

Report Timeframe: October 30 to November 5, 2022

Statewide community levels: Low. For this seven-day reporting period, the rate of new COVID-19 cases per 100,000 Vermonters is below 200. New COVID-19 admissions are below 10 per 100,000 Vermonters per day, and the percent of staffed hospital beds occupied by COVID-19 is below 10%.

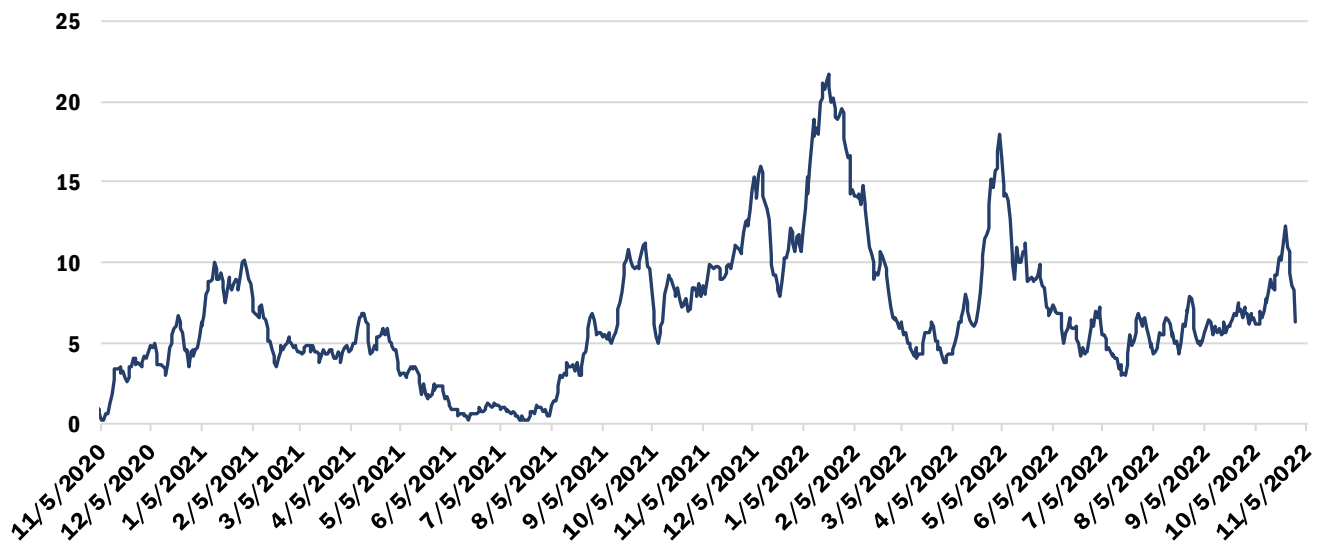
- New COVID-19 cases, last 7 days: 70.83 per 100k
 - Weekly case count: 442 (decrease from previous week)
- New hospital admissions of patients with COVID-19, last 7 days: 6.09 per 100K
 - 38 total new admissions with COVID-19 (decrease from previous week)
- Percent of staffed inpatient beds occupied by patients with COVID-19 (7-day average): 4.25% (decrease from previous week)

Vermont Department of Health recommendations: [Protect Yourself & Others](#)

CDC recommendations: [COVID-19 by County | CDC](#)

Hospitalizations Over Time

Daily Hospitalizations With COVID-19 Diagnosis Seven-Day Rolling Average



Source: U.S. Department of Health and Human Services Unified Hospital Data

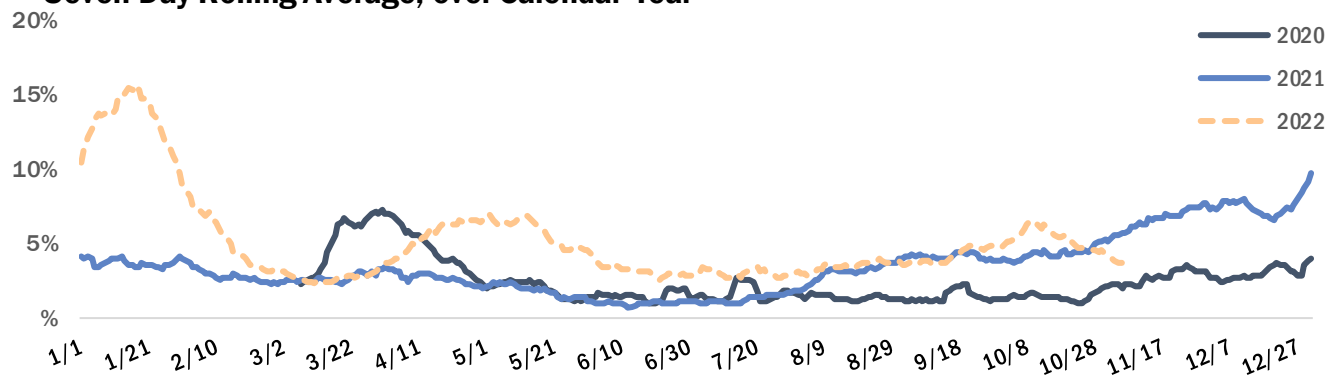
The seven-day rolling average of hospital patients admitted with a laboratory-confirmed COVID-19 infection was between five and six daily admissions throughout the most recent period, after a sharp increase to over ten that followed several months of fluctuation between three and eight. The number is the daily average of the previous seven days; for example, the value for May 28 is the daily average for the days of May 21 through May 27.

Syndromic Surveillance

Vermont is using the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), which provides all individual emergency department visits from participating emergency departments¹, to identify Emergency Department visits for COVID-Like Illness (CLI).

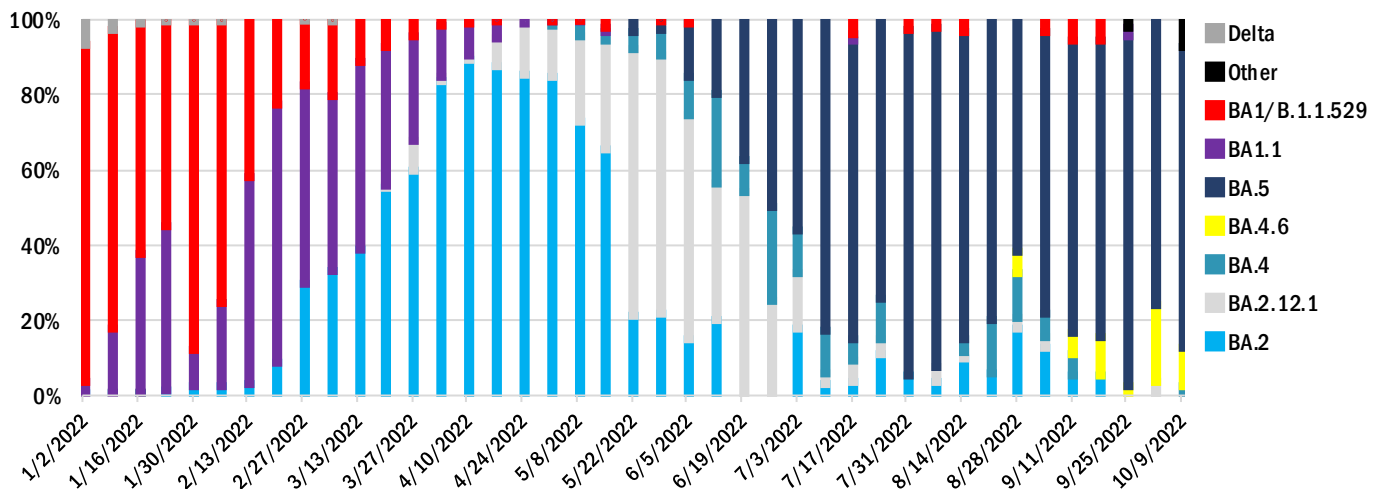
During this reporting period the proportion of emergency visits in participating emergency departments included COVID-like illness has remained around or slightly below the same period in 2021.

Percent of Emergency Visits with COVID-Like Illness Seven-Day Rolling Average, over Calendar Year



Source: Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)

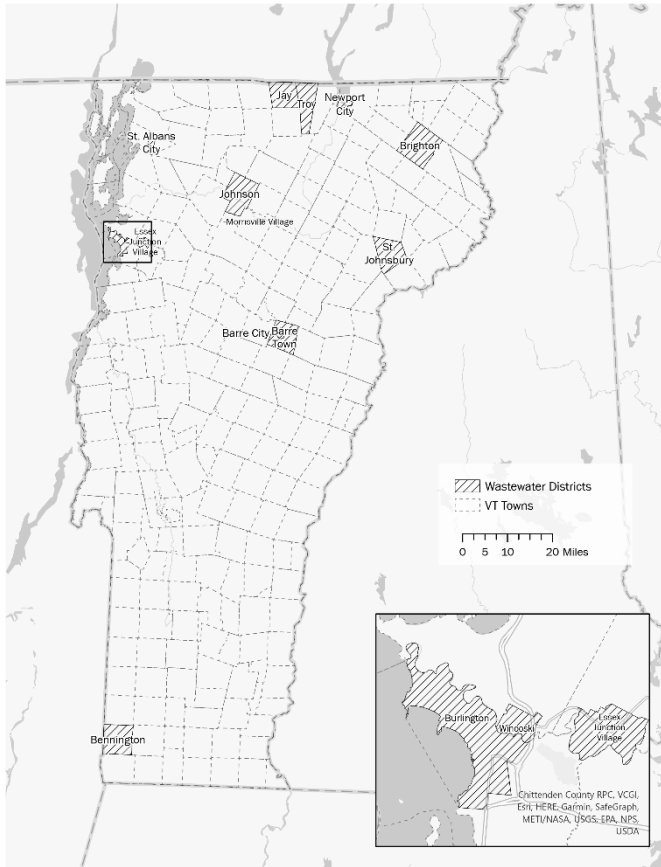
Proportion of sequenced variants



BA.5 predominates among sampled sequences in Vermont, comprising 152 of the 186 samples collected since the beginning of September that have been processed. Four samples, all collected since September 25, are recombinant Omicron variants XAS, XAZ and XBB. (Sources: Broad; Aegis; Helix; LabCorp; Quest; Health Department Whole Genome Sequencing program)

¹ All Vermont hospitals and two urgent care clinics are included in ESSENCE.

Wastewater Monitoring



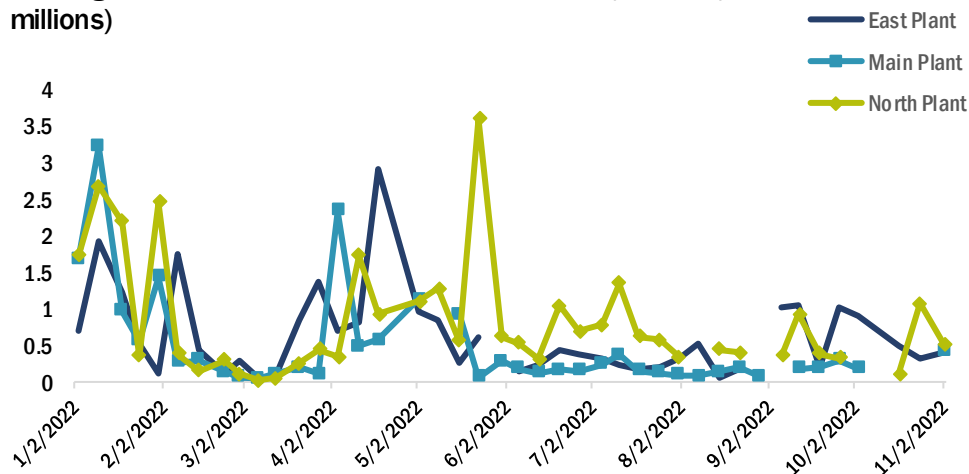
Several Vermont wastewater districts have begun participating with the National Wastewater Surveillance System (NWSS).

NWSS Site	15-day % change
Barre	*
Bennington	Increase between 10%-99%
Brighton	Increase between 10%-99%
Essex Junction	Increase between 100%-999%
Johnson	Increase between 100%-999%
Morrisville	Decrease between 10%-99%
Newport City	*
St. Albans City	Decrease between 10%-99%
St. Johnsbury	Decrease between 10%-99%
Troy / Jay WWTP	Decrease between 10%-99%
Winooski	Decrease between 10%-99%

*Trend data will be reported when available

In addition to Vermont’s NWSS sites, the City of Burlington has been collecting samples in collaboration with the Health Department and research partners at the University of Vermont and at Dartmouth-Hitchcock Medical Center. Burlington has been collecting data since August 2020, and reports on the 24-hour viral concentration (as genomes per liter) of SARS-CoV-2 ribonucleic acid (RNA) collected at the city’s three wastewater plants.

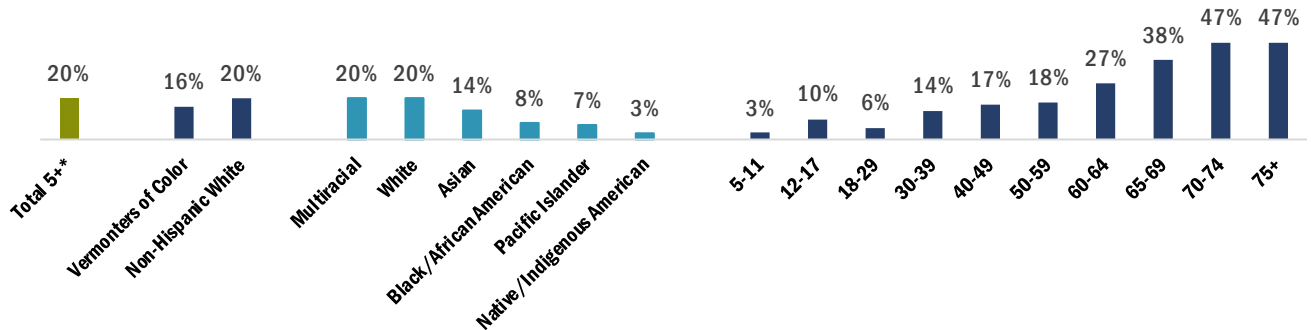
Burlington Wastewater SARS-CoV-2 Counts (Genome/liter, millions)



For the November 2 sampling period, the East plant saw a slight increase, while the North plant saw a sharp decrease. The Main plant saw an increase from its previous sampling period, which was one month prior. (Source: City of Burlington: burlingtonvt.gov)

Vaccination Rates

**Vermonters Age 5+ Who Received Updated (Bivalent) COVID-19 Booster
By Race/Ethnicity and Age**



Source: Vermont Immunization Registry (October 2022), Health Department Population Estimates (2019)

Note: Race/ethnicity information is missing for 4% of vaccinated individuals. Population denominators are from 2019 population estimates so percentages shown are an estimate which may vary from the true proportion in the population, particularly for smaller groups.

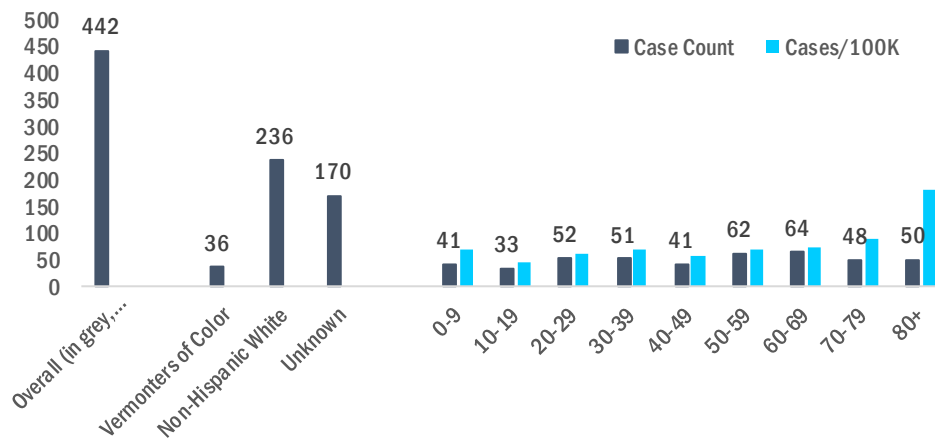
On October 26, 2022, Vermont began reporting the percent of the population age 5 and older that has received an updated, bivalent booster dose since September 1, 2022.

[COVID-19 vaccination rates](#) for Vermonters who identify as Pacific Islanders or Native American, Indigenous, or First Nation have been substantially lower than rates for other Vermonters. In addition, the number of people in the Vermont Immunization Registry who identify as Pacific Islanders or Native American, Indigenous, or First Nation are much lower than our Vermont Department of Health population estimates. These findings could be due to one or more of the following:

- 1) Pacific Islanders and Native/Indigenous Americans are less likely to report their race.
- 2) Pacific Islanders and Native/Indigenous Americans are receiving fewer vaccinations.
- 3) Health Department population estimates are overestimating the true population.
- 4) Race and ethnicity are collected by providers in a way that does not align with how people identify.

Identified Cases

Vermont Weekly Case Counts/Rates



Note: Case counts and rates are calculated by *confirmed* and *probable* cases reported to the Health Department.

To calculate rates, counts are divided by 2019 Vermont population estimates for respective category and expressed per 100,000 in each category.

Due to a high number of cases missing race/ethnicity data, rates are not provided for race/ethnicity categories.

COVID-19 Outbreaks Reported November 1 through November 7

For purposes of this report, an outbreak is defined as three or more epidemiologically linked cases of COVID-19, where at least one such case has been laboratory or otherwise clinically confirmed as COVID-19.

Facility type	New Outbreaks Reported 11/1-11/7
Long-term Care (LTC)	5
Non-LTC Healthcare	1
Correctional Facility	1
School/childcare	6
Other	-

County	New Outbreaks Reported 11/1-11/7
Addison	-
Bennington	1
Caledonia	-
Chittenden	7
Essex	-
Franklin	-
Grand Isle	-
Lamoille	-
Orange	1
Orleans	1
Rutland	-
Washington	-
Windham	1
Windsor	2

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