VDH Plan for Equitable Distribution of COVID-19 Vaccine

JANUARY 2022

Office of Health Equity in the Virginia Department of Health

Under the supervision of the Commonwealth of Virginia's Chief Diversity, Equity, and Inclusion Officer and the Equity Leadership Task Force

COVID-19 UNIFIED COMMAND

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Executive Summary

This monthly report is from the Office of Health Equity in the Virginia Department of Health under the supervision of the Governor's Chief Diversity, Equity, and Inclusion Officer and the Equity Leadership Task Force (ELT). It provides an overview of vaccination equity in the Commonwealth of Virginia, including key equity accomplishments, for December 2021. This will be the last report under the supervision of Dr. Janice Underwood, Virginia Chief Diversity, Equity, and Inclusion Officer.

This report compares Virginia's equitable vaccination progress with other states in Region 3 of the Federal Emergency Management Agency (FEMA) including, Delaware, the District of Columbia, Maryland, Pennsylvania, and West Virginia. This report includes equity considerations for vaccine distribution, vaccine trends over time, and vaccination hesitancy. An overview of recent legislative, executive, and administrative actions is also included.

Key findings include:

→ Omicron Variant Widespread

- **Omicron was first detected in Virginia on December 9 but was the most common variant in the United States by the end of the month** (Source; Source).
- **COVID-19 risk levels are high across Virginia and the United States,** fueled by recent holiday travel and the rapidly spreading Omicron variant (Source; Source; Source).
- **Virginia broke its COVID-19 one-day case record on December 31** with 17,618 new cases (Source; Source).
- **COVID-19 vaccines, especially boosters, protect against the worst outcomes of the fast-spreading Omicron variant** (Source).

→ Undercounting of Positive Cases

- **The positivity rate may be larger than reported, as the number of positive cases identified by at-home tests is unknown**. Many of the results of these tests are not reported (Source; Source).

→ Testing Accessibility

- **Rapid, at-home COVID-19 test kits are sold out at many retailers** (Source; Source; Source). These tests are an essential tool to stop the spread of the coronavirus (Source; Source). Issues of testing equity remain a core concern for communities disproportionately impacted by the coronavirus.
- In response**, localities across the Commonwealth are holding walk-up COVID-19 testing clinics** on specific dates and times, and some are providing at-home antigen tests (Source; Source; Source; Source).

→ Inequity in Booster Shots – Black and Brown Disparities

- **Racial disparities are evident in booster shots. Nearly two-thirds (66.3%) of COVID-19 booster shots in Virginia have gone to White populations,** while Blacks

and Latinos have received less than their share in the population (Source). This disparity puts communities of color at risk amid the current surge in COVID-19 cases (Source).

→ Children Cases and Vaccinations

- **Pediatric COVID-19 hospitalizations increased among children in the U.S.,** increasing concerns about how children will fare in the new case surge (Source).
- **Virginia continues to outpace the national average for vaccinations for children ages 5-17** (Source; Source). Virginia is making progress vaccinating populations ages 5-17, with 50.1% (679,472) of this population being vaccinated (Source).

→ Disproportionate Impacts

- **Blacks and Hispanics still disproportionately contract COVID-19, and Blacks and Whites disproportionately die from it. However, racial gaps in vaccinations rates appear to have closed for Hispanics and Asians relative to Whites.** As Table 1 displays, Whites in Virginia continue to have the highest overall numbers and percentages of cases and deaths close to their proportion of the Virginia population. Blacks and Hispanics have a higher proportion of cases, given their population.

Table 1: Race, COVID-19 Cases, Deaths, and Vaccinations in Virginia, as of 12/31/21

	% of People with at least one dose with Reported Race/Ethnicity	% of Eligible Population Vaccinated with at least one dose	% Points from White	% of Cases	% of Deaths	% of Total Population*
White	57.5%	64.7%	N/A	55.3%	66.3%	61%
Black	17%	60.8%	-3.9%	22.2%	24%	19%
Hispanic	10.2%	77.3%	+12.6%	13.2%	5.7%	10%
Asian	9.3%	89.3%	+24.6%	4.2%	3.3%	7%

Sources: VDH COVID-19 Dashboards; *U.S. Census

→ Equity Milestones

- **Racial gaps in vaccinations rates appear to have closed for some populations.** The percentage of Hispanics (77.3%) and Asians (89.3%) continue to be vaccinated at a higher percentage than Whites (Source).

→ Unvaccinated Adults and Children

- More than 22% of Virginia's adult (18+) population have not received a vaccine dose (Source).
- **Surveyed unvaccinated adults cite distrust of the COVID-19 vaccine** (42.4%) or worry about possible side effects of the vaccine (49.6%) as primary reasons they remain unvaccinated (Source).

1. Major Equity Milestones

This section details the equity-related achievements regarding COVID-19 in the Commonwealth during December 2021. These accomplishments include:

- December 2021: Local Virginia Department of Health districts across the Commonwealth host vaccinations clinics including booster shots, free COVID-19 testing events, and distribute at home antigen tests (Source; Source; Source; Source; Source: Source; Source; Source).
- December 2: President Biden announced several new actions to protect Americans against the Delta and Omicron COVID-19 variants (Source).
- December 7: The state will not mandate COVID-19 vaccines in schools for employees or students, at least for now. The Virginia Department of Health made the decision this week after a months-long process (Source).
- December 8: Pfizer Inc. and BioNTech SE today announced results from an initial laboratory study demonstrating that serum antibodies induced by the Pfizer-BioNTech COVID-19 Vaccine neutralize the SARS-CoV-2 Omicron variant after three doses (Source).
- December 9: The Virginia Department of Health announced the first confirmed case of the Omicron variant in Virginia (Source).
- December 9: The Centers for Disease Control and Prevention (CDC) announced that all children 16-17 years of age are now eligible to get a Pfizer-BioNTech COVID-19 vaccine booster shot (Source).
- December 10: Following CDC approval on December 9, VDH officials began administering Pfizer COVID-19 booster vaccines to children ages 16-17 years old across the Commonwealth (Source; Source; Source).
- December 16: The CDC announced its endorsement of a clinical preference for individuals to receive an mRNA COVID-19 vaccine over Johnson & Johnson's COVID-19 vaccine (Source).
- December 17: The CDC released two reports highlighting the use of test-to-stay practices used in schools to minimize absenteeism and learning loss which can occur during traditional quarantine at home (Source).
- December 20: As of this date, the Omicron variant accounts for 73% of US COVID-19 infections based on sequencing data according to the CDC (Source).
- December 20: Since Thanksgiving, more than 55,000 Virginians have been vaccinated or received booster doses through one of the Virginia Department of Health's nine community vaccination centers. Demand for COVID-19 vaccinations is up, as seen in walk-in rates and appointments requests (Source).

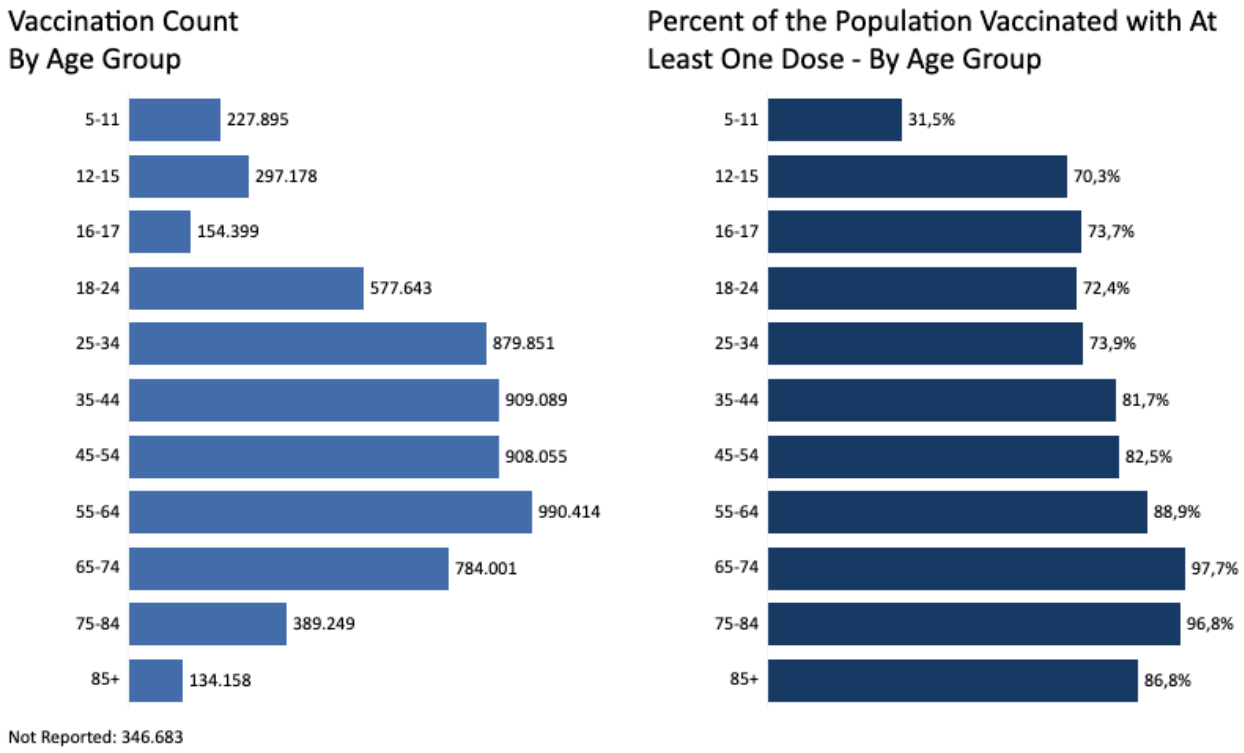
- December 21: President Biden announced additional federal vaccination and testing sites to tackle a surge in COVID-19 driven by the Omicron variant and said 500 million free at-home rapid tests would be available to Americans starting in January (Source).
- December 22: Studies indicate a lower risk of hospitalization with the Omicron variant than other strains of COVID-19 (Source).
- December 22: The U.S. Food and Drug Administration (FDA) issued an emergency use authorization (EUA) for Pfizer's antiviral COVID-19 pill for people ages 12 and older at risk of severe illness, the first oral and at-home treatment as well as a new tool against the fast-spreading Omicron variant (Source).
- December 25: As of this date, 5.7 million Virginias have been fully vaccinated against COVID-19. Of these people, 1.5% have developed COVID-19, 0.045% have been hospitalized, and 0.0169% have died (Source).
- December 25: During the previous week in Virginia, unvaccinated people developed COVID-19 at a rate of 11.9 times that of fully vaccinated people and 4.2 times that of partially vaccinated people (Source).
- December 27: The Centers for Disease Control and Prevention (CDC) updated isolation and quarantine guidance for the general public. VDH immediately adopted the CDC guidance (Source; Source). This new guidance includes:
    - Individuals who test positive for COVID-19 should isolate for five days (shortened from 10 days) and, once symptoms reduce, they should wear a mask for an additional five days when around others.
    - Individuals who are vaccinated and have had known exposure to COVID-19 do not need to quarantine following exposure but should wear a mask for ten days after the exposure when they are around others.
    - VDH recommends individuals with known exposure to COVID-19 be tested five days after exposure. If symptoms develop, they should immediately quarantine until a negative test confirms symptoms are not from COVID-19 (Source).
- December 27: In response to increasing COVID-19 cases, Hampton University will begin the spring semester with courses held remotely for the first two weeks (Source)
- December 27: VDH added 165 COVID-19 associated deaths of Virginia residents who died in another state in 2020 to the COVID-19 data dashboards (Source).
- December 28: Virginia Tech announced students and employees must get boosters, and indoor mask-wearing will be required (Source).
- December 28: Norfolk State University announced it would postpone the start of its spring semester classes by a week to mitigate the spread of COVID-19 on campus. Booster shots will also be required (Source).

- December 28: The seven-day-average number of daily hospitalizations for children increased more than 58% nationwide in the past week, increasing concerns about how children will fare in the new case surge (Source).
- December 29: Fairfax County Public Schools has been accepted into a Test to Stay pilot program by the Virginia Department of Health. Under the test-to-stay guidance, students deemed close contacts of other students who have tested positive for COVID-19 can continue in-person classes if they continue to test negative. The program aims to prevent excessive quarantine times for students deemed close contacts (Source; Source).
- December 30: As of this date, about 47.2% of Virginians (2,005,482 people) have received a booster COVID-19 vaccine dose (Source).
- December 30: As of this date, about 31% of Virginians 5-11 years of age have received at least one dose of a COVID-19 vaccine (Source). The success of this rate is due to multiple channels of vaccination, including private providers, pharmacies, public health, and contracted vendors to do on-site school-based clinics, which helps to increase access and equity for all children.
- December 30: Data from a real-world study indicate a booster dose of the Johnson & Johnson COVID-19 vaccine was 84% effective at preventing hospitalization in South African healthcare workers who became infected as the Omicron variant spread (Source).
- December 30: Richmond and Henrico Health Districts will distribute 3,600 COVID-19 tests next week in addition to three planned testing events. The announcement comes amid a surge in demand for tests that have been outpacing their availability (Source).
- December 31: Over 14 million COVID-19 vaccine doses have been administered in Virginia, and 77.3% of all Virginians have received at least one dose of a vaccine (Source).

2. Vaccination Equity in Virginia

At the end of December, over 14 million COVID-19 vaccine doses have been administered in Virginia (up from 12.7 million at the end of November), and over 16.2 million vaccines have been received (up from 14.95 million at the end of November) (Source). Virginia ranks tenth in the country for the percentage of distributed vaccines that have been administered (Virginia was also tenth at the end of November), and 84.03% of vaccines received have been administered (Source). As of December 31, 77.3% of all Virginians have received at least one dose of a vaccine (up from 74.4% at the end of November) (Source), which is above the 73.3% national vaccination rate receiving at least one dose (Source). Over 5.7 million Virginians have been fully vaccinated (up from 5.53 million at the end of November), representing 67.6% of the population (up from 64.9% at the end of November), which is above the 62% national total fully vaccinated rate (Source). During December, on average, Virginia is administering approximately 28,426 vaccinations per day (down from 31,285 at the end of November) (Source).

Figure 1: Vaccinations by Age (One dose), as of 12/31/21



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 December, 96.2% of those ages 65+ are vaccinated, up from 95.1% at the end of November (Source).

Vaccinations for Under 45

Three reminders are critical for the under-45 population. First, in November, Virginia began vaccinating children ages 5 to 11 years old (Source). Second, since May 2021, Virginia has been vaccinating those ages 12 and older. Third, VDH's reported age ranges are: 5-11, 12-15, 16-17, 18-24, 25-34, and 35-44.

As noted in past reports, in December, Virginia continued to make strides in vaccinations for those younger than 45 years old. As noted in the previous report, Virginia's vaccinations based upon age continue to be a success story. As of December 31, 50.1% (679,427) of those ages 5-17 have been vaccinated, 87.2% (6.37 million) of those ages 12+ have been vaccinated, and 88.7% (5.919 million) of those ages 18+ have been vaccinated. In all age categories except for 5-11, vaccinations for each applicable age group are between 70-75% (Source).

Race and Ethnicity

As was the case in past months and in December, missing data have been significant limitations in assessing vaccine equity, especially regarding race and ethnicity. Of note, in July 2021, VDH instituted a statistical imputation procedure to fill in the missing race and ethnicity data, and the missing race and ethnicity data declined from roughly 2 million to approximately 297,000. Still, throughout the year, missing data remains an issue. As of December 31, 896,692 vaccinations (up from 515,374 at the end of November) have no race and ethnicity data reported (Source).

Further, to enhance equity analysis, VDH recently enhanced its COVID-19 dashboards and reporting to provide more apparent comparisons, especially among local health districts, and to track cases, hospitalizations, deaths, and vaccination rates over time (Source; Source).

Table 1: Race, COVID-19 Cases, Deaths, and Vaccinations in Virginia, as of 12/31/21

	% of People with at least one dose with Reported Race/Ethnicity	% of Eligible Population Vaccinated with at least one dose	% Points from White	% of Cases	% of Deaths	% of Total Population*
White	57.5%	64.7%	N/A	55.3%	66.3%	61%
Black	17%	60.8%	-3.9%	22.2%	24%	19%
Hispanic	10.2%	77.3%	+12.6%	13.2%	5.7%	10%
Asian	9.3%	89.3%	+24.6%	4.2%	3.3%	7%

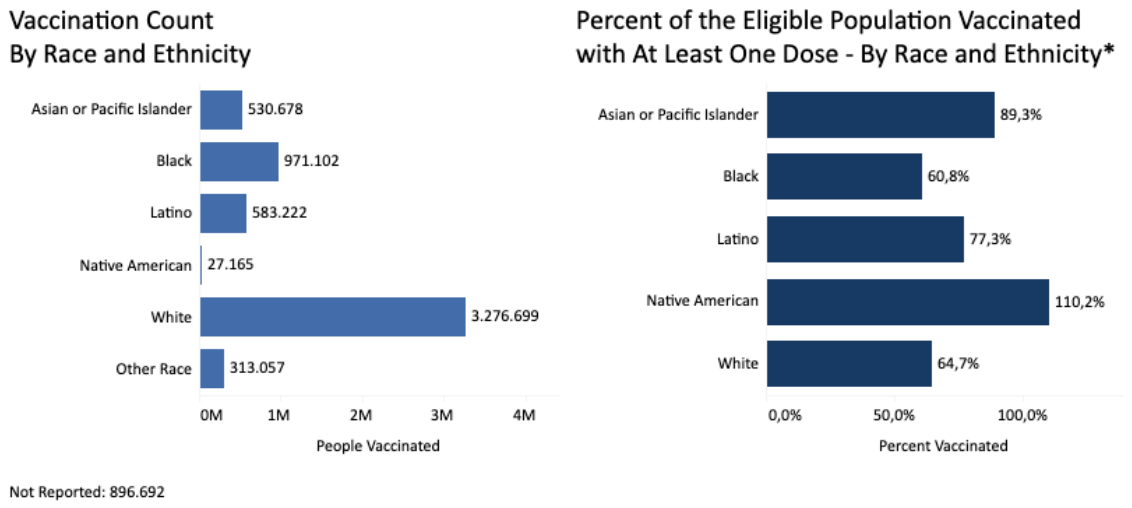
Sources: VDH COVID-19 Dashboards; *U.S. Census

As shown in Table 1 and Figure 2, as of December 31, the critical race and ethnicity breakdowns for those receiving at least one dose are as follows and represent disparities for communities of color, including Blacks:

- 60.8% of Blacks have been vaccinated (up from 58.4% at the end of November). Blacks are 19% of the population yet have received 17% of doses.
- 77.3% of Hispanics have been vaccinated (up from 73.3% at the end of November). Hispanics are 10% of the population and have received 10.2% of doses.
- 89.3% of Asians or Pacific Islanders have been vaccinated (up from 84.7% at the end of November). Asians or Pacific Islanders are 7% of the population and have received 9.3% of doses.
- 64.7% of Whites have been vaccinated (up from 62.8% at the end of November). Whites are 61% of the population and have received 57.5% of doses (Source).

As was the case in past months, there are no major changes in population demographics, vaccinations, cases, and deaths. However, as reported in past months, disparities remain. For instance, Blacks continue to be the most under-vaccinated population and continue to disproportionately account for a higher percentage of cases, although Whites now count for a slightly higher percentage of deaths. Numerous positives are evident for Asian and Hispanic communities as these populations continue to see rising vaccination rates in tandem with lowered percentages of deaths and cases per their percentages in the population.

Figure 2: Vaccinations by Race (One dose), as of 12/31/21

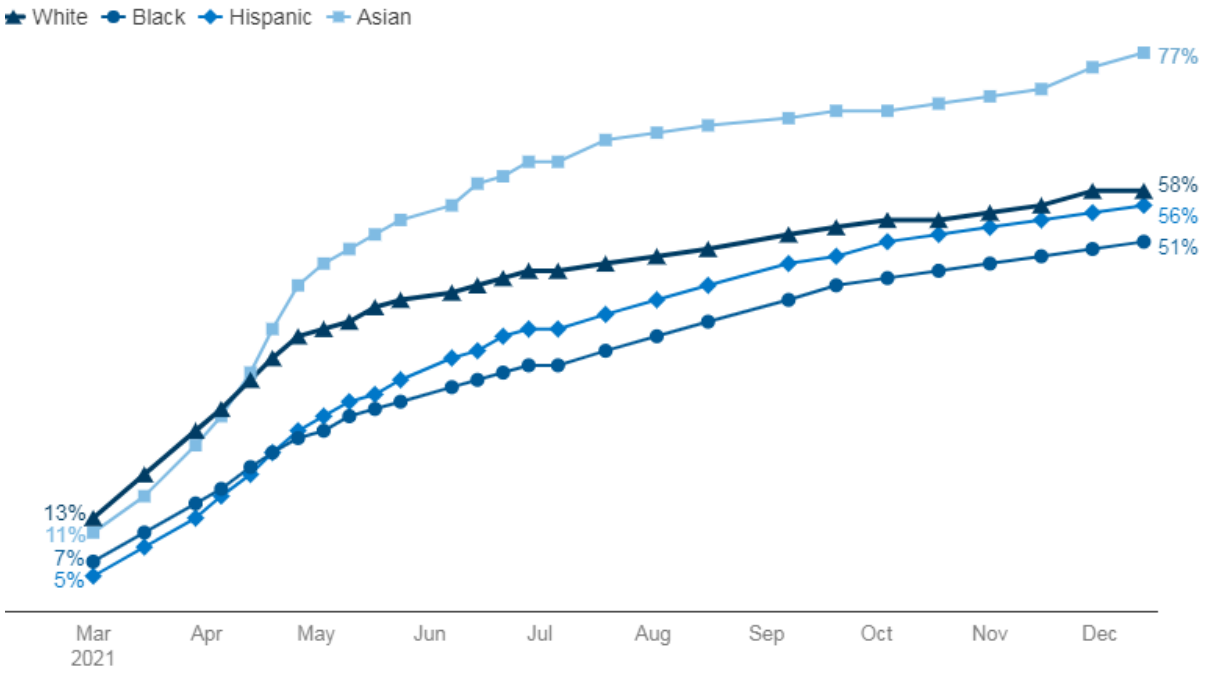


Source

Vaccinations by Race

As continues to be the case in December, the percent of Whites who have received at least one vaccine dose has increased since spring 2021 (Figure 3). The percentage of Blacks, Hispanics/Latinos, and Asians as a share of total vaccinations has also increased. However, disparities persist. Whites (58%), Hispanics (56%), and Blacks (51%) are vaccinated at rates lower than Asians (77%) in the United States (Source).

Figure 3: Percent of Total Population that Has Received at Least One COVID-19 Vaccine Dose by Race/Ethnicity in the United States, March 1 to December 13, 2021



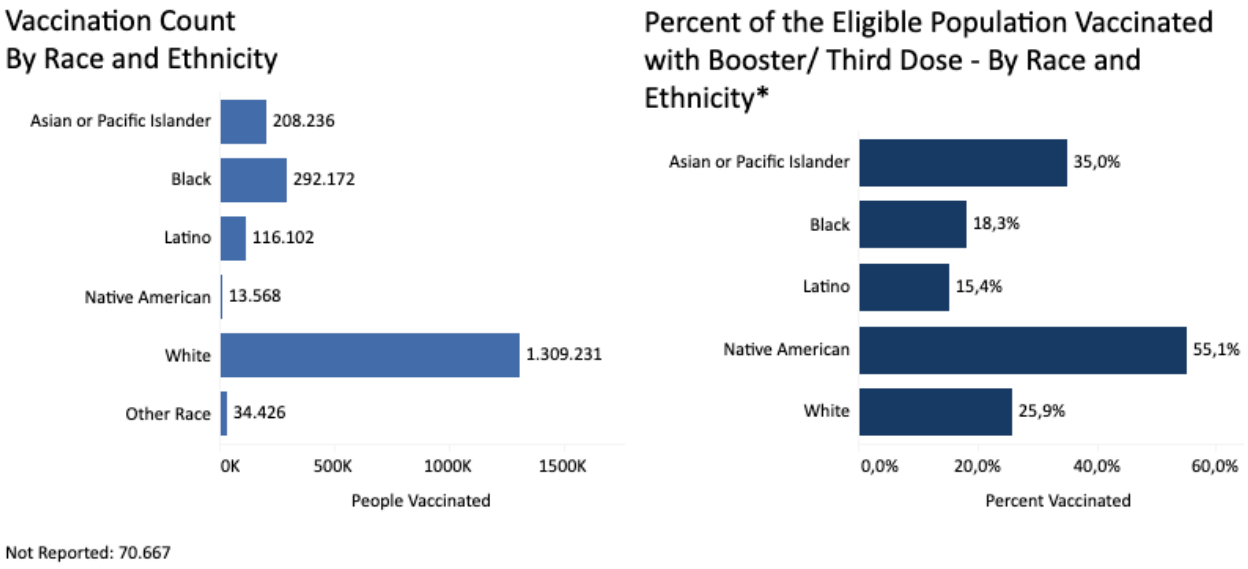
Source: Kaiser Family Foundation

Booster Shots: Race and Ethnicity

Booster shots appear to be outpacing first doses in adults in Virginia. As was the case last month, disparities remain apparent in that nearly two-thirds of all booster shots have gone to White residents (Source). As seen in Figure 4, disparities are already evident, particularly for Blacks and Latinos:

- Whites comprise 61% of the population yet have received 66.3% (1.309 million) of booster shots (down from 70% in November), and 25.9% of this population are vaccinated with a booster
- Blacks comprise 19% of the population yet have received 14.8% (292,172) of booster shots (up from 13.8% in November), and 18.3% of this population are vaccinated with a booster
- Asians or Pacific Islanders comprise 7% of the total population and have received 10.6% (208,236) of booster shots (up from 9% at the end of November), and 35% of this population are vaccinated with a booster
- Latinos comprise 10% of the total population yet have received 5.9% (116,102) of booster shots (up from 4.6% at the end of November), and 15.4% of this population are vaccinated with a booster.

Figure 4: Booster Shots by Race and Ethnicity in Virginia, as of 12/31/21



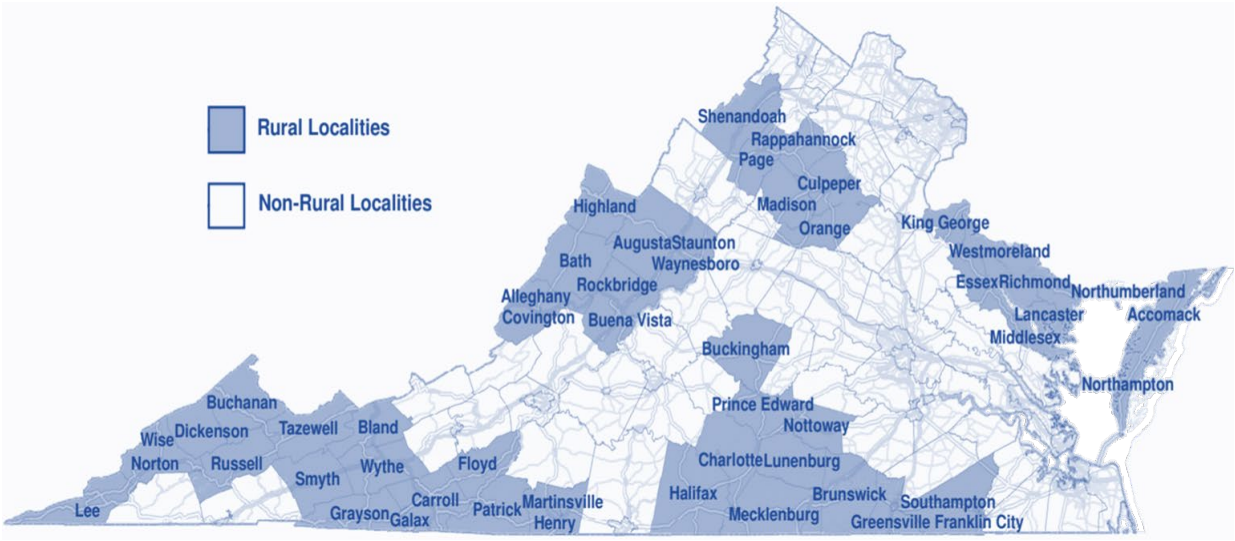
Not Reported: 70.667

Source

Rural Areas

Figure 5 below displays the rural (non-metropolitan) areas in Virginia as defined by the Office of Management and Budget (OMB) (Source). Areas in blue are rural localities, while areas in white are considered non-rural (as defined by the OMB).

Figure 5: Rural and Non-Rural Areas in Virginia

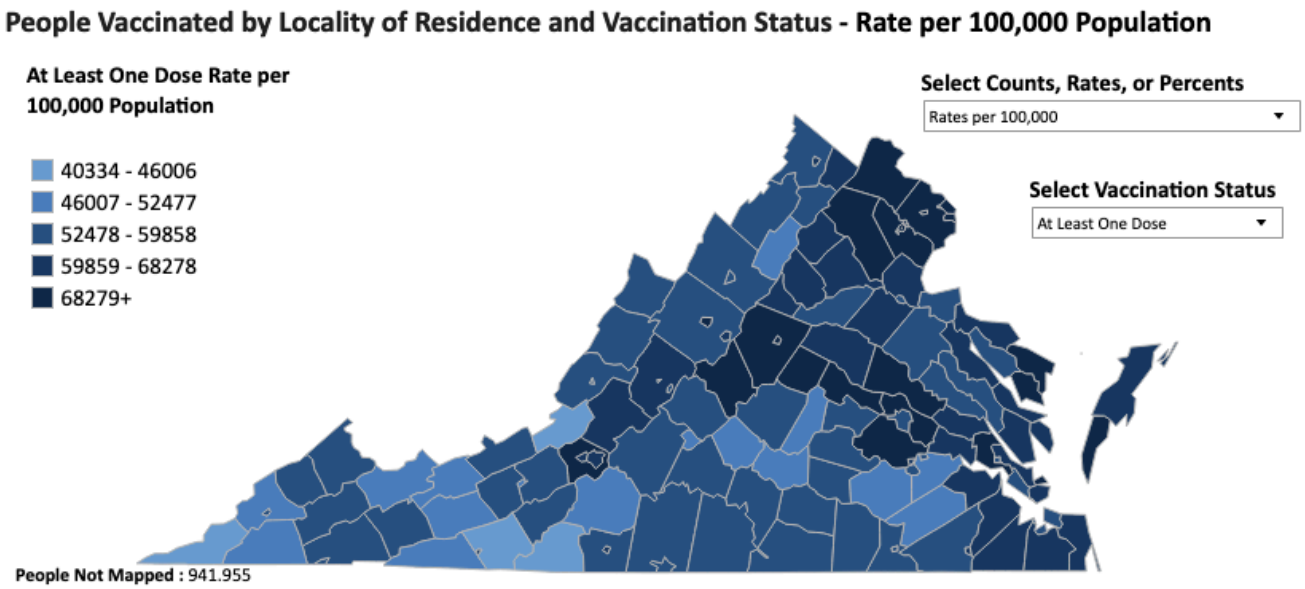


Source

There is continued progress in vaccinations when comparing rural and urban areas. Still, noted concentrations of lower vaccinations (rate per 100,000 population) are evident in the south-central and southwest portions of the state (Figure 6). Figure 7 displays COVID-19 risk levels by

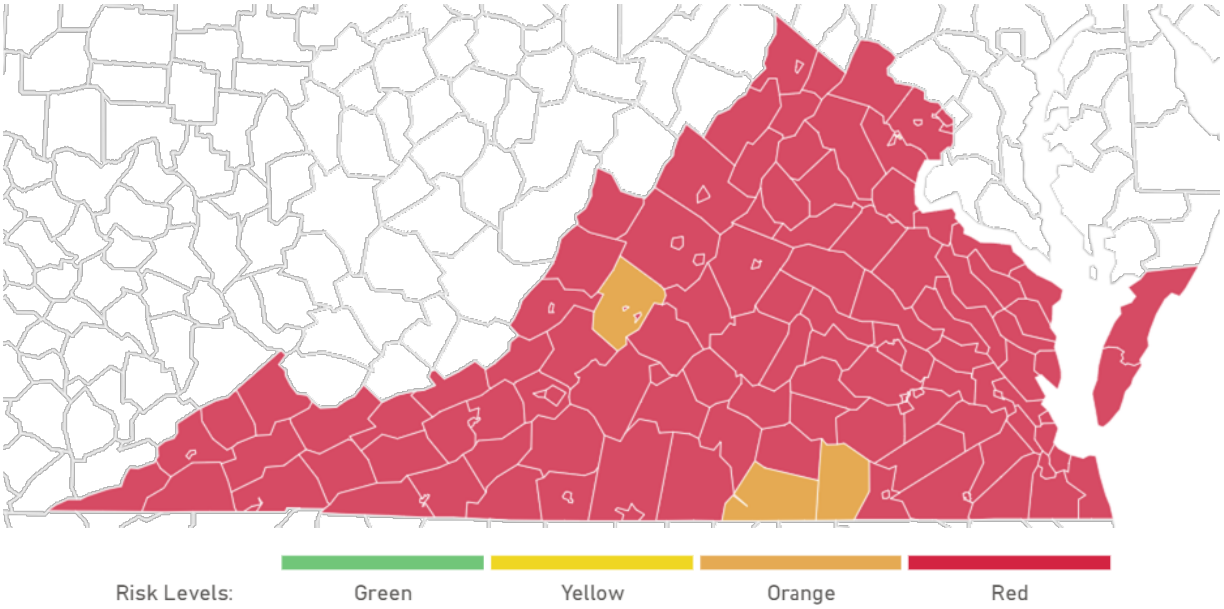
locality. The risk levels by locality are at the highest level (red) across most of Virginia at the end of December (Source) due to the rapidly spreading Omicron variant (Source).

Figure 6: Vaccinations by Locality – Rate per 100,000 Population, as of 12/31/21



Source

Figure 7: COVID-19 Risk Levels by Locality, as of 12/31/21

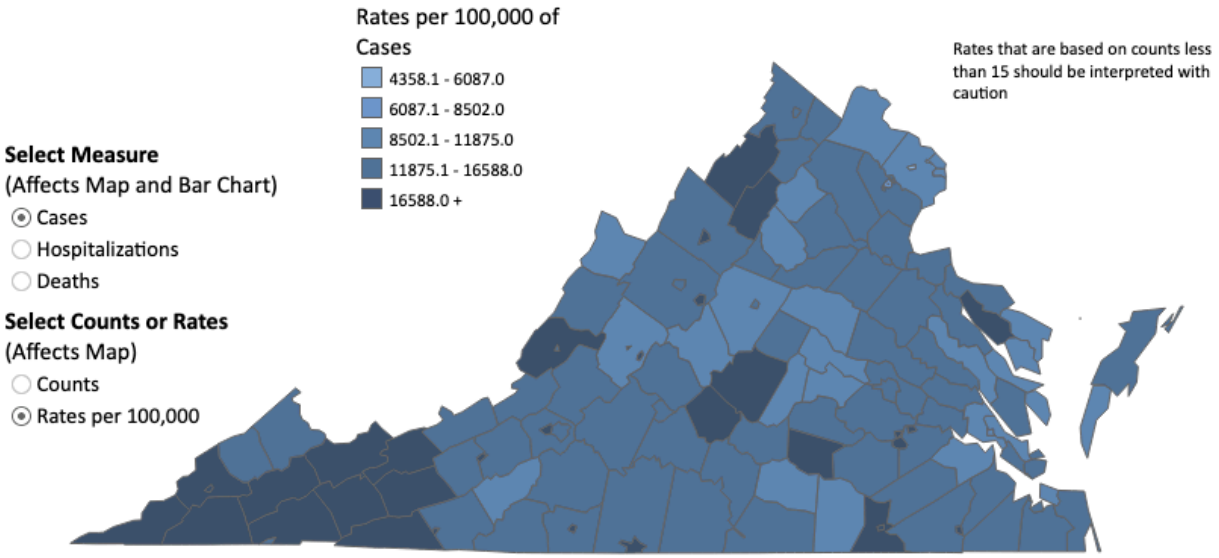


Source

As shown in Figures 8 and 9, urban and rural disparities are evident in cases as measured by rates per 100,000 people. More rural counties continue to show disproportionate cases, with notable concentrations in the state's southeast, south-central, and southwest portions. As was the case in the past months, at the end of December, rural counties disproportionately

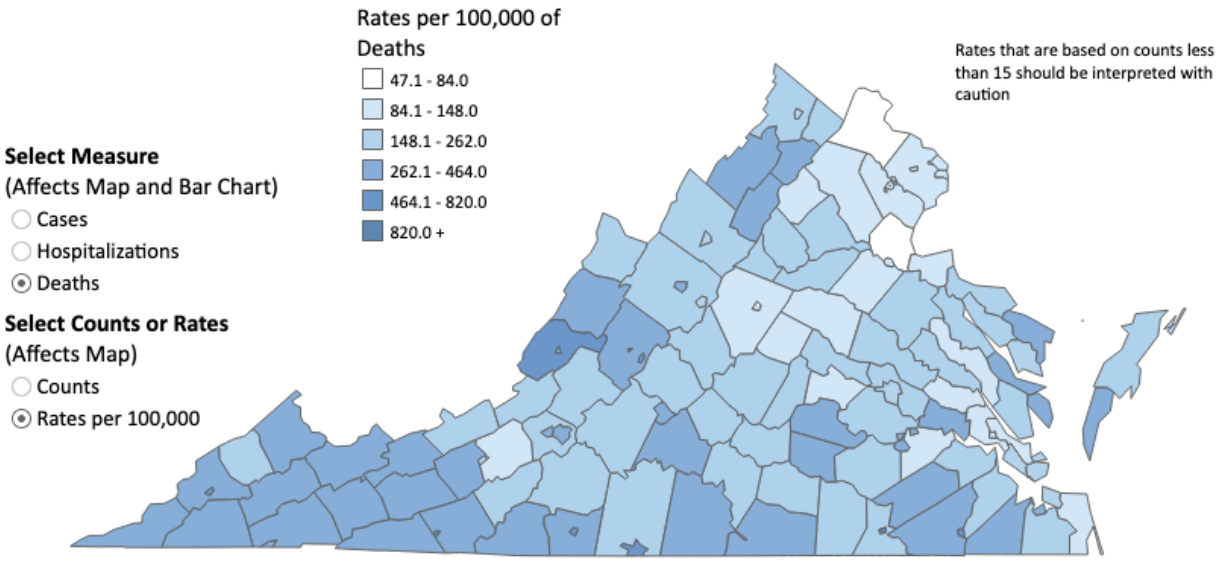
experienced deaths related to COVID-19, other portions of the state, particularly north-central portions, continue to show improvements in numbers of deaths (Figure 9).

Figure 8: Cases of COVID-19 in Virginia: Urban and Rural, as of 12/31/21



Source

Figure 9: Deaths from COVID-19 in Virginia: Urban and Rural, as of 12/31/21

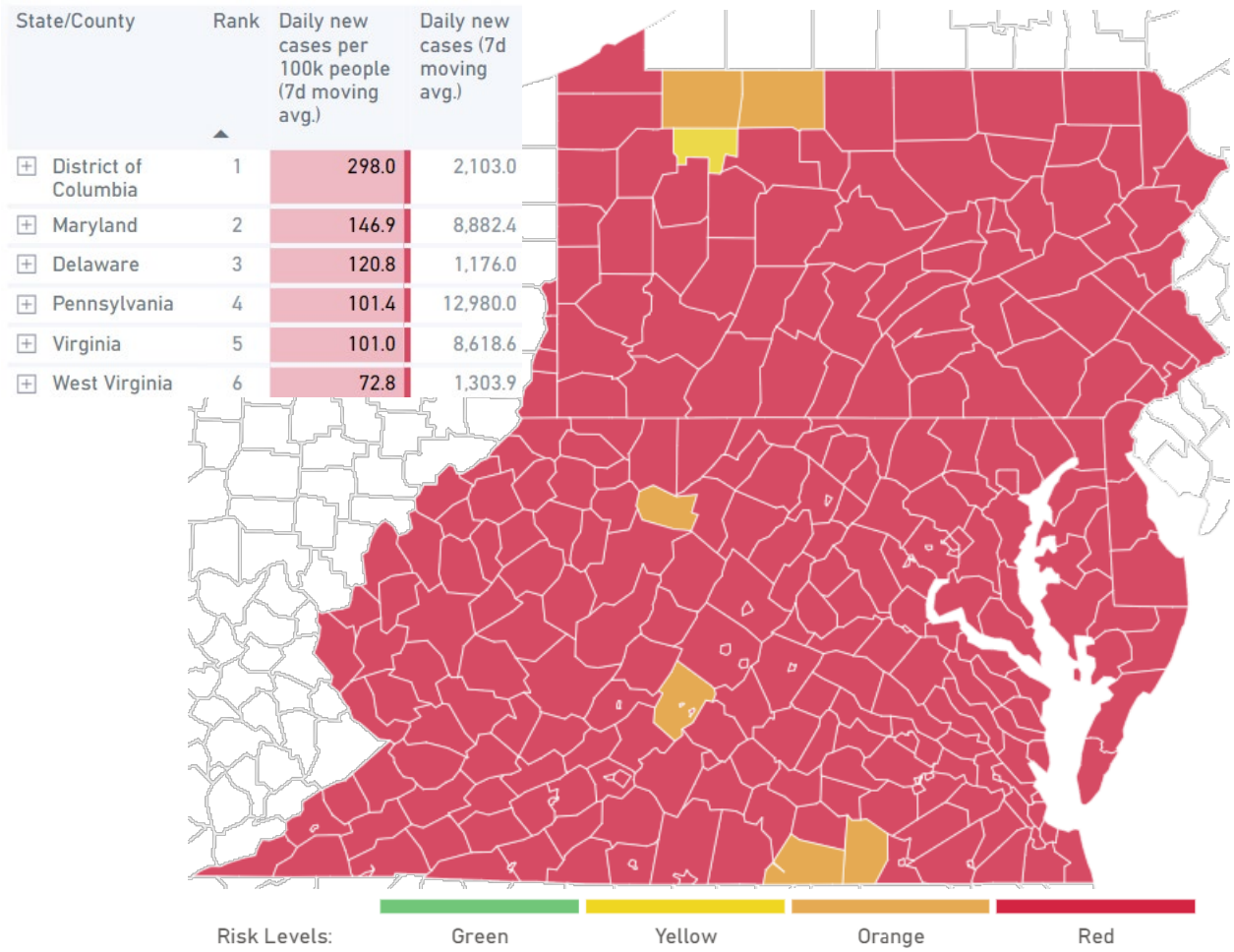


Source

3. Vaccinations in FEMA Region 3

Virginia is a part of FEMA Region 3, including Delaware, the District of Columbia, Maryland, Pennsylvania, and West Virginia. Regarding risk levels in December (Figure 10), most of Region 3 is under high-risk levels. Measured as a seven-day moving average, as of 12/31/21, the Commonwealth has 8,618.6 new daily cases (up from 1382.1 new cases at the end of November) at 101 new cases per 100,000 people (up from 16.2 at the end of November). However, Virginia ranks fifth out of six for COVID-19 risk level/daily new cases in the region (Virginia ranked fourth at the end of October, September, and November).

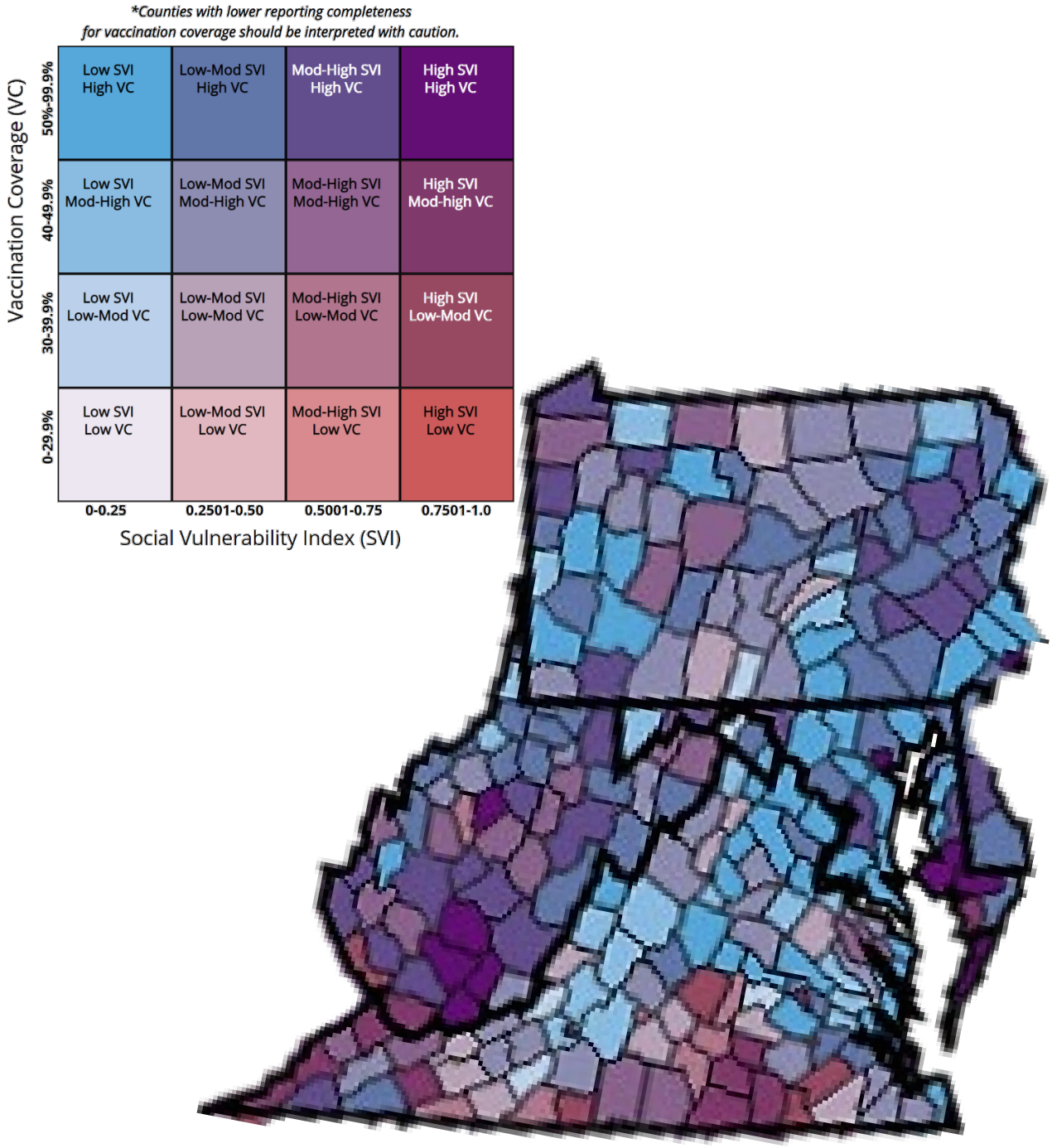
Figure 10: COVID-19 Risk Levels* by County across FEMA Region 3, as of 12/31/21



Source

Further, as shown in Figure 11 below, updated FEMA data concerning linkages between vaccination coverage (low to high) and rankings on the social vulnerability index (SVI). Compared with past months and as shown below, Pennsylvania, Virginia, and West Virginia face high SVI yet somewhat higher vaccination coverage. In Virginia, these issues affect almost all areas of the state, with particular clusters in the southwest, south-central, and central regions. The Commonwealth should prioritize outreach, particularly for those with high SVI yet low vaccination coverage (seen on the map in purple).

Figure 11: Percent of Population Fully Vaccinated by Social Vulnerability Index, FEMA Region 3, as of 12/30/21



Source

FEMA Region 3 and Race/Ethnicity

All areas in FEMA Region 3 continue to show racial disparities in the percentages of vaccines administered. Across Region 3, both Blacks and Hispanics/Latinos continue to see some improvements in vaccination percentages. Virginia remains a leader in closing gaps between the percentage of cases and vaccinations for Blacks, Hispanics/Latinos, and Asians. Still, comparing state vaccination rates by race and ethnicity because of reporting inconsistency and missing data (Source).

For some, racial and ethnic disparities persist in vaccinations, while the gaps have closed for others. For example, across FEMA Region 3, Blacks continue to be under-vaccinated compared to Whites. In Virginia, Blacks are three percentage points from Whites. Significantly, this gap has narrowed over time. In addition, the Hispanic and Asian populations in Virginia have been vaccinated at a greater percentage than the White population. Table 2 below displays the percent of the total population that has received a vaccination by race and ethnicity. While some positives are evident, given growing disparities evident in booster shots (Source), it is essential to focus on promoting equity.

Table 2: Percent of Total Population that has Received a COVID-19 Vaccine Dose by Race/Ethnicity, FEMA Region 3, as of 12/13/2021

	White	Black			Hispanic			Asian		
	% Vaccinated	% Vaccinated	White to Black Ratio	% Pts from White	% Vaccinated	White to Hispanic Ratio	% Pts from White	% Vaccinated	White to Asian Ratio	% Pts from White
Delaware	68%	55%	1.2	−14	59%	1.2	−9	82%	0.8	14
District of Columbia	61%	49%	1.2	−12	67%	0.9	5	85%	0.7	23
Maryland	74%	67%	1.1	−7	73%	1.0	−1	88%	0.8	14
Pennsylvania	59%	64%	0.9	6	44%	1.3	−15	47%	1.3	−12
Virginia	64%	61%	1.0	−3	72%	0.9	8	92%	0.7	28
West Virginia	58%	66%	0.9	8	NR	NR	NR	NR	NR	NR

Source: Kaiser Family Foundation

Under 40 Vaccinations

As shown in Table 3, Virginia in December continued to be far ahead of the national average for vaccinations for those under 40. Improvements from September to December for Virginia are notable in each age category. Gains in Virginia far outpace the national average for all ages, in which improvements were also evident. Notably, the rate of vaccinations for 5-11 year-olds is over ten percentage points higher in Virginia than in the United States.

Table 3: Virginia–U.S. Vaccination Comparisons, Ages 5-39, as of 12/31/21

	Months	Ages 5-11	Ages 12-15	Ages 16-17	Ages 18-24	Ages 25-34
Virginia (at least one dose)	December	31.5%	70.3%	73.7%	72.4%	73.9%
	November	22.2%	68.4%	71.9%	69.1%	70.4%
	October	--	66%	71.1%	66.8%	67.4%
	September	--	63.4%	69.3%	64.5%	64.2%
	Months	**Ages 5-11**	**Ages 12-17***	**Ages 16-17***	**Ages 18-24***	**Ages 25-39***
United States (at least one dose)	December	2.8%	6.6%	--	9%	21.2%
	November	--	7.6%	7.6%	9.2%	20.5%
	October	--	4.2%	2.4%	9%	21.2%
	September	--	4.2%	2.4%	9%	21.1%

Sources: CDC estimates, VDH COVID-19 Vaccine Data Portal
*Between November and December, the CDC changed the age ranges it reported, particularly for populations younger than 18 years of age.

4. Vaccine Hesitancy

Virginia's vaccination rates continue to surpass those of many other states (Source), with 6.59 million Virginians having received at least one dose, nearly 5.77 million having received two doses, and about 2 million have also received a booster shot (Source). However, more than 22% of Virginia's adult (18+) population have not received at least one vaccine dose (Source).

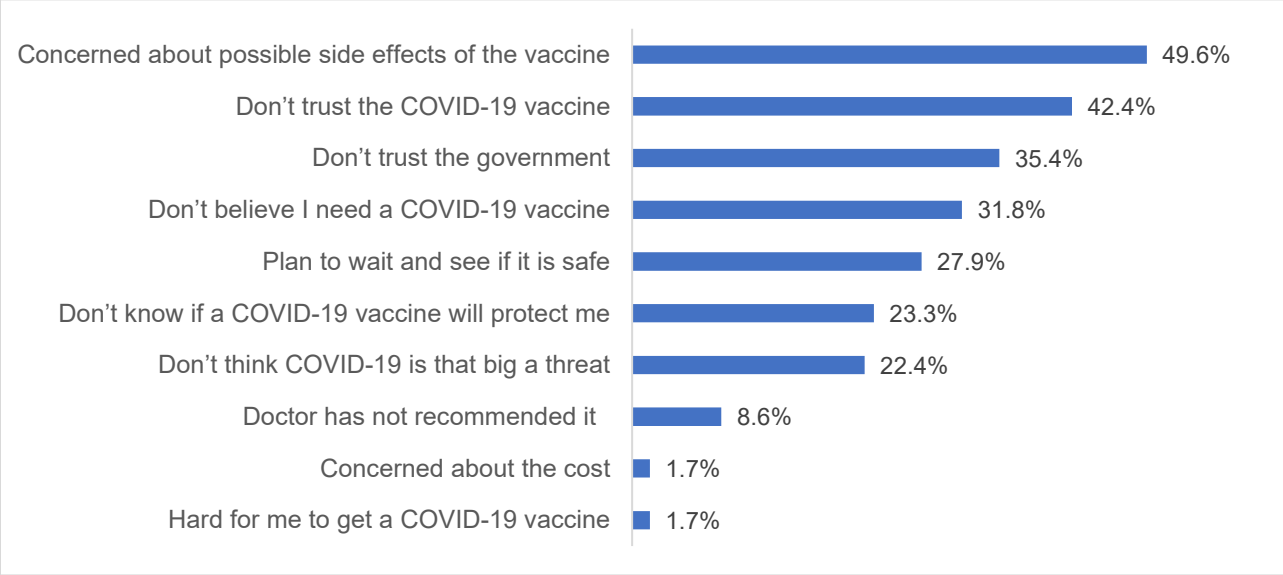
Unvaccinated Adults

Whites account for the largest share of unvaccinated people (63%) (Source). Republicans increasingly constitute a larger share of those who remain unvaccinated against COVID-19 (Source). A recent KFF survey provides additional insight into what would convince the unvaccinated to become vaccinated. Half say nothing could persuade them when asked what might change their minds (Source). Twelve percent said more research and transparency could convince them to get vaccinated. Six percent say they would get vaccinated if they were required for work or if the vaccine became mandatory, 5% said if they received a large monetary

incentive, if their doctor recommended it (3%), or if the vaccine prevented 100% of all infections (3%) (Source).

A recent survey by the U.S. Census Bureau, the Household Pulse Survey (HPS), reported various reasons why some individuals were unvaccinated against COVID-19. Unvaccinated refers to adults who have not received any COVID-19 vaccine dose. In this survey, unvaccinated adults who responded could select more than one reason.

Figure 12: Why Adults Did Not Get a COVID-19 Vaccine (%)



Source: U.S. Census, Household Pulse Survey

As Figure 12 above displays, approximately half of the unvaccinated adults reported that they were concerned about the vaccine's possible side effects, and about 42% reported that they don't trust the COVID-19 vaccine (Source).

Regarding race and ethnicity, non-Hispanic Black adults were slightly more likely to be unvaccinated (Source).

Children Vaccinations

With the November approval of vaccines for children ages five and older, pediatric vaccinations have been of particular interest to policymakers and the public. In Virginia, 26.8% of the ages 5-11 population has been vaccinated with at least done dose, compared to 69.2% of those ages 12-15 and 72.5% of those ages 16-17 (Source). Virginia's percentage of 5-11 year-olds who have been vaccinated is notably higher than the national average of 16.7%. It is one of only eight states with a vaccination rate of more than 25% for this age group (Source). The nationwide percent may continue to remain relatively low, as vaccinations in this age group dropped sharply after Thanksgiving (and continue to stay down) despite initial enthusiasm (Source). While concerns about supply and access dominated conversations of young child vaccination in early November, the conversation is now shifting to addressing hesitancy and encouraging vaccine uptake (Source).

Reasons for parental hesitancy to vaccinate their children vary, and methods of promoting vaccine uptake among parents will need to be tailored for different communities, perspectives, and life experiences. As part of this effort, the White House and the U.S. Department of Health and Human Services have planned to conduct education campaigns featuring individuals trusted in different communities and trusted local media to encourage child vaccinations (Source).

Efforts to Increase Booster Shots

In addition to promoting child vaccinations, the White House is also focused on promoting booster shots for adults as part of an effort to protect against recent COVID-19 variants. This plan includes:

- Expanding the availability of boosters at pharmacies
- Direct outreach to adults eligible for a booster shot
- Promoting equity in booster shot access by offering vaccines at convenient hours
- Launching education campaigns, with a special focus on senior citizens
- Collaborating with AARP to promote booster shots among senior citizens (e.g., town halls, transportation to vaccine locations, events, and a hotline for seniors and AARP members to ask questions and get more information)
- Encouraging employers to provide paid time off for employees to get a booster shot (Source)

With winter approaching, and with the Omicron variant becoming the dominant strain in the United States (Source), addressing vaccine hesitancy is crucial in ensuring that all citizens, especially those most vulnerable, are as protected as possible.

5. Policy and Administrative Updates

Legislative Updates
• No new updates
Executive Updates
• On December 2, President Biden announced new actions to protect Americans against the Delta and Omicron COVID-19 variants (Source).
Agency Updates
• On December 9, the Virginia Department of Health announced the first confirmed case of the Omicron variant in Virginia (Source).

Court Updates
• On December 10, the Supreme Court of Virginia extended the Thirty-second Order of Declaration of Judicial Emergency through January 5, 2022 (Source).

6. On the Horizon

During December 2021, there were gains in vaccination rates across the Commonwealth; over 1.3 million COVID-19 vaccine doses were administered in Virginia (up from 1 million in November). For all eligible age groups, vaccination percentages outpaced the national average. Virginia continues to outpace the national average for pediatric COVID-19 vaccinations, children ages 5-17.

Though the gap has narrowed, more than 22% of eligible Virginians (18 and older) remain vaccinated. A recent survey of unvaccinated adults explains that many distrust the COVID-19 vaccine; others worry about possible side effects. To combat this hesitancy, the Commonwealth should continue its targeted outreach efforts. Unvaccinated children are also a population for concern. Reasons for parental hesitancy to vaccinate their children vary, and methods of promoting vaccine uptake among parents will need to be tailored for different communities, perspectives, and life experiences.

On December 9, Omicron was first detected in Virginia but was widespread by the end of the month. Fueled by holiday travel and the rapidly spreading Omicron variant, Virginia broke its COVID-19 one-day case record on the last day of 2021 with 17,618 new cases. As we begin 2022, COVID-19 risk levels remain high across the Commonwealth and the nation. However, studies indicate that vaccines and boosters successfully protect against the worst outcomes of COVID-19, and they remain the best defense against severe illness, hospitalizations, and deaths.

The case positivity rate may be larger than reported, as the number of positive cases identified by at-home COVID-19 tests is unknown. Many of the results of rapid tests are not reported to local health departments and are not included in VDH data portals. Also on the horizon and of great concern is the expected increased positive cases in local, state, and regional corrections facilities. As of January 10, the following was reported to the Office of the Secretary of Public Safety and Homeland Security and the Governor's Office of Diversity, Equity, and Inclusion (ODEI) from the Virginia Department of Corrections regarding positive COVID cases, vaccination rates, and on-going challenges:

Positive COVID Cases	Vaccination Rates	Challenges
Staff – 717 active cases **Inmates** – 970 active cases	**Staff** 53% have at least 1 dose; 48% are fully vaccinated; 10.7% have received a booster	Staffing remains a challenge, In-person visitation has been suspended until January 28; All correctional education schools, treatment and re-entry programs, and religious services where inmates/CCAP probationers attend in-person, outside of their respective

	Inmates 85% have at least 1 dose; 80% are fully vaccinated; 24.1% have received a booster.	housing area has been suspended until January 28, 2022. This includes all academic, career and technical education (CTE) programs, college classes, and libraries.

Though Virginia has administered over 2 million booster doses, approximately two-thirds of COVID-19 boosters have gone to White populations. Blacks and Hispanics still disproportionately contract COVID-19, and Blacks and Whites disproportionately die from it. Virginia should continue targeting vaccination efforts to communities the coronavirus has disproportionately impacted. In addition, state leaders should prioritize outreach to communities with low vaccination coverage and high social vulnerability.

In November, the FDA approved three new at-home COVID-19 antigen diagnostic tests. However, by the end of the month, many retailers had sold out of rapid, at-home COVID-19 test kits. Easy, inexpensive at-home COVID-19 tests are an essential tool to detect new variants and stop the spread of the coronavirus. Administrators should continue to hold walk-up COVID-19 testing clinics and distribute rapid, at-home tests to vulnerable communities to combat testing inequities.

On January 15, Virginia's new statewide leadership will take office, which will include a new Health and Human Resources Secretary, State Health Commissioner, and several other cabinet members. While leadership transition understandably brings a re-ordering of priorities, issues of diversity, equity, and inclusion remain core, non-partisan values of American government. At the time of this report, the future of the Governor's Office of Diversity, Equity, and Inclusion remain unclear. January 14, 2022, will be the last day for all members of the ODEI. However, as it has been stated in several previous reports, it is critical that leaders, policymakers, and decision-makers equitably strengthen the systems and state agencies that provide access to information, state services, vaccinations, and resources across the Commonwealth of Virginia and address the systemic biases and historical antecedents that undergird the disproportionate impact of the coronavirus. Thus, in the absence of a Virginia Chief Diversity Officer, this monthly equity report to the Virginia General Assembly will shift to the equity leaders in the Virginia Department of Emergency Management and the Virginia Department of Health.

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, and
iii. Make recommendations for any statutory, regulatory, or budgetary actions necessary to implement such plan. The Department shall make an initial report on its activities and any findings to the Chairs of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by December 1, 2020, and shall report monthly thereafter.