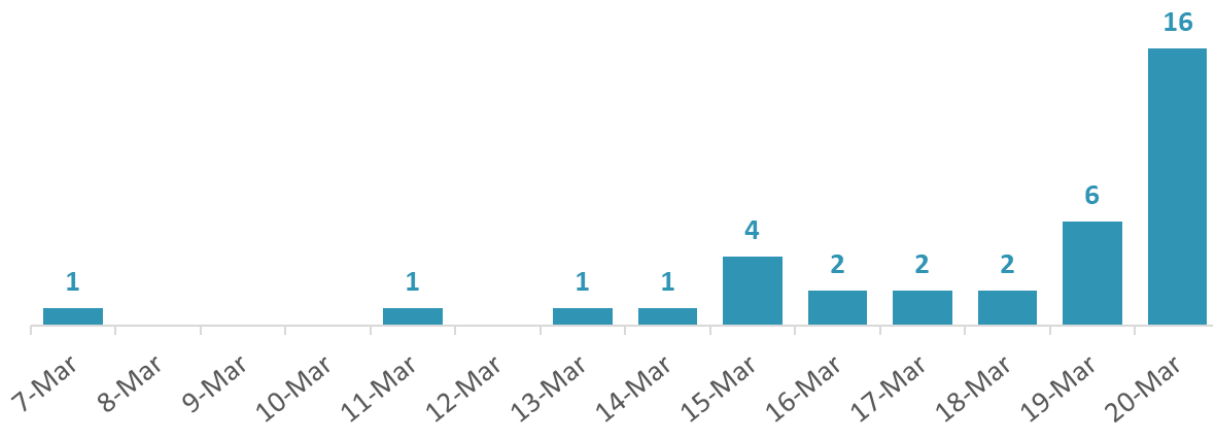


**TO:** Vermont Health Care Providers and Health Care Facilities  
**FROM:** Jennifer S. Read, MD, Medical Epidemiologist

**Overview of Vermont Residents Testing Positive for SARS-CoV-2 through March 20, 2020**  
***Vermont's Initial Experience at a Time of Limited Testing***

Between March 7, 2020 and March 20, 2020, a total of 36 Vermont residents tested positive for SARS-CoV-2, the etiologic agent for novel coronavirus 2019 (COVID-19) disease (figure).

**Vermont Resident COVID-19 Cases by Day of Report**



Characteristics and clinical features of these 36 cases are delineated below.

- Age: The median age was 72.5 years (range: 22-97 years). Two-thirds were 65 years of age or older.
- Sex: Fifty-eight percent were male, and 42% were female.
- Geographic location: Most (53%) were from Chittenden County, and 17% were from Windsor County. Others were from the following counties: Bennington, Franklin, Addison, Orange, Washington, and Windham.
- Co-morbidities: Eleven (30%) had pre-existing conditions related to the pulmonary and/or immune systems:
  - Chronic obstructive pulmonary disease (COPD): 2
  - Current or former tobacco smoking: 4
  - Chronic shortness of breath, not otherwise specified: 1
  - Chronic narcotic use: 1
  - Diabetes: 1
  - Chronic leukopenia, not otherwise specified: 1
  - Rheumatologic disease treated with an immune modulator: 1
- Contact with known COVID-19 patients: 3 (8%)

- Travel outside of Vermont: 9 (25%)
  - U.S. only (within New England): 1
  - U.S. only (outside New England): 4
  - U.S. only (both within and outside of New England): 1
  - Europe: 2
  - Central America and U.S. (outside of New England): 1
- Health care workers: 3 (8%)
- Location of patient when testing ordered and subsequent disposition:
  - Emergency Department: 12 (33%)
    - Discharged to home: 8 (one was hospitalized the next day)
    - Hospitalized: 4 (one subsequent death)
  - Outpatient clinic/office: 4 (11%)
    - Discharged to home: 3
    - Hospitalized: 1
  - Long Term Care Facility (LTCF): 12 (33%)
    - Remained at facility: 8
    - Died: 4 (one hospitalized before death)
  - Telephone/Telemedicine visit: 7 (19%)
    - (Discharged to) home: 7
  - Hospital: 1 (3%) (Patient admitted for surgical procedure; tested because of postoperative symptoms)
- Signs and Symptoms:
  - Fever: 26 (72%)
  - Cough (primarily non-productive): 25 (69%)
  - Myalgia: 12 (33%)
  - Shortness of breath: 6 (17%)
  - Pharyngitis: 6 (17%)
  - Fatigue: 6 (17%)
  - Headache: 4 (11%)
  - Nasal congestion or rhinorrhea: 4 (11%)
  - Weakness: 3 (8%)
  - Diarrhea: 2 (6%)

**Summary:** This overview of Vermont residents with confirmed COVID-19 disease through March 20, 2020 incorporates very early data, during a period when only limited testing was being performed. Similar reviews are planned as more infections occur in Vermont. These early data indicate most Vermont residents with COVID-19 infection were elderly. Only a minority had pre-existing conditions related to the pulmonary and/or immune systems. Few had contact with confirmed COVID-19 patients, less than a third had a history of travel (and only two to Europe, an area with widespread COVID-19 activity), and few were health care workers. Most patients were outpatients when diagnostic testing was ordered. Only seven were hospitalized subsequent to the development of clinical symptomatology consistent with COVID-19, and

there were five deaths. The most common signs and symptoms were fever, cough, and myalgia. Shortness of breath, fatigue, and pharyngitis were less common. Headache, nasal congestion or rhinorrhea, weakness, and diarrhea were uncommon.

If you have any questions, please contact the HAN Coordinator at 802-859-5900 or [vthan@vermont.gov](mailto:vthan@vermont.gov)

**HAN Message Type Definitions**

*Health Alert:* Conveys the highest level of importance; warrants immediate action or attention.

*Health Advisory:* Provides important information for a specific incident or situation may not require immediate action.

*Health Update:* Provides updated information regarding an incident or situation; unlikely to require immediate action.

*Info Service Message:* Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.