VDH Plan for Equitable Distribution of the COVID-19 Vaccine

MAY 2022

Office of Health Equity in the Virginia Department of Health

Contents

Executive Summary 2

1. **Key Equity Announcements and Critical Updates** 4
2. **Vaccination Equity in Virginia** 7
   - Vaccinations for 65+ 7
   - Vaccinations for Under 45 8
   - Race and Ethnicity 8
   - Rural Areas 10
   - Infections and Deaths Since Vaccine Availability 11
3. **Vaccinations in FEMA Region 3** 15
   - FEMA Region 3 and Race/Ethnicity 16
4. **Trends Over Time** 19
   - Racial Groups as a Share of Total Vaccinations in Virginia 19
   - Doses Administered 21
5. **Vaccine Hesitancy** 21
   - Vaccination Mandates 22
6. **On the Horizon** 23

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 April 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 subvariant 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 April was on April 30th at 17.6 cases per 100,000 people. April saw a steady rise in cases from the beginning of the month, when the number was at 8.3 daily cases (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. In April, cases started to climb again gradually (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. On April 30th, the number of daily cases had risen again to 17.6 per 100,000 people (Source).*

Vaccination Rates

- *At the end of April 2022, 73.1% of Virginia's population was fully vaccinated and 85.7% 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 May 4th, 22 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 April include:

- April 1: The Norfolk Department of Health announced that it will hold a free COVID-19 vaccination clinic twice a week at the Norfolk Military Circle Mall (880 N. Military Highway) site starting Tuesday, April 5. Tuesday hours are 2 to 6 p.m. and Saturday hours are 10 a.m. to 2 p.m. The clinic will be walk-ins only and no appointments (Source).
- April 1: The Piedmont Health District announced that it will offer a free COVID-19 vaccination clinic on Thursday, April 7 from 2 to 6:30 p.m.at the Farmville Farmer's Market, located at 213 North Street. The clinic will offer first, second, additional primary, and booster doses of the COVID-19 vaccines (Source).
- April 4: The Virginia Beach Department of Public Health announced that it will host a free COVID-19 vaccination clinic on Wednesday, April 6, from 4:30-6:30 p.m. at New Light Baptist Church, 5549 Indian River Road (Source).
- April 6: According to VDH, case counts in Virginia, once at over 10,000 reported per day, are down to now around 900. "As of today we have 241 hospitalizations across Virginia and that is an encouraging number," said Julian Walker, spokesperson for the Virginia Hospital and Healthcare Association. COVID-19 hospitalizations are dropping drastically. To compare, the rate was once 4,000 people a day during the January peak (Source).
- April 8: COVID-19 cases slightly increased in the past week in Virginia due to the BA.2 subvariant of Omicron. To spot a rise in cases before they happen, VDH began testing wastewater for COVID-19 at 25 facilities across the state. Wastewater testing, which has been used on some college campuses since 2020, can detect a rise in cases about a week before the people infected display symptoms. "Recent testing has not shown a significant increase in viral load," said Rekha Singh, the VDH's wastewater surveillance manager. In recent weeks, the number of plants showing minimal or no trace of COVID increased. In the most recent round of testing, 19 of 25 wastewater treatment plants showed minimal or no signs of COVID-19 (Source).
- April 11: The Virginia Hospital and Healthcare Association reported that 107,489 COVID-19 patients have been released from hospitals in Virginia since the beginning of the pandemic. VDH reported 1,678,215 cases of COVID-19 across the commonwealth as of Monday, April 11, 2022, dating to the beginning of the pandemic in March 2020 (Source).
- April 14: VDH's West Piedmont Health District announced that it will offer free COVID-19 testing on Tuesday, April 19 from 1 to 4 p.m. at the Martinsville Armory located at 315 Commonwealth Blvd., W. The event will be drive-thru with no age limit, although a parent or guardian must accompany anyone under 18 years old. The testing event will use the three-day polymerase chain reaction (PCR) test. A rapid test option will not be available at this event (Source).

- April 16: Experts from Virginia shared lessons learned from COVID-19 for future pandemics. Paul Helmuth, deputy emergency coordinator of the Harrisonburg Fire Department, said that reaching all people in the community with the right information has been a huge challenge during the COVID-19 pandemic. Virginia is looking at having a constant supply of PPE post-pandemic, according to Bob Mauskapf, director of emergency preparedness for VDH. He said that, right now, the state maintains a 30-day supply of PPE, while it works with the federal government to supply vaccines as needed (Source).
- April 18: The Centers for Disease Control and Prevention (CDC) announced that it removed all countries from the "Do Not Travel" list. Travelers should still make sure they are up to date with their COVID-19 vaccines before traveling to these destinations, according to the CDC (Source).
- April 18: As COVID-19 cases in the Blue Ridge Health District rise again, doctors with UVA Health say it is due to a newer variant that is taking over. "BA.2 has replaced the original Omicron in the U.S. and it is even more infectious," Dr. Bill Petri said. "It is responsible for the increase in COVID-19 cases in Virginia and the northeastern U.S." As many states are seeing COVID-19 cases trend upwards and more people are opting for at-home tests, some health officials worry we do not see the whole picture as cases are already trending upwards (Source; Source).
- April 21: The Piedmont Health District announced that it will offer two free COVID-19 vaccination clinics in Farmville and Dillwyn next week. The Farmville clinic will be held Friday, April 29 from 2 to 6:30 p.m. at Piedmont Senior Resources, located at 1413 S. Main St. The Dillwyn clinic will be held Saturday, April 30 from 10 a.m. to 2 p.m. at Hanes Chapel United Methodist Church, located at 1171 Copper Mine Road. The clinics will offer first, second, additional primary, and booster doses of the COVID-19 vaccines (Source).
- April 24: According to the CDC, new data on Virginia reveal that universal masking continues to be no longer recommended for any localities in the Commonwealth. The agency released an updated map on April 21st with county-by-county color designations to indicate whether residents should wear masks or not. "There are three levels (low, medium, high), which are determined by looking at hospital beds being used by patients with COVID-19, new hospital admissions among people with COVID-19, and the total number of new COVID-19 cases in your area," CDC officials wrote. The majority of Central Virginia continues to be ranked as low with the exception of Emporia and Prince George, which are ranked as medium. People in those areas (low, medium) can stop wearing masks — unless they are at high risk for severe illness. There are no localities in Virginia ranked as high where masking indoors is still recommended by the CDC (Source).
- April 25: According to the CDC, Albemarle County is in the medium level when it comes to COVID-19 transmission. The Blue Ridge Health District (BRHD) believes this is likely due to the spread of the Omicron subvariant, BA.2. Ryan McKay with BRHD says wearing a mask in certain settings can help, and having more activities outside can help prevent spreading the virus. "We have a lot of protection. I think with vaccinations, it's a highly-vaccinated locality or localities in terms of our health district and we did see a pretty significant surge in January," McKay said. "Hopefully between those two things - warmer weather, people being

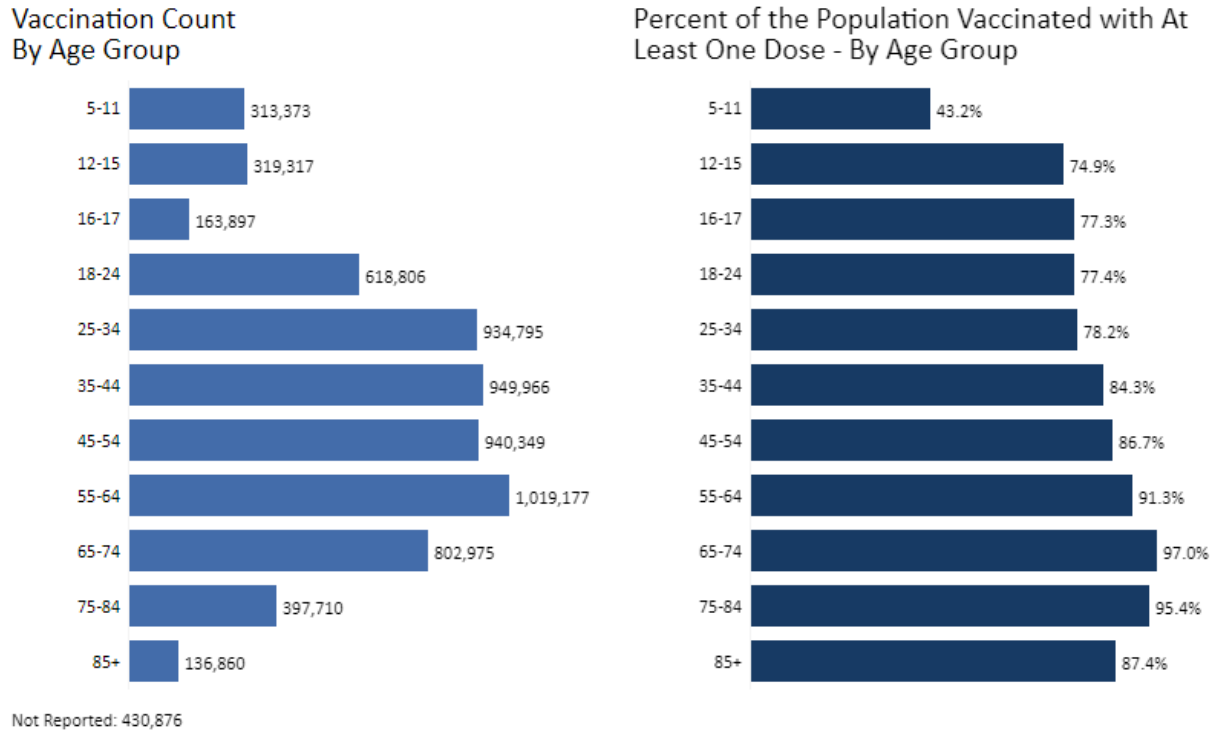
outside more frequently - and gathering in that sense, hopefully we'll see a downward trend." Right now, the vaccination rate of people who are fully vaccinated in the BRHD is 72% (Source).

- April 26: Cynthia Morrow, director of the Roanoke City and Alleghany Health Districts, updated the community Tuesday morning on current public health concerns, including the coronavirus pandemic. Health districts in the Commonwealth are seeing an increase in COVID-19 cases, but VDH says it is just a slight increase as the case numbers have remained relatively stable here. Morrow reported an increase of 169 cases since last week in the Roanoke City and Alleghany Health Districts, with the majority of those new cases and hospitalizations among individuals who are not fully-vaccinated or boosted (Source).
- April 28: The Rappahannock-Rapidan Health District (RRHD) is continuing to increase vaccination access by meeting residents where they live, work, play, and pray. RRHD is working with community organizations, churches, apartment complexes, and more to raise awareness and provide vaccinations through temporary "pop-up" clinics. Local staff have gone door to door in some areas to provide information, answer questions, and provide vaccines. RRHD recently held a clinic at Belle Courts Apartments in Culpeper. "The COVID-19 vaccine clinic was a success due to the efficiency, professionalism, and a true caring of its citizens shown by the Rappahannock Rapidan Health District. They are a delightful group of people to work with and Belle Courts Apartments looks forward to more collaborations in the future," said Courtney M. Hendricks, MBA, property manager (Source).

2. Vaccination Equity in Virginia

At the end of April, nearly 15 million COVID-19 vaccine doses have been administered in Virginia, and nearly 19 million vaccines have been received (Source). With 73.1% of the population fully vaccinated (over 6 million people and up by 0.4% since last month), Virginia ranks 11th in the country for the percentage of the population that has been fully vaccinated against COVID-19 (down from a rank of number 10 last month) (Source). At present, 81.8% of all Virginians have received at least one dose of a vaccine (Source), which is above the 77.5% national total vaccination rate receiving at least one dose (Source). Over 6 million Virginians have been fully vaccinated, representing 73.1% of the population, which is above the 66.1% national total fully vaccinated rate (Source). On average, Virginia is administering approximately 4,410 vaccinations per day (up from 3,354 vaccinations per day in March) (Source).

Figure 1: Vaccinations by Age (One Dose)



Source

Vaccinations for 65+

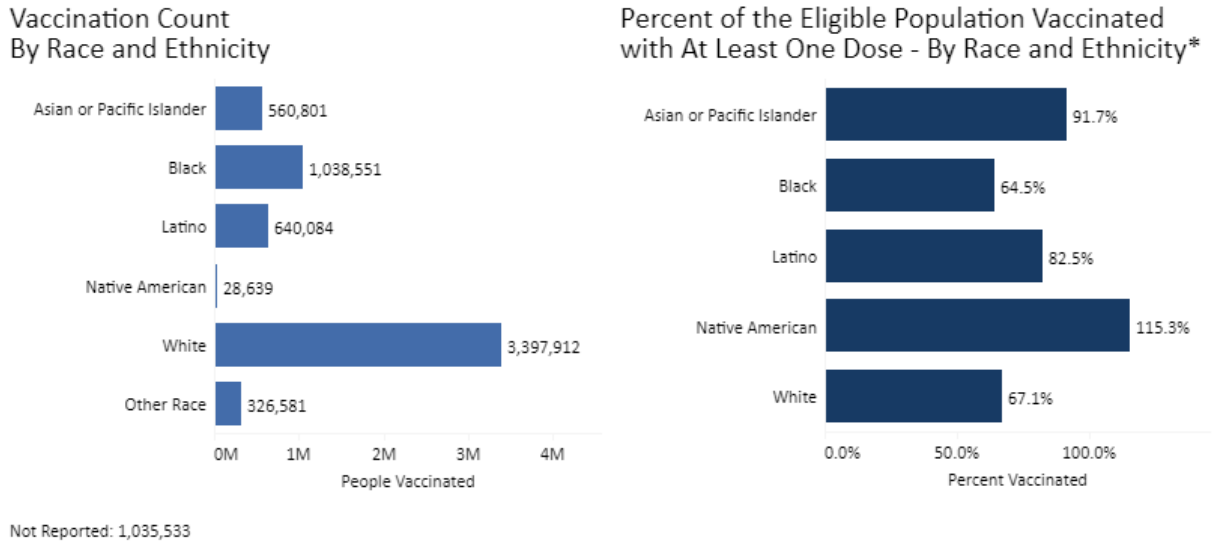
As seen in Figure 1, VDH reports the following age ranges: 65-74, 75-84, and 85+ (Source). At the end of April, 95.5% of those ages 65+ were vaccinated (Source). That is 0.7% higher than the rate of 94.8% last month.

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, 58.4% of those younger than 18 have been vaccinated with at least one dose, up by 0.6% from last month. 86.9% of individuals older than 5, up by 0.5% since last month, have been vaccinated with at least one dose. Furthermore, 92.7% 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: 43.2% of 5-11 year olds (up from 42.4%), 74.9% of 12-15 year olds (up from 74.5%), 77.3% of 16-17 year olds (up from 77.0%), 77.4% of 18-24 year olds (up from 77.0%), 78.2% of 25-34 year olds (up from 77.8%), and 84.3% of 35-44 year olds (up from 84.0%) (Source).

Race and Ethnicity

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



Source

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

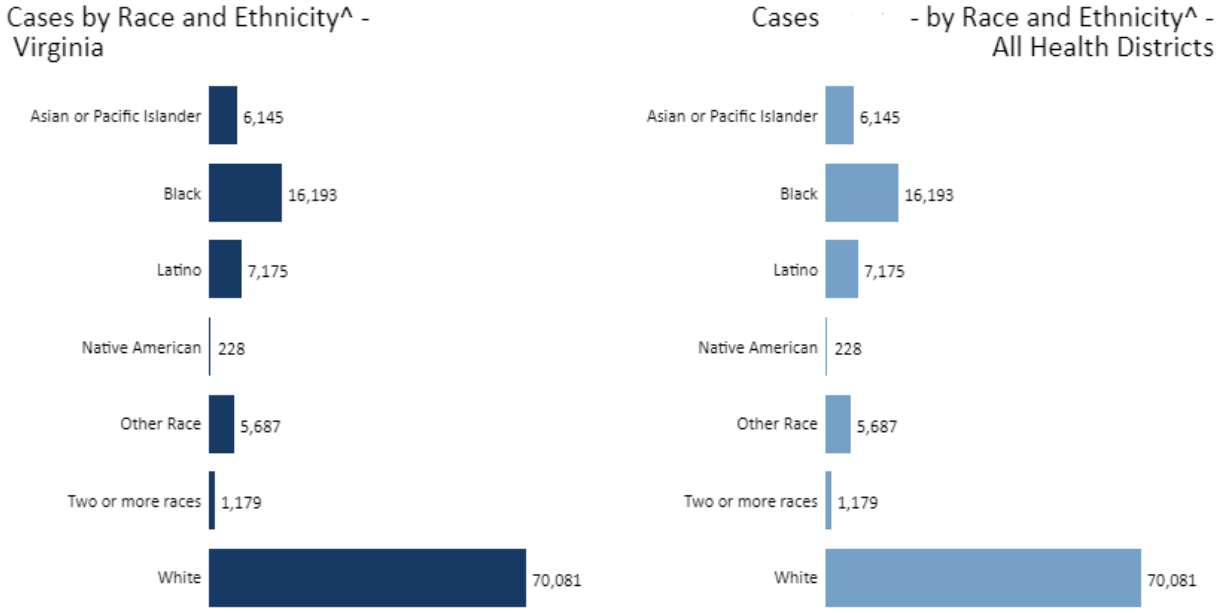
1. *There are small numbers of vaccinations and small population estimates for Native Americans at the city/county level in Virginia. VDH gets population estimates from the National Center for Health Statistics (NCHS). For example, there were 3 Native American vaccinations in a county. Population estimates 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 April 28th, 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 64.5% have been vaccinated with at least one dose.
- Second, Latinos have received 10.7% of all vaccinations and 82.5% have been vaccinated with at least one dose.
- Third, Asians or Pacific Islanders have received 9.4% of all vaccinations and 91.7% have been vaccinated with at least one dose.
- Fourth, Whites have received 56.7% of all vaccinations and 67.1% have been vaccinated with at least one dose (Source).

Figure 3: Cases by Race and Ethnicity



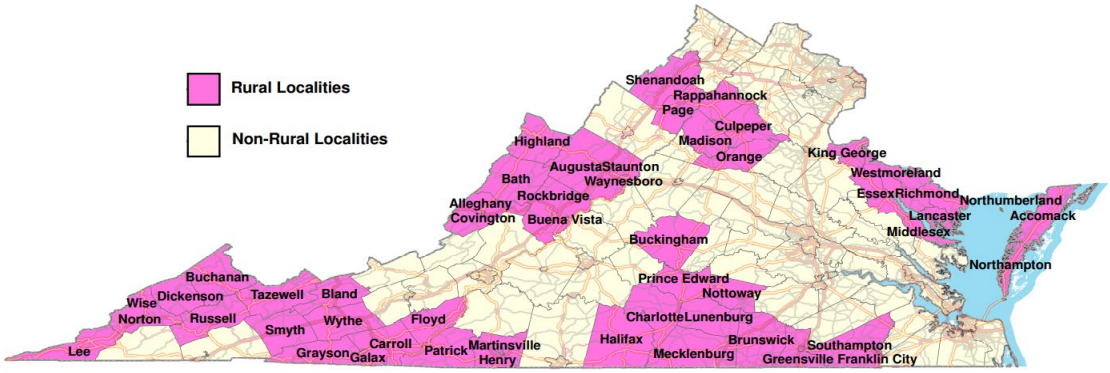
Source

As shown in Figure 3, case counts are lower than what they were last month but 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. Likely explanations for the unequal burden of disease on these populations include social vulnerability, social determinants of health, and historical disparity.

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).

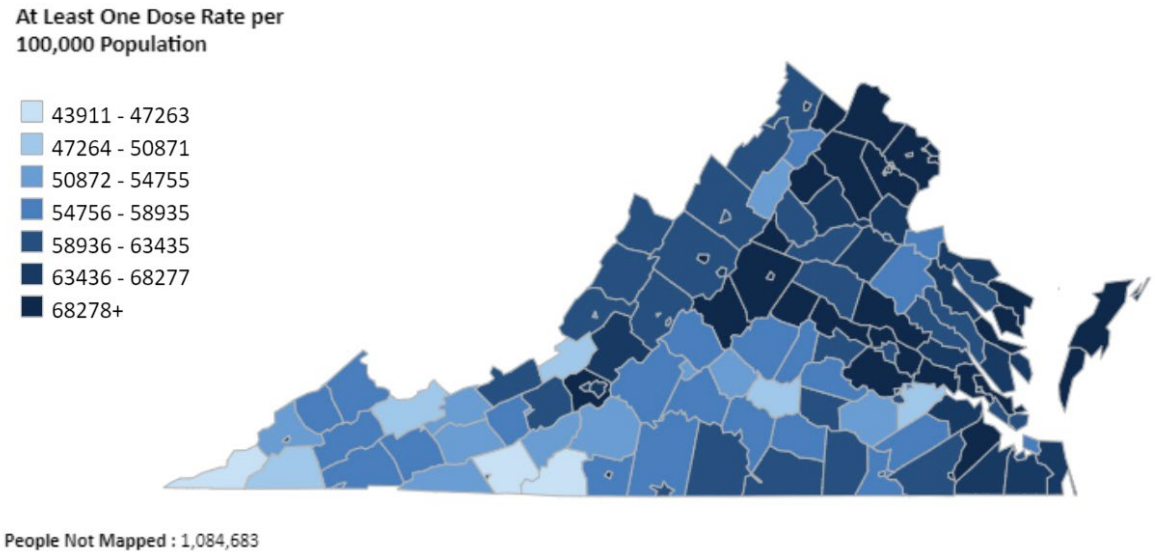
Figure 4: Rural and Non-Rural Areas in Virginia



Source

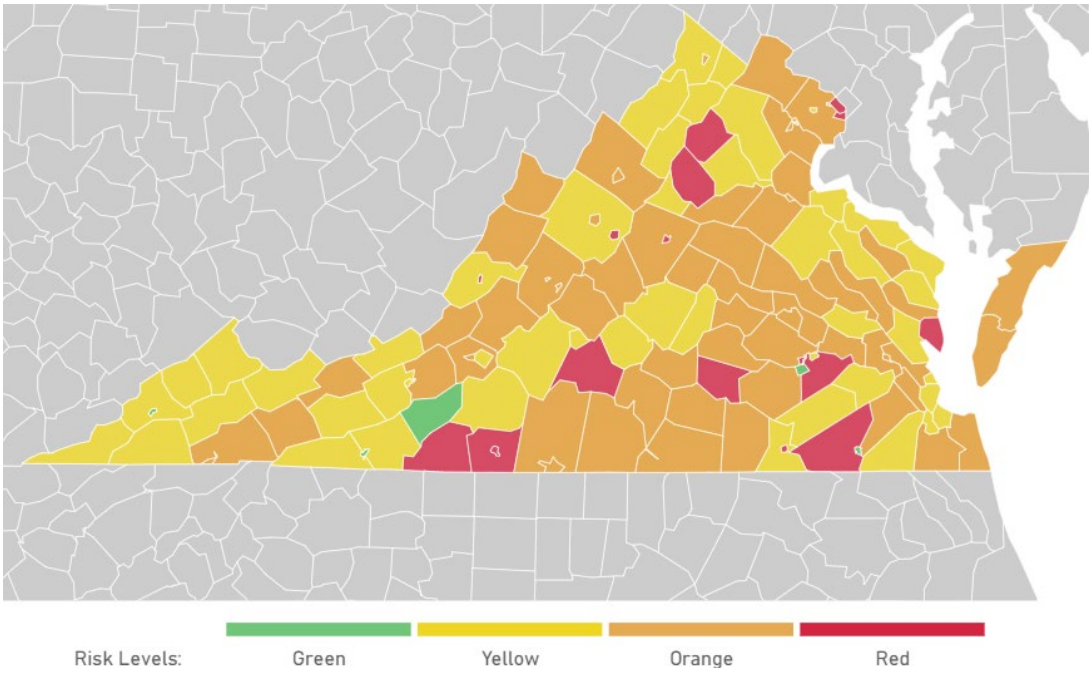
Rural areas, especially in south-central and southwest Virginia, continue to have lower vaccination rates as compared to other areas of the state, although there are some improvements, primarily concentrated in the north-central and northeast regions (Figure 5). Vaccination hesitancy continues to be an issue throughout the Commonwealth. As seen in Figure 6, when compared to the previous month of March, Virginia saw an increase in highly elevated risk levels across the Commonwealth. Specifically, the number of regions that had a level 3 or level 4 risk level almost doubled this month. Still, the risk level situation this month was better than it was during the month of January 2022 when every county in Virginia was red, with all regions being at "high risk" (Source).

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



Source

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



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, 56% of cases, and 67% of deaths. Blacks represent 19% of the population yet 23% of cases (no change since last month) and 23% of deaths. Further, Hispanics make up 10% of the population yet 14% of cases (down by 1% since last month) 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.

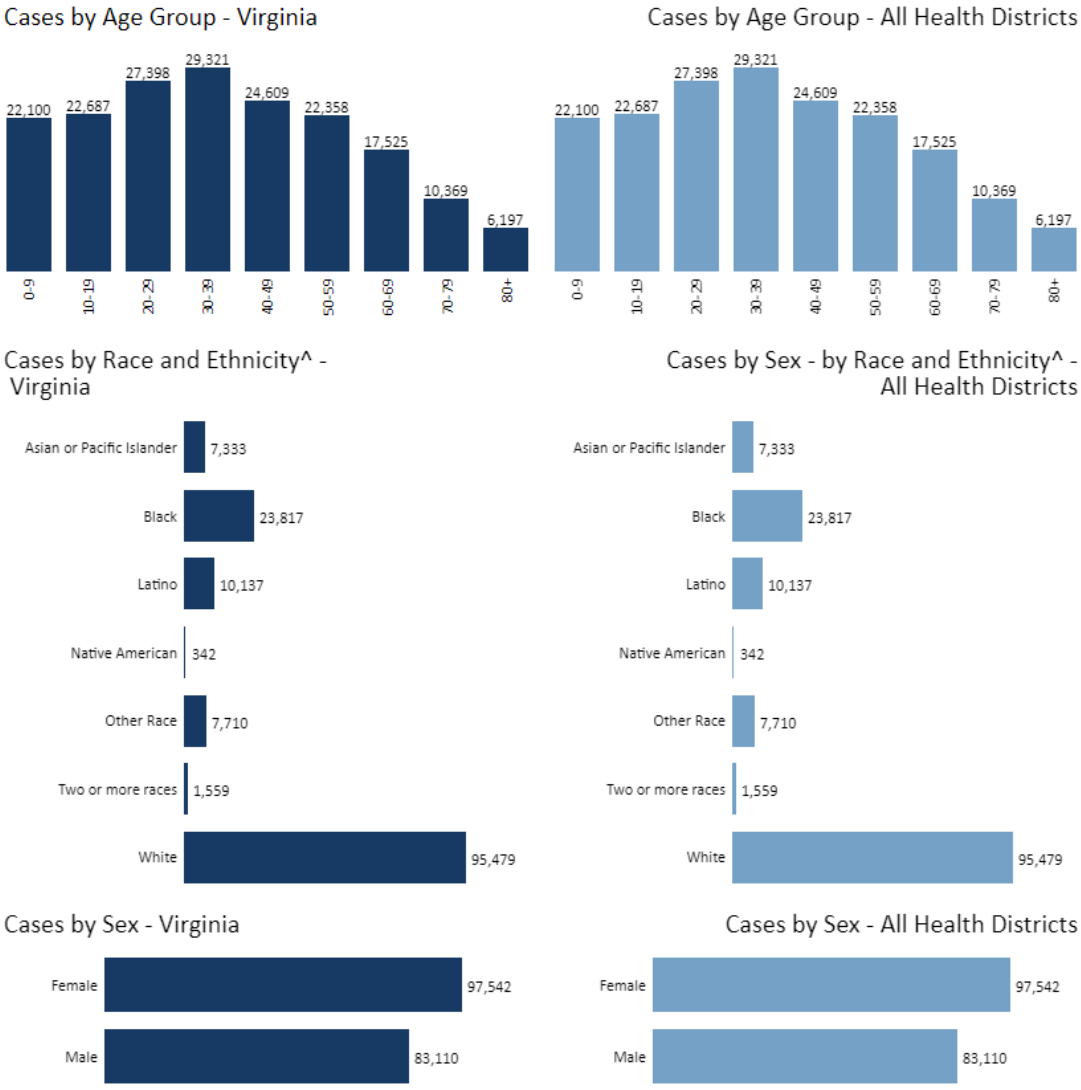
Table 1: Comparisons of COVID-19 Cases, Deaths, and Population

	% of Cases	% of Deaths	% of Total Population
White	56%	67%	61%
Black	23%	23%	19%
Hispanic	14%	6%	10%
Asian	4%	3%	7%

Source

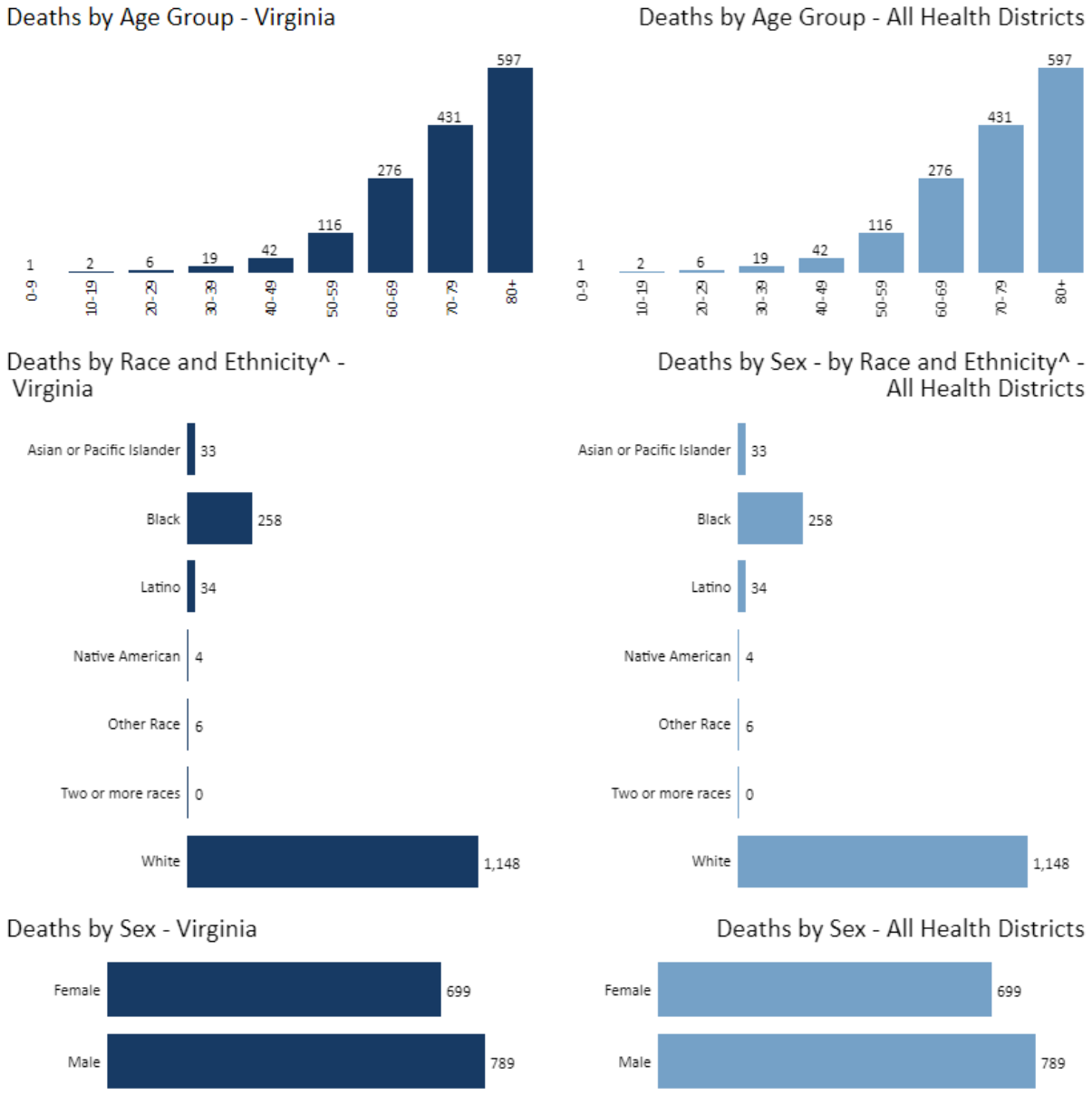
Second, patterns concerning cases and deaths by age and sex remain similar in April as they were in previous months. Concerning cases and age, those aged between 30-39 continue to comprise the segment of the population with the single largest number of cases. Concerning cases and sex, those identifying 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

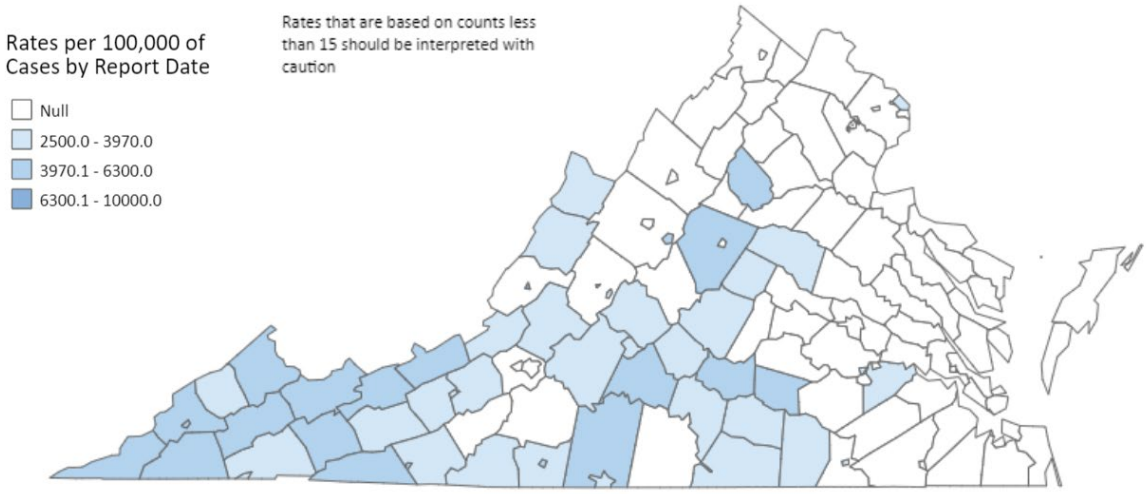
Figure 8: Deaths by COVID-19 in Virginia: Demographics



Source

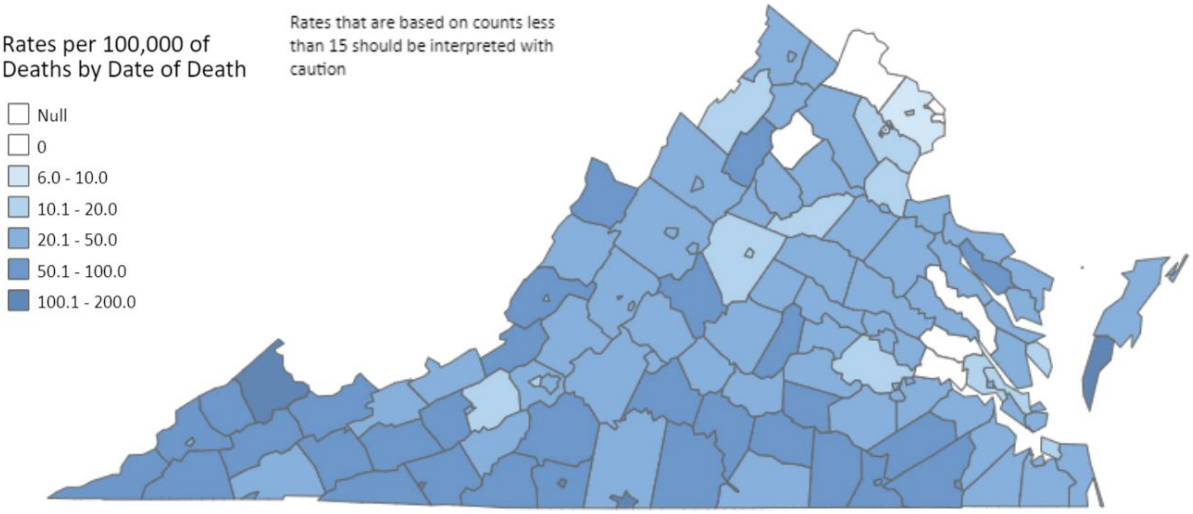
Third, as shown in Figures 9 and 10, urban and rural disparities continue to be evident in terms of cases as measured by rates per 100,000 people, which appear exacerbated since the Omicron variant led to a massive rise in risk this last winter. More rural counties continue to show disproportionate cases, with notable concentrations in the south-central and southwest portions of the state. Deaths in April were more highly concentrated across the southern and western portions of the Commonwealth. In Figure 9, regions that are marked as "Null" had fewer than 2,500 cases per 100,000 people.

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



Source *Note: Regions that are labelled "Null" are shown in white. These are the regions with a case rate of fewer than 2,500 cases per 100,000 people.*

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



Source

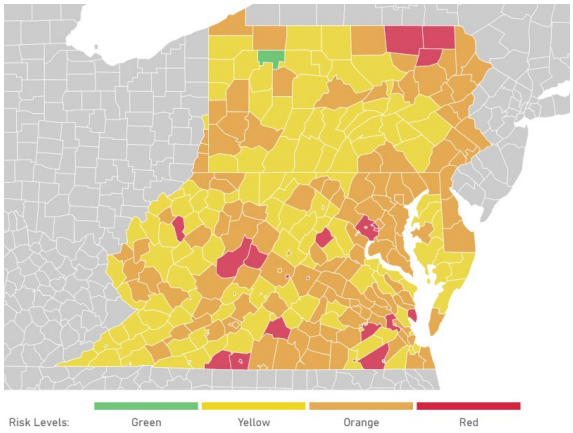
3. Vaccinations in FEMA Region 3

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

Regarding COVID-19 risk levels in April (Figure 11), all of Region 3 continues to see notable improvement since January when the entire region was red. However, the risk levels in April were still higher than what they were in the previous month. At present, the District of Columbia is the most at-risk in FEMA Region 3. Most of Virginia's counties that are at higher risk are concentrated along the central and eastern portions of the state. The Commonwealth has 1,517.4 new daily cases, a seven-day moving average of 17.8 new cases per 100,000 people (last month, Virginia saw only 799.4 new daily cases with a seven-day moving average of 9.4 new cases per 100,000 people). These numbers place 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

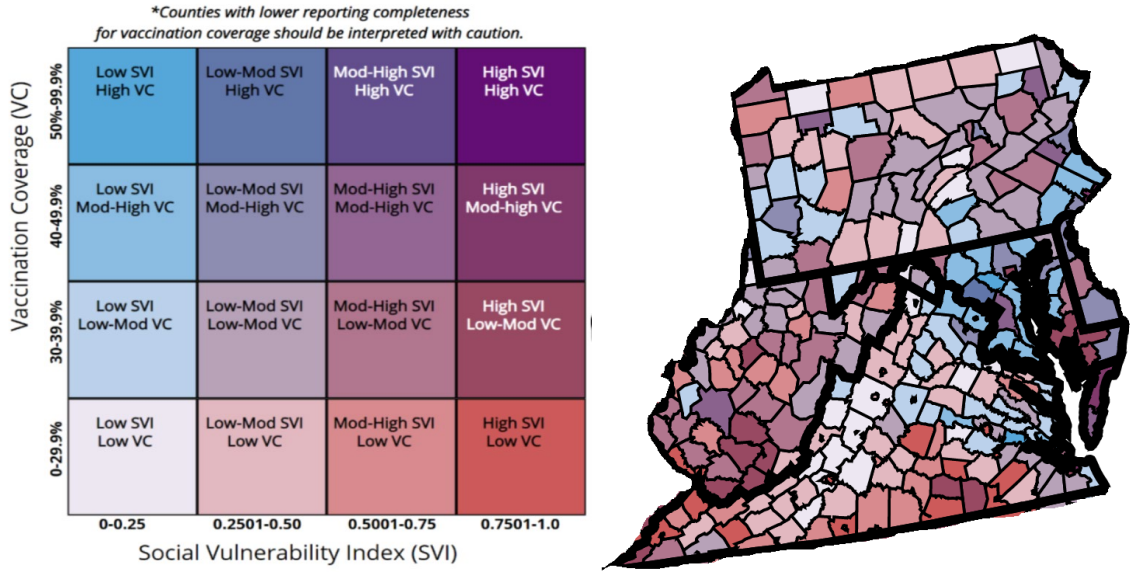
State/County	Rank	Daily new cases per 100k people (7d moving avg.)	Daily new cases (7d moving avg.)
District of Columbia	1	22.2	156.9
Delaware	2	19.0	184.7
Virginia	3	17.8	1,517.4
Maryland	4	14.7	891.4
Pennsylvania	5	13.5	1,734.3
West Virginia	6	10.8	194.3



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 April 4, 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	33%	30%
Pennsylvania	8%	10%
Virginia	23%	19%
West Virginia	5%	3%

Source

Location	Black % of Vaccinations	% of Vaccinations with Known Race	% of Vaccinations with Known Ethnicity
Delaware	20%	97%	78%
District of Columbia	46%	88%	92%
Maryland	28%	97%	96%
Pennsylvania [1]	7%	91%	78%
Virginia	17%	85%	85%
West Virginia [2]	4%	97%	NR

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	14%	10%
West Virginia	3%	1%

Source

Location	Hispanic % of Vaccinations	% of Vaccinations with Known Race	% of Vaccinations with Known Ethnicity
Delaware	11%	97%	78%
District of Columbia	15%	88%	92%
Maryland	11%	97%	96%
Pennsylvania [1]	7%	91%	78%
Virginia	11%	85%	85%
West Virginia [2]	NR	97%	NR

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

Location	Asian % of Vaccinations	% of Vaccinations with Known Race	% of Vaccinations with Known Ethnicity
Delaware	6%	97%	78%
District of Columbia	6%	88%	92%
Maryland	8%	97%	96%
Pennsylvania [1]	3%	91%	78%
Virginia	9%	85%	85%
West Virginia [2]	NR	97%	NR

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	43%	50%
Pennsylvania	74%	76%
Virginia	56%	61%
West Virginia	91%	93%

Source

Location	White % of Vaccinations	% of Vaccinations with Known Race	% of Vaccinations with Known Ethnicity
Delaware	70%	97%	78%
District of Columbia	47%	88%	92%
Maryland	53%	97%	96%
Pennsylvania [1]	74%	91%	78%
Virginia	57%	85%	85%
West Virginia [2]	92%	97%	NR

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 in Virginia. 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.

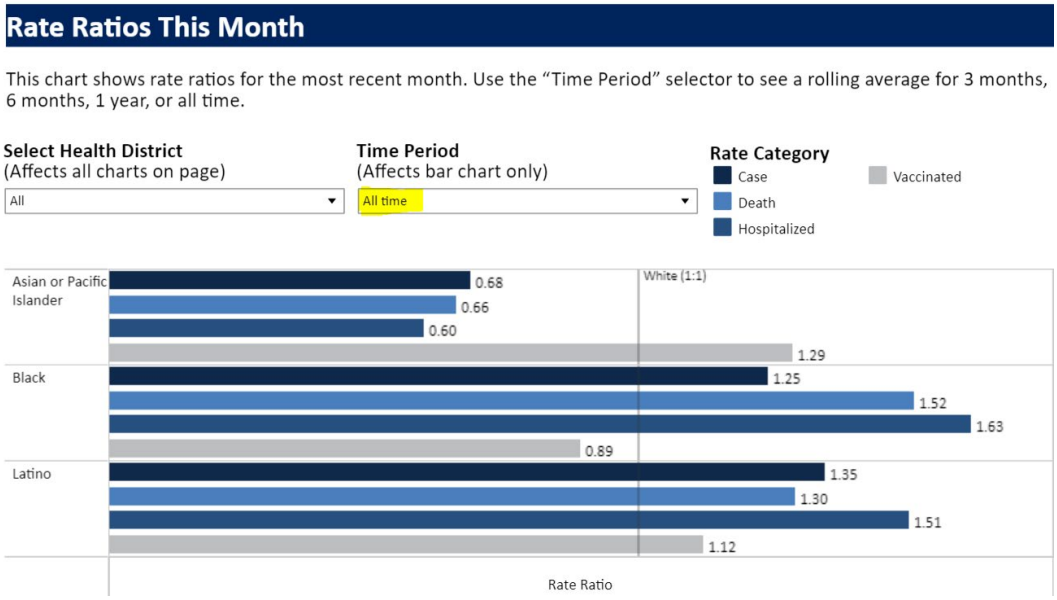
Racial Groups as a Share of Total Vaccinations in Virginia

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 0.89 times the rate of Whites. However, cases and deaths occur amongst Blacks at 1.25 and 1.52 times the rate of Whites, respectively. Amongst Latinos, vaccinations occur at 1.12 times the rate of Whites. Cases and deaths occur amongst Latinos at 1.35 and 1.30 times the rate of Whites. VDH is currently working on addressing these health disparities. Fortunately, some progress is notable in the last three months. As shown in Figure 18, when comparing cumulative rate ratios to rate ratios from the last three months, the disparity gaps in vaccination status amongst Blacks and Latinos have

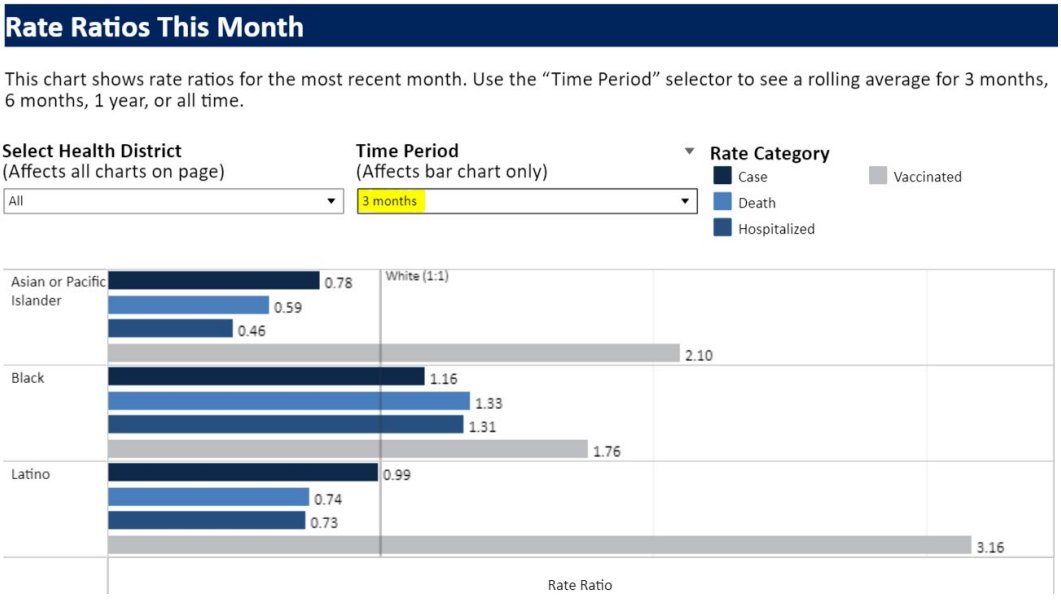
improved. While Blacks continued to experience a disproportionately higher burden of cases, deaths, and hospitalizations in the last three months when compared to Whites, the rate ratios' gaps are still smaller than what they were cumulatively, indicating recent progress in health equity (Source).

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



Source

Figure 18: Racial and Ethnic Distribution of Burden of Disease in Virginia Over the Last Three Months (according to vaccinations, cases, deaths, and hospitalizations)

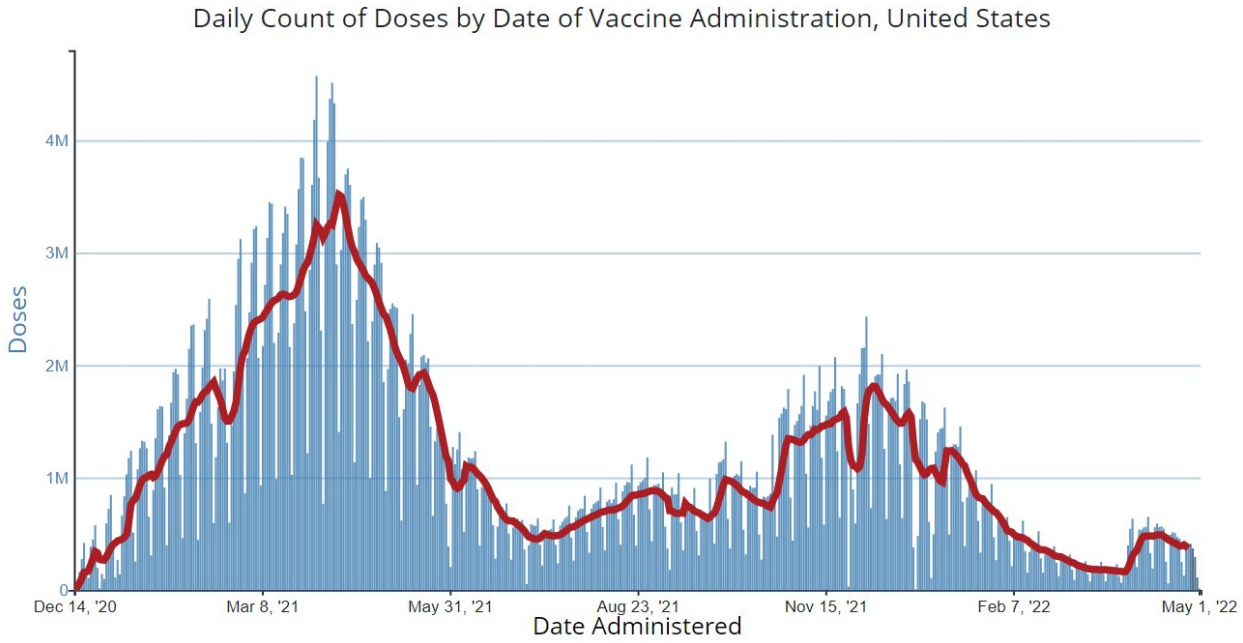


Source

Doses Administered

Between October 2021 and March 2022, Virginia saw a spike in the 7-day average of doses administered. For each month since January 2022, the peak number of vaccines administered were: 29,857 doses on January 11th, 8,780 doses on February 1st, and 2,856 doses on March 4th (Source). In general, as the winter Omicron surge subsided, so did the number of vaccines administered. April's peak in vaccines administered occurred on April 6th, with the peak average daily doses administered at 3,006 doses and the peak total vaccine doses administered at 3,328 doses (Source). By the end of April, the 7-day average of doses administered was 3,885. 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 general decrease in demand from the second half of January onward (Source; Source).

Figure 19: 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 15.8 million vaccination doses administered, and a little over 7 million people (81.9%) vaccinated with at least one dose, Virginia's vaccination rates surpass the national rate of 77.5% (Source; Source). This percentage includes those who have received at least one dose as well as those who are fully vaccinated (66.1% of the U.S. population is fully vaccinated while 73.3% 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, over the course of the pandemic, 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 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
- 41% are between ages 30-49
- 49% have a high school education or less
- 61% identify as Republican
- 32% have annual incomes less than $40k
- 55% reside in suburban areas and 23% in rural areas
- 29% are White evangelicals (Source)

Vaccination Mandates

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). In January 2022, the Biden Administration withdrew its mandate following the Supreme Court's decision to block it. On January 15, 2022, the Governor of Virginia issued Executive Director Number Two (2022), rescinding Executive Directive Number 18 (2021), and with it the vaccine mandate for state employees (Source). On January 26, 2022, Virginia's Attorney General issued an advisory opinion concluding that Virginia colleges and universities did not have the authority to require COVID-19 vaccinations as a condition of enrollment or in-person attendance, superseding a prior opinion (Source). These actions effectively ended vaccine mandates in Virginia.

On January 20, 2022, the Governor of Virginia announced the COVID-19 Action Plan with three key activities: (1) COVID-19 Vaccine Marshall Plan for Virginia, (2) Expanded Healthcare Flexibility & Support, and (3) Prioritized Testing Guidelines (Source). His plan was updated on February 21,

2022 to include Treatment in activity (2) and to replace activity (3) with Charting a Path to Normalcy. 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). These plans signaled a new phase in the pandemic response for Virginia and the nation.

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. In the month of April, the number of cases slowly increased again.

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. Vaccinations in children ages 12-17 and frequent testing are essential to keeping children and staff healthy in schools. Continued efforts to encourage vaccination, including booster shots when eligible, and reducing vaccine hesitancy are important factors to ensure Virginia remains on the path to normalcy. Therapeutics, testing, prevention, outbreak control, and public health information are also important factors.

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 remains an important factor in controlling COVID-19 and maintaining the path to normalcy. 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.