

Weekly Summary of Vermont COVID-19 Data

Reflecting cases identified between
March 5 – August 5, 2020

Date published: August 7, 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 July 29 through August 5.

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.

Table of Contents

Click on a box below to jump to that section

[Overview of COVID-19 in Vermont](#)

[Case Demographics](#)

[Clinical Course](#)

[Outbreaks](#)

[Syndromic Surveillance](#)

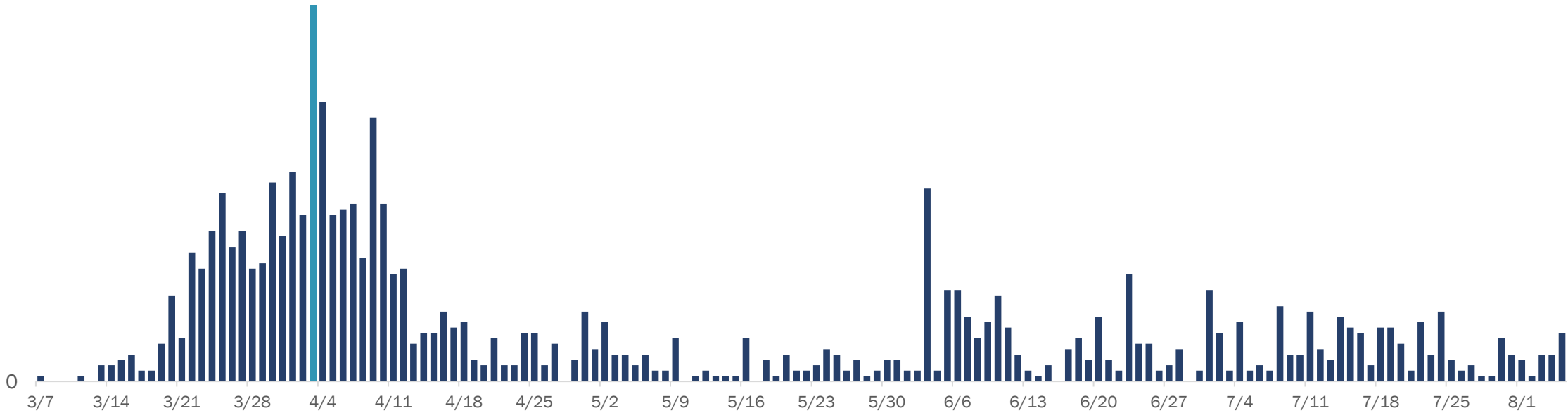
[Weekly Spotlight](#)

COVID-19 in Vermont

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

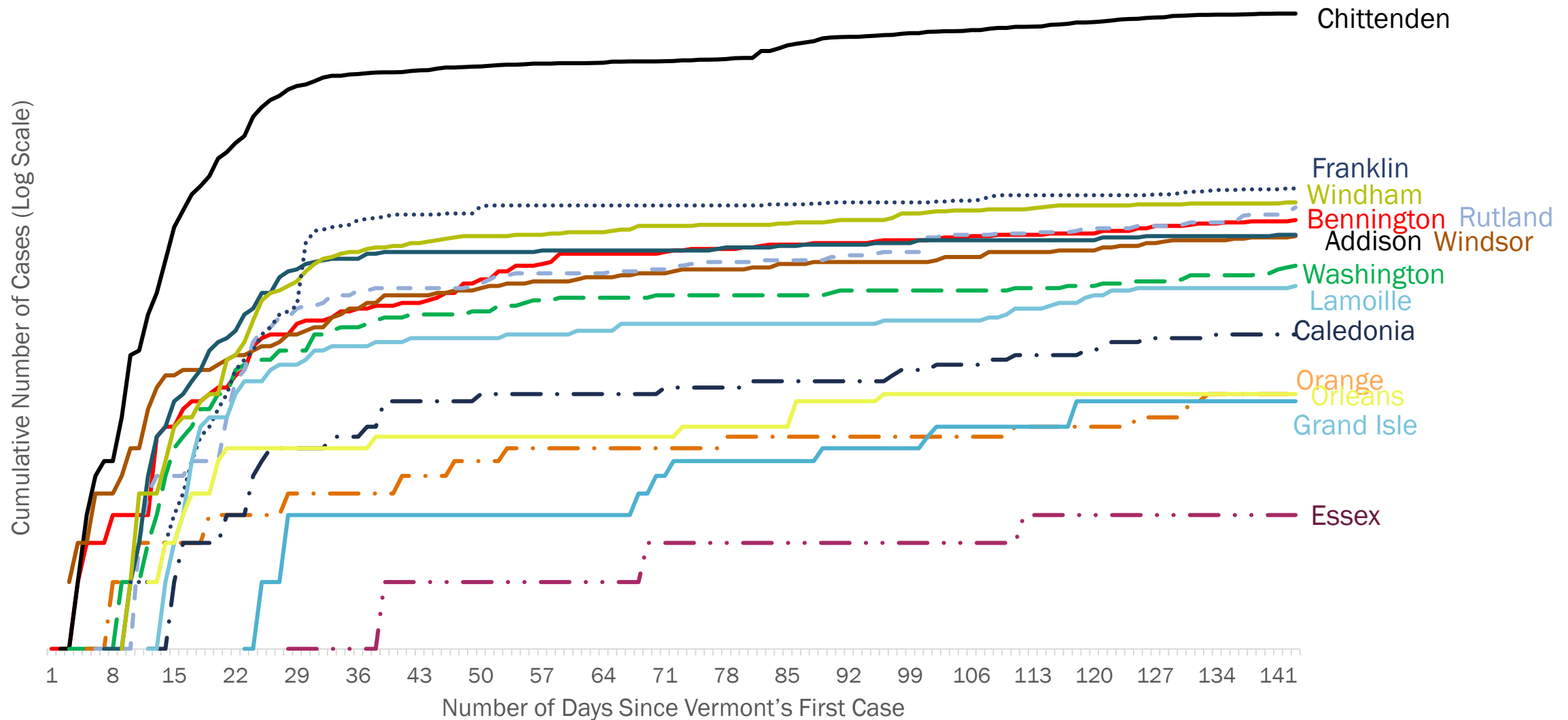
Total Number of Cases in Vermont: 1,445

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

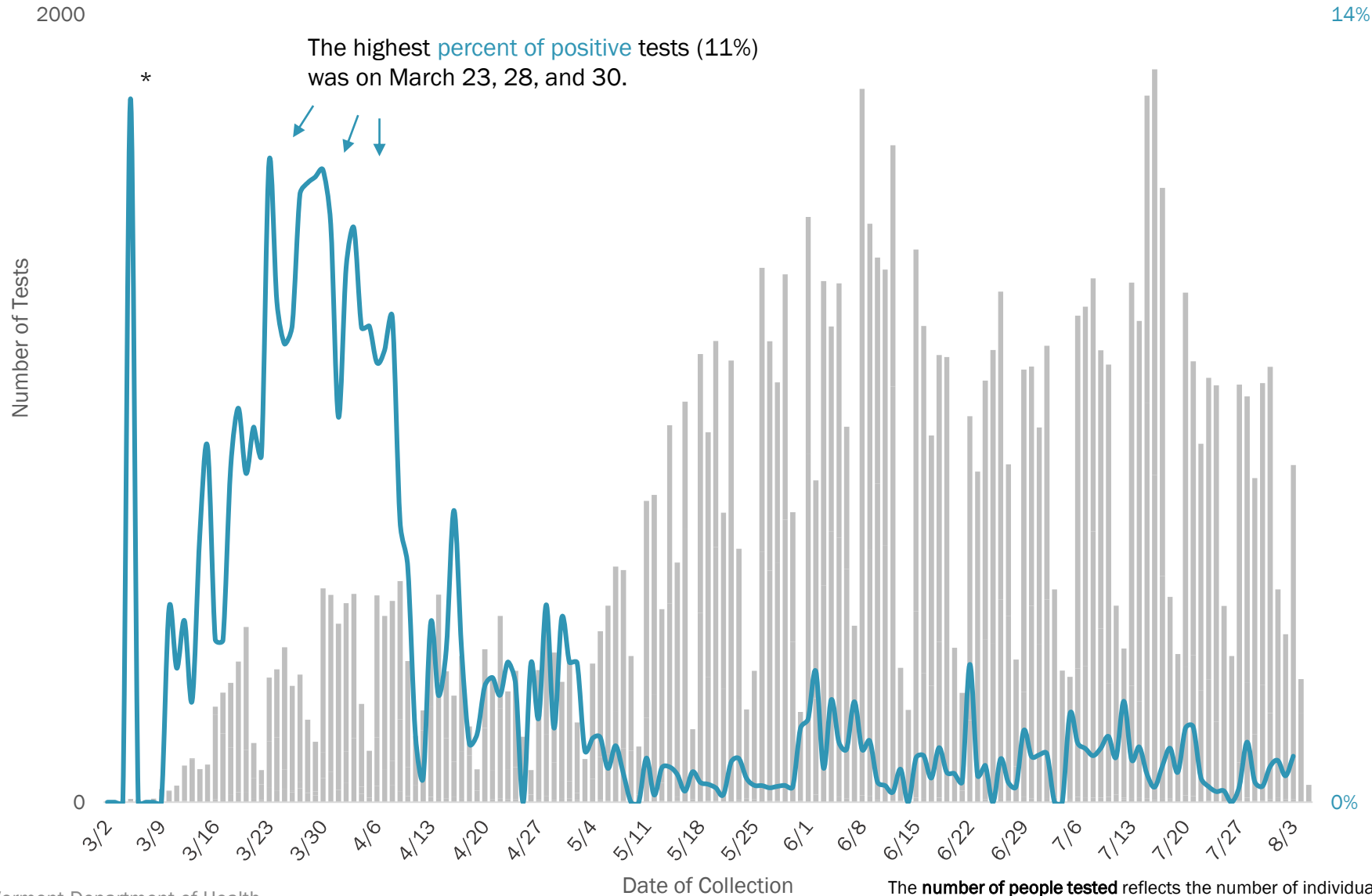


Most counties have reached a plateau in the number of new cases.

Growth over time by county (n=1,400)



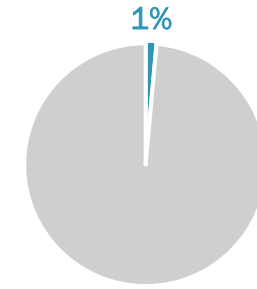
Percent of positive COVID-19 tests may indicate how prevalent the disease is in the population.



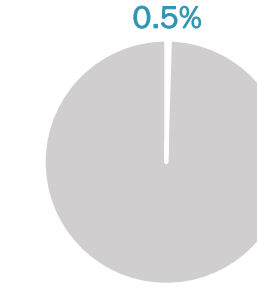
Vermont Department of Health

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

Percent Positive to Date



Percent Positive This Week (July 29 - August 5)



8,357 People Tested this Week	11,994 Tests this Week
100,052 People Tested to Date	127,925 Tests to Date

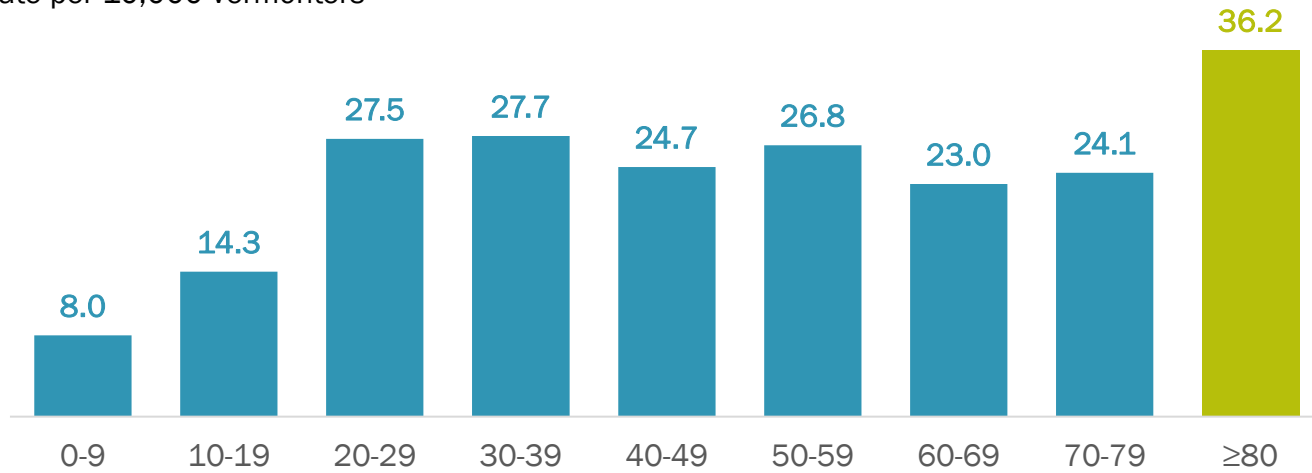
The **number of people tested** reflects the number of individual people who have had confirmatory testing for COVID-19 in Vermont. Each person is only counted once. The **number of tests** reflects the number of specimens that have had confirmatory for COVID-19 in Vermont. This number may include multiple 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.

Case Demographics

Who has been impacted by COVID-19 in Vermont?

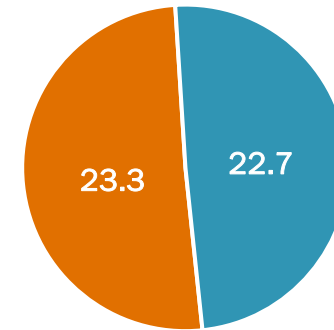
Rates of COVID-19 are disproportionately high among Vermonters 80 years and older.

Rate per 10,000 Vermonters



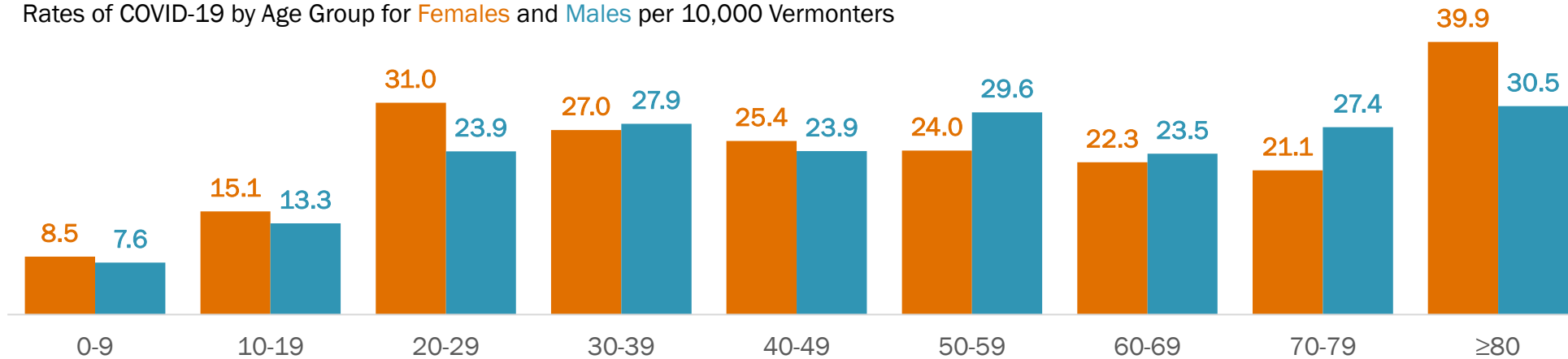
Females and males have similar rates of COVID-19.

Rate per 10,000 Vermonters



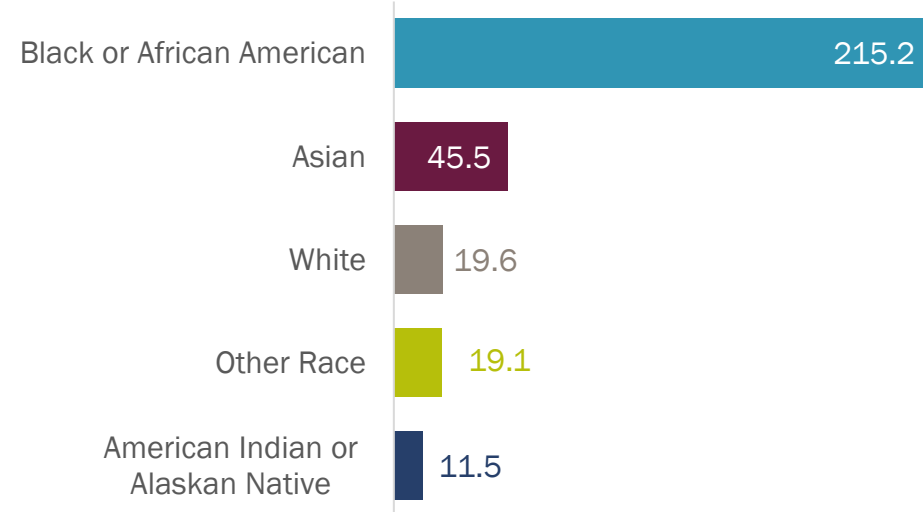
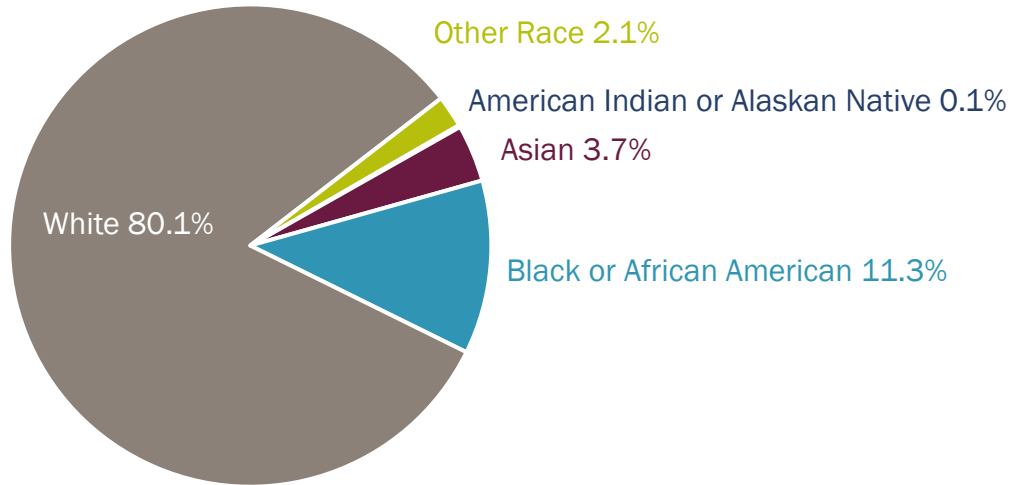
There are differences in age and sex of Vermonters with COVID-19.

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



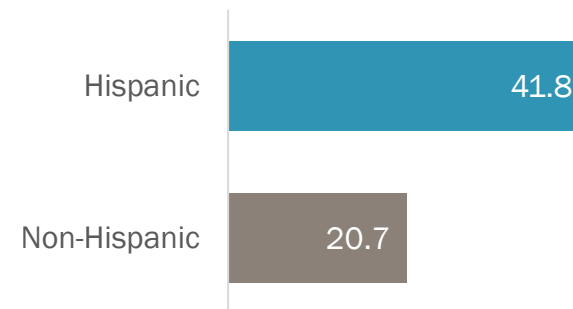
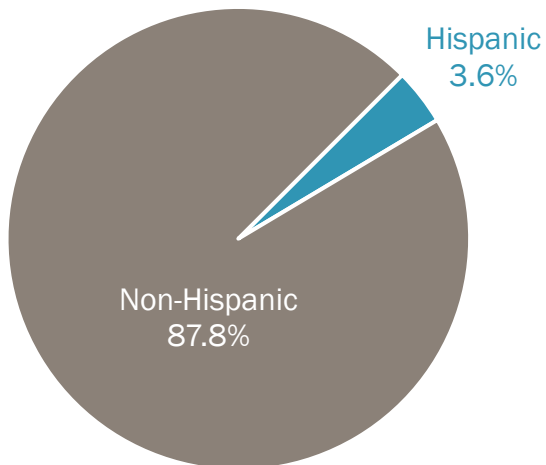
White Vermonters represent the majority of COVID-19 cases. African American Vermonters have the highest rate.

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 = 37) and ethnicity is unknown in 9% of cases (n = 125).

Approximately 57% of people* with COVID-19 have a pre-existing condition.

*of the 1,121 people that the Health Department has pre-existing condition data for.

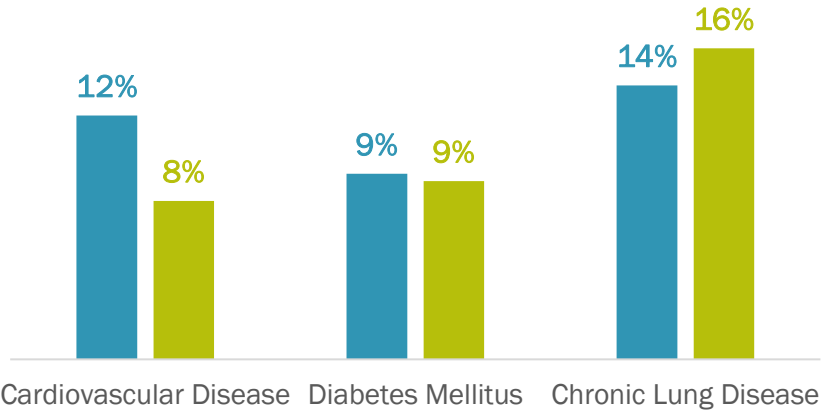
Condition	Count	Percentage
Heart Disease	138	12%
Chronic Lung Disease (includes asthma and COPD)	155	14%
Chronic Liver Disease	11	1%
Chronic Kidney Disease	30	3%
Current/Former Smoker	261	23%
Diabetes	105	9%
Immunocompromised Condition	50	5%
Neurologic Condition/Intellectual Disability	35	3%
Other Chronic Condition**	299	27%
Pregnant	11	1%

46% 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.

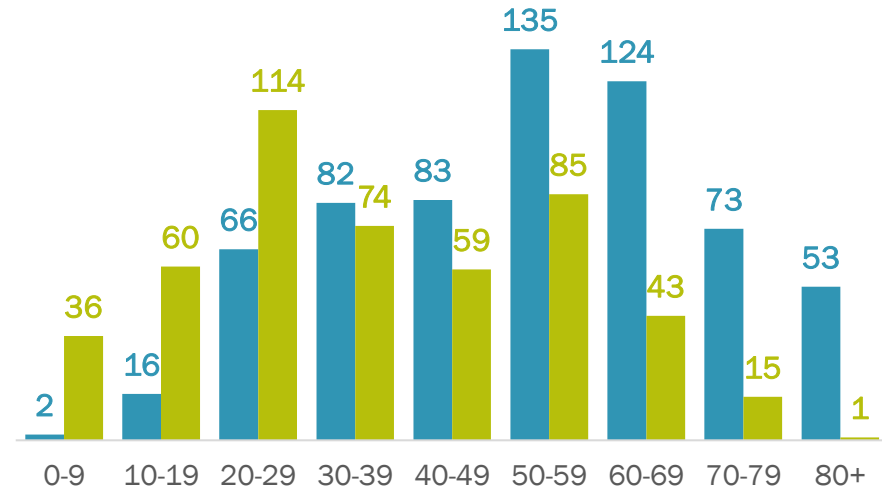
The Health Department has information about pre-existing conditions in 78% (1,121) of 1,445 total COVID-19 cases.

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.

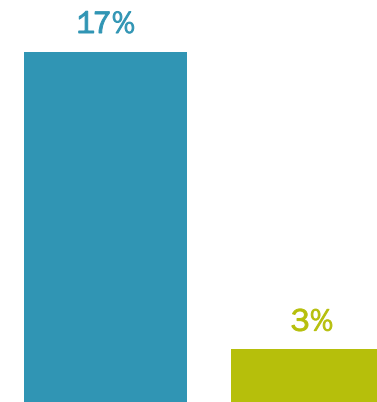


Prevalence of pre-existing conditions is approximately equal between female and male COVID-19 patients.

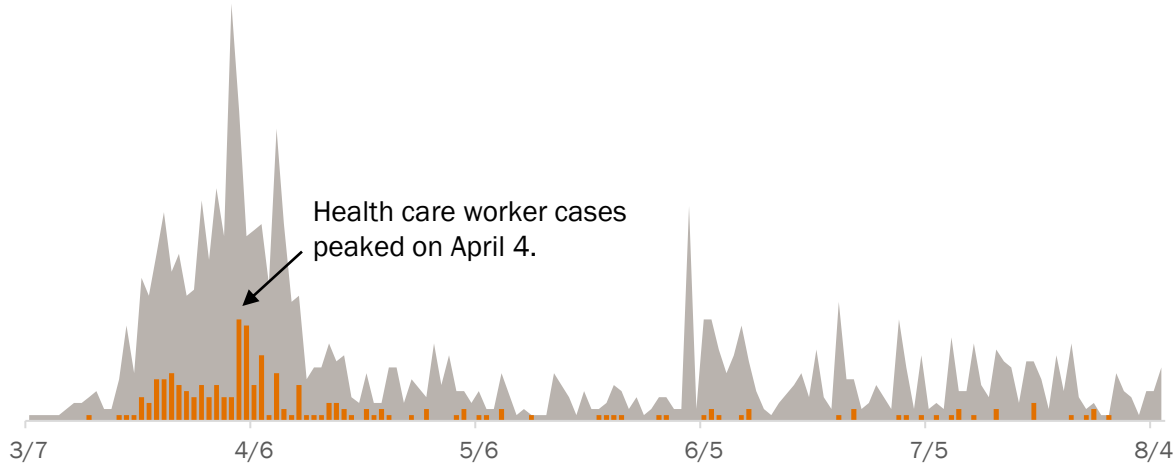


Vermont Department of Health

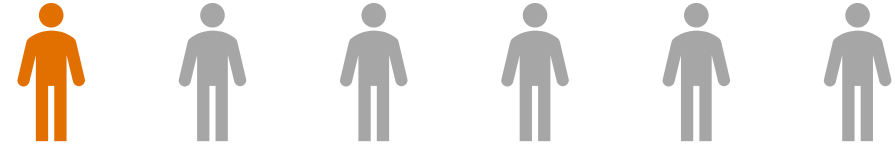
A higher percentage of COVID-19 patients with pre-existing conditions have been hospitalized than those without pre-existing conditions.



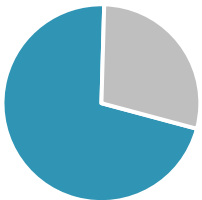
Number of **New Health Care Worker** and **All Cases** by Day



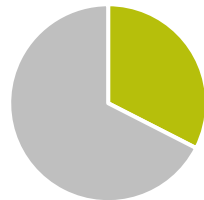
1 in 6 Vermonters with COVID-19 are health care workers.



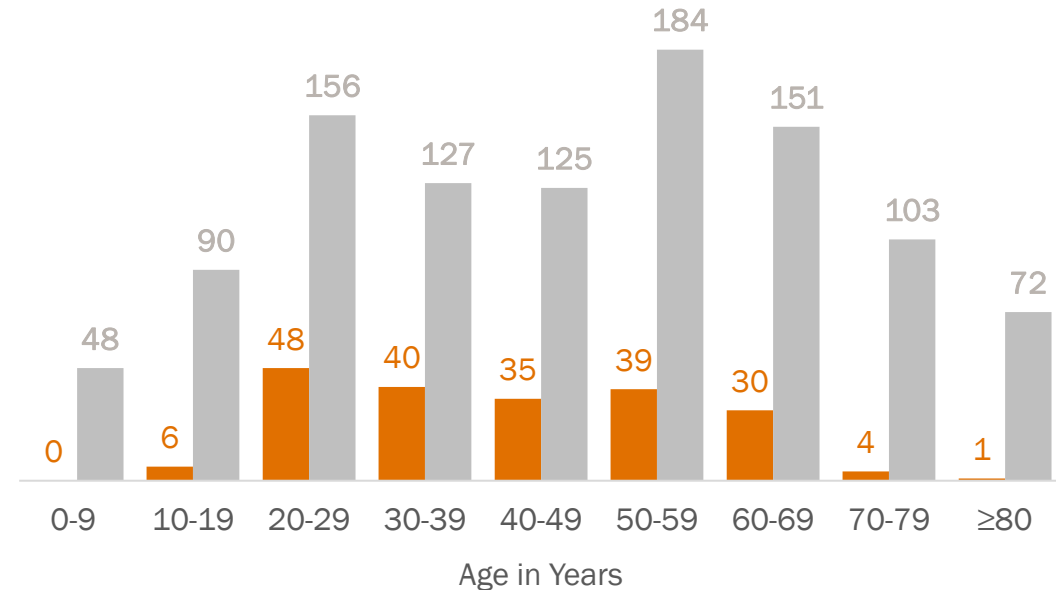
7 in 10 health care workers with COVID-19 are **female**.



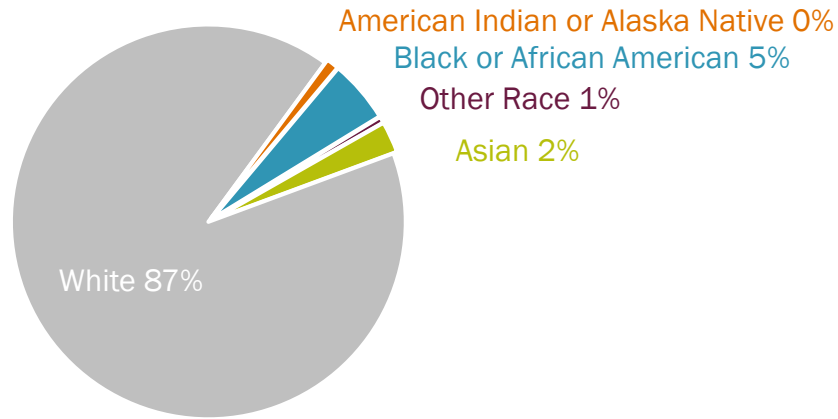
33% of health care workers with COVID-19 are associated with an **outbreak**.



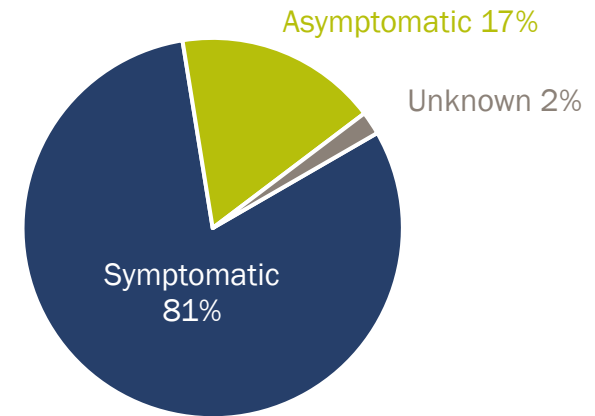
Health care workers with COVID-19 tend to be younger than non-health care workers with COVID-19.



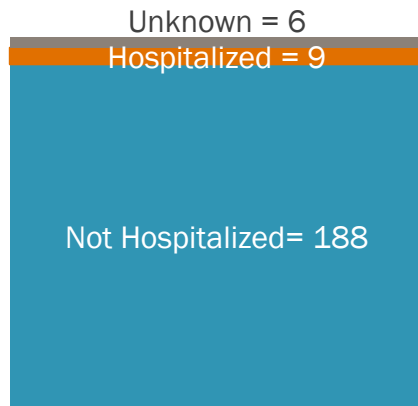
White Vermonters represent the majority of health care workers with COVID-19 .



Most health care workers with COVID-19 have symptoms.



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



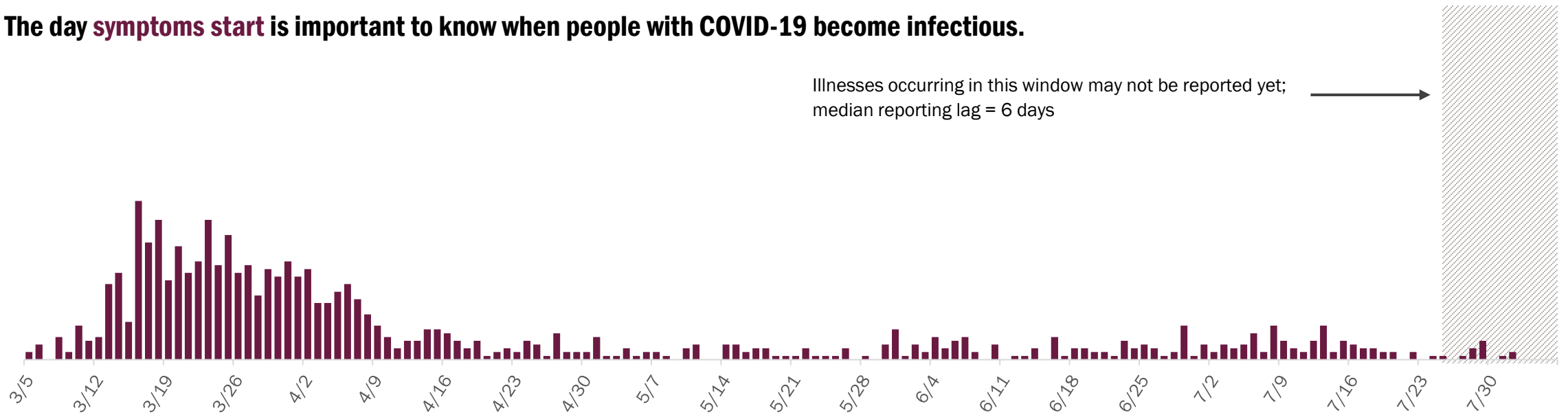
There are no reported deaths among health care workers.

Sign or Symptom among Health Care Workers with COVID-19	Percent of Symptomatic Cases
Cough	71%
Fatigue	64%
Headache	60%
Loss of Smell or Taste	54%
Muscle Pain	51%
Runny nose	47%
Chills	44%
Fever	42%

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.

13 days
Average illness duration

74%
Cases with symptoms

Sign or Symptom	Percent of Symptomatic Cases
Cough	69%
Fatigue	66%
Headache	53%
Muscle Pain	51%
Fever	49%

Most Vermonters with COVID-19 are not hospitalized.



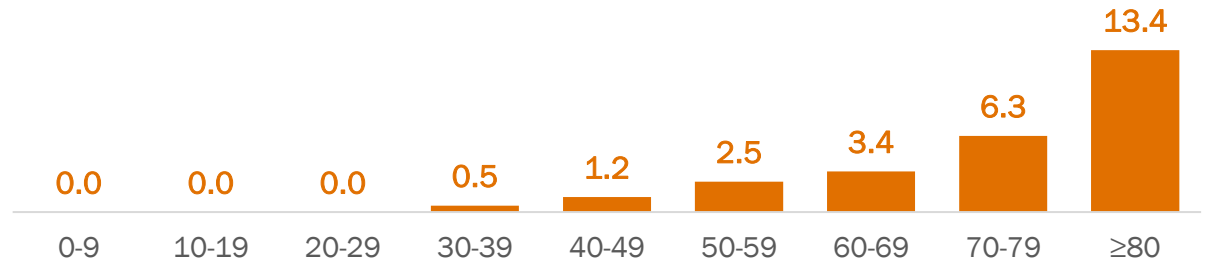
15%
Of those hospitalized were on a ventilator

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.

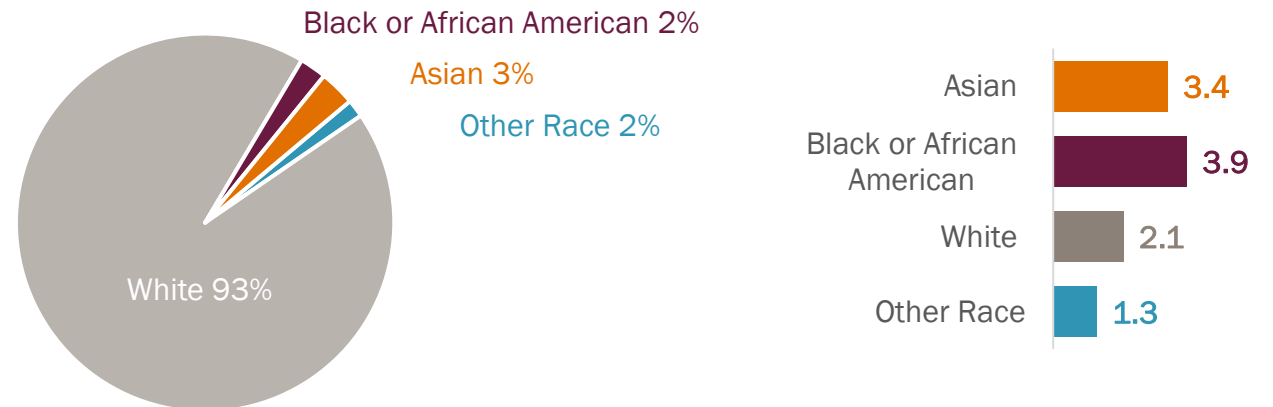
Rate per 10,000 Vermonters



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

Hospitalization rates by race are similar.

Rate per 10,000 Vermonters

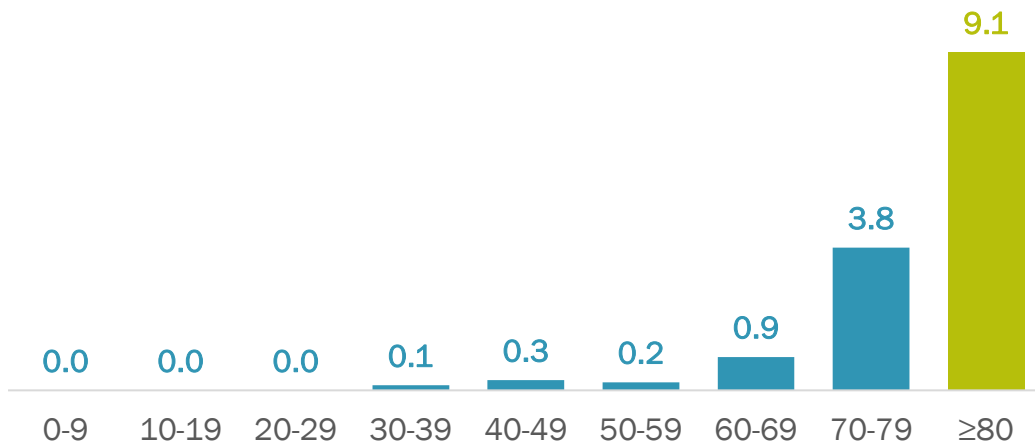


Please note 5 hospitalized persons are missing race information.

*The number of Asian, Black, and persons in the other race category is less than 5.

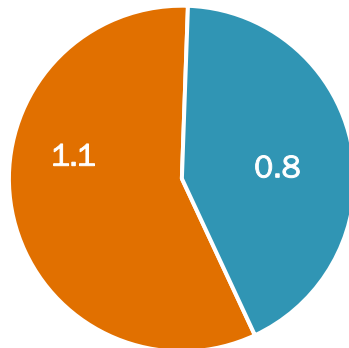
Vermonters 80 years and older have higher rates of COVID-19 death than other age groups.

Rate per 10,000 Vermonters

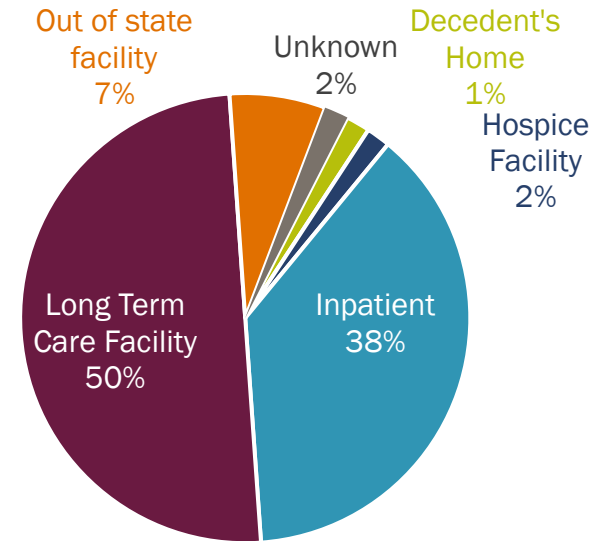


Males and females have similar rates of COVID-19 death.

Rate per 10,000 Vermonters



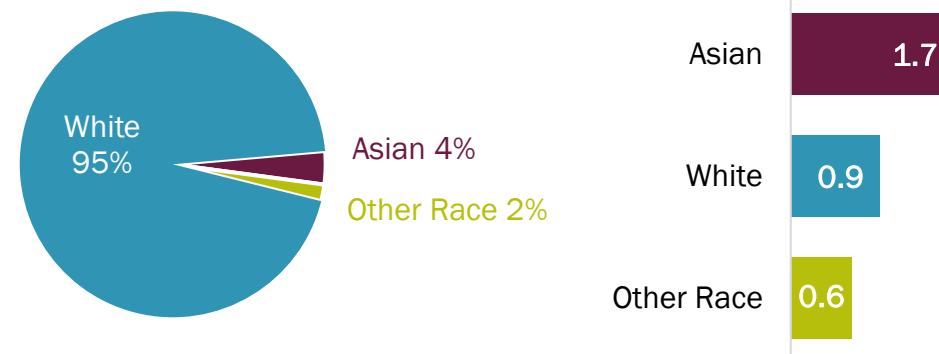
Most COVID-19 deaths occurred in an inpatient hospital setting or a long-term care facility.



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

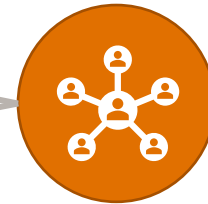
3 or more COVID-19 cases involving more than one family or household where the cases:

- have an illness start date or positive test 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 students or teachers/staff with known connections in the educational setting, where the cases are connected by:

- having an illness start date or a positive test within 14 days, and
- not living together or having 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 whom they had contact with respiratory illness.

or

Two or more facility residents and/or staff with an illness start date or positive test 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, where the cases are connected by:

- having contact with each other, and
- an illness start date or positive test within 14 days, and
- not living together or having close contact with each other in another setting, and
- there is no other more likely source of exposure.



29% of COVID-19 cases are associated with an outbreak

Congregate Care & Living



152
cases among residents



79
cases among facility staff

Workplace



32
cases among employees

Community/Other



153
cases



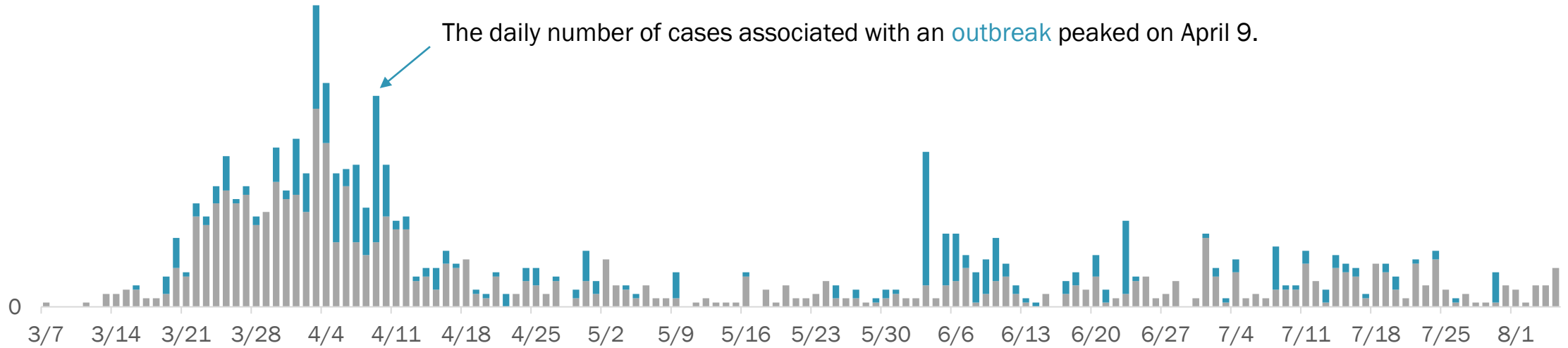
Outbreaks

6 Active
13 Resolved*

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

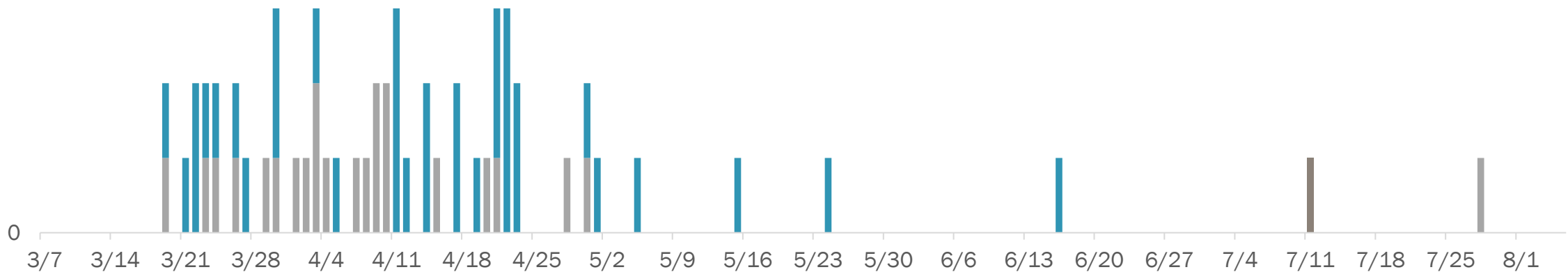
Vermont COVID-19 Cases Associated with an **Outbreak** Over Time

90



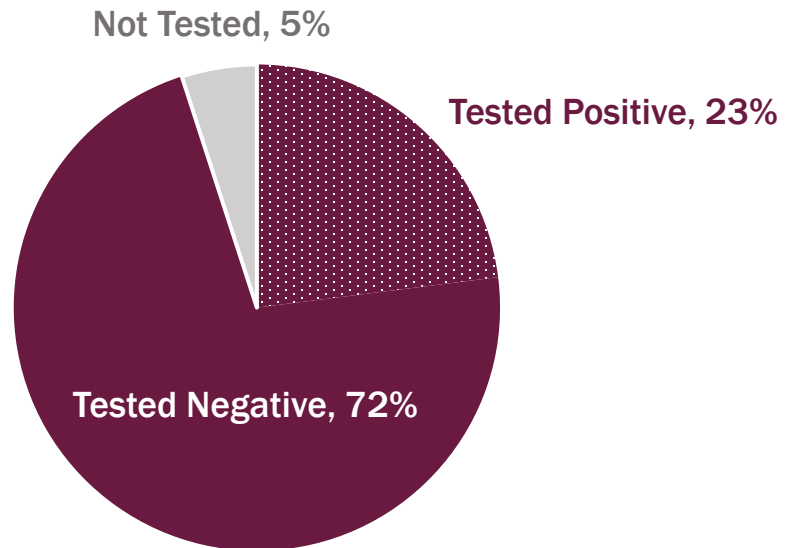
Vermont COVID-19 Deaths Associated with an **Outbreak** Over Time

4

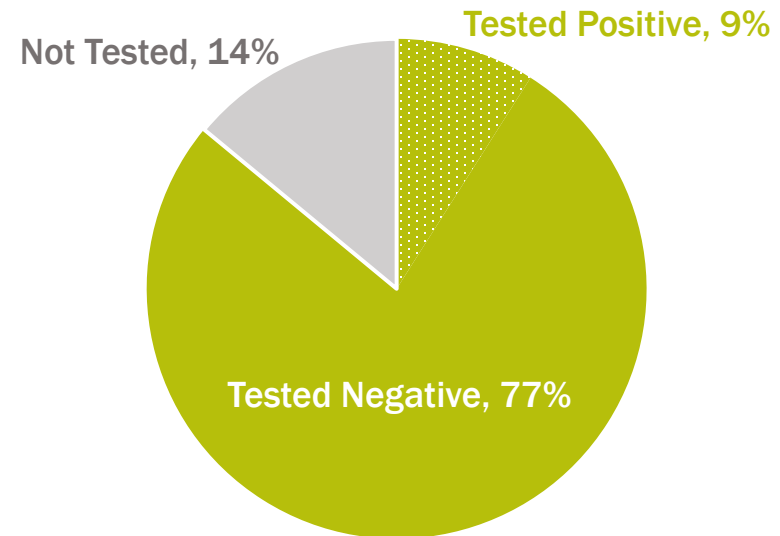


14 of 19 outbreaks occurred within facilities. 7 of those were within congregate living settings.

In congregate living settings with outbreaks, 95% of residents have been tested.



In congregate living settings with outbreaks, 86% of staff have been tested.

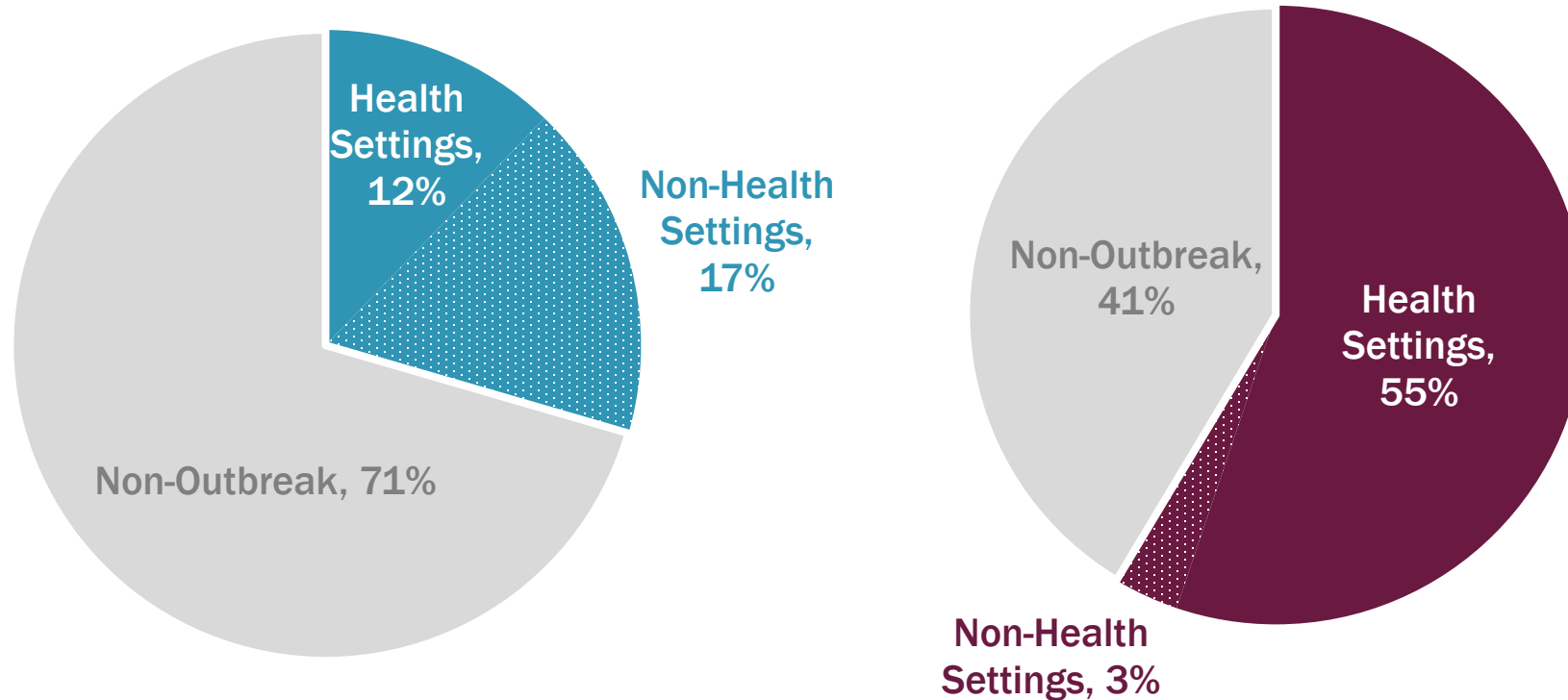


Source: Vermont Department of Health
Reflects confirmed data as of 8/5/2020.

Values in these charts are rounded to the nearest whole number and therefore may not always add to 100%. Percentages by testing status are rounded to the whole number, but combined totals take into account the full percentages.

Examples of facilities include long-term care and other skilled nursing facilities, correctional facilities, and workplaces. Example of congregate living settings include skilled nursing facilities and correctional facilities. Community outbreaks, including those occurring in senior independent living communities, are not represented on this slide.

While only 29% 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 8/05/2020.

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

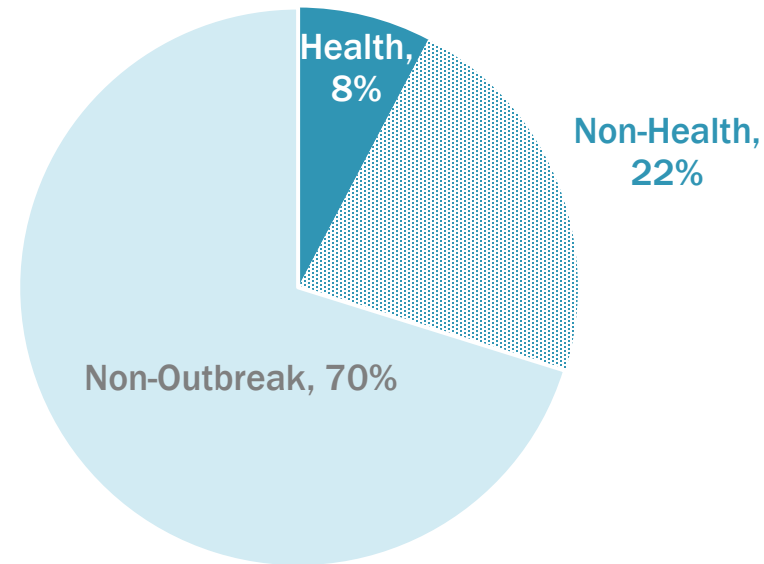
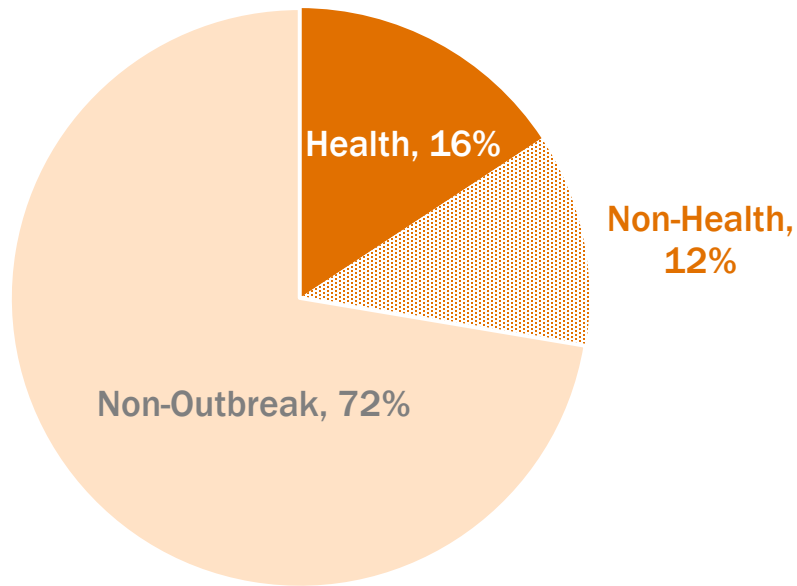


28% of **females** with COVID-19 are associated with an outbreak.



30% of **males** with COVID-19 are associated with an outbreak.

But in outbreak settings, **females** with COVID-19 are more likely to be associated with a health setting than non-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 8/05/20

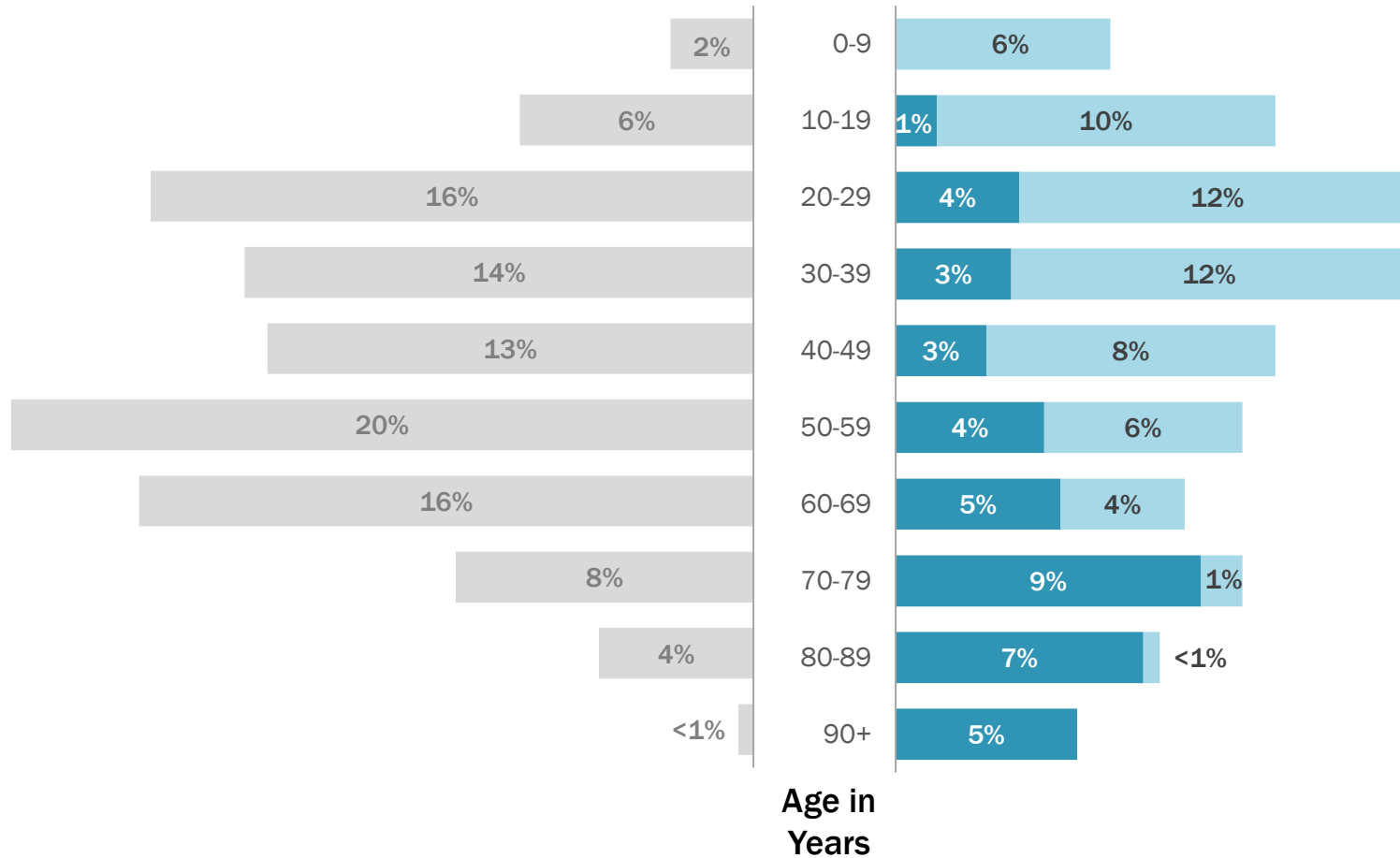
Note: Examples of a health setting include long-term care or assisted living facilities, therapeutic treatment centers, and behavioral health institutions. Examples of a non-health setting include correctional facilities, senior housing communities, businesses, and homeless shelters. Vermont has not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

Percent of Cases by Outbreak Status and Age

■ Not associated with an outbreak

■ Associated with an outbreak in a health setting

■ Associated with an outbreak in a non-health setting



49 years old

71 years old

31 years old

Median age

Source: Vermont Department of Health
Reflects case counts as of 8/05/20

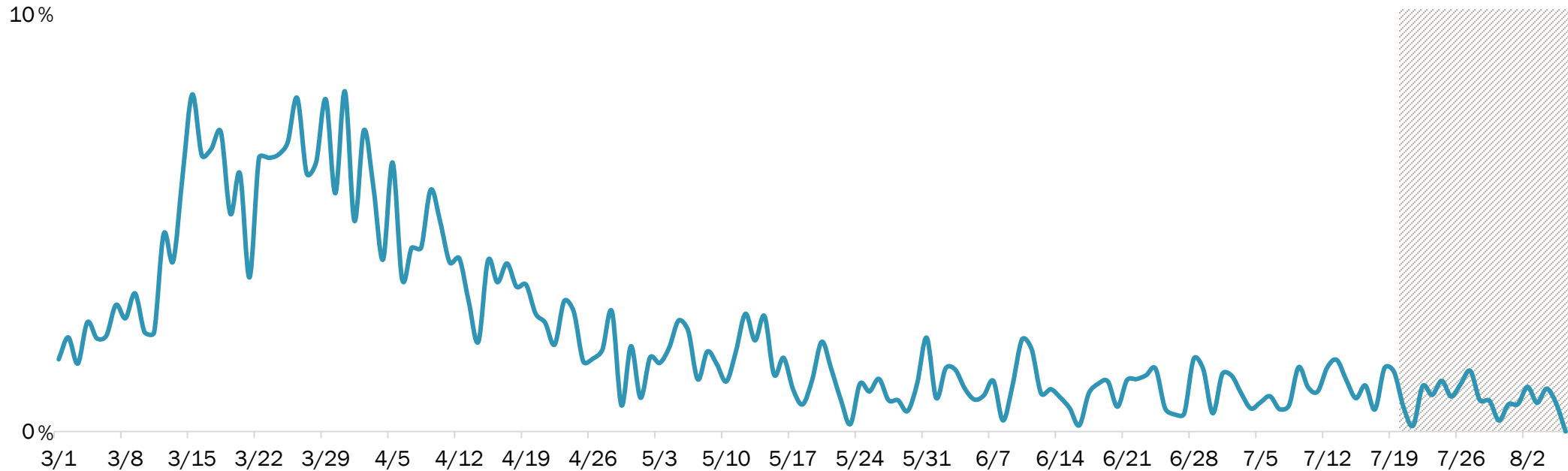
Note: Examples of a health setting include long-term care or assisted living facilities, therapeutic treatment centers, and behavioral health institutions. Examples of a non-health setting include correctional facilities, senior housing communities, businesses, and homeless shelters. Vermont has not 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: Long-Term Care Facilities

This section focuses on how long-term care facilities have been impacted by COVID-19 and what has been done to support them.

What are Long-Term Care Facilities (LTCFs)?

Long-term care facilities (LTCFs) refers to several different types of group living settings that provide medical and personal care to people who are unable to take care of themselves independently in the community. In Vermont, there are 201 LTCFs, which have a total of 6,950 licensed beds.

Long-term care facilities include:

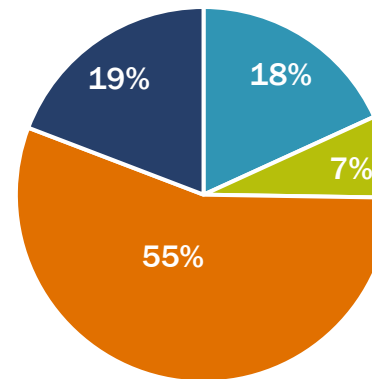
Nursing Homes and Skilled Nursing Facilities (SNFs)

Assisted Living Residences

Residential Care Homes

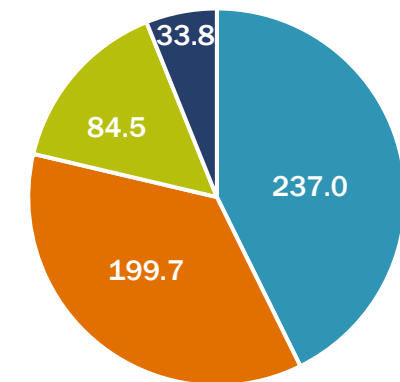
Therapeutic Community Residences

More than half of Vermont LTCFs* are residential care homes.



*Percentages represent only licensed facilities. 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.

While only 18% of LTCFs are nursing homes and SNFs, they account for a large number of available LTCF beds.



Rates of licensed beds per 10,000 Vermont adults 65 years or older.

Source: Vermont Department of Disability, Aging, and Independent Living (DAIL), 2020.

What did the Health Department do to help LTCFs prepare for COVID-19?

- Beginning in March 2020, the Vermont Department of Health partnered with the Department of Disabilities, Aging, and Independent Living (DAIL) to conduct at least 5 Question & Answer/targeted support calls and webinars with all LTCFs in the state.
- In the first two weeks of April 2020, the Health Department completed telephonic COVID-19 Infection Control Assessment and Response (**Tele-ICAR**) tool with 36 nursing homes and 14 assisted living residences to help them prepare for COVID-19*.

The assessment tool supports key strategies:

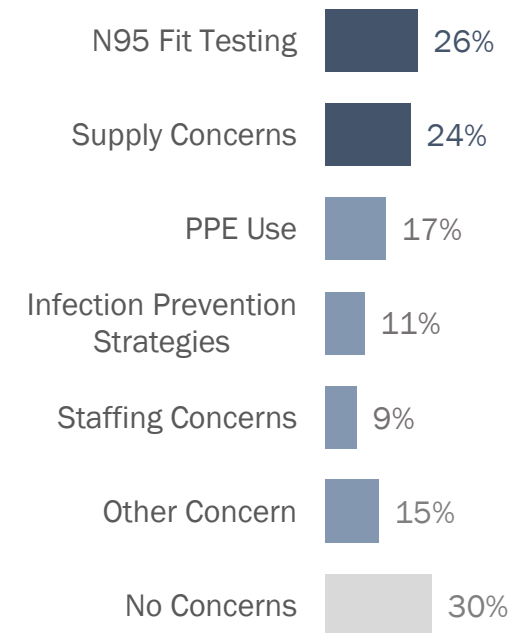
- Keeping COVID-19 out of the facility
- Identifying infections early
- Preventing spread within the facility
- Assessing and optimizing personal protective equipment (PPE)

The topic areas covered in the assessment tool include:

- Restricting visitors
- Educating, monitoring, and screening staff and residents
- Availability of PPE and other supplies
- Following infection prevention and control practices
- How to communicate with the Health Department and other health care facilities

Source: [Centers for Disease Control and Prevention \(CDC\), 2020](#)

After surveying the LTCFs, we found that **N95 fit testing and supply concerns** were most commonly mentioned as areas of support needed from the Health Department.



Source: Vermont Department of Health, 2020

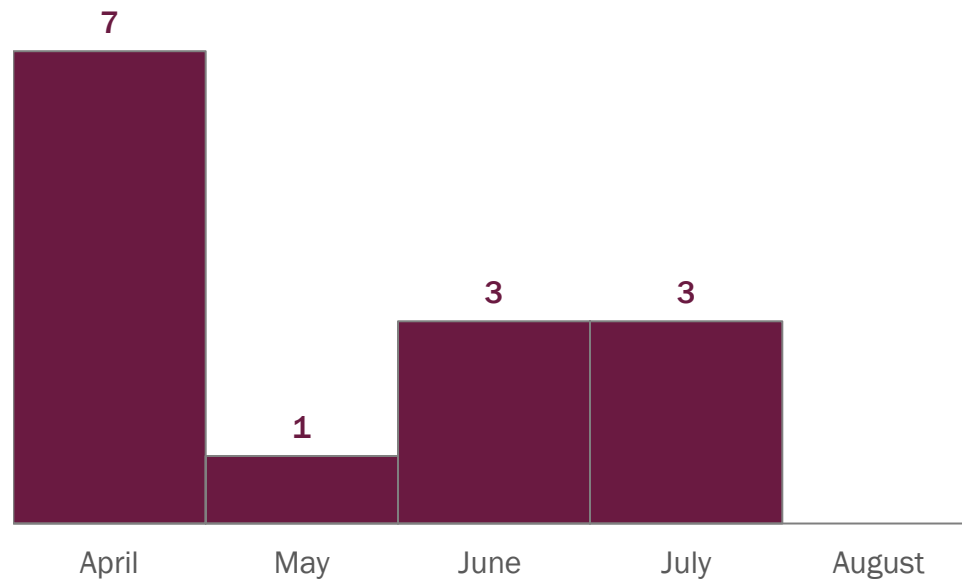
Notes: Four facilities were excluded due to missing information. Facilities can appear in more than one category, so percentages may add to more than 100%.

*Two facilities opted out of participation in the assessment.

Facility-Wide Testing

14 LTCFs have undergone facility-wide testing.

Testing in 12 of 14 facilities were conducted in response to a positive case.



19 facility-wide tests have been performed. Five facilities were tested more than once.



29 cases were known prior to testing.



Facility-wide testing of all residents and staff identified 96 additional cases.

Source: Vermont Department of Health, 2020
Represents all LTCF testing events as of 8/5/2020.

COVID-19 Cases in LTCFs

176 cases have occurred in an LTCF.

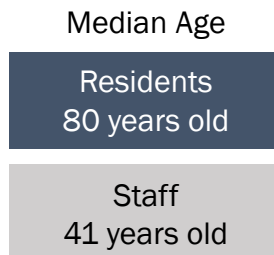
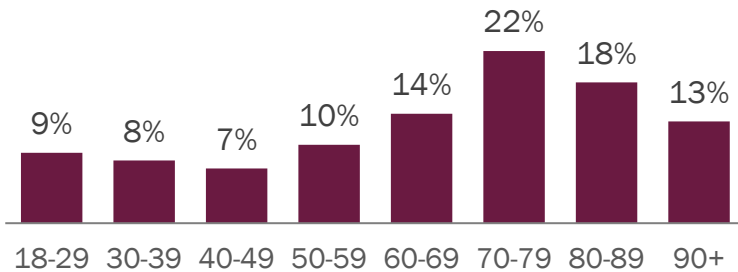
108 cases in LTCFs are among residents.

68 cases in LTCFs are among staff.

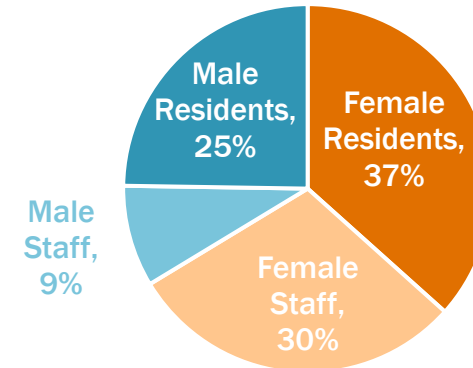
32 deaths have occurred at LTCFs.*

*All among residents.

Vermonters 60 years and older represent the majority of cases in LTCFs.



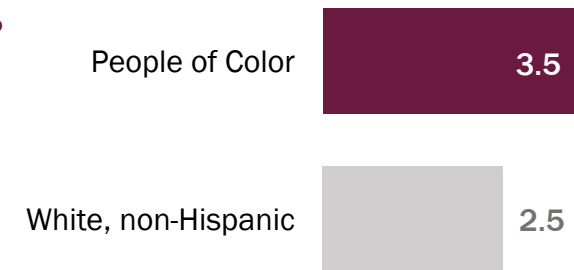
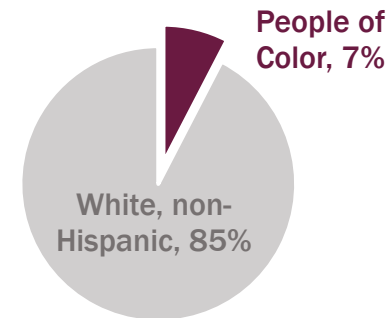
66% of cases in LTCFs are among **females** and 33% are among **males**.



Values are rounded to the nearest whole number and therefore may not always add to 100% due to error introduced in rounding.

While white, non-Hispanic Vermonters represent the majority of cases in LTCFs, people of color have the higher rate.

Rates per 10,000 Vermonters



Source: Vermont Department of Health, 2020
Reflects confirmed cases as of 8/5/2020.

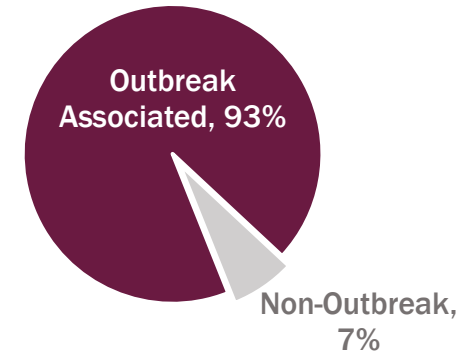
Cases Associated with an Outbreak

164 LTCF cases are outbreak-associated.

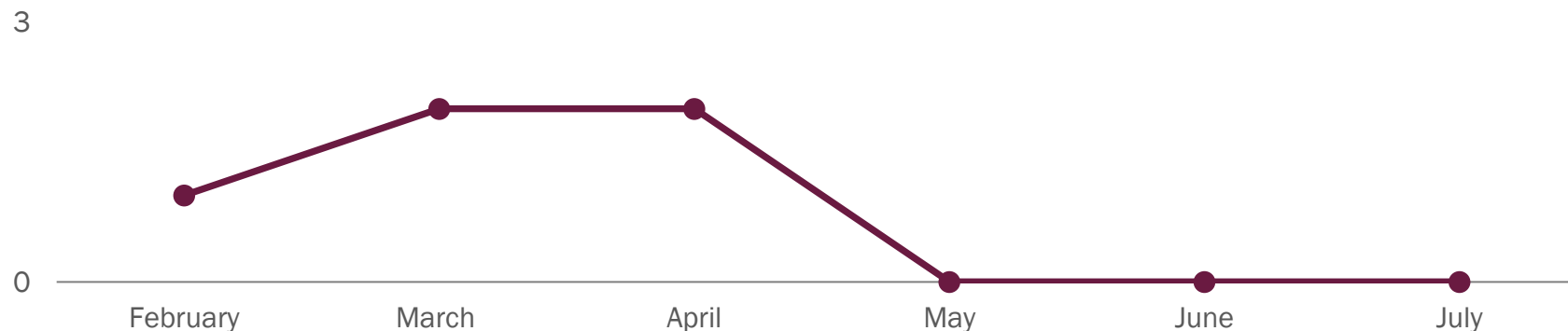
104 cases are among residents.

60 cases are among staff.

Most COVID-19 cases in LTCFs are associated with an outbreak.



There have been **5 outbreaks** at LTCFs. No new outbreaks have occurred since April.



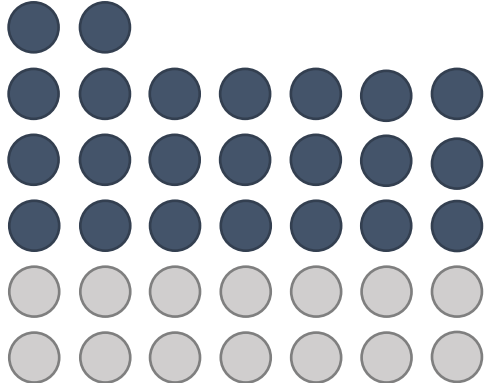
Enhanced Interventions to Prevent COVID-19 Spread in Vermont Skilled Nursing Facilities (SNFs)

Staff and residents at SNFs who have COVID-19 but don't experience symptoms, or before they even start to show symptoms, play an important role in spreading the virus in this high-risk population. Because COVID-19 can spread rapidly within SNFs, the Health Department offered additional prevention measures to all Vermont SNFs. This included enhanced testing schedules to guide isolation and cohorting strategies.

Goals:

1. Reduce COVID-19 cases in SNFs
2. Improve response through identifying best testing strategy

62% of Vermont SNFs have voluntarily enrolled in the protocol.



Scenario A – No New Cases	Scenario B – New Cases
<p>Facilities with no new COVID-19 cases:</p> <ul style="list-style-type: none"> • Repeat testing of new admissions on days 0, 3, 7, 10, and 13 • Testing “high risk” residents every 3-4 days who leave the facility frequently (for example, for dialysis appointments) 	<p>Facilities with new COVID-19 cases among residents or staff:</p> <ul style="list-style-type: none"> • Test all residents and staff as soon as a new case is identified • Repeat testing for all negative residents and staff on days 3, 7, 14, and weekly until there are no new positive cases for 14 days



Learn more about COVID-19 in Vermont:

Web: www.healthvermont.gov/COVID-19

Email: AHS.VDHPublicCommunication@vermont.gov