

Weekly Summary of Vermont COVID-19 Data

Reflecting cases identified between
March 5 – September 16, 2020



Date published: September 18, 2020. 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 September 9 through September 16.

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.

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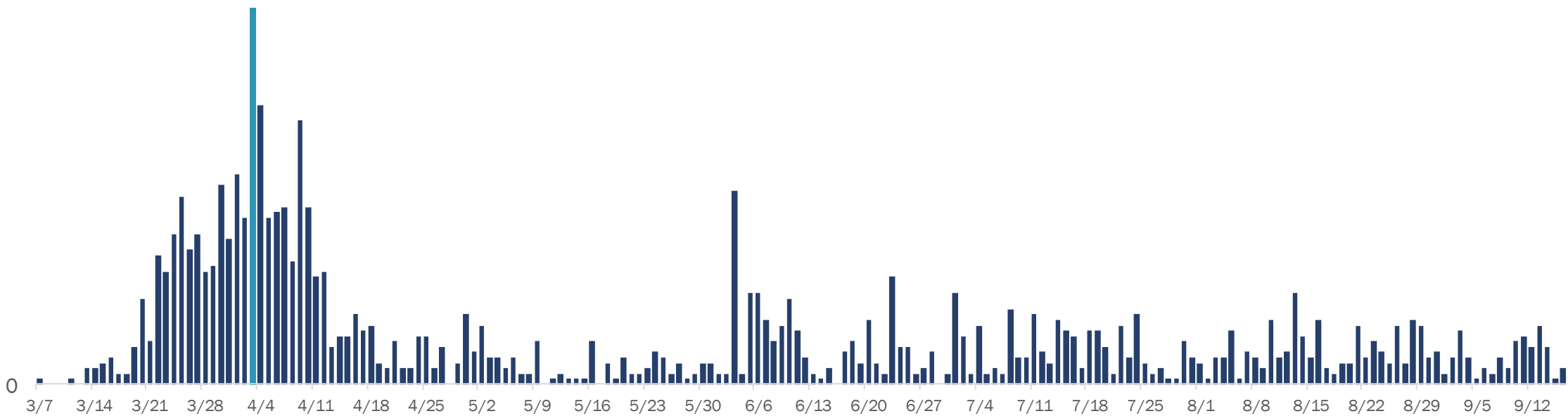
Weekly Spotlight

COVID-19 in Vermont

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

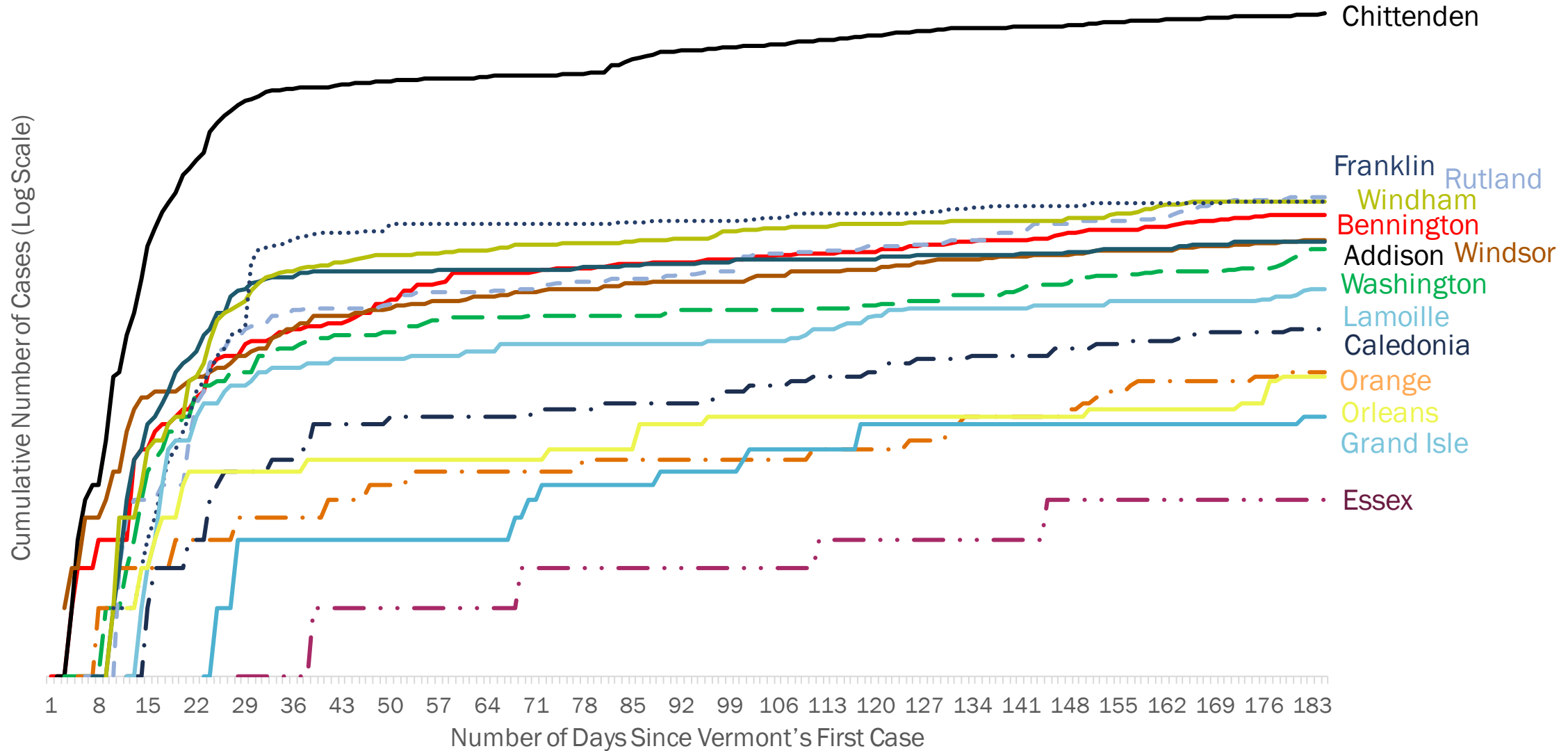
Total Number of Cases in Vermont: 1,705

80 The daily number of COVID-19 cases in Vermont peaked on April 3.

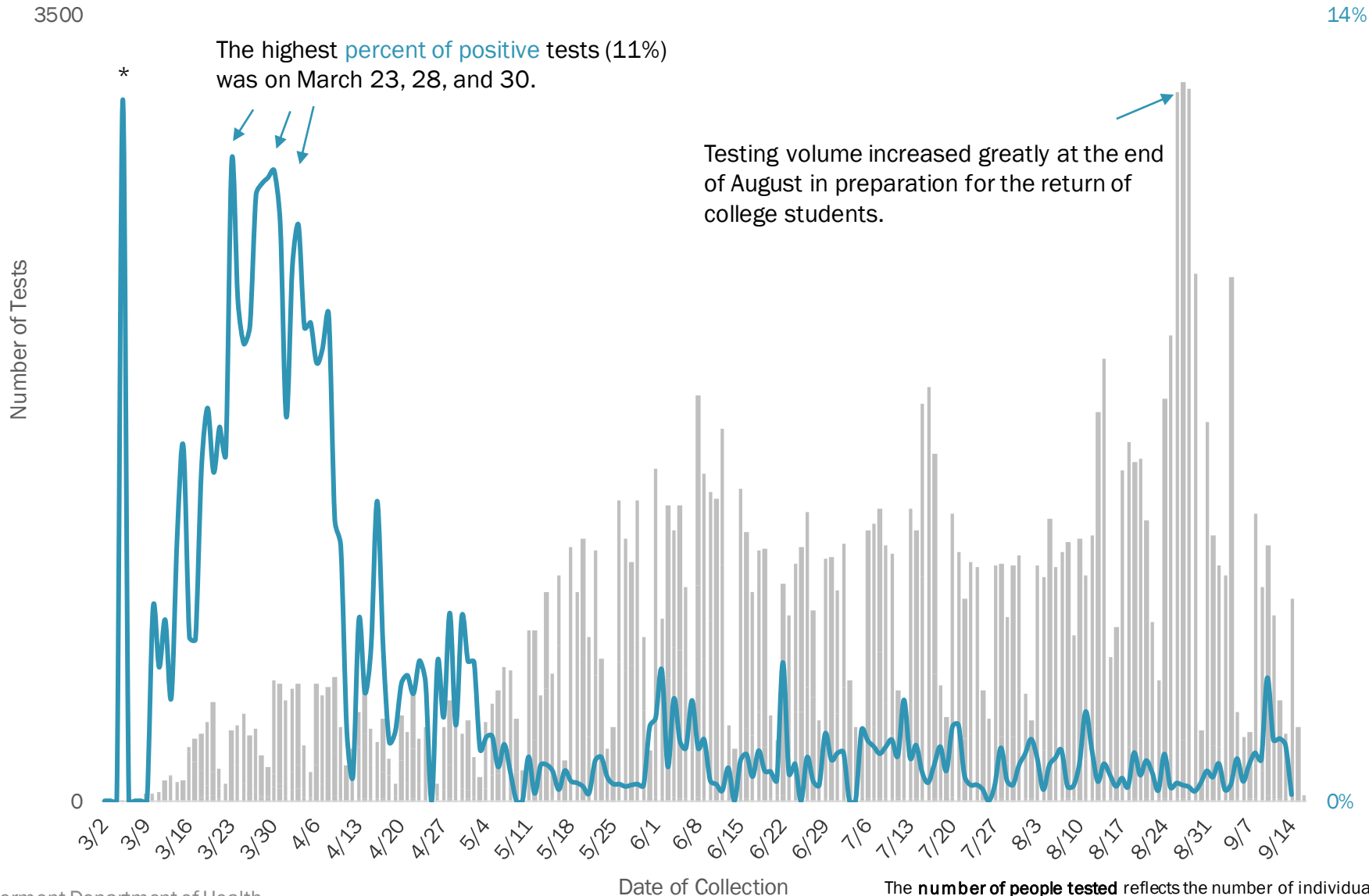


Most counties have reached a plateau in the number of new cases.

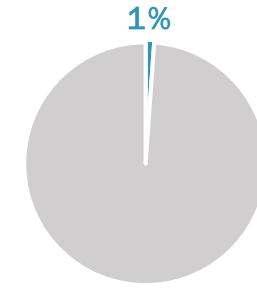
Growth over time by county (n=1,697)



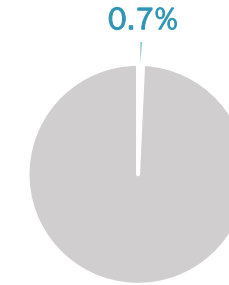
Percent of positive COVID-19 tests may indicate how prevalent the disease is in the population.



Percent Positive to Date



Percent Positive This Week (September 2– September 9)



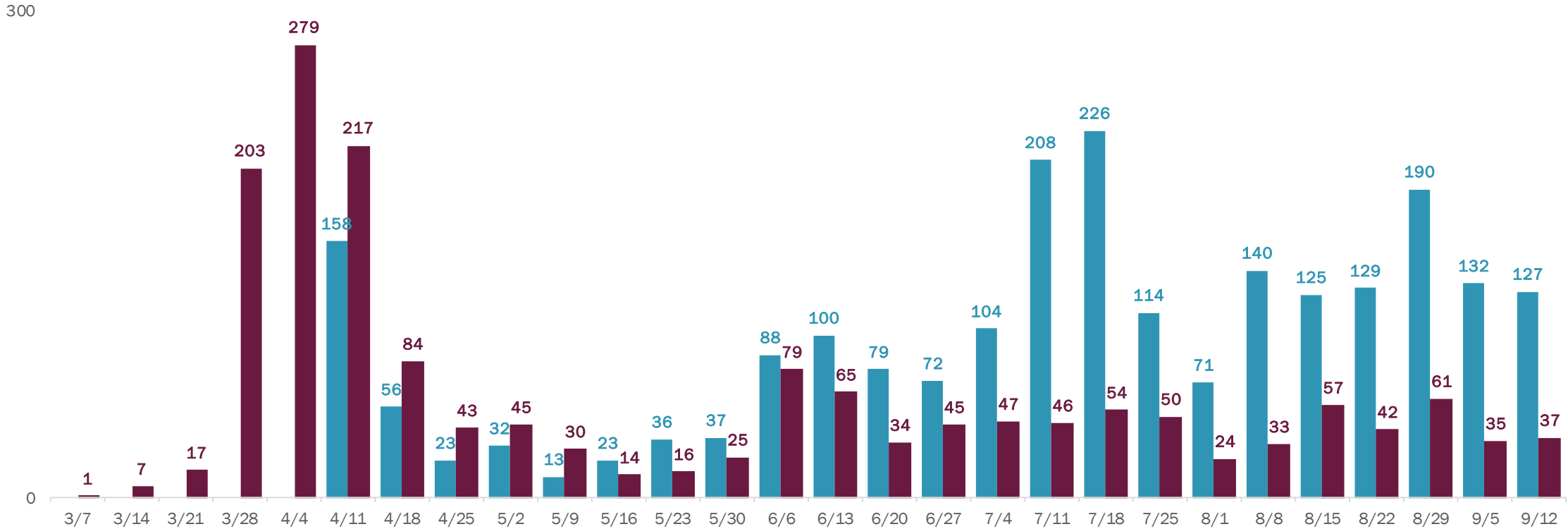
8,471 People Tested this Week	24,693 Tests this Week
153,195 People Tested to Date	237,599 Tests to Date

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 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 people with laboratory confirmed COVID-19 divided by the total number of people tested. 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.

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



65

Number of contact tracers trained

34

Cases interviewed last week

September 6 – September 12

127

Contacts named last week

September 6 – September 12

3

Average number of contacts per case*

*Since March 7

In the last two weeks (from September 6 to September 12):



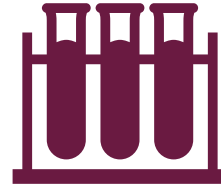
99%

Of cases were interviewed within 24 hours



83%

Of cases provided their close contacts



43%

Of contacts were tested within 14 days of exposure



4%

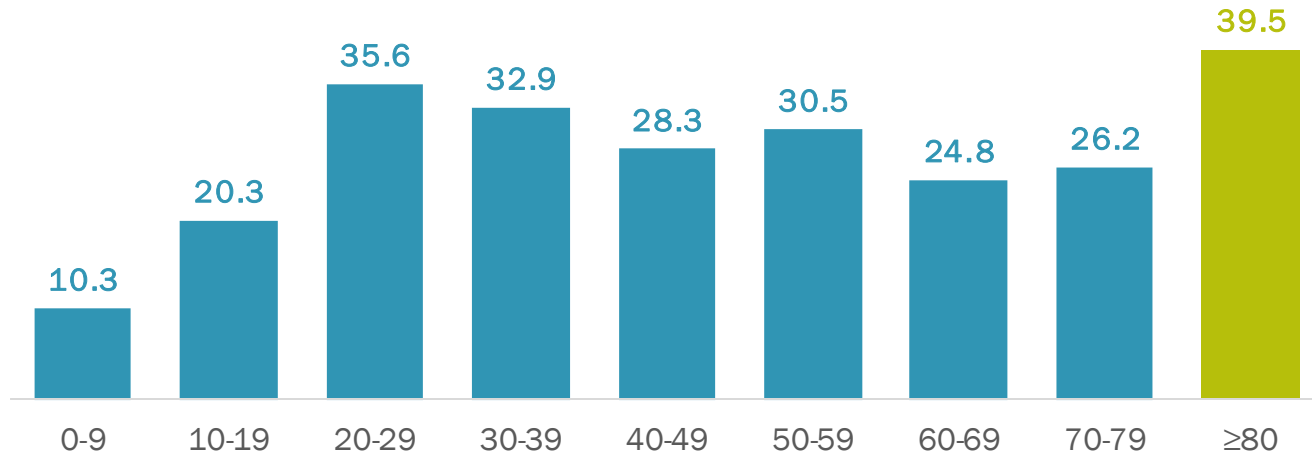
Of contacts became a case

Case Demographics

Who has been impacted by COVID-19 in Vermont?

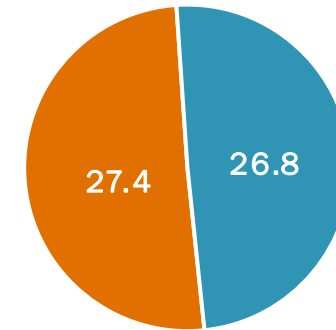
Rates of COVID-19 are highest among Vermonters 80 years and older.

Rate per 10,000 Vermonters



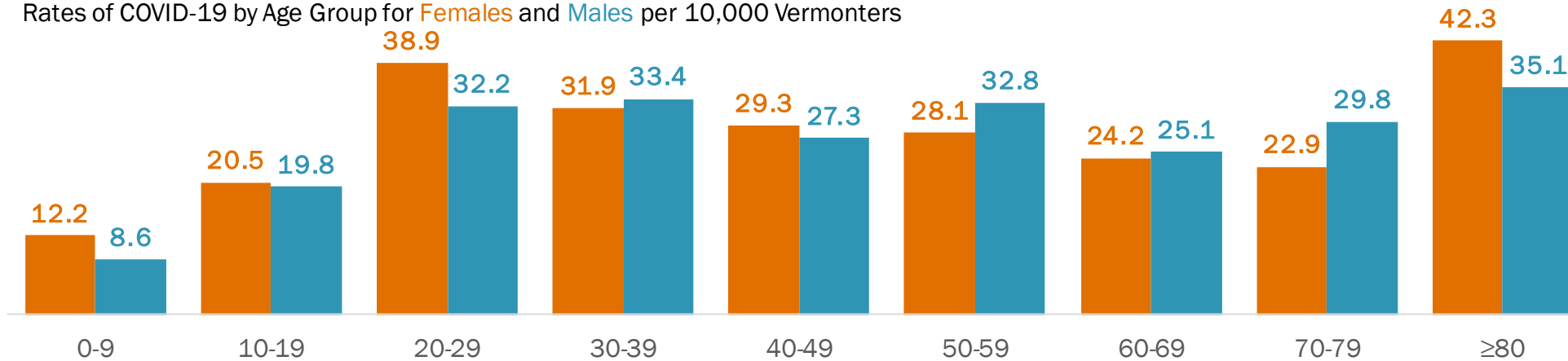
Females and males have similar rates of COVID-19.

Rate per 10,000 Vermonters



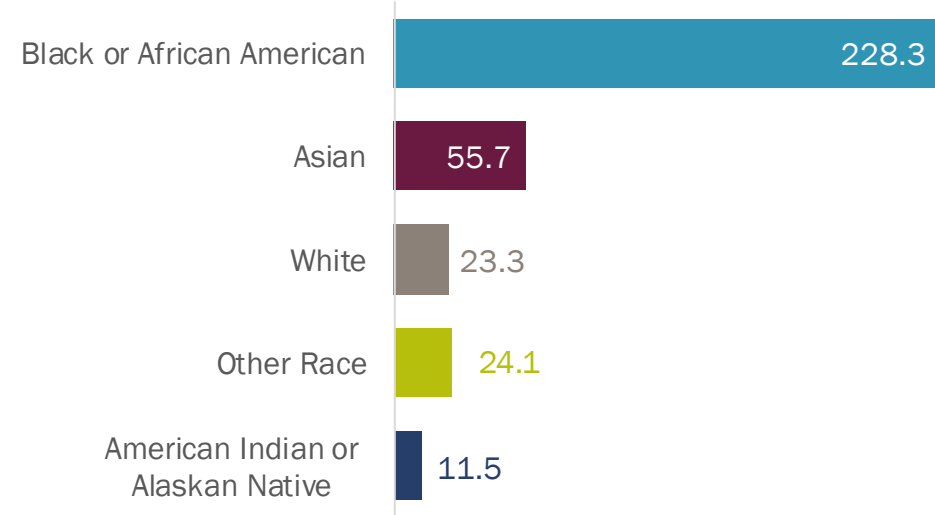
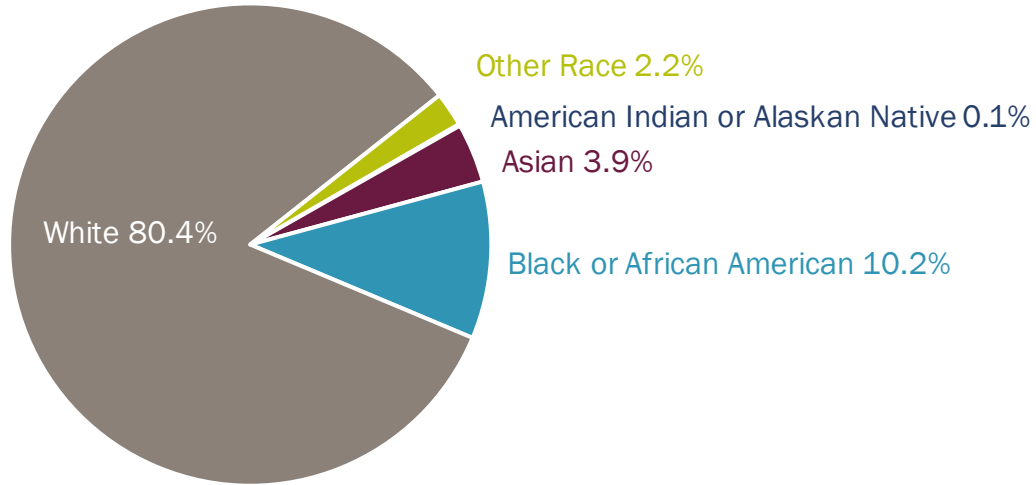
There are differences in age and sex of Vermonters with COVID-19.

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



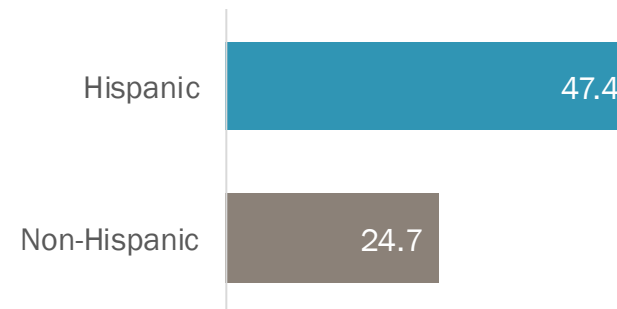
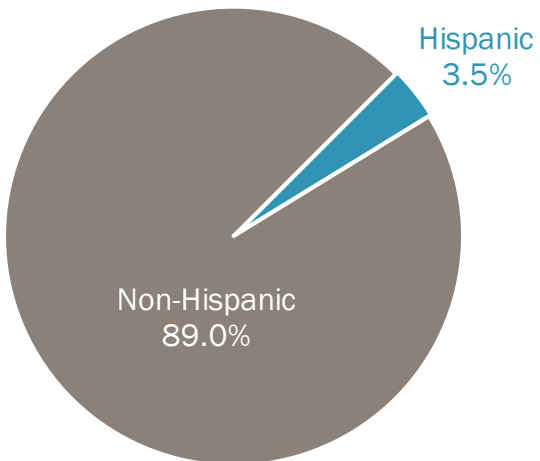
White Vermonters represent the majority of COVID-19 cases. African American Vermonters have the highest rate.

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.

Note: Race is unknown in 3% of cases (n = 54) and ethnicity is unknown in 8% of cases (n = 129).

Approximately 53% of people* with COVID-19 have a pre-existing condition.

*of the 1,386 people that the Health Department has pre-existing condition data for.

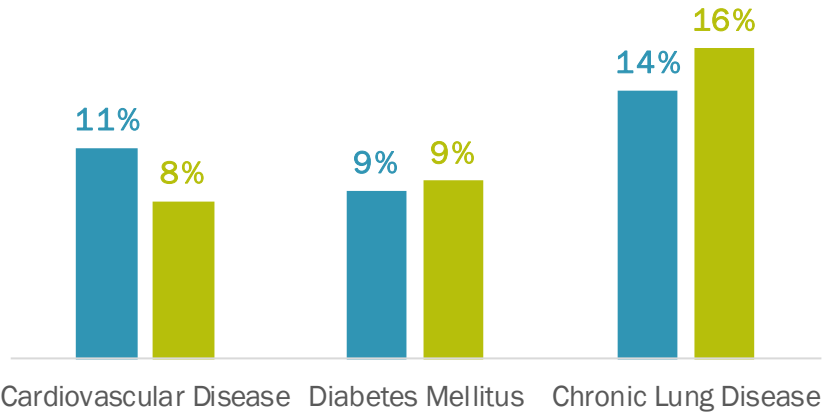
Condition	Count	Percentage
Heart Disease	148	11%
Chronic Lung Disease (includes asthma and COPD)	188	14%
Chronic Liver Disease	11	1%
Chronic Kidney Disease	35	3%
Current/Former Smoker	268	19%
Diabetes	118	9%
Immunocompromised Condition	55	4%
Neurologic Condition/Intellectual Disability	38	3%
Other Chronic Condition**	332	24%
Pregnant	13	1%

43% 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.

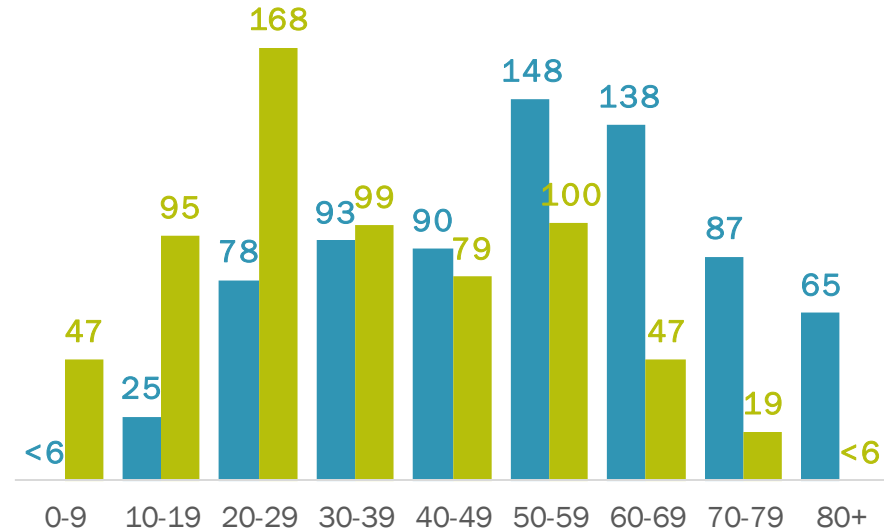
The Health Department has information about pre-existing conditions in 81% (1,386) of 1,705 total COVID-19 cases.

Prevalence of select conditions in COVID-19 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).

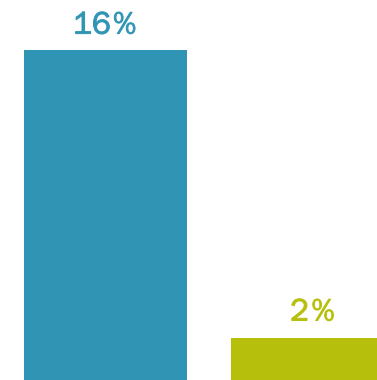
COVID-19 patients with pre-existing conditions tend to be older than those without pre-existing conditions.



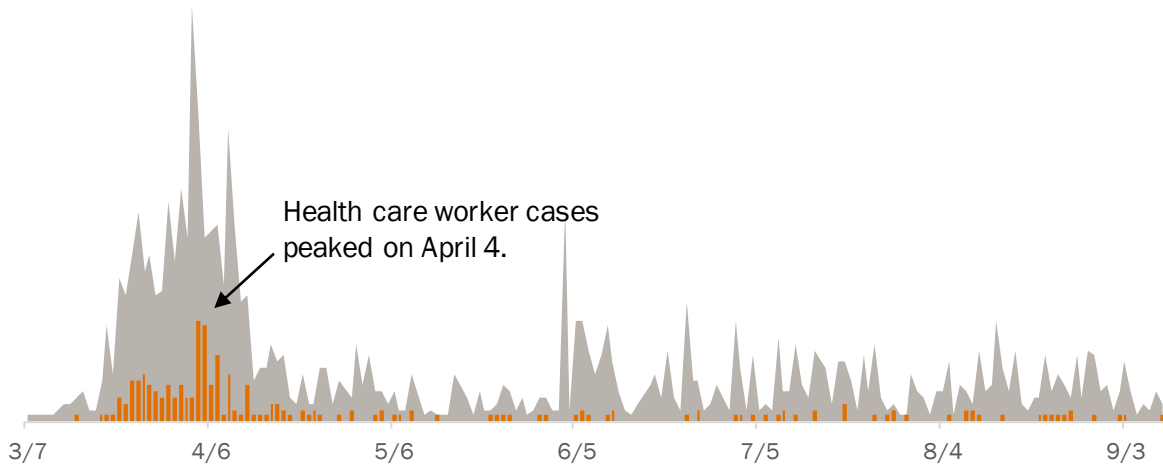
Prevalence of pre-existing conditions is approximately equal between female and male COVID-19 patients.



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



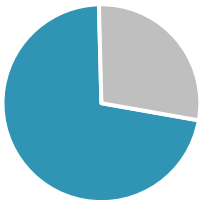
Number of **New Health Care Worker** and **All Cases** by Day



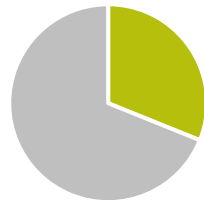
1 in 6 Vermonters with COVID-19 are health care workers.



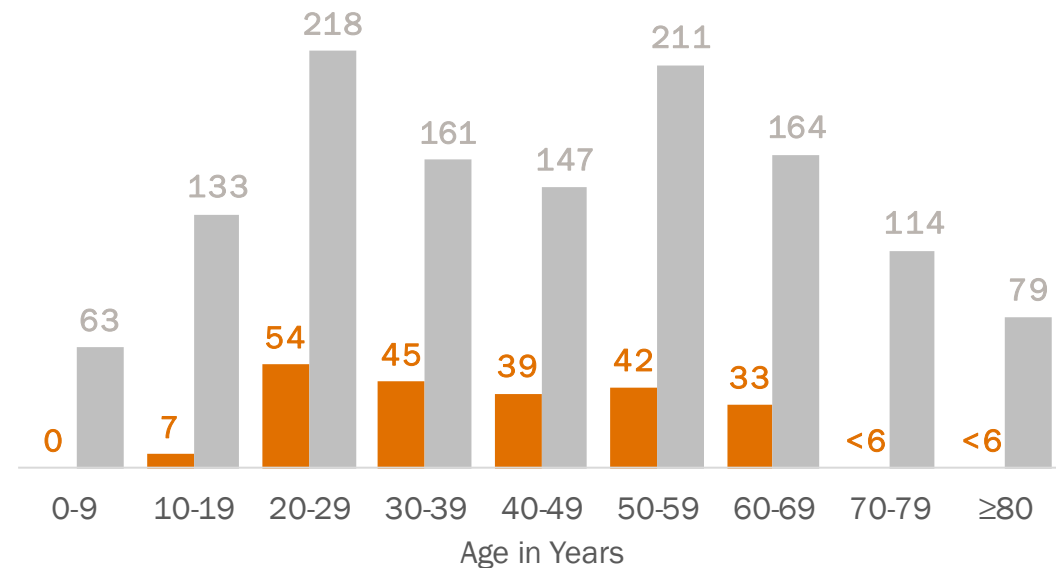
7 in 10 health care workers with COVID-19 are **female**.



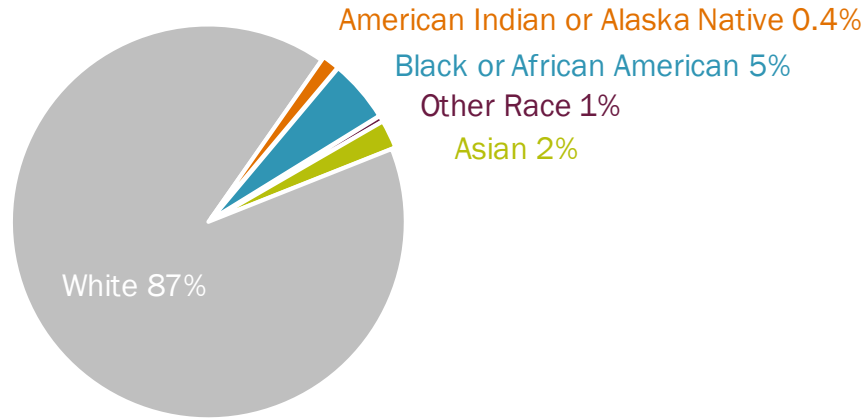
31% of health care workers with COVID-19 are associated with an **outbreak**.



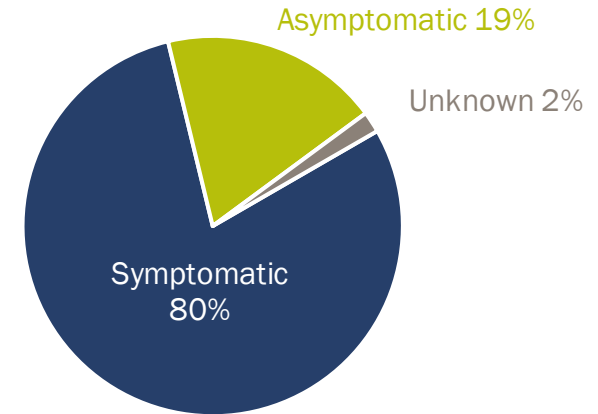
Health care workers with COVID-19 tend to be younger than non-health care workers with COVID-19.



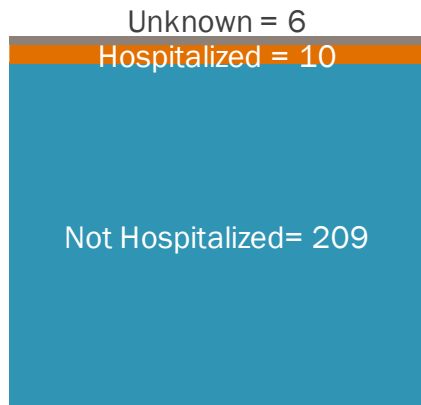
White Vermonters represent the majority of health care workers with COVID-19 .



Most health care workers with COVID-19 have symptoms.



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



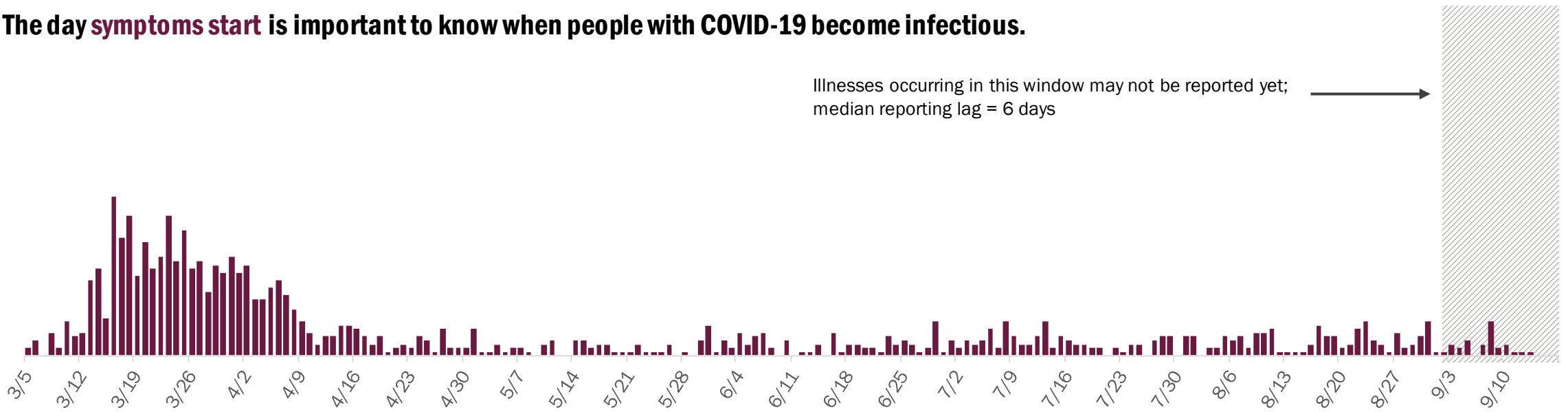
There are no reported deaths among health care workers.

Sign or Symptom among Health Care Workers with COVID-19	Percent of Symptomatic Cases
Cough	71%
Fatigue	64%
Headache	61%
Loss of Smell or Taste	52%
Muscle Pain	50%
Runny nose	46%
Chills	43%
Fever	41%

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.



Note: Date of symptom onset is not always known.

12 days
Average illness duration

73%
Cases with symptoms

Sign or Symptom	Percent of Symptomatic Cases
Cough	66%
Fatigue	66%
Headache	54%
Muscle Pain	50%
Fever	45%
Loss of Smell/Taste	46%

Most Vermonters with COVID-19 are not hospitalized.



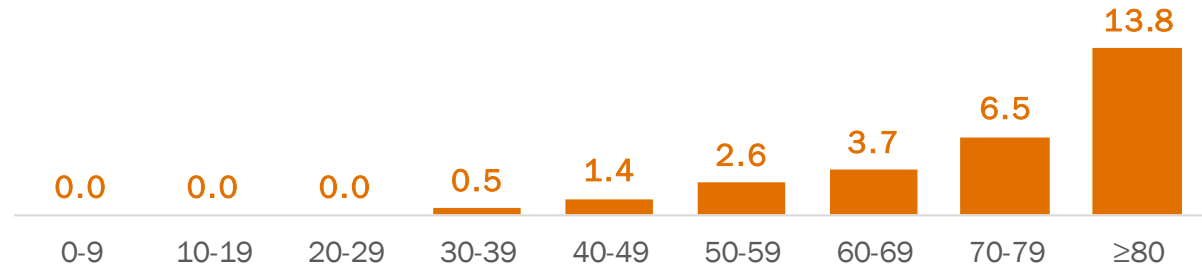
15%
Of those hospitalized were on a ventilator

35%
Of those hospitalized were in the ICU

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

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

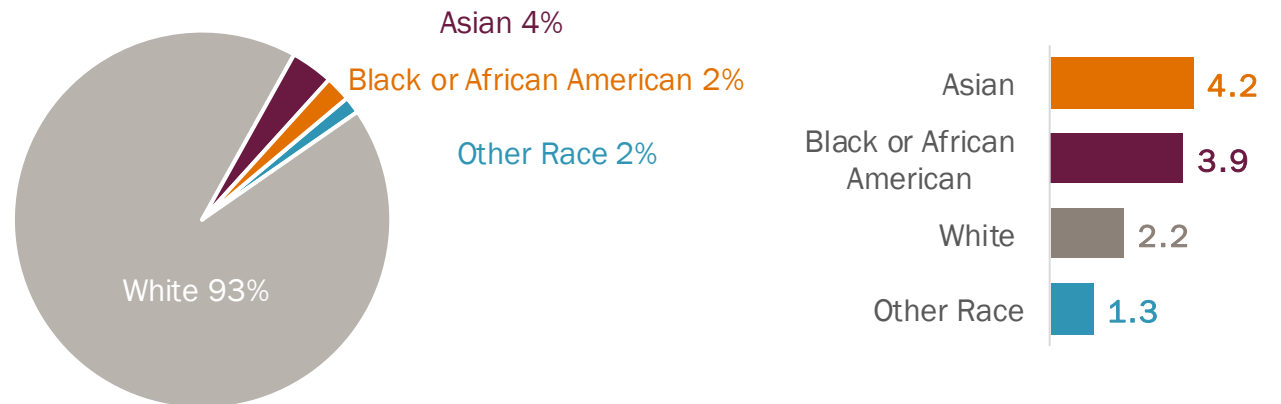
Rate per 10,000 Vermonters



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

Hospitalization rates by race are similar.

Rate per 10,000 Vermonters

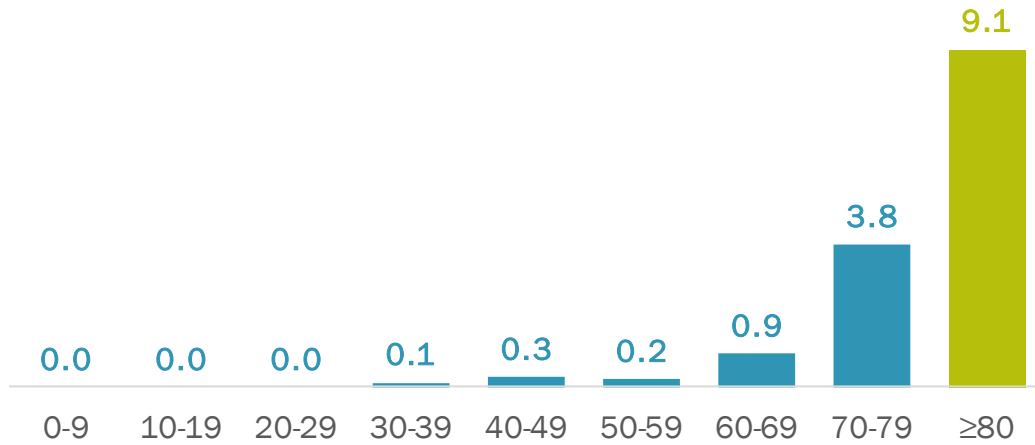


Please note 5 hospitalized persons are missing race information.

*The number of Asian, Black, and persons in the other race category is based on small numbers.

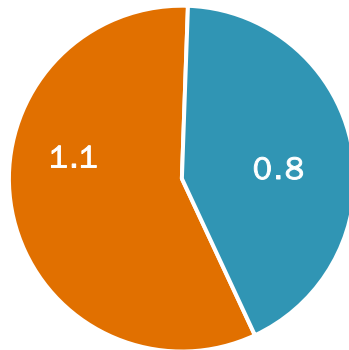
Vermonters 80 years and older have higher rates of COVID-19 death than other age groups.

Rate per 10,000 Vermonters

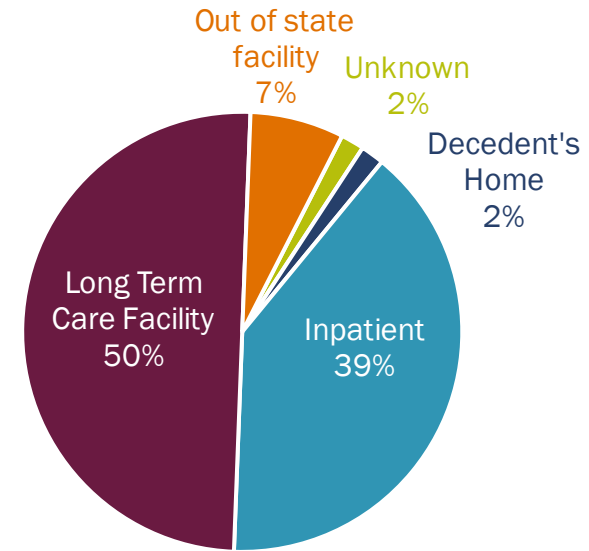


Males and females have similar rates of COVID-19 death.

Rate per 10,000 Vermonters

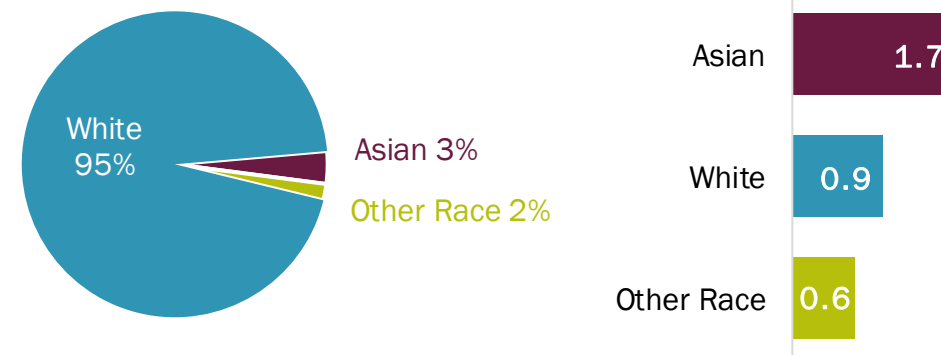


Most COVID-19 deaths occurred in an inpatient hospital setting or a long-term care facility.



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.

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

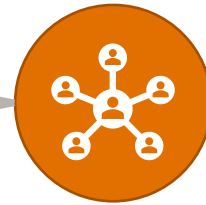
3 or more COVID-19 cases involving more than one family or household where the cases:

- 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.

Educational Settings

2 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.



Congregate Care or Living Settings*

One resident or staff member with COVID-19, and one or more residents or staff with respiratory illness who have had contact with each other.

or

Two or more facility residents and/or staff with an illness start or positive test collection date within 14 days.

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

Workplaces

2 or more COVID-19 cases among employees at the same workplace, and the cases:

- had contact with each other in the workplace, and
- 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.



27% of COVID-19 cases are associated with an outbreak



Outbreaks

3 Active

25 Resolved*

*Resolved outbreaks are those where it has been >28 days since the last known case of COVID-19.

Congregate Care & Living



159
cases among residents



82
cases among facility staff

Schools and Child Care



7
cases among children and staff

Workplace



42
cases among employees

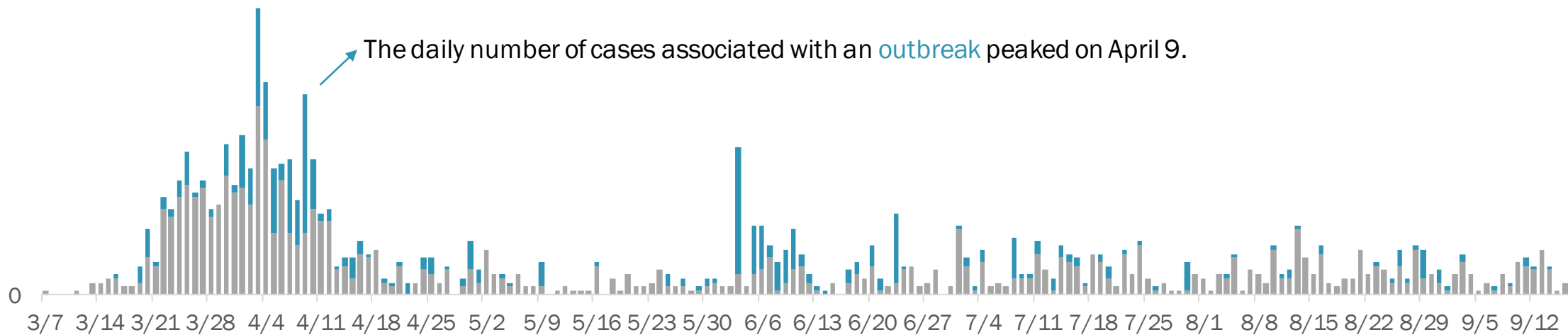
Community



166
cases

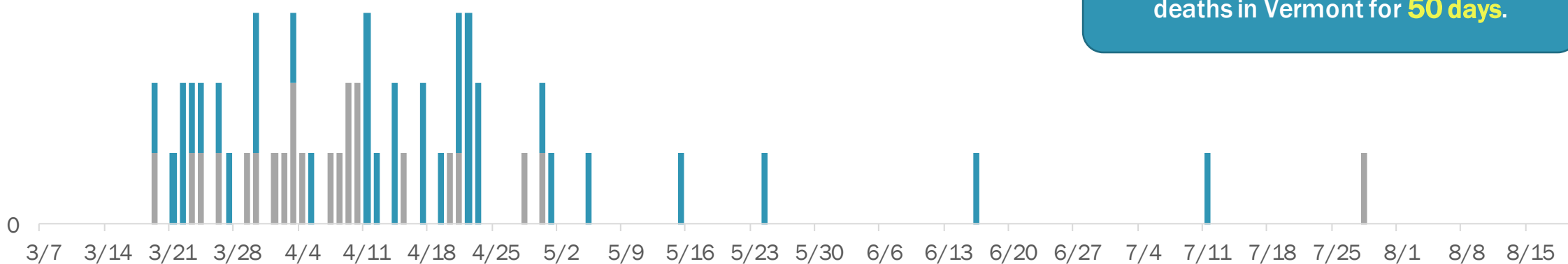
Vermont COVID-19 Cases Associated with an **Outbreak** Over Time

90



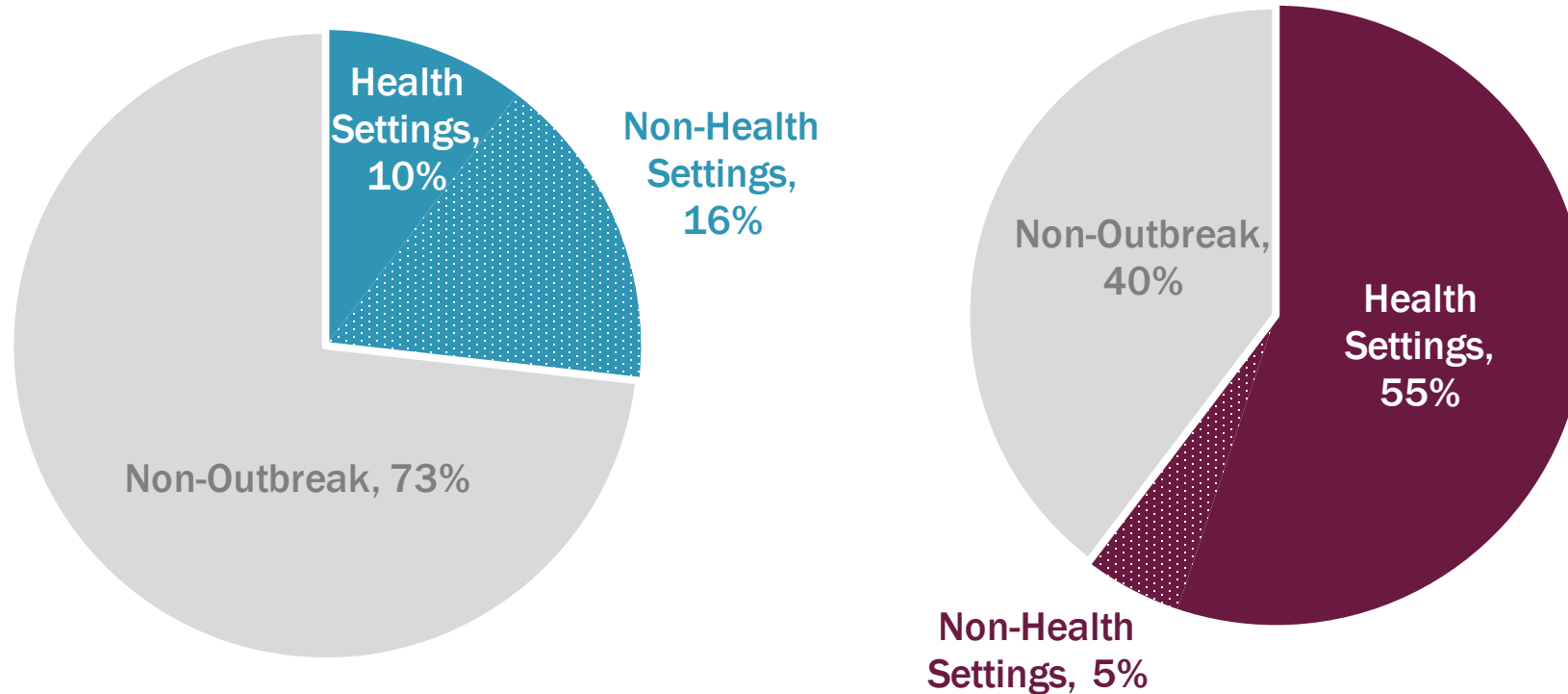
Vermont COVID-19 Deaths Associated with an **Outbreak** Over Time

4



Source: Vermont Department of Health
Reflects confirmed data as of 9/16/2020.

While only 27% of all COVID-19 cases are associated with outbreaks, more than half 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.

Source: Vermont Department of Health
Reflects confirmed data as of 9/16/2020.

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.

The percentages of **females** and **males** with COVID-19 that are associated with an outbreak is about even.

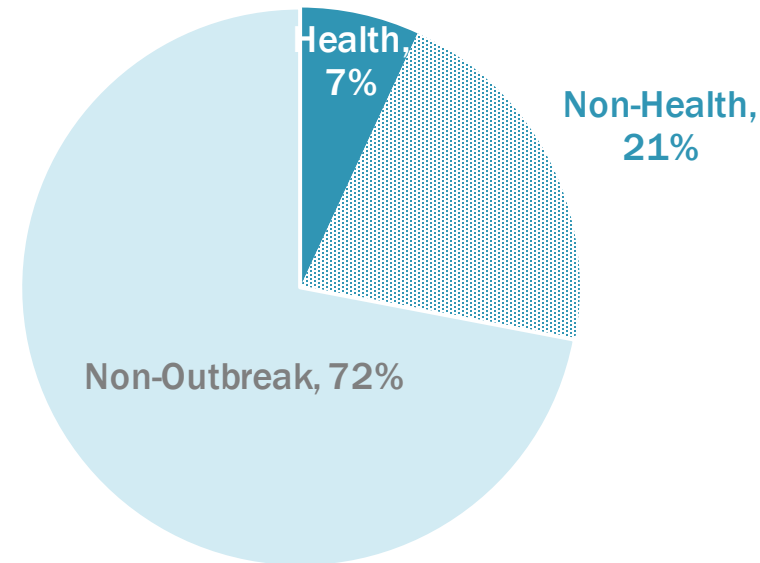
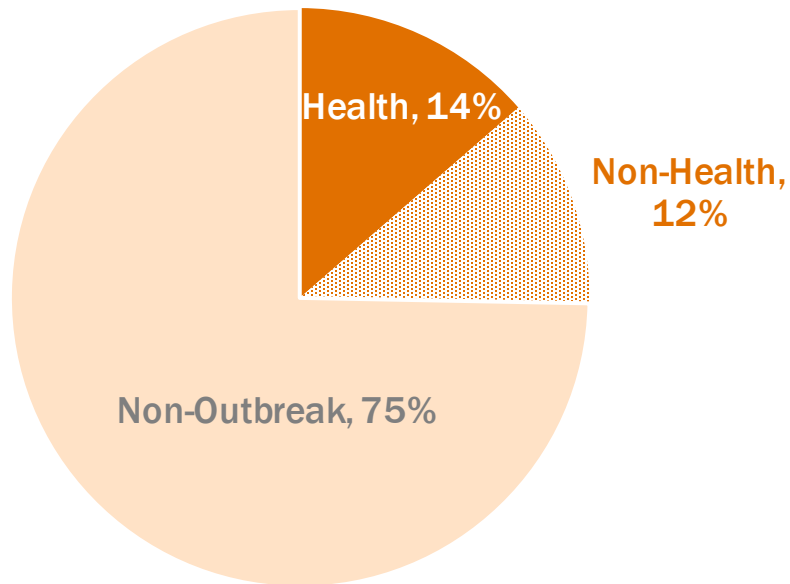


25% of **females** with COVID-19 are associated with an outbreak.



28% of **males** with COVID-19 are associated with an outbreak.

But in outbreak settings, **males** with COVID-19 are more likely to be associated with non-health settings than health settings.

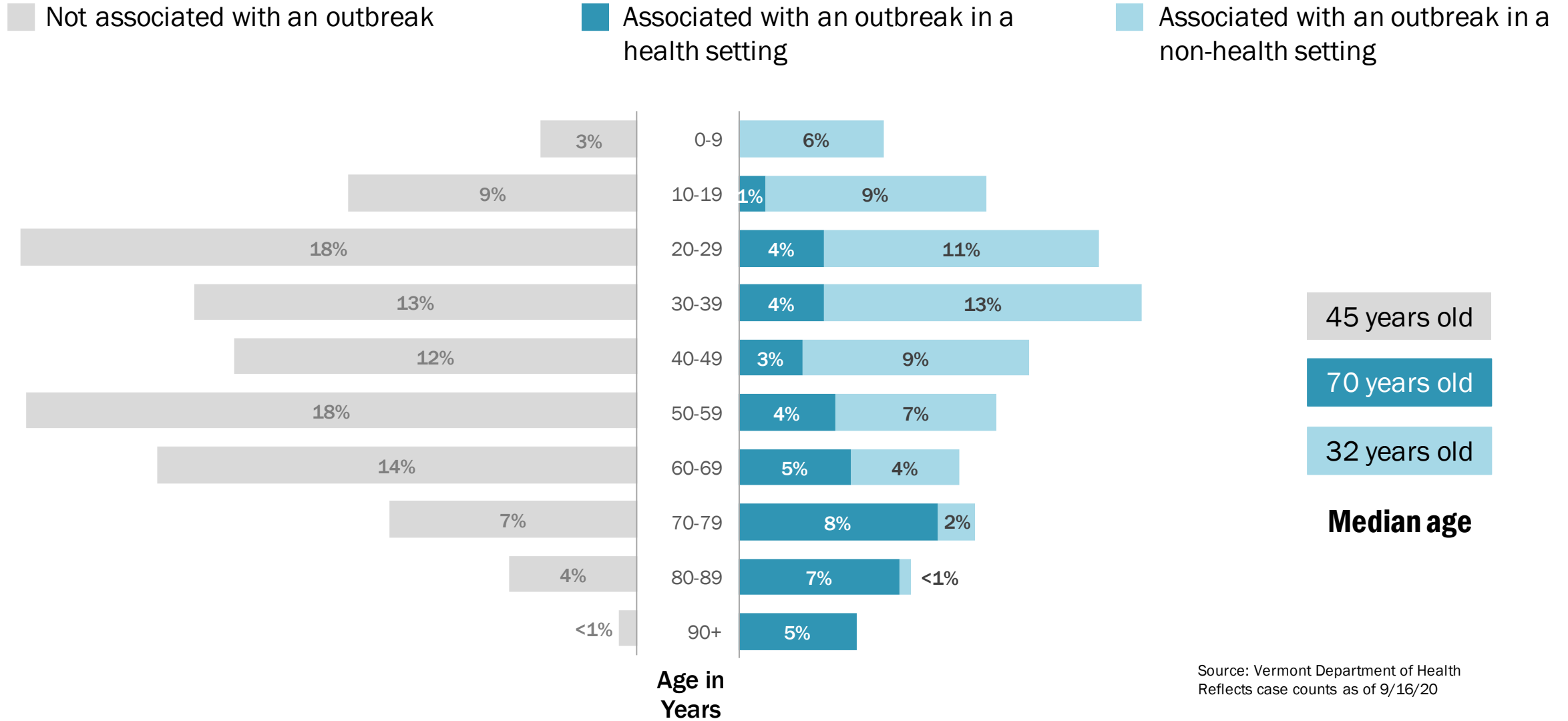


Values in these charts are rounded to the nearest whole number and therefore may not always add to 100% due to error introduced in rounding. Percentages by outbreak type are rounded to the whole number, but combined totals take into account the full percentages.

Source: Vermont Department of Health
Reflects case counts as of 9/16/20

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.

Percent of Cases by Outbreak Status and Age



Source: Vermont Department of Health
Reflects case counts as of 9/16/20

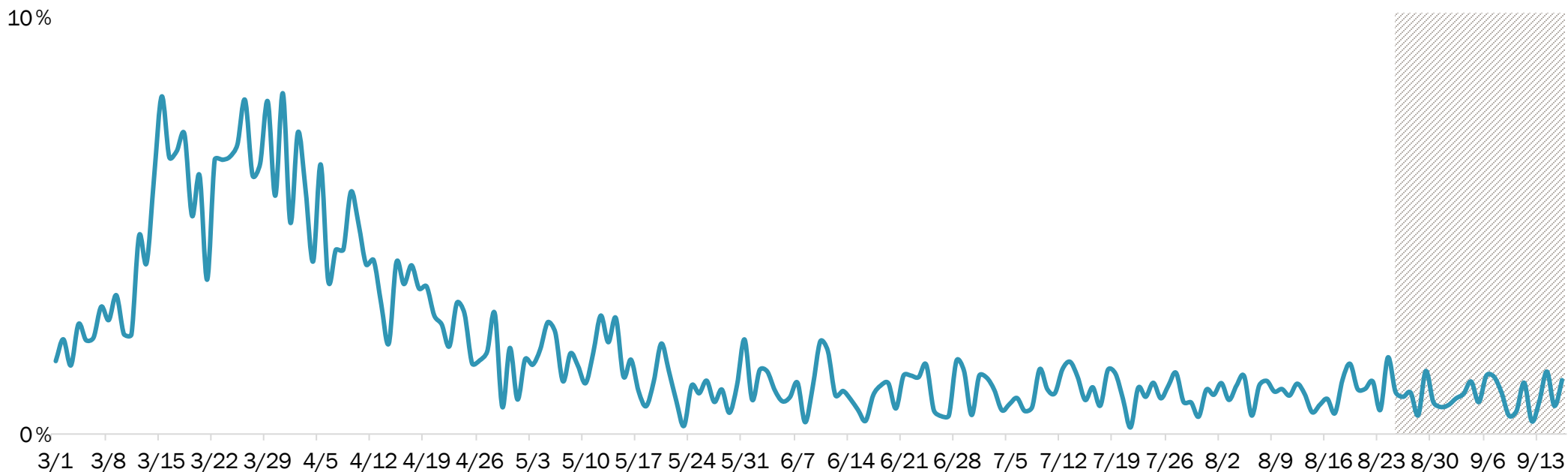
Note: Examples of a health setting include long-term care or assisted living facilities, therapeutic treatment centers, and behavioral health institutions. Examples of a non-health setting include correctional facilities, senior housing communities, businesses, and homeless shelters. Vermont has not experienced an outbreak in all health and non-health settings.

Syndromic Surveillance

What we can learn from emergency room and urgent care centers?

The percent of emergent care visits for COVID-19-like illness remains steady.

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.

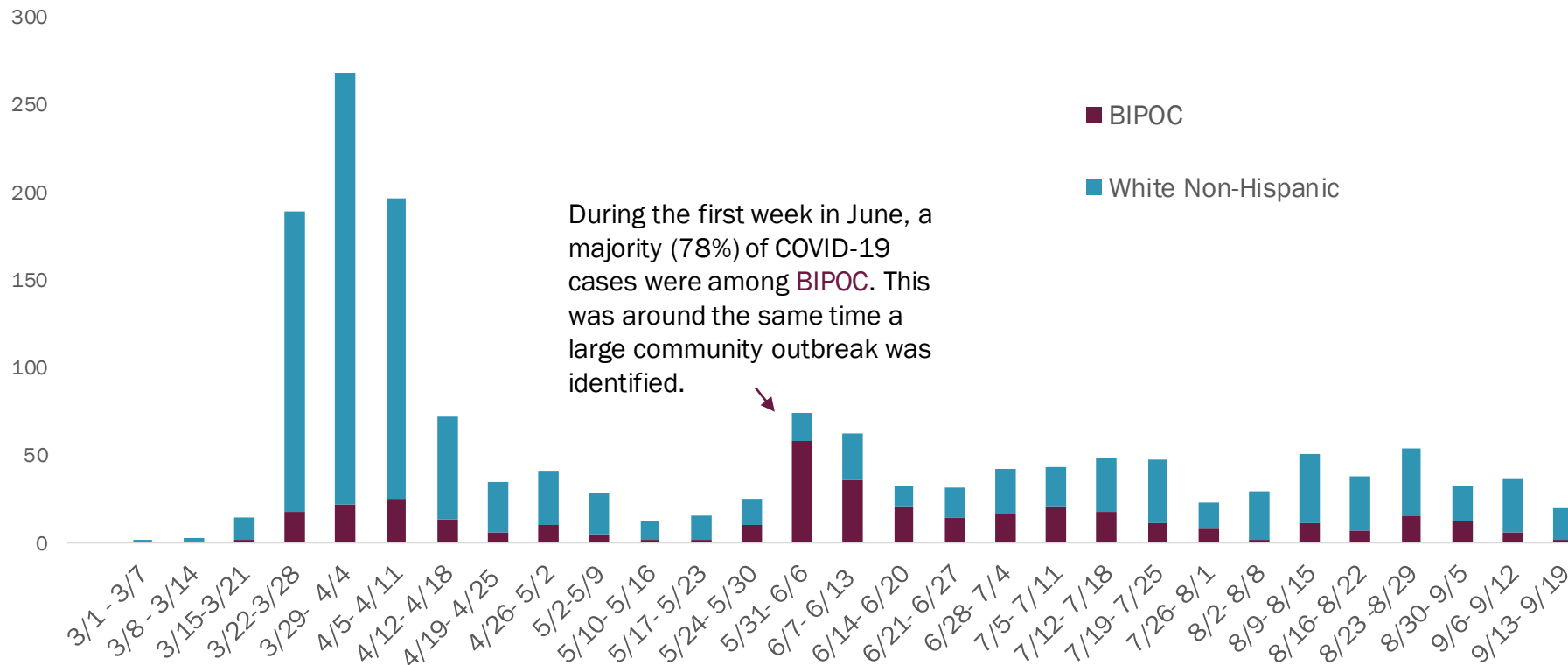
COVID-19-like illness excludes patients with an influenza discharge diagnosis.

*Please note: the query used to identify COVID-19-like illness in syndromic surveillance data changed on 5/28. This was to be consistent with the most up-to-date national definition provided by the CDC.

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

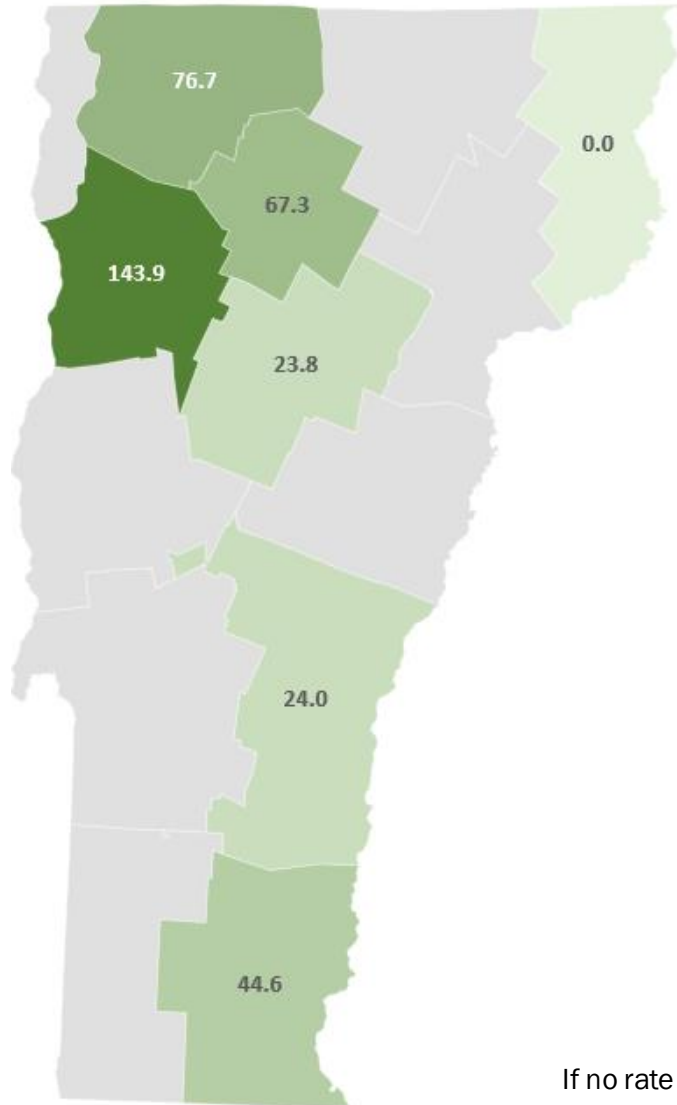
There is a disproportionate number of BIPOC with COVID-19 in Vermont. This section focuses on the 291 Vermont resident cases who are Asian, African American or Black, American Indian or Alaskan Native, Hispanic or race other than white.

There are a disproportionate number of cases that are BIPOC each week.

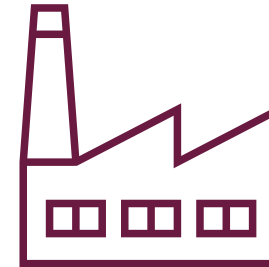


Chittenden County has the highest rate of BIPOC with COVID-19.

Rate per 10,000 BIPOC residents



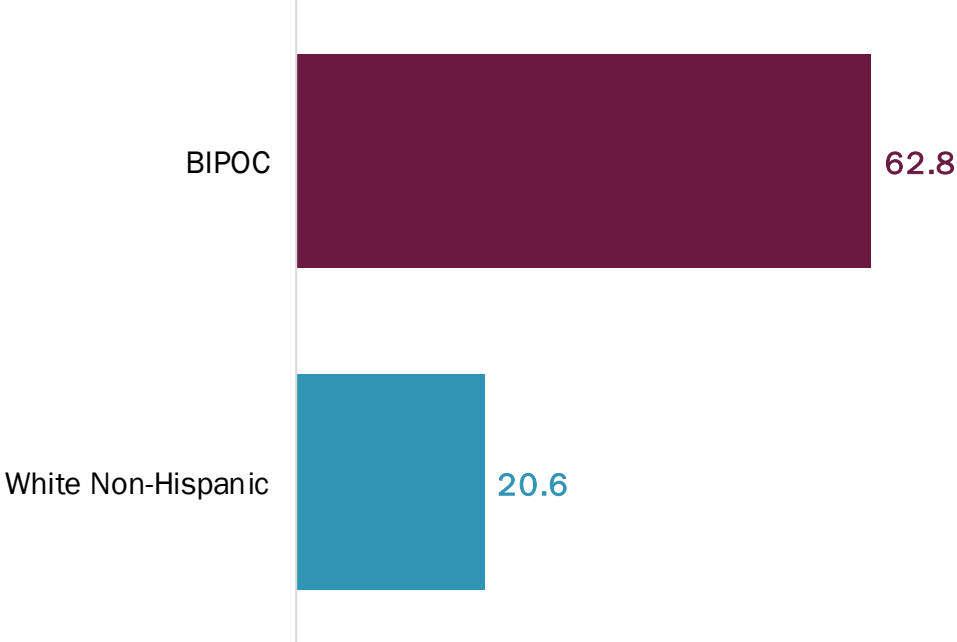
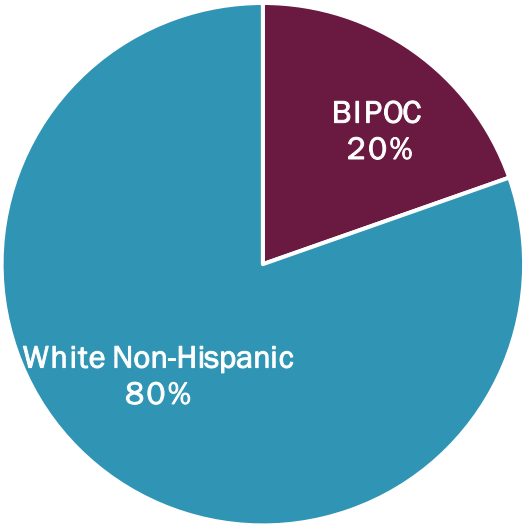
If no rate is shown, data is not shown due to small numbers (<6)



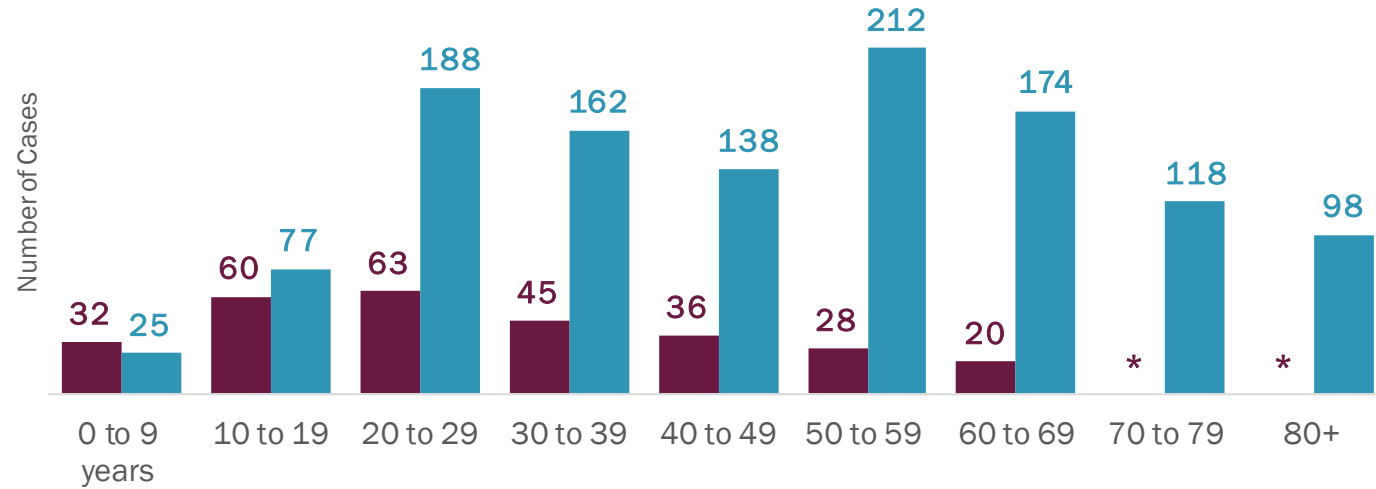
BIPOC cases are more likely to report working in the **manufacturing industry**, compared to white non-Hispanic cases.

1 in 5 Vermont residents with COVID-19 are BIPOC. Rates of COVID-19 are 3 times higher for BIPOC compared with white non-Hispanic Vermont residents.

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



BIPOC with COVID-19 tend to be younger than white non-Hispanic people with COVID-19.



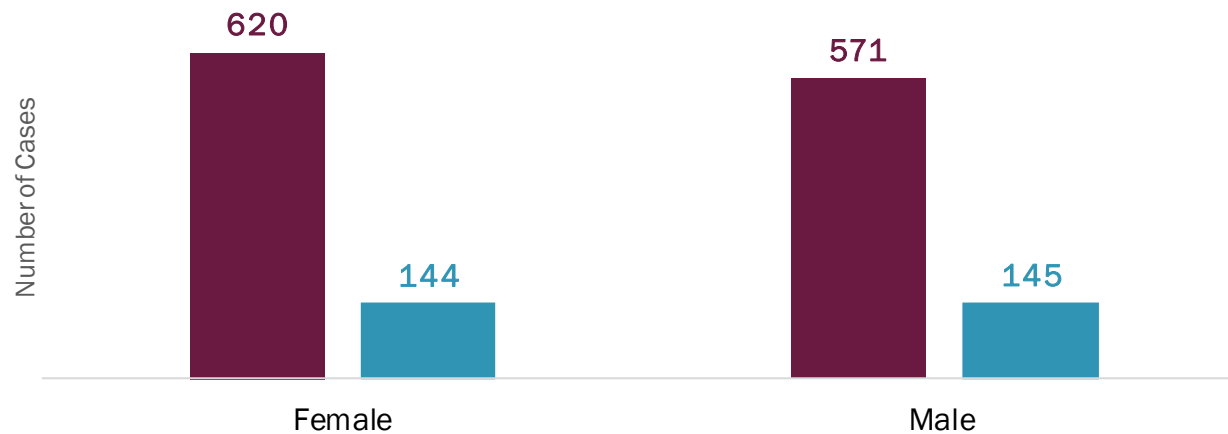
32

Average age of BIPOC cases

48

Average age of white non-Hispanic cases

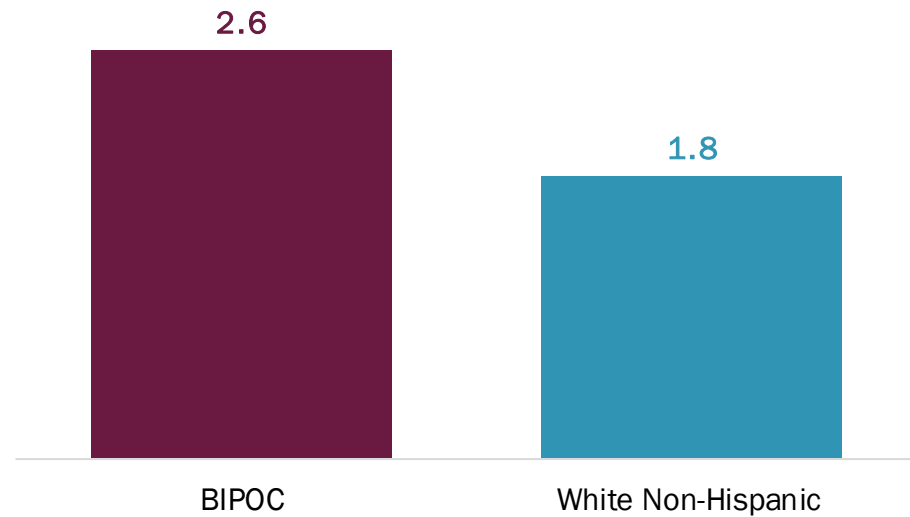
The proportion of males to females with COVID-19 are similar among BIPOC and white non-Hispanic people.



Not adjusted for population size.

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

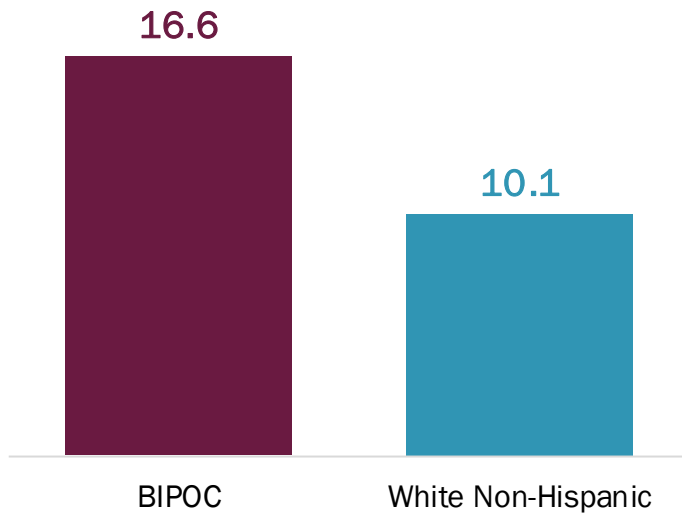
Rate per 10,000 Vermont BIPOC and white non-Hispanic residents



8 days
Average hospital stay among
BIPOC with COVID-19

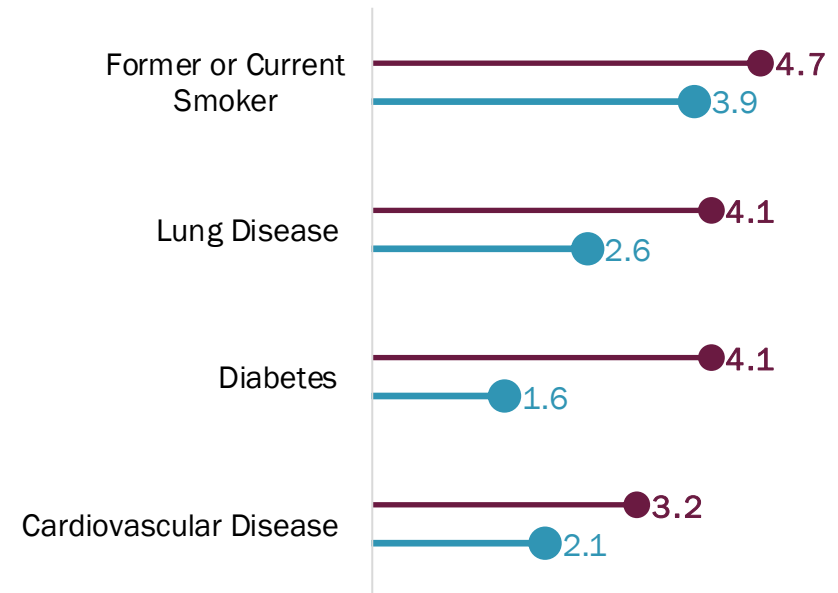
Rates of BIPOC with COVID-19 and a chronic disease are higher than white non-Hispanic people with COVID-19 and a chronic disease.

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



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

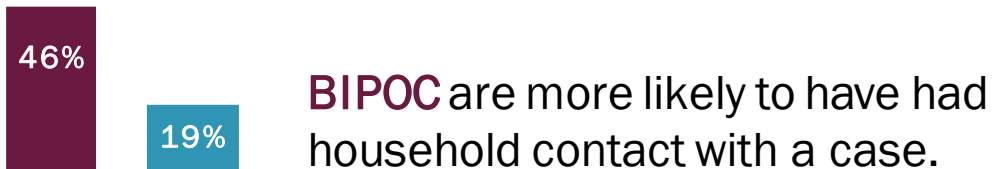
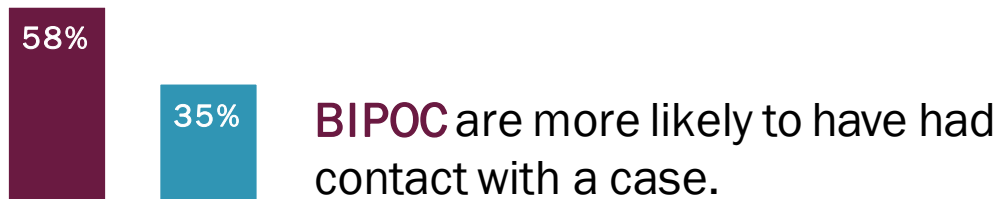
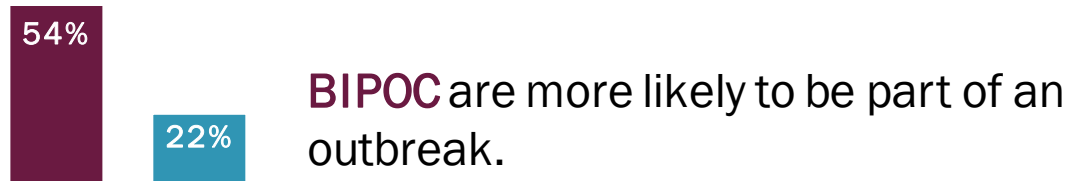
Rate per 10,000 Vermont BIPOC or white non-Hispanic residents



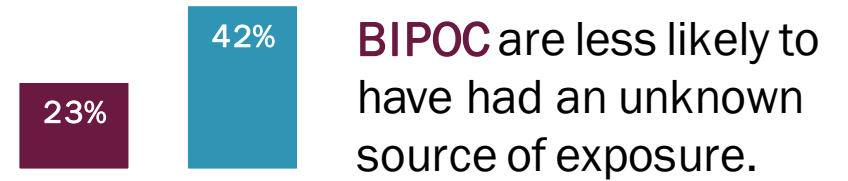
Due to small numbers, not all chronic diseases are shown.

How are **Black, Indigenous and people of color** getting COVID-19?

Known Source



Unknown Source



- BIPOC
- White Non-Hispanic

For more information about source of exposure, see the weekly spotlight on the Data Summary from [July 24](#) and [August 28](#).

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



Learn more about COVID-19 in Vermont:

Web: www.healthvermont.gov/COVID-19

Email: AHS.VDHPublicCommunication@vermont.gov