Vermont COVID-19 Data Summary

Reflecting cases identified between
March 5, 2020 – August 25, 2021

Date published: August 27, 2021. This summary will be updated every other Friday.

VERMONT
DEPARTMENT OF HEALTH

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 August 18 through August 25.

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.
- On March 28, 2021 the outbreak definition changed. See slide 24 for more details.

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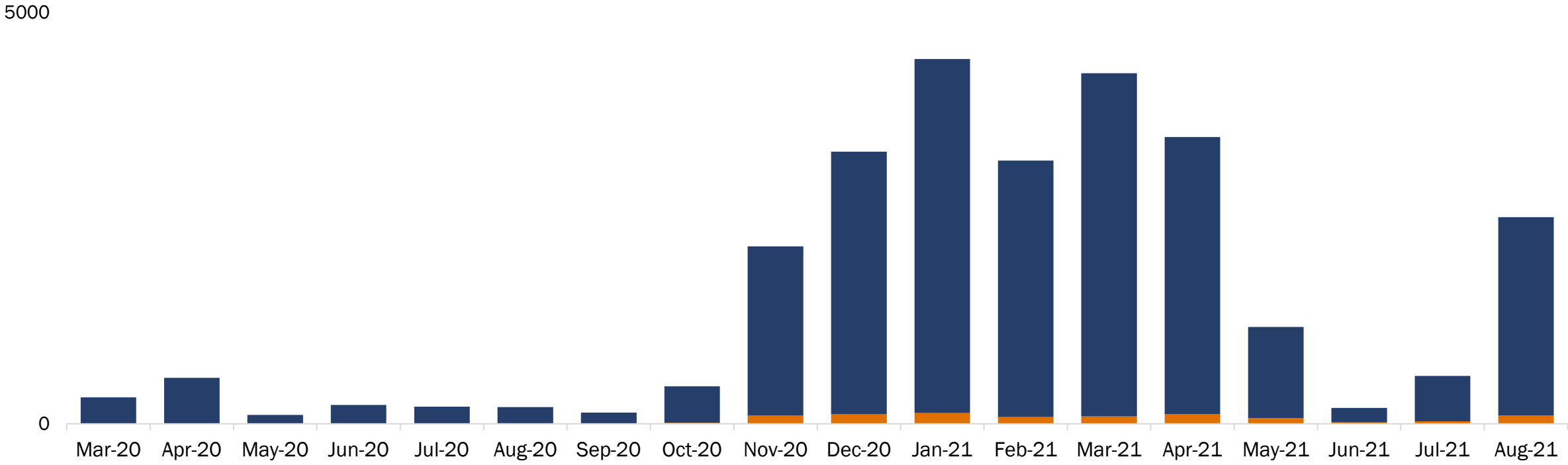
COVID-19 in Vermont

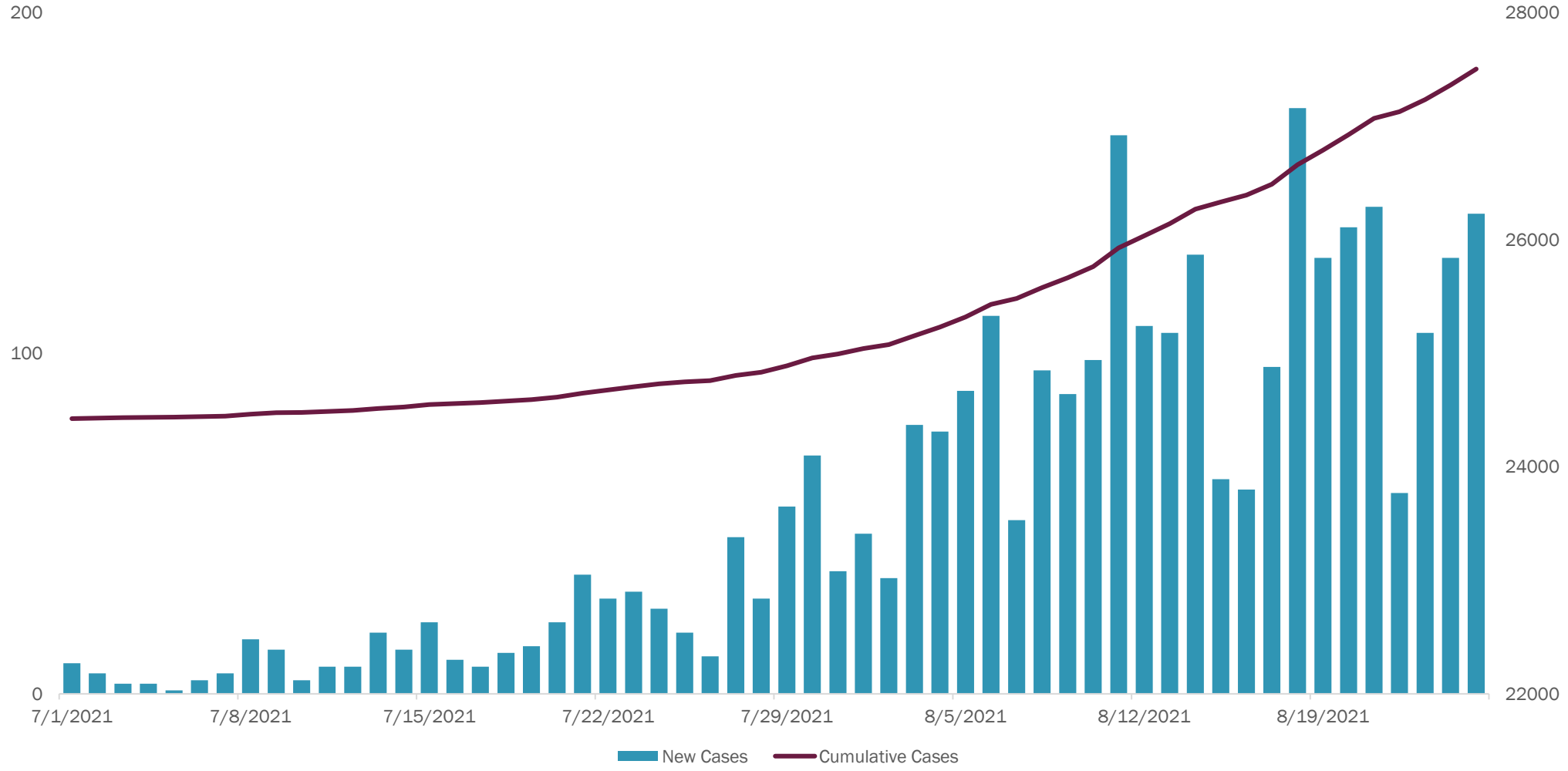
An overview of our number of cases and laboratory testing to date.

Total Number of Confirmed and Probable Cases in Vermont: 27,504

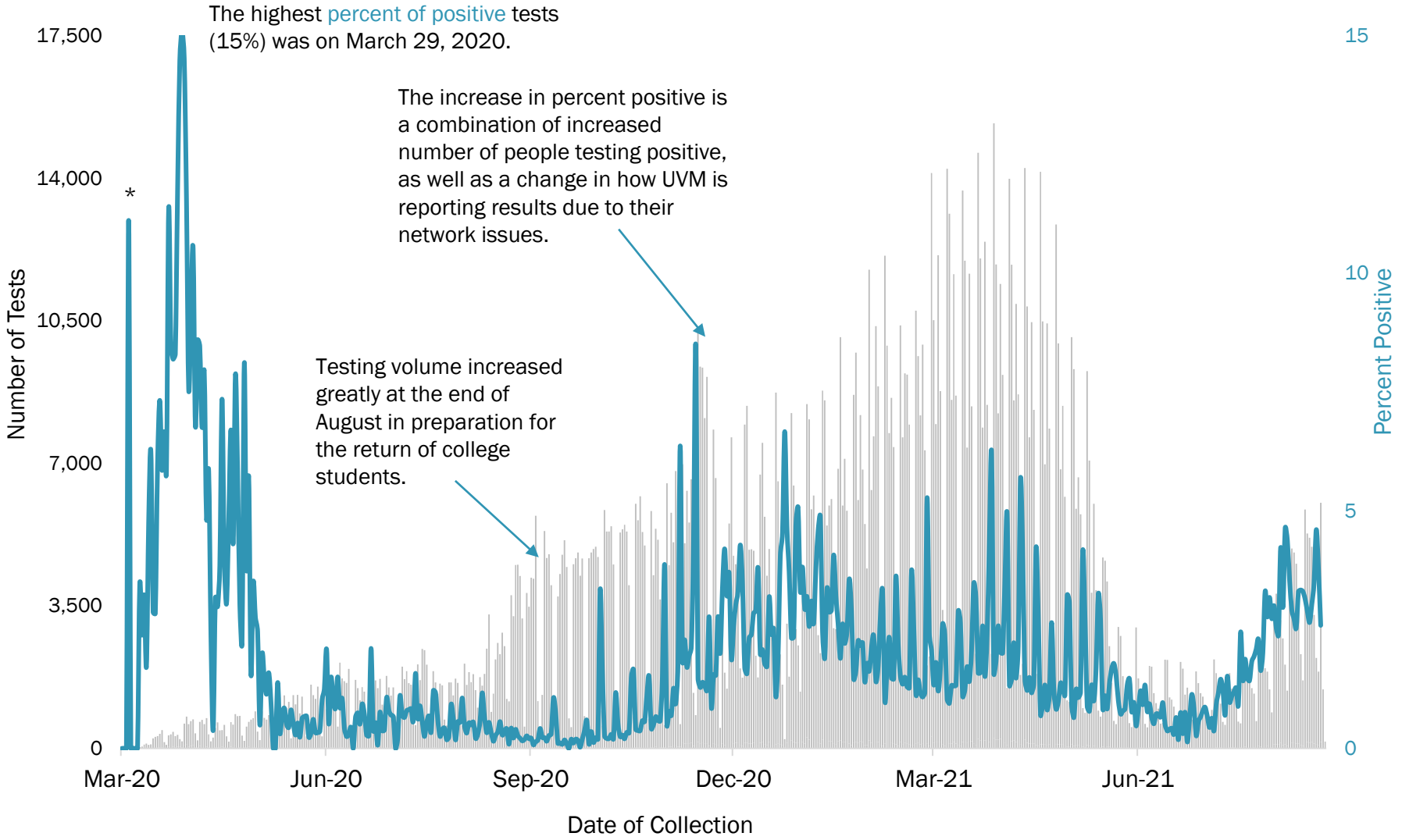


*August 2021 is a partial month of data.

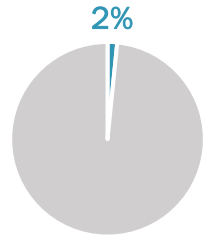
The proportion of Vermont cases of the Delta variant began to increase in early July. This more infectious variant has resulted in steady case growth throughout August.



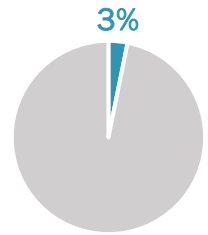
Percent of positive COVID-19 tests may indicate how prevalent the disease is in the population.



Percent Positive to Date



Percent Positive This Week (August 18 – August 25)



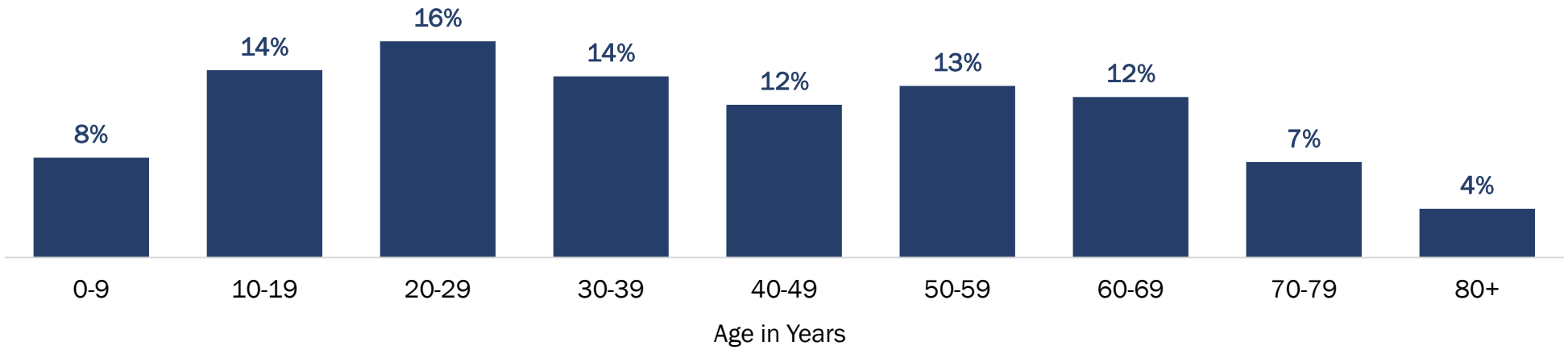
25,137 Tests this Week

1,874,970 Tests to Date

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

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.

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



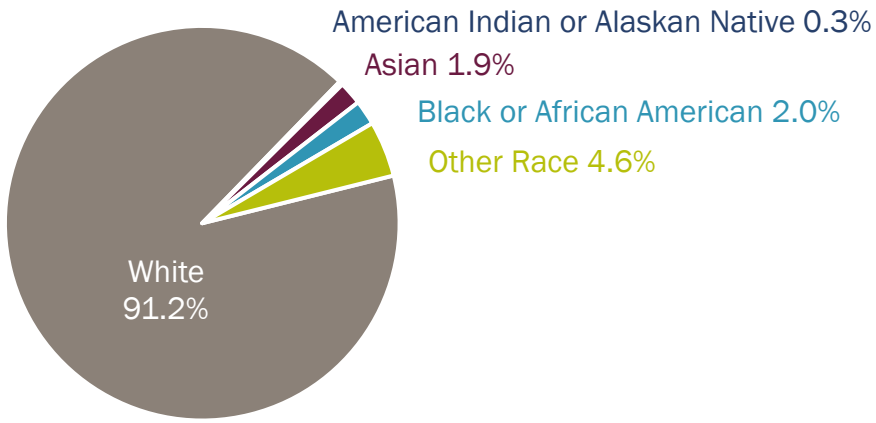
More females are tested than males for COVID-19.

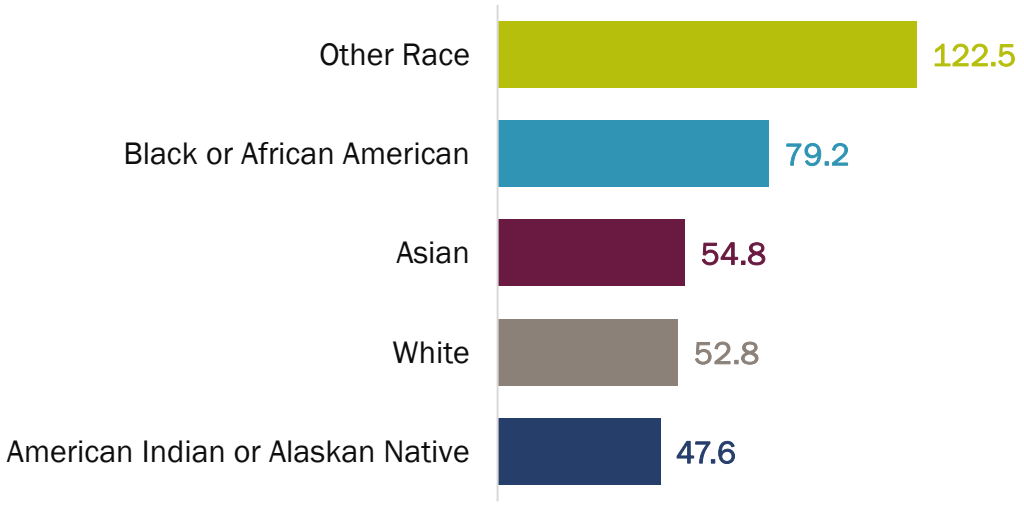
54% of people tested for COVID-19 are female.

46% 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.

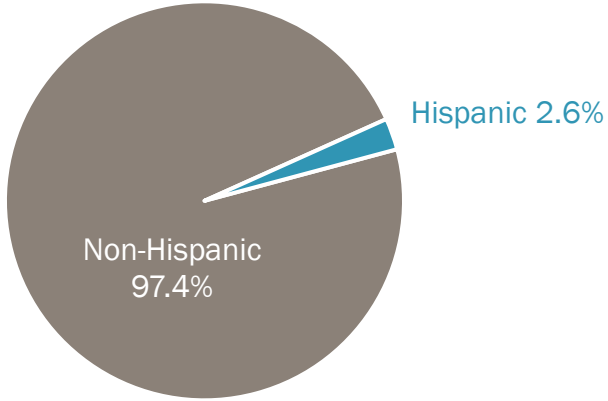
Rates per 100 Vermonters

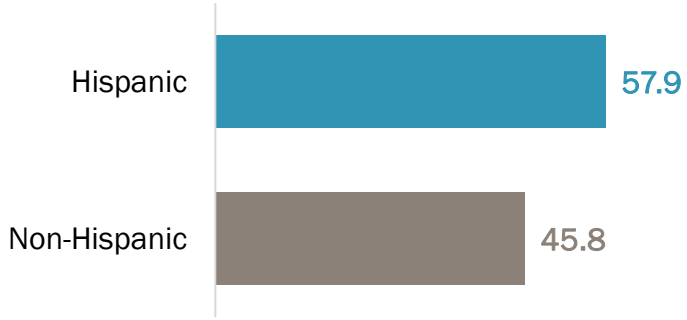




Non-Hispanic Vermonters represent the majority of people tested in Vermont for COVID-19. Hispanic Vermonters have the higher rate of testing.

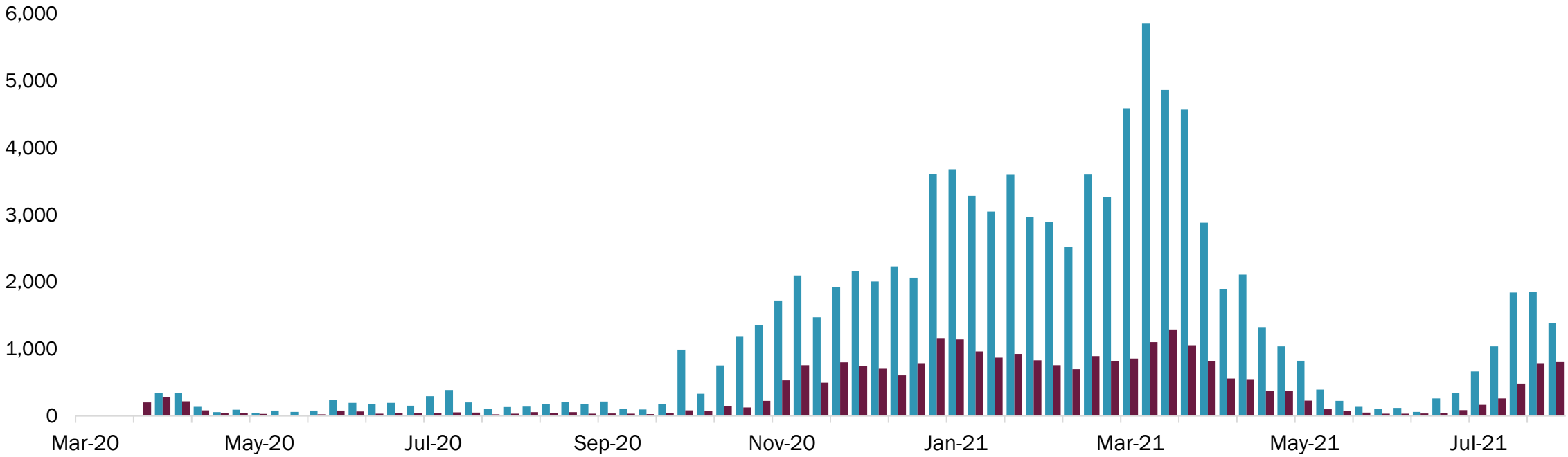
Rates per 100 Vermonters





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 22% of people tested (n = 96,549) and ethnicity is unknown in 34% of people tested (n = 149,670).

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



82
Number of full-time equivalent contact tracing staff trained

567
Cases interviewed last week

August 15– August 21

1,382
Contacts named last week

August 15 – August 21

3.3
Average number of contacts per case*

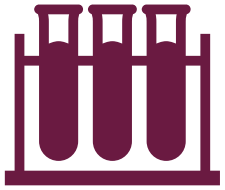
*Since April 1, 2020

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 August 8 to August 21):

32%
Of cases were interviewed within 24 hours

47%
Of cases provided their close contacts



43%
Of contacts were tested within 14 days of exposure

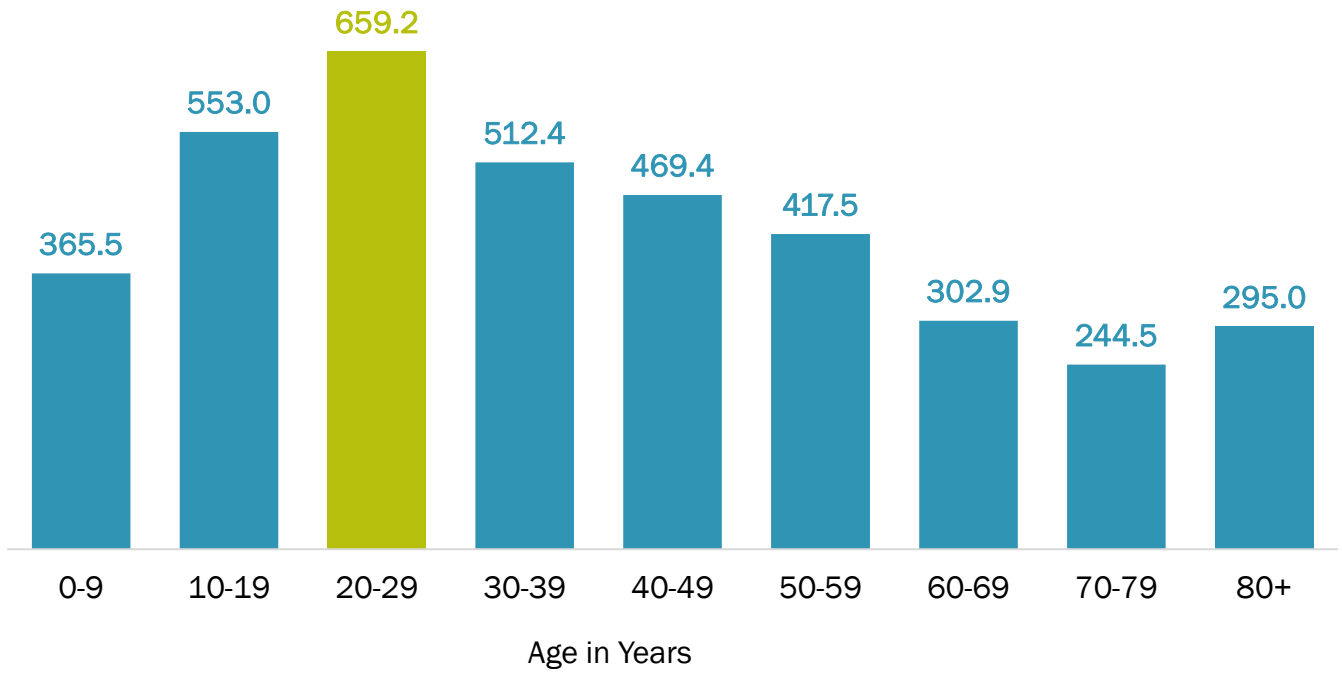
11%
Of contacts became a case

Case Demographics

Who has been impacted by COVID-19 in Vermont?

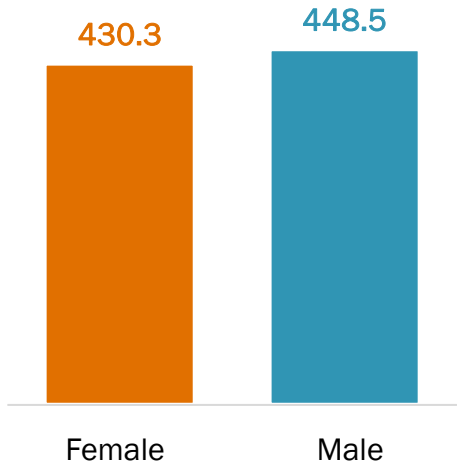
Rates of COVID-19 are highest among Vermonters 20-29 years old.

Rate per 10,000 Vermonters



Females and males have similar rates of COVID-19.

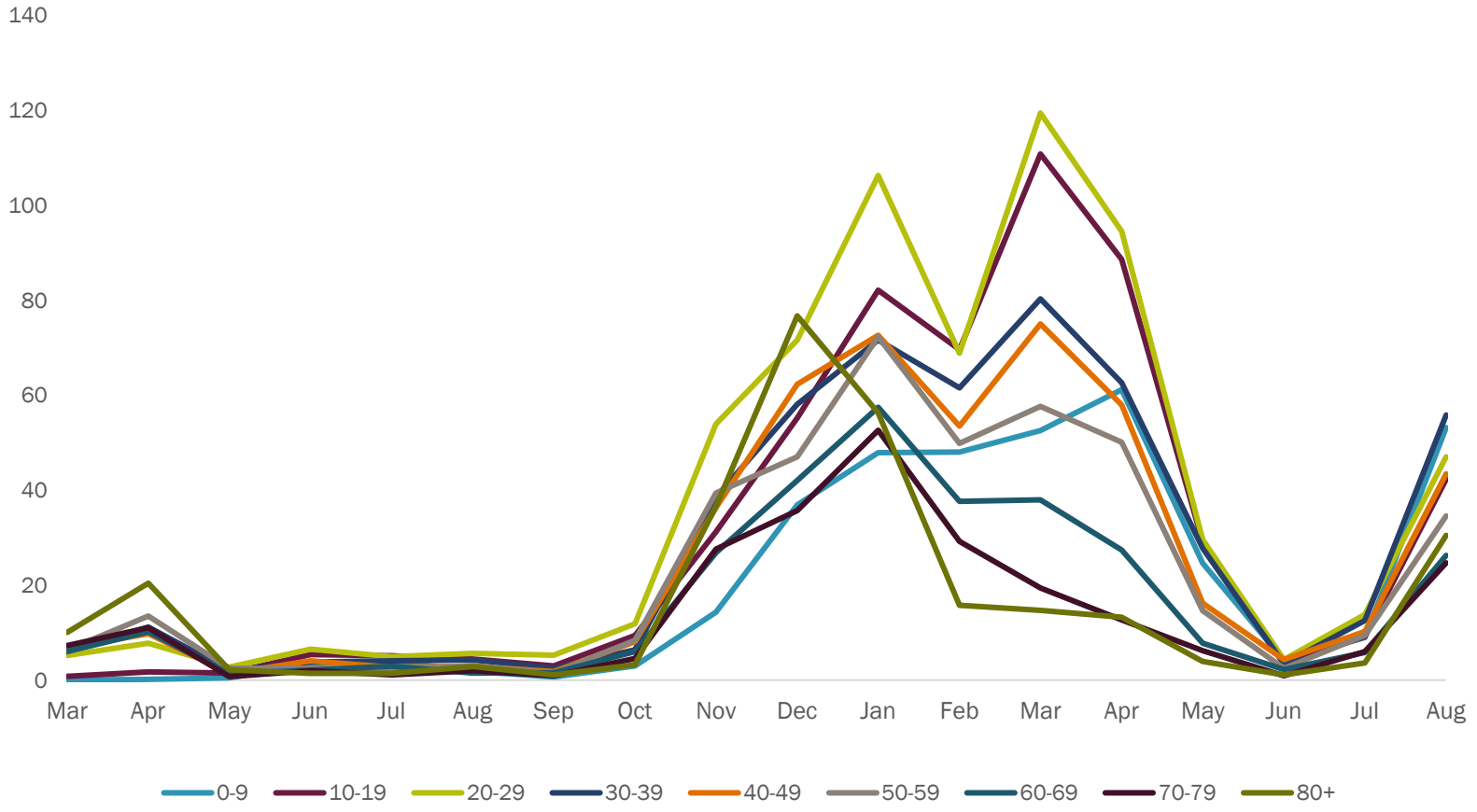
Rate per 10,000 Vermonters



8% of Vermonters with COVID-19 have a disability*.

*The Health Department has complete data about disabilities for 6,260 people with COVID-19. The disability data gathered includes information about people with neurologic, neurodevelopmental, and intellectual disabilities, as well as physical, vision, and hearing impairments.

Rates of COVID-19 have increased for all age groups in August 2021. Rates are highest among 30-39 year olds and 0-9 year olds.

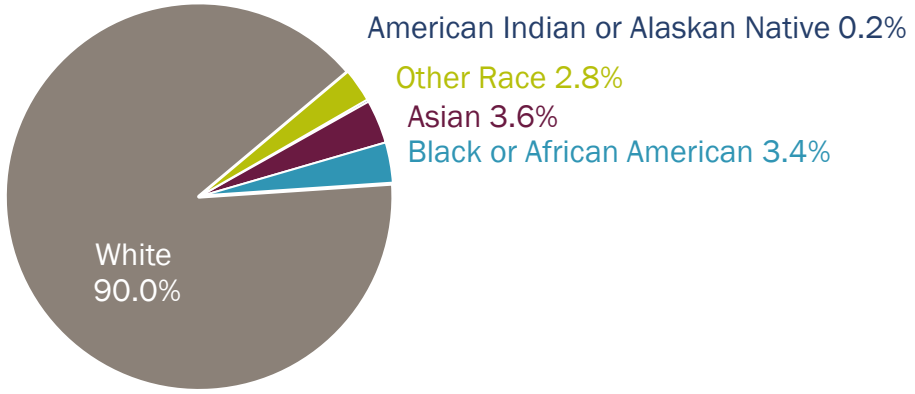


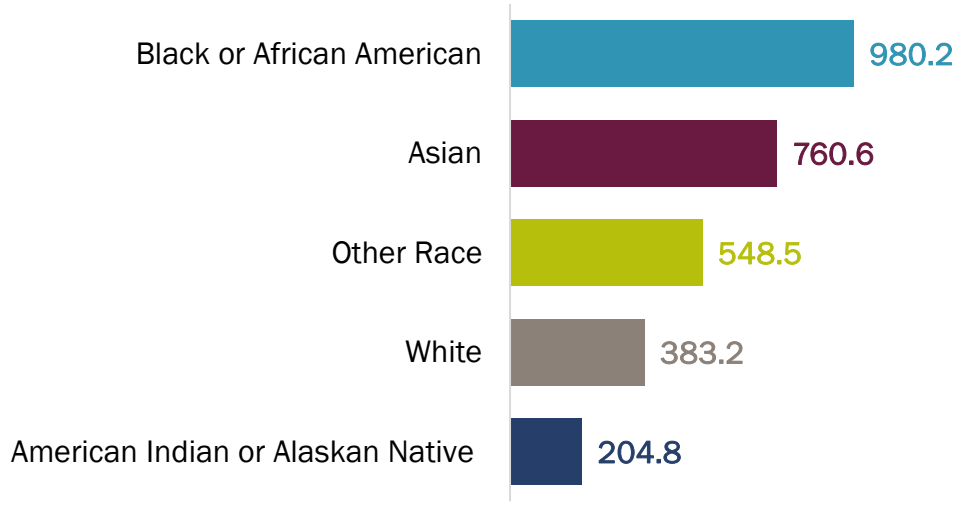
Rate per 10,000 of COVID-19 Cases by Age Group (August 1 – August 25)

Age Group	Rate per 10,000
0-9	53.2
10-19	42.3
20-29	47.0
30-39	55.8
40-49	43.4
50-59	34.6
60-69	26.3
70-79	24.7
80+	30.5

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

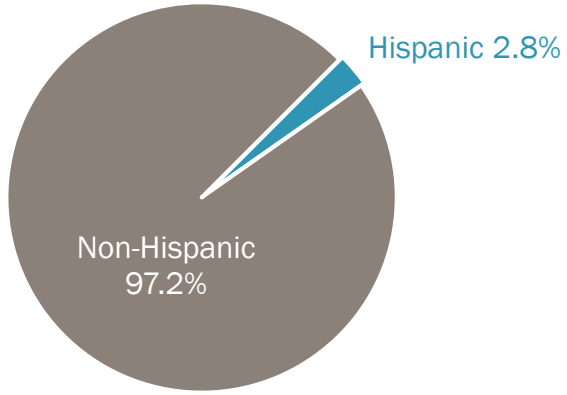
Rate per 10,000 Vermonters

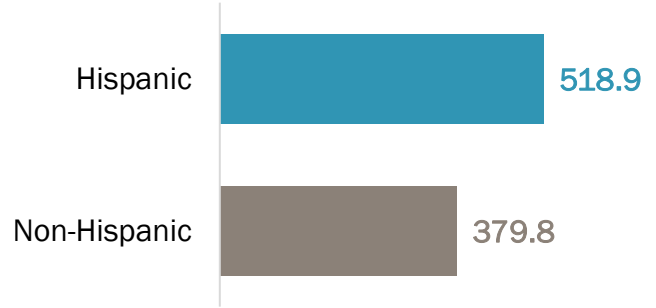




Non-Hispanic Vermonters represent the majority of COVID-19 cases. Hispanic Vermonters have the higher rate.

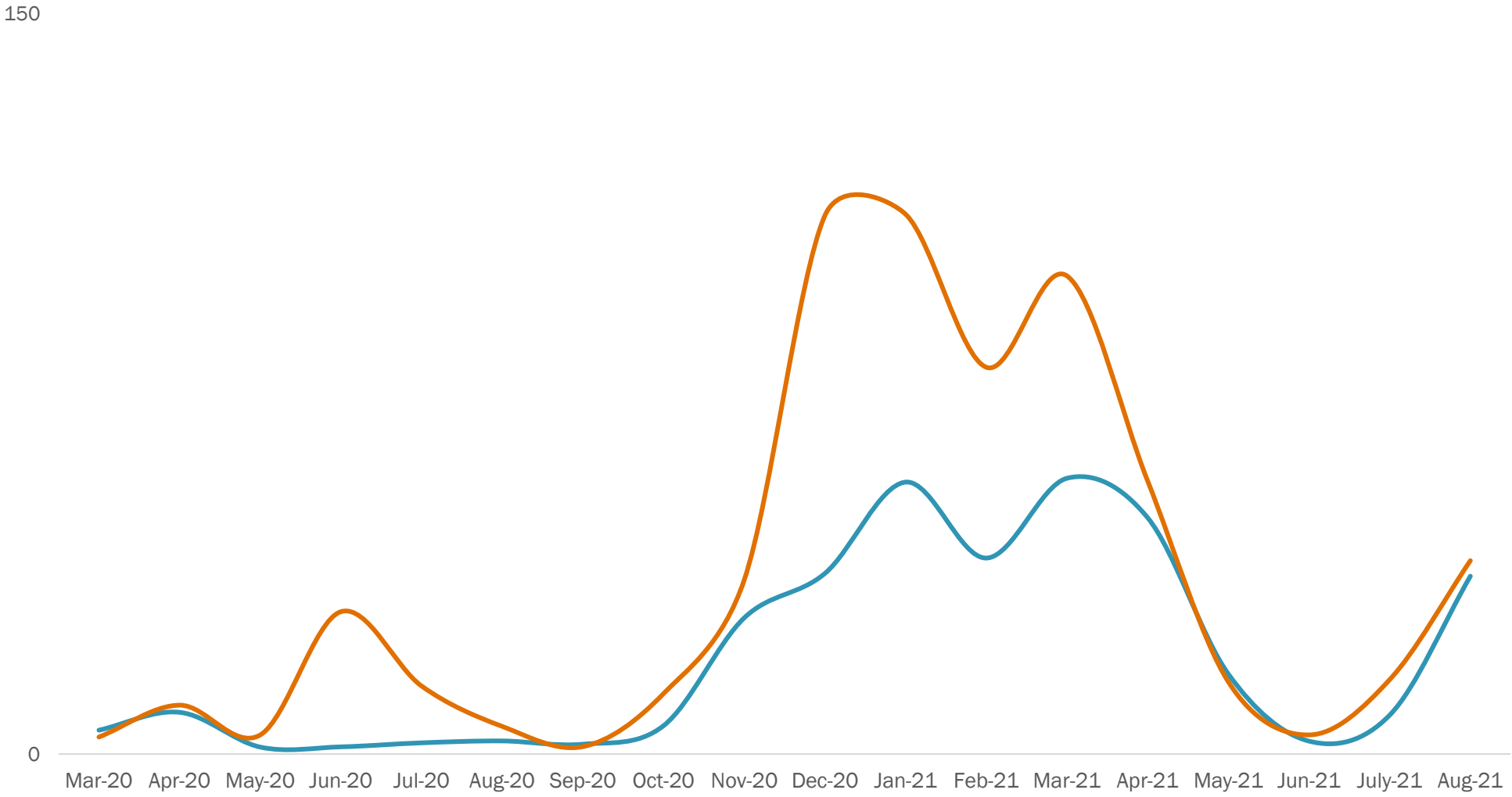
Rate per 10,000 Vermonters





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 = 2,451) and ethnicity is unknown in 13% of cases (n = 3,628).
On 3/12/2021, the pie chart methodology for percentage of race and ethnicity among cases was updated.

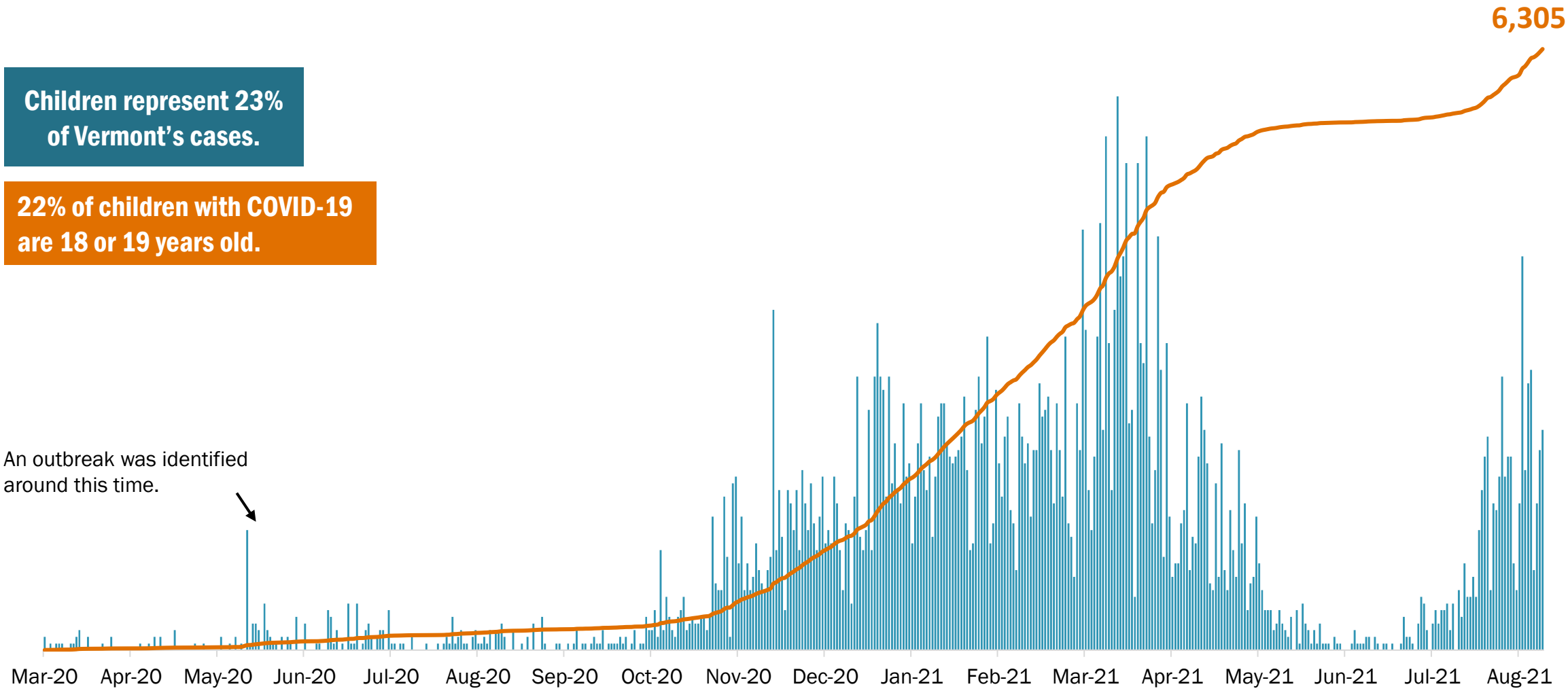
The rate of COVID-19 has generally been higher among BIPOC Vermonters than White Non-Hispanic Vermonters. The gap has narrowed since the winter surge.



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

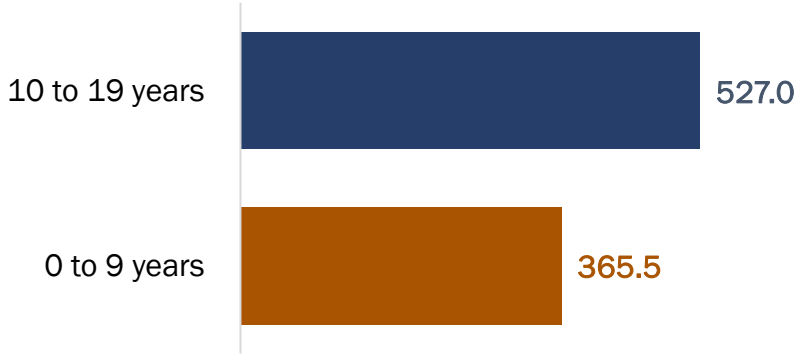
Children represent 23% of Vermont's cases.

22% of children with COVID-19 are 18 or 19 years old.



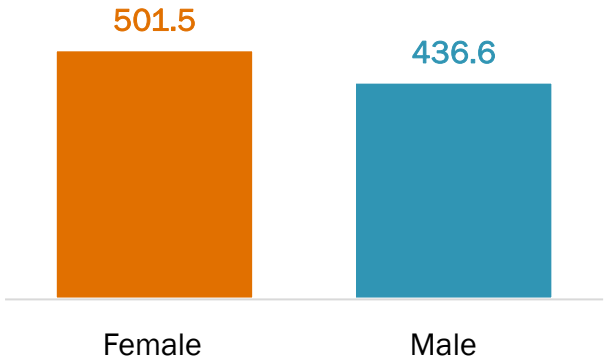
Older children have a higher rate of COVID-19 compared to younger children.

Rate per 10,000 Vermonters 0-19 years old

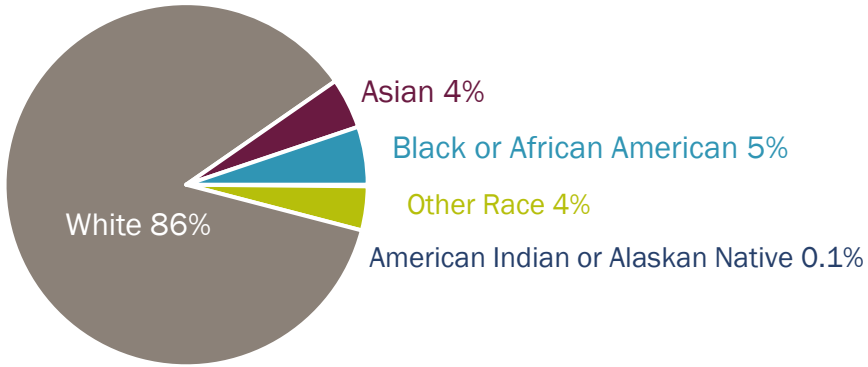


Female and male children have similar rates of COVID-19.

Rate per 10,000 Vermonters 0 to 19 years old

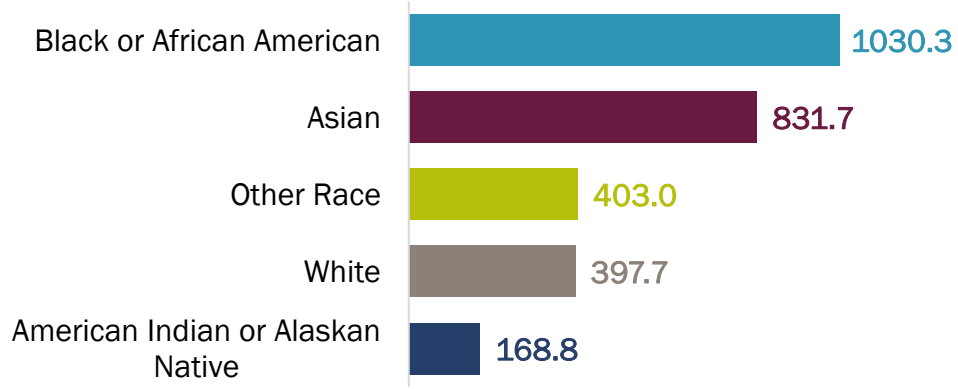


Among children with COVID-19, Black, Indigenous and people of color represent 14% of cases.



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

Rate per 10,000 Vermonters 0 to 19 years

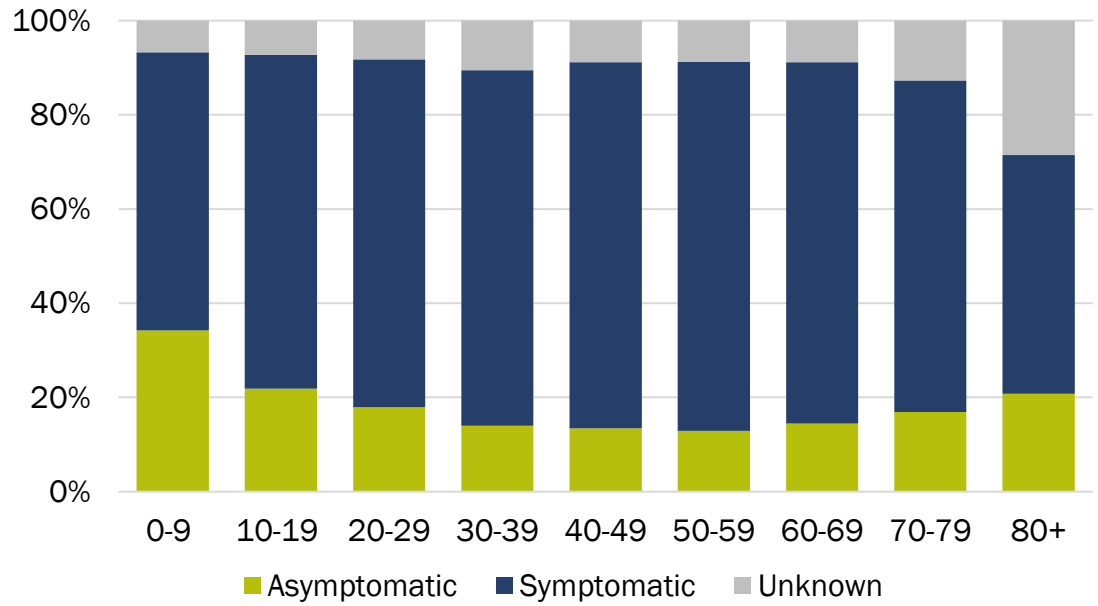


Sign or Symptom	Percent of Children with Symptom
Runny Nose	56%
Cough	49%
Headache	45%
Fatigue	42%
Sore Throat	38%
Muscle Pain	25%
Loss of Smell/Taste	24%
Fever	20%

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 10 hospitalizations.

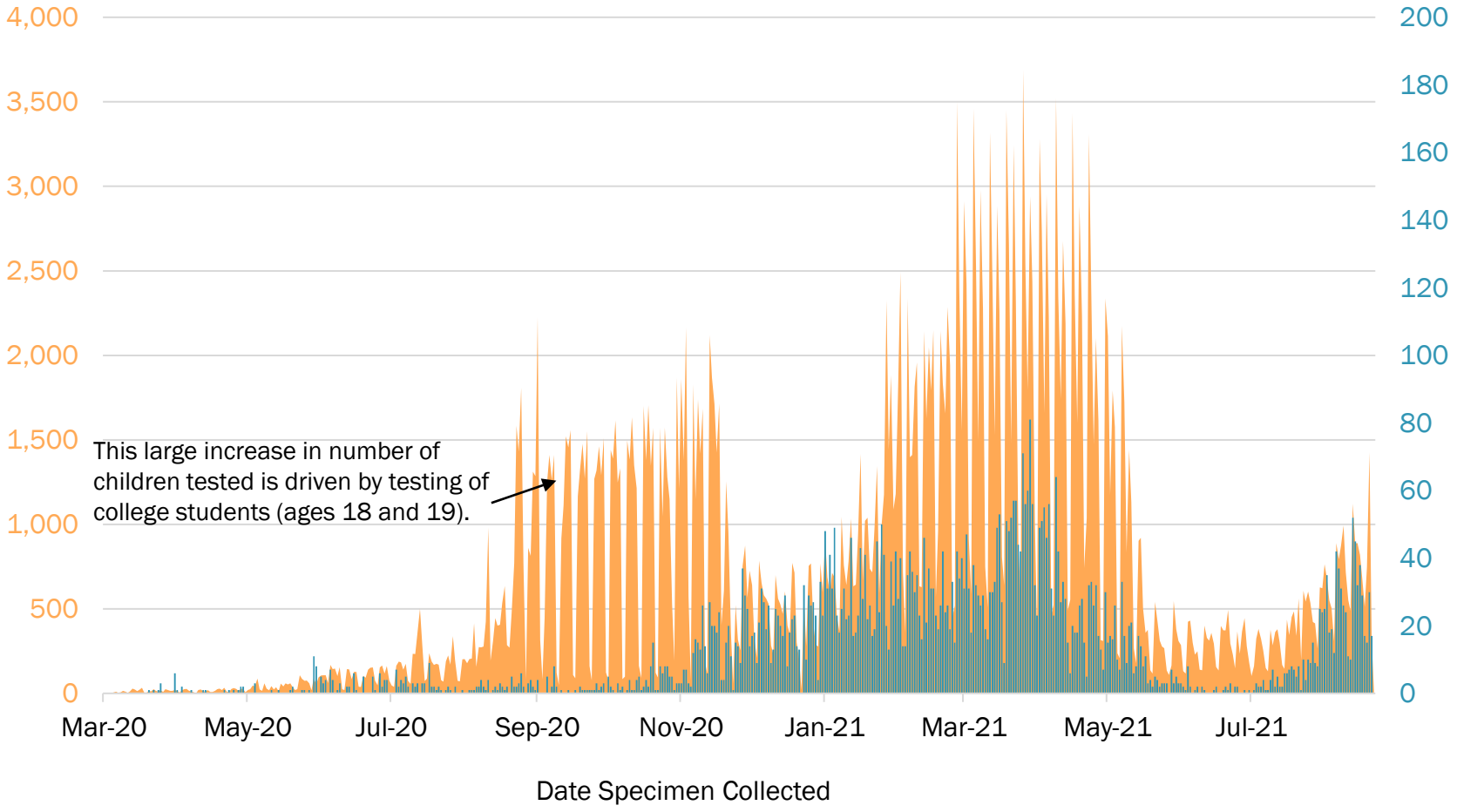
The percent of COVID-19 cases with no symptoms is higher among children. More than one quarter (26%) of cases among children had no symptoms reported.



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

20% of children with COVID-19 were part of an outbreak.

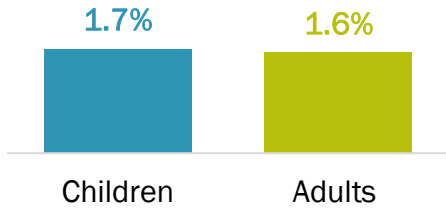
The number of tests among children for COVID-19 and the number of positive tests have increased over time.



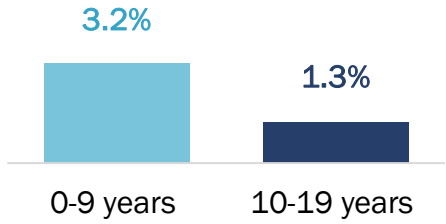
Total tests represents the total number of tests among children (specimen level).

There have been 388,654 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

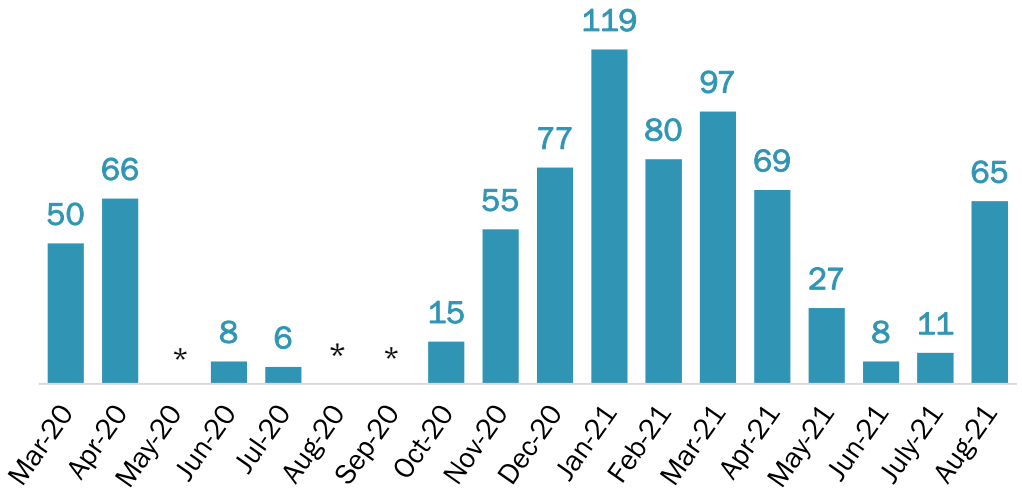
What symptoms have Vermonters experienced? How many have been hospitalized? How many have died?

8 days
Average illness duration

73%
Cases with symptoms

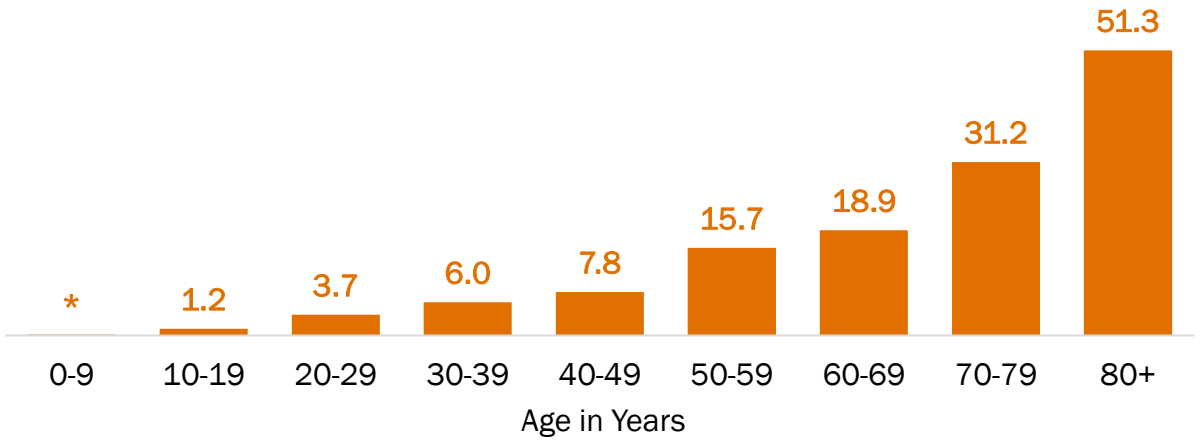
Sign or Symptom	Percent of Symptomatic Cases
Cough	61%
Fatigue	58%
Runny Nose	56%
Headache	56%
Muscle Pain	45%
Sore Throat	38%
Loss of Smell/Taste	38%
Felt Feverish	34%

Number of Hospitalizations Over Time



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

Rate per 10,000 Vermonters

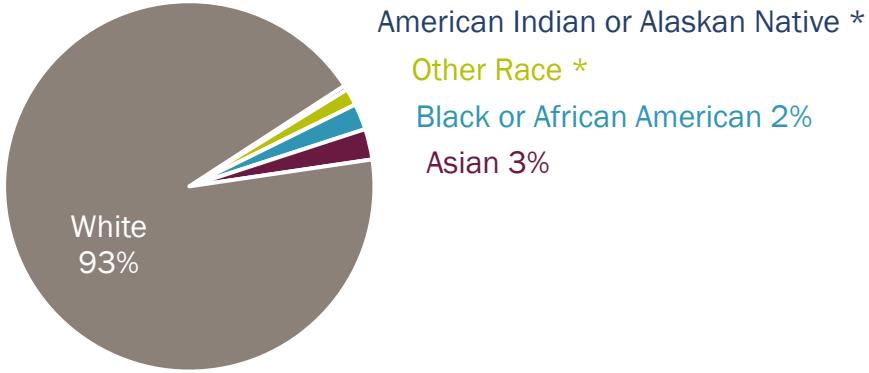


8%
Of those hospitalized were on a ventilator

24%
Of those hospitalized were in the ICU

7 days
Average hospital stay (range: 0-78 days)

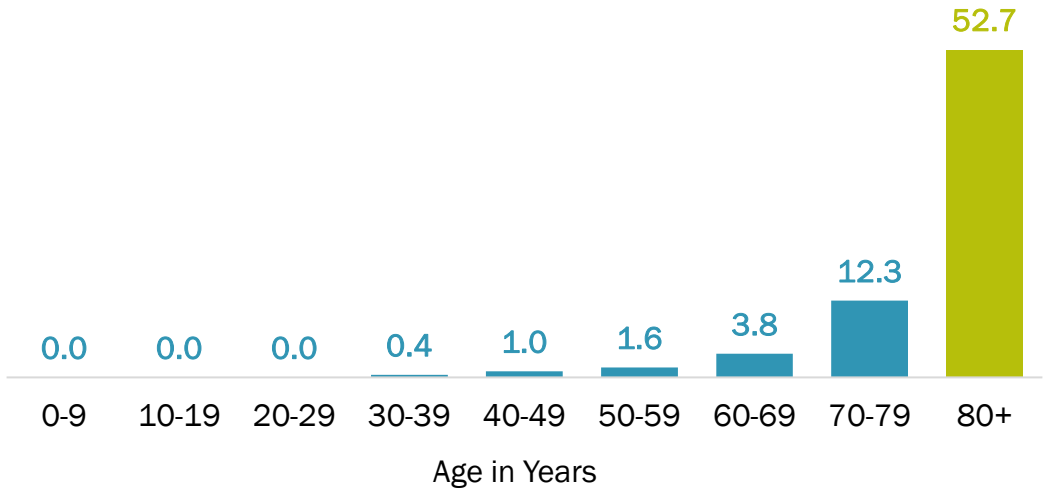
White Vermonters represent a majority of hospitalized COVID-19 cases.



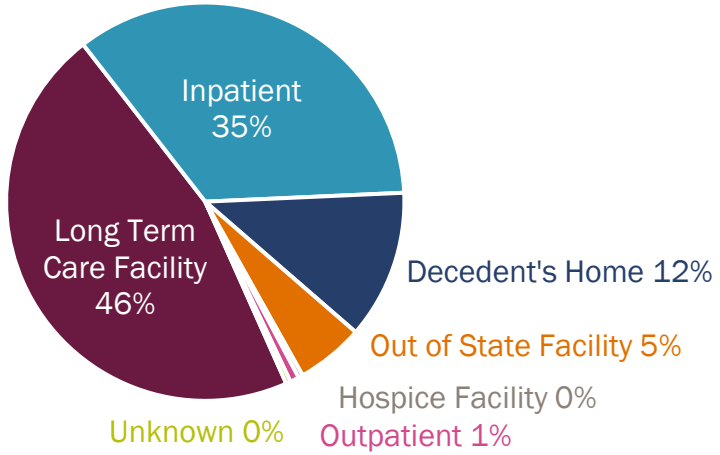
Please note 19 hospitalized persons are missing race information. The cumulative number of people hospitalized decreased by 17 on July 14, 2021 due to new information gathered as part of routine data cleaning.
*Values suppressed due to small numbers.

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

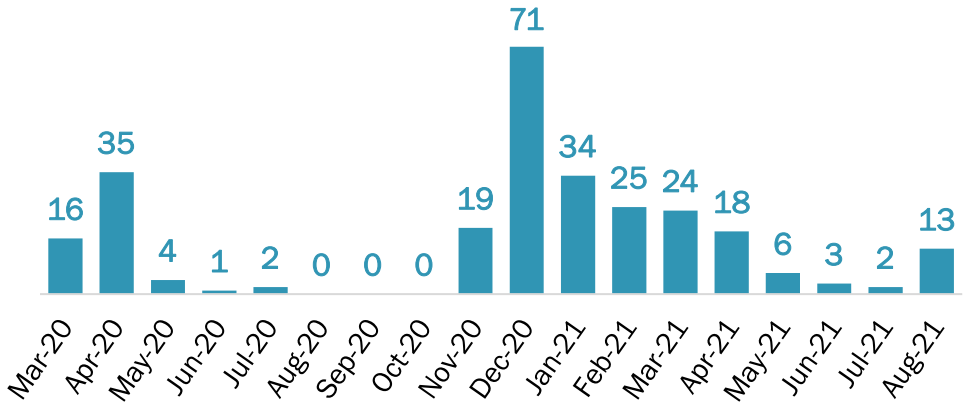
Rate per 10,000 Vermonters



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



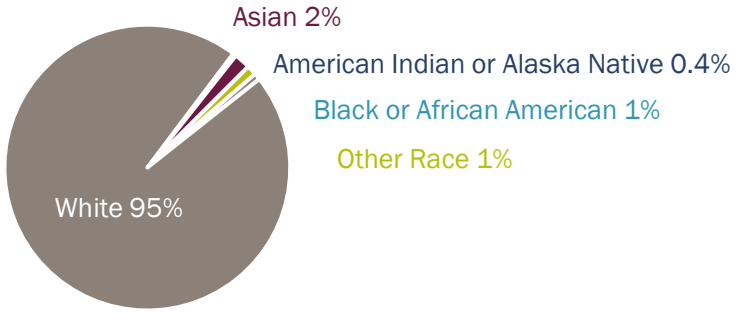
Number of Deaths Over Time

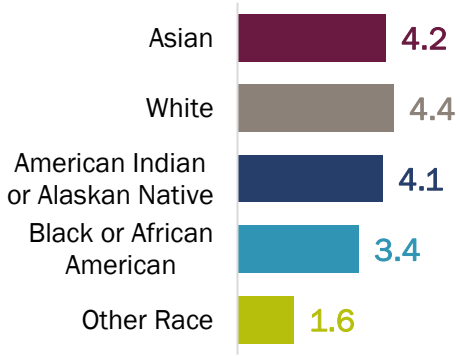


Note: On April 9, 2021 the methodology for generating this graph changed. It now shows number of deaths by the month in which the person died, not the month in which their case of COVID-19 was reported to the Health Department.

White Vermonters represent a majority of COVID-19 deaths. Death rates by race are similar.

Rate per 10,000 Vermonters





Note: Three deaths are missing race information. One death has been 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:

	Outbreak Setting		
	Healthcare and Supportive Residential	**Education**	**Businesses/Workplaces**
Outbreak Definition	Three or more patients/clients/residents or staff members with COVID-19 and known connections to each other in the facility setting.	Three 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 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.	Three or more COVID-19 cases among employees or customers at the same business, 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.
Outbreak Resolved When	No new COVID-19 positive tests occur after 28 days from the last positive test or illness start date (whichever is later).	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).	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).
Examples of Where Definition is Used	Inpatient and outpatient healthcare settings (including long-term care facilities), correctional facilities, and homeless shelters.	K-12 schools, colleges/universities, and childcare.	All workplaces not elsewhere classified (e.g. restaurants, grocery stores, ski resorts, manufacturing, construction, etc.).

Outbreak definitions changed on 3/28/2021, see page 02 for more details.

Outbreaks can occur in many types of places. Here is what outbreak means in these places:

	Outbreak Setting	
	Social Gatherings/Events	**Senior Independent Living and Income-Restricted Multifamily Housing**
Outbreak Definition	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** • attended a social event/gathering, **and** • there is no other more likely source of exposure.	Three or more COVID-19 cases involving different households or staff where the cases: • have an illness start date or positive test collection date within 14 days, **and** • live, work, or provide services at the same multifamily housing facility, **and** • had contact with each other at the facility, **and** • there is no other more likely source of exposure. **OR** Three or more COVID-19 cases involving different households or staff where the cases: • have an illness start date or positive test collection date within 14 days, **and** • live, work, or provide services at the same multifamily housing facility, **and** • there is no other more likely source of exposure.
Outbreak Resolved When	When No new confirmed or probable COVID-19 cases after 28 days (two incubation periods) have passed since the most recent case's specimen collection date or illness onset date (whichever is later).	
Examples of Where Definition is Used	Parties, meetings, celebrations, recreational sports, fitness classes, etc.	Senior independent living facilities and other high risk community independent living settings (not meant for general community multifamily independent living settings).

21% of people testing positive for COVID-19 are associated with an outbreak.

Outbreaks

30 Active

29 Primary

1 Secondary

516 Resolved*

*See previous page for definitions of resolved outbreaks.

Congregate Care & Living

920 cases among residents

453 cases among facility staff

Acute & Outpatient Healthcare

90 cases

Schools & Child Care

1,817 cases among children & staff

Workplaces/Businesses

1,197 cases among employees

Community

992 cases

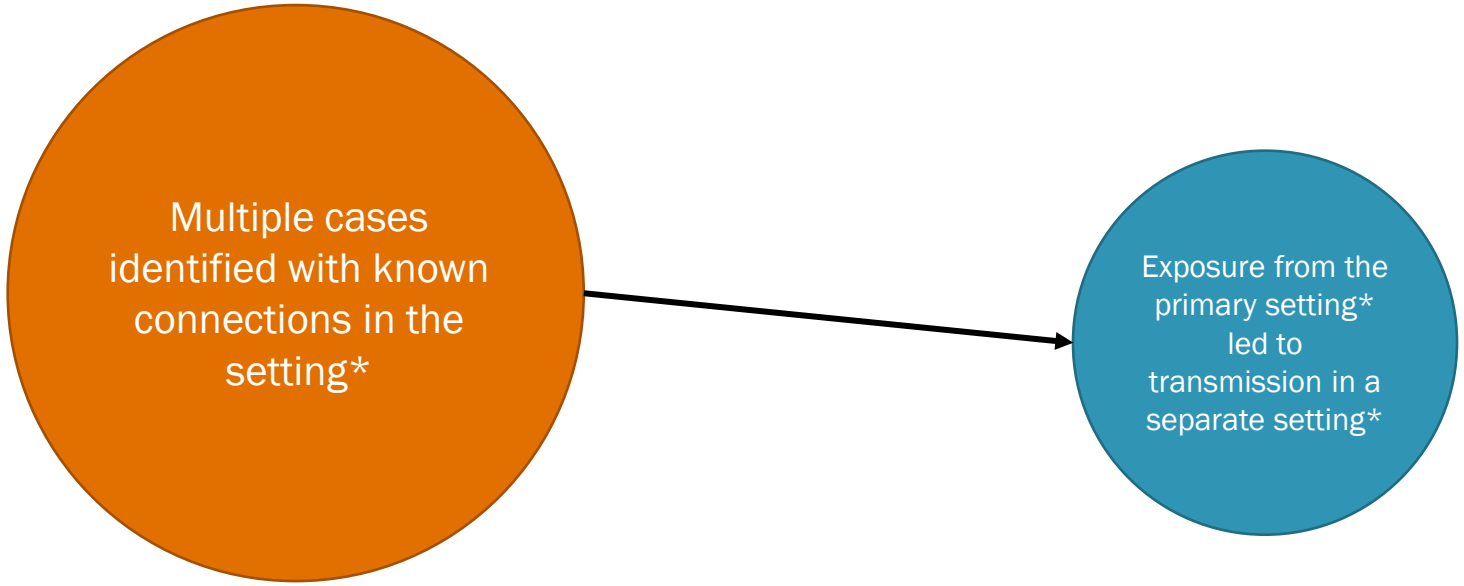
5,335 Unique Cases

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.

Source: Vermont Department of Health
Reflects confirmed data as of 8/25/2021

38 primary outbreaks have led to 63 secondary outbreaks.

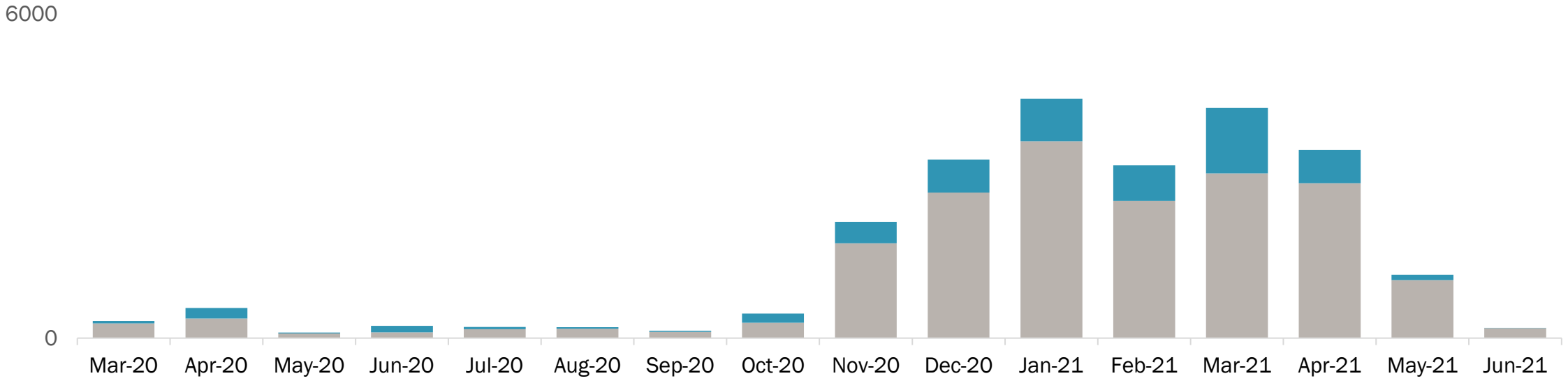
Secondary outbreaks are when multiple cases occur in a new setting as a result of spread from the primary outbreak. Transmission is largely, but not exclusively, happening among people interacting in small groups of people they trust in settings such as private parties, recreational sports, workplaces,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



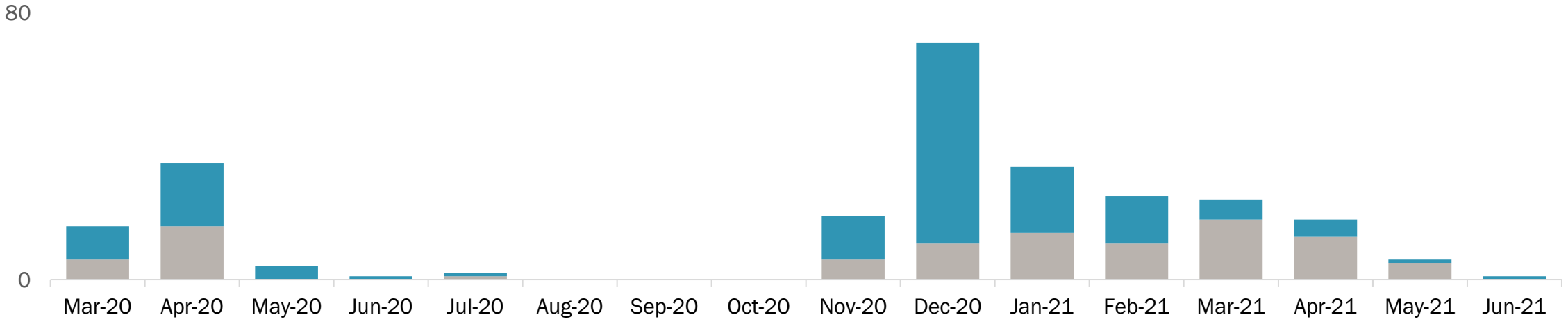
*See outbreak definitions on page 24-25 for setting descriptions.

Source: Vermont Department of Health
Reflects confirmed data as of 7/28/2021

Vermont COVID-19 Cases Associated with an Outbreak Over Time

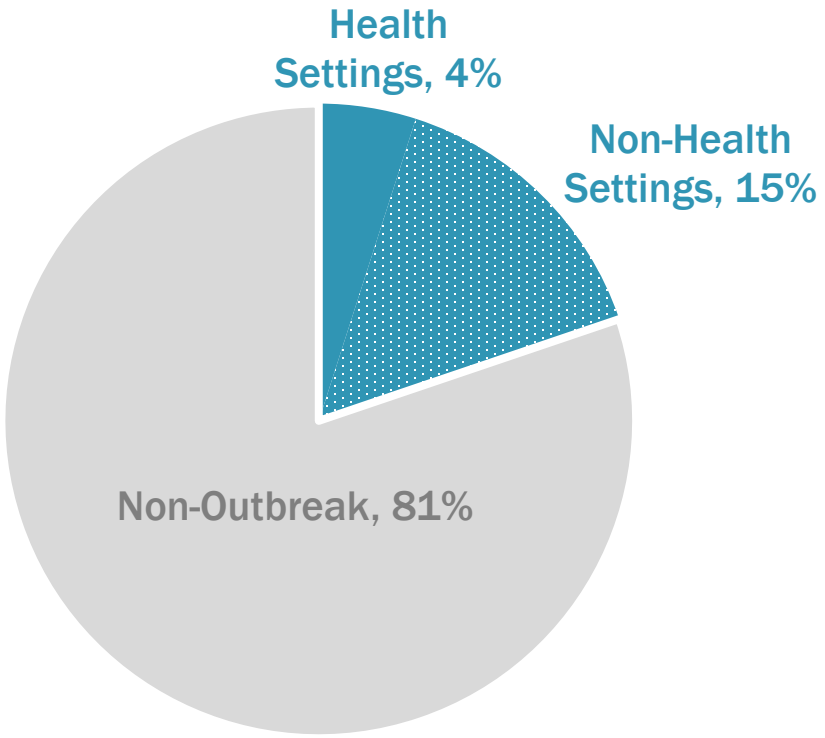


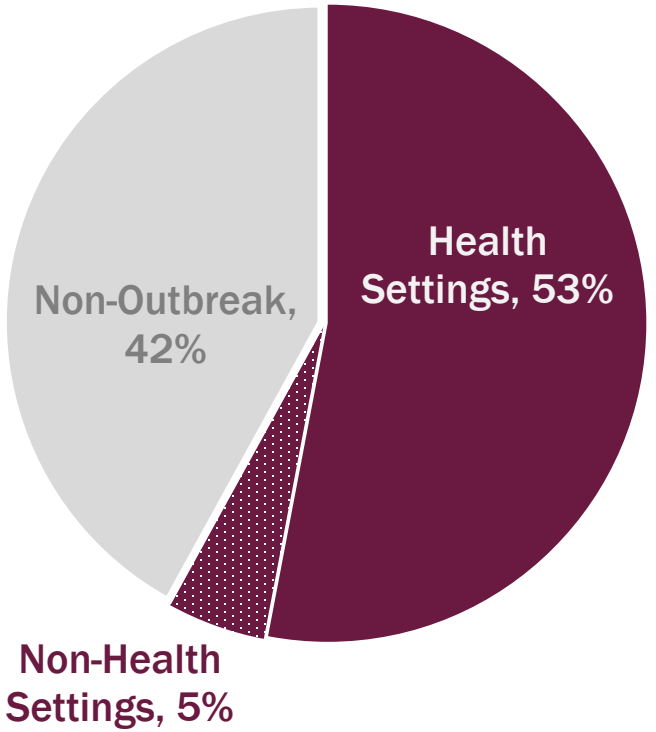
Vermont COVID-19 Deaths Associated with an Outbreak Over Time



Source: Vermont Department of Health
Reflects confirmed data as of 8/25/2021

While only 19% of all people testing positive for COVID-19 are associated with an outbreak, 58% 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.

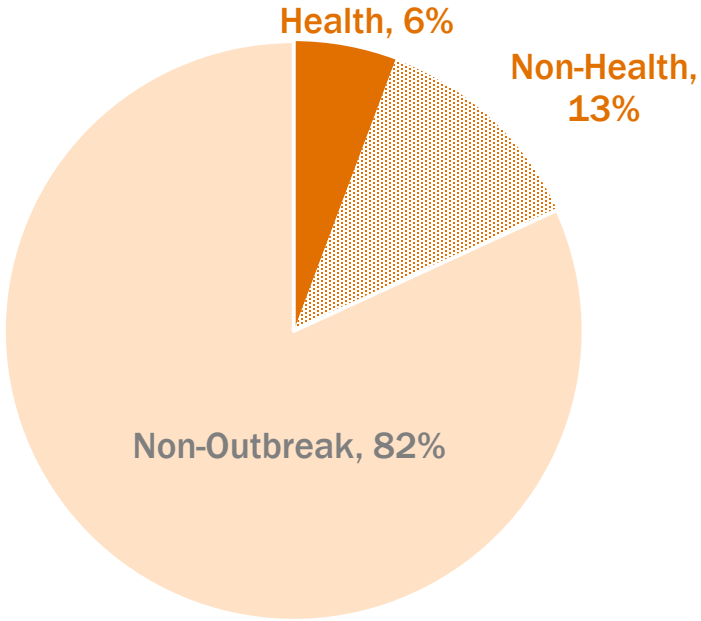
Source: Vermont Department of Health
Reflects confirmed data as of 8/25/2021

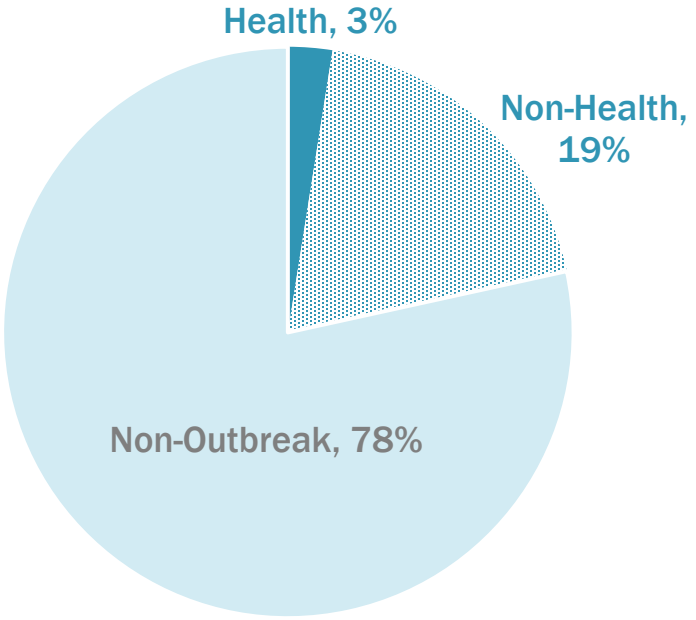
Similar percentages of females and males with COVID-19 are associated with outbreaks

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

22% 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.



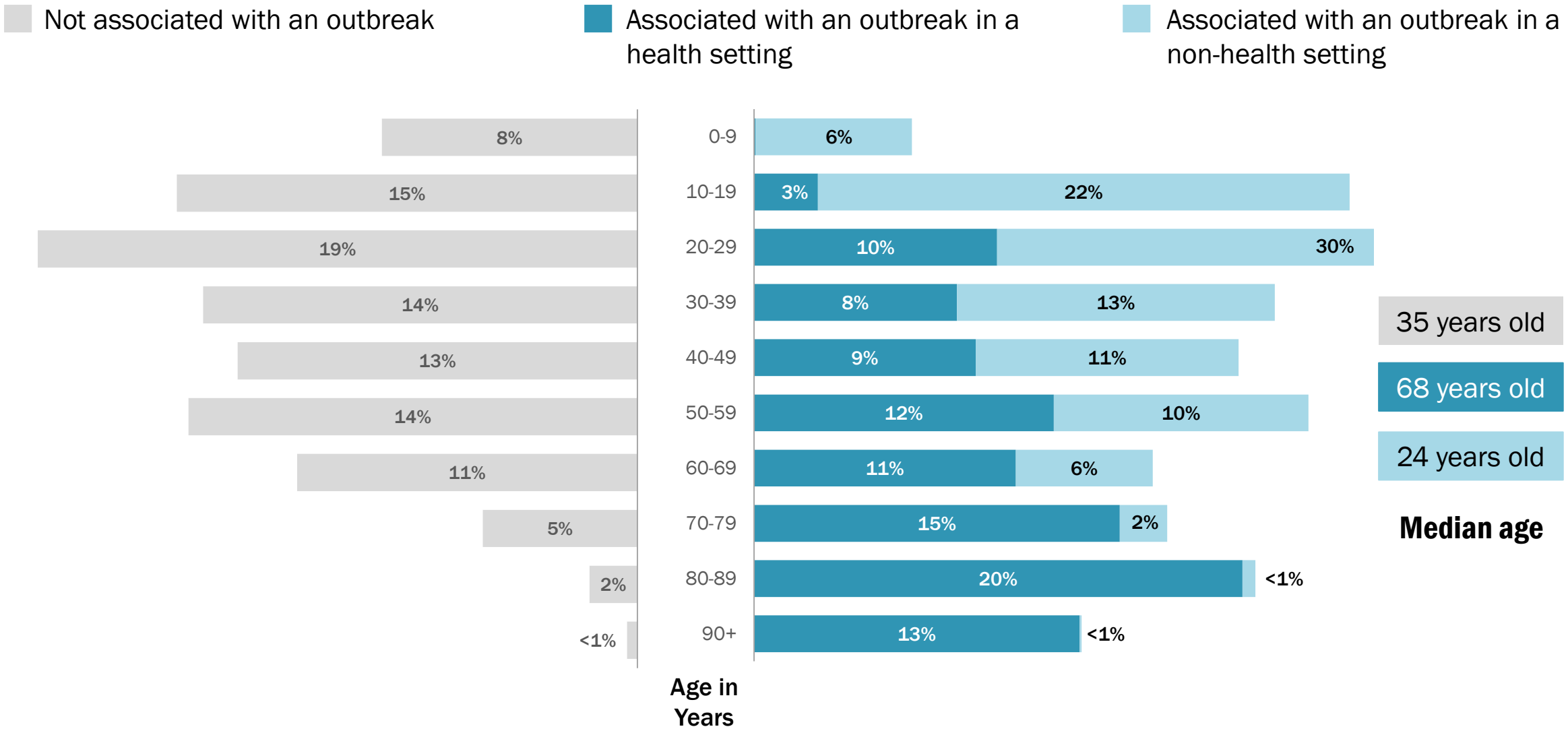


Values in these charts are rounded to the nearest whole number and therefore may not always add to 100%.
Percentages by outbreak type are rounded to the whole number, but combined totals consider the full percentages.

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.

Source: Vermont Department of Health
Reflects confirmed data as of 8/25/2021

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.

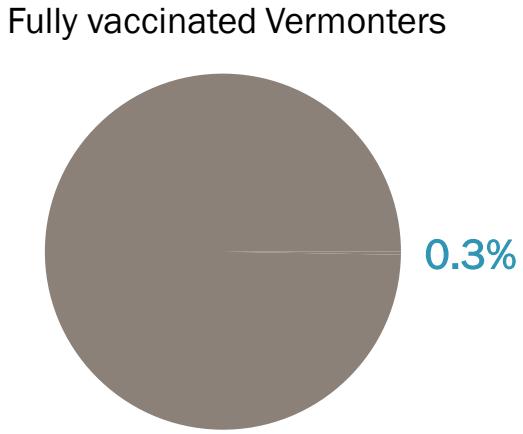
Source: Vermont Department of Health
Reflects confirmed data as of 8/25/2021

Vaccine Breakthrough Cases

How many cases are among fully vaccinated Vermonters?

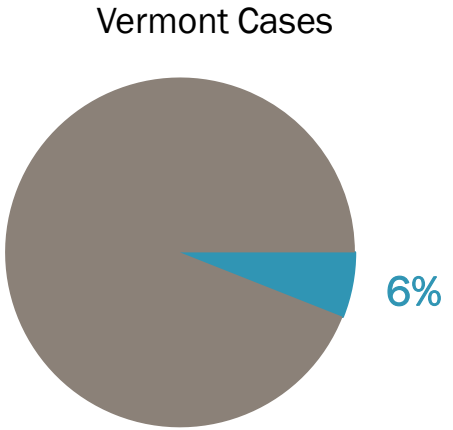
Vaccines prevent the vast majority of severe hospitalizations and deaths.
A small number of fully vaccinated people will still get COVID-19.

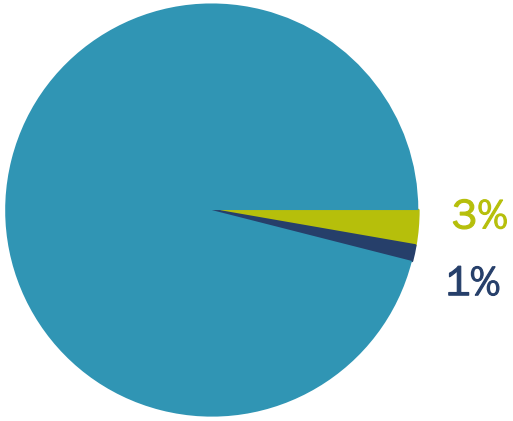
When a fully vaccinated person gets infected with COVID-19, that's called vaccine breakthrough.
Vaccine breakthrough happens with any vaccine including measles, mumps, flu and others.



About 436,711 people have been fully vaccinated in Vermont.
The breakthrough cases represent a small portion, about 0.3%, of the fully vaccinated population.

Since January 2021, 6.5% of cases among Vermont residents have been fully vaccinated.

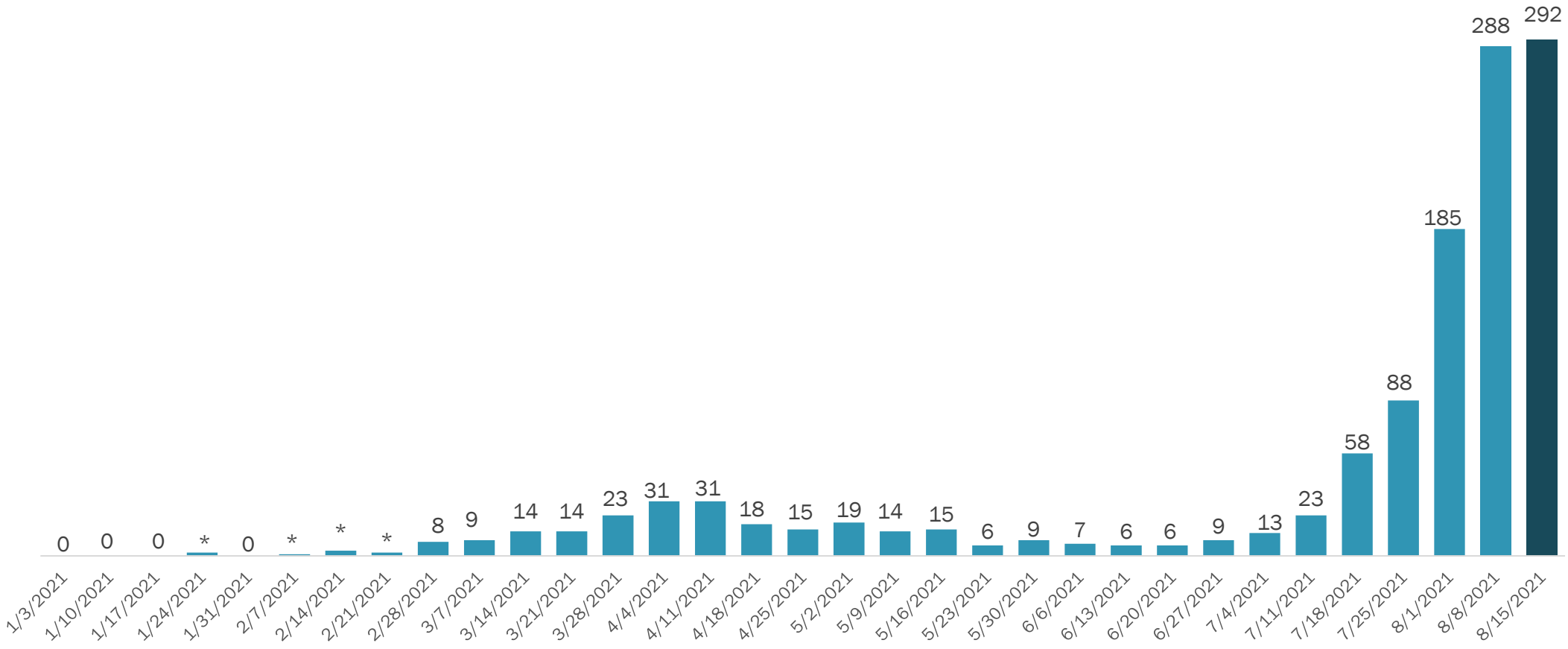




There have been 30 hospitalizations and 10 deaths among the 1,209 cases of vaccine breakthrough.

Source: Vermont Department of Health, 2020-2021.

Cases COVID-19 Among Fully Vaccinated Vermont Residents Since January 2021



*When the numbers are below 6, the number is not shown to protect people's health privacy.

Source: Vermont Department of Health, 2020-2021.

Weekly Spotlight: Cases Among People with Neurological Conditions and Intellectual Disabilities

This section focuses on the 514 COVID-19 cases who have a neurological condition or intellectual disability.

What are examples of a neurological condition or intellectual disability?

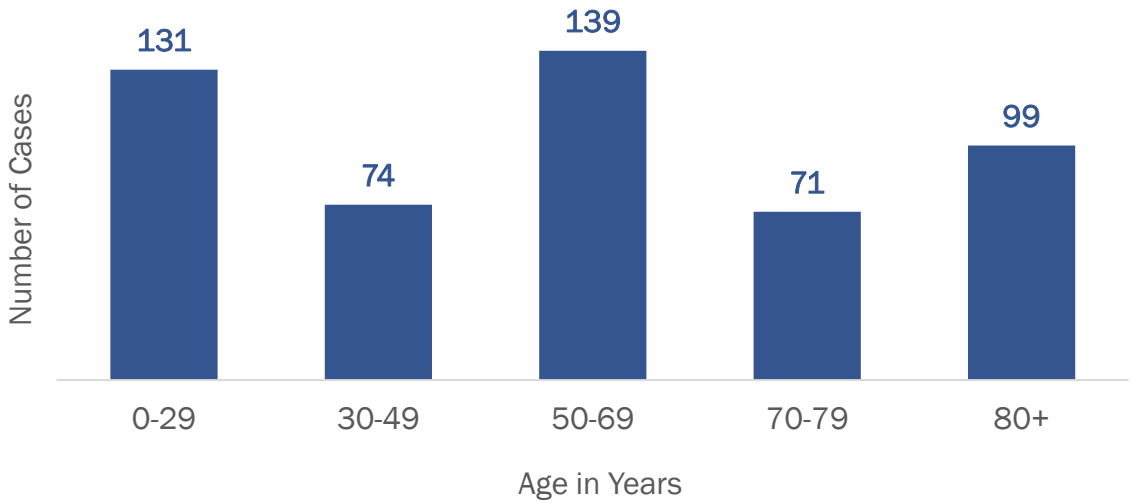
- Autoimmune disorders
- Autism Spectrum Disorder
- Alzheimer's
- Charcot Marie-Tooth Disease
- Cognitive impairment
- Dementia
- Epilepsy
- Fibromyalgia
- Multiple sclerosis
- Narcolepsy
- Neuropathy
- Parkinson's Disease
- Seizures
- Tremors

2% of people with COVID-19* have a neurological condition or intellectual disability.

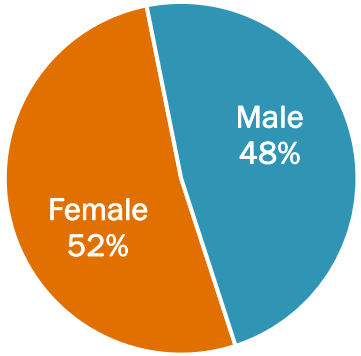
*Of the 23,567 people (86% of cases) that the Health Department has pre-existing condition data for.

514
people with COVID-19 have a neurological condition or intellectual disability.

The prevalence of neurological conditions or intellectual disabilities among people with COVID-19 varies with age.



More females than males with COVID-19 have a neurological condition or intellectual disability.



The majority of COVID-19 cases with a neurological condition or intellectual disability are white non-Hispanic, compared to those that are Black, Indigenous or people of color.

Most COVID-19 cases with a neurological condition or intellectual disability are not hospitalized.

The majority of COVID-19 cases with a neurological condition or intellectual disability experience symptoms, compared to those who do not experience symptoms.

84 COVID-19 cases with a neurological condition or intellectual disability are residents of a long-term care or assisted living facility.

2 in 3 deaths due to COVID-19* had a neurological condition or intellectual disability.

*Of the 143 deaths (52% of total deaths) that the Health Department was able to collect pre-existing condition data for during contact tracing.

Note: Conditions for these deaths include Alzheimer's, dementia, cognitive impairment, multiple sclerosis and underlying neurological disorders.

What are some contributing factors that lead to the disparities we see for people with neurological conditions and intellectual disabilities?

People with disabilities are marginalized in health care and often deal with systemic deficiencies.

Compared to those without disabilities, **people with disabilities** may be:

- Less likely to have private or employer-funded health insurance and access to preventive services.
- More likely to report unmet health care needs.
- Unable to receive immediate or consistent accessible information about COVID-19.
- More likely to live in long-term, congregate care settings that place them at greater risk.

Source: Sabatello, M. Landres, S.D., McDonald, KE. (2020, July 27). *People with Disabilities in COVID-19: Fixing Our Priorities. 20*(7), 187-190. Retrieved from https://www.tandfonline.com/doi/full/10.1080/15265161.2020.1779396.

VERMONT
DEPARTMENT OF HEALTH

Learn more about COVID-19 in Vermont:

Web: www.healthvermont.gov/COVID-19

Email: AHS.VDHPublicCommunication@vermont.gov

See more data: Weekly Data Summaries