

VDH Plan for Equitable Distribution of COVID-19 Vaccine

OCTOBER 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



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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 September 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 vaccine distribution. An overview of recent legislative, executive, and administrative actions is also included. Key findings include:

→ Increased Rates of COVID-19

- **COVID-19 cases, hospitalizations, and deaths are being reported at levels not seen since last winter** ([Source](#)).
- **Rural counties disproportionately experienced cases and deaths related to COVID-19.** Urban and rural disparities continue to be evident in terms of cases as measured by the rate per 100,000, 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 ([Source](#); [Source](#)).

→ Booster Shots

- **The F.D.A. authorized a third Pfizer dose for people over age 65, individuals who are in high-risk jobs, or those who are medically vulnerable** ([Source](#)).

→ Impacts on Children

- **In-person schooling has been affected across the commonwealth as infections among school children and staff have increased.** Schools have had to quarantine and appropriate testing protocols are not in place for many divisions ([Source](#); [Source](#)).
- **More Virginia children have been hospitalized for COVID-19 than earlier in the pandemic,** due to the more infectious Delta variant. The pandemic's silver lining, that children were spared from severe illness, no longer appears to be true ([Source](#)).
- **Vaccinations were approved for use in children ages 12 to 17 in mid-May 2021, but rates of vaccinations in children vary among localities and by race and ethnicity** ([Source](#); [Source](#); [Source](#)). Though vaccines may soon become available to children ages 5-11, targeting efforts will be necessary to ensure equity in vaccinations ([Source](#); [Source](#)).

→ Continued Vaccination Efforts

- **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 67.5% of Virginians age 18 and older have received at least one vaccine dose (up from 63% at the end of August), but over 30% remain unvaccinated ([Source](#)).

- **Virginia’s vaccination rates surpass those of many other states. However, there is still more than 30% of Virginia’s population who has not been fully vaccinated** ([Source](#); [Source](#)). With the rise of the Delta variant, working to vaccinate a larger percentage of the population and reducing vaccine hesitancy are important factors in combating the pandemic.
- **Critical equity work remains necessary. Blacks and Hispanics/Latinos still disproportionately contract COVID-19, and Blacks disproportionately die from it.** According to Virginia Department of Health (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 18% of cases.

Table 1: Race, COVID Cases and Deaths, and Vaccinations in Virginia, as of 9/30/2021

| | % of Vaccinations | % with at least one dose | % of Cases | % of Deaths | % of Total Population |
|-----------------|--------------------------|---------------------------------|-------------------|--------------------|------------------------------|
| White | 59% | 62.4% | 51% | 64% | 61% |
| Black | 17% | 58.9% | 22% | 25% | 19% |
| Hispanic | 10% | 77% | 18% | 7% | 10% |
| Asian | 9% | 84.6% | 4% | 4% | 7% |

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

→ **The Unvaccinated**

- **Unvaccinated adults tend to be younger, less educated, and are more likely to report as Republicans** than those who are vaccinated ([Source](#)).
- **Hesitancy remains – those unwilling to be vaccinated in late 2020 are still unwilling to be vaccinated.** Recent polling has found both the percentage and the total number of those who were “not at all likely” to get vaccinated increased ([Source](#); [Source](#)).

→ **Vaccination Mandates**

- **After full FDA approval, vaccination mandates have continued to increase across the country.** President Biden unveiled an action plan to mandate vaccines for employers with 100 or more personnel, federal workers, and healthcare providers ([Source](#); [Source](#)).
- **Mandates are an effective tool, but many are still unwilling to get vaccinated and additional equity work remains.** In early August, Governor Northam announced Virginia will require most state employees to show proof of vaccination or subscribe to weekly COVID testing ([Source](#)). However, vaccination rates among state employees vary by agency, despite mandate – with some agencies reporting a vaccination rate as low as 50% while others are as high as 87% ([Source](#)).

1. Key Equity Announcements

This section details equity-related announcements regarding COVID-19 in the Commonwealth of Virginia during the month. Equity announcements from September include:

- August 31: The Centers for Disease Control and Prevention (CDC) awarded more than \$4.3 million to the Institute for Public Health Innovation (IPHI), which applied for funding on behalf of the Virginia Department of Health and a host of collaborating partners, to expand the roles and capacity of community health workers (CHWs) in supporting COVID-19 response and recovery in the Commonwealth ([Source](#)).
- September 2: The Governor's Office of Diversity, Equity, and Inclusion partnered with the Virginia Department of Human Resource Management to launch an education and awareness communications campaign to support the state employee vaccine mandate ED 18. The Equity Leadership Task Force's "Ask-an-Expert" campaign will be used throughout September-November to foster vaccine confidence with the state government workforce ([Source](#)).
- September 3: Several hospital systems in Virginia institute policies to restrict visits to patients because of a spike in COVID-19 cases ([Source](#); [Source](#)).
- September 3: In light of the more aggressive Delta variant and rising cases, public health officials announced plans to give COVID-19 booster shots to all Americans ([Source](#)).
- September 4: Dr. Anthony Fauci, chief medical adviser and a member of President Biden's COVID-19 response team stated that three doses of the COVID-19 vaccine are likely needed for full protection ([Source](#)).
- September 6: Federal pandemic unemployment benefits ended, leaving more than 8 million individuals with no unemployment compensation at all ([Source](#)).
- September 6: Vaccinations increase by 50% in Danville and Pittsylvania County in August. It appears the surge of COVID-19 cases in the health district encouraged more residents to get vaccinations last month ([Source](#)).
- September 6: 1 in 4 Virginians hospitalized for coronavirus are in intensive care ([Source](#)).
- September 6: Virginia records more than 4,000 new cases for a second consecutive day, a record not seen since January ([Source](#)).
- September 7: For the first time since late January, Page County has reported more than 100 new cases of COVID-19 in a single week. The Lord Fairfax Health District has seen nearly 1,000 new cases since the end of August ([Source](#)).
- September 7: The College of William and Mary reinstated policies to prevent the spread of COVID-19 after more than 100 students tested positive for the virus within a week of the start of classes ([Source](#)).

- September 8: Danville recorded its first COVID-19 death of the month, along with the largest single-day caseload since early February 6 ([Source](#)).
- September 9: President Biden unveiled an action plan to mandate vaccines for employers with 100 or more personnel, federal workers, and healthcare providers ([Source](#)).
- September 9: Los Angeles, California becomes the first major U.S. school district to mandate coronavirus vaccines for students ages 12 and older who are attending class in person ([Source](#)).
- September 10: Rep. Don Beyer (D-Va.) introduced a bill in the United States House of Representatives to require all domestic travelers to show proof of vaccination or a negative coronavirus test at airports or for Amtrak trips ([Source](#)).
- September 10: Northern Virginia schools begin mandating vaccines for staff and student-athletes and add coronavirus testing for students and staff alike ([Source](#); [Source](#)).
- September 10: Virginia's death toll for coronavirus reached 12,000 and confirmed cases of COVID-19 swelled to at least 606,000 ([Source](#)).
- September 13: Over the last few weeks, hospital systems across Virginia have been experiencing the effects of coronavirus infections surge ([Source](#)).
- September 13: Thousands of students and teachers across Northern Virginia schools have been quarantined for potential exposure to the coronavirus ([Source](#)).
- September 15: With COVID-19 surging again across the region, the City of Martinsville has announced a new process for firmer decisions about which patients ambulances will transport to emergency rooms ([Source](#)).
- September 15: As of this date, 1 in 500 Americans have died from coronavirus since the nation's first reported infection; 663,913 people in the US have died of COVID-19 ([Source](#)).
- September 15: COVID-19 cases, hospitalizations, and deaths are being reported at levels not seen since last winter, the peak of the pandemic ([Source](#)).
- September 15: Positive test results and hospitalizations increase among children across Virginia ([Source](#)).
- September 15: A new state-funded COVID-19 testing program for K-12 schools is available to all Virginia school divisions at no cost and is strongly recommended by the CDC. However, to date, only 16 of Virginia's 132 public school divisions have committed to the program ([Source](#)).
- September 16: More Virginia children are hospitalized for COVID-19 than ever before. The pandemic's silver lining that children were spared from severe illness no longer appears to be true ([Source](#)).

- September 16: 30 Richmond City employees are on unpaid leave for not complying with the vaccine mandate. About 10% of Richmond city employees will not be required to get a COVID-19 vaccine after applying for an exemption to the city's mandate ([Source](#)).
- September 16: The demand for COVID-19 testing is surging — another challenge for overworked hospitals ([Source](#)).
- September 16: Five communities in Hampton Roads have less than 40% of the population vaccinated against COVID-19 ([Source](#)).
- September 17: Among 12-to-17-year-olds in Richmond, White children have up to three times the vaccination rates of Black children ([Source](#)).
- September 17: FDA committee advises against a blanket recommendation for COVID-19 vaccine booster shots ([Source](#)).
- September 17: The town of Tazewell announced Friday that the Tazewell Police Department will be temporarily closed due to an increase in COVID-19 cases ([Source](#)).
- September 20: 5 million Virginia residents are fully vaccinated against the coronavirus last week, representing 59% of the population ([Source](#)).
- September 20: Pfizer and BioNTech announce positive results from a pivotal trial of a COVID-19 vaccine in children ages 5 to 11 years ([Source](#)).
- September 20: On this date, COVID-19 fatalities surpass the number of individuals who died from the 1918 flu pandemic in the United States ([Source](#)).
- September 20: The US to ease travel restrictions for travelers that provide proof of full vaccination before flying will be able to enter the United States ([Source](#)).
- September 21: Johnson & Johnson announced the results of a trial indicating a second COVID-19 vaccine given about two months after the first increased its effectiveness to 94% in the United States against moderate to severe forms of the disease ([Source](#)).
- September 21: Over 80% of adults in Fairfax County have received a COVID-19 vaccine ([Source](#)).
- September 21: Health inequities in rural communities across the South are continuing to determine who is most vulnerable to COVID-19 now that the Delta variant is bringing a new surge in deaths ([Source](#)).
- September 22: Vaccination rates among state employees vary by agency, despite mandate – with some agencies reporting a vaccination rate as low as 50% while other agencies are as high as 87% ([Source](#)).
- September 22: A panel of nurses and nursing executives said an unprecedented health care crisis is unfolding in area hospitals as diminishing numbers of nurses are caring for seemingly endless waves of critically ill COVID-19 patients ([Source](#)).

- September 22: The COVID-19 pandemic has exacerbated staffing shortages at childcare centers across the country, including in Virginia ([Source](#)).
- September 22: The F.D.A. authorized a third Pfizer dose for people over 65 and those who are in high-risk jobs or medically vulnerable ([Source](#)).
- September 23: Liberty University now is requiring its employees to wear masks, although masks are still optional for students ([Source](#)).
- September 23: The College of William and Mary announced they will relax some of their COVID-19 safety protocols ([Source](#)).
- September 23: In the Pittsylvania-Danville Health District the COVID-19 death toll increased again and the daily average of infections remains at the highest point since mid-February ([Source](#)).
- September 24: James Madison University said it is limiting access for students not reporting vaccination status ([Source](#)).
- September 24: Most Virginia voters support vaccine mandates for workers, teachers, and high school athletes, Post-Schar School poll finds ([Source](#)).
- September 24: The number of new daily COVID-19 cases reported in Prince William County continued to rise this week but at a slightly slower rate ([Source](#)).
- September 24: The number of COVID-19 cases continued to rise in the Three Rivers Health District over the past week, with increased case rates among children 18 and younger than occurred earlier in the pandemic ([Source](#)).
- September 25: Intensive care units at the University of Virginia Medical Center are almost full – 86 of the hospital’s 93 ICU beds are occupied ([Source](#)).
- September 25: As COVID-19 cases surge in the region, Augusta Health postpones elective surgeries ([Source](#)).
- September 27: Virginia health authorities warn the pandemic may break caseload records this winter. Concerned about the potential for a worse winter than the last, Virginia public health officials are making an urgent plea for the coronavirus vaccine this week ([Source](#)).
- September 27: Pediatricians report crisis of virus testing, sickness, staff shortages, and schedules ([Source](#)).
- September 27: COVID-19 cases appear to be stabilizing in D.C., Maryland, and Virginia, with early signs of decline in the D.C. metro region — giving health officials hope that the area’s vigorous vaccination campaign has paid off ([Source](#)).
- September 27: A University of Mary Washington survey finds most Virginians approve of K–12 schools’ COVID-19 response ([Source](#)).

- September 27: University of Virginia’s Biocomplexity Institute reports the COVID-19 peak may have passed. While a downward movement is positive, it’s not yet time to celebrate. What happens next will be heavily influenced by behavior ([Source](#)).
- September 27: The vaccination rate for children ages 12-17 varies widely across the Commonwealth, with rates as high as 98% in some areas and as low as 17% in others ([Source](#)).
- September 27: Since August 23, Chesterfield County Public Schools have had over 1,000 cases of COVID-19 among students and 143 for school staff ([Source](#)).
- September 28: Virginia State University announced they will require everyone age 18 and older who attend sporting events on campus to show they have been fully vaccinated against COVID-19 ([Source](#)).
- September 29: Newport News Shipbuilding, a subsidiary of Huntington Ingalls Industries, announced a vaccination mandate for all employees. Approximately 40% of the shipyard’s 25,000 employees are not vaccinated ([Source](#)).
- September 30: Thirteen children in Virginia have died of the coronavirus ([Source](#)).
- September 30: On this date, the Virginia Department of Emergency Management’s contract with Deloitte Consulting for the Equity Leadership Task Force has ended. A summary of the comprehensive accomplishments include: Used a data driven approach to distribute PPE to under-resourced communities; Reviewed the Commonwealth draft vaccine allocation plans and provide input into equitable allocation based on the data that is available for race/ethnicity vaccination rates; Advocated for improvements in data collection, quality assurance, and measurement around race/ethnicity in vaccination-related data; Conducted data analysis to determine five localities for “community turnkey” mass vaccination events; Partnered with VCU- RISE team to develop an equity parity measurement to gauge success in distribution vaccines at the local health district level to increase access to vaccination; and Provided technical data analysis assistance to help local health districts identify potential sites for CVCs and mobile units. All of the projects, including analyses related to vaccine equity across Virginia communities have been delivered to the Virginia Department of Health; projects related to “Building Resilient infrastructure in Communities (BRIC) Grant Program,” “Coastal Resilience Master Plan,” and the “Red-lining Analysis” have been delivered to the Virginia Department of Emergency Management, the Virginia Department of Conservation and Recreation, and the Secretary of Natural Resources. The future of the Equity-at-a-Glance and Equity-at-a-Glance dashboards remain uncertain and unfunded.
- September 30: As of this date, 67.8% of the adult population in Virginia (18+) have received at least one dose, 60.3% of adults are fully vaccinated ([Source](#)).

2. Critical Updates

This section provides information on critical updates relevant to Virginia's responses to COVID-19. These critical updates from September include:

- September 7: In response to an increasing number of individuals seeking testing, VDH is expanding COVID-19 testing events – adding 170 events in September ([Source](#)).
- September 8: The Crater Health District provides free COVID-19 vaccines at all schools across the district during September ([Source](#)).
- September 10: Prince William County will reopen two mass vaccination sites in Woodbridge and Manassas to administer COVID-19 vaccine booster shots ([Source](#)).
- September 13: The Piedmont Health District will continue to offer free drive-thru COVID-19 screening and testing services on Wednesdays through October 12 from 11 am. to 3 p.m. as supplies are available ([Source](#)).
- September 17: Virginia launches vaccine QR codes for employers, businesses requiring proof. Virginians with smartphones can now show they're vaccinated without a card by displaying a QR code when employers or businesses require proof ([Source](#)).
- September 21: Western Tidewater Health District to provide free COVID-19 testing every Wednesday until the end of October ([Source](#)).
- September 24: The Virginia State Vaccination Coordinator, Dr. Danny Avula, stated, "Virginia welcomes the decision from the CDC to support booster shots for certain people who previously received the Pfizer COVID-19 vaccine. VDH has been working with its vaccination partners to prepare for this rollout. We are confident that we will have enough supply, and that access will be widely available" ([Source](#)).
- September 27: Governor Northam stated plans to provide vaccinations for children ages 5 to 11 as soon as they are approved. Officials are working with local school divisions and health departments to launch vaccine and testing clinics for children ([Source](#)).
- September 27: Under expanded federal guidance, booster shots are now widely available to Virginians. Hundreds of thousands of Virginians are now eligible for COVID-19 booster shots. Booster doses are now widely available to anybody who wants one through thousands of pharmacies and private providers ([Source](#)).

Virginia Department of Health's Community Outreach Efforts

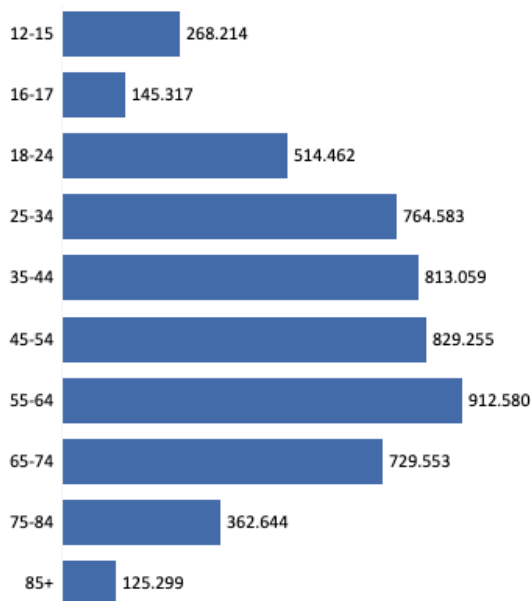
The Central Office VDH Community Outreach Team, led by Dr. Gloria Addo-Ayensu, has been on a brief hold as the Virginia Department of Health and all Local Health Districts prepare to administer COVID vaccine booster doses once the FDA has approved their administration in certain populations and the CDC determines criteria for booster doses with the Pfizer vaccine. Local Health Districts continue to focus on providing COVID vaccines to unvaccinated populations through a broad range of community outreach efforts, which is the highest COVID vaccination priority (Source: Communication with VDH Community Outreach Team).

3. Vaccination Equity in Virginia

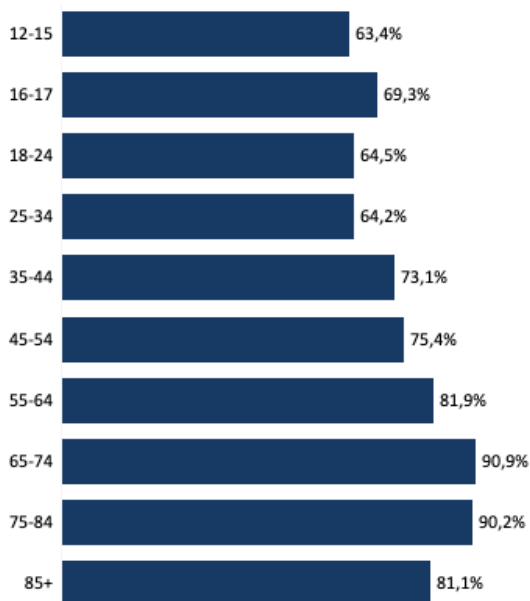
At the end of September, over 10.56 million COVID-19 vaccine doses have been administered in Virginia, and over 12.1 million vaccines have been received ([Source](#)). Virginia ranks 15th in the country for the percentage of distributed vaccines that have been administered (Virginia was 13th at the end of August), and 85.47% of vaccines received have been administered ([Source](#)). At present, 67.8% of all Virginians have received at least one dose of a vaccine (up from 64% at the end of August) ([Source](#)), which is above the 64.6% national total vaccination rate receiving at least one dose ([Source](#)). Over 5.14 million Virginians have been fully vaccinated, representing 60.3% of the population, which is above the 55.6% national total fully vaccinated rate. On average, Virginia is administering approximately 12,248 vaccinations per day (down from 15,968 at the end of July) ([Source](#))

Figure 1: Vaccinations by Age (One dose)

**Vaccination Count
By Age Group**



**Percent of the Population Vaccinated with At
Least One Dose - By Age Group**



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](#)). At the end of August, 89.6% of those ages 65+ are vaccinated, up from 83.4% at the end of August ([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, and in many ways, the increasing vaccinations based upon

age are a success story for Virginia. As seen in Figure 1, 65.4% (413,531) of those younger than 18 have been vaccinated with at least one dose (up from 56.9% at the end of August), and 75.7% of those 18+ have been vaccinated with at least one dose (up from 66.5% at the end of August). Data are also reported for percentages of the population vaccinated with at least one dose: 63.4% (268,214) of 12-15-year-olds; 69.3% (145,317) of 16-17-year-olds; 64.5% (514,462) of 18-24-year-olds; 64.2% (764,583) of 25-34-year-olds; and 73.1% (813,059) 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. As a reminder, in July, VDH instituted a statistical imputation procedure to fill in the missing race and ethnicity data, and the missing race and ethnicity data declined from roughly 2 million to roughly 297,000. Still, at the end of September, missing data remains an issue. As of September 30, 452,605 vaccinations (up from 327,282 at the end of August) have no race and ethnicity data reported ([Source](#)).

Table 2: Race, COVID Cases and Deaths, and Vaccinations in Virginia, as of 09/30/2021

| | % of Vaccinations | % with at least one dose | % of Cases | % of Deaths | % of Total Population |
|-----------------|--------------------------|---------------------------------|-------------------|--------------------|------------------------------|
| White | 59% | 62.4% | 51% | 64% | 61% |
| Black | 17% | 58.9% | 22% | 25% | 19% |
| Hispanic | 10% | 77% | 18% | 7% | 10% |
| Asian | 9% | 84.6% | 4% | 4% | 7% |

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

As shown below in Table 2 and Figure 2, as of September 30, the key race and ethnicity breakdowns for those receiving at least one dose are as follows and represent some improvements for Blacks and Hispanics in particular:

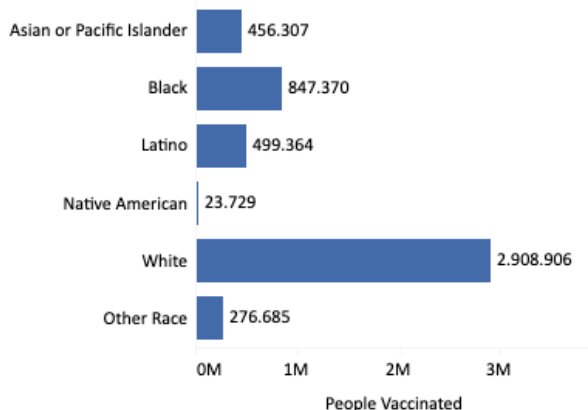
- First, Blacks have received 17% of all vaccinations (up from 16.6% at the end of August), and 58.9% have been vaccinated (up from 51.8% at the end of August).
- Second, Hispanics have received 10% of all vaccinations (no change from August), and 77% have been vaccinated (up from 67.5% at the end of August).
- Third, Asians or Pacific Islanders have received 9% of all vaccinations (no change from August), and 84.6% have been vaccinated (up from 76.3% at the end of August).
- Fourth, Whites have received 59% of all vaccinations (no change from August), and 62.4% have been vaccinated (up from 56.3% at the end of August) ([Source](#)).

No major changes have occurred in populations' percentages of cases and deaths. As noted in prior months, while these figures continue to 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

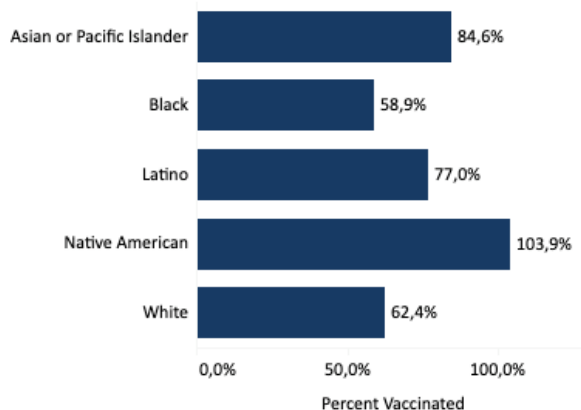
marginalized populations in experiencing the worst effects and outcomes of COVID-19, including death.

Figure 2: Vaccinations by Race (One Dose)

**Vaccination Count
By Race and Ethnicity**



**Percent of the Eligible Population Vaccinated
with At Least One Dose - By Race and Ethnicity***



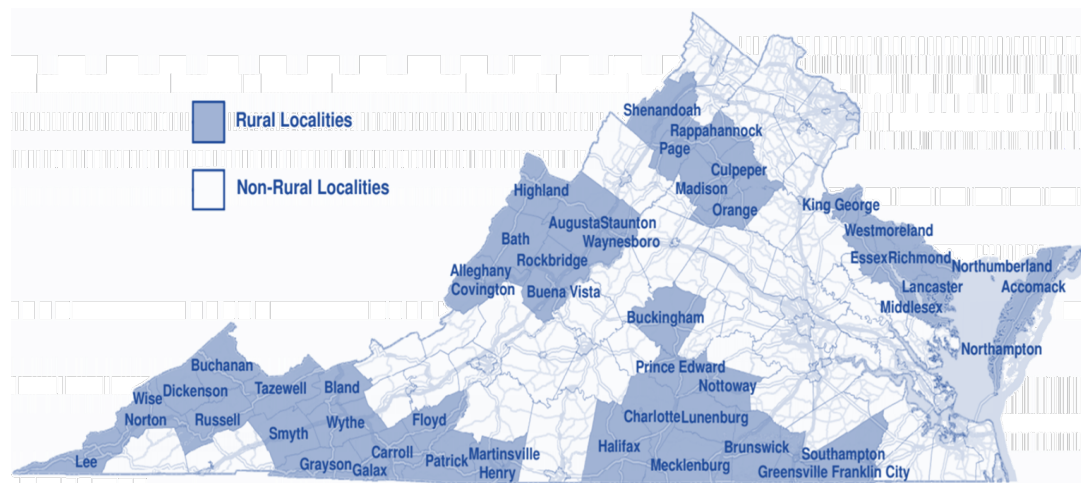
Not Reported: 452,605

[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](#)

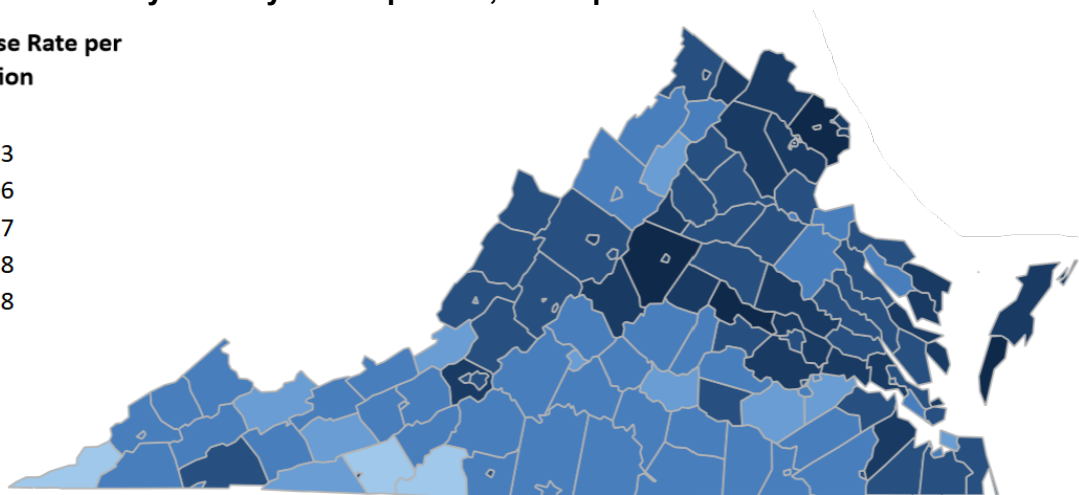
Rural areas, especially in south-central and south-west Virginia, continue to have lower vaccination rates as compared to other areas of the state, although there are noted improvements, primarily concentrated in the north-central, northeast, east, and southeast portions of the state (Figure 4). Further, vaccination hesitancy continues to be an issue

throughout the Commonwealth. The demand for vaccines rose in August due to concerns over the Delta variant, yet the demand has declined somewhat by the end of September. Throughout both August and September, and as seen in Figure 5, Virginia saw a noted rise in highly elevated risk levels across the Commonwealth, with most being “high risk.” At the end of August, almost all of Virginia’s counties were “high risk,” and at the end of September, the situation is slightly improved ([Source](#)).

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

At Least One Dose Rate per 100,000 Population

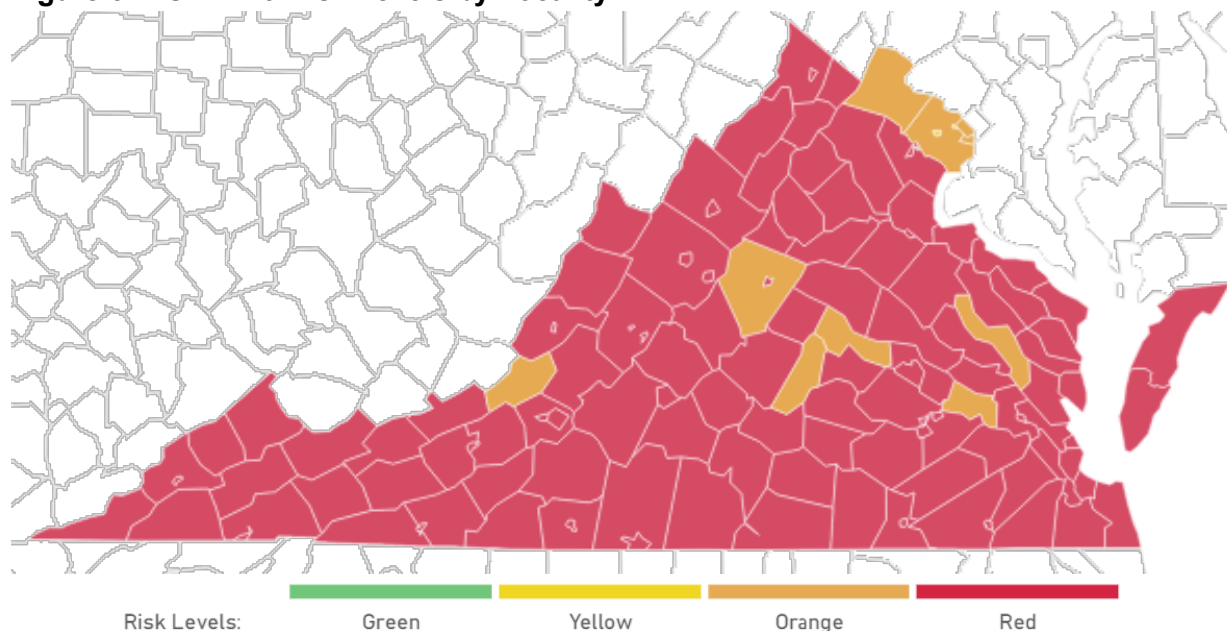
- 35361 - 40333
- 40334 - 46006
- 46007 - 52477
- 52478 - 59858
- 59859 - 68278
- 68279+



People Not Mapped : 782,828

[Source](#)

Figure 5: COVID-19 Risk Levels by Locality



[Source](#)

Infections and Deaths Since Vaccine Availability

VDH continues to note how the data 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 and as was the case in August, there have been no major changes in reported percentages of cases and deaths for Asians, Blacks, Hispanics, and Whites in September. As shown in Table 3, the same disparities detailed in earlier reports 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

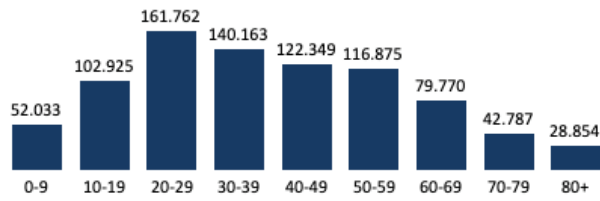
| | % of Cases | % of Deaths | % of Total Population |
|-----------------|-------------------|--------------------|------------------------------|
| White | 51% | 64% | 61% |
| Black | 22% | 25% | 19% |
| Hispanic | 18% | 7% | 10% |
| Asian | 4% | 4% | 7% |

[Source](#): Kaiser Family Foundation

Second, patterns concerning cases and deaths by age and sex remain similar in September as they were in previous months. 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.

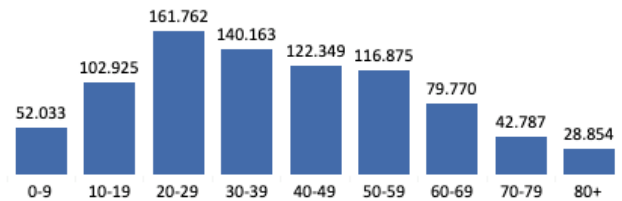
Figure 6: Cases of COVID-19 in Virginia: Demographics

Cases by Age Group - All Health Districts



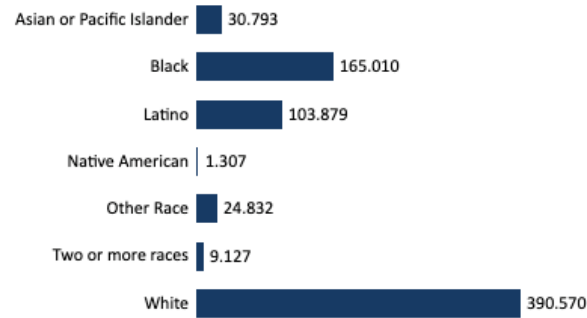
Not Reported: **21,810**

Cases by Age Group - Virginia



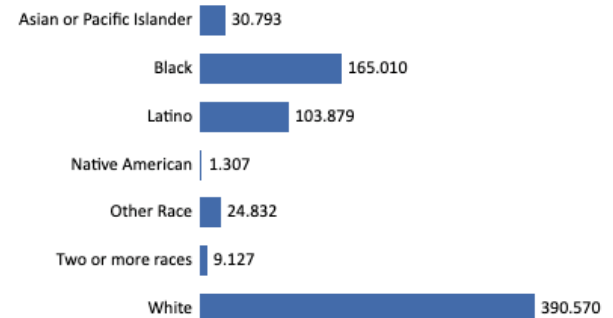
Not Reported: **21,810**

Cases by Race and Ethnicity^ - All Health Districts



Not Reported: **143,810**

Cases by Race and Ethnicity^ - Virginia



Not Reported: **143,810**

Cases by Sex - All Health Districts



Not Reported: **6,394**

Cases by Sex - Virginia

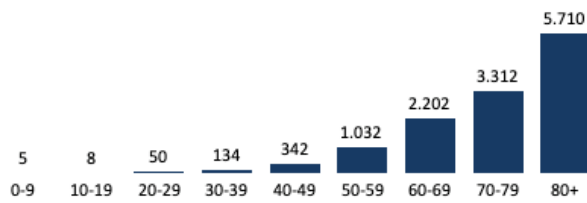


Not Reported: **6,394**

[Source](#)

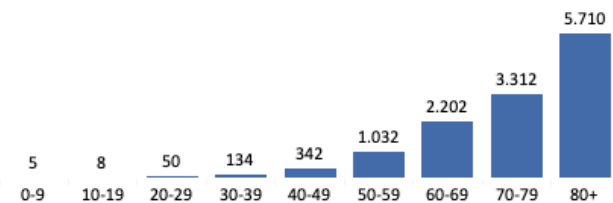
Figure 7: Deaths of COVID-19 in Virginia: Demographics

Deaths by Age Group - All Health Districts



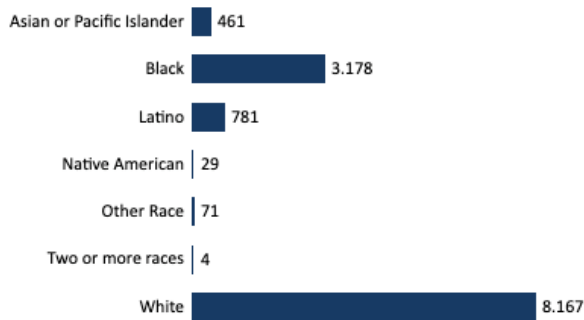
Not Reported: 11

Deaths by Age Group - Virginia



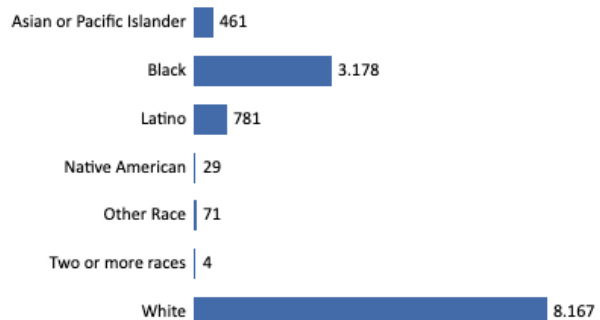
Not Reported: 11

Deaths by Race and Ethnicity^ - All Health Districts



Not Reported: 115

Deaths by Race and Ethnicity^ - Virginia



Not Reported: 115

Deaths by Sex - All Health Districts



Not Reported: 11

Deaths by Sex - Virginia

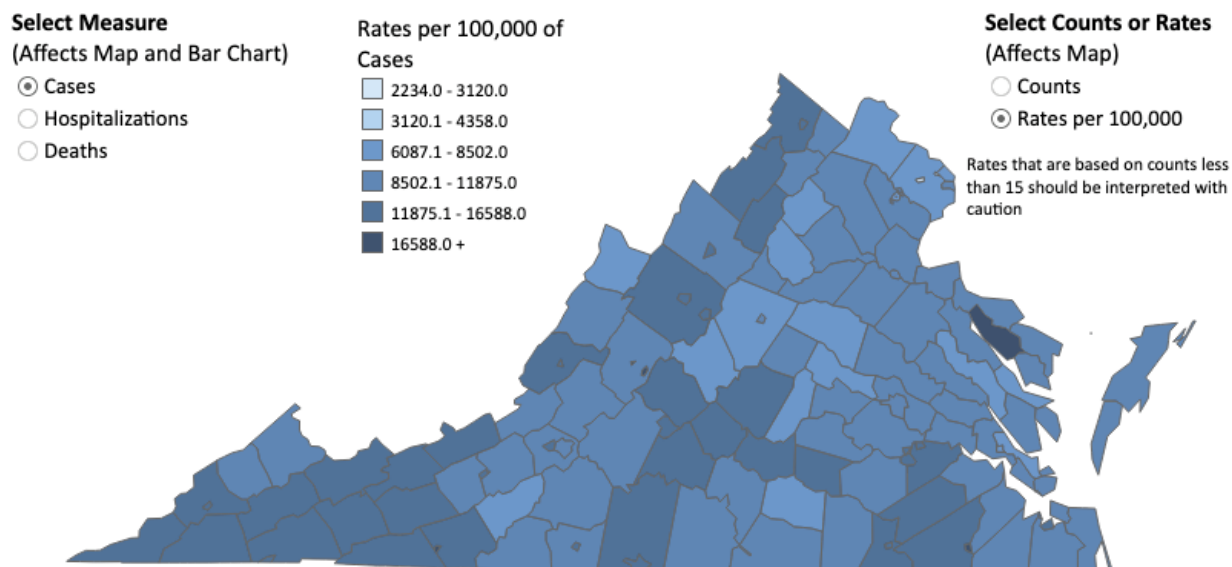


Not Reported: 11

[Source](#)

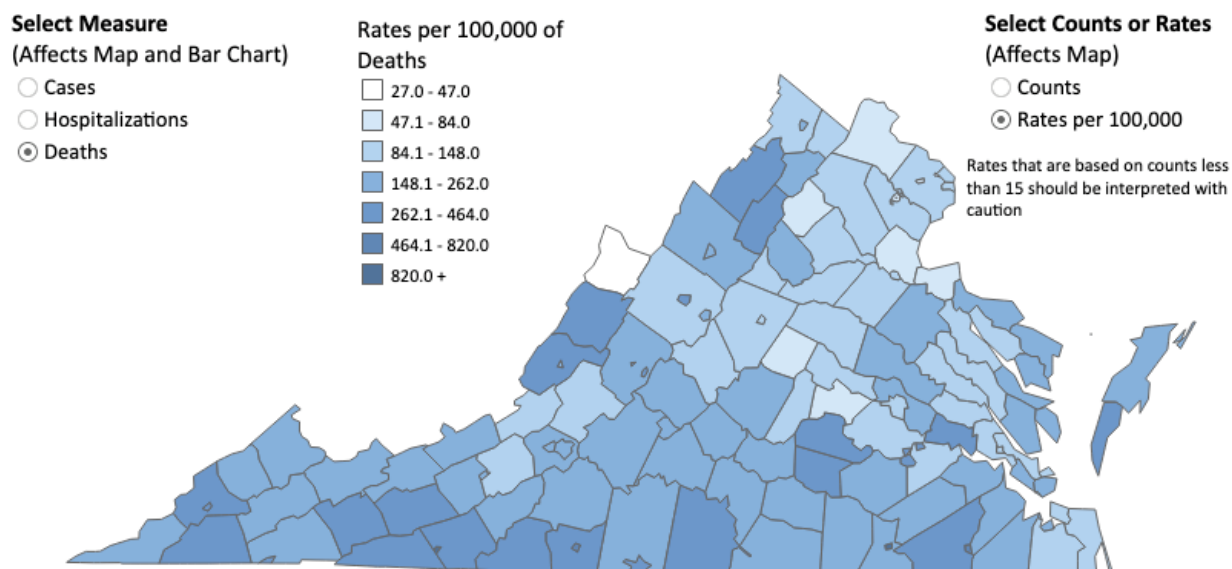
Third, as shown in Figures 8 and 9, urban and rural disparities continue to be evident in terms of cases as measured by rates per 100,000 people, which appear exacerbated as the Delta variant has led to a massive rise in risk. More rural counties continue to show disproportionate cases, with notable concentrations in the south-east, south-central, and south-west portions of the state. No area of Virginia has been immune to the rapid rise in risk levels. As was the case in the past month, at the end of September, rural counties disproportionately experienced deaths related to COVID-19. Additionally, while there have not been any major changes in county-level divides on deaths, there are noted spikes in the northwest, south-central, and central-east portions of the state.

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



[Source](#)

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



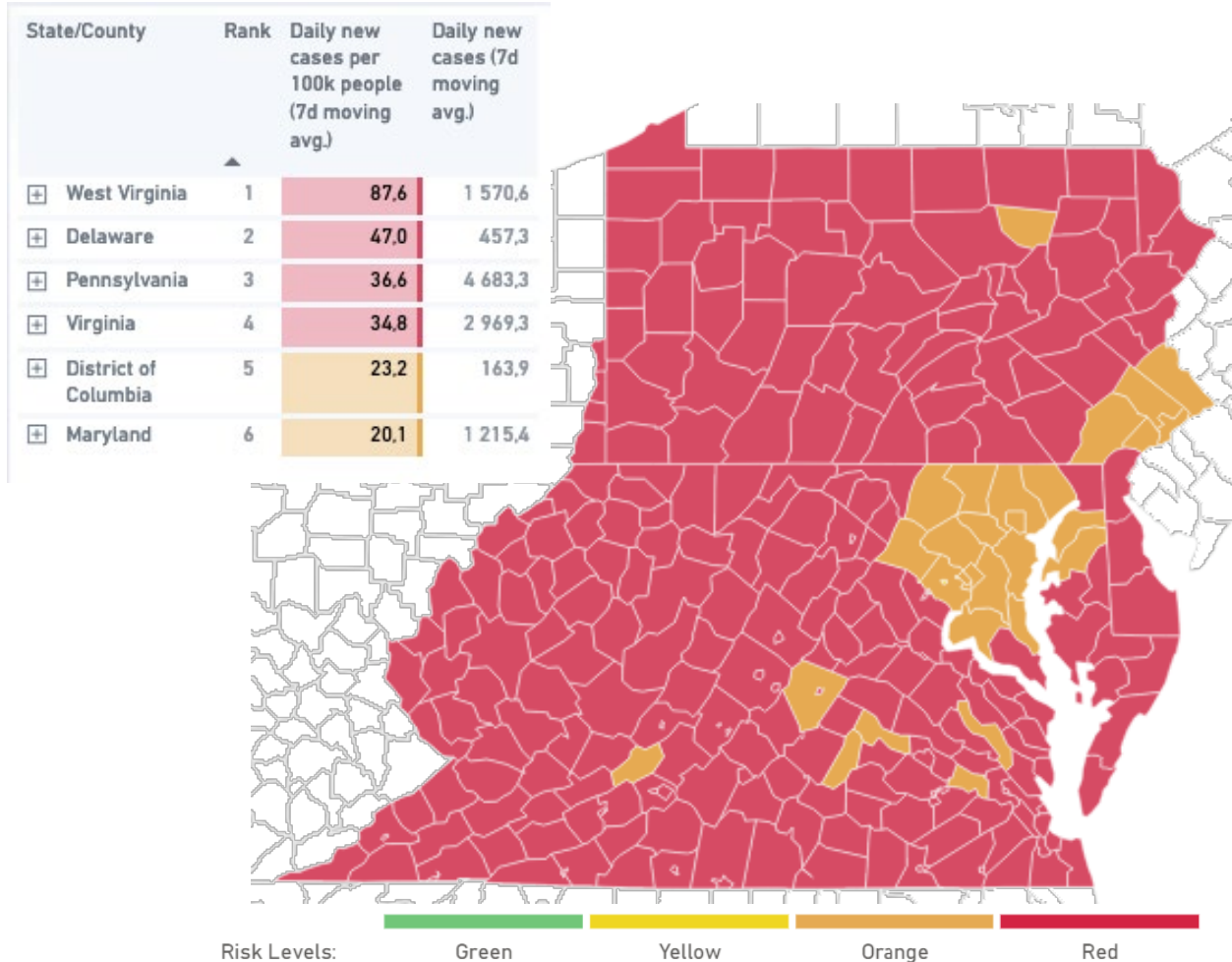
[Source](#)

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 September, Virginia ranked second in the region in terms of COVID-19 vaccine doses administered per 100 people, up from third at the end of August ([Source](#)).

Regarding risk levels in September (Figure 10), all of Region 3 continues to see concerning trends, and in several places, the risk levels in September are higher across Region 3 than they were at the end of August. Still, some mixed positives are evident. The Commonwealth has 2,969.3 new daily cases, a seven-day moving average (down from 3,178.3 new cases at the end of August) at 34.8 new cases per 100,000 people (up from 37.2 at the end of August). This places Virginia fourth out of sixth in terms of COVID-19 risk level (Virginia was third in August's ranking).

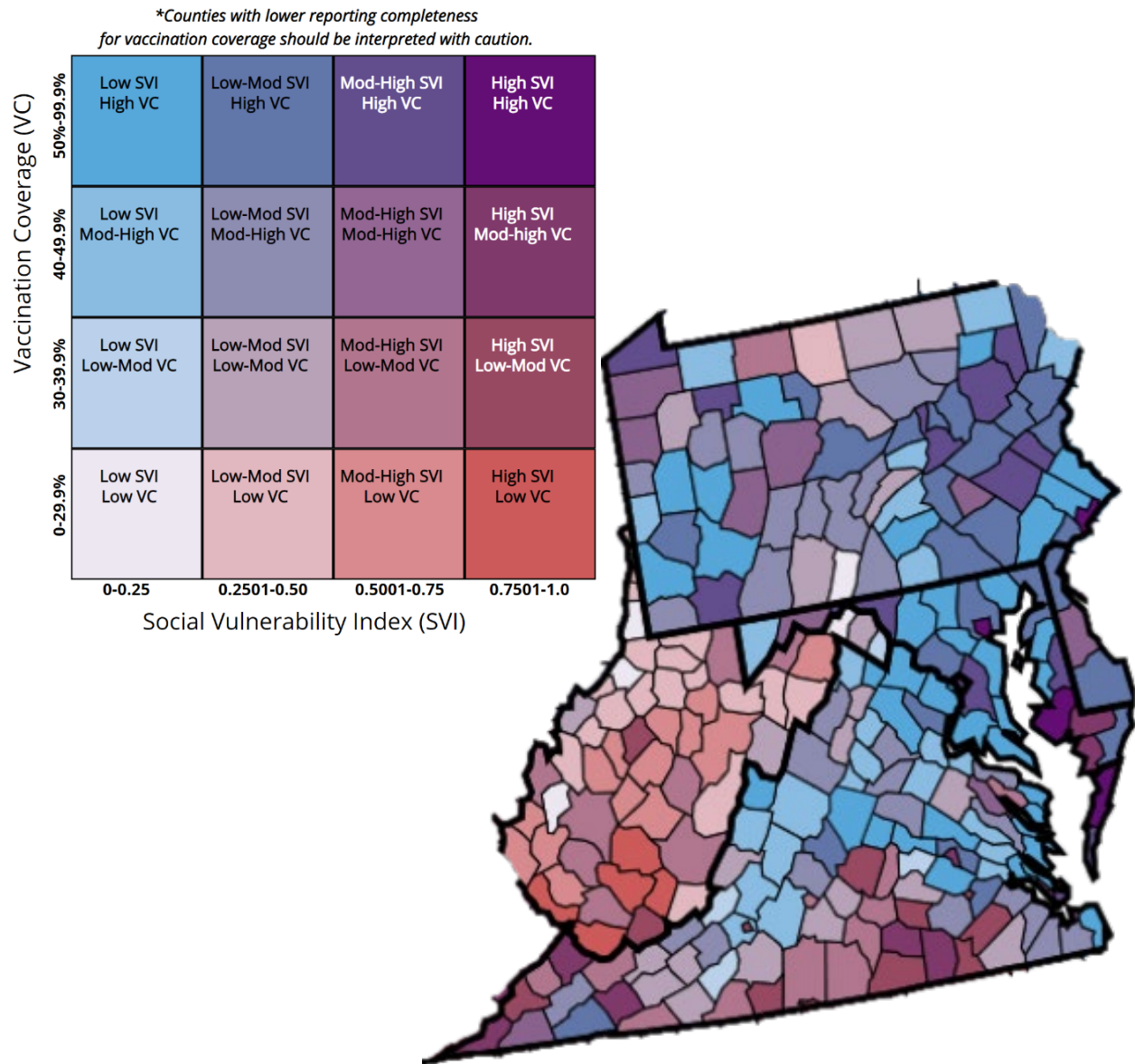
Figure 10: COVID-19 Risk Levels* by County across FEMA Region 3



[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 southwest, south-central, and central area of the state.

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

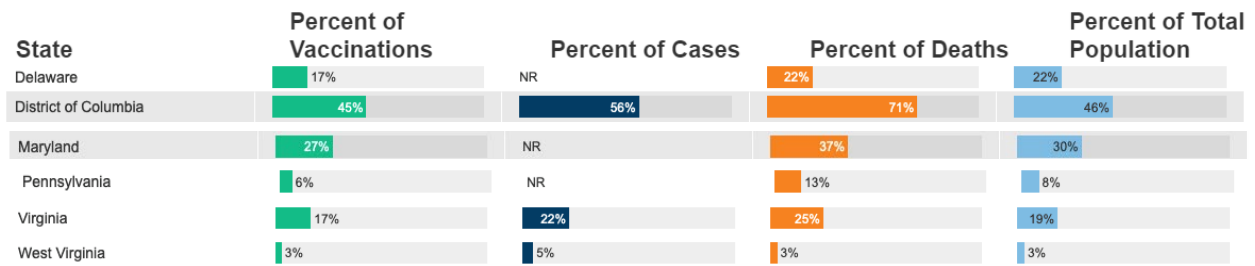


[Source](#)

FEMA Region 3 and Race/Ethnicity

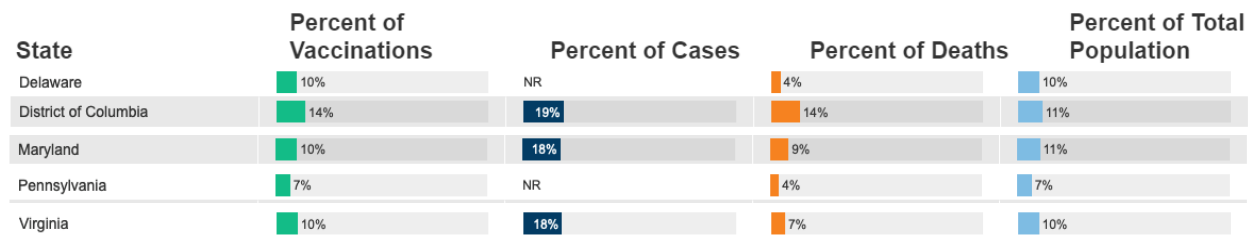
As was the case throughout the entire time of vaccines being available, all areas in FEMA Region 3 continue to show racial disparities in the percentages of vaccines administered in August. As noted earlier, across Region 3, both Blacks and Hispanics/Latinos continue to see some improvements in vaccination 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 September 20, 2021.

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



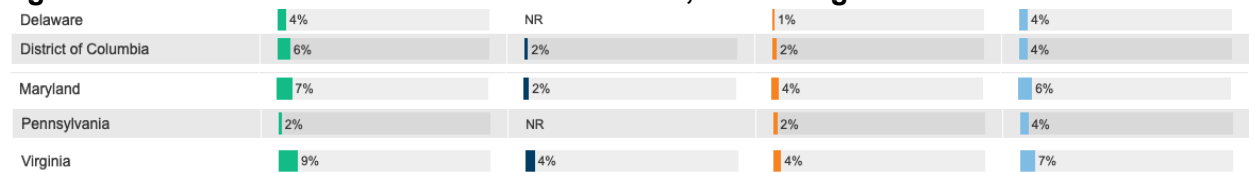
[Source](#)

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



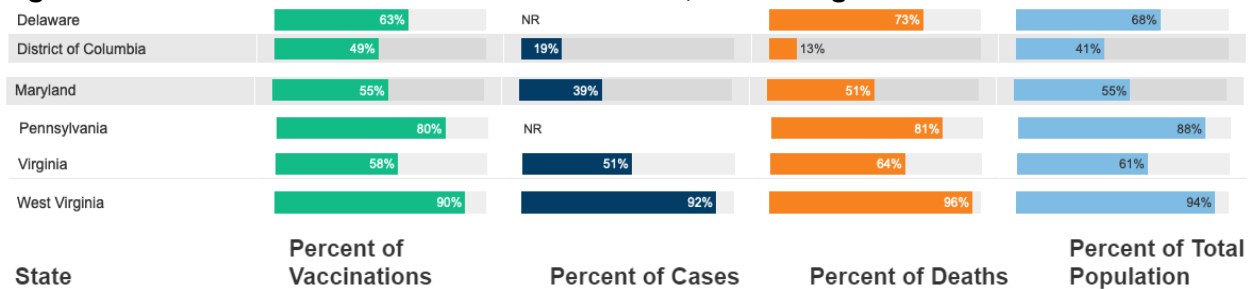
*Data unavailable for West Virginia; [Source](#)

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). As was the case in August, in September,

and in most cases, those ages 65+ who have at least one dose are near or over 90% of the given population.

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 | 93% | 97% | 91% | 95% | ~100% | 79% |
| % 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

As shown in Table 5, Virginia continues to be well ahead of the national average for vaccinations for those under 40 years of age. Improvements from August to September for Virginia are notable in each age category. First, for those ages 12-15, vaccinations rose to 63% from 54%. Second, for those ages 16-17, vaccinations rose from 63.2% to 69%. Third, for those ages 18-24, vaccinations rose from 54.5% to 64.1%. Finally, for those ages 25-34, vaccinations rose from 53% to 64.1%. Nationally and as was the case in past months, 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

| | | | | |
|--|-------------------|-------------------|-------------------|-------------------|
| Virginia (at least one dose) | Ages 12-15 | Ages 16-17 | Ages 18-24 | Ages 25-34 |
| | 63.4% | 69.3% | 64.5% | 64.2% |
| United States (at least one dose) | Ages 12-15 | Ages 16-17 | Ages 18-24 | Ages 25-39 |
| | 4.2% | 2.4% | 9% | 21.1% |

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

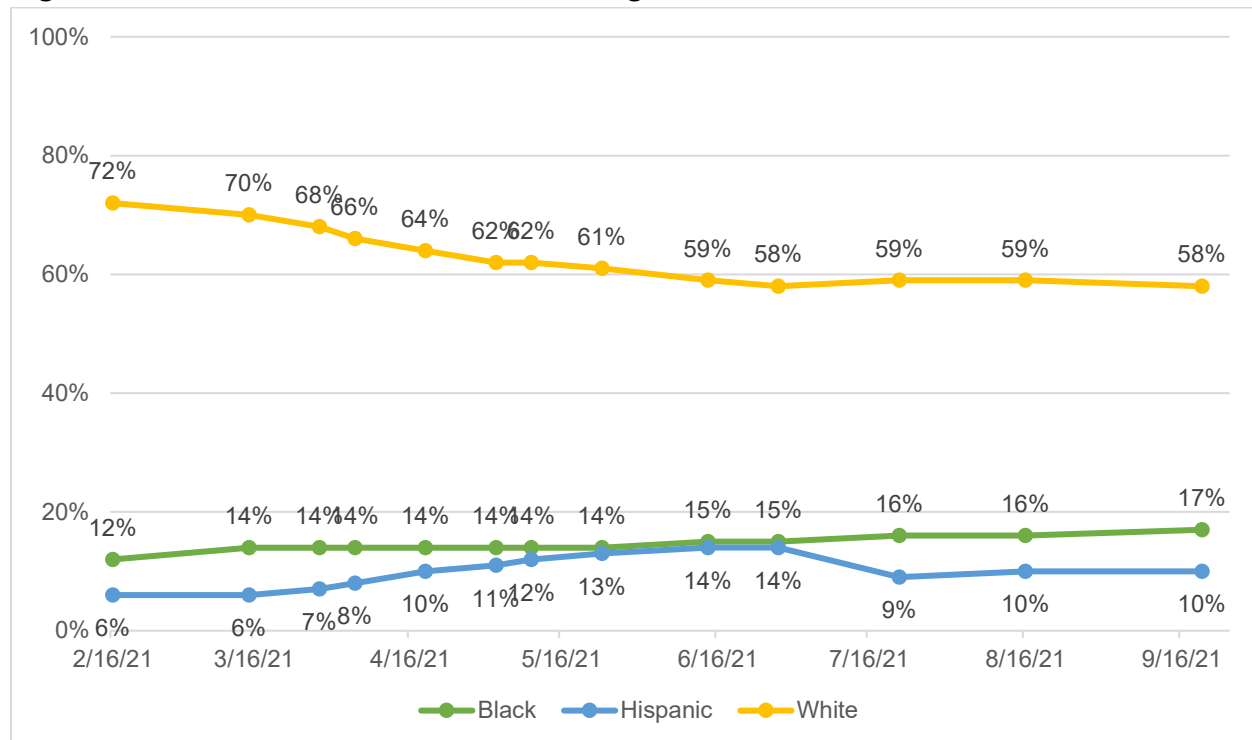
5. Trends Over Time

Over a year and a half into the COVID-19 pandemic, there are still inequities in overall vaccination rates. However, these inequities have declined over time. Overall, minorities have consistently had less access to vaccinations, and lower overall vaccination rates, than whites. In addition, the 7-day average has declined overall though it has slightly increased in recent months. These are discussed further, with a focus on racial equity, in the sections that follow.

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, although it has remained relatively steady in recent months, while the percentage of Blacks and Hispanic/Latinos consistently remains lower. There has been an increase from 12% to 17% for Blacks since February 2021. The percentage for Blacks had been trending up between February and June; in June and July there was a large decrease; and, in August and September, it has increased from 9% to 10% ([Source](#)).

Figure 16: Share of Total Vaccinations in Virginia

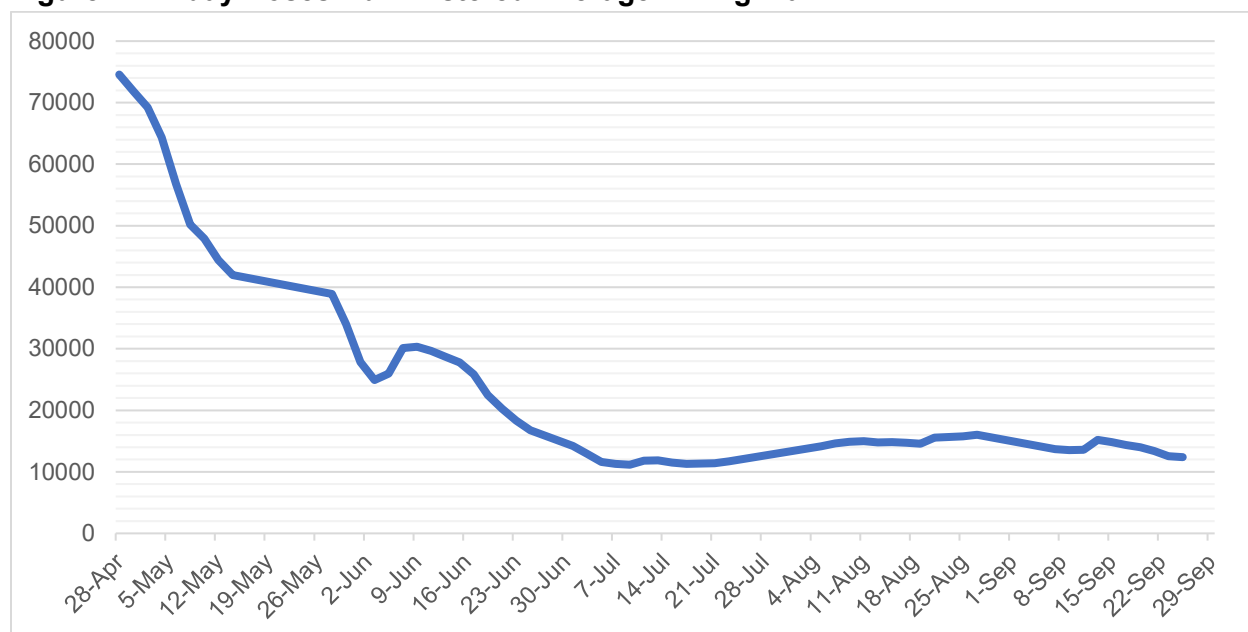


[Source](#)

Doses Administered

In Virginia, the 7-day average of doses administered had been on the decline until July. In recent months, there has been a slight increase. Beginning in mid-September, there has been another decrease ([Source](#)). These trends in Virginia match that of the United States as a whole, which had been seeing a decrease in demand between spring and mid-summer and is now seeing an overall increase in doses administered in recent months ([Source](#)).

Figure 17: 7-day Doses Administered Average in Virginia



[Source](#)

6. Vaccine Hesitancy

With over 10.5 million vaccination doses administered, and nearly 5.75 million people (67.5%) vaccinated with at least one dose, Virginia’s vaccination rates surpass those of many other states ([Source](#)). This includes those who have received at least one dose as well as those who are fully vaccinated ([Source](#)). However, there is still more than 30% of Virginia’s population who has not been fully vaccinated ([Source](#)). With the rise of the Delta variant, working to vaccinate a larger percentage of the population and reducing vaccine hesitancy are important factors in combating the pandemic.

Looking at nationwide trends from Kaiser Family Foundation polling, individuals who say that they will “definitely not” get vaccinated, there has not been much change between December 2020 and July 2021. Data indicate that, while 15% said that they would not get vaccinated in December, 14% said that they would not get vaccinated in July ([Source](#)). However, there have been some changes in attitudes in Virginia. A May 2021 poll conducted by the Research Institute for Social Equity (RISE) at VCU’s Wilder School found that 32% of those not vaccinated (n = 84/259) said that they were “not at all likely” to get vaccinated. In June 2021, the same poll found that 47% of those not vaccinated (n = 91/183) were “not at all likely” to get vaccinated ([Source](#)). Between these polls, both the percentage and the total number of those who were not at all likely to get vaccinated increased.

To combat vaccine hesitancy, the Virginia Department of Health is working to communicate the benefits of vaccination to the public. The VDH coronavirus dashboard now displays cases by vaccination status, showing that the vast majority of those getting infected and those getting hospitalized have not yet been vaccinated ([Source](#)).

More recent polling from the Kaiser Family Foundation indicated who remains unvaccinated ([Source](#)). Of those adults who have not gotten a vaccine:

- 65% are individuals under age 50
- 38% are between ages 30-49
- 46% have a high school education or less
- 59% identify as Republican
- 37% have annual incomes less than \$40k
- 53% reside in suburban areas and 21% in rural areas
- 24% are White evangelicals ([Source](#))

Among the unvaccinated population, there are visible demographic differences. Those individuals in the “wait and see” group tend to live in urban areas and have lower annual incomes than those individuals in the “definitely not” group ([Source](#)).

Vaccination Mandates

At the federal level, there is a significant push to mandate vaccinations. On September 9, President Biden unveiled an action plan to mandate vaccines for employers with 100 or more personnel, federal workers, and healthcare providers ([Source](#)). VDH stated that it supports these initiatives ([Source](#)).

There is also an increase in vaccination mandates across the country. In Los Angeles, for example, the Board of Education voted to mandate vaccinations for all students 12 and up ([Source](#)). In New York, a recent mandate aims to ensure that all healthcare workers are vaccinated ([Source](#)). However, a federal judge has temporarily blocked part of New York’s mandate, which would not allow for religious exemptions ([Source](#)).

While vaccine hesitancy seems to be stagnating or even increasing in some areas, these mandates may provide a solution to ensure that the hesitant will still get vaccinated. Even if hesitancy remains, the mandates may be an effective alternative for getting the persistently hesitant or adverse vaccinated.

7. Policy and Administrative Updates

| |
|---|
| Legislative Updates |
| <ul style="list-style-type: none">• No new updates |
| Executive Updates |
| <ul style="list-style-type: none">• On September 9, President Biden unveiled an action plan to mandate vaccines for employers with 100 or more personnel, federal workers, and healthcare providers (Source). |

Agency Updates

- On September 22, the F.D.A. authorized a third Pfizer dose for people over 65 and those who are in high-risk jobs or medically vulnerable ([Source](#)).

Court Updates

- On September 20, the Supreme Court of Virginia extended the Twenty-eighth Order of Declaration of Judicial Emergency through October 13, 2021 ([Source](#)).

8. On the Horizon

During September, Virginia saw COVID-19 cases, hospitalizations and deaths are being reported at levels not seen since last winter. However, vaccines are very effective. The FDA has authorized a third Pfizer shot for individuals ages 65 and older, those who are medically vulnerable, and individuals working in high-risk jobs.

Children have also experience increased infections and schools are grappling with keeping children and staff healthy. Many school divisions have not adopted a new state-funded COVID-19 testing program for K-12 schools that is available to all Virginia school divisions at no cost and is strongly recommended by the CDC. Vaccinations in children ages 12-17 and frequent testing are essential to keeping children and staff healthy in schools.

Virginia's vaccination rates are better than rates in many other states. However, there is still more than 30% of Virginia's population who has not been fully vaccinated. Vaccination hesitancy remains of great concern. Recent reports show those unwilling to be vaccinated in late 2020 are still unwilling to be vaccinated in the fall of 2021. Mandates are an effective tool, but many are still unwilling to get vaccinated and additional equity work remains. A continued effort to vaccinate a larger percentage of the population and reducing vaccine hesitancy are important factors in combating the pandemic.

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

Given ongoing issues of inequities concerning who gets infected, as well as who dies from COVID-19, equity must remain centered in all government practice. Racial and ethnic disparities, as well as disparities between urban and rural areas, remain a challenge.

Appendix

Charging Statutes

[2020 Appropriation Act](#) Item 299 I. The Department of Health shall convene a workgroup, 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 workgroup 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.