Weekly Summary of Vermont COVID-19 Data

Reflecting cases identified between
March 5, 2020 – February 24, 2021

Date published: February 26, 2021. This summary will be updated every 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 February 17 through February 24.

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
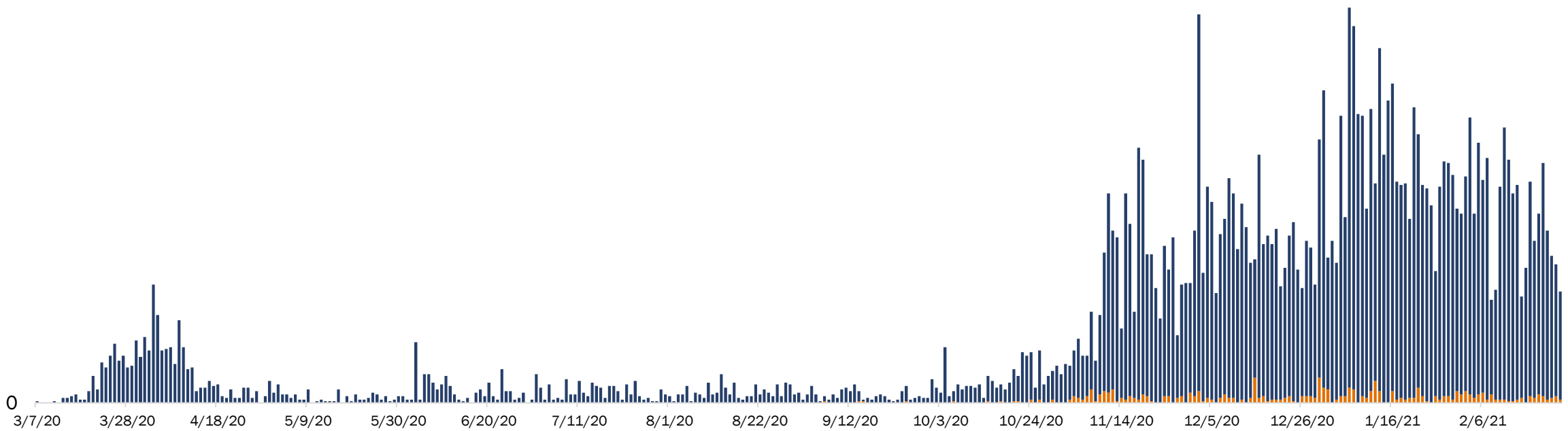
COVID-19 in Vermont
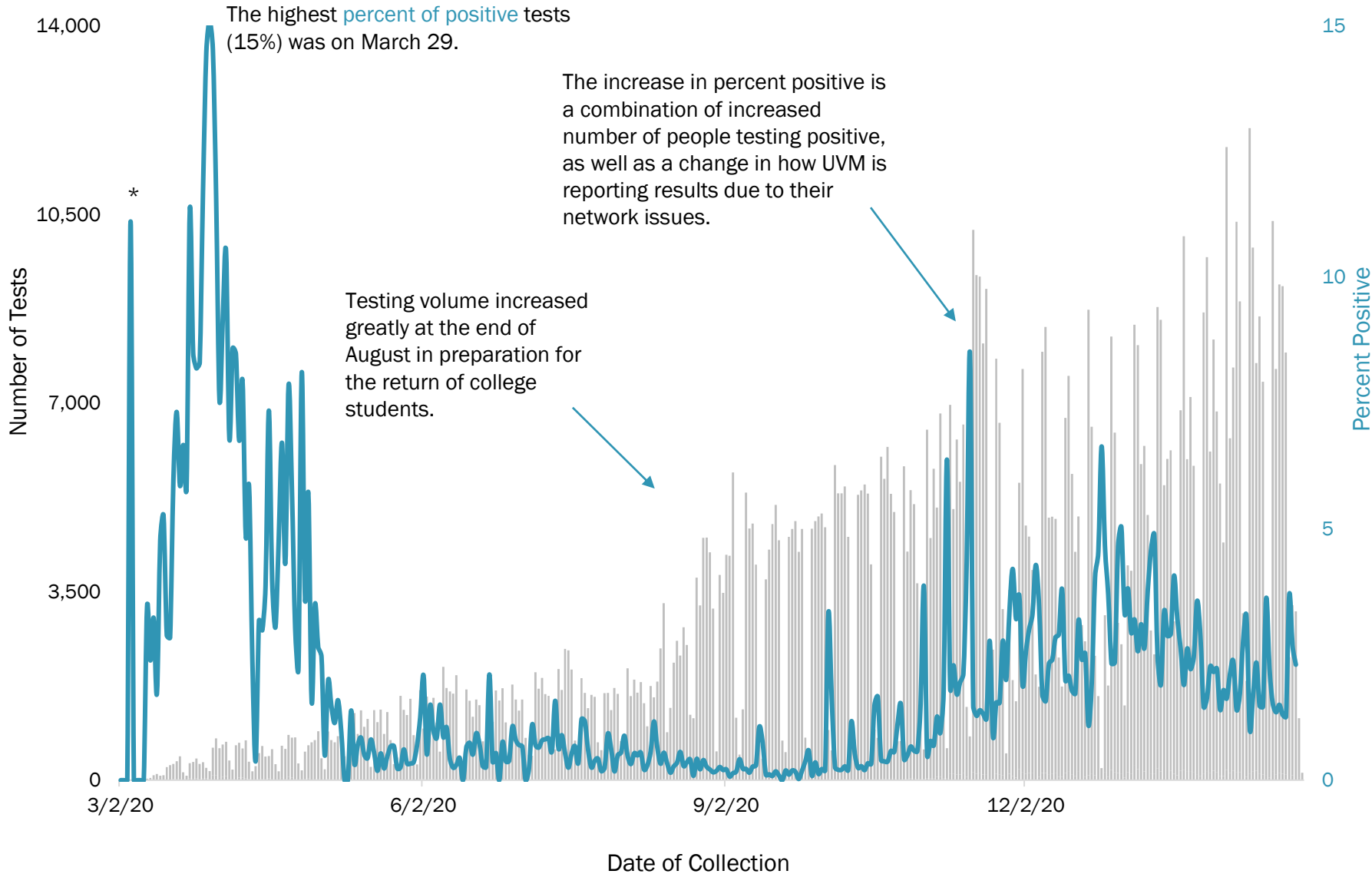
An overview of our number of cases and laboratory testing to date.

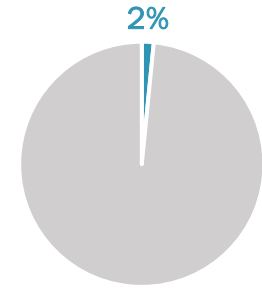# Total Number of Confirmed and Probable Cases in Vermont: 14,840

250

0

3/7/20   3/28/20   4/18/20   5/9/20   5/30/20   6/20/20   7/11/20   8/1/20   8/22/20   9/12/20   10/3/20   10/24/20   11/14/20   12/5/20   12/26/20   1/16/21   2/6/21

COVID-19 in Vermont

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

The highest percent of positive tests (15%) was on March 29.

The increase in percent positive is a combination of increased number of people testing positive, as well as a change in how UVM is reporting results due to their network issues.

Testing volume increased greatly at the end of August in preparation for the return of college students.

*

Number of Tests

14,000

10,500

7,000

3,500

0

3/2/20   6/2/20   9/2/20   12/2/20

Date of Collection

Percent Positive

15

10

5

0

Percent Positive to Date

2%

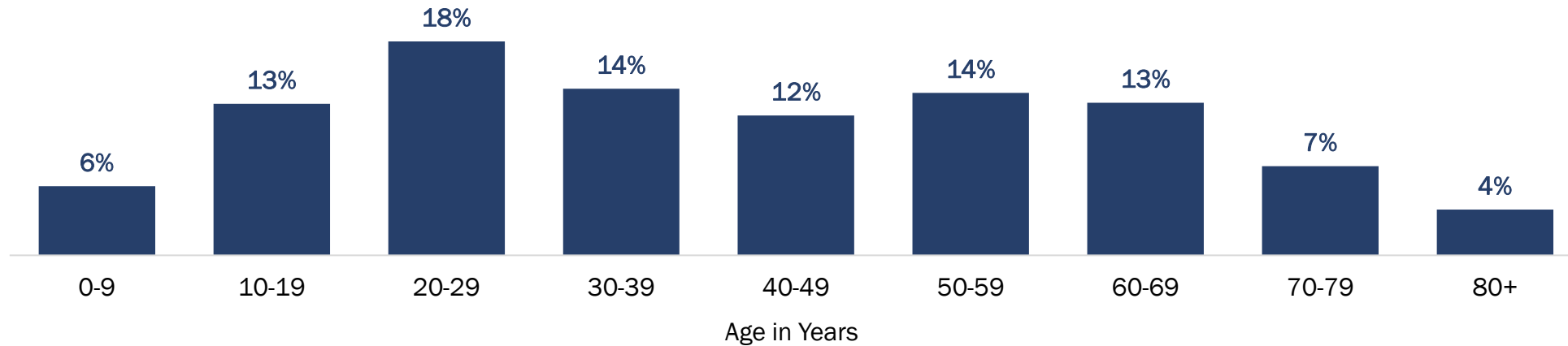## Percent Positive This Week (February 17 – February 24)

2%
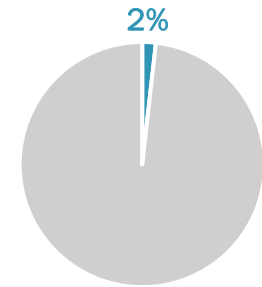
7,401 People Tested this Week	36,264 Tests this Week
327,769 People Tested to Date	1,042,507 Tests to Date

Vermont Department of Health

*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.

COVID-19 in Vermont

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

Age Group	Percentage
0-9	6%
10-19	13%
20-29	18%
30-39	14%
40-49	12%
50-59	14%
60-69	13%
70-79	7%
80+	4%

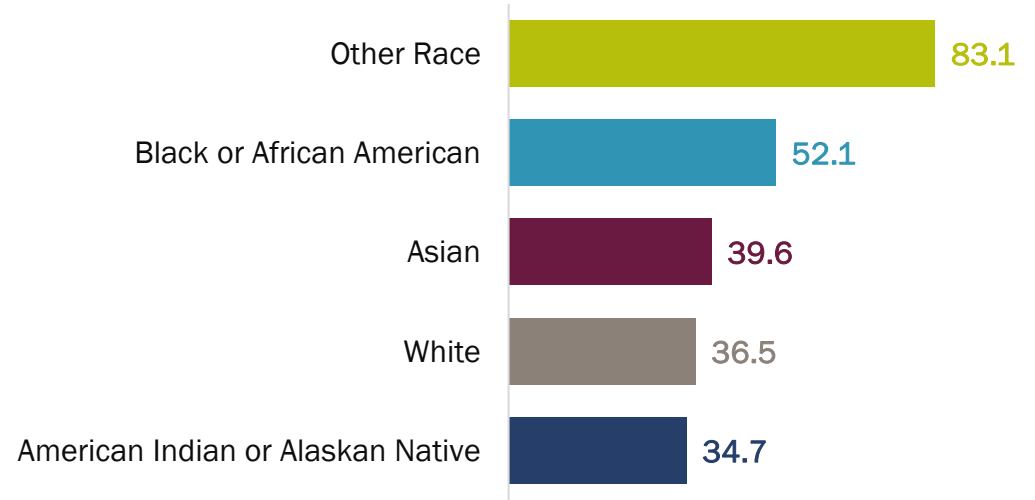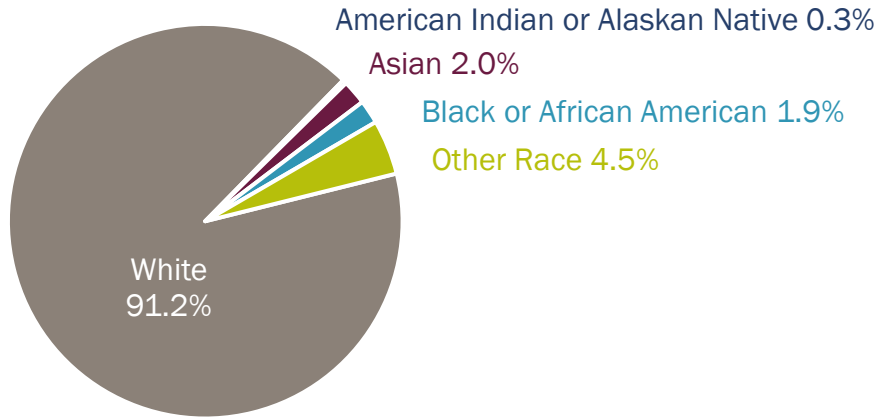Age in Years

More females are tested than males for COVID-19.

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

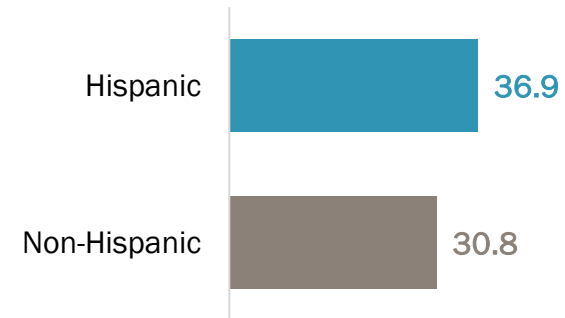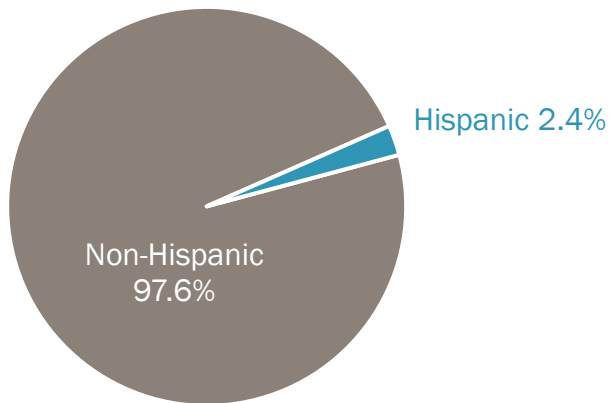**45%** of people tested for COVID-19 are male.

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

American Indian or Alaskan Native 0.3%
Asian 2.0%
Black or African American 1.9%
Other Race 4.5%

White
91.2%

Other Race — 83.1
Black or African American — 52.1
Asian — 39.6
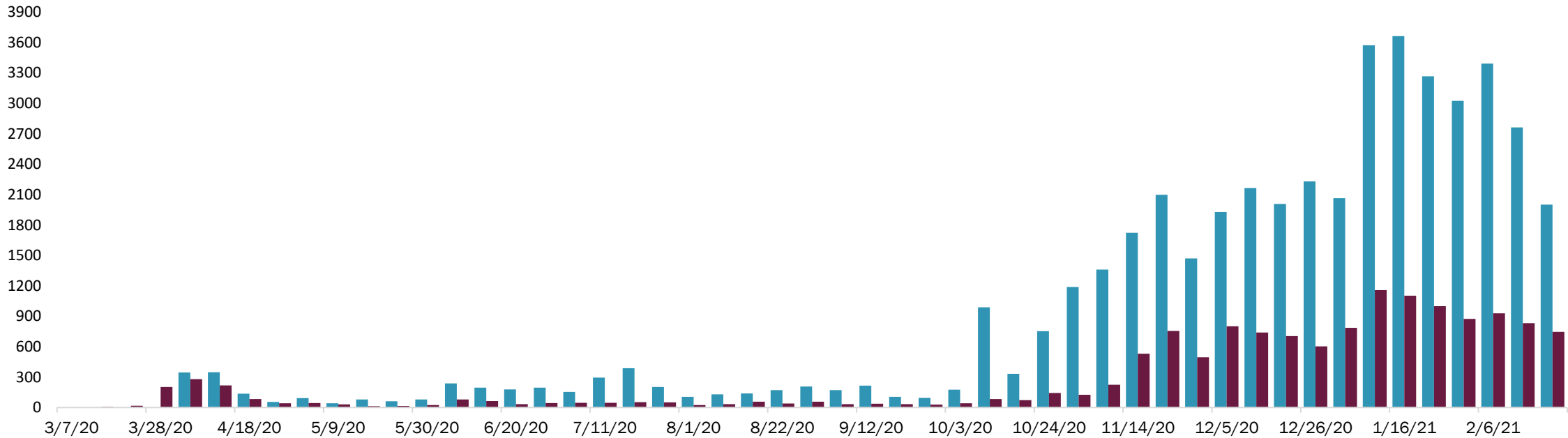White — 36.5
American Indian or Alaskan Native — 34.7

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

Hispanic 2.4%

Non-Hispanic
97.6%

Hispanic — 36.9
Non-Hispanic — 30.8

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.

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

82
Number of full-time equivalent contact tracing staff trained

671
Cases interviewed last week

February 14 – February 20

2,000
Contacts named last week

February 14 – February 20

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.

COVID-19 in Vermont

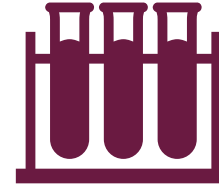**In the last two weeks (from February 7 to February 20):**

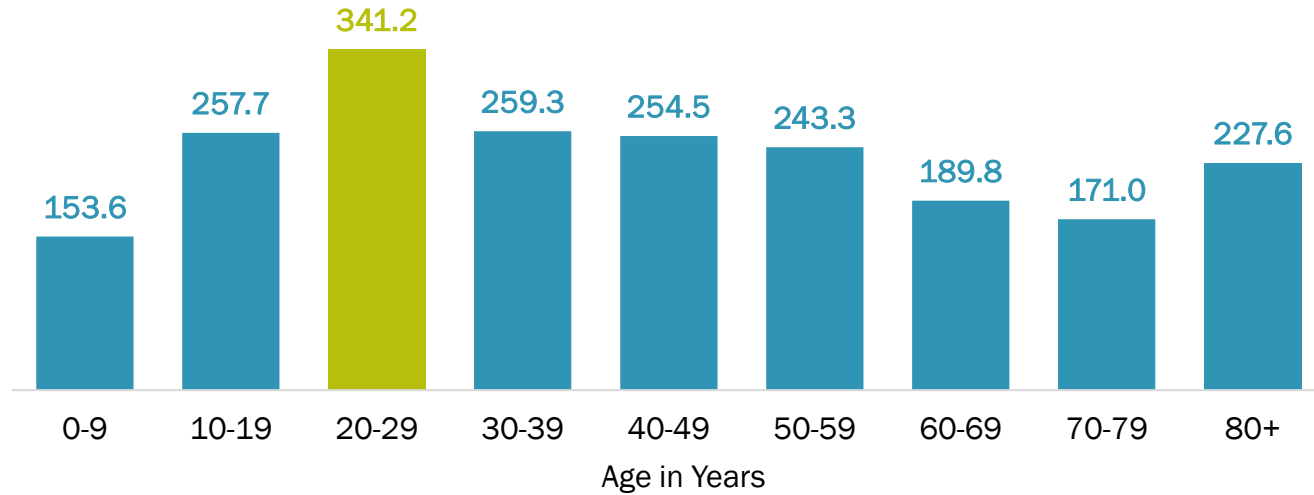| **90%** Of cases were interviewed within 24 hours | **82%** Of cases provided their close contacts | **62%** Of contacts were tested within 14 days of exposure | **10%** Of contacts became a case |

COVID-19 in Vermont

Case Demographics

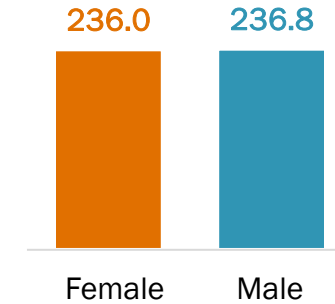Who has been impacted by COVID-19 in Vermont?

Rates of COVID-19 are highest among Vermonters 20-29 years old.
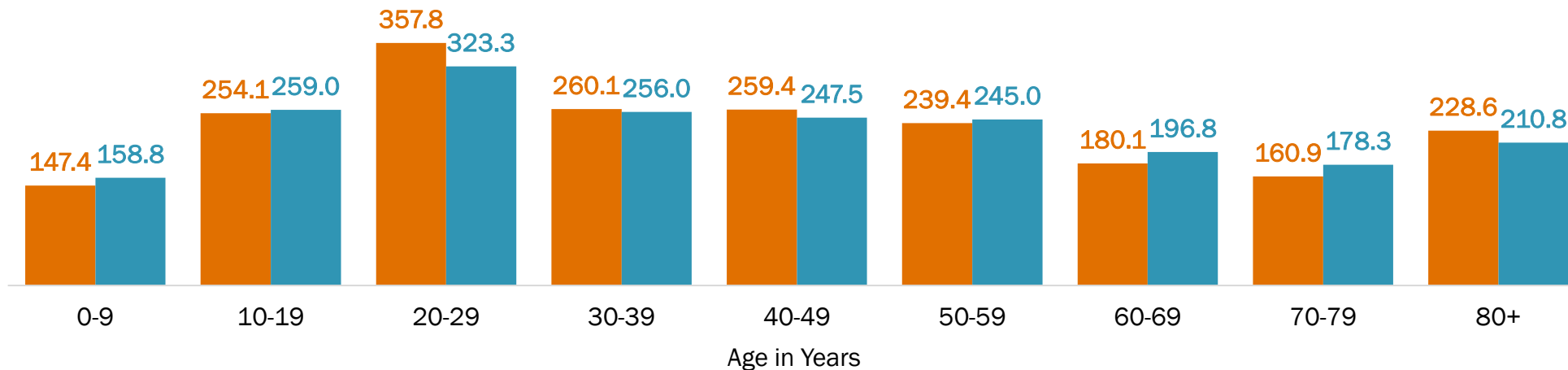
Rate per 10,000 Vermonters

Age in Years

Females and males have similar rates of COVID-19.

Rate per 10,000 Vermonters

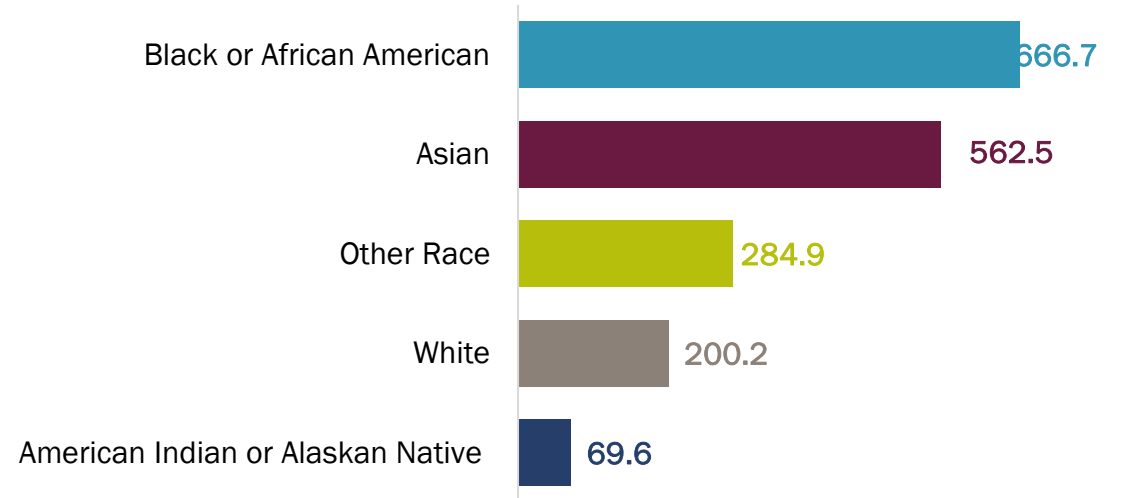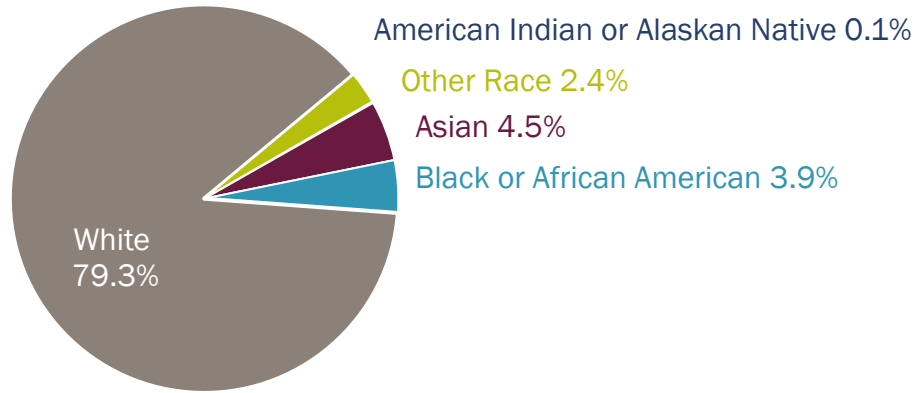| Female	Male
236.0	236.8

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

Age in Years

Case Demographics

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

Rate per 10,000 Vermonters

American Indian or Alaskan Native 0.1%
Other Race 2.4%
Asian 4.5%
Black or African American 3.9%

White
79.3%

Black or African American — 666.7
Asian — 562.5
Other Race — 284.9
White — 200.2
American Indian or Alaskan Native — 69.6

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

Rate per 10,000 Vermonters
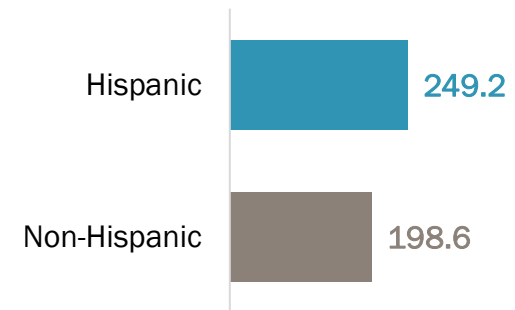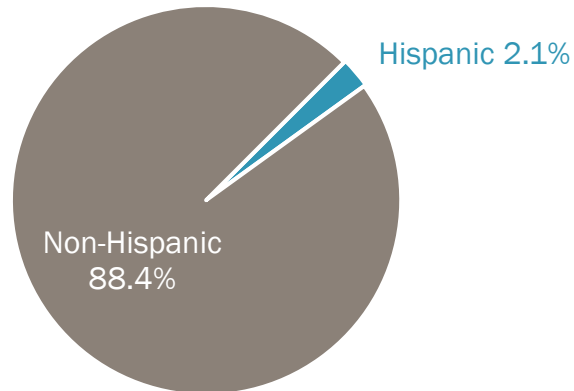
Hispanic 2.1%

Non-Hispanic
88.4%

Hispanic — 249.2
Non-Hispanic — 198.6

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 10% of cases (n = 1,428) and ethnicity is unknown in 16% of cases (n = 2,382).

Case Demographics

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

*of the 12,495 people that the Health Department has pre-existing condition data for.

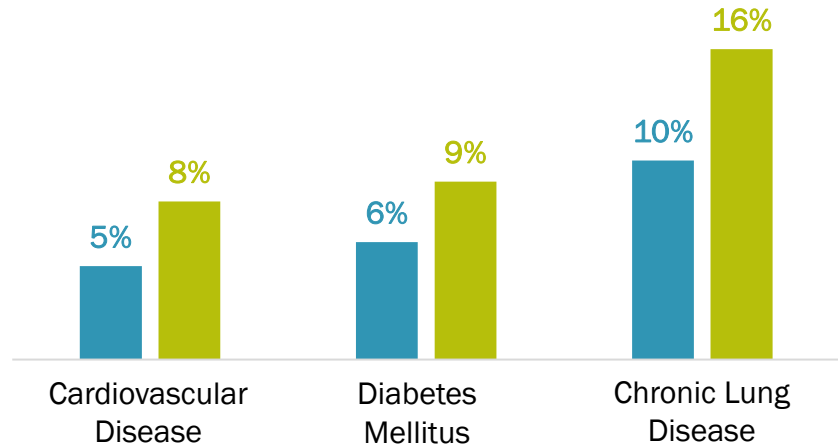| Condition	Count	Percentage
Chronic Lung Disease (includes asthma and COPD)	1,200	10%
Other Chronic Condition**	1,196	10%
Current/Former Smoker	1,127	9%
Diabetes	640	5%
Heart Disease	510	4%
Disability***	238	2%
Immunocompromised Condition	168	1%
Chronic Kidney Disease	85	1%
Pregnant	74	1%
Chronic Liver Disease	36	0.3%

27% 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).
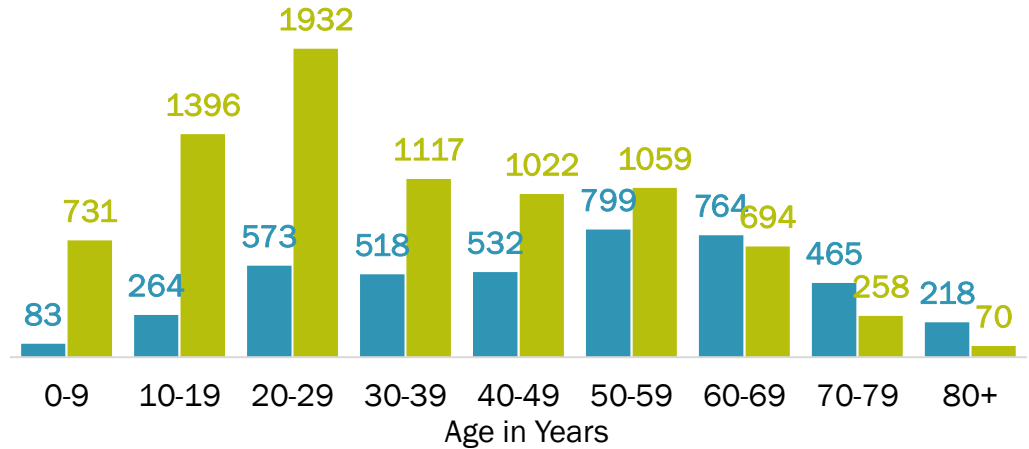
The Health Department has information about pre-existing conditions in 84% (12,495) of 14,840 total COVID-19 cases.

Case Demographics

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

Cardiovascular Disease: 5%, 8%
Diabetes Mellitus: 6%, 9%
Chronic Lung Disease: 10%, 16%
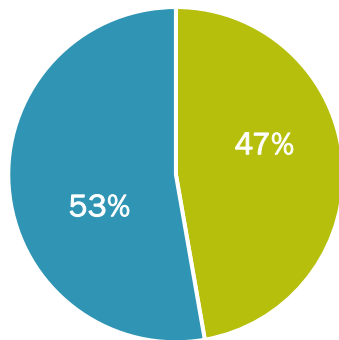
Data Source: Cardiovascular disease and diabetes, BRFSS 2018 annual report. Chronic lung disease, 3-4-50 Community profile (2016-2017 BRFSS).

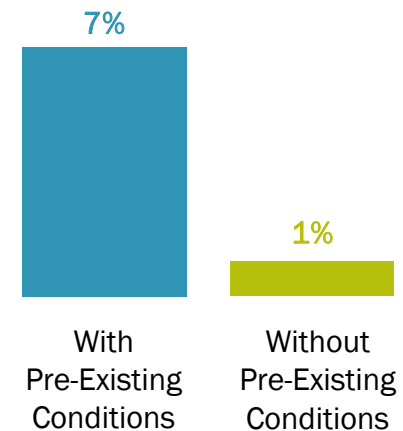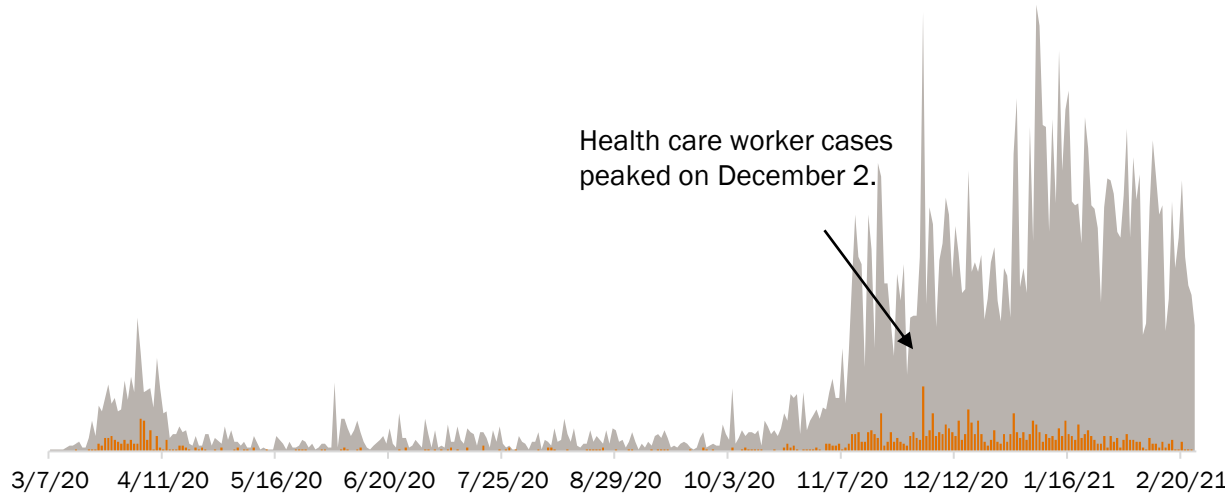**The likelihood of having a pre-existing condition is greater among female compared to male COVID-19 patients.**

53%, 47%

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

Age in Years	with	without
0-9	83	731
10-19	264	1396
20-29	573	1932
30-39	518	1117
40-49	532	1022
50-59	799	1059
60-69	764	694
70-79	465	258
80+	218	70

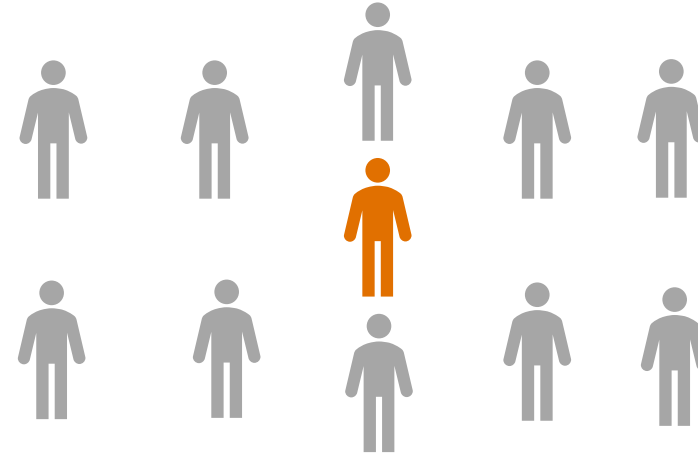**A higher percentage of COVID-19 patients with pre-existing conditions have been hospitalized than those without pre-existing conditions.**

With Pre-Existing Conditions: 7%
Without Pre-Existing Conditions: 1%

Number of New Health Care Worker and All Cases by Day

Health care worker cases peaked on December 2.

3/7/20 4/11/20 5/16/20 6/20/20 7/25/20 8/29/20 10/3/20 11/7/20 12/12/20 1/16/21 2/20/21

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

81% of health care workers with COVID-19 are female.
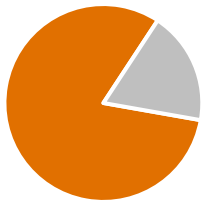
36% of health care workers with COVID-19 are associated with an outbreak.
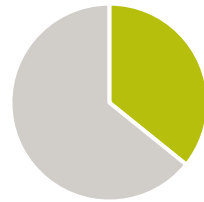
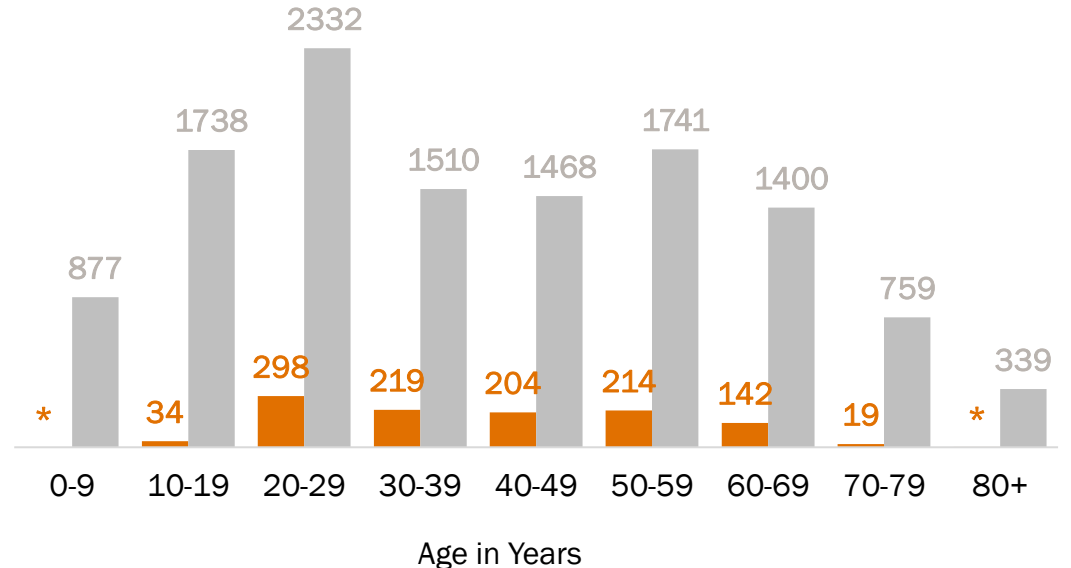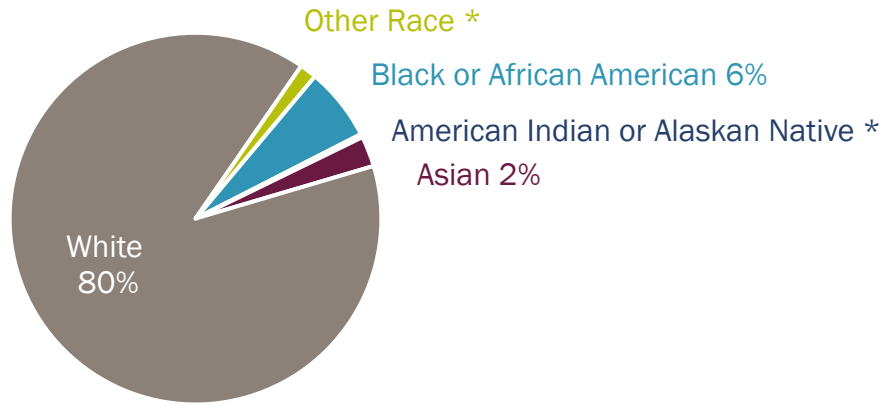The Health Department has information about healthcare worker status in 90% (13,295) of 14,480 total COVID-19 cases.

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

| Age in Years	Health care workers	Non-health care workers
0-9	*	877
10-19	34	1738
20-29	298	2332
30-39	219	1510
40-49	204	1468
50-59	214	1741
60-69	142	1400
70-79	19	759
80+	*	339

Age in Years

* Value suppressed due to small numbers.

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

Other Race *

Black or African American 6%

American Indian or Alaskan Native *

Asian 2%

White 80%

* Value suppressed due to small numbers.

Most health care workers with COVID-19 are not hospitalized.

Unknown = 46
Hospitalized = 21

Not Hospitalized = 1064
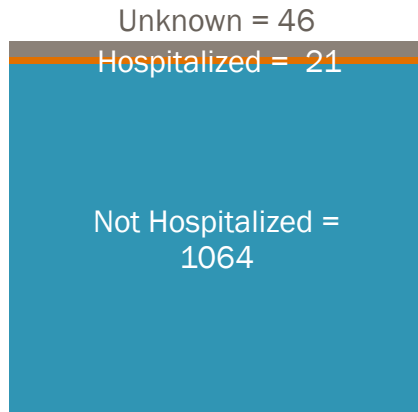
There are no reported deaths among health care workers.

Most health care workers with COVID-19 have symptoms.
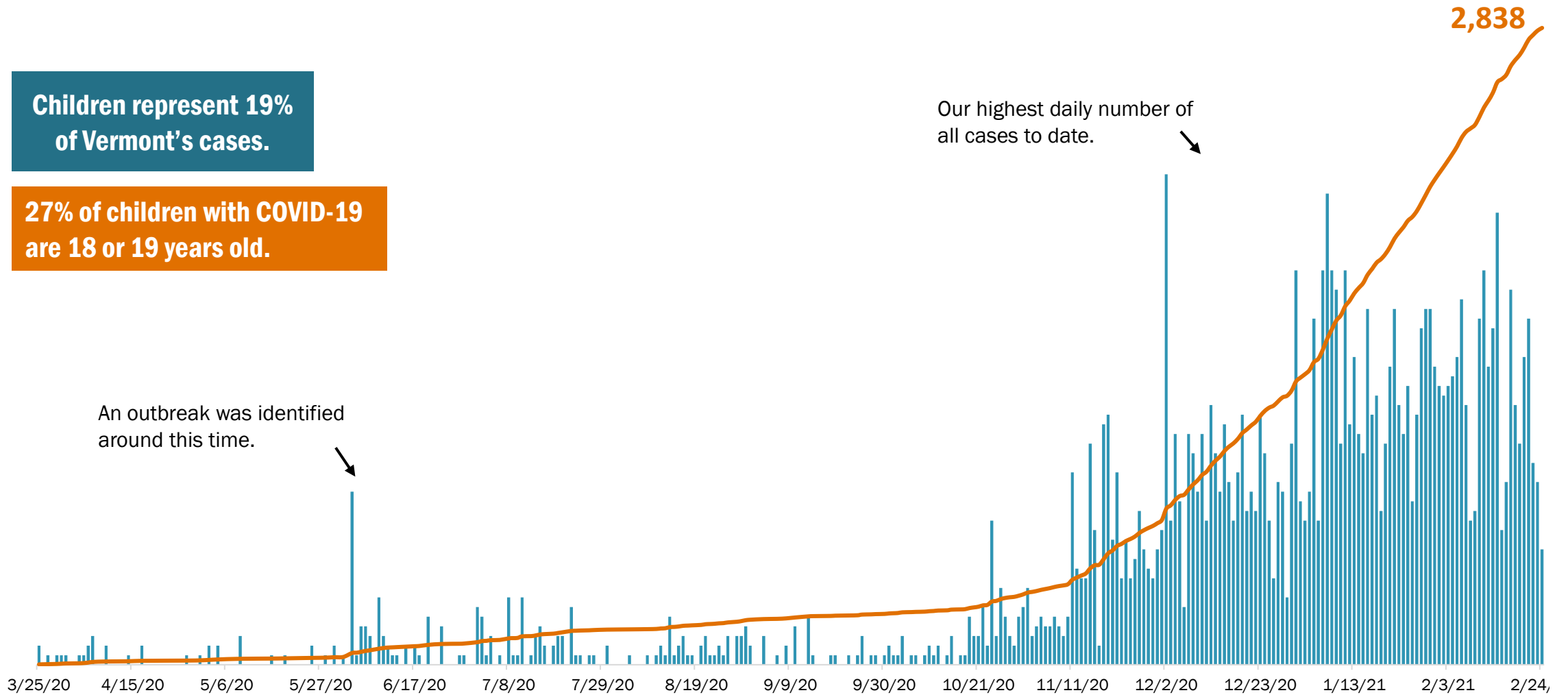
Asymptomatic 21%

Unknown 3%
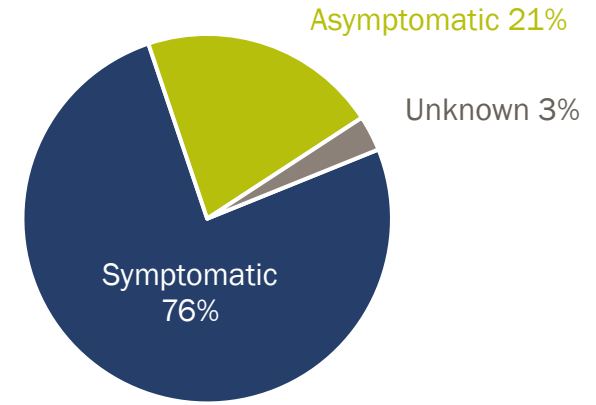
Symptomatic 76%

Sign or Symptom among Health Care Workers with COVID-19	Percent of Symptomatic Cases
Fatigue	62%
Cough	62%
Headache	59%
Runny Nose	54%
Muscle Pain	50%
Loss of Smell or Taste	42%
Chills	34%
Loss of Appetite	25%

Case Demographics

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

2,838

Children represent 19% of Vermont's cases.

27% of children with COVID-19 are 18 or 19 years old.

Our highest daily number of all cases to date.

An outbreak was identified around this time.

3/25/20 4/15/20 5/6/20 5/27/20 6/17/20 7/8/20 7/29/20 8/19/20 9/9/20 9/30/20 10/21/20 11/11/20 12/2/20 12/23/20 1/13/21 2/3/21 2/24/
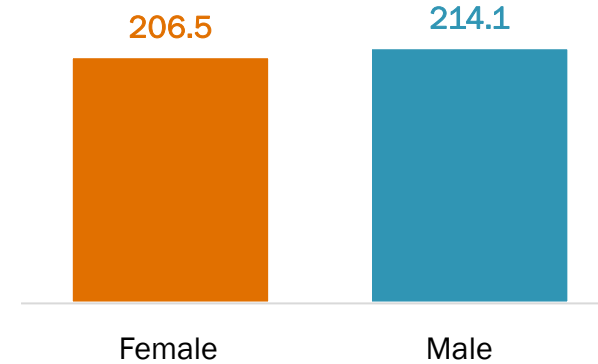
Case Demographics

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

Rate per 10,000 Vermonters 0-19 years old

10 to 19 years — 257.7
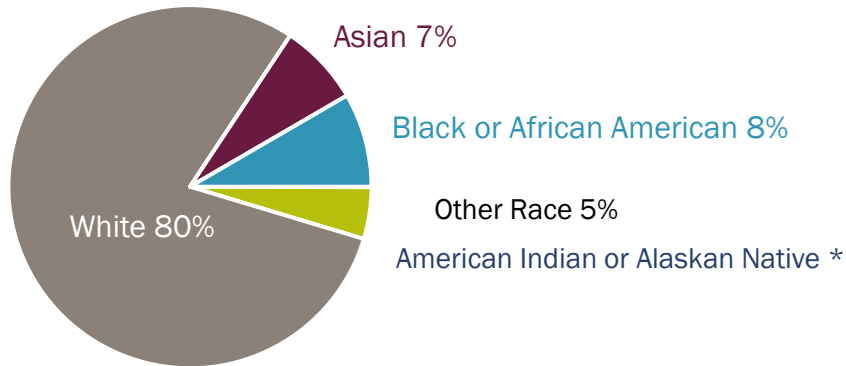0 to 9 years — 153.6
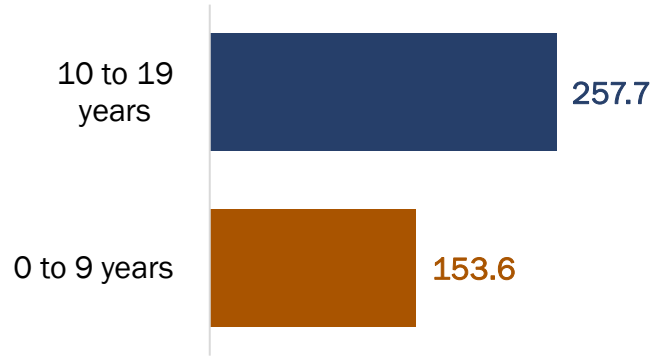
Female and male children have similar rates of COVID-19.

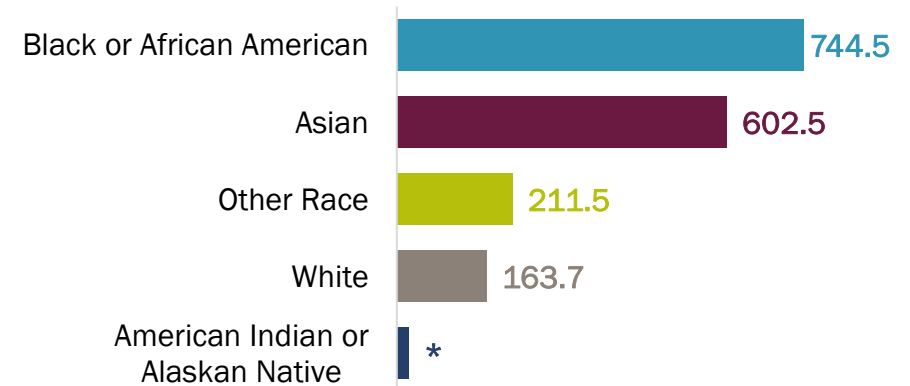Rate per 10,000 Vermonters 0 to 19 years old

206.5 — Female
214.1 — Male

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

Asian 7%
Black or African American 8%
Other Race 5%
American Indian or Alaskan Native *
White 80%

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

Rate per 10,000 Vermonters 0 to 19 years

Black or African American — 744.5
Asian — 602.5
Other Race — 211.5
White — 163.7
American Indian or Alaskan Native — *

Case Demographics

Sign or Symptom	Percent of Children with Symptom
Runny nose	52%
Headache	44%
Cough	43%
Fatigue	39%
Sore Throat	39%
Muscle pain	26%
Loss of smell or taste	25%
Fever	20%

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.

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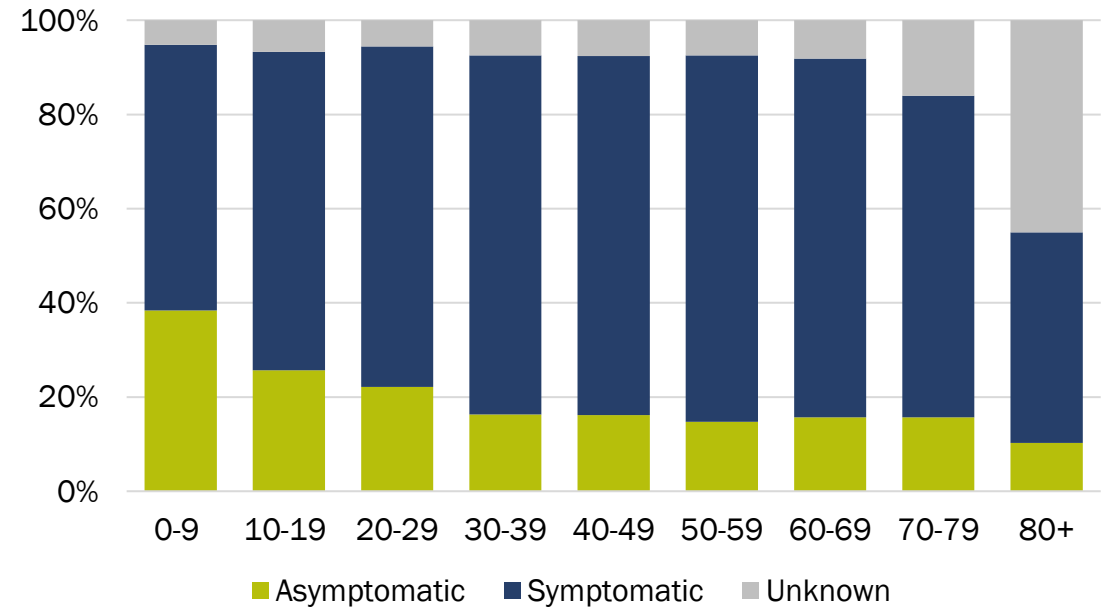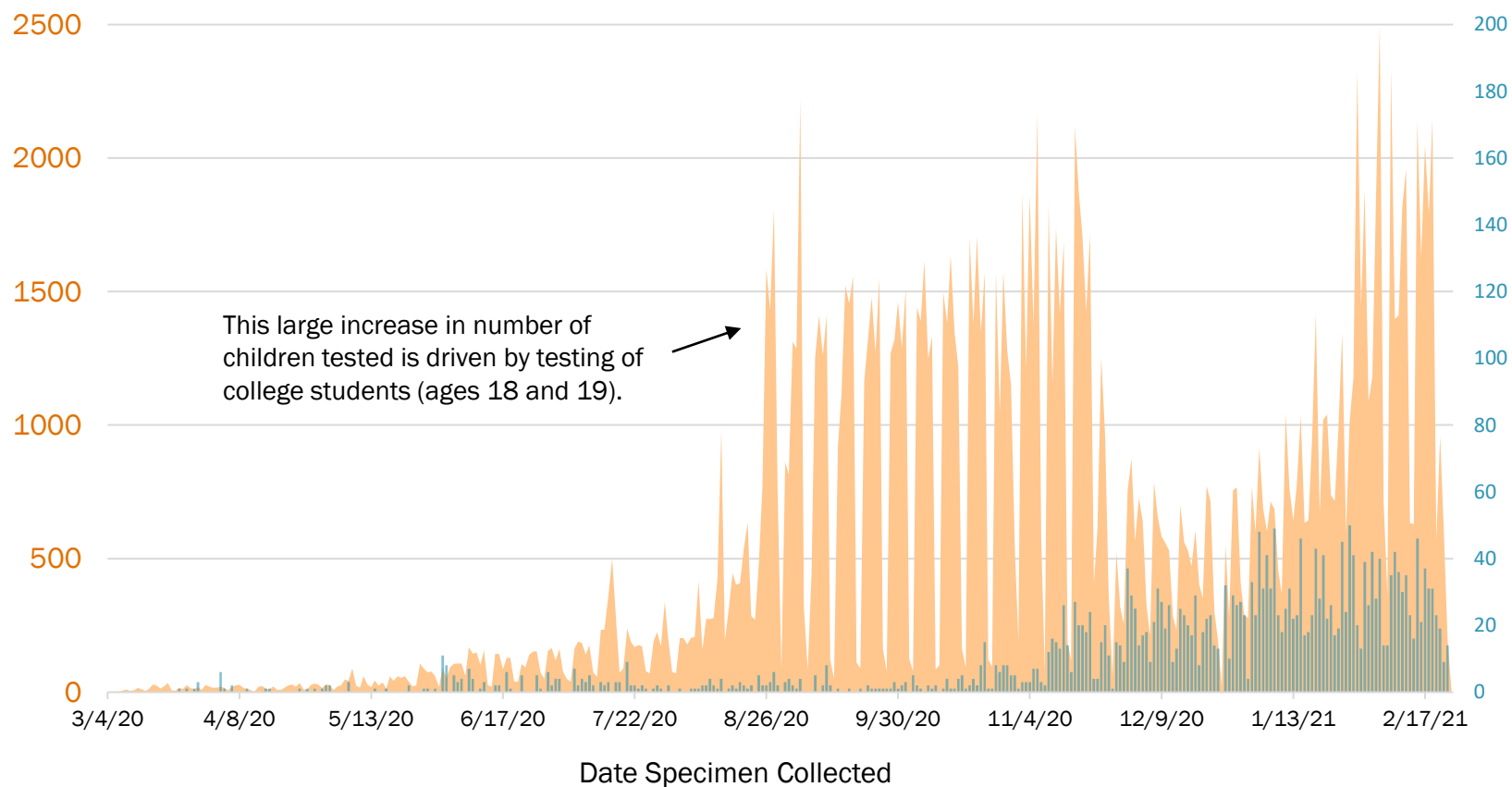
68% of children with COVID-19 had known contact with somebody else who had COVID-19.

15% 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.

This large increase in number of children tested is driven by testing of college students (ages 18 and 19).

Date Specimen Collected

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

Percent of tests positive among children is similar to adults.

1.5% Children
1.6% Adults
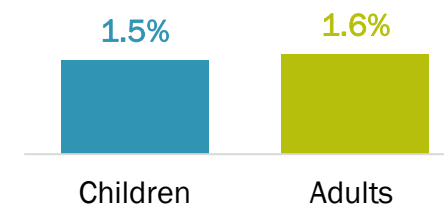
Percent of tests positive among younger children is greater than older children, however many more older children have been tested.

3.2% 0-9 years
1.3% 10-19 years

Vermont Department of Health

Case Demographics

21
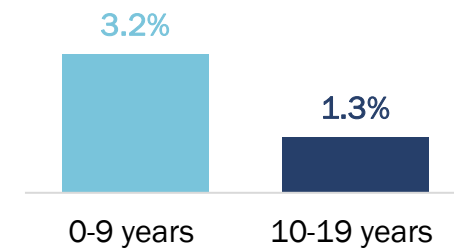
Clinical Course

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

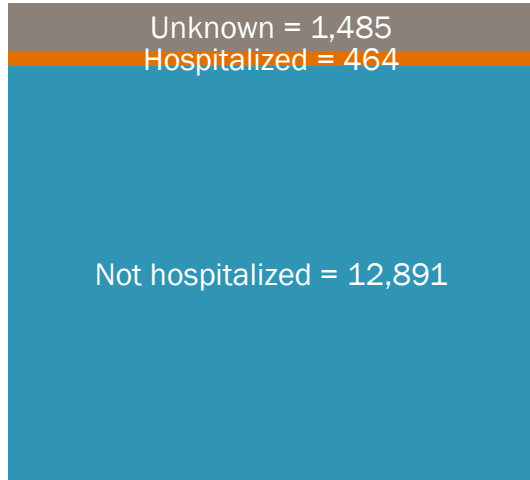Illnesses occurring in this window may not be reported yet; median reporting lag = 5 days

0

3/1/20 3/29/20 4/26/20 5/24/20 6/21/20 7/19/20 8/16/20 9/13/20 10/11/20 11/8/20 12/6/20 1/3/21 1/31/21
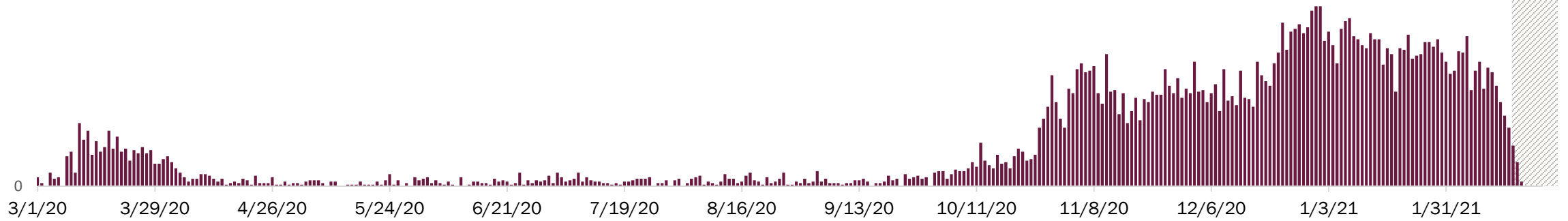
Note: Date of symptom onset is not always known.

8 days
Average illness duration

71%
Cases with symptoms

Sign or Symptom	Percent of Symptomatic Cases
Cough	57%
Fatigue	54%
Headache	52%
Runny Nose	51%
Muscle Pain	44%
Loss of Smell/Taste	37%
Sore Throat	36%
Felt Feverish	34%

Most Vermonters with COVID-19 are not hospitalized.

Unknown = 1,485
Hospitalized = 464

Not hospitalized = 12,891

8%
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 are more likely to be hospitalized for COVID-19.
Rate per 10,000 Vermonters

38.7 — 80+
22.9 — 70-79
11.0 — 60-69
7.8 — 50-59
4.2 — 40-49
1.5 — 30-39
2.2 — 20-29
* — 10-19
* — 0-9

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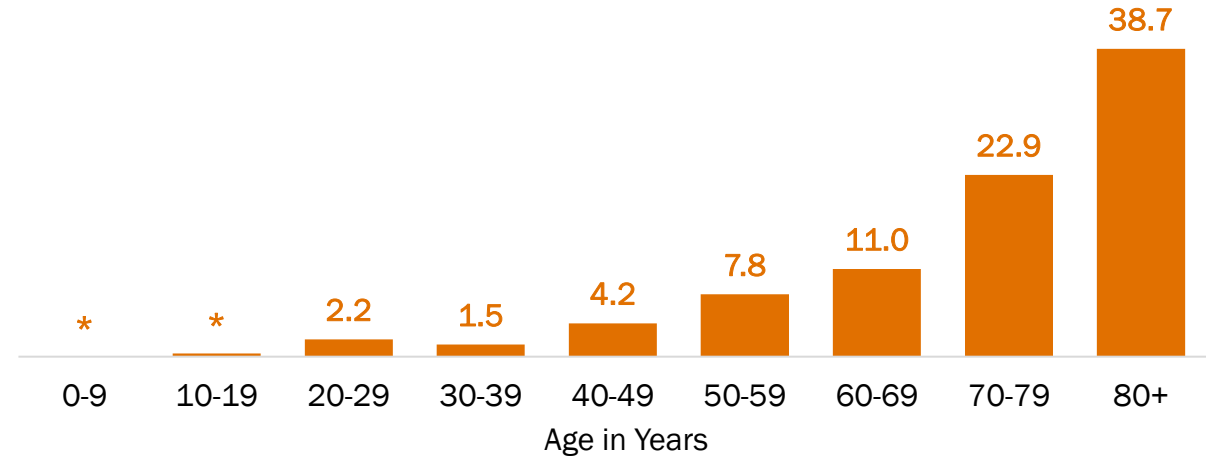
White Vermonters represent a majority of hospitalized COVID-19 cases.

American Indian or Alaskan Native *
Other Race *
Black or African American 2%
Asian 4%

White
92%
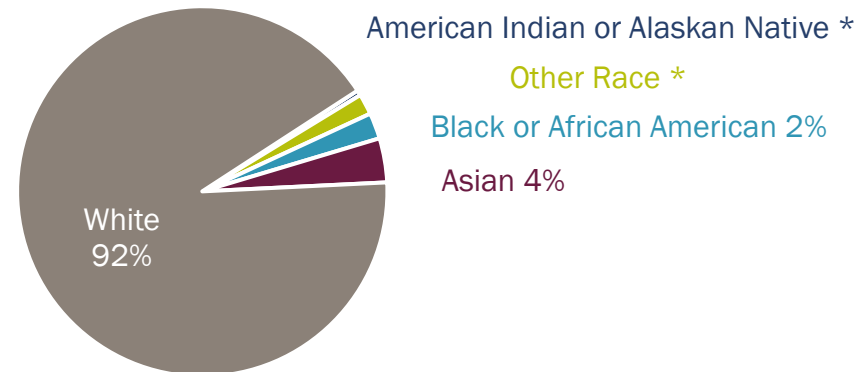
Please note 23 hospitalized persons are missing race information.
*Values suppressed due to small numbers.

Clinical Course

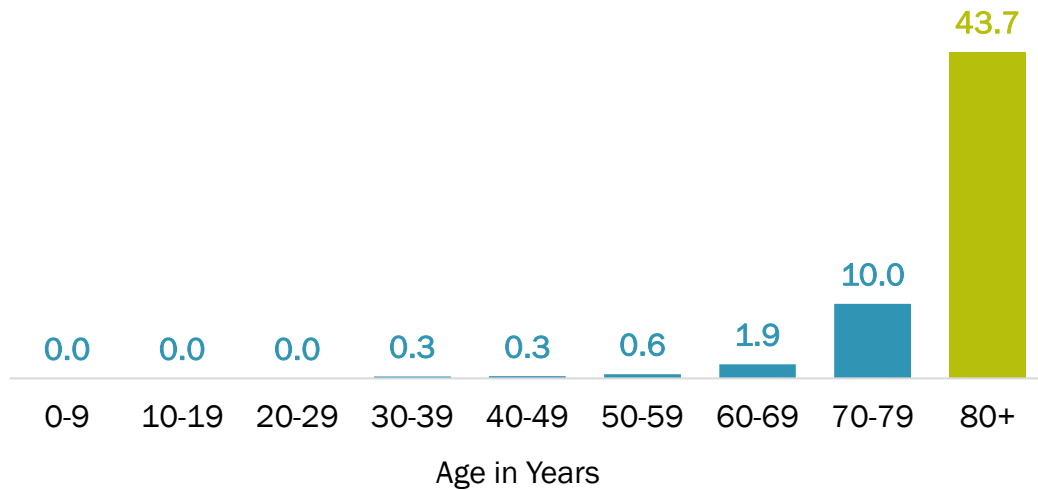**Vermonters 80 years and older** have higher rates of COVID-19 death than other age groups.

Rate per 10,000 Vermonters

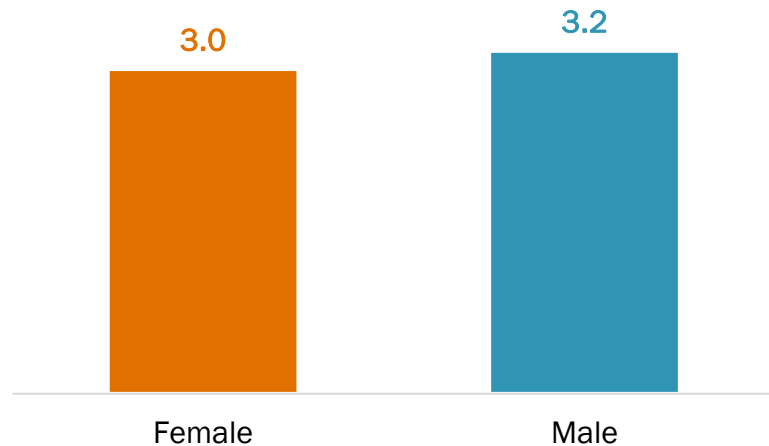| Age in Years	Rate
0-9	0.0
10-19	0.0
20-29	0.0
30-39	0.3
40-49	0.3
50-59	0.6
60-69	1.9
70-79	10.0
80+	43.7

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

Inpatient 29%
Long Term Care Facility 54%
Decedent's Home 9%
Out of State Facility 6%
Hospice Facility 0%
Outpatient 1%
Unknown 0%
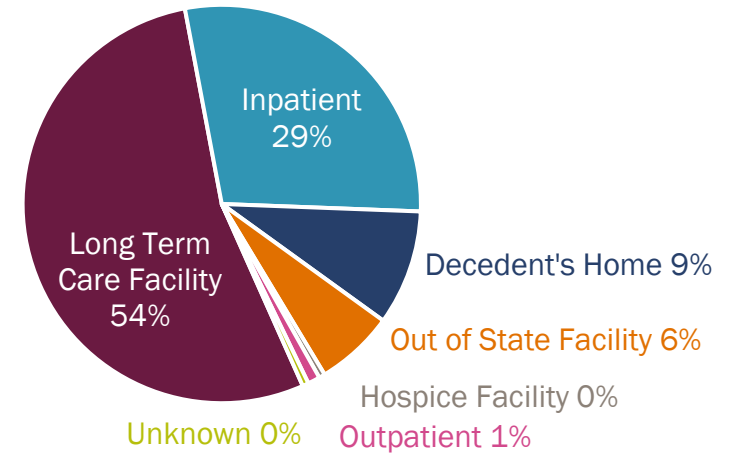
Females and **males** have similar rates of COVID-19 death.

Rate per 10,000 Vermonters

	Rate
Female	3.0
Male	3.2

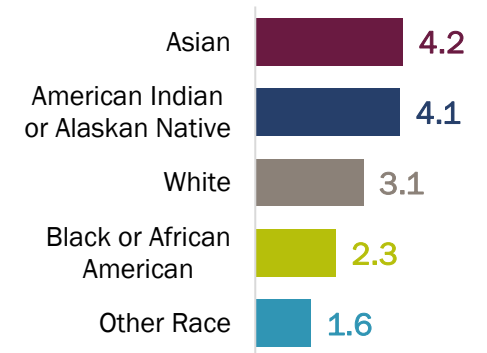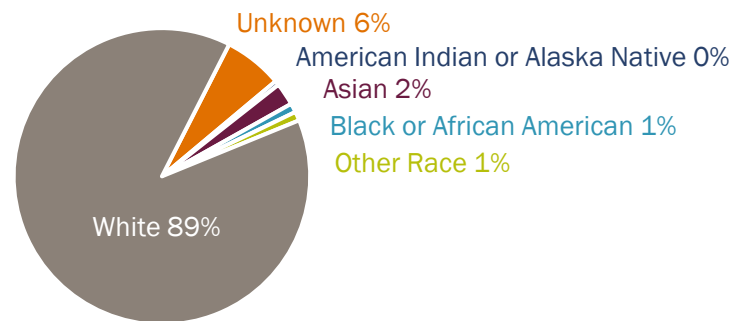**White** Vermonters represent a majority of COVID-19 deaths. Death rates by race are similar.

Rate per 10,000 Vermonters

Unknown 6%
American Indian or Alaska Native 0%
Asian 2%
Black or African American 1%
Other Race 1%
White 89%

Race	Rate
Asian	4.2
American Indian or Alaskan Native	4.1
White	3.1
Black or African American	2.3
Other Race	1.6

Note: No deaths have identified as Hispanic or Latino. Death rates by race are not statistically different.

Clinical Course

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).
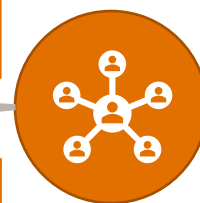
Outbreaks

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

Outbreaks

85 Active
77 Primary
8 Secondary

167 Resolved*

*See previous page for definitions of resolved outbreaks.

Congregate Care & Living

643 cases among residents

404 cases among facility staff

Acute & Outpatient Healthcare

84 cases

Schools & Child Care

426 cases among children & staff

Workplaces/Businesses

590 cases among employees

Community

694 cases

2,711 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.
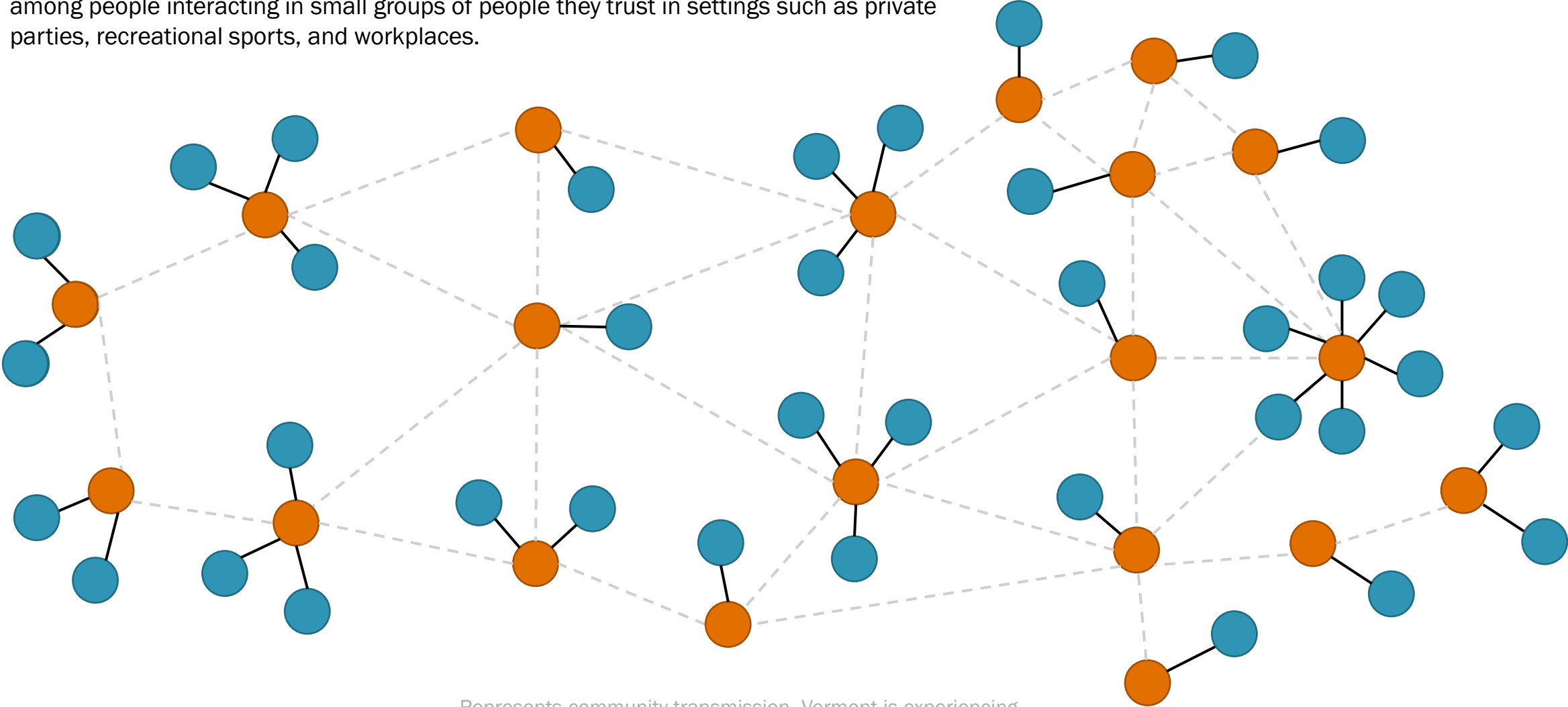
Vermont Department of Health

Source: Vermont Department of Health
Reflects confirmed data as of 2/24/2021

28

Outbreaks

20 primary outbreaks have led to 37 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 Department of Health

Source: Vermont Department of Health
Reflects confirmed data as of 2/24/2021

Outbreaks

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.
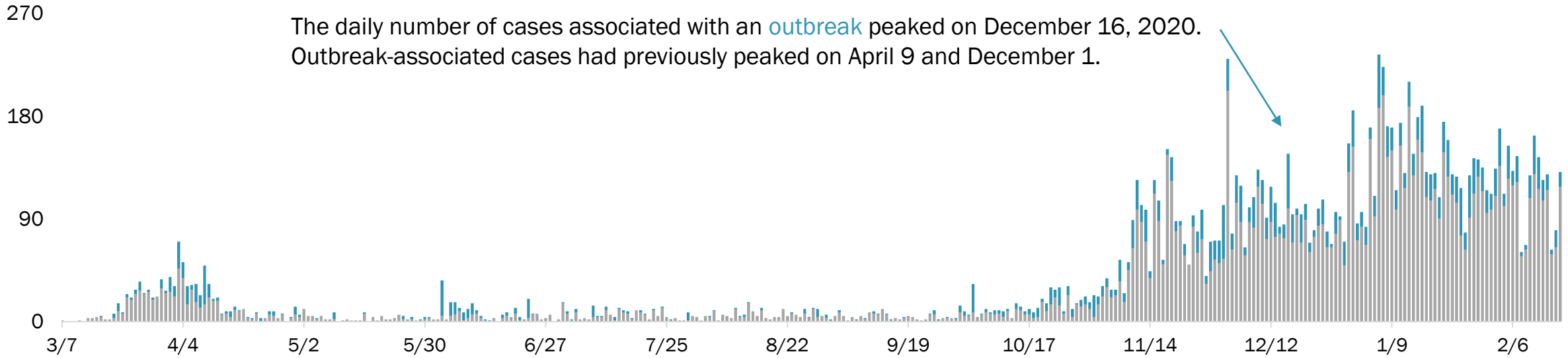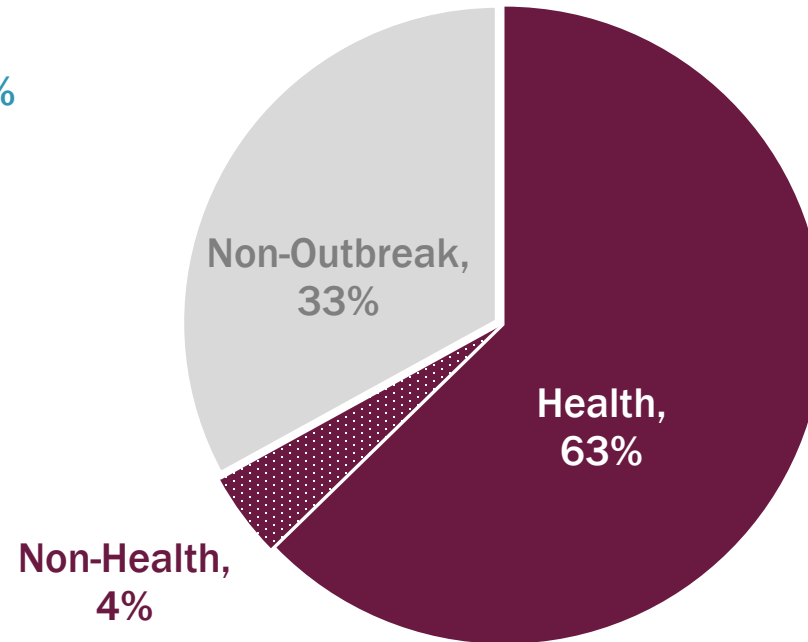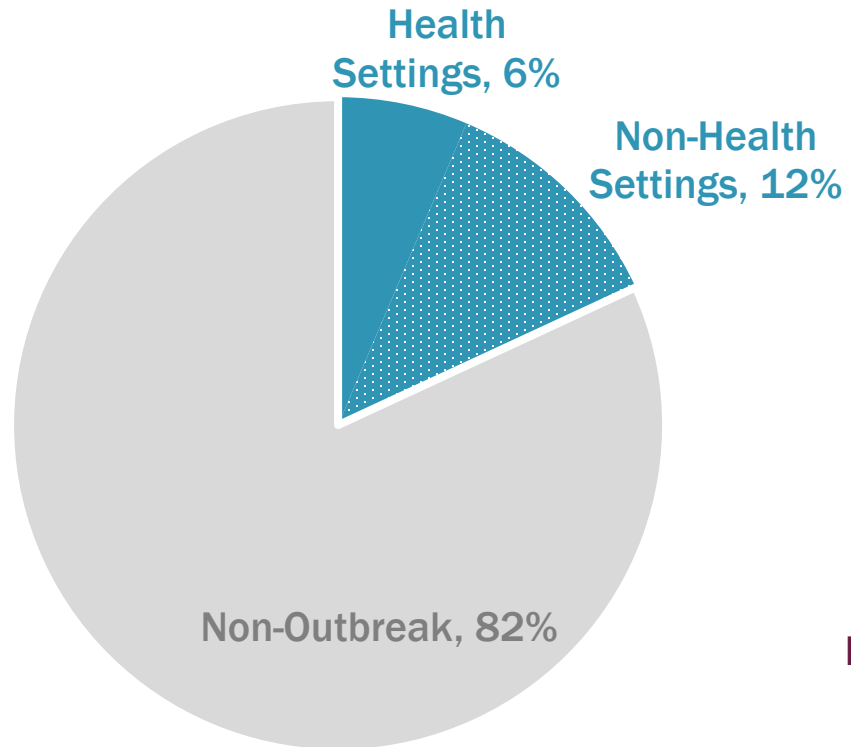
Vermont COVID-19 Deaths Associated with an Outbreak Over Time

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

Outbreaks

While only 18% of all people testing positive for COVID-19 are associated with an outbreak, 67% of COVID-19-related deaths occur in outbreak settings.

Health Settings, 6%

Non-Health Settings, 12%

Non-Outbreak, 82%

Non-Outbreak, 33%

Health, 63%

Non-Health, 4%

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.

Outbreaks

A similar percentage of females and males with COVID-19 are associated with outbreaks
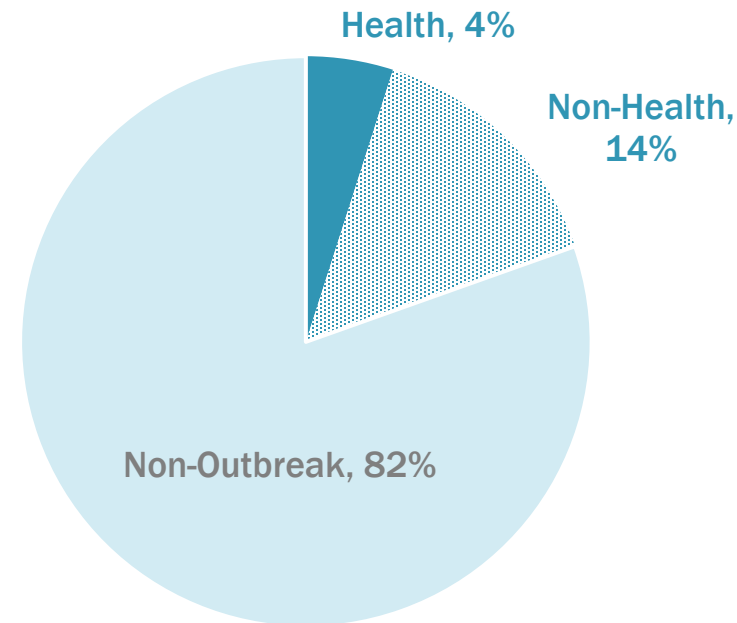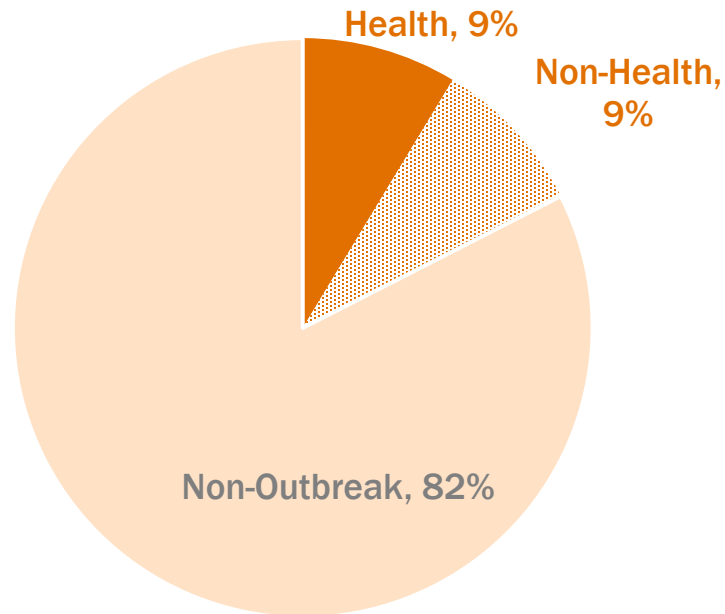
18% of females with COVID-19 are associated with an outbreak.

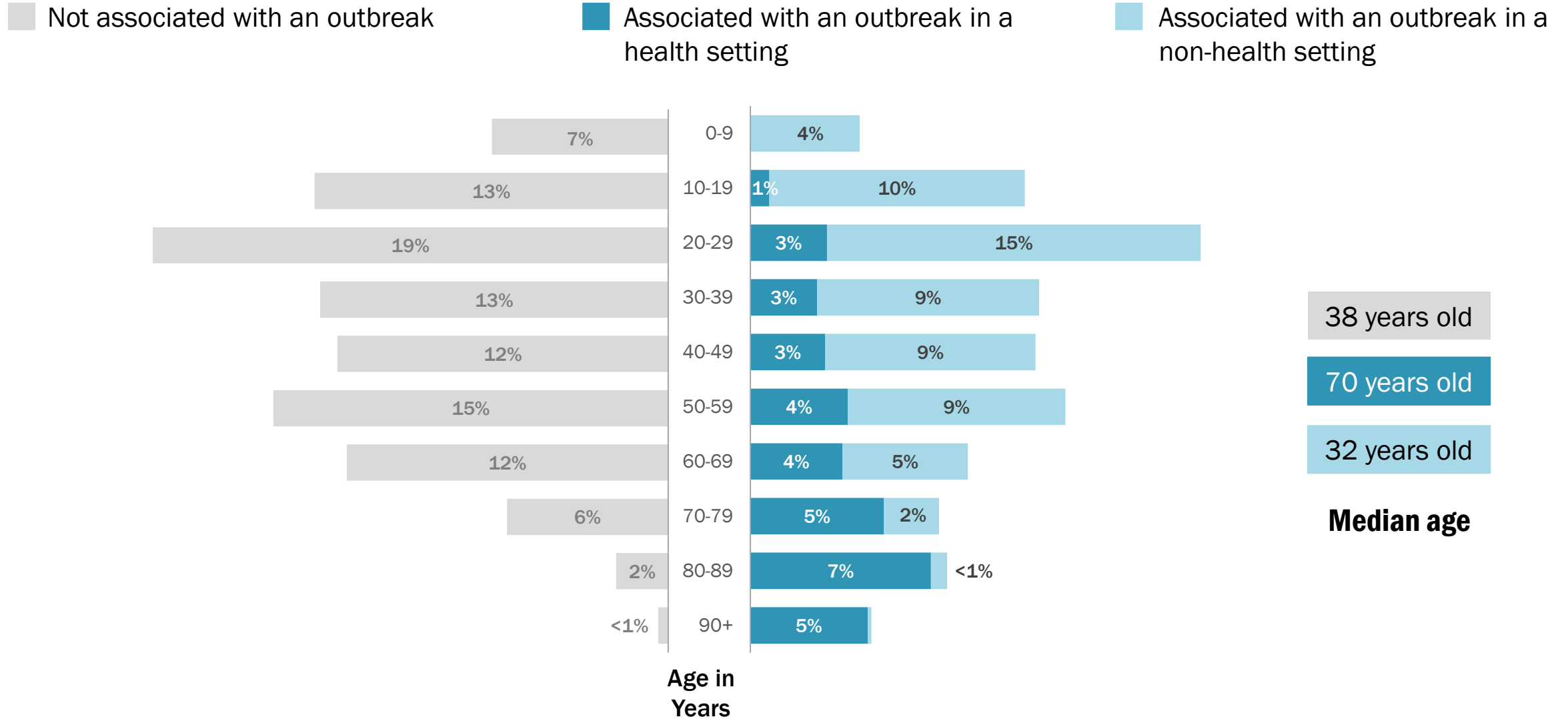**19%** of males with COVID-19 are associated with an outbreak.

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

Health, 9%

Non-Health, 9%

Non-Outbreak, 82%

Health, 4%

Non-Health, 14%

Non-Outbreak, 82%

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 case counts as of 2/24/2021

Outbreaks

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

Age in Years	Not associated with an outbreak	Associated with an outbreak in a health setting	Associated with an outbreak in a non-health setting
0-9	7%		4%
10-19	13%	1%	10%
20-29	19%	3%	15%
30-39	13%	3%	9%
40-49	12%	3%	9%
50-59	15%	4%	9%
60-69	12%	4%	5%
70-79	6%	5%	2%
80-89	2%	7%	<1%
90+	<1%	5%	

Median age

- 38 years old
- 70 years old
- 32 years old

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 Department of Health

Source: Vermont Department of Health
Reflects case counts as of 2/24/2021

Outbreaks

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.
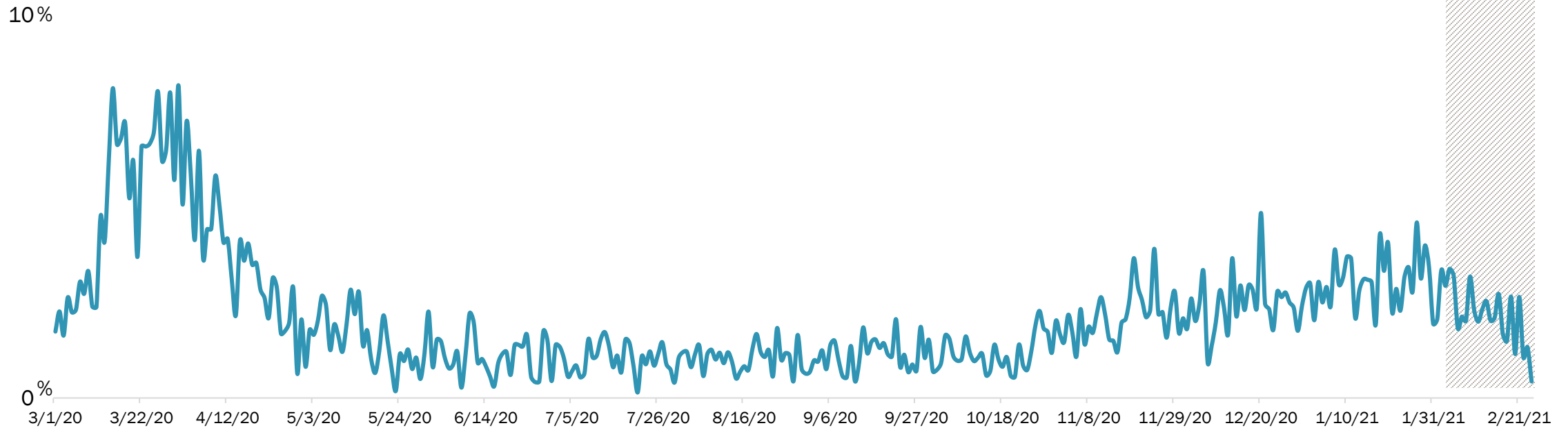
Interpret with caution, there is a chance for over or underestimation given the lag in reporting.

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.

Syndromic Surveillance

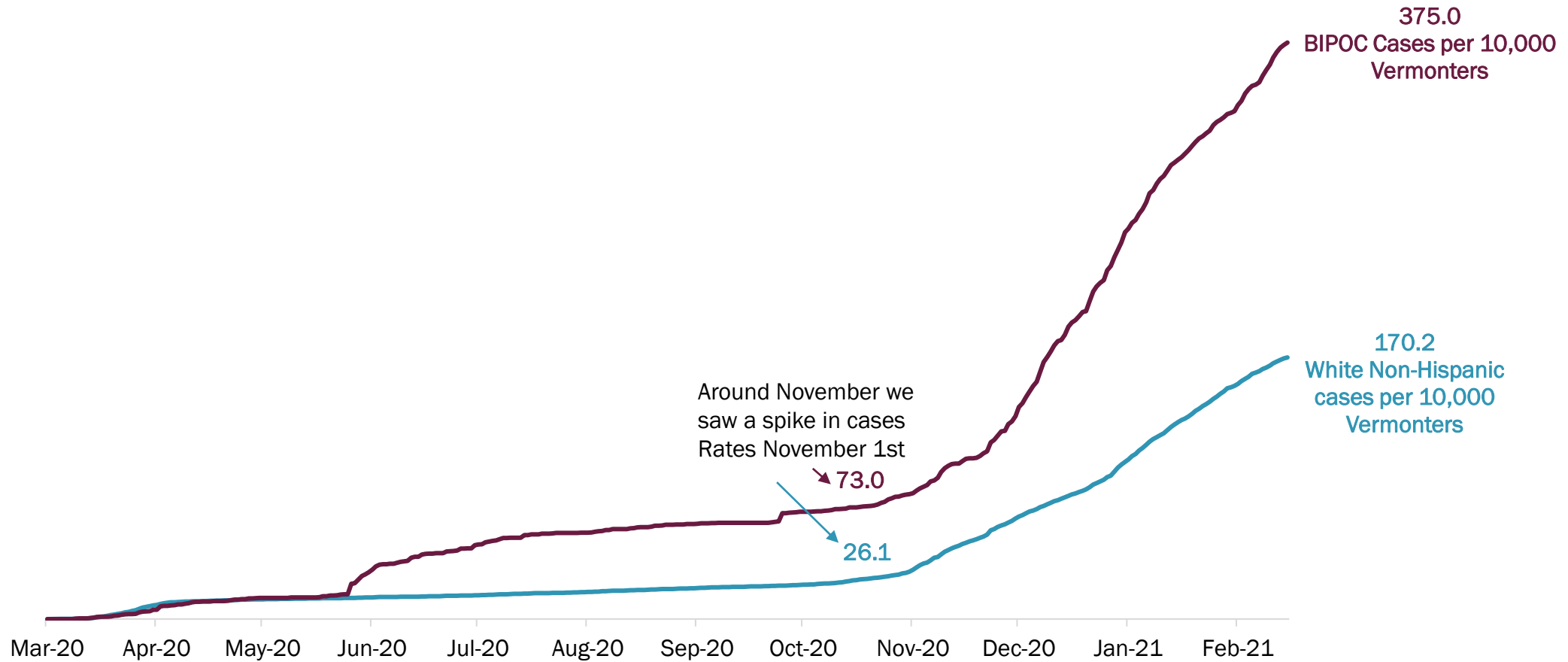# Weekly Spotlight: Cases among Black, Indigenous and People of Color (BIPOC)

There is a disproportionate number of BIPOC with COVID-19 in Vermont. This section focuses on the 1,742 Vermont resident cases who are Asian, African American or Black, American Indian or Alaskan Native, Hispanic or race other than white.

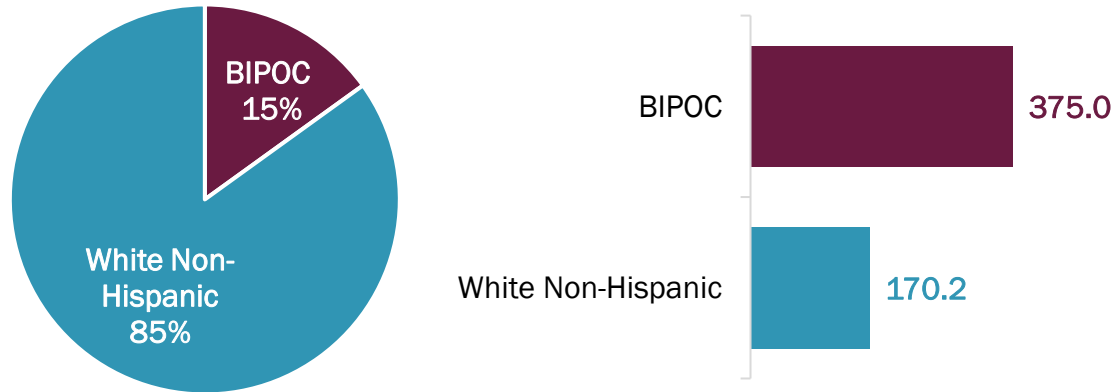New COVID-19 Cases among BIPOC

Weekly Spotlight
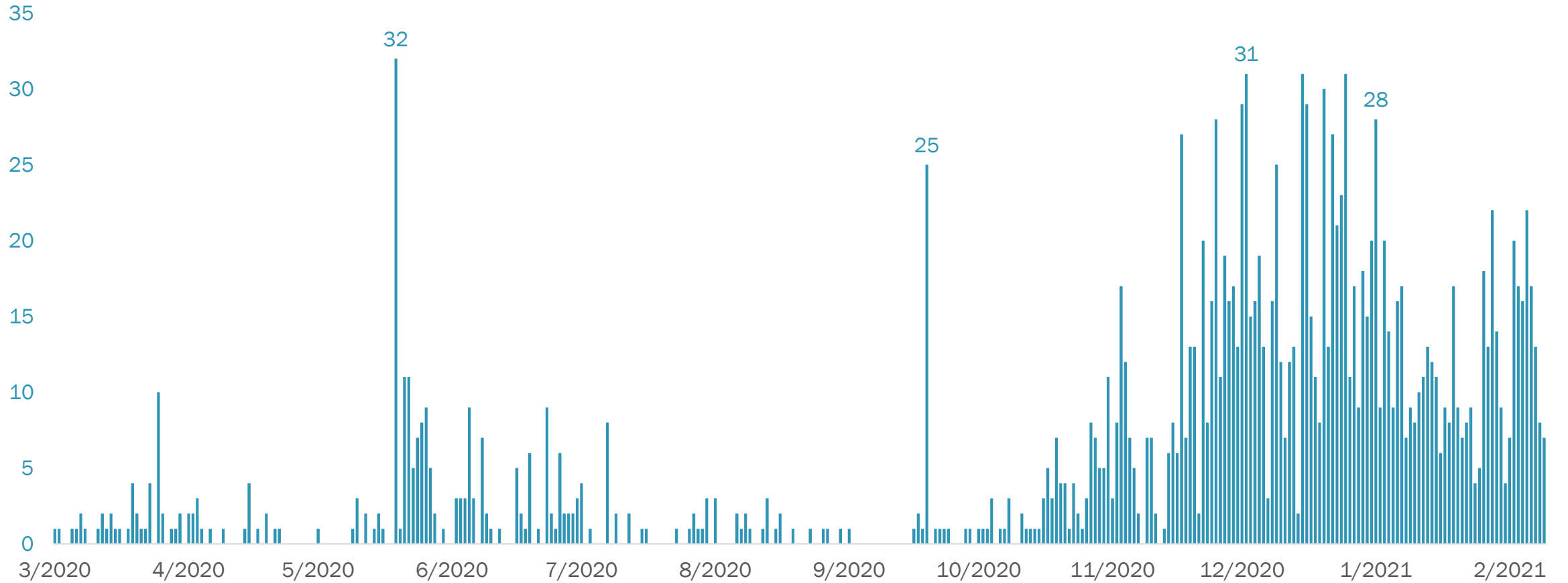
Rates of COVID-19 among BIPOC and White non-Hispanic Vermonters Over Time
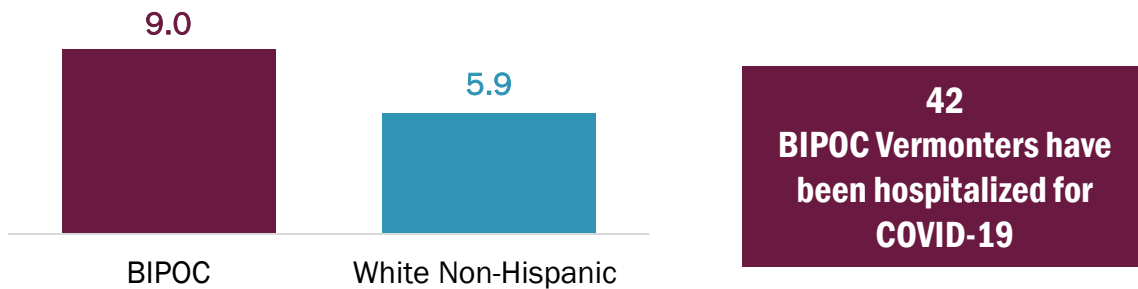
Rate per 10,000

375.0
BIPOC Cases per 10,000
Vermonters

170.2
White Non-Hispanic
cases per 10,000
Vermonters

Around November we
saw a spike in cases
Rates November 1st

↘ 73.0

26.1

Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21

Weekly Spotlight

1 in 7 COVID-19 cases are BIPOC. Rates of COVID-19 are 2 times higher for BIPOC compared with white non-Hispanic residents.

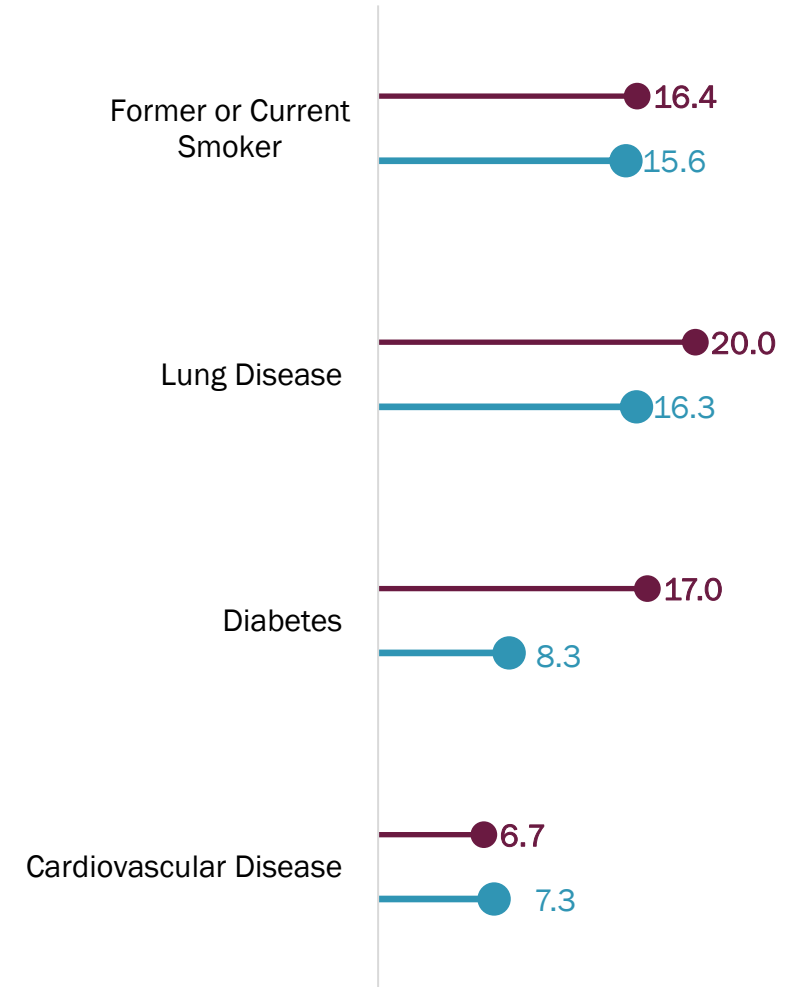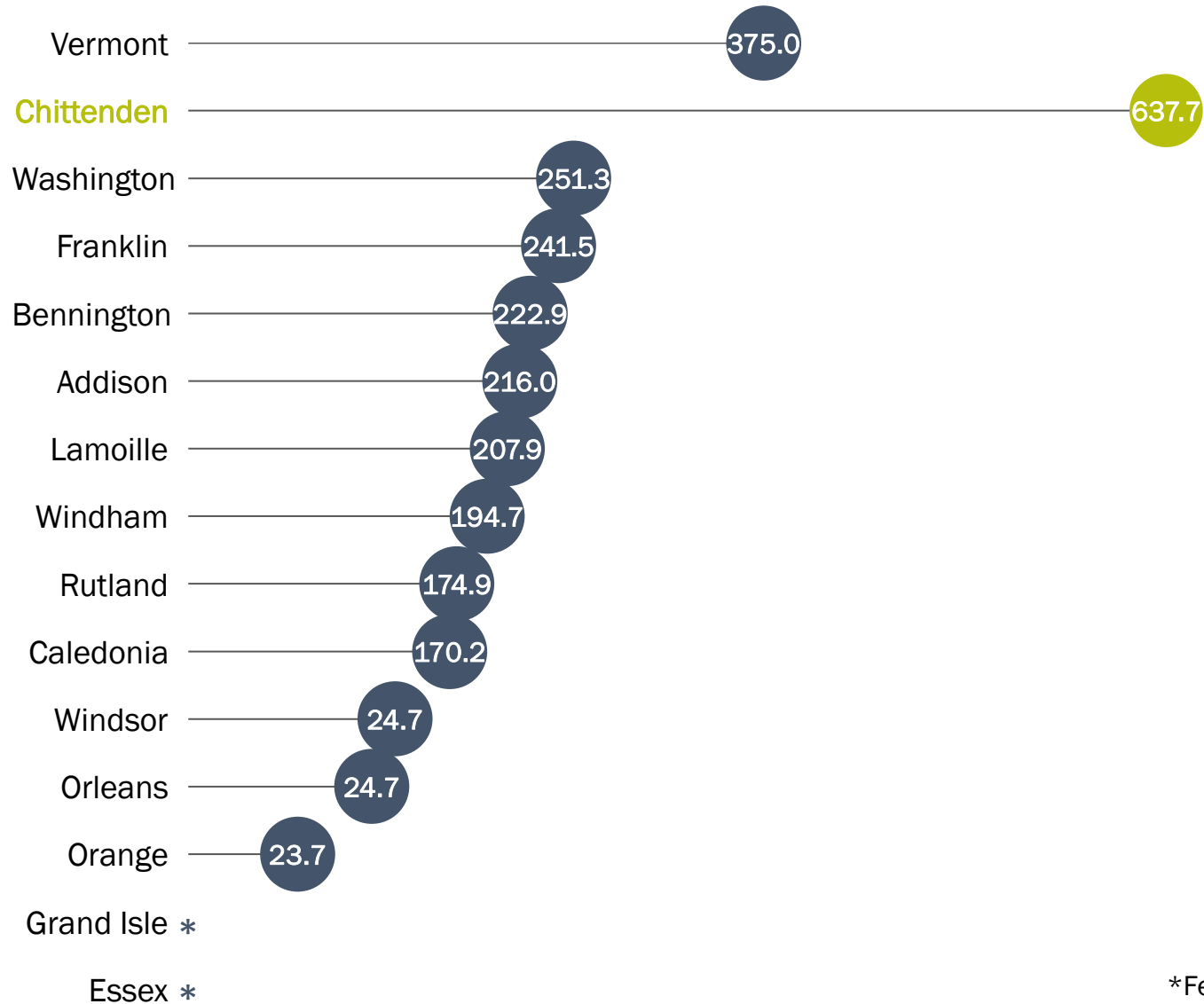Rates per 10,000 Vermont BIPOC or white non-Hispanic residents

BIPOC with COVID-19 have higher rates of most chronic diseases compared with white non-Hispanic people with COVID-19.

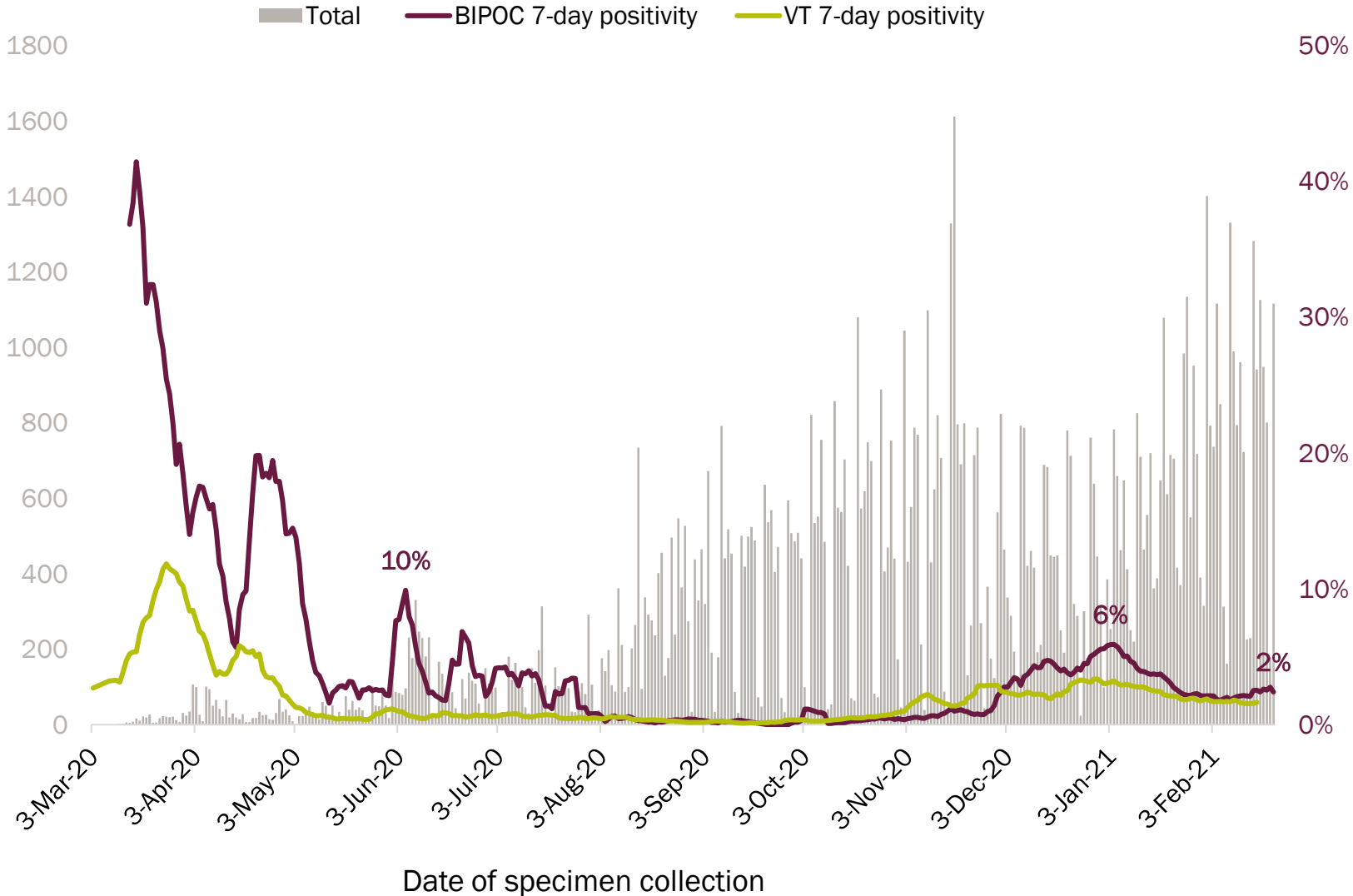Rate per 10,000 Vermont BIPOC or white non-Hispanic residents

BIPOC with COVID-19 have a higher hospitalization rate than white non-Hispanic people with COVID-19.

Rate per 10,000 Vermont BIPOC and white non-Hispanic residents

42 BIPOC Vermonters have been hospitalized for COVID-19

Chittenden County has the highest rate of COVID-19 among BIPOC.

Rate per 10,000 BIPOC Vermonters

County	Rate
Vermont	375.0
Chittenden	637.7
Washington	251.3
Franklin	241.5
Bennington	222.9
Addison	216.0
Lamoille	207.9
Windham	194.7
Rutland	174.9
Caledonia	170.2
Windsor	24.7
Orleans	24.7
Orange	23.7
Grand Isle	*
Essex	*

*Fewer than 6 cases

The percent positivity among BIPOC Vermonters may indicate how prevalent COVID-19 may be in the BIPOC community.
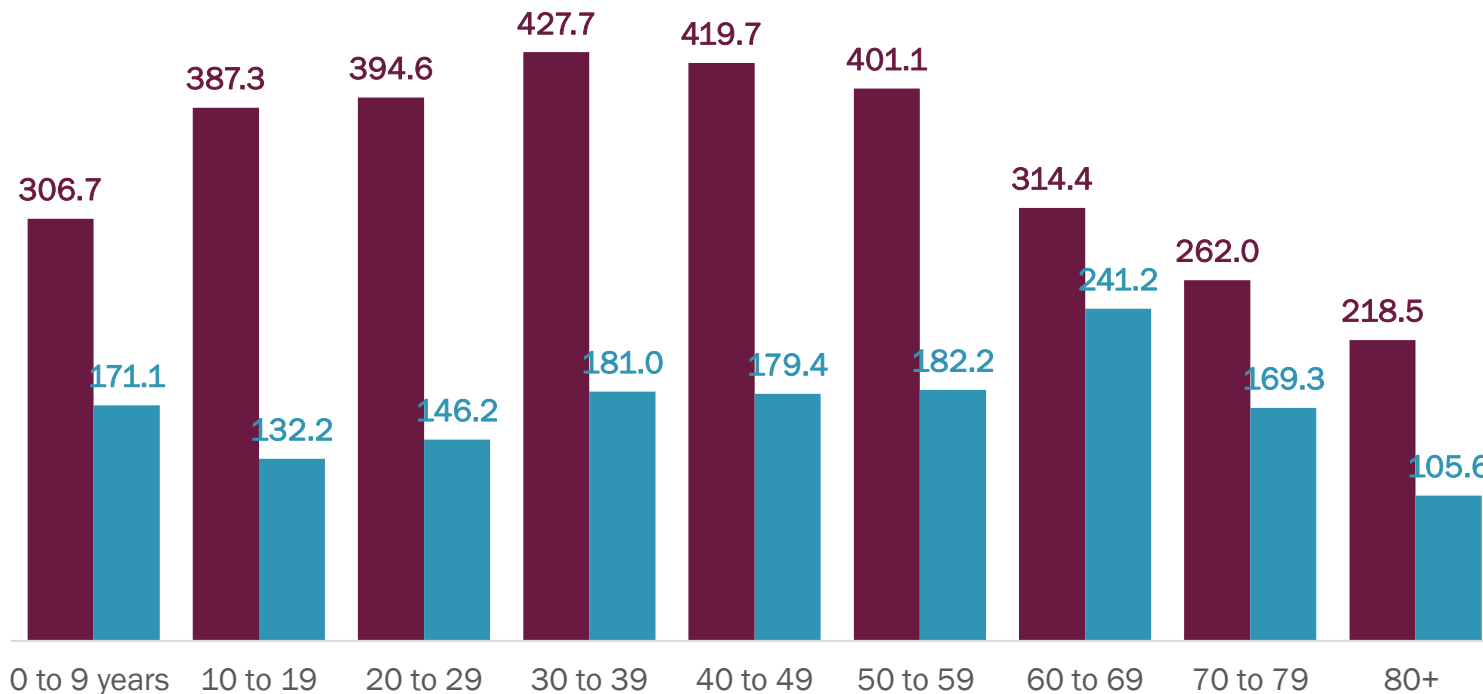

Legend: Total | BIPOC 7-day positivity | VT 7-day positivity

X-axis: Date of specimen collection

Percent Positive to Date BIPOC

2%
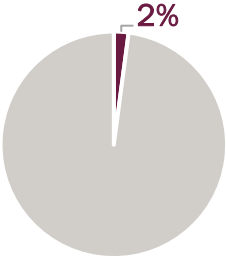
24,149 BIPOC Vermonters Tested to Date

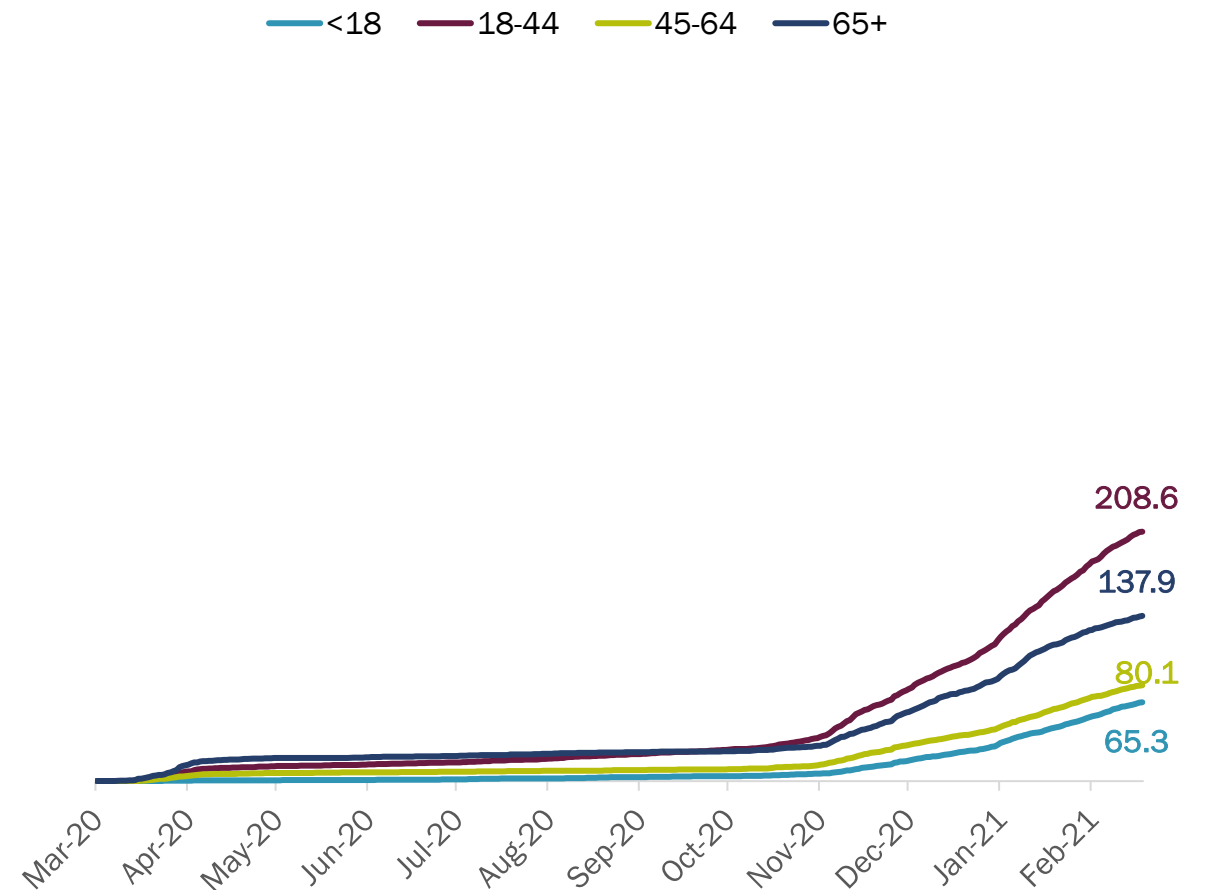**108,891** Tests among BIPOC Vermonters to Date

Weekly Spotlight

Rates among younger BIPOC Vermonters are higher compared to older BIPOC Vermonters.

Rate of COVID-19 per 10,000 BIPOC Vermonters

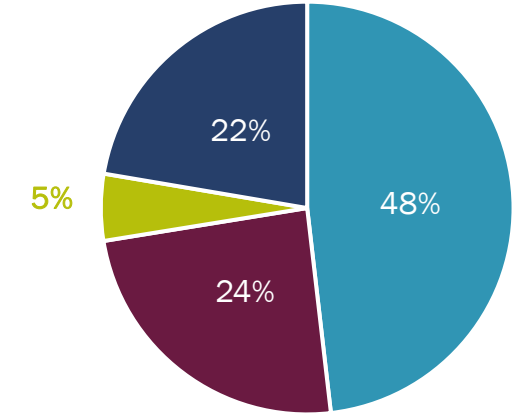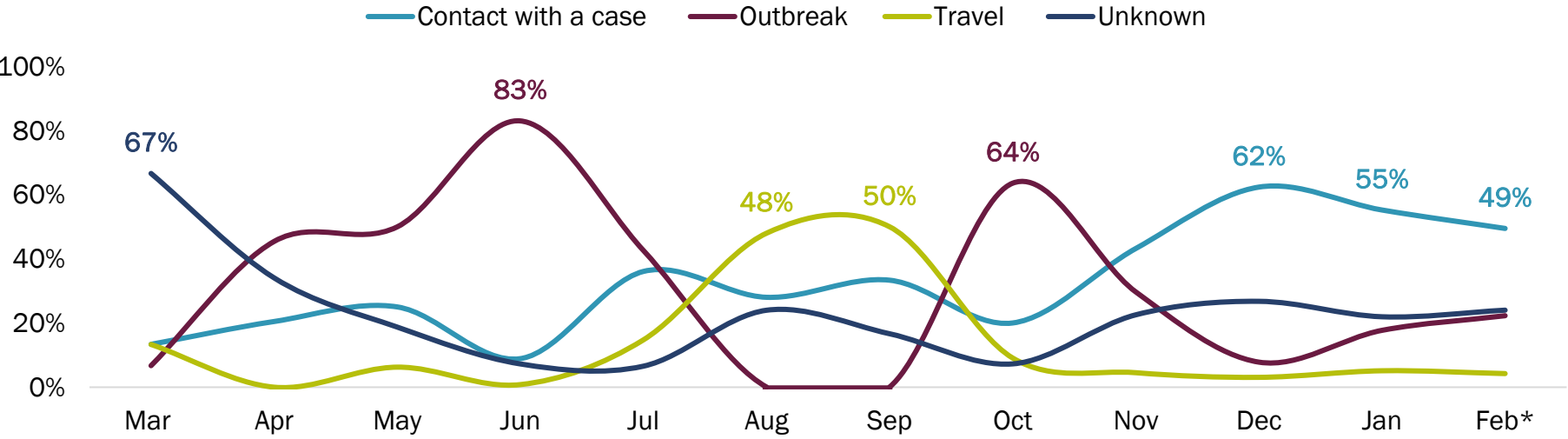Legend: <18 — 18-44 — 45-64 — 65+

582.8
279.9
243.4
218.7
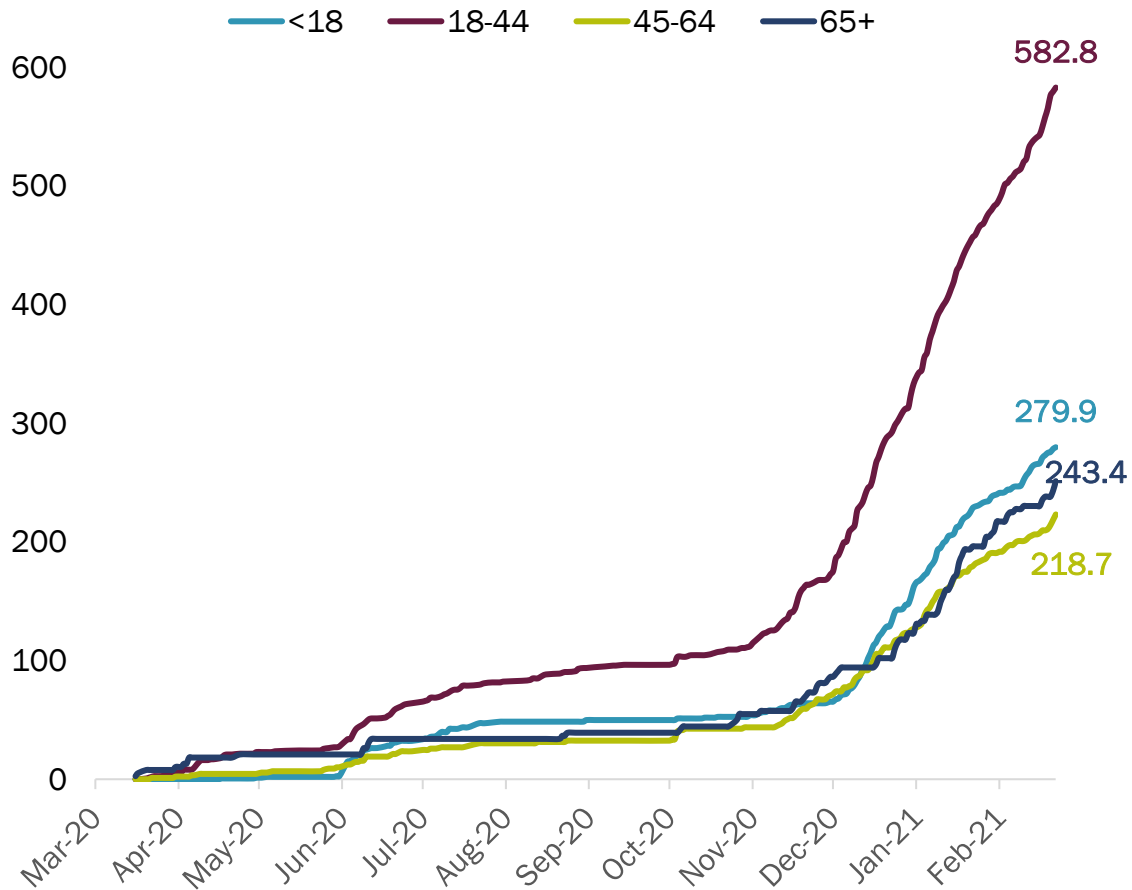
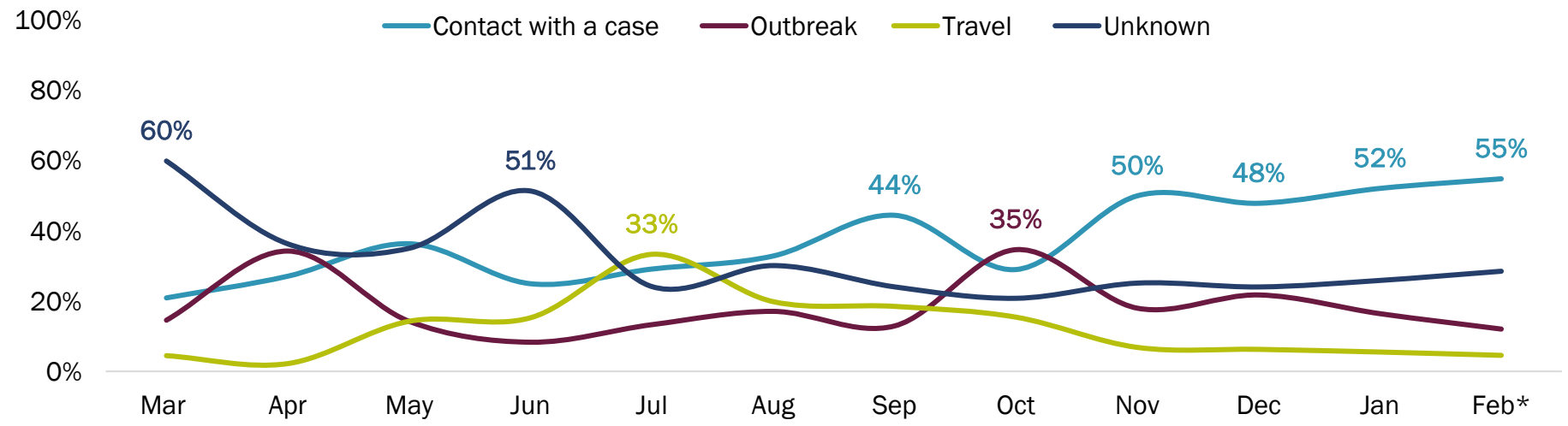## Rates among white non-Hispanic people are highest among 18-44 year olds.

Rate per 10,000 White Non-Hispanic Vermonters

Legend: <18 — 18-44 — 45-64 — 65+

208.6
137.9
80.1
65.3

Weekly Spotlight

Percent of BIPOC Cases by Source of Exposure

Contact with a case — Outbreak — Travel — Unknown

Percent of White Non-Hispanic Cases by Source of Exposure

Contact with a case — Outbreak — Travel — Unknown

Vermont Department of Health

*data through 2/24   44

Weekly Spotlight
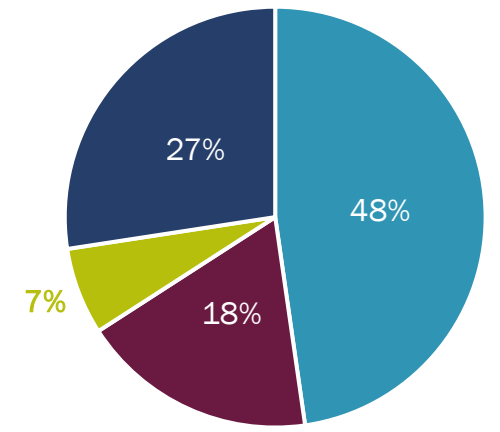
What are some contributing factors that led to the disparities we see for Black, Indigenous and people of color?

Systemic and structural racism, and oppressive systems affect the conditions in which people are born, grow, live and work.

People in communities that are underserved may:

- have higher rates of underlying medical conditions.
- work in jobs with higher risk for exposure and have less paid sick time.
- be more likely to live in multi-generational housing or congregate living spaces.
- have less access to personal protective equipment and hand sanitizer.

What must be done about the Black, Indigenous and people of color disparities we see?

- Fund racial justice advocacy organizations
- Fund community health workers
- Focus on primary prevention efforts
- Acknowledge that Vermont Department of Health messages and services miss many Vermonters
- Engage the community in determining the most effective ways to reach all people

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