

# VDH Plan for Equitable Distribution of COVID-19 Vaccine

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**SEPTEMBER 2021**

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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



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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 August 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 far more infectious and has increased transmissibility when compared with other variants** ([Source](#)). At the end of August, Delta comprised over 97% of new COVID-19 cases nationwide ([Source](#)).
- **Vaccine equity must remain a priority in Virginia**, especially given the rapidly rising risks associated with the Delta variant as well as the known increased and disproportional risks faced by historically marginalized populations in experiencing the worst effects and outcomes of COVID-19, including death ([Source](#)). Despite earlier progress, an apathy for equity has emerged and a continued focus on vaccine equity remains critical.
- **Urban and rural disparities continue**. COVID-19 cases are exacerbated as the Delta variant has led to significant increase in risk ([Source](#)). More rural counties continue to show disproportionate cases, although no area of Virginia has been insusceptible to the rapid rise in risk levels. Rural counties continue to disproportionately experience deaths related to COVID-19 ([Source](#)). Rural areas, especially in south-central and south-west Virginia, continue to have low vaccination rates ([Source](#)).

### → Continued Vaccination Efforts

- **Vaccines in the US are highly effective, including against the Delta variant** ([Source](#)). VDH data clearly reveal that vaccinations have saved lives, with very few "breakthrough" cases occurring amongst vaccinated individuals ([Source](#); [Source](#)).
- **Unvaccinated people remain the greatest concern**. The highest risk of transmission is among the unvaccinated who are much more likely to get infected and transmit the virus ([Source](#)). Over 63% of Virginians 12 and older have received at least one vaccine dose (up from 60.39% at the end of July), but much progress still remains ([Source](#)).
- **Critical equity work remains necessary. 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 08/31/21**

	<b>% of Vaccinations</b>	<b>% with at least one dose</b>	<b>% of Cases</b>	<b>% of Deaths</b>	<b>% of Total Population</b>
<b>White</b>	59%	56.3%	51%	64%	61%
<b>Black</b>	16.6%	51.8%	22%	25%	19%
<b>Hispanic</b>	10%	67.5%	19%	7%	10%
<b>Asian</b>	9%	76.3%	4%	4%	7%

Sources: [Kaiser Family Foundation](#) and [VDH Data portals](#)

→ **COVID-19 and Education Equity**

- **Cases of COVID-19 in schools have caused problems** with the kick-off of the 2021-22 academic year, causing quarantine measures and rapid shifts back to virtual learning for some schools ([Source](#); [Source](#); [Source](#)).
- Many colleges and universities across the commonwealth have mandated COVID-19 vaccines for staff and students, but not all are enforcing their policies ([Source](#)).

→ **Persistent Hesitancy**

- **Vaccination hesitancy remains – many Virginians are still unwilling to receive a COVID-19 vaccination.** In a recent poll conducted by the Research Institute for Social Equity at Virginia Commonwealth University’s Wilder School of Government and Public Affairs, the number of unvaccinated Virginians willing to get a COVID-19 vaccine has declined. According to this survey, 87% of unvaccinated adults in Virginia say they do not plan on getting vaccinated for COVID-19 ([Source](#); [Source](#)).
- **Opportunities remain for increased vaccination rates.** The seven-day average of vaccines administered had been declining until August. Virginia experienced an increase in demand between the beginning of July and the middle of August. Although demand is again trending downward, it remains higher than in mid-summer ([Source](#); [Source](#)).

→ **Vaccination Mandates**

- **Vaccination mandate for Virginia state employees.** In early August, Governor Northam announced Virginia will require most state employees to show proof of vaccination or subscribe to weekly COVID testing. This policy will impact approximately 122,000 employees ([Source](#)).
- **After full FDA approval, vaccination mandates have increased.** After the FDA granted full licensure to the Pfizer-BioNTech COVID-19 vaccine for persons ages 16 years and older on August 23, 2021, schools, organizations, private companies, and governments across the U.S. announced vaccination mandates ([Source](#); [Source](#)).

## 1. Key Equity Accomplishments

This section details major equity accomplishments related to COVID-19 in the Commonwealth of Virginia during the month. Equity accomplishments from August include:

- August: VDH has continued its focus 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).
- August: During the month of August, interagency leaders across state government discussed the necessary reforms to see a broadened definition and transformation of public health, as well as ways to strengthen Virginia's infrastructure across all social determinants of health.
- August: To support vaccination efforts, Greene Street Communications, an ELT partner created several marketing and communication materials, including: conducting a comprehensive "Mythbusters: Ask the Experts Toolkit" campaign that launches four, brand-new, compelling videos featuring diverse medical experts answering a range of questions; produced three 30-second videos to encourage vaccinations among rural, Hispanic, and interfaith communities; provided printing, design, and art support for health districts and partners across the Commonwealth; customized previously published mitigation marketing material to encourage mask-wearing as part of its ongoing support for Virginia State University's efforts to combat the spread of COVID-19 among those in its community; and, produced two radio spots in Spanish encouraging COVID-19 vaccines (Source: Communications with Greene Street team).
- August 2: According to the US Centers for Disease Control and Prevention (CDC), fewer than 0.004% of people who have been fully vaccinated against COVID-19 have experienced a breakthrough case resulting in hospitalization. Fewer than 0.001% have died from the disease ([Source](#)).
- August 3: CDC promulgated a new eviction moratorium to include protections for renters and tenants in areas where the coronavirus is spreading at higher rates. This moratorium is scheduled to last until October ([Source](#)).
- August 3: The Virginia Department of Health (VDH) and Metaculus announced Round 2 of the [Keep Virginia Safe Forecasting Tournament](#), which is focused on forecasting the Delta COVID-19 variant and other potential variants of concern ([Source](#)).
- August 3: As of this date, 65.2% of Virginia's population (4,654,832 people) were fully vaccinated ([Source](#)).
- August 4: The Virginia Community College System Chancellor declared a universal indoor mask mandate for Virginia Community Colleges Institutions ([Source](#)).
- August 4: The CDC noted that the majority of Virginia localities are "high COVID transmission areas" ([Source](#)).

- August 4: The City of Richmond declared that it is requiring city employees to be fully vaccinated by October 1 ([Source](#)).
- August 5: Governor Northam announced Virginia will require most state employees to show proof of vaccination or subscribe to weekly COVID testing. This policy will impact approximately 122,000 employees ([Source](#); [Source](#)).
- August 6: The Virginia Department of Corrections reported that 20,686 inmates and 7,120 staff had been vaccinated as of this date ([Source](#)).
- August 6: Virginia State University (VSU) reversed a previous decision, announcing it will now require students to be vaccinated before the fall semester ([Source](#)).
- August 6: University of Virginia officials announced that all students, staff, faculty, and visitors, vaccinated or not, will need to wear masks when entering any university building. Those who have not been vaccinated will need to wear the masks even when outdoors ([Source](#)).
- August 6: Virginia Tech began requiring that everyone, regardless of vaccination status, must wear masks indoors in certain areas on campus ([Source](#)).
- August 9: Virginia Commonwealth University (VCU) reported that all faculty and staff will be required to report their COVID-19 vaccination status or submit a request for a medical or religious exemption by September 1 ([Source](#); [Source](#)).
- August 9: A statewide poll found that the number of unvaccinated Virginians willing to get a COVID-19 vaccine has declined. According to this survey, 87% of unvaccinated adults in Virginia say they do not plan on getting vaccinated for COVID-19 ([Source](#)).
- August 10: Dr. Danny Avula, Virginia's Vaccine Coordinator, announced the long-awaited development – that younger children under 12 should be eligible in September – in a call with reporters on Tuesday, noting how the more than 700,000 kids given eligibility status could change the conversation around schools reopening and boost Virginia's vaccination rates ([Source](#)).
- August 10: VDH data showed that 14.3% of young Virginians under the age of 18 had been fully vaccinated as of this date. Approximately 50% of those between the ages of 16-17 had been vaccinated, yet 12-15-year-olds had a vaccination rate below 40% ([Source](#)).
- August 10: The Piedmont Health District hosted a mass COVID-19 vaccination clinic in Nottoway County, which provided free Pfizer COVID-19 vaccines for anyone 12 and older as well as the single-dose Johnson & Johnson COVID-19 vaccine for anyone 18 and older ([Source](#)).
- August 10: Christopher Newport University re-mandated its mask policy ahead of the fall semester ([Source](#)).

- August 10: VSU announced that it would change course and require its students to get a COVID-19 vaccine. VSU also noted it will give students and employees a \$500 incentive for being vaccinated ([Source](#)).
- August 10: Children accounted for 15% of new COVID cases reported last week, that is nearly 94,000 children ([Source](#)).
- August 10: Virginia Department of Health's (VDH) online COVID-19 dashboards have incorporated vaccination data from jurisdictions in Tennessee. Virginians who received vaccinations in Tennessee that were not reported through the Virginia Immunization Information System are now included in the locality and statewide dashboards ([Source](#)).
- August 11: VDH announced it will create a new vaccine verification tool that will allow businesses to quickly and easily verify customers' vaccination status, simply by scanning a QR code ([Source](#)).
- August 12: The FDA authorized an additional dose of the Moderna or Pfizer vaccine for people with weakened immune systems ([Source](#)).
- August 11: The CDC urged pregnant women to get vaccinated, pointing to data that indicated no safety concerns ([Source](#)).
- August 12: Governor Northam issued a Public Health Emergency Order requiring universal masking in all indoor settings in Virginia's K-12 schools. This order reinforces current state law, which requires Virginia schools adhere to mitigation strategies outlined by the CDC ([Source](#)).
- August 12: Dr. Norm Oliver, Virginia Health Commissioner issued a universal indoor mask mandate for K-12 schools ([Source](#)).
- August 13: The CDC recommended that people who are moderately to severely immunocompromised receive an additional dose of the COVID-19 vaccine ([Source](#)).
- August 13: VDH continued its regional vaccination and testing collaborative at the Military Circle Mall in Hampton Roads ([Source](#)).
- August 13: Virginia will make third doses of the Pfizer-BioNTech and Moderna COVID-19 vaccines available for moderately and severely immunocompromised Virginians, starting as early as August 14 ([Source](#)).
- August 15: The Rappahannock Area Health District reported it would reoffer free clinics for COVID-19 testing in the wake of rising case counts ([Source](#)).
- August 16: Richmond Public Schools declared that all employees must be vaccinated by October 1 ([Source](#)).
- August 16: The Virginia Education Association, the state's largest teachers' union, gave its support for a vaccination or testing requirement ([Source](#)).

- August 17: Virginia instated a new set of tenant protections shortly after the end of the federal moratorium on July 31 ([Source](#)).
- August 17: In a reversal, VDH noted that it will release locations of COVID-19 outbreaks as cases increase. On July 1, the Virginia Department of Health stopped reporting the specific locations of COVID-19 outbreaks – including school districts. This decision has been questioned as outbreaks in schools increase, and a spokesperson for the Governor says they will begin reporting that information again ([Source](#)).
- August 18: Harrisonburg City Schools voted to require public school employees to be vaccinated, unless given a religious or medical exemption ([Source](#)).
- August 19: Virginia Tech changed policy to require employee vaccinations ([Source](#)).
- August 20: The Piedmont Health District hosted a mass COVID-19 vaccination clinic in Blackstone ([Source](#)).
- August 21: The Pittsylvania/Danville Health District and Averett University, with the support of local COVID-19 response partners, held a COVID-19 vaccination clinic at Averett University Student Center ([Source](#)).
- August 23: The FDA granted full licensure to the Pfizer-BioNTech COVID-19 vaccine for persons ages 16 years and older ([Source](#)).
- August 23: The U.S. Department of Defense announced it will require service members to receive the COVID-19 vaccine now that the Pfizer vaccine has received full approval ([Source](#)).
- August 25: The Norfolk Department of Public Health provided free COVID-19 vaccines at Maury High School in Norfolk ([Source](#)).
- August 25: Virginia Department of Health (VDH) reinstated the Outbreaks by Selected Exposure Settings Dashboard in the VDH COVID-19 Data Insights dashboards. The dashboard includes information on outbreaks that occurred in medical care facilities, residential or day programs licensed by VDH, Department of Social Services (DSS) or Department of Behavioral Health and Developmental Services (DBHDS), summer camps, K-12 schools, colleges and universities, and long-term care facilities ([Source](#)).
- August 26: The U.S. Supreme Court struck down the Biden administration's temporary federal moratorium on evictions ([Source](#)).
- August 27: As of this date, 63.7% of Virginians have received at least one dose, 56.4% of the population are fully vaccinated ([Source](#)).
- August 27: Most Virginia colleges say they mandated COVID vaccines, but not all are enforcing their policy. As the first week of college classes come to a close, it's clear that some vaccine mandates are being treated by schools more like recommendations ([Source](#)).



- August 30: Parents in Loudoun County ask the school district to reopen signups for virtual instruction; virtual learning registration closed in June. Parents also urge for an increase in COVID-19 case reporting transparency ([Source](#)).
- August 30: Fairfax County high school athletes participating in Winter and Spring sports will be required to get vaccinated by November 8th and show documentation. The vaccine mandate for high school student athletes is one of the first in the nation ([Source](#)).
- August 30: One week after school begins, Liberty University switches to virtual instruction. The sole local hospital in the area has nearly reached ICU COVID-19 capacity and the rate of positive cases on campus has surpassed the highest numbers from 2020 ([Source](#)).
- August 30: High levels of COVID-19 testing turnout motivate public health officials to offer more testing events through September or longer ([Source](#)).
- August 30: Sentara Healthcare will require full vaccination of all staff, volunteers, and vendors by mid-October ([Source](#)).
- August 30: 90% of qualified tribe members have acquired at least one dose of COVID-19 vaccine. According to the CDC, Native Americans have a three times greater hospitalization rate and a 2.4 times greater mortality rate than those who are white ([Source](#)).
- August 30: Richmond and Henrico health districts will open four community vaccination centers in September. Vaccination hubs will be spaced throughout the city and target the counties with the lowest vaccination rates. Hubs can be accessed one day a week ([Source](#)).
- August 31: As of this date, 66.5% of the adult population in Virginia (18+) have received at least one dose, 59.7% of adults are fully vaccinated ([Source](#)).

## 2. Critical Updates

This section provides information on critical updates relevant to Virginia's responses to COVID-19. While COVID-19 vaccinations have risen somewhat during the month of August, Virginia state agencies continue to provide updates concerning COVID-19 vaccinations. VDH has issued numerous press releases detailing important information concerning COVID-19. These critical updates from August include:

- August 3: VDH reported that it and Metaculus launched round 2 of the *Keep Virginia Safe Forecasting Tournament* in which the second round “will help assess COVID-19’s epidemiological trajectory and the impacts of variants in the fall” ([Source](#)).
- August 4: A previous Kaiser Family Foundation (KFF) analysis examined demographic groups among the unvaccinated population and found two distinct groups: 1) those who are open to getting a vaccine (“wait and see”); and 2) those who say they will definitely not get a COVID-19 vaccine. The July KFF COVID-19 Vaccine Monitor found the key demographic differences between the “wait and see” and the “definitely not” groups still center on racial and ethnic identity and political partisanship ([Source](#)).
- August 4: Mount Rogers health district sees a 75% rise in cases in the past 7 days ([Source](#)).
- August 5: A child in the Eastern Region passed away from COVID-19 complications. This is the first reported COVID-related death of a child in Virginia’s Eastern Region ([Source](#)).
- August 5: Researchers at the University of Virginia’s Biocomplexity Institute said Virginia is averaging about 113 weekly cases per 100,000 residents ([Source](#)).
- August 6: The delta variant impacts children much more than the traditional COVID-19 strain, which is prompting alarm among local health leaders ([Source](#)).
- August 6: The Delta variant is the dominant strain of COVID-19 nationwide and is the most common variant in Virginia ([Source](#)). Delta is more infectious and is contributing to a surge of cases in Virginia ([Source](#)).
- August 10: Children accounted for 15% of new COVID cases reported last week, which constitutes nearly 94,000 children across the United States ([Source](#)).
- August 11: California became the first state to require teachers to be vaccinated or to be tested regularly ([Source](#)).
- August 13: VDH stated that “Virginia will provide third doses of Pfizer-BionTech and Moderna COVID-19 vaccines for immunocompromised people” ([Source](#)).
- August 15: A forecast from the University of Virginia’s Biocomplexity Institute showed an increased likelihood of people getting sick and dying from COVID-19 ([Source](#)).

- August 17: Over the past four weeks, new COVID-19 cases rose more than 400% across Southwest Virginia as the region's vaccination rates lag well behind state and national averages ([Source](#)).
- August 17: VDH reported on a statement from the Virginia state vaccination coordinator, Dr. Danny Avula, on booster doses of COVID-19 vaccines for the general population as well as immunocompromised persons. Dr. Avula noted: "If booster vaccine doses are recommended for the general population, the rollout of those boosters will likely take place over several months, as the expected recommendation is that a booster dose should be given within a defined time frame after your second dose. VDH and local health departments now have experience in planning and carrying out the logistics of a large-scale vaccination effort, and rebooting that for booster doses will not be an issue. The infrastructure for administering the booster doses is already in place" ([Source](#)).
- August 18: A recent poll conducted by the L. Douglas Wilder School of Government and Public Affairs at Virginia Commonwealth University, showed minority populations were among the most impacted from a financial standpoint and that racial and economic disparities have worsened during the COVID-19 pandemic. The economic gap between white workers and workers of color has widened during the pandemic ([Source](#); [Source](#)).
- August 18: A new VCU Wilder School poll showed that while nearly half of Virginia's population experienced mental health problems due to the COVID-19 pandemic, the pandemic led to important positive experiences as well. Forty-four percent said that they saw improvements in their personal relationships with family and friends. In addition, 43% saw improvements in how they spend their free time, and 40% said that they had an improved view of the government's response to safety precautions during a pandemic ([Source](#); [Source](#)).
- August 19: Richmond and Henrico Health Districts (RHHD) received notice of a recent death of a child caused by COVID-19. The child was between the ages of 0-9 ([Source](#)).
- August 19: University of Virginia disenrolled 49 enrolled students for not complying with vaccine requirement ([Source](#)).
- August 19: VDH announced that the Norfolk Health Department will offer free COVID-19 Pfizer vaccines at Maury High School ([Source](#)).
- August 23: Rappahannock County Public Schools moved to virtual learning for the remainder of the week while officials worked to create a new system to mitigate the spread of COVID-19 since the virus has created many cases within the schools since the academic year began ([Source](#)).
- August 23: Breakthrough COVID-19 infections accounted for 4% of new virus cases in Virginia ([Source](#)).
- August 23: VDH provided two major announcements. First, it announced updates to the vaccination status dashboard to better inform the public of vaccine effectiveness, noting particularly that almost all new COVID-19 cases are among the unvaccinated with

“breakthrough cases” representing only 10,712 infections of the 4.7million+ Virginians who have been fully vaccinated at the time ([Source](#)). Second, VDH reported on a further statement from Dr. Avula on the U.S. Food and Drug Administration (FDA) granting full licensure for the Pfizer-BioNtech COVID-19 vaccine, noting the nearly 5.5 million Pfizer doses given in Virginia and that the vaccines are highly effective ([Source](#)).

- [August 25](#): Given “the rapid increase in transmission of COVID-19 across the state spurred by the Delta variant”, VDH reinstated the *Outbreaks by Selected Exposure Settings* on the COVID-19 Data Insights dashboards. The dashboard includes information on outbreaks that occurred in medical care facilities, residential or day programs licensed by VDH, Department of Social Services (DSS) or Department of Behavioral Health and Developmental Services (DBHDS), summer camps, K-12 schools, colleges and universities and long-term care facilities ([Source](#); [Source](#)).
- [August 31](#): On this date, Virginia Tech announced they disenrolled 134 enrolled students for not complying with vaccine requirement ([Source](#)).

### Virginia Department of Health’s Community Outreach Efforts

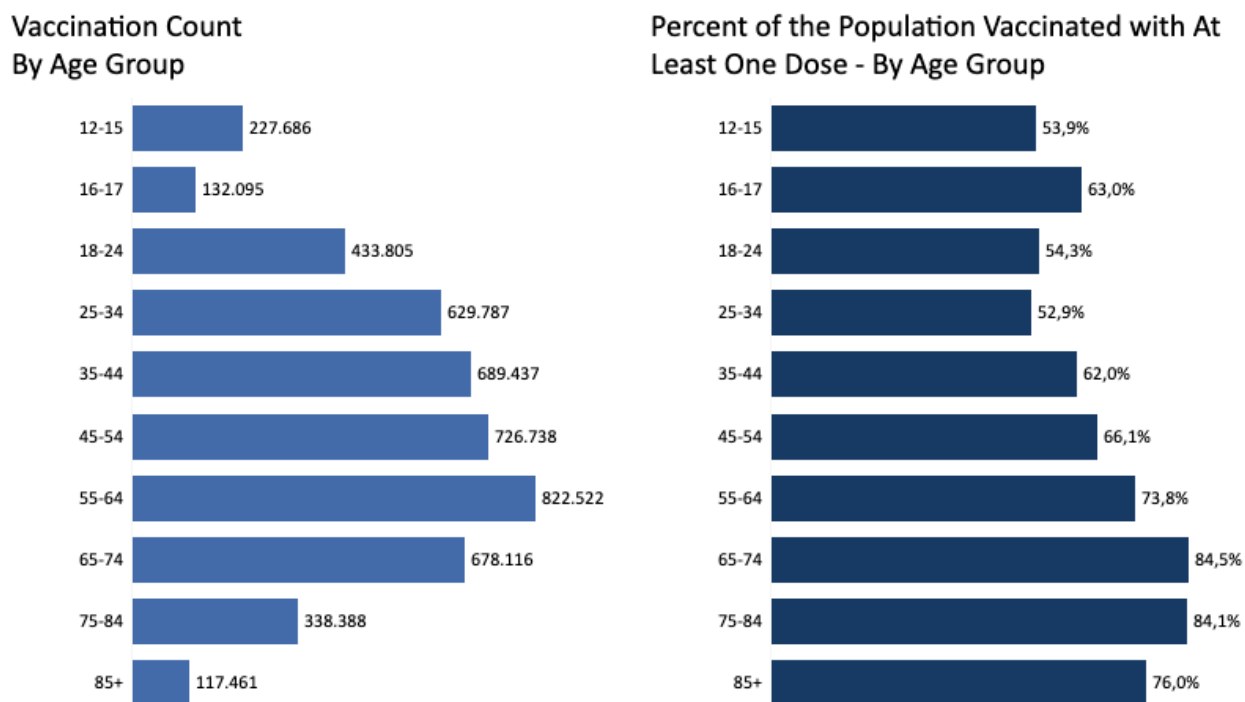
The Central Office VDH Community Outreach Team, led by Dr. Gloria Addo-Ayensu, has met with each of the seven health district cohorts to begin discussions of community outreach efforts; each cohort includes 4-5 health districts. These meetings have resulted in sharing of challenges in vaccinating Black, Latinx, Native American, and Asian Pacific Islander populations. In most health districts, the Black population has the lowest COVID vaccination rate, though vaccination rates are often lagging in Latinx populations as well. In some parts of the Commonwealth, vaccination hesitancy is also high among conservative White populations. The districts have also shared a broad range of innovative approaches to reaching these populations and increasing their vaccination rates. (Source: Communication with VDH Community Outreach Team).

Health districts have been asked to provide a gap analysis to address inequities in vaccination rates. These gap analyses will be discussed during upcoming cohort meetings. Dr. Addo-Ayensu has provided the Fairfax County equity report to all health districts to provide ideas on strategy and how to focus and track improvement in priority areas within their jurisdictions. In Fairfax, these priority areas are zip codes with low vaccination rates, which also coincide with areas with low income, minority populations of color. Follow-up cohort meetings will not occur until at least October since all health districts are now planning efforts to meet demand for booster vaccinations, as well as vaccinations of children ages 5-11 – approval of both booster COVID vaccinations and vaccination of children ages 5- 11 is expected in September or October, 2021 (Source: Communication with VDH Community Outreach Team).

### 3. Vaccination Equity in Virginia

At the end of August, over 9.95 million COVID-19 vaccine doses have been administered in Virginia, and over 11.2 million vaccines have been received ([Source](#)). Virginia ranks 13th in the country for the percentage of distributed vaccines that have been administered (Virginia was 12th at the end of July), and 87.1% of vaccines received have been administered ([Source](#)). At present, 64% of all Virginians have received at least one dose of a vaccine (up from 60.39% at the end of July) ([Source](#)), which is above the 61.8% national vaccination rate receiving at least one dose ([Source](#)). Nearly 4.8 million Virginians have been fully vaccinated, representing 56.7% of the population, which is above the 52.4% national fully vaccinated rate. On average, Virginia is administering approximately 15,968 vaccinations per day (up from 12,350 at the end of July) ([Source](#))

**Figure 1: Vaccinations by Age (One dose)**



Not Reported: 0

[Source](#)

#### Vaccinations for 65+

As seen in Figure 1, VDH reports the following age ranges: 65-74, 75-84, and 85+ ([Source](#)). Those ages 65+ represent roughly 23.6% (1.13 million) of the number of people who have received at least one dose, and 83.4% of people in this group are vaccinated ([Source](#)).

#### Vaccinations for Under 45

Since May, Virginia has been vaccinating those ages 12 and older. Reported age ranges are: 12-15, 16-17, 18-24, 25-34, and 35-44. Virginia continues to make strides in vaccinations for

those younger than 45 years old. As seen in Figure 1, 56.9% (359,781) of those younger than 18 have been vaccinated with at least one dose, and 66.5% (4.43 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: 53.9% (227,686) of 12-15-year-olds; 63% (132,095) of 16-17-year-olds; 54.3% (433,805) of 18-24-year-olds; 52.9% (629,787) of 25-34-year-olds; and 62% (689,437) of 35-44-year-olds ([Source](#)).

### Race and Ethnicity

In past months, missing data constituted a significant limitation in assessing vaccine equity, especially relative to race and ethnicity. In July, VDH instituted a statistical imputation procedure to fill in missing race and ethnicity data, and the missing race and ethnicity data declined from roughly 2 million to roughly 297,000. Still, missing data remains an issue. As of August 31, 327,282 vaccinations have no race and ethnicity data reported ([Source](#)).

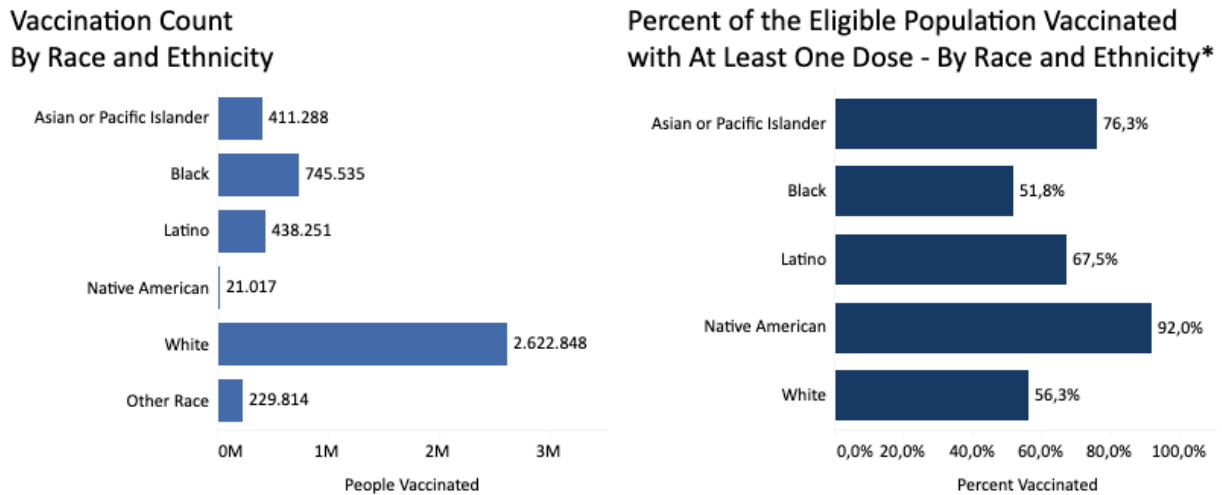
**Table 2: Race, COVID Cases and Deaths, and Vaccinations in Virginia, as of 08/31/2021**

	% of Vaccinations	% with at least one dose	% of Cases	% of Deaths	% of Total Population
<b>White</b>	59%	56.3%	51%	64%	61%
<b>Black</b>	16.6%	51.8%	22%	25%	19%
<b>Hispanic</b>	10%	67.5%	19%	7%	10%
<b>Asian</b>	9%	76.3%	4%	4%	7%

Sources: [Kaiser Family Foundation](#) and [VDH Data portals](#)

As shown below in Table 2 and Figure 2, as of August 31, the key race and ethnicity breakdowns for those receiving at least one dose are as follows and represent some improvements for Blacks and Hispanics. First, Blacks have received 16.6% of all vaccinations (up from 16% at the end of July), and 51.8% (745,535) have been vaccinated (up from 47.8% at the end of July). Second, Hispanics have received 10% of all vaccinations (up from 9% at the end of July), and 67.5% (438,251) have been vaccinated (up from 61.7% at the end of July). Third, Asians or Pacific Islanders have received 9% of all vaccinations (down from 10% in July), and 76.3% (411,288) have been vaccinated (up from 75% at the end of July). Fourth, Whites have received 59% of all vaccinations (no change from July), and 56.3% (2.62 million) have been vaccinated (up from 53.8% at the end of July) ([Source](#)). No major changes have occurred in populations' percentages of cases and deaths. While these figures represent some positive developments, vaccine equity must remain a priority in Virginia, especially given the rapidly rising risks associated with the Delta variant as well as the known increased and disproportional risks faced by historically marginalized populations in experiencing the worst effects and outcomes of COVID-19, including death.

**Figure 2: Vaccinations by Race (One Dose)**

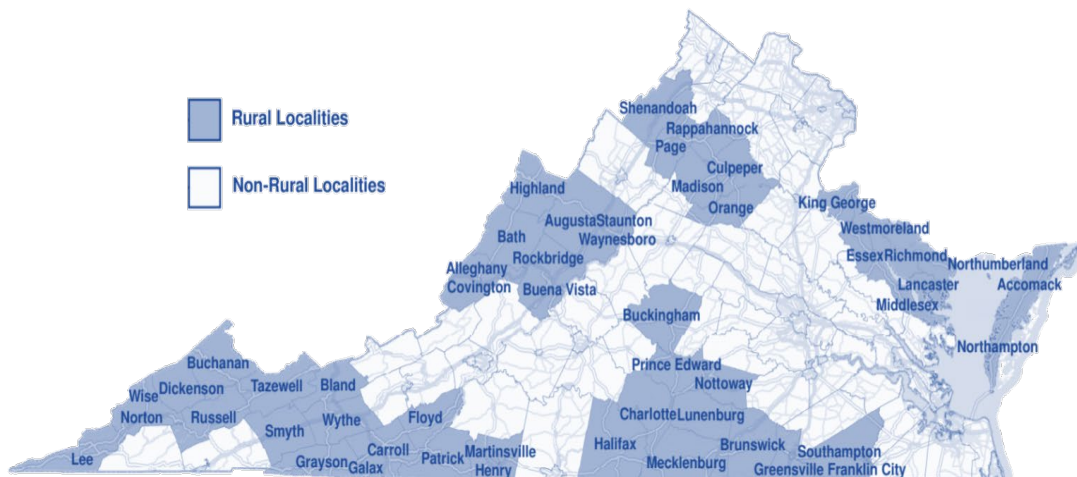


[Source](#)

**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**

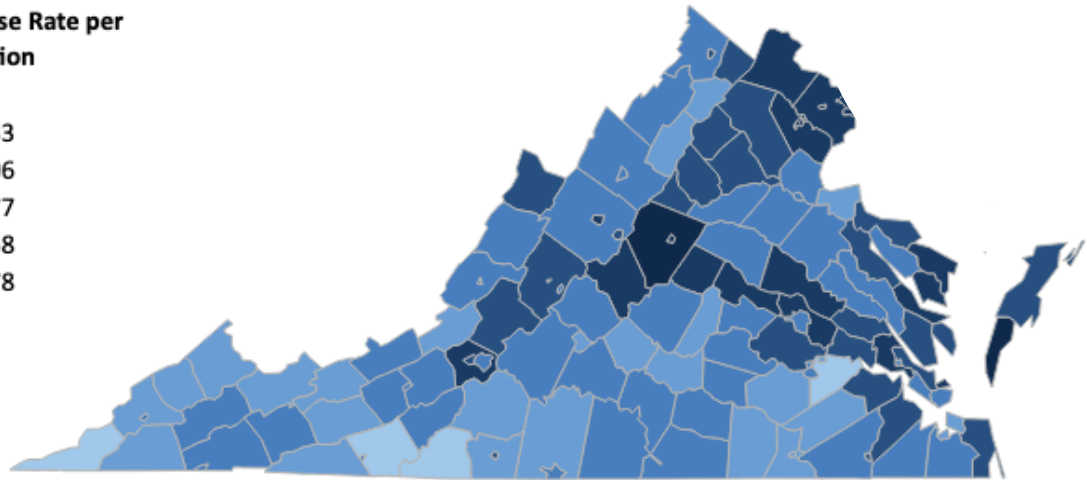


[Source](#)

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. The demand for vaccines has risen slightly as compared to the end of July, and VDH’s data dashboards in tandem with press releases mentioned above clearly showcase linkages between higher vaccination rates and significantly reduced cases of COVID-19 ([Source](#); [Source](#)). In August and as seen in Figure 5, Virginia saw a noted rise in highly elevated risk levels across the Commonwealth, with most being “high risk” ([Source](#)).

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

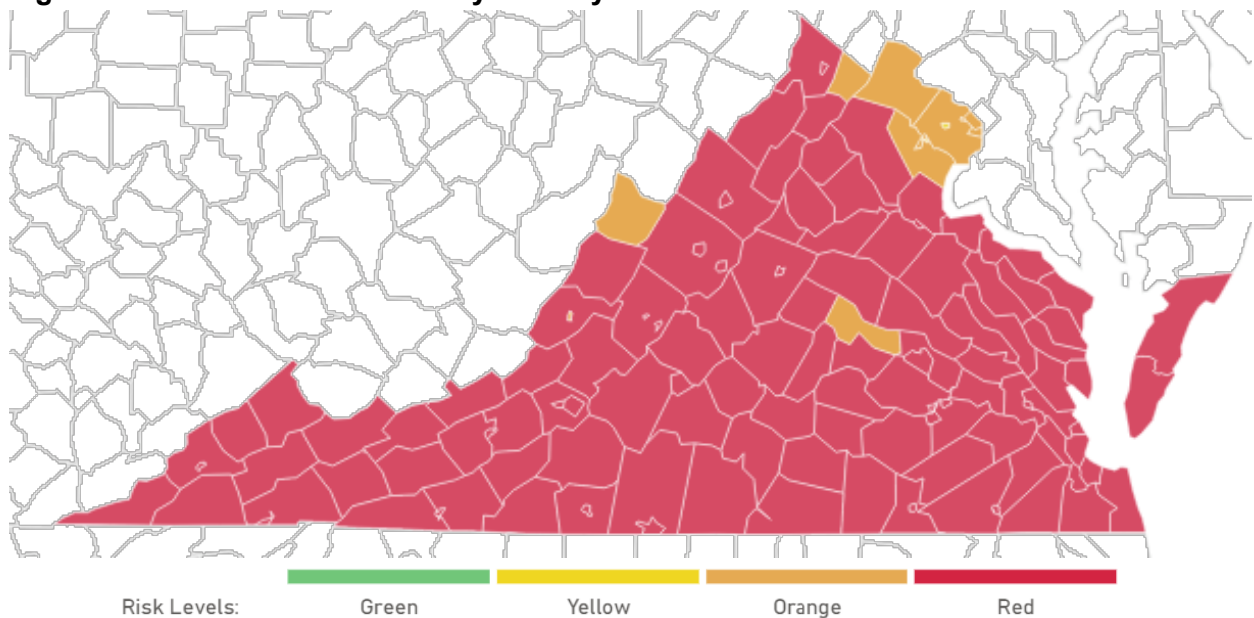
**At Least One Dose Rate per  
100,000 Population**



People Not Mapped : 670,785

[Source](#)

**Figure 5: COVID-19 Risk Levels by Locality**



[Source](#)

### Infections and Deaths Since Vaccine Availability

VDH continues to note how the data clearly reveal that vaccinations have saved lives, with very few “breakthrough” cases occurring amongst vaccinated individuals ([Source](#); [Source](#)). Despite some progress in recent months, 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 a reminder from above, there have been no major changes in reported percentages of cases and deaths for Asians, Blacks, Hispanics, and Whites. As shown in Table 3, disparities remain. 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% 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**

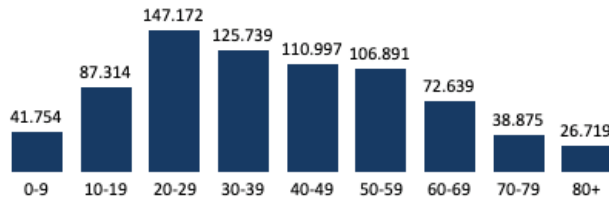
	<b>% of Cases</b>	<b>% of Deaths</b>	<b>% of Total Population</b>
<b>White</b>	51%	64%	61%
<b>Black</b>	22%	25%	19%
<b>Hispanic</b>	19%	7%	10%
<b>Asian</b>	4%	4%	7%

Source: Kaiser Family Foundation

Second, patterns concerning cases and deaths by age and sex remain similar in August as they were in July. Concerning **cases and age**, those ages 20-29 continue to comprise the group with the single largest number of cases. Concerning **cases and sex**, those identifying as females tend to represent slightly more COVID-19 cases. Concerning **deaths and age**, 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. Concerning **deaths and sex**, those identifying as male tend to die at a higher rate than those identifying as female.

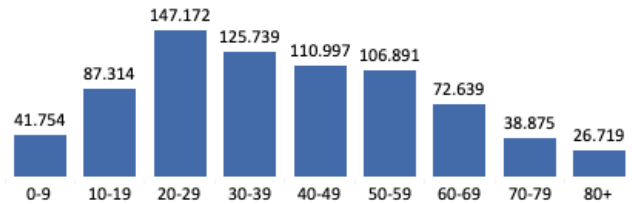
**Figure 6: Cases of COVID-19 in Virginia: Demographics**

**Cases by Age Group - All Health Districts**



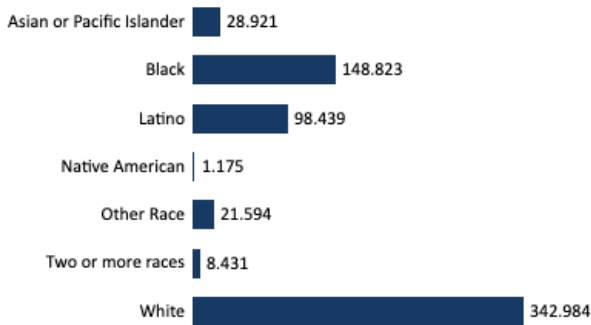
Not Reported: 11,742

**Cases by Age Group - Virginia**



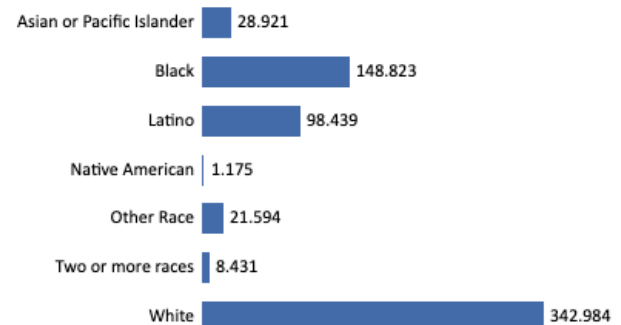
Not Reported: 11,742

**Cases by Race and Ethnicity^ - All Health Districts**



Not Reported: 119,475

**Cases by Race and Ethnicity^ - Virginia**



Not Reported: 119,475

**Cases by Sex - All Health Districts**



Not Reported: 5,733

**Cases by Sex - Virginia**

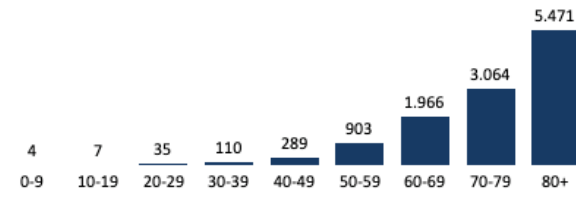


Not Reported: 5,733

[Source](#)

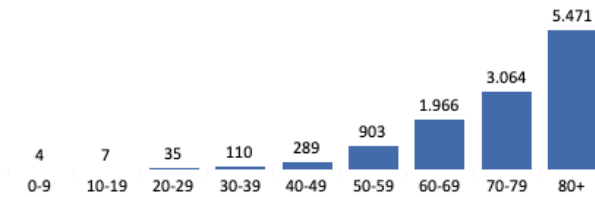
**Figure 7: Deaths of COVID-19 in Virginia: Demographics**

Deaths by Age Group - All Health Districts



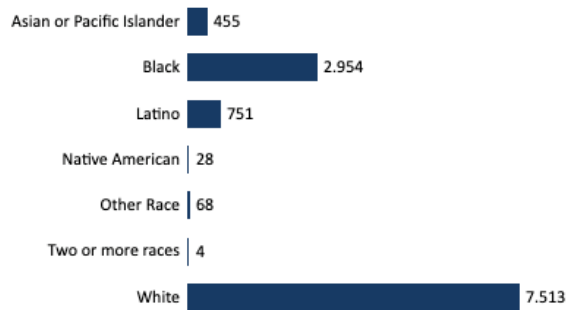
Not Reported: 12

Deaths by Age Group - Virginia



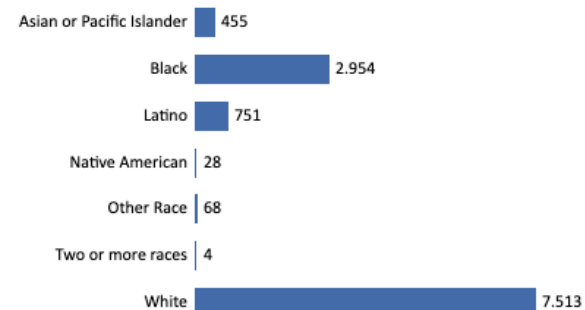
Not Reported: 12

Deaths by Race and Ethnicity^ - All Health Districts



Not Reported: 88

Deaths by Race and Ethnicity^ - Virginia



Not Reported: 88

Deaths by Sex - All Health Districts



Not Reported: 11

Deaths by Sex - Virginia

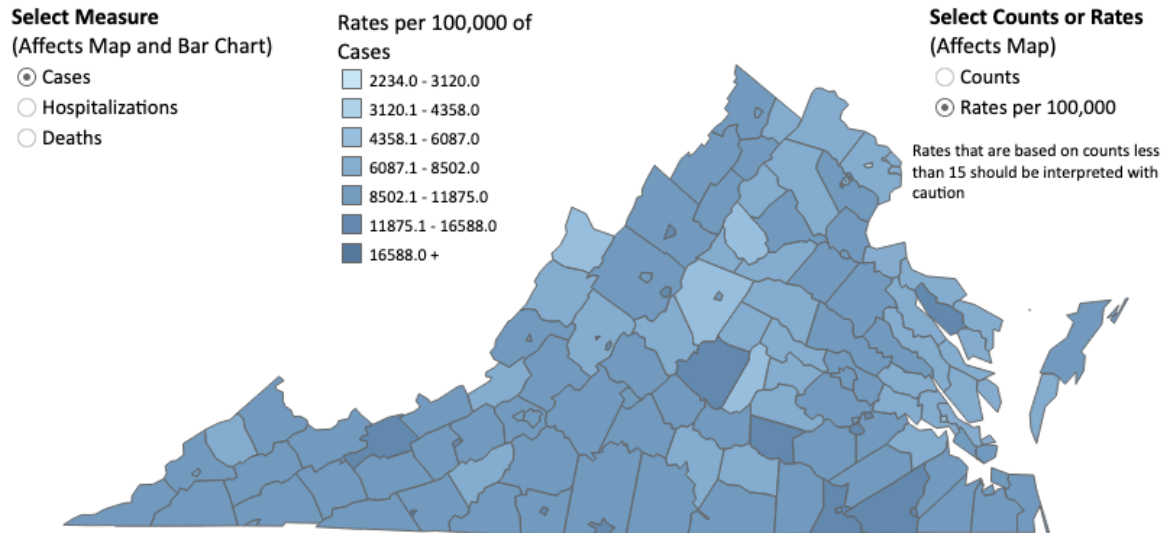


Not Reported: 11

[Source](#)

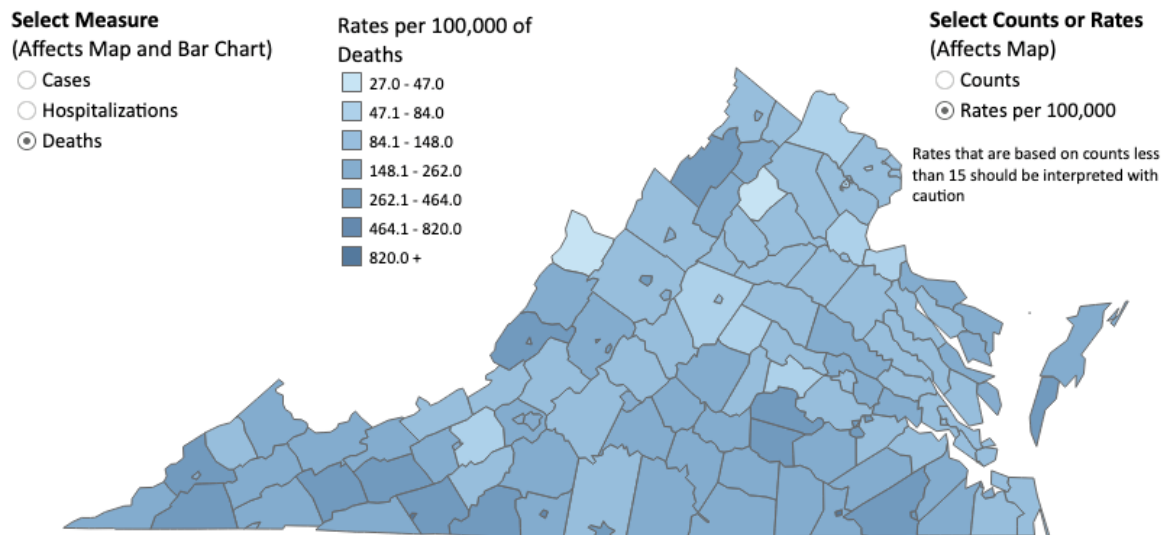
Third, as shown in Figures 8 and 9, urban and rural disparities continue to be evident in terms of cases as measured by rates per 100,000 people, which appear exacerbated as the Delta variant has led to a massive rise in risk. More rural counties continue to show disproportionate cases, although no area of Virginia has been immune to the rapid rise in risk levels. As was the case in past month, at the end of August, rural counties disproportionately experienced deaths related to COVID-19.

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



[Source](#)

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

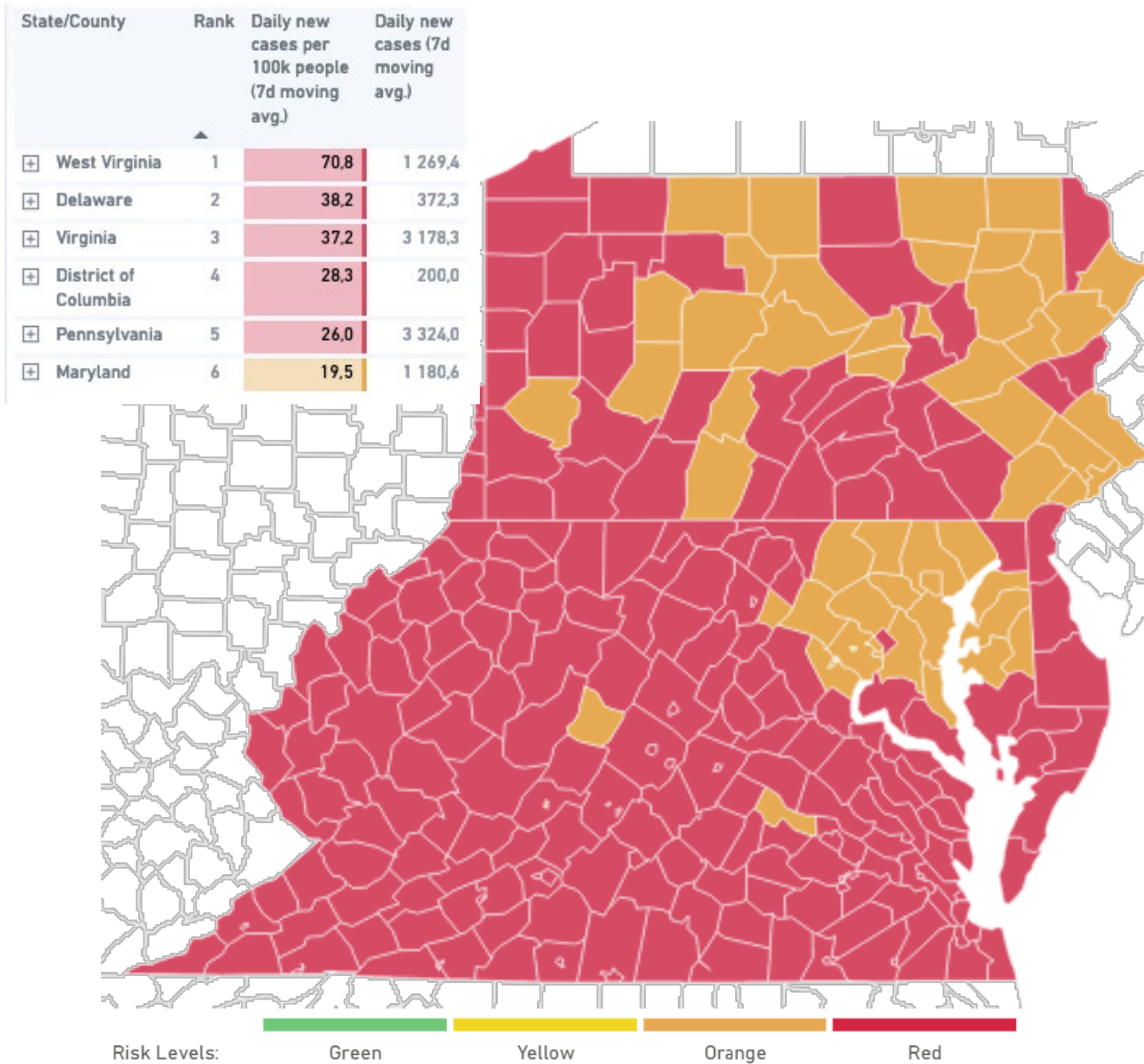


[Source](#)

## 4. 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 August, Virginia ranked third in the region in terms of COVID-19 vaccine doses administered per 100 people, which was the same as for July ([Source](#)). Regarding risk levels in August (Figure 10), all of Region 3 is seeing highly concerning trends. The Commonwealth has 3,178.3 new cases (seven day rolling average, up from 886 cases in July and 253.6 cases in June) at 37.2 cases per 100,000 people (up from 10.4 cases in July and 3 cases in June). This places Virginia third out of six in terms of COVID-19 risk level (down from second in July's ranking).

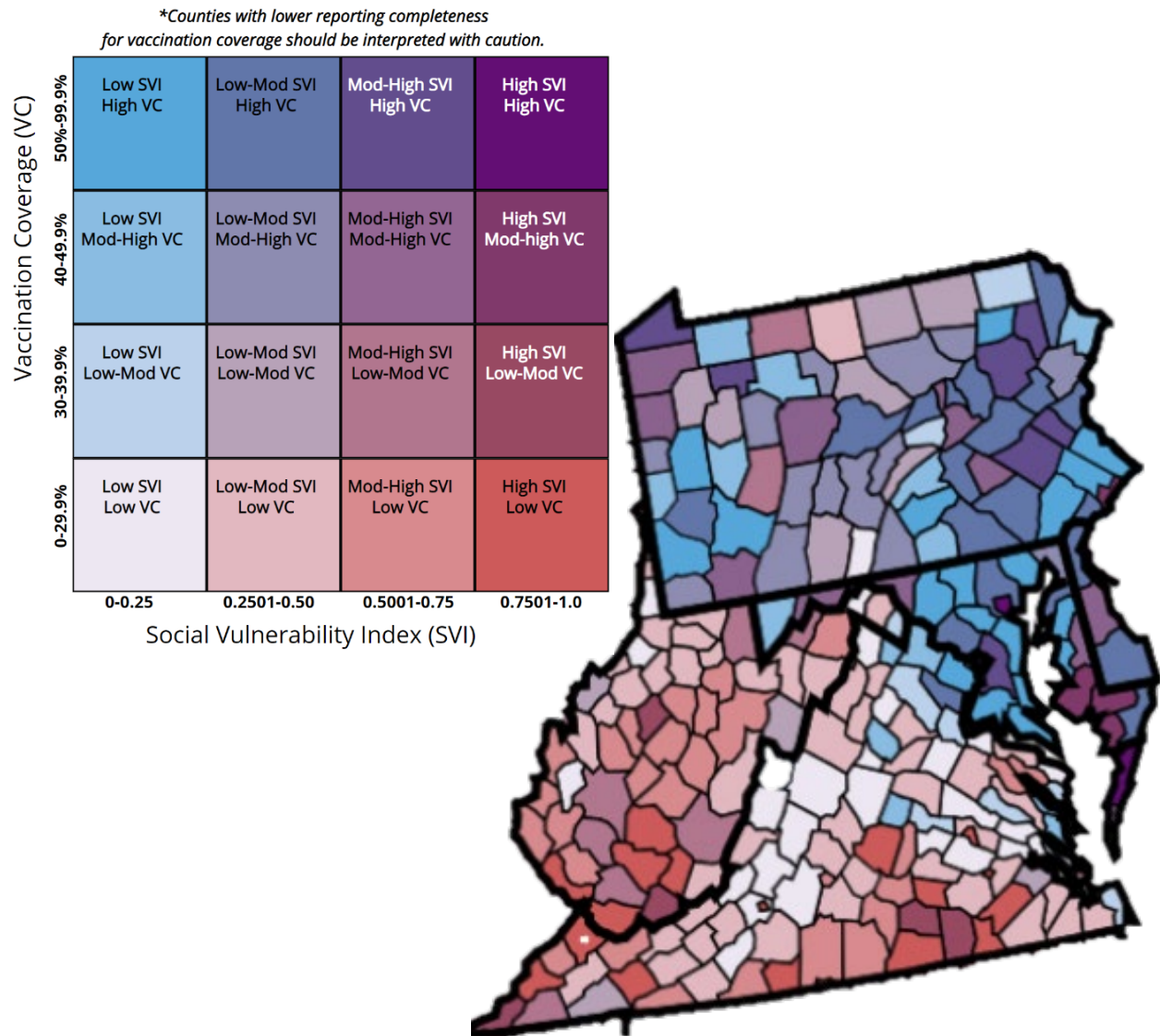
**Figure 10: COVID-19 Risk Levels\* by County across FEMA Region 3**



[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, both Virginia and West Virginia particularly face issues of high SVI and low vaccination coverage. In Virginia, these issues affect almost all areas of the state, with particular clusters in the south-west, south-central, central, and south-east portions of the state.

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

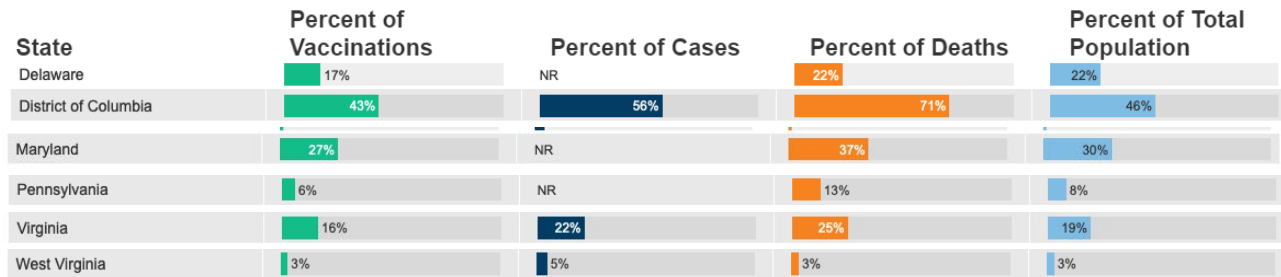


[Source](#)

### FEMA Region 3 and Race/Ethnicity

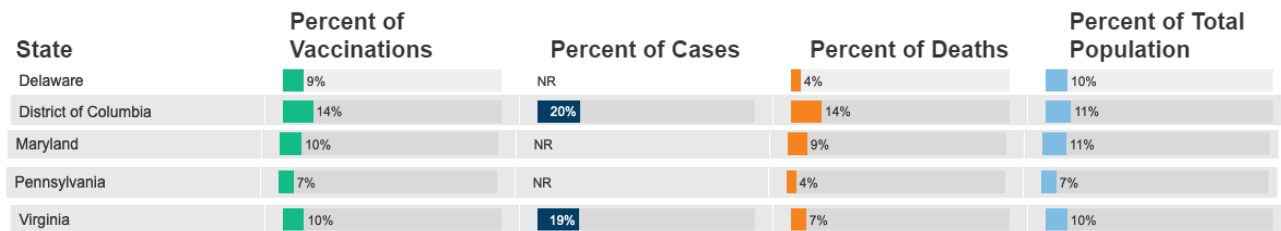
As was the case in July, all areas in FEMA Region 3 continue to show racial disparities in the percentages of vaccines administered in August. As noted earlier, across Region 3, both Blacks and Hispanics/Latinos have seen some improvements in vaccination percentages. Virginia still remains a leader in 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 August 16, 2021.

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



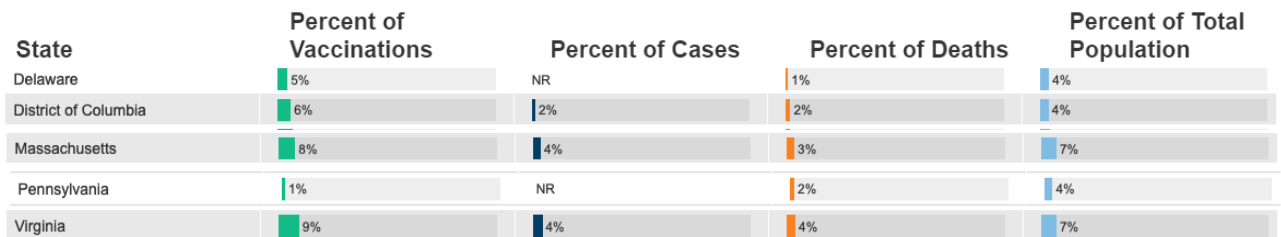
[Source](#)

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



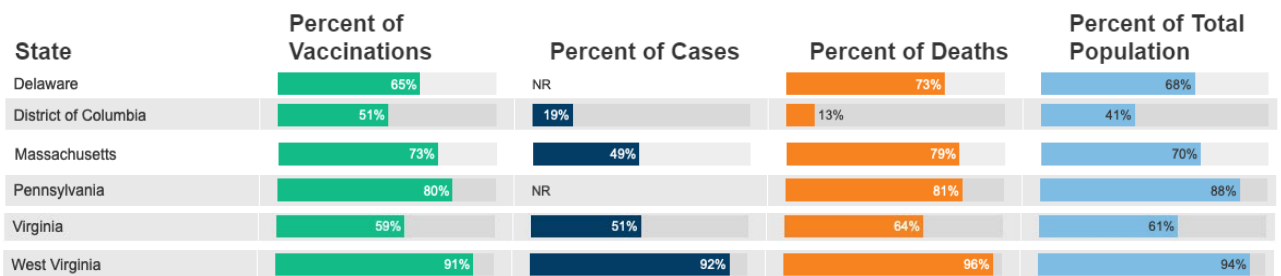
\*Data unavailable for West Virginia; [Source](#)

**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 August, 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 1-2 (Table 4). In most cases, those ages 65+ who have at least one dose are near or over 90% of the given populations.

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

	Virginia	Delaware	District of Columbia	Maryland	Pennsylvania	West Virginia
<b>% of population 65+ with at least one dose</b>	92%	96%	89%	95%	~100%	79%
<b>% of Age 65+ in Population</b>	15.9%	19.4%	12.4%	15.9%	18.7%	20.5%
<b>Estimated Numbers in Population: 65+</b>	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

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, often rising between 2-4% for each age group. Nationally, however, vaccinations for those under 40 only rose by less than 1% or so between July and August for each age group.

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

<b>Virginia (at least one dose)</b>	<b>Ages 12-15</b>	<b>Ages 16-17</b>	<b>Ages 18-24</b>	<b>Ages 25-34</b>
	54%	63.2%	54.5%	53%
<b>United States (at least one dose)</b>	<b>Ages 12-15</b>	<b>Ages 16-17</b>	<b>Ages 18-24</b>	<b>Ages 25-39</b>
	4%	2.3%	8.7%	20.7%

Sources: [CDC estimates](#), [VDH COVID-19 Vaccine Data Portal](#), and [USA Facts](#).

## 5. Trends Over Time

As healthcare professionals and policymakers work to increase vaccination rates across Virginia and the United States, the wide availability of vaccines has not fully reduced barriers to access, especially among already marginalized groups. In addition, vaccine availability does not guarantee that the public will take a vaccine. In July, the 7-day average vaccination rate in Virginia had been on the decline (due to the fact that many had already received it as well as to vaccine hesitancy), though it has increased in August. This section further examines progress and disparities, including: COVID-19 infection and death rates; racial groups as a share of total vaccinations in Virginia; and the 7-day average in Virginia.



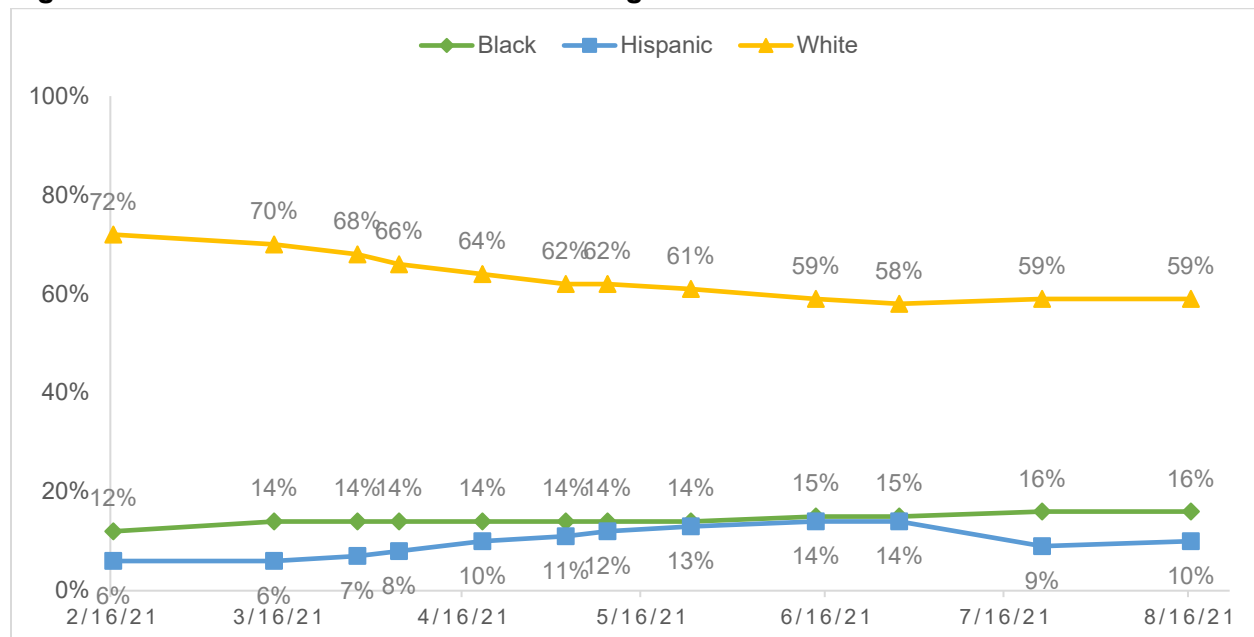
## COVID-19 Infections and Death Rates

Since vaccines became available, rates of infections, and deaths from COVID-19 have significantly dropped among those who have been vaccinated. However, some populations still experience higher rates of infections and deaths than others. In some cases, this is due to hesitancy or refusal to get vaccinated; in other cases, it is due to a lack of access. Nationwide, Blacks and Hispanics/Latinos have received smaller shares of vaccinations than have Whites and, therefore, are still seeing higher rates of infections and deaths. Conversely, the percent of vaccinations among Whites and Asians is higher than their percentage 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 (though it has remained relatively steady for the past four months), while the percentage of Blacks and Hispanics/Latinos remains lower. Blacks have seen a slight increase from 12% to 16% since February 2021, though this figure has remained stable in recent months. The percentage for Hispanics/Latinos trended upward between February and June, although there was a large decrease between June and July. However, in August, the figure increased slightly from 9% to 10% ([Source](#)).

**Figure 16: Share of Total Vaccinations in Virginia**



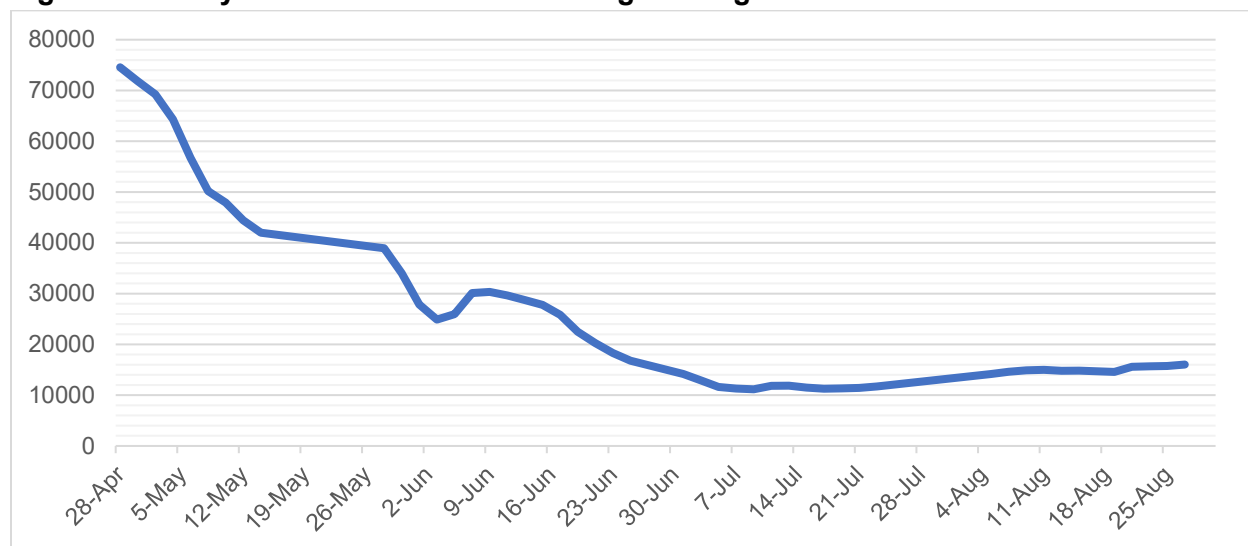
[Source](#)

## Doses Administered

In Virginia, the 7-day average of doses administered had been on the decline until August. However, an increase in demand between the beginning of July and the middle of August was evident. Although demand is again trending slightly downward, it remains higher than it had been at the end of June and beginning of July ([Source](#)). This trend matches that of the United

States as a whole, which experienced a decrease in demand between April and early July and is now experiencing an increase in the 7-day average ([Source](#)).

**Figure 17: 7-day Doses Administered Average in Virginia**



[Source](#)

## 6. Education Equity in Virginia

This section explores current equity concerns around elementary through secondary school and higher education in Virginia.

### Pre-Kindergarten – Secondary Schools

Public school divisions in Virginia are associated with one or more counties, cities, and incorporated towns and are locally governed by elected school board officials and superintendents ([Source](#)). Virginia is home to over 200 individual school districts among its eight regional districts. This decentralized governance structure allows for localities to form policies and provisions in accordance with the specific needs of their community. However, a lack of statewide policies and procedures has been a significant hurdle for individual districts with regard to health and safety related to COVID-19 ([Source](#); [Source](#); [Source](#)).

On August 12, Governor Northam released a Public Health Emergency Order mandating universal indoor masking for all students, teachers, and staff in K-12 schools ([Source](#); [Source](#)). Pre-K programs located at K-12 schools are also required to adhere to the Order. The mandate supports current bipartisan Virginia legislation (SB 1303) requiring Virginia schools to implement CDC recommended prevention strategies to the greatest degree possible, including universal masking ([Source](#)). The Order does not apply to outdoor spaces, though the Virginia Department of Health continues to recommend that unvaccinated individuals maintain masking in densely populated outdoor environments ([Source](#)).

At the end of August, seven school districts in Virginia have mandated COVID-19 vaccinations for adults in schools. Table 6 below details these localities, free and reduced eligibility, and detail of vaccination verification.

**Table 6: Vaccination Mandates by Locality and Free and Reduced Eligibility**

Locality	% Free and Reduced Eligibility	Vaccine Verification Due	Notes
Alexandria City Public Schools	50.61%	TBA	Vaccines or regular testing mandatory for staff ( <a href="#">Source</a> )
Arlington County Public Schools	22.96%	August 30	Vaccines mandatory for employees ( <a href="#">Source</a> )
Fairfax County Public Schools	25.65%	Late October	Vaccines or regular testing mandatory for staff ( <a href="#">Source</a> )
		November 8	Vaccines required of high school athletes participating in Winter and Spring sports ( <a href="#">Source</a> )
Harrisonburg County Schools (Rockingham County)	66.57%	TBA	Vaccines mandatory for employees. Medical and religious exemptions may apply, pending weekly COVID-19 testing ( <a href="#">Source</a> )
Loudoun County Schools	14.95%	1st dose: 10/1/2021; Fully Vaccinated: 11/1/2021	Vaccines mandatory for all staff. After Oct. 1st, those who have not documented partial vaccination must submit to weekly testing ( <a href="#">Source</a> )
		November 8	Vaccines mandatory for student athletes participating in winter and spring sports ( <a href="#">Source</a> )
Prince George County	84.10%	Not listed	Vaccines or regular testing mandatory for staff ( <a href="#">Source</a> )
Richmond City Public Schools	74.16%	10/1/2021	Vaccines mandatory for employees ( <a href="#">Source</a> )

[Source](#): Media outlets and the Virginia Department of Education, 2019-2020 Free and Reduced Eligibility Report

Many of Virginia school divisions across Virginia required families to make a decision about enrolling their children virtually or attending classes in person in late May or early June ([Source](#)). Now, as the Delta variant spreads across the Commonwealth, parents are rethinking their choice to send their children to in-person school. Schools are not required to offer virtual learning and are limited in length of school closure. Many school division virtual programs have narrow time restrictions per Virginia law mandating in-person instruction ([Source](#)). Cases of COVID-19 in schools have caused problems with the start of the 2021-22 academic year, causing quarantine measures and rapid shifts back to virtual learning for some schools ([Source](#); [Source](#)).

VDH data show 56.3% of Virginians ages 12-17 have received at least one vaccine dose. Approximately 53.2% of those between the ages of 12-15 received one dose, and 62.5% of 16-17-year-olds have received one vaccine dose. However, these rates vary considerably by locality ([Source](#)). For example, in Carroll County 19.1% of those between the ages of 12-15 received one dose, while in Loudoun County 76.1% of those between the ages of 12-15 have received one dose. There is significant divide between the rural and non-rural areas of the state in regards to vaccination.

In mid-August, VDH reversed their decision to halt reporting on COVID-19 in specific locales. Given “the rapid increase in transmission of COVID-19 across the state spurred by the Delta variant,” VDH reinstated the *Outbreaks by Selected Exposure Settings* on the COVID-19 Data Insights dashboards. The dashboard includes information on outbreaks that occurred in medical care facilities, residential or day programs licensed by VDH, Department of Social Services (DSS) or Department of Behavioral Health and Developmental Services (DBHDS), summer camps, K-12 schools, colleges and universities and long-term care facilities ([Source](#); [Source](#)).

This lack of universal policies surrounding elementary and secondary schools in Virginia has larger equity implications. One major implication is overall student learning. Virginia 2020-2021 Standard of Learning (SOL) test results reflect learning disruption experienced during the COVID-19 pandemic. James Lane, Superintendent of Public Instruction reported that the SOL data also reflect, “inequities between student groups” ([Source](#)). Students benefit from in person learning and the school system is responsible for providing a safe return to in-person schooling. As children under the age of 12 are not yet eligible for vaccinations, the CDC’s “guidance emphasizes implementing layered prevention strategies (e.g., using multiple prevention strategies together consistently) to protect students, teachers, staff, visitors, and other members of their households and support in-person learning” ([Source](#)). In addition, localities are responsible for monitoring community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions ([Source](#)).

## Higher Education

Most college and universities in Virginia are requiring mandatory vaccines in some form for the 2021-2022 academic year ([Source](#); [Source](#)). Many too are requiring universal mask wearing inside buildings on campus ([Source](#)).

The Virginia Community College System (VCCS), which governs all of the community colleges across the Commonwealth. has instituted mask mandates in public indoor spaces on campuses and other VCCS facilities ([Source](#)). Glenn DuBois, chancellor of the Virginia Community College System stated in May that community colleges lack the necessary public health resources to manage student health and vaccination records ([Source](#)). However, Governor Northam’s state employee vaccination order extends to community college faculty, staff, part-time employees, and contractors who enter the workplace or have public-facing duties ([Source](#)).

Most bachelor-granting colleges and universities across the Commonwealth have mandated COVID-19 vaccines for staff and students, but not all are enforcing their policies ([Source](#); [Source](#)). Other schools are using incentives to encourage vaccination. For example, Norfolk State University opts to incentivize student and faculty, offering \$500 to students and \$1,000 to faculty for showing proof of COVID-19 vaccinations by September 20 ([Source](#)). Some colleges are not requiring proof of vaccination and at others, individuals have been granted medical or

religious exemptions. Some colleges are granting extensions based on strongly held personal beliefs ([Source](#)). Other universities are considering alternative penalties for students who have not submitted verification documents for COVID-19 vaccines ([Source](#)).

Overall, colleges and universities have used their institutional policy making abilities to mandate both mask and vaccination mandates increasing the protection of higher education students and staff from COVID-19 infections.

## 7. Vaccine Hesitancy

With over 56% of the population fully vaccinated, and over 63% vaccinated with at least one dose, Virginia's vaccination rates (including those who are fully vaccinated and those who are vaccinated with at least one dose) surpass those of many other states ([Source](#); [Source](#)). However, the Delta variant is an ongoing concern and, in rare cases, causes breakthrough cases among the unvaccinated ([Source](#)). Ensuring that as many people as possible get vaccinated is more important than ever. However, many are still hesitant to get vaccinated.

In a recent poll conducted by the Research Institute for Social Equity (RISE) at Virginia Commonwealth University's (VCU) Wilder School of Government and Public Affairs, adults in Virginia were asked about their likeliness to get vaccinated, as well as reasons why some chose not to get vaccinated ([Source](#); [Source](#)). The RISE poll found that unvaccinated racial and ethnic minorities were more likely to get vaccinated than unvaccinated Whites. Specifically, 15% of unvaccinated Blacks, 11% of unvaccinated Hispanics/Latinos, and 10% of unvaccinated Asians expressing a willingness to vaccinate. In comparison, only 6% of unvaccinated whites said that they were likely to get vaccinated.

When those who were not vaccinated were asked why, concerns included:

- How quickly the vaccines were tested and developed (72%)
- Vaccine side effects (67%)
- The idea that the vaccine is not needed (43%)
- How well the vaccines work (37%)

Nationwide, the percent of individuals who have received a vaccine is increasing while the percent who say that they intend to get a vaccine is decreasing ([Source](#)). Of those who are unvaccinated, 26% said that they were likely to get vaccinated while 25% said that they were unlikely. Further, 46% said that they would definitely not get vaccinated. A majority (65%) of those who said they would definitely not get vaccinated were white, while about 40% of those who say that they are going to "wait and see" before getting the vaccine are communities of color.

On August 23, the FDA granted full approval for the Pfizer vaccine for those 16 and older ([Source](#)). While the FDA states that "the public can be very confident that this vaccine meets the high standards for safety, effectiveness, and manufacturing quality the FDA requires of an approved product," the impact that approval will have on vaccine hesitancy remains to be seen.

Some assert that approval will decrease hesitancy. On August 23, Dr. Anthony Fauci, chief medical adviser and a member of President Biden's COVID-19 response team stated that he

expected about 20% of the 90 million eligible Americans who had not been vaccinated would choose to do so due to approval ([Source](#)). Nationwide polls show a similar perspective, with a June poll from the Kaiser Family Foundation finding that 30% of those who were not vaccinated said that they would do so once the vaccine had been approved by the FDA. However, the same poll also found that about 66% of adults believed that the vaccines available in the U.S. had already received FDA approval ([Source](#)). This finding raises some concern that FDA approval may not have a major impact on decreasing vaccine hesitancy, as many of the hesitant already thought that the vaccines were approved and still chose to remain unvaccinated.

## 8. Data Gaps Impacting Equity

As mentioned above, VDH's 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 concerning race and ethnicity. Updates on VDH vaccination counts by race and ethnicity were completed using statistical imputation methods. As detailed in the June 2021 report, nearly 2 million vaccinations were missing race and ethnicity data. The cumulative impact of missing data and data gaps incrementally impact Virginia's equitable response to COVID-19. 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](#)).

During the COVID-19 pandemic, collecting, coordinating, and managing state data governance and analytics have 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 ([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 a COVID-19 vaccine, the state should rely on complete data to further examine the burden of disease on communities 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.

## 9. Policy and Administrative Updates

### Legislative Updates

- On August 10, a special session of the Virginia General Assembly concluded. The session concluded with a signed budget bill to allocate the American Rescue Plan Act's Coronavirus State Fiscal Recovery Funds for Virginia ([Source](#)).

### Executive Updates

- On August 5, Governor Northam announced Virginia will require most state employees to show proof of vaccination or subscribe to weekly COVID testing. This policy will impact approximately 122,000 employees ([Source](#); [Source](#)).
- On August 12, Governor Northam announced a Public Health Emergency Order requiring universal masking in all indoor settings in Virginia's K-12 schools. This order reinforces current state law, which requires Virginia schools adhere to mitigation strategies outlined by the CDC ([Source](#); [Source](#)).

### Agency Updates

- On August 23, the FDA granted full licensure to the Pfizer-BioNTech COVID-19 vaccine for persons ages 16 years and older ([Source](#)).
- On August 23, the U.S. Department of Defense announced it will require service members to receive the COVID-19 vaccine now that the Pfizer vaccine has received full approval ([Source](#)).

### Court Updates

- On August 25, the Supreme Court of Virginia extended the Twenty-Seventh Order of Declaration of Judicial Emergency through September 22, 2021 ([Source](#)).
- On August 26, the U.S. Supreme Court struck down the Biden administration's temporary federal moratorium on evictions ([Source](#)).

## 10. On the Horizon

Government agencies will need to continue to pay particular attention to the high rates of infection due to the Delta variant. As part of this, rigorous examinations of changes in cases, hospitalizations, and deaths is needed.

Given ongoing issues of inequities concerning who gets infected as well as who dies from COVID-19 in tandem with ongoing inequities in vaccine access, it is critical that equity remains centered in all government practice. Disparities are particularly noted concerning race and ethnicity as well as in urban and rural divides.

The potential for inequity could increase given the forthcoming ends of eviction moratoria and the upcoming recommencement of federal student loan payments. In addition, the American Rescue Plan provides federal unemployment benefits official expire on Labor Day (September 6) and federal benefits will end for self-employed, gig-workers, and long-term unemployed and other typically ineligible for state benefits. The \$300 additional federal weekly benefit will also end. This lack of additional support may have impacts on individuals throughout the commonwealth ([Source](#)).

Currently, children under 12 are ineligible to receive vaccines, and rates of vaccinations show 57.1% of Virginians ages 12-17 have received at least one vaccine dose. Approximately 54% of those between the ages of 12-15 received one dose, and 63.2% of 16-17-year-olds have received one vaccine dose. Cases of COVID-19 in schools have caused problems with the start of the 2021-22 academic year, causing quarantine measures and rapid shifts back to virtual learning for some schools ([Source](#); [Source](#); [Source](#)). The state Vaccination Coordinator, Dr. Danny Avula described how the more than 700,000 children given eligibility status could change the conversation around schools safely returning to in person learning and boost Virginia's vaccination rates ([Source](#)).

Despite much progress, a continued focus on vaccine equity remains critical. Fears of virus spread and breakthrough infections requires the critical need to bolster vaccinations efforts across the Commonwealth and center equity in policy and procedures.



## 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.