Report Timeframe: July 17 to July 23, 2022

Statewide community levels: Low. 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%.
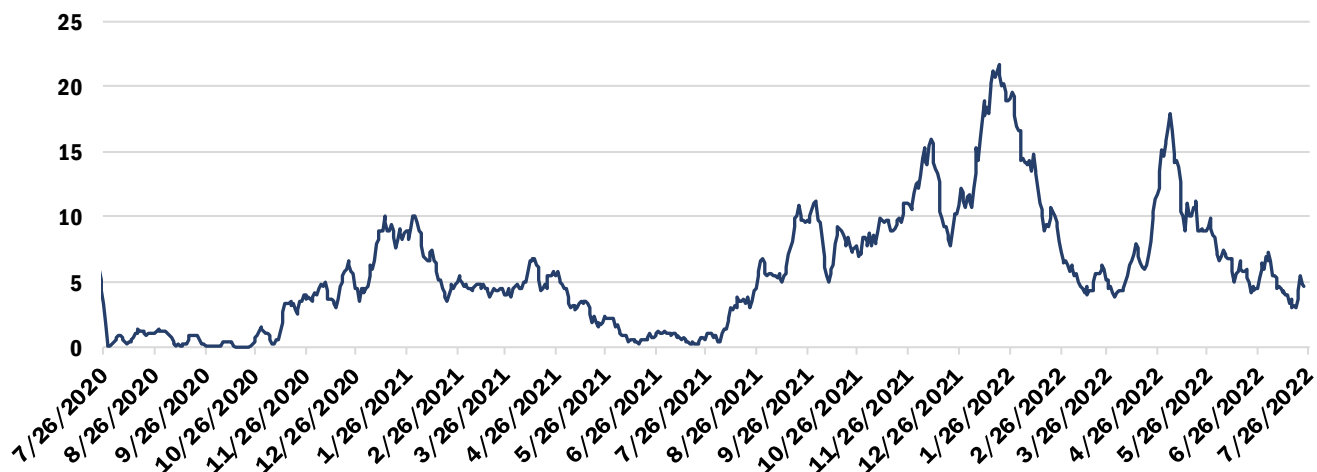
- New COVID-19 cases, last 7 days: 79.81 per 100K
  - Weekly Case Count: 498 (decrease from previous week)
- New hospital admissions of patients with COVID-19, last 7 days: 5.29 per 100K
  - 33 total new admissions with COVID-19 (increase from previous week)
- Percent of staffed inpatient beds occupied by patients with COVID-19 (7-day average): 2.06% (increase 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 Surveillance System (UHDSS)
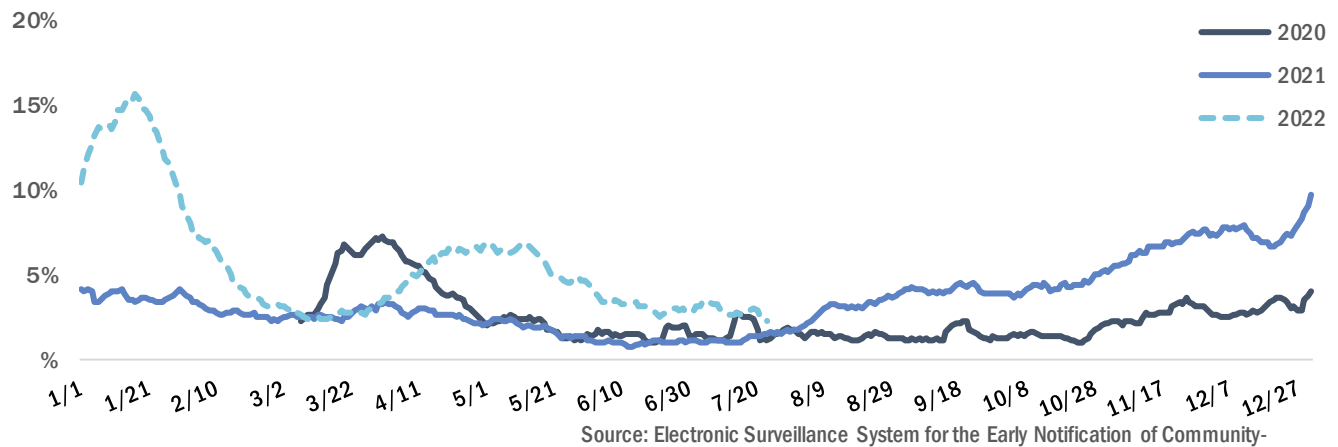
The seven-day rolling average of hospital patients admitted with a laboratory-confirmed COVID-19 infection peaked in January 2022 and increased again throughout April and into early May. After several weeks of a downward trend, the seven-day number of new admissions with a COVID-19 infection rose leading up to July 2nd, decreased for two weeks, and picked up slightly during the most recent week. 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.
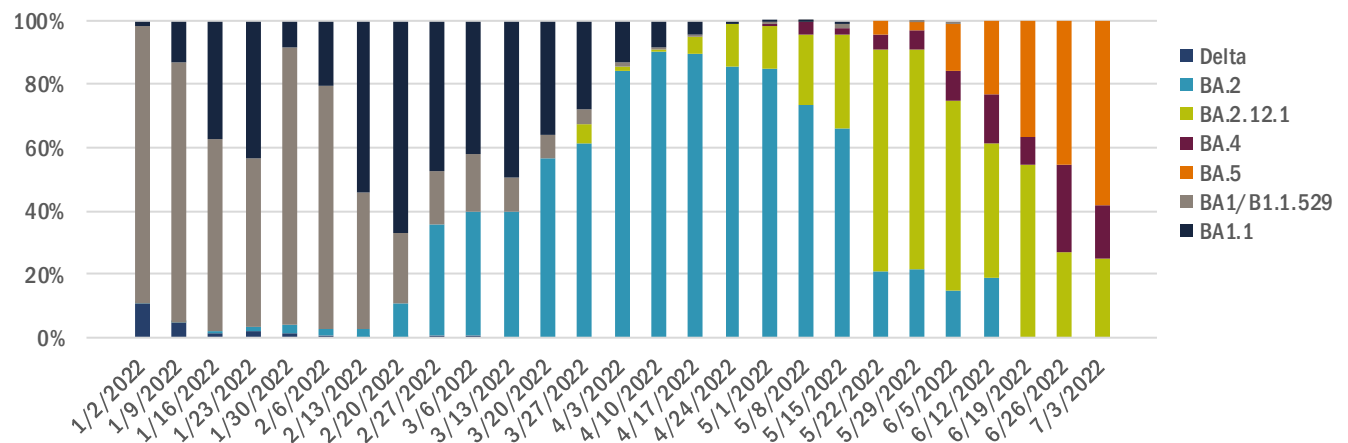
Syndromic Surveillance

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 departments[1] to identify Emergency Department visits for COVID-Like Illness (CLI).

As in the previous few reporting periods, during this reporting period around 2% to 3% of emergency visits in participating emergency departments have included COVID-like illness. This is slightly higher than the same calendar dates in 2020 and 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-

Proportion of circulating variants

There were 12 sequenced specimens reflecting the week of 7/3: two of BA.4, three of BA.2.12.1 and seven of BA.5. The subvariant distribution is similar to what CDC projects for New England for the week of July 17-23. (Sources: Broad; Health Department Whole Genome Sequencing program; CDC COVID Data Tracker)

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

Wastewater Monitoring

Several Vermont wastewater districts have recently begun participating with the National Wastewater Surveillance System (NWSS).
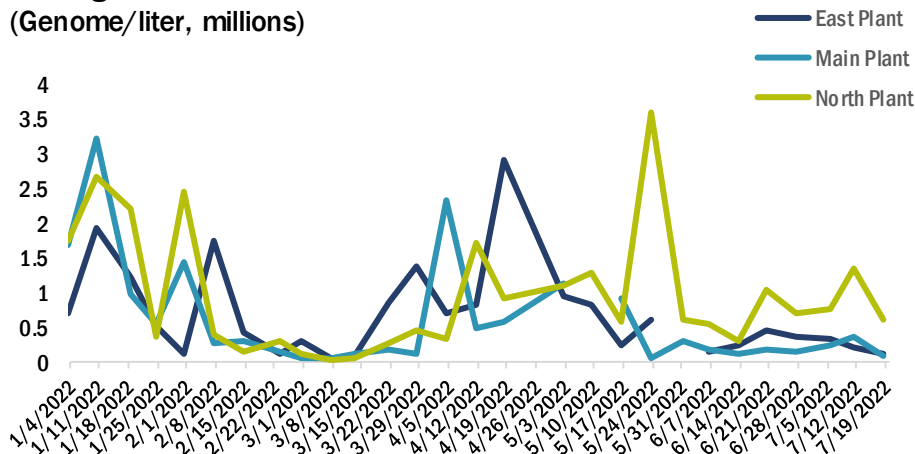
As of the time of this report, no NWSS wastewater trend data were available for Vermont or any other New England states.

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

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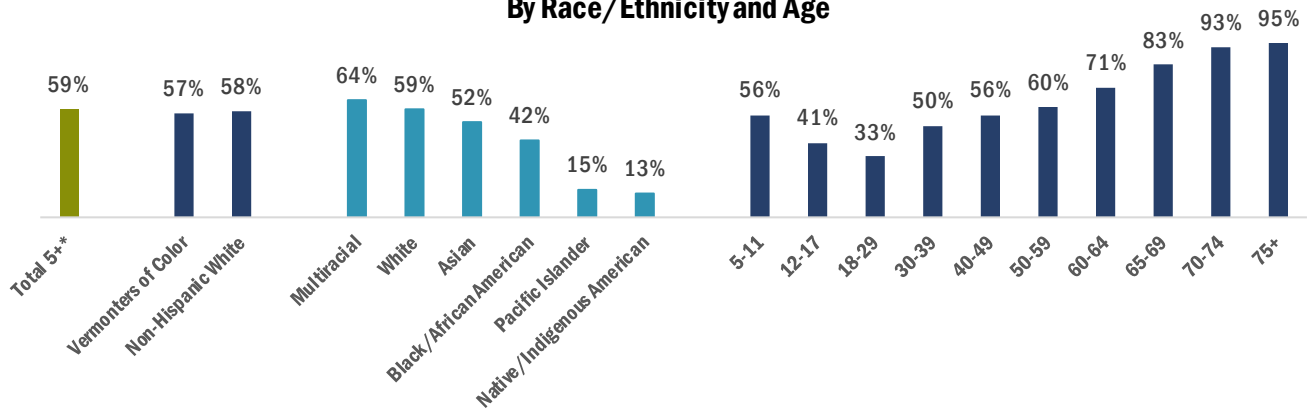
Burlington Wastewater SARS-CoV-2 Counts
(Genome/liter, millions)

East Plant
Main Plant
North Plant

Burlington wastewater had decreased SARS-CoV-2 counts all three plants in the most recent week. (Source: City of Burlington: burlingtonvt.gov)

Vaccination Rates

Vermonters Age 5+ Up to Date* on COVID-19 Vaccination By Race/Ethnicity and Age

Source: Vermont Immunization Registry (July 2022), Health Department Population Estimates (2019)
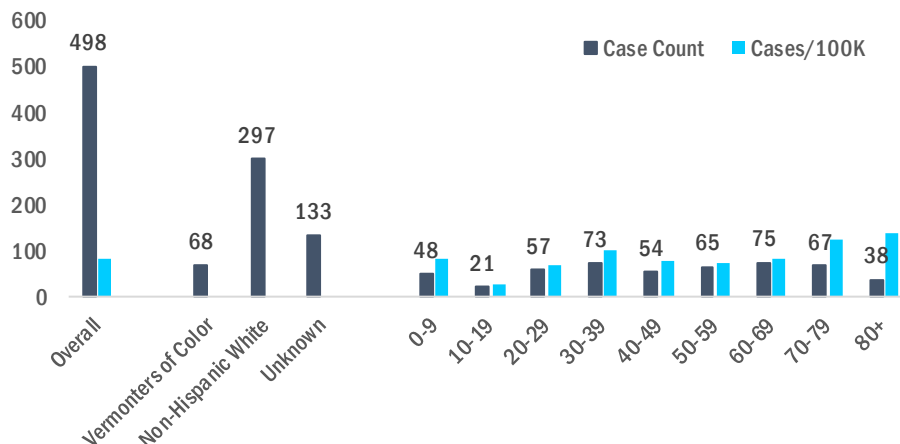
Note: Race/ethnicity information is missing for 4% of vaccinated individuals. Population denominators are from 2019 population estimates so percentages shown are an estimate which may vary from the true proportion in the population, particularly for smaller groups. Here, "up to date" means a person has received all recommended doses in their primary series of COVID-19 vaccine, and one booster dose when eligible.

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. (Source: NBS)

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

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

Reported and Confirmed Outbreaks, Active as of July 26, 2022

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	Reported outbreaks active on 7/26
Long-term Care (LTC)	4
Non-LTC Healthcare	2
Correctional Facility	3
School/childcare	2
Other	1

County	Reported outbreaks active on 7/26
Addison	1
Bennington	-
Caledonia	-
Chittenden	-
Essex	-
Franklin	1
Grand Isle	-
Lamoille	-
Orange	-
Orleans	1
Rutland	3
Washington	1
Windham	2
Windsor	3

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