TO: Vermont Health Care Providers and Health Care Facilities  
FROM: Jennifer S. Read, MD, FIDSA, Medical Epidemiologist

Overview of Vermont Residents Testing Positive for SARS-CoV-2 (April 18-30, 2020)

This overview provides the most recent clinical summary of Vermont residents with laboratory confirmed novel coronavirus 2019 (COVID-19) disease. Please refer to the previous overviews:

- Overview of Vermont Residents Testing Positive for SARS-CoV-2: April 4-17, 2020
- Overview of Vermont Residents Testing Positive for SARS-CoV-2: March 21-April 3, 2020
- Overview of Vermont Residents Testing Positive for SARS-CoV-2 through March 20, 2020

Between April 18 and April 30, 2020, a total of 67 Vermont residents tested positive for SARS-CoV-2, COVID-19 (figure).

Number of New COVID-19 Cases Among Vermont Residents

![Bar chart showing the number of new COVID-19 cases among Vermont residents between April 18 and April 30, 2020. The median age was 53 years (range: 17-91 years; interquartile range: 37-65 years).](chart)

Distribution of Vermont Resident COVID-19 Cases by Age Group

![Bar chart showing the distribution of COVID-19 cases among Vermont residents by age group.](chart)
Information on sex was available for all except two cases. The distribution by sex is shown (figure).

**Distribution of Vermont Resident COVID-19 Cases by Sex**

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>26</td>
<td>39</td>
</tr>
<tr>
<td>Percent</td>
<td>26.40%</td>
<td>39.60%</td>
</tr>
</tbody>
</table>

Information on the distribution of race and ethnicity is shown in the following two tables:

**Race Distribution Among Vermont Resident COVID-19 Cases**

Race is determined by either provider report or self-disclosure during interview.  
n=54 (13 have unknown race)

<table>
<thead>
<tr>
<th>Race</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaskan Native</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>3</td>
<td>5.6%</td>
</tr>
<tr>
<td>White</td>
<td>49</td>
<td>90.7%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

**Ethnicity Distribution Among Vermont Resident COVID-19 Cases**

Ethnicity is determined by either provider report or self-disclosure during interview.  
n=48 (19 have unknown ethnicity)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>4</td>
<td>8.3%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>44</td>
<td>91.7%</td>
</tr>
</tbody>
</table>
The geographic distribution of cases is shown in the following two figures:

**Vermont Resident COVID-19 Cases by County**

*April 18 – April 30, 2020*

*Vermont residents who tested positive for COVID-19.
*Some cases may still be under investigation and county not assigned yet.*

![Map showing COVID-19 cases by county in Vermont](image)

*Source: Vermont Department of Health, 2020*
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In order to characterize the clinical epidemiology of these infections, a systematic sample of 21 individuals who tested positive for SARS-CoV-2 and were not living in a congregate settings (long-term care facility, correctional facility) was assembled. Characteristics and clinical features of these 21 cases are delineated below.

- **Co-morbidities:** Thirteen (62%) had one or more chronic medical conditions:
  - Current or former tobacco smoking: 7
  - Hypertension: 1
  - Diabetes: 2
  - Asthma: 1
  - Inflammatory bowel disease (Crohn’s disease): 1
  - Other: 5

- **Contact with known COVID-19 patients:** 14 (67%)
- Domestic travel outside of New England: 2 (10%)
- Health care workers: 3 (14%)
- Location of patient when testing ordered and subsequent disposition:
  - Outpatient: 21 (100%)
    - Emergency Department: 1 (hospitalized for 48 hours before being discharged to home)
    - Telephone/Telemedicine or Outpatient Clinic: 20 (all (discharged to) home)
- **Signs and Symptoms:** Three persons were asymptomatic, but the other 18 individuals had one or more of the following signs/symptoms:
  - Cough: 10 (56%)
  - Dysgeusia and/or anosmia: 9 (50%)
  - Headache: 9 (50%)
  - Fatigue: 9 (50%)
  - Nasal congestion or rhinorrhea: 8 (44%)
  - Myalgia: 8 (44%)
  - Nausea and/or vomiting: 6 (33%)
  - Chills: 5 (28%)
  - Decreased appetite: 4 (22%)
  - Diarrhea: 4 (22%)
  - Fever: 4 (22%)
  - Shortness of breath: 3 (17%)
  - Sore throat: 2 (11%)
  - Weakness: 1 (6%)
  - Abdominal pain: 1 (6%)
  - “Red spots on toes”: 1 (6%)
  - Decreased oral intake: 1 (6%)
  - Weight loss: 1 (6%)

**Summary:** This overview of Vermont residents addresses individuals with laboratory-confirmed COVID-19 disease from April 18-30, 2020. The size of this cohort (N = 67) is significantly smaller...
than the size of the cohort assembled during the previously reviewed cohort (April 4-17, 2020), but the median age is similar in both. This cohort contained more women (60%) than men, while previously the sex distribution was approximately equal. Almost 100% of cases in both cohorts were white, non-Hispanic. The incidence rates by county have shifted somewhat from the previously reviewed cohort (for example, now more evenly distributed across counties). Almost two-thirds (62%) of cases had chronic medical conditions, **a greater proportion had contact with a known COVID-19 patient (67%) than previously**, and only a small proportion (10%) had recent travel outside of Vermont. A similar proportion of cases were health care workers. All testing was conducted in outpatient settings, with telephone/telemedicine or outpatient clinic visits representing almost all (95%) of locations where testing was ordered. Cough remains the most common clinical feature (56%), closely followed by dysgeusia and/or anosmia, headache, and fatigue (all 50%). **In particular, dysgeusia and/or anosmia appears to be reported more commonly than previously.** Less commonly reported signs and symptoms were nasal congestion or rhinorrhea (44%), myalgia (44%), nausea and/or vomiting (33%), and chills (28%). Several other signs and symptoms (including fever) occurred in less than a quarter of cases during the time period under review. **Of special note is the report by one case of “red spots on toes”, which may represent acute acro-ischemia, a manifestation of microthrombosis, which has previously been described with COVID-19.**

If you have any questions, please contact the HAN Coordinator at 802-859-5900 or vthan@vermont.gov

**HAN Message Type Definitions**

*Health Alert:* Conveys the highest level of importance; warrants immediate action or attention.

*Health Advisory:* Provides important information for a specific incident or situation may not require immediate action.

*Health Update:* Provides updated information regarding an incident or situation; unlikely to require immediate action.

*Info Service Message:* Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.