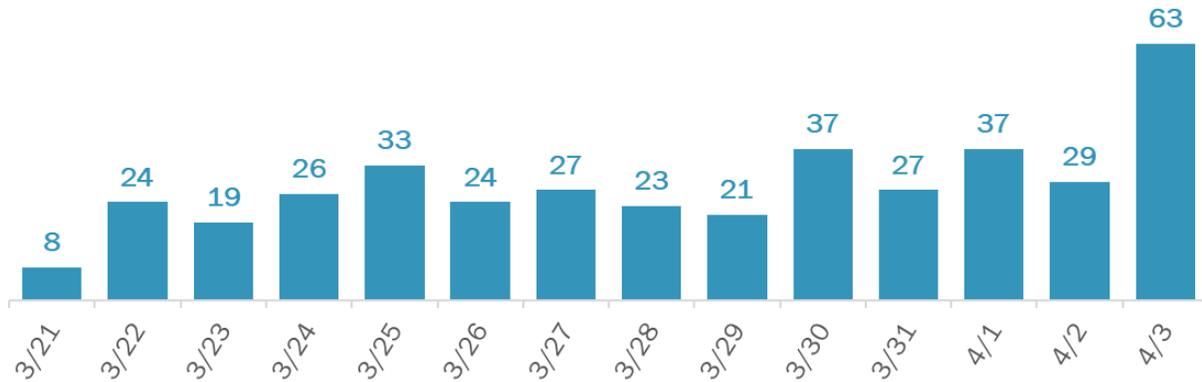


**TO:** Vermont Health Care Providers and Health Care Facilities  
**FROM:** Jennifer S. Read, MD, Medical Epidemiologist

**Overview of Vermont Residents Testing Positive for SARS-CoV-2:  
March 21-April 3, 2020**

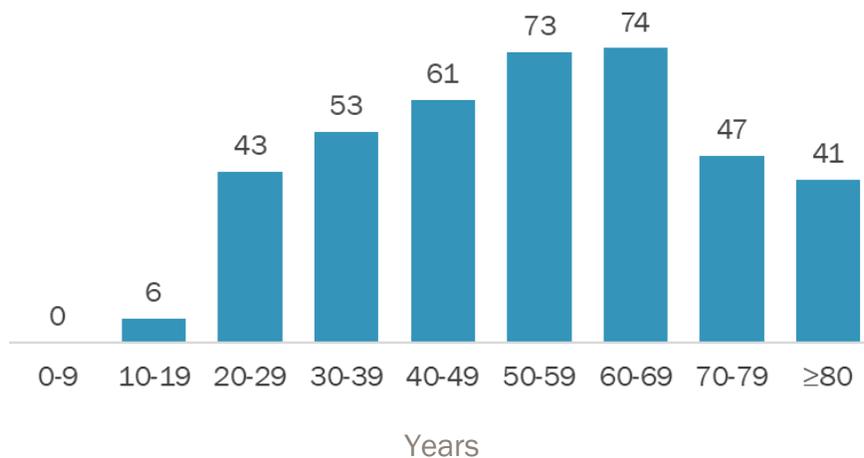
Between March 21, 2020 and April 3, 2020, a total of 398 Vermont residents tested positive for SARS-CoV-2, the etiologic agent for novel coronavirus 2019 (COVID-19) disease (figure).

**Number of New COVID-19 Cases Among Vermont Residents**



The median age was 55 years (range: 13-99 years; interquartile range: 39-67 years) (figure).

**Distribution of Vermont Resident COVID-19 Cases  
by Age Group**



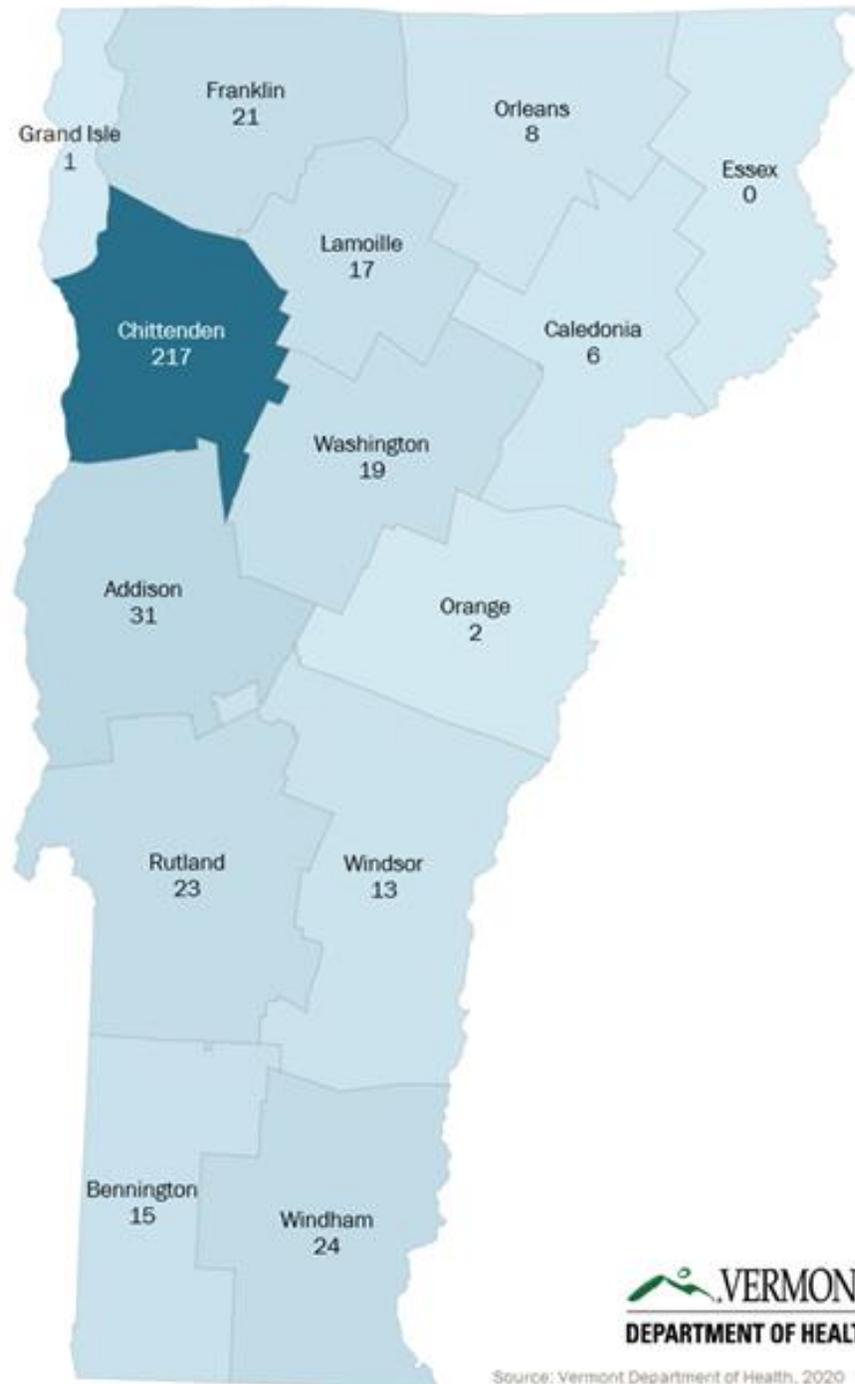
The geographic distribution of cases is shown in the following two figures:

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

**March 21 - April 3, 2020**

\*Vermont residents who tested positive for COVID-19.

\*\*Some cases may still be under investigation and county not assigned yet.

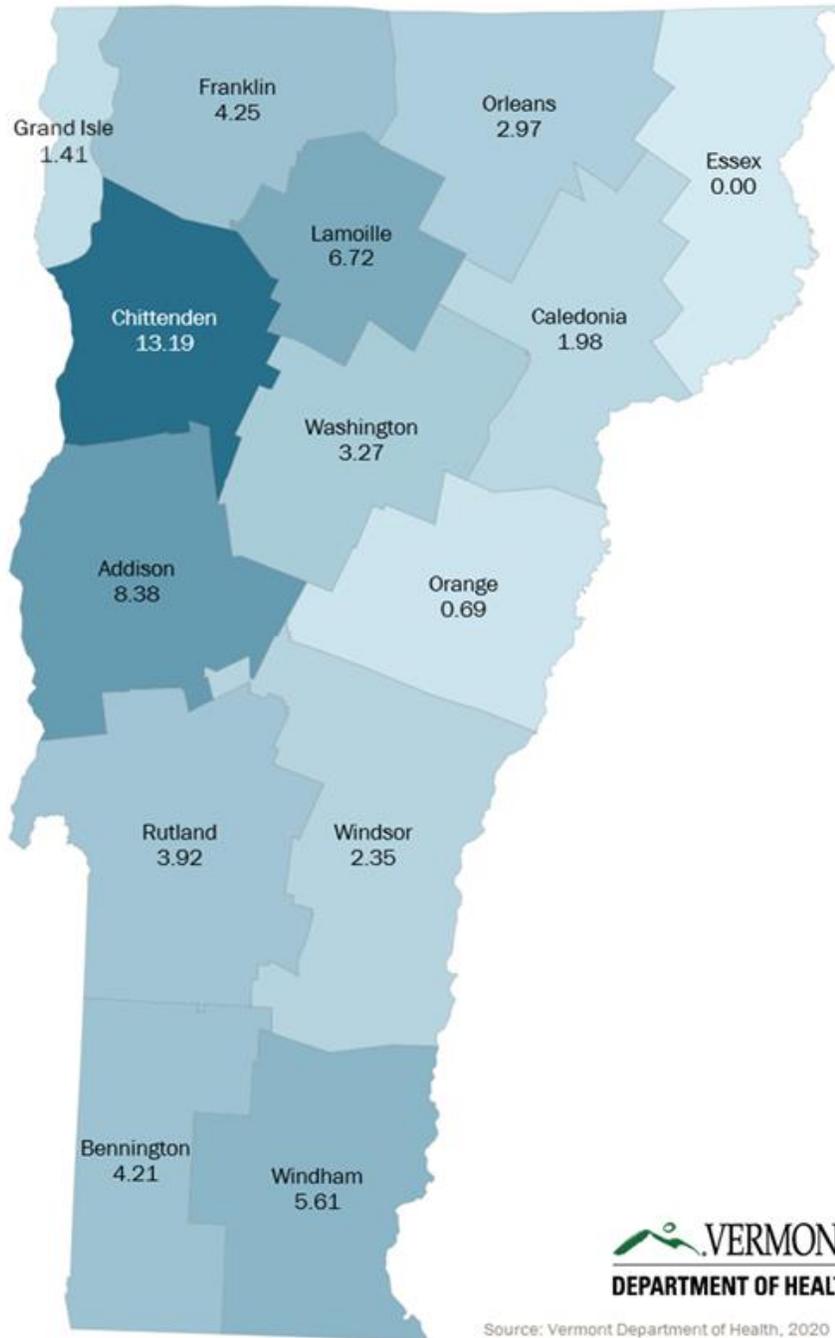


**Vermont Resident COVID-19 Rates by County**

**March 21 – April 3, 2020**

\*Vermont residents who tested positive for COVID-19.

\*\*Number of cases per 10,000 population. Caution should be used when interpreting rates in counties with small populations.



In order to characterize the clinical epidemiology of these infections, a systematic sample of 38 individuals who tested positive for SARS-CoV-2 was assembled. Characteristics and clinical features of these 38 cases are delineated below.

- **Co-morbidities:** Ten (26%) had the following pre-existing conditions: chronic obstructive pulmonary disease (COPD), asthma, diabetes, and/or a history of cigarette smoking.
- **Contact with known COVID-19 patients:** 9 (24%)
- **Travel outside of Vermont:** 6 (16%)
  - U.S. only (outside New England): 3
  - International (Europe, Africa, or Central America): 3
- **Health care worker:** 5 (13%)
- **Location of patient when testing was ordered, and subsequent disposition:**
  - Long Term Care Facility (LTCF): 7 (18%)
    - Remained at facility: 6
    - Hospitalized (and subsequently returned to LTCF): 1
  - Outpatient: 31 (82%)
    - Emergency Department: 10 (32%)
      - Discharged to home: 5
      - Discharged to LTCF (where previously a resident): 1
      - Hospitalized: 4 (1 subsequently discharged to home, 3 remain hospitalized)
    - Outpatient clinic/office: 3 (10%)
      - Discharged to home: 3
    - Telephone, Email, Telemedicine: 18 (58%)
      - (Discharged to) home: 18
- **Signs and Symptoms:**
  - Cough: 27 (71%)
  - Nasal congestion or rhinorrhea: 16 (42%)
  - Fever: 15 (39%)
  - Fatigue: 14 (37%)
  - Headache: 12 (32%)
  - Myalgia: 10 (26%)
  - Shortness of breath: 10 (26%)
  - Sore throat: 10 (26%)
  - Diarrhea: 10 (26%)
  - Dysgeusia and/or anosmia: 9 (24%)
  - Nausea: 6 (16%)

**Summary:** This overview of Vermont residents with confirmed COVID-19 disease (March 21-April 3, 2020) incorporates early data; similar reviews are planned as more infections occur in Vermont. Only approximately a quarter of individuals had pre-existing conditions related to the pulmonary and/or immune systems. Similarly, about a quarter of individuals had contact with

confirmed COVID-19 patients. Less than a fifth had a history of travel outside of Vermont or were health care workers. Most patients were outpatients when diagnostic testing was ordered. **Cough was the most common symptom**, followed by nasal congestion or rhinorrhea. About a third had fever, fatigue, and/or headache. About a quarter had myalgia, **shortness of breath**, sore throat, and/or diarrhea. Similarly, about a quarter of individuals had **dysgeusia and/or anosmia**. Nausea was reported by less than a fifth of patients.

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