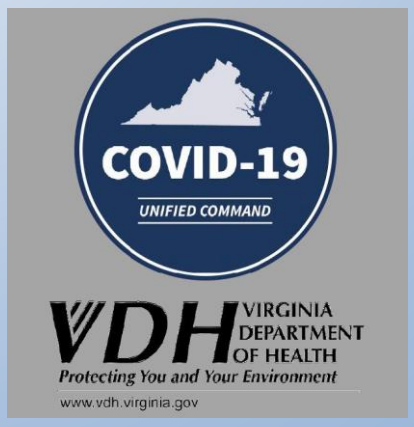
Virginia Department of Health Plan for Equitable Distribution of COVID-19 Vaccine – July, 2022

JULY 2022

Office of Health Equity in the Virginia Department of Health



Contents

Executive Summary

This monthly report is from the Office of Health Equity in the Virginia Department of Health. It provides an overview of vaccination equity in the Commonwealth of Virginia, including key equity accomplishments, for June 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).*
- *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).*
- *At the end of June, experts in the U.S. are cautioning people about the latest subvariant of Omicron, warning that it could be the worst version of Omicron yet (Source).*

Trends in Average Daily Cases

- *The highest number of average daily cases in Virginia for the month of June was on June 1st at 36.1 cases per 100,000 people. Case began to fall a little during the month of June (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 the spring, 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 and at the end of June, the average number of daily cases was 29.9 (Source).*

Vaccination Rates

- *At the end of June 2022, 74.0% of Virginia's population was fully vaccinated and 82.5% had received one dose of the vaccine (Source).*

Impacts on Children

- *On January 26, a child younger than ten died after contracting COVID-19. The child was the eighth Virginia child under ten to die from the virus (Source).*
- *In the Roanoke-City Alleghany Health Districts, around 11 percent of the new COVID-19 cases were in children during the month of February (Source).*
- *As of June 29th, 25 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 June include:

- June 1: The Virginia Beach Department of Public Health announced that it will host a free COVID-19 vaccination clinic on Saturday, June 4 (Source).
- June 2: At least 1 in 5 of the individuals being tested for COVID-19 in Richmond and Henrico were positive, according to the Richmond Times-Dispatch (Source). Catherine Long, the public information officer for the Richmond and Henrico Health Districts, said that local health officials believe the current count of positive cases locally and statewide may be an undercount (Source).
- June 3: The Pittsylvania-Danville Health District announced that it will offer a free COVID-19 vaccination clinic on Saturday, June 11 from 9 a.m. to 12 p.m. at Rock Springs United Methodist Church. The clinic will be walk-ins only, no appointments required, and will offer first, second, additional primary and booster doses of the COVID-19 vaccines (Source).
- June 4: Health officials in the Central Virginia Health District warned residents of rising cases. Cali Anderson, an epidemiologist with the VDH, said new cases over this year's Memorial Day weekend were roughly five times higher in Central Virginia than they were at the same time last year, and new cases are continuing to trend upwards in the Central Virginia Health District, which includes Lynchburg and the counties of Amherst, Appomattox, Bedford and Campbell. (Source).
- June 5: Amidst the rise in COVID-19 cases, a vaccine clinic is announced for Ringgold, Virginia (Source).
- June 6: The Virginia Beach Department of Public Health announced that it will host a free COVID-19 vaccination clinic on Wednesday, June 8, from 4:30 – 6:30 p.m. at New Light Baptist Church (Source).
- June 7: The CDC has categorized 77 of Virginia's 133 localities as having either medium or high community COVID-19 transmission levels. A medium transmission level is triggered automatically in any area where there have been more than 200 cases for every 100,000 people within the past seven days. A high level takes into account seven-day case averages and hospitalization capacity as well (Source).
- June 9: The Virginia Beach Department of Public Health announced that it will host a free COVID-19 vaccination clinic on Tuesday, June 14, from 3 – 5 p.m. at Green Run Homes Association Clubhouse (Source).
- June 10: According to the CDC map that shows community transmission levels, universal masking is now recommended for 22 localities in Virginia, and continues to be urged for much of Metro Richmond (Source).
- June 12: COVID-19 cases and hospitalizations continue to rise in the Dan River region. New models show, with great uncertainty, that the expected rise in cases this summer may not

be as bad as expected. Still, health experts warn that coronavirus is not one to follow patterns and can easily change course without warning (Source).

- June 13: According to data from VDH, June is among one of the worst months this year in terms of the number of new COVID-19 cases for Alexandria, Virginia (Source).
- June 14: VDH announced in a press release that the United States Department of Agriculture's (USDA) Food and Nutrition Service will be extending several nationwide waivers to help providers in VDH's Child and Adult Care Food Program (CACFP) continue to meet the nutritional needs of participants during the public health emergency caused by COVID-19. The CACFP is a federal program which provides reimbursements for nutritious meals and snacks to eligible children and adults. Those eligible include people enrolled for care at participating child care centers, day care homes and adult day care centers (Source).
- June 15: VDH officials said that while COVID-19 cases and hospitalizations have dropped slightly, many counties in Virginia are still in the "medium" and "high" transmission risk levels and Virginians should exercise caution. Localities in southwest and central Virginia in particular are experiencing these higher transmission risk levels (Source).
- June 16: Virginia State Health Commissioner Colin M. Greene, M.D., M.P.H, released a statement about updates to VDH's quarantine and isolation guidelines. The change in guidelines only applies for non-high risk individuals that have tested positive for COVID-19 and are asymptomatic. The full statement and details can be found on VDH's media page (Source).
- June 18: Virginia State Vaccination Coordinator Christy Gray released a statement on the recommendations of the Pfizer-BioNTech, Moderna COVID-19 vaccines for children 6 months through 4 years of age and 6 months through 5 years of age, respectively. The statement announced that all Virginians from the age of six months and older are now eligible to get a free COVID-19 vaccine, according to the Virginia Department of Health (VDH), following the unanimous recommendations on June 18 from the Centers for Disease Control and Prevention (CDC) of the Pfizer-BioNTech and Moderna pediatric vaccines for the youngest of children (Source; Source).
- June 19: While still in the highest community level for COVID-19, Halifax County's cases and hospitalizations have nudged downward over the last few weeks, and new forecast models reverse course on fears of a summer surge. Halifax County is averaging about a dozen new COVID-19 cases per day, down from 18 at the end of May. The Southside Health District — an area that spans Halifax, Mecklenburg and Brunswick counties — is experiencing a slow growth of cases after being in a surge trajectory recently (Source).
- June 20: VDH announced that shipments of COVID-19 vaccines for those under the age of five began arriving Monday, and shipments will continue to arrive throughout the week. The state estimates there are about 455,000 children in the state are eligible for a vaccine (Source).
- June 21: On Tuesday afternoon, the director of the Roanoke City and Alleghany Health Districts, Dr. Cynthia Morrow, held a virtual public health briefing about topics like the COVID-19 pandemic, as well as the authorization and rollout of pediatric coronavirus vaccines. This online news conference occurred just days after the Centers for Disease

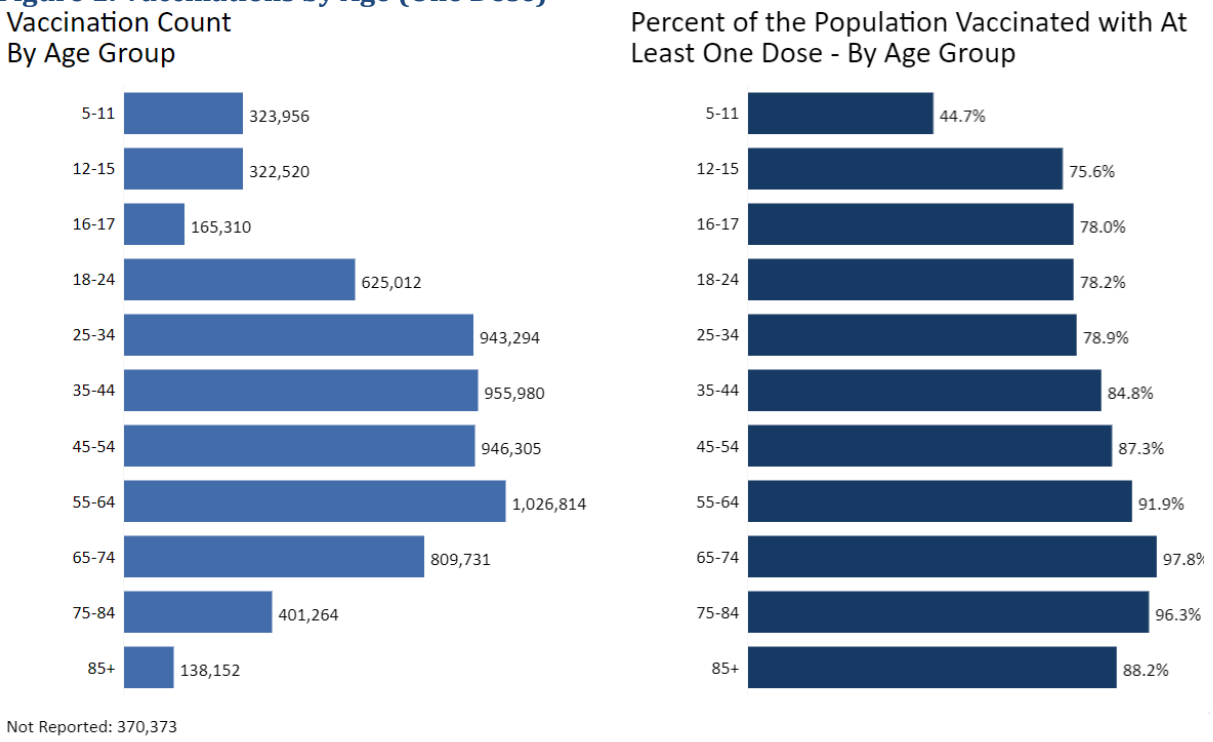
Control and Prevention (CDC) recommended coronavirus vaccines for infants, toddlers, and preschoolers (Source).

- June 22: The LENOWISCO and Cumberland Plateau Health Districts announced that, beginning Monday, June 27, they will offer the Moderna and Pfizer COVID-19 vaccine for children ages 6 months through 5 years, following guidance from the Centers for Disease Control and Prevention and the Food and Drug Administration. Families will have many options for where to get their children the COVID-19 vaccine. Vaccination sites may include pediatric offices, family practice offices, retail pharmacies for children aged 3 years and older, and local health departments. Those wishing to get their children vaccinated at their local health department within the LENOWISCO or Cumberland Plateau Health Districts, may call to make appointments. Vaccine clinic times will vary based upon each health departments location. Appointments are required (Source).
- June 23: The Piedmont Health District announced that it has begun offering the Pfizer and Moderna COVID-19 vaccine for children ages 6 months through 4 years (Pfizer) and 5 years (Moderna). The free vaccines are available on the health district immunization clinic days (Source).
- June 24: The Richmond and Henrico Health Districts (RHHD) received 51 nominations for the city's Health Equity Fund after a week. Richmond's Health Equity Fund was established by the City Council last year with an initial investment of $5 million in federal coronavirus relief money to invest in community-led initiatives and programs that seek to address health disparities through 2024. The City Council and Mayor Levar Stoney's administration have defined the disparity areas of focus for the fund, which include: COVID-19, mental health, substance use and recovery, maternal-child health, food access and security, access to care and health education, and underlying conditions (Source).
- June 27: The Piedmont Health District announced that, effective Tuesday, July 5, it will begin offering free Moderna COVID-19 vaccinations for children 6 to 17 years old at vaccination clinics at local health departments following guidance from the Centers for Disease Control and Prevention and the Food and Drug Administration (Source).
- June 28: In Southwest Virginia, more than 1,000 people were diagnosed with COVID-19 during the past two weeks and nearly 2,100 were diagnosed in the month of June. Three Southwest Virginia health districts reported seven-day COVID testing positivity greater than Virginia's statewide average of 19.4% on Tuesday, meaning about one in five people tested were positive. Ballad Health, a healthcare system serving 29 counties of Northeast Tennessee, Southwest Virginia, Northwest North Carolina and Southeast Kentucky, reported that it had 57 COVID-19 inpatients in its hospitals on Tuesday, with 10 in intensive care including three on ventilators (Source).

2. Vaccination Equity in Virginia

At the end of June, over 16 million COVID-19 vaccine doses have been administered in Virginia (Source). With 74.0% of the population fully vaccinated (over 7 million people and up by 0.3% 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, 82.5% of all Virginians have received at least one dose of a vaccine (Source), which is above the 78.1% national total vaccination rate receiving at least one dose (Source). Over 7 million Virginians have been fully vaccinated, representing 74.0% of the population, which is above the 66.9% national total fully vaccinated rate (Source). On average, Virginia is administering approximately 3,048 vaccinations per day (down from 4,653 vaccinations per day in May) (Source).

Figure 1: Vaccinations by Age (One Dose)



Source

Vaccinations for 65+

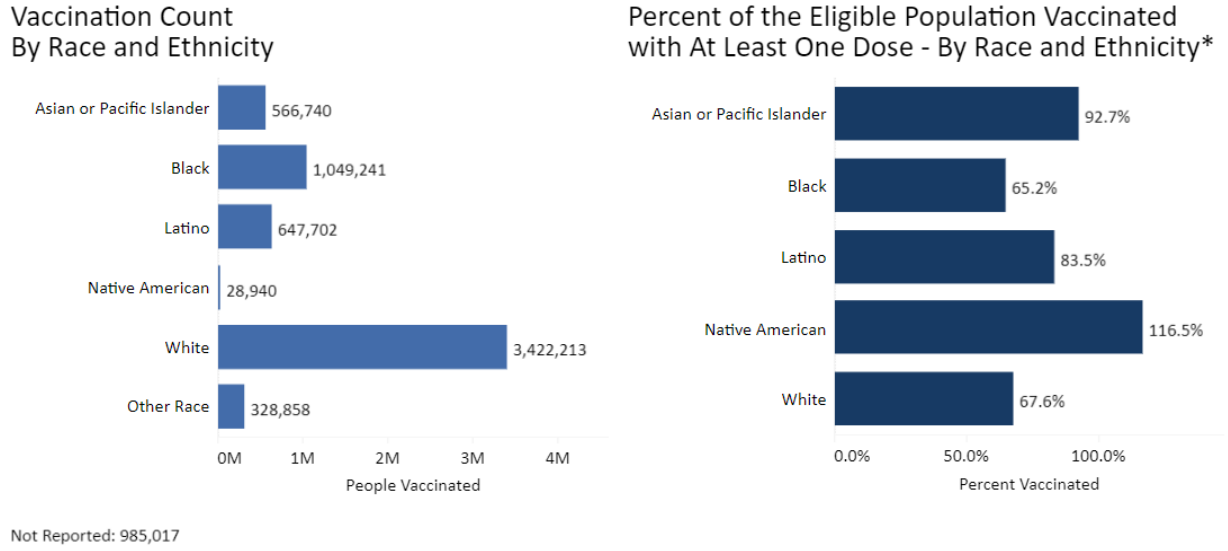
As seen in Figure 1, VDH reports the following age ranges: 65-74, 75-84, and 85+ (Source). At the end of June, 96.3% of those ages 65+ were vaccinated (Source). That is 0.3% higher than the rate of 96.0% last month.

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, 59.6% of those younger than 18 have been vaccinated with at least one dose, up by 0.5% from last month. 86.9% of individuals older than 5, down by 0.5% since last month, have been vaccinated with at least one dose. Furthermore, 92.5% of the population over the age of 18 have been vaccinated with at least one dose, down by 0.6% from last month. Data are also reported by each age group for percentages of the population vaccinated with at least one dose: 44.7% of 5-11 year olds (up from 44.1% last month), 75.6% of 12-15 year olds (up from 75.3%), 78.0% of 16-17 year olds (up from 77.7%), 78.2% of 18-24 year olds (up from 77.9%), 78.9% of 25-34 year olds (up from 78.6%), and 84.8% of 35-44 year olds (up from 84.6%) (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.

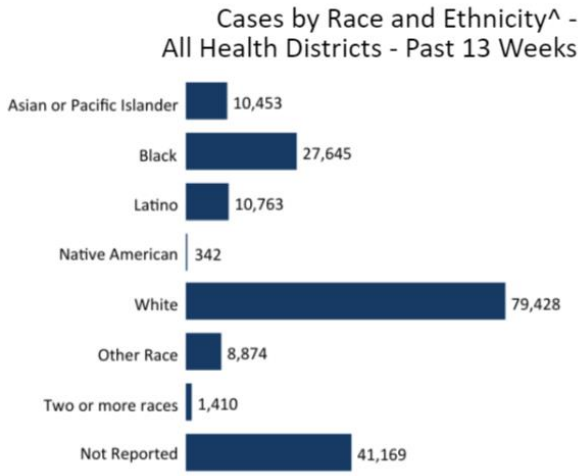
1. *There are small numbers of vaccinations and small population estimates for Native Americans at the city/county level in Virginia. VDH gets population estimates from the National Center for Health Statistics (NCHS). For example, there were 3 Native American vaccinations in a county. Population estimates 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 June 27th, 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 17.4% of all vaccinations and 65.2% have been vaccinated with at least one dose.
- Second, Latinos have received 10.7% of all vaccinations and 83.5% have been vaccinated with at least one dose.
- Third, Asians or Pacific Islanders have received 9.4% of all vaccinations and 92.7% have been vaccinated with at least one dose.
- Fourth, Whites have received 56.6% of all vaccinations and 67.6% have been vaccinated with at least one dose (Source).

Figure 3: Cases by Race and Ethnicity



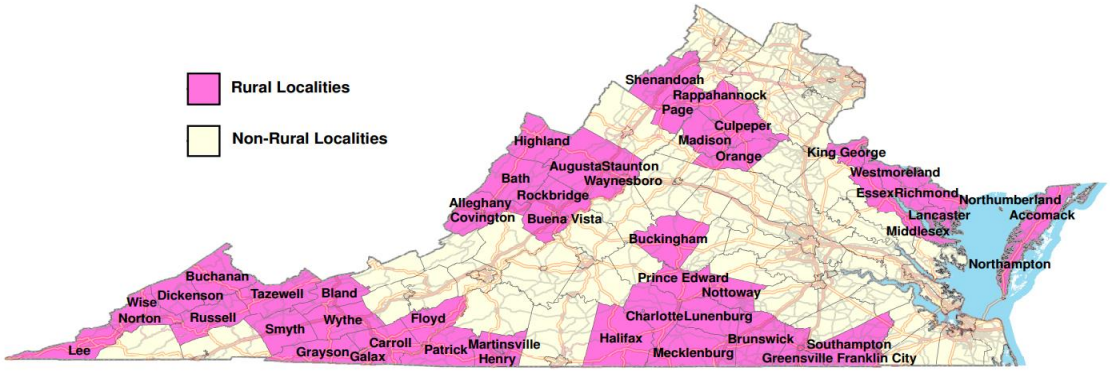
Source

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.

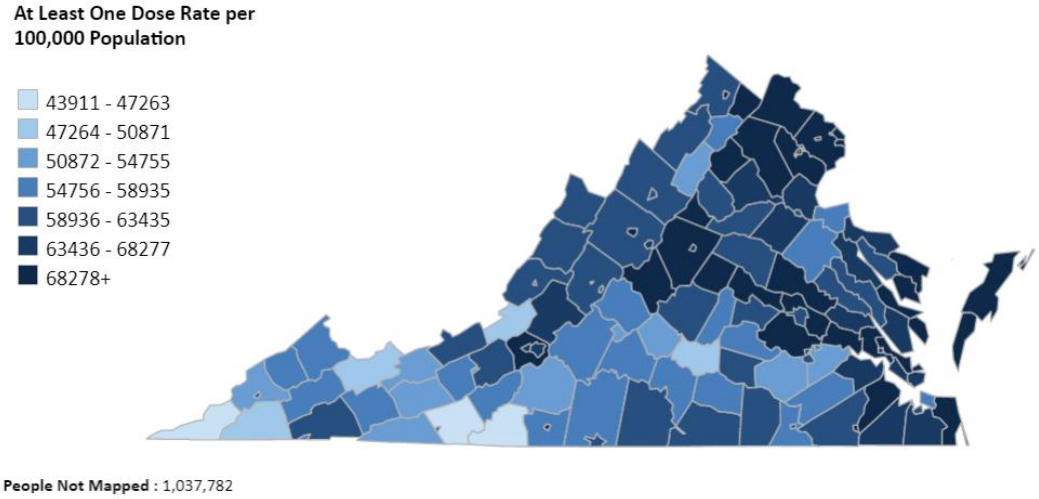
Table 1: Percent Population Vaccinated by Urban and Rural Jurisdictions (by Age Groups)

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

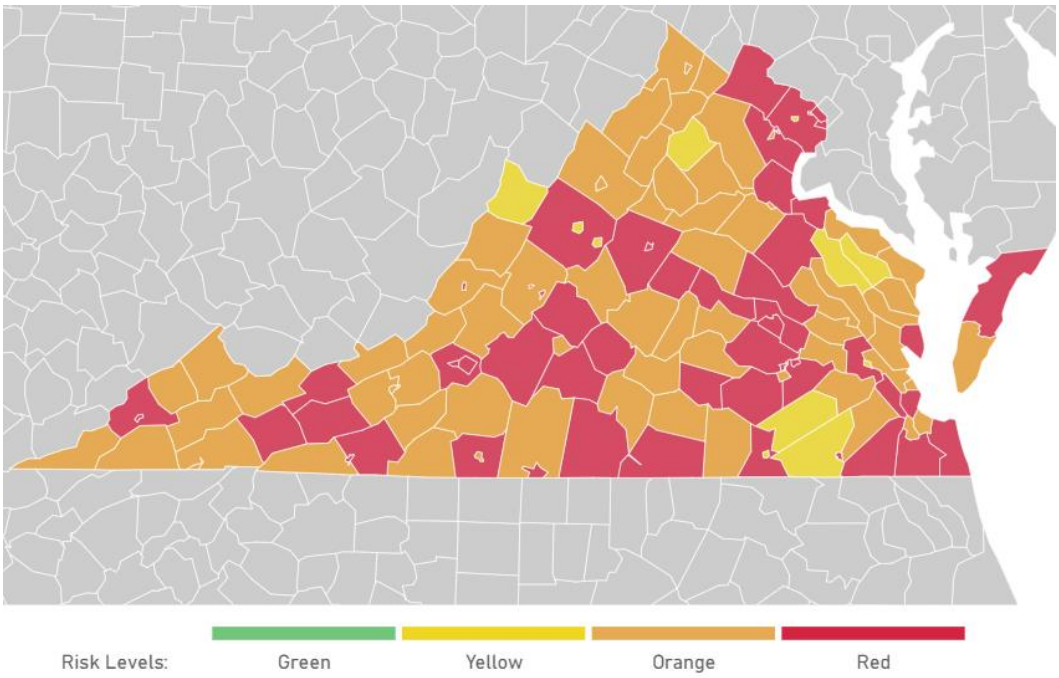
Rural areas, especially in south-central and southwest Virginia, continue to have lower vaccination rates as compared to other areas of the state, although there are some improvements, primarily concentrated in the north-central and northern regions (Figure 5). Vaccination hesitancy continues to be an issue throughout the Commonwealth. As seen in Figure 6, Virginia continues to experience some 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



Source

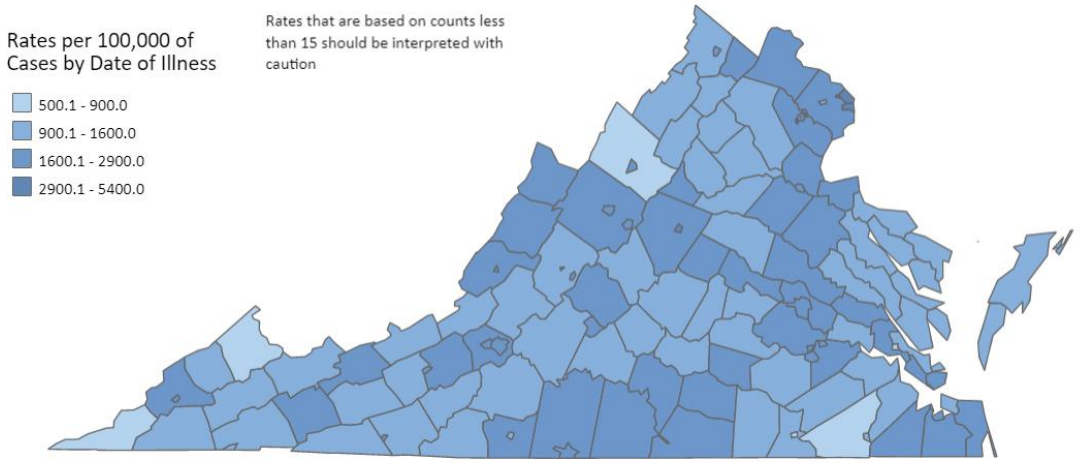
Figure 6: COVID-19 Risk Levels by Locality in June



Source

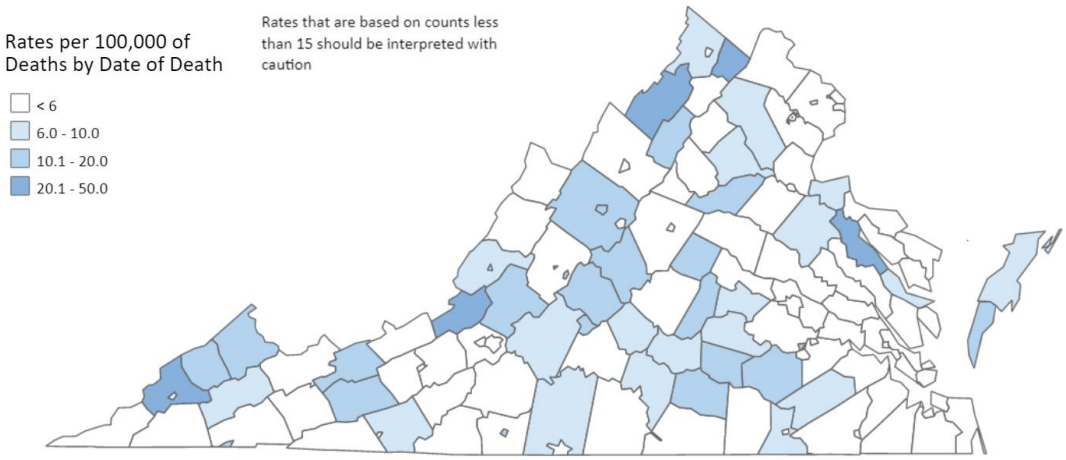
Third, as shown in Figures 7 and 8, some urban and rural disparities remain in terms of cases as measured by rates per 100,000 people, which were especially exacerbated this last winter when the Omicron variant led to a massive rise in risk. Since then, rural counties continue to show slightly higher rates of cases, with notable concentrations in the central and south-central portions of the state. By the end of June, death rates occurred throughout the Commonwealth but were low.

Figure 7: Cases of COVID-19 Over the Last 13 Weeks in Virginia: Urban and Rural



Source

Figure 8: Deaths from COVID-19 Over the Last 13 Weeks 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 June 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 slightly higher rate than those identifying as female.

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

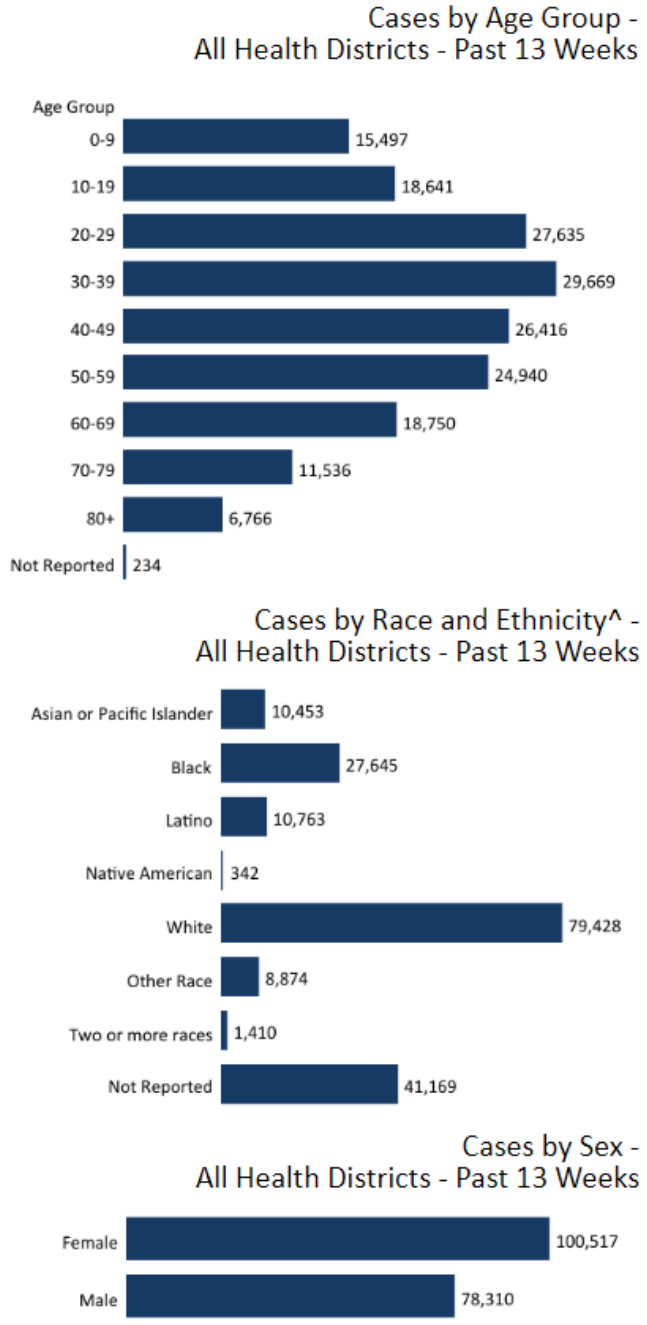


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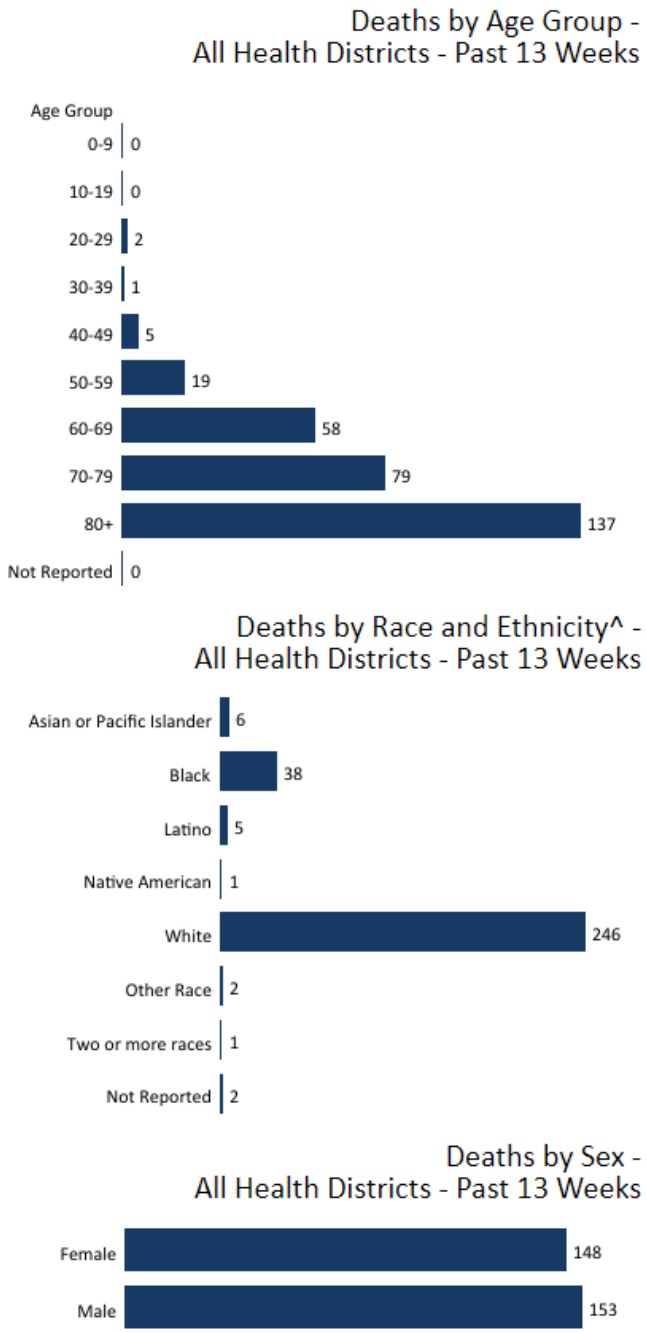
Figure 10: Deaths by COVID-19 in Virginia: Demographics



Source

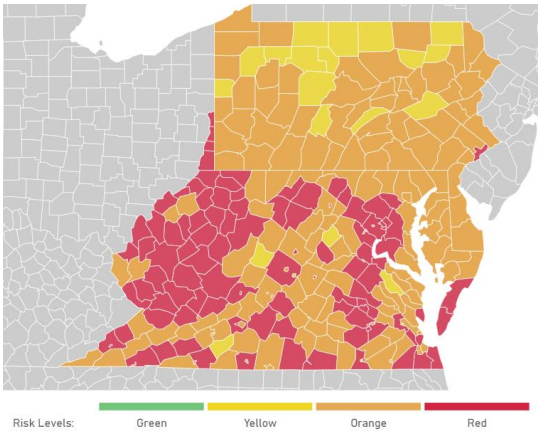
3. Vaccinations in FEMA Region 3

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

Regarding COVID-19 risk levels in June (Figure 11), all of Region 3 continues to see high and medium risk levels. The risk levels for Virginia in June were close to what they were in May. At present, West Virginia is the most at-risk in FEMA Region 3 (last month, D.C. was the most at-risk). Most of Virginia's counties that are at higher risk are spread out across central and southern Virginia. The Commonwealth has 2,550.4 new daily cases, a seven-day moving average of 29.9 new cases per 100,000 people (last month, Virginia saw 4,067.1 new daily cases with a seven-day moving average of 47.6 new cases per 100,000 people). These numbers place Virginia second out of sixth in FEMA Region 3 in terms of COVID-19 risk level, a deterioration since the month of May where Virginia came in third. 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

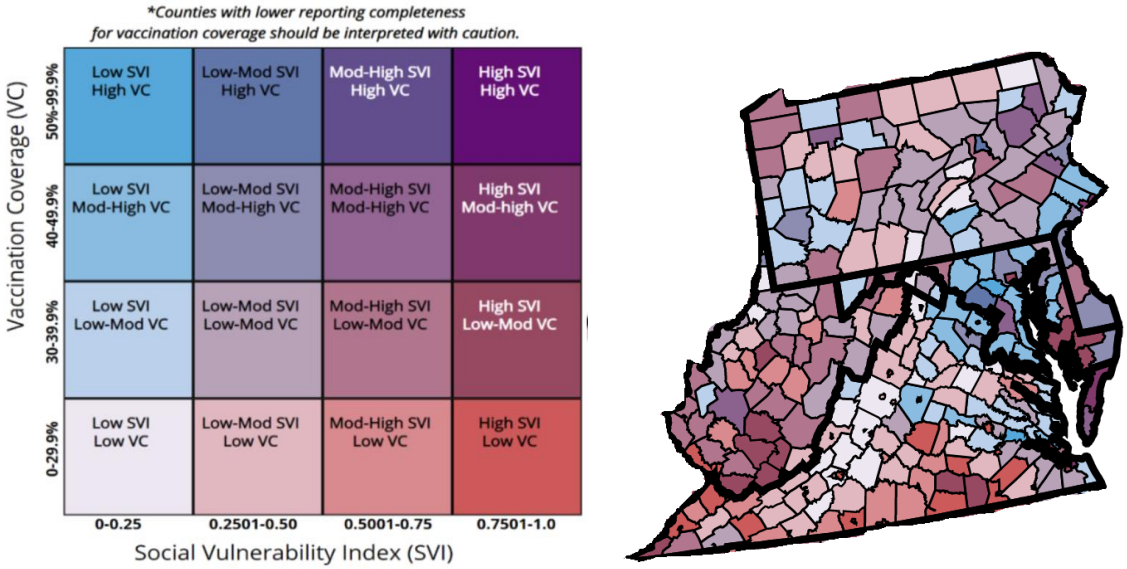
State/County	Rank	Daily new cases per 100k people (7d moving avg.)	Daily new cases (7d moving avg.)
West Virginia	1	44.0	789.4
Virginia	2	29.9	2,550.4
District of Columbia	3	27.6	195.0
Maryland	4	24.4	1,475.0
Delaware	5	23.3	227.3
Pennsylvania	6	8.1	1,032.7



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. Recently, those gaps have begun to narrow and VDH is working to further dispel disparities. 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.

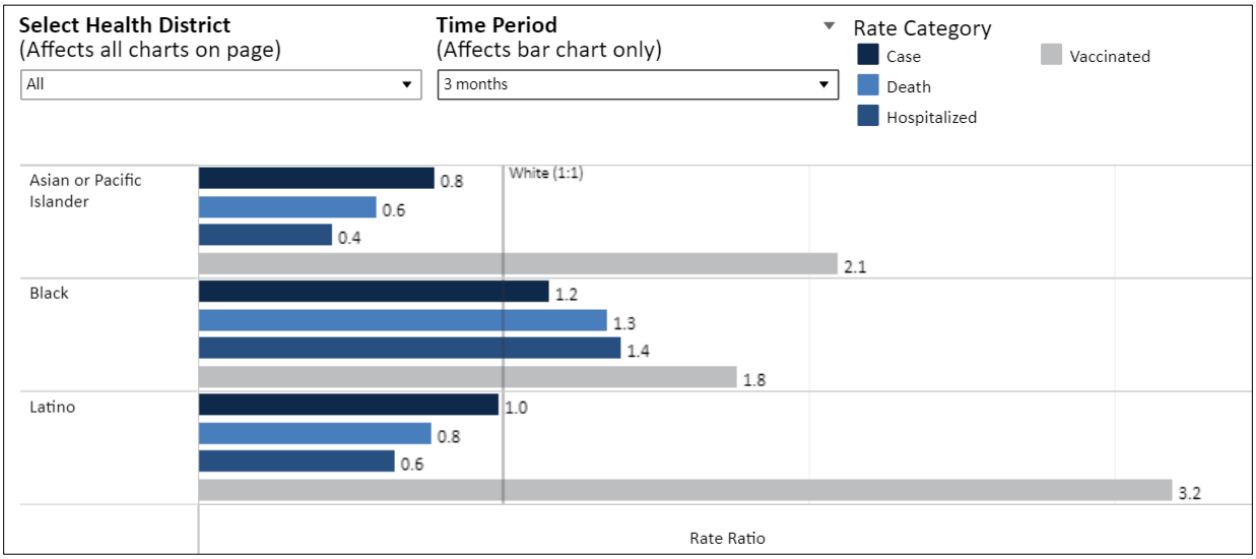
Racial Groups as a Share of Total Vaccinations in Virginia

In Virginia, Whites make up 61% of the total population and 56.6% 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 17.4% of the one-dose vaccinated population (an increase of 0.2% since January). 10% of Virginia's population is Hispanic and 10.7% of the vaccinated population in Virginia is reported to be 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 data since the start of the vaccine rollout, vaccinations occurred amongst Blacks at only 0.9 times the rate of Whites (Source). Cases and deaths occurred amongst Blacks at 1.2 and 1.5 times the rate of Whites, respectively, when looking at cumulative data across the entire pandemic. Amongst Latinos, when analyzing data from the start of the vaccine rollout, vaccinations occurred at 1.1 times the rate of Whites while cases and deaths each occurred at 1.3 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 some 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)

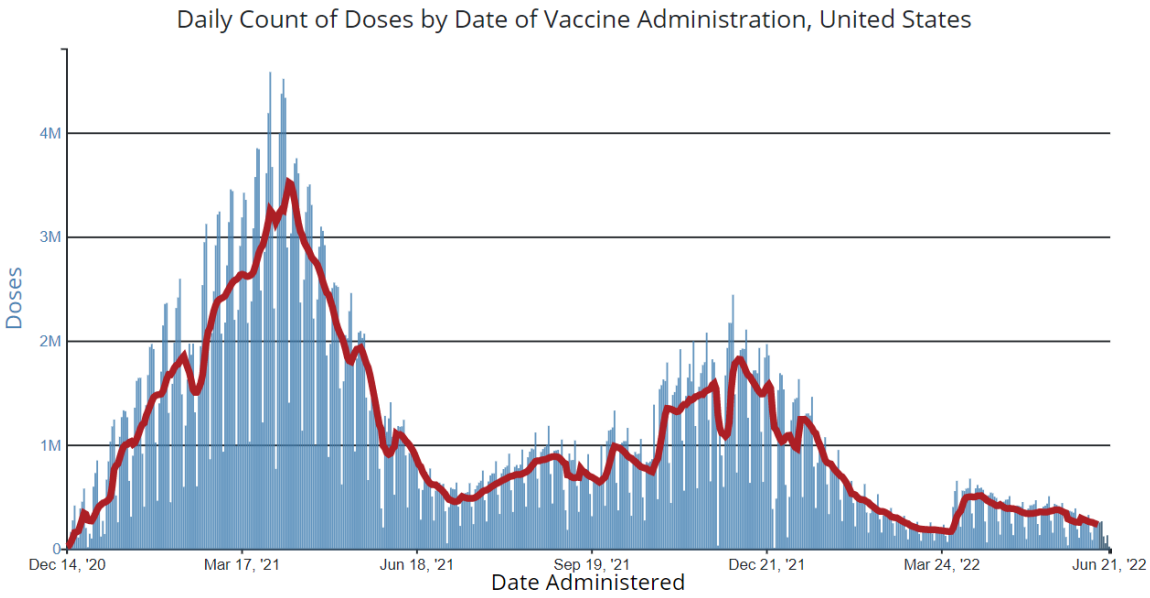


Source

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, 3,006 doses on April 6th, and 1,807 doses on May 1st (Source). In general, the number of vaccines administered decreased as the winter Omicron surge subsided. June's peak in vaccines administered occurred on June 6th, with the peak average daily doses administered at 1,235.3 doses (Source). By the end of June, the 7-day average of doses administered was 2,999. 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 (81.8%) vaccinated with at least one dose, Virginia's vaccination rates surpass the national rate of 78.1% (Source; Source). This percentage includes those who have received at least one dose as well as those who are fully vaccinated (66.8% of the U.S. population is fully vaccinated while 73.2% 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 BA.5 (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 May 2022. Of those adults who have not gotten a vaccine:

- 64% are individuals under the age of 50
- 37% are between the ages of 30-49
- 48% have a high school education or less
- 56% identify as Republican
- 43% have annual incomes less than $40k
- 51% reside in suburban areas and 23% reside 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 months of April, May, and June, the number of cases began to increase again. Hospitalizations remain relatively low, although they notably increased from the second half of May onwards.

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.