VDH Plan for Equitable Distribution of COVID-19 Vaccine

FEBRUARY 2022

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

This monthly report is from the Office of Health Equity in the Virginia Department of Health. It provides an overview of vaccination equity in the Commonwealth of Virginia, including key equity accomplishments, for January 2022.

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:

Impact of the Omicron Variant

- VDH announces that it will no longer contact trace each case of COVID-19 but will instead focus their efforts on outbreaks and cases in high-risk settings. This change is due to several factors including the recent surge in cases and the shorter incubation period of the Omicron variant. These factors make it harder to contact trace each case (Source).
- On January 20, Governor Youngkin issued an executive order that will continue to offer hospitals, nursing homes, and other health care providers extra flexibility as they deal with the latest COVID-19 surge. He also laid out the details for his "COVID Action Plan" that will prioritize vaccine education, outreach, and distribution, and tackle testing supply shortages (Source).

Increased Average Daily Cases

- Looking at the last 60 days, starting from the end of November 2021, Virginia saw the highest number of average daily cases in the month of January (Source).
- On January 13, 2022, the average number of daily cases in Virginia peaked at 207.3 per 100,000. This is compared to 17.8 per 100,000 on November 27, 2021 (Source).

Vaccination Rates

- 70.7% of Virginia's population was fully vaccinated and 83.3% had received one dose of the vaccine (Source).

Impacts on Children

- On January 26, a child younger than ten died after contracting COVID-19. The child was the eighth Virginia child under ten to die from the virus (Source).
- As of January 26, 18 individuals younger than 20 have died from COVID-19 in Virginia (Source).

1. Key Equity Announcements and Critical Updates

This section details equity-related announcements regarding COVID-19 in the Commonwealth of Virginia during the month. It also provides information on critical updates relevant to Virginia's responses to COVID-19. Equity announcements and critical updates from January include:

- January 3: The Virginia Beach Department of Public Health announces that it will host a free COVID-19 testing event on Wednesday, January 5, 2022 (Source).
- January 3: The Rappahannock-Rapidan Health District partners with Culpeper County to host free drive through COVID-19 testing on January 6th (Source).
- January 4: Virginia Beach City Public Schools and the Virginia Beach Department of Public Health partnered to offer free COVID-19 and Flu vaccinations to students, faculty, staff, and the general public, the week of January 3, 2022 at two schools (Source).
- January 4: After a period of inclement weather, VDH announces it will reopen all of its Community Vaccination Centers (CVCs) on Wednesday, January 5, 2022 (Source).
- January 4: VDH's Southside Health District announces that it will offer four COVID-19 testing events this month at two locations, one each in Mecklenburg and Halifax counties (Source).
- January 5: VDH's Pittsylvania-Danville Health District announces that it will offer free COVID-19 testing on January 18th (Source).
- January 5: VDH's Southside Health District announces that it is offering three weekly COVID-19 vaccination clinics in the month of January (Source).
- January 5: The Roanoke City & Alleghany Health Districts issue guidance to help minimize the risk of transmission in K-12 schools. The guidance includes recommendations for vaccination, physical distancing when possible, and masking (Source).
- January 5: State Vaccination Coordinator Christy Gray releases a statement regarding the CDC's endorsement of strengthened Pfizer-BioNTech COVID-19 booster dose recommendations for 12–17 year olds, all Pfizer boosters after five months, and third doses for immunocompromised 5–11 year olds. VDH announces that it is immediately adopting the recommendations from the CDC (Source).
- January 6: The Piedmont and Chesterfield Health Districts offer Pfizer booster shots for 12-15 year olds (Source; Source).
- January 7: The Piedmont Health District announces that it will offer a free COVID-19 testing event on January 12 from 9 a.m. to noon at the Victoria Railroad Park (Source).
- January 10: The Norfolk Health Department announces that a Community Testing Center (CTC) will open on January 11 to provide free Polymerase Chain Reaction (PCR) testing for COVID-19 to increase availability in response to public demand (Source).
- January 10: VDH's Southside Health District announces that it will offer a free COVID-19 testing event on January 14 at the Brunswick County Conference Center (Source).
- January 11: The Pittsylvania-Danville Health District announces that it will host two additional free COVID-19 vaccination clinics in January (Source).
- January 11: The Southside Health District announces that it will offer Pfizer BioNTech booster shots for 12 to 15 year olds effective immediately (Source).

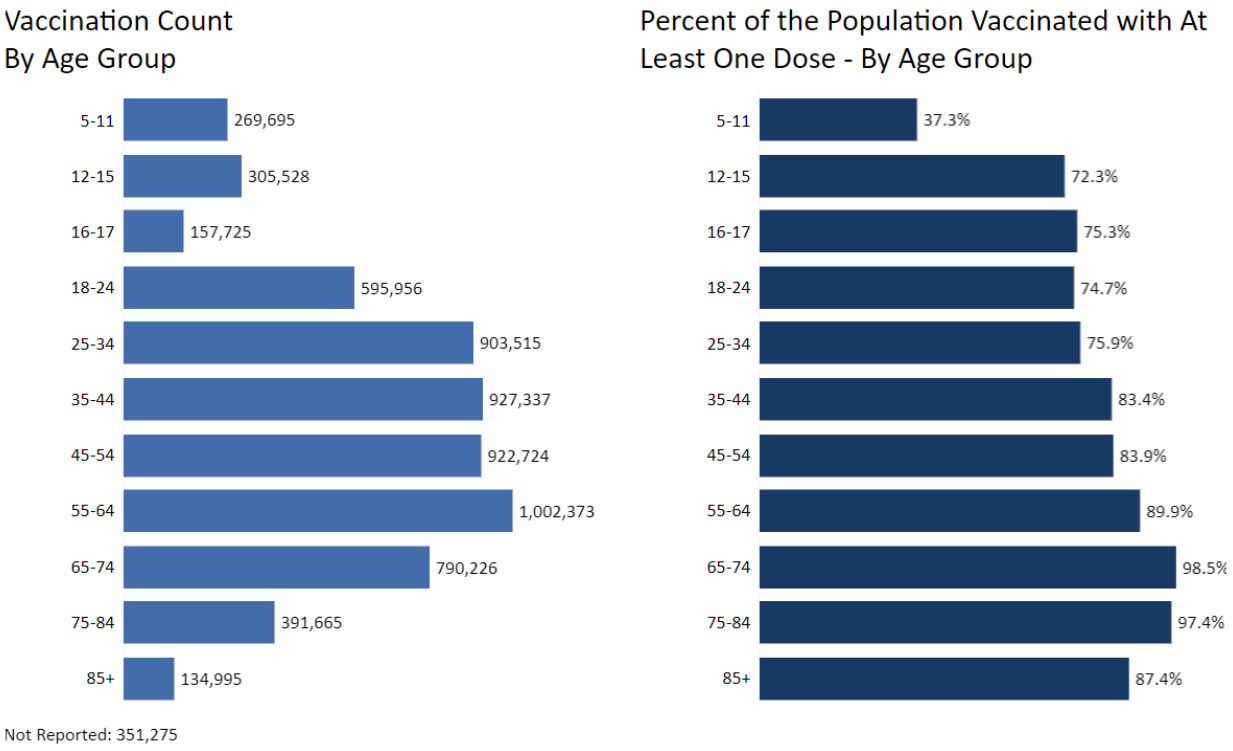
- January 11: In response to an increasing number of individuals seeking testing, the Crater Health District announces that it is expanding testing efforts across the district by increasing the number of Community Testing Events and adding Antigen Testing Kit Distribution Event sites (Source).
- January 12: The Pittsylvania-Danville Health District announces that it will offer free COVID-19 testing on January 15 at the Riceville/Java EMS Station (Source).
- January 13: The Piedmont Health District announces that it will offer two additional free COVID-19 vaccination clinics on January 18 and 19. The clinics will offer first, second, additional primary, and booster doses (Source).
- January 14: VDH's award-winning COVIDWISE exposure notifications app hits a record level of use. Over 2.5 million Virginians are using COVIDWISE (Source).
- January 14: The Lord Fairfax Health District announces that it will offer three free COVID-19 testing events in Front Royal on January 19, 26, and February 2 (Source).
- January 14: VDH announces closure of community testing centers on Sunday ahead of inclement weather (Source).
- January 15: Glenn Youngkin is sworn in as Virginia's governor (Source).
- January 16: Inclement weather continues to impact community testing availability. VDH closes some vaccination and testing centers and delays the opening of others (Source).
- January 17: The Pittsylvania-Danville Health District cancels a Chatam COVID-19 testing event on January 18 due to inclement weather. They announce that it will be rescheduled, date to be determined (Source).
- January 18: The Chesterfield Health District opens a free community COVID-19 testing center that will be open from Mondays to Thursdays from 9 a.m. to 6 p.m. (Source)
- January 18: The Pittsylvania-Danville Health District partners with a local McDonald's restaurant to provide COVID-19 vaccinations on January 20 from 2 to 6 p.m. at the Chatham McDonalds (Source).
- January 18: The Lord Fairfax Health District partners with a local Dollar General store to provide COVID-19 vaccinations on January 21 from 8 a.m. to 5 p.m. (Source)
- January 19: Due to the ongoing surge in COVID-19 cases, the LENOWISCO and Cumberland Plateau Health Districts change their COVID-19 case investigation and follow-up process. They will no longer be providing individuals with clearance letters to return to work or school following COVID-19 infection or exposure. They will also stop providing written communications that exclude people from work or school due to illness or exposure. These changes are due to the health districts being overwhelmed by the number of cases and not being able to provide written letters for all individuals. They still recommend that individuals infected with COVID-19 seek clearance letters from other healthcare providers (Source).
- January 19: The Crater Health District offers free additional COVID-19 testing sites across the district in response to the recent surge in COVID-19 cases (Source).
- January 19: VDH delays the opening of some vaccination and testing centers and closes all centers early on Thursday and Friday ahead of a winter storm (Source).
- January 20: Loudoun County cancels an outdoor January 21 COVID-19 testing event ahead of inclement weather (Source).

- January 20: The Southside Health District announces that it is canceling a COVID-19 testing event scheduled for January 20 due to inclement weather and will reschedule it for a later date, to be determined (Source).
- January 20: Loudon County posts information on their blog informing the public about COVID-19 home tests, how to use them, and what to do with the results (Source).
- January 20: The Piedmont Health District announces that it will offer four additional COVID-19 vaccination clinics the following week (Source).
- January 21: The Chesterfield Health District announces a delayed opening for the Rockwood Vaccination Clinic on Saturday due to potential inclement weather (Source).
- January 25: Due to the surge in cases, VDH announces that it is refocusing its COVID-19 efforts to target congregate settings (Source).
- January 27: VDH announces that Southside Health District will offer a Moderna COVID-19 vaccination clinic on February 11 (Source).
- January 27: VDH's Piedmont Health District announces that it will offer two COVID-19 vaccination clinics on February 3 and 5 (Source).
- January 27: VDH's Chesterfield Health District announces that it will close its vaccination clinic on Friday and Saturday due to potential inclement weather (Source).
- January 27: Richmond community vaccination centers and community testing centers will close early on Friday and remain closed on Saturday and Sunday due to inclement weather (Source).
- January 27: VDH announces its COVID-19 Community Vaccination and Testing Centers in Norfolk (Military Circle) and Newport News (Sherwood) will be closed Saturday, January 29 and Sunday, January 30 due to expected inclement weather (Source).
- January 27: VDH's LENOWISCO Health District partners with local Dollar General stores to provide COVID-19 vaccinations (Source).
- January 28: Virginia Beach City Public Schools and the Virginia Beach Department of Public Health partner to offer free COVID-19 and Flu vaccinations to students, faculty, staff, and the general public, the week of January 31, 2022 at two schools (Source).
- January 28: VDH's Lord Fairfax Health District partners with several local Dollar General stores to provide free COVID-19 vaccinations throughout the month of February (Source).
- January 28: The Virginia Beach Department of Public Health cancels the vaccine and testing clinics scheduled for Saturday January 29, 2022 due to potential inclement weather (Source).
- January 28: Loudoun County schedules COVID-19 testing events for Tuesday, February 1, and Friday, February 4, 2022 (Source).
- January 31: VDH's Chesterfield Health District announces that its community testing center at the Chesterfield Fairgrounds will begin accepting walk-ins (Source).

2. Vaccination Equity in Virginia

At the end of January, over 14 million COVID-19 vaccine doses have been administered in Virginia, and over 17.4 million vaccines have been received (Source). With 70.57% of the population fully vaccinated (over 6 million people), Virginia ranks 10th in the country for the percentage of the population that has been fully vaccinated against COVID-19 (Source). At present, 79.1% of all Virginians have received at least one dose of a vaccine (Source), which is above the 75.3% national total vaccination rate receiving at least one dose (Source). Over 6 million Virginians have been fully vaccinated, representing 70.57% of the population, which is above the 63.8% national total fully vaccinated rate (Source). On average, Virginia is administering approximately 8,460 vaccinations per day (Source).

Figure 1: Vaccinations by Age (One Dose)



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 January, 96.9% of those ages 65+ were vaccinated (Source).

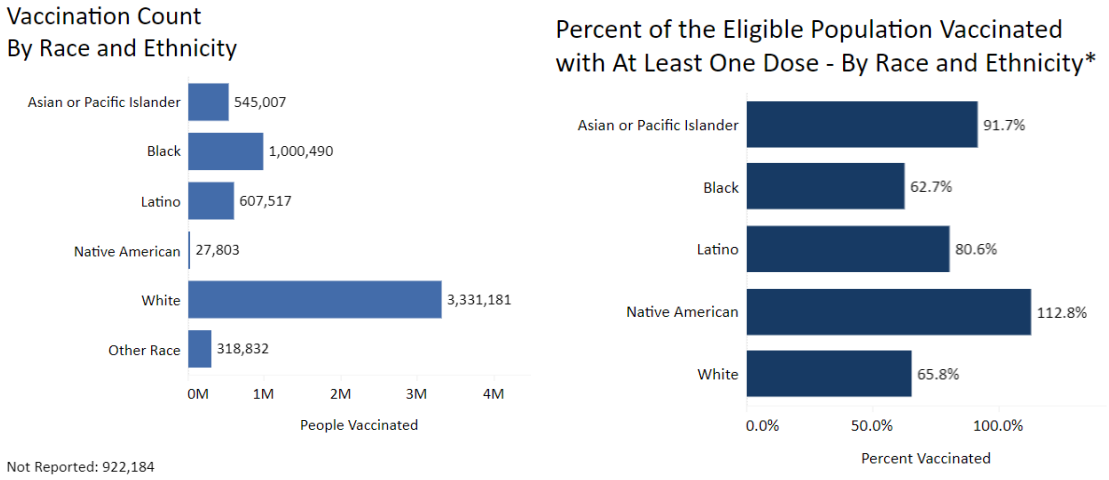
Vaccinations for Under 45

The reported age ranges in Virginia are: 5-11, 12-15, 16-17, 18-24, 25-34, and 35-44. As seen in Figure 1, 54.1% of those younger than 18 have been vaccinated with at least one dose. 84.1% of

individuals older than 5 and 88.7% of individuals older than 12 have received at least one dose. Furthermore, 90.2% of the population over the age of 18 have been vaccinated with at least one dose. Data are also reported by each age group for percentages of the population vaccinated with at least one dose: 37.3% of 5-11 year olds, 72.3% of 12-15 year olds, 75.3% of 16-17 year olds, 74.7% of 18-24 year olds, 75.9% of 25-34 year olds, 83.4% of 35-44 year olds (Source).

Race and Ethnicity

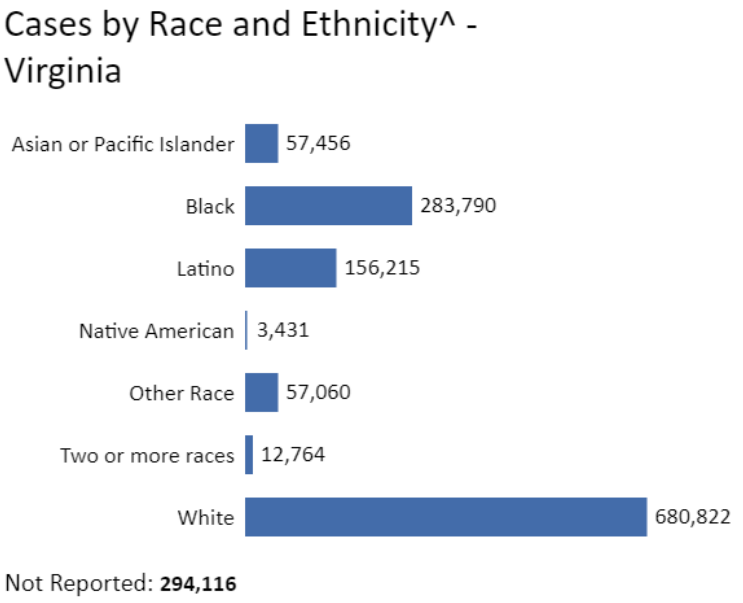
Figure 2: Vaccination Count and Percent of Population Vaccinated by Race and Ethnicity (One Dose)



As shown above in Figure 2, as of January 31st, the key race and ethnicity breakdowns for those receiving at least one dose are as follows:

- First, Blacks have received 17.2% of all vaccinations and 62.7% have been vaccinated with at least one dose.
- Second, Hispanics have received 10.4% of all vaccinations and 80.6% have been vaccinated with at least one dose.
- Third, Asians or Pacific Islanders have received 9.3% of all vaccinations and 91.7% have been vaccinated with at least one dose.
- Fourth, Whites have received 57.1% of all vaccinations and 65.8% have been vaccinated with at least one dose (Source).

Figure 3: Cases by Race and Ethnicity



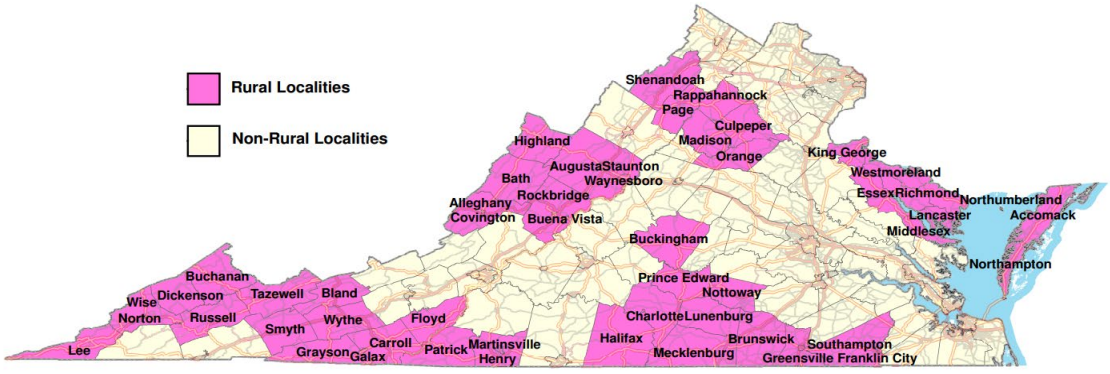
Source

As shown in Figure 3, cases continue to occur amongst Virginia's population, making it more important to focus efforts on vaccination. Also in Figure 3, 294,116 of the cases did not report a race or ethnicity. Moving forward, continuing to collect data on race and ethnicity will be crucial to making more progress on vaccine equity in Virginia. This is especially true given the spread of the Omicron 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.

Rural Areas

Figure 4 below displays the rural (non-metropolitan) areas in Virginia as defined by the Office of Management and Budget (OMB) (Source). Areas in pink are rural localities while areas in beige are considered non-rural (as defined by the OMB).

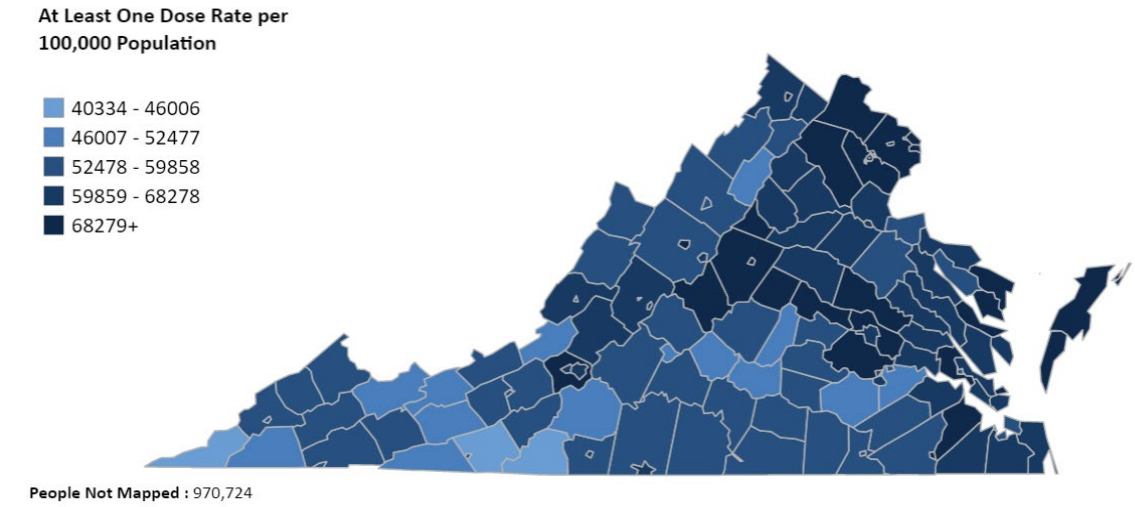
Figure 4: Rural and Non-Rural Areas in Virginia



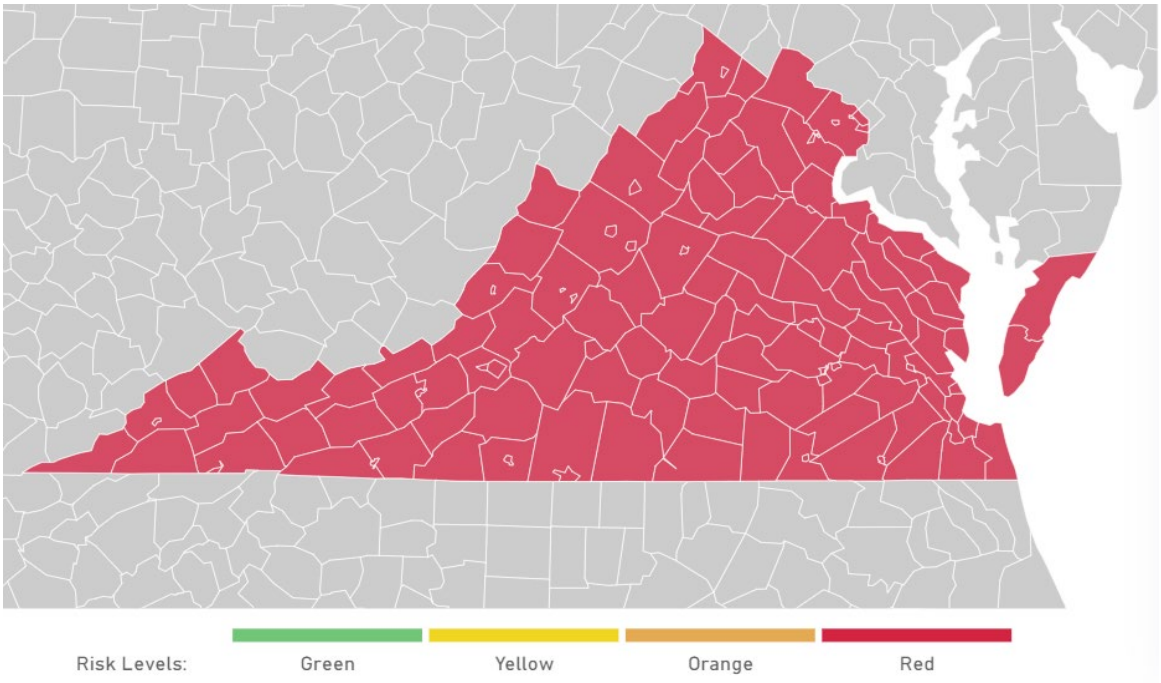
Source

Rural areas, especially in south-central and southwest 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 5). Further, vaccination hesitancy continues to be an issue throughout the Commonwealth. Throughout January, and as seen in Figure 6, Virginia saw a noted rise in highly elevated risk levels across the Commonwealth, with all regions being at "high risk" (Source).

Figure 5: Vaccinations by Locality – Rate per 100,000 Population



Source



Source

Infections and Deaths Since Vaccine Availability

VDH continues to note how the data reveal that vaccinations have saved lives (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. As shown in Table 1, disparities detailed in earlier reports remain. Whites represent 61% of the population, they represent 57% of cases (a rise of 6% from September) and 66% of deaths (a rise of 2% from September). Blacks represent 19% of the population yet 22% of cases (no change since September) and 24% of deaths (1% less than September). Further, Hispanics are 10% of the population yet 15% of cases. When comparing the percentages in the population, both Blacks and Hispanics still disproportionately contract COVID-19, and Blacks disproportionately die from it.

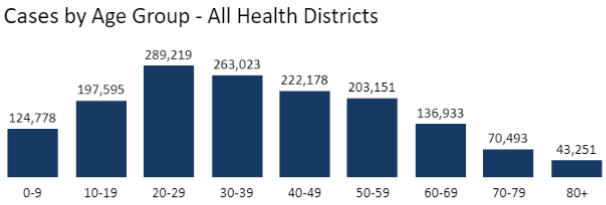
Table 1: Comparisons of COVID-19 Cases, Deaths, and Population

	% of Cases	% of Deaths	% of Total Population
White	57%	66%	61%
Black	22%	24%	19%
Hispanic	15%	6%	10%
Asian	4%	3%	7%

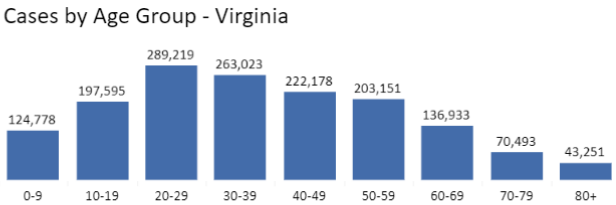
Source

Second, patterns concerning cases and deaths by age and sex remain similar in January 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.

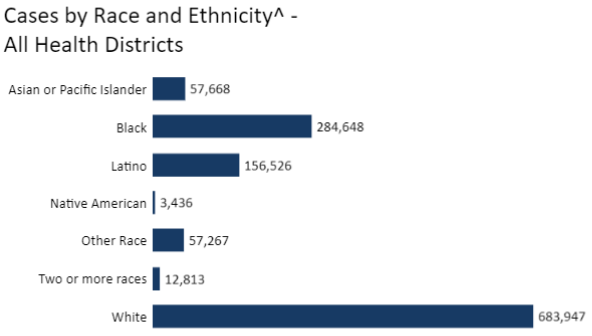
Figure 7: Cases of COVID-19 in Virginia: Demographics



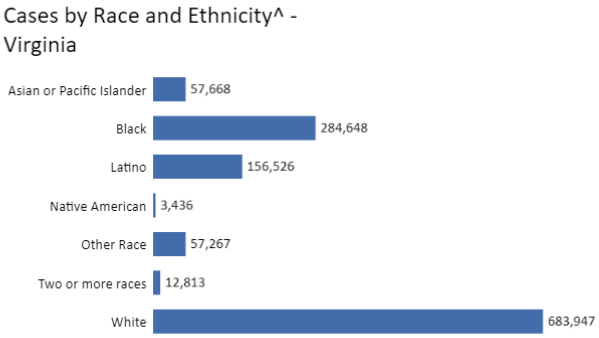
Not Reported: **1,084**



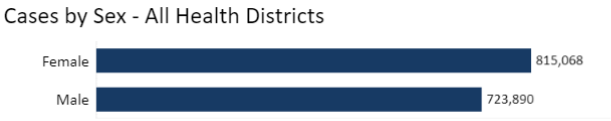
Not Reported: **1,084**



Not Reported: **295,418**



Not Reported: **295,418**

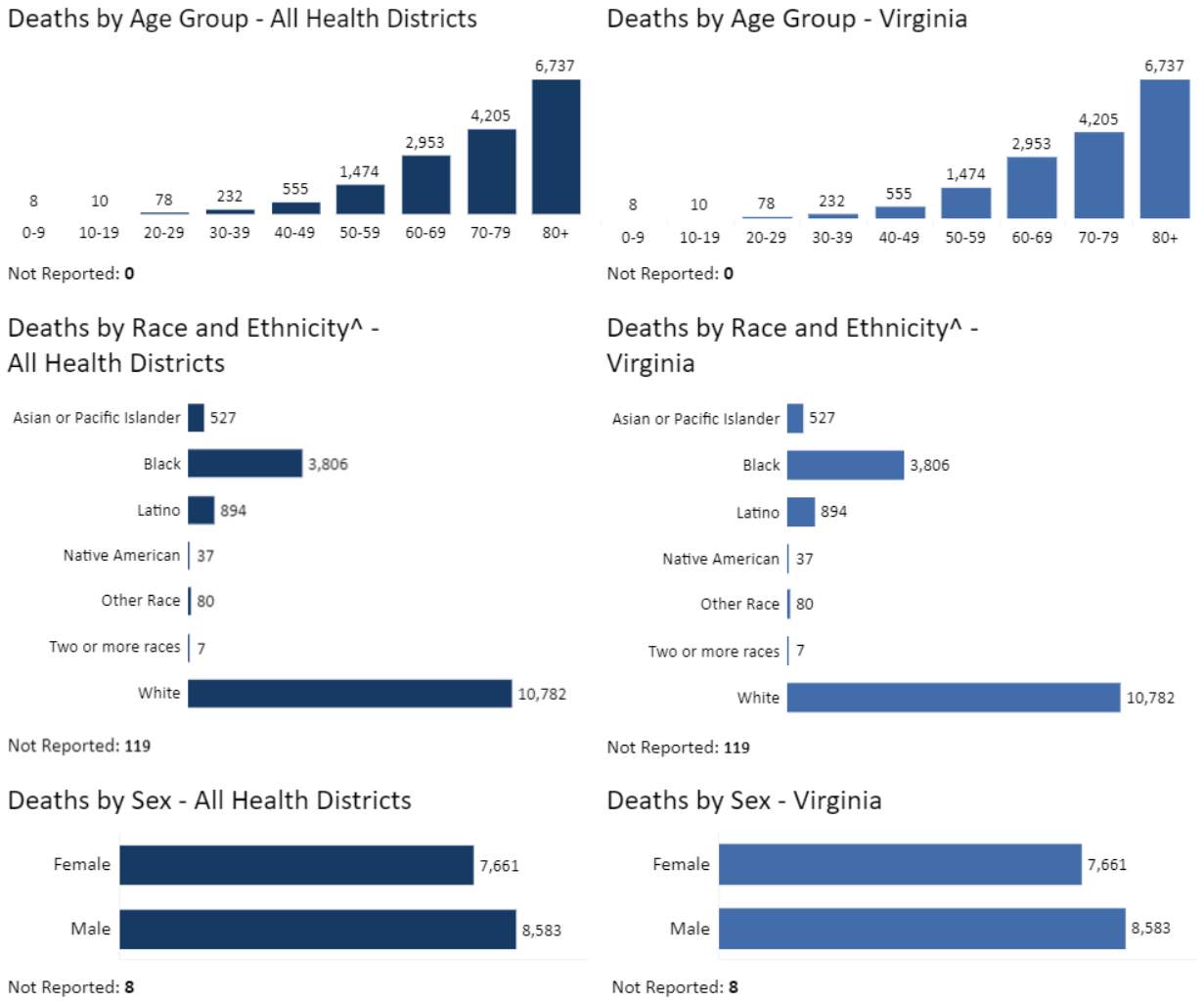


Not Reported: **12,747**

Not Reported: **12,747**

[Source]

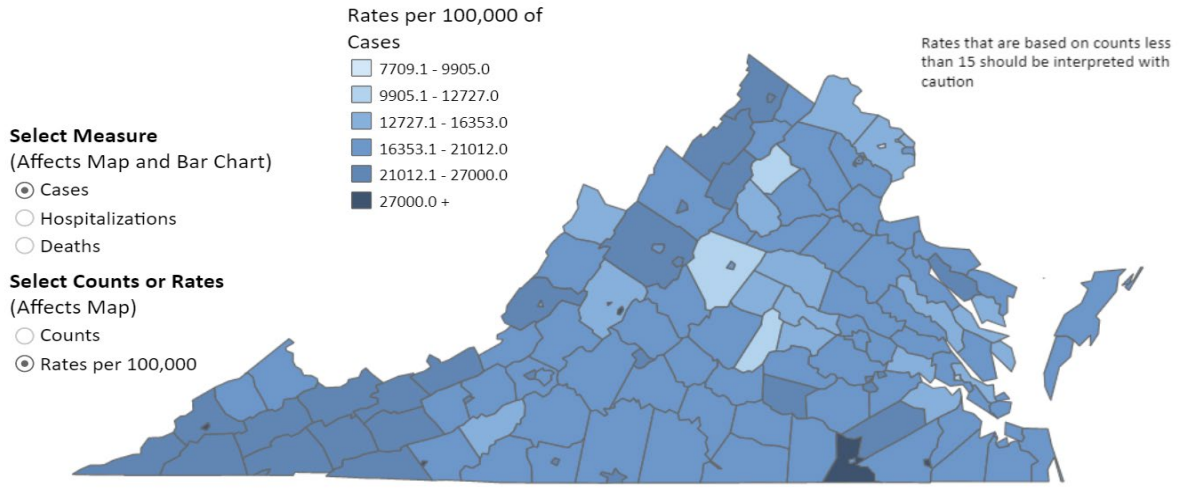
Figure 8: Deaths by COVID-19 in Virginia: Demographics



Source

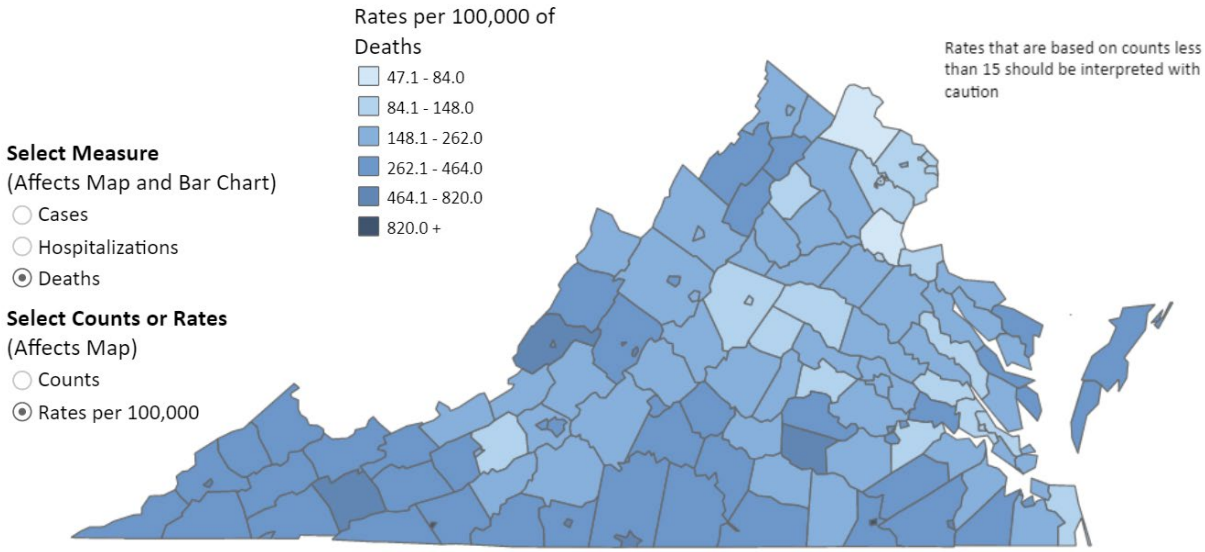
Third, as shown in Figures 9 and 10, urban and rural disparities continue to be evident in terms of cases as measured by rates per 100,000 people, which appear exacerbated as the Omicron variant has led to a massive rise in risk. More rural counties continue to show disproportionate cases, with notable concentrations in the southeast, south-central, and southwest portions of the state. No area of Virginia has been immune to the rapid rise in risk levels. As was the case in previous months, rural counties disproportionately experienced deaths related to COVID-19 in January. Additionally, while there have not been any major changes in county-level divides on deaths, there are noted spikes in the southwest, south-central, southeast, and northwest portions of the state.

Figure 9: Cases of COVID-19 in Virginia: Urban and Rural



Source

Figure 10: Deaths from COVID-19 in Virginia: Urban and Rural



Source

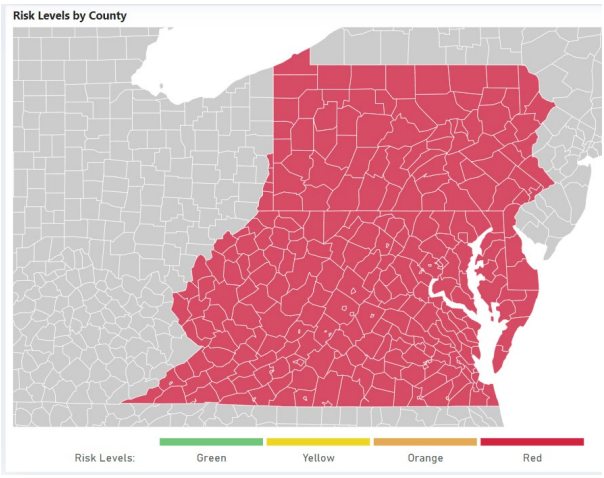
3. Vaccinations in FEMA Region 3

Virginia is a part of FEMA Region 3, which includes Delaware, the District of Columbia, Maryland, Pennsylvania, and West Virginia. In January, Virginia ranked second in the region in terms of COVID-19 vaccine doses administered per 100 people (Source).

Regarding risk levels in January (Figure 11), all of Region 3 continues to see concerning risk levels. Virginia is also seeing some concerning trends. The Commonwealth has 9,194.0 new daily cases, a seven-day moving average at 107.7 new cases per 100,000 people. This places Virginia second out of sixth in FEMA Region 3 in terms of COVID-19 risk level.

Figure 11: COVID-19 Risk Levels by County across FEMA Region 3

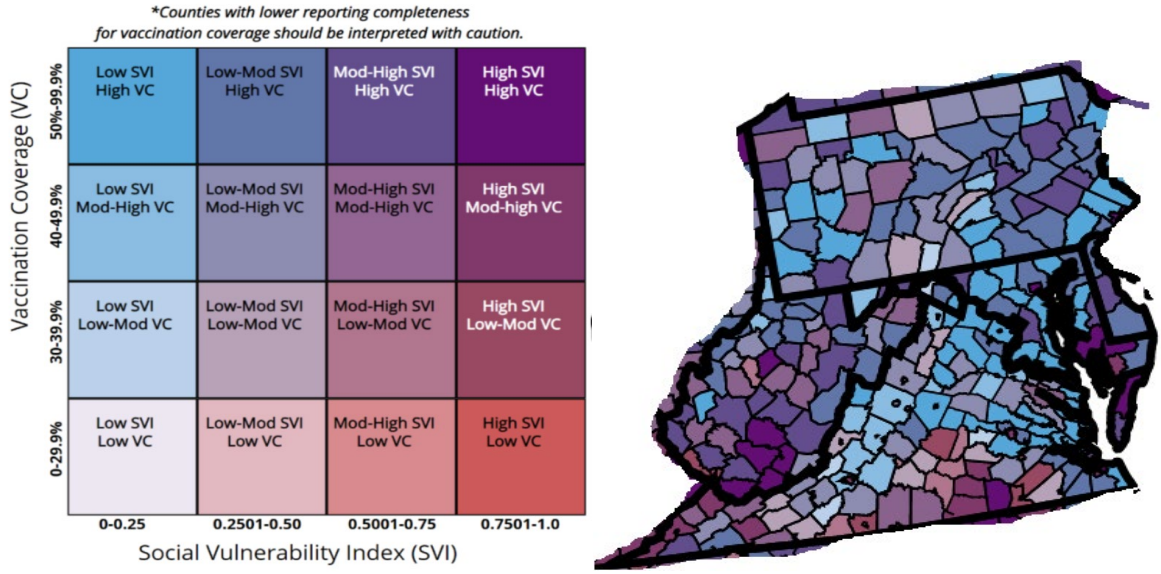
State/County	Rank	Daily new cases per 100k people (7d moving avg.)	Daily new cases (7d moving avg.)
West Virginia	1	195.4	3,501.9
Virginia	2	107.7	9,194.0
Delaware	3	98.9	963.4
Pennsylvania	4	88.9	11,378.6
Maryland	5	40.1	2,424.1
District of Columbia	6	25.6	181.0



Source

Further, as seen in Figure 12 below, updated FEMA data are available concerning linkages between vaccination coverage (low to high) and rankings on the social vulnerability index (SVI). As shown below, Virginia particularly faces issues of high SVI and low vaccination coverage. In Virginia, these issues especially affect the south-central and southwest portions of the state.

Figure 12: Percent of Population Fully Vaccinated by Social Vulnerability Index, FEMA Region 3



Source

FEMA Region 3 and Race/Ethnicity

All areas in FEMA Region 3 continue to show racial disparities in the percentages of vaccines administered in January. 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 January 12, 2022.

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

Location	Black % of Cases	Black % of Total Population
Delaware	NR	22%
District of Columbia	58%	45%
Maryland	32%	30%
Pennsylvania	7%	10%
Virginia	22%	19%
West Virginia	5%	3%

Source

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

Location	Hispanic % of Cases	Hispanic % of Total Population
Delaware	NR	10%
District of Columbia	16%	11%
Maryland	17%	11%
Pennsylvania	13%	8%
Virginia	15%	10%
West Virginia	3%	1%

Source

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

Location	Asian % of Cases	Asian % of Total Population
Delaware	NR	4%
District of Columbia	2%	4%
Maryland	3%	6%
Pennsylvania	2%	4%
Virginia	4%	7%
West Virginia	<1%	1%

Source

Location	White % of Cases	White % of Total Population
Delaware	NR	61%
District of Columbia	20%	37%
Maryland	44%	50%
Pennsylvania	76%	76%
Virginia	57%	61%
West Virginia	92%	93%

Source

4. Trends Over Time

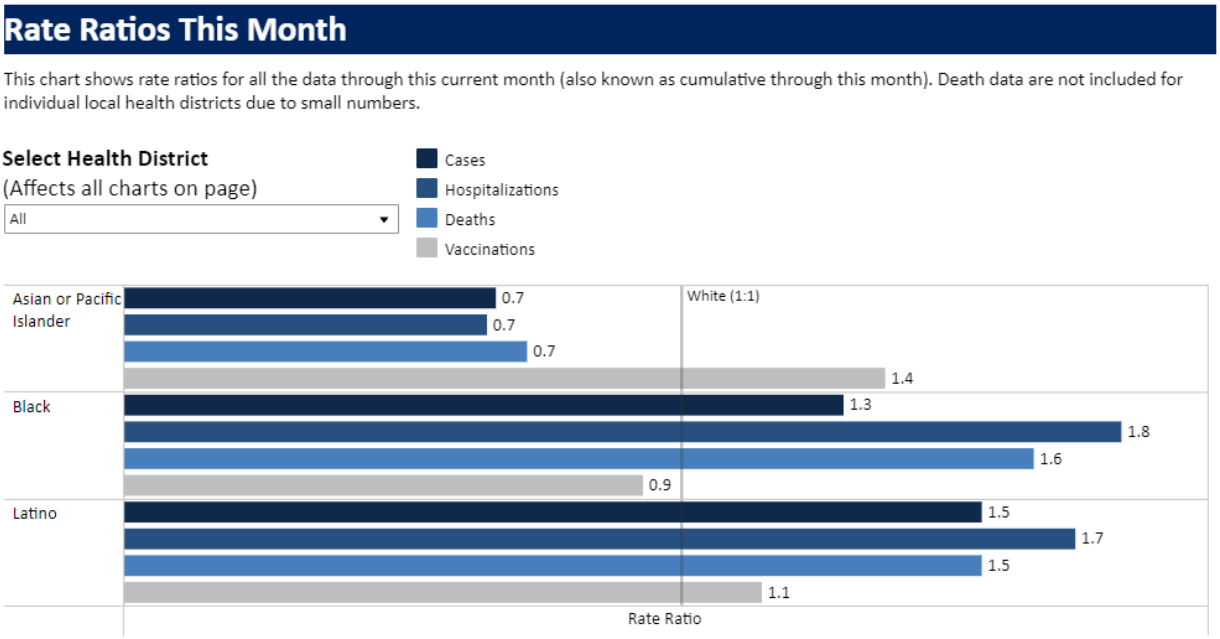
Almost two years into the COVID-19 pandemic, there are still inequities in overall vaccination rates. However, these inequities have declined over time. Overall, minorities have consistently had less access to vaccinations, and lower overall vaccination rates, than whites. In addition, the 7-day average increased during the winter due to the Omicron variant but began to decline at the end of January. 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, Whites make up 61% of the total population and 57.1% of the population with reported race and ethnicity that have been vaccinated with at least one dose. Blacks make up 19% of Virginia's total population but 17.2% of the vaccinated population (one dose). 10% of Virginia's population is Hispanic and 10.4% of the vaccinated population in Virginia is Latino. Asians make up 7% of Virginia's total population while Asian and Pacific Islanders make up 9.4% of the vaccinated population in the Commonwealth (Source; Source). While some progress has been made in closing the disparity gap for vaccinations amongst racial groups, the Black population is notably behind other minority groups in Virginia when it comes to vaccination percentages.

Furthermore, Blacks and Latinos carry an unequal burden of disease in Virginia when compared to Whites and Asians, as shown in Figure 17. Vaccinations occur amongst Blacks at only 0.9 times the rate of Whites. However, cases and deaths occur amongst Blacks at 1.3 and 1.6 times the rate of Whites, respectively. Amongst Latinos, vaccinations occur at 1.1 times the rate of Whites. Cases and deaths both occur amongst Latinos at 1.5 times the rate of Whites. VDH is currently working on addressing these health disparities.

Figure 17: Racial and Ethnic Distribution of Burden of Disease in Virginia (according to vaccinations, cases, deaths, and hospitalizations)

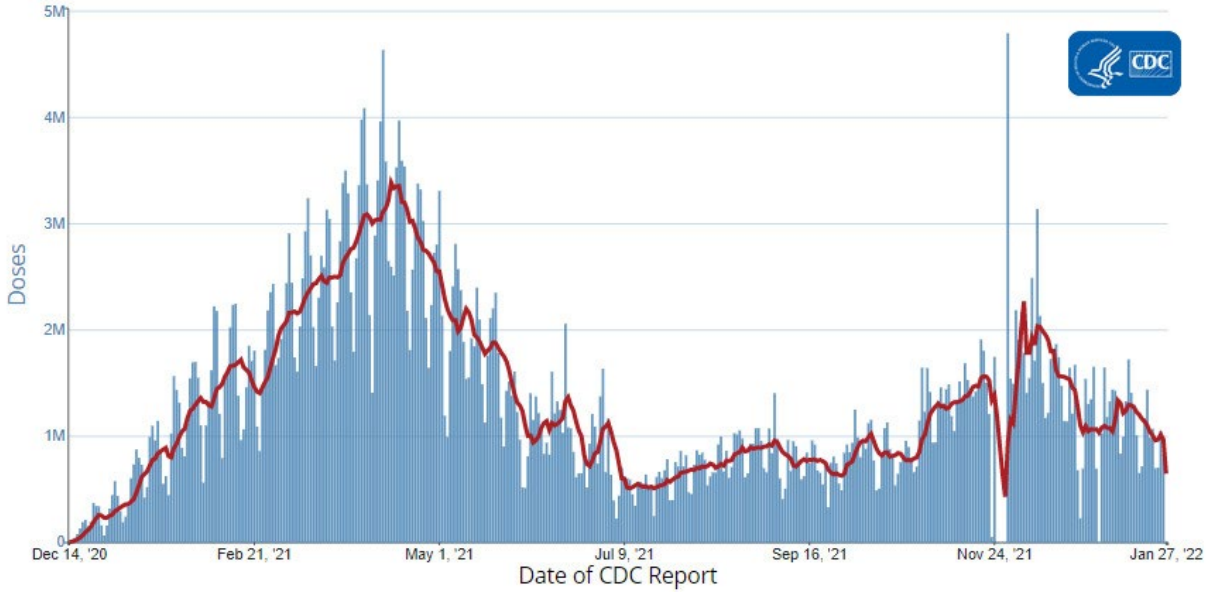


Source

Doses Administered

In Virginia, the 7-day average of doses administered has been on the rise since the month of October 2021. The month of January saw a gradual decline. As of February 2, 2021, Virginia's 7-day average of vaccines administered was 3,705 (Source). The peak number of vaccines administered in January was on January 11th at 29,391 (Source). These trends in Virginia generally match that of the United States as a whole, which saw an increase in demand for vaccines during the winter months when the Omicron variant was spreading and now has is seeing a decrease in demand from the second half of January onward (Source).

Figure 18: Daily Number of Administered COVID-19 Vaccine Doses and 7-Day Average in United States



(Blue bars represent daily numbers and red line shows 7-day average) Source

5. Vaccine Hesitancy

With over 14.8 million vaccination doses administered, and nearly 6.77 million people (78.8%) vaccinated with at least one dose, Virginia's vaccination rates surpass the national rate (75.1%) (Source; Source). This includes those who have received at least one dose as well as those who are fully vaccinated (63.6% of the U.S. population is fully vaccinated while 70.0% of Virginia's population is fully vaccinated). However, there is still 30% of Virginia's population who has not been fully vaccinated (Source). With the spread of the Omicron 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, there has not been much change between July 2021 and January 2022 when it comes to individuals who say that they will "definitely not" get vaccinated. Data indicate that, while 16% said that they would not get vaccinated in October 2021, 14% said that they would not get vaccinated in January 2022 (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. More recent polls have either not been conducted yet or the results have not yet been released.

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. Of those adults who have not gotten a vaccine:

- 62% are individuals under age 50
- 37% are between ages 30-49
- 49% have a high school education or less
- 62% identify as Republican
- 33% have annual incomes less than $40k
- 43% reside in suburban areas and 22% in rural areas
- 33% are White evangelicals (Source)

Vaccination Mandates

At the federal level, vaccination mandates are facing some pushback. On September 9, 2021, 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). In January 2022, the Biden Administration withdrew its mandate following the Supreme Court's decision to block it.

Many states and counties have enforced mandates of their own. California and the state of New York, for example, require state employees to be vaccinated. New York City and San Francisco require proof of vaccination for inside dining, gyms and other indoor activities. All city workers in New York City are required to be vaccinated with a $500 bonus for doing so. Los Angeles County requires proof of vaccination to enter indoor bars, nightclubs, breweries and wineries and requires people age 12 and older to be fully vaccinated before entering public indoor places (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.

6. On the Horizon

During January, Virginia saw COVID-19 cases being reported at levels higher than ever before. Hospitalizations have been steadily increasing since the end of summer and started to fall at the end of January after hitting two peaks during the winter. The number of deaths was lower in January 2022 than it was in September 2021, indicating that vaccinations are very effective. 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, nearly 30% of Virginia's population has not been fully vaccinated. Vaccination hesitancy remains of great concern. Recent reports show those who were unwilling to be vaccinated in late 2020 were 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 vaccination 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.