

Weekly Summary of Vermont COVID-19 Data

Reflecting cases identified between
March 5, 2020 – March 3, 2021



Date published: March 5, 2021. 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 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.

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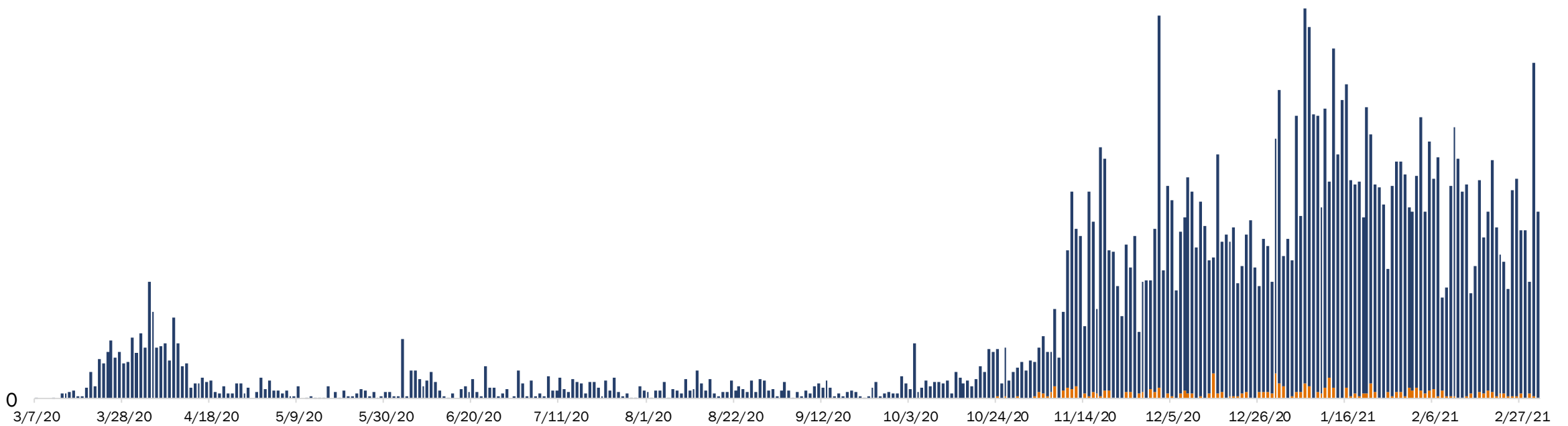
[Weekly Spotlight](#)

COVID-19 in Vermont

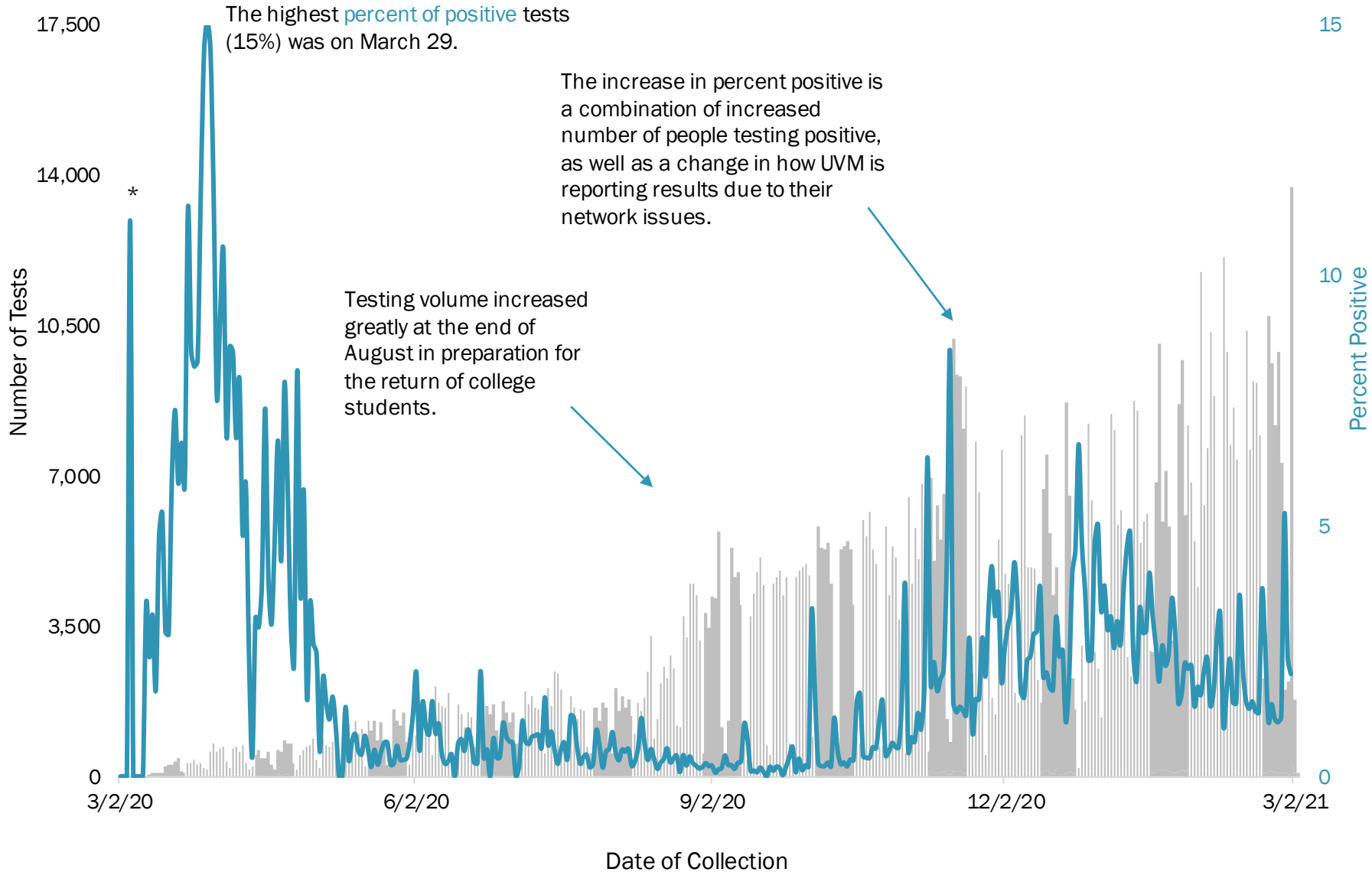
An overview of our number of cases and laboratory testing to date.

Total Number of **Confirmed** and **Probable** Cases in Vermont: 15,686

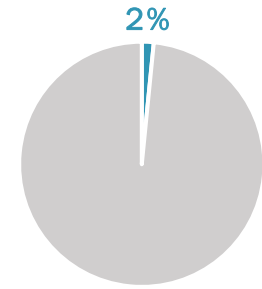
250



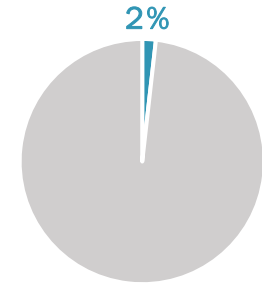
Percent of positive COVID-19 tests may indicate how prevalent the disease is in the population.



Percent Positive to Date



Percent Positive This Week (February 24 - March 3)



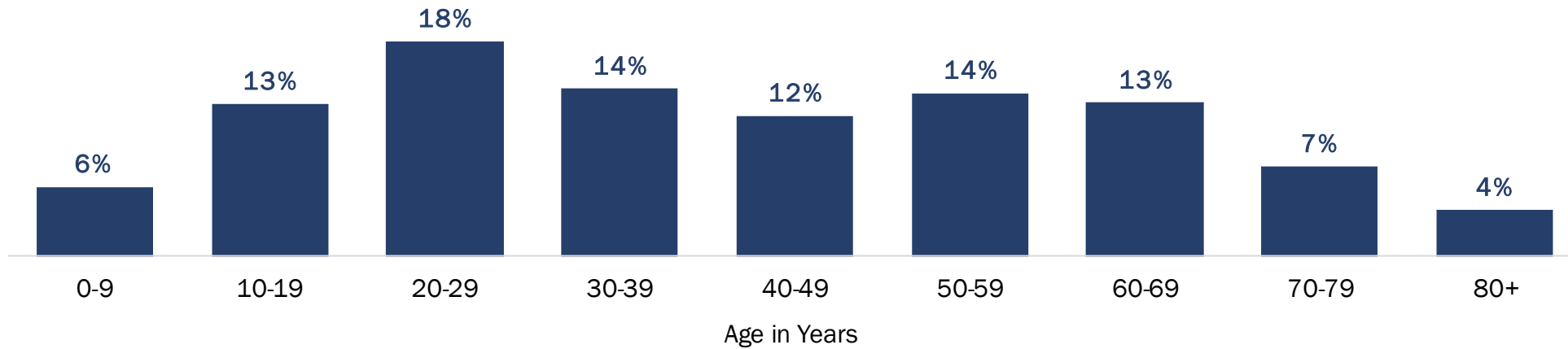
6,823 People Tested this Week	62,846 Tests this Week
333,331 People Tested to Date	1,094,855 Tests to Date

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 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.

*Not a stable estimate due to small numbers. There were 8 total tests and 1 was positive.

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



More **females** are tested than **males** for COVID-19.



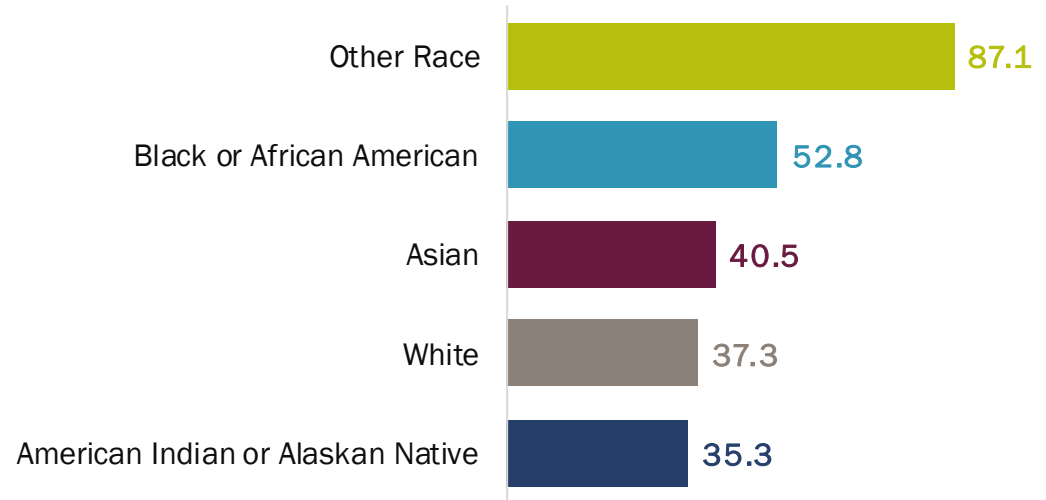
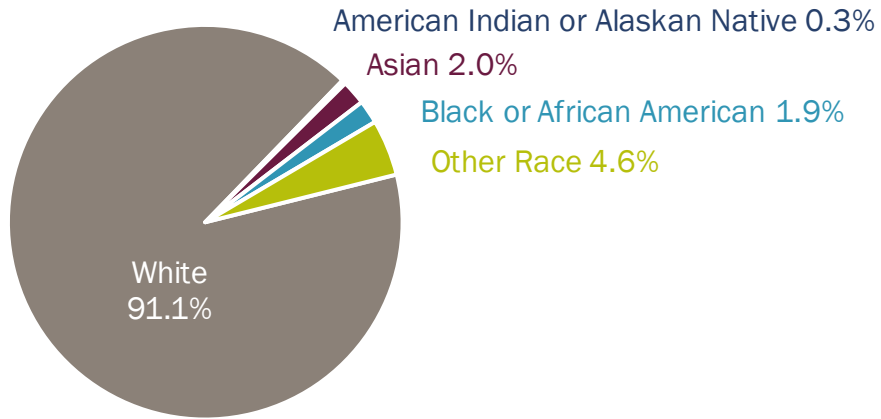
55% of people tested for COVID-19 are **female**.



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

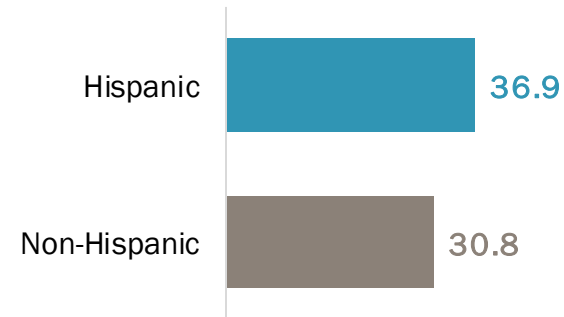
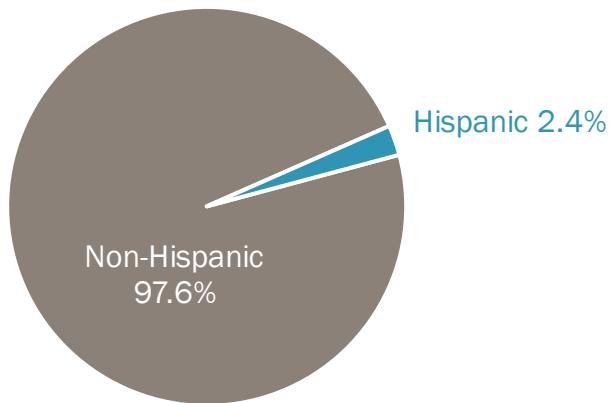
White Vermonters represent the majority of people tested in Vermont for COVID-19. Vermonters with other race have the highest rate of testing.

Rates per 100 Vermonters



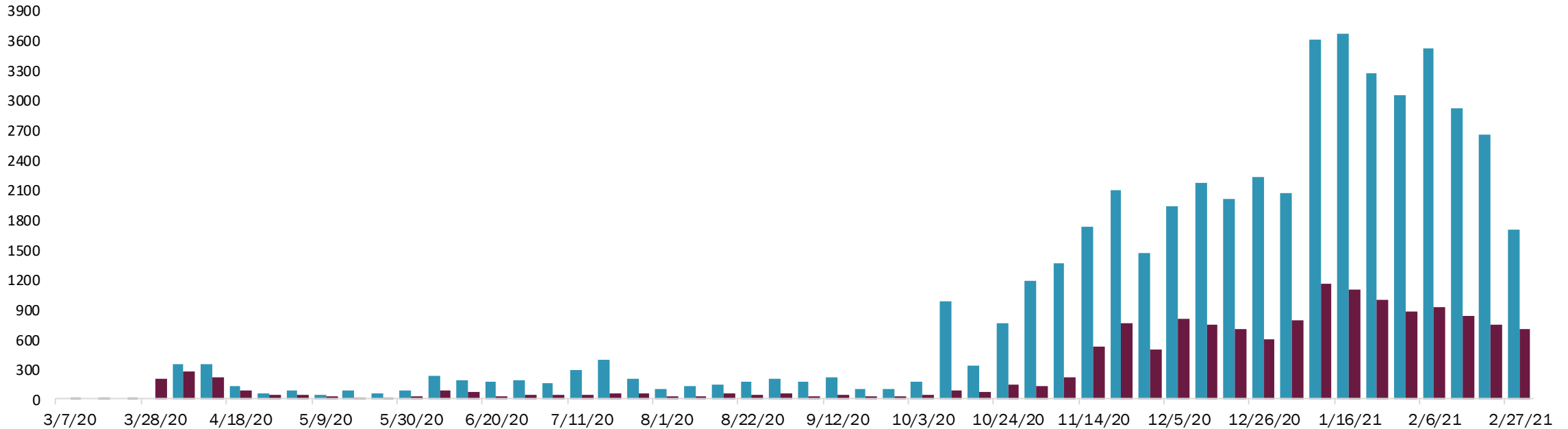
Non-Hispanic Vermonters represent the majority of people tested in Vermont for COVID-19. Hispanic Vermonters have the higher rate of testing.

Rates per 100 Vermonters



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

623

Cases interviewed last week

February 21 – February 27

1,704

Contacts named last week

February 21 – February 27

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.

In the last two weeks (from February 14 to February 27):



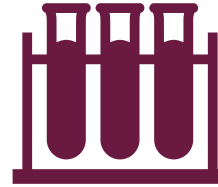
88%

Of cases were interviewed within 24 hours



83%

Of cases provided their close contacts



53%

Of contacts were tested within 14 days of exposure



9%

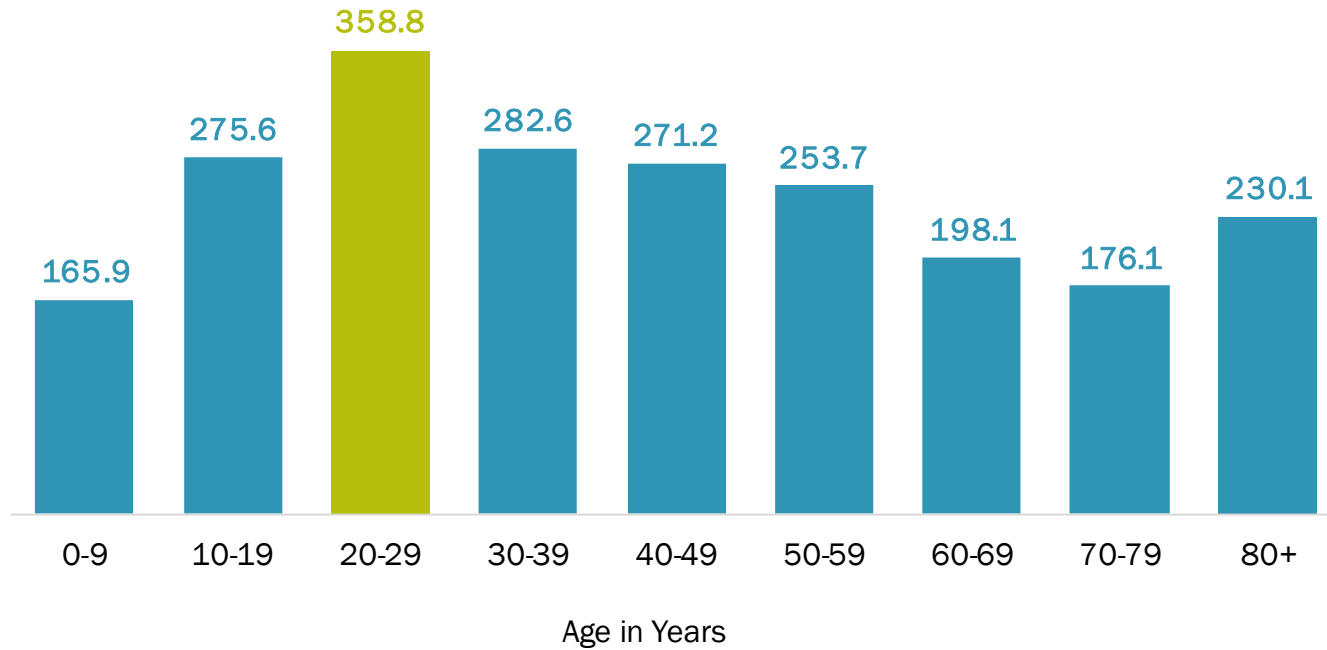
Of contacts became a case

Case Demographics

Who has been impacted by COVID-19 in Vermont?

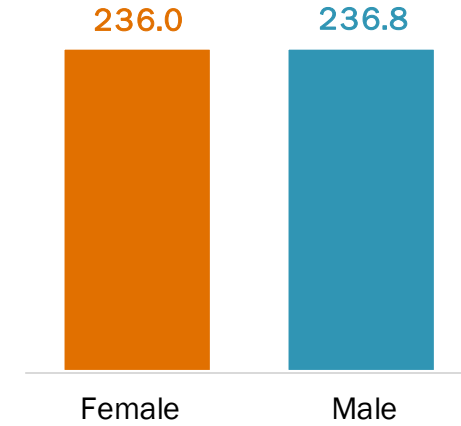
Rates of COVID-19 are highest among Vermonters 20-29 years old.

Rate per 10,000 Vermonters



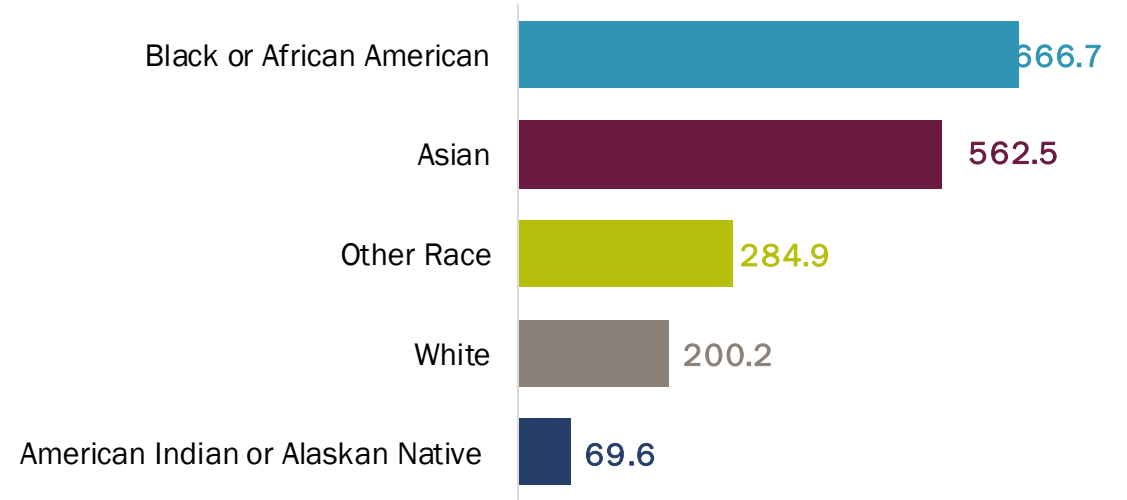
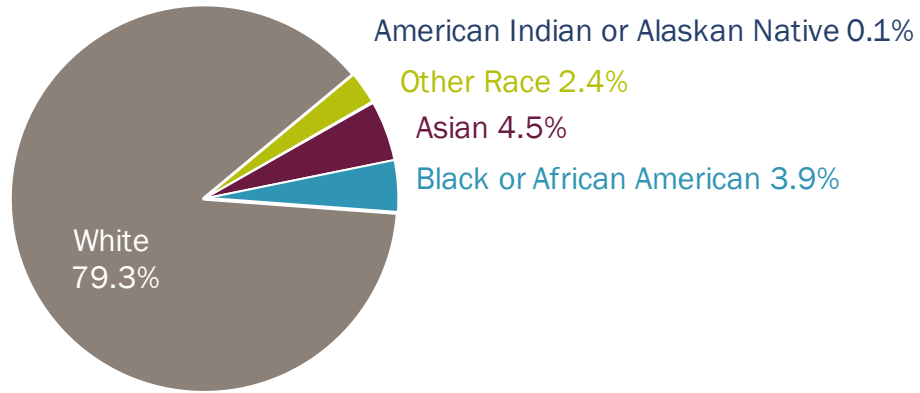
Females and males have similar rates of COVID-19.

Rate per 10,000 Vermonters



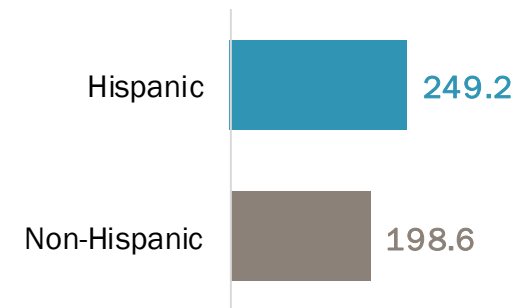
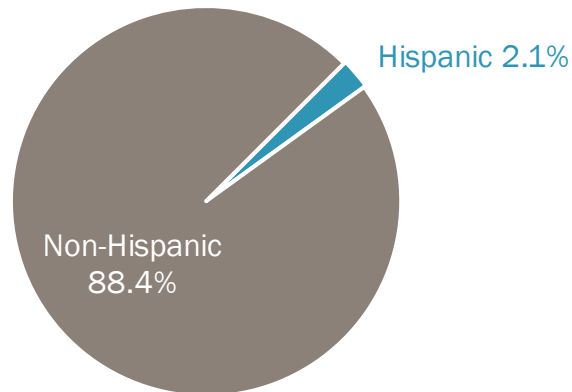
White Vermonters represent the majority of COVID-19 cases. African American Vermonters have the highest rate.

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



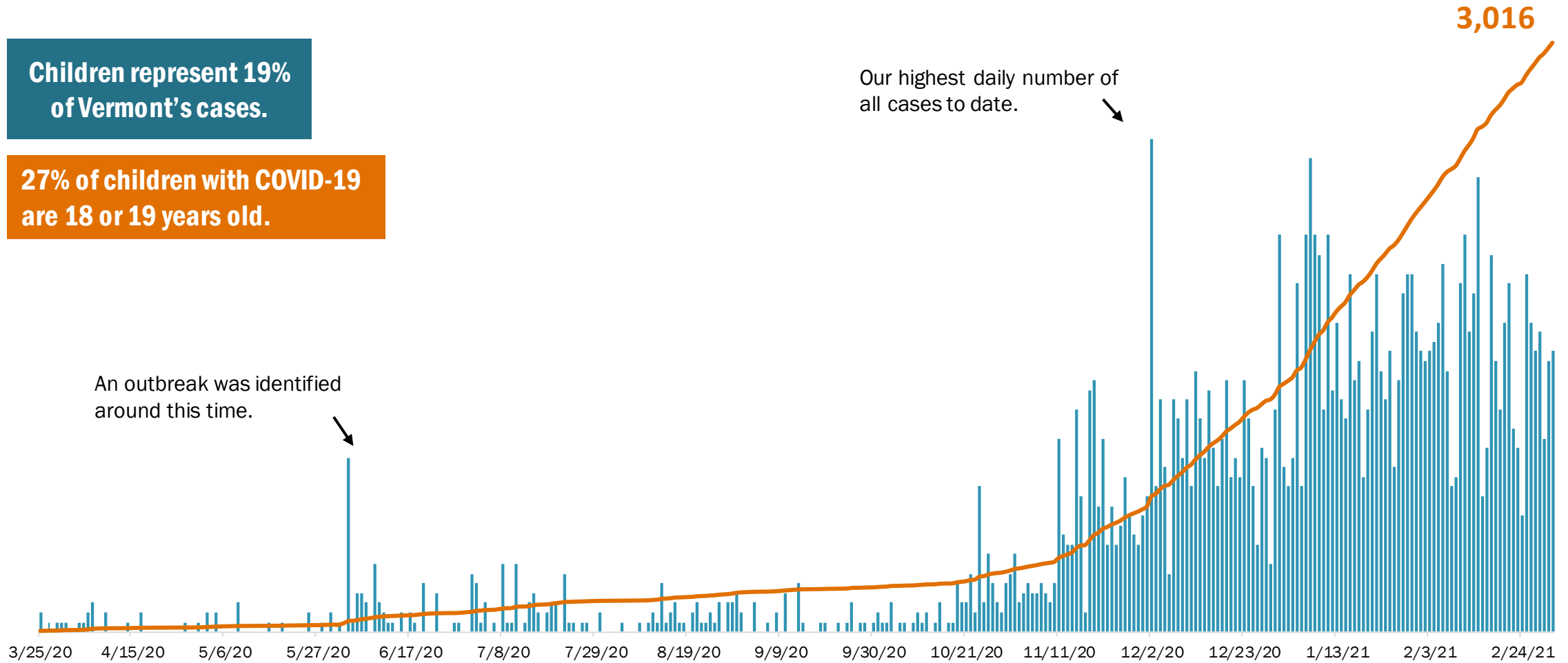
Other Race includes people who identify as two or more races, or a race other than white, Asian, African American or Black, and American Indian or Alaskan Native.

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

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

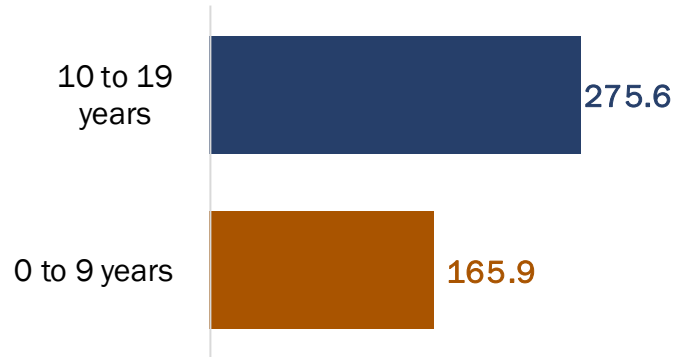
Children represent 19% of Vermont's cases.

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



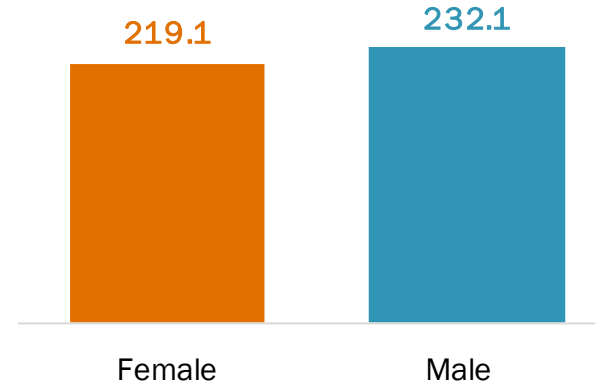
Older children have a higher rate of COVID-19 compared to younger children.

Rate per 10,000 Vermonters 0-19 years old

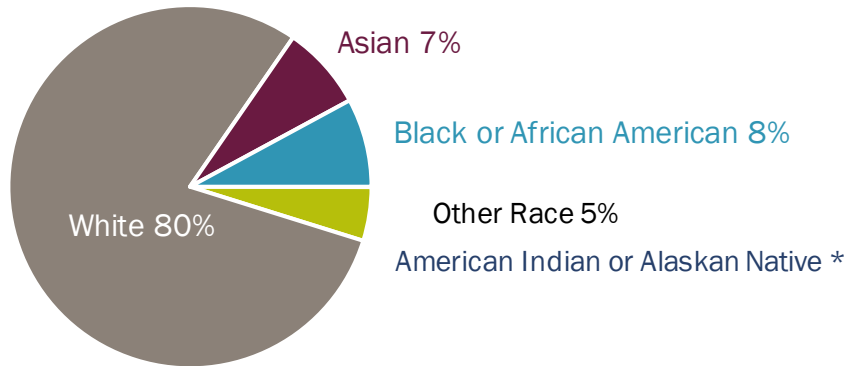


Female and male children have similar rates of COVID-19.

Rate per 10,000 Vermonters 0 to 19 years old

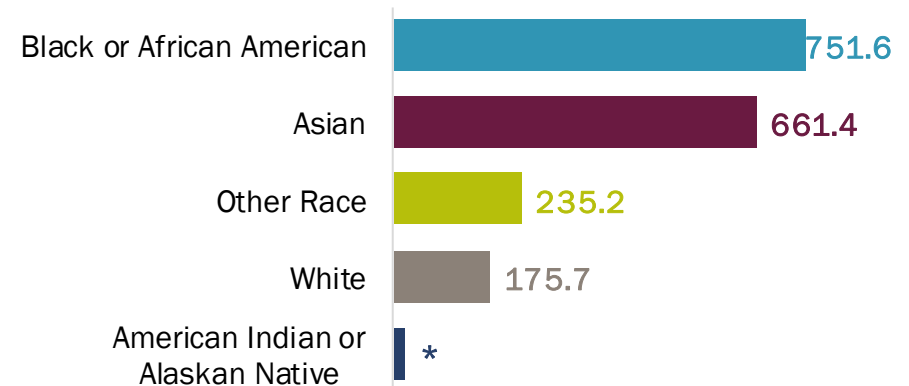


Among children with COVID-19, Black, Indigenous and people of color represent 21% of cases.



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

Rate per 10,000 Vermonters 0 to 19 years

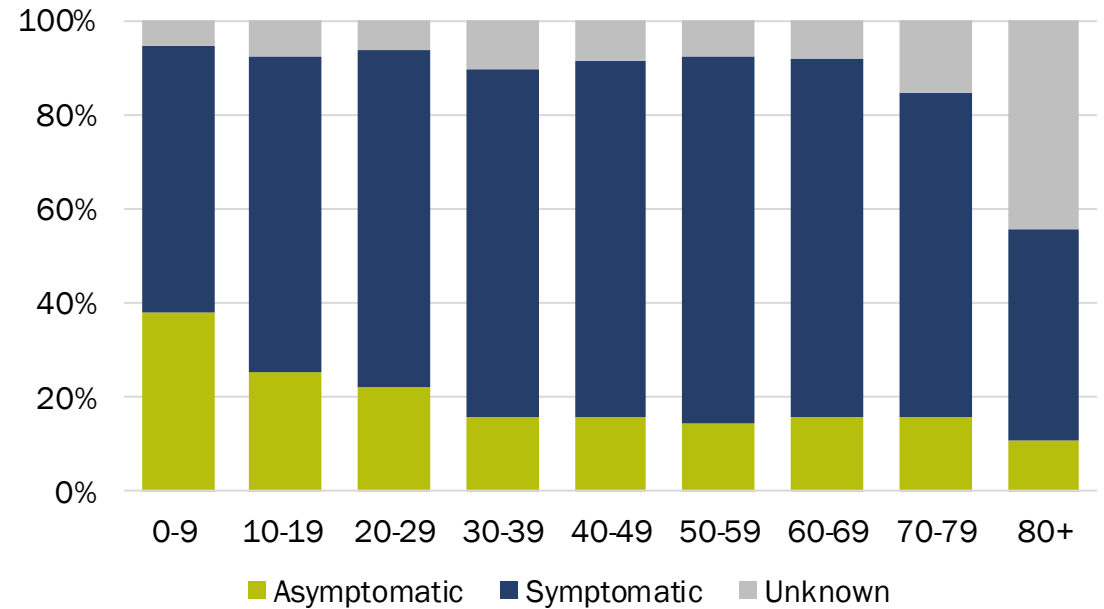


Sign or Symptom	Percent of Children with Symptom
Runny nose	56%
Headache	47%
Cough	46%
Fatigue	42%
Sore Throat	41%
Muscle pain	27%
Loss of smell or taste	27%
Fever	21%

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.

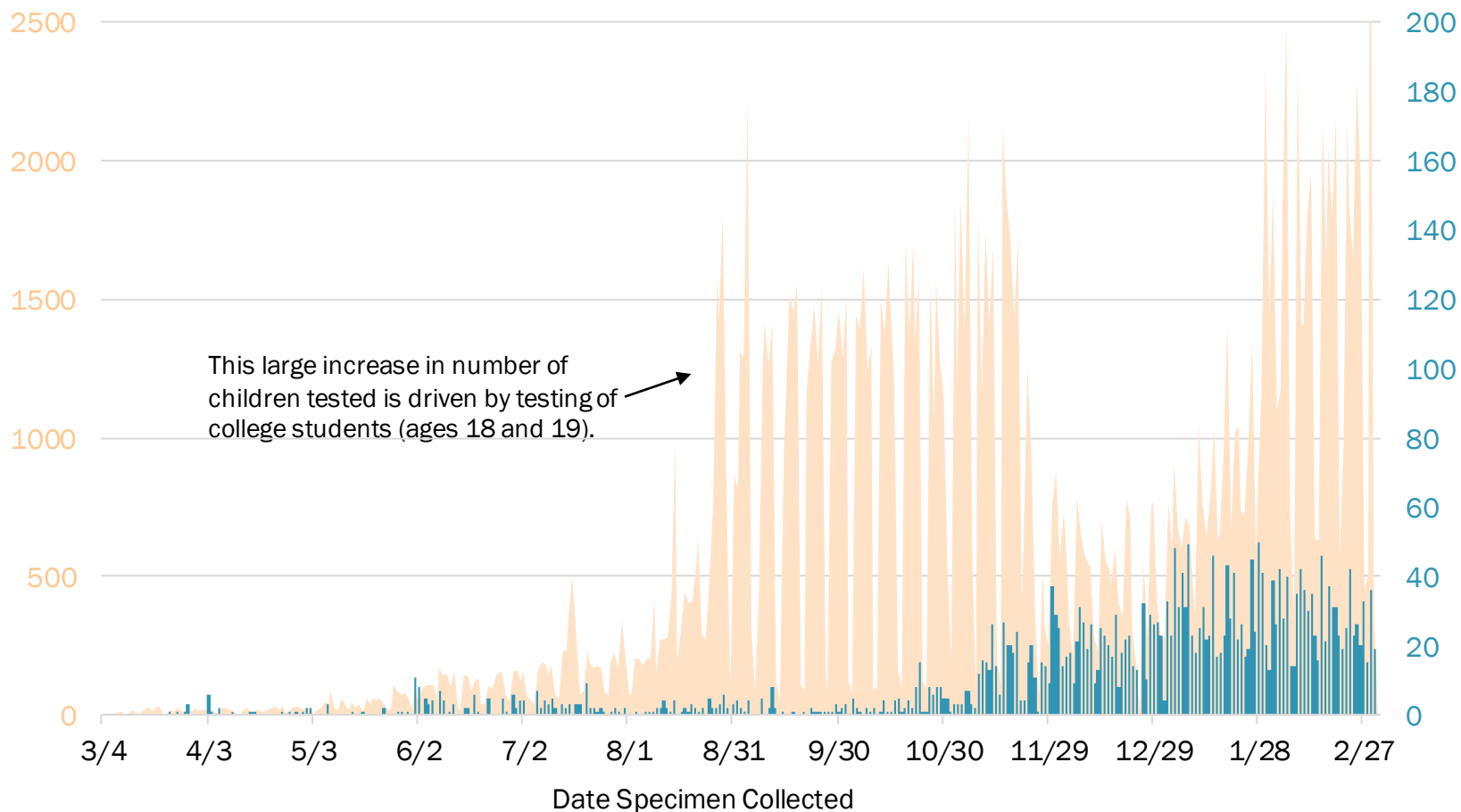
The percent of COVID-19 cases with no symptoms is higher among children. Less than one third (29%) of cases among children had no symptoms reported.



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

20% of children with COVID-19 were part of an outbreak.

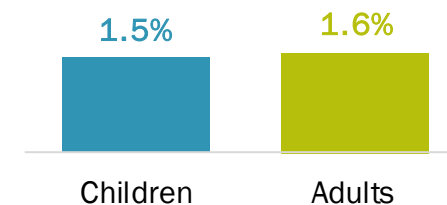
The number of **tests among children** for COVID-19 and the number of **positive tests** have increased over time.



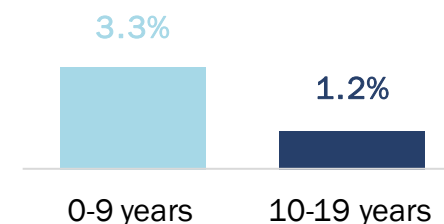
Total tests represents the total number of tests among children (specimen level).

There have been **208,531** COVID-19 tests completed among children.

Percent of tests positive among **children** is similar to **adults**.



Percent of tests positive among **younger children** is greater than **older children**, however many more older children have been tested.



Clinical Course

What symptoms have Vermonters experienced? How many have been hospitalized? How many have died?

8 days

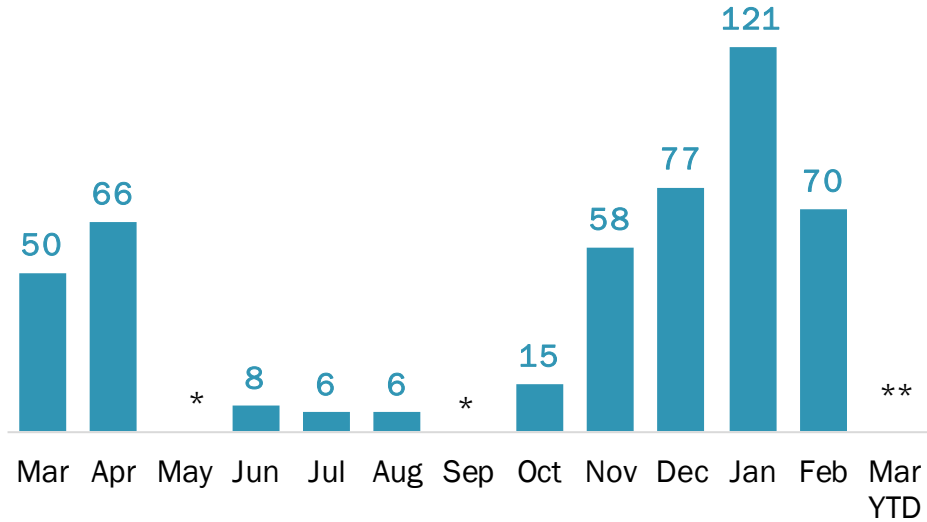
Average illness duration

71%

Cases with symptoms

Sign or Symptom	Percent of Symptomatic Cases
Cough	57%
Fatigue	54%
Headache	53%
Runny Nose	51%
Muscle Pain	44%
Loss of Smell/Taste	37%
Sore Throat	36%
Felt Feverish	34%

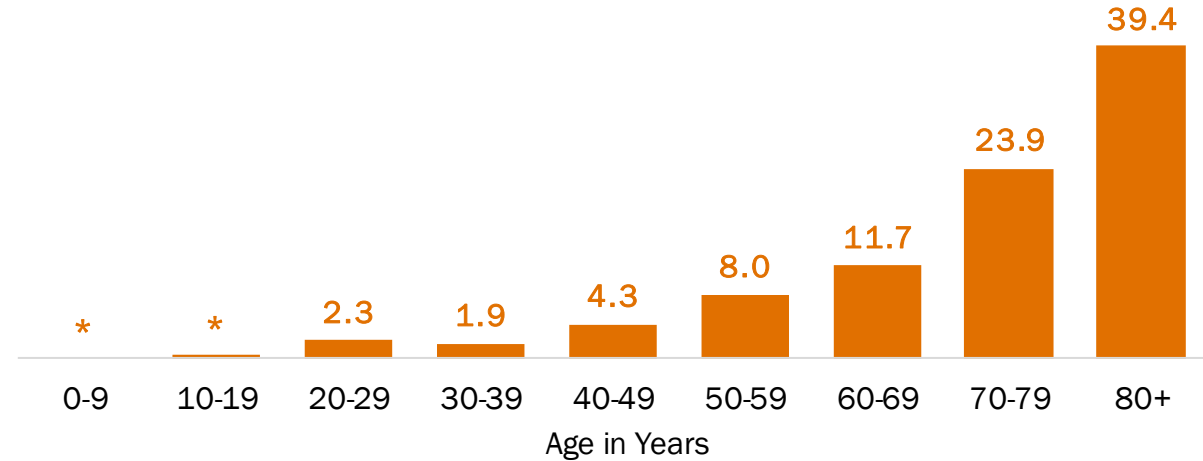
Number of Hospitalizations Over Time



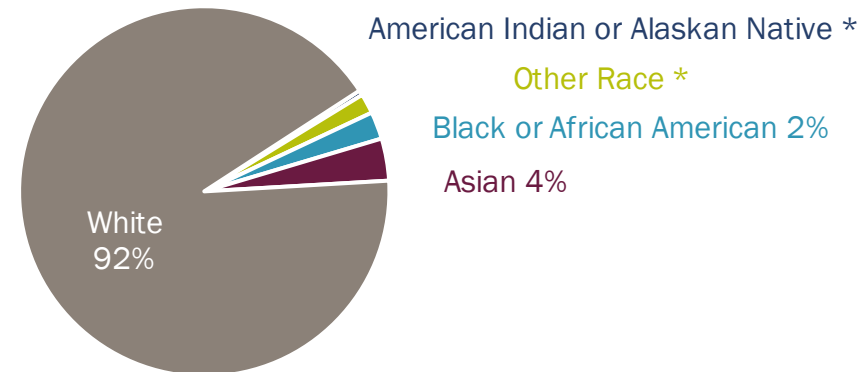
** Current month <6 hospitalizations to date

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.



Please note 234 hospitalized persons are missing race information.
*Values suppressed due to small numbers.

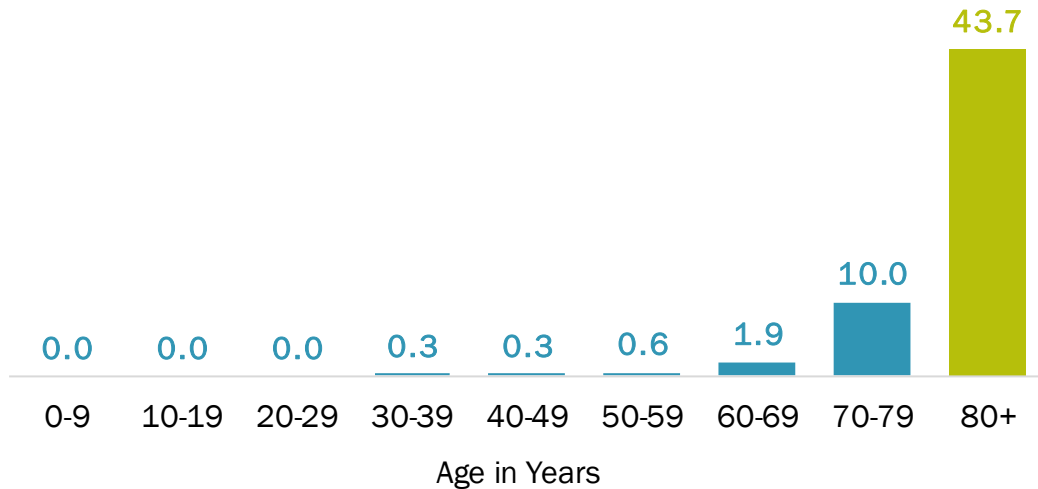
8%
Of those hospitalized
were on a ventilator

24%
Of those hospitalized
were in the ICU

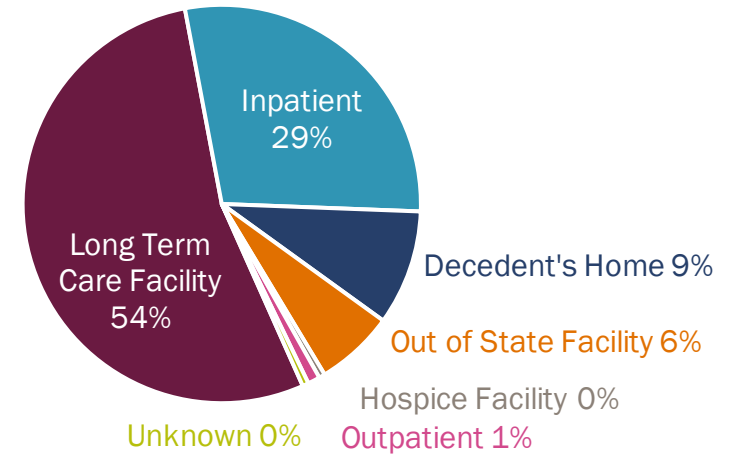
6 days
Average hospital stay
(range: 0-43 days)

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

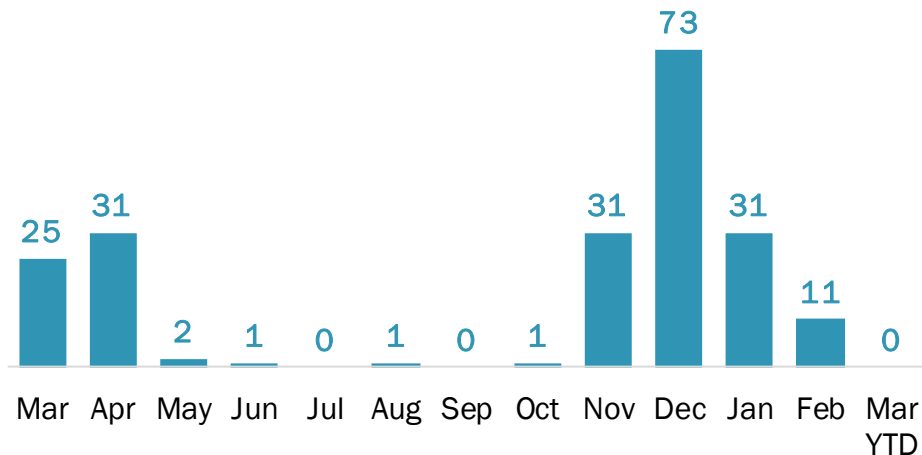
Rate per 10,000 Vermonters



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

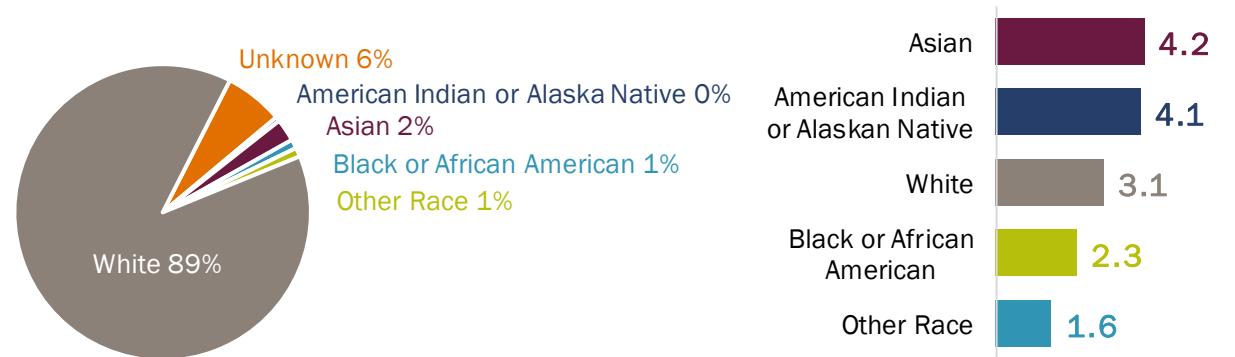


Number of Deaths Over Time.



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. Death rates by race are not statistically different.

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.

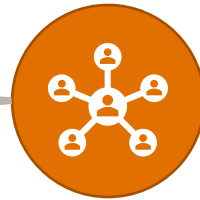
Resolved when no new confirmed or probable COVID-19 cases after 28 days (2 incubational periods) have passed since the most recent case's specimen collection date or illness onset date (whichever is later).

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).



20% of people testing positive for COVID-19 are associated with an outbreak.



Outbreaks

86 Active

184 Resolved*

75 Primary

11 Secondary

*See previous page for definitions of resolved outbreaks.

Congregate Care & Living

 690 cases among residents

 364 cases among facility staff

Schools & Child Care

 734 cases among children & staff

**3,198
Unique
Cases**

Workplaces/Businesses

 650 cases among employees

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.

Acute & Outpatient Healthcare

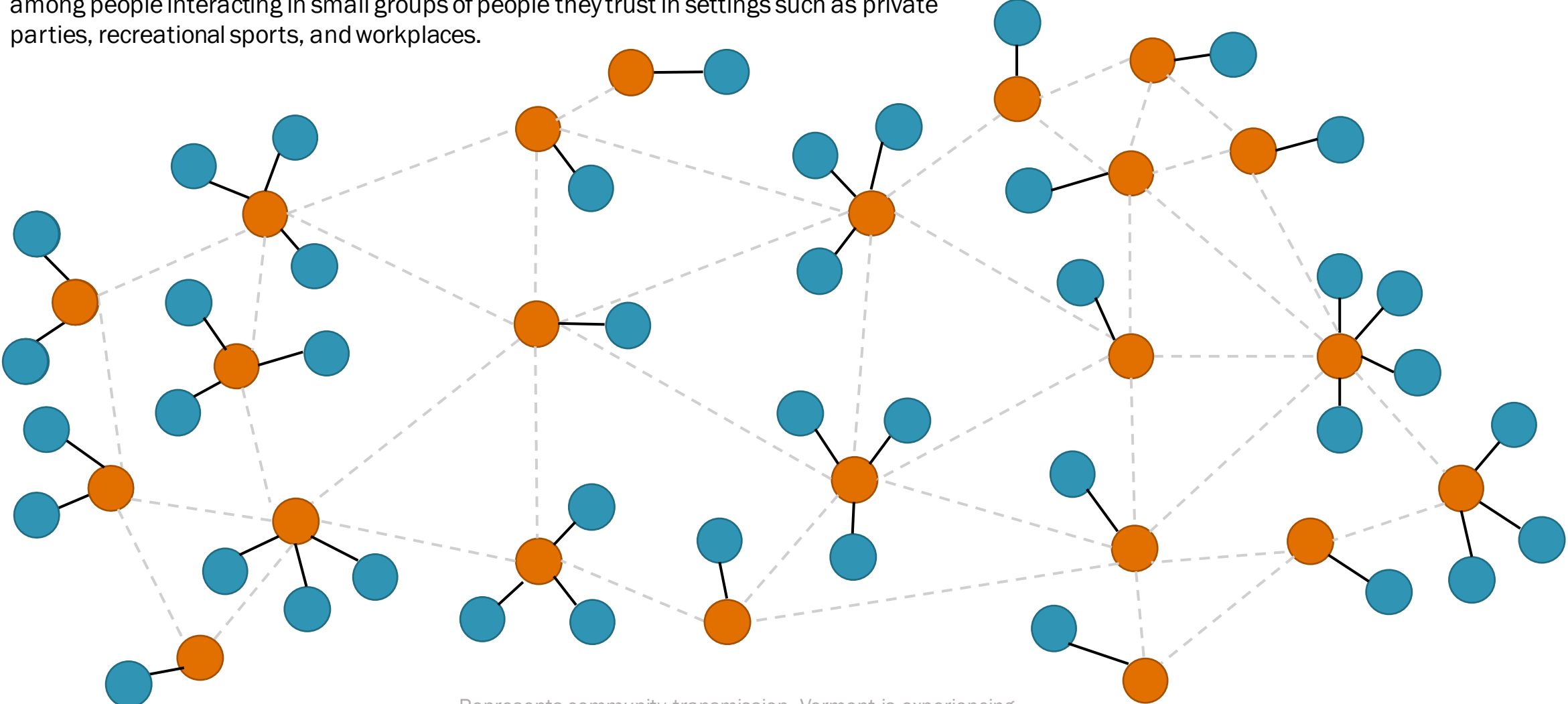
 83 cases

Community

 714 cases

23 primary outbreaks have led to 42 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.

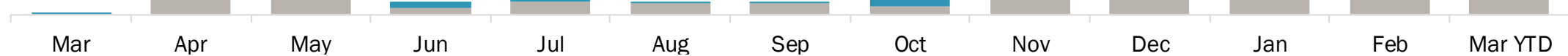


----- Represents community transmission. Vermont is experiencing elevated levels of community transmission across the state.

Vermont COVID-19 Cases Associated with an Outbreak Over Time

6000

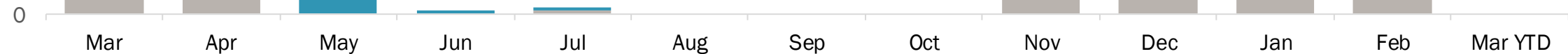
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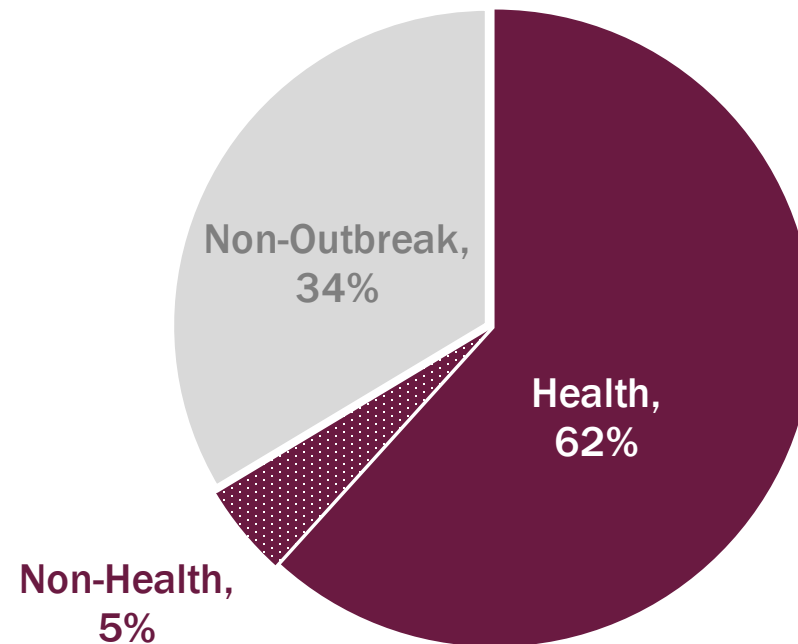
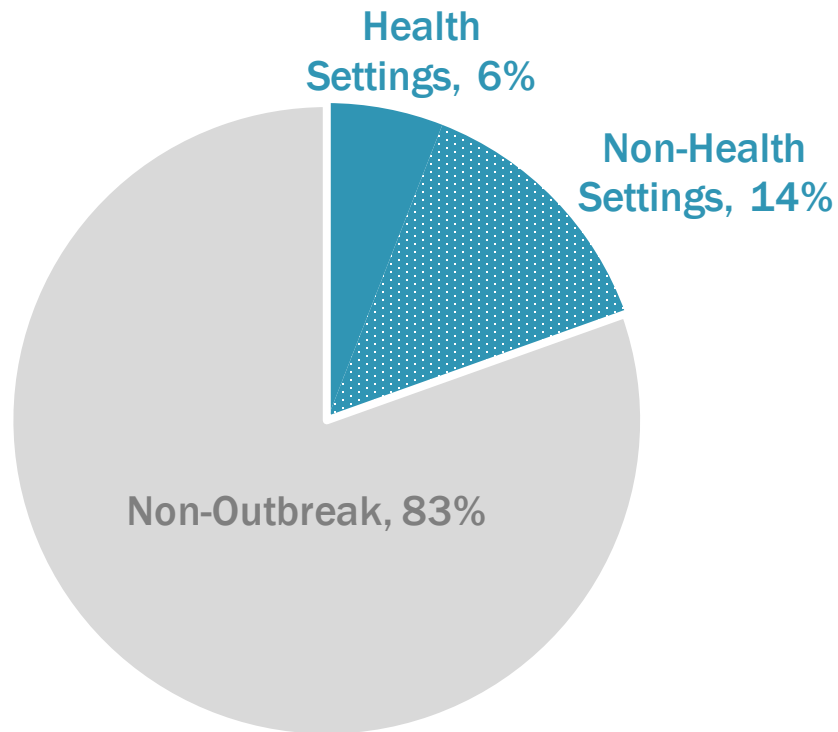
Vermont COVID-19 Deaths Associated with an Outbreak Over Time

80

0



While only 20% of all people testing positive for COVID-19 are associated with an outbreak, 67% 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.

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.

A similar percentage of **females** and **males** with COVID-19 are associated with outbreaks

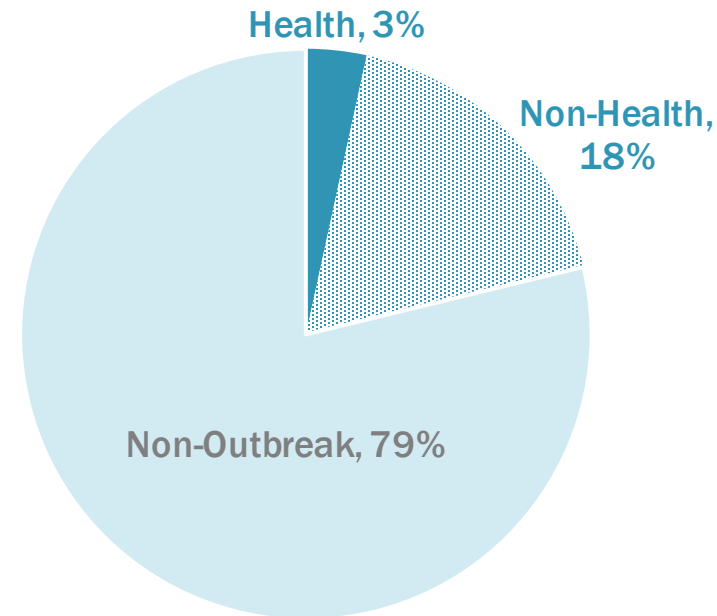
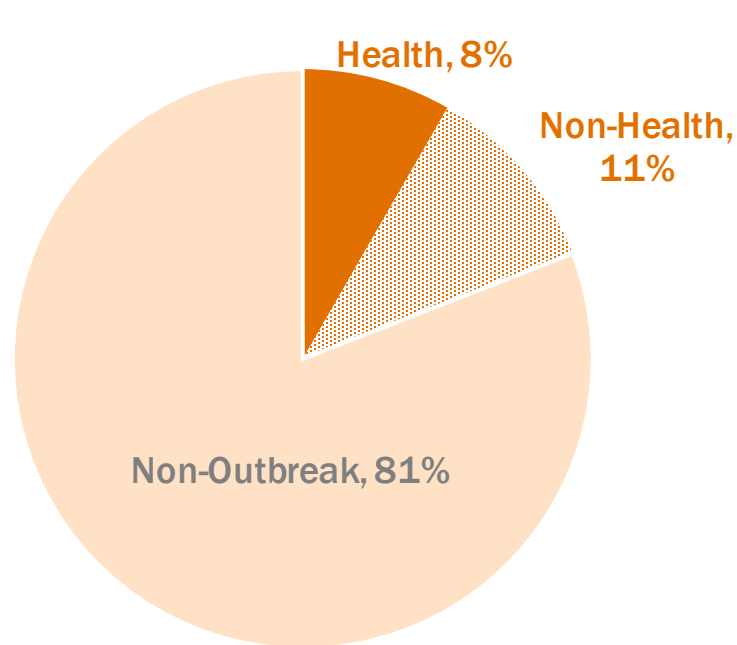


19% of **females** with COVID-19 are associated with an outbreak.



21% of **males** with COVID-19 are associated with an outbreak.

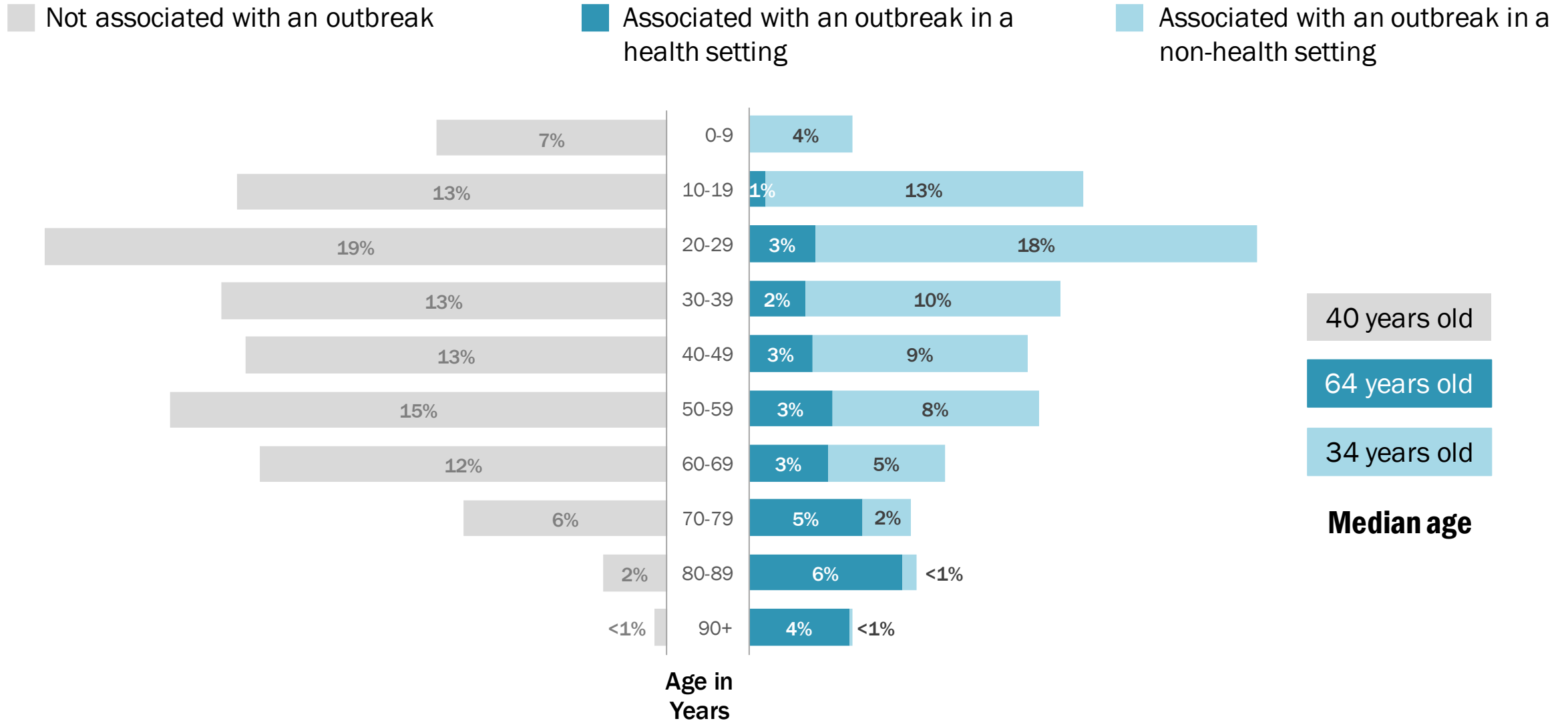
Females with COVID-19 are more likely to be associated with outbreaks in health settings than **males**.



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.

Percent of People Testing Positive for COVID-19 by Outbreak Status and Age



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.

Weekly Spotlight: One Year of COVID-19 in Vermont

This spotlight focuses on other important public health issues that are important to the COVID-19 Data Team.

How did we get here?

It has been almost exactly one year since the first case of COVID-19 was identified in Vermont. Since that time, numerous Health Department staff have been pulled from their regular duties to help respond to the pandemic, including the members of the Data Team who contribute to this weekly summary. We are using the spotlight space this week to highlight some public health issues that we normally spend our time presenting data on. Thank you for looking at our summary each week!



Climate & Health



The Opioid Epidemic and Substance Misuse



Non-COVID Infectious Diseases



Vermonters with Disabilities



Suicide Prevention and Mental Health

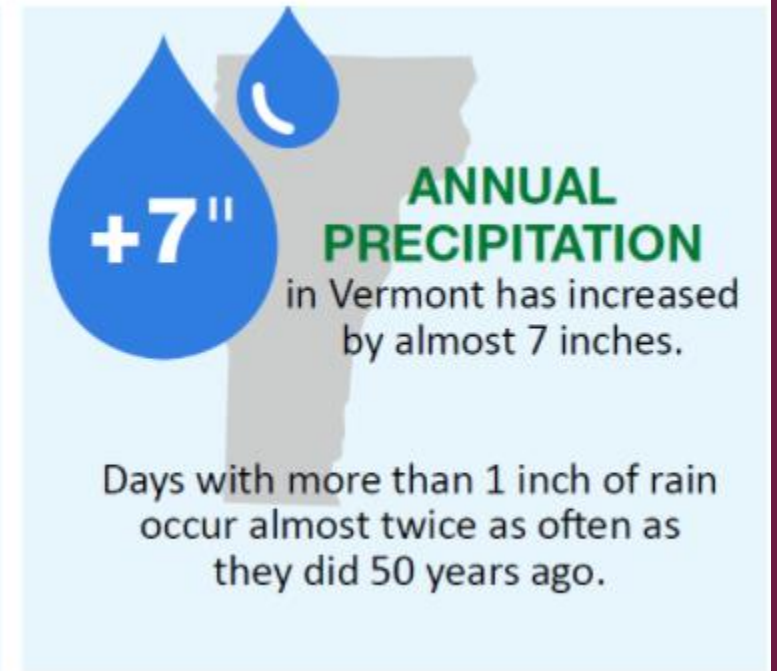
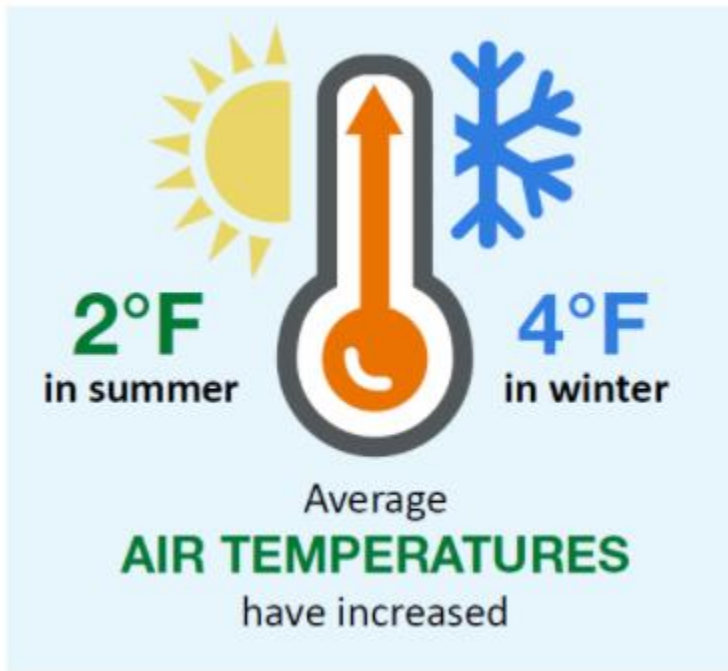


Diabetes & Heart Disease Prevention



Climate & Health

Climate change is already happening in Vermont and is expected to continue. While everyone is at risk for temperature-related illnesses and death, those at highest risk include older adults, young children, people with disabilities, people with pre-existing conditions, outdoor workers, athletes, and people who are homeless or who cannot afford to keep their home at a safe temperature. In the past 50 years...

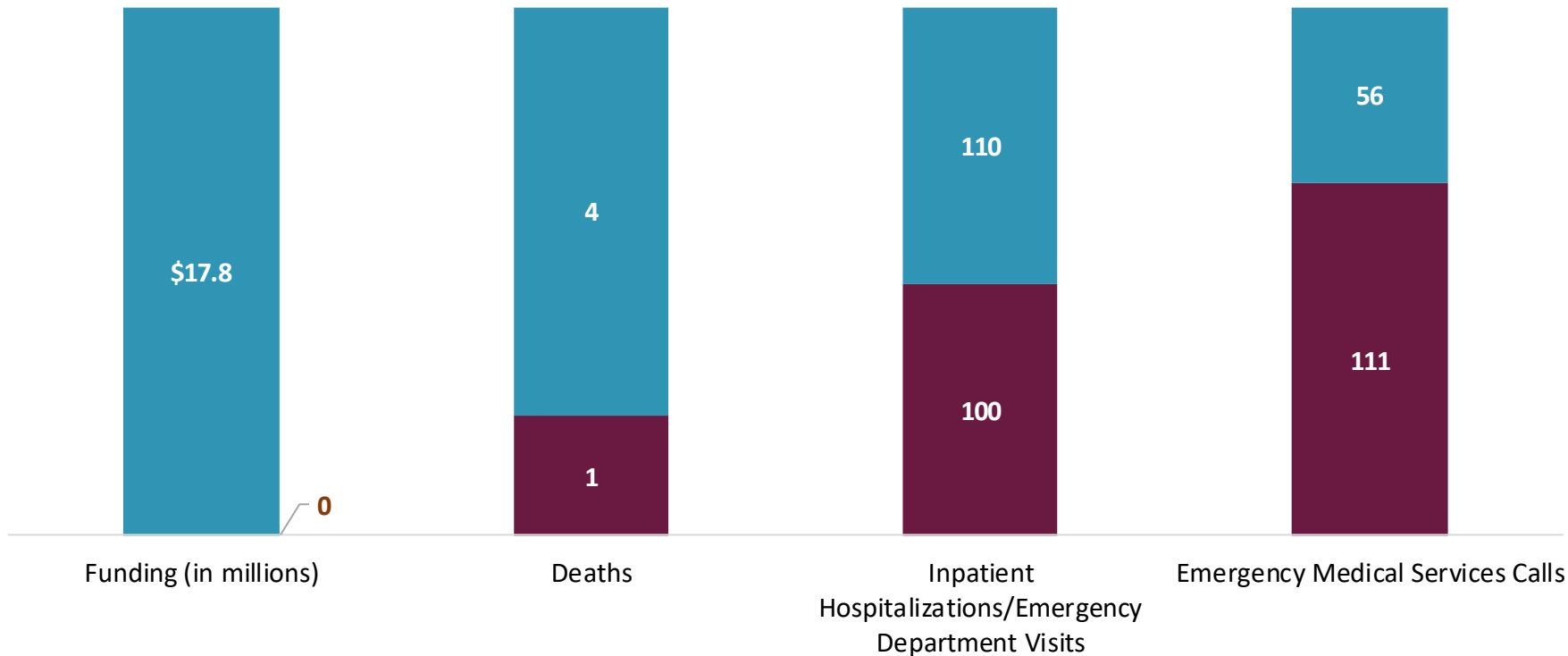


Want to learn more? Check out additional information [here!](#)



Climate & Health

Funding for heating and cooling assistance is not proportional to the distribution of heat- and cold-related illness and death in Vermont.



18
Inpatient hospitalizations for heat-related illness in 2018

8
Previous single year maximum number of heat-related illness hospitalizations

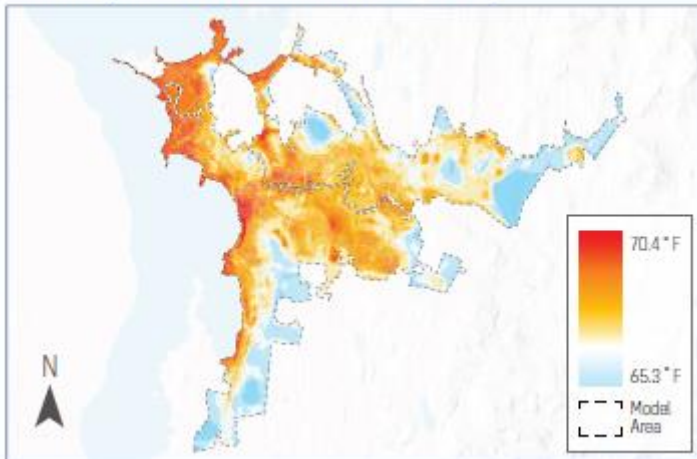
Data Sources: Deaths: Vermont Vital Statistics, 2009-2018. Inpatient/ED visits: Vermont Uniform Hospital Discharge Dataset, 2012-2018. EMS responses: Statewide Incident Reporting Network, 2017-2018. Note: Deaths, inpatient/ED visits, and EMS responses are displayed as annual averages.



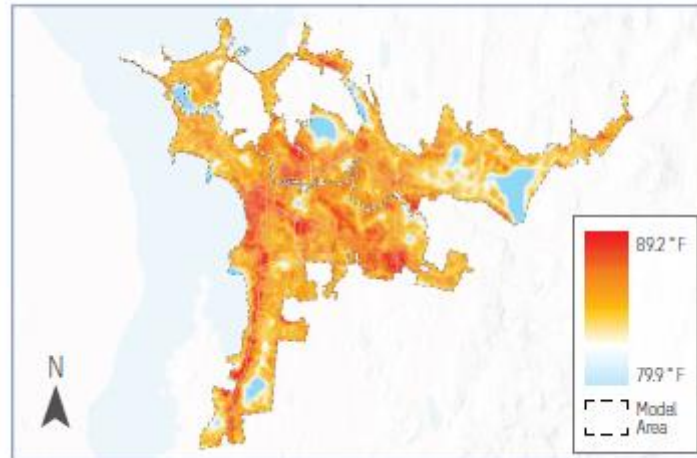
Climate & Health

Urban Heat Islands – Burlington Area Citizen Science Project

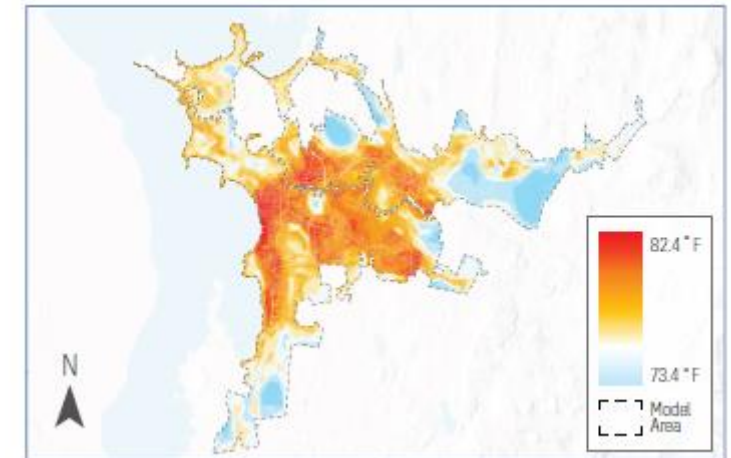
Morning Area-Wide Predictions (6 - 7 am)



Afternoon Area-Wide Predictions (3 - 4 pm)



Evening Area-Wide Predictions (7 - 8 pm)



With support from the National Integrated Heat Health Information System, the Vermont Department of Health organized a heat data collection and mapping campaign in Chittenden County during the summer of 2020. Want to learn more about this project? Check it out [here!](#)

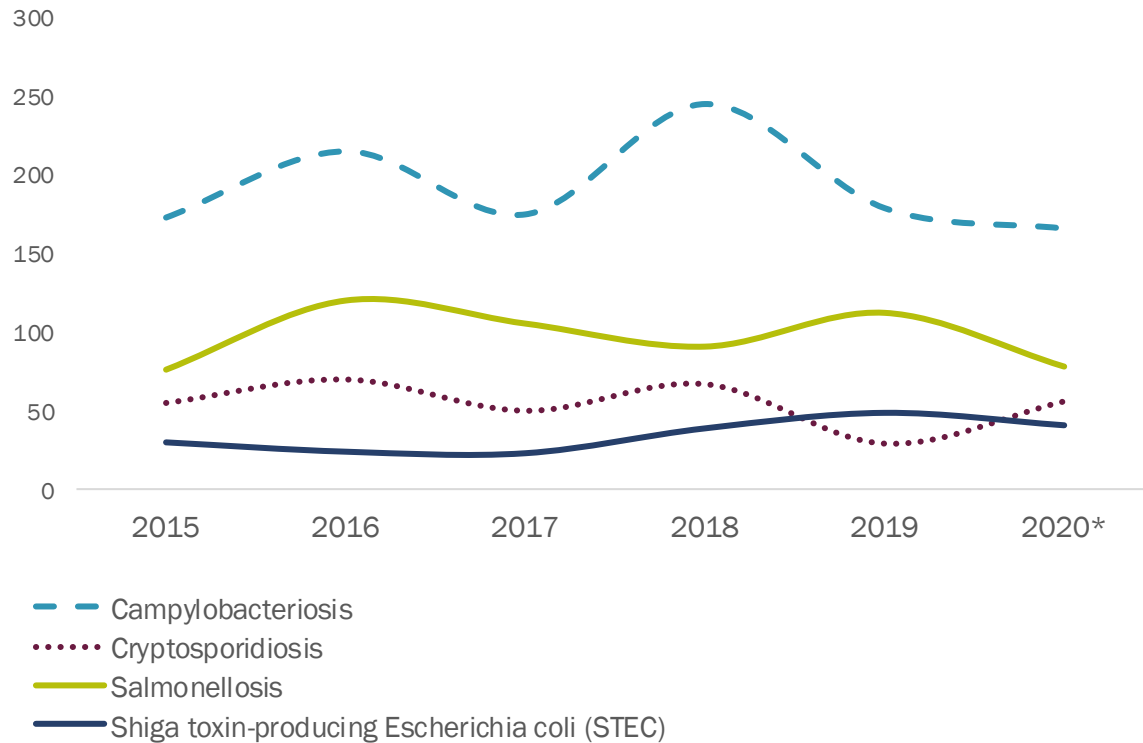
Urban areas in Vermont can feel much hotter than surrounding rural areas. This is referred to as the urban heat island effect. This results in increased risk for dehydration, heat exhaustion, and heat stroke in urban areas.



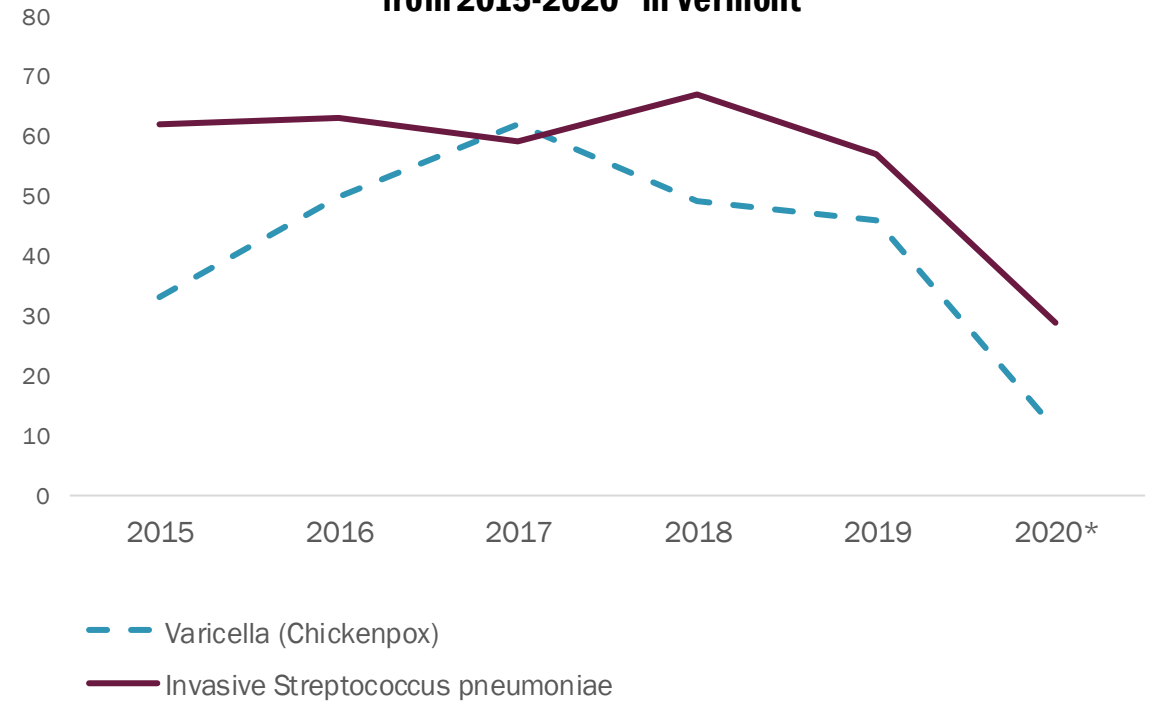
Non-COVID Infectious Disease

Some infectious diseases that are spread person-to-person decreased in 2020. A couple of examples of these types of diseases include invasive *Streptococcus pneumoniae* and chickenpox. The decrease is likely due to social distancing implemented for the COVID-19 pandemic. Diseases that are predominately spread through contaminated food and water or animals to people did not have the same notable decreases in the number of cases reported to the Health Department.

Reports for enteric diseases from 2015-2020* in Vermont



Reports for invasive *Streptococcus pneumoniae* and chickenpox from 2015-2020* in Vermont





Non-COVID Infectious Disease

Ongoing Hepatitis A Virus Outbreak

Vermont has had 34 cases of acute hepatitis A virus (HAV) infection since beginning of 2019, compared with the previous 5-year average of 3 cases per year. Of the 34 cases, 56% were hospitalized. Many Vermont counties have reported cases, the most recent cases have been in Chittenden and Franklin counties.

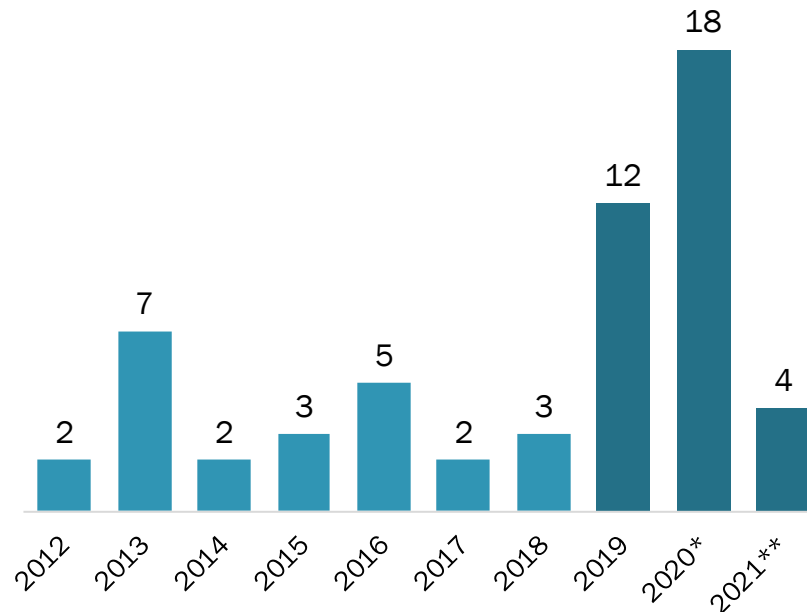
[Hepatitis A](#) is a liver infection caused by the Hepatitis A virus. Symptoms can range from a mild infection to a more serious illness, including liver failure and death. The virus is generally spread by person-to-person contact, primarily through the fecal-oral route. Thorough handwashing and sanitary practices are important to help prevent it from spreading.

The majority of cases in Vermont and nationally are among people with these risk factors:

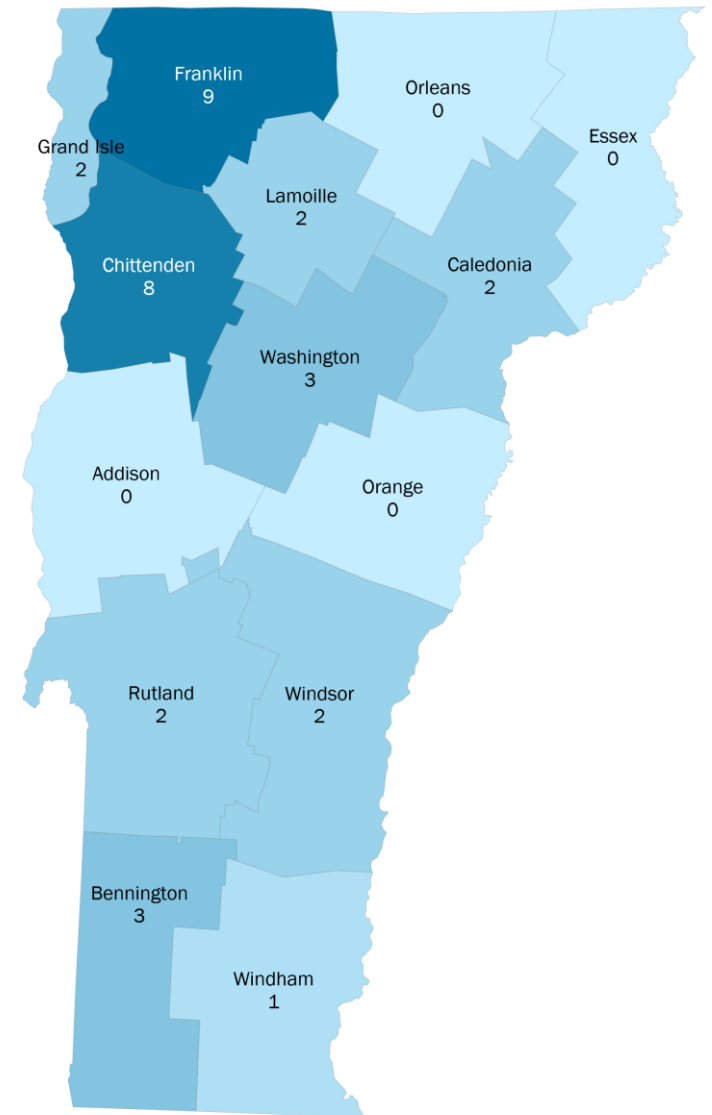
- people with a history of drug use
- people who are experiencing unstable housing or homelessness
- individuals who are currently or who were recently incarcerated
- people with chronic liver disease including cirrhosis, hepatitis B, or hepatitis C
- men who have sex with men.

The best way to prevent hepatitis A infection is to get vaccinated. In addition, because of the nature of the virus, access to sanitation, restroom facilities and handwashing stations is important for preventing its spread.

Cases of Hepatitis A Virus in Vermont, 2012-2021**



**Hepatitis A Cases
01/01/2019 - 02/27/2021**



*2020 counts are preliminary and subject to change.

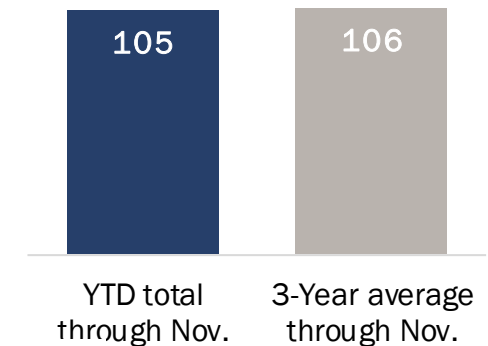
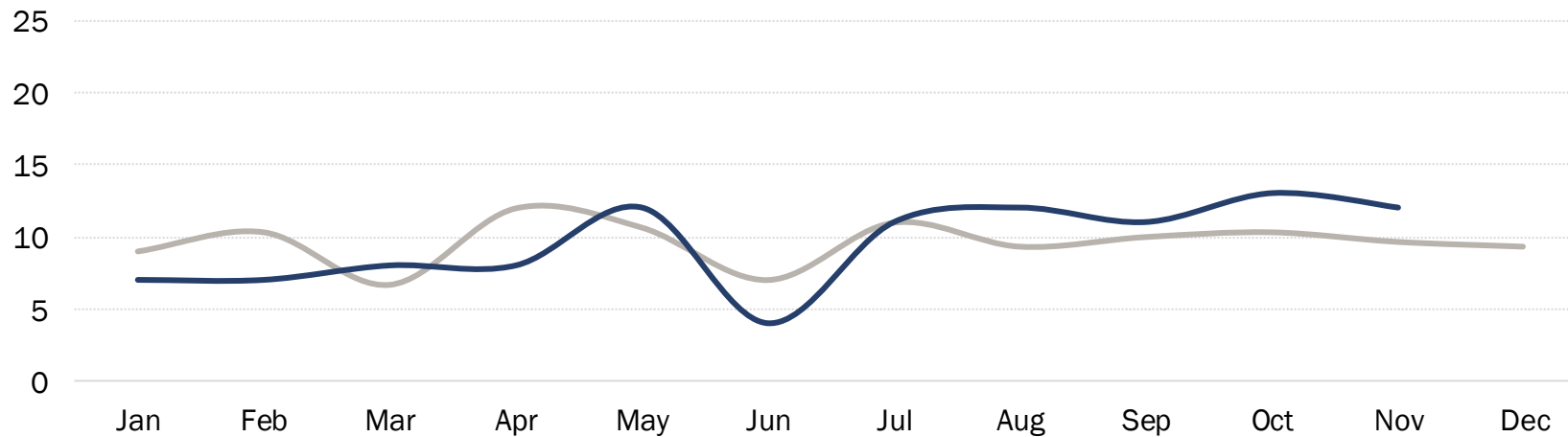
**2021 counts are through February 27, 2021. Counts are preliminary and subject to change.



Suicide Prevention and Mental Health

The number of Vermonters dying by suicide this year is similar to previous years.

Suicide deaths in **2020** and **3-year averages** by month among Vermont residents*



Source: Vermont Vital Statistics, 2015-2020.

*3-year averages are calculated using the years 2017 to 2019.

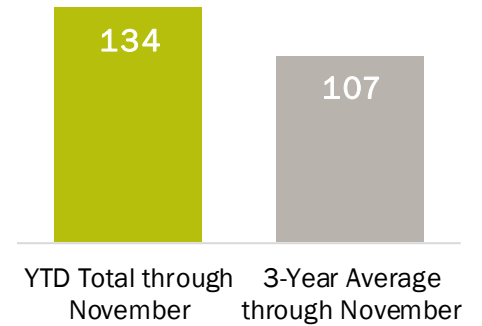
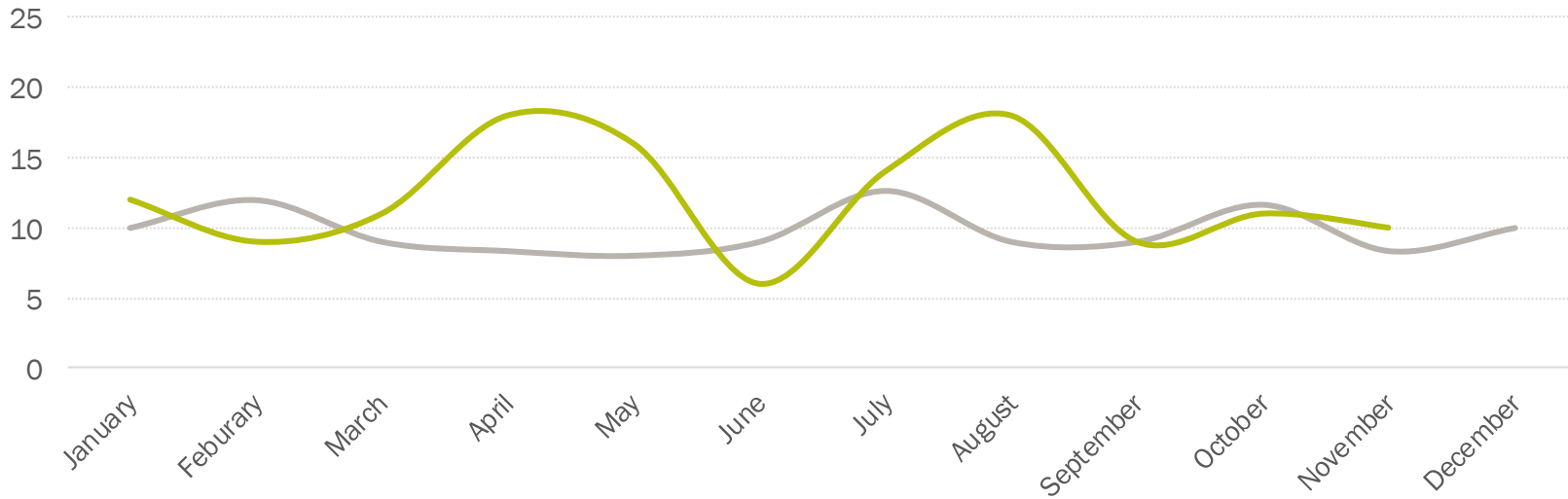
Please note there is an 8-week lag in reporting suicide death. An 8-week lag minimizes the changes in numbers posted. Suicide deaths through the end of November are included in this report. There are 21 pending death certificates from January to November 2020.

For more information, click [here](#) to see the Monthly Suicide Report

The Opioid Epidemic and Substance Misuse

The number of Vermonters dying by opioid overdose this year is higher than previous years.

Opioid deaths in **2020** and **3-year averages** by month among Vermont residents*



Source: Vermont Vital Statistics, 2017-2020. *3-year averages are calculated using the years 2017 to 2019. All data from 2020 are considered preliminary. There are 21 pending death certificates from January to November 2020.

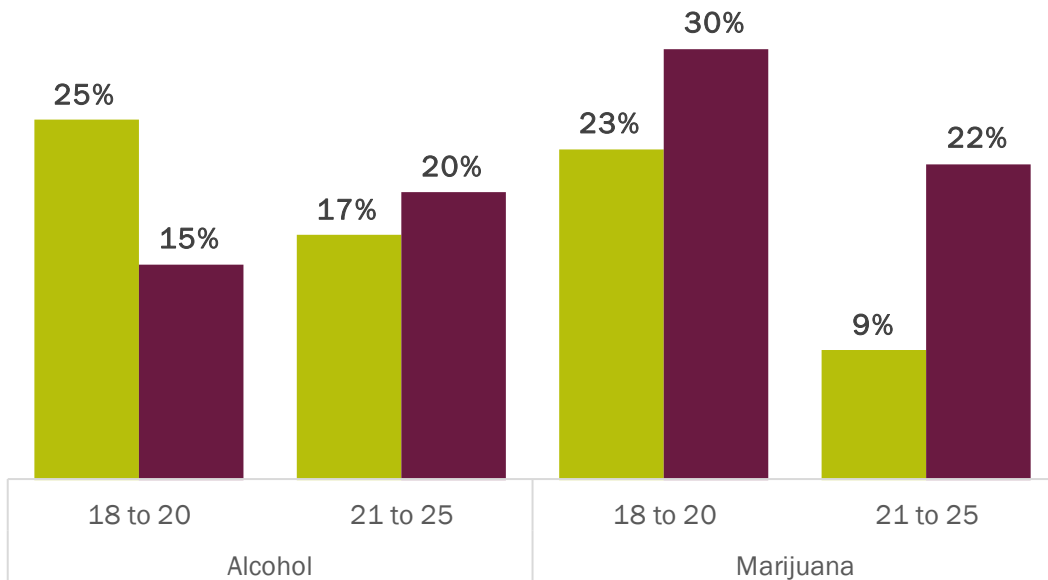


The Opioid Epidemic and Substance Misuse

While recent survey data related to substance use are limited, the most recently available years of data from the Youth Risk Behavior Survey (YRBS) and Behavioral Risk Factor Surveillance System (BRFSS) indicate that alcohol use is trending downward while marijuana use is increasing.

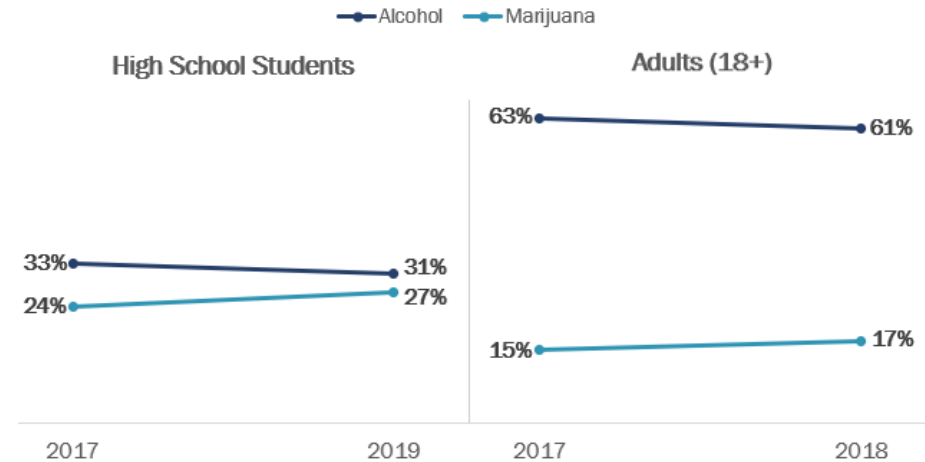
Self-Reported Change in Substance Use Due to COVID-19 Pandemic Among Vermont Youth

■ Stopped/decreased use ■ Started/increased use



Source: Vermont Young Adult Survey
Vermont Department of Health

Marijuana and Alcohol Consumption in Past 30 Days Among Vermont High School Students and Adults

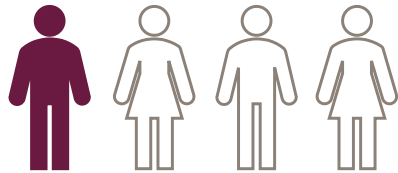


Source: Vermont Youth Risk Behavior Survey and Behavioral Risk Factor Surveillance System

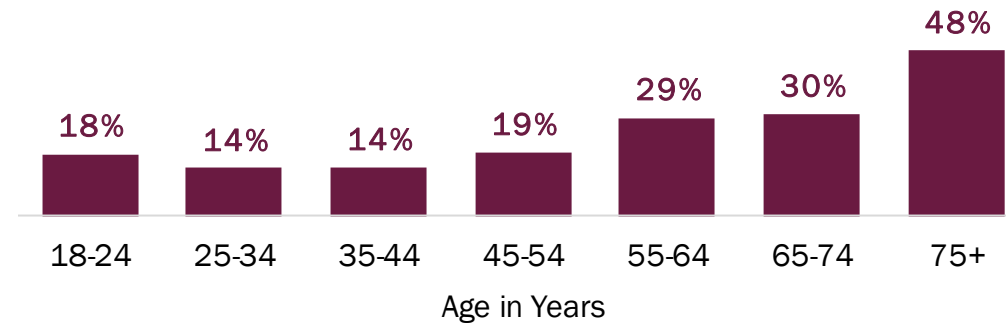
Additionally, between March and May 2020, the Vermont Young Adult Survey (YAS) asked a convenience sample of Vermonters between the ages of 18 and 25 how the pandemic had influenced their substance use. A higher proportion of 18- to 20-year-olds indicated that they had stopped or decreased alcohol use than had started or increased use, while the opposite was true among 21- to 25-year-olds. Both 18- to 20-year-olds and 21- to 25-year-olds were more likely to report starting or increasing marijuana use than stopping or decreasing use in response to the pandemic.

Vermonters with Disabilities

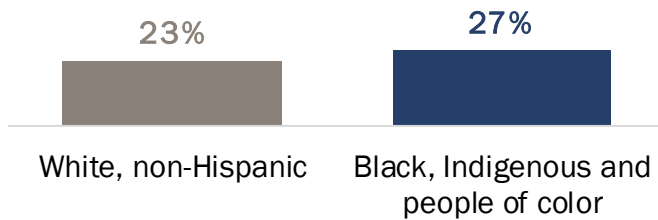
1 in 4 adults have a disability.



A higher percentage of adults with a disability are older.



The percent of adults with a disability are similar by race and ethnicity.



24% of females have a disability.

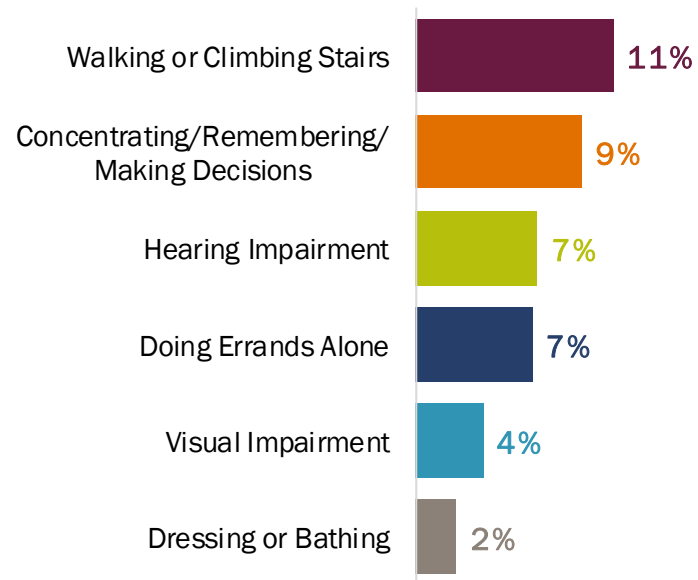


23% of males have a disability.

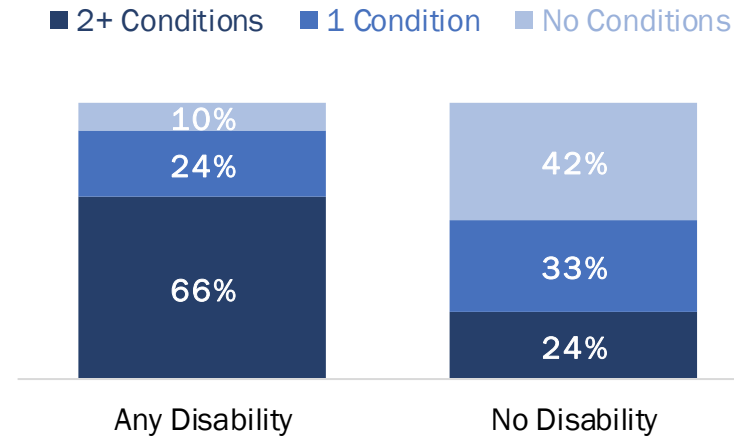


Vermonters with Disabilities

Mobility and cognitive disabilities affect the largest number of Vermonters.



90% of adults with a disability have at least one chronic condition.



Due to historical, structural discrimination, Vermonters with disabilities experience significant disparities in health outcomes compared to Vermonters without disabilities. This includes higher rates of chronic disease.

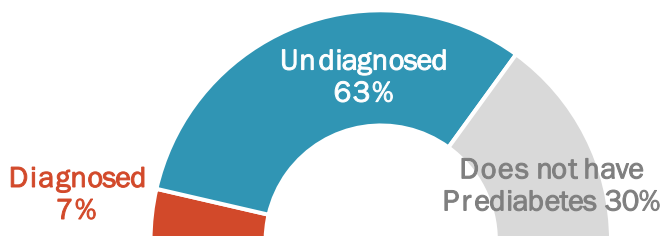
Diabetes Prevention

Diabetes has been the seventh leading cause of death in Vermont and a leading cause of death in the United States for the last decade.



Prediabetes, the condition typically preceding type 2 diabetes, is often **underdiagnosed**.

Seven in 10 Vermont adults are estimated to have diagnosed or undiagnosed prediabetes.^{1,2}



Vermont’s Diabetes & Heart Disease Prevention Program partners with 28% of Vermont’s Federally Qualified Health Center and Hospital owned health systems to increase the diagnosis of prediabetes and referrals to lifestyle change programs.



100% of partnering health systems **have a protocol** to diagnose prediabetes



80% **regularly implements it**



60% include a **processes to refer to lifestyle change programs for diabetes prevention in it**

Vermont Health Systems Quality Improvement Assessment (VHSQIA), 2020.

Only 15% of Vermont adults diagnosed with prediabetes have attended a lifestyle change program.²

[My Healthy VT's](#) Diabetes Prevention Workshop is a nationally-recognized program shown to:

Decrease risk of developing type 2 diabetes.³

+15%



Increase among patients who report their **health is good**.²

¹ Dall TM et al. Detecting type 2 diabetes and prediabetes among asymptomatic adults in the United States. *Popul Health Metr.* 2014;12(2).

² Vermont Behavioral Risk Factor Surveillance System (BRFSS), 2017.

³ Knowler WC et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med.* 2002;346:393-403.

Source: Vermont Department of Health, 2021.

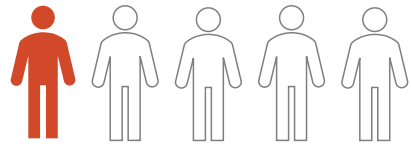
Heart Disease Prevention

Heart disease is a leading cause of death in Vermont and the United States. Having **hypertension raises the risk** for heart disease and stroke. There are no warning signs or symptoms of hypertension and many people do not know they have it.¹



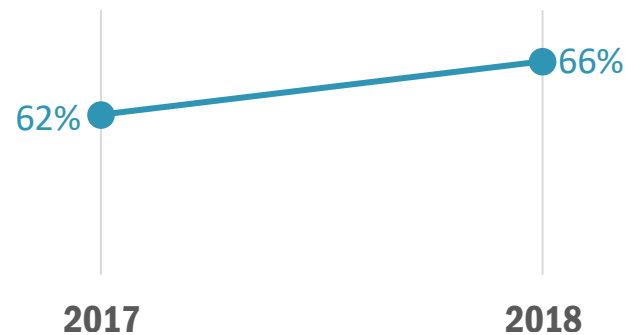
25% of Vermont adults have been diagnosed with hypertension.²

Up to **1** in **5** adults may have hypertension and not know it.³





Untreated hypertension makes a person 2 to 4 times more likely to experience heart disease, including stroke.⁴

The proportion of Vermont adults with hypertension **who have it in control** has risen in recent years.⁵



Vermont's Diabetes & Heart Disease Prevention Program partners with 33% of Vermont's Federally Qualified Health Center and Hospital owned health systems to increase the diagnosis and management of hypertension.

 100% of partnering health systems **have and regularly implement** a protocol to diagnose patients with hypertension.⁶

 66% of adults diagnosed with hypertension **have a self-management plan** to help manage their condition.²

¹ Centers for Disease Control and Prevention, High Blood Pressure Symptoms and Causes, May 19, 2020.

² Vermont Behavioral Risk Factor Surveillance System (BRFSS), 2018.

³ Centers for Disease Control and Prevention. 2012 MMWR; 61(35):703-709.

⁴ Kannel WB. Hypertension as a Risk Factor for Cardiac Events-Epidemiologic Results of Long-Term Studies. *J Cardiovasc Pharmacol*, 1993;21(Suppl. 2):S27-S37.

⁵ Blueprint for Health Community Health Profiles 2017-2018.

⁶ Vermont Health Systems Quality Improvement Assessment, 2020

Source: Vermont Department of Health, 2021.

Thank you to health care workers, frontline workers, and to our dedicated Health Department colleagues and other Vermont state employees who have put in countless hours to respond to this pandemic in the last year.



Learn more about COVID-19 in Vermont:

Web: www.healthvermont.gov/COVID-19

Email: AHS.VDHPublicCommunication@vermont.gov

See more data: [Weekly Data Summaries](#)