

Weekly Summary of Vermont COVID-19 Data

Reflecting cases identified between
March 5, 2020 – February 17, 2021



Date published: February 19, 2021. 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 February 10 through February 17.

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.

Table of Contents

Click on a box below to jump to that section

[Overview of COVID-19 in Vermont](#)

[Case Demographics](#)

[Clinical Course](#)

[Outbreaks](#)

[Syndromic Surveillance](#)

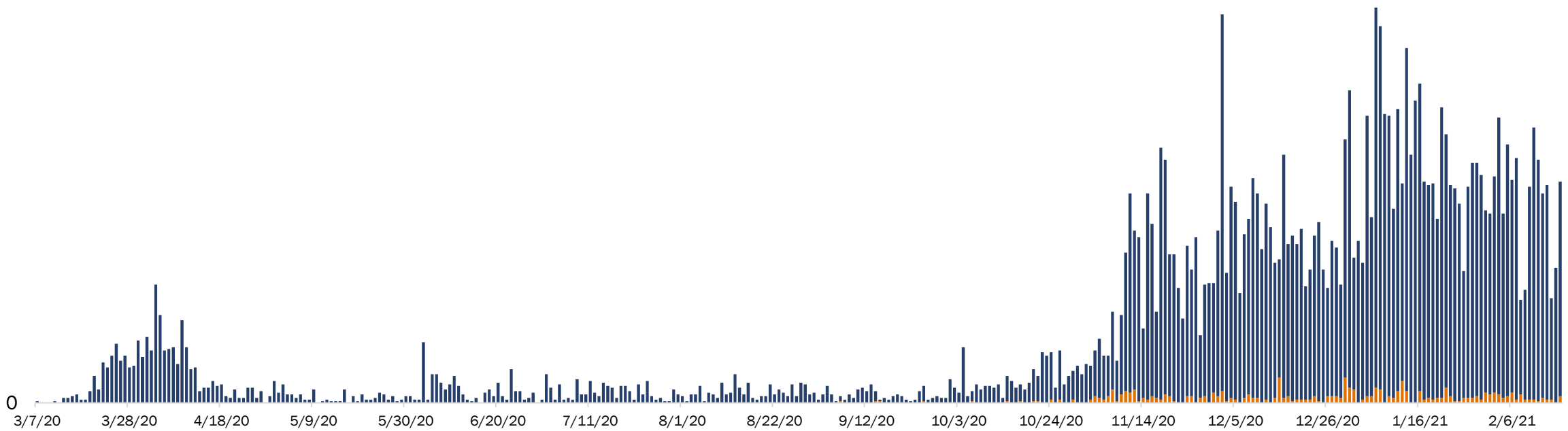
[Weekly Spotlight](#)

COVID-19 in Vermont

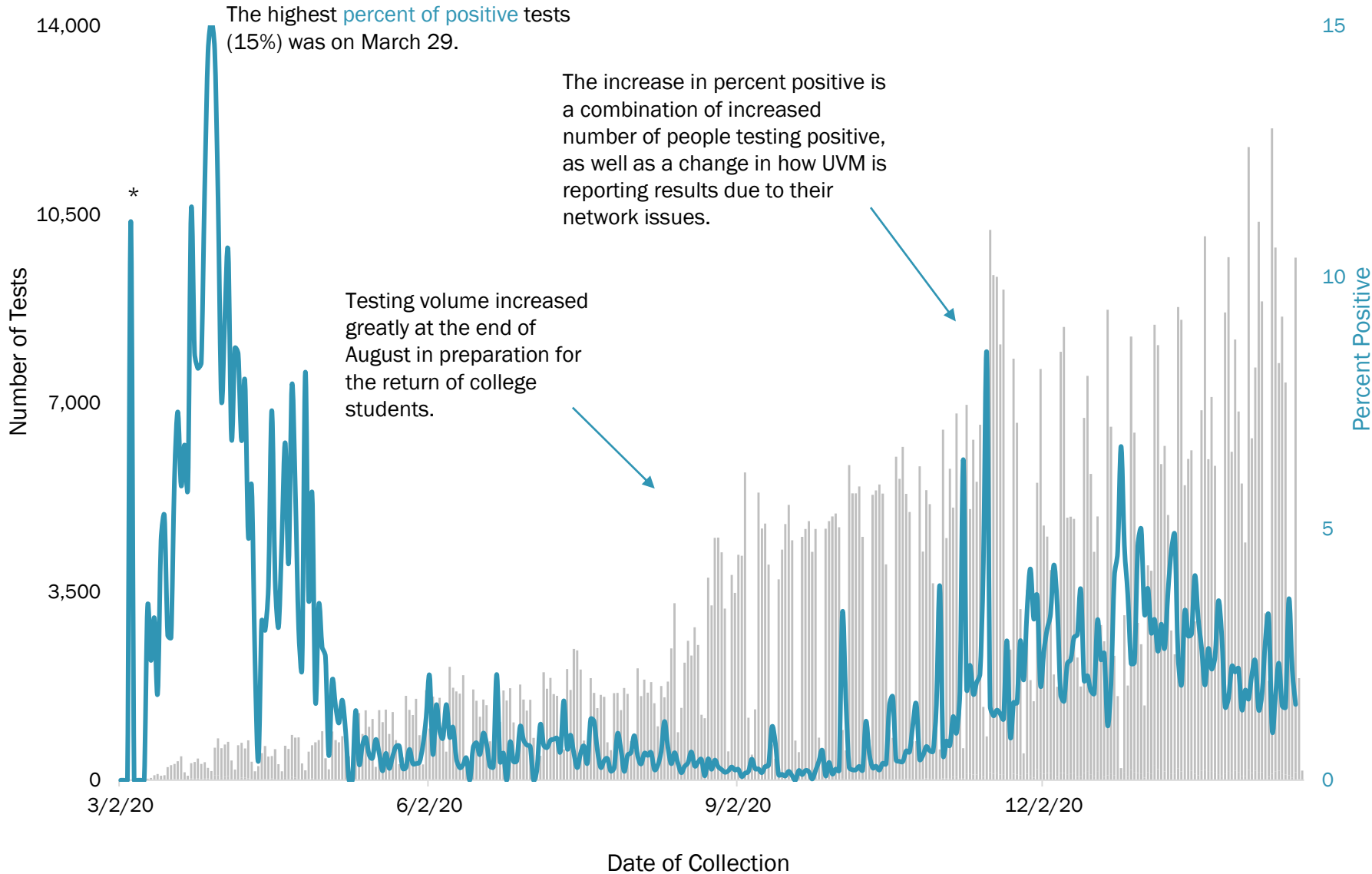
An overview of our number of cases and laboratory testing to date.

Total Number of **Confirmed** and **Probable** Cases in Vermont: 14,149

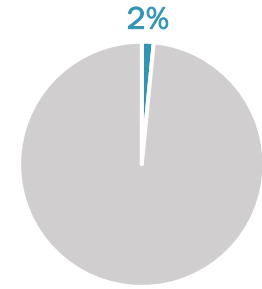
250



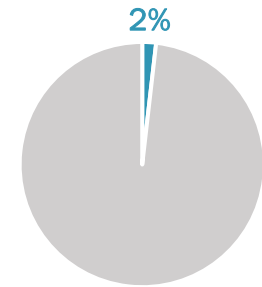
Percent of positive COVID-19 tests may indicate how prevalent the disease is in the population.



Percent Positive to Date



Percent Positive This Week (February 10 - February 17)



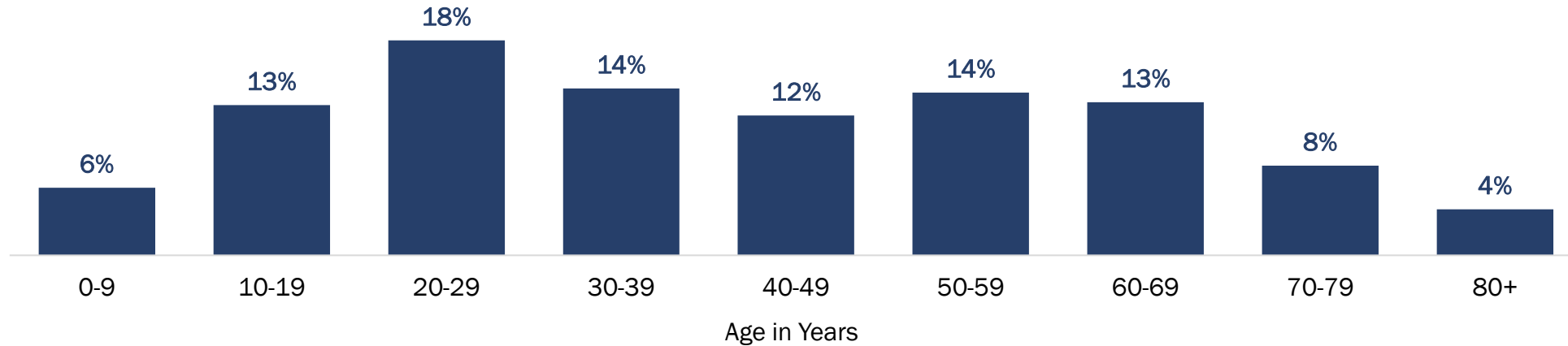
8,661 People Tested this Week	40,500 Tests this Week
321,462 People Tested to Date	999,884 Tests to Date

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



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



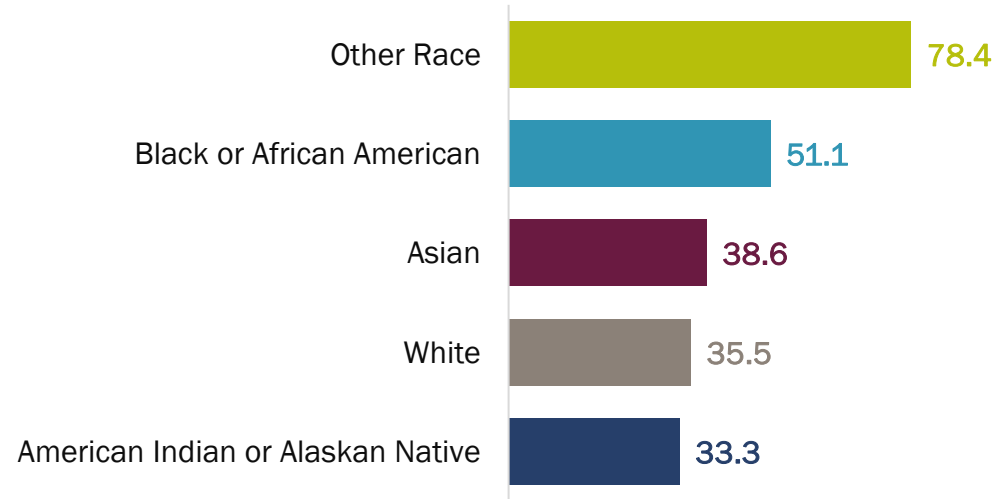
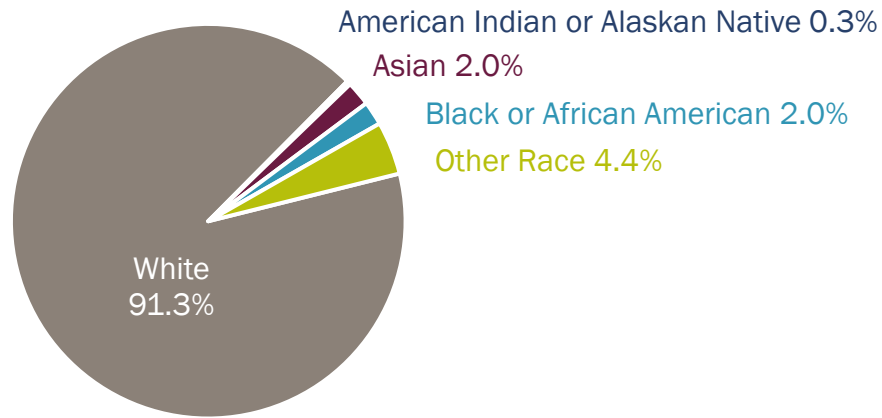
55% of people tested for COVID-19 are **female**.



45% of people tested for COVID-19 are **male**.

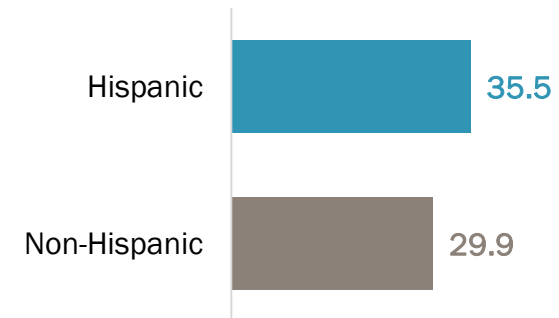
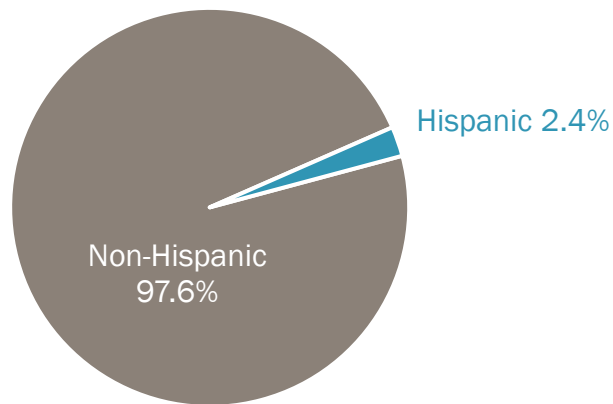
White Vermonters represent the majority of people tested in Vermont for COVID-19. Vermonters with other race have the highest rate of testing.

Rates per 100 Vermonters

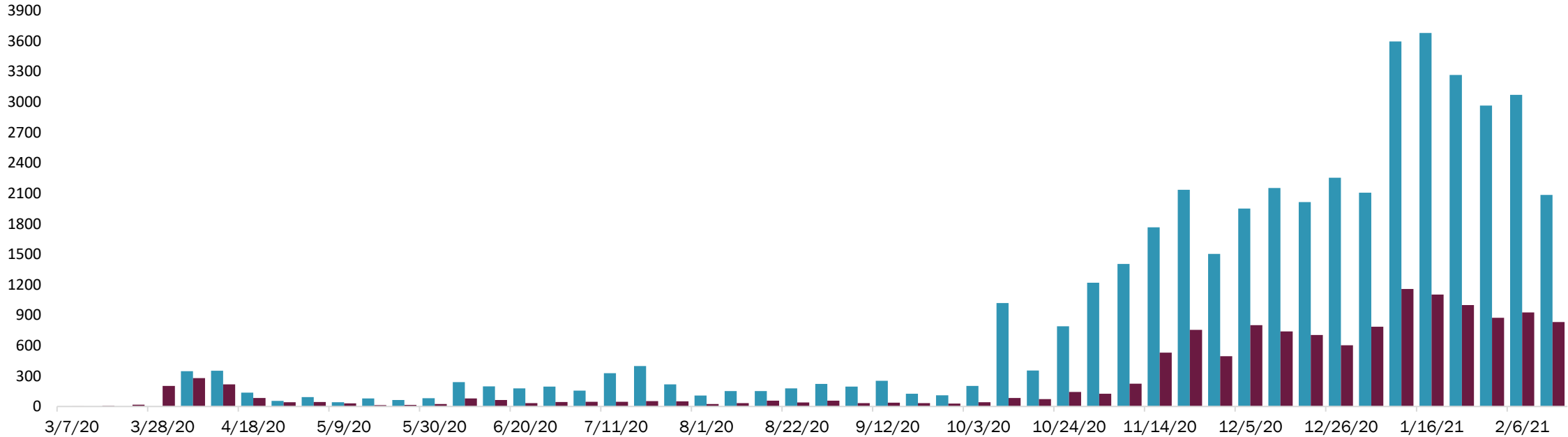


Non-Hispanic Vermonters represent the majority of people tested in Vermont for COVID-19. Hispanic Vermonters have the higher rate of testing.

Rates per 100 Vermonters



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



82

Number of full-time equivalent contact tracing staff trained

740

Cases interviewed last week

February 7 – February 13

2,084

Contacts named last week

February 7 – February 13

3.3

Average number of contacts per case*

*Since April 1, 2020

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 January 31 to February 13):



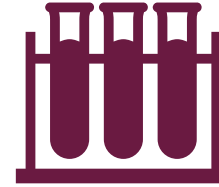
88%

Of cases were interviewed within 24 hours



80%

Of cases provided their close contacts



60%

Of contacts were tested within 14 days of exposure



11%

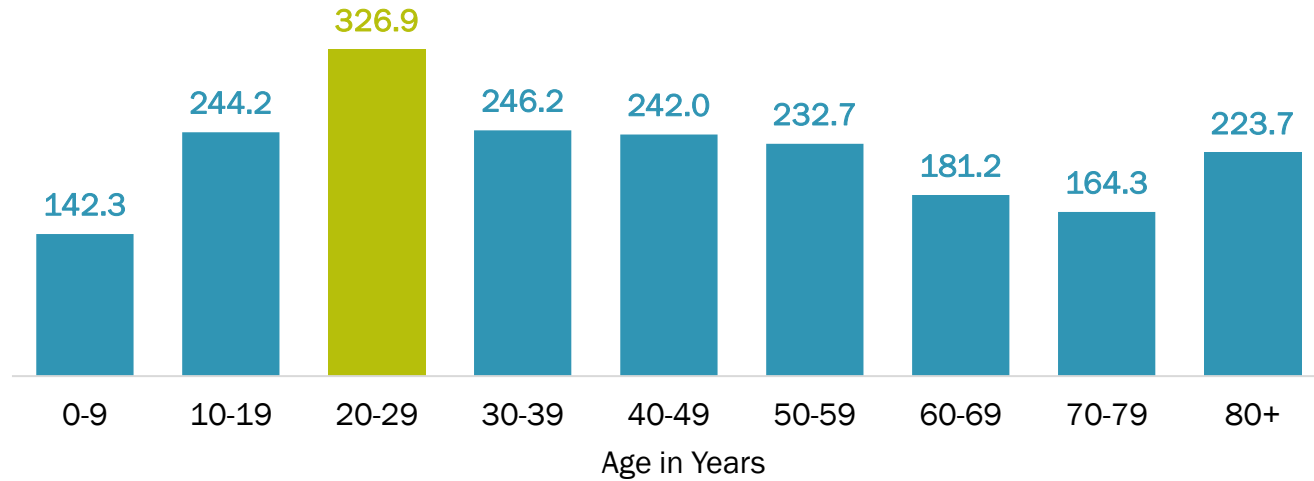
Of contacts became a case

Case Demographics

Who has been impacted by COVID-19 in Vermont?

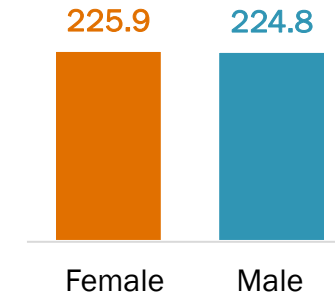
Rates of COVID-19 are highest among Vermonters 20-29 years old.

Rate per 10,000 Vermonters



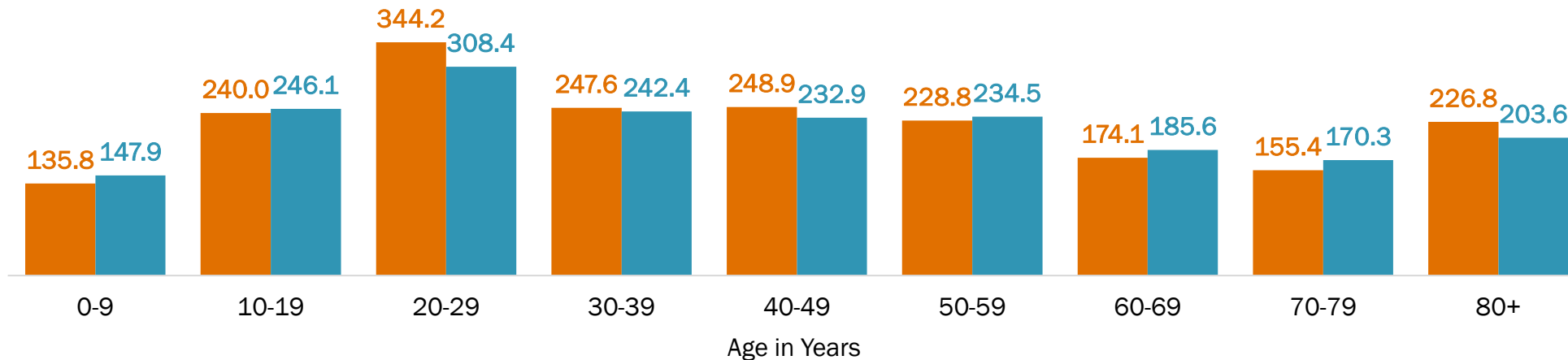
Females and males have similar rates of COVID-19.

Rate per 10,000 Vermonters



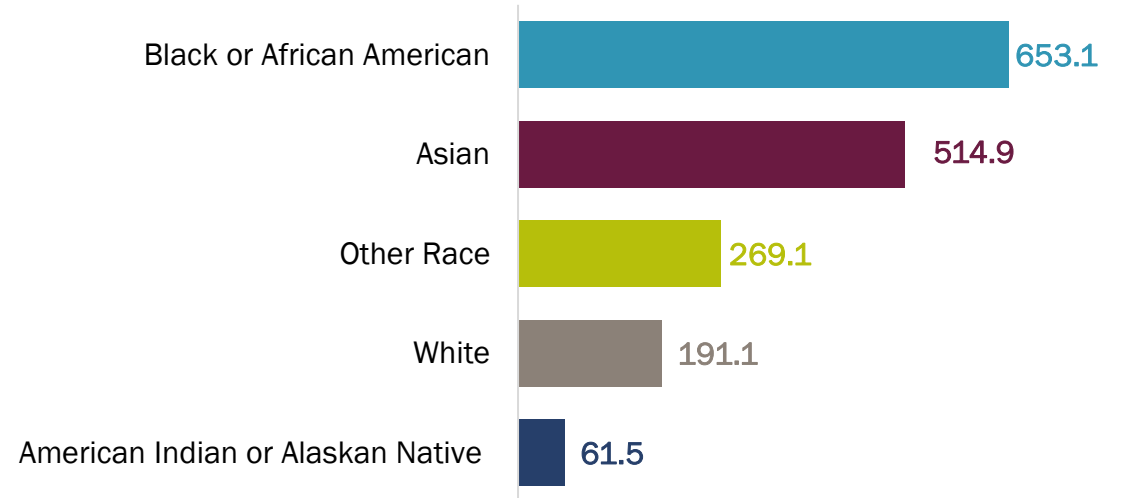
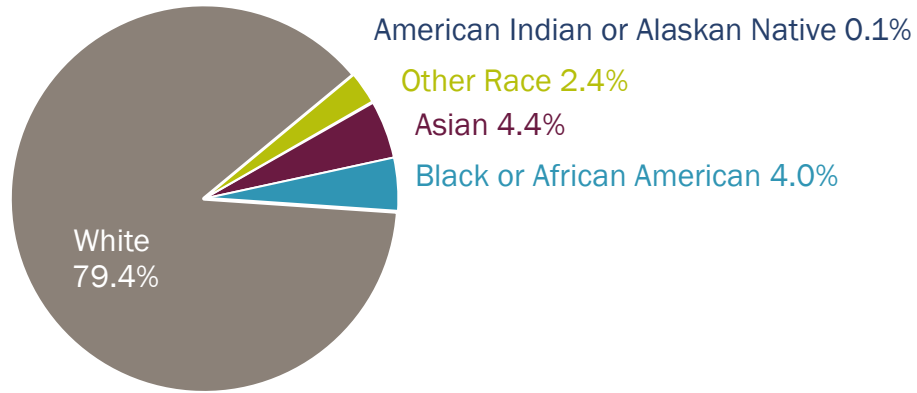
There are differences in age and sex of Vermonters with COVID-19.

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



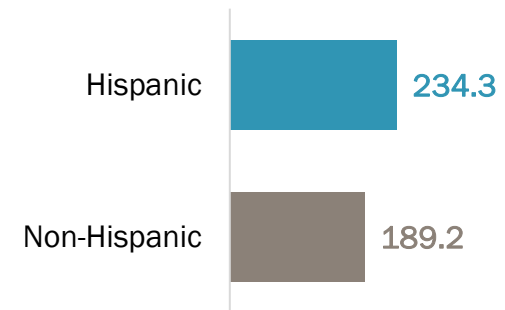
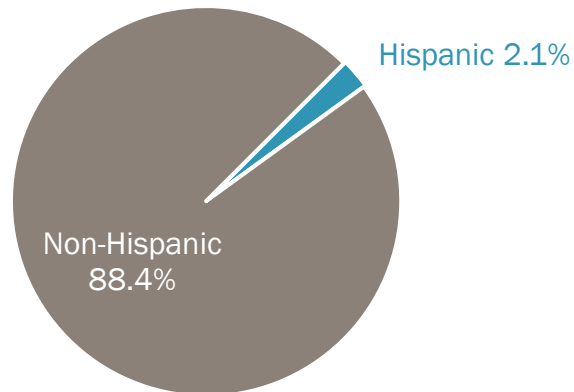
White Vermonters represent the majority of COVID-19 cases. African American Vermonters have the highest rate.

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 9% of cases (n = 1,362) and ethnicity is unknown in 16% of cases (n = 2,288).

Approximately 34% of people* with COVID-19 have a pre-existing condition.

*of the 11,855 people that the Health Department has pre-existing condition data for.

Condition	Count	Percentage
Other Chronic Condition**	1,148	10%
Chronic Lung Disease (includes asthma and COPD)	1,147	10%
Current/Former Smoker	1,067	9%
Diabetes	611	5%
Heart Disease	491	4%
Disability***	231	2%
Immunocompromised Condition	157	1%
Chronic Kidney Disease	83	1%
Pregnant	73	1%
Chronic Liver Disease	33	0.3%

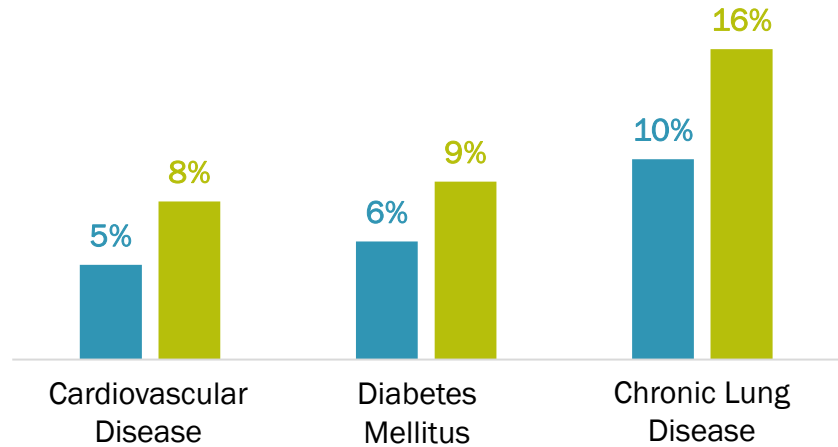
28% of people with a pre-existing condition have two or more conditions.

**Not mutually exclusive, includes things like arthritis, thyroid conditions, multiple free text entries.

***Includes neurologic, neurodevelopmental, and intellectual disabilities, as well as physical, vision, and hearing impairments (as of 11/4/20).

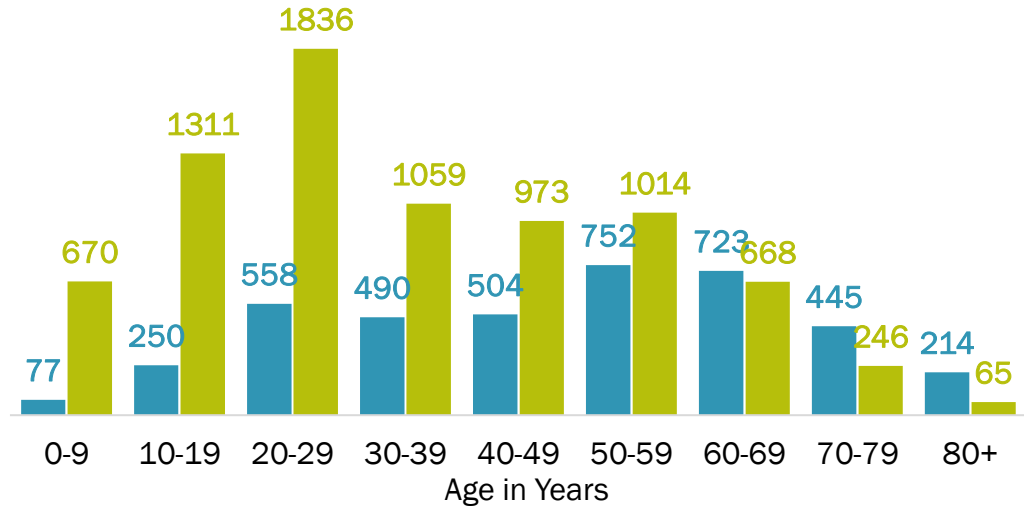
The Health Department has information about pre-existing conditions in 84% (11,855) of 14,149 total COVID-19 cases.

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

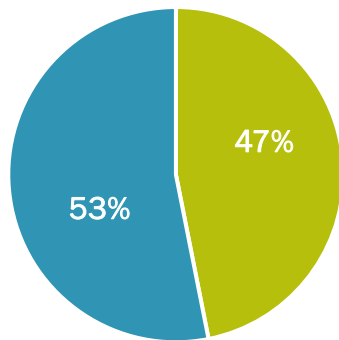


Data Source: Cardiovascular disease and diabetes, BRFSS 2018 annual report. Chronic lung disease, 3-4-50 Community profile (2016-2017 BRFSS).

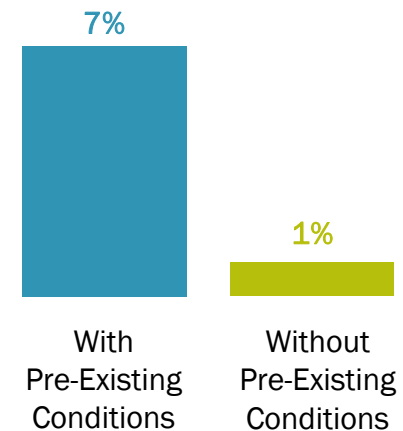
COVID-19 patients with pre-existing conditions tend to be older than those without pre-existing conditions.



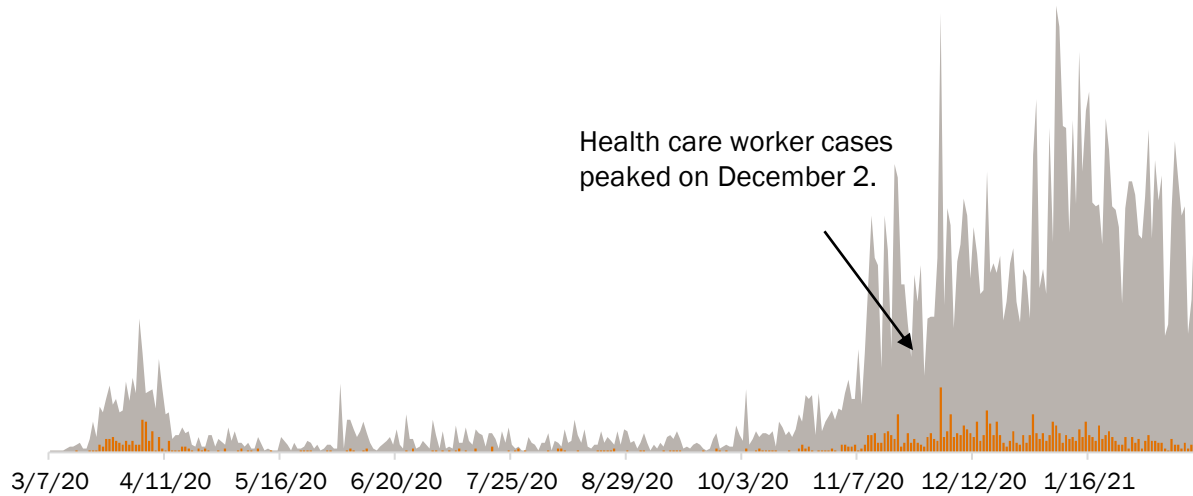
The likelihood of having a pre-existing condition is greater among female compared to male COVID-19 patients.



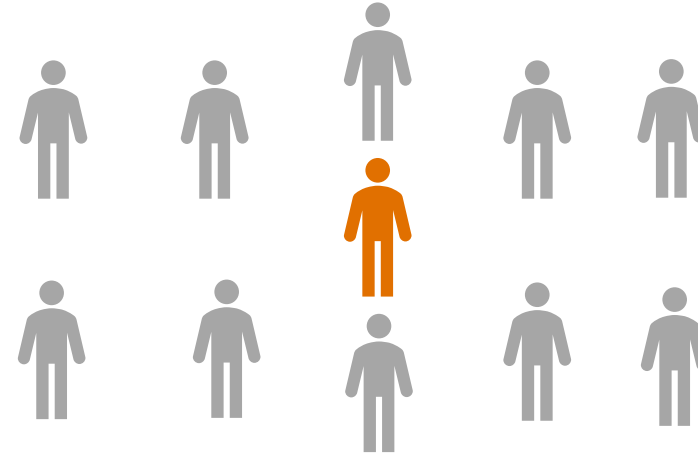
A higher percentage of COVID-19 patients with pre-existing conditions have been hospitalized than those without pre-existing conditions.



Number of **New Health Care Worker** and **All Cases** by Day

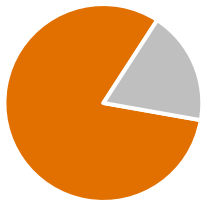


1 in 11 Vermonters with COVID-19 are health care workers.

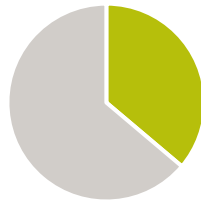


The age distribution of **health care workers** and **non-health care workers** with COVID-19 is similar.

80% of health care workers with COVID-19 are **female**.

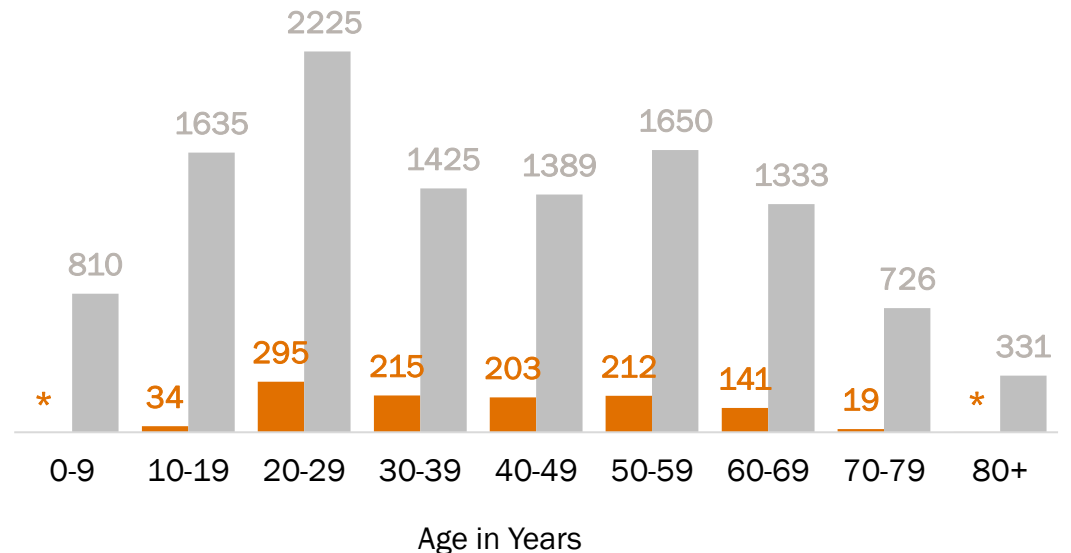


36% of health care workers with COVID-19 are associated with an **outbreak**.



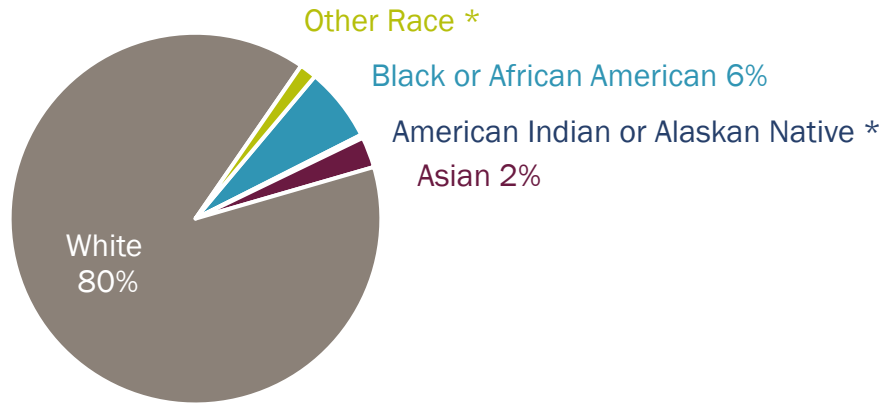
The Health Department has information about healthcare worker status in 89% (12,644) of 14,149 total COVID-19 cases.

Vermont Department of Health



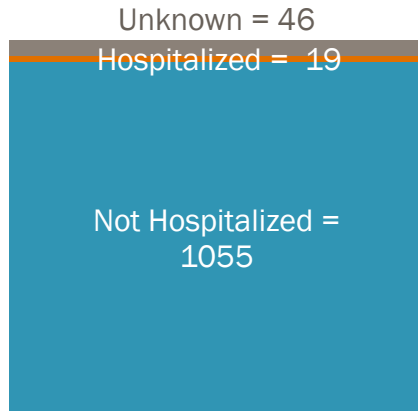
* Value suppressed due to small numbers.

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



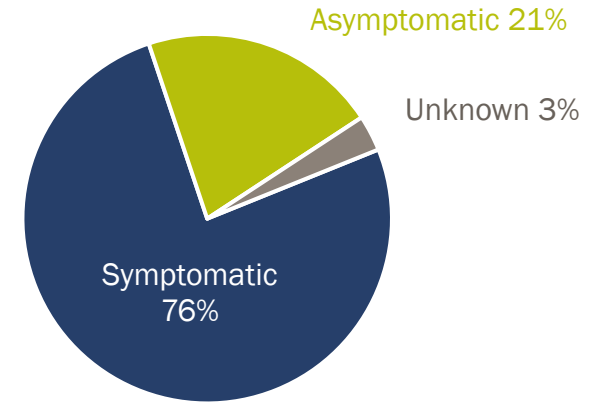
* Value suppressed due to small numbers.

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.

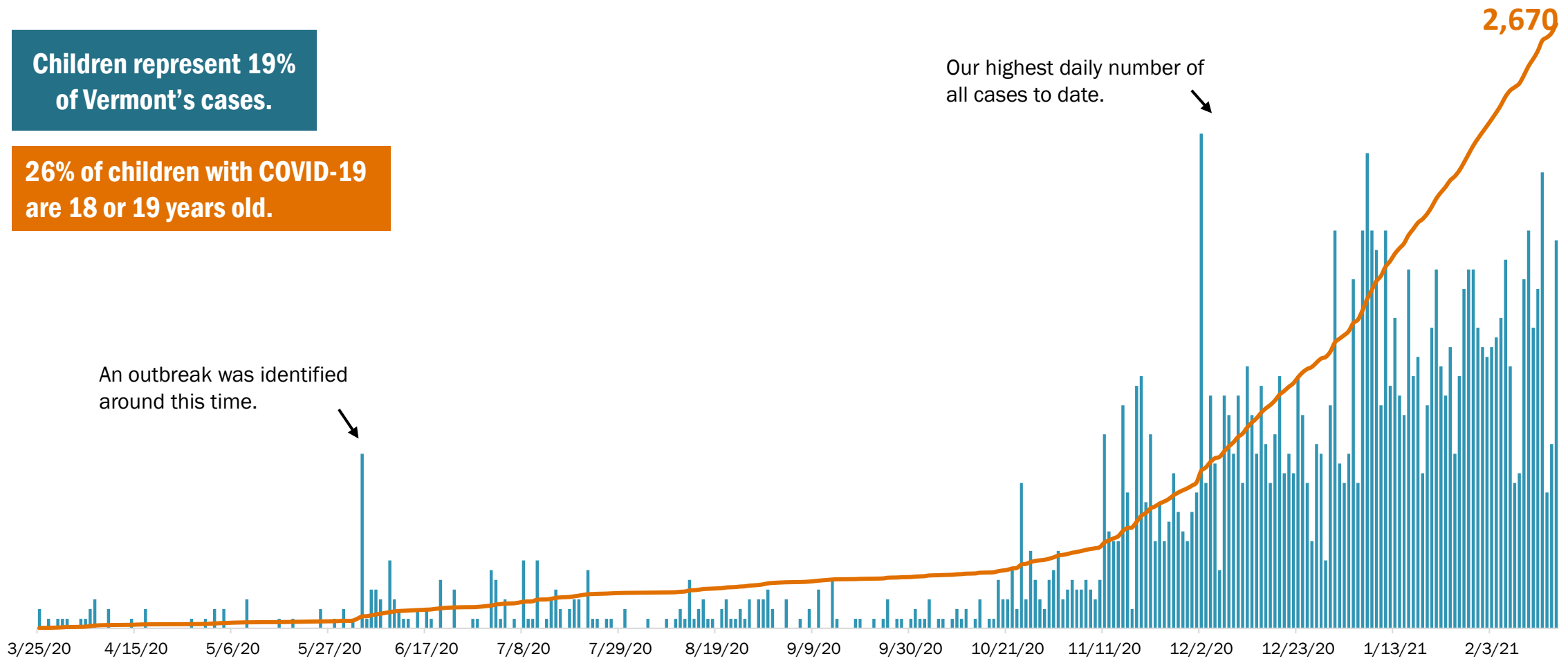


Sign or Symptom among Health Care Workers with COVID-19	Percent of Symptomatic Cases
Fatigue	61%
Cough	61%
Headache	59%
Runny Nose	54%
Muscle Pain	49%
Loss of Smell or Taste	41%
Chills	33%
Loss of Appetite	25%

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

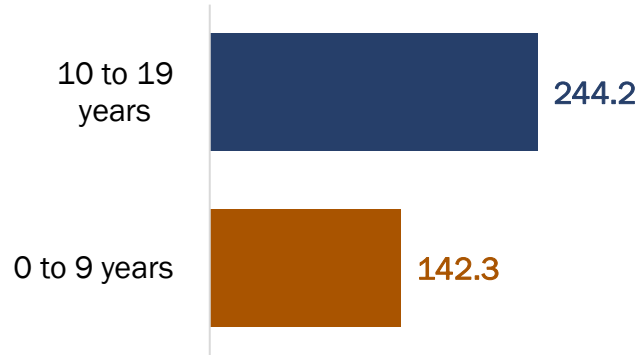
Children represent 19% of Vermont's cases.

26% of children with COVID-19 are 18 or 19 years old.



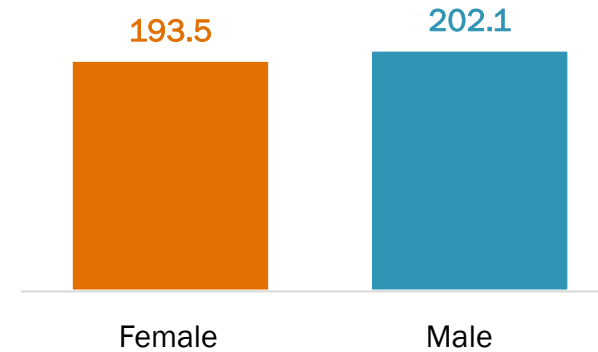
Older children have a higher rate of COVID-19 compared to younger children.

Rate per 10,000 Vermonters 0-19 years old

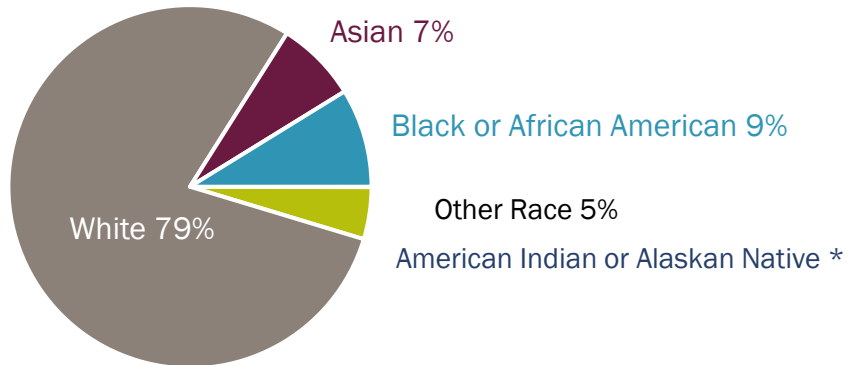


Female and male children have similar rates of COVID-19.

Rate per 10,000 Vermonters 0 to 19 years old

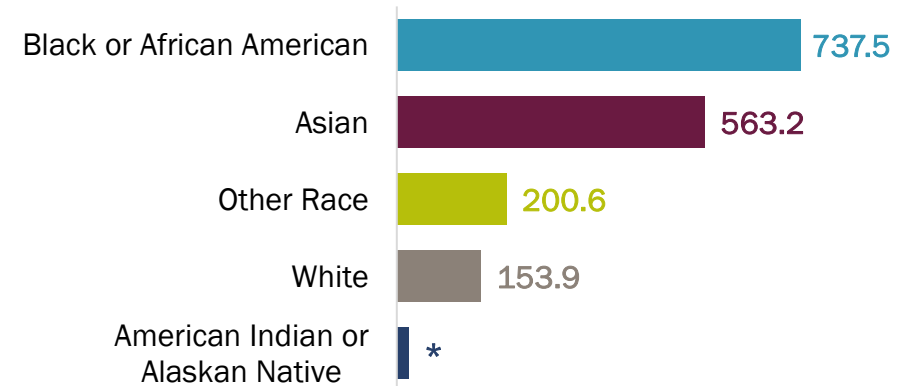


Among children with COVID-19, Black, Indigenous and people of color represent 21% of cases.



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

Rate per 10,000 Vermonters 0 to 19 years

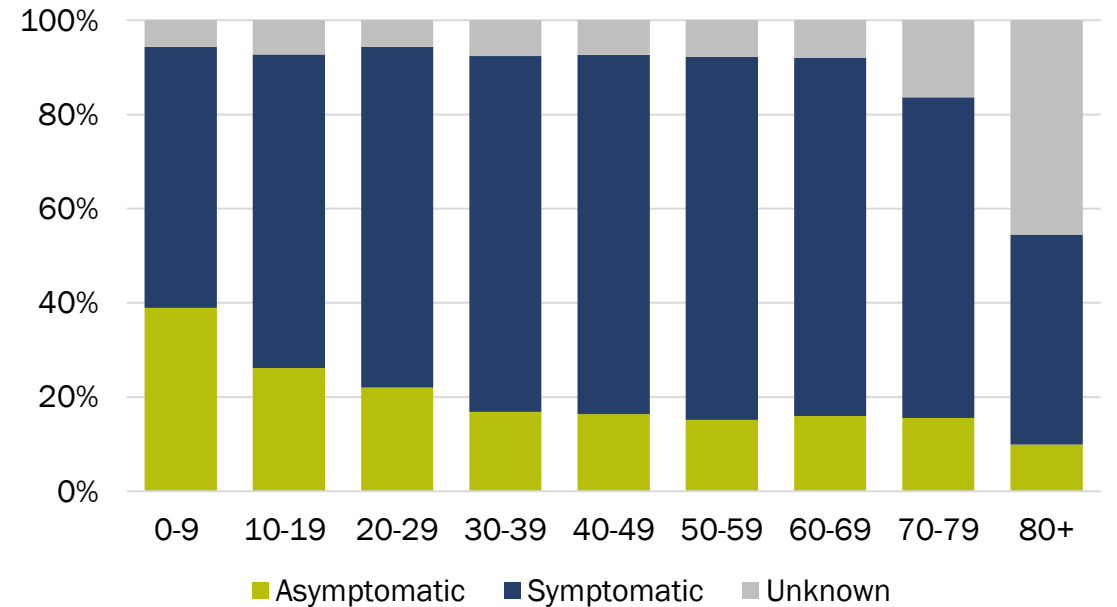


Sign or Symptom	Percent of Children with Symptom
Runny nose	51%
Headache	46%
Cough	42%
Fatigue	38%
Sore Throat	38%
Muscle pain	26%
Loss of smell or taste	25%
Fever	20%

5 days
Average illness duration among children

Among Vermont’s children with COVID-19, there are currently no reported cases of multi-system inflammatory syndrome or deaths, and there are fewer than six hospitalizations.

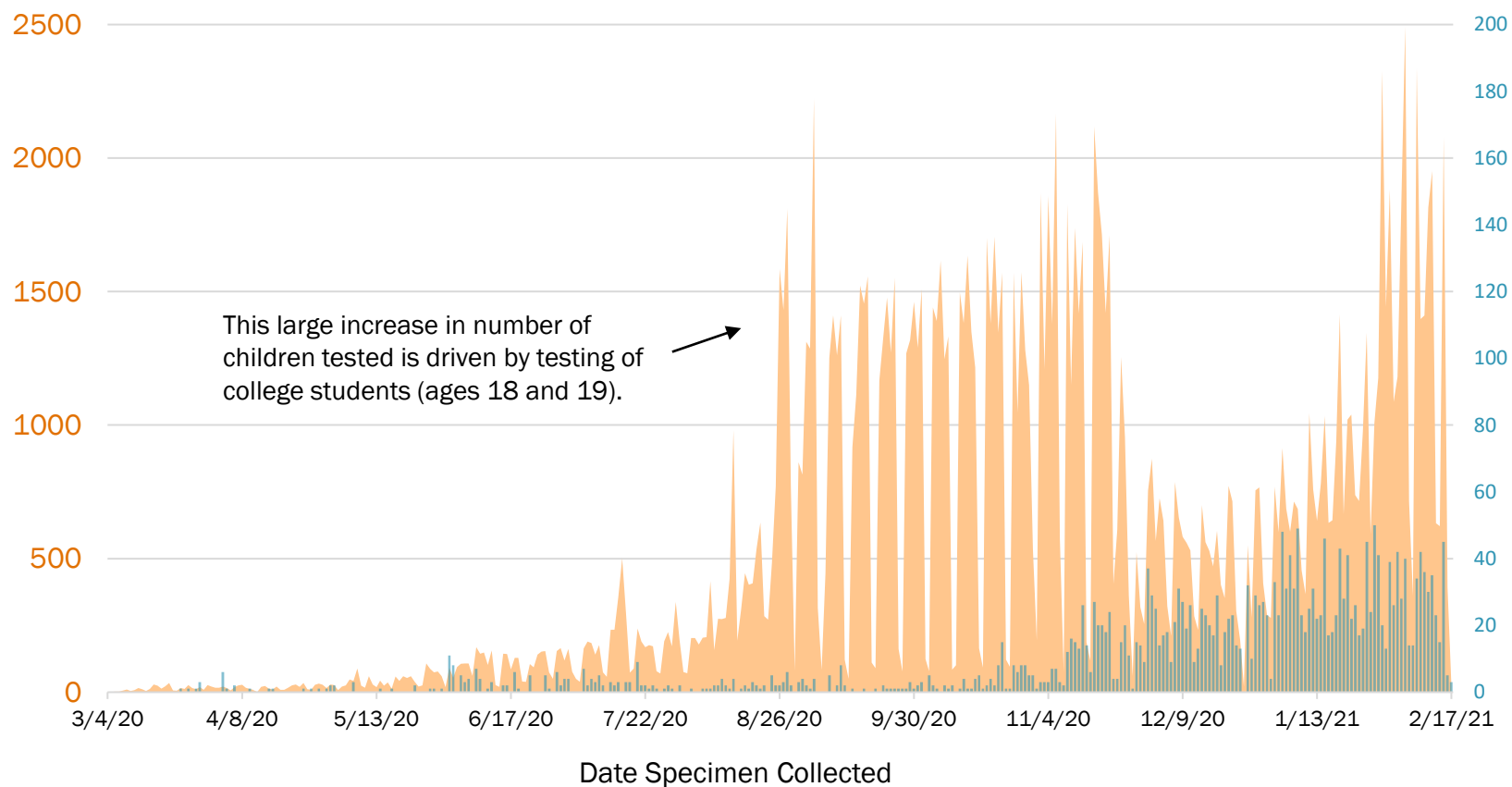
The percent of COVID-19 cases with no symptoms is higher among children. Less than one third (31%) of cases among children had no symptoms reported.



68% of children with COVID-19 had known contact with somebody else who had COVID-19.

16% of children with COVID-19 were part of an outbreak.

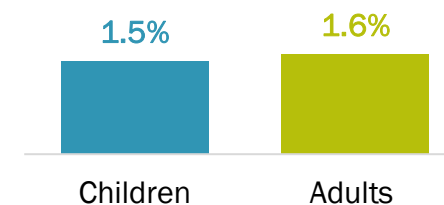
The number of **tests among children** for COVID-19 and the number of **positive tests** have increased over time.



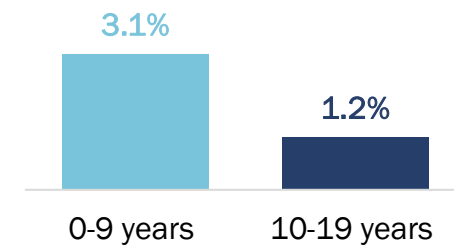
Total tests represents the total number of tests among children (specimen level).

There have been **186,021** 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.




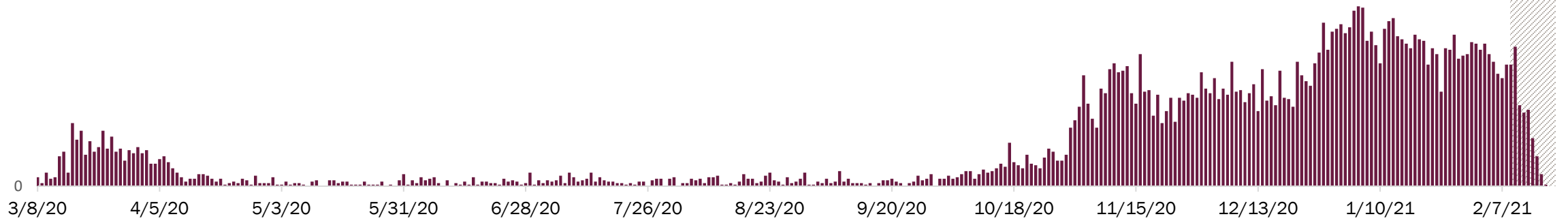
Clinical Course

What symptoms have Vermonters experienced? How many have been hospitalized? How many have died?

The day symptoms start is important to know when people with COVID-19 become infectious.

200

 Illnesses occurring in this window may not be reported yet; median reporting lag = 5 days



Note: Date of symptom onset is not always known.

8 days
Average illness duration

71%
Cases with symptoms

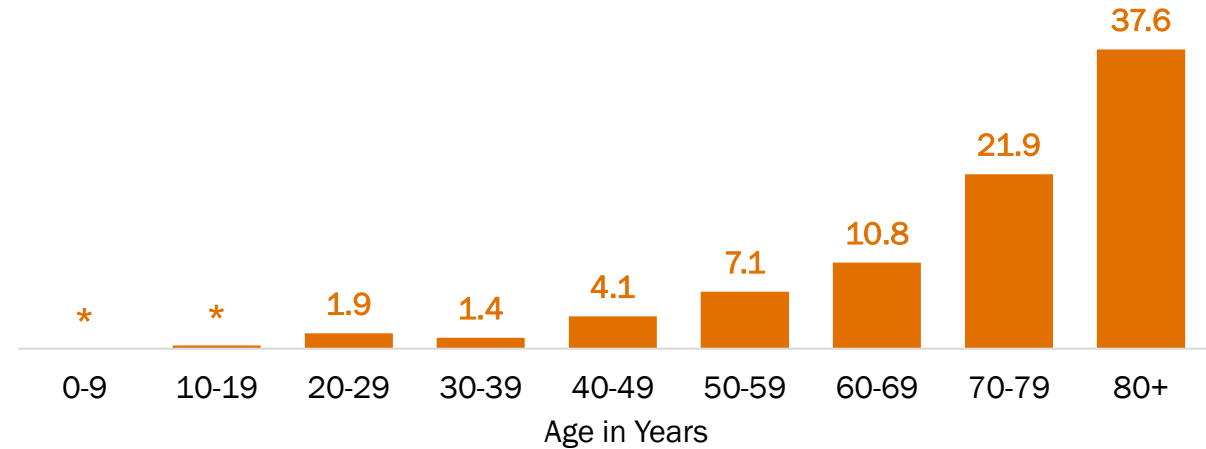
Sign or Symptom	Percent of Symptomatic Cases
Cough	57%
Fatigue	54%
Headache	52%
Runny Nose	50%
Muscle Pain	44%
Loss of Smell/Taste	37%
Sore Throat	36%
Felt Feverish	34%

Most Vermonters with COVID-19 are not hospitalized.

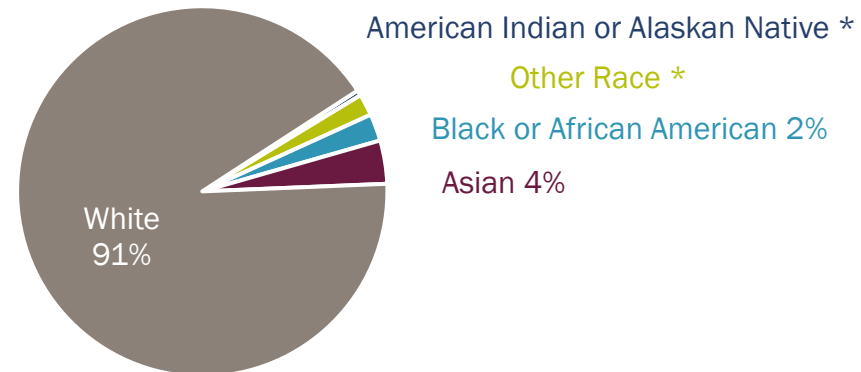


Vermonters 80 years and older are more likely to be hospitalized for COVID-19.

Rate per 10,000 Vermonters



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



Please note 20 hospitalized persons are missing race information.
*Values suppressed due to small numbers.

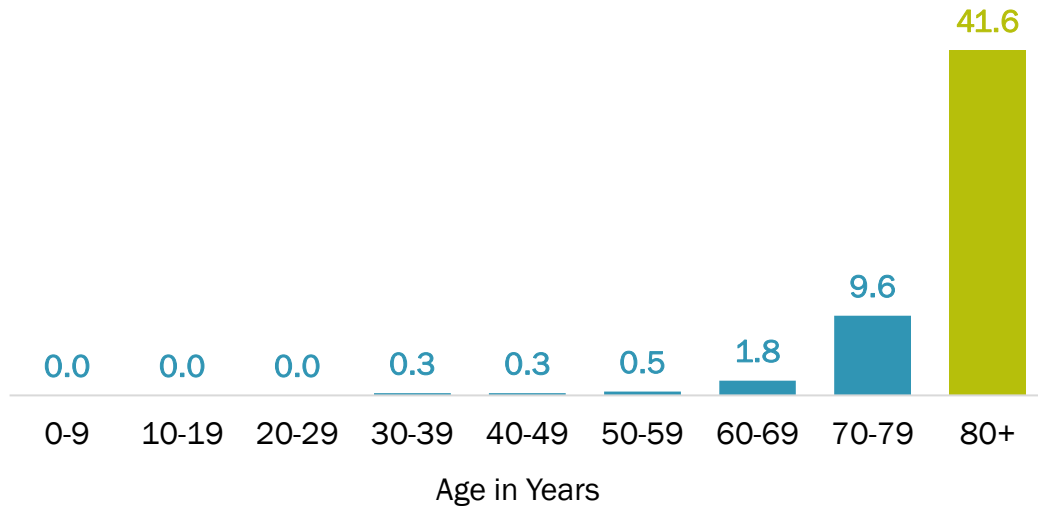
9%
Of those hospitalized were on a ventilator

24%
Of those hospitalized were in the ICU

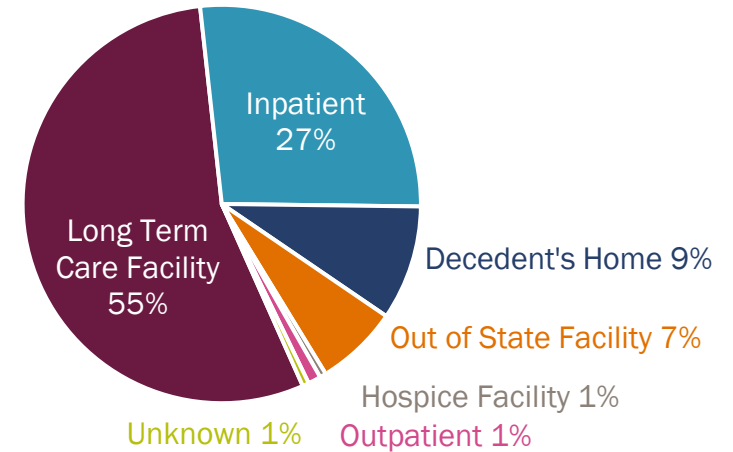
6 days
Average hospital stay (range: 0-43 days)

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

Rate per 10,000 Vermonters

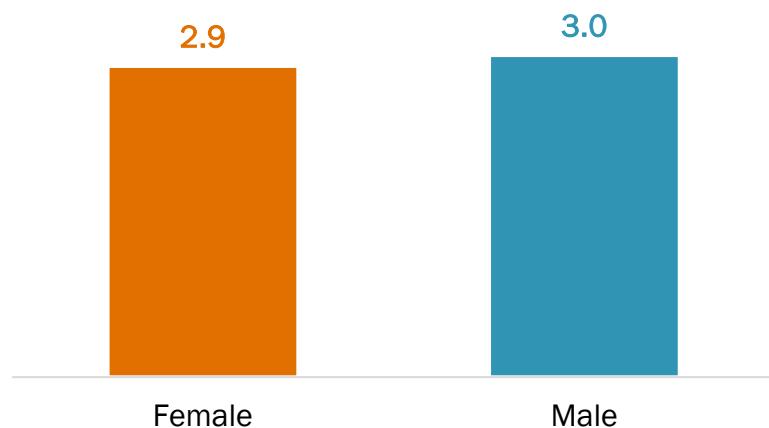


Most COVID-19 deaths occurred in a long-term care facility or an inpatient hospital setting.



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

Rate per 10,000 Vermonters



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. 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:

Community Settings

Three 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 confirmed or probable COVID-19 cases after 28 days (2 incubational periods) have passed since the most recent case's specimen collection date or illness onset date (whichever is later).

Educational Settings

Two 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 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).

Congregate Care or Living Settings*

Two or more patients/clients/residents or staff members with COVID-19 and known connections to each other in the facility setting.

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

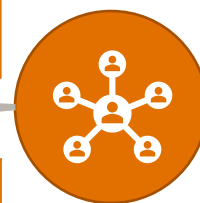
Resolved when no new COVID-19 positive tests occur after 28 days from the last positive test or illness start date (whichever is later).

Workplaces

Two or more COVID-19 cases among employees or customers at the same workplace, 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.

Resolved 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).





18% of people testing positive for COVID-19 are associated with an outbreak.



Outbreaks

75 Active

68 Primary


7 Secondary

154 Resolved*

*See previous page for definitions of resolved outbreaks.

Congregate Care & Living

 **634** cases among residents

 **404** cases among facility staff

Schools & Child Care

 **421** cases among children & staff

**2,598
Unique
Cases**

Workplaces/Businesses

 **516** cases among employees

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.

Acute & Outpatient Healthcare

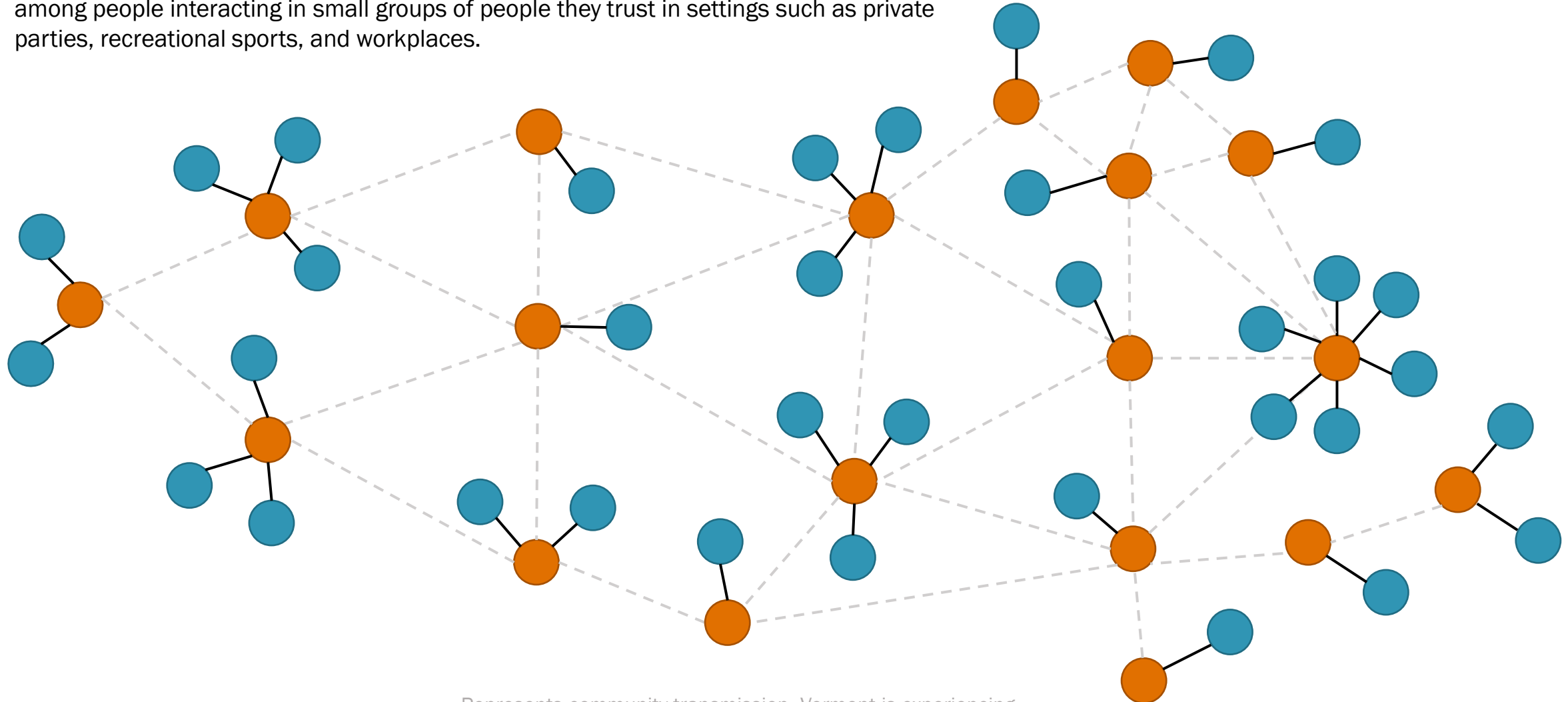
 **84** cases

Community

 **694** cases

19 primary outbreaks have led to 35 secondary outbreaks.

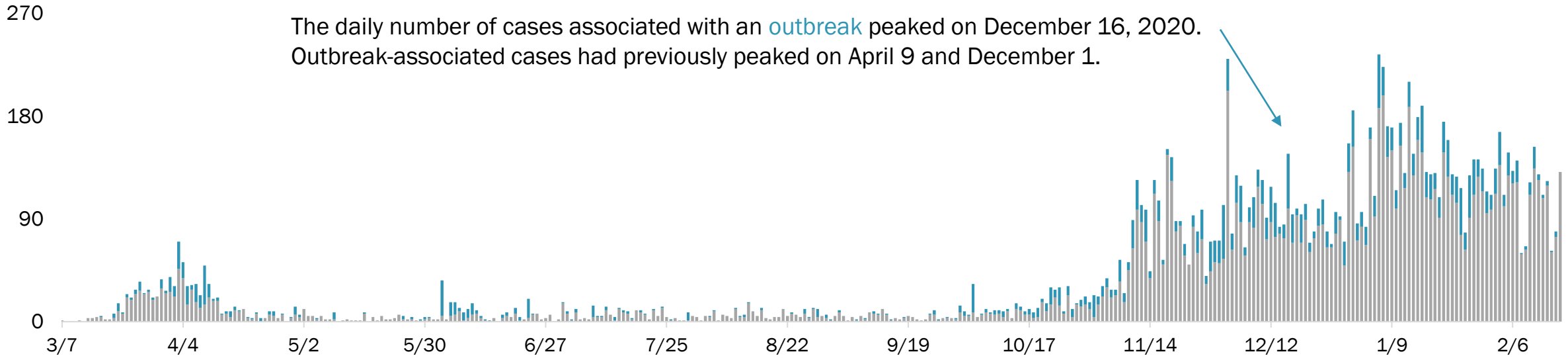
Secondary outbreaks are when multiple cases occur in a new setting as a result of spread from the primary outbreak. Transmission is largely, but not exclusively, happening among people interacting in small groups of people they trust in settings such as private parties, recreational sports, and workplaces.



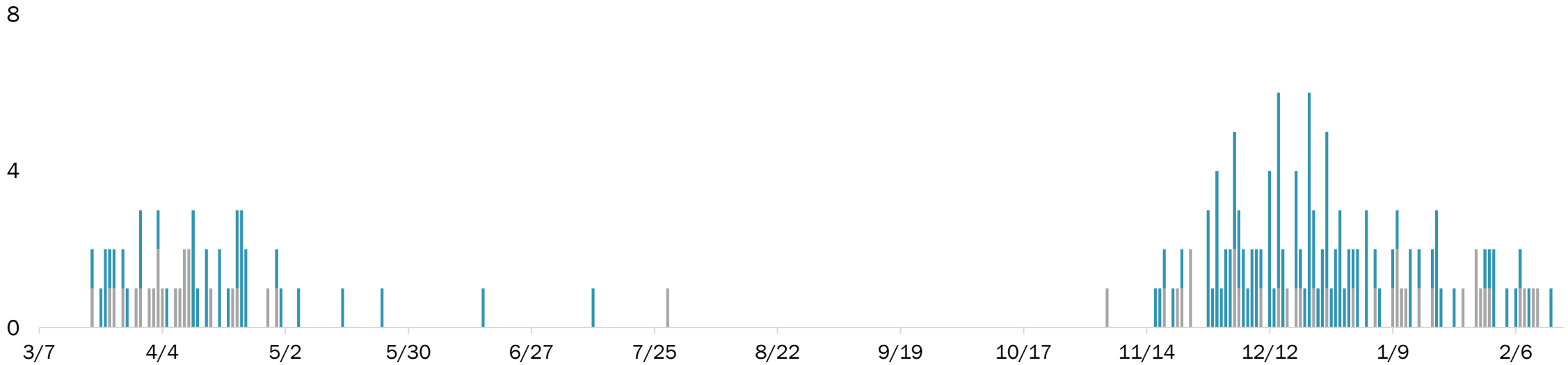
----- Represents community transmission. Vermont is experiencing elevated levels of community transmission across the state.

Vermont COVID-19 Cases Associated with an Outbreak Over Time

The daily number of cases associated with an outbreak peaked on December 16, 2020. Outbreak-associated cases had previously peaked on April 9 and December 1.

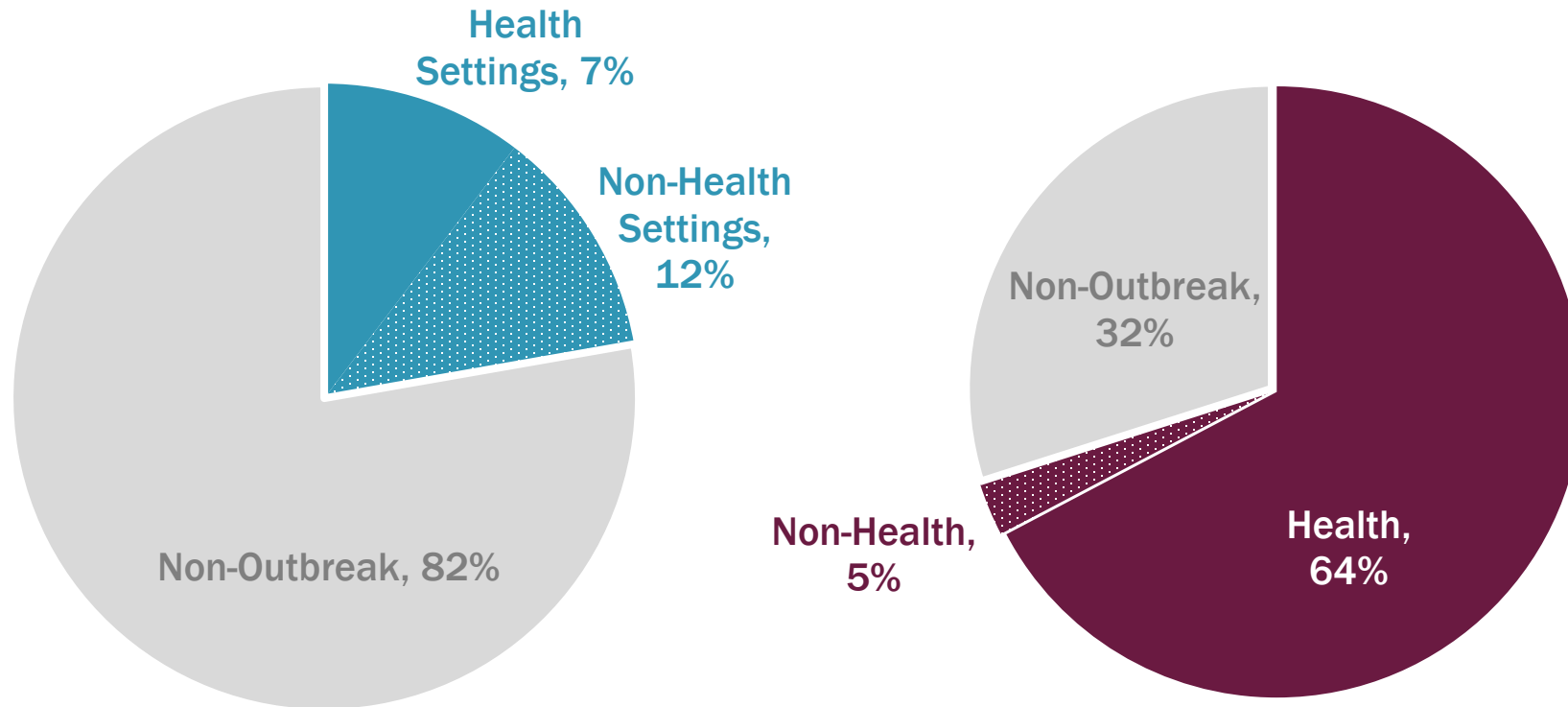


Vermont COVID-19 Deaths Associated with an Outbreak Over Time



Source: Vermont Department of Health
Reflects confirmed data as of 2/10/2021

While only 18% of all people testing positive for COVID-19 are associated with an outbreak, 68% 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.

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.

A similar percentage of **females** and **males** with COVID-19 are associated with outbreaks

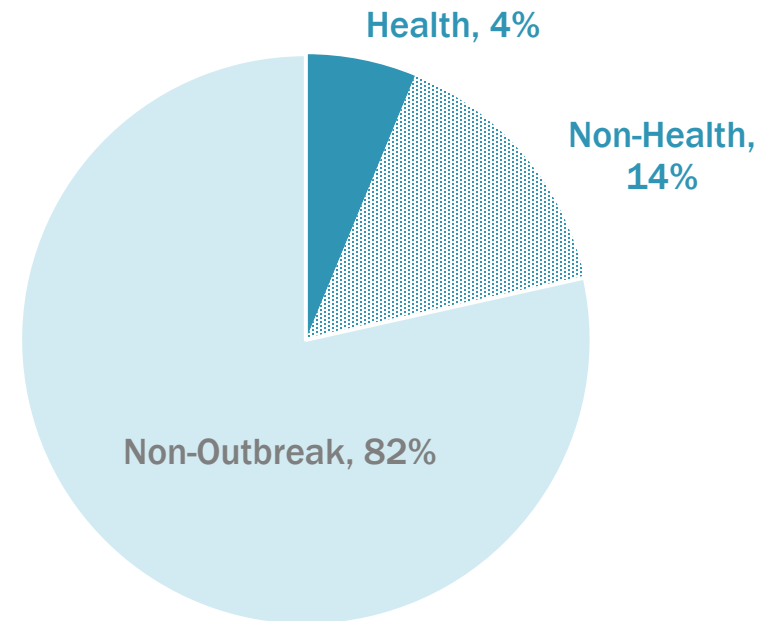
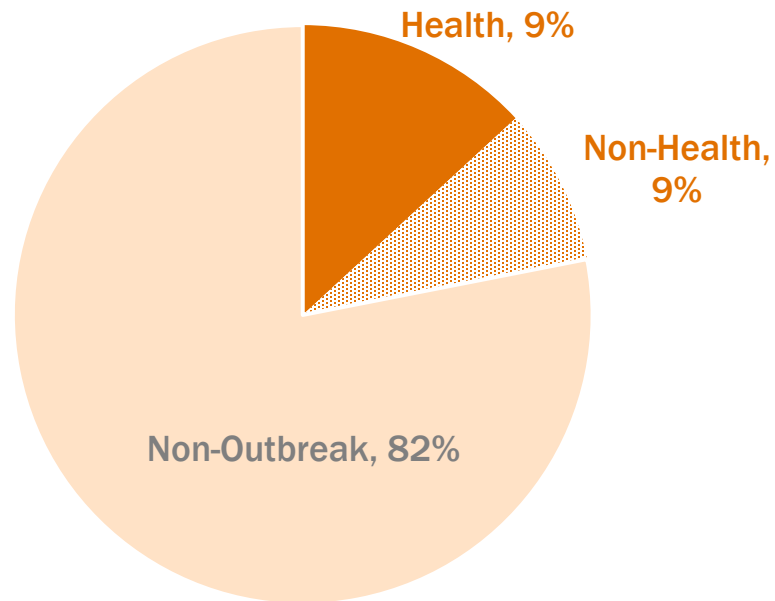


18% of **females** with COVID-19 are associated with an outbreak.



18% of **males** with COVID-19 are associated with an outbreak.

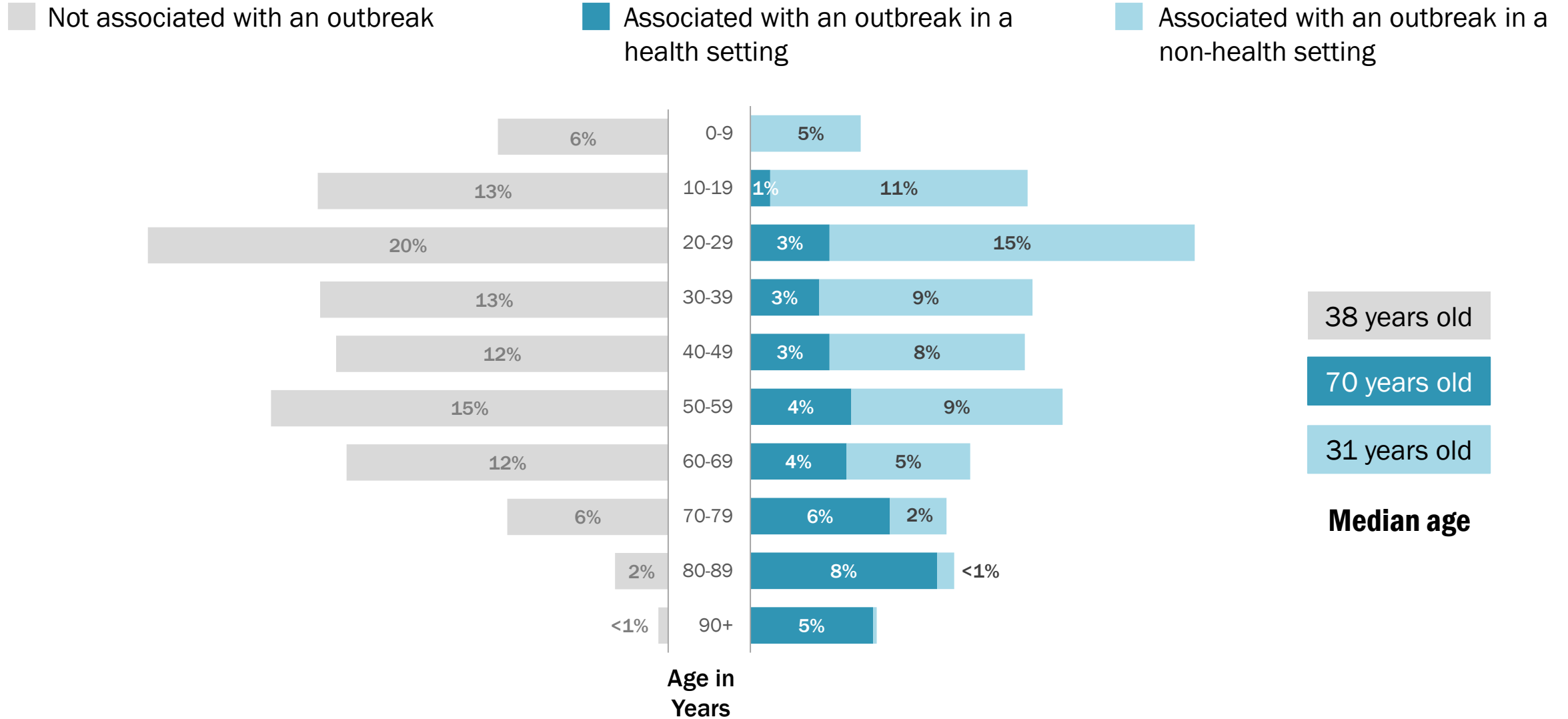
Females with COVID-19 are more likely to be associated with outbreaks in health settings than **males**.



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.

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



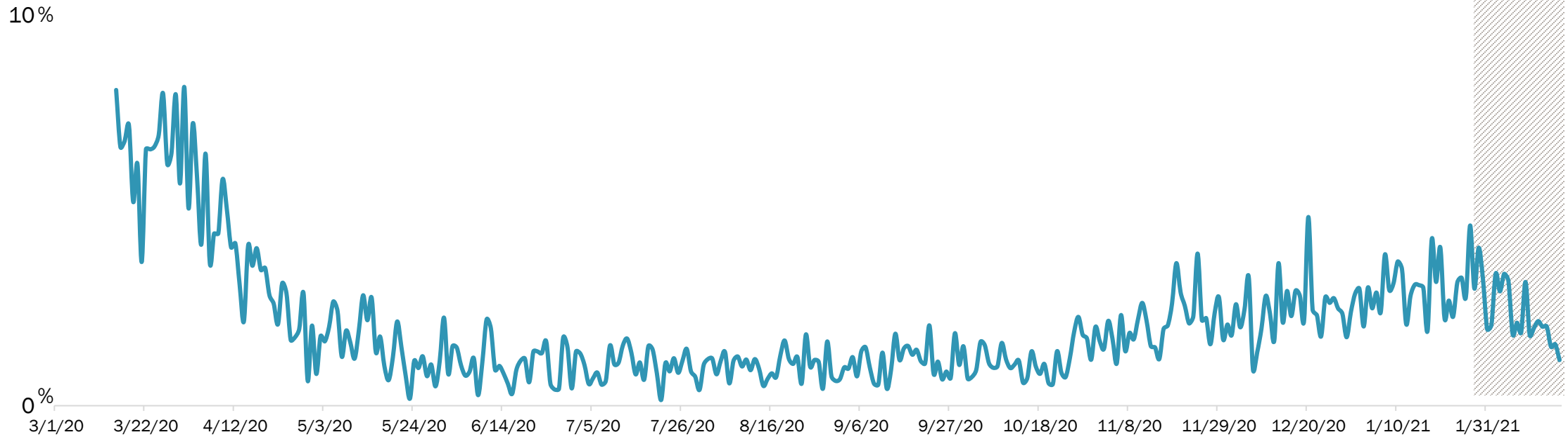
Note: Examples of a health setting include long-term care or assisted living facilities, therapeutic treatment centers, and behavioral health institutions. Examples of a non-health setting include correctional facilities, senior housing communities, businesses, and homeless shelters.

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 declined over the past 2 weeks.

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.

Weekly Spotlight: How are people getting COVID-19?

This spotlight focuses on how people may have become infected with COVID-19 over time.

How are people getting COVID-19?

We categorize how someone with COVID-19 may have gotten it in three main ways: known source of exposure, potential source of exposure, or the source of their exposure is unknown. This spotlight focuses on known and unknown sources of exposure.

Known source

- Associated with an outbreak
- Known contact with a confirmed case

Potential Source

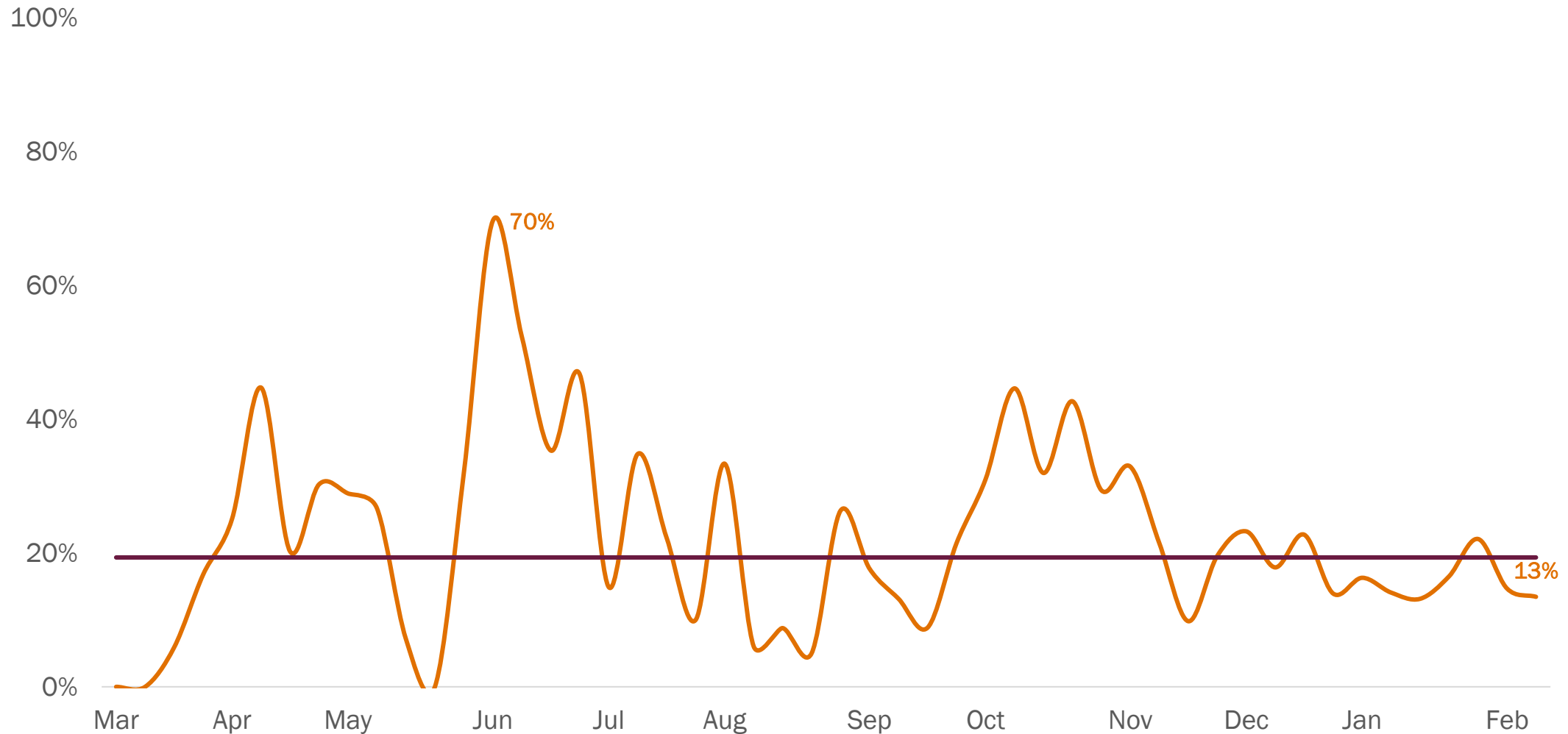
- Travel

Unknown source

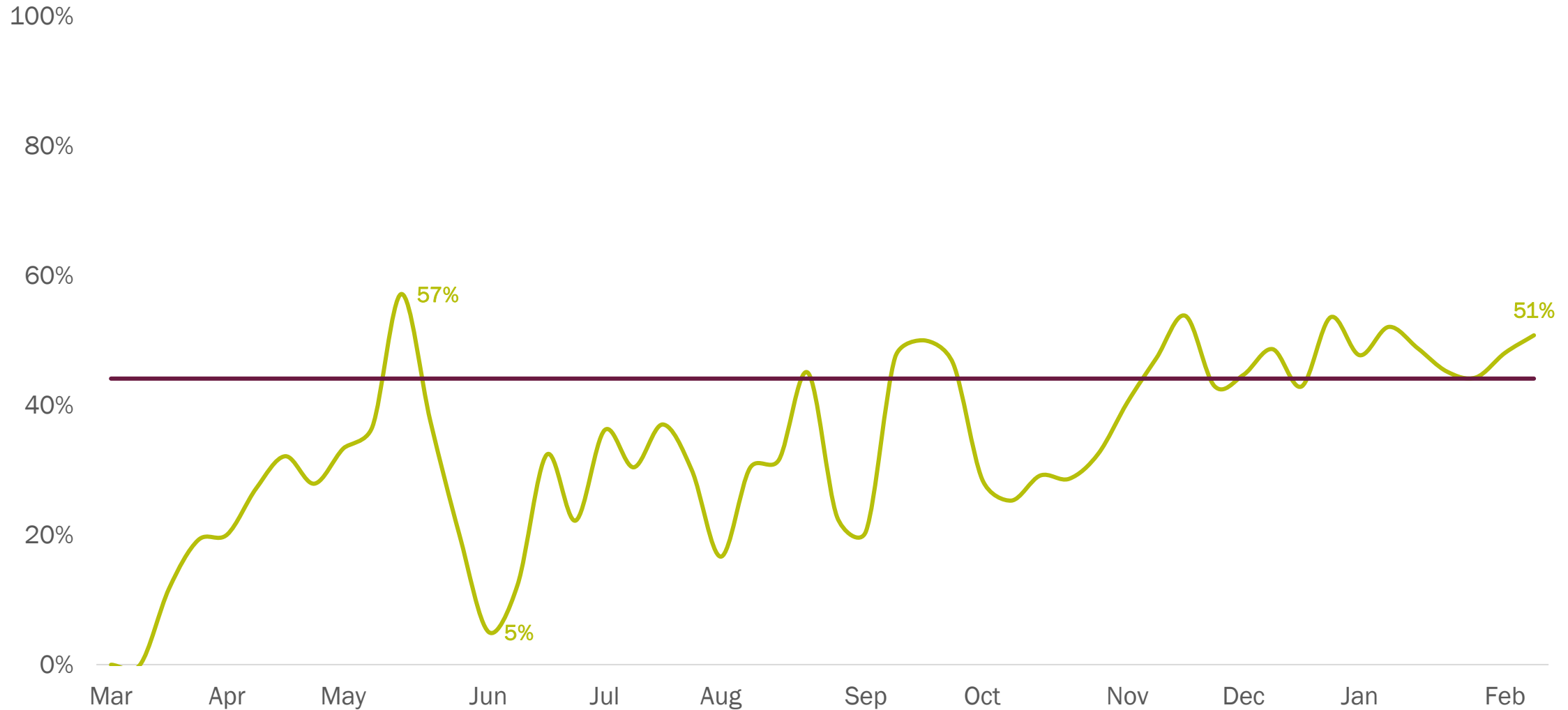
- No source was identified

Source: Vermont Department of Health. 2020

Since March, an **average of 19%** of people with COVID-19 are **associated with an outbreak**.
Since January, this percent has been about average.

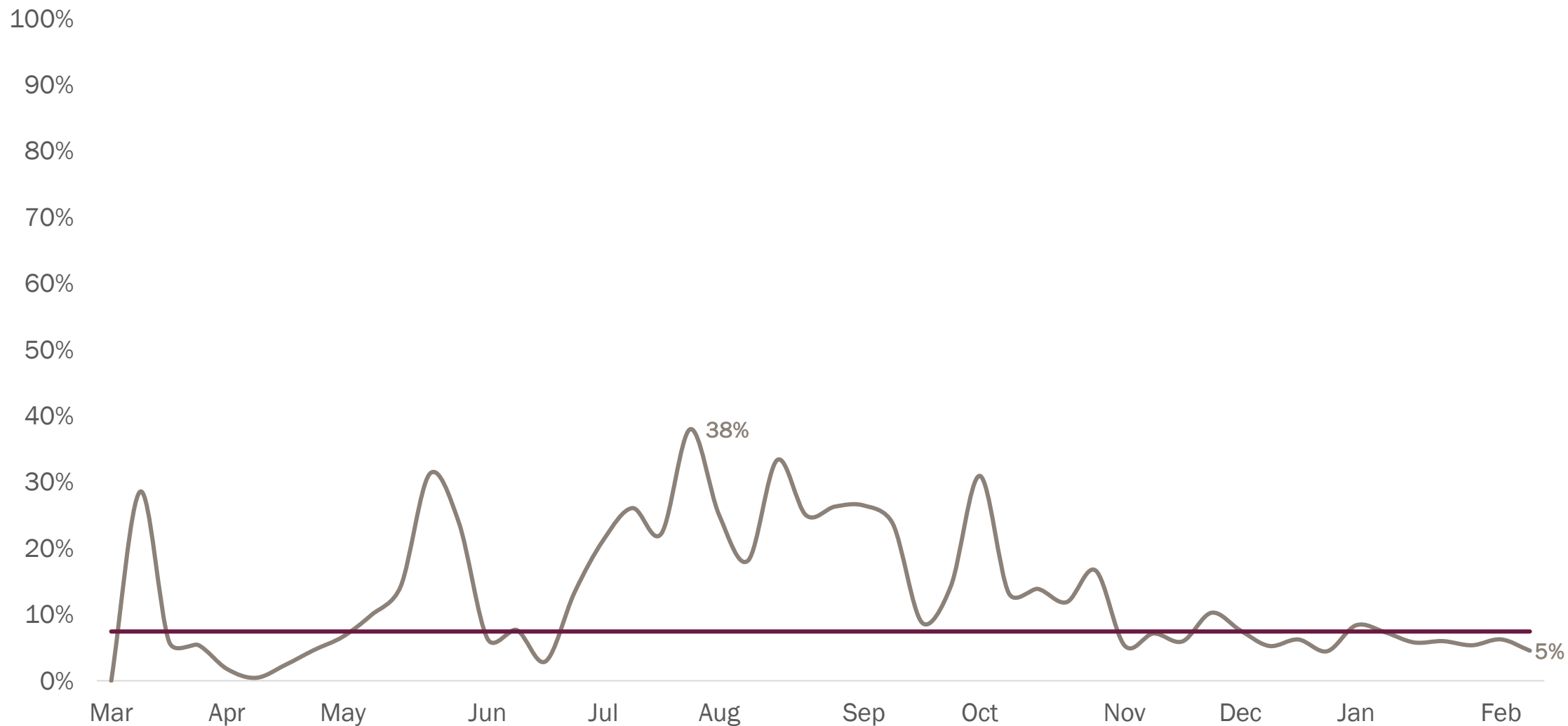


Since March, an **average of 44%** of people with COVID-19 had **known contact with another case**.
Since November, this percent has been higher than average nearly every week.

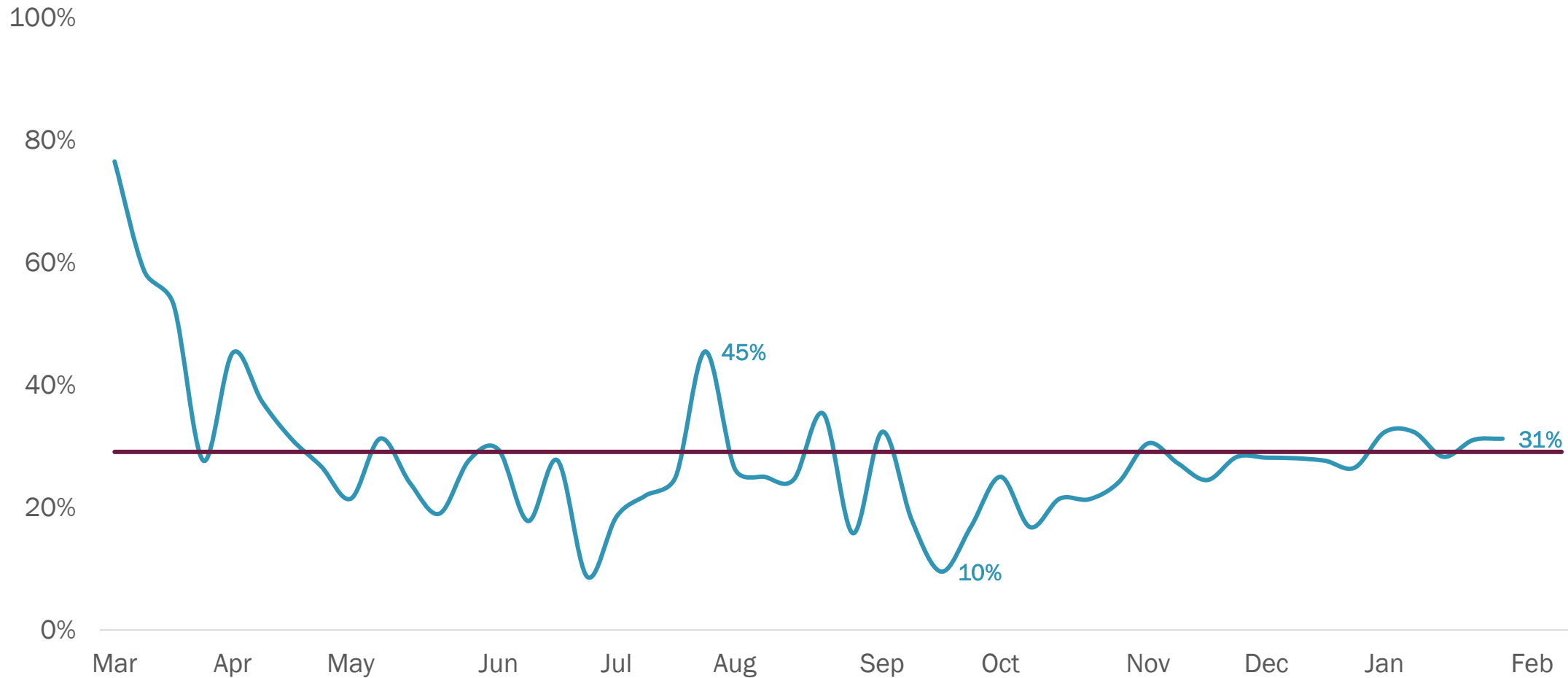


Since March, an **average of 7%** of people with COVID-19 had a recent history of travel.

Since November, this percent has been about average nearly every week.



Since March, an **average of 29%** of people with COVID-19 have an **unknown source of exposure**.
Since mid-January, this percent has been average or higher.



What does this mean?

Recently, the percent of people with COVID-19 who:

- **Are associated with an outbreak** has been about average.
- **Had contact with another case** has been higher than average. ↑
- **Traveled** has been about average.
- **Have an unknown source of exposure** has been average or higher. ↑

This means we know how more people are getting COVID-19. People are more likely to get COVID-19 through close contact to another case and less likely to be associated with an outbreak. While we are still seeing outbreaks across the state, they are not as impactful as they were in October and early November.



Learn more about COVID-19 in Vermont:

Web: www.healthvermont.gov/COVID-19

Email: AHS.VDHPublicCommunication@vermont.gov

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