

VDH Plan for Equitable Distribution of the COVID-19 Vaccine

JUNE 2022

Office of Health Equity in the Virginia
Department of Health



VDH VIRGINIA
DEPARTMENT
OF HEALTH
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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	13
3. Vaccinations in FEMA Region 3	16
FEMA Region 3 and Race/Ethnicity	17
4. Trends Over Time	20
Racial Groups as a Share of Total Vaccinations in Virginia	20
Doses Administered	21
5. Vaccine Hesitancy	22
Vaccination Mandates	23
6. On the Horizon	24

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 May 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. Additionally, 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](#)).*
- *At the end of May, a new subvariant of Omicron was driving nearly 60% of U.S. cases ([Source](#)); the subvariant is responsible for the recently higher transmission rate of COVID-19 in Virginia ([Source](#)).*

Trends in Average Daily Cases

- *The highest number of average daily cases in Virginia for the month of May was on May 30th at 40.14 cases per 100,000 people. May saw a steady rise in cases from the beginning of the month, when the number was at 18.53 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 and May, cases started to increase again ([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. On May 30th, it was 40.14 cases per 100,000 people ([Source](#)).

Vaccination Rates

- *According to data from the Mayo Clinic, at the end of May 2022, 73.7% of Virginia's population was fully vaccinated and 86.2% 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 June 1st, 24 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 May include:

- **May 1:** The University of Virginia released a new report showing that a summer surge of illness is becoming increasingly likely. The Omicron version of the novel coronavirus is steadily spawning new subvariants and routines are returning to pre-pandemic life. The update from UVA's Biocomplexity Institute forecasts a peak higher than the 2021 delta wave but not quite reaching the record highs of January's infections. For the Pittsylvania-Danville Health District — in the worst case scenario — weekly cases could eclipse 1,200 in late July. For comparison, there were about 1,400 weekly infections added at the peak in mid-January. After bottoming out at record lows, cases are now rising in the region, state, and nation ([Source](#)).
- **May 2:** Data from VDH shows that cases are at the highest they have been since early February and are higher now than they were during the same time last year. Since early spring, cases have more than tripled. Fortunately, due to vaccination coverage and increasing immunity amongst Virginians, deaths and hospitalizations remain relatively low. The BA.2 strain of Omicron is starting to become dominant in Virginia, accounting for nearly half of all infections tested during the weeks ending April 9 and April 16. Northern Virginia in particular is seeing a surge in cases, with Loudon, Fairfax, Arlington, and Alexandria districts all seeing an increase ([Source](#)).
- **May 4:** VDH data showed that Arlington County had its highest one-day total of COVID-19 cases on May 4th since January 29th. Also on this day, VDH released COVID-19 guidelines for overnight summer camps ([Source](#); [Source](#)).
- **May 5:** The Piedmont Health District announced that it will offer six free COVID-19 vaccination clinics across the health district. The clinics will offer first, second, additional primary and booster doses of the COVID-19 vaccines. The clinics will be held on May 9th, 10th, 13th, and 14th ([Source](#)).
- **May 5:** According to VDH, southwest Virginia reported a 120% increase in new COVID-19 cases during the past week while Northeast Tennessee recorded a 15% rise, with more than 500 total new cases. There were 262 new cases across Southwest Virginia during the past seven days, compared to 119 during the previous week ([Source](#)).
- **May 8:** According to the Richmond Times Dispatch, some parents in Chesterfield County have expressed concern over Chesterfield County Public Schools no longer tracking COVID-19 cases. Chesterfield Public Schools made the decision to stop tracking cases after VDH announced there were too many cases statewide to trace each one and were instead shifting focus to monitoring outbreaks. Richmond Public Schools continues to report daily COVID cases with date and location through Google Docs, Henrico County Public Schools publishes the same information plus the number of outbreaks for the week on its site, and Hanover

County's school system posts the cumulative number of COVID cases per school on a weekly basis ([Source](#)).

- May 9: The Virginia Beach Department of Public Health announced that it will host a free COVID-19 vaccination clinic on Wednesday, May 11, from 4:30 – 6:30 p.m. at New Light Baptist Church. The clinic will offer all vaccines, including boosters ([Source](#)).
- May 10: Several counties and areas in Virginia continued to report rises in cases. Loudon County, the Central Shenandoah Health District, the Roanoke City - Alleghany Health Districts, and Fairfax County all reported steady increases. Additionally, twenty-six schools in Fairfax County are experiencing a COVID-19 outbreak ([Source](#)).
- May 12: Due to inclement weather, the Piedmont Health District announced that it is canceling the two COVID-19 vaccination clinics scheduled for Saturday, May 14. Staff were planning to reschedule the clinic at the earliest opportunity ([Source](#)).
- May 15: Halifax County moved from a low to medium COVID-19 level ([Source](#)).
- May 18: The Piedmont Health District announced that it will offer a free COVID-19 vaccination clinic on Friday, May 20th, from 10 a.m. to 1 p.m. at the Charlotte County Farmers Market, located at 4900 Drakes Main St. in Drakes Branch. The clinic will offer first, second, additional primary, and booster doses of the COVID-19 vaccines ([Source](#)).
- May 19: The Piedmont Health District announced that it will offer four free COVID-19 vaccination clinics next week across the health district. The clinics will offer first, second, additional primary and booster doses of the COVID-19 vaccines ([Source](#)).
- May 20: The CDC reported that Richmond City moved to the medium COVID-19 community level, one week after Henrico County moved into the medium level. The CDC's COVID-19 community level is a tool to help communities decide what prevention steps to take based on the latest data. Levels can be low, medium, or high and are determined by looking at hospital beds being used, hospital admissions, and the total number of new COVID-19 cases in an area. Based on CDC guidance for individuals who live in an area with medium COVID-19 community level, Richmond and Henrico Health Districts (RHHD) recommends everyone who lives, works, or spends time in Richmond or Henrico to stay up to date with COVID-19 vaccines, improve ventilation in indoor spaces, and follow CDC recommendations for isolation or quarantine if sick or exposed. Individuals who are immunocompromised, at high risk for severe illness, or who spend time with high risk individuals should consider wearing a mask around others ([Source](#)).
- May 20: Following the CDC and FDA approvals of Pfizer COVID-19 booster shots for 5-11 year olds, vaccination opportunities for Richmond and Henrico children are becoming available. Children will be able to access appointments through pediatricians, pharmacies, and Richmond and Henrico Health Districts (RHHD). Parents can visit vax.rchd.com, call 804-205-3501, or check with their pediatrician or pharmacy to find an appointment. RHHD's walk in vaccine clinics will begin offering boosters to children next week. After school clinics will be on Tuesday, May 24, 2022 at Whitcomb Resource Center from 3:00pm-5:00pm and Wednesday, May 25, 2022 at Mosby Resource Center from 2:00pm-4:00pm. Children also qualify to receive their booster in their home through the Doses on Demand program which can be scheduled by calling 804-205-3501. "Staying up to date on vaccines

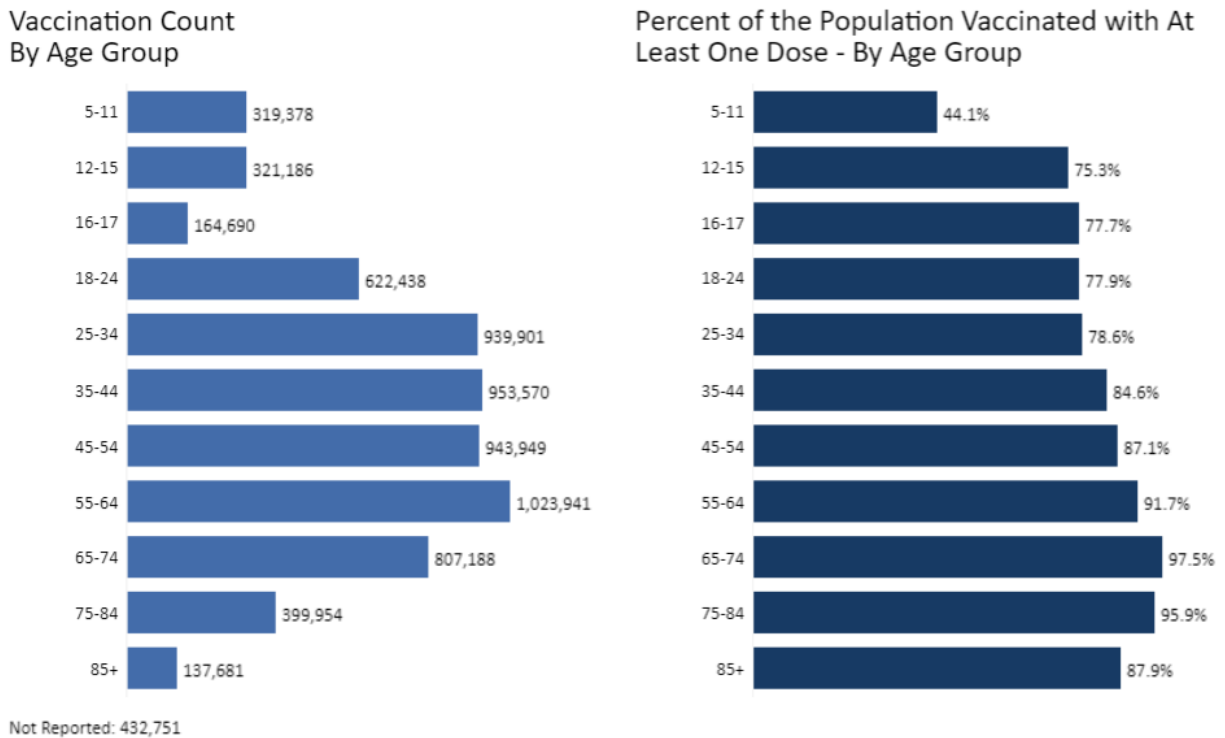
remains the best tool we have at preventing serious infections from COVID-19,” explained Joanna Cirillo, Public Health Nurse Supervisor. “We’re eager to give boosters to the little ones to ensure they are as safe from COVID-19 as possible.” Everyone over the age of 5 can get their booster after completing their primary series ([Source](#)).

- **May 20:** The Central Shenandoah Health District (CSHD) announced that several COVID-19 community levels in the area have increased from “low” to “medium” and “high” as cases continue to rise across the area. Augusta and Highland county and the cities of Staunton, Waynesboro, and Lexington have moved from “low” to “high” risk for spread of COVID-19. Rockbridge county and the city of Buena Vista have moved from “low” to “medium” risk. Although Bath and Rockingham counties and the city of Harrisonburg are reported as having low COVID-19 community levels, CSHD recommends everyone in the region take precautions. “The public is encouraged to stay up to date on vaccinations and booster shots, as well as test for the virus should any symptoms appear,” said Dr. Elaine Perry, Interim Director of the CSHD. “CSHD recommends everyone who lives, works, or spends time in high risk areas to wear a mask indoors in public, regardless of vaccination status.” ([Source](#))
- **May 21:** The Bristol Herald Courier reported that the Health Wagon, a health care institution serving residents of central Appalachia since 1980, treated double its average number of patients in 2021 due to COVID-19. The Health Wagon has played a critical role in responding to the COVID-19 outbreak in the Appalachia region ([Source](#)).
- **May 22:** VDH has retired four dashboards and two landing pages. The goal of this is to streamline data on COVID-19 and be more closely aligned with the Centers for Disease Control. VDH also cited reduced interest, redundancy, and minimal change as a reason for retiring the dashboards and landing pages ([Source](#)).
- **May 22:** A minor COVID-19 outbreak is reported at Halifax County Middle School ([Source](#)).
- **May 24:** The Rappahannock Area Health District announced that it will offer two free clinics on Thursday—one to get tested for COVID-19 and the other to get vaccinated against it—as health officials encourage boosters and warn of “rebound” COVID-19 cases ([Source](#)).
- **May 25:** The Virginia Hospital and Healthcare Association reported 519 hospitalizations across Virginia due to COVID-19 ([Source](#)).
- **May 27:** Chesterfield Health District announced that several COVID-19 community levels in the area have increased from “low” to “medium” and “high”. Chesterfield County and the City of Colonial Heights have moved from “medium” to “high” risk for spread of COVID-19. Although Powhatan County is reported as having “medium” COVID-19 community levels, Chesterfield Health District recommends everyone in the region take precautions ([Source](#)).

2. Vaccination Equity in Virginia

At the end of May, nearly 16 million COVID-19 vaccine doses have been administered in Virginia ([Source](#)). With 73.7% of the population fully vaccinated (over 7 million people and up by 0.6% since last month), Virginia ranks 11th in the country for the percentage of the population that has been fully vaccinated against COVID-19 ([Source](#); [Source](#)). At present, 82.3% of all Virginians have received at least one dose of a vaccine ([Source](#)), which is above the 77.8% national total vaccination rate receiving at least one dose ([Source](#)). Over 7 million Virginians have been fully vaccinated, representing 73.7% of the population, which is above the 66.6% national total fully vaccinated rate ([Source](#)). On average, Virginia is administering approximately 4,653 vaccinations per day (up from 4,410 vaccinations per day in April) ([Source](#)).

Figure 1: Vaccinations by Age (One Dose)



[Source](#)

Vaccinations for 65+

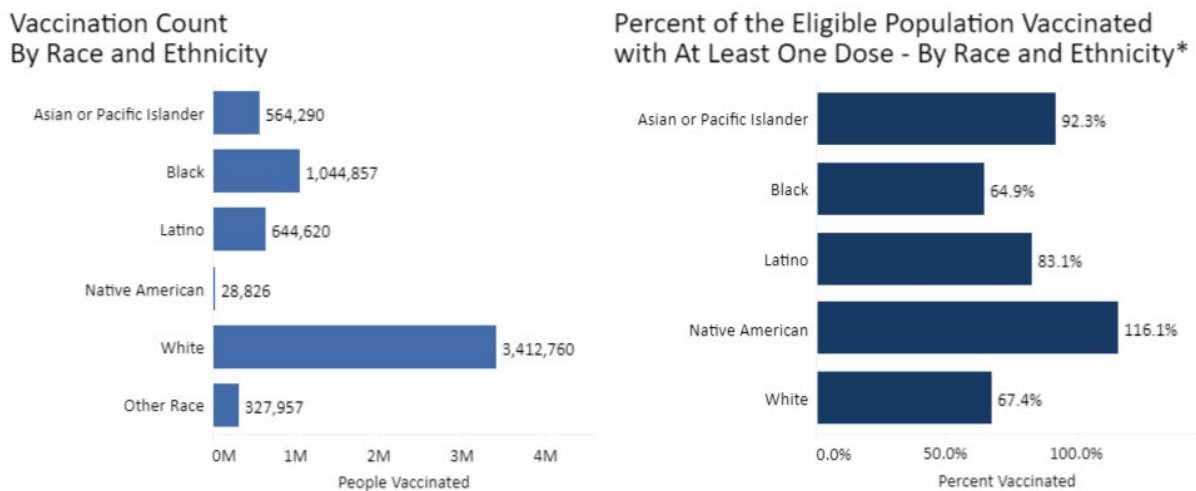
As seen in Figure 1, VDH reports the following age ranges: 65-74, 75-84, and 85+ ([Source](#)). At the end of May, 96.0% of those ages 65+ were vaccinated ([Source](#)). That is 0.5% higher than the rate of 95.5% last month.

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, 59.1% of those younger than 18 have been vaccinated with at least one dose, up by 0.7% from last month. 87.4% of individuals older than 5, up by 0.5% since last month, have been vaccinated with at least one dose. Furthermore, 93.1% 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: 44.1% of 5-11 year olds (up from 43.2%), 75.3% of 12-15 year olds (up from 74.9%), 77.7% of 16-17 year olds (up from 77.3%), 77.9% of 18-24 year olds (up from 77.4%), 78.6% of 25-34 year olds (up from 78.2%), and 84.6% of 35-44 year olds (up from 84.3%) ([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.

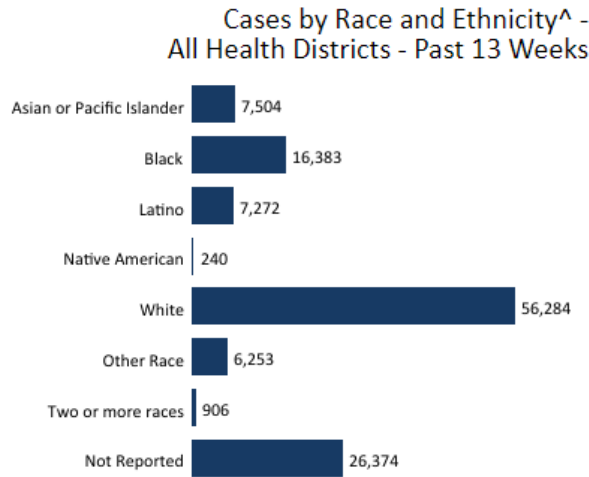
- 1. There are small numbers of vaccinations and small population estimates for Native Americans at the city/county level in Virginia. VDH gets population estimates from the National Center for Health Statistics (NCHS). For example, there were 3 Native American vaccinations in a county. Population estimates 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 May 31st, 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 64.9% have been vaccinated with at least one dose.
- Second, Latinos have received 10.7% of all vaccinations and 83.1% have been vaccinated with at least one dose.
- Third, Asians or Pacific Islanders have received 9.4% of all vaccinations and 92.3% have been vaccinated with at least one dose.
- Fourth, Whites have received 56.7% of all vaccinations and 67.4% have been vaccinated with at least one dose ([Source](#)).

Figure 3: Cases by Race and Ethnicity



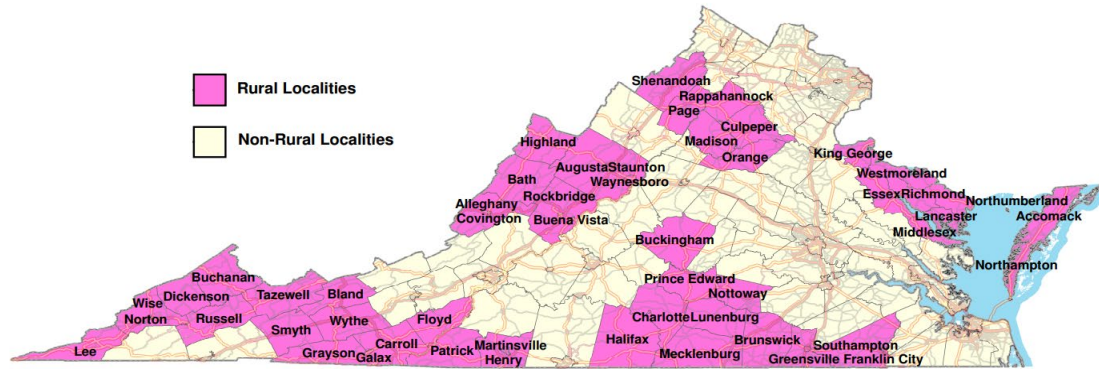
[Source](#)

As shown in Figure 3, case counts are lower now than what they were during the winter 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](#)

Another way to examine rural and urban disparities is to examine rural, urban, suburban and exurban areas. The Isserman Classification system (shown in Table 1 below) uses a combination of urban area population and population density to identify counties as urban, rural, or mixed.

Table 1: Percent Population Vaccinated by Urban and Rural Jurisdictions (by Age Groups)

2013 SRHP Isserman Classification	5 to 11	12 to 17	16 to 17	18 to 30	31 to 50	51 to 64	65+	Grand Total
Mixed Urban	41%	69%	73%	68%	69%	81%	88%	72%
Urban	38%	69%	75%	60%	72%	82%	86%	70%
Mixed Rural	25%	49%	56%	54%	60%	73%	82%	62%
Rural	17%	41%	47%	48%	54%	69%	78%	58%
Grand Total	34%	62%	67%	59%	67%	78%	84%	67%

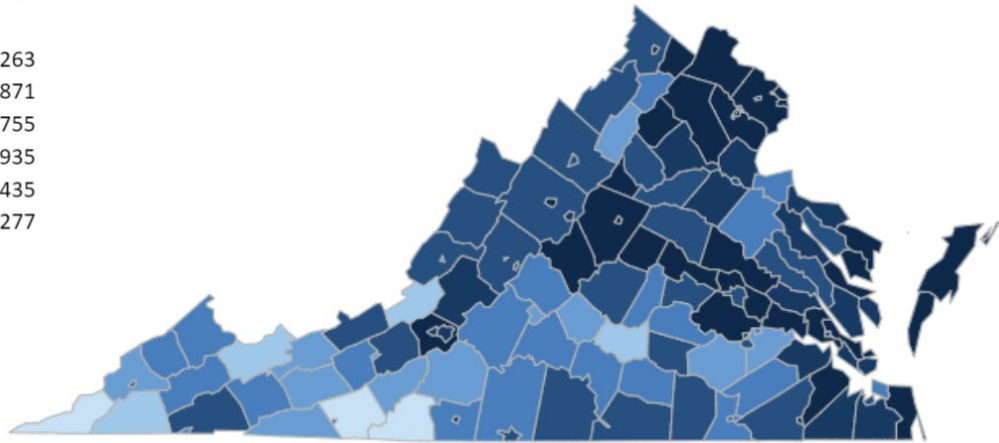
[Source](#)

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 northern 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 April, Virginia saw an increase in highly elevated risk levels across the Commonwealth. 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

At Least One Dose Rate per
100,000 Population

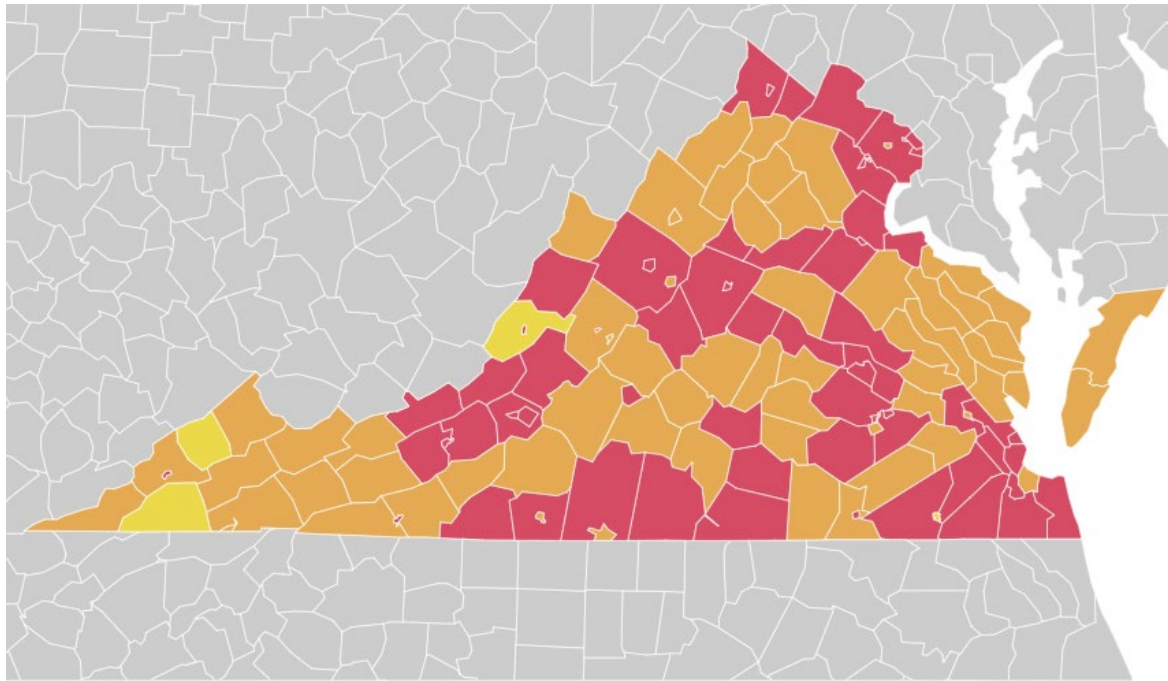
- 43911 - 47263
- 47264 - 50871
- 50872 - 54755
- 54756 - 58935
- 58936 - 63435
- 63436 - 68277
- 68278+



People Not Mapped : 1,094,641

[Source](#)

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



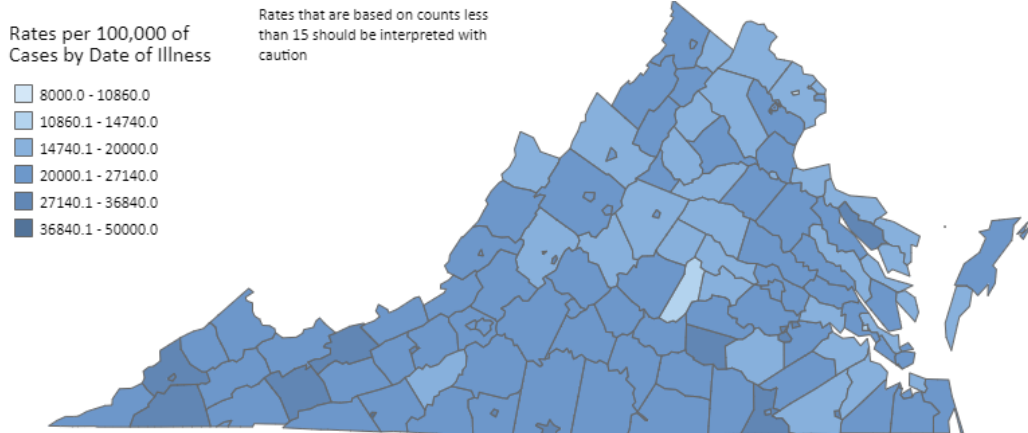
Risk Levels: ■ Green ■ Yellow ■ Orange ■ Red

[Source](#)

Third, as shown in Figures 7 and 8, urban and rural disparities continue to be evident in terms of cases as measured by rates per 100,000 people, which were especially exacerbated this last winter

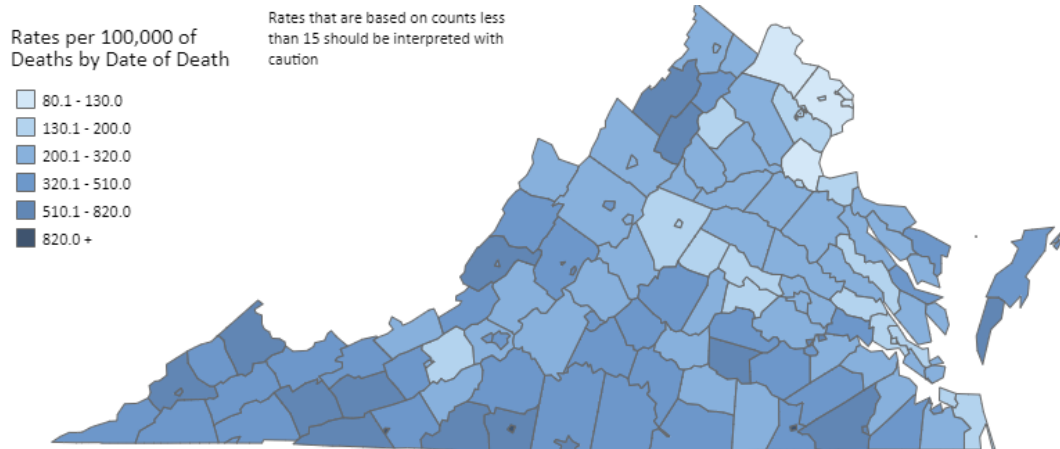
when the Omicron variant led to a massive rise in risk. Since then, more rural counties continue to show disproportionate cases, with notable concentrations in the south-central and southwest portions of the state. By the end of May, deaths were still more highly concentrated across the southern and western portions of the Commonwealth.

Figure 7: Cases of COVID-19 in Virginia: Urban and Rural



[Source](#)

Figure 8: Deaths from COVID-19 in Virginia: Urban and Rural



[Source](#)

Infections and Deaths Since Vaccine Availability

VDH's data reveals 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 2, disparities detailed in previous vaccine equity reports remain. Whites represent 61% of the population, 56% of cases, and 67% of deaths. Blacks represent only 19% of the population yet 23% of cases and 23% of deaths. Further, Hispanics make up 10% of the population yet 14% 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 2: Comparisons of COVID-19 Cases, Deaths, and Population

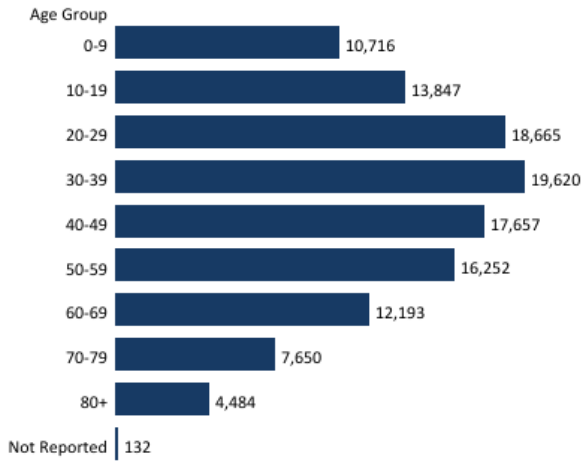
	% of Cases	% of Deaths	% of Total Population
White	56%	67%	61%
Black	23%	23%	19%
Hispanic	14%	6%	10%
Asian	4%	3%	7%

[Source](#)

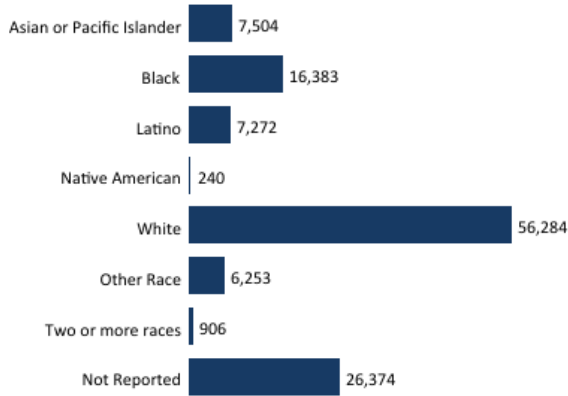
Secondly, as shown below in Figures 9 and 10, patterns concerning cases and deaths by age and sex remain similar in May as they were in previous months. Concerning cases and age, those aged between 30-39 continue to comprise the segment of the population with the single largest number of cases. Regarding cases and sex, those identifying as females tend to represent more COVID-19 cases. Concerning deaths and age, 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. Regarding deaths and sex, those identifying as male tend to die at a higher rate than those identifying as female.

Figure 9: Cases of COVID-19 in Virginia: Demographics

**Cases by Age Group -
All Health Districts - Past 13 Weeks**



**Cases by Race and Ethnicity^ -
All Health Districts - Past 13 Weeks**

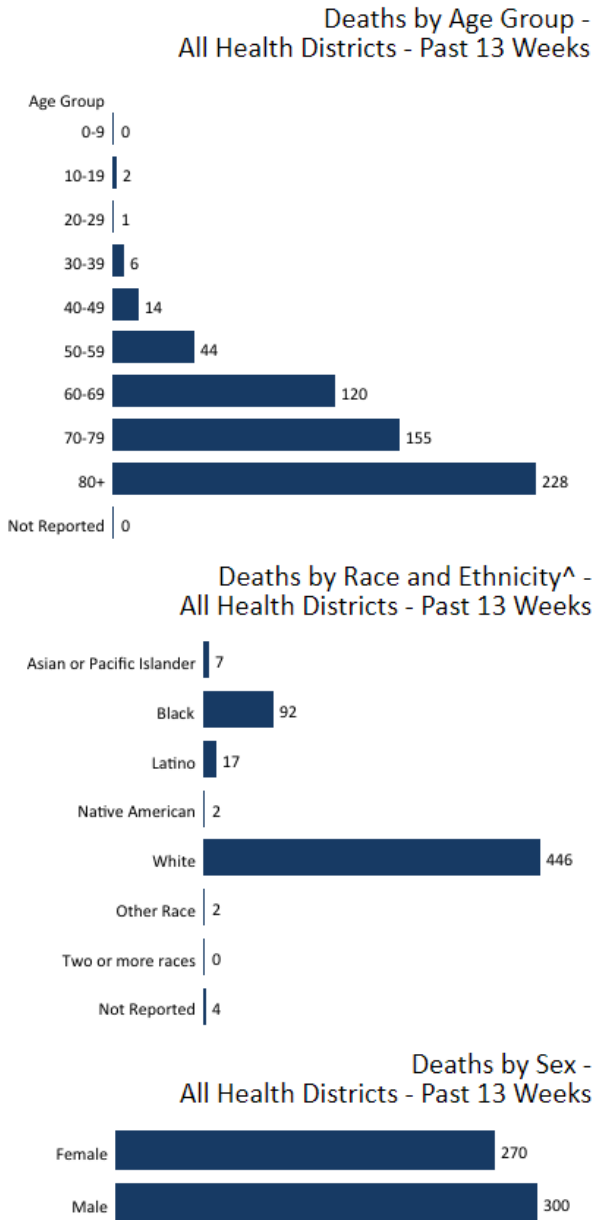


**Cases by Sex -
All Health Districts - Past 13 Weeks**



[Source](#)

Figure 10: Deaths by COVID-19 in Virginia: Demographics



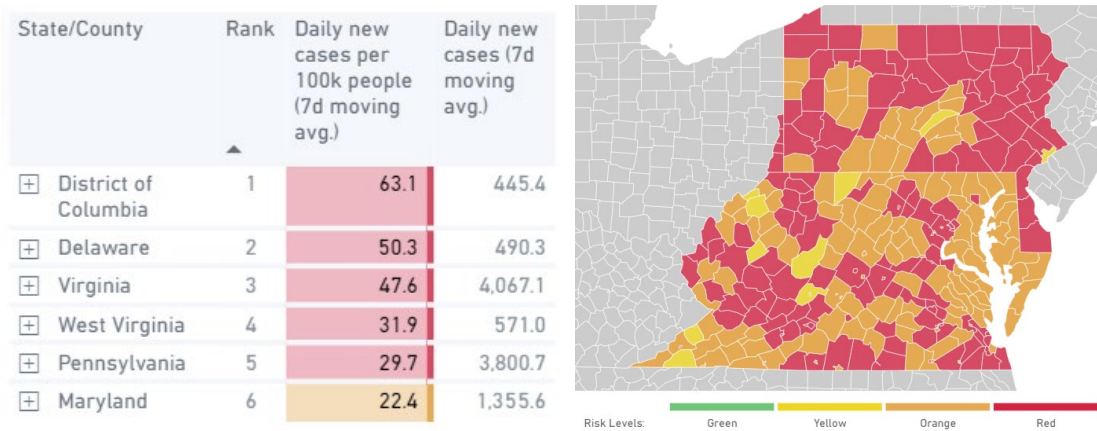
[Source](#)

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

Regarding COVID-19 risk levels in May (Figure 11), all of Region 3 continues to see risk levels growing. The risk levels for Virginia in May were higher than what they were in the April. 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 4,067.1 new daily cases, a seven-day moving average of 47.6 new cases per 100,000 people (last month, Virginia saw 1,517.4 new daily cases with a seven-day moving average of only 17.8 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.

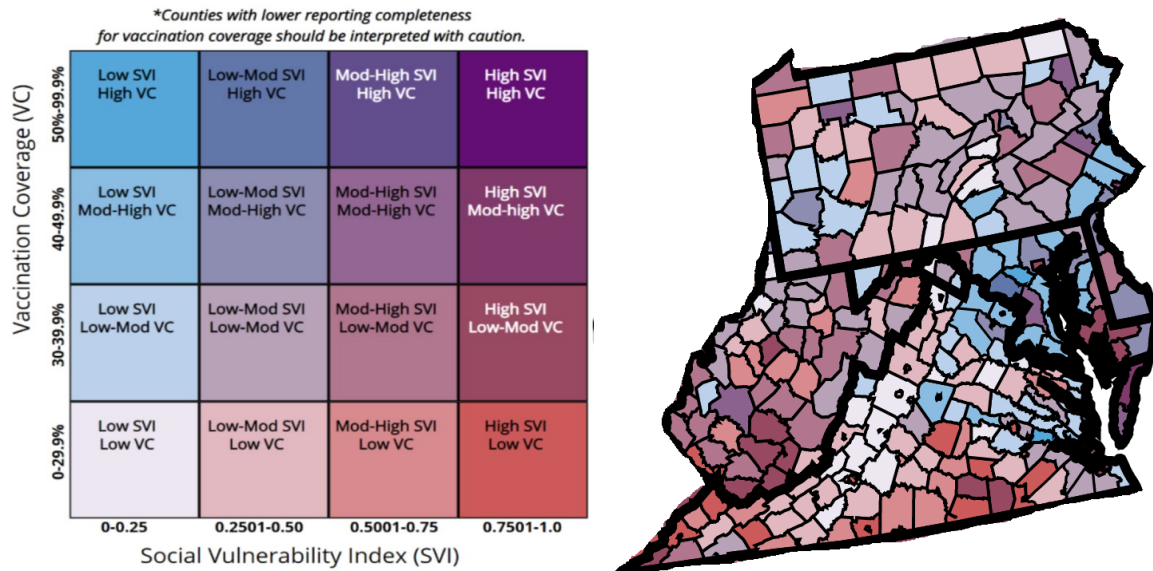
Figure 11: COVID-19 Risk Levels by County across FEMA Region 3



[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 western 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 on race and ethnicity ([Source](#)). Kaiser Family Foundation data shown below 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

A little over 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 number of cases increased during the winter due to the Omicron variant, declined significantly during the spring, and has started to climb again since late spring. 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.

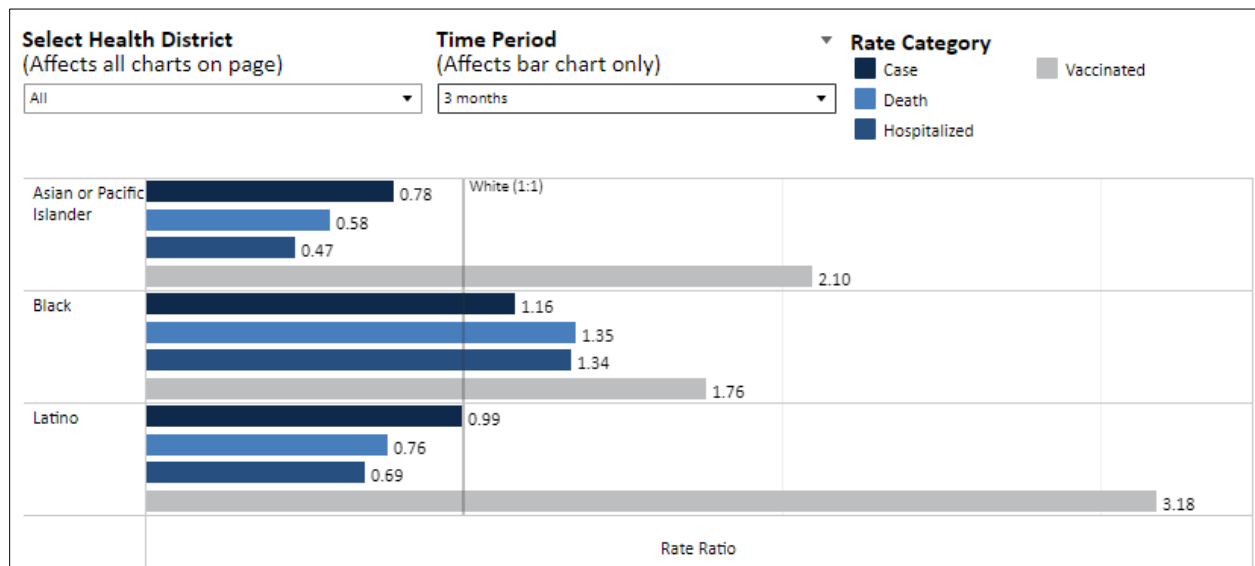
Racial Groups as a Share of Total Vaccinations in Virginia

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 and 17.3% of the one-dose vaccinated population (an increase of 0.1% since January and no change after that). 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, 0.1% since February, and no change since then). 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 especially carry an unequal burden of disease in Virginia when compared to Whites and Asians, as shown in Figure 17. Looking at vaccination coverage since the start of the pandemic, vaccinations occurred amongst Blacks at only 0.89 times the rate of Whites ([Source](#)). Amongst Latinos, when analyzing data from the start of the pandemic, vaccinations occurred at 1.12 times the rate of Whites while cases and deaths occurred respectively at 1.34 and 1.29 times the rate of Whites. VDH has been working throughout the pandemic to address these health disparities. Fortunately, some notable progress occurred in the last three months. As shown in Figure 17, rate ratios from the last three months reveal that, when compared to the cumulative rate ratios

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

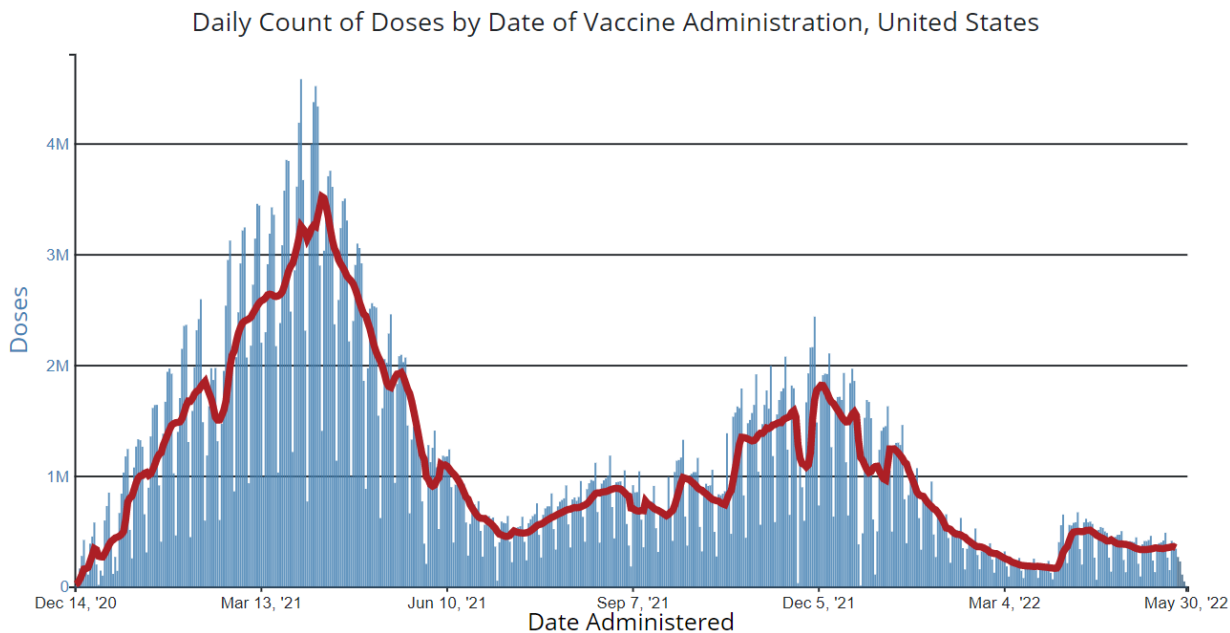


[Source](#)

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, 2,856 doses on March 4th, and 3,006 doses on April 6th ([Source](#)). In general, as the winter Omicron surge subsided, so did the number of vaccines administered. May's peak in vaccines administered occurred on May 1st, with the peak average daily doses administered at 1,807 doses ([Source](#)). By the end of May, the 7-day average of doses administered was 4,602. 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 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 almost 16 million vaccination doses administered, and a little over 7 million people (82.3%) vaccinated with at least one dose, Virginia’s vaccination rates surpass the national rate of 77.7% ([Source](#); [Source](#)). This percentage includes those who have received at least one dose as well as those who are fully vaccinated (66.5% of the U.S. population is fully vaccinated while 73.7% 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 latest Omicron subvariant ([Source](#)).

Looking at nationwide trends from Kaiser Family Foundation polling, there has not been much change over time between December 2020 and April 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, 17% said the same in the latest poll from April 2022 ([Source](#)). Over the last few months, that number has hovered around 16% with not much change. However, throughout 2021, there were 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 by RISE 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 used to display COVID-19 rates by vaccination status, showing that the majority of those getting infected and those getting hospitalized have not yet been vaccinated. On May 19th, the “Cases by Vaccination Status” dashboard was retired ([Source](#)).

More recent polling from the Kaiser Family Foundation indicates who remains unvaccinated. The most recent poll is from April 2022. Of those adults who have not gotten a vaccine:

- 66% are individuals under the age of 50
- 38% are between the ages of 30-49
- 47% have a high school education or less
- 60% identify as Republican
- 31% have annual incomes less than \$40k
- 46% reside in suburban areas and 20% reside in rural areas
- 33% 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 months of April and May, the number of cases began to increase again, but hospitalizations remain relatively low.

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 5-17 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.