

# Virginia Department of Health Plan for Equitable Distribution of COVID-19 Vaccine – February, 2023

February 2023

Office of Health Equity in the Virginia  
Department of Health



**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH  
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## Executive Summary

This monthly report is from the [Office of Health Equity in the Virginia Department of Health \(VDH\)](#). It provides an overview of vaccination equity in the Commonwealth of Virginia, including key equity accomplishments, for February 2023.

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 Omicron Variants*

- *In early December 2022, the BQ.1 and BQ.1.1 Omicron variants were responsible for nearly 70% of new COVID-19 cases in the U.S. and public health experts are concerned about a deadly COVID-19 surge in China that could lead to new subvariants ([Source](#); [Source](#)).*
- *Public health experts are warning that Omicron subvariant "XBB. 1.5" is one of the most transmissible COVID-19 variants yet and is on track to become the dominant strain of the virus within Central Virginia ([Source](#)).*

### *Trends in Average Daily Cases*

- *As of January 25<sup>th</sup>, 2023, the highest average number of daily cases in Virginia for the month was 28.60 cases per 100,000 people on January 4<sup>th</sup> ([Source](#)).*

### *Vaccination Rates*

- *At the end of January 2023, 73.7% of Virginia's population was fully vaccinated, or 6,328,840 people ([Source](#)).*

### *Impacts on Children*

- *As of January 25<sup>th</sup>, 2023, 38 individuals younger than 20 have died from COVID-19 in Virginia ([Source](#)).*
- *CDC data shows that three out of every four kids in Virginia has had COVID-19 ([Source](#)).*
- *Statewide rates for Virginia show that students have fallen behind on their routine school immunizations during the pandemic. It is yet another grim reminder of how the pandemic has indirectly and directly impacted life for Virginians ([Source](#); [Source](#)).*
- *On July 14<sup>th</sup>, 2022, Governor Youngkin announced updated guidance on quarantine recommendations for people exposed to COVID-19. The revised guidance states that quarantine is no longer recommended for asymptomatic individuals who were exposed to COVID-19-infected individuals in K-12 schools, child care, and camp settings ([Source](#)).*
- *This winter, students are facing a wave of flu-like symptoms, causing many absences in schools across the Commonwealth ([Source](#); [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 January include:

- January 1: A homeless shelter in Arlington County reports that it has been facing many outbreaks as the nation largely moves on from the COVID-19 pandemic, indicating that COVID-19 still disproportionately impacts Virginia's socially vulnerable populations ([Source](#)).
- January 3: The Pittsylvania-Danville Health District is experiencing a COVID-19 surge as cases and hospitalizations increase across the state. Out of the 32 health districts in Virginia, 25 are in surges, according to a report by the University of Virginia's Biocomplexity Institute ([Source](#)).
- January 4: In cooperation with the VDH, the Norfolk Public Library will offer free, at-home COVID-19 test kits at four of its branch locations. The test kits will be available on a first-come, first-served basis and can be picked up during operational hours at the circulation desk ([Source](#)).
- January 4: According to data from the Virginia Hospital & Healthcare Association (VHHA), hospitalizations from COVID-19 are the highest they have been in Virginia since February 2022. As of January 4<sup>th</sup>, over 1,100 people across the Commonwealth were in hospitals receiving treatment for COVID-19 ([Source](#)).
- January 6: Mary Washington Hospital in Fredericksburg has been treating the bulk of local COVID-19 patients since the start of the pandemic, but is also facing a staffing shortage. "When you're working with razor-thin staffing, every associate that may not be well and can't come in for a day or two impacts the whole," Dr. Stephen Mandell, senior medical director, said. "It kind of magnifies the staffing crisis." ([Source](#))
- January 8: Most counties in the greater Richmond region are hitting the highest level of community spread on the Centers for Disease Control and Prevention (CDC)'s COVID data tracker. Last week, cases in Richmond alone were over 160 ([Source](#)).
- January 9: The Eastern Shore Health District is experiencing an uptick in COVID-19 cases this winter, although deaths remain relatively low due to vaccinations and other interventions. As of Jan. 3<sup>rd</sup>, the seven-day moving average of new cases for the Eastern Shore Health District was 19.71, up significantly from 11.71 just one week ago and 6.86 on Dec. 1<sup>st</sup> ([Source](#)).
- January 10: Public health experts are warning that Omicron subvariant "XBB. 1.5" is one of the most transmissible COVID-19 variants yet. It is on track to become the dominant strain of the virus within Central Virginia. Experts attribute the recent surge to a number of different factors like the cold weather forcing people to opt for indoor activities, increased travel, and people gathering in large groups for the holidays ([Source](#)).
- January 11: In partnership with VDH, the Health & Wellness Ministry of Beulah Baptist Church, will sponsor a Health Workshop from 11 a.m.-1 p.m. on January 14<sup>th</sup>. Part of the workshop will include a vaccination clinic for anyone who wants a flu or COVID-19 vaccine ([Source](#)).
- January 12: According to this week's update from the CDC, masking is now recommended for 65 localities in the Commonwealth and most of Metro Richmond ([Source](#)).

- January 13: The CDC reports that childhood vaccination rates dropped to 93% over the course of the pandemic. “When you see a dip in those covered, it increases the chances of pockets of opportunity for these vaccine-preventable diseases to get a foothold and spread,” said Christy Gray with the VDH. Health officials are pointing to a number of factors causing the decrease in childhood vaccinations, including misinformation about vaccines and difficulty in making pediatric appointments during the pandemic. “It was challenging to make appointments at pediatric offices. Some offices were closed at different times and regulations, such as only one child per visit, made it really challenging for families to get to those appointments,” said Amy Popovich with the Richmond-Henrico Health District ([Source](#)).
- January 15: Over the past week, 16,010 Virginians tested positive for COVID-19. According to the Virginia Hospital & Healthcare Association (VHHA), 990 hospitalized patients confirmed positive for COVID-19, which is down from 1,101 (-111) the previous week ([Source](#)).
- January 17: Local public health experts are saying that COVID-19 and flu rates are slowing down, but cases are still high. “Like most hospitals nationwide, we were challenged by higher patient volumes and longer [emergency department] wait times,” said Dr. Nicolas Restrepo, chief quality and patient safety officer for Valley Health. Many ill patients presented at hospitals with COVID, flu, RSV (respiratory syncytial virus) and other respiratory issues. The CDC recommends that residents in high-reporting areas wear masks when in indoor public places ([Source](#)).
- January 18: Throughout the pandemic, January is typically a month where COVID-19 surges occur. This time last year, Virginia was struggling under the Omicron variant, leading to the highest number of hospitalizations since the pandemic began. But in each of the past eight days, hospitalizations have dropped, reversing a seven-week trend of rising numbers. “It’s too soon to know if this will be a steady decrease or not,” said Dr. Elaine Perry, Director of Health in Richmond and Henrico County ([Source](#)).
- January 19: The COVID-19 pandemic has overshadowed other public health issues, and now experts are seeing a jump in cases of STDs, like syphilis. “Things were a little quiet during COVID, but it wasn’t because [syphilis] wasn’t in our community. And so what we’ve seen, now that people are going to get tested again ... is a very big jump [in cases],” said Natalie Talis, population health manager with the Alexandria Health Department. In fact, the rate of new early syphilis diagnoses is about 41 per 100,000 people in the city – nearly double the number in 2017, which was 20.9 per 100,000 people ([Source](#)).
- January 20: Today marked three years since the first U.S. COVID-19 case was confirmed. Three years later, most counties in the Commonwealth are still at a medium to high level of cases, according to the Central Shenandoah Health District (CSHD). “Because there are so many at-home tests now, it’s important to remember that the case counts may be a little bit higher than reported because at-home tests are not necessarily [accounted for],” CSHD Communications Specialist Jordan Shelton said ([Source](#)).
- January 22: According to Friday’s report from the University of Virginia’s Biocomplexity Institute, weekly case rates have dropped from two weeks in a row throughout Virginia, signaling that the peak of the winter surge may already have passed ([Source](#)).
- January 23: According to the CDC, the Mountain Empire region, which includes portions of Virginia and Tennessee, reported 29 new deaths due to COVID-19 during the middle of January. The death figure is the highest for one week during January and among the highest over the past six months. There were 18 deaths reported the prior week, a 61% increase. Regional cases have remained relatively steady for the past two months. The

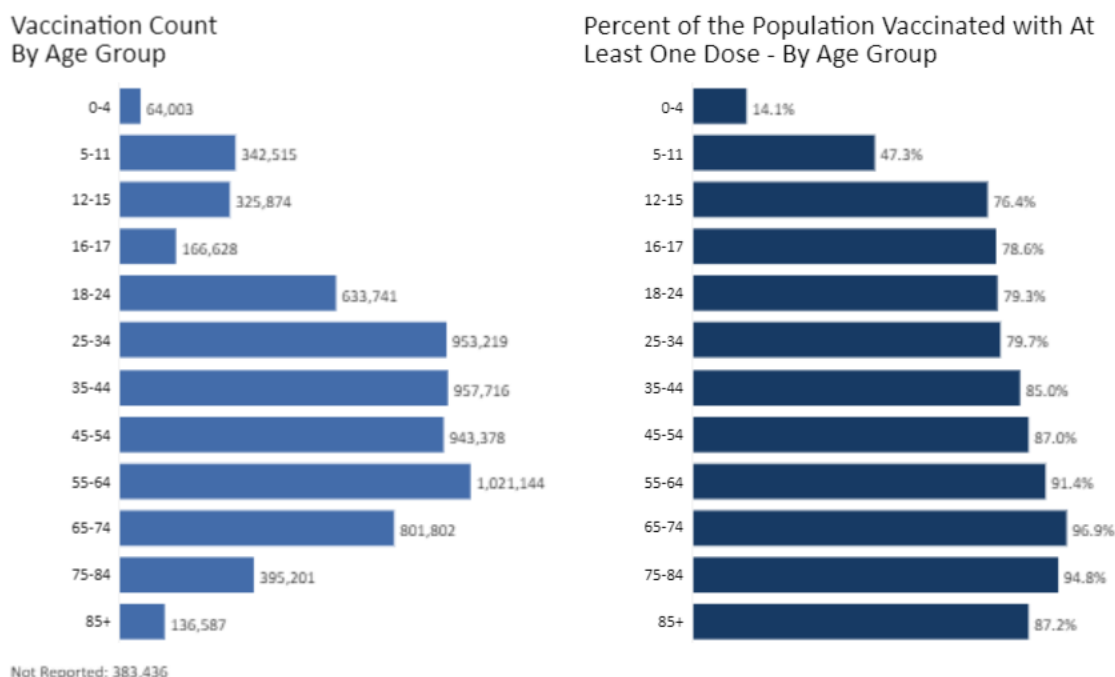
region has experienced more than 930 deaths due to COVID-19 and its complications since March 1, 2022, and nearly 5,200 since the pandemic began in March 2020 ([Source](#)).

- January 24: Since March 2020, Virginia has reported approximately 2,251,042 cases and 23,088 deaths. In the last seven days, Virginia has averaged 1,516 newly reported cases a day. In the prior seven-day period, Virginia averaged 1,508 newly reported cases a day ([Source](#)).

## 1. Vaccination Equity in Virginia

At the end of January, over 18 million COVID-19 vaccine doses have been administered in Virginia ([Source](#)). With 73.6% of the population fully vaccinated, Virginia ranks 11<sup>th</sup> in the country for the percentage of the population that has been fully vaccinated against COVID-19 ([Source](#); [Source](#)). Virginia's fully vaccinated rate, 73.6%, is higher than the 69.1% national total fully vaccinated rate ([Source](#); [Source](#)). On average, Virginia is administering approximately 4,320 vaccination doses per day ([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 January, 95.2% of those ages 65+ were vaccinated ([Source](#)).

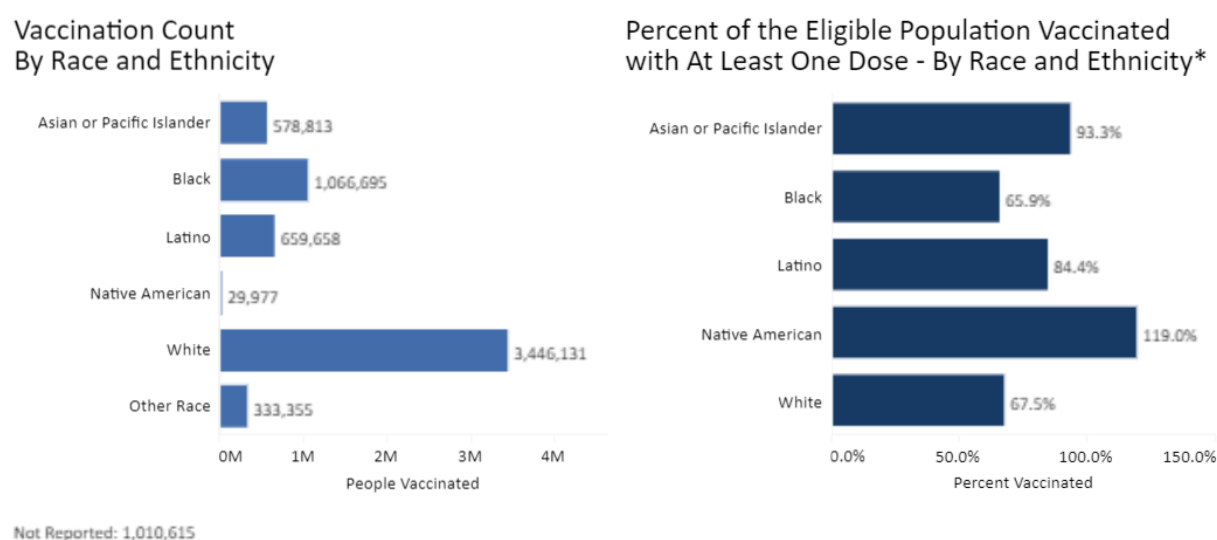
### Vaccinations for Under 45

The reported age ranges in Virginia are: 0-4, 5-11, 12-15, 16-17, 18-24, 25-34, and 35-44. As seen on VDH's COVID-19 dashboard, 61.3% of those aged 5-17 years have been vaccinated with at least one dose, up by 0.1% from last month. 87.3% of individuals older than 5, no change since last month, have been vaccinated with at least one dose. Furthermore, 92.6% of the population over the age of 18 have been vaccinated with at least one dose, no change from last month. Data are also

reported by each age group for percentages of the population vaccinated with at least one dose: 14.1% of 0-4 year olds (up from 13.5% last month), 47.3% of 5-11 year olds (up from 47.1%), 76.4% of 12-15 year olds (no change), 78.6% of 16-17 year olds (up from 78.5%), 79.3% of 18-24 year olds (up from 79.2%), 79.7% of 25-34 year olds (no change), and 85.0% of 35-44 year olds (up from 84.9%) ([Source](#)).

## Race and Ethnicity

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



### [Source](#)

*\*This data source does not include population estimates for the Other Race category. No population estimates are available for out-of-state individuals or those without a reported locality. More information about population estimates can be found at this link:*

[http://www.cdc.gov/nchs/nvss/bridged\\_race.htm](http://www.cdc.gov/nchs/nvss/bridged_race.htm)

*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.*

**Table 1: Vaccination Distribution by Race and Ethnicity**

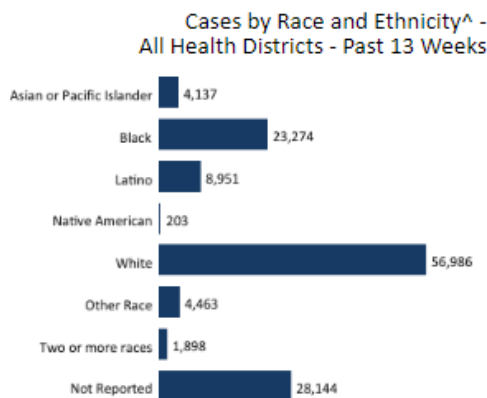
Race and ethnicity	Percent of people with at least one dose with reported race and ethnicity
Black	17.4%
Latino	10.8%
Asian or Pacific Islander	9.5%
White	56.4%

[Source](#)

According to Figure 2 and Table 1, as of January 24<sup>th</sup>, the key race and ethnicity breakdowns for those receiving at least one dose are as follows (with no change since last month):

- First, Blacks have received 17.4% of all vaccinations and 65.9% of Blacks have been vaccinated with at least one dose.
- Second, Latinos have received 10.8% of all vaccinations and 84.4% of Latinos have been vaccinated with at least one dose.
- Third, Asians or Pacific Islanders have received 9.5% of all vaccinations and 93.3% of Asians or Pacific Islanders have been vaccinated with at least one dose.
- Fourth, Whites have received 56.4% of all vaccinations and 67.5% of Whites have been vaccinated with at least one dose ([Source](#)).

**Figure 3: Cases by Race and Ethnicity**



[Source](#)

<sup>^</sup>For more information on how VDH is presenting data on race and ethnicity, visit:

<https://www.vdh.virginia.gov/coronavirus/2020/06/16/race-and-ethnicity-reporting-update/>

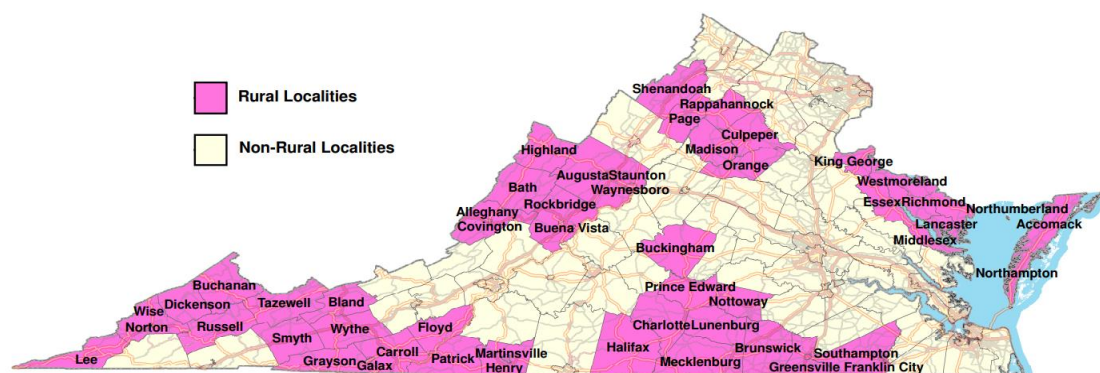
Case counts have begun to decline since last month but continue to occur amongst Virginia's population, making it more important to focus efforts on vaccination. Moving forward, continuing to collect data on race and ethnicity will be crucial to making more progress on vaccine equity in

Virginia. This is especially true given the known increased and disproportional risks faced by historically marginalized populations in experiencing the worst effects and outcomes of COVID-19, including death. Likely explanations for the unequal burden of disease on these populations include social vulnerability, social determinants of health, and a pattern of historical disparity. It will be crucial to pay attention to these disparities as the holiday season continues, possibly bringing another wave of COVID-19 cases.

## 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 2 below) uses a combination of urban area population and population density to identify counties as urban, rural, or mixed.

**Table 2: Percent Population Vaccinated by Urban and Rural Jurisdictions (by Age Groups)**

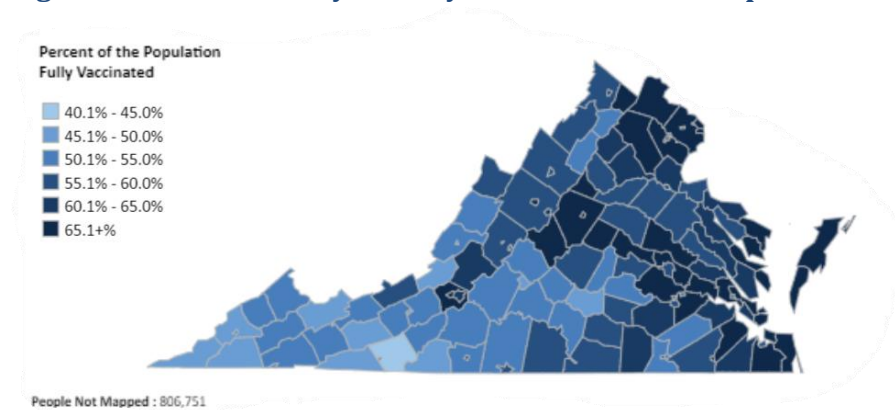
2013 SRHP Isserman Classification	5 to 11	12 to 17	16 to 17	18 to 30	31 to 50	51 to 64	65+	Grand Total
Mixed Urban	41%	69%	73%	68%	69%	81%	88%	72%
Urban	38%	69%	75%	60%	72%	82%	86%	70%
Mixed Rural	25%	49%	56%	54%	60%	73%	82%	62%
Rural	17%	41%	47%	48%	54%	69%	78%	58%
Grand Total	34%	62%	67%	59%	67%	78%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

[Source](#)

Rural areas, especially in southwest Virginia, continue to have lower vaccination percentages as compared to other areas of the state. There have been some improvements, primarily concentrated in the northern, central, and southeastern regions (Figure 5). Vaccination hesitancy continues to be an issue throughout the Commonwealth. As seen in Figure 6, counties across Virginia are experiencing a combination of risk levels. Fortunately, risk levels this month remain relatively low. Vaccine Equity Report | February 2023

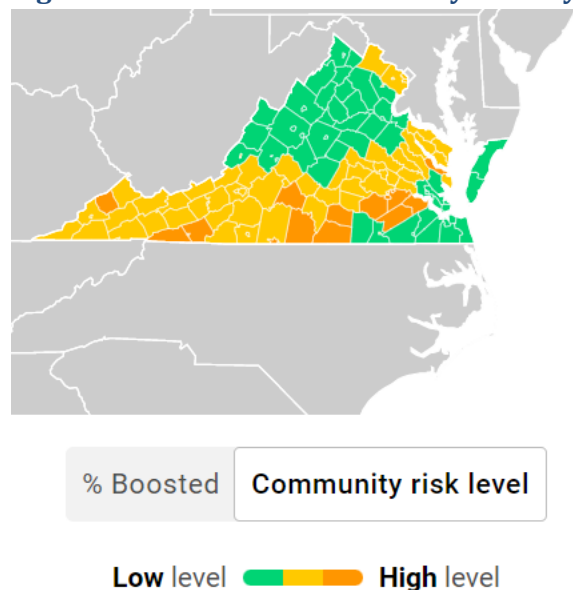
Risk levels have also improved this month in comparison to August when almost the entire Commonwealth was experiencing highly elevated risk levels ([Source](#)). As the winter continues, increasing vaccination rates will be crucial to maintaining lower risk levels.

**Figure 5: Vaccinations by Locality - Percent of Total Population - As of January 24<sup>th</sup>, 2022**



[Source](#)

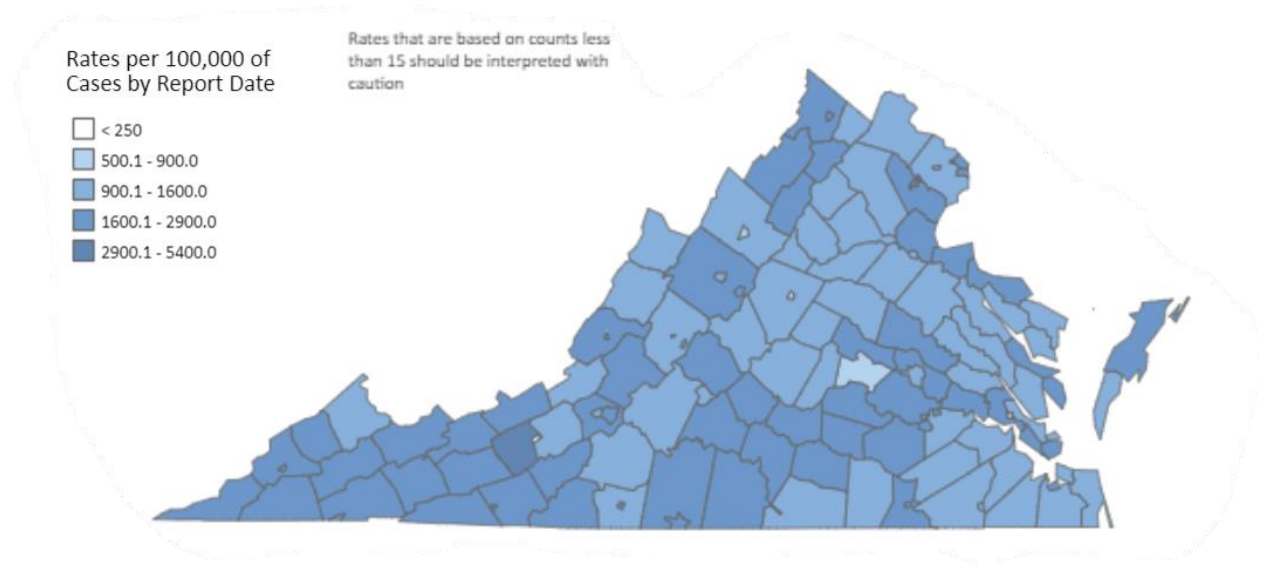
**Figure 6: COVID-19 Risk Levels by Locality in January**



[Source](#)

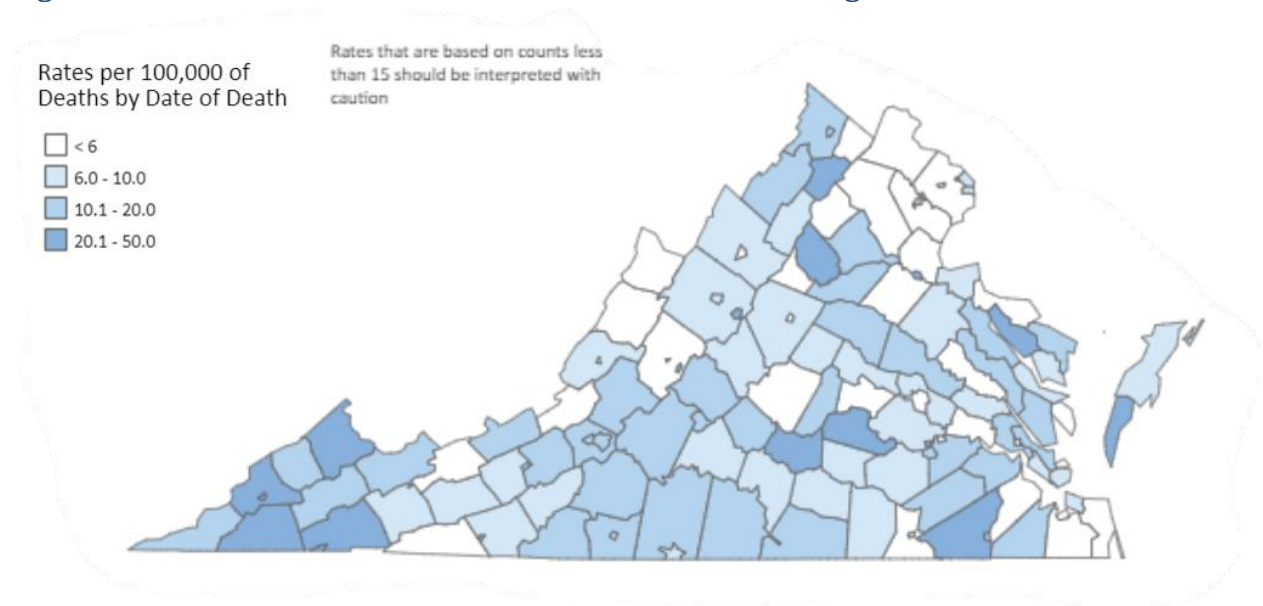
Third, as shown in Figures 7 and 8, some urban and rural disparities remain in terms of cases as measured by rates per 100,000 people. Some rural counties continue to show slightly higher rates of cases throughout the Commonwealth. Southwest Virginia particularly has a higher case rate than the rest of the state. Death rates per 100,000 remain relatively low in Virginia, with more deaths occurring in southern Virginia, as shown in Figure 8.

**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 reveal that vaccinations have saved lives ([Source](#); [Source](#)). Despite some progress in recent months, disparities remain in infections and deaths since the availability of vaccines, especially concerning: 1) race; 2) age and sex; and 3) urban-rural divides. Disparities detailed in previous vaccine equity reports remain. As shown in Table 3, Whites represent 61% of Virginia's 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.

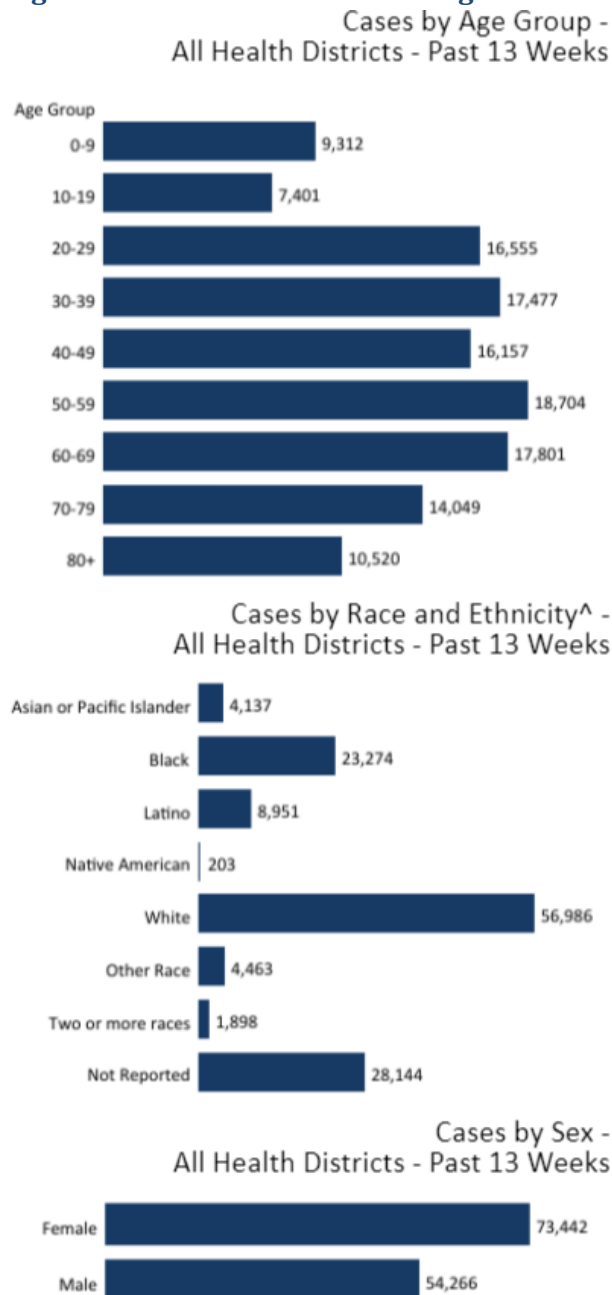
**Table 3: Comparisons of COVID-19 Cases, Deaths, and Population**

	% of Cases	% of Deaths	% of Total Population
<b>White</b>	56%	67%	61%
<b>Black</b>	23%	23%	19%
<b>Hispanic</b>	14%	6%	10%
<b>Asian</b>	4%	3%	7%
<b>Other</b>	3%	1%	3%

[Source](#)

Figures 9 and 10 show patterns concerning cases and deaths by age, race and ethnicity, and sex for the last 13 weeks. Regarding cases and age, the bulk of cases are occurring between the ages of 20 and 69. Regarding cases and sex, those identifying as females tend to represent more COVID-19 cases. Concerning deaths and age, those aged 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**

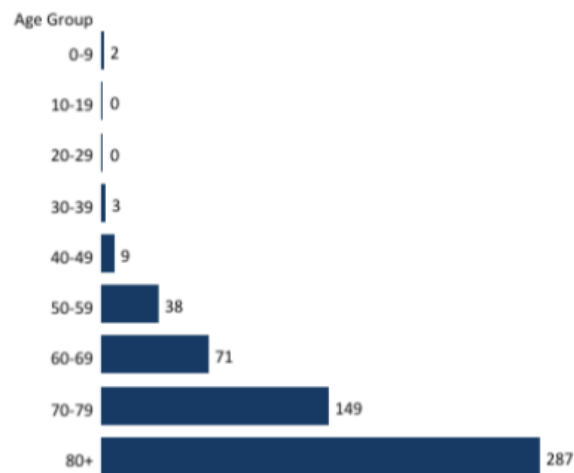


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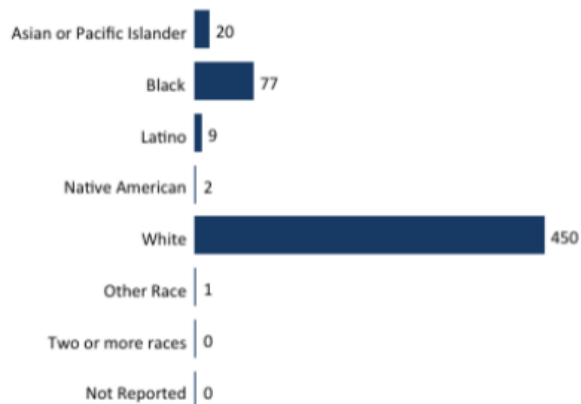
*^For more information on how VDH is presenting data on race and ethnicity, visit:*  
<https://www.vdh.virginia.gov/coronavirus/2020/06/16/race-and-ethnicity-reporting-update/>

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

Deaths by Age Group -  
All Health Districts - Past 13 Weeks



Deaths by Race and Ethnicity<sup>^</sup> -  
All Health Districts - Past 13 Weeks



Deaths by Sex -  
All Health Districts - Past 13 Weeks



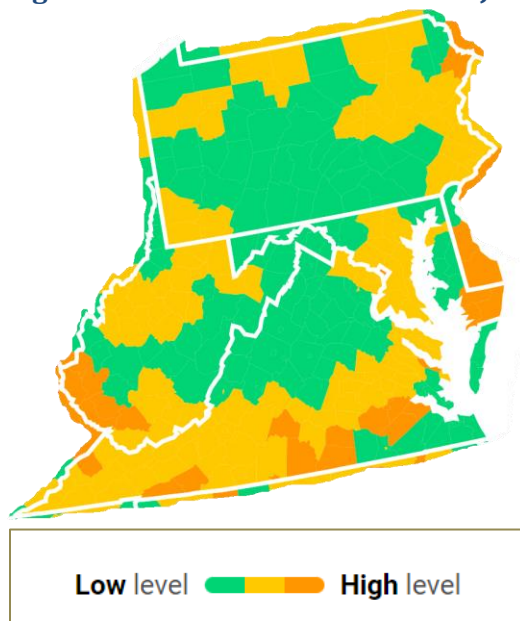
[Source](#)

<sup>^</sup>For more information on how VDH is presenting data on race and ethnicity, visit:  
<https://www.vdh.virginia.gov/coronavirus/2020/06/16/race-and-ethnicity-reporting-update/>

## 2. Vaccinations in FEMA Region 3

Regarding COVID-19 risk levels in January (Figure 11), most of Region 3 is currently experiencing low or medium risk levels. At present, Virginia is the most at-risk in FEMA Region 3 when it comes to the number of new cases. Virginia has 118.5 weekly new cases per 100,000, placing Virginia first out of sixth in FEMA Region 3 in terms of new weekly COVID-19 cases per 100,000. This means that Virginia is currently the most at-risk in the region. In terms of infection rate, Delaware has the highest infection rate (0.99) in FEMA Region 3. Virginia's infection rate is 0.85, placing it in 4<sup>th</sup> place out of six in the region. Virginia also has one of the lowest weekly COVID-19 hospital admissions per 100,000 in the region, at 10.1 per 100,000 ([Source](#)).

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

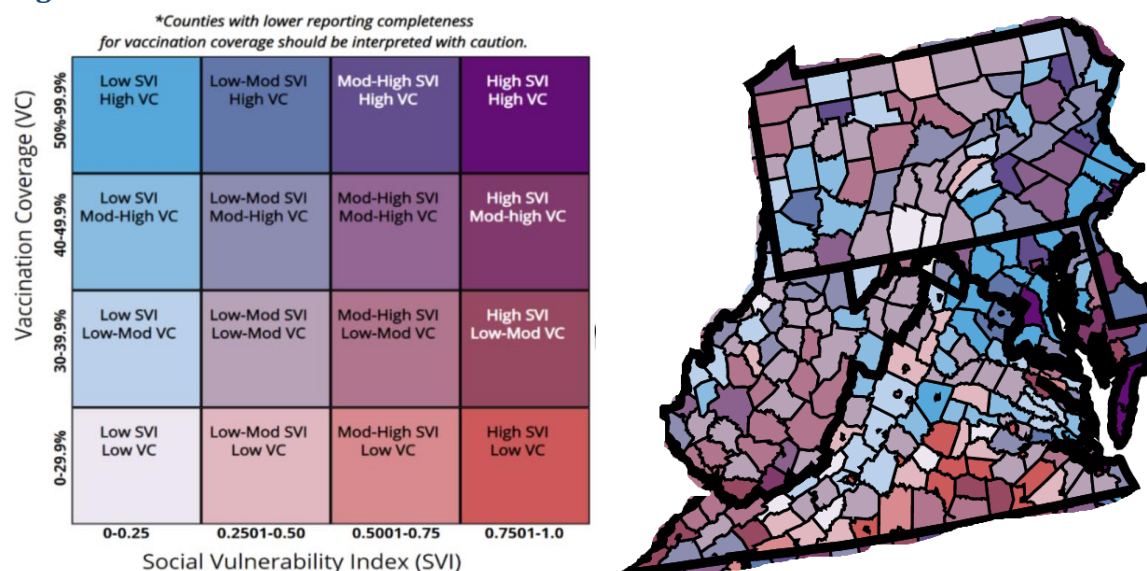


[Source](#)

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 part 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. The vaccination disparity for the Latino population reversed as of July 11, 2022, with 82% of Latinos vaccinated compared to 68% of Whites ([Source](#)). 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](#)).

**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%	81%
District of Columbia	46%	88%	92%
Maryland	28%	96%	96%
Pennsylvania <sup>1</sup>	9%	91%	81%
Virginia	17%	86%	86%
West Virginia <sup>2</sup>	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%	81%
District of Columbia	14%	88%	92%
Maryland	11%	96%	96%
Pennsylvania <sup>1</sup>	8%	91%	81%
Virginia	11%	86%	86%
West Virginia <sup>2</sup>	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%	81%
District of Columbia	6%	88%	92%
Maryland	8%	96%	96%
Pennsylvania <sup>1</sup>	4%	91%	81%
Virginia	9%	86%	86%
West Virginia <sup>2</sup>	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%	81%
District of Columbia	48%	88%	92%
Maryland	53%	96%	96%
Pennsylvania <sup>1</sup>	70%	91%	81%
Virginia	57%	86%	86%
West Virginia <sup>2</sup>	92%	97%	NR

[Source](#)

*Notes:*

- 1. Data does not include Philadelphia County due to differences in reporting data. As of 6/21, PA total population data was updated to exclude Philadelphia; data should not be compared to earlier periods due to these data changes or corrections.*
- 2. Data prior to 4/12 will not reflect people receiving the single dose of the Janssen vaccine because the data reflects people receiving the first dose of two-dose vaccinations.*

### 3. Trends Over Time

Nearly three 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 last winter due to the Omicron variant, declined significantly during the spring, and started to climb again in late spring and summer. As part of its efforts to address inequities, VDH has transitioned its community testing centers to a

mobile clinic model to be able to reach areas that have low access to testing. Moving forward, particular attention should be given to the Black population as they still suffer the worst vaccination disparity out of all other racial and ethnic groups. These items are discussed further, with a focus on racial equity, in the sections that follow.

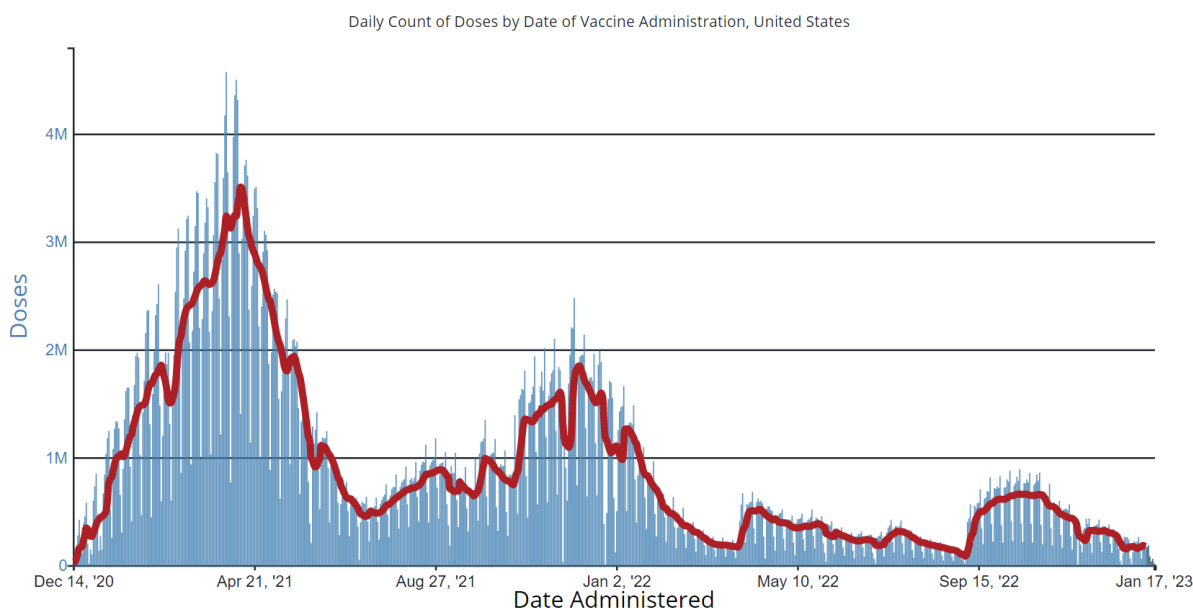
### Racial Groups as a Share of Total Vaccinations in Virginia

In Virginia, Whites make up 61% of the total population and 56.4% of the population with reported race and ethnicity that have been vaccinated with at least one dose. Blacks make up 19% of Virginia's total population and 17.4% of the one-dose vaccinated population. 10% of Virginia's population is Hispanic and 10.8% of the vaccinated population in Virginia is reported to be Latino. Asians make up 7% of Virginia's total population while Asian and Pacific Islanders make up 9.5% of the vaccinated population in the Commonwealth ([Source](#); [Source](#)).

### Doses Administered

As of January 25<sup>th</sup>, 2023 the peak average number of vaccines administered in Virginia in January occurred on January 9<sup>th</sup>, with 4,960 doses administered on that day ([Source](#)). These trends in Virginia generally match that of the United States as a whole, which saw an increase in demand for vaccines during Winter 2021-2022 when the first Omicron variant was spreading, then a general decrease in demand from the second half of January 2022 onward, and a slight uptake in vaccinations again as the BA.5 subvariant began to spread in late 2022 ([Source](#); [Source](#)). Statewide and nationally, the daily number of vaccines administered gradually decreased over the month of November 2022, started to slightly increase again in December, and then fell again in January 2023 ([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](#)

## 4. Vaccine Hesitancy

With a little over 18 million vaccination doses administered, and 6.3 million people (73.7% of the population) fully vaccinated, Virginia's vaccination rates surpass the national rate of 69.1% ([Source](#); [Source](#)). 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 with the "tripledemic" this winter and multiple spikes in school absences due to sickness ([Source](#); [Source](#); [Source](#); [Source](#)).

Looking at nationwide trends from Kaiser Family Foundation polling, there has been some change over time between December 2020 and July 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, 19% said the same in a poll from July 2022 ([Source](#)). In September of 2022, 53% of parents said they will "definitely not" get their children vaccinated against COVID-19 ([Source](#)). In December 2022, nearly half of parents of children under the age of 5 said they will "definitely not" get the COVID-19 vaccine for their child ([Source](#)).

More recent polling from the Kaiser Family Foundation indicates who is more likely to remain unvaccinated. The most recent poll is from December 2022. Democrats, seniors, college-educated adults, and those with higher incomes remain most likely to be vaccinated and have received their COVID-19 booster dose. On the other hand, of those adults who have not gotten a vaccine:

- 28% are individuals between the ages of 18-29
- 29% are between the ages of 30-49
- 31% are without a college degree
- 35% identify as Republican
- 30% have annual incomes less than \$40k
- 24% reside in suburban areas and 41% reside in rural areas ([Source](#))

Throughout 2021, there were some changes in attitudes in Virginia as well. 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 regarding Virginians' attitudes towards vaccination have either not been conducted yet or the results have not yet been released. According to a February 2022 poll by the Wason Center at Christopher Newport University, over half of Virginia voters support vaccine mandates for first responders, teachers, and medical providers, while opposing mandates for elementary and middle school students. 56% said that health data should be used to determine mask requirements ([Source](#)).

According to a statewide survey conducted by Mason-Dixon Polling & Strategy, 87% of unvaccinated adults in Virginia say they do not plan on getting vaccinated for COVID-19 ([Source](#)). Their reasons for not getting vaccinated included:

- Concerns that the vaccine could cause other health problems (28% of respondents)
- Doubts about the health threat posed by COVID-19 (22%)
- Doubts about vaccines in general
- Feeling that the vaccine is unnecessary for individuals who have already contracted coronavirus (17%)
- Skepticism about the federal government's role in vaccine development (13%). ([Source](#))

In order to combat vaccine hesitancy, VDH is working to communicate the benefits of vaccination to the public. VDH experts regularly communicate with local media to answer questions and offer information about COVID-19 vaccines in Virginia (for example, [here](#) and [here](#)). VDH has also started mobile texting to communicate with older adults who are eligible for the booster but have likely not received it ([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. On July 14<sup>th</sup>, 2022, Governor Youngkin announced updated guidance on quarantine recommendations for people exposed to COVID-19 in K-12 schools, child care, and camp settings. The revised guidance states that quarantine is no longer recommended for asymptomatic individuals who were exposed to COVID-19-infected individuals in these settings ([Source](#)). Following a recent vote in October 2022 by a CDC advisory committee to approve adding COVID-19 vaccines to the recommended schedule of immunizations for both

children and adults, Governor Youngkin emphasized his stance that Virginia will not mandate the COVID-19 vaccine ([Source](#)).

## 5. On the Horizon

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 under the age of 18 (including now infants) and frequent testing are essential to keeping children and staff healthy in schools and daycares. These protocols will be especially critical since the winter holidays are over and people have returned to school and work. Unprecedented and elevated levels of influenza and RSV this fall and winter are putting a strain on hospitals and health care providers, making it more important to mitigate the spread of COVID-19. Risks of reinfection and experiencing more severe symptoms seem to be higher with the BA.5 variant. 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

[2022 Appropriation Act](#) Item 291 I. The Department of Health shall convene a work group, 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 work group 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 <https://budget.lis.virginia.gov/item/2022/2/HB30/Chapter/1/291/>