Report Timeframe: September 25 to October 1, 2022

Statewide community levels: Low. For this seven-day reporting period, 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: 102.25 per 100k
    - Weekly case count: 638 (increase from last week)
- New hospital admissions of patients with COVID-19, last 7 days: 7.21 per 100K
    - 45 total new admissions with COVID-19 (decrease from previous week)
- Percent of staffed inpatient beds occupied by patients with COVID-19 (7-day average): 3.74% (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

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 a sharp downward trend, the daily rolling average has fluctuated between three and just under eight. 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).

During this reporting period the proportion of emergency visits in participating emergency departments included COVID-like illness has increased to over 4%. This is slightly higher than the same period in 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-based Epidemics (ESSENCE)
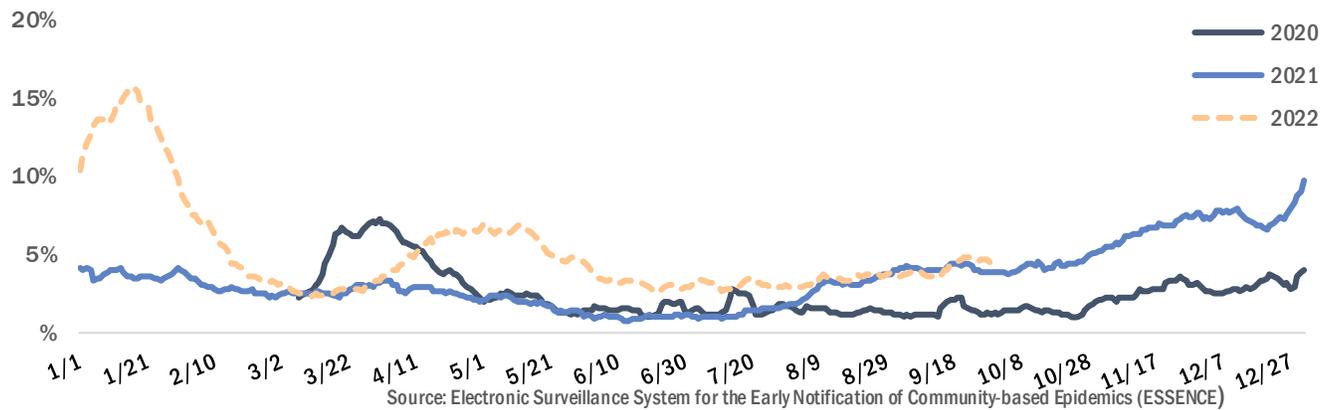
Proportion of sequenced variants
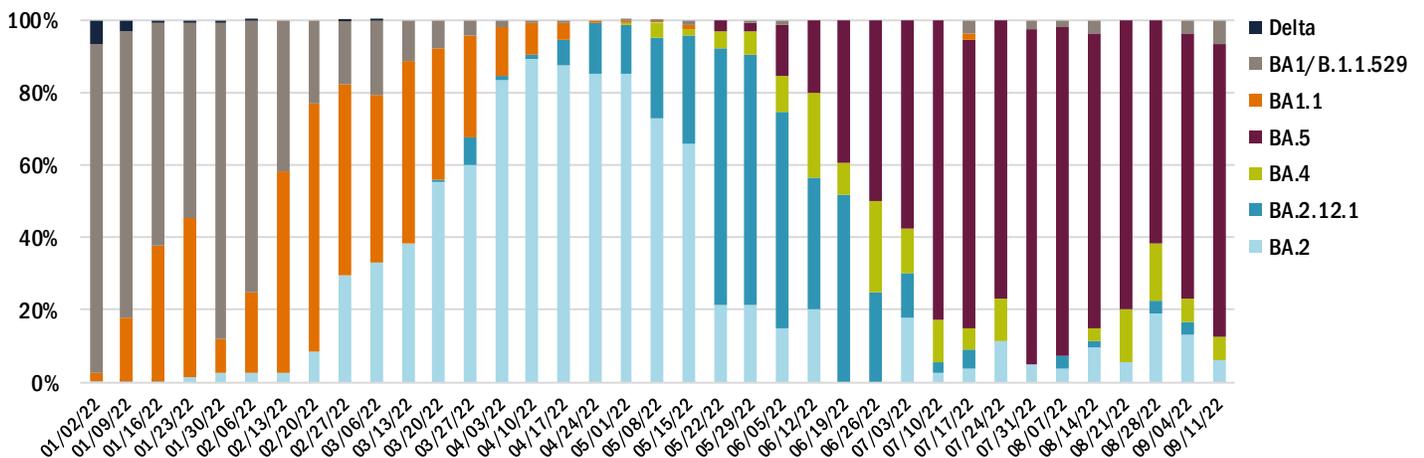
BA.5 continues to predominate among sampled sequences in Vermont, comprising 54 of the 79 processed samples collected the weeks of August 28th, September 4th and September 11th. Eleven of the samples from these weeks were BA.2 and eight were BA.4. (Sources: Broad; Aegis; Helix; LabCorp; Quest; Health 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 begun participating with the National Wastewater Surveillance System (NWSS).

Note: Due to a disruption in laboratory processing, trend data are not available for several sites. This may impact the next week of reporting.

NWSS Site	15-day % change
Barre	*
Bennington	Increase between 100-999%
Brighton	*
Essex Junction	Increase between 10%-99%
Johnson	Increase between 10%-99%
Morrisville	Increase between 10%-99%
Newport City	*
St. Albans City	Decrease between 0%-9%
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)

Burlington wastewater data from 9/26 show a large increase at the East plant, a significant increase at the Main plant and a slight decrease at the North plant. (Source: City of Burlington; burlingtonvt.gov)

Vaccination Rates

Vermonters Age 5+ Up to Date* on COVID-19 Vaccination By Race/Ethnicity and Age
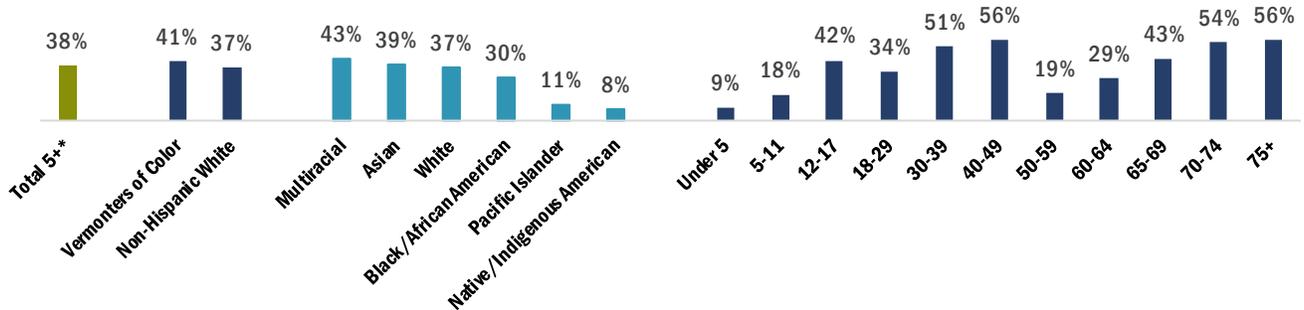
Source: Vermont Immunization Registry (September 2022), Health Department Population Estimates (2019)

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.

*The Health Department updated its definition of *up to date* to align with the CDC: people who have received all recommended doses of vaccine they are eligible for. *Up to date* numbers now reflect Vermonters age fifty and older who have received a second booster and those age five to eleven who have received a booster

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
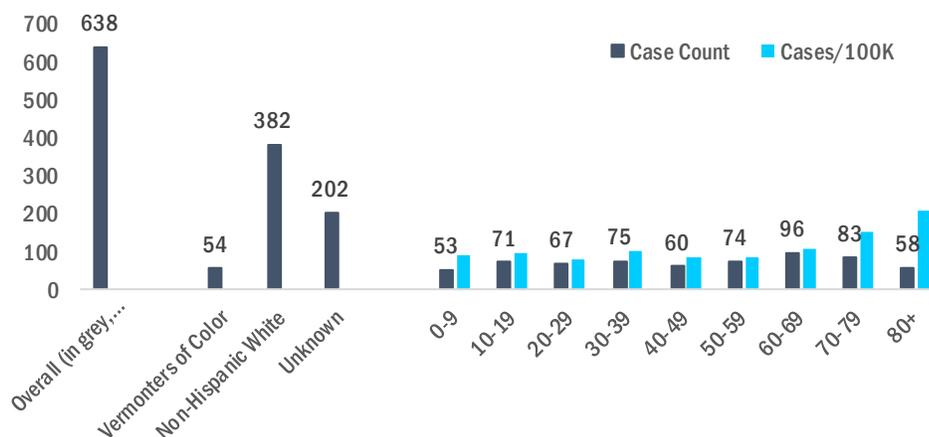
Note: Case counts and rates are calculated by *confirmed* and *probable* cases reported to the Health Department.

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

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

COVID-19 Outbreaks Reported September 27 to October 3, 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	New Outbreaks Reported 9/27-10/3
Long-term Care (LTC)	8
Non-LTC Healthcare	1
Correctional Facility	-
School/childcare	5
Other	-

County	New Outbreaks Reported 9/27-10/3
Addison	-
Bennington	3
Caledonia	-
Chittenden	3
Essex	-
Franklin	-
Grand Isle	-
Lamoille	-
Orange	1
Orleans	1
Rutland	2
Washington	1
Windham	1
Windsor	2

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