

May 25, 2022

Report Timeframe: May 15 to May 21, 2022

Statewide community levels: High. The rate of new COVID-19 weekly cases per 100,000 Vermonters is above 200 (case numbers are on page 4). New COVID-19 hospital admissions are above 10 per 100,000 Vermonters per day, and the percent of staffed hospital beds occupied by COVID-19 is below 10%.

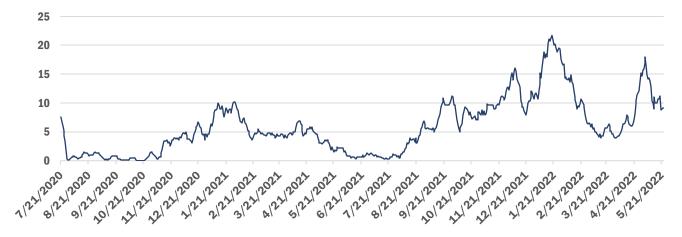
- New COVID-19 cases, last 7 days: 286.38 per 100K
- New hospital admissions of patients with COVID-19, last 7 days: 10.10 per 100K (63 total new admissions with COVID-19)
- Percent of staffed inpatient beds occupied by patients with COVID-19 (7-day average): 6.12%

Vermont Department of Health recommendations: Protect Yourself & Others

CDC recommendations: COVID-19 by County | CDC

Hospitalizations Over Time

Daily New Vermont Hospitalizations With COVID-19 Diagnosis Seven-Day Rolling Average



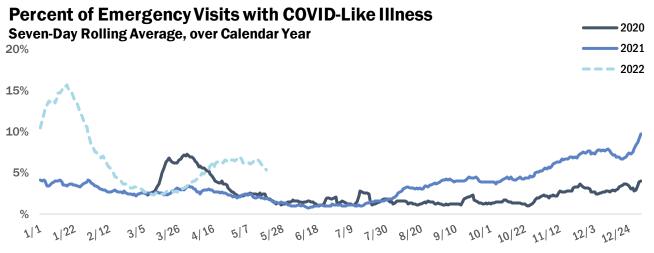
Source: U.S. Department of Health and Human Services Unified Hospital Data Surveillance System (UHDSS)

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. The number is the daily average of the previous seven days; for example, the value for May 8 is the daily average for the days of May 1 through May 7.

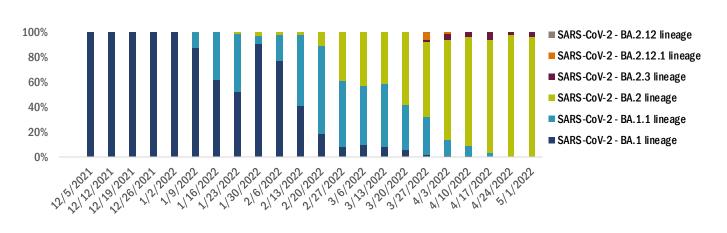
Syndromic Surveillance

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 departments¹ to identify Emergency Department visits for COVID-Like IIIness (CLI).

During this reporting period, between 5% and 6% of emergency visits in participating emergency departments have included COVID-like illness.



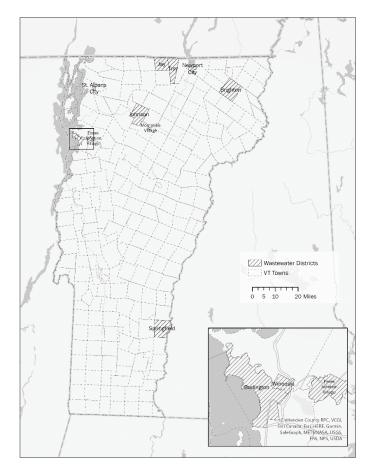
Source: Early Notification of Community-based Epidemics (ESSENCE)



Proportion of circulating variants

Almost all specimens collected during the past several weeks have been BA.2 sublineages. (Sources: Broad; Health Department WGS Program. Note: Due to weekly variability in the number of sequences sampled, the graph format has been switched to reflect the proportion, rather than count, of variants.)

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



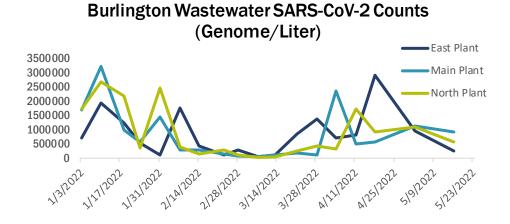
Wastewater Monitoring

Several Vermont wastewater districts have recently begun participating with the National Wastewater Surveillance System (NWSS). The NWSS reports the percent of changes over 15 days. Sample frequency may vary by site. Due to a recent change in NWSS contractor, most NWSS sites still have not accumulated enough data to show trends.

NWSS Site	15-day % change
Bennington	*
Brighton	*
Essex Junction	Increase between 10% and 99%
Johnson	*
Morrisville	*
Newport City	*
Springfield	*
St. Albans City	*
St. Johnsbury	*
Troy / Jay WWTP	Increase of ≥1000%
Winooski	*

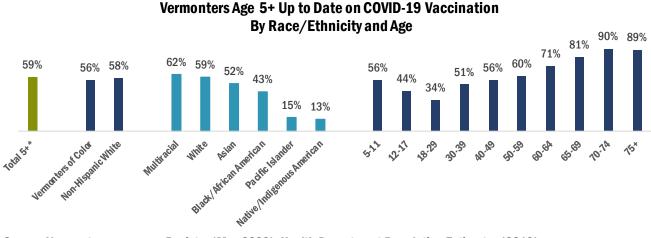
*Trend data will be reported when available

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 reported lower viral concentrations at all three wastewater sites on 5/16. These levels remain elevated compared to concentrations detected before the initial Omicron surge (not pictured).

Vaccination Rates



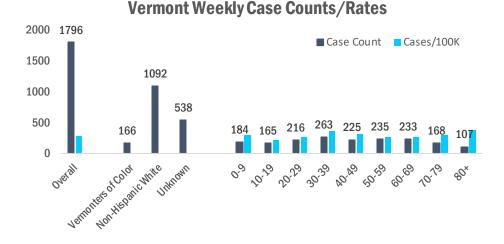
Source: Vermont Immunization Registry (May 2022), Health Department Population Estimates (2019)

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. "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.

<u>COVID-19 vaccination rates</u> 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



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 May 23, 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 5/23
Long-term Care (LTC)	27
Non-LTC Healthcare	3
Correctional Facility	3
School	-
Other	1

County	Reported outbreaks active on 5/23
Addison	3
Bennington	2
Caledonia	-
Chittenden	7
Essex	-
Franklin	3
Grand Isle	-
Lamoille	-
Orange	1
Orleans	1
Rutland	8
Washington	3
Windham	4
Windsor	2

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