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## **Eastern Highlands Health District COVID-19 Update**

DATE: 3/7/2022 TIME: 7:30 AM COMPLETED BY: A. Bloom

## **TOWN LEVEL DATA**

TOWN	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Non- student	Scotland ++	Tolland	Willington	EHHD Totals
Cumulative Cases	416	639	625	397	844	1,769	2,565		116	1,963	693	10,027
Change from last week	0	2	3	2	5	6	20	(8)	3	10	2	53
Two week change	2	8	4	4	9	17	40	(18)	3	29	4	120
Deaths	6	5	5	2	10	11	31	(31)	2	22	4	98

## **CONNECTICUT TOTALS (March 3, 2022)**

Number of cumulative cases	Change from last week	Change from two weeks	Current hospitalizations*	Two week change in hospitalizations	Deaths
724,401	2,447	6,337	171	-154	10,515

Data Sources: CTEDSS and CT DPH; cumulative town counts as of 3/3/2022; reporting period for two week town level case counts is 2/13/2022 through 2/26/2022.

\*Current (net) number of hospitalizations; it is not a cumulative count. ++ Scotland case count likely lower than actual positive cases due to residents using Baltic, North Windham and Hampton as a mailing address.

Windham and Hampton as a mail	ing addres	55.										
			EHHI	D residen	ts who re	ceived CO	VID-19 va	accine'				
TOWN	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield^	Scotland	Tolland	Willington	EHHD Totals	Connecticu t Totals
Estimated pop.	3,236	4,255	4,884	2,239	5,379	12,407	25,487	1,672	14,618	5,864	80,041	3,631,470
Received 1 <sup>st</sup> dose COVID vaccine % of pop.	2,456 76%	3,074 72%	3,957 81%	1,566 70%	4,175 78%	9,684 78%	22,199 87%	1,055 63%	12,086 83%	4,016 68%	64,1268 80%	79%
Fully vaccinated % of pop.	2,313 71%	2,872 68%	3,729 76%	1,458 65%	3,927 73%	9,126 74%	20,948 82%	1,017 61%	11,446 78%	3,717 63%	60,553 76%	72%
Received 1st dose COVID vaccine % 5-11	26%	34%	48%	33%	41%	44%	53%	22%	40%	34%	41%	46%
Fully vaccinated % 5-11	21%	30%	43%	26%	36%	40%	49%	21%	37%	31%	37%	39%
Received 1st dose COVID vaccine % 12-17	58%	69%	74%	77%	58%	65%	77%	47%	75%	60%	69%	**
Fully vaccinated % 12-17	56%	65%	71%	72%	55%	63%	73%	46%	73%	54%	66%	**
Received 1st dose COVID vaccine % 18-24	77%	68%	74%	60%	72%	68%	91%	66%	94%	33%	84%	**
Fully vaccinated % 18-24	69%	61%	70%	54%	67%	63%	86%	57%	86%	30%	79%	**
Received 1st dose COVID vaccine % 25-44	77%	68%	90%	68%	80%	83%	94%	52%	85%	85%	83%	91%
Fully vaccinated % 25-44	72%	62%	83%	63%	73%	77%	85%	50%	80%	77%	77%	79%
Received 1st dose COVID vaccine % 45-64	78%	74%	77%	68%	77%	81%	87%	72%	84%	72%	80%	94%
Fully vaccinated % age 45-64	74%	70%	73%	64%	74%	77%	82%	70%	80%	67%	76%	86%
Fully vaccinated % 65+	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	93%

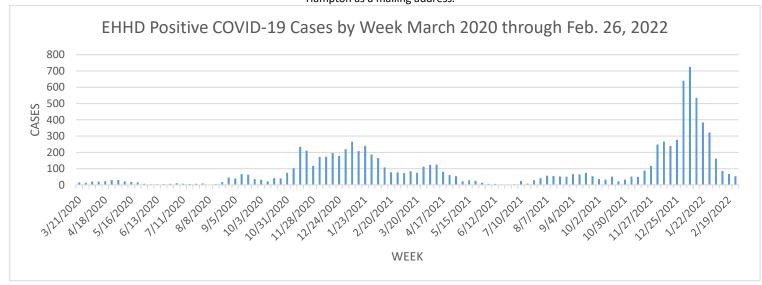
Data Source: Connecticut immunization registry CT DPH as of 3/2/2022; "Vaccination data for Mansfield includes current 3/2/2022 data from UCONN (https://coviddashboard.uconn.edu/). +Downward changes are likely due to de-duplication & re-assignment of cases to different towns associated with UConn student residency changes. \*\*At this time the state vaccination numbers are not broken down into the same age groups as the town level data and cannot be reported here.

NOTE: census estimates for 65 and older is likely low, resulting in 100% rates based on actual number of vaccines provided to this age group.

## EHHD TOWN LEVEL CASE RATES FEBRUARY 13, 2022 – FEBRUARY 26, 2022

Town	Total Cases 2 weeks	Case Rate	Total Tests	% Positive	Previous Case Rate	Previous % Positivity
Andover	2	4.4	101	3	24.3	8.9
Ashford	8	13.4	168	7.1	18.5	8.1
Bolton	4	5.9	152	2.6	10.2	5.5
Chaplin	4	12.8	72	8.3	19.1	8.3
Columbia	9	12	149	6	8	4.7
Coventry	17	9.8	337	5.9	13.8	7.8
Mansfield	40	11.2	775	5.7	10.9	5.6
Scotland +	3	12.8	29	13.8	0	0
Tolland	29	14.2	384	9.7	20.5	10.8
Willington	4	4.9	163	2.5	8.5	6

NOTE: case rates are per 100,000 population; + Scotland case counts likely lower than actual due to residents using Baltic, North Windham and Hampton as a mailing address.



NOTE: All counts by town are cumulative and include confirmed cases and antigen-positive cases; counts can change from previous weeks due to the state reassigning a case to a different town once further information is gathered on the case, or due to lab reporting delays.

