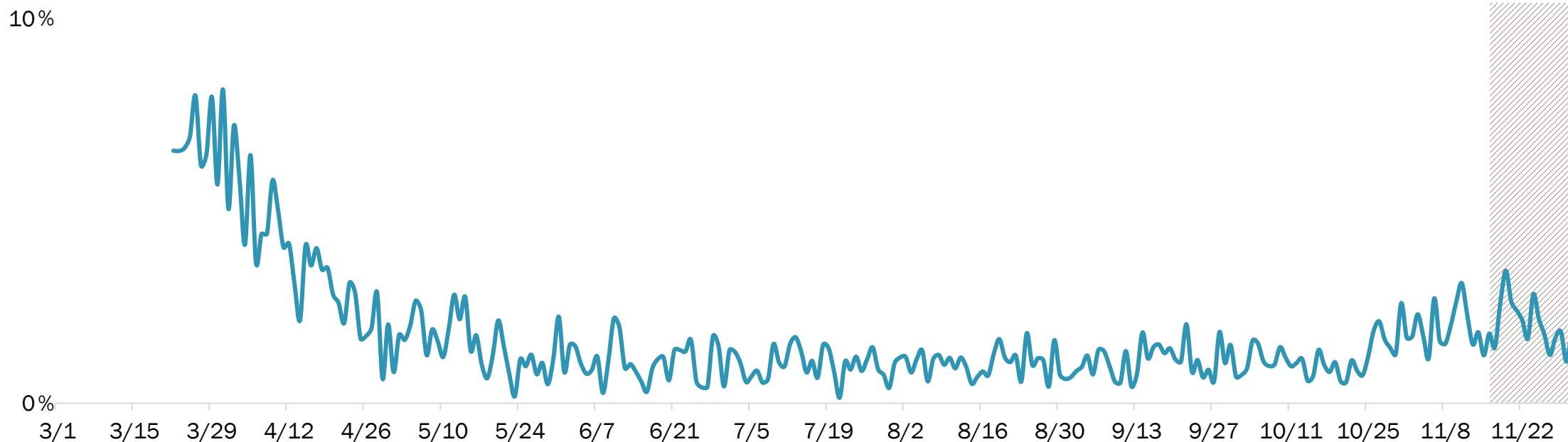
Note: Examples of a health setting include long-term care or assisted living facilities, therapeutic treatment centers, and behavioral health institutions. Examples of a non-health setting include correctional facilities, senior housing communities, businesses, and homeless shelters. Vermont has not experienced an outbreak in all health and non-health settings.

# **Syndromic Surveillance**

What we can learn from emergency room and urgent care centers?

## The percent of emergent care visits for COVID-19-like illness has increased slightly since late October\*.

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.

\*As of late October, syndromic surveillance data from UVMHC is incomplete due to network issues. Because we present percentages here (not raw counts), the interpretation of the data remains the same.

# **Weekly Spotlight: Recent Outbreaks**

This section focuses on the recent increase in COVID-19 outbreaks in Vermont. For the definition of an outbreak in various settings, please see page 28.

# What actions or events are leading to the recent increase in outbreaks?

Through contact tracing interviews and communications with facilities, we've learned that:

An increase in interactions among people at **social gatherings among trusted groups** is leading to the recent increase in outbreaks.



## Social Gatherings

- These include any private or public event like parties, meetings, celebrations, recreational sports, etc.
- They often lead to a higher number of close contacts per case who could have been exposed.



## Trusted Groups

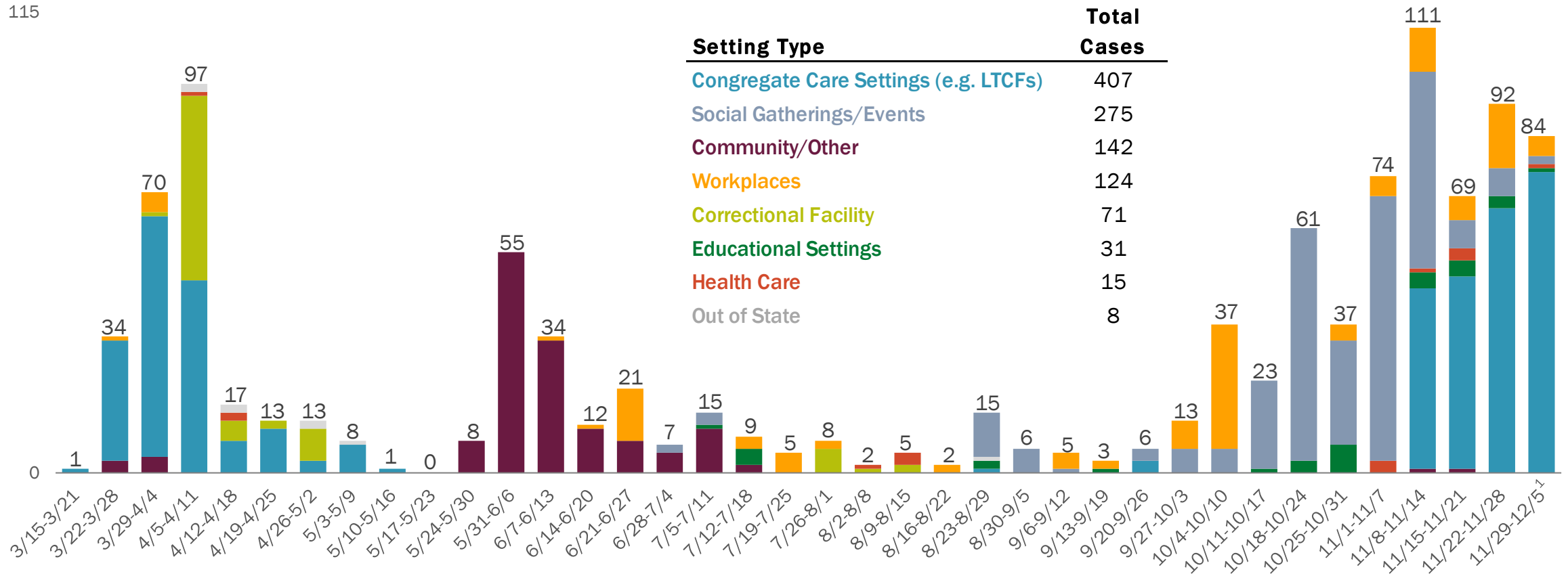
- Transmission is largely, but not exclusively, happening among people interacting in small groups of people they trust in settings such as private parties, recreational sports, and workplaces.
- In trusted groups, people tend to let their guard down — failing to wear a face mask and maintaining a 6-foot distance from others.

Source: Vermont Department of Health, 2020.

# Cases Associated with an Outbreak by Setting Type

In October, there was a notable increase in outbreak-associated cases connected to **social events/gatherings**. These events led to an increased number of total cases in November, particularly among **congregate care settings**. The increase in outbreak-associated cases among congregate care settings is a reflection of the increases seen throughout the state as a result of increased social gathering in October.

115



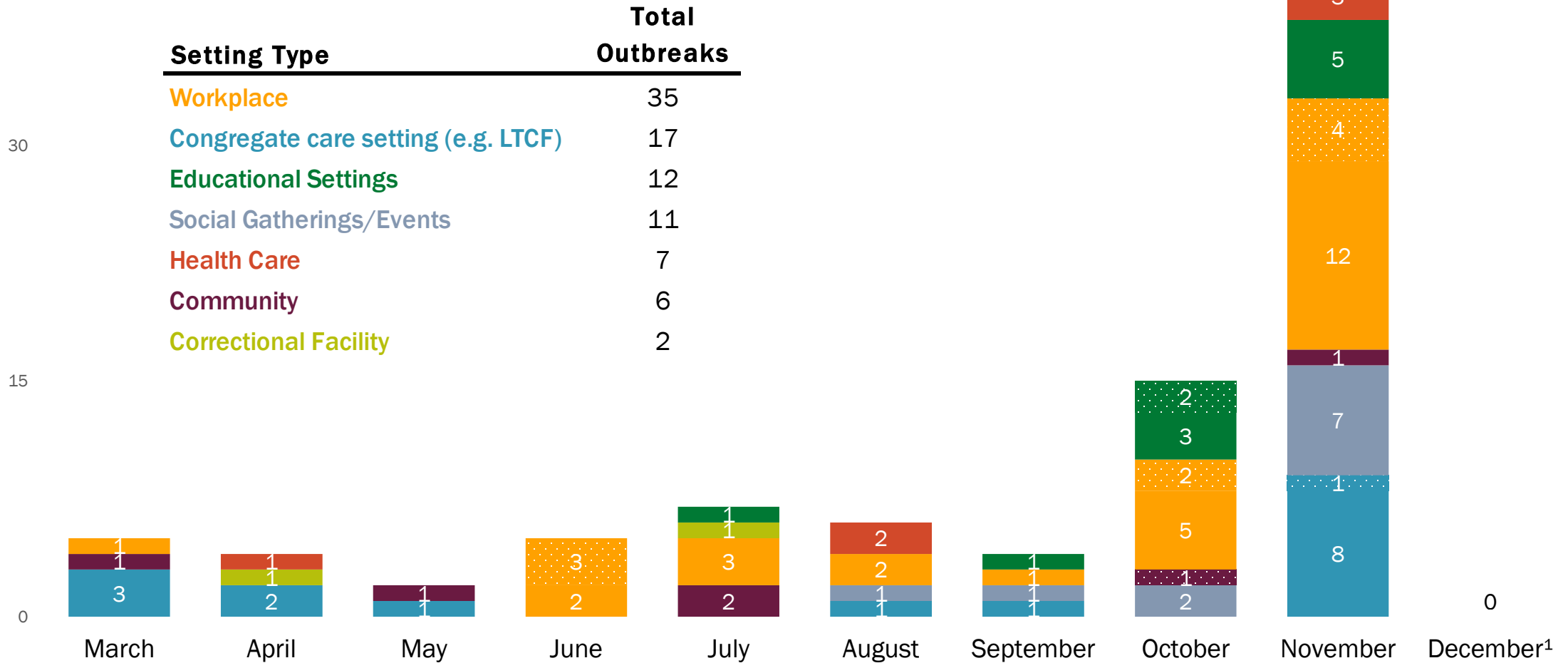
**Educational Settings:** Includes K-12 schools, colleges/universities, childcare programs  
**Social Gatherings/Events:** Includes any public or private gatherings like parties, celebrations, or recreational sports  
**Out of State:** Reflects Vermont residents known to have contracted COVID-19 as a result of an outbreak in any location not in Vermont (e.g. cruise ship, workplace in a neighboring state, etc.)  
**Community/Other:** Outbreaks that took place within a community and are not confined to a specific facility type environment or other type of setting not elsewhere classified  
**Health Care:** Includes medical and dental clinics and practices, pharmacies, hospitals, and home health services

Source: Vermont Department of Health, 2020  
<sup>1</sup> Includes data through December 02, 2020  
 Secondary outbreaks are counted under the setting type of their primary outbreak.  
 Date reflects the date of report to public health.

# Number of Outbreaks by Setting

45

November had the most outbreaks, variety of outbreak setting types, and secondary outbreaks.



Indicates a secondary outbreak

Source: Vermont Department of Health, 2020  
<sup>1</sup> Includes data through December 02, 2020.  
 Month reflects the month the outbreak began.

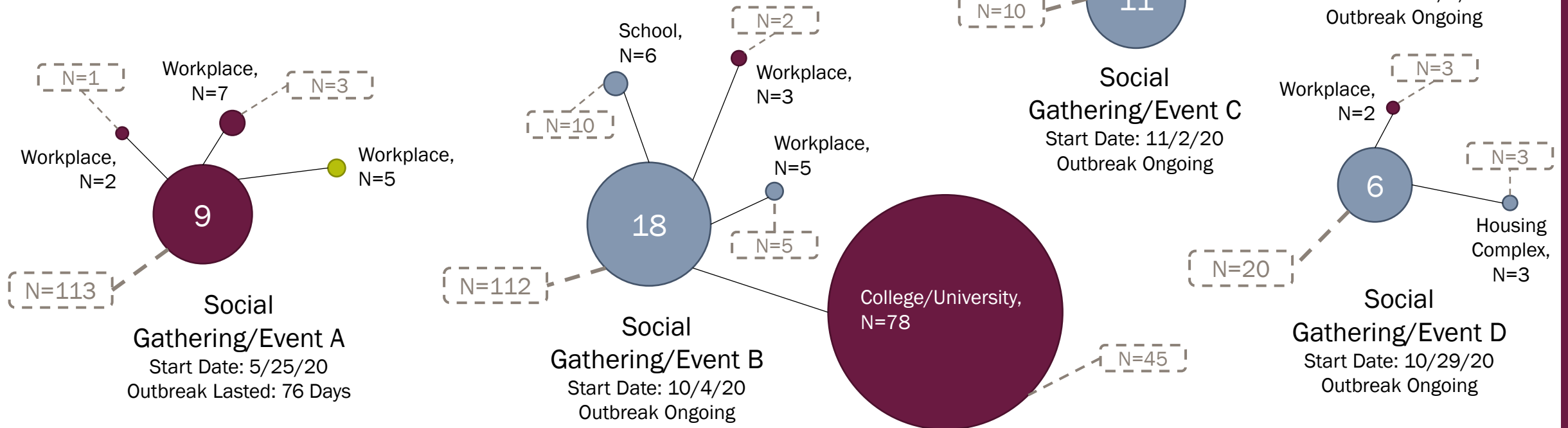
# When uncontained, outbreaks can lead to considerable spread of COVID-19.

Outbreaks at **five social gatherings/events** have led to 13 secondary outbreaks. Secondary outbreaks are when multiple cases occur in a new setting as a result of spread from the primary outbreak.

These outbreaks have all occurred in **Chittenden**, **Lamoille** and **Washington** Counties.

The dotted lines and boxes indicates additional people who got COVID-19 as a result of the primary and secondary outbreak but were not associated with an outbreak. For example, the spouse of an employee at a workplace.

Each circle includes the number of cases associated with that outbreak. People may be counted more than once. For example, a case who works at a school is part of that outbreak, and they attended the social gathering event, so they are also a part of that outbreak.



Source: Vermont Department of Health, 2020  
Reflects confirmed and probable cases as of 12/02/2020.  
Data on ongoing outbreaks should be treated as preliminary.





## Learn more about COVID-19 in Vermont:

**Web:** [www.healthvermont.gov/COVID-19](http://www.healthvermont.gov/COVID-19)

**Email:** [AHS.VDHPublicCommunication@vermont.gov](mailto:AHS.VDHPublicCommunication@vermont.gov)

**See more data:** [Weekly Data Summaries](#)