

VDH Plan for Equitable Distribution of COVID-19 Vaccine

NOVEMBER 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



Contents

Executive Summary	2
1. Major Equity Milestones	4
2. Critical Updates	6
3. Vaccination Equity in Virginia	7
Vaccinations for 65+.....	7
Vaccinations for Under 45	7
Race and Ethnicity	8
Race as a Share of Total Vaccinations	9
Booster Shots: Race and Ethnicity	10
Rural Areas	11
4. Vaccinations in FEMA Region 3	14
FEMA Region 3 and Race/Ethnicity.....	16
FEMA Region 3 and Under 40 Vaccinations	17
5. Vaccine Hesitancy	17
Vaccination Mandates	18
6. Policy and Administrative Updates	18
Legislative Updates	18
Executive Updates.....	18
Agency Updates	19
Court Updates.....	19
7. On the Horizon	19
Charging Statutes.....	21

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 October 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:

→ Vaccinations for Children

- **Children have experienced increased cases of COVID-19 in Virginia and the US in the preceding months** ([Source](#); [Source](#)).
- **VDH added an online dashboard of COVID-19 cases among children under age 18 years old**, in response to an increase in cases among children across the state ([Source](#)).
- **The U.S. Food and Drug Administration (FDA) recommended emergency authorization use for Pfizer-BioNTech COVID-19 vaccinations in children ages 5 to 11 in late October** ([Source](#)). Centers for Disease Control and Prevention (CDC) review and approval is expected within the coming weeks ([Source](#)). Although Virginia Department of Health (VDH) officials have been preparing for pediatric COVID-19 vaccinations and boosters, targeting efforts will be necessary to ensure equity across the Commonwealth ([Source](#); [Source](#)).

→ Booster Shots

- **In October, the Centers for Disease Control and Prevention (CDC) recommended booster shots for some people** who had previously received the Moderna or Johnson & Johnson vaccines ([Source](#)). In September, the FDA authorized a third Pfizer dose for people over age 65, individuals who are in high-risk jobs, or those who are medically vulnerable ([Source](#)).
- **"Mixing and matching" of vaccination booster doses for Pfizer-BioNTech, Moderna, and Johnson & Johnson was authorized by the CDC** ([Source](#)).
- **Nearly three-fourths (73.3%) of COVID-19 booster shots in Virginia have gone to White populations** ([Source](#)).

→ Mandates

- **Mandates are effective at increasing vaccinations** ([Source](#); [Source](#); [Source](#)).
- **Booster shots and employer and government mandates have steadily increased** to a three-month high in COVID-19 vaccination doses administered across the US ([Source](#)).

→ Community Vaccination Centers Reopen

- **Booster shots, and first and second vaccination doses, are now available at several reopened Community Vaccination Clinics across the Commonwealth** ([Source](#)).

- VDH is utilizing mobile vaccination sites throughout the state to increase access to vaccines and booster shots. These sites have been placed in communities with diverse populations and high rates of infection ([Source](#); [Source](#); [Source](#)).

→ **Disproportionate Impacts**

- **Blacks and Hispanics still disproportionately contract COVID-19, and Blacks disproportionately die from it. However, racial gaps in vaccinations rates appear to have closed for Hispanics and Asians relative to Whites.** As Table 1 displays, Whites in Virginia continue to have the highest overall numbers and percentages of cases and deaths close to their proportion of the Virginia population. In Virginia, Blacks represent 19% of the population and have received 17.1% of doses yet 22.5% of cases and 24.8% of deaths. Hispanics are 10% of the population, yet 13.9% of cases. In terms of percentages of eligible populations vaccinated with at least one dose, Blacks still are vaccinated less (61.5%) than Whites (64.2%) but the gap is narrowing. The percentages of Hispanics (79.8%) and Asians (86.2%) vaccinations have increased and both groups are now vaccinated at a rate higher than Whites.

Table 1: Race, COVID-19 Cases, Deaths, and Vaccinations in Virginia (10/31/2021)

	% of people with at least one dose of reported Race/Ethnicity	% with at Least One Dose	% Points from White	% of Cases	% of Deaths	% of Total Population
White	57.8%	64.2%	N/A	54.7%	65.2%	61%
Black	17.1%	61.5%	-2.7%	22.5%	24.8%	19%
Hispanic	10%	79.8%	+15.6%	13.9%	5.9%	10%
Asian	9%	86.2%	+22%	4.1%	3.4%	7%

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

→ **The Unvaccinated**

- **Unvaccinated adults tend to be younger, less educated, and are more likely to be Republicans** than those who are vaccinated ([Source](#)).
- **Mandates may be an effective alternative for getting those who are adverse or persistently hesitant vaccinated.** However, some individuals refuse to get vaccinated despite the risk of losing employment ([Source](#); [Source](#)).

→ **Excellent Progress – Equity Work Remains**

- **Virginia now ranks tenth overall among all states for the percentage of its population fully vaccinated** against COVID-19, and for the total number of vaccinations administered ([Source](#); [Source](#)).
- **More than 30% of Virginia’s population remains unvaccinated** ([Source](#)).
- With the approval of the vaccinations for children ages 5-11 expected within the coming weeks, and approval for children under age 5 expected later this year, the impact of parental vaccine hesitancy on child illness and the overall trajectory of the pandemic remains to be seen ([Source](#)).

1. Major Equity Milestones

This section details the equity-related achievements regarding COVID-19 in the Commonwealth during the month of October. These accomplishments include:

- October 1: The pharmaceutical manufacturer Merck announced its antiviral oral pill to treat COVID-19 was effective in combating hospitalization and death ([Source](#)).
- October 1: New coronavirus infections in the U.S. decreased by 25% over the past two weeks; the U.S. is now averaging roughly 114,000 new cases per day ([Source](#); [Source](#)).
- October 2: Approximately 4 out of 5 Richmond Public Schools employees are fully vaccinated against COVID-19, and 99% of Richmond City employees were “in compliance” with mandated vaccination policies ([Source](#)).
- October 7: A new report from the U.S. Department of Health and Human Services shows that COVID-19 vaccinations may have helped prevent hundreds of thousands of new COVID-19 infections and tens of thousands of deaths among seniors ([Source](#)).
- October 8: Employer and government mandates and the approval of booster shots have steadily helped to increase to a three-month high in COVID-19 vaccination doses administered across the US ([Source](#)).
- October 12: A petition to mandate coronavirus vaccines for all eligible students and staff in Virginia schools has accumulated nearly 6,000 comments online ([Source](#)).
- October 15: Anonymized cell phone data is helping Virginia’s local health officials select mobile vaccine sites. The sites, set up to administer thousands of doses of coronavirus vaccine, were selected with equity in mind, each placed in communities with diverse populations and high rates of infection ([Source](#)).
- October 15: Hampton Roads military vaccination rates hit 90% and are far outpacing civilians when it comes to getting vaccinated against COVID-19 ([Source](#)).
- October 16: Virginia's COVID cases have gradually declined over the past two months ([Source](#)).
- October 19: The Virginia Department of Health (VDH) announced it will add an online dashboard of COVID-19 cases among children under age 18 years old, in response to an increase in COVID-19 cases among children across the state ([Source](#)).
- October 20: The Centers for Disease Control and Prevention (CDC) endorse the CDC Advisory Committee on Immunization Practices (ACIP) recommendation for certain individuals who received a Pfizer-BioNTech or Moderna COVID-19 vaccine for a booster shot at 6 months or more after their initial series, including individuals:
 - 65 years and older
 - Age 18+ who live in long-term care settings
 - Age 18+ who have underlying medical conditions
 - Age 18+ who work or live in high-risk settings

For the nearly 15 million people who received the Johnson & Johnson COVID-19 vaccine, booster shots are also recommended for those who are age 18 and older and who were vaccinated two or more months ago ([Source](#)).

- October 20: “Mixing and matching” of vaccination booster doses for Pfizer-BioNTech, Moderna, and Johnson & Johnson was authorized by the CDC ([Source](#)).
- October 20: VDH did not approve funding for the Deloitte team to continue working on the [Equity-in-Action and Equity-at-a-Glance dashboards](#). A closing status report will be sent to the Virginia Department of Emergency Management and the Governor’s Office of Diversity, Equity, and Inclusion. Future iterations of these dashboards were to include transparent descriptions of COVID funding related to EBT, childcare, and energy-burden benefits and workforce diversity metrics. These dashboards are under the leadership of the Governor’s Office of Diversity, Equity, and Inclusion.
- October 22: Pfizer and BioNTech announced its COVID-19 vaccine appears safe and effective for children ages 5-11 ([Source](#)).
- October 22: Following CDC approval on Oct. 21, VDH officials began administering Moderna and Johnson & Johnson COVID-19 booster shots ([Source](#)).
- October 25: As of this date, about 4% of Virginians (334,000 people) have received a third (booster) COVID-19 vaccine dose ([Source](#)).
- October 26: The U.S. Food and Drug Administration (FDA) received the recommendation of its independent advisory panel, the Vaccine and Related Biological Products Advisory Committee, to expand the Emergency Use Authorization of the Pfizer-BioNTech COVID-19 vaccine to include children from the ages of 5 through 11 years ([Source](#)).
- October 26: VDH officials are preparing for pediatric COVID-19 vaccinations and boosters ([Source](#)).
- October 27: Governor Ralph Northam announced that Virginia now ranks 10th among all states for the percentage of its population fully vaccinated against COVID-19, and for the total number of shots administered ([Source](#); [Source](#)).
- October 29: As of this date, over 11.4 million COVID-19 vaccinations doses have been administered in Virginia ([Source](#)).
- October 29: The FDA recommended the emergency use of the Pfizer-BioNTech COVID-19 Vaccine for the prevention of COVID-19 to include children 5 through 11 years of age. CDC review and approval are expected within the coming weeks ([Source](#)).
- October 30: Fully vaccinated Virginians are receiving COVID-19 booster shots at more than double the rate of people getting their first dose, and nearly three-fourths (73.3%) have gone to Whites ([Source](#)).
- October 31: As of this date, 83.1% of the adult population in Virginia (18+) have received at least one dose, 74.7% of adults are fully vaccinated ([Source](#)).

2. Critical Updates

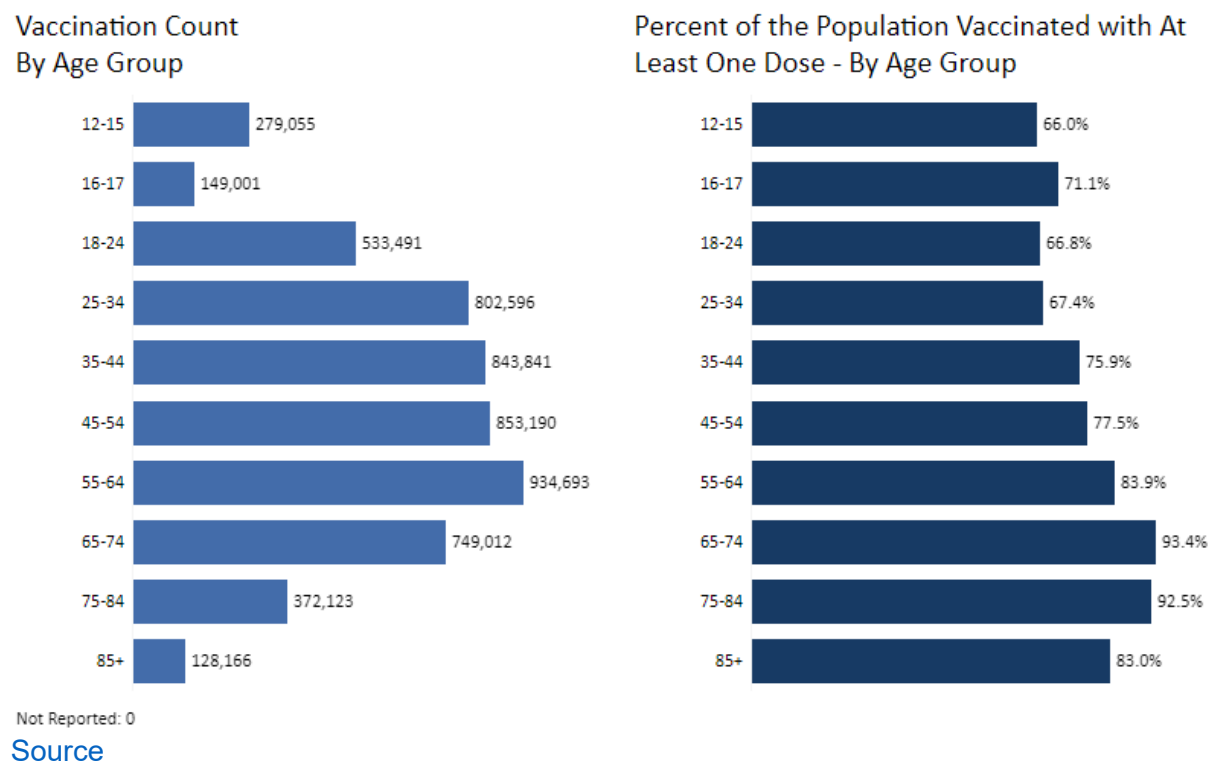
This section provides information on critical updates relevant to Virginia's responses to COVID-19. These critical updates from October include:

- October: VDH announced it will administer COVID-19 vaccines and booster shots at Community Vaccination Clinics (CVC) and other locations, including in:
 - Amelia ([Source](#))
 - Charlottesville ([Source](#))
 - Chesterfield ([Source](#))
 - Fairfax ([Source](#))
 - Farmville ([Source](#))
 - Fredericksburg ([Source](#))
 - Loudon ([Source](#))
 - Marion ([Source](#))
 - Newport News ([Source](#))
 - Norfolk ([Source](#))
 - Richmond ([Source](#))
 - Roanoke ([Source](#))
 - Woodbridge ([Source](#))
- October 11: As of this date, the Pittsylvania-Danville Health District is the only locality in Virginia not experiencing a drop or leveling out of new COVID-19 cases ([Source](#)).
- October 19: The Virginia Department of Health (VDH) announced it will add an online dashboard of COVID-19 cases among children under age 18 years old, in response to an increase in COVID-19 cases among children across the state ([Source](#)).
- October 20: State health officials announce they have corrected the new data tool tracking child coronavirus cases which had significantly underreported hospitalizations ([Source](#)).
- October 22: Following CDC approval on October 21, VDH officials began administering Moderna and Johnson & Johnson COVID-19 booster shots ([Source](#)).
- October 26: VDH officials are preparing for pediatric COVID-19 vaccinations and boosters ([Source](#)).
- October 29: Southside Health District and the Pittsylvania/Danville Health District are offering booster shots for all three of the COVID-19 vaccines at several mobile vaccination clinics throughout the districts ([Source](#); [Source](#)).

3. Vaccination Equity in Virginia

At the end of October, over 11.52 million COVID-19 vaccine doses have been administered in Virginia (up from 10.56 million at the end of September), and nearly 13.42 million vaccines have been received (up from 12.1 million at the end of September) ([Source](#)). Virginia ranks eighth in the country for the percentage of distributed vaccines that have been administered (Virginia was 15th at the end of September), and 85.02% of vaccines received have been administered ([Source](#)). At present, 70% of all Virginians have received at least one dose of a vaccine (up from 67.8% at the end of September) ([Source](#)), which is above the 66.7% national vaccination rate receiving at least one dose ([Source](#)). Over 5.36 million Virginians have been fully vaccinated (up from 5.14 million at the end of September), representing 62.9% of the population (up from 60.3% at the end of September), which is above the 58% national total fully vaccinated rate ([Source](#)). On average, Virginia is administering approximately 31,617 vaccinations per day (up from 12,248 at the end of September) ([Source](#))

Figure 1: Vaccinations by Age (One dose), as of 10/31/21



As seen in Figure 1, VDH reports the following age ranges: 65-74, 75-84, and 85+ ([Source](#)). At the end of October, 91.9% of those ages 65+ are vaccinated, up from 89.6% at the end of September ([Source](#)).

Vaccinations for Under 45

Since May 2021, 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 as noted in the previous month’s report, the increasing vaccinations based upon age are a success story for Virginia. At the end of October, 67.7% (425,312) of those ages 12 to 17 have been vaccinated with at least one dose (up from 65.4% at the end of September), and 78.2% of those 18 and older have been vaccinated with at least one dose (up from 75.7% at the end of September). Data are also reported for percentages of the population vaccinated with at least one dose: 66% (279,055) of 12-15-year-olds; 71.1% (149,001) of 16-17-year-olds; 66.8% (533,491) of 18-24-year-olds; 67.4% (802,596) of 25-34-year-olds; and 75.9% (843,841) 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 October, missing data remains an issue. As of October 31, 475,232 vaccinations (up from 452,605 at the end of September) have no race and ethnicity data reported ([Source](#)).

Table 1: Race, COVID-19 Cases, Deaths, and Vaccinations in Virginia, as of 10/31/2021

	% of people with at least one dose of reported Race/Ethnicity	% with at Least One Dose	% Points from White	% of Cases	% of Deaths	% of Total Population
White	57.8%	64.2%	N/A	54.7%	65.2%	61%
Black	17.1%	61.5%	-2.7%	22.5%	24.8%	19%
Hispanic	10%	79.8%	+15.6%	13.9%	5.9%	10%
Asian	9%	86.2%	+22%	4.1%	3.4%	7%

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

As shown in Table 1 and Figure 2, as of October 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 in particular, yet disparities persist for Blacks:

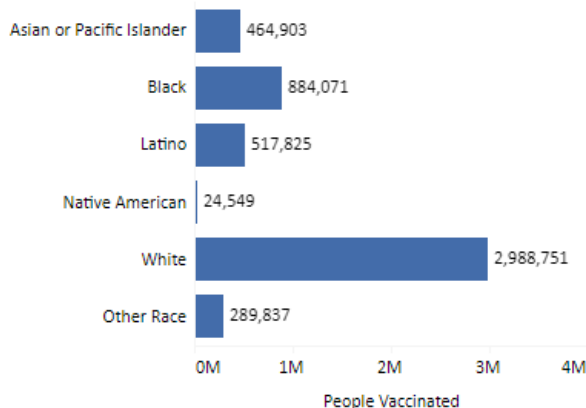
- 61.5% of Blacks have been vaccinated (up from 58.9% at the end of September). Blacks are 19% of the population yet have received 17.1% of doses.
- 79.8% of Hispanics have been vaccinated (up from 77% at the end of September). Hispanics are 10% of the population and have received 10% of doses.

- 86.2% of Asians or Pacific Islanders have been vaccinated (up from 84.6% at the end of September). Asians or Pacific Islanders are 7% of the population and have received 9% of doses.
- 64.2% of Whites have been vaccinated (up from 62.4% at the end of September) ([Source](#)). Whites are 61% of the population and have received 57.8% of doses.

No major changes have occurred in populations' percentages of cases and deaths. However, disparities are still evident. In terms of **cases**, Whites, Blacks, and Hispanics experience a higher percentage of cases as compared to their percentages in the population. In terms of **deaths**, Whites and Blacks experience a higher percentage of deaths as compared to their percentages in the population. Finally, in terms of percentages of eligible populations vaccinated with at least one dose, Blacks still are vaccinated less (61.5%) than Whites (64.2%), although this gap is narrowing. Racial gaps in vaccinations rates appear to have closed for some populations. The percentage of Hispanics (79.8%) and Asians (86.2%) vaccinations have increased and are now vaccinated at a percentage higher than Whites.

Figure 2: Vaccinations by Race (One Dose), as of 10/31/21

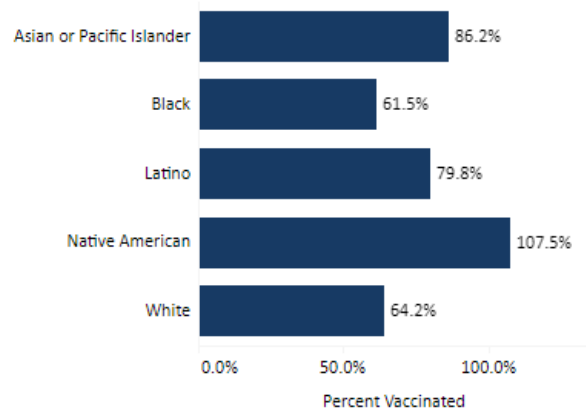
Vaccination Count
By Race and Ethnicity



Not Reported: 475,232

[Source](#)

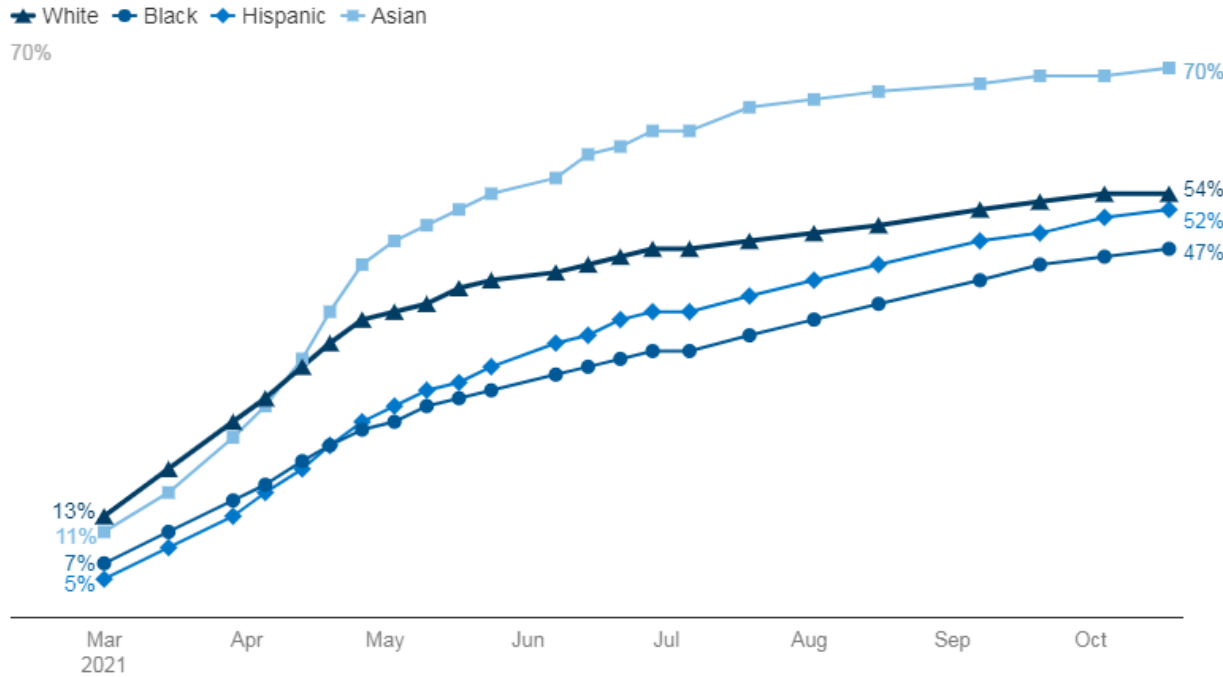
Percent of the Eligible Population Vaccinated
with At Least One Dose - By Race and Ethnicity*



Race as a Share of Total Vaccinations

The percentage of Whites as a share of total vaccinations has seen an overall decrease since spring 2021 (Figure 3). The percentage of Blacks and Hispanics/Latinos as a share of total vaccinations has increased since that time. Blacks have seen a 5-point increase from 12% to 17% since February 2021, and Hispanics/Latinos have seen a 4-point increase from 6% to 10% ([Source](#)). Virginia's numbers vary from those of the United States as a whole. As of October 31, 61% of the nation's vaccines have gone to Whites, 12% to Blacks, 17% to Hispanics/Latinos, and 6% to Asians ([Source](#)).

Figure 3: Percent of Total Population that Has Received at Least One COVID-19 Vaccine Dose by Race/Ethnicity in the United States, March 1 to October 18, 2021



Source: [Kaiser Family Foundation](#)

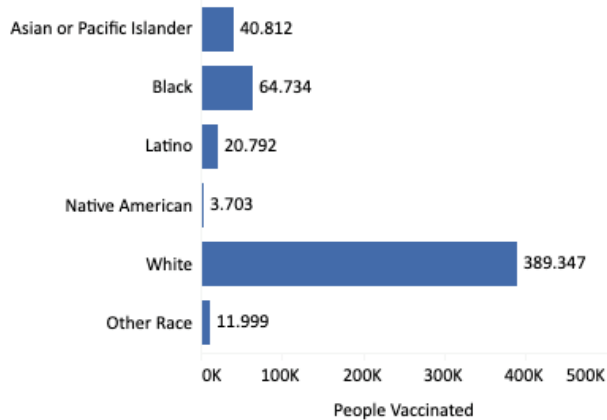
Booster Shots: Race and Ethnicity

The Commonwealth is seeing rapid activity regarding booster shots, and VDH is now reporting on these data. Booster shots appear to be outpacing first doses in that boosters make up the majority of the nearly 728,000 vaccinations between September 27 and October 29. Still, disparities are apparent in that nearly all booster shots have gone to White residents ([Source](#)). As seen in Figure 4, disparities are already evident, particularly for Blacks and Latinos:

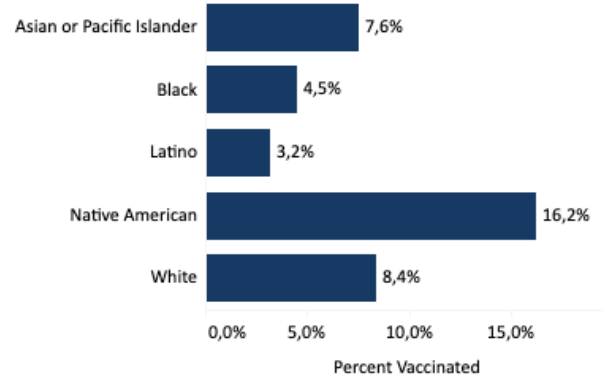
- Whites have received 73.3% (389,347) of booster shots, and 8.4% have received a shot while comprising 61% of the total population
- Blacks have received 12.2% (64,734) of booster shots, and 4.5% have received a shot while comprising 19% of the total population
- Asians or Pacific Islanders have received 7.7% (40,812) of booster shots, and 7.6% have received a shot while comprising 7% of the total population
- Latinos have received 3.9% (20,792) booster shots, and 3.2% have received a shot while comprising 10% of the total population

Figure 4: Booster Shots by Race and Ethnicity in Virginia, as of 10/31/21

Vaccination Count
By Race and Ethnicity



Percent of the Eligible Population Vaccinated
with Booster/ Third Dose - By Race and
Ethnicity*



Not Reported: 25.476

[Source](#)

Rural Areas

Figure 5 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 5: Rural and Non-Rural Areas in Virginia

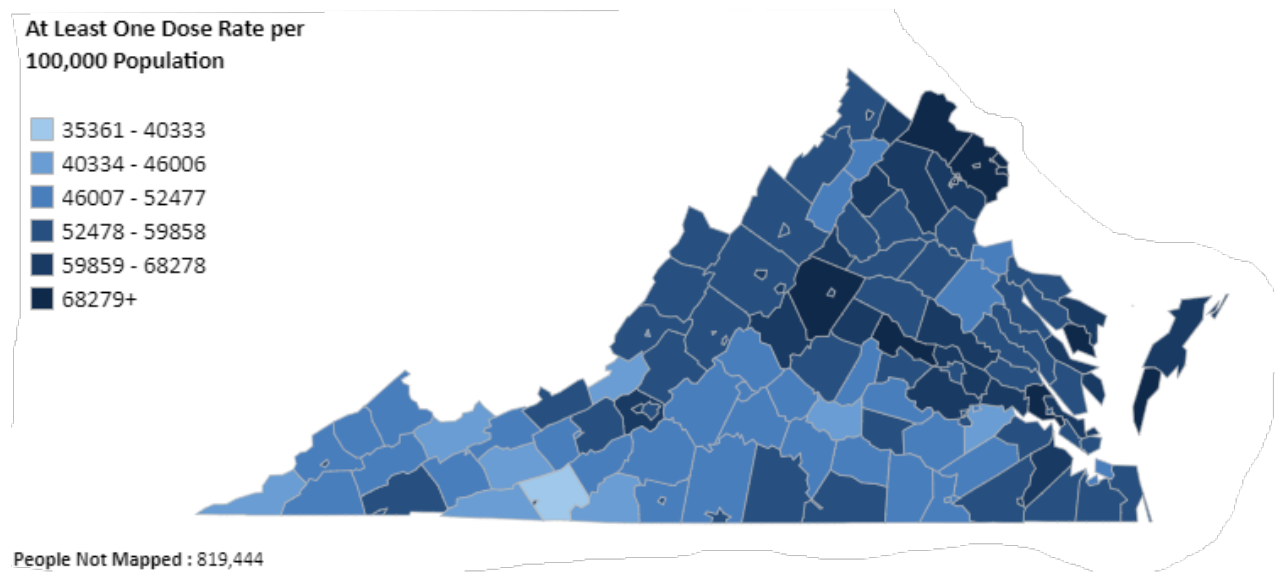


[Source](#)

There is slow, steady progress in vaccinations when comparing rural and urban areas. Still, noted concentrations of lower vaccinations (rate per 100,000 population) are evident in the south-central and southwest portions of the state. Further, demand for vaccines appears to be slightly higher at the end of October than it was at the end of September. A positive is that at the

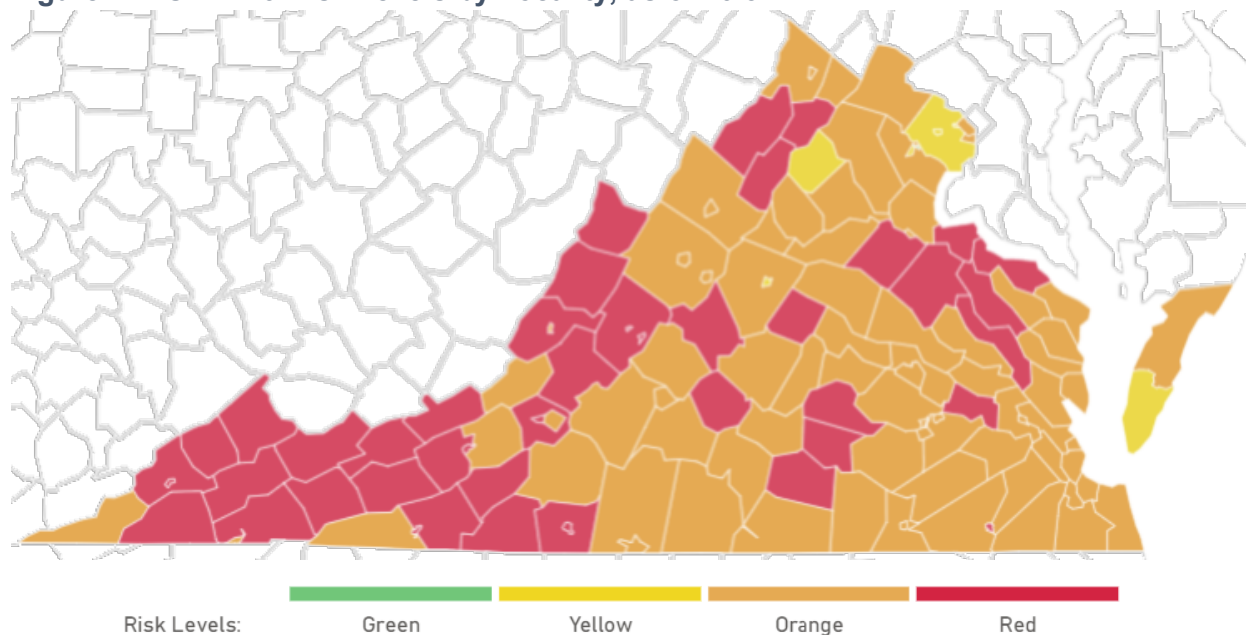
end of October, risks levels were significantly lower in many parts of Virginia as compared to past months ([Source](#)).

Figure 6: Vaccinations by Locality – Rate per 100,000 Population, as of 10/31/21



[Source](#)

Figure 7: COVID-19 Risk Levels by Locality, as of 10/31/21

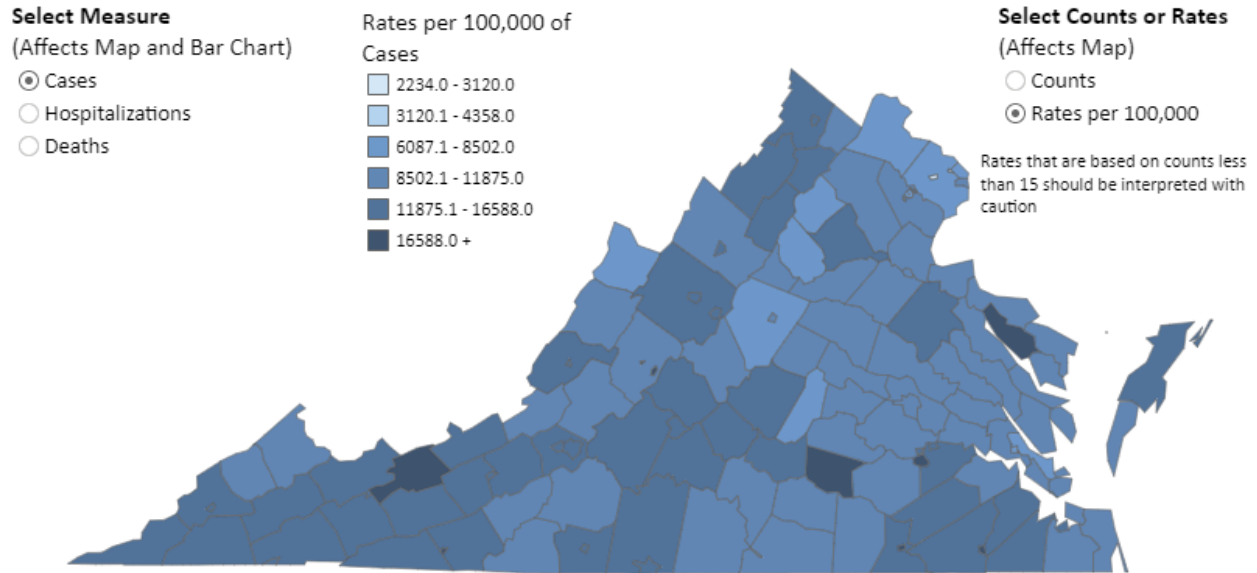


[Source](#)

As shown in Figures 7 and 8, urban and rural disparities continue to be evident in terms of cases as measured by rates per 100,000 people. More rural counties continue to show disproportionate cases, with notable concentrations in the south-east, south-central, and south-west portions of the state. As was the case in the past month, at the end of October, rural

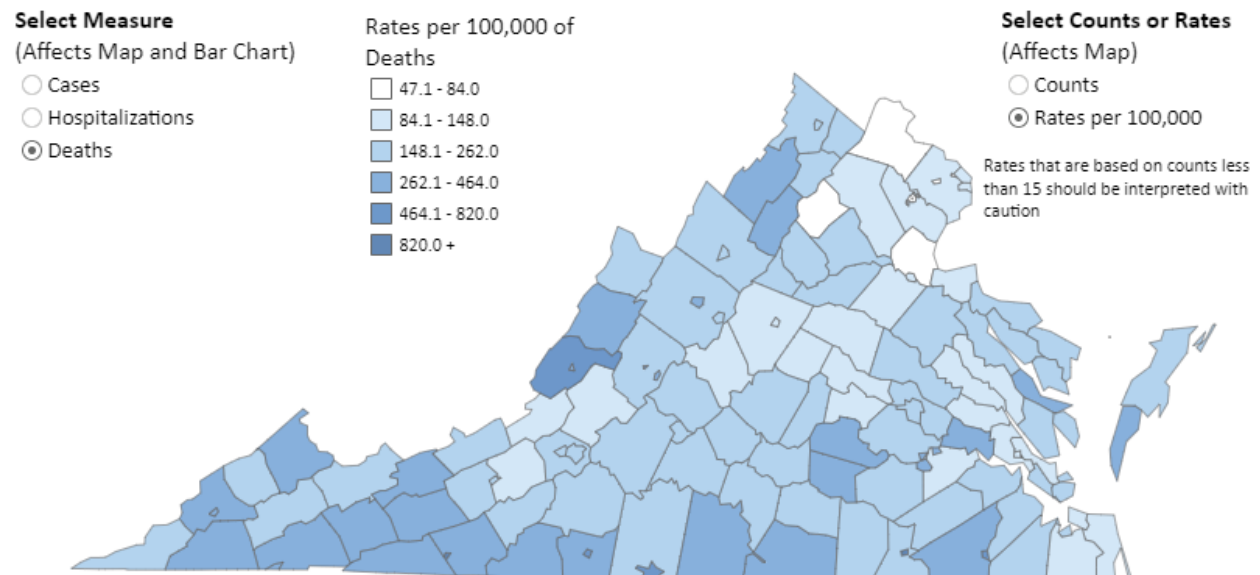
counties disproportionately experienced deaths related to COVID-19, however other portions of the state, particularly north-central portions, are showing improvements in terms of numbers of deaths (Figure 9).

Figure 8: Cases of COVID-19 in Virginia: Urban and Rural, as of 10/31/21



[Source](#)

Figure 9: Deaths from COVID-19 in Virginia: Urban and Rural, as of 10/31/21

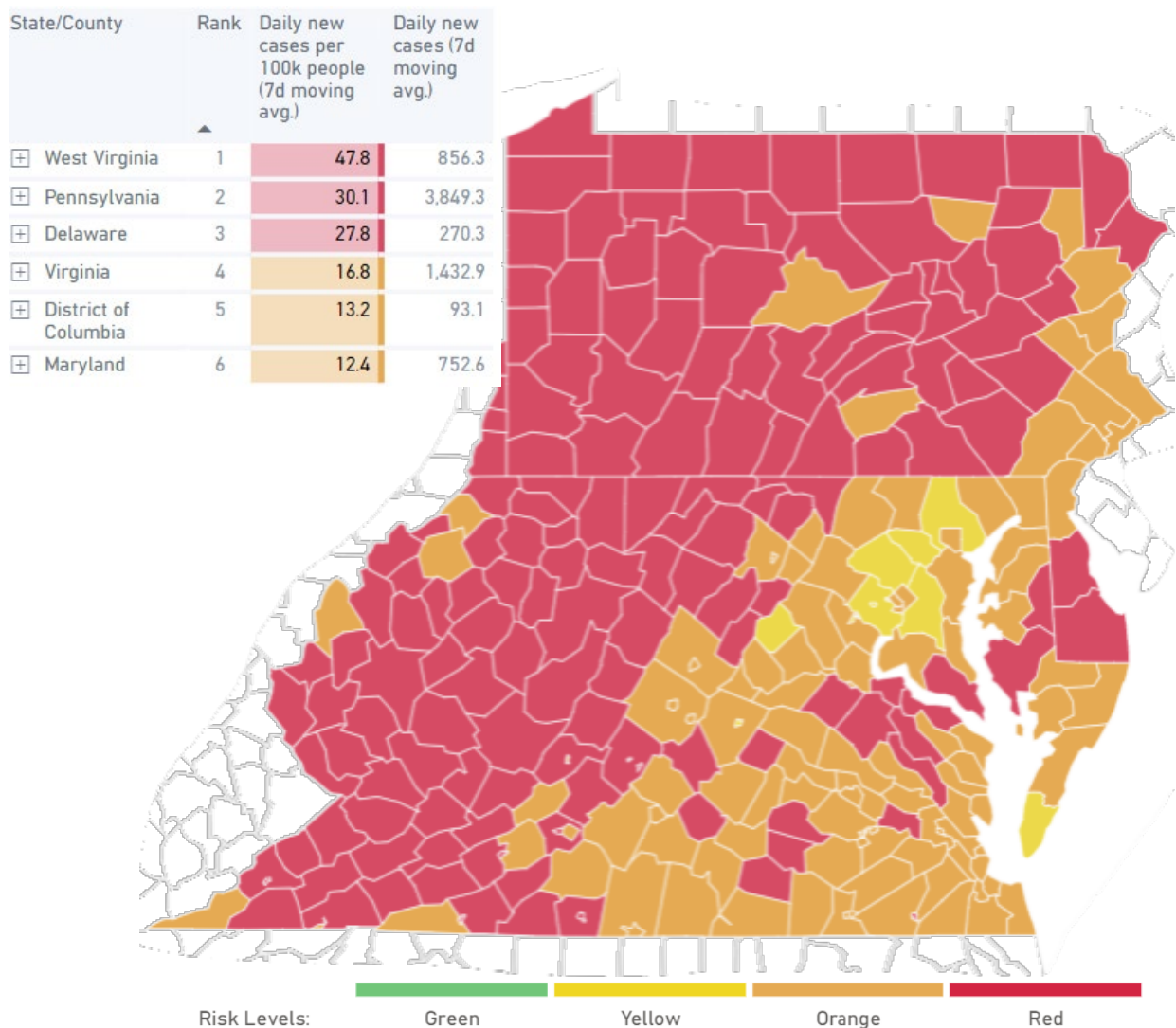


[Source](#)

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. Regarding risk levels in September (Figure 10), all of Region 3 shows concerning trends, yet numerous positives are evident. As compared to the end of September and past months, by the end of October, a greater portion of this region—particularly in Maryland and Virginia—have lower risk levels. Measured as a seven-day moving average, the Commonwealth has 1,432.9 new daily cases (down from 2969.3 new cases at the end of September) at 16.8 new cases per 100,000 people (down from 34.8 at the end of September). This places Virginia’s October COVID-19 risk level as fourth out of six in the region, the same ranking at the end of September.

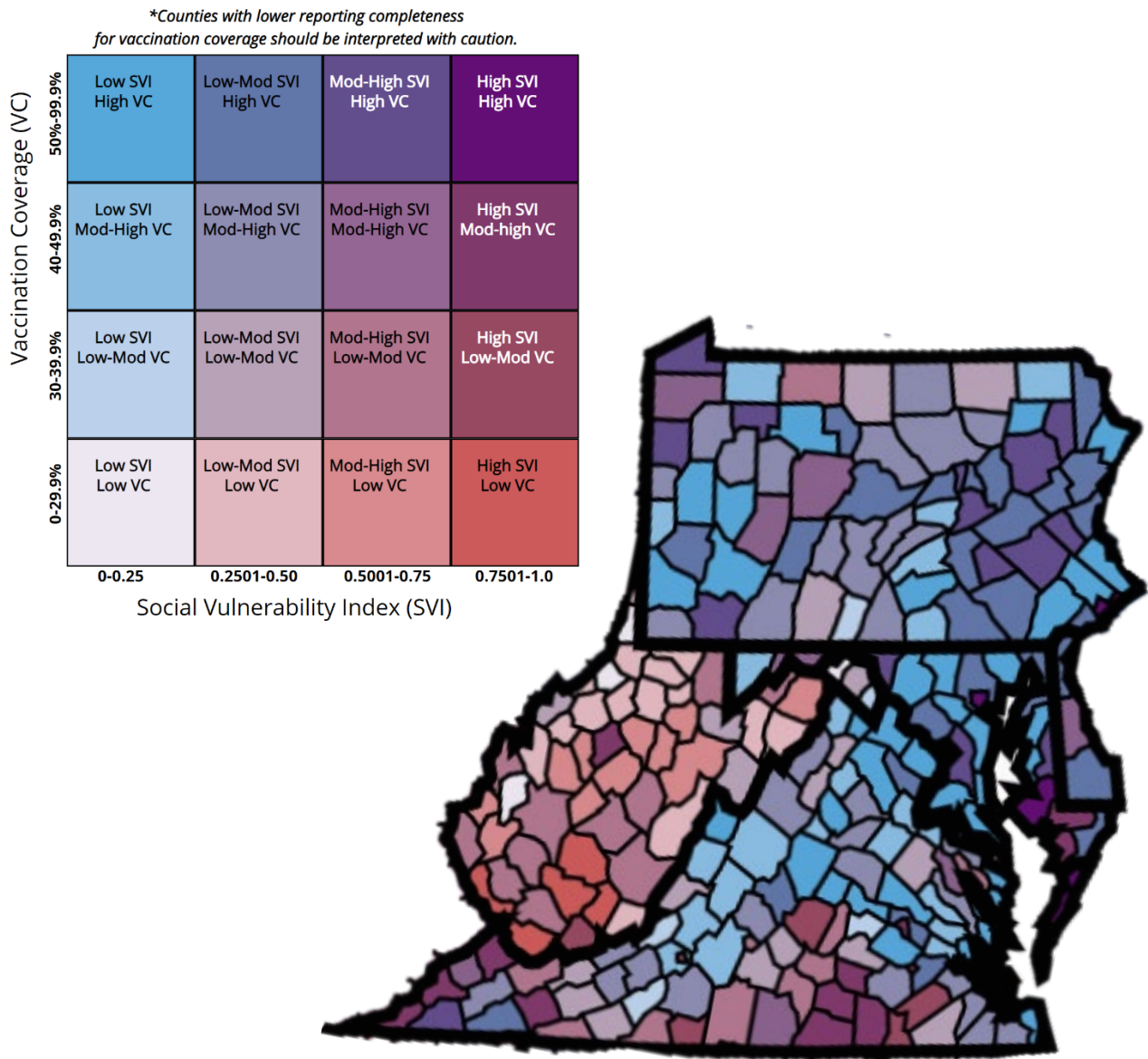
Figure 10: COVID-19 Risk Levels* by County across FEMA Region 3, as of 10/31/21



[Source](#)

Further, as seen in Figure 111 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. The Commonwealth should prioritize outreach particularly for those with high SVI let low vaccination coverage.

Figure 11: Percent of Population Fully Vaccinated by Social Vulnerability Index, FEMA Region 3, as of 10/31/21



[Source](#)

FEMA Region 3 and Race/Ethnicity

All areas in FEMA Region 3 continue to show racial disparities in the percentages of vaccines administered. 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](#)).

Racial and ethnic disparities persist in vaccinations for some, while the gaps have closed for others. For example, Blacks tend to be under-vaccinated as compared to Whites. In Virginia, Blacks are three percentage points from Whites. Importantly, this gap has narrowed over time. In addition, the Hispanic and Asian populations in Virginia have been vaccinated at a greater percentage than the White population. Table 2 below displays the percent of the total population that has received a vaccination by race and ethnicity. While some positives are evident, given growing disparities evident in booster shots ([Source](#)), it is essential to maintain a focus on promoting equity.

Table 2: Percent of Total Population that has Received a COVID-19 Vaccine Dose by Race/Ethnicity, FEMA Region 3, as of 10/18/2021

	White		Black		Hispanic			Asian		
	% Vaccinated	% Vaccinated	White to Black Ratio	% Pts from White	% Vaccinated	White to Hispanic Ratio	% Pts from White	% Vaccinated	White to Asian Ratio	% Pts from White
Delaware	52%	45%	1.2	-7	53%	1.0	1	63%	0.8	11
District of Columbia	52%	44%	1.2	-8	60%	0.9	8	73%	0.7	20
Maryland	67%	61%	1.1	-6	66%	1.0	-1	78%	0.9	11
Pennsylvania	53%	57%	0.9	4	51%	1.0	-2	33%	1.6	-21
Virginia	59%	56%	1.0	-3	65%	0.9	6	83%	0.7	24
West Virginia	51%	51%	1.0	0	NR	NR	NR	NR	NR	NR

Source: [Kaiser Family Foundation](#)

FEMA Region 3 and Under 40 Vaccinations

As shown in Table 3, Virginia continues to be well ahead of the national average for vaccinations for those under the age of 40. Improvements from August to October for Virginia are notable in each age category. In Virginia, for all ages, vaccination percentages rose between September and October. This far outpaces the national average for all ages, in which improvements, where evident, are less than 1%.

Table 3: Virginia–U.S. Vaccination Comparisons, Ages 12-39, as of 10/31/21

Virginia (at least one dose)	Months	Ages 12-15	Ages 16-17	Ages 18-24	Ages 25-34
	October	66%	71.1%	66.8%	67.4%
	September	63.4%	69.3%	64.5%	64.2%
United States (at least one dose)	Months	Ages 12-15	Ages 16-17	Ages 18-24	Ages 25-39
	October	4.2%	2.4%	9%	21.2%
	September	4.2%	2.4%	9%	21.1%

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

5. Vaccine Hesitancy

With over 11.4 million vaccination doses administered, and as the total number of Virginians who have received at least one dose approaches 6 million (69.8% of the population), Virginia’s vaccination rates continue to 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, about 37.2% of Virginia’s eligible population is not fully vaccinated ([Source](#)).

Looking at nationwide trends from Kaiser Family Foundation polling, the percentage of those who said they would “definitely not” get vaccinated remained relatively stagnant between December 2020 and July 2021 (15% versus 14%) ([Source](#)). Groups that were more likely to say that they would “definitely not” get vaccinated include:

- Uninsured individuals under the age of 65 (26%),
- White Evangelical Christians (23%),
- Individuals between 18-29 years old (21%),
- Rural residents (21%), and
- Republicans (20%) ([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](#)).

In Virginia, an August 2021 poll from the Research Institute for Social Equity (RISE) at Virginia Commonwealth University’s L. Douglas Wilder School of Government and Public Affairs showed

similar findings, with unvaccinated Republicans, Whites, and younger people (ages 18-34) in Virginia being less likely to get vaccinated than other groups ([Source](#)).

With the expected approval of vaccines for children ages 5-11 in the coming weeks, the willingness of parents to vaccinate their children will be an important consideration for policymakers ([Source](#)). The same RISE poll found that the majority of parents in Virginia (70%) said that they would be likely to vaccinate their children age 11 and under. Parental willingness varied by race, with 100% of Asians, 70% of Whites, 64% of African Americans, and 55% Hispanics saying that they would be willing to vaccinate their children ([Source](#)).

Nationwide, nearly half (50%) of parents with children ages 12-17 say that their child has received at least one dose of the vaccine or will do so right away, 11% said they wanted to “wait and see,” five percent said they would vaccinate their child “only if required,” and 31% said they would “definitely not” vaccinate their child ([Source](#)).

Parents of younger children (5 years old and younger) seemed slightly more hesitant to vaccinate their children compared to parents of older children. As of October 2021 polling, 27% of parents with children ages 5-11 said that they would get their child vaccinated “right away” once it became available, 33% said that they wanted to “wait and see,” five percent said they would vaccinate their child “only if required,” and 30% said that they would “definitely not” vaccinate their child ([Source](#)).

With the CDC approval of the vaccinations for children ages 5-11 expected within the coming weeks, and approval for children under age 5 expected later this year, the impact of parental vaccine hesitancy on child illness and the overall trajectory of the pandemic remains to be seen ([Source](#)).

Vaccination Mandates

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, more evidence supports the efficacy of mandates as an effective alternative for getting the persistently hesitant or adverse vaccinated ([Source](#); [Source](#)).

6. Policy and Administrative Updates

Legislative Updates
<ul style="list-style-type: none">• No new updates
Executive Updates
<ul style="list-style-type: none">• On October 27, Governor Ralph Northam announced that Virginia now ranks 10th among all states for the percentage of its population fully vaccinated against COVID-19, and for the total number of shots administered (Source; Source).

Agency Updates

- On October 20, the Centers for Disease Control and Prevention (CDC) recommended booster shots for some people who had previously received the Moderna or Johnson & Johnson vaccines, in addition to the Pfizer-BioNTech boosters authorized in September ([Source](#)). “Mixing and matching” of vaccination booster doses for Pfizer-BioNTech, Moderna, and Johnson & Johnson were also authorized ([Source](#)).
- On October 29, the FDA authorized the emergency use of the Pfizer-BioNTech Vaccine for the prevention of COVID-19 to include children 5 through 11 years of age. The authorization was based on the FDA’s thorough and transparent evaluation of the data that included input from independent advisory committee experts who overwhelmingly voted in favor of making the vaccine available to children in this age group ([Source](#)).

Court Updates

- On October 5, the Supreme Court of Virginia extended the Twenty-ninth Order of Declaration of Judicial Emergency through November 3, 2021 ([Source](#)).

7. On the Horizon

Virginia has made incredible strides in its vaccination equity efforts over the last year. The Commonwealth now ranks tenth overall among all U.S. states for the percentage of its population fully vaccinated against COVID-19. During October, Virginia also saw COVID-19 cases, hospitalizations, and deaths decline, and vaccination rates increased to a three-month high.

Virginia has taken significant steps to close the vaccination gaps among racial/ethnic groups in the Commonwealth. The percentage of Hispanics (79.1%) and Asians (85.7%) vaccinations have increased and these groups are now vaccinated at a percentage higher than Whites. However, Blacks still are vaccinated less (60.9%) than Whites (63.6%), although this gap has been narrowing. While some positives are evident, there are growing disparities in booster shots distribution, as almost three-fourths of boosters in Virginia have gone to Whites. It is increasingly essential to maintain a focus on promoting equity. In addition, whether the reduction of vaccination disparities by race will also lead to a reduction in disparities relative to hospitalizations and death (which tend to be a lagging indicator) will be important to track.

More than 30% of Virginia’s population remains unvaccinated. The vaccine adverse are more likely to be uninsured, White Evangelical Christians, young adults ages 18-29 years old, rural residents, and Republicans. A major focus now becomes increasing vaccinations in these communities. The aspiration of targeting efforts to more narrowed populations will require more detailed data than is currently publicly available. It will be important to see breakdowns of hesitancy by race and ethnicity, age groups, and locality, so vaccination efforts can be appropriately targeted.

Vaccination hesitancy also has implications for the extent to which parents will vaccinate their children. With the anticipated CDC approval of vaccinations for children ages 5-11 in the coming weeks, the impact of parental vaccine hesitancy on child illness and the overall trajectory of the pandemic remains to be seen. Adjusting efforts to target adverse adults and parents will be essential to advance vaccination equity across the Commonwealth.

On November 2, Virginians will elect new leadership throughout the Commonwealth. Recent polls indicate a tight race for governor, lieutenant governor, attorney general, and the House of Delegates. Regardless of the outcome, the change in leadership will likely bring important changes relative to Virginia's public health strategy as it relates to COVID. Equity issues have been weaponized and misrepresented in Virginia and nationally. But importantly, issues of equity are neither Democratic nor Republican. Further, issues of diversity, equity, and inclusion are core values of American government. To that end, there is [substantial empirical and anecdotal data](#) over the last 18 months to demonstrate that when an equity lens and tailored approach were used, the Commonwealth of Virginia substantially improved across multiple metrics. Therefore, it is critical that leaders, policymakers, and decision-makers equitably bolster vaccinations efforts across the Commonwealth and address the systemic biases and historical antecedents that undergird the disproportionate impact of the coronavirus. And thus, it is the final recommendation of this monthly report that the new leadership continues to prioritize and build upon the equity infrastructure and DEI leadership that has been created over the last 18-26 months to serve the 8.5 million Virginians we serve and become the number one state in the nation for vaccinations and recovery for COVID-19.

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.