COVID-19 Vaccine Update for the House Human Services and Senate Health & Welfare

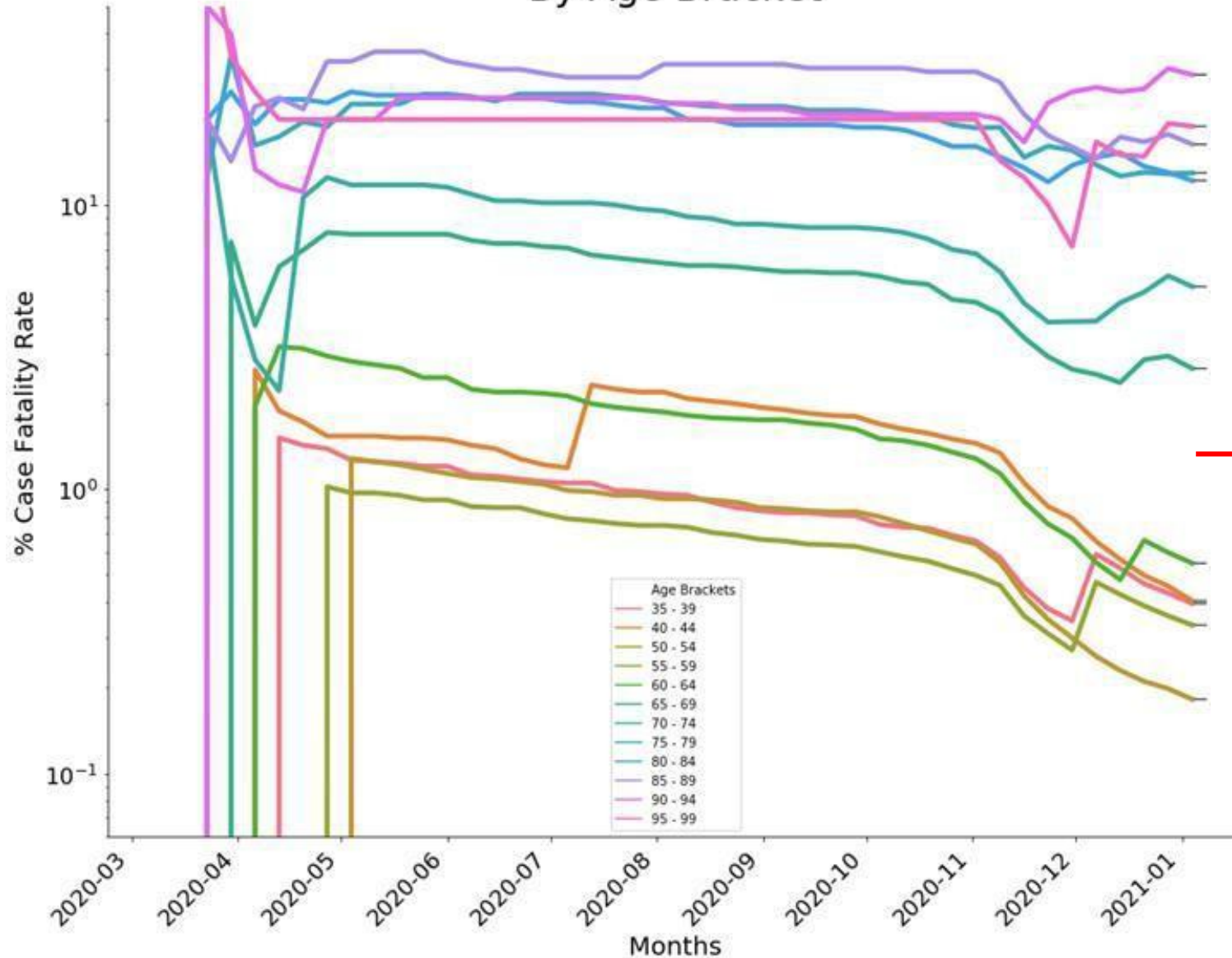Mark A. Levine, MD

Commissioner

Vermont Department of Health

January 13, 2021

VERMONT
DEPARTMENT OF HEALTH

Case Fatality Rate of COVID-19 Deaths in Vermont By Age Bracket

VT CFR 1.9%

Age 95-99: 18.9%
Age 90-94: 28.7%
Age 85-89: 16.3%
Age 80-84: 12.2%
Age 75-79: 13.0%
Age 70-74: 5.2%
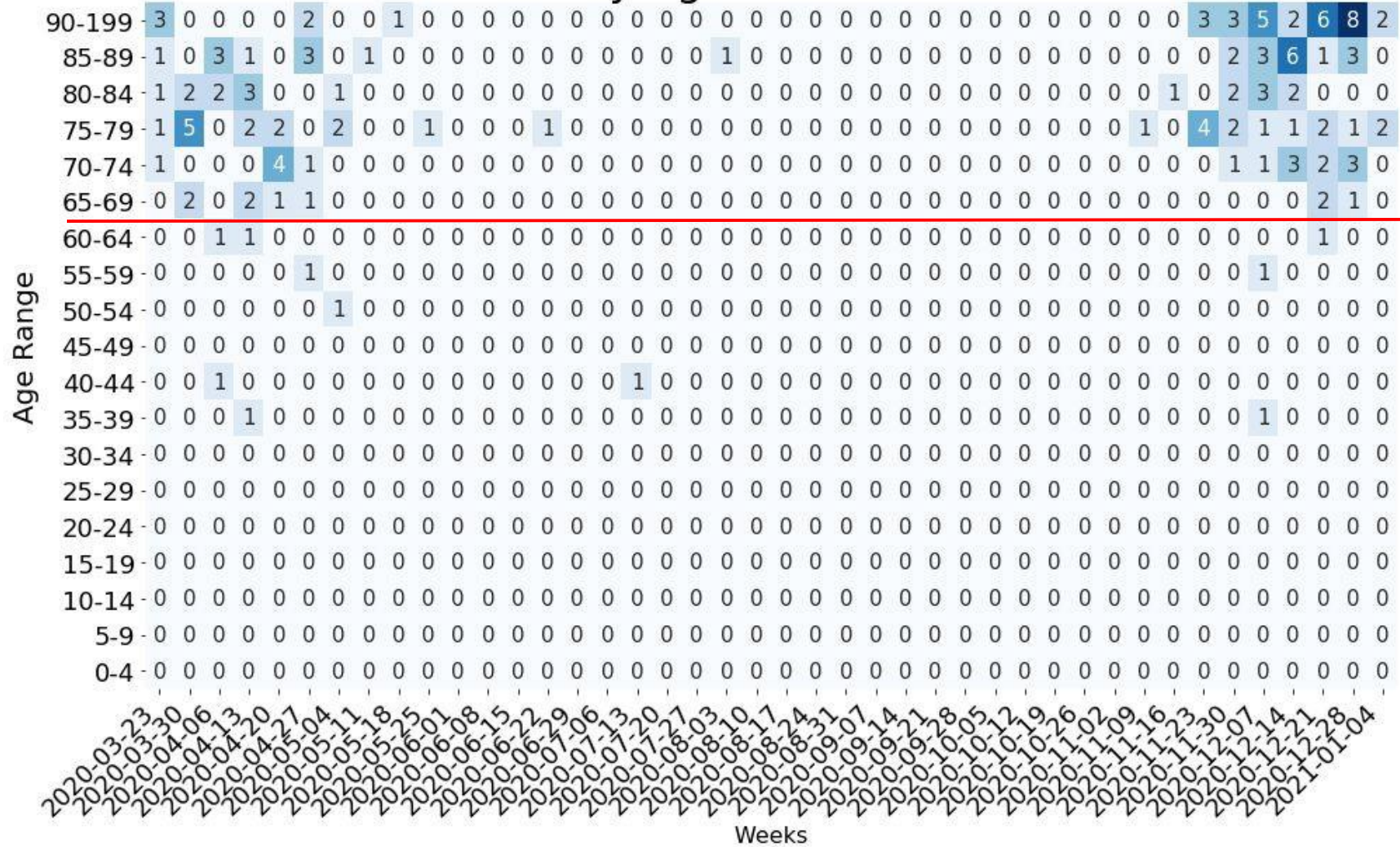Age 65-69: 2.7%

Age 60-64:   .5%
Age 55-59:   .4%
Age 50-54:   .2%
Age 45-49:   .4%
Age 40-44:   .4%

Heatmap of COVID-19 Deaths in Vermont By Age Over Time

Vaccine Age Bands

Vermont 2019 Population Estimates, by Age Groups

Value	Age Group
49833	Age 75+
33203	Age 70-74
42003	Age 65-69
47834	Age 60-64
47545	Age 55-59
40716	Age 50-54
37335	Age 45-49
34248	Age 40-44
37019	Age 35-39
36452	Age 30-34
37956	Age 25-29
45430	Age 20-24
41216	Age 15-19

Vermonters with COVID-19 who are high risk have more serious health outcomes.

Average Length of Illness (Days)

High Risk — 11

Not High Risk — 8
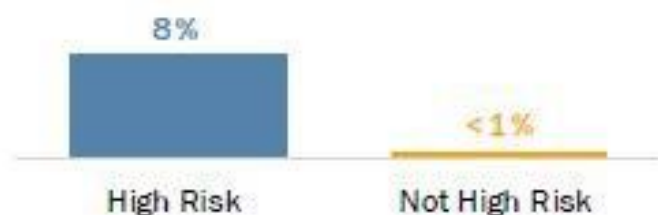
Average Length of Hospitalization (Days)

High Risk — 8

Not High Risk — 4

Percent hospitalized

8% — High Risk

<1% — Not High Risk

Nearly 1 in 3 high risk Vermonters hospitalized are admitted to the ICU (31%).

All deaths have been among those who are high risk.

4% case fatality rate among those who are high risk.

0% case fatality rate among those who are not high risk (0 deaths).

Vermonters 40 – 64 with High-Risk Health Conditions

Condition	#	%
COPD	15,700	8%
Chronic Kidney Disease	3,100	2%
Obesity	48,800	26%
Severe Obesity	9,000	5%
CVD	14,500	7%
Smoking	33,300	17%
Pregnancy*	200	1%
Diabetes**	18,000	9%
Cancer***	12,100	6%
1+ High-Risk Condition/Risk Factor (Including cancer)***	100,400	59%
1+ High-Risk Condition/Risk Factor (Excluding cancer)***	95,600	57%

- Diabetes diagnosis, CVD diagnosis, Chronic Kidney diagnosis, and Cancer diagnosis are all EVER diagnosed.

- CVD includes: myocardial infarction, coronary heart disease, and stroke.

- Obesity indicates those with a BMI of 30 kg/m2 or higher but < 40 kg/m2.

- **Diabetes measure does not distinguish between Type 1 and Type 2.

- ***CDC high-risk conditions and risk factors list refers to 'current cancer,' not 'ever'. As a result, the cancer information likely overestimates the population.

- Down Syndrome, Immunocompromised, and Sickle Cell are not captured on the BRFSS. VHCURES data were analyzed for these populations: fewer than 200 Vermonters aged 40-64 had for down syndrome, sickle cell disease, or had an immunocompromised state (weakened immune system) from solid organ transplant, which is likely an underestimate.

Data source: BRFSS (2019); VHCURS (2019)

*Only asked of women 18-49. The number indicates the average number per year from 2013-2019. These data are suppressed because the RSE was large.

Vermont Healthcare Claims Uniform Reporting and Evaluating System (VHCURES) through the Green Mountain Care Board. Analyses, conclusions, and recommendations are solely those of the Vermont Department of Health and are not necessarily those of the GMCB.

Covid-19 Vaccine: Basics

- What is the strategy for vaccination after phase 1A (healthcare workers and LTCFs)?
- What data supports this strategy?
- How long will the initial priority phases take to get through?
- When can WE get the vaccine?
- Why should I trust this vaccine?
- How will the vaccine impact "getting back to normal"?

"Getting back to normal"

- The dual pathway public health guidance
- Every infection prevented-> health and economic recovery
- What does it take to achieve herd immunity?
- How long will it take to achieve herd immunity?
  - Vaccine dashboard
  - Vaccine allocation
  - Number of vaccine platforms approved and their efficacy rates
  - Uptake of vaccine by the population
  - Degree of viral suppression we achieve independent of the vaccine
- What does "going back to the office" look like and when?
- What work practices will endure post-Covid? Zoom meetings, online transactions