

VDH Plan for Equitable Distribution of the COVID-19 Vaccine

APRIL 2022

Office of Health Equity in the Virginia
Department of Health



VDH VIRGINIA
DEPARTMENT
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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 March 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 2022, 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](#)).*
- *In March, the highly contagious BA.2 sub-variant of Omicron became the most dominant strain in the U.S. and in the world ([Source](#)).*

Trends in Average Daily Cases

- *The highest number of average daily cases in Virginia for the month of March was on March 1st at 18.5 cases per 100,000 people. That number continued to fall throughout the month and by March 29th, the number of average daily cases had fallen to 8.7 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 February and March ([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. By the end of March, that number had dropped even further to 8.7 cases per 100,000 people ([Source](#)).*

Vaccination Rates

- *At the end of March 2022, 72.5% of Virginia's population was fully vaccinated and 85.0% 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 31st, 21 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 March include:

- **March 1:** The CDC updated its COVID-19 Monitoring System, signaling a new phase of the pandemic. Rather than attempting to eliminate all spread of COVID-19, the new approach focuses on limiting severe illness and preventing strain on local health care systems. Due to the CDC announcement and a low COVID-19 level in Alexandria and most of Northern Virginia, the Alexandria Health Department (AHD) announced that masks are now optional in City facilities ([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](#)).
- **March 2:** The Piedmont Health District announced that it will offer a free COVID-19 vaccination clinic on Wednesday, March 9 from noon to 3 p.m. at Crossroads Community Services Board Town House ([Source](#)).
- **March 2:** The Virginia Beach Department of Public Health announced that it will host a free COVID-19 vaccination clinic Saturday March 5, from 10 a.m.-noon at Kingdom Cathedral ([Source](#)).
- **March 3:** The Virginia Department of Health's Pittsylvania-Danville Health District announced that it 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, March 5 from 9 a.m. to 1 p.m. at Danville Farmers' Market, 629 Craghead St. ([Source](#))
- **March 4:** VDH released a statement about the recent increase in COVID-19-related deaths. The recent surge in COVID-19 cases (in January and February) due to the Omicron variant resulted in an increase in COVID-19-associated deaths, and VDH began to observe these expected increases in death certificates received ([Source](#)).
- **March 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. Part of the statement read: "The Virginia Department of Health (VDH) is pleased that the U.S. Food and Drug Administration (FDA) decided to grant full licensure to the Moderna COVID-19 vaccine for persons ages 18 years and older and that the Centers for Disease Control and Prevention (CDC) recommended the approved vaccine. This action comes after rigorous review and study by scientists and other researchers at the FDA and the CDC." ([Source](#))

- March 7: The Virginia Beach Department of Public Health announced that it will host a free COVID-19 vaccination clinic Wednesday March 9, from 4:30-6:30 p.m. at New Light Baptist Church ([Source](#)).
- March 8: VDH announced that it is sending text and voice messages to residents in the Mount Rogers Health District to remind them they are eligible for free booster shots against COVID-19. “The texts/calls are just one more way we are reaching out to let our community know they can get a free booster dose of vaccine at many locations, including local health departments, pharmacies, and health care provider offices,” said Breanne Forbes Hubbard, Population Health Manager for Mount Rogers Health District ([Source](#)).
- March 8: The City of Alexandria stated in a news release that the City is at a low COVID-19 level, according to the latest standards by the CDC. The City also recommended using FDA-approved COVID-19 home test kits ([Source](#)).
- March 9: The Piedmont Health District rescheduled the free COVID-19 vaccination clinic at the Bacon District Elementary School, located at 840 Bacon School Road in Saxe, due to a scheduling conflict. Originally scheduled for Thursday, March 10, the clinic will now be held on Monday, March 14 from 8 to 11 a.m. ([Source](#))
- March 10: The Piedmont Health District will offer two free COVID-19 vaccination clinics Saturday, March 19. The first clinic will be from 9 to 11 a.m. at the Farmville Baptist Church located at 132 N. Main St. in Farmville. The second clinic will be held from 2:30 to 6:30 p.m. at Emmanuel Episcopal Church located at 7825 Howardsville Road in Buckingham ([Source](#)).
- March 10: VDH announced today that several changes are being made to its COVID-19 dashboards. The changes are intended to streamline the information that is most helpful in tracking COVID-19 and its impacts on Virginia at this point in the pandemic. These changes will better highlight current COVID-19 trends in Virginia and inform action. “Throughout the pandemic, we added more data points and different visualization tools to help the community better understand the impact of COVID-19,” said Acting State Health Commissioner Colin M. Greene, MD, MPH. “With COVID-19 cases continuing to decline, and many communities relaxing restrictions, we are consolidating and focusing on the metrics that matter the most in this new phase of the pandemic. In addition, to provide more meaningful information, we have added a feature to several dashboards allowing the selection of the last 3, 6, and 12 months of data, instead of providing only cumulative statistics.” ([Source](#))
- March 10: The Rappahannock-Rapidan Health District (RRHD) announced that it is sending text and voice messages to residents in Culpeper, Fauquier, Madison, Orange, and Rappahannock counties to remind them they are eligible for booster shots against COVID-19. The texts/calls are just one more way VDH is reaching out to let Virginians know they can get a free booster dose of vaccine at many locations, including health care providers, local pharmacies, and health departments around the state. The message will read: “Virginia Department of Health records indicate you are eligible for a Booster COVID-19 vaccine. To schedule an appointment visit vase.vdh.virginia.gov or call (540) 308-6072.” People may also go to rrhd.org and click “Schedule a Vaccine Appointment” ([Source](#)).
- March 11: VDH’s Central Shenandoah Health District (CSHD) stated that, beginning March 14, it will open a COVID-19 hotline to answer questions and provide information about

COVID-19 and related issues, including but not limited to: vaccinations and appointments, testing, symptoms, how to lower the risk of exposure, local and statewide conditions, and what to do if someone thinks they may have COVID-19. As VDH shifts away from individual case investigations, it is important for the Central Shenandoah community to have an accessible tool to ask questions if they are exposed to or test positive for COVID-19. “The hotline will be a vital tool for people in our health district to obtain resources and information regarding COVID-19, and connect with public health subject matter experts,” said Dr. Elaine Perry, Interim Director for the Central Shenandoah Health District. “Anyone living in the Central Shenandoah Health District needing COVID-19 information or assistance should utilize this resource.” Public health staff will be available to assist with COVID-19 questions and concerns Monday through Friday from 8 a.m. until 4:30 p.m. the hotline number is 1-855-949-8378 ([Source](#)).

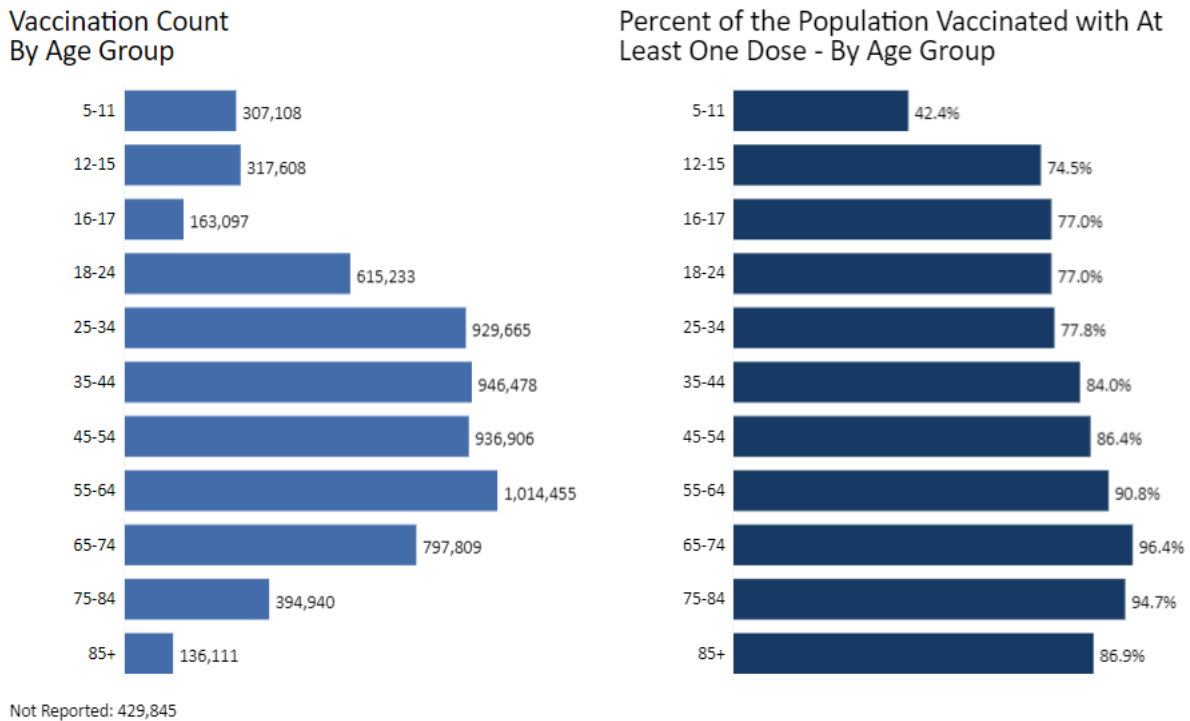
- **March 11:** The Southside Health District announced that it will offer a free COVID-19 vaccination clinic Monday, March 21 from 1 to 5:30 p.m. at Brunswick High School located at 2171 Lawrenceville Plank Road. The clinic, open to faculty, staff, students, parents, and the community at large, will offer first, second, additional primary, and booster doses at no cost ([Source](#)).
- **March 17:** The Piedmont Health District announced that it will offer three free COVID-19 vaccination clinics next week. The clinics will offer first, second, additional primary, and booster doses of the COVID-19 vaccines at no cost to the public. The clinics will be held outdoors ([Source](#)).
- **March 17:** VDH announced that its Pittsylvania-Danville Health District will distribute at-home COVID-19 test kits free of charge at two locations in Danville Saturday, March 19. 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 ([Source](#)).
- **March 18:** VDH announced that the Community Vaccination Center (CVC) at the Military Circle Mall in Norfolk will close next week on Friday, March 25. Across the Commonwealth, the VDH CVCs have administered more than 330,000 COVID-19 vaccines since they opened in early October 2021. The CVC is open from 8 a.m. to 4 p.m. and closed on Sunday and Monday. The Norfolk Health Department will continue to use the Military Circle site after the CVC closure, providing free COVID-19 vaccinations two days a week. Vaccines will be offered on Tuesday from 2 – 6 p.m. and Saturday from 10 a.m. – 2 p.m. beginning Tuesday, April 5. There will be no appointments scheduled. This will be walk-in only ([Source](#)).
- **March 22:** The Piedmont Health District announced the cancellation of the free COVID-19 vaccination at Crenshaw United Methodist Church, located at 200 Church St. in Blackstone due to potential inclement weather. The clinic was scheduled for Wednesday, March 23 from 3 to 6:30 p.m. At the time of the announcement, the event had not been rescheduled, but Piedmont Health District staff will work to reschedule this vaccination clinic for the earliest available opportunity ([Source](#)).
- **March 24:** The Piedmont Health District announced that it will offer two free COVID-19 vaccination clinics next week in Nottoway and Buckingham counties on April 1st and 2nd. The clinics will offer first, second, additional primary, and booster doses of the COVID-19 vaccines at no cost to the public. These clinics will be held outdoors ([Source](#)).

- March 24: The Three Rivers Health District announced that residents who are unable to leave their home to receive the COVID-19 vaccine are eligible to be vaccinated for free at home. Interested participants can call (804) 815-4191 to schedule an appointment. “Vaccines remain critical as the district transitions into its new normal. As more individuals continue to get vaccinated and demand decreases, we are hopeful that more personal approaches to increase access will help us to reach those who remain unvaccinated, especially while the vaccine and program are available at no cost,” said Dr. Richard Williams, health director for the district. “I also want to acknowledge the tireless efforts of our staff, volunteers, and partners to meet the needs of the community. Without their dedication, this program would not be possible,” he added ([Source](#)).
- March 30: The CDC announced that over half of the COVID-19 cases in the U.S. are now linked to the highly contagious Omicron subvariant known as BA.2. The subvariant is now the dominant strain in the U.S. and in the world, after having led to a surge of coronavirus cases in Europe ([Source](#)).

2. Vaccination Equity in Virginia

At the end of March, over 14 million COVID-19 vaccine doses have been administered in Virginia, and over 18 million vaccines have been received ([Source](#)). With 72.7% of the population fully vaccinated (over 6 million people and up by 0.8% since last month), Virginia ranks 11th in the country for the percentage of the population that has been fully vaccinated against COVID-19 (last month, Virginia ranked 10th) ([Source](#)). At present, 81.4% of all Virginians have received at least one dose of a vaccine ([Source](#)), which is above the 76.9% national total vaccination rate receiving at least one dose ([Source](#)). Over 6 million Virginians have been fully vaccinated, representing 72.7% of the population, which is above the 65.5% national total fully vaccinated rate ([Source](#)). On average, Virginia is administering approximately 3,354 vaccinations per day (down from 7,721 vaccinations per day in February) ([Source](#)).

Figure 1: Vaccinations by Age (One Dose)



[Source](#)

Vaccinations for 65+

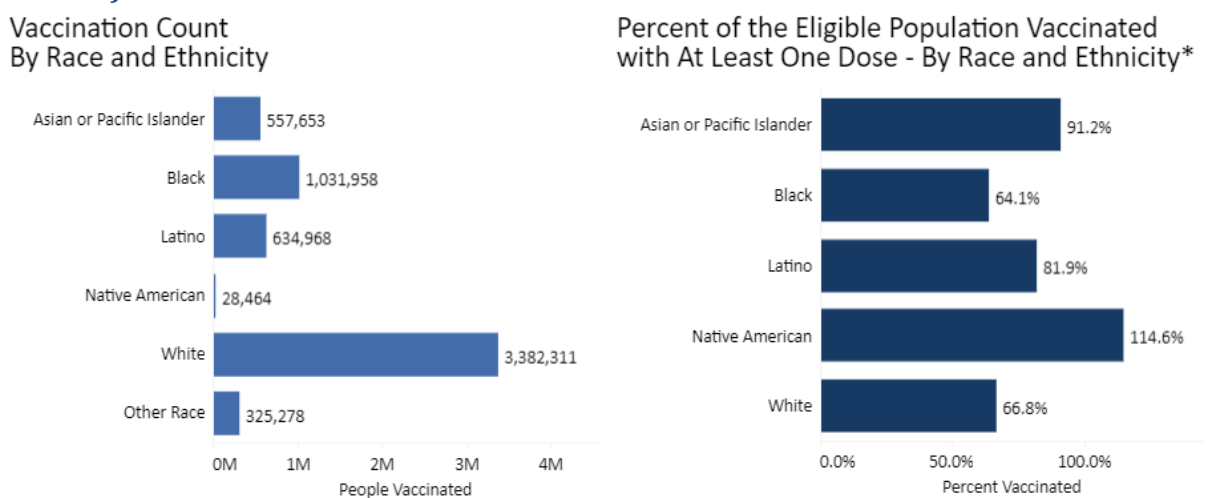
As seen in Figure 1, VDH reports the following age ranges: 65-74, 75-84, and 85+ ([Source](#)). At the end of March, 94.8% of those ages 65+ were vaccinated ([Source](#)). That is 0.3% higher than the rate of 94.5% last month.

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, 57.8% of those younger than 18 have been vaccinated with at least one dose, up by 1.1% from last month. 86.4% of individuals older than 5 and 90.8% of individuals older than 12 have received at least one dose, up by 0.6% and 0.5% respectively since last month. Furthermore, 92.2% of the population over the age of 18 have been vaccinated with at least one dose, up by 0.5% from last month. Data are also reported by each age group for percentages of the population vaccinated with at least one dose: 42.4% of 5-11 year olds (up from 40.8%), 74.5% of 12-15 year olds (up from 73.8%), 77.0% of 16-17 year olds (up from 76.4%), 77.0% of 18-24 year olds (up from 76.3%), 77.8% of 25-34 year olds (up from 77.1%), and 84.0% of 35-44 year olds (up from 83.5%) ([Source](#)).

Race and Ethnicity

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



Not Reported: 1,028,623

Source

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

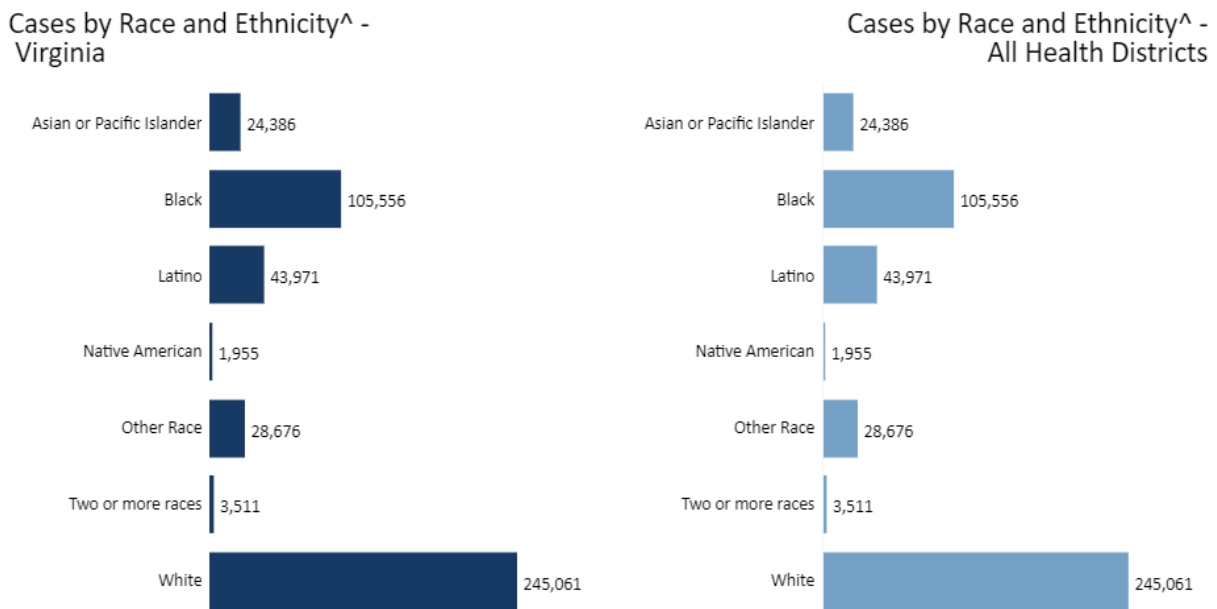
- 1. There are small numbers of vaccinations and small population estimates for Native Americans at the city/county level in Virginia. VDH gets population estimates from the National Center for Health Statistics (NCHS). For example, there were 3 Native American vaccinations in a county. Population estimates 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 March 30th, 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 64.1% have been vaccinated with at least one dose.
- Second, Latinos have received 10.7% of all vaccinations and 81.9% have been vaccinated with at least one dose.
- Third, Asians or Pacific Islanders have received 9.4% of all vaccinations and 91.2% have been vaccinated with at least one dose.
- Fourth, Whites have received 56.7% of all vaccinations and 66.8% have been vaccinated with at least one dose ([Source](#)).

Figure 3: Cases by Race and Ethnicity



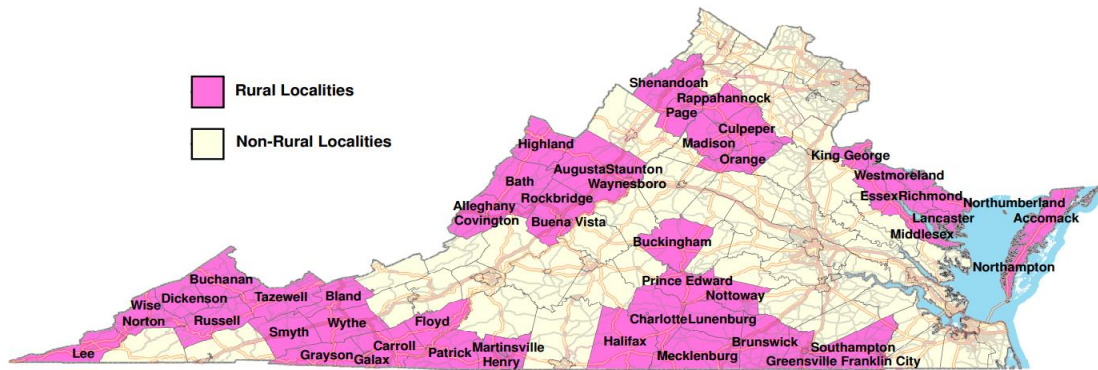
[Source](#)

As shown in Figure 3, cases continue to occur amongst Virginia’s population, making it more important to focus efforts on vaccination. 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



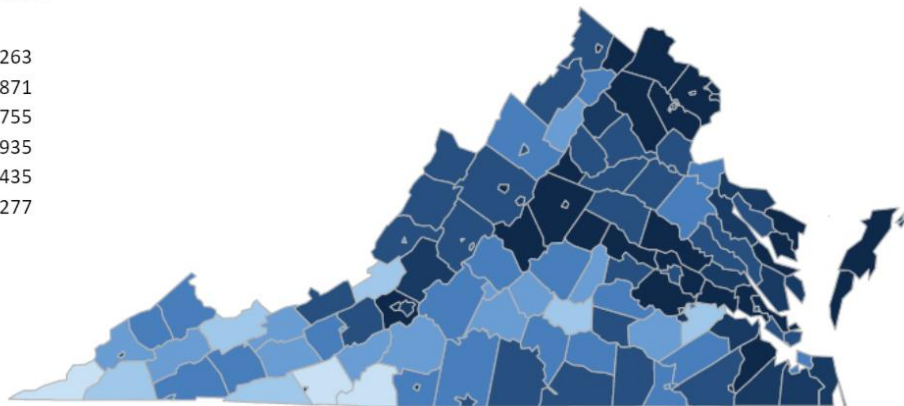
[Source](#)

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 regions (Figure 5). Vaccination hesitancy continues to be an issue throughout the Commonwealth. Throughout March, and as seen in Figure 6, Virginia saw a noted improvement in highly elevated risk levels across the Commonwealth. To compare, every county in Virginia was red in January, with all regions being at “high risk”, so there was a notable improvement by the end of March ([Source](#)).

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

At Least One Dose Rate per 100,000 Population

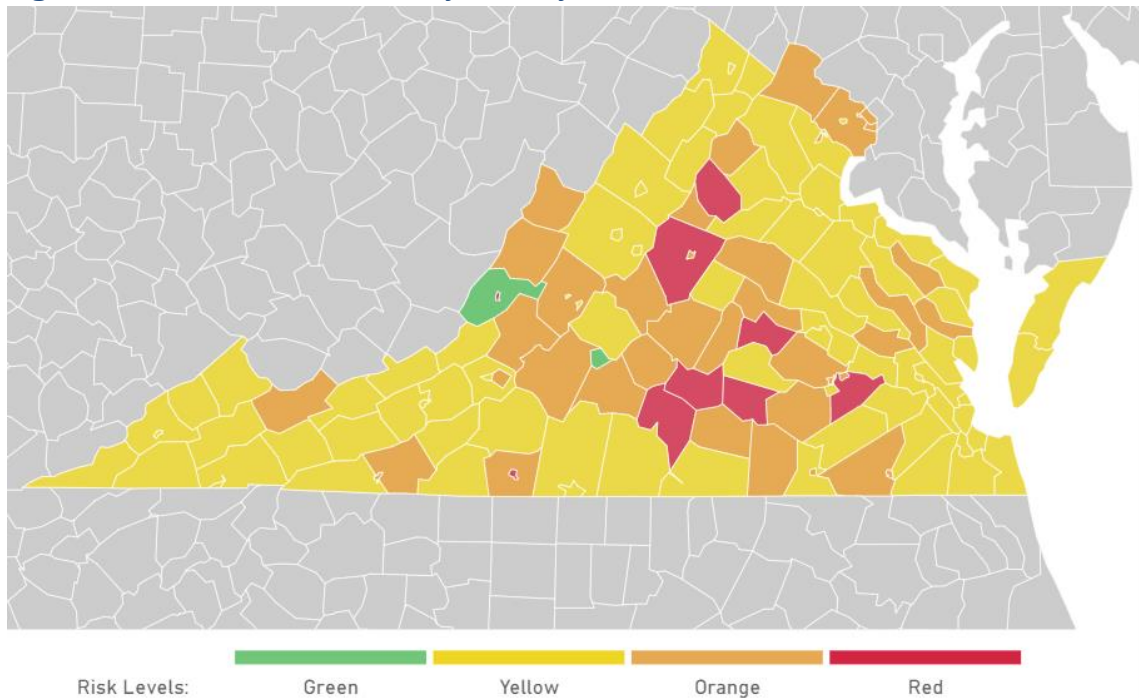
- 43911 - 47263
- 47264 - 50871
- 50872 - 54755
- 54756 - 58935
- 58936 - 63435
- 63436 - 68277
- 68278+



People Not Mapped : 1,075,719

[Source](#)

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



[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, 55% of cases, and 67% of deaths. Blacks represent 19% of the population yet 23% of cases (up by 1% since last month) and 23% of deaths. Further, Hispanics make up 10% of the population yet 15% of cases and 6% of deaths. When comparing the percentages in the population, both Blacks and Hispanics still disproportionately contract COVID-19, and Blacks disproportionately die from it.

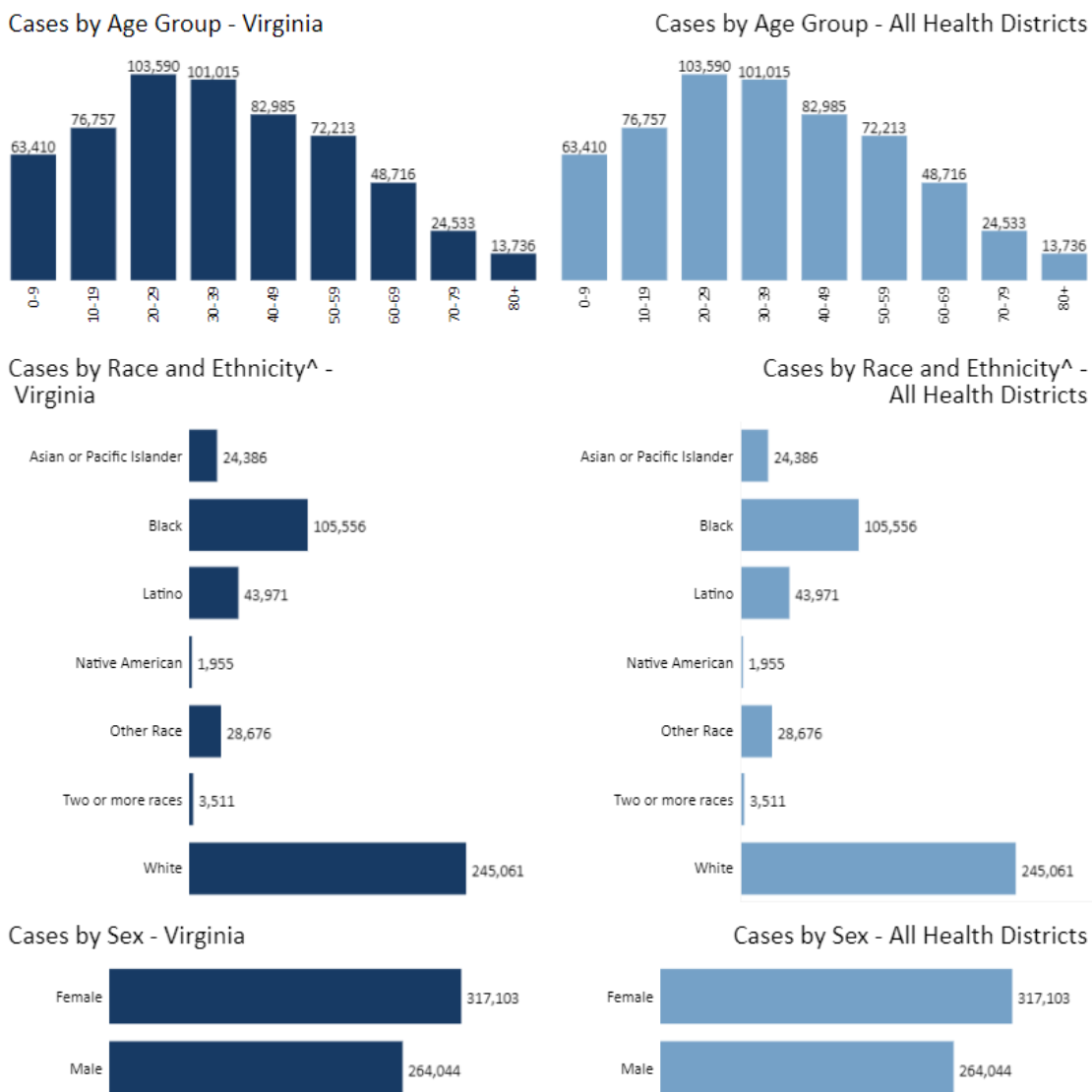
Table 1: Comparisons of COVID-19 Cases, Deaths, and Population

	% of Cases	% of Deaths	% of Total Population
White	55%	67%	61%
Black	23%	23%	19%
Hispanic	15%	6%	10%
Asian	4%	3%	7%

[Source](#)

Second, patterns concerning cases and deaths by age and sex remain similar in March as they were in previous months. Concerning cases and age, those aged between 20-39 continue to comprise the segment of the population with the single largest number of cases. Concerning cases and sex, those identifying as females tend to represent 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.

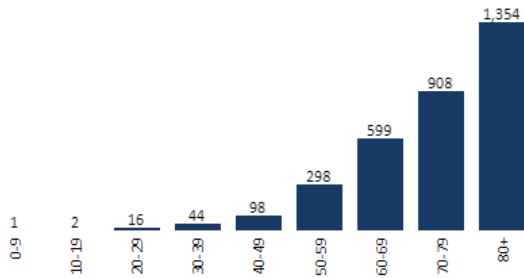
Figure 7: Cases of COVID-19 in Virginia: Demographics



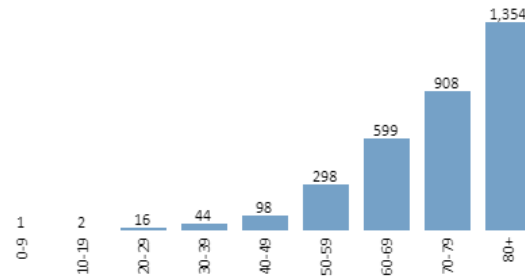
[Source](#)

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

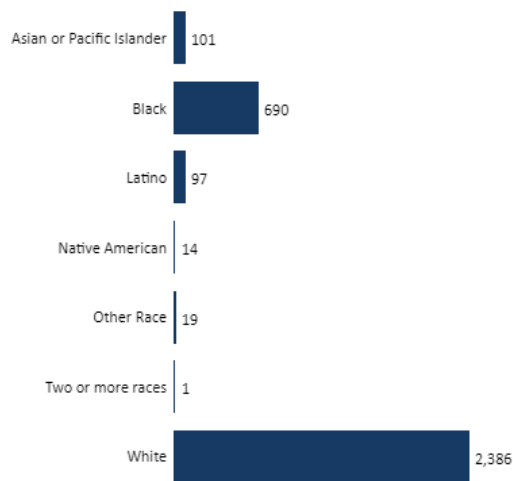
Deaths by Age Group - Virginia



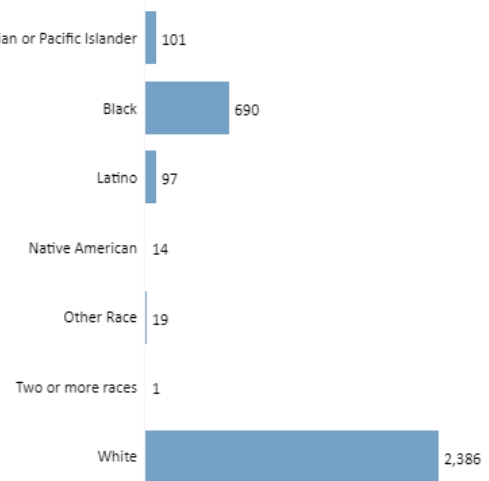
Deaths by Age Group - All Health Districts



Deaths by Race and Ethnicity^ - Virginia



Deaths by Race and Ethnicity^ - All Health Districts



Deaths by Sex - Virginia



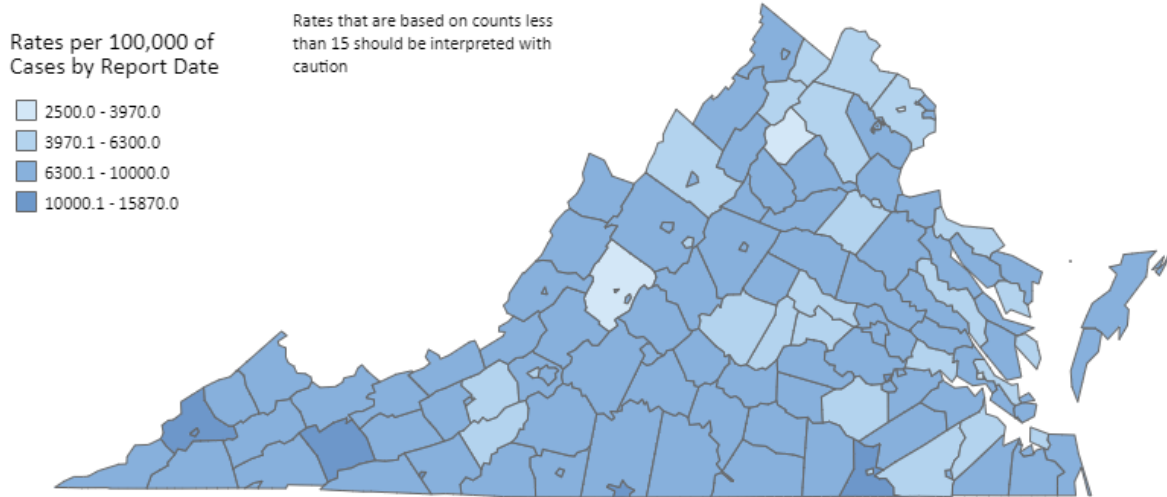
Deaths by Sex - All Health Districts



[Source](#)

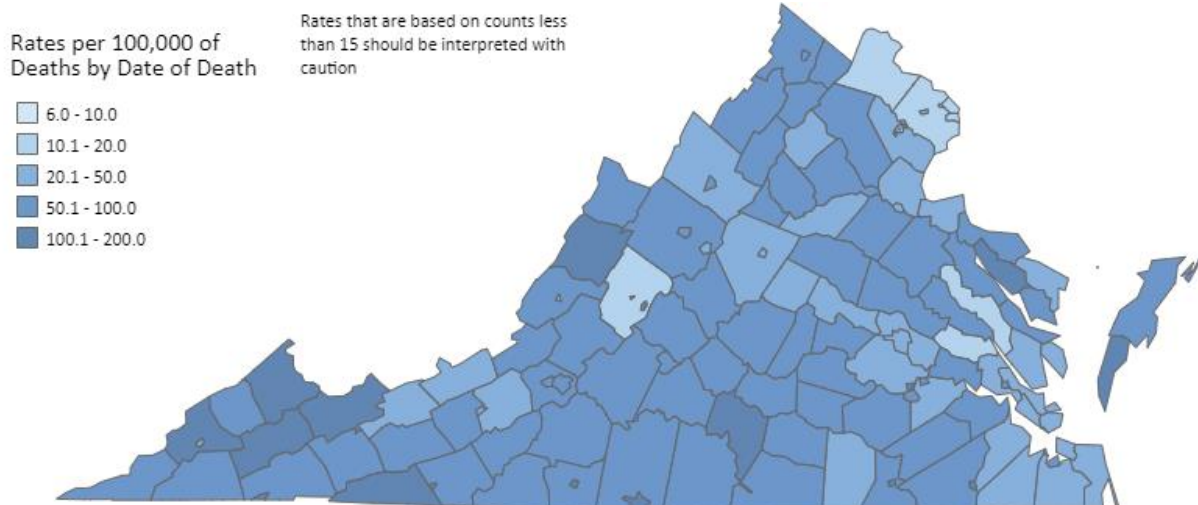
Third, as shown in Figures 9 and 10, urban and rural disparities continue to be evident in terms of cases as measured by rates per 100,000 people, which appear exacerbated since the Omicron variant led to a massive rise in risk this last winter. More rural counties continue to show disproportionate cases, with notable concentrations in the southeast, south-central, and southwest portions of the state. As was the case in previous months, rural counties disproportionately experienced deaths related to COVID-19 in March. Additionally, while there have not been any major changes in county-level divides on deaths, deaths in March were more highly concentrated across the southern and 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



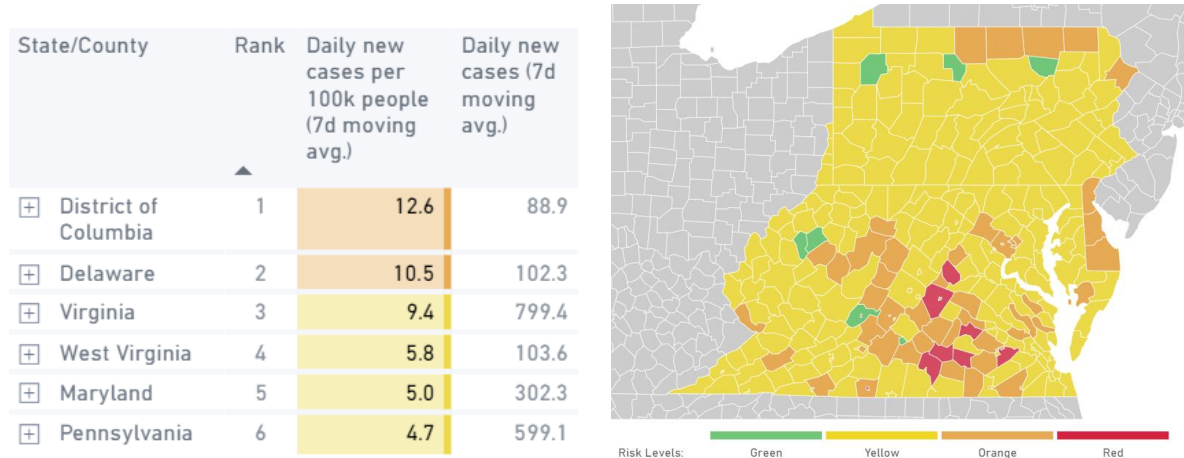
[Source](#)

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 March, Virginia ranked second in the region in terms of COVID-19 vaccine doses administered per 100 people ([Source](#)).

Regarding risk levels in March (Figure 11), all of Region 3 continues to see notable improvement since January when the entire region was red. At present, the District of Columbia is the most at-risk in FEMA Region 3. Virginia is the only state in the region to have some areas that are at high risk levels, particularly in the central part of the state. The Commonwealth has 799.4 new daily cases, a seven-day moving average at 9.4 new cases per 100,000 people (last month, Virginia saw 1,707.9 new daily cases with 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. To compare, 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.

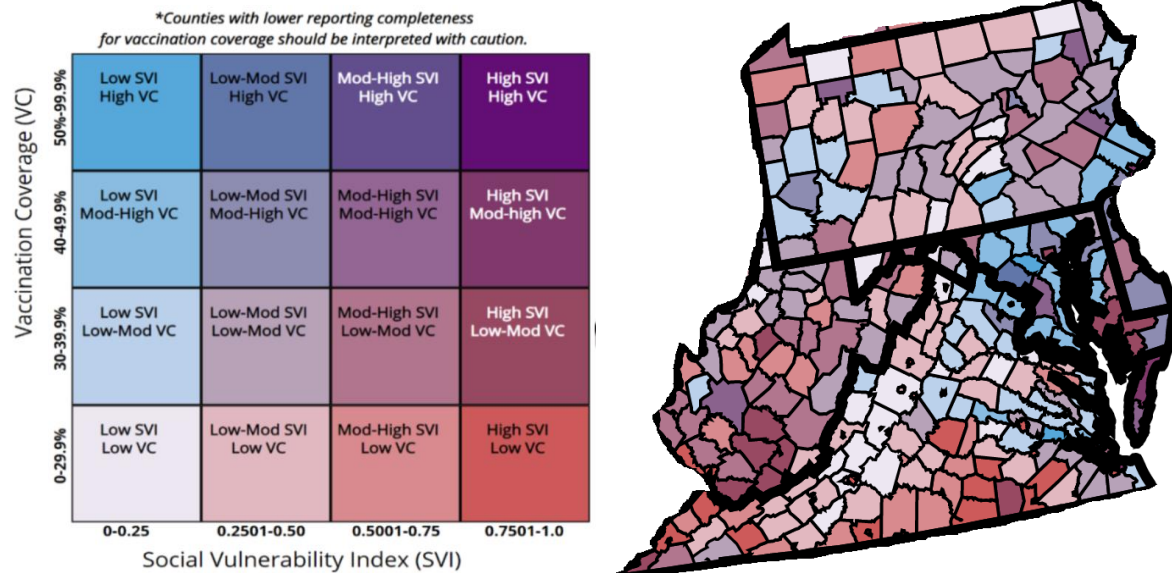
Figure 11: COVID-19 Risk Levels by County across FEMA Region 3



[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. Both Blacks and Hispanics/Latinos continue to see some improvements in vaccination percentages, but Blacks are still behind in vaccinations. 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 28, 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	57%	45%
Maryland	32%	30%
Pennsylvania	8%	10%
Virginia	23%	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	18%	10%
District of Columbia	14%	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	NA	1%

[Source](#)

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

Location	White % of Cases	White % of Total Population
Delaware	47%	61%
District of Columbia	21%	37%
Maryland	44%	50%
Pennsylvania	74%	76%
Virginia	55%	61%
West Virginia	92%	93%

[Source](#)

4. Trends Over Time

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 its 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 56.7% 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 and no change since February). 10% of Virginia's population is Hispanic and 10.7% of the vaccinated population in Virginia is Latino (an increase of 0.3% since January and 0.1% since February). 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 1.5 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 1.4 and 1.3 times the rate of Whites. VDH is currently working on addressing these health disparities.

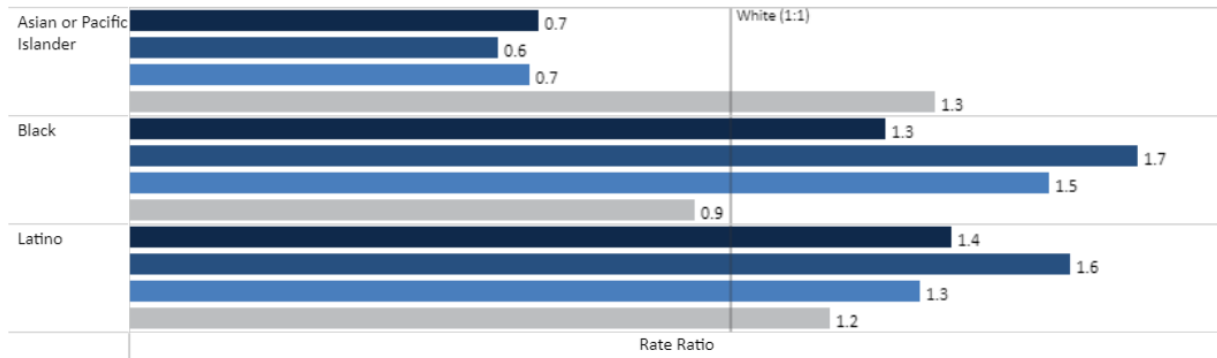
Figure 17: Racial and Ethnic Distribution of Burden of Disease in Virginia (according to vaccinations, cases, deaths, and hospitalizations)

Rate Ratios This Month

This chart shows rate ratios for all the data through this current month (also known as cumulative through this month). Death data are not included for individual local health districts due to small numbers.

Select Health District
(Affects all charts on page)

- Cases
- Hospitalizations
- Deaths
- Vaccinations

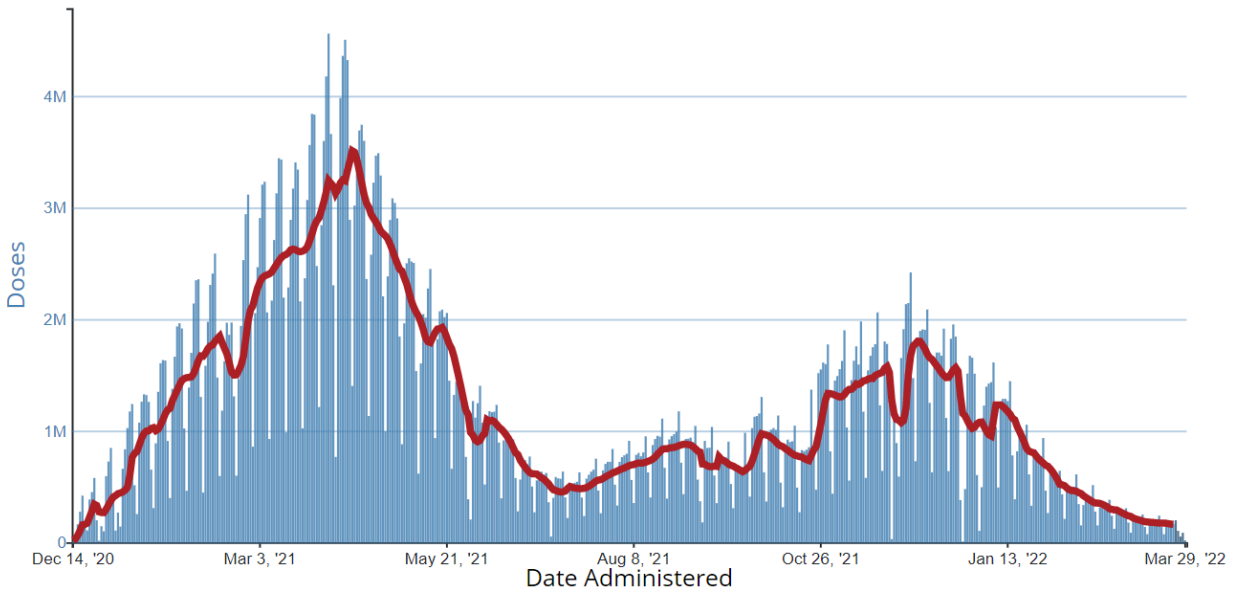


[Source](#)

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 31, 2022, Virginia’s 7-day average of vaccines administered was 1,743 (in February, it was 3,832) ([Source](#)). The peak number of vaccines administered in March was on March 4th at 2,856. To compare, January’s peak occurred on January 11th at 29,857 vaccines and February’s peak occurred on February 1st at 8,780 ([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 first 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 the United States



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

5. Vaccine Hesitancy

With over 15.6 million vaccination doses administered, and nearly 7 million people (81.4%) vaccinated with at least one dose, Virginia’s vaccination rates surpass the national rate of 76.8% ([Source](#); [Source](#)). This percentage includes those who have received at least one dose as well as those who are fully vaccinated (65.4% of the U.S. population is fully vaccinated while 72.7% 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, especially given the rise of the recent Omicron BA.2 subvariant.

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 the latest poll from 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, VDH is working to communicate the benefits of vaccination to the public. The VDH coronavirus dashboard now displays COVID-19 rates 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. The most recent poll is from February 2022. 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](#)). The White House released its March 2022 National COVID-19 Preparedness Plan with an outline of its four key goals: (1) Protect against and treat COVID-19, (2) Prepare for new variants, (3) Prevent economic and educational shutdowns, and (4) Continue to lead the effort to vaccinate the world and save lives ([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

COVID-19 cases surged in January, began to fall in February, and continued to decline in March. Hospitalizations had 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 March and in February than it was in January 2022. 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. Masking is also an important tool 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.