

# Changes in Vaccine Initiation in Island County

This brief presents difference in the patterns of vaccine course initiation across age, location and race and ethnicity in Island County. These data are provided by the Washington State WAIS system and do not include the vaccination efforts undertaken by Naval Air Station Whidbey Island (NASWI).

## Key Points

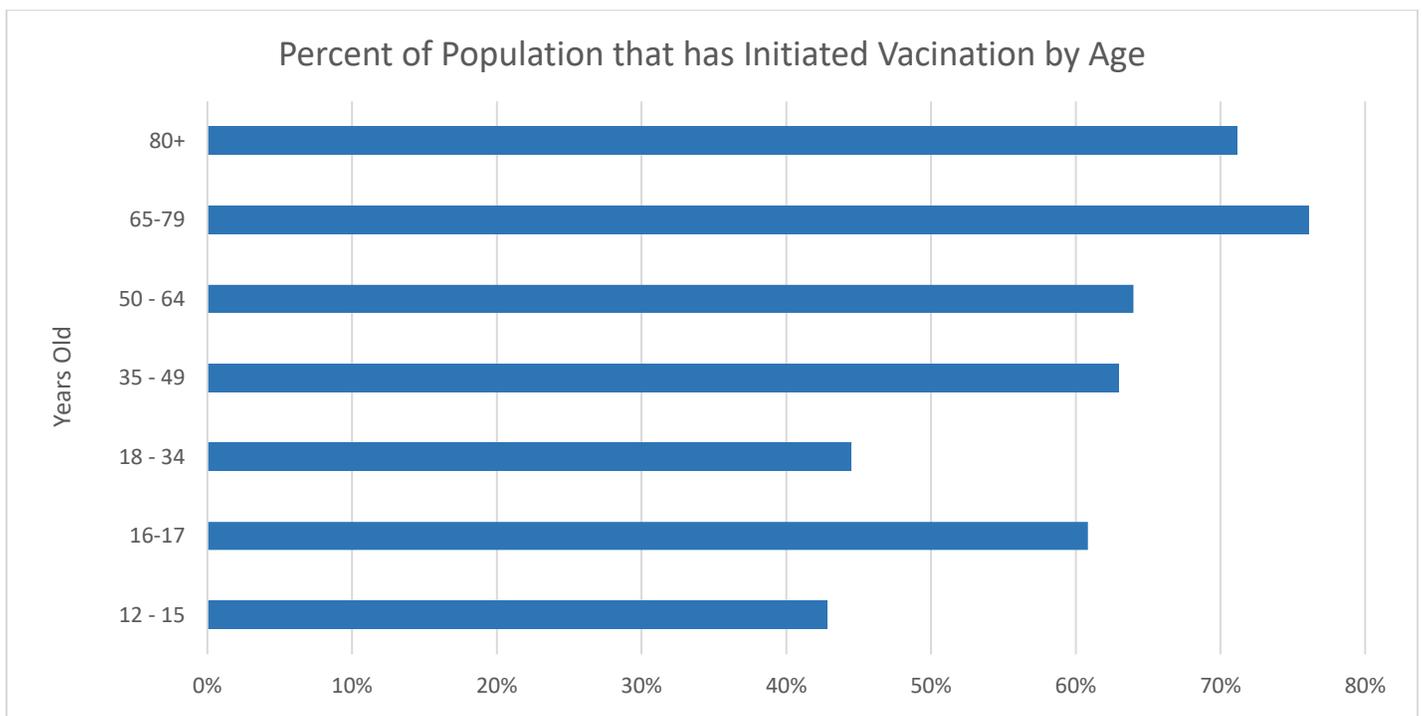
- Youth aged 12- 17 make up an increasing share of those receiving vaccination and are surpassing young adults in the 18-34 bracket in vaccination coverage.
- The south end of Whidbey Island still has the highest proportion of residents who have initiated vaccination, with some areas seeing 70% or more of the total population initiating vaccination
- Data show that Black and Hispanic Island county residents have not been vaccinated at the same rate as other racial and ethnic groups. Existing gaps in vaccine coverage between White residents and other racial groups remain.
- Over the course of the vaccine rollout the federal government distributed a substantial number of vaccine doses to the military, federal correctional institutions, pharmacy partners, and other organizations. Those doses are not accounted for in this data which may have an impact on estimates of vaccine initiation proportion across gender, racial, ethnic, age, and geographic categories.
- Small numbers in particular gender, racial, ethnic, age, and geographic groups can make estimates less reliable, and threaten privacy. The way the data is displayed and the interpretation is adjusted as a result.
- DOH continues variant surveillance; Delta cases have been identified in Island County in addition to Alpha, Gamma, and Epsilon positive cases formerly sequenced.

## Trends by Age

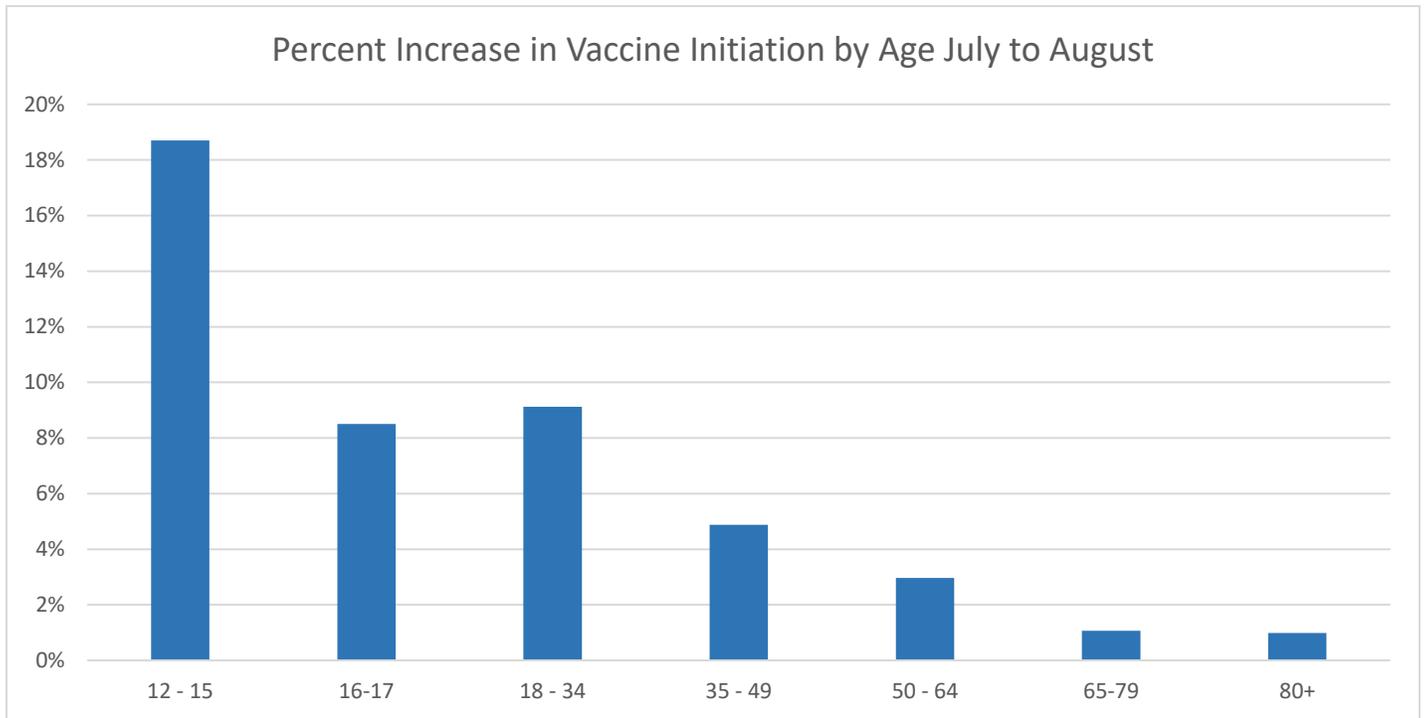
Since the vaccine has been made available to adolescents as young as 12 years old, the 12 to 17 age group is making good progress. In Island County their initiation rates are better than national averages and they have achieved coverage that is better than young adults in the 18-34 range. Chart 1.1 illustrates how far each age group has advanced toward total coverage in their respective age brackets. The average dose interval (the number of days between the 1<sup>st</sup> and 2<sup>nd</sup> shot) is essentially the same across age groups for both of the two dose vaccines. Out of those residents that completed their vaccination series, no particular age group is delaying the second shot in a noticeable way. Chart 1.2 displays the percent increase over the month of July among different age groups. 12-15 year olds had the largest percent increase but 18-34 year olds also saw a slight bump. Reaching young adults across the county will be crucial to lifting the overall vaccination rate among eligible residents into the 70% range.

Trials are ongoing among current vaccine developers in order to establish safety and efficacy in a young age cohort. Moderna has filed for an Emergency Use Authorization (EUA) with the US Food and Drug Administration (FDA) so that their vaccine can be administered to recipients as young as 12 years old and Pfizer plans to apply in September for an EUA for administering the vaccine in a reduced dose to children as young as 2 years old. The FDA will determine if and when an EUA and or regular approval is warranted in each situation. The American Academy of Pediatrics currently recommends that all eligible adolescents age 12 and older be vaccinated against COVID-19.

**Chart 1.1**



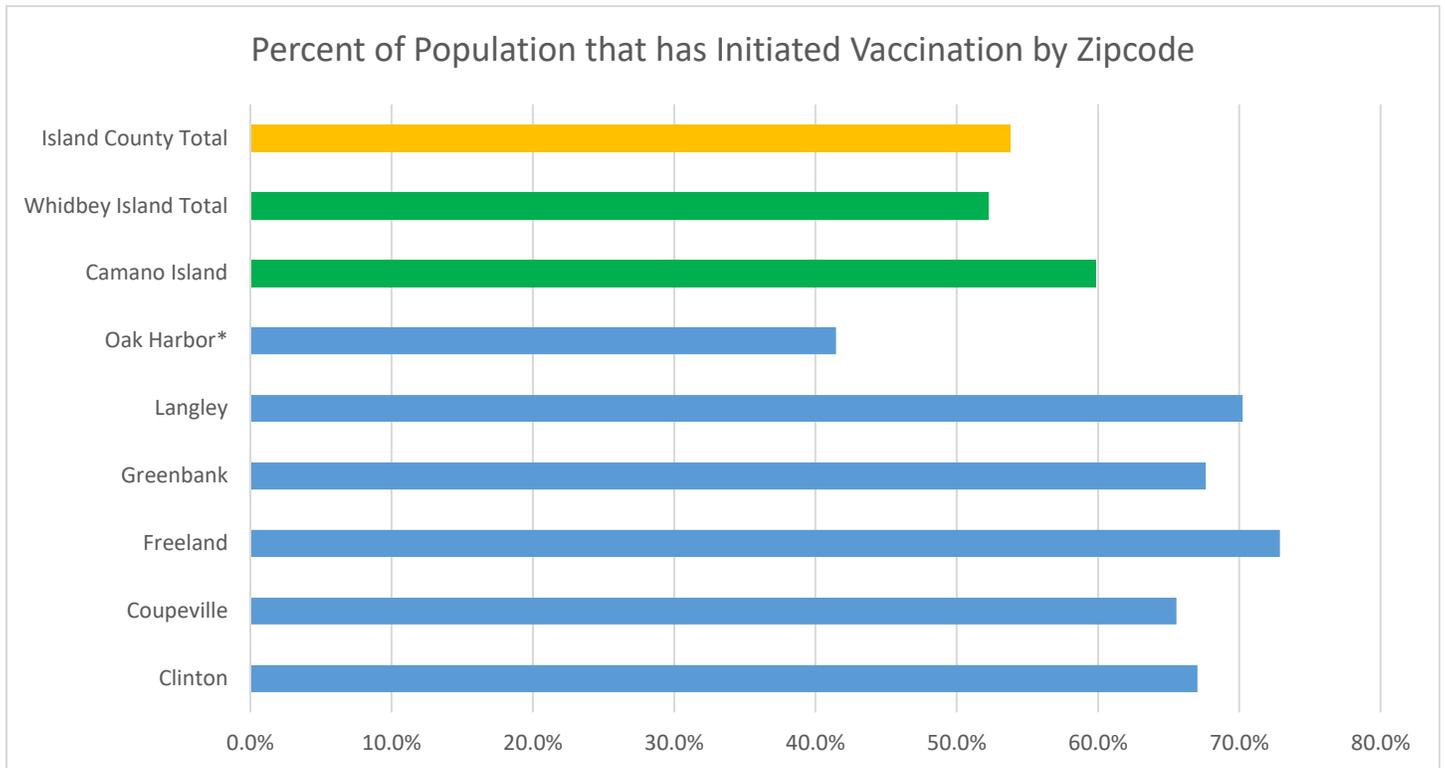
**Chart 1.2**



## Trends by Zip Code

The geographic distribution of vaccine seekers has gradually shift from over-representation of resident on Camano Island and on the south End of Whidbey Island early on in the vaccine rollout. The south end of Whidbey Island has seen a larger share of vaccine courses initiated, given their population, than Oak Harbor. But those proportions are not age-adjusted, and as the roll out continues populations that were more hesitate to get a vaccine or that initially did not have access are increasing their share of vaccinations received. Oak Harbor residents are seeking vaccine in higher number than they were early on and some of the deficit is attributable to the lack of data on federally distributed vaccines referenced in the “Take-Aways” section. That being said, even if upwards of 90% of all of the vaccine that NASWI has administered was given to Oak Harbor residents the vaccination rate there would still not be as high as the rest of Island County. Island County Public Health will continue to work with Navy partners in informing the public about the number and characteristics of Island County residents receiving vaccinations both on base and off.

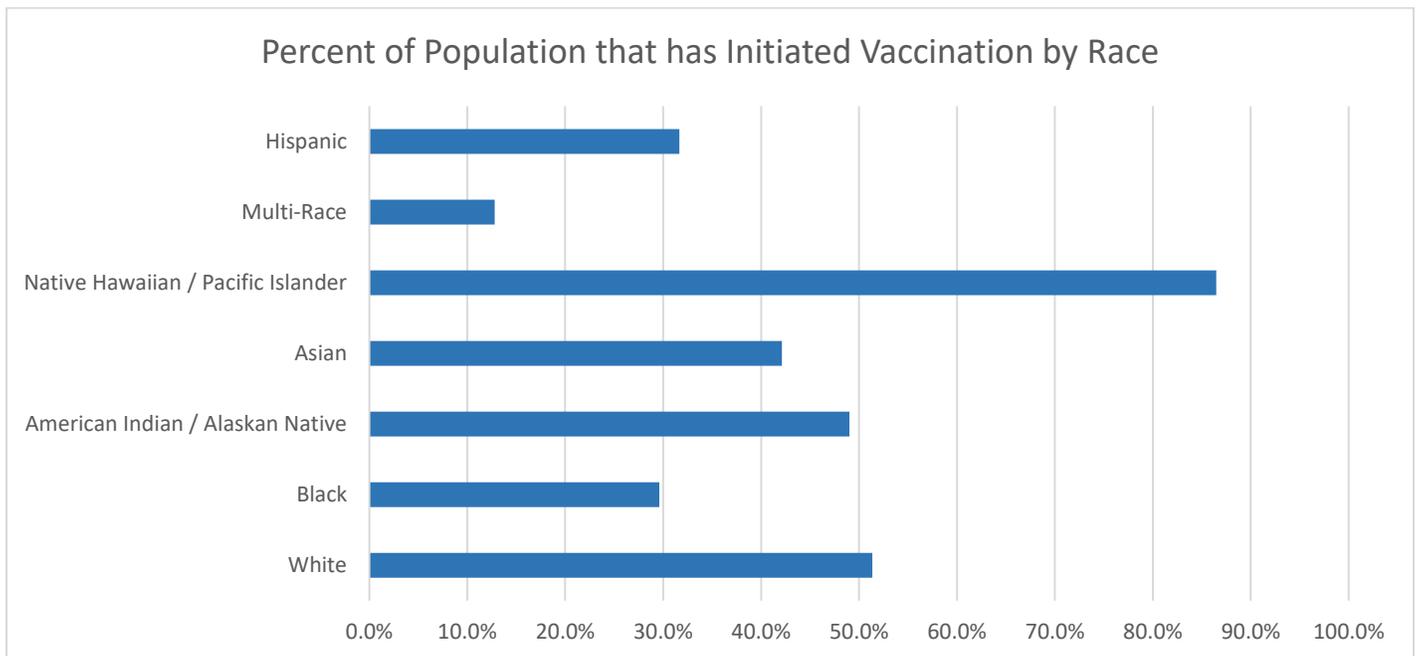
**Chart 2.1**



\* Oak Harbor's vaccination rate is disproportionately impacted by the segregation of federally distributed vaccine from the Washington State WAIS system that provides the information in this report.

## Trends by Race

**Chart 3.1**



Race and ethnicity data of vaccine seekers is not as strong as location or age data. This is due primarily to failure to collect that data at the time of vaccination. Also important is long-standing difficulties in the ways that race and ethnicity are tracked and tallied more generally, which is itself a result of bias and an historical failure to prioritize this type of information. Missing data in our vaccine data set complicates any attempt to confidently ascertain small difference in real vaccination rates, but some trends are very clear. A few explanatory notes: In each chart each racial category (other than Hispanic) is made up of residents that identify as that race and also are not ethnically Hispanic. Particular difficulties arising from the ways in which multiracial data are collected and classified make those estimates less useful. In instances where the underlying racial or ethnic population is small proportional estimates can be exaggerated by relatively small changes in the resident population or in classification.

Chart 3.1 shows the current proportion of the population that has initiated vaccination across a number of racial and ethnic categories. The racial disparity in those initiating vaccination is clear. The data show Black and Hispanic residents in particular have been underserved in this respect. Chart 3.2 shows the percent change in the number of residents who have initiated vaccination by race. The higher percent increases for some ethnic groups are largely a function of the low vaccination counts in those groups. As we work toward greater vaccine equity it is important that these rates of increase are improved upon because of the substantial higher rate of vaccination in White residents earlier in the pandemic. For instance, according to WAIS data, if Black county residents continue to receive vaccinations in the numbers they did in July, it would not be until March of 2022 that the vaccination rate among Black county residents would reach the level that it is among White residents currently.

**Chart 3.2**

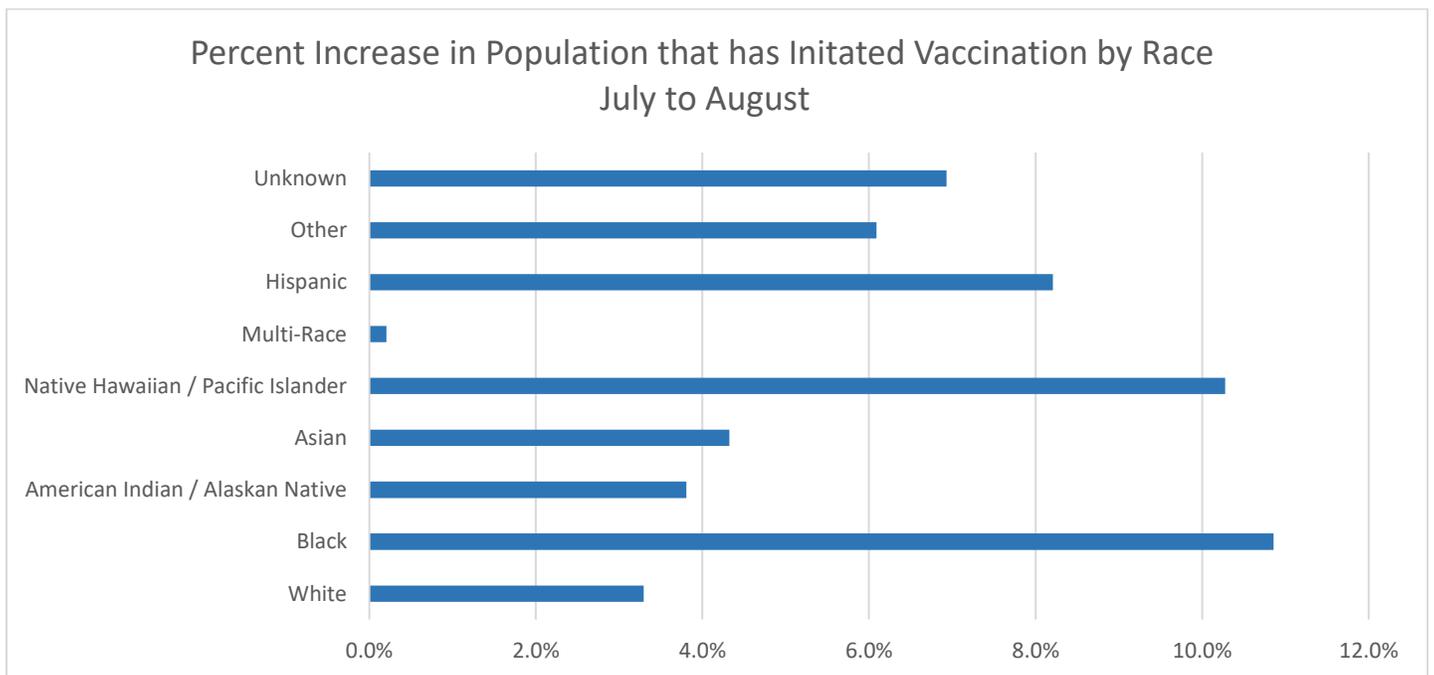
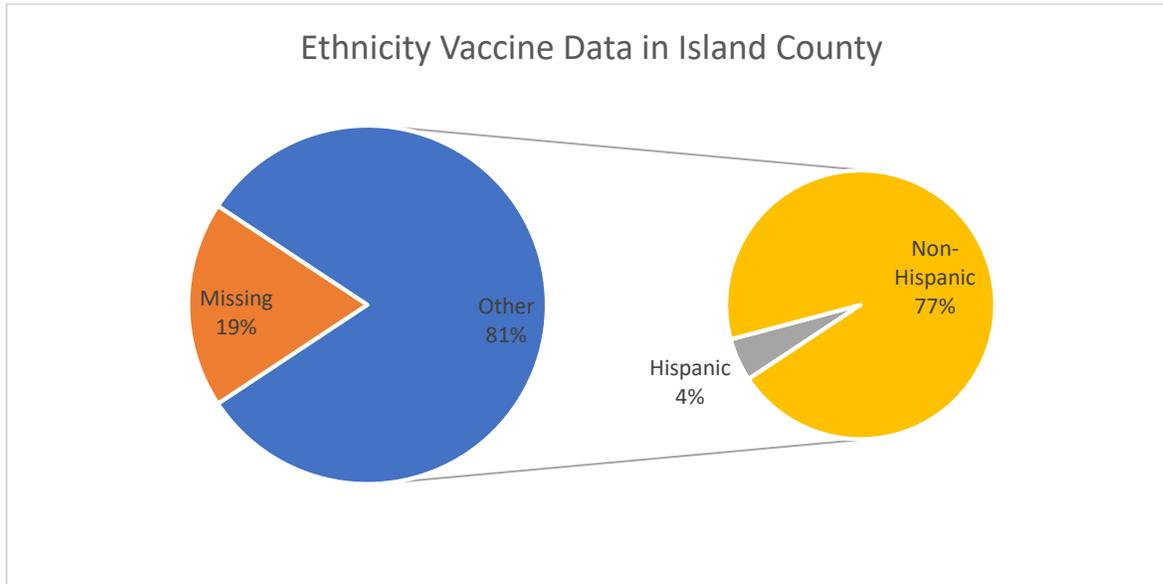


Chart 3.3 displays the proportion of missing ethnicity data from Island County residents initiating vaccination and the proportion of recipients that identify as Hispanic or not among those reporting ethnicity. The proportion of missing ethnicity data has remained fairly constant over the past few months.

**Chart 3.3**



## A Note on Variants

The CDC and Washington State Department of Health are tracking a number of different naturally evolving variants of the SARS-CoV-2 virus. This is important because different variants of the virus may be more easily spread, cause more serious disease, or respond differently to vaccines, tests or medicines. Currently between 10% and 25% of all confirmed (PCR) positive cases in Washington State are sequenced to determine their genetic lineage and establish if they are a variant of concern. Island County has had positive cases of the alpha (United Kingdom), gamma (Brazil), delta (India), and epsilon (California) variants identified among our residents. In Washington and across the country the delta (India) variant has come to predominate among sequenced positive samples; currently more than 85% of the total. The delta variant is associated with increased spread and may cause increased illness. Luckily, the same basic infection prevention tools that we have been using like masking, social distancing and vaccination, are still the best ways to combat these variants as well. Our public health response will keep evolving as our circumstances and the virus itself continue to change.