

### ***COVID-19 Update September 29, 2022***

As of **September 28, 2022**, the total of laboratory-confirmed and probable COVID-19 cases reported among Connecticut residents is **896,144**; **3,526** have been reported in the past 7 days. **Three hundred eighty-three** patients are currently hospitalized with laboratory-confirmed COVID-19; of these, **136** (35.51%) are not fully vaccinated.

Overall Summary	Cumulative (except for hospital census)	Past 7 days*
Positive PCR/NAAT Tests	972,530	3,557
All PCR/NAAT Tests	15,474,325	38,484
Test Positivity (pos/all PCR/NAAT)		9.24%
Patients currently hospitalized with COVID-19	383	-17
COVID-19-Associated Deaths	11,365	+22

\*This column indicates all PCR/NAAT tests by specimen collection date from the past 7 days. Test positivity is calculated as a rolling 7-day test positivity by specimen collection date; all positive molecular (PCR/NAAT) test results are divided by all molecular (PCR/NAAT) test results (positive and negative) for the last 7 days and multiplied by 100 to reach a percentage. Hospitalizations over the past 7 days indicates the change in the number of patients hospitalized with COVID-19 over that period. Deaths over the past 7 days indicates the number of new COVID-19 associated deaths reported; deaths are reported once weekly.

### Cumulative COVID-19 Cases and Associated Deaths by County of Residence

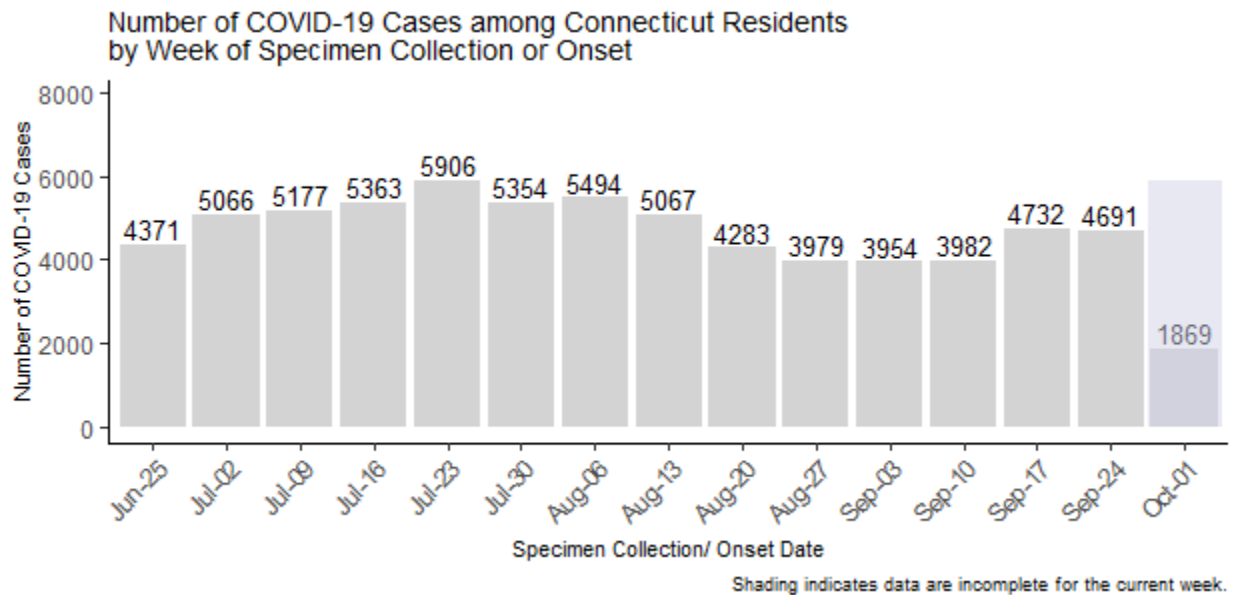
County	COVID-19 Cases		COVID-19-Associated Deaths	
	Confirmed	Probable	Confirmed	Probable
Fairfield County	217,812	26,102	2,274	544
Hartford County	193,260	23,684	2,655	619
Litchfield County	32,694	5,425	412	69
Middlesex County	32,290	3,231	353	144
New Haven County	208,978	27,014	2,551	401
New London County	61,245	6,513	560	160
Tolland County	22,689	2,818	210	86
Windham County	27,509	1,982	250	70
Pending address validation	2,504	394	1	6
<b>Total</b>	<b>798981</b>	<b>97163</b>	<b>9266</b>	<b>2099</b>

[National COVID-19 statistics](#) and information about [preventing spread of COVID-19](#) are available from the Centers for Disease Control and Prevention.

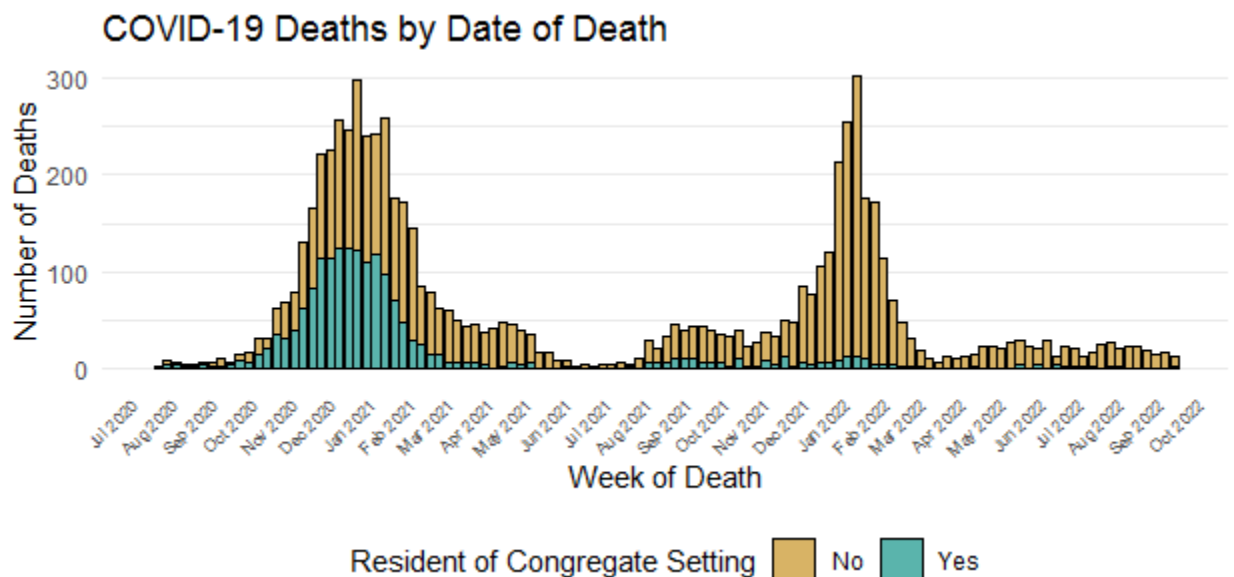
**Day-to-day changes reflect newly reported cases, deaths, and tests that occurred over the last several days to week.** All data in this report are preliminary; data for previous dates will be updated as new reports are received and data errors are corrected. Hospitalization data were collected by the Connecticut Hospital Association. Deaths reported to either OCME or DPH are included in the daily COVID-19 update.

## COVID-19 Cases and Deaths Over Time

The chart below shows the number of new COVID-19 cases reported to CT DPH by week of specimen collection or onset of illness. Case data includes probable cases based on positive antigen test results. During the previous 7 days (September 22-28), there were 3,526 new COVID-19 cases, including cases among people residing in the community and congregate settings, such as nursing homes, managed residential communities, and correctional facilities.



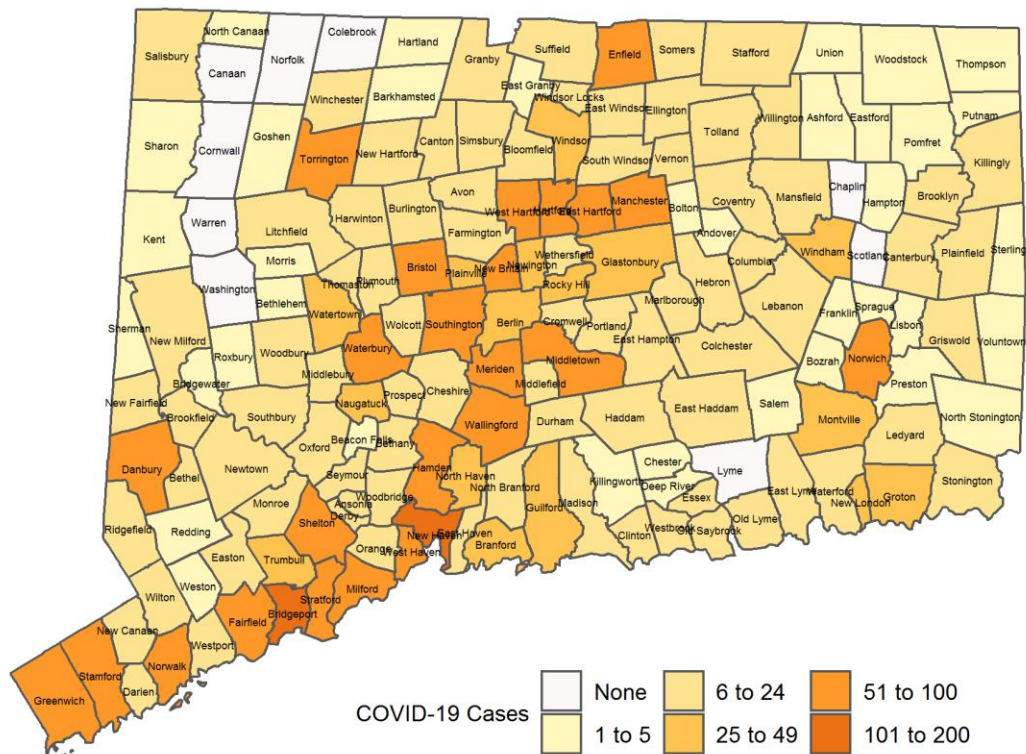
The graph below shows the number of COVID-19 associated deaths since August 1, 2020 by week of death and whether the person was residing in a congregate setting, such as a nursing home, managed residential community, or correctional facility.



## Community Transmission of COVID-19

There were 3,526 new COVID-19 cases with specimen collection date during September 22-28, as shown in the map below. During this seven-day period, the statewide case rate was 97.783 per 100,000 CT population; there were more than 100 new COVID-19 cases in 2 towns.

Number of COVID-19 Cases by Town  
with Specimen Collection date during September 22-28



*Map does not include 19 cases pending address validation*

## Epidemiology of COVID-19 by Vaccine Status

### Methodology

To determine cases of COVID-19 among fully vaccinated persons or among those who have received an additional dose of COVID-19 vaccine, DPH matches COVID-19 case data with the vaccine registry to determine which cases meet the definition of being fully vaccinated or having received an additional dose and which are also vaccine breakthrough cases.

- A case of COVID-19 in a fully vaccinated person (e.g., vaccine breakthrough case) is defined as a person who has a positive PCR/NAAT or antigen test in a respiratory specimen collected  $\geq 14$  days after completing the final dose of an FDA-authorized or approved COVID-19 vaccine series and who did not have a previously positive COVID-19 test  $< 90$  days prior to the positive test currently under investigation.
- A case of COVID-19 in a fully vaccinated person who has received an additional dose is defined as a person who has a positive PCR/NAAT or antigen test in a respiratory specimen collected  $\geq 14$  days after receiving an additional dose of any COVID-19 vaccine and who did not have a previously positive COVID-19 test  $< 90$  days prior to the positive test currently under investigation.

All data presented below are preliminary and subject to change.

### Data

The table below shows new COVID-19 cases for the previous 7 days September 22, 2022 - September 28, 2022 by vaccination status. The percentage of cases among fully vaccinated individuals is influenced by the high proportion of the population that is eligible for and has completed a vaccine series, and should be considered in light of the overall proportion of vaccinated individuals who have contracted the virus.

Status	Case Count	Percent
New Cases	3,524	
Not Fully Vaccinated	2,050	58.2
Fully Vaccinated	1,474	41.8

As of **September 28, 2022**, 281,282 cases of COVID-19 among fully vaccinated persons in Connecticut have been identified. Those 281,282 cases account for 10.21 percent of the 2,759,279 persons who are fully vaccinated.

Since the beginning of the pandemic, 614,862 cases have been identified among individuals who are not fully vaccinated.

One thousand one hundred fifty-three COVID-19 related deaths have occurred among the 281,282 fully vaccinated persons confirmed with COVID-19.

The table below shows cases and deaths among fully vaccinated persons, and among persons who have received an additional dose, by age group. As shown below, persons who have received an additional dose are a subset of those cases that are fully vaccinated.

**Cases and Deaths Among Fully Vaccinated Persons and Persons with Additional Doses by Age Group**

Age groups	# (%) Cases	# (%) 1 Add Dose Cases	# (%) 2 Add Dose Cases	# (%) Deaths	# (%) 1 Add Dose Deaths	# (%) 2 Add Dose Deaths
0-4	23 (0%)					
5-11	6,399 (2.3%)	104 (0.1%)	1 (0%)	1 (0.1%)		
12-15	10,354 (3.7%)	1,095 (1%)	2 (0%)			
16-24	34,825 (12.4%)	8,530 (7.6%)	23 (0.2%)	2 (0.2%)	1 (0.3%)	
25-34	44,971 (16%)	14,138 (12.7%)	78 (0.8%)	3 (0.3%)		
35-44	45,985 (16.3%)	16,800 (15%)	128 (1.4%)	13 (1.1%)	2 (0.5%)	
45-54	45,119 (16%)	18,491 (16.5%)	825 (8.8%)	29 (2.5%)	8 (2.2%)	
55-64	45,587 (16.2%)	22,549 (20.2%)	2,415 (25.7%)	127 (11%)	30 (8.1%)	2 (5.7%)
65-74	27,118 (9.6%)	17,107 (15.3%)	3,193 (34%)	189 (16.4%)	55 (14.8%)	2 (5.7%)
75+	20,901 (7.4%)	12,940 (11.6%)	2,721 (29%)	789 (68.4%)	275 (74.1%)	31 (88.6%)
Total	281,282	111,754	9,386	1,153	371	35

## SARS-CoV-2 Variant Surveillance

The Centers for Disease Control and Prevention (CDC) have identified three types of SARS-CoV-2 variants: variants of concern, variants being monitored, and variants of high consequence. The definitions for the three different variant categories and substitutions of therapeutic concern can be found here: [SARS-CoV-2 Variants of Concern | CDC](#).

Different terminology has been developed by international scientists for naming SARS-CoV-2 variants. Recently, the World Health Organization (WHO) developed new labels for describing these variants to the public. Below, the WHO label are listed for each variant described.

Below are data on variants of concern and variants being monitored identified among Connecticut residents. No variants of high consequence have been defined by CDC to date.

Data presented are based on variant data reported directly to DPH and include data since January 2021-present.

Data below represent sequences that have been reported to DPH as of 09/28/2022 with specimen collection dates between 01/12/2021 and 09/24/2022. **The total number of SARS-CoV-2 sequences reported to DPH with a valid specimen collection date is 47971.** Data are preliminary and updated as new data are received.

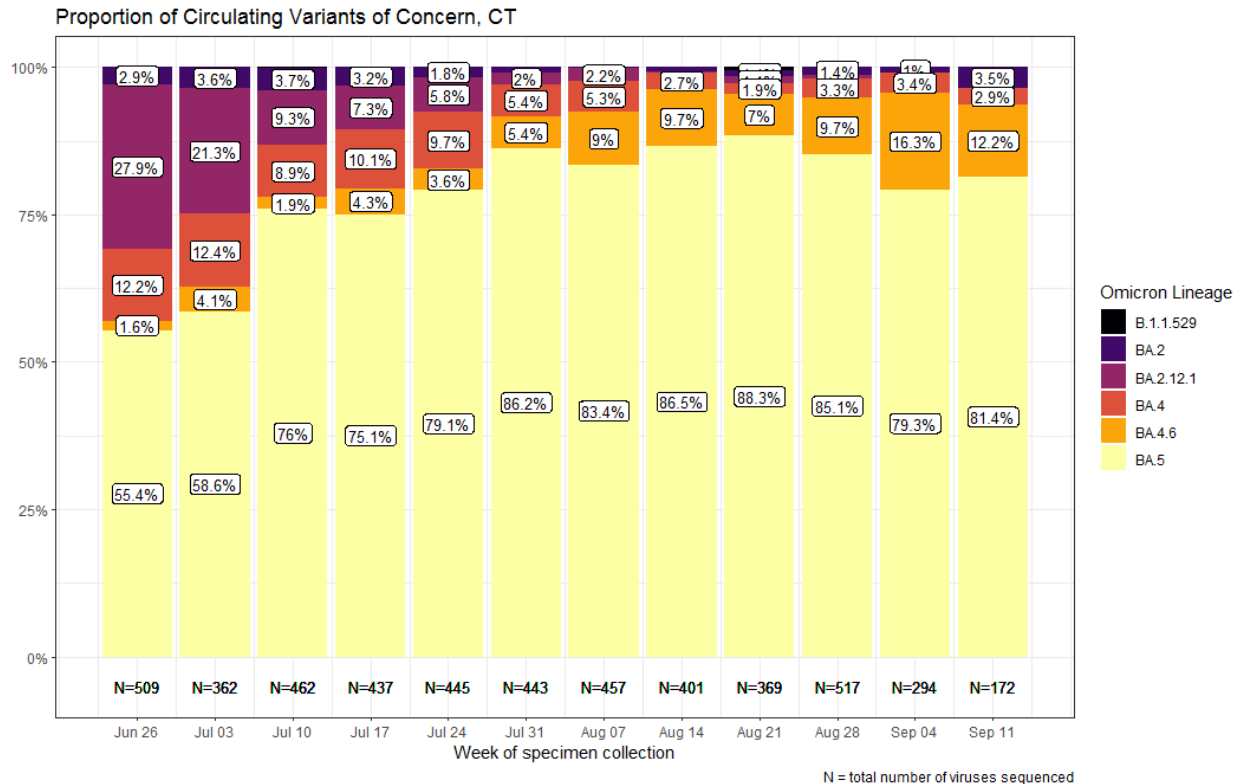
Variant	Number	Percentage
Omicron	25,725	53.63
Delta	17,236	35.93
Alpha	2,525	5.26
Iota	1,083	2.26
Other	1,047	2.18
Gamma	137	0.29
Mu	84	0.18
Epsilon	60	0.13
Lambda	38	0.08
Beta	23	0.05
Eta	10	0.02
Kappa	2	0.00
Zeta	1	0.00

## SARS-CoV-2 Variant Surveillance, continued

The figure below shows the change in proportion of circulating variants of concern by week reported to DPH through September 28, 2022. Variants identified as Omicron are shown by sublineage and all other variants are included as “Other Variants”. Data include sequences from specimens with dates of collection from 01/12/2021–09/24/2022.

As of July 21, 2022, the plot below has been updated to reflect the following changes:

- BA.2 includes BA.2 and all sublineages except BA.2.12.1

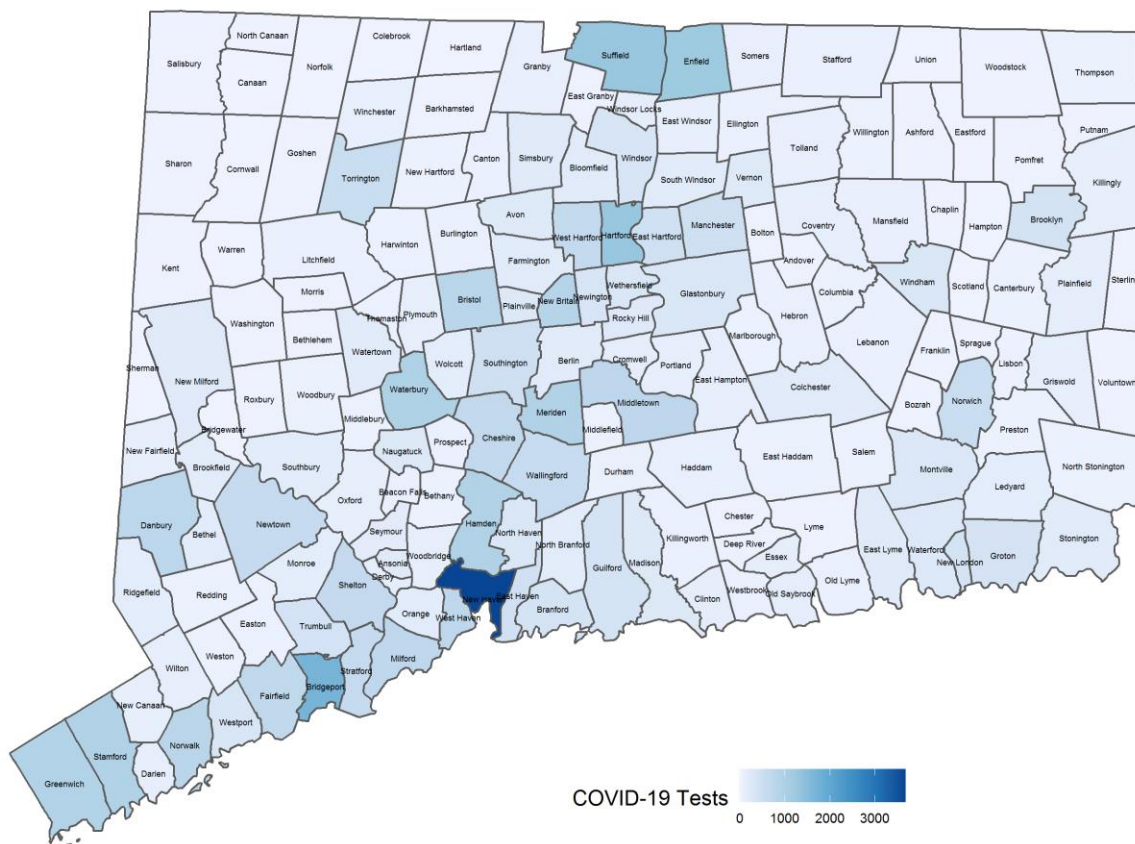




## COVID-19 Molecular and Antigen Tests during September 22 - September 28, 2022

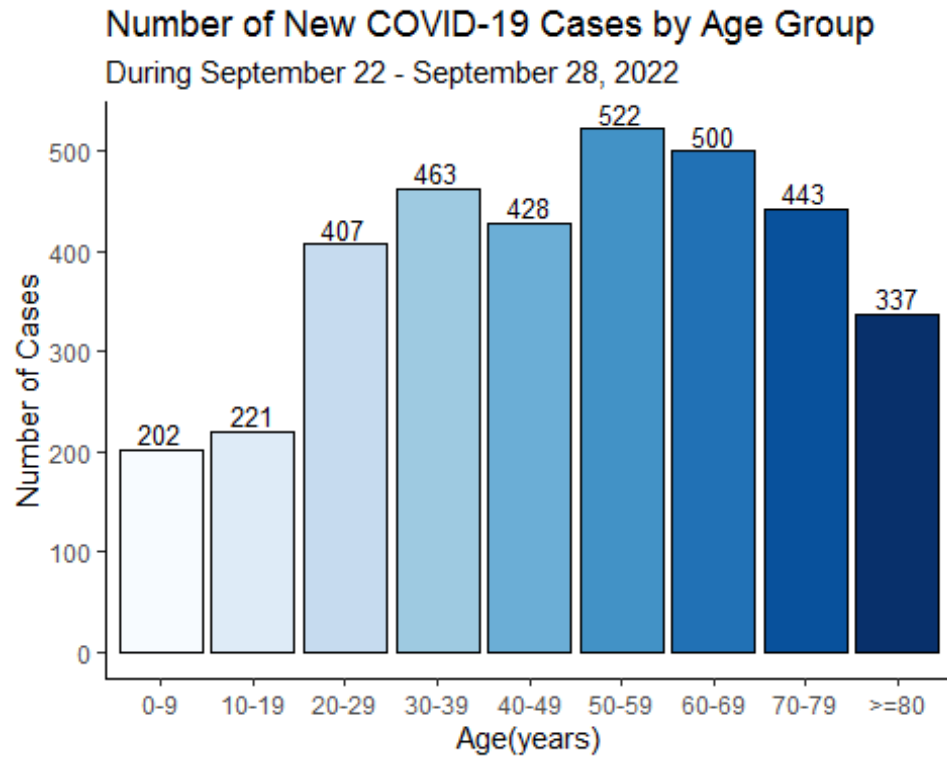
There were 43,175 molecular and antigen tests for COVID-19 performed with specimen collection date during September 22 - September 28, 2022. The map below shows the number of molecular and antigen COVID-19 tests by town with specimen collection date during September 22 - September 28, 2022.

Number of Molecular and Antigen Tests for COVID-19  
with Specimen Collection Date During September 22-28



*Map does not include tests pending address validation*

**Age Distribution of COVID-19 Cases with Specimen Collection or Onset  
During September 22 - September 28, 2022**

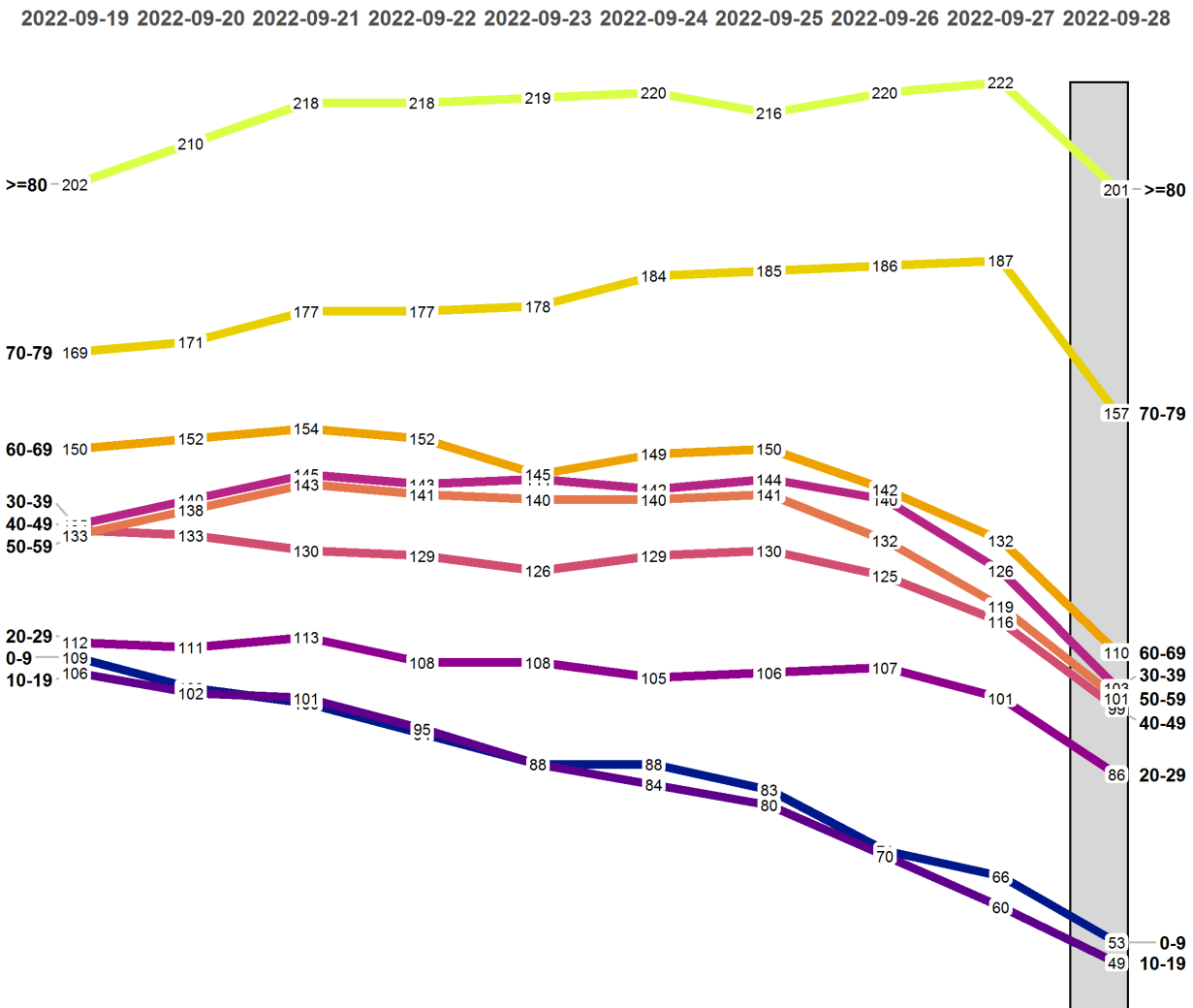


## Weekly Incidence by Age Group

The chart below shows a rate of new COVID-19 cases per 100,000 population by age group based on a weekly sum of new cases. The rates in this chart are calculated by dividing the sum of the number of new cases diagnosed each day and the previous 7-days and then dividing by the annual population in each age group, and then multiplying by 100,000.

### Rate of COVID-19 cases by age group

As of 09/28/2022

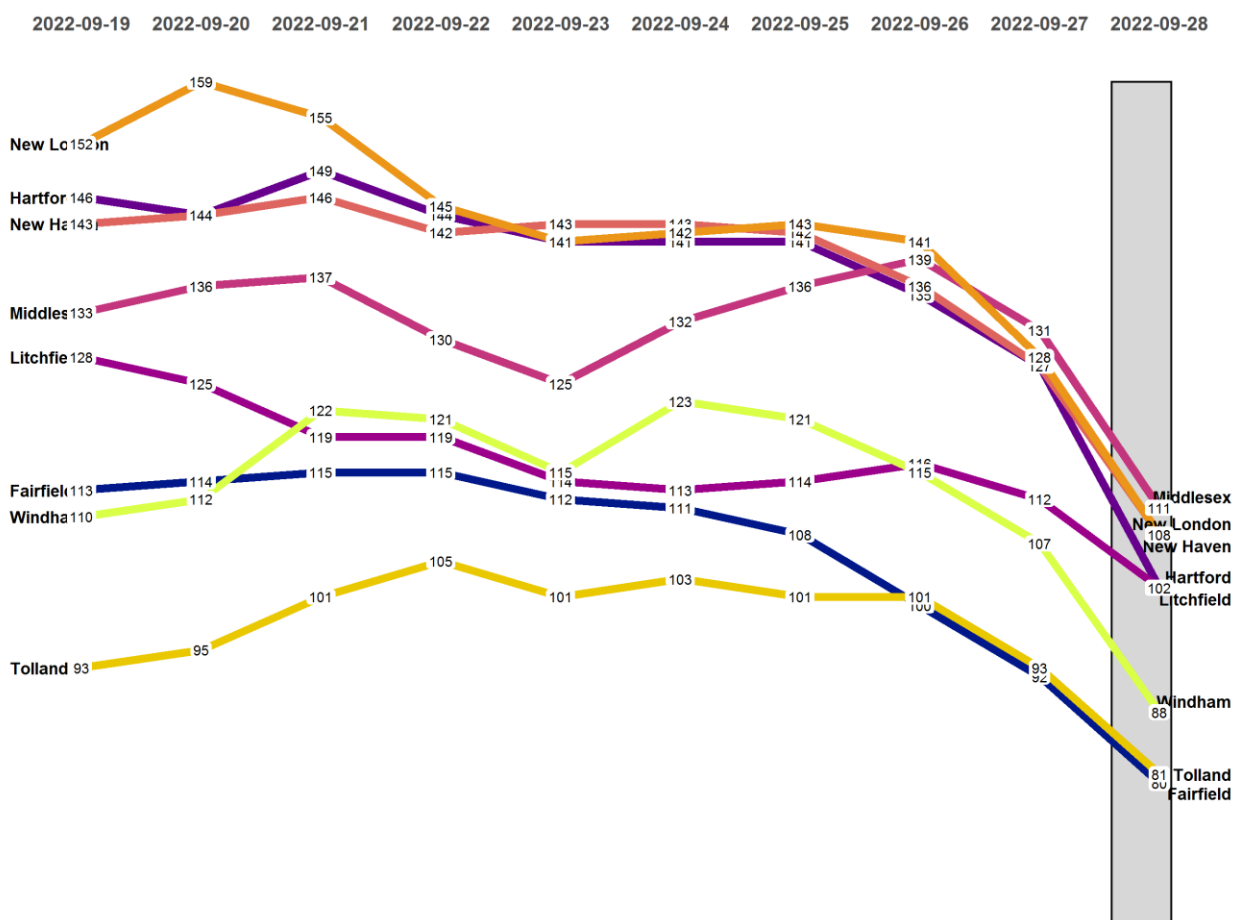


## Weekly Incidence by County

The chart below shows a rate of new COVID-19 cases per 100,000 population by county based on a weekly sum of new cases. The rates in this chart are calculated by dividing the sum of the number of new cases diagnosed each day and the previous 7-days and then dividing by the annual population in each county, and then multiplying by 100,000.

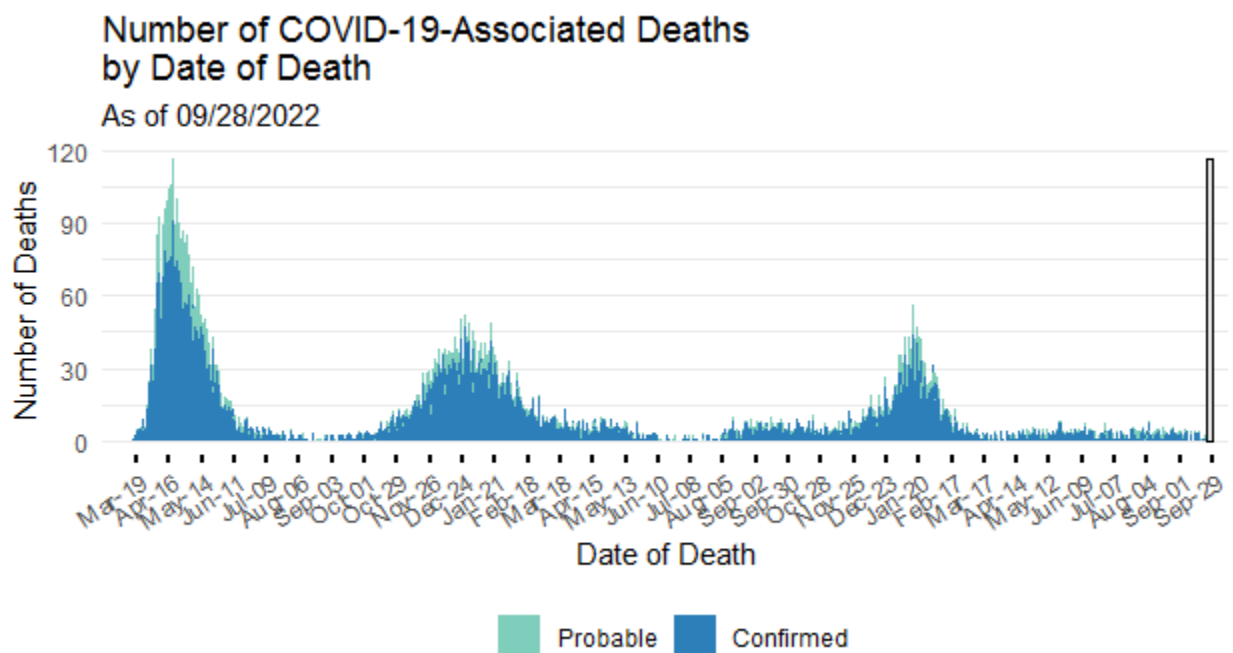
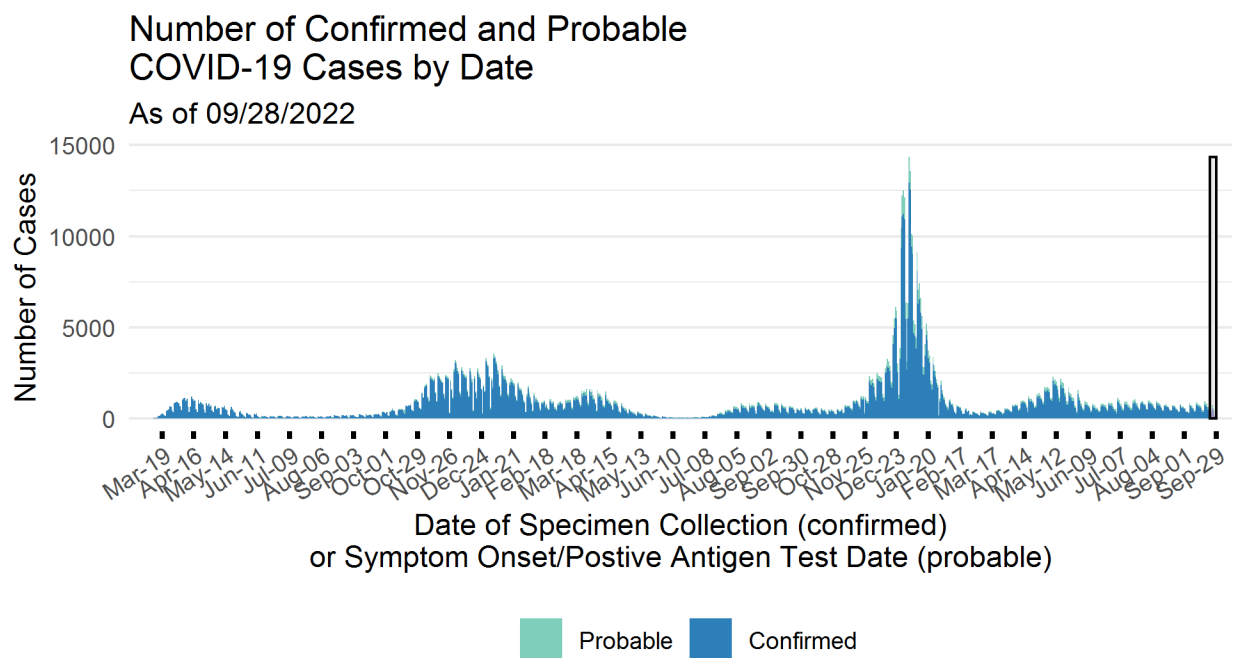
### Rate of COVID-19 cases by County

As of 09/28/2022



## Cumulative Number of COVID-19 Cases and COVID-19-Associated Deaths by Date

Test results may be reported several days after the result. Data are incomplete for most recent dates shaded in grey. Data from previous dates are routinely updated.

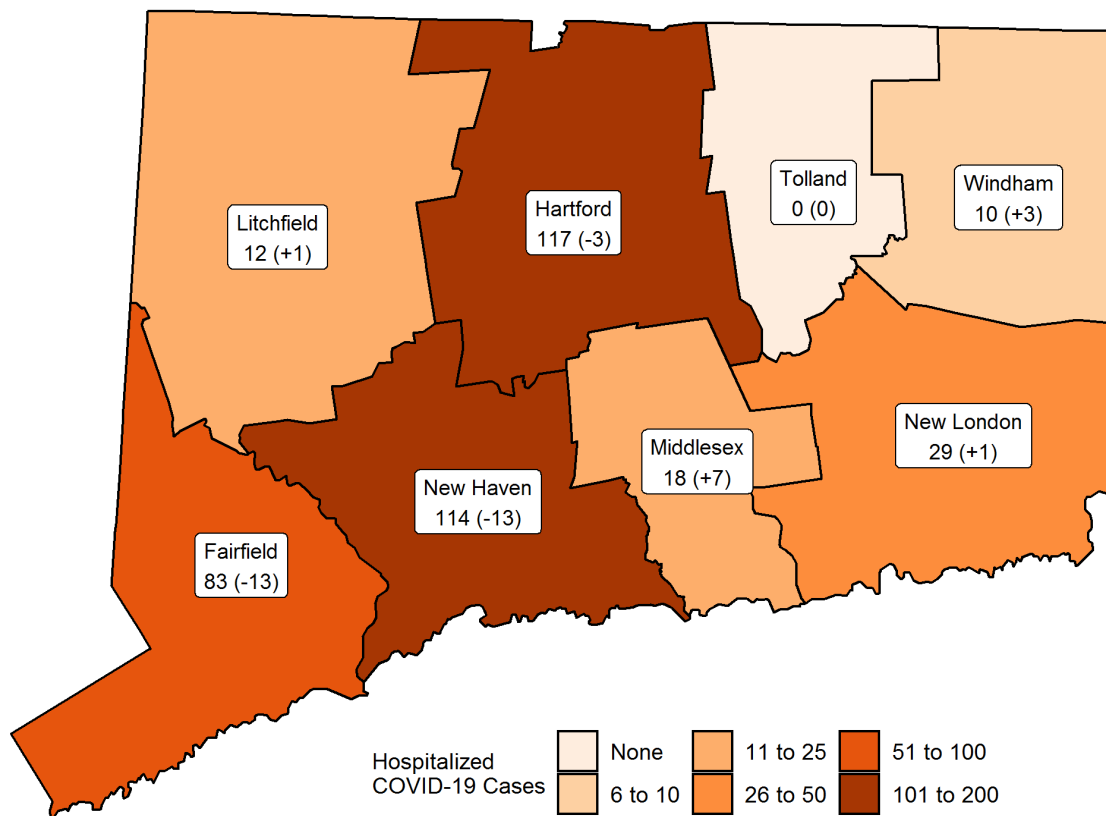


## Hospitalization Surveillance

The map below shows the number of patients currently hospitalized with laboratory-confirmed COVID-19 by county based on data collected by the Connecticut Hospital Association. The distribution is by location of hospital, not patient residence. The labels indicate the number of patients currently hospitalized with the change from 7 days ago in parentheses.

### Patients Currently Hospitalized by Connecticut County

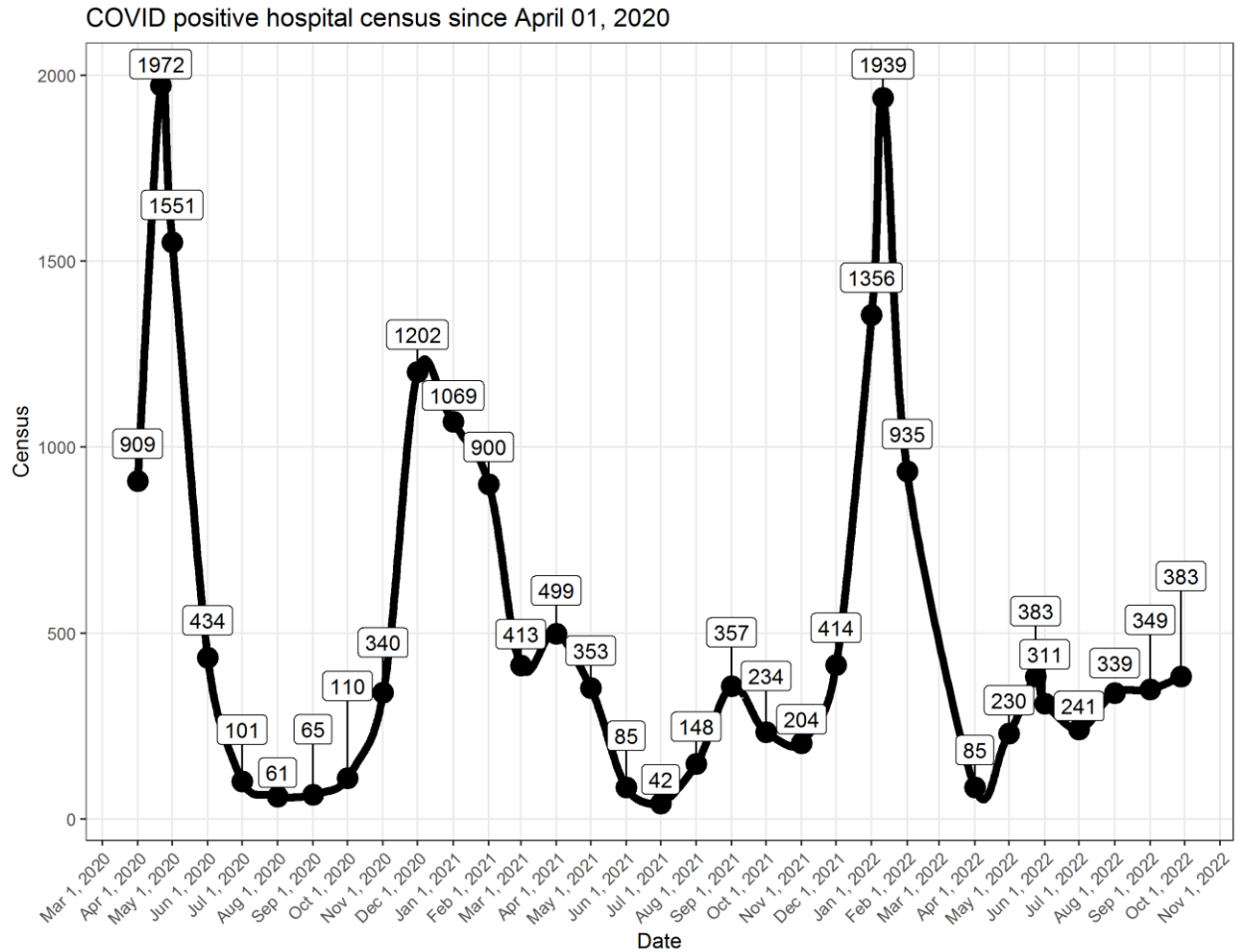
*Distribution by location of hospital not patient residence. Data from the Connecticut Hospital Association.*



More information about hospitalized cases of COVID-19 in New Haven and Middlesex Counties is available from [COVID-NET](#).

## COVID-19 Hospital Census in Connecticut

The chart below shows the COVID-19 hospital census, which is the number of patients currently hospitalized with laboratory-confirmed COVID-19 on each day. Data were collected by the Connecticut Hospital Association and are shown since August 1, 2020.

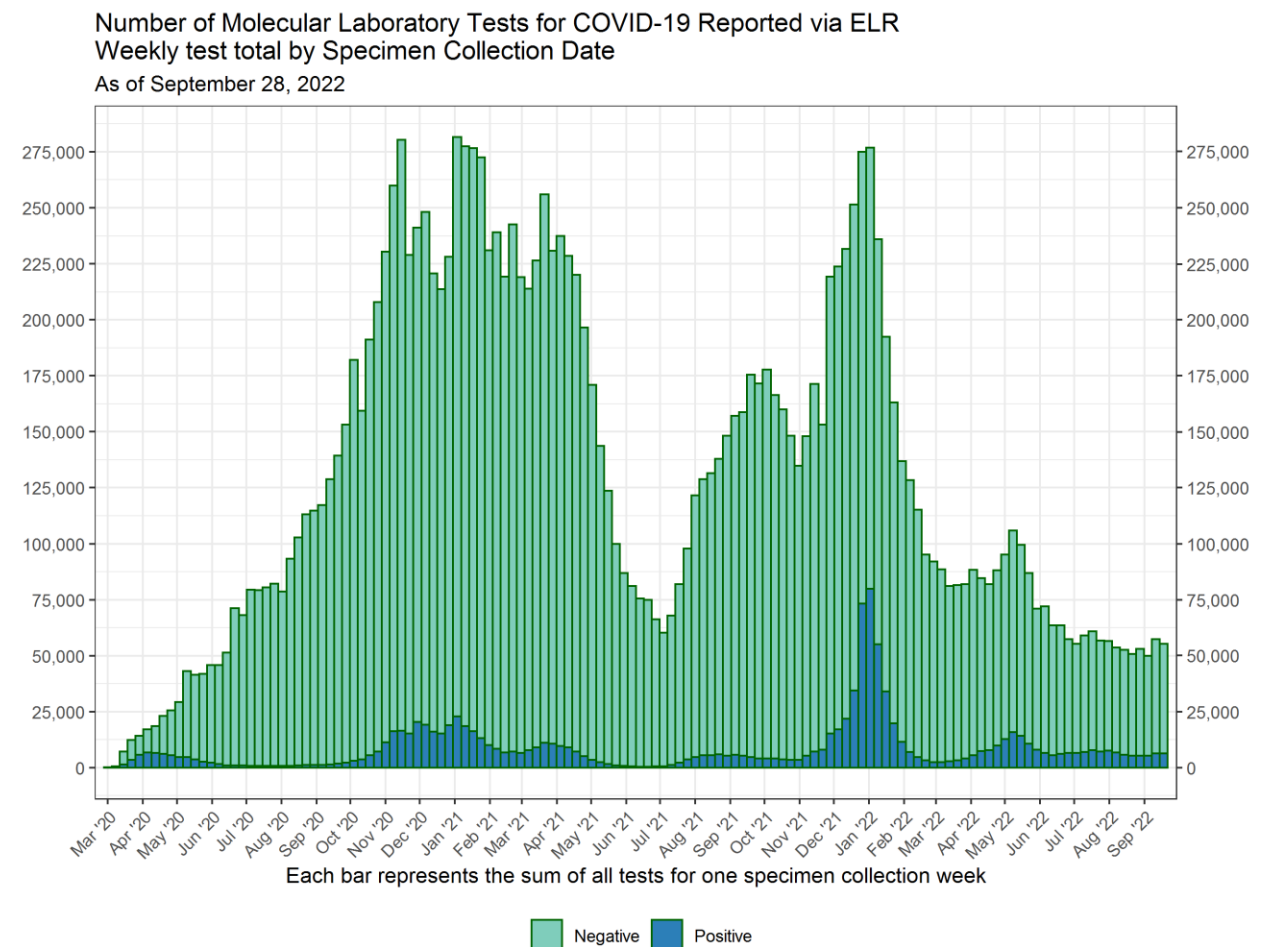


## Laboratory Surveillance

### Molecular Tests

To date, DPH has received reports on a total of 15,474,325 molecular COVID-19 laboratory tests; of these 15,335,576 test results were received via electronic laboratory reporting (ELR) methods from commercial laboratories, hospital laboratories, and the Dr. Katherine A. Kelley State Public Health Laboratory. The chart below shows the number of tests reported via ELR by date of specimen collection and test result.

*Test results may be reported several days after specimen collection. Data are incomplete for most recent dates shaded in grey. Data for previous dates are routinely updated.*



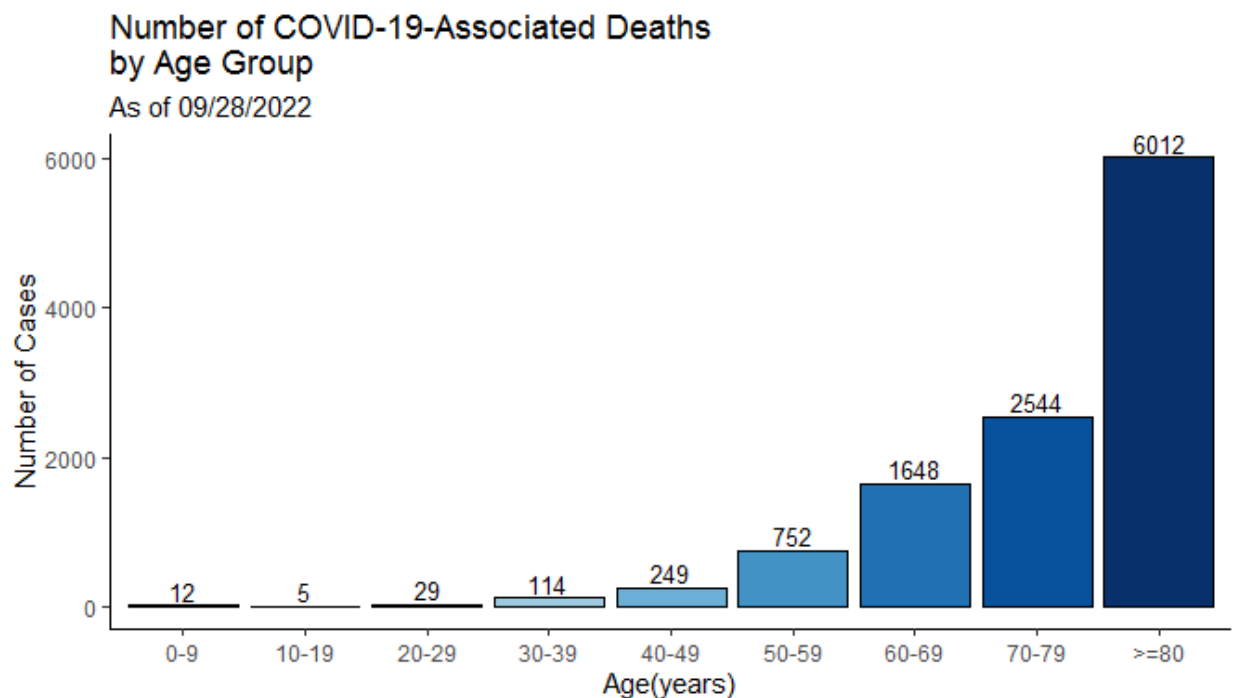
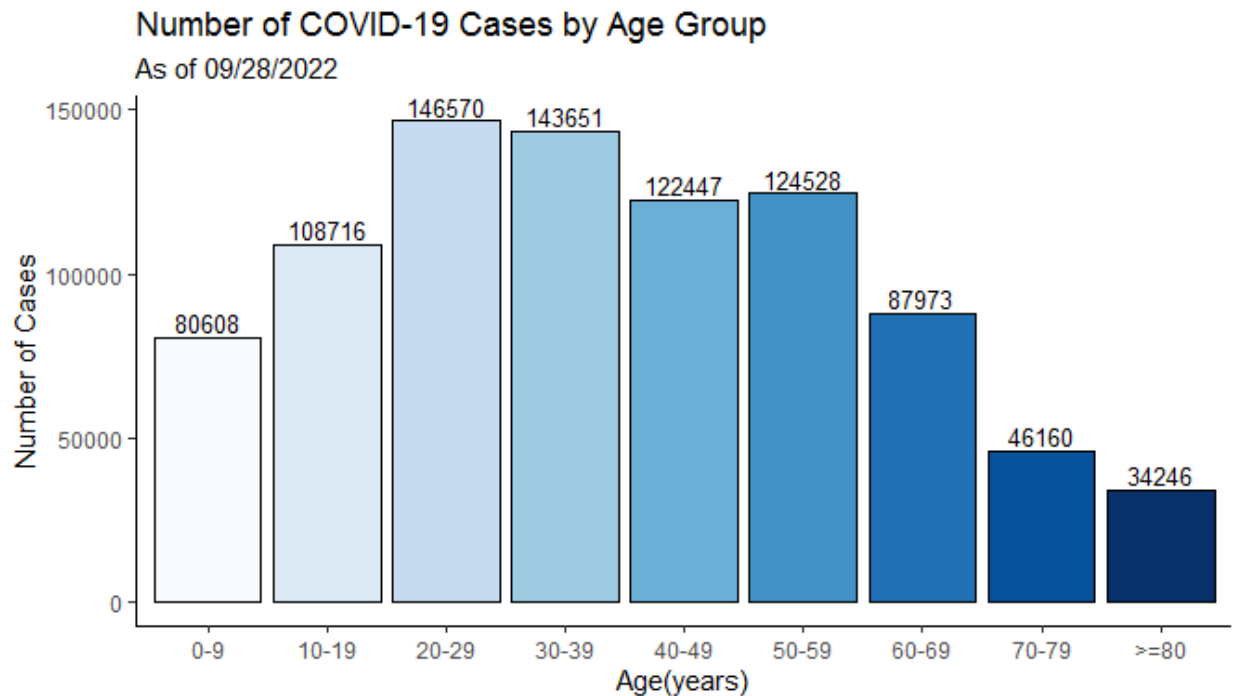
*Testing of recently collected specimens is ongoing and does not reflect a decrease in testing. Chart only includes test results received by electronic laboratory reporting.*

*ELR = Electronic Laboratory Reporting*

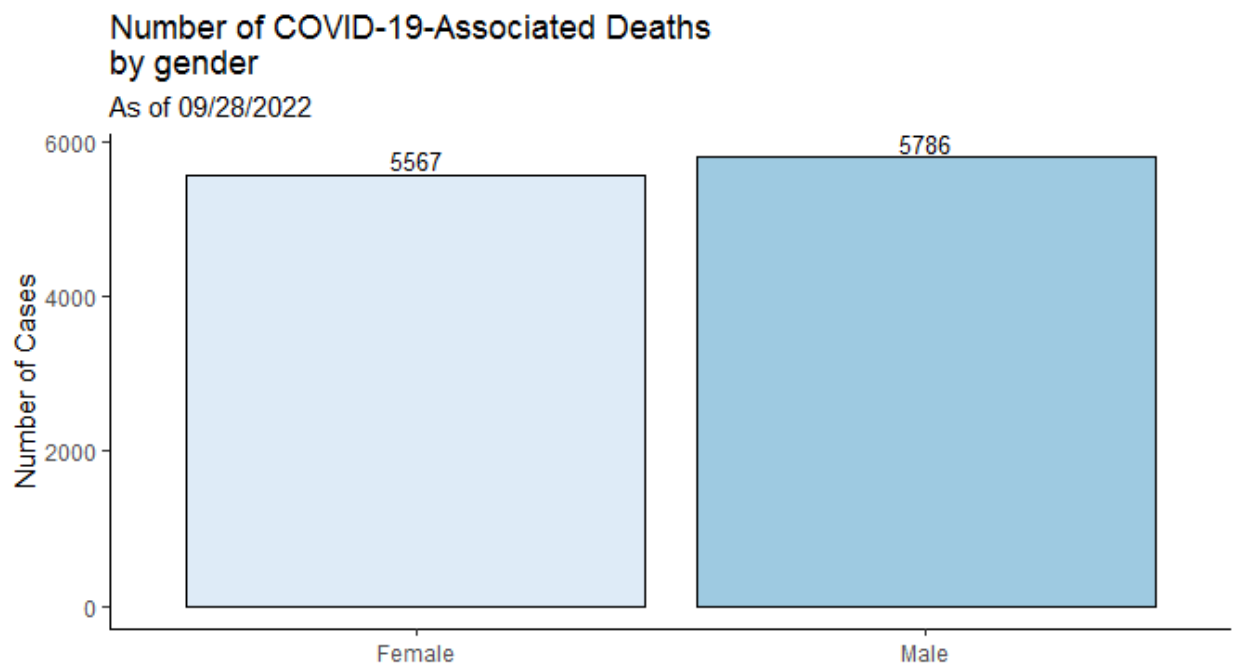
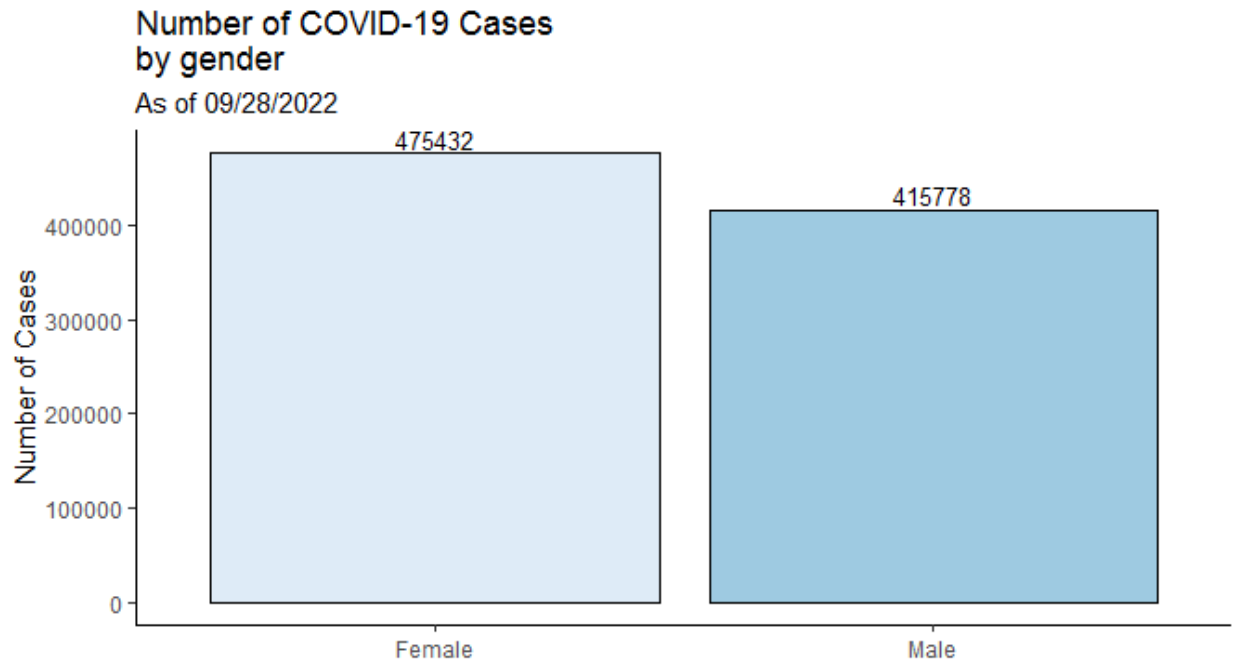


## Characteristics of COVID-19 Cases and Associated Deaths

Counts may not add up to total case count because demographic data may be missing.

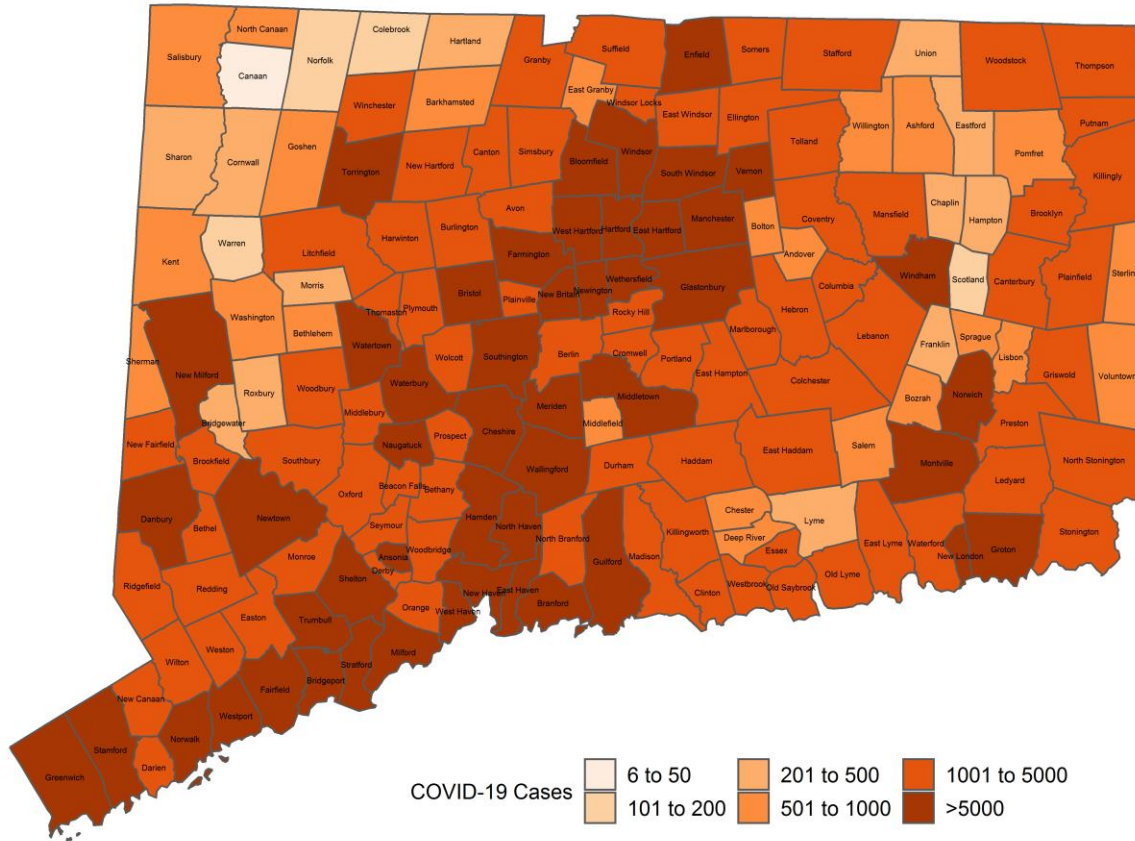


Counts may not add up to total case count because demographic data may be missing.



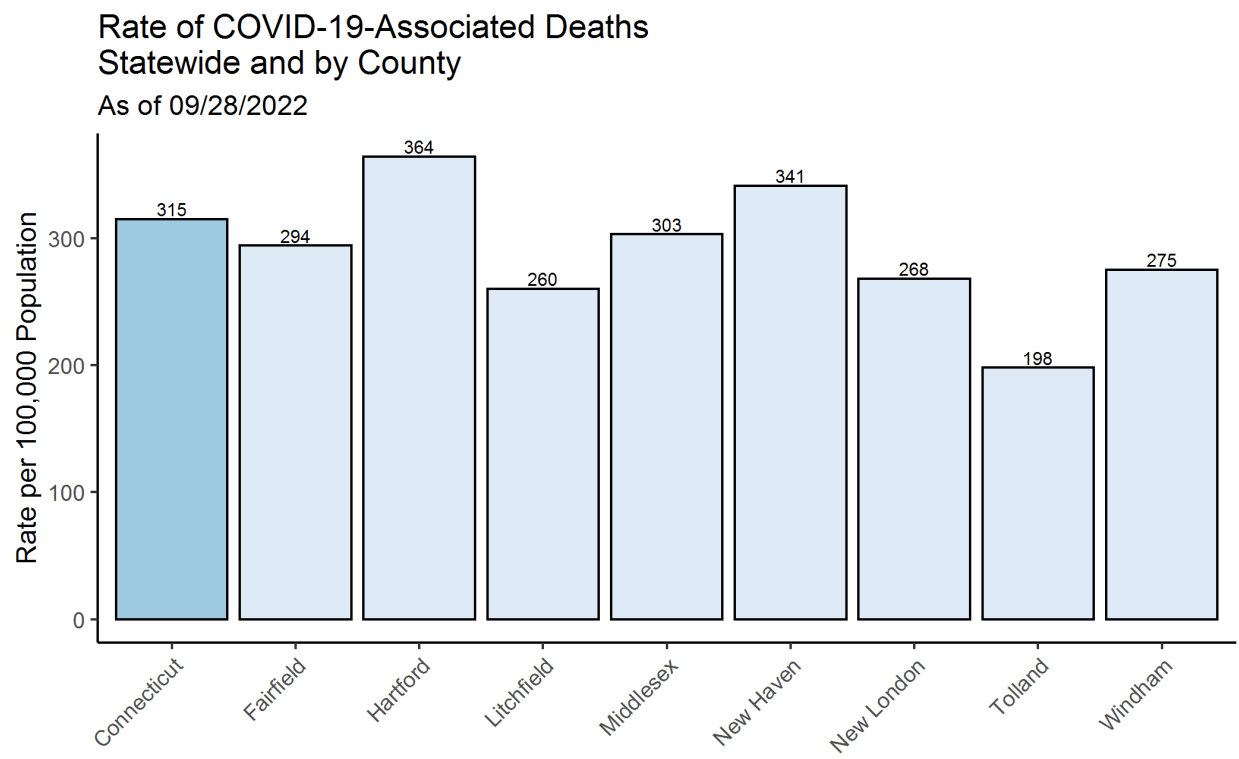
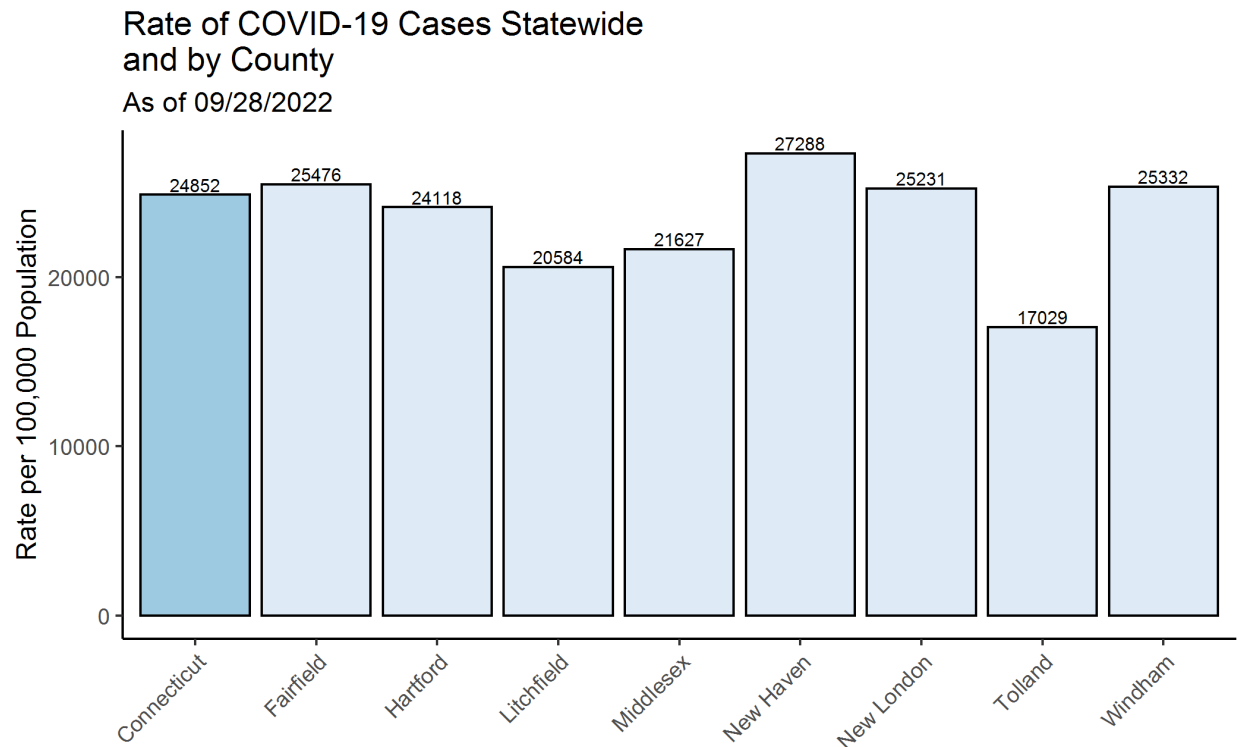
## Cumulative Number of COVID-19 Cases by Town

Map does not include 2898 cases pending address validation



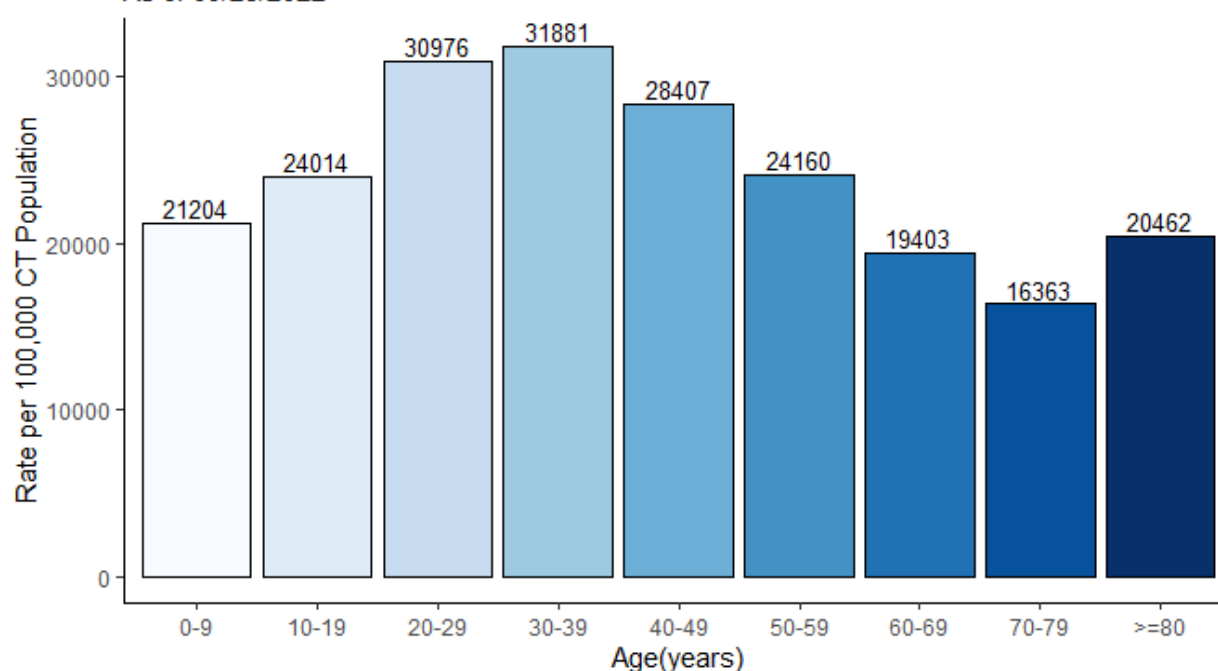
All data are preliminary and subject to change.

**APPENDIX A.** The following graphs show the number of cases per 100,000 Connecticut residents statewide and by county, age group, and gender. Population estimate from: [DPH Population Statistics](#)



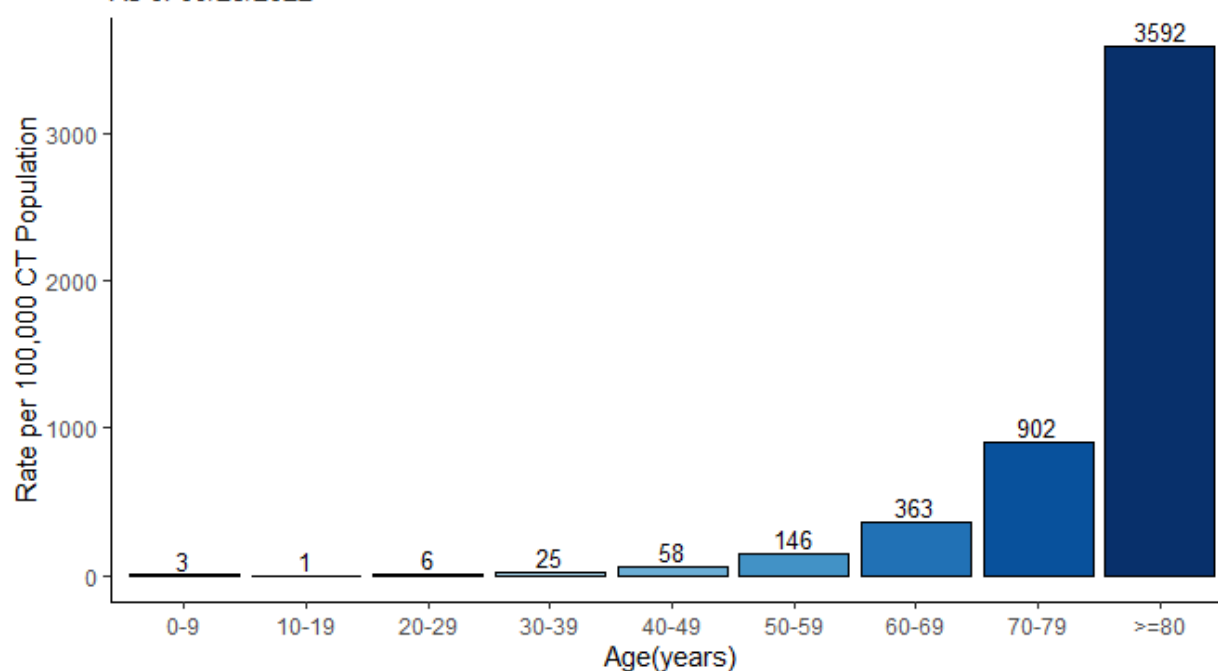
# **Rate of COVID-19 Cases by Age Group**

As of 09/28/2022



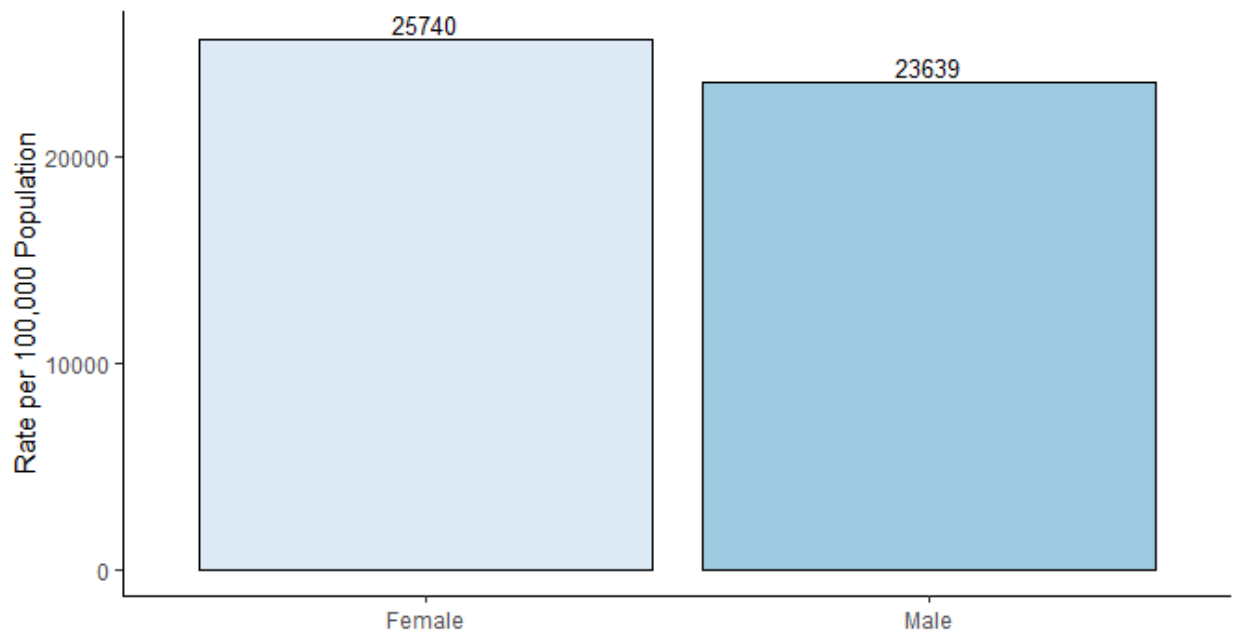
# **Rate of COVID-19-Associated Deaths by Age Group**

As of 09/28/2022



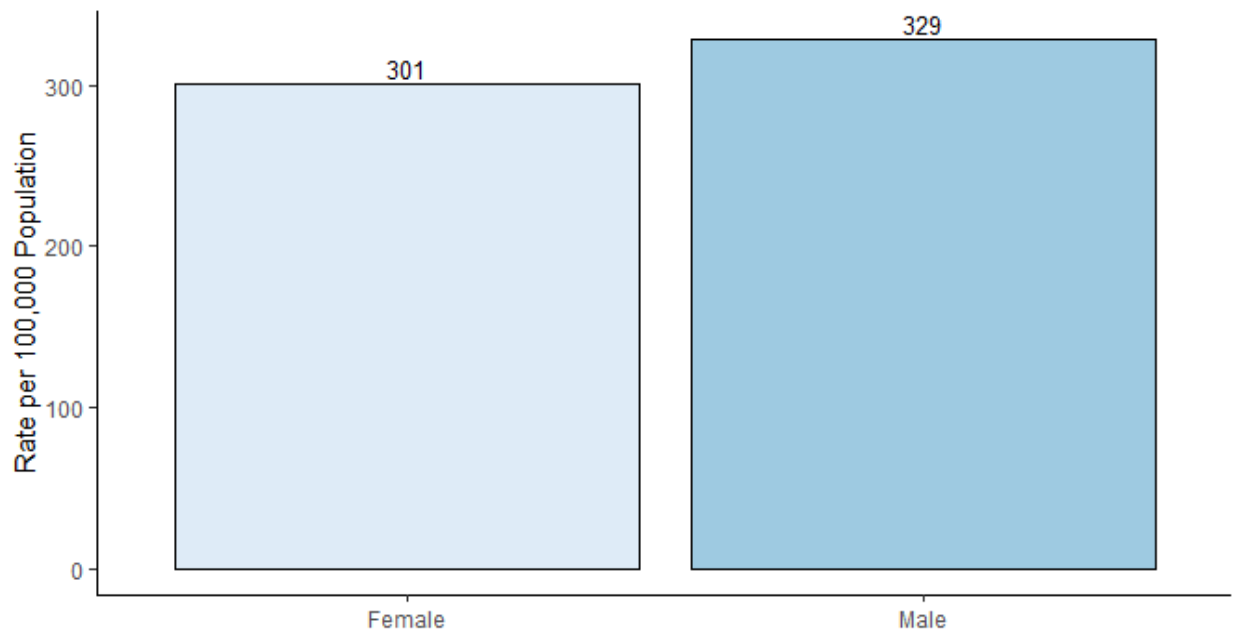
### Rate of COVID-19 Cases by Gender

As of 09/28/2022

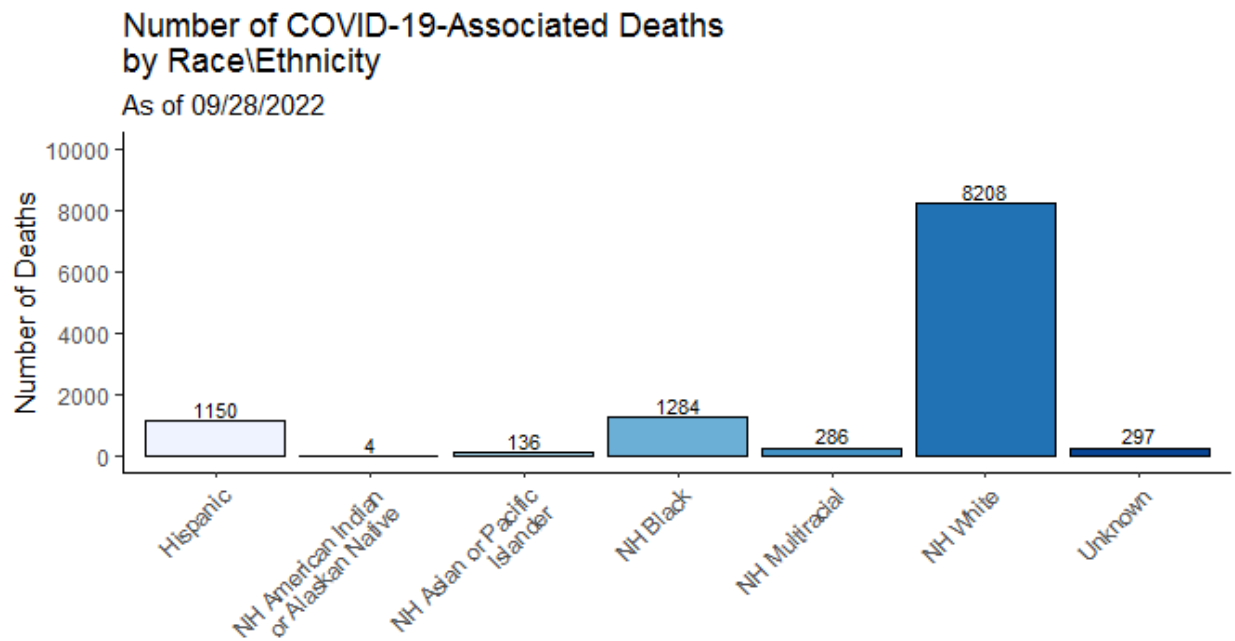
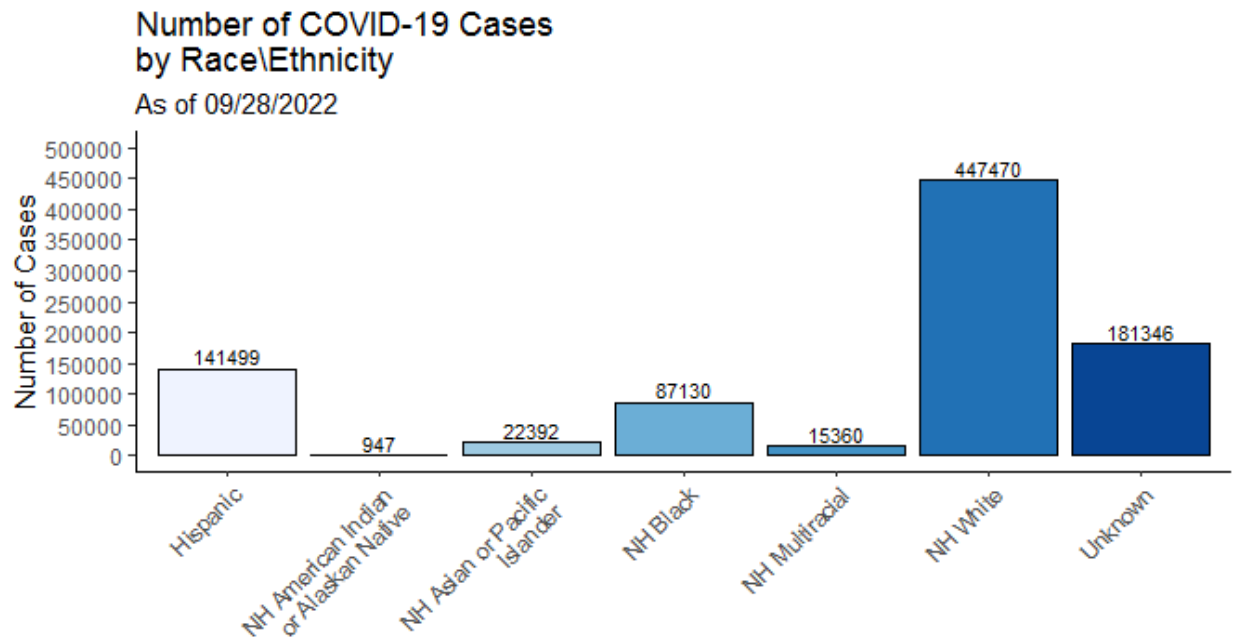


### Rate of COVID-19-Associated Deaths by Gender

As of 09/28/2022

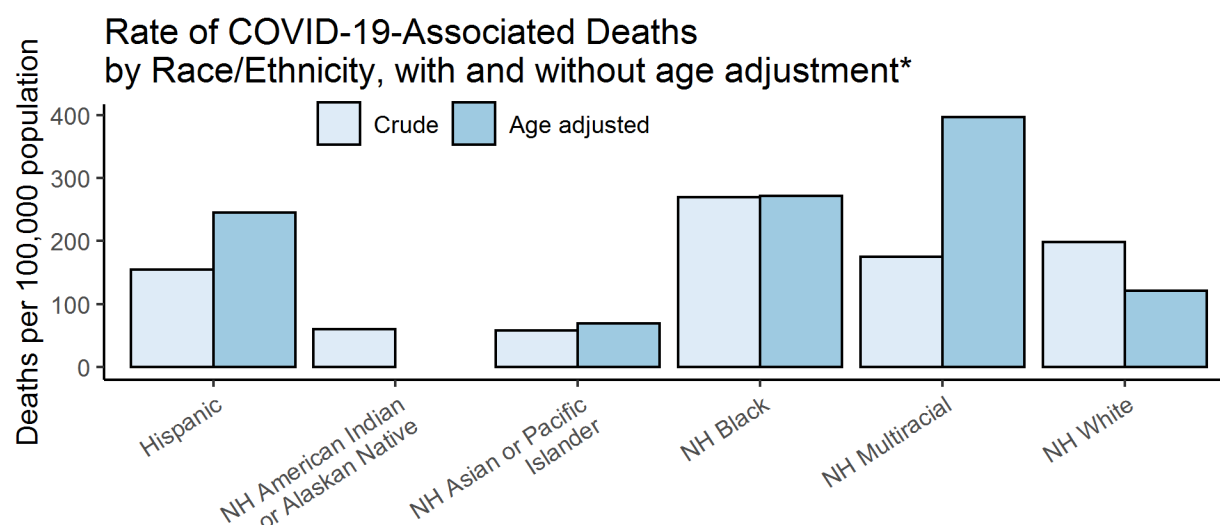
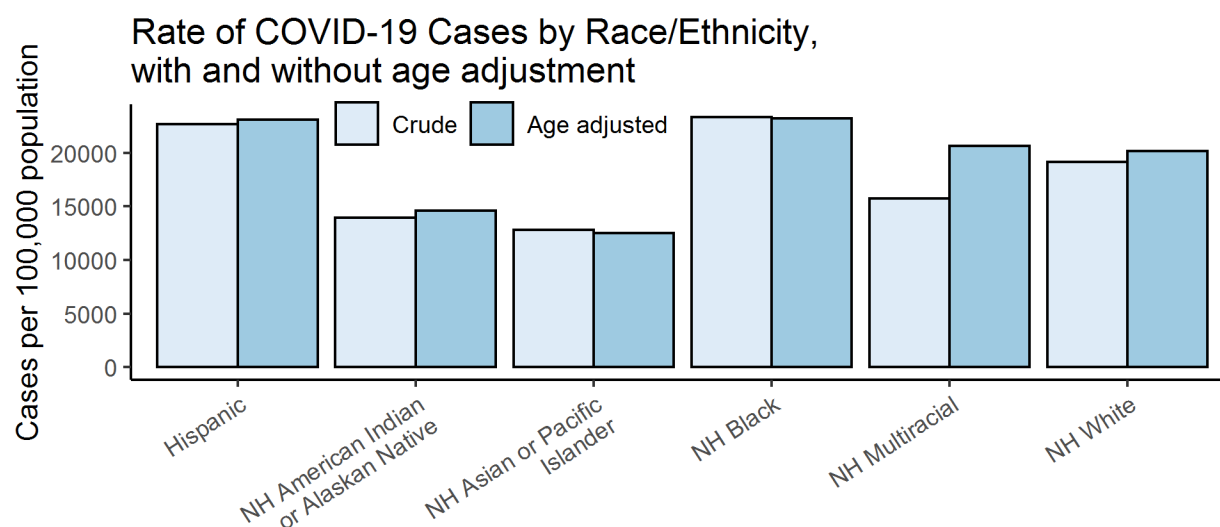


**APPENDIX B.** The following graphs show the number of cases and deaths by race and ethnicity. Categories are mutually exclusive. The category “multiracial” includes people who answered ‘yes’ to more than one race category. NH=Non-Hispanic



The following graphs show the number of COVID-19 cases and COVID-19-associated deaths per 100,000 population by race and ethnicity. Crude rates represent the total cases or deaths per 100,000 people. Age-adjusted rates consider the age of the person at diagnosis or death when estimating the rate and use a standardized population to provide a fair comparison between population groups with different age distributions. Age-adjustment is important in Connecticut as the median age of among the non-Hispanic white population is 47 years, whereas it is 34 years among non-Hispanic blacks, and 29 years among Hispanics.

The 2020 Connecticut and 2000 US Standard Million populations were used for age adjustment; population estimates from: [DPH Population Statistics](#). Categories are mutually exclusive. Cases missing data on race/ethnicity are excluded from calculation of rates. NH=Non-Hispanic



\*Age adjusted rates only calculated for groups with at least 30 deaths