# VDH Plan for Equitable Distribution of COVID-19 Vaccine

**DECEMBER 2021**

**Office of Health Equity in the Virginia Department of Health**

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

COVID-19 UNIFIED COMMAND

VDH VIRGINIA DEPARTMENT OF HEALTH

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## Contents

## 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 November 2021.

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

Key findings include:

### → New Variant of Concern – Vital Equity Work Remains

- **At the end of November, the World Health Organization (WHO) designated the COVID-19 Omicron variant (B.1.1.529) a variant of concern,** based on the evidence that Omicron has several mutations that may impact how easily it spreads or the severity of illness it causes (Source). Since Blacks and Hispanics still disproportionately contract COVID-19, the emergence of the Omicron variant suggests these racial disparities will increase.
- **The State of New York declared a state of emergency in response to growing cases of COVID-19 and concerns surrounding the Omicron variant** (Source). Additional U.S. states issued statements highlighting fears surrounding the new variant (Source).

### → Vaccinations for Young Children, Ages 5 to 11

- **Pediatric COVID-19 vaccinations were approved for children ages 5 to 11** years old by the Centers for Disease Control and Prevention (CDC) in early November (Source). VDH is not reporting race/ethnicity or gender information on children's vaccinations at this time. This has important implications for equity.

### → Booster Shots

- **In early November, the CDC expanded eligibility for COVID-19 booster shots to** all adults ages 18 years and older who received a Pfizer-BioNTech or Moderna vaccine at least six months after their second dose (Source). Adults who received the Johnson & Johnson/Janssen vaccine should get a booster two months after the initial vaccine (Source).
- **President Biden urged Americans to strengthen their protection against COVID-19 and the Omicron variant by getting a booster shot** before the holiday season (Source). Biden also urged those individuals who are unvaccinated to get vaccinated, including children and adults.
- **Racial disparities are evident in booster shots. Over two-thirds (70%) of COVID-19 booster shots in Virginia have gone to White populations,** while Blacks and Latinos

have received less than their share in the population (Source). Nearly 1.25 million Virginians have received a booster dose (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. Blacks and Hispanics experience a higher percentage of cases than their percentages in the population. Whites and Blacks experience a higher percentage of deaths than their percentages in the population. Blacks still are vaccinated less (58.4%) than Whites (62.8%), although this gap is narrowing.

**Table 1: Race, COVID-19 Cases, Deaths, and Vaccinations in Virginia, as of 11/30/21**

| | % of people with at least one dose of reported Race/ Ethnicity* | % Points from White* | % of Total Vaccinations Received by Race* | % with at Least One Dose** | % of Cases ** | % of Deaths ** | % of Total Population |
|---|---|---|---|---|---|---|---|
| **White** | 61% | N/A | 52.3% | 62.8% | 55.3% | 65.7% | 61% |
| **Black** | 59% | -3% | 15.5% | 58.4% | 22.1% | 24.5% | 19% |
| **Hispanic** | 68% | +6% | 9.1% | 73.3% | 13.6% | 5.7% | 10% |
| **Asian** | 87% | +25% | 8.5% | 84.7% | 4.1% | 3.3% | 7% |

Sources: *Kaiser Family Foundation and **VDH Data portals

### → Equity Milestones

- **Racial gaps in vaccinations rates appear to have closed for some populations.** The percentage of Hispanics (73.3%) and Asians (84.7%) continue to be vaccinated at a higher percentage than Whites (Source).
- **This month, Latinos became the most-vaccinated group in Richmond and Henrico** after 18 months of enduring loss (Source).
- **To enhance equity analysis, VDH recently enhanced its COVID-19 dashboards and reporting to provide clearer comparisons**, especially among local health districts and to track data over time, of cases, hospitalizations, deaths, and vaccination rate (Source; Source).

### → The Unvaccinated

- Republicans increasingly constitute a larger share of those who remain unvaccinated against COVID-19 (Source)
- More than 25% of Virginia's eligible population is unvaccinated (Source).

## 1. Major Equity Milestones

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

- November: Schools across the Commonwealth host COVID-19 vaccination clinics for children ages 5-11 (Source; Source; Source; Source).
- November 2: The Centers for Disease Control and Prevention (CDC) recommended pediatric COVID-19 vaccinations for children ages 5 to 11 years old (Source).
- November 3: The Virginia Department of Health (VDH) partnered with Dollar General to provide COVID-19 vaccinations at no cost at select store locations across the Commonwealth throughout November (Source).
- November 4: Virginia officials announced plans to roll out vaccines against COVID-19 for children ages 5 to 11 (Source).
- November 4: COVID-19 vaccinations for 723,000 Virginians ages 5 to 11 began statewide on this date following recommendations from federal regulators and extensive safety data showing a high success rate in preventing infections among kids (Source).
- November 4: The Biden administration announced it would require health care facilities that participate in Medicare and Medicaid programs to have staff members vaccinated by January 4 (Source).
- November 5: Pfizer announces a potentially new COVID-19 treatment pill, which reduces the risk of hospitalization or death by nearly 90% for those who test positive for COVID-19. The treatment is not a substitute for a vaccine (Source; Source).
- November 5: Richmond City and the County of Henrico open vaccine clinics for children ages 5 to 11 in schools near the least-vaccinated neighborhoods. The locations include Martin Luther King Middle School and George Wythe High School, both of which have student populations that are more than 96% Black or Latino (Source).
- November 5: COVID-19 cases in Virginia are declining as vaccinations are made available to more people, including younger Virginians (Source).
- November 6: In southwest Virginia, COVID-19 cases and hospitalizations decline 13% over the previous week (Source).
- November 6: On this date, Latinos became the most-vaccinated group in Richmond and Henrico after 18 months of enduring loss (Source).
- November 8: Community leaders, clinicians, and officials coordinate grassroots efforts to ensure children of color have equal access to COVID-19 vaccines (Source).

- November 10: On this date, about 900,000 elementary school-age children in the United States have received their first doses of the Pfizer-BioNTech COVID-19 vaccine (Source).

- November 10: VDH has added data for children ages 5-11 to its coronavirus vaccine demographic dashboard (Source).

- November 12: More than 35,000 children were vaccinated in the first week of Virginia's pediatric COVID-19 vaccination rollout (Source).

- November 12: Governor Ralph Northam announced that more than 83% of adults in Virginia had received at least one dose of the COVID-19 vaccine, and 75% of adults are fully vaccinated against COVID-19. Nearly 12 million doses have been administered (Source).

- November 15: The Governor's Executive Leadership Team on Immigrant Integration (ELTII) met for the fourth time. The final report was presented to the Governor, members of the Leadership Team, and members of the Office of the New Americans Advisory Board on November 30, 2021. The number one finding was that language access remains a barrier to those individuals with limited English Proficiency (LEP) for accessing state services, information, and resources, such as COVID vaccines, coronavirus testing, and other pandemic relief resources. A copy of the ELTII report will be included in the required language access audit conducted by the Governor's Office of Diversity, Equity, and Inclusion. HB 1800 Item 42 #2h of the 2021 Virginia Appropriations Act (the Act) requires the Governor's Office of Diversity, Equity, and Inclusion (the ODEI) to develop recommendations to implement a state government language access policy that ensures equitable access to state services for people with Limited English Proficiency (LEP). The language access report will be delivered to the Governor and the General Assembly on December 1, 2021.

- November 16: The VDH Health Equity Dashboard provides a clear look at COVID-19 equity at the local level. This enhancement to the dashboards is part of VDH's efforts to provide timely and accurate information to the public about COVID-19's impact on different communities. It should be noted that this VDH dashboard is separate and apart from the Governor's Office of Diversity, Equity, and Inclusion's Equity in Action and Equity at a Glance Dashboards that celebrate state resources provided and synthesize various social determinants of health outlined in HJR 537, which declares racism as a public health crisis. A permanent plan for the Equity in Action and Equity at a Glance dashboards is currently are being discussed (Source).

- November 16: VDH announced its partnership with 18 libraries and library systems across the Commonwealth to distribute COVID-19 rapid antigen at-home test kits at no cost. The pilot program begins this week and will run through the end of December. Additional libraries may opt into the program at a later date (Source).

- November 19: The Food and Drug Administration (FDA) amended the emergency use authorizations for both the Moderna and Pfizer-BioNTech COVID-19 vaccines authorizing use of a single booster dose for all individuals 18 years of age and older after completion of primary vaccination with any FDA-authorized or approved COVID-19 vaccine (Source).

- November 19: The Centers for Disease Control and Prevention (CDC) announced that all adults 18 years of age and older are now eligible to get a booster shot. This follows the U.S. Food and Drug Administration (FDA) authorization of boosters for all adults who completed a two-dose initial vaccine series of either Moderna or Pfizer-BioNTech and the one-dose Janssen COVID-19 Vaccine (Source).

- November 19: New cases of COVID-19 rose 41% across Southwest Virginia during the previous week after weeks of steady declines (Source).

- November 22: The FDA authorized three over-the-counter COVID-19 antigen diagnostic tests for people age 14 years or older with a self-collected nasal swab sample or people age two years or older when an adult collects the nasal swab sample (Source).

- November 25: South Africa's health minister announced the discovery of the B.1.1.529 variant, Omicron, which appears to be spreading rapidly in parts of the country (Source).

- November 26: The World Health Organization (WHO) designated the COVID-19 Omicron variant (B.1.1.529) a variant of concern, based on the evidence that Omicron has several mutations that may have an impact on how it behaves, for example, on how easily it spreads or the severity of illness it causes (Source).

- November 29**:** President Biden urged Americans to strengthen their protection against COVID-19 and the Omicron variant by getting a booster shot before the holiday season. Biden also urged unvaccinated individuals to get vaccinated, including children and adults (Source).

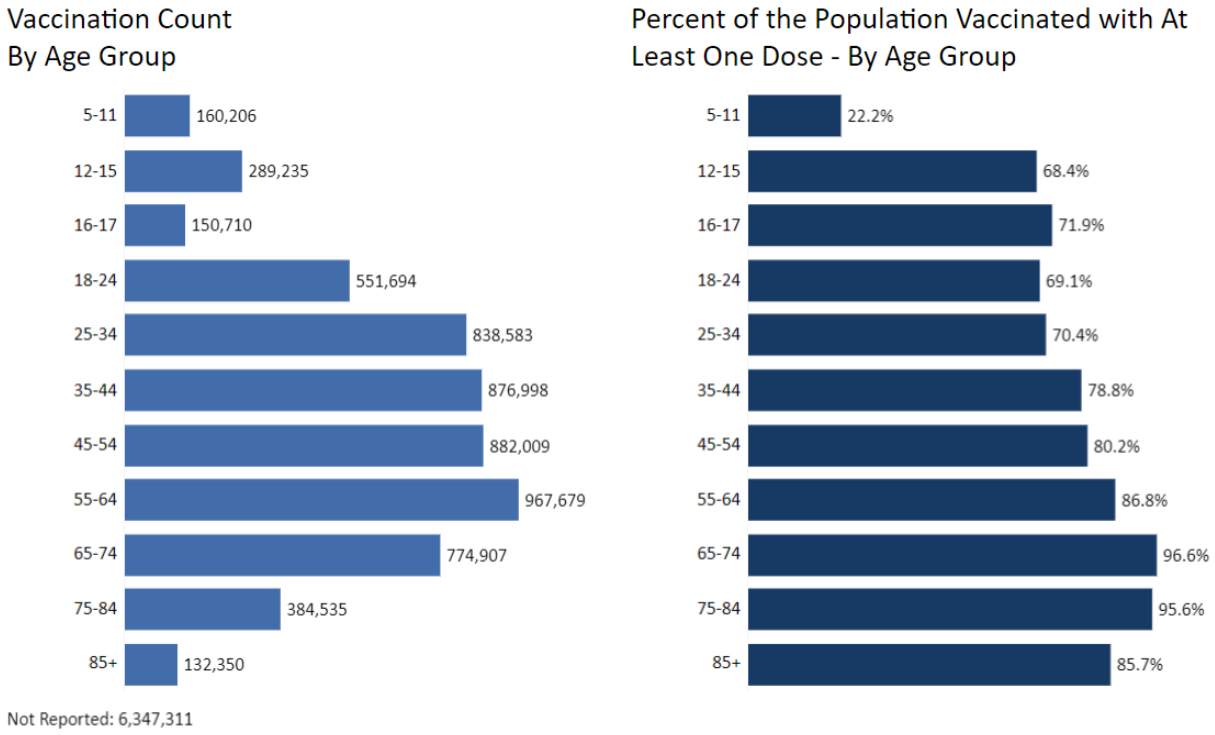
- November 29: During a press conference, Governor Northam said he has no immediate plans to declare a new 'State of Emergency' or reinstate coronavirus restrictions in response to the variant of concern, Omicron. Northam instead encouraged those who are unvaccinated to become vaccinated (Source).

- November 30: As of this date, 88.1% of the adult population in Virginia (18+) have received at least one dose, 77.1% of adults are fully vaccinated (Source).

## 2. Vaccination Equity in Virginia

At the end of November, over 12.7 million COVID-19 vaccine doses have been administered in Virginia (up from 11.52 million at the end of October), and over 14.95 million vaccines have been received (up from 13.42 million at the end of October) (Source). Virginia ranks tenth in the country for the percentage of distributed vaccines that have been administered (Virginia was eighth at the end of October), and 84.03% of vaccines received have been administered (Source). As of November 30, 74.4% of all Virginians have received at least one dose of a vaccine (up from 70% at the end of October) (Source), which is above the 70.2% national vaccination rate receiving at least one dose (Source). Over 5.53 million Virginians have been fully vaccinated (up from 5.36 million at the end of October), representing 64.9% of the population (up from 62.9% at the end of October), which is above the 59.4% national total fully vaccinated rate (Source). During November, on average, Virginia is administering approximately 31,285 vaccinations per day (slightly down from 31,617 at the end of October) (Source)

### Figure 1: Vaccinations by Age (One dose), as of 11/30/21




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 November, 95.1% of those ages 65+ are vaccinated, up from 91.9% at the end of October (Source).

### Vaccinations for Under 45

In November, Virginia began vaccinating children ages 5 to 11 years old (Source). Since May 2021, Virginia has been vaccinating those ages 12 and older. Reported age ranges are: 5-11,

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 noted in the previous month's report, Virginia's increasing vaccinations based upon age continue to be a success story. At the end of November, 44.3% (600,151) of those ages 5 to 17 had been vaccinated with at least one dose. Over 6 million (74.8%) Virginians ages five and older have been vaccinated with at least one dose, and 80.0% of those 12 and older have been vaccinated with at least one dose, 81.0% of those 18 and older have been vaccinated with at least one dose (up from 78.2% at the end of October). Data are also reported for percentages of the population vaccinated with at least one dose: 22.2% (160,206) of 5-11-year-olds; 68.4% (289,235) of 12-15-year-olds; 71.9% (150,710) of 16-17-year-olds; 69.1% (551,694) of 18-24-year-olds; 70.4% (838,583) of 25-34-year-olds; and 78.8% (876,998) of 35-44-year-olds (Source).

### Race and Ethnicity

In past months, missing data was a significant limitation in assessing vaccine equity, especially regarding race and ethnicity. Of note in July 2021, 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 approximately 297,000. Still, at the end of October, missing data remains an issue. As of November, 515,374 vaccinations (up from 475,232 at the end of October) have no race and ethnicity data reported (Source).

Further, to enhance equity analysis, VDH recently enhanced its COVID-19 dashboards and reporting to provide clearer comparisons, especially among local health districts and to track data over time, of cases, hospitalizations, deaths, and vaccination rate (Source; Source).

**Table 1: Race, COVID-19 Cases, Deaths, and Vaccinations in Virginia, as of 11/30/21**

| | % of people with at least one dose of reported Race/ Ethnicity* | % Points from White* | % of Total Vaccinations Received by Race* | % with at Least One Dose** | % of Cases ** | % of Deaths ** | % of Total Population |
|---|---|---|---|---|---|---|---|
| **White** | 61% | N/A | 52.3% | 62.8% | 55.3% | 65.7% | 61% |
| **Black** | 59% | -3% | 15.5% | 58.4% | 22.1% | 24.5% | 19% |
| **Hispanic** | 68% | +6% | 9.1% | 73.3% | 13.6% | 5.7% | 10% |
| **Asian** | 87% | +25% | 8.5% | 84.7% | 4.1% | 3.3% | 7% |

Sources: *Kaiser Family Foundation and **VDH Data portals

As shown in Table 1 and Figure 2, as of November 30, the critical race and ethnicity breakdowns for those receiving at least one dose are as follows and represent disparities for communities of color, including Blacks and Hispanics:

- 58.4% of Blacks have been vaccinated (down from 61.5% at the end of October). Blacks are 19% of the population yet have received 15.5% of doses.

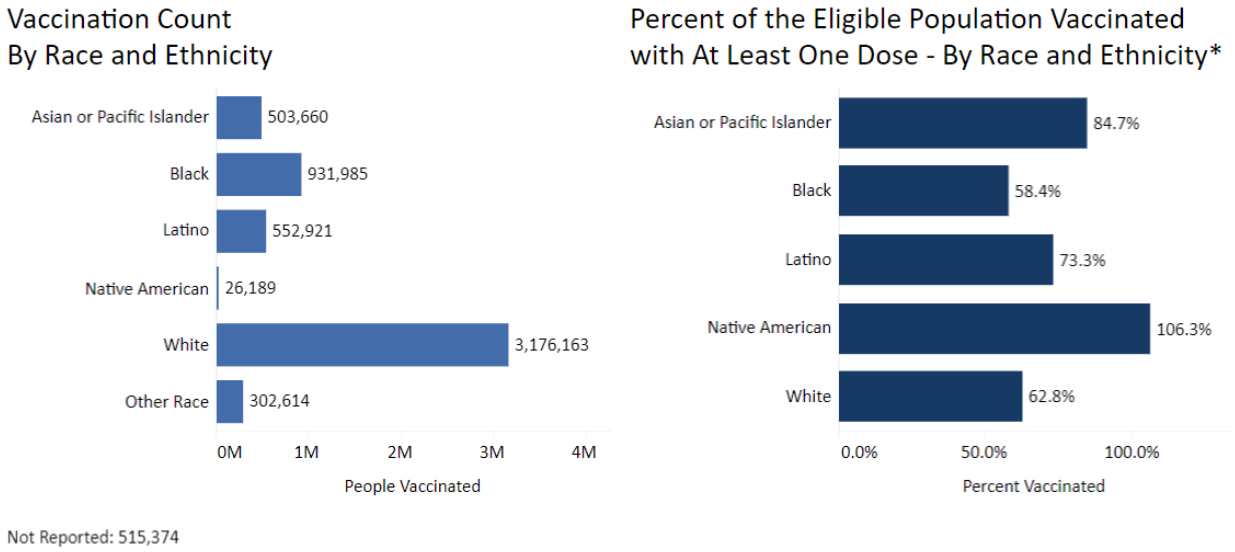
- 73.3% of Hispanics have been vaccinated (down from 79.8% at the end of October). Hispanics are 10% of the population and have received 9.1% of doses.

- 84.7% of Asians or Pacific Islanders have been vaccinated (down from 86.2% at the end of October). Asians or Pacific Islanders are 7% of the population and have received 8.3% of doses.

- 62.8% of Whites have been vaccinated (down from 64.2% since the end of October). Whites are 61% of the population and have received 52.8% of doses (Source).

No significant changes have occurred in populations' percentages of cases and deaths. However, disparities are still evident. In terms of ***cases***, Blacks and Hispanics experience a higher percentage of cases than their percentages in the population. In terms of ***deaths***, Whites and Blacks experience a higher percentage of deaths than their percentages in the population. Finally, regarding percentages of eligible populations vaccinated with at least one dose, Blacks still are vaccinated less (58.3%) than Whites (62.8%), although this gap is narrowing. Further, as noted in last month's report, it was previously estimated that 61.5% of Blacks, 79.8% of Hispanics, and 84.7% of Asians or Pacific Islanders had received at least one dose. However, with improvements in data reporting, these numbers are shown to actually be slightly lower. Racial gaps in vaccinations rates appear to have closed for some populations. The percentage of Hispanics (73.3%) and Asians (84.7%) continue to be vaccinated at a higher percentage than Whites; those rates have decreased since last month (79.8% for Hispanics and 86.2% for Asiana at the end of October).

### Figure 2: Vaccinations by Race (One dose), as of 11/30/21



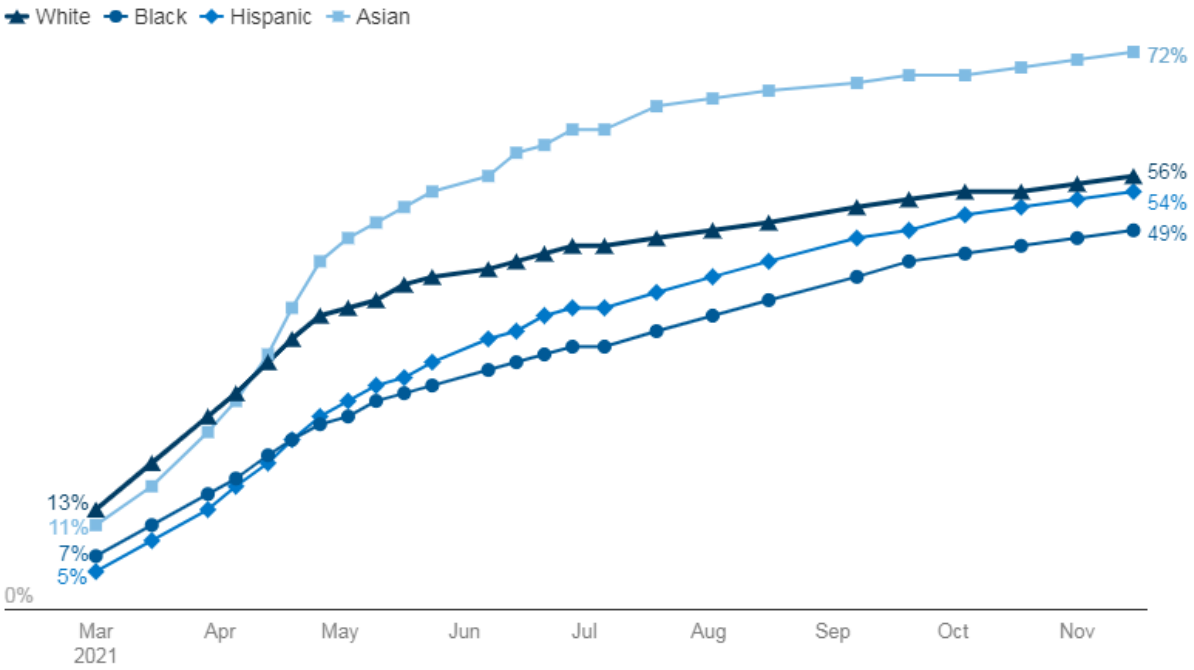

Not Reported: 515,374

Source

### Vaccinations by Race

The percent of Whites who have received at least one vaccine dose has increased since spring 2021 (Figure 3). The percentage of Blacks, Hispanics/Latinos, and Asians as a share of total vaccinations has also increased. However, disparities persist. Whites (56%), Blacks (49%), and Hispanics (54%) are vaccinated at rates lower than Asians (72%) in the United States (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 November 15, 2021**




Source: Kaiser Family Foundation

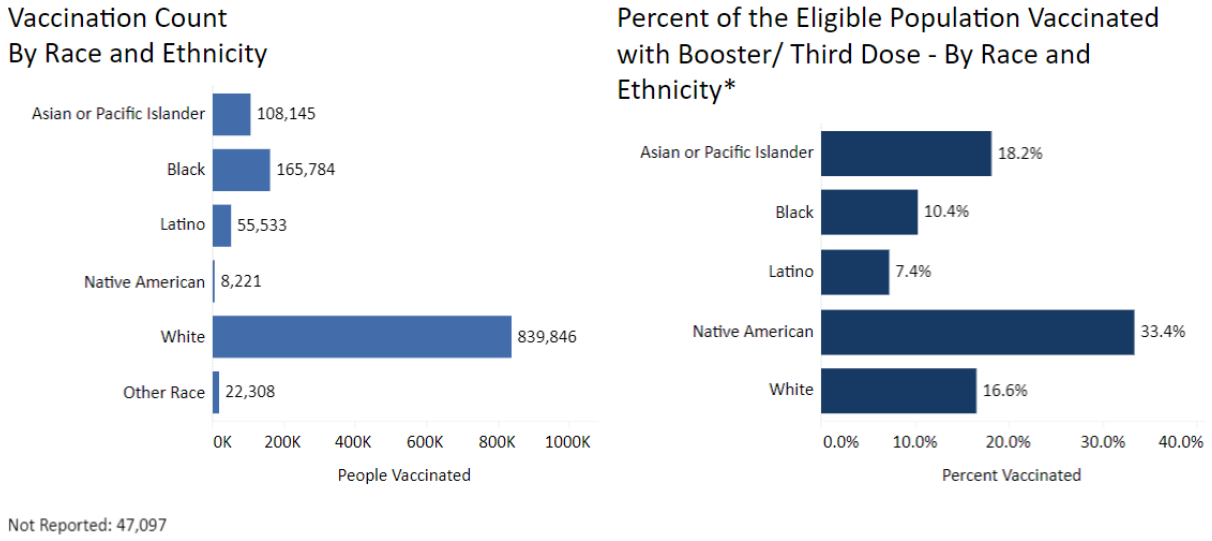
### Booster Shots: Race and Ethnicity

Booster shots appear to be outpacing first doses in adults in Virginia. As was the case last month, disparities remain 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 comprise 61% of the population yet have received 70% (839,486) of booster shots (down from 73.3% at the end of October), and 16.6% of this population are vaccinated with a booster
- Blacks comprise 19% of the population yet have received 13.8% (165,784) of booster shots (up from 12.2% at the end of October), and 10.4% of this population are vaccinated with a booster
- Asians or Pacific Islanders comprise 7% of the total population and have received 9.0% (108,145) of booster shots (up from 7.7% at the end of October), and 18.2% of this population are vaccinated with a booster

- Latinos comprise 10% of the total population yet have received 4.6% (55,533) of booster shots (up from 3.9% at the end of October), and 7.4% of this population are vaccinated with a booster.

### Figure 4: Booster Shots by Race and Ethnicity in Virginia, as of 11/30/21

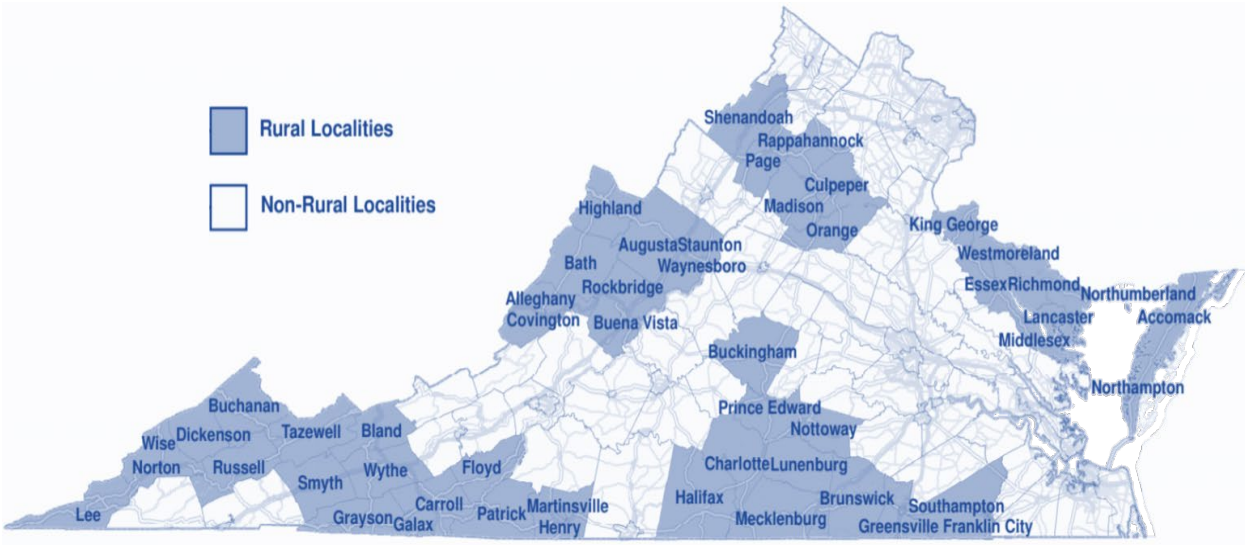



Source

### 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).

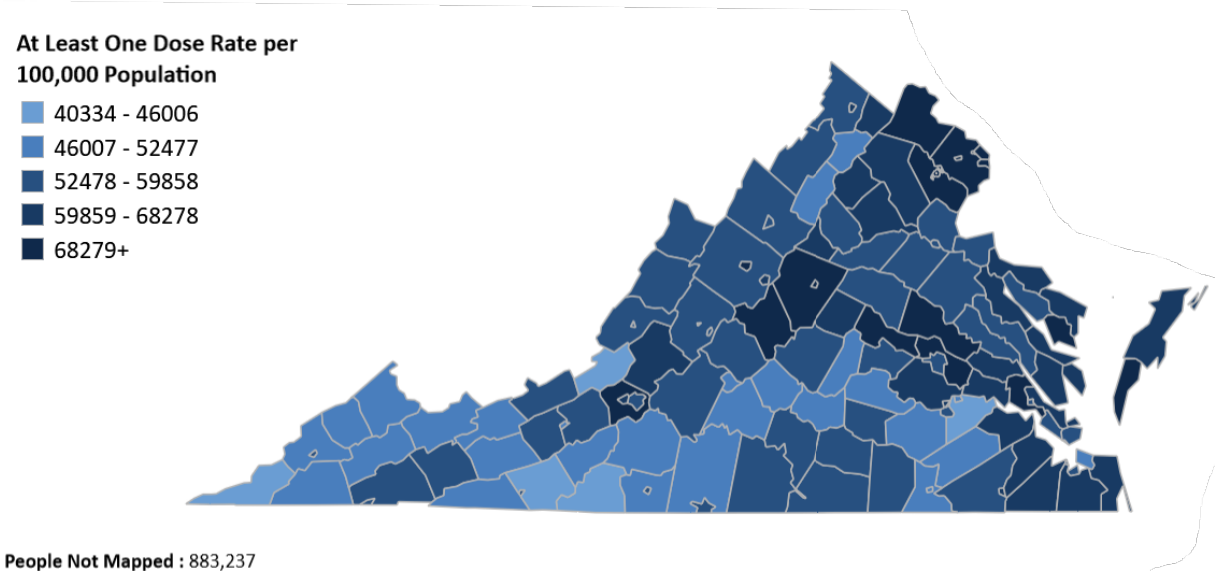
### Figure 5: Rural and Non-Rural Areas in Virginia




Source

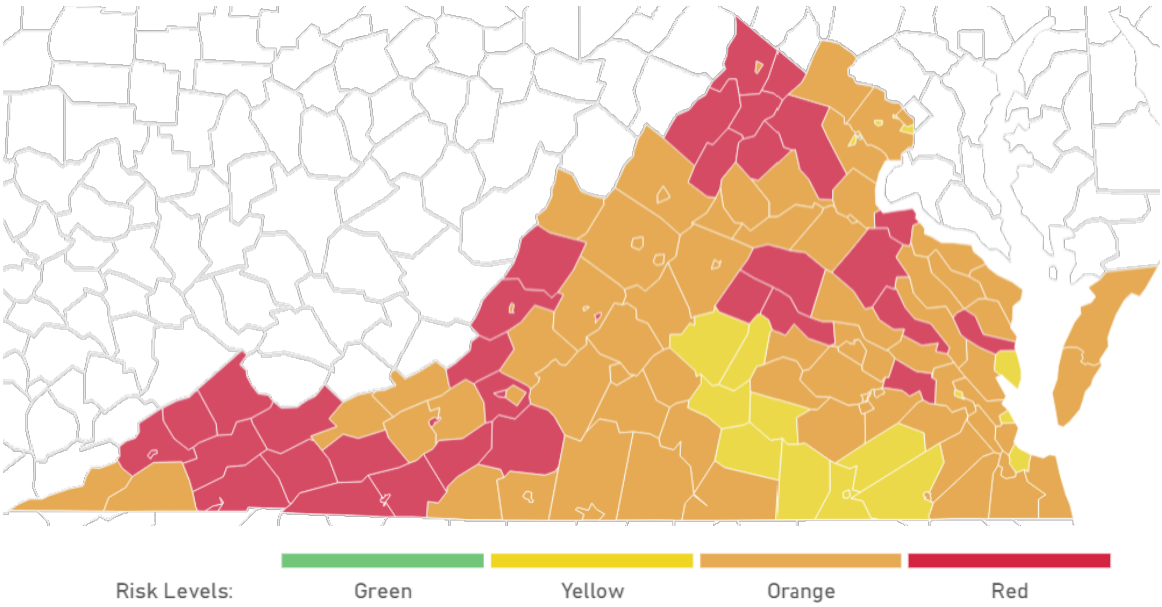
There is continued progress in vaccinations when comparing rural and urban areas. Still, noted concentrations of lower vaccinations (rate per 100,000 population) are evident in the south-central and southwest portions of the state. Further, demand for vaccines appears to be slightly higher at the end of November than at the end of October and September. Elevated risks levels (Figure 7) remain for several rural localities, concentrated in Virginia's southwest, central, and northwest regions (Source).

**Figure 6: Vaccinations by Locality – Rate per 100,000 Population, as of 11/30/21**




Source

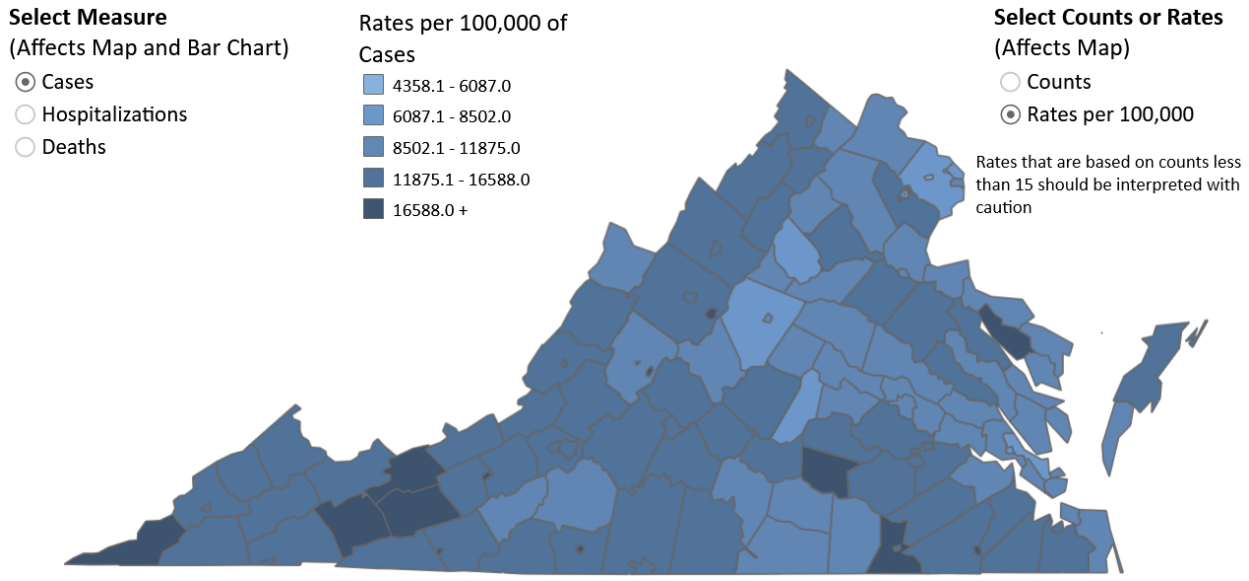
**Figure 7: COVID-19 Risk Levels by Locality, as of 11/30/21**




Source

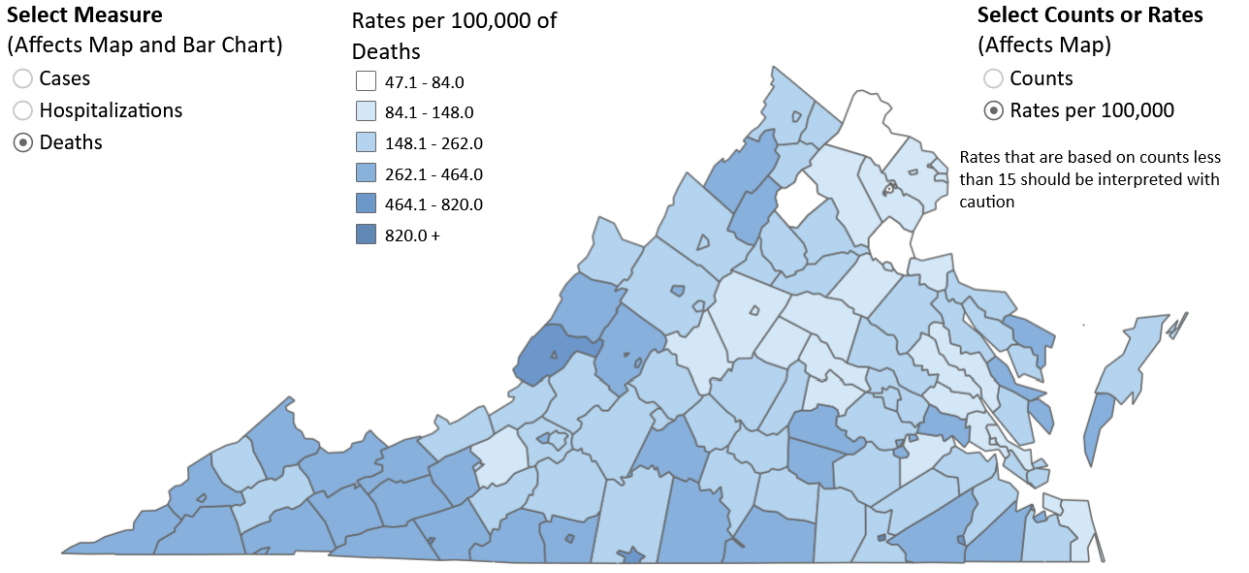
As shown in Figures 8 and 9, urban and rural disparities are evident in cases as measured by rates per 100,000 people. More rural counties continue to show disproportionate cases, with notable concentrations in the southeast, south-central, and southwest portions of the state. As was the case in the past month, at the end of November, rural counties disproportionately experienced deaths related to COVID-19, other portions of the state, particularly north-central portions, continue to show improvements in numbers of deaths (Figure 9).

### Figure 8: Cases of COVID-19 in Virginia: Urban and Rural, as of 11/30/21




Source

### Figure 9: Deaths from COVID-19 in Virginia: Urban and Rural, as of 11/30/21



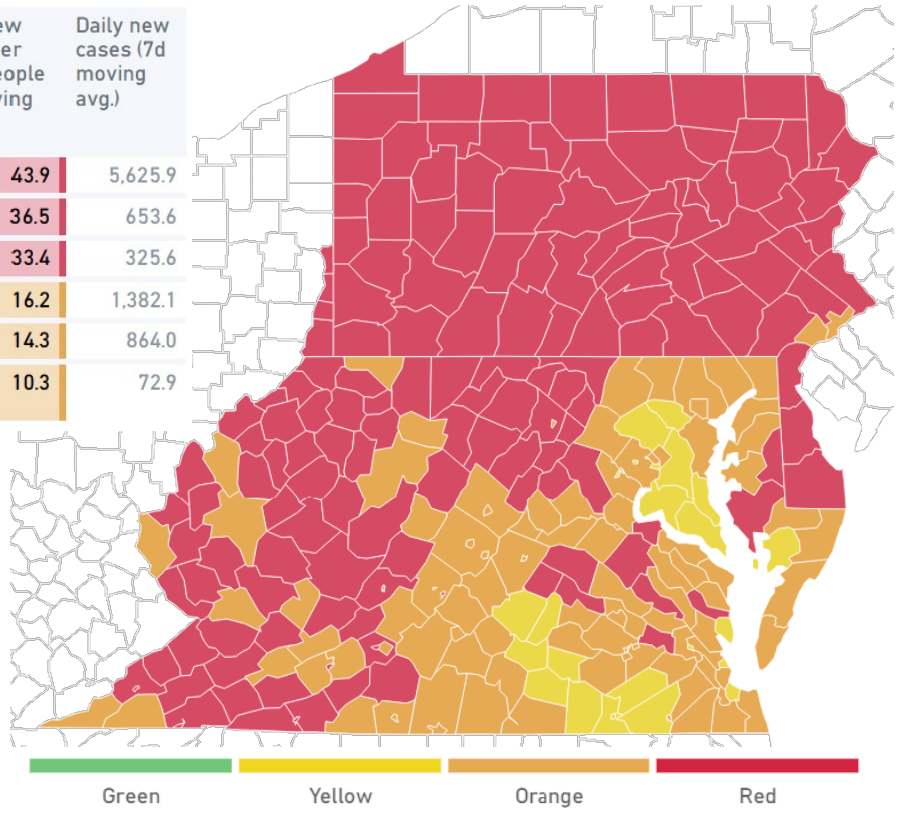

Source

## 3. Vaccinations in FEMA Region 3

Virginia is a part of FEMA Region 3, including Delaware, the District of Columbia, Maryland, Pennsylvania, and West Virginia. Regarding risk levels in November (Figure 10), all Region 3 shows concerning trends, yet positives are also evident. By the end of November, a significant portion of this region has relatively lower risk levels, particularly in Maryland and Virginia. Measured as a seven-day moving average, as of 11/30/21, the Commonwealth has 1,382.1 new daily cases (down from 1,432.9 new cases at the end of October) at 16.2 new cases per 100,000 people (down from 16.8 at the end of October). Virginia ranks fourth out of six for COVID-19 risk level in the region (Virginia also ranked fourth at the end of October and September).

**Figure 10: COVID-19 Risk Levels* by County across FEMA Region 3, as of 11/30/21**

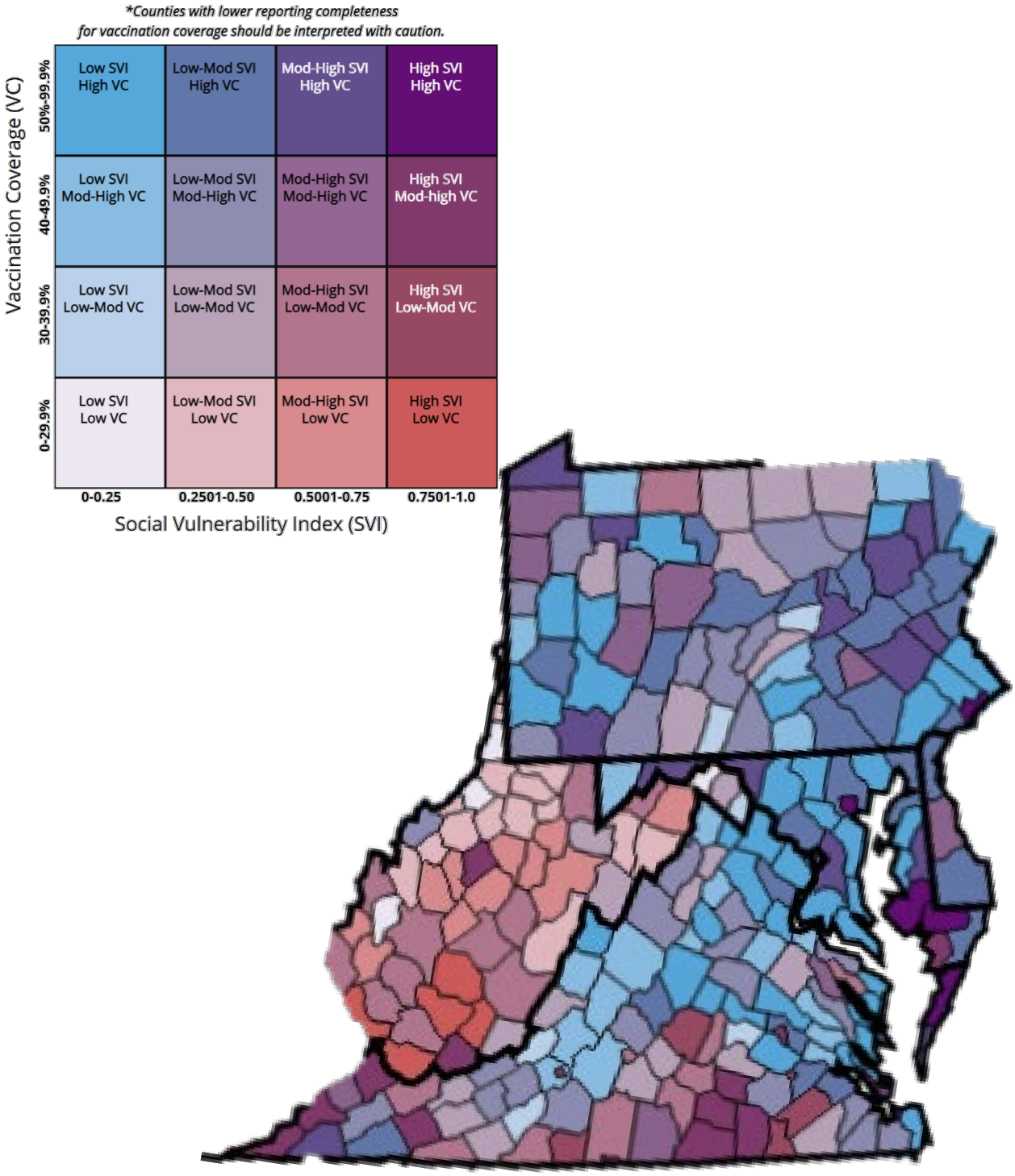
| State/County | Rank | Daily new cases per 100k people (7d moving avg.) | Daily new cases (7d moving avg.) |
|---|---|---|---|
| Pennsylvania | 1 | 43.9 | 5,625.9 |
| West Virginia | 2 | 36.5 | 653.6 |
| Delaware | 3 | 33.4 | 325.6 |
| Virginia | 4 | 16.2 | 1,382.1 |
| Maryland | 5 | 14.3 | 864.0 |
| District of Columbia | 6 | 10.3 | 72.9 |




Source

Further, as shown in Figure 11 below, updated FEMA data concerning linkages between vaccination coverage (low to high) and rankings on the social vulnerability index (SVI). As shown below, Pennsylvania, Virginia, and West Virginia particularly face high SVI and low vaccination coverage issues. In Virginia, these issues affect almost all areas of the state, with particular clusters in the southwest, south-central, and central regions. The Commonwealth should prioritize outreach, particularly for those with high SVI yet low vaccination coverage (seen on the map in purple).

**Figure 11: Percent of Population Fully Vaccinated by Social Vulnerability Index, FEMA Region 3, as of 11/30/21**




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 closing 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 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, across FEMA Region 3, Blacks tend to be under-vaccinated as compared to Whites. In Virginia, Blacks are three percentage points from Whites. Significantly, 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 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 11/15/2021**

| | 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% | 46% | 1.1 | −6 | 55% | 0.9 | 3 | 64% | 0.8 | 12 |
| **District of Columbia** | 56% | 47% | 1.2 | −9 | 63% | 0.9 | 7 | 78% | 0.7 | 22 |
| **Maryland** | 70% | 64% | 1.1 | −6 | 69% | 1.0 | −1 | 82% | 0.9 | 11 |
| **Pennsylvania** | 55% | 60% | 0.9 | 5 | 40% | 1.4 | −15 | 37% | 1.5 | −18 |
| **Virginia** | 61% | 59% | 1.0 | −3 | 68% | 0.9 | 6 | 87% | 0.7 | 25 |
| **West Virginia** | 52% | 53% | 1.0 | 1 | NR | NR | NR | NR | NR | NR |

Source: Kaiser Family Foundation

### Under 40 Vaccinations

As shown in Table 3, Virginia continues to be far ahead of the national average for vaccinations for those under the age of 40. Improvements from September to November for Virginia are notable in each age category. In Virginia, for all ages, vaccination percentages rose between September and November. This far outpaces the national average for all ages, in which improvements were evident. Notably, the rate of vaccinations for 5-11-year-olds is over ten percentage points higher in Virginia than in the United States.

**Table 3: Virginia–U.S. Vaccination Comparisons, Ages 5-39, as of 11/30/21**

| | | | | | | |
|---|---|---|---|---|---|---|
| **Virginia (at least one dose)** | **Months** | **Ages 5-11** | **Ages 12-15** | **Ages 16-17** | **Ages 18-24** | **Ages 25-34** |
| | November | 22.2% | 68.4% | 71.9% | 69.1% | 70.4% |
| | 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 5-11** | **Ages 12-15** | **Ages 16-17** | **Ages 18-24** | **Ages 25-39** |
| | November | 8.7% | 7.6% | 7.6% | 9.2% | 20.5% |
| | 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.

## 4. Vaccine Hesitancy

With over 12.7 million vaccination doses administered, and as the total number of Virginians who have received at least one dose approaches 6.4 million (74.4% of the population), Virginia's vaccination rates continue to surpass those of many other states (Source; Source). However, over 25% of Virginia's eligible population is unvaccinated (Source).

With the recent approval of a COVID-19 vaccine for children ages 5 through 11, child vaccination rates are of particular interest (Source). As of November 30, 44.3% of children ages 5 to 17 are vaccinated in Virginia (Source). In July 2021, a Virginia Department of Emergency Management COVID-19 Hesitancy Poll (Source) was conducted by the Research Institute for Social Equity (RISE) at the L. Douglas Wilder School of Government and Public Affairs at VCU. It examined the perceptions of parents in Virginia regarding vaccinating their children. The poll found that 59% of parents with children ages 12 to 17 were willing to vaccinate their children (a 7-point decrease from another RISE poll conducted in May), and 53% of parents said that they were ready to vaccinate their children ages 11 and under (a 10-point decrease from the May poll). Additionally, 33% of parents with children ages 12 to 17 indicated that they were not at all likely to vaccinate their children (a 10-point increase from May), and 38% of parents said that they were not at all likely to vaccinate their children ages 11 and under (an 11-point increase from May).

There were racial differences in parental willingness to vaccinate their children, with fewer White parents saying that they are likely to vaccinate children ages 12-15 (52%) and ages 11 and under (44%) compared to Black parents (61% and 62%, respectively).

Nationwide data also shows parental hesitancy to vaccinate children, though reluctance in Virginia may be of less concern. As of October 28, data from the Kaiser Family Foundation indicate that about 50% of parents said that their children in this age range have already received the vaccine or will do so right away. In addition, 27% of parents with children ages 5 to 11 said that they would get their child vaccinated as soon as possible, while about a third said they would wait and see how the vaccine is working before vaccinating their young child. In comparison, 31% of parents with a child ages 12 to 17 and 30% of parents with a child ages 5 to 11 said that they would not get their child vaccinated (Source).

Primary concerns noted by parents when it comes to vaccinating their young children included potential unknown long-term effects of the vaccine, potentially serious side effects of the vaccine, and a potential impact of the vaccine on their child's future fertility (Source).

Some parents, especially those of lower incomes, noted barriers that they faced in vaccinating their children. These included having to miss work to get their child vaccinated, paying out-of-pocket costs to get their child vaccinated, the inability to have their child vaccinated at a place they trust, and trouble traveling to a place where they could get their child vaccinated (Source).

Political partisanship continues to be increasingly crucial in predicting COVID-19 vaccination status (Source). One-quarter of adults in the U.S. say they have not gotten vaccinated; Republicans increasing comprise a larger share of those who remain unvaccinated (60%) compared to unvaccinated Democrats (17%) and Independents (17%) (Source).

## 5. Policy and Administrative Updates

| **Legislative Updates** |
| --- |
| • No new updates |
| **Executive Updates** |
| • On November 12, Governor Ralph Northam announced that 83% of adults in Virginia had been vaccinated, and 75% were fully vaccinated (Source).<br>• On November 29, President Biden ordered additional air travel restrictions from South Africa and seven other countries in response to the Omicron variant spread through Southern Africa (Source). |

| Agency Updates |
| --- |
| • On November 2, the Centers for Disease Control and Prevention (CDC) recommended pediatric COVID-19 vaccinations for children ages 5 to 11 years old (Source).<br>• On November 9, the CDC expanded eligibility for COVID-19 booster shots to all adults ages 18 years and older who received a Pfizer-BioNTech or Moderna vaccine at least six months after their second dose (Source). Adults who received the Johnson & Johnson/Janssen vaccine should get a booster two months after the initial vaccine (Source).<br>• On November 19, the Food and Drug Administration (FDA) amended the emergency use authorizations for both the Moderna and Pfizer-BioNTech COVID-19 vaccines authorizing the use of a single booster dose for all individuals 18 years of age and older after completion of primary vaccination with any FDA-authorized or approved COVID-19 vaccine (Source).<br>• On November 22, the FDA authorized three over-the-counter COVID-19 antigen diagnostic tests for people age 14 years or older with a self-collected nasal swab sample or people age two years or older when an adult collects the nasal swab sample (Source). |
| **Court Updates** |
| • On November 18, the Supreme Court of Virginia extended the Thirty-first Order of Declaration of Judicial Emergency through December 15, 2021 (Source). |

## 6. On the Horizon

Virginia continues to make progress relative to vaccinations and vaccination equity. During November, there were gains in vaccination rates across the Commonwealth; over one-million COVID-19 vaccine doses were administered in Virginia during the month, and Virginia has vaccinated individuals at a greater rate than the national average. For all eligible age groups, vaccination percentages outpaced the national average. Notably, the rate of vaccinations for 5-11-year-olds is over ten percentage points higher in Virginia than in the United States.

The FDA recently approved three new over-the-counter COVID-19 antigen diagnostic tests for home use. Testing capacities in the United States have fallen behind that of other leading countries (Source). Easy, inexpensive at-home COVID-19 tests are an essential tool to detect new variants and stop the spread of the coronavirus (Source).

Pediatric COVID-19 vaccinations were also recently approved for children ages 5 to 11 years old, and vaccinations rates have grown for children ages 5 to 17. Virginia vaccinated more than 35,000 children in just the first week of Virginia's pediatric COVID-19 vaccination rollout. In addition to these efforts, VDH has partnered with school systems and libraries across the

Commonwealth to distribute COVID-19 rapid antigen at-home test kits at no cost. The pilot program began in mid-November and will run through the end of December.

At the end of the month, a report of a new COVID-19 variant, Omicron, caused concern across the globe. The World Health Organization (WHO) designated the Omicron variant a 'variant of concern' based on the evidence that its mutations may impact how easily it spreads or the severity of illness it causes (Source). Further, the CDC is closely following developments (Source). Is it unknown how well the vaccines will work against this new variant, and further studies are needed (Source). Though the magnitude of transmissibility and severity of infection by Omicron are still unknown, there are important equity concerns, including increasing the disproportionate impacts of COVID hospitalizations and deaths for vulnerable communities, as well as poorer nations. As of December 1, 2021, the Omicron variant was found in California.

Closer to home, on November 2, 2021, Virginians elected new leadership at the state level, which resulted in a shift in political party leadership from Democratic to Republican in terms of the Governor, Lieutenant Governor, Attorney General, and the majority of seats in the Virginia House of Delegates. While leadership transition understandably brings a re-ordering of priorities, issues of diversity, equity, and inclusion are core, non-partisan values of American government. It remains critical that leaders, policymakers, and decision-makers equitably strengthen vaccinations and access to state services, resources, and information across the Commonwealth of Virginia and address the systemic biases and historical antecedents that undergird the disproportionate impact of the coronavirus. Thus, it is recommended that the Governor's Office of Diversity, Equity, and Inclusion, the Office of Health Equity at the Virginia Department of Health, and the Equity Working Group and Task Force supervised by the Virginia Department of Emergency Management remain an integral part of ensuring equity in the response and recovery of the COVID-19 pandemic.

# 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.