VDH Plan for Equitable Distribution of COVID-19 Vaccine

MARCH 2022

Office of Health Equity in the Virginia Department of Health

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. It provides an overview of vaccination equity in the Commonwealth of Virginia, including key equity accomplishments, for February 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

- *In January, VDH announced 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).*
- *In early February, Virginia health leaders announced that while they are confident that the Commonwealth has seen the worst of the omicron variant surge, new COVID-19 infections are still at historically high levels. The omicron variant continues to be the most dominant form of COVID-19 worldwide and in Virginia (Source; Source).*

Trends in Average Daily Cases

- *The highest number of average daily cases in Virginia for the month of February was on February 1st at 101.2 cases per 100,000 people. That number continued to fall throughout the month and by February 28th, the number of average daily cases had fallen to 19.6 cases per 100,000 people (Source).*
- *Since the end of November 2021, Virginia saw the highest number of average daily cases in the month of January 2022 and saw a fall in cases during the month of February (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 and 101.2 per 100,000 on February 1, 2021 (Source).*

Vaccination Rates

- *At the end of February 2022, 72.0% of Virginia's population was fully vaccinated and 84.5% 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).*
- *In the Roanoke-City Alleghany Health Districts, around 11 percent of the new COVID-19 cases were in children during the month of February (Source).*
- *As of March 3, 19 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 February include:

- February 1: VDH's Lord Fairfax Health District announced that it will offer three free COVID-19 testing events in Front Royal (Source).
- February 1: VDH's Central Shenandoah Health District announced that it will offer free Polymerase Chain Reaction (PCR) testing for COVID-19 as part of the Increasing Community Access to Testing (ICATT) partnership with the U.S. Department of Health and Human Services (Source).
- February 2: The Virginia Beach Department of Public Health announced that it will host a free COVID-19 and Flu vaccination clinic on Saturday, February 5 (Source).
- February 2: VDH's Southside Health District announced that it will offer the Pfizer BioNTech vaccine at its free COVID-19 vaccination clinic Friday, February 11 (Source).
- February 3: The Southside Health District announced that it will offer a free COVID-19 vaccination clinic on Tuesday, February 8 from noon to 6 p.m. at Southside Virginia Community College. The clinic will offer first, second, additional primary and booster doses of the Pfizer-BioNTech and Moderna vaccines (Source).
- February 3: The Piedmont Health District announced that it will offer a free COVID-19 vaccination clinic Saturday, February 12 at the Kenbridge Recreation Center. The clinic will offer first, second, additional primary and booster doses of all three vaccines (Source).
- February 3: The Crater Health District announced that it will offer free PCR testing for COVID-19 as part of the Increasing Community Access to Testing (ICATT) partnership with the U.S. Department of Health and Human Services. The Virginia Department of Health is receiving support from the U.S. Centers for Disease Control and Prevention (CDC) ICATT program to open these new testing locations. ICATT collaborates with pharmacies and commercial laboratories nationwide to provide testing resources to underserved communities at no-cost to the public (Source).
- February 4: VDH noted an increase in COVID-19-associated deaths on its COVID-19 dashboards due to the omicron surge. As of February 4, the majority of the COVID-19-associated deaths (92%) that were added occurred in January 2022 (Source).
- February 4: The Pittsylvania-Danville Health Districts announced that it will offer free PCR testing for COVID-19 as part of the Increasing Community Access to Testing (ICATT) partnership with the U.S. Department of Health and Human Services (Source).
- February 4: State vaccination coordinator Christy Gray, M.P.H., director of the Division of Immunization in the Office of Epidemiology, released a statement on the full licensure of the Moderna COVID-19 vaccine (Source).
- February 7: The Southside Health District announced that it is partnering with Dollar General to provide COVID-19 vaccinations at no cost at select stores in Halifax, Brunswick and Mecklenburg counties (Source).

- February 7: The Central Virginia Health District announced that it is partnering with Lynchburg City Schools to offer a mobile COVID-19 vaccination clinic on February 11 from 1 – 5 p.m. The clinic will be open to the public and will offer first, second, additional primary and booster doses of all three vaccines at no cost to the public (Source).
- February 7: Following a couple of weeks of lower demand for COVID-19 testing at the Richmond Raceway Community Testing Center (CTC), VDH and Richmond and Henrico Health Districts (RHHD) decided to transition the CTC into a mobile model. The change increased RHHD's ability to offer COVID-19 tests in a variety of locations and settings (Source).
- February 7: The Virginia Beach Department of Public Health announced it will host a free COVID-19 and Flu vaccination clinic on Wednesday, February 9 (Source).
- February 8: The Chesterfield Health District announced that the Community Testing Center (CTC) at the Chesterfield Fairgrounds is set to close as the demand for testing decreases. The last day of operation will be Thursday, February 10 (Source).
- February 8: The Southside Health District announced that it will offer a COVID-19 testing event Saturday, February 19 from 4 to 6 p.m. at the Tabernacle of Zion Church (Source).
- February 9: The Piedmont Health District announced the cancellation of a testing event originally scheduled for Monday, February 14 at the Prince Edward-Farmville Youth Association Gymnasium due to additional resources in the area (Source).
- February 9: The Southside and Pittsylvania-Danville and Southside health districts announced that they will offer free Polymerase Chain Reaction (PCR) testing for COVID-19 as part of the Increasing Community Access to Testing (ICATT) partnership with the U.S. Department of Health and Human Services (Source).
- February 9: The Rappahannock Area Health District (RAHD) released an update on COVID-19 testing. RAHD is increasing access to free COVID-19 testing with the recent addition of the CTC+ initiative, a vendor operated van with testing staff that will travel throughout the region to support expanded testing in communities that have low access to testing. The initiative involves discontinuing the Community Testing Center (CTC) at the FredNats Stadium, which will hold its last day of operations on Thursday, February 10. The addition of the CTC+ will allow for testing at flexible community testing sites (Source).
- February 9: The Norfolk Health Department announced that it is transitioning its COVID-19 testing to various locations. With this transition, the last day for operation at the Community Testing Center at the Norfolk Military Circle Mall will be Thursday, February 10. VDH is transitioning to a mobile testing initiative, a vendor operated van with testing staff that will travel throughout the eastern region in support of expanding testing to vulnerable communities that have limited access to testing. Plans are underway for the mobile testing unit to operate throughout the eastern region and travel to multiple cities, including Norfolk (Source).
- February 10: The Piedmont Health District announced it is offering drive thru COVID-19 testing on Wednesdays, February 16 and 23 from 12:30 to 3:30 p.m. at the Blackstone Courier-Record at 111 Maple St (Source).
- February 10: The Piedmont Health District announced it will offer two COVID-19 vaccination clinics next week — Monday, February 14 from 2 to 5:30 p.m. at the Phenix

Volunteer Fire Department located at 365 Chester St. in Phenix and Saturday, February 19 from 8 to 11 a.m. at County Line FACES Food Pantry located at 12129 County Line Road in Keysville. The clinic will offer first, second, additional primary and booster doses of the COVID-19 vaccines at no cost to the public (Source).

- February 10: The Virginia Beach Department of Public Health will host a free COVID-19 and Flu vaccination clinic on Tuesday, February 15 from 5:30-7:30 p.m. at Hermitage Elementary School, 1701 Pleasure House Road. All vaccines will be available including boosters. Ages 5-17 will be offered the Pfizer vaccine and will need to be accompanied by a parent or legal guardian. Eligible individuals may choose which vaccine they receive as a booster dose (Source).
- February 14: The Roanoke City & Alleghany Health Districts (RCAHD) announced that the final day of regular operation of the Community Testing Center (CTC) at Valley View Mall was last Thursday, February 10. Moving forward, a vendor-operated van with testing staff will travel throughout the region in support of expanding free testing to communities that have low access to testing. The new initiative (called "CTC+") will allow the flexibility to create free testing opportunities at different locations based on community needs, especially in more rural areas. CTC+ testing sites will be announced each week (Source).
- February 16: The Virginia Department of Health's Pittsylvania-Danville Health District will return to the local farmers' market this weekend to distribute at-home COVID-19 test kits free of charge. A limit of two test kits per person will be available to adults 18 and older on a first come, first served basis while supplies last. The free rapid at-home test kits will be distributed Saturday, February 19 from 9 a.m. to 1 p.m. at Danville Farmers' Market, 629 Craghead St (Source).
- February 17: The Piedmont Health District announced that it will offer five additional COVID-19 vaccination clinics next week in Prince Edward and Buckingham counties. The clinic will offer first, second, additional primary and booster doses of the COVID-19 vaccines at no cost to the public (Source).
- February 18: The Piedmont Health District announced that it will offer COVID-19 testing on Tuesday, February 22 from 9 a.m. to 3 p.m. at the Buckingham County Public Library (Source).
- February 22: VDH's Pittsylvania-Danville Health District announced that it will be conducting four COVID-19 vaccination clinics next month. The clinics will offer first, second, additional primary and booster doses of the COVID-19 vaccines at no cost to the public (Source).
- February 22: The Southside Health District announced that it will offer a free COVID-19 testing event Thursday, February 24 from 3 to 5 p.m. at the Clarksville Community Center located at 103 Woodland Drive (Source).
- February 22: The Chesterfield Health District's Rockwood Vaccination Clinic announced that it is set to close this week. The last day of operations will be Saturday, February 26 from 8 a.m. to 6 p.m. The Rockwood Community Vaccination Clinic (CVC) has administered about 22,000 free COVID-19 vaccine doses since it opened on October 16, 2021. "We've seen a consistent decline in the demand for the vaccine at Rockwood, particularly now that it is widely available," said Chesterfield Health Director Alexander Samuel, MD, MPH. "By closing

this clinic we can focus our resources on meeting the needs of individuals who still need the vaccine, but have limited access." As of February 22nd, in the Chesterfield Health District, 73.5% of the population had received at least one dose and 67% of the population was fully vaccinated (Source).

- February 23: The Hampton & Peninsula Health Districts announced that the Community Vaccination Center (CVC) located at the Sherwood Shopping Center, 3785 Warwick Blvd, Newport News will cease operations Saturday, February 26, 2022. As more people are fully vaccinated and vaccines are widely available, demand has decreased. VDH will shift the focus to its mobile program to provide the vaccines to people in areas where access is more challenging. 16,500 free shots have been administered at the Sherwood CVC since its opening. "We were pleased to be a partner of the VDH Community Vaccination Center at Sherwood Shopping Center," said Hampton & Peninsula Health District's Director Dr. Natasha Dwamena. "Our COVID-19 vaccination efforts continue at the Victoria and J. Clyde Morris sites and through the use of regional mobile units and the Hampton & Peninsula Health Districts COVID-19 Outreach Strike Team." (Source)
- February 23: The Roanoke City & Alleghany Health Districts (RCAHD) announced that the final day of operation of the Valley View COVID-19 Vaccination Center at Valley View Mall will be on Saturday, March 5, 2022. Moving forward, residents in the area can find a dose of vaccine at their local health department. VDH's Community Vaccination Centers (CVCs) across the state have administered more than 330,000 COVID-19 vaccines since they opened in early October 2021. At the time of the announcement, the Valley View Vaccination Center has provided almost 30,000 free doses of vaccine to the community. Over 90 percent of adults in Virginia have received at least one dose of COVID-19 vaccine with over 80 percent being fully vaccinated. To date, over 70 percent of all Virginians have been fully vaccinated with approximately 15.3 million doses of vaccine administered across the Commonwealth since vaccines became available. Dr. Cynthia Morrow, RCAHD Health Director, said in a statement, "The Valley View Vaccination Center has been an important resource in the ongoing effort to vaccinate our community. This site has provided a convenient location for residents across the region to get vaccinated, however we are confident that we are prepared to provide convenient locations for all residents who are seeking a COVID vaccine." (Source)
- February 24: The Piedmont Health District announced that it will offer additional COVID-19 vaccination clinics next week (March 1, 4, and 5) in Nottoway and Charlotte counties. The clinic will offer first, second, additional primary and booster doses of the COVID-19 vaccines at no cost to the public (Source).
- February 25: The Rappahannock Area Health District (RAHD) announced that the Community Vaccination Center (CVC) in Central Park will close March 5. The days and hours the center will be open during its final week will be Tuesday through Saturday from 8 a.m. to 4 p.m. The Central Park CVC has administered more than 36,000 free COVID-19 vaccines since it opened in early October 2021. As more people have become vaccinated and the vaccines have become widely available at doctor's offices and pharmacies, demand has decreased and VDH will shift the focus to its mobile program to provide free vaccines to

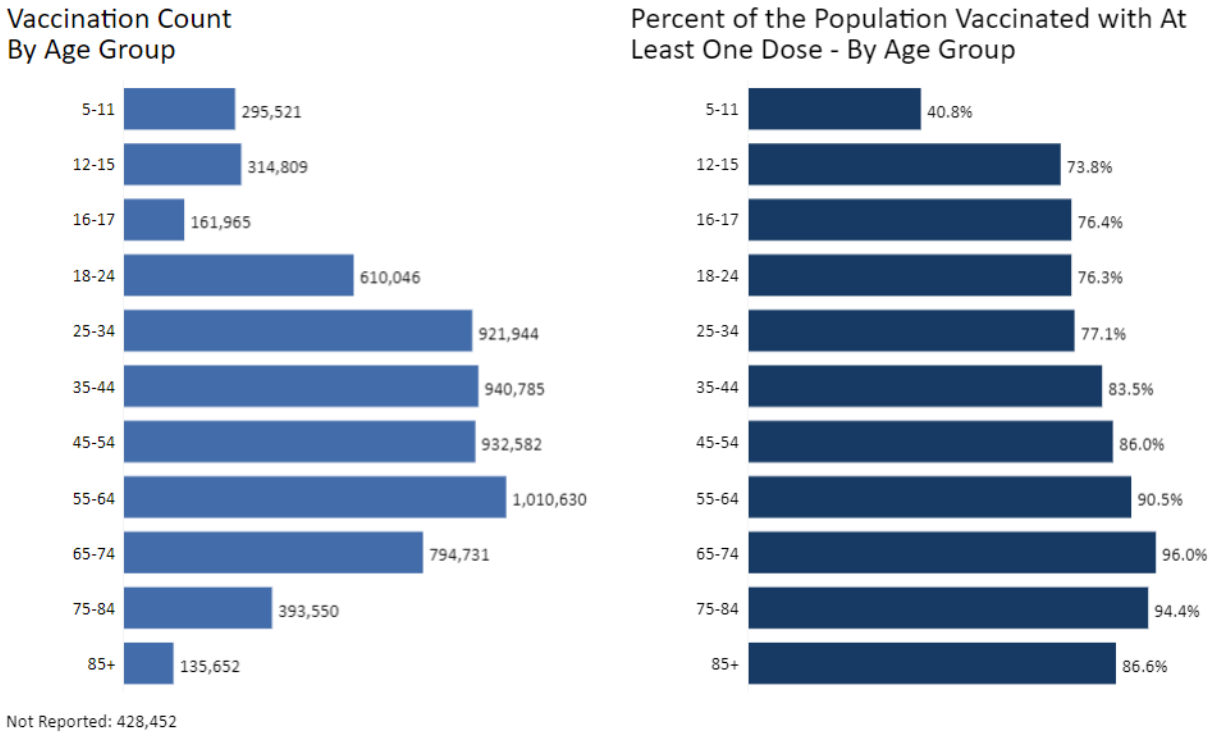
people in areas where access is more challenging. RAHD also announced it will continue to provide free COVID-19 vaccines in local health department locations (Source).

- February 28: The Southside Health District announced that it will offer a COVID-19 vaccination clinic Thursday, March 10 from 9 a.m. to noon at Abiding Branch Christian Ministries, located at 65 South Main St. in Halifax. The clinic will offer first, second, additional primary and booster doses at no cost (Source).
- March 2: Beginning Friday, March 4, the Hampton & Peninsula Health Districts will be holding free weekly COVID-19 testing clinics. The clinics will be on Fridays only, at both the Peninsula Health District (416 J Clyde Morris Blvd, Newport News, VA 23601) and the Hampton Health District (3130 Victoria Blvd, Hampton, VA 23661). The clinics will take place every Friday, from 9 a.m. to 2 p.m. The clinics will be by appointment only (Source).

2. Vaccination Equity in Virginia

At the end of February, over 14 million COVID-19 vaccine doses have been administered in Virginia, and almost 18 million vaccines have been received (Source). With 71.9% of the population fully vaccinated (over 6 million people and up by 1.4% since last month), Virginia ranks 10th in the country for the percentage of the population that has been fully vaccinated against COVID-19 (Source). At present, 80.8% of all Virginians have received at least one dose of a vaccine (Source), which is above the 76.3% national total vaccination rate receiving at least one dose (Source). Over 6 million Virginians have been fully vaccinated, representing 71.9% of the population, which is above the 64.8% national total fully vaccinated rate (Source). On average, Virginia is administering approximately 7,721 vaccinations per day (down from 8,460 vaccinations per day in January) (Source).

Figure 1: Vaccinations by Age (One Dose)



Source

Vaccinations for 65+

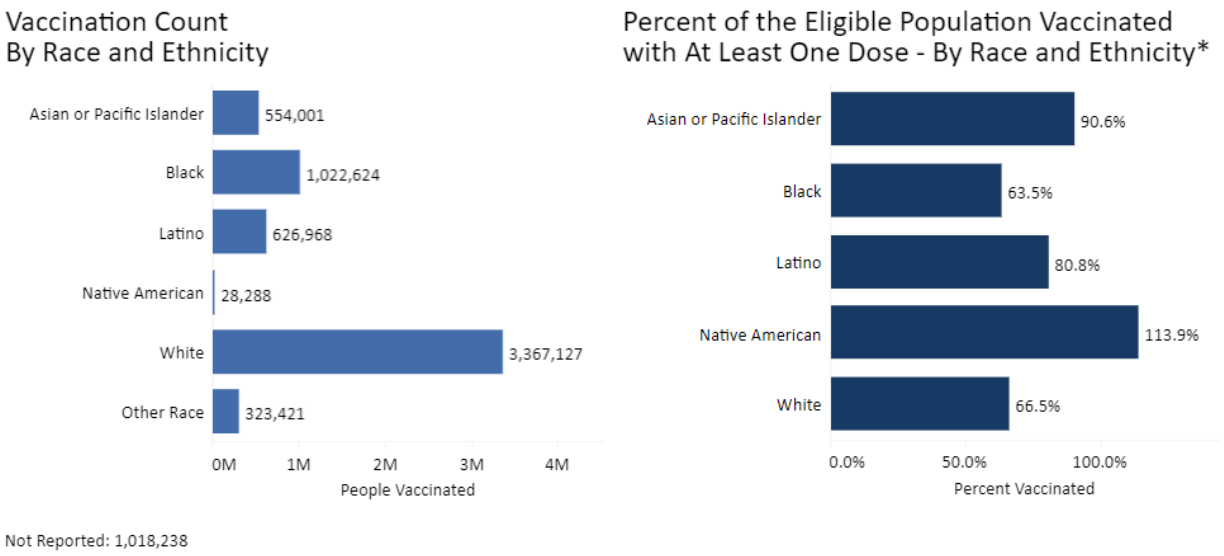
As seen in Figure 1, VDH reports the following age ranges: 65-74, 75-84, and 85+ (Source). At the end of February, 94.5% of those ages 65+ were vaccinated (Source). That is less than the rate of 96.9% last month.

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 on VDH's COVID-19 dashboard, 56.7% of those younger than 18 have been vaccinated with at least one dose, up by 2.6% from last month. 85.8% of individuals older than 5 and 90.3% of individuals older than 12 have received at least one dose, up by 1.7% and 1.6% respectively since last month. Furthermore, 91.7% of the population over the age of 18 have been vaccinated with at least one dose, up by 1.5% from January. Data are also reported by each age group for percentages of the population vaccinated with at least one dose: 40.8% of 5-11 year olds (up from 37.3%), 73.8% of 12-15 year olds (up from 72.3%), 76.4% of 16-17 year olds (up from 75.3%), 76.3% of 18-24 year olds (up from 74.7%), 77.1% of 25-34 year olds (up from 75.9%), and 83.5% of 35-44 year olds (Source).

Race and Ethnicity

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



Note: The percentage of Native Americans that are vaccinated can be above 100% for two reasons.

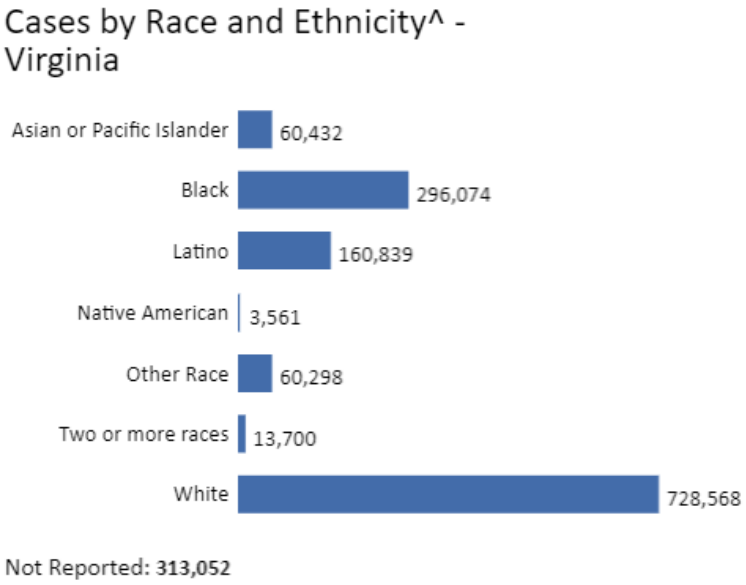
1. *There are small numbers of vaccinations and small population estimates for Native Americans at the city/county level in Virginia. VDH gets population estimates from the National Center for Health Statistics (NCHS). For example, there were 3 Native American vaccinations in a county. Population estimates say there were only 2 people who identify as Native American in that same county. This means that the data would say there were 3 vaccinations over 2 people in the population. This would equal 150%, or a percentage over 100%.*
2. *Some people may identify that they are Native American and multi-race when they are getting their vaccine. They will be categorized as Native American only in the data system. This is because population estimates from NCHS do not include multi-race as an option. If there was a*

multi-race option, a person who identified as Native American and multi-race would be in the multi-race population estimates.

As shown above in Figure 2, as of February 25th, the key race and ethnicity breakdowns for those receiving at least one dose are as follows (with little change since last month):

- First, Blacks have received 17.3% of all vaccinations and 63.5% have been vaccinated with at least one dose.
- Second, Latinos have received 10.6% of all vaccinations and 80.8% have been vaccinated with at least one dose.
- Third, Asians or Pacific Islanders have received 9.4% of all vaccinations and 90.6% have been vaccinated with at least one dose.
- Fourth, Whites have received 56.9% of all vaccinations and 66.5% have been vaccinated with at least one dose (Source).

Figure 3: Cases by Race and Ethnicity



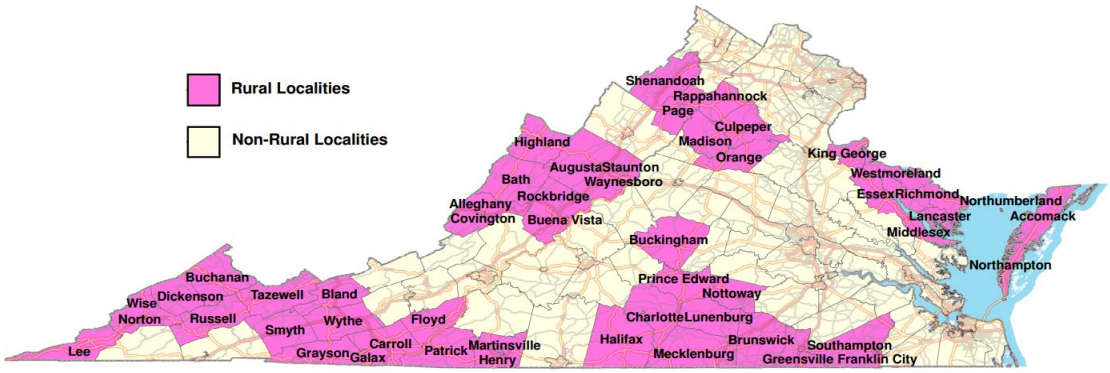
Source

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, 313,052 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 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).

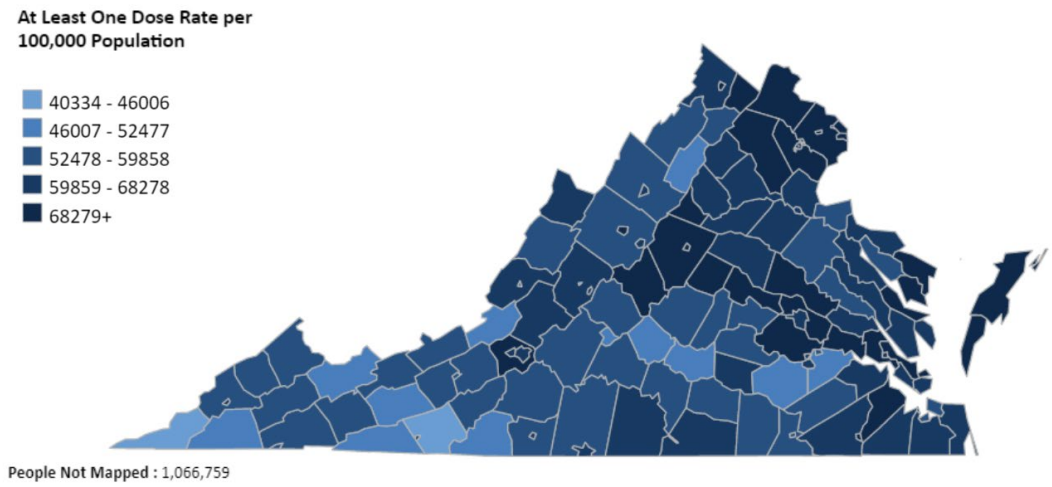
Figure 4: Rural and Non-Rural Areas in Virginia



Source

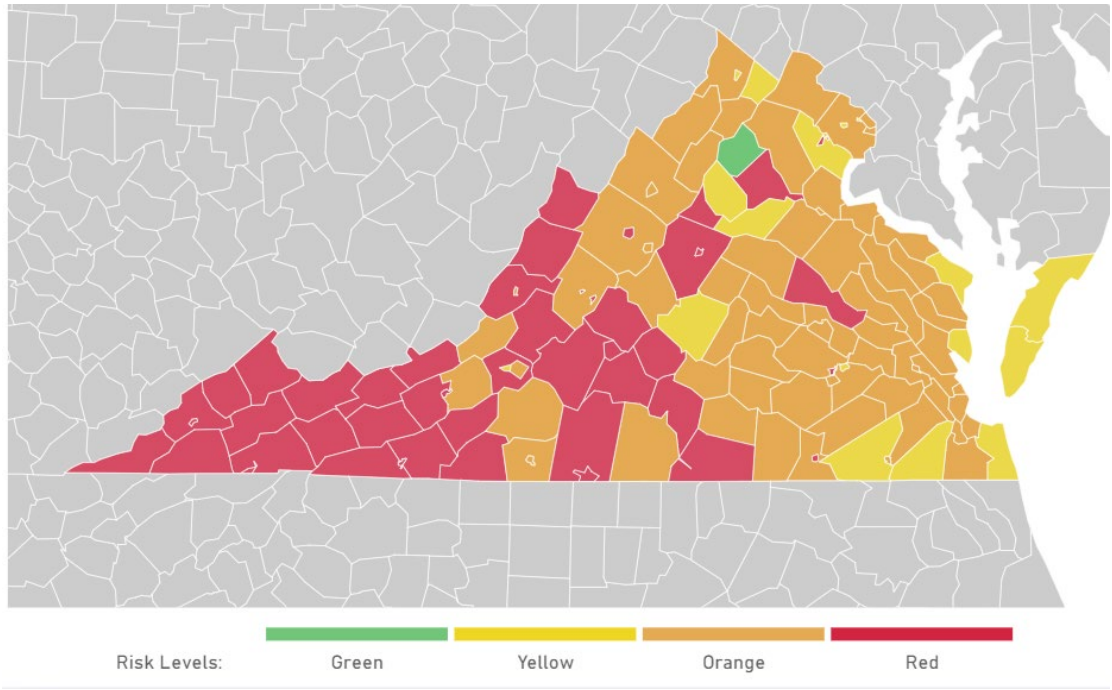
Rural areas, especially in south-central and southwest Virginia, continue to have lower vaccination rates as compared to other areas of the state, although there are some improvements, primarily concentrated in the north-central and northeast (Figure 5). Further, vaccination hesitancy continues to be an issue throughout the Commonwealth. Throughout February, and as seen in Figure 6, Virginia saw a noted improvement in highly elevated risk levels across the Commonwealth, particularly in the eastern portions of the Commonwealth. To compare, every county in Virginia was red in January, with all regions being at "high risk", so there was an improvement in February (Source).

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



Source

Figure 6: COVID-19 Risk Levels by Locality in January



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 56% of cases (a rise of 6% from September) and 67% of deaths (a rise of 3% from September). Blacks represent 19% of the population yet 22% of cases (no change since September) and 23% of deaths (2% 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.

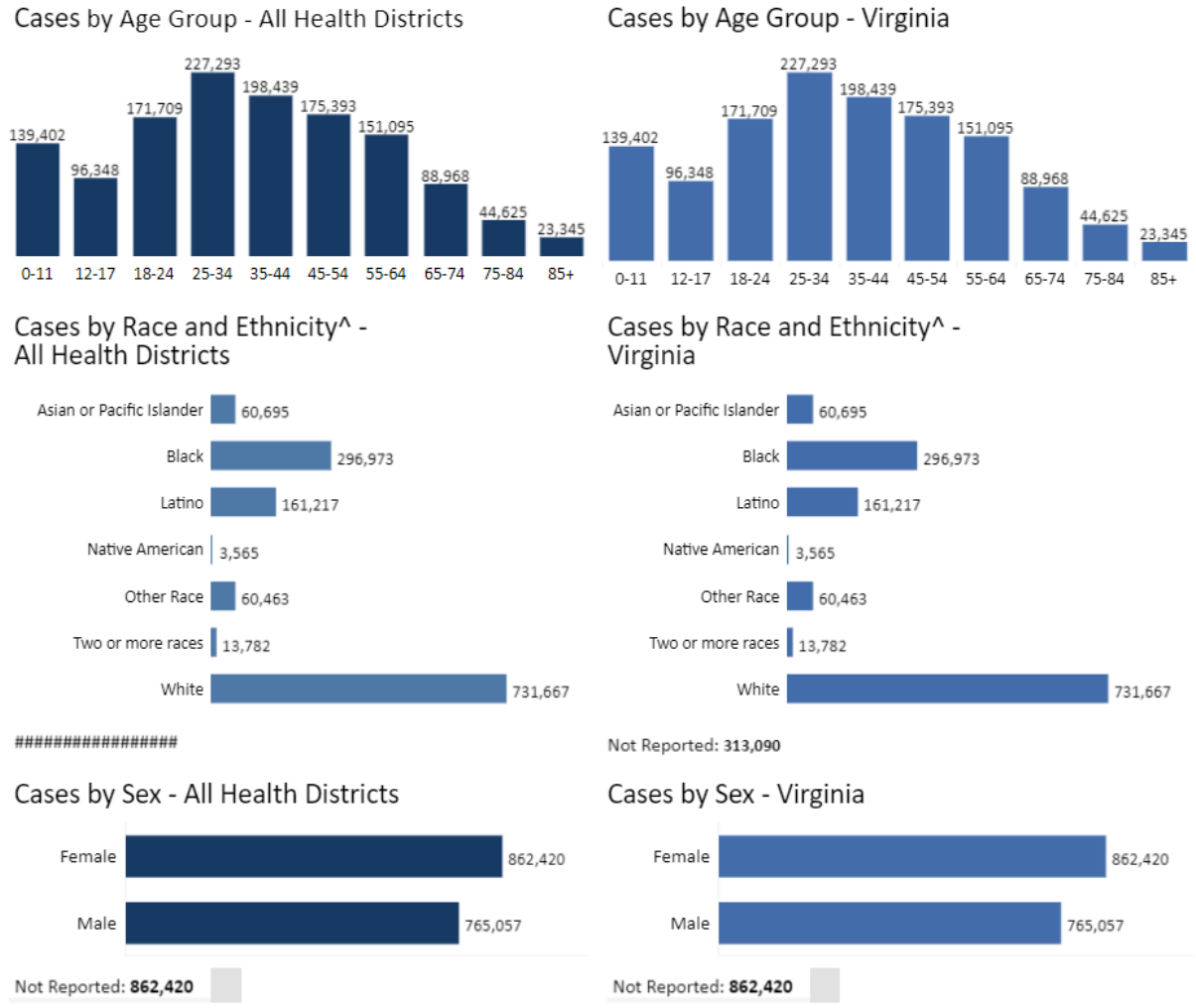
Table 1: Comparisons of COVID-19 Cases, Deaths, and Population

	% of Cases	% of Deaths	% of Total Population
White	56%	67%	61%
Black	22%	23%	19%
Hispanic	15%	6%	10%
Asian	4%	3%	7%

Source

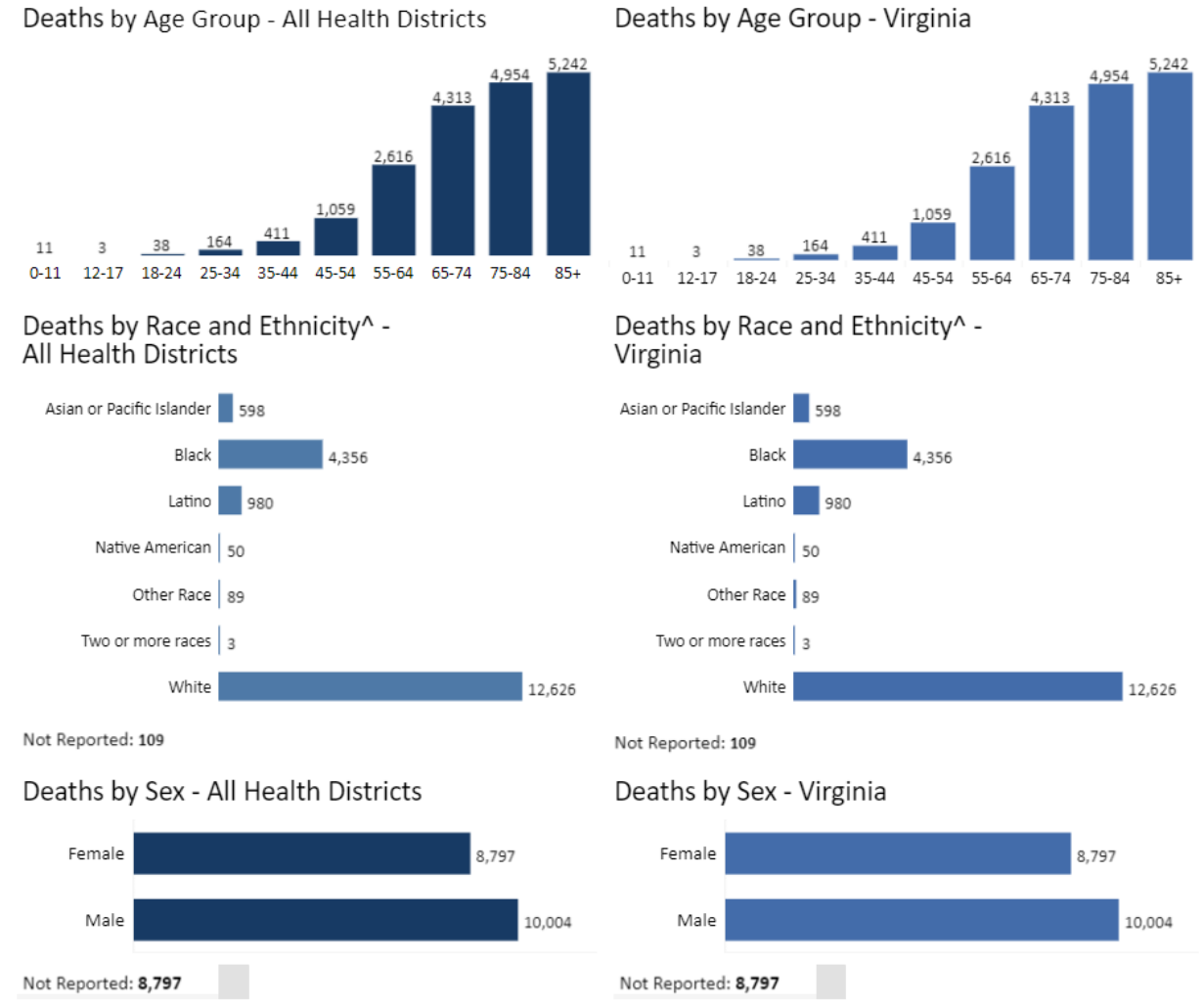
Second, patterns concerning cases and deaths by age and sex remain similar in February as they were in previous months. Concerning cases and age, those ages 25-34 continue to comprise the group with the single largest number of cases. Concerning cases and sex, those identifying as females tend to represent 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 85+ 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



Source

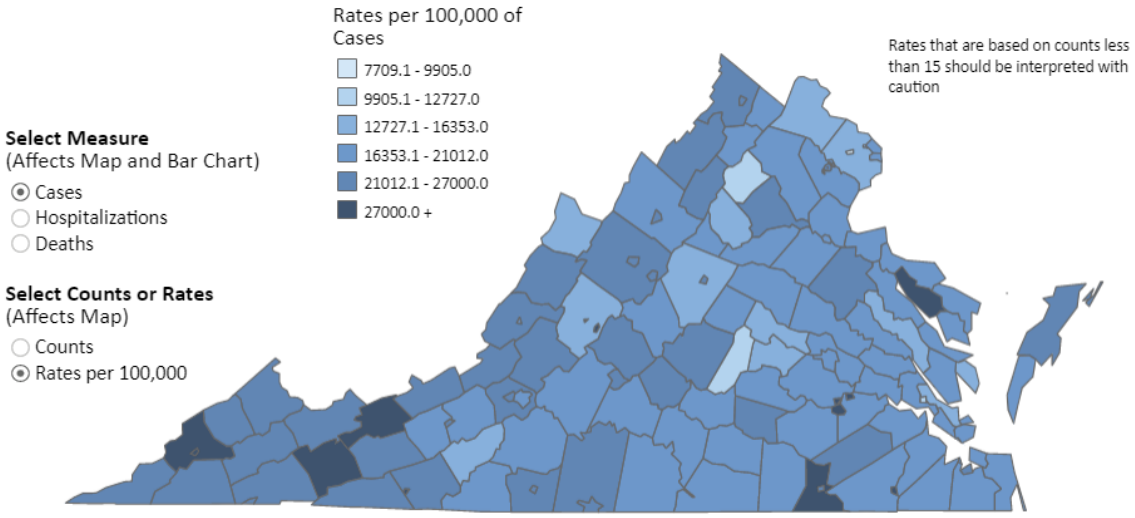
Figure 8: Deaths by COVID-19 in Virginia: Demographics



Source

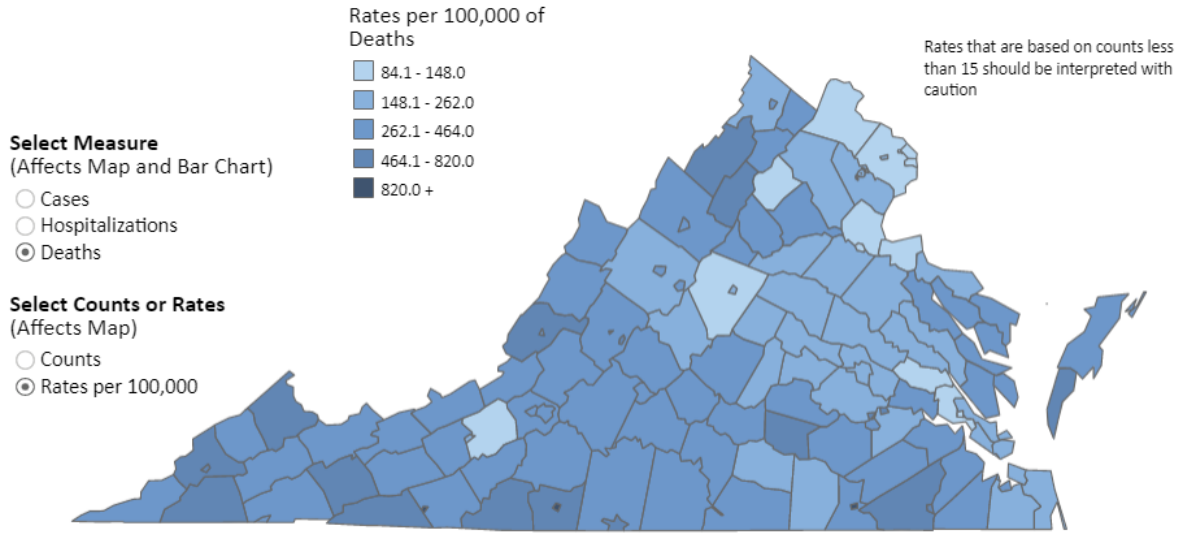
Third, as shown in Figures 9 and 10, urban and rural disparities continue to be evident in terms of cases as measured by rates per 100,000 people, which appear exacerbated since the Omicron variant led to a massive rise in risk this winter. More rural counties continue to show disproportionate cases, 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 February. Additionally, while there have not been any major changes in county-level divides on deaths, deaths in February were more highly concentrated across the southern and north-western portions of the Commonwealth.

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



Source

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



Source

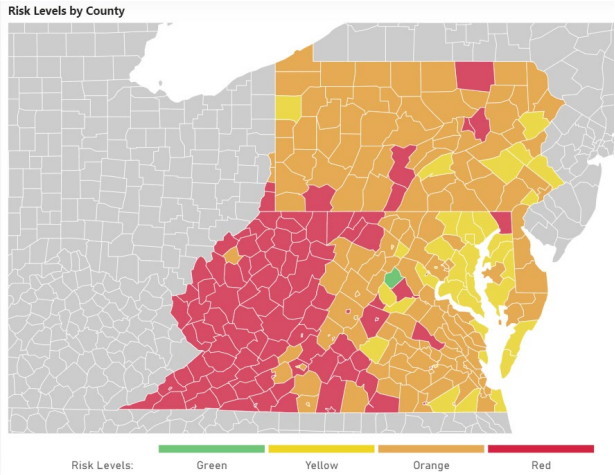
3. Vaccinations in FEMA Region 3

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

Regarding risk levels in February (Figure 11), all of Region 3 continues to see concerning risk levels, but with notable improvement since January when the entire region was red. West Virginia is the most at-risk in FEMA Region 3. Virginia is also seeing some concerning trends in the southeast and south-central regions of the state. The Commonwealth has 1,707.9 new daily cases, a seven-day moving average at 20.0 new cases per 100,000 people. This places Virginia third out of sixth in FEMA Region 3 in terms of COVID-19 risk level, an improvement from January when Virginia came in second. In the month of January, Virginia had 9,194.0 new daily cases with a seven-day moving average of 107.7 new cases per 100,000 people.

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

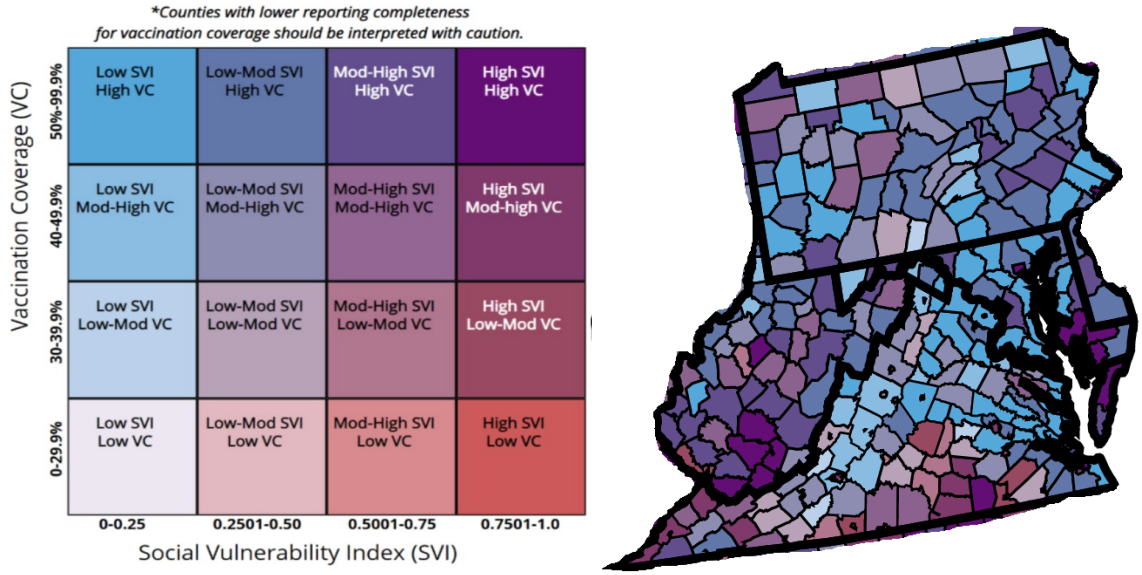
State/County	Rank	Daily new cases per 100k people (7d moving avg.)	Daily new cases (7d moving avg.)
West Virginia	1	42.2	755.4
Delaware	2	20.7	201.6
Virginia	3	20.0	1,707.9
District of Columbia	4	17.5	123.9
Pennsylvania	5	14.8	1,897.3
Maryland	6	9.8	592.1



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 February. 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 February 2, 2022.

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

Location	Black % of Cases	Black % of Total Population
Delaware	24%	22%
District of Columbia	58%	45%
Maryland	32%	30%
Pennsylvania	8%	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	20%	10%
District of Columbia	16%	11%
Maryland	17%	11%
Pennsylvania	14%	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	2%	4%
District of Columbia	2%	4%
Maryland	3%	6%
Pennsylvania	2%	4%
Virginia	4%	7%
West Virginia	<1%	1%

Source

Figure 16: Whites as a Share of COVID-19 Trends, FEMA Region 3

Location	White % of Cases	White % of Total Population
Delaware	45%	61%
District of Columbia	20%	37%
Maryland	44%	50%
Pennsylvania	74%	76%
Virginia	56%	61%
West Virginia	92%	93%

Source

4. Trends Over Time

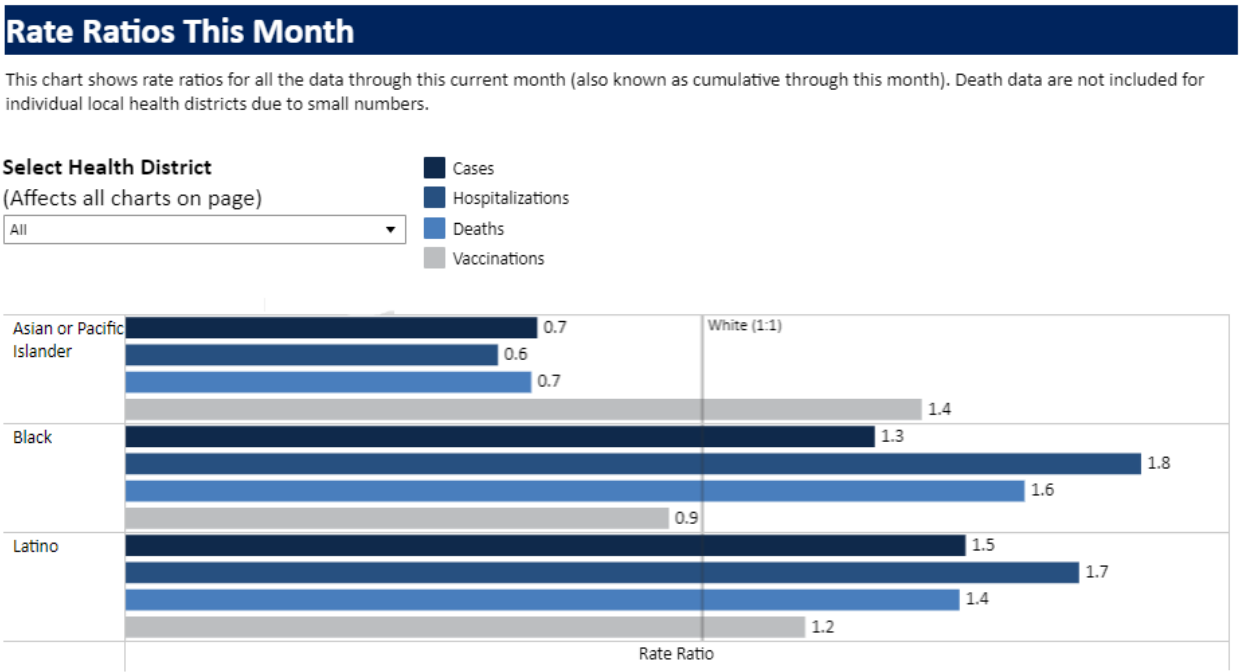
Almost two years into the COVID-19 pandemic, there are still inequities in overall vaccination rates. However, these inequities have declined over time. Overall, minorities have consistently had less access to vaccinations, and lower overall vaccination rates, than whites. In addition, the 7-day average increased during the winter due to the Omicron variant but has continued to decline since the end of January. As part of their efforts to address inequities, VDH is transitioning their community testing centers to a mobile clinic model in order to be able to reach areas that have low access to testing. These items 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 56.8% of the population with reported race and ethnicity that have been vaccinated with at least one dose (down from 57.1% in January). Blacks make up 19% of Virginia's total population but 17.3% of the one-dose vaccinated population (an increase of 0.1% since January). 10% of Virginia's population is Hispanic and 10.6% of the vaccinated population in Virginia is Latino (an increase of 0.2% since January). 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 (no change since January) (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 1.2 times the rate of Whites (a 0.1 higher rate than January). Cases and deaths occur amongst Latinos at 1.5 and 1.4 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)

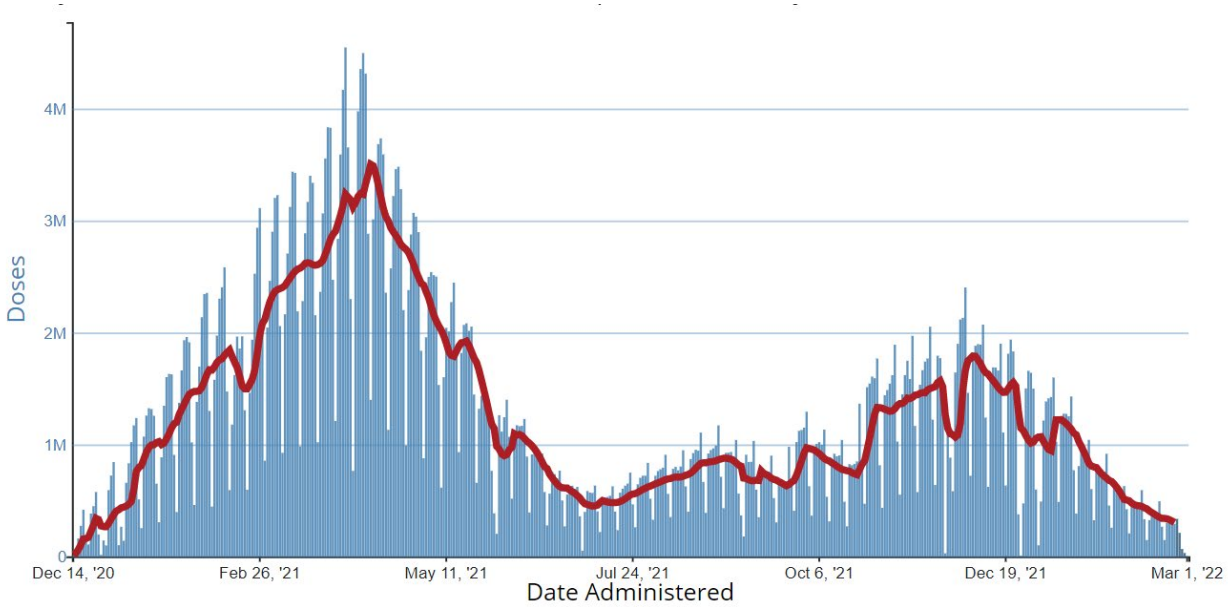


Source

Doses Administered

In Virginia, the 7-day average of doses administered has been on the rise since the month of October 2021. As of March 1, 2021, Virginia's 7-day average of vaccines administered was 3,832 (in January, it was 3,705) (Source). The peak number of vaccines administered in February was on February 1st at 8,780 (the peak in January occurred on January 11th at 29,857 vaccines) (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 is now 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 15.4 million vaccination doses administered, and nearly 6.95 million people (80.9%) vaccinated with at least one dose, Virginia's vaccination rates surpass the national rate of 76.3% (Source; Source). This includes those who have received at least one dose as well as those who are fully vaccinated (64.8% of the U.S. population is fully vaccinated while 72.0% of Virginia's population is fully vaccinated). However, there is still nearly 30% of Virginia's population who has not been fully vaccinated (Source). 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 over time between December 2020 and February 2022 when it comes to individuals who say that they will "definitely not" get vaccinated. Data indicate that, while 14% said that they would not get vaccinated in January 2022, 16% said the same in February 2022 (Source). Over the months, that number has hovered around 16% with not much change. 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:

- 67% are individuals under age 50 (in January, it was 62%)
- 41% are between ages 30-49 (in January, it was 37%)
- 49% have a high school education or less (in January, it was 49%)
- 61% identify as Republican (in January, it was 62%)
- 32% have annual incomes less than $40k (in January, it was 33%)
- 55% reside in suburban areas and 23% in rural areas (in January, it was 43% and 22% respectively)
- 29% are White evangelicals (in January, it was 33%) (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. Some Virginia universities have dropped their vaccine mandates for employees but are still strongly encouraging students and staff to receive their vaccines and boosters (Source).

Many states and counties have enforced mandates of their own. California and New Jersey, for example, require health care workers, government employees, and education workers to be vaccinated. New York City, Chicago, New Orleans, and San Francisco require proof of vaccination for inside dining, gyms, and other indoor activities. 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. The cities of Washington D.C., Philadelphia, and Minneapolis/St. Paul recently ended their vaccine requirements for indoor dining (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

Given the surge of cases in January, Virginia saw a decline in COVID-19 cases in the month of February. 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 February 2022 than it was in January 2022, 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 that 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.