VDH Plan for Equitable Distribution of COVID-19 Vaccine

AUGUST 2021

Office of Health Equity in the Virginia Department of Health

Under the supervision of the Commonwealth of Virginia's Chief Diversity, Equity, and Inclusion Officer and the Equity Leadership Task Force

COVID-19 UNIFIED COMMAND

VDH VIRGINIA DEPARTMENT OF HEALTH

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Executive Summary

This monthly report is from the Office of Health Equity in the Virginia Department of Health under the supervision of the Governor's Chief Diversity, Equity, and Inclusion Officer and the Equity Leadership Task Force (ELT). It provides an overview of vaccination equity in the Commonwealth of Virginia, including key equity accomplishments, for the month of July 2021.

This report compares Virginia's equitable vaccination progress with other states in Region 3 of the Federal Emergency Management Agency (FEMA), namely Delaware, the District of Columbia, Maryland, Pennsylvania, and West Virginia. This report explores vaccine trends over time, vaccination hesitancy, and equity considerations for future vaccine distribution. An overview of recent legislative, executive, and administrative actions is also included. Key findings include:

→ The Delta Variant

- **The COVID-19 Delta variant is causing significant issues in that it is far more transmissible than other strains of the coronavirus and it disproportionately affects vulnerable populations** (Source).

- In mid-April, the Delta variant was fewer than 1% of all new U.S. COVID-19 cases. By early July, it was the nation's dominant strain. As of mid-July, an estimated 65.6% of all new COVID-19 cases in FEMA Region 3 were due to this more transmissible Delta variant (Source). By July 20, Delta comprised 83% of new COVID-19 cases nationwide (Source).

- **With increased spread of the Delta variant, COVID-19 infections, hospitalizations, and deaths are once again increasing, largely among the unvaccinated**. Persistently lower vaccination rates among Blacks and Hispanics/Latinos compared to Whites leave them at increased risk as the variant Delta continues to spread across the country (Source). Despite earlier progress, a continued focus on vaccine equity remains critical.

- Amid the rise of the more contagious Delta variant, on July 27 the CDC released new public health recommendations for vaccinated persons, schools, and those in areas of substantial or high transmission (Source; Source).

- **Virginia could be on the path to exceeding its worst months of the pandemic in September 2021 if cases and vaccination rates stay the same while the Delta variant spread accelerates**, according to projections from the University of Virginia's weekly COVID-19 report (Source; Source).

→ Continued Vaccination Efforts

- **Virginia has made substantial progress in vaccine equity.** As a result of the "Impact of the Educate and Vaccinate Program," vaccination rates among Black/African American residents have tripled since the start of the program. Vaccinations among Hispanic/Latino residents are more than six times the prior amount of people vaccinated. The vaccination rate per 100,000 population by race and ethnicity shows Native Americans, Hispanics/Latinos, and Black/African Americans leading the most recent round of COVID-19 vaccinations. These data showcase more equitable distributions of vaccines across the

Commonwealth, which are supported by coordinated, collaborative contributions of numerous entities across the state (Source).

- **Critical equity work remains. Blacks and Hispanics/Latinos still disproportionately contract COVID-19, and Blacks disproportionately die from it.** According to VDH data, Whites continue to have the highest overall numbers and percentages of cases and deaths close to their proportion of the Virginia population. However, Blacks represent 19% of the population, yet 22% of cases and 25% of deaths. Hispanics are 10% of the population, yet 19% of cases.

Table 1: Race, COVID Cases and Deaths, and Vaccinations in Virginia, as of 7/19/21

	% of Vaccinations	% with at least one dose	% of Cases	% of Deaths	% of Total Population
White	59%	53.8%	51%	64%	61%
Black	16%	47.8%	22%	25%	19%
Hispanic	9%	61.7%	19%	7%	10%
Asian	10%	74.1%	4%	4%	7%

Sources: Kaiser Family Foundation and VDH Data portals

- **Since COVID-19 vaccines became available, rates of infections and deaths from COVID-19 have dropped dramatically.** However, disparities in who is able to get vaccinated and who is choosing to get vaccinated have also led to further disparities in COVID-19 infections and deaths (Source).

- **"Breakthrough cases," or instances in which someone fully vaccinated contracts COVID-19, remains an issue**, and VDH's data portals now tracks such cases. However, state health commissioner Dr. M. Norman Oliver cautioned that "[o]ver 99% of COVID-19 cases in Virginia have occurred in people who were not fully vaccinated" (Source; Source)

→ Persistent Hesitancy

- **Many Virginians are still unwilling to get vaccinated against COVID-19.** In a recent poll conducted by the Research Institute for Social Equity at Virginia Commonwealth University's Wilder School of Government and Public Affairs, adults in Virginia were asked about their thoughts on getting vaccinated (Source). Among the 17% of poll participants who said that they were not likely to get vaccinated, major reasons for hesitancy included: concern about side effects (77%); a belief that the vaccines were developed and tested too quickly (72%); a desire to know more about how well the vaccines work (44%); and a belief that the vaccine is not needed (43%).

→ Vaccination Mandates

- **Organizations, private companies, and state governments across the US have begun announcing vaccination mandates.** Doctors, nurses, and medical groups called for mandatory vaccinations of all U.S. health personnel against the coronavirus, framing the move as a moral imperative as new infections mount sharply (Source).

- **The Department of Veterans Affairs announced it would mandate coronavirus vaccines for its front-line workers**, becoming the first federal agency to do so and signaling what some experts anticipate could be a national pivot to mandates (Source).

- **Facebook, Google, and Netflix each announced they would require employees to be vaccinated for COVID-19**, with limited exceptions for medical or religious reasons. The companies joined Morgan Stanley, The Washington Post and several other high-profile private employers (Source).

- **President Biden announced a required vaccine attestation for federal employees** to help contain the spread of the coronavirus. Additionally, Biden announced several measures to encourage holdout Americans to get vaccinated in the form of incentives (Source; Source).

1. Key Equity Accomplishments

- July: The Vaccinate Virginia campaign provides equity communications for specific communities, including law enforcement, families, breastfeeding mothers, and women (Source: Vance-Siddall Communications Weekly Report).

- July: In view of concerns about significant COVID vaccine hesitancy, the Virginia Department of Health is now focused on community outreach to increase uptake of COVID vaccinations, especially among Black, Hispanic/Latino, Native American and all populations who are hesitant to receive these vaccinations (Source: Communications with VDH team).

- July: To support vaccination efforts, Greene Street Communications, an ELT partner created several marketing and communication materials, including: a series of four one-minute "Vaccination Mythbusters: Ask the Expert" videos featuring a diverse group of physicians and pharmacists who will speak directly to the concerns and questions of marginalized demographics; an interfaith toolkit to appeal to demographics in Virginia's less populated areas; producing three 30-second videos targeting interfaith communities; the "Vaccination Mythbusters" digital campaign, which directly contradicts vaccine disinformation; and, printing, design and art support for health districts and partners across the Commonwealth of Virginia (Source: Communications with Greene Street team).

- July 7: Over 9.13 million COVID-19 vaccine doses have been administered in Virginia (Source).

- July 9: The VDH announced a new dashboard that shows COVID-19 cases by vaccination status and tracks COVID-19 vaccine breakthrough cases (Source). The CDC defines a vaccine breakthrough infection as "the detection of SARS-CoV-2 RNA or antigen in a respiratory specimen collected from a person ≥14 days after they have completed all recommended doses of a U.S. Food and Drug Administration (FDA)-authorized COVID-19 vaccine" (Source).

- July 9: Pfizer announced it would seek U.S. authorization for a third dose of its COVID-19 vaccine (Source).

- July 9: The CDC issued new guidance for states, noting that vaccinated students and teachers do not need to wear masks while in school (Source; Source).

- July 10: The Virginia Beach Department of Public Health hosted walk-in COVID-19 vaccination clinics at three locations: New Jerusalem Ministries, Mt. Olive Baptist Church, and Ebenezer Baptist Church (Source).

- July 11: According to a poll conducted by the L. Douglas Wilder School of Government and Public Affairs at Virginia Commonwealth University, Virginians of color were more likely to lose their job or income due to the COVID-19 pandemic. The poll revealed that 30% of Black residents reported that a member of their household lost their job, was furloughed, or had hours or wages cut over the past three months. Further, 26% of Hispanic/Latino respondents and 23% of Asian respondents reported similar challenges. Only 15% of Whites experienced the same challenges (Source).

- July 11: As part of the statewide Vaccinate Virginia campaign, health officials discussed the COVID-19 vaccine information campaign in an online session organized by the VDH. Panelists said that health officials face a "challenge in helping people determine fact from fiction." Dr. Joe Smyser, the CEO of a public health nonprofit in Washington, D.C., noted: "It really is the messenger who's more important than the message." Smyser believes groups formed to expand vaccination access must include more community and neighborhood leaders around the table" (Source; Source).

- July 12: The VDH COVID-19 Dashboard was updated to include missing race data for 1.3 million vaccinated Virginians (Source).

- July 13: Despite the economic and public health crises caused by the COVID-19 pandemic, Virginia was again named America's Top State for Business for 2021. Virginia captured top honors in CNBC's 2021 competitiveness rankings, just as it did in the previous study published in 2019. The top three areas included the education system, workforce, and diversity/inclusion (Source).

- July 13: FEMA personnel began pushing coronavirus vaccines in areas with low vaccination rates by assisting with door-to-door efforts in Hampton Roads (Source).

- July 14: As of this date, over 9.2 million doses of COVID-19 vaccine had been administered in Virginia (Source).

- July 15: Highlights of the Equity Leadership Task Force were featured in the ONE Virginia Newsletter. Highlights included ways the Equity-in-Action and Equity-at-Glance dashboards could be used to inform American Rescue Plan decision making and final metrics of the community engagement strategy (Source).July 15: The Educate and Vaccinate Program deployed 21 teams and participated in 1,229 program activities, reaching 332,764 Black/African American and Hispanic/Latino residents. It is estimated that door-to-door campaigns reached 111,154 houses across the Commonwealth with a household engagement of 290,112 residents (Source).

- July 15: As a result of the "Impact of the Educate and Vaccinate Program," vaccination rates among Black/African American residents have tripled since the start of the program. Vaccinations among Hispanic/Latino residents are more than six times the prior amount of people vaccinated. The vaccination rate per 100,000 population by race and ethnicity shows Native Americans, Hispanic/Latinos, and Black/African Americans leading the most recent round of COVID-19 vaccinations. These data showcase more equitable distributions of vaccines across the Commonwealth, which are supported by coordinated, collaborative contributions of numerous entities across the state (Source).

- July 15: New coronavirus cases began slowly increasing in Virginia and surrounding areas. Public health experts say the rise is being fueled by three factors: relaxed restrictions on gatherings and mask mandates, persistent pockets of unvaccinated people, and a rise in the highly contagious Delta variant. (Source).

- July 16: The Delta variant was confirmed as the most dominant strain of COVID-19 infections in the southwest Virginia region (Source).

- July 16: Rappahannock-Rapidan Health District announced a new campaign to encourage COVID-19 vaccinations. A new video series aims to inform and answer questions for individuals who may feel hesitant about receiving a COVID-19 vaccine. Supported in part by the PATH Foundation, the video series features testimonials from patients, doctors, and community leaders who have received a vaccine (Source; Source)

- July 17: In mid-April, the Delta variant was less than 1% of all new US COVID-19 cases. By early July, it was the nation's dominant coronavirus strain. An estimated 83% of all new US COVID-19 cases during the two weeks ending July 17 were due to this more transmissible Delta variant (Source).

- July 18: The Virginia Hospital and Healthcare Association released a statement supporting COVID-19 vaccine requirements for hospital and health system employees (Source).

- July 19: VDH and VDOE partnered on a comprehensive campaign—which includes a new website page and additional resources for the COVID Comms Hub Parents K-12 Resource Page—will provide families, school staff, providers, and communities the information they need for a healthy return to in person school (Source; Source).

- July 20: To facilitate access to vaccinations, on July 20 and July 22, VDH held COVID-19 vaccination clinics at Military Circle Mall in Norfolk (Source). This location was the former location of the FEMA center. It will now be supervised by the Norfolk Health District on a reduced schedule.

- July 20: According to the CDC, the more contagious Delta variant now constitutes 83% of sequenced samples in the United States; an estimated 65.6% of all new COVID-19 cases in FEMA Region 3 were due to this more transmissible Delta variant (Source; Source).

- July 21: VDH and the Virginia Department of Education released updated guidance for PreK-12 schools where local school districts will make decisions on mask and preventative measures, as informed by the CDC (Source).

- June 21: The Crater Health District announced that the health district and localities will be hosting a Community Information Team. The team's mission is to support COVID-19 vaccine outreach efforts throughout the health district (Source).

- July 25: Over 61% of Virginians have received at least one dose of the COVID-19 vaccine, and 54.1% are fully vaccinated (Source).

- July 26: Doctors, nurses, and medical groups called for mandatory vaccinations of all U.S. health personnel against the coronavirus, framing the move as a moral imperative as new infections mount sharply (Source).

- July 26: The Department of Veterans Affairs, which runs one of the nation's largest health systems, announced it would mandate coronavirus vaccines for its front-line workers, becoming the first federal agency to do so and signaling what some experts anticipate could be a national pivot to such requirements (Source).

- July 26: Virginia Union University announced students who take in-person classes, live on campus, work in university facilities or use university facilities will be required to have a COVID-19 vaccine two weeks before arriving on campus (Source).

- July 26: Children's Hospital of Richmond at VCU created back to school videos to encourage parents to maintain and strengthen the health of their school-aged children through vaccines, the four-W's of COVID prevention, other healthy practices (Source).

- July 27: VDH partnered with the Washington Football Team to promote COVID prevention and on-site vaccinations at training camp (Source).

- July 27: Fairfax County Health Department announced they, along with trusted partners across the community, have vaccinated over 75% of people 18 and older against COVID-19 (Source).

- July 27: CDC released new public health recommendations given new evidence on the Delta variant currently circulating in the United States. The new guidance included:
    - Recommendation for universal indoor masking for all teachers, staff, students, and visitors to schools, regardless of vaccination status
    - Recommendation for fully vaccinated people to wear a mask in public indoor settings in areas of substantial or high transmission;
    - Information that fully vaccinated people might choose to wear a mask regardless of the level of transmission (Source; Source).

- July 27: LeadingAge Virginia, an association representing nursing homes and nonprofit aging services across the Commonwealth, called on facilities to require COVID-19 vaccinations for all staff working in the long-term care industry (Source).

- July 27: Amid the rise of the more contagious Delta variant, Prince William Health District health officials encouraged fully vaccinated local residents to wear masks indoors in public places or when they are in close contact with people outside of their households (Source).

- July 28: The Sullivan County Regional Health Department medical director warned of a potential rise of COVID-19 cases in the region as more than six in 10 people are unvaccinated (Source).

- July 28: The U.S. Department of Defense has issued directions that require anyone inside its facilities to wear a mask, even if they are vaccinated (Source).

- July 28: VDH reported 1,000 new COVID-19 cases statewide — a first since late April. Additionally, the percentage of people testing positive has more than tripled from 1.3% to 4.7% in the past month (Source).

- July 28: Facebook, Google and Netflix each announced they would require employees to have been vaccinated for COVID-19, with limited exceptions for medical or religious reasons. The companies joined Morgan Stanley, The Washington Post and several other high-profile private employers (Source).

- July 28: Amid a rise COVID-19 cases and lagging vaccination rates, several U.S. states have announced state employees would be required to show proof of vaccination or face weekly testing (Source).

- July 28: A recent study reports that the recent increases in government aid, prompted by the coronavirus pandemic, will cut poverty nearly in half this year from pre-pandemic levels and push the share of Americans in poverty to the lowest level on record (Source).

- July 29: President Biden announced a required vaccine attestation or testing mandate for federal employees to help contain the spread of the Delta variant of the coronavirus (Source).

- July 29: In Virginia, 60% of the population has received a least one dose of COVID-19 vaccine; 71.9% of the adult population has been vaccinated with a least one dose (Source).

- July 29: Reversing an earlier decision, the College of William & Mary announced it will require all faculty, staff and students to be fully vaccinated by mid-September (Source).

- July 30: Since early summer, the #VaccinateVirginia Hope campaign has concentrated media outreach in rural markets across Virginia resulting in increased vaccination uptake in rural communities. In June, 24% of all vaccinations were administered in rural health districts (Source: Vance-Siddall Communications Weekly Report).

- July 30: According to projections from the University of Virginia's weekly COVID-19 report, Virginia could be on the path to exceeding its worst months of the pandemic in September if cases and vaccination rates stay the same while the Delta variant spread accelerates (Source; Source).

- July 30: Governor Ralph Northam announces his proposed budget bill to appropriate 4.3 billion dollars of American Rescue Plan funding (Source).

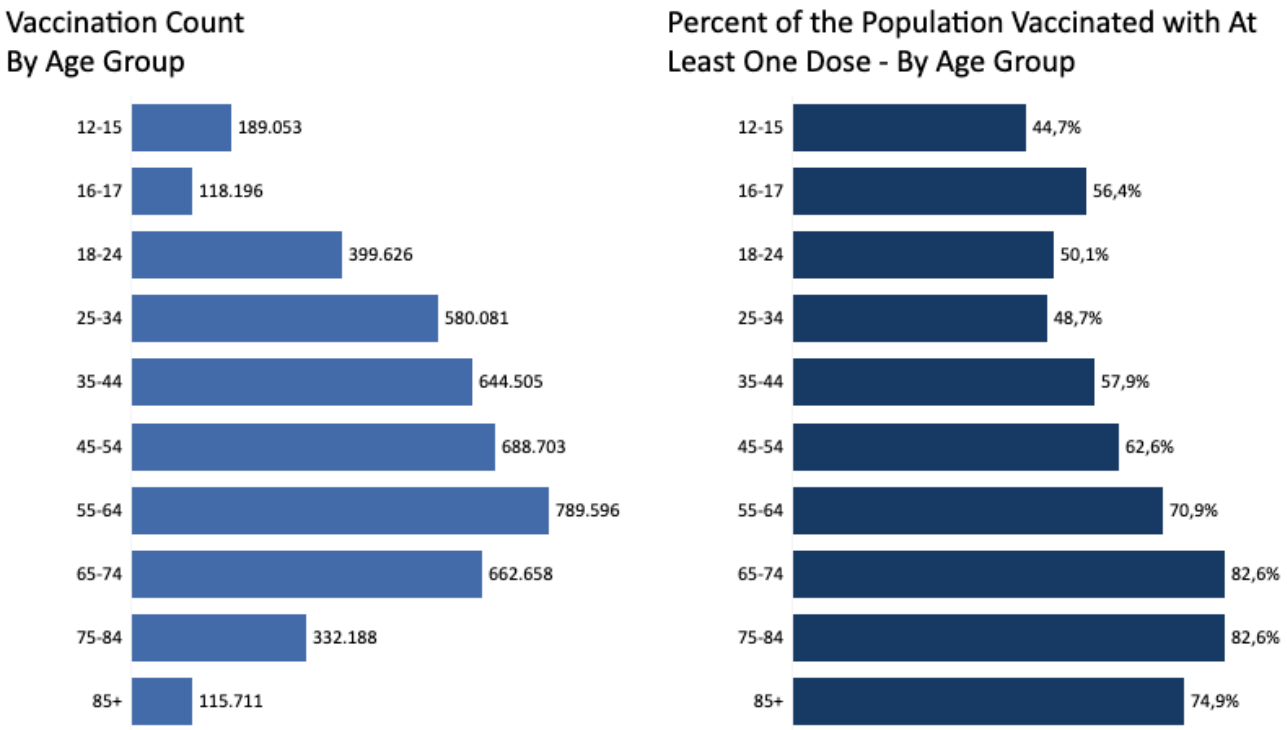
- July 31: Over 5.1 million (60.4%) Virginians have received at least one dose of COVID-19 vaccine; over 4.6 million (54.1%) are fully vaccinated (Source).

- July 31: The Peninsula Health District held a youth back-to-school COVID-19 vaccine clinic in partnership with the Prescription Shoppe and New Zion Baptist Church on July 10 and July 31. Residents who participated also received gift cards for back-to-school shopping (Source).

2. Vaccination Equity in Virginia

At the end of July, over 9.4 million COVID-19 vaccine doses have been administered in Virginia, and over 10.2 million vaccines have been received (Source). Virginia ranked 12th in the country for the percentage of distributed vaccines that have been administered (Virginia was 13th at the end of June), and 89.43% of vaccines received have been administered (Source). At present, 60.3% of all Virginians ages 12 and above have received at least one dose of a vaccine, up from 58.9% at the end of June (Source). This figure compares favorably with the 57.5% national vaccination rate (total population) receiving at least one dose (Source). Over 4.6 million Virginians have been fully vaccinated, which represents 54% of the population, which compares favorably with the 49.5% national fully vaccinated rate. On average, Virginia is administering approximately 12,350 vaccinations per day (Source).

Figure 1: Vaccinations by Age (One dose)



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Source

Vaccinations for 65+

As seen in Figure 1, the age ranges are reported for those 65-74, 75-84, and 85+ (Source). Those ages 65+ represent roughly 24.7 (1.1 million) of the number of people who have received at least one dose, and 81.7% of people in this group are vaccinated (Source).

Vaccinations for Under 45

Since May, Virginia has been vaccinating those ages 12 and older. Again, reported age ranges for July differ from those ranges reported in previous months. In previous months' reports, data were

reported for those younger than 40 years of age, and the new reported age ranges are: 12-15, 16-17, 18-24, 25-34, and 35-44.

Virginia is making strides in vaccinations for those younger than 45 years old. As seen in Figure 1, 48.6% (307,249) of those younger than 18 have been vaccinated with at least one dose, and 63.1% (4.21 million) of those 18+ have been vaccinated with at least one dose. Data are also reported for percentages of the population vaccinated with at least one dose: 44.7% (189,053) of 12-15-year-olds; 56.4% (118,196) of 16-17-year-olds; 50.1% (399,026) of 18-24-year-olds; 48.7% (580,081) of 25-34-year-olds; and 57.9% (644,505) of 35-44-year-olds.

Race and Ethnicity

Missing data has been a significant limitation in assessing vaccine equity, especially relative to race and ethnicity. As documented in the June report, roughly 2 million vaccinations had no race and ethnicity identification data. At the end of July, missing data is somewhat less of an issue in that the number of vaccinations with no reported race and ethnicity data declined to roughly 297,000 due to a statistical imputation procedure implemented by VDH. These changes are discussed further in Section 6 below.

According to VDH data and as shown below in Table 2 and Figures 2, as of July 26, the key race and ethnicity breakdowns for those receiving at least one dose are as follows: Blacks have received 16% of all vaccinations, and 47.8% (686,890) have been vaccinated; Hispanics have received 9% of all vaccinations, and 61.7% (400,228) have been vaccinated; Asians or Pacific Islanders have received 10% of all vaccinations, and 74.1% (399,821) have been vaccinated; Whites have received 59% of all vaccinations, and 53.8% (2.5 million) have been vaccinated (Source). There are no major changes for any group concerning their representation in the percentage of cases or in the percentage of deaths.

Some positives are evident. First, Asians represent 7% of Virginia's population and have received 10% of vaccinations, and nearly 75% of this population have at least one dose. Second, while Hispanics/Latinos' share of the percentages of vaccinations have gone down slightly in July (which is reflective of vaccinations in other groups), almost two-thirds of Hispanics/Latinos in Virginia have received at least one dose. Third, for Blacks, the disparity between their percentages in the total population and their percentage of vaccinations narrowed somewhat in July, with Blacks constituting 19% of Virginia's total population and 16% of vaccinations (up from 15% at the end of June) with 47.8% of this population receiving at least one dose, which is up from 23.3% at the end of June.

Despite progress, caution is still warranted. The population percentages of people with at least one dose remain the lowest for Blacks (47.8%), and vaccinations for Asians and Hispanics/Latinos have seen more progress. Given that those who are unvaccinated comprise the bulk of COVID-19 deaths and that the CDC considers nearly every new COVID-19 death to be now entirely preventable (Source), it is critical to maintain progress made thus far. Further, the Delta variant is causing significant issues in that it is known to be far more transmissible than other strains of the coronavirus and is also known to disproportionately affect vulnerable populations (Source). Persistently lower vaccination rates among Blacks and Hispanics/Latinos compared to Whites

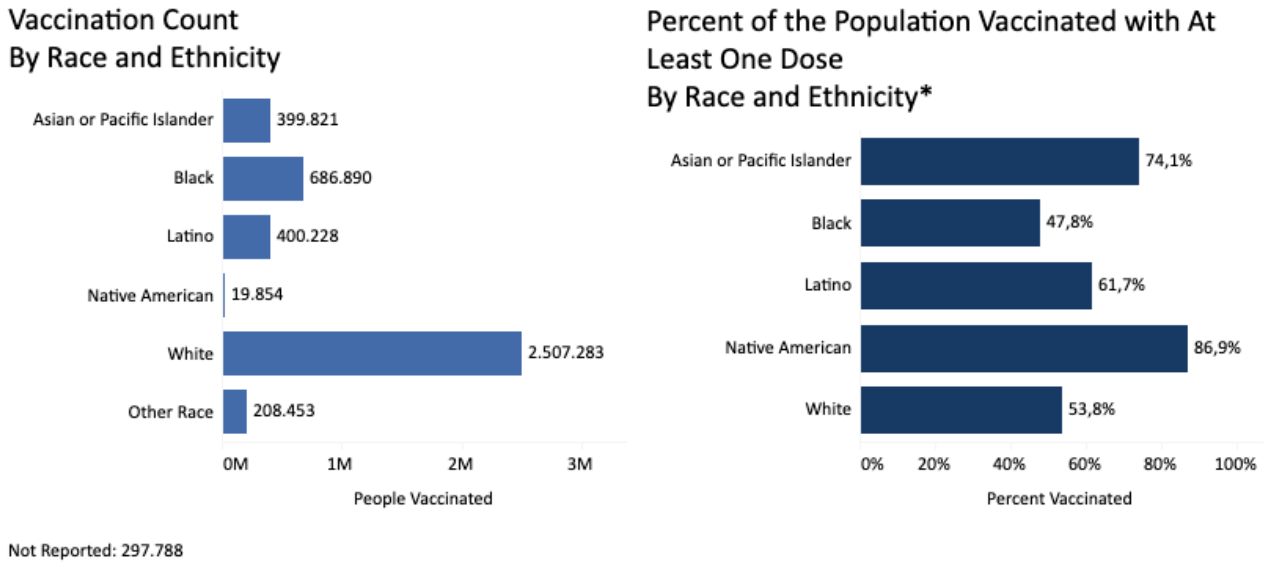
leave them at increased risk as the variant Delta continues to spread across the country (Source). Despite earlier progress, a continued focus on vaccine equity remains critical.

Table 2: Race, COVID Cases and Deaths, and Vaccinations in Virginia, as of July 19, 2021

	% of Vaccinations	% with at least one dose	% of Cases	% of Deaths	% of Total Population
White	59%	53.8%	51%	64%	61%
Black	16%	47.8%	22%	25%	19%
Hispanic	9%	61.7%	19%	7%	10%
Asian	10%	74.1%	4%	4%	7%

Sources: Kaiser Family Foundation and VDH Data portals

Figure 2: Vaccinations by Race (One Dose)



Source

Other Updates

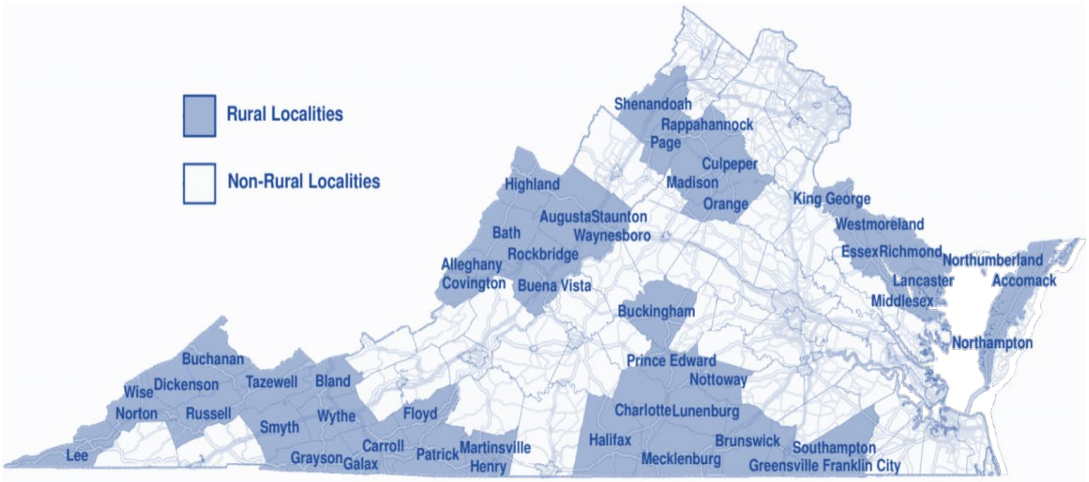
While COVID-19 vaccinations have slowed significantly, Virginia state agencies continue to provide updates concerning COVID-19 vaccinations. For instance, while the state's emergency declaration ended on June 30, VDH continues to remind Virginians of the importance of masks to prevent the spread of COVID-19, especially for those ages 2 or older who are not fully vaccinated and/or have a compromised immune system (Source). On July 27, the CDC recommended universal masking in K-12 schools (Source). However, the decision to require masks in Virginia is being left up to local school divisions (Source; Source). On July 8, VDH announced the second confirmed COVID-19 related fatality of a child younger than 10 years, reminding Virginians of the eligibility for vaccines and also of key safety practices (Source). Finally, "breakthrough cases," or instances in which someone fully vaccinated contracts COVID-19, remains an issue, and VDH's data portals now tracks such cases. However, state health commissioner Dr. M. Norman Oliver

cautioned that "[o]ver 99% of COVID-19 cases in Virginia have occurred in people who were not fully vaccinated" (Source).

Rural Areas

Figure 3 below displays the rural (non-metropolitan) areas in Virginia as defined by the Office of Management and Budget (OMB) (Source). Areas in blue are rural localities while areas in white are considered non-rural (as defined by the OMB).

Figure 3: Rural and Non-Rural Areas in Virginia



Source

Rural areas, especially in south-central and south-west Virginia, continue to have low vaccination rates (Figure 4). Further, vaccination hesitancy remains an issue throughout the Commonwealth, and demand for vaccines has dropped significantly, although VDH's new data dashboards showcase clear linkages between higher vaccination rates and significantly reduced cases of COVID-19 (Source; Source). In July and as seen in Figure 5, Virginia saw a rise in elevated risk levels, especially in rural areas (Source).

Figure 4: Vaccinations by Locality – Rate per 100,000 Population

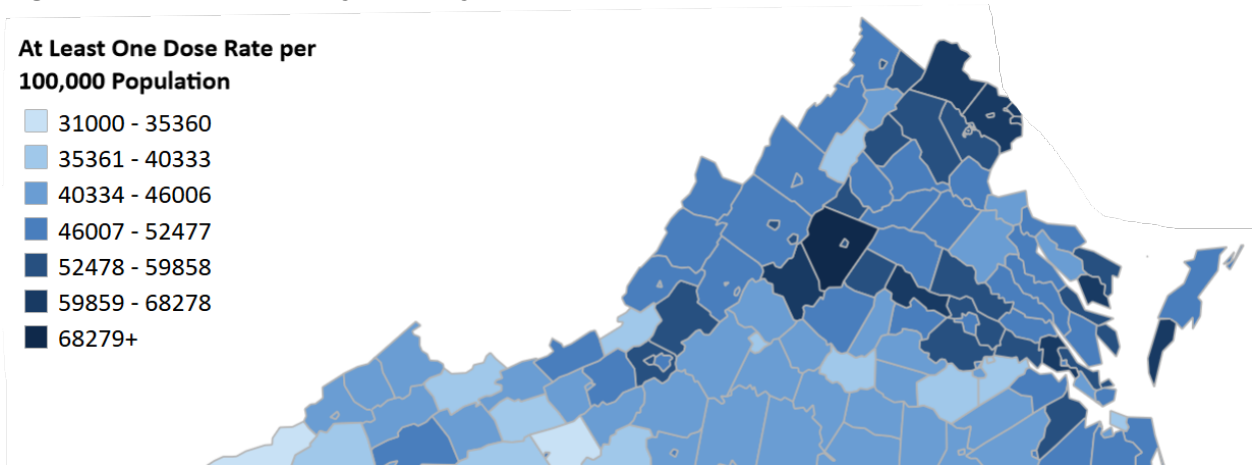


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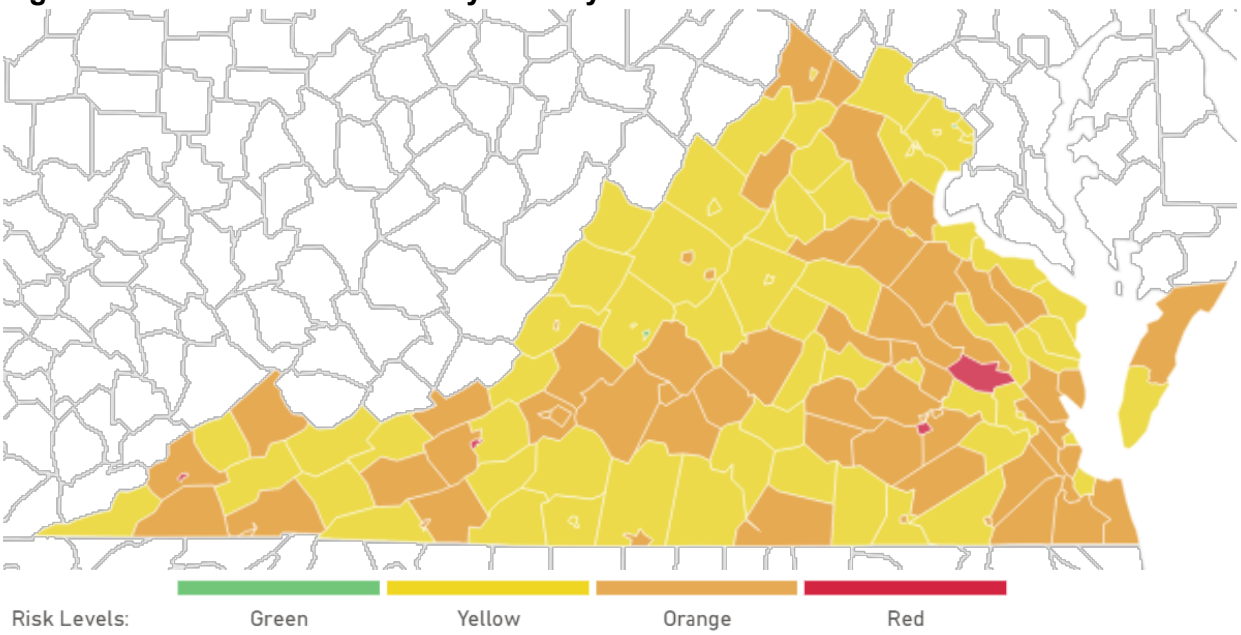
Figure 5: COVID-19 Risk Levels by Locality



Source

Infections and Deaths Since Vaccine Availability

The data clearly reveal that vaccinations have saved lives, and only about one percent of current COVID-19 cases occur in those who are fully vaccinated (Source). Still, vaccine hesitancy remains an issue in the Commonwealth of Virginia and throughout the United States (Source). Despite some progress in June, disparities remain in infections and deaths since the availability of vaccines, especially concerning: 1) race; 2) age and sex; and 3) urban-rural divides.

First, as shown in Table 3, concerning race, Whites continue to have the highest overall numbers and percentages of cases and deaths: Whites represent 61% of the population, they represent 51% of cases (a rise of 1% from last month) and 64% of deaths (no change from last month). Blacks represent 19% of the population yet 22% of cases (a rise of one percent from last month) and 25% of deaths (no change from last month). Further, Hispanics are 10% of the population yet 19% of cases. When comparing the percentages in the population, both Blacks and Hispanics still disproportionately contract COVID-19, and Blacks disproportionately die from it.

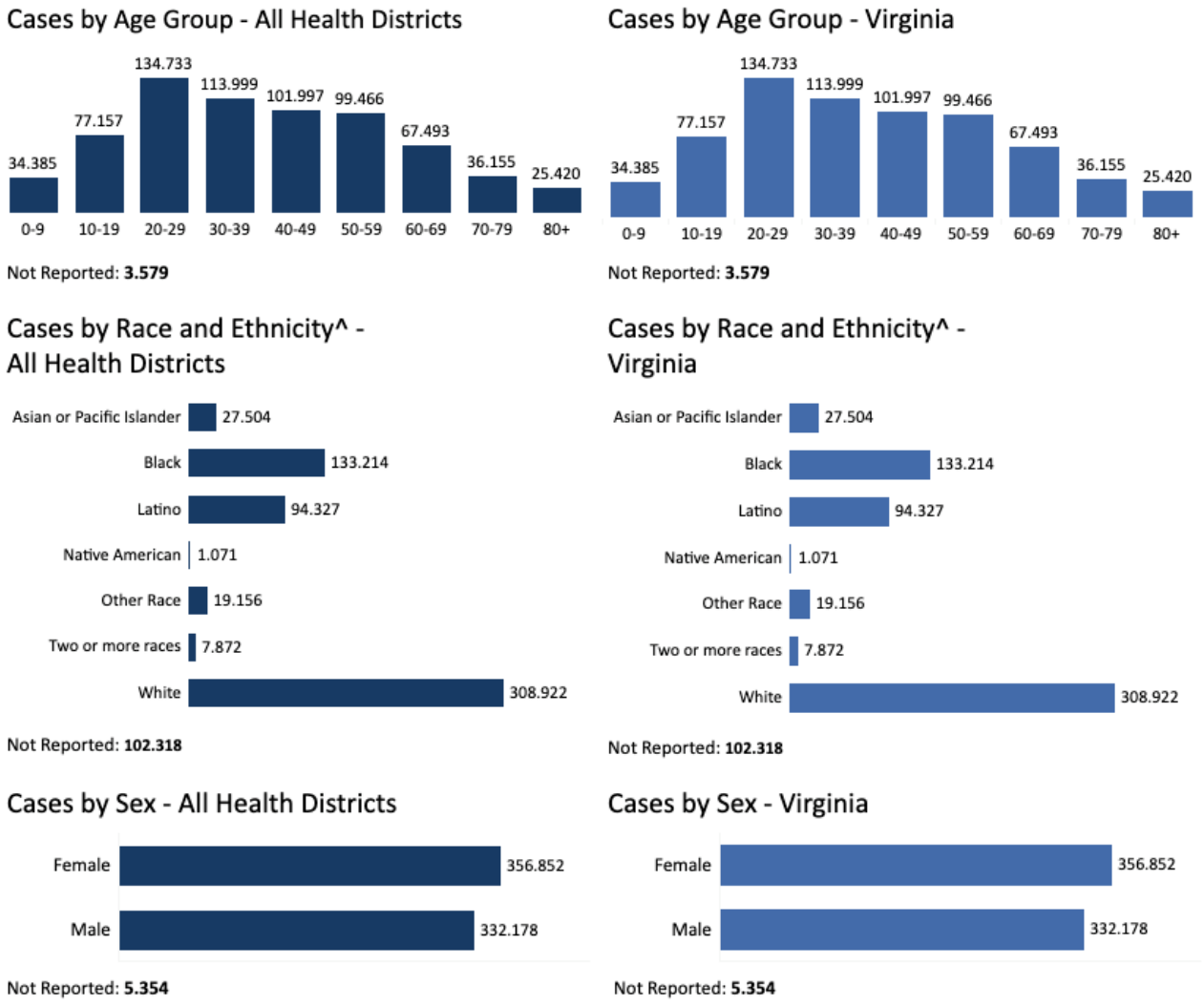
Table 3: Comparisons of COVID-19 Cases, Deaths, and Population

	% of Cases	% of Deaths	% of Total Population
White	51%	64%	61%
Black	22%	25%	19%
Hispanic	19%	7%	10%
Asian	4%	4%	7%

Source: Kaiser Family Foundation

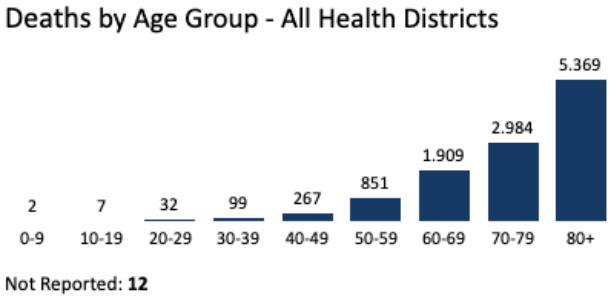
Second, as evident in Figure 6 and in addition to the concerns about racial equity discussed above, patterns in ***cases*** also emerge in terms of age and sex. Concerning age, those ages 20-29 continue to comprise the group with the single largest number of cases. Concerning sex, those identifying as females tend to represent slightly more COVID-19 cases. As seen in Figure 7 and in addition to the racial equity inequities discussed above, patterns are also evident in terms of age and sex concerning **deaths**. As expected, those ages 50+ comprise most of the deaths from COVID-19 with noted rises in deaths for successive age groups and with the bulk of deaths occurring in the age 80+ category. However, as was the case in June, those identifying as male tend to die at a higher rate than those identifying as female.

Figure 6: Cases of COVID-19 in Virginia: Demographics



Source

Figure 7: Deaths of COVID-19 in Virginia: Demographics



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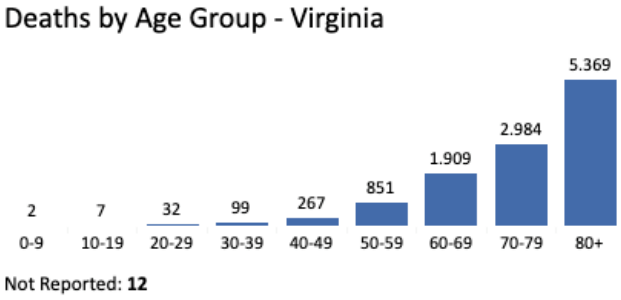

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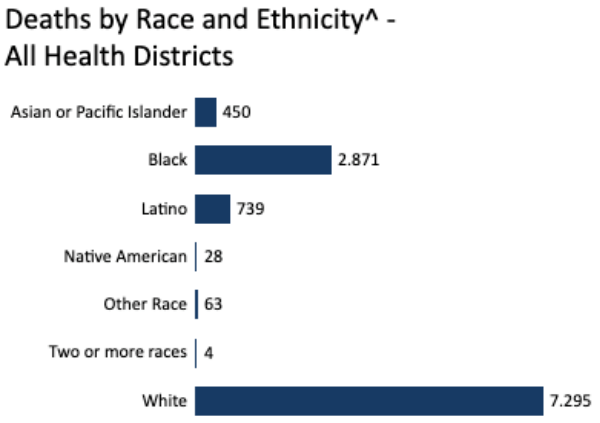

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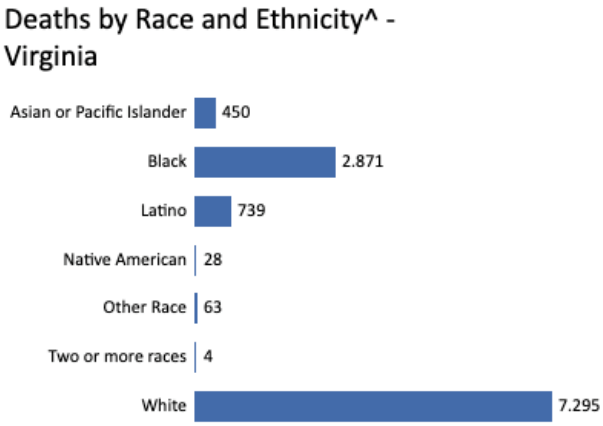
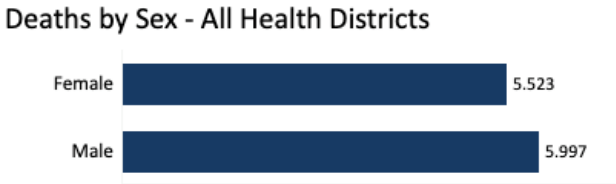
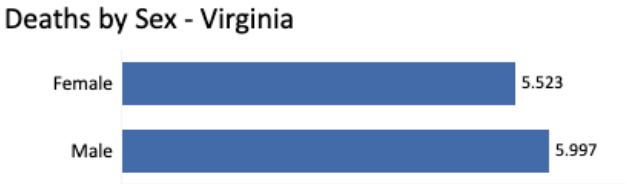


Not Reported: **82**



Not Reported: **12**

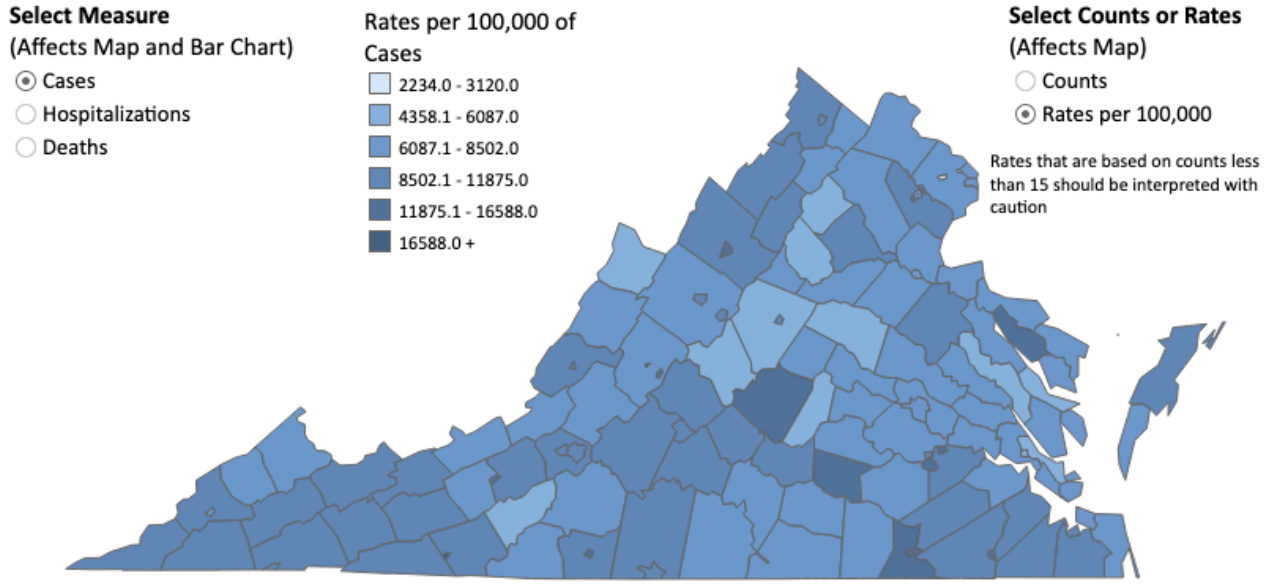


Not Reported: **12**

Source

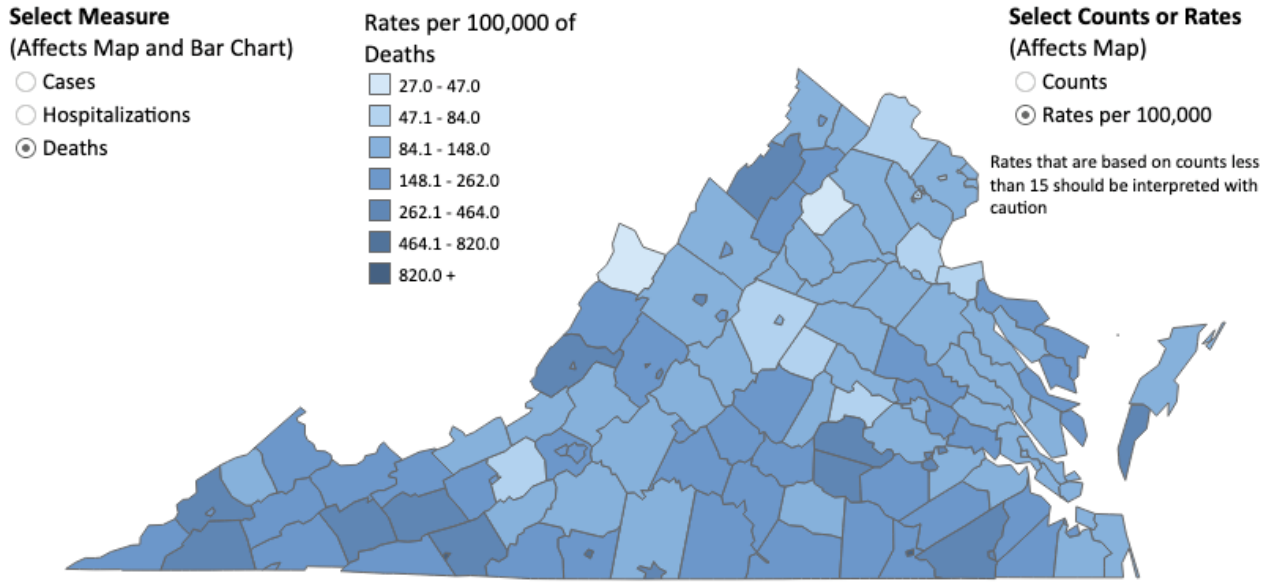
Third, as shown in Figures 8 and 9, urban and rural disparities continue to be evident in terms of cases as measured by rates per 100,000 people. More rural counties continue to show disproportionate cases, with particularly notable clusters in the southwest and southeast portions of Virginia. Similarly, more rural counties continue to show disproportionate deaths with notable clusters in the southwest, southeast, and central-north regions.

Figure 8: Cases of COVID-19 in Virginia, Urban and Rural



Source

Figure 9: Deaths from COVID-19 in Virginia: Urban and Rural



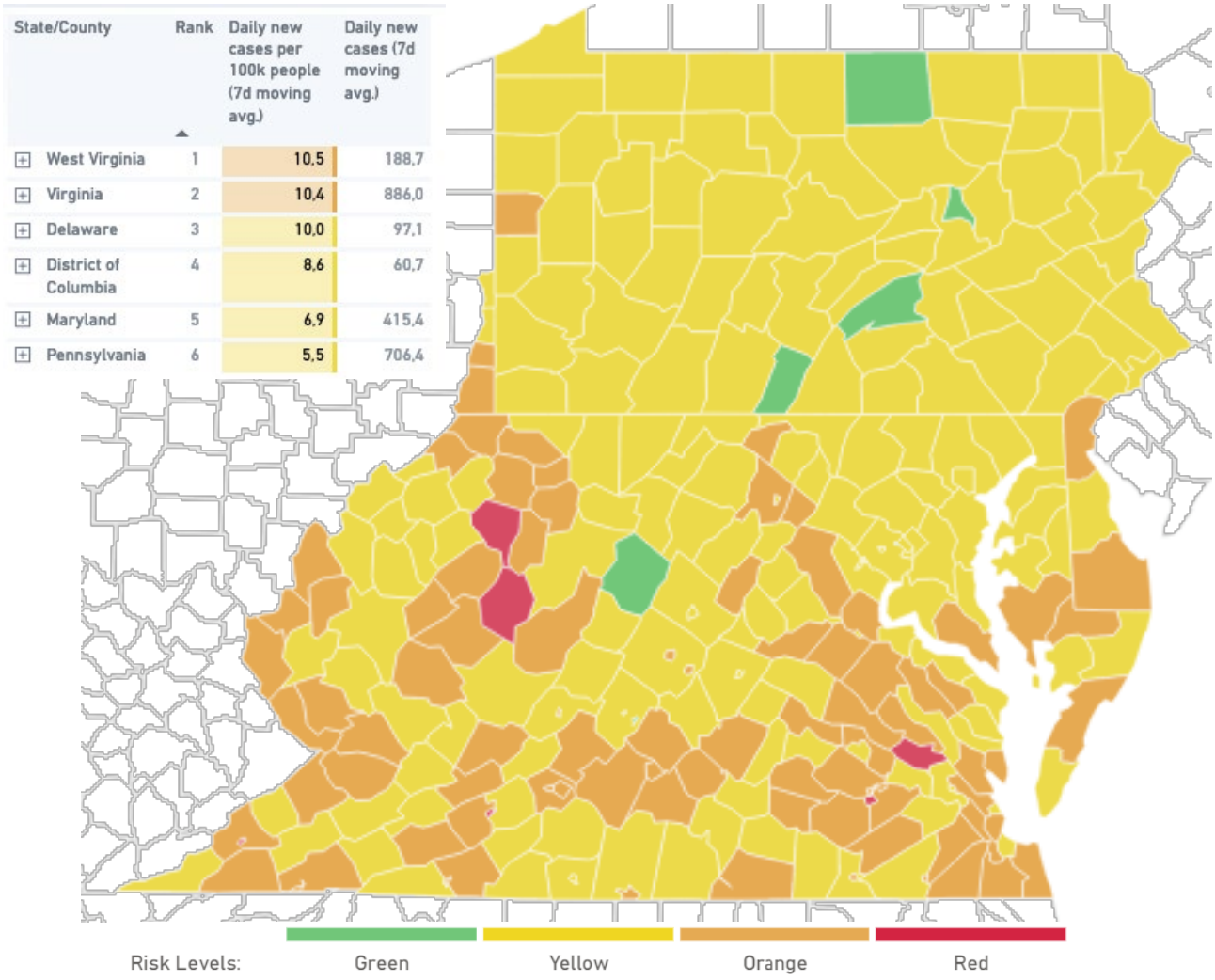
Source

3. Vaccinations in FEMA Region 3

Virginia is a part of FEMA Region 3, which includes Delaware, the District of Columbia, Maryland, Pennsylvania, and West Virginia. In July, Virginia ranked third in the region in terms of COVID-19 vaccine doses administered per 100 people, which was the same as for June (Source). Regarding risk levels in July (Figure 10), Virginia is seeing some concerning trends. The Commonwealth has 886 new cases (seven day rolling average, up from 253.6 cases in June) at 10.4 cases per

100,000 people (up from 3 cases in June). This places Virginia second out of sixth in terms of COVID-19 risk level (no change from June's ranking).

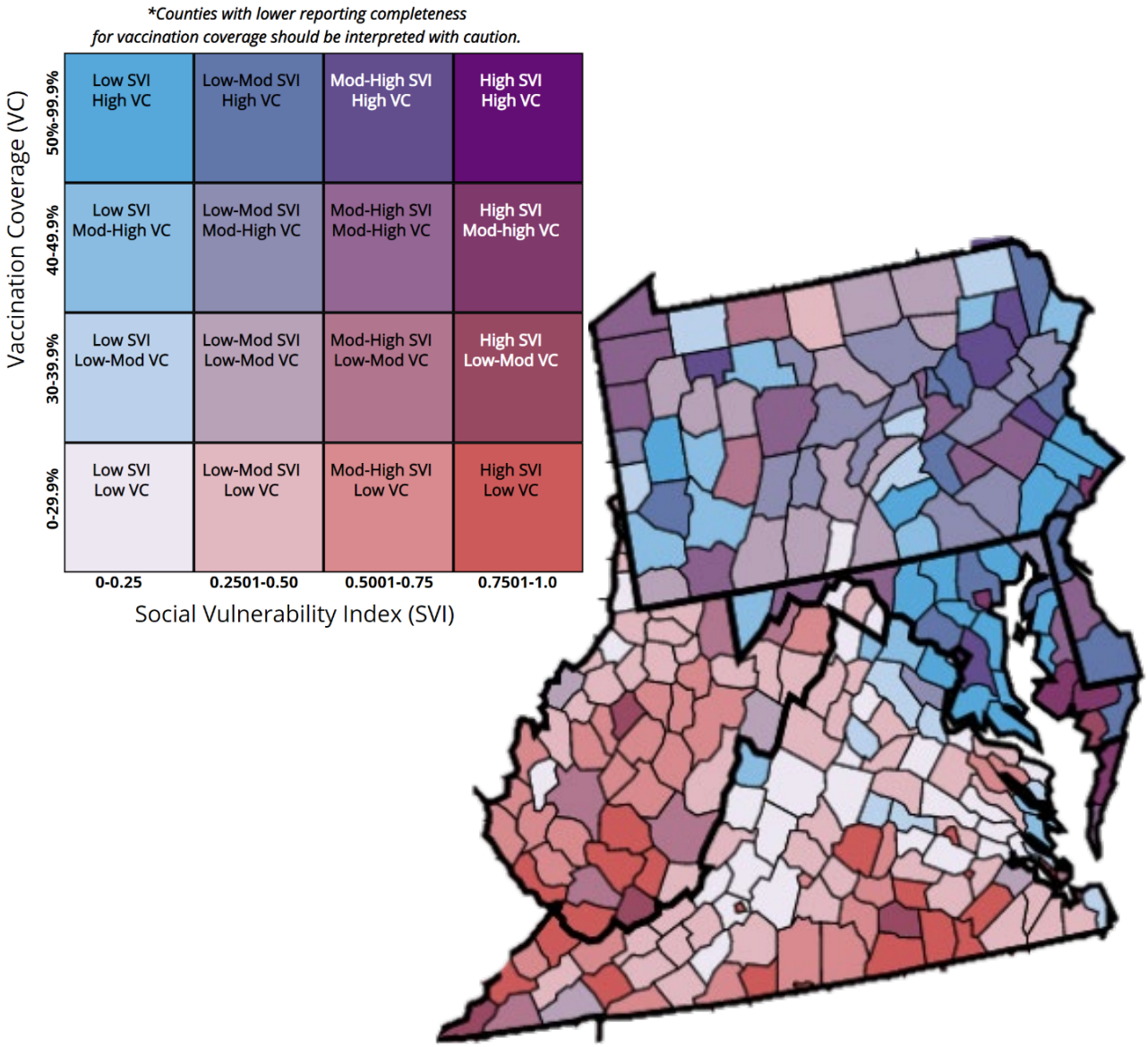
Figure 10: COVID-19 Risk Levels* by County across FEMA Region 3



Source

Further, as seen in Figure 11 below, updated FEMA data are available concerning linkages between vaccination coverage (low to high) and rankings on the social vulnerability index (SVI). As shown below, Virginia's rural areas experience issues with a high ranking on the SVI as well as low vaccination coverage. Other areas in Region 3, particularly Delaware, Maryland, and Pennsylvania tend to experience moderate-high SVI while also having high vaccine coverage. This FEMA data suggest that promoting vaccine equity should continue to be a priority for rural areas.

Figure 11: Percent of Population Fully Vaccinated by Social Vulnerability Index, FEMA Region 3

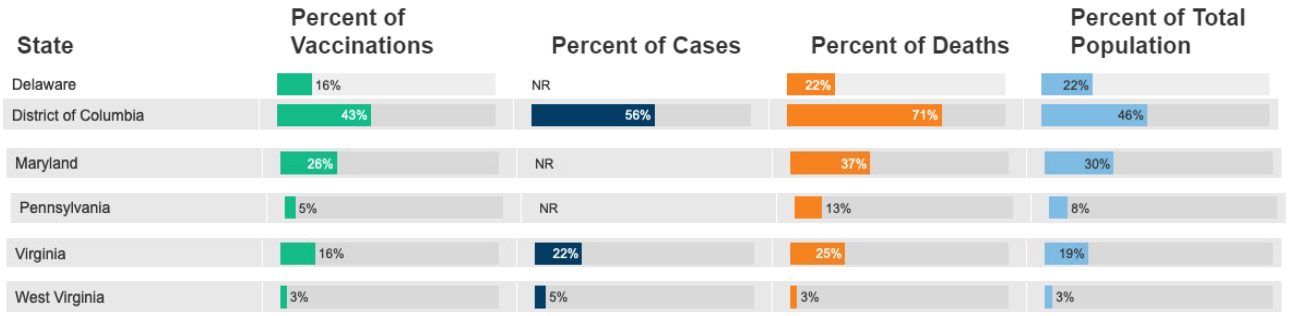


Source

FEMA Region 3 and Race/Ethnicity

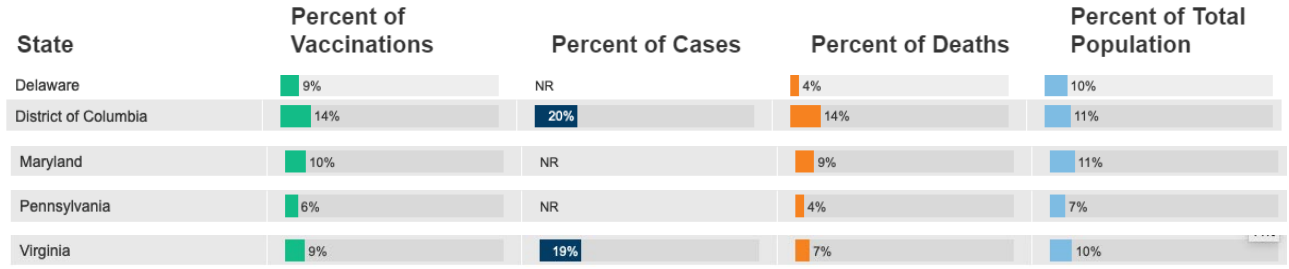
All areas in FEMA Region 3 continue to show racial disparities in the percentages of vaccines administered. As noted earlier, across Region 3, both Blacks and Hispanics/Latinos have seen some improvements in vaccination percentages. Virginia remains a leader in working to close gaps between the percentage of cases and the percentage of vaccinations for Blacks, Hispanics/Latinos, and Asians. Still, comparing state vaccination rates by race and ethnicity is challenging because of reporting inconsistency and missing data (Source). Kaiser Family Foundation data are current as of July 19, 2021.

Figure 12: Blacks as a Share of COVID-19 Trends, FEMA Region 3



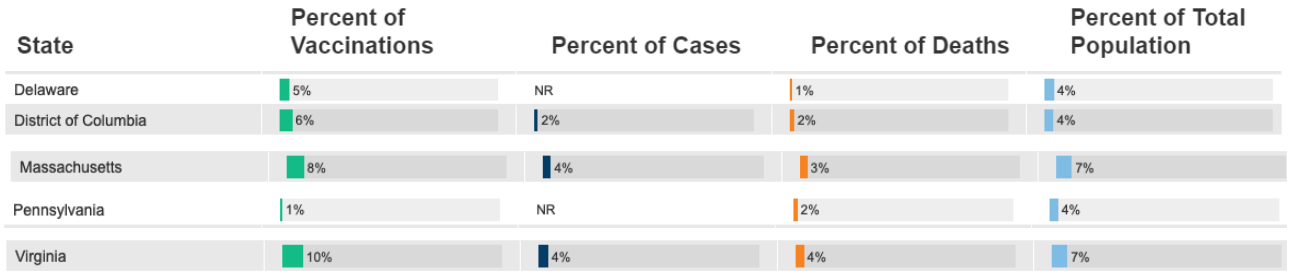
Source

Figure 13: Hispanics as a Share of COVID-19 Trends, FEMA Region 3*



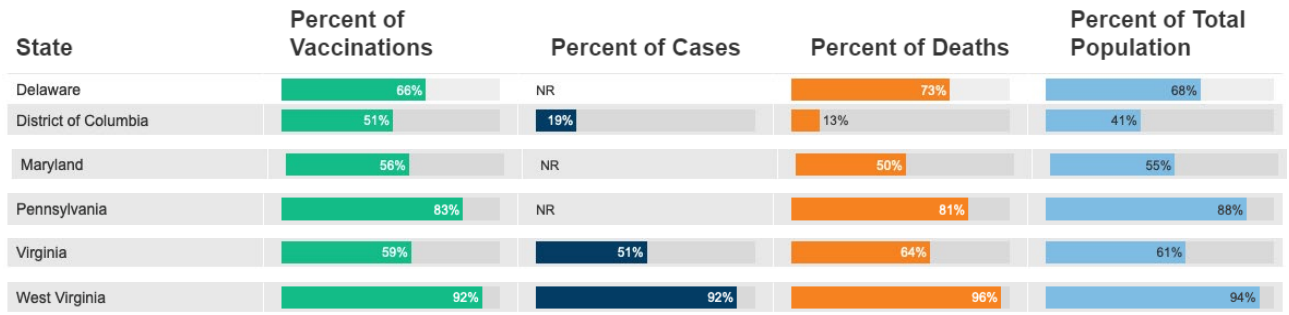
*Data unavailable for West Virginia; Source

Figure 14: Asians as a Share of COVID-19 Trends, FEMA Region 3*



*Data unavailable for West Virginia; Source

Figure 15: Whites as a Share of COVID-19 Trends, FEMA Region 3



Source

FEMA Region 3 and 65+ Vaccinations

In July, across FEMA Region 3, there continue to be improvements from June in the percentages of vaccinations (at least one dose) for those ages 65+. Vaccinations for this group have typically risen from between 2-4%, although vaccinations continue to slow down (Table 4). In most cases, those ages 65+ who have at least one dose are near or over 90% of the given populations, a change from 85% in June. Previously, both Maryland and Virginia reported age ranges differently than other Region 3 states, but in June, Virginia changed its reporting of age ranges to match reporting both in other states as well as by the federal government. Maryland data for those ages 65+ are available through federal government resources.

Table 4: Comparison of Population and Vaccination Demographics, 65+, FEMA Region 3

	Virginia	Delaware	District of Columbia	Maryland	Pennsylvania	West Virginia
% of population 65+ with at least one dose	90%	94%	87%	92%	~100%	78%
% of Age 65+ in Population	15.9%	19.4%	12.4%	15.9%	18.7%	20.5%
Estimated Numbers in Population: 65+	1,357,147	188,910	87,512	961,263	2,393,971	367,390

Sources: US Census, CDC, and data portals for FEMA Region 3, and HealthData.gov state profiles.

FEMA Region 3 and Under 40 Vaccinations

The recent changes in Virginia's reported age range categories are more closely aligned with the age reported by many other states and the federal government. This facilitates easier comparisons between Virginia, other states, and the United States in general. As shown in Table 5, Virginia is well ahead of the national average for vaccinations for those under 40 years of age. Improvements for Virginia are notable in each category, although nationally, vaccinations for those under 40 only rose by 1% or so between June and July.

Table 5: Virginia-U.S. Vaccination Comparisons, Ages 12-39

Virginia (at least one dose)	**Ages 12-15**	**Ages 16-17**	**Ages 18-24**	**Ages 25-34**
	44.7%	56.4%	50.1%	48.7%
United States (at least one dose)	**Ages 12-15**	**Ages 16-17**	**Ages 18-24**	**Ages 25-39**
	3.4%	2.1%	8.4%	20.2%

Sources: CDC estimates, VDH COVID-19 Vaccine Data Portal, and USA Facts.

4. Trends Over Time

As the push to get “shots in arms” continues in Virginia and across the U.S., progress is being made as more people get vaccinated and become more willing to get vaccinated. However, disparities remain. This section further examines progress and disparities, and it covers topics including: COVID-19 infection and death rates; racial groups as a share of total vaccinations in Virginia; and the 7-day average in Virginia.

COVID-19 Infections and Death Rates

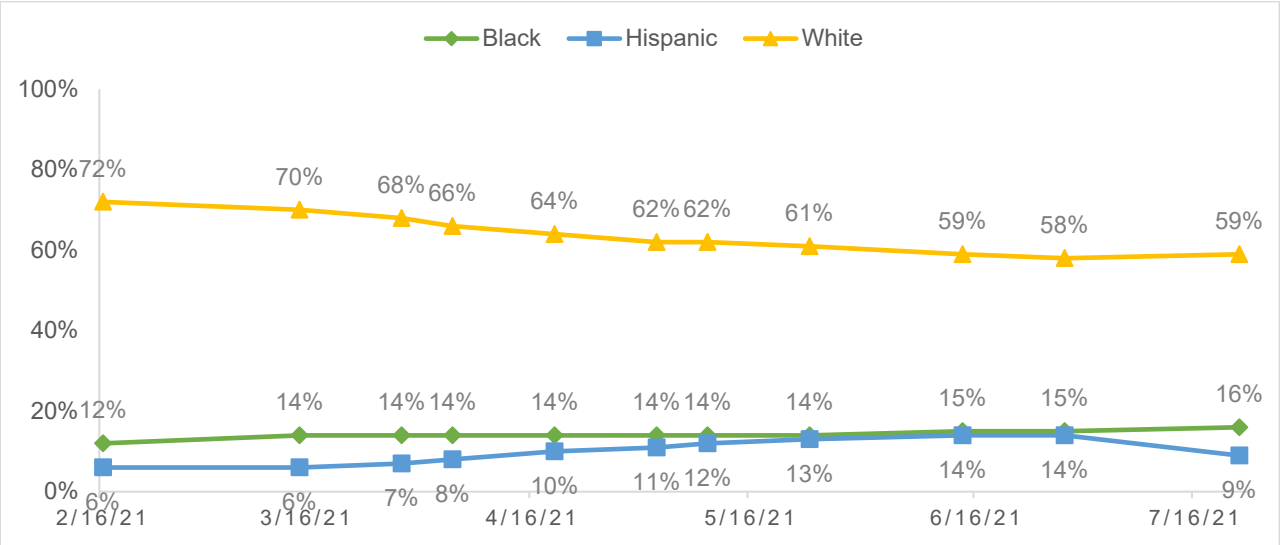
The Biden administration initially set a goal of having 70% of all Americans vaccinated by July 4. However, that goal was narrowly missed with 67% of all Americans vaccinated by the target date (Source). When looking at demographic breakdowns, only the Asian population was on track to meet the 70% target. Other groups, such as Blacks and Hispanics/Latinos, had lower vaccination rates and thus remained at higher risk of infection (Source).

Since COVID-19 vaccines became available, rates of infections and deaths from COVID-19 have dropped dramatically. However, disparities in who is able to get vaccinated and who is choosing to get vaccinated have also led to further disparities in COVID-19 infections and deaths. As Blacks and Hispanics/Latinos have received smaller shares of vaccinations than Whites have received, Blacks and Hispanics/Latinos also typically experience larger shares of infections and deaths. Overall, the percent of vaccinations among White and Asian populations is higher than their percentages of infections and deaths (Source).

Racial Groups as a Share of Total Vaccinations in Virginia

In Virginia, the percentage of Whites as a share of total vaccinations has decreased over time, while the percentages of Blacks and Hispanic/Latinos as shares of total vaccinations have increased (Source). However, Blacks and Hispanic/Latinos still proportionately represent a much smaller share of Virginia’s total vaccinations than Whites (Source).

Figure 16: Share of Total Vaccinations in Virginia

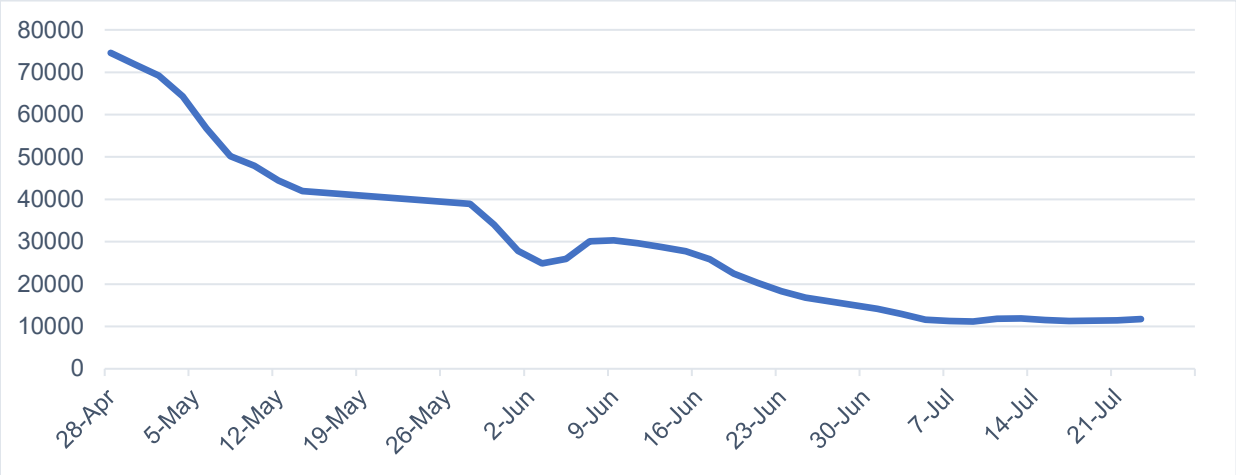


Source

Doses Administered

Demand for the vaccine is decreasing in Virginia and across the United States (Source). In Virginia, the 7-day average has declined from 74,566 on April 28 to 14,523 on July 23 (Source). While this drop in demand is due in part to increases in the total vaccination number (i.e., not as many people need the vaccine), there is still a large percentage of the population that remains unvaccinated.

Figure 17: 7-day Doses Administered Average in Virginia

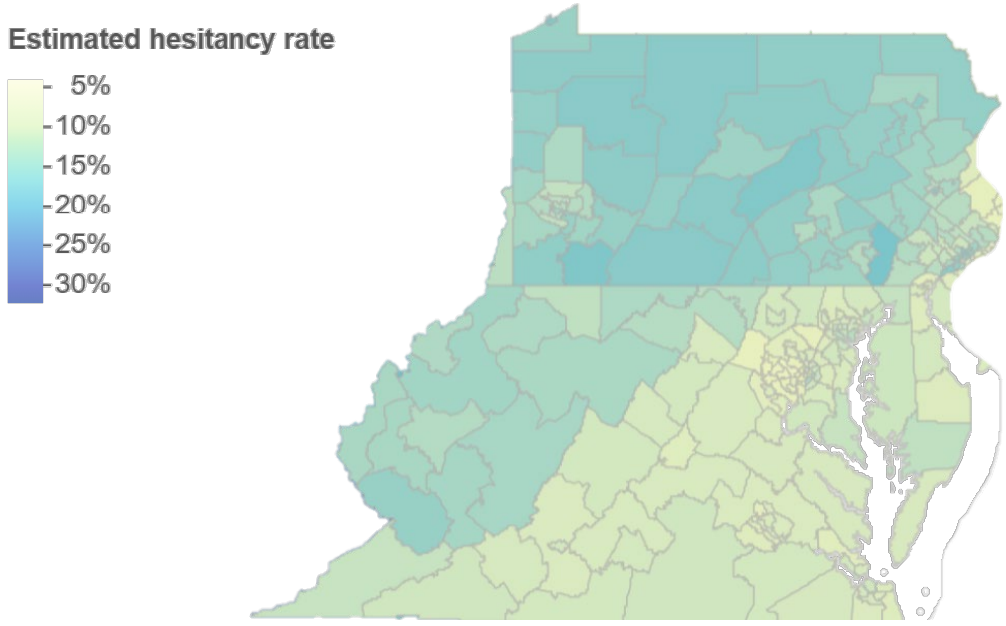


Source

5. Vaccine Hesitancy

Figure 18 displays estimated vaccination hesitancy by the U.S. Department of Health and Human Services by county in Virginia. The estimated hesitancy rate is comparatively low across Virginia.

Figure 18: Vaccinations Hesitancy by County across FEMA Region 3



Source

Figure 18 shows vaccination hesitancy by county across FEMA Region 3. Virginia's estimated hesitancy rate is lower in comparison to other FEMA Region 3 states, with 53% of Virginia's population fully vaccinated and nearly 60% vaccinated with at least one dose (Source). Virginia's vaccination rates surpass those of many other states (Source). Though Virginia is doing well, the rise of the Delta variant is alarming. As of mid-July, an estimated 65.6% of all new COVID-19 cases in FEMA Region 3 were due to the more transmissible Delta variant (Source). In an effort to combat this variant and in addition to past variants, efforts are being made to increase vaccination rates (Source). Still, many individuals remain hesitant to get a vaccine.

In a recent poll conducted by the Research Institute for Social Equity at Virginia Commonwealth University's Wilder School of Government and Public Affairs, adults in Virginia were asked about their thoughts on getting vaccinated (Source). Among the 17% of poll participants who said that they were not likely to get vaccinated, major reasons for hesitancy included:

- Concern about side effects (77%)
- A belief that the vaccines were developed and tested too quickly (72%)
- A desire to know more about how well the vaccines work (44%)
- A belief that the vaccine is not needed (43%)

Findings from a nationwide poll were similar (Source):

- A belief that the vaccine is too new (53%)
- Concern about side effects (53%)
- The participant just didn't want to get vaccinated (43%)
- Distrust of the government (38%)
- A belief that the vaccine is not needed (38%)
- A belief that the vaccine is not safe (37%)
- Distrust of vaccines in general (26%)

Participants in the VCU Wilder School poll were also asked about vaccination incentives. Overall, incentives did not appear to have a large impact on decreasing vaccine hesitancy rates. Only seven percent of those who were not likely to get vaccinated said that a cash reward or paid time off of work would be incentivizing, and only three percent said that a gift card would be incentivizing.

However, some populations seemed to be more interested in these incentives than others. While only seven percent of people overall liked the idea of a cash reward incentive, 15% of those with a family income of $100,000 or more as well as 27% of Hispanic respondents found a cash reward to be incentivizing. When considering what type, if any, of incentive should be offered, using different incentives for different populations may prove to be successful.

Nationwide, people were more incentivized by offerings that were related to the vaccines, rather than incentives in the form of cash or gifts. Thirty-one percent said that the vaccines receiving full FDA approval would be an incentive, 17% said that a mobile vaccine clinic in their neighborhood would be an incentive, and 13% said that free childcare while they get vaccinated and recover from side effects would be an incentive. Additionally, 23% said that they would be incentivized to get vaccinated if they were entered into a million dollar lottery (Source).

In addition to these external incentives, personal incentives (i.e., personal reasons for getting vaccinated) can also be considered and used in messaging. Nationwide, reasons for choosing to get vaccinated included (Source):

- Protect myself/reduce risk (27%)
- Afraid of catching the virus/avoid getting sick (16%)
- Was at-risk of getting sick due to age/health (10%)
- Protect family members (7%)
- Herd immunity/protect the community or society (6%)
- General safety (6%)
- Get back to normal life (3%)
- Self or family member previously had COVID: (3%)
- Required for work/essential worker/health care worker (3%)
- Travel (3%)

Those designing vaccine messaging should be cognizant not only about what is said in any messaging but also be attentive to who it is directed to and who is delivering it. In a nationwide poll, parents were asked which sources they trusted most to provide information about vaccinations for their children (Source). Trusted sources included:

- Their child's pediatrician (85%)
- Their own doctor (83%)
- Their health insurance company (73%)
- Their employer (72%)
- The CDC (71%)
- The FDA (69%)
- Their state government officials (56%)

Virginia's Efforts to Reduce Hesitancy

In view of concerns about significant COVID vaccine hesitancy, the Virginia Department of Health is now focused on community outreach to increase uptake of COVID vaccinations, especially among Black, Hispanic/Latino, Native American, and all populations who are hesitant to receive these vaccinations. VDH has met with leadership of all of the health districts to discuss challenges and efforts to engage community leaders and influencers. The goal is to engage community influencers as public health partners to encourage COVID vaccinations among all populations in the immediate future, and then work with community partners to address a broad range of public health issues to ensure optimal health for all Virginians. The impact on COVID vaccinations will be tracked closely as part of the CDC funded vaccination initiative. This is a long-term project and health districts are working together in cohorts to share challenges, experiences and best practices.

6. Data Gaps Impacting Equity

As mentioned above, the VDH COVID-19 in Virginia Dashboard has been updated to improve the quality of information used to understand how COVID-19 has impacted Virginia residents (Source). Previous efforts to examine the burden of disease were complicated by the amount of missing

data, particularly in race and ethnic demographic profiles. Updates on VDH vaccination counts by race and ethnicity were completed using statistical imputation methods. As detailed in the June report, nearly 2 million vaccinations were missing race and ethnicity data.

Virginia COVID-19 demographics indicated that 694,384 cases, 31,336 hospitalizations, and 11,532 deaths have been reported across health districts. While data "not reported" remains a concern for all demographic profiles on the VDH Dashboard, missing race and ethnicity data continue to lag behind age and sex demographic profiles reported for cases, hospitalizations, and deaths (Source). The cumulative impact of missing data and data gaps incrementally impact Virginia's equitable response to COVID-19.

COVID-19 Cases and Testing Dashboards

In COVID-19 cases, missing data are reported for all of the demographic profile groups (e.g., age, race and ethnicity, and sex). However, missing data by race and ethnicity are almost always the largest proportion of unknown cases in all health districts (Source). For example, concerning age, 0.5% (3,579) of the 694,384 cases are "not reported," for sex 0.8% (5,354) are "not reported," however, 14.7% (102,318) of race and ethnicity are "not reported." In health districts, the number of testing encounters by lab report do not report demographic profiles by age group, race and ethnicity, or sex for the 7-day moving average. While testing encounters by health districts help to monitor service delivery, demographic profiles are needed to understand the risk of infection and burden of disease for communities of color in each locality.

COVID-19 Vaccine Dashboards

At the end of July, Virginia COVID-19 vaccine demographics reveal that 5,157,082 people have been vaccinated with at least one dose, and 4,614,836 Virginians have been fully vaccinated. For Virginians receiving at least one dose, complete data counts are reported by age group. In comparison, 298,651 vaccination counts by race and ethnicity (5.7%) and 11,660 (0.22%) vaccination counts by sex are "not reported." Similarly, *among fully vaccinated* groups, complete vaccinate counts are reported by age group. However, 255,103 (5.5%) vaccination counts by race and ethnicity, as well as 9,901 (0.2%) vaccinations by sex are "not reported" (Source).

During the COVID-19 pandemic, collecting, coordinating, and managing state data governance and analytics has been led by the Chief Data Officer for the Commonwealth of Virginia (Source). By race and ethnicity and sex, missing data continues to complicate understanding and improving planned interventions to mitigate the spread of disease and reduce the impact of COVID-19 on communities of color. The coordination of effort to use imputation for missing data, with the expressed goal of disaggregating data by local districts, can and should take priority for the Commonwealth of Virginia (Source). The state should continue to prioritize imputations for missing data so as to launch an ethical and equitable response that mitigates the risk of COVID-19 infection. Similarly, to further understand the differences in risk profiles and the opportunity to receive the COVID-19 vaccine, the state should rely on complete data to further examine the burden of disease on people of color, as well as design race-conscious solutions for communities of color. Understanding the risk of infection and rate of vaccinations is critical to improving disease outcomes for all residents in Virginia.

7. Policy and Administrative Updates

Legislative Updates

- A special session of the Virginia General Assembly has been scheduled for Monday, August 2, 2021. This session is set to address the American Rescue Plan Act's Coronavirus State Fiscal Recovery Fund for Virginia (Source).

Executive Updates

- On July 12, 2021, Governor Northam announced that his first budget proposal for American Rescue Plan Act funding invests $353 million to boost recovery among Virginia's small businesses and industries hardest-hit by the COVID-19 pandemic (Source).
- On July 29, President Biden announced a required vaccine attestation or testing mandate for federal employees to help contain the spread of the Delta variant of the coronavirus (Source).

Agency Updates

- On June 15, the Virginia Department of Health and the Virginia Department of Education released new guidance for PreK-12 schools in Virginia for the upcoming 2021-2022 school year (Source).
- The CDC's eviction moratorium expired on July 31, 2021 (Source).

Court Updates

- On July 7, the Supreme Court of Virginia extended the Twenty-Fifth Order of Declaration of Judicial Emergency through August 11, 2021 (Source).

8. On the Horizon

July began with optimism across the US, including in Virginia, as COVID-19 cases were down and rates of hospitalizations and deaths were significantly decreasing (Source). In Virginia, the emergency declaration had expired (Source) and people across the Commonwealth were eager to resume "normal" Independence Day celebrations (Source; Source). However, a few weeks earlier, the COVID-19 Delta variant was classified by the CDC as a variant of concern (Source). As of July 20, the Delta variant comprised 83% of new COVID-19 cases nationwide and an estimated 65.6% of all new COVID-19 cases in FEMA Region 3 (Source; Source). By the end of July, the Delta variant was spreading significantly across the country (Source). Amid the rise of the more contagious Delta variant, the CDC released new public health recommendations for vaccinated persons, schools, and those in areas of substantial or high transmission (Source; Source). With increased spread of the Delta variant, COVID-19 infections, hospitalizations, and deaths are once again growing, largely among the unvaccinated (Source). According to projections from the University of Virginia's weekly COVID-19 report, Virginia could be on the path to exceeding its

worst months of the pandemic in September if cases and vaccination rates stay the same while the Delta variant spread accelerates (Source; Source).

The data clearly reveal that vaccinations have saved lives, and only about one percent of current COVID-19 cases occur in those who are fully vaccinated (Source). Still, vaccine hesitancy remains an issue in the Commonwealth of Virginia and throughout the United States (Source). Despite some progress in June, disparities remain in infections and deaths since the availability of vaccines, especially concerning: 1) race; 2) age and sex; and 3) urban-rural divides.

In addition, vaccine mandates are on the rise in government and in the private sector. In late July, President Biden announced a required vaccine attestation for federal employees to help contain the spread of the coronavirus (Source). Organizations, private companies, colleges and universities, and state governments across the US have begun announcing vaccination mandates. Facebook, Google, Netflix, Morgan Stanley, and The Washington Post each announced they would require employees to have been vaccinated for COVID-19, with limited exceptions for medical or religious reasons (Source).

Changes that have occurred in July have significant implications for re-opening of in-person schools and equity. The Delta variant spreads widely among the unvaccinated (Source; Source). Persistently lower vaccination rates among Blacks and Hispanics/Latinos compared to Whites leave them at increased risk as the variant Delta continues to spread across the country (Source). Across the Commonwealth there have been recent surges of infection in those ages 10-19, and the majority of Virginia's Delta variant cases are among those under the age of 40 (Source; Source). Thus, a combination of a massive resurgence in cases driven by the Delta variant (Source) in tandem with continued disparities for Blacks and Hispanics (i.e., cases, deaths, and vaccinations), suggest that Virginia not only cannot and should not lose the progress already made, but also must continue to center equity in all aspects of addressing the pandemic. Despite earlier progress, a continued focus on vaccine equity remains critical. Concern about virus spread and breakthrough infections necessitates the critical need to accelerate vaccinations and re-prioritize equity.

Appendix

Charging Statutes

2020 Appropriation Act Item 299 I. The Department of Health shall convene a work group, which shall include the Commonwealth's Chief Diversity, Equity, and Inclusion Officer and representatives of the Office of Health Equity of the Department of Health, the Department of Emergency Management, and such other stakeholders as the department shall deem appropriate and which may be an existing work group or other entity previously convened for a related purpose, to (i) evaluate the methods by which vaccines and other medications necessary to treat or prevent the spread of COVID-19 are made available to the public; (ii) identify and develop a plan to implement specific actions necessary to ensure such vaccines and other medications are equitably distributed in the Commonwealth to ensure all residents of the Commonwealth are able to access such vaccines and other medications; (iii) make recommendations for any statutory, regulatory, or budgetary actions necessary to implement such a plan.), including: a) Statutes Regarding Plans; b) regulatory changes; c) budgetary changes; d) changes needed to the any Virginia vaccination plan.