

Changes in Vaccine Initiation in Island County

October 1, 2021

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

- We have seen a healthy bump in vaccinations from mid-summer lows, but are still far from full coverage.
- Younger county residents make up a larger percentage of those getting vaccines currently, but because of the present age limit all Island County districts are mostly unvaccinated.
- On August 21st the Secretary of the Navy announced that all active duty personnel would be required to be vaccinated over the next 90 days. This mandate will have a significant impact on the demographic composition and total counts of Island County vaccine seekers.
- 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 make up the vast majority of those sequenced currently.

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. 16 and 17 year olds have cleared 70% vaccination initiation, an improvement that takes on added significance as the school year kicks off amid a new case surge. Chart 1.1 illustrates how far each age group has advanced toward total coverage in their respective age brackets. Some percentage of Island County’s 18-35 year olds may be military associated and receiving their vaccinations at NASWI, though similar trends have been noticed around the country and NASWI’s vaccinations have been given to a broad cross-section of military associated persons of all ages, from dependent children to senior citizens. Chart 1.2 displays the real counts of new vaccinations by age category since the beginning of the pandemic. Uptake has roughly doubled from mid-summer lows in the wake of new vaccine mandates in a variety of sectors. Recent gains have been primarily due to increased uptake among the typical working age population age 18-64.

Chart 1.1

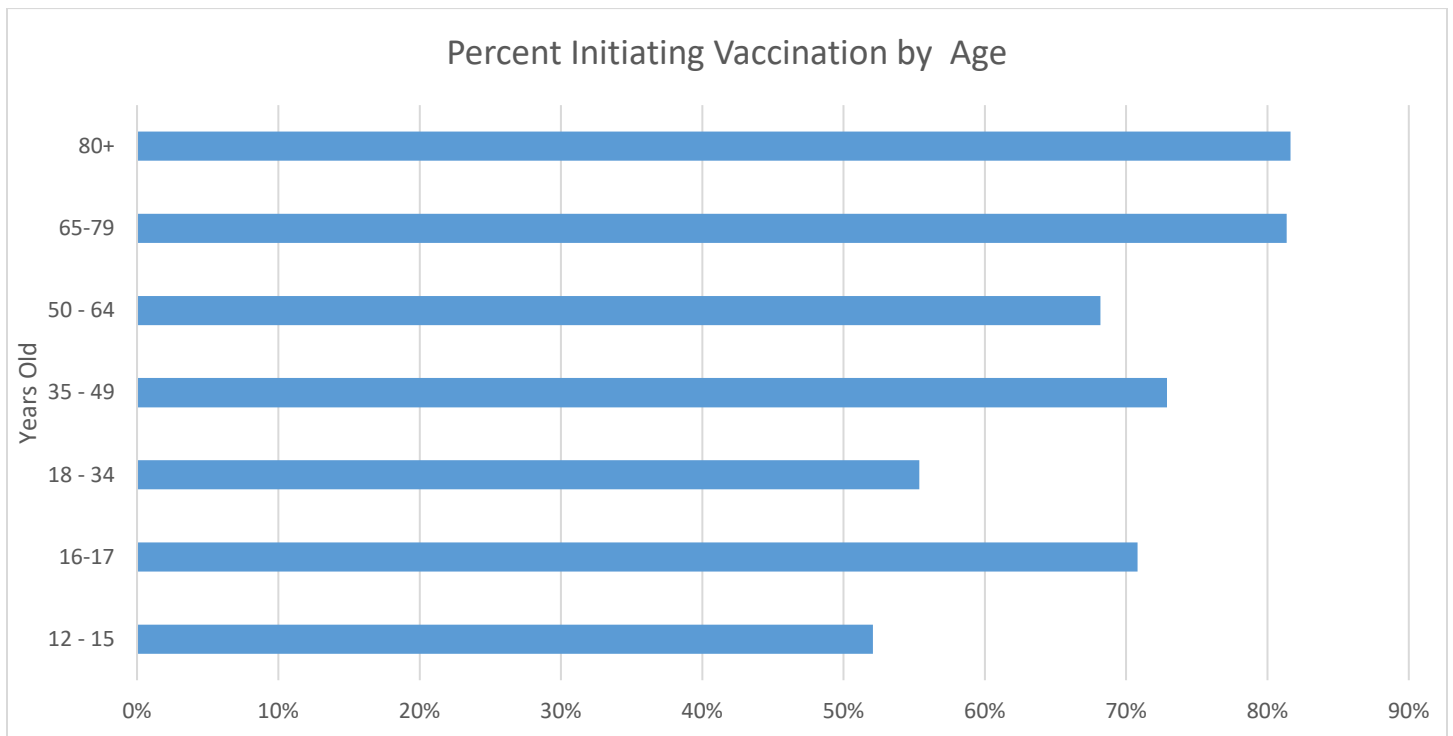


Chart 1.2

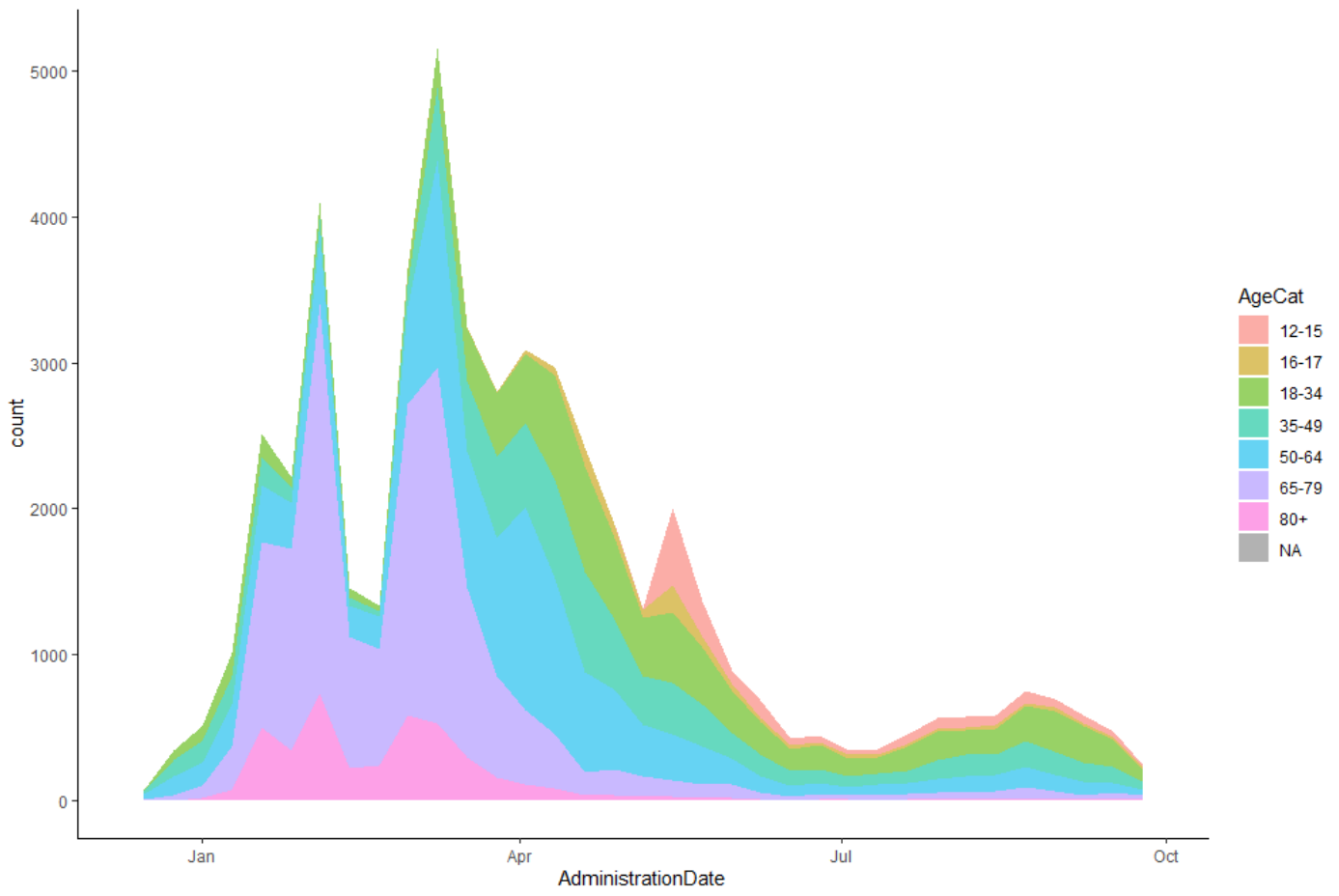
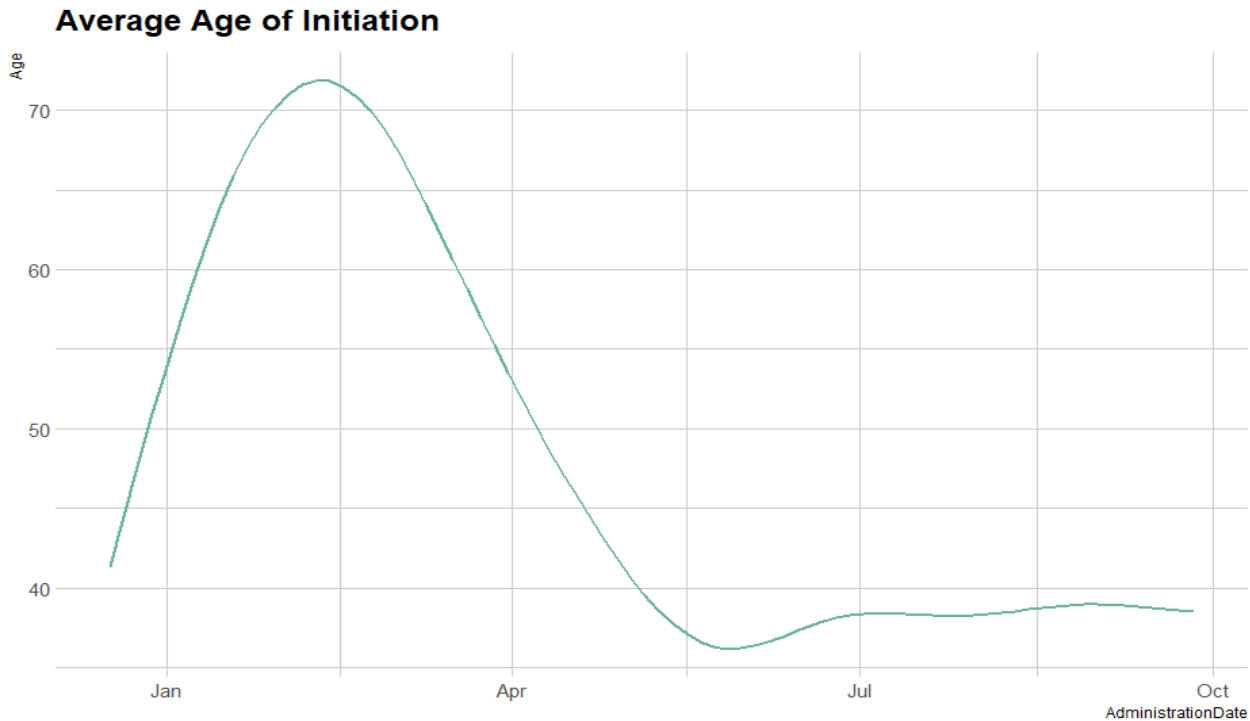


Chart 1.3



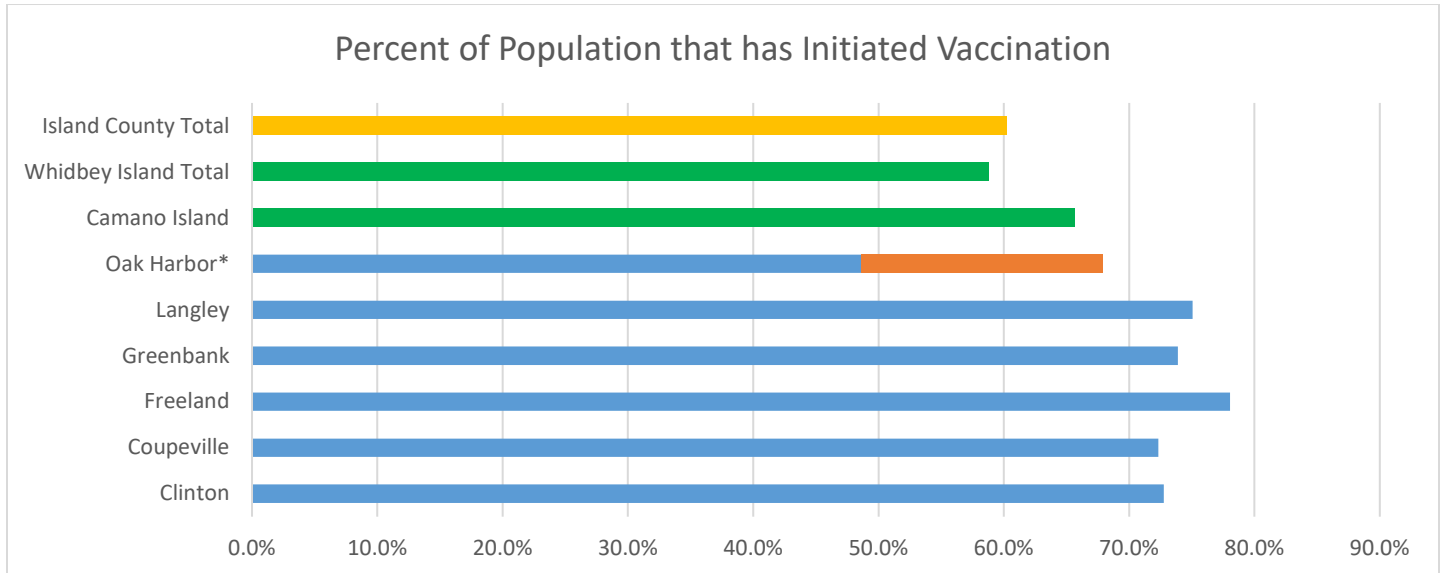
Average age of vaccine initiation has stayed fairly constant since older residents got through their priority distribution period and access was opened up to all ages 12 and above. We will expect to see another dip when parents are able to vaccinate their younger elementary school children, likely sometime in the next couple months.

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 and central region of Whidbey Island have 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. The orange bar appended to Oak Harbor’s total represents 90% of the first vaccine doses that NASWI has administered. This indicates that even if 90% of those receiving vaccinations at NASWI live in the

Oak Harbor area (an intentional over estimate) the vaccination rate there would still lag slightly behind the rest of Whidbey Island. Island County Public Health will continue to work with Navy partners in informing the public about the number of Island County residents receiving vaccinations both on base and off. Chart 2.2 shows vaccination initiation data specifically for school age children and adolescents organized by the zip codes closely associated with each of Island County’s four school districts.

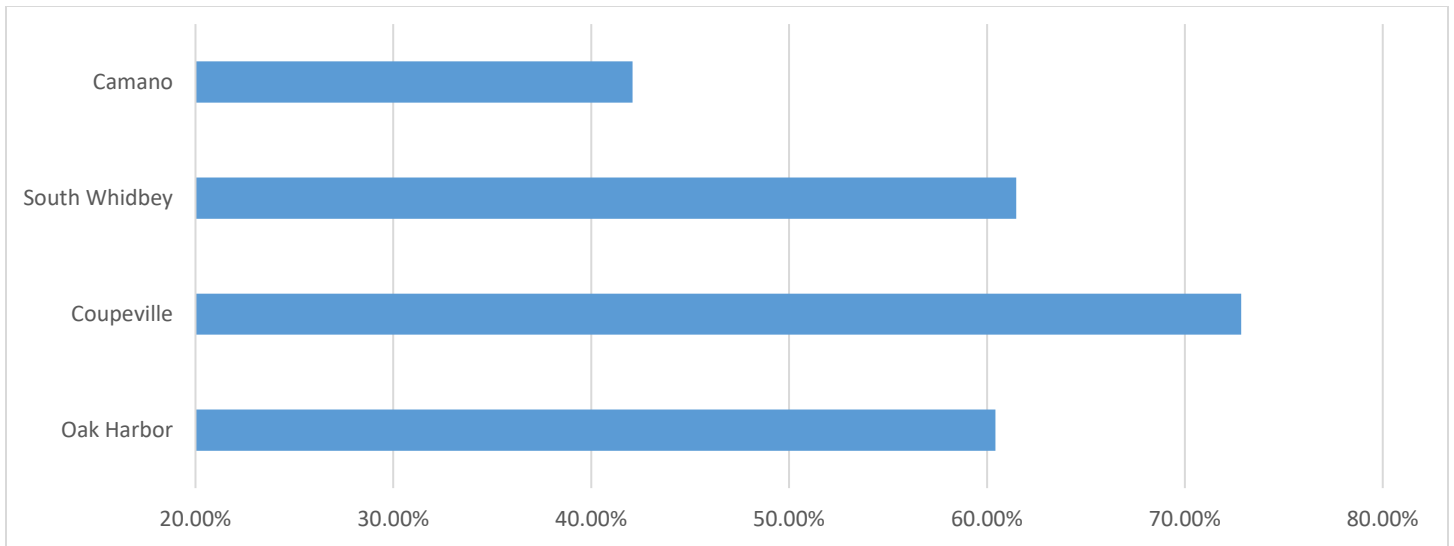
Chart 2.1



* 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. The orange bar demonstrates what Oak Harbor’s vaccination initiation percentage would be if 90% those vaccinated by NASWI resided in Oak Harbor

Chart 2.2

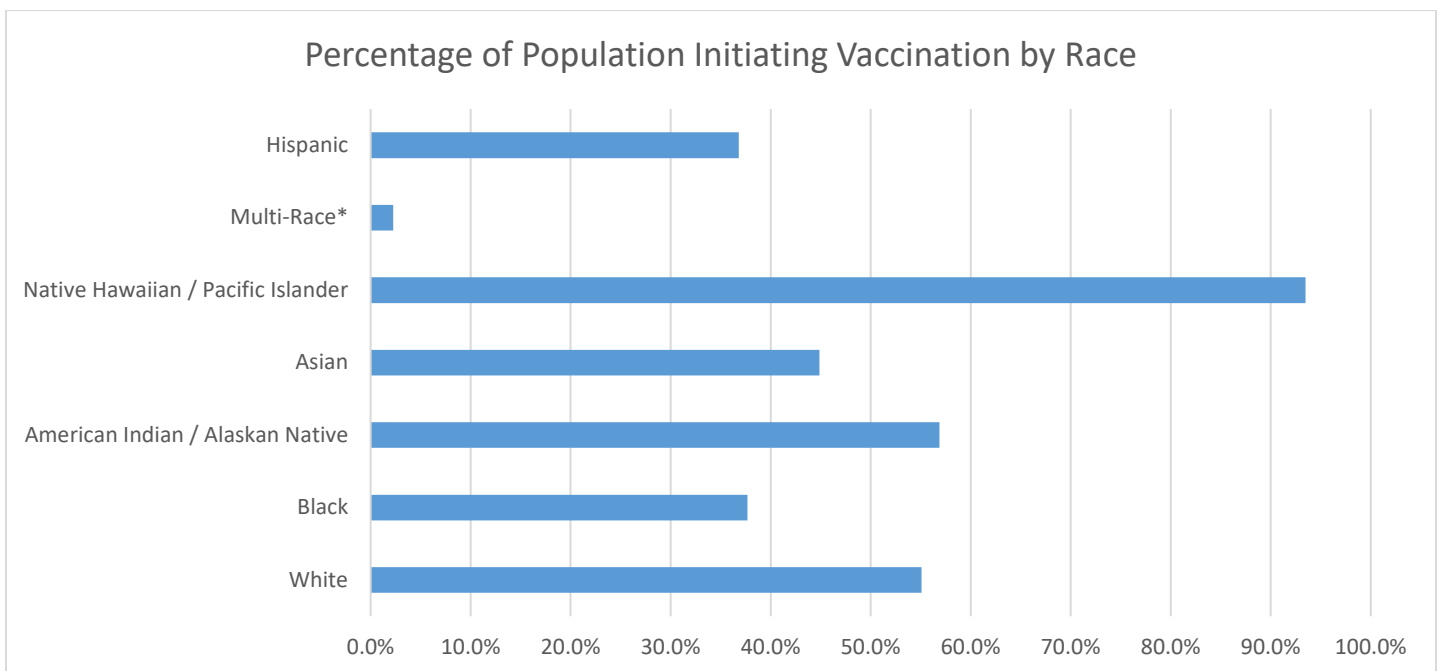
Percent of Population 12-17 Years Old Initiating Vaccination by School District*



Trends by Race

* School district lines do not perfectly align with zip code boundaries which are the basis for this tally. Camano Island schoolchildren attend Stanwood Camano School District. This chart refers only to 12-17 year olds residing in the Camano Island zip code.

Chart 3.1

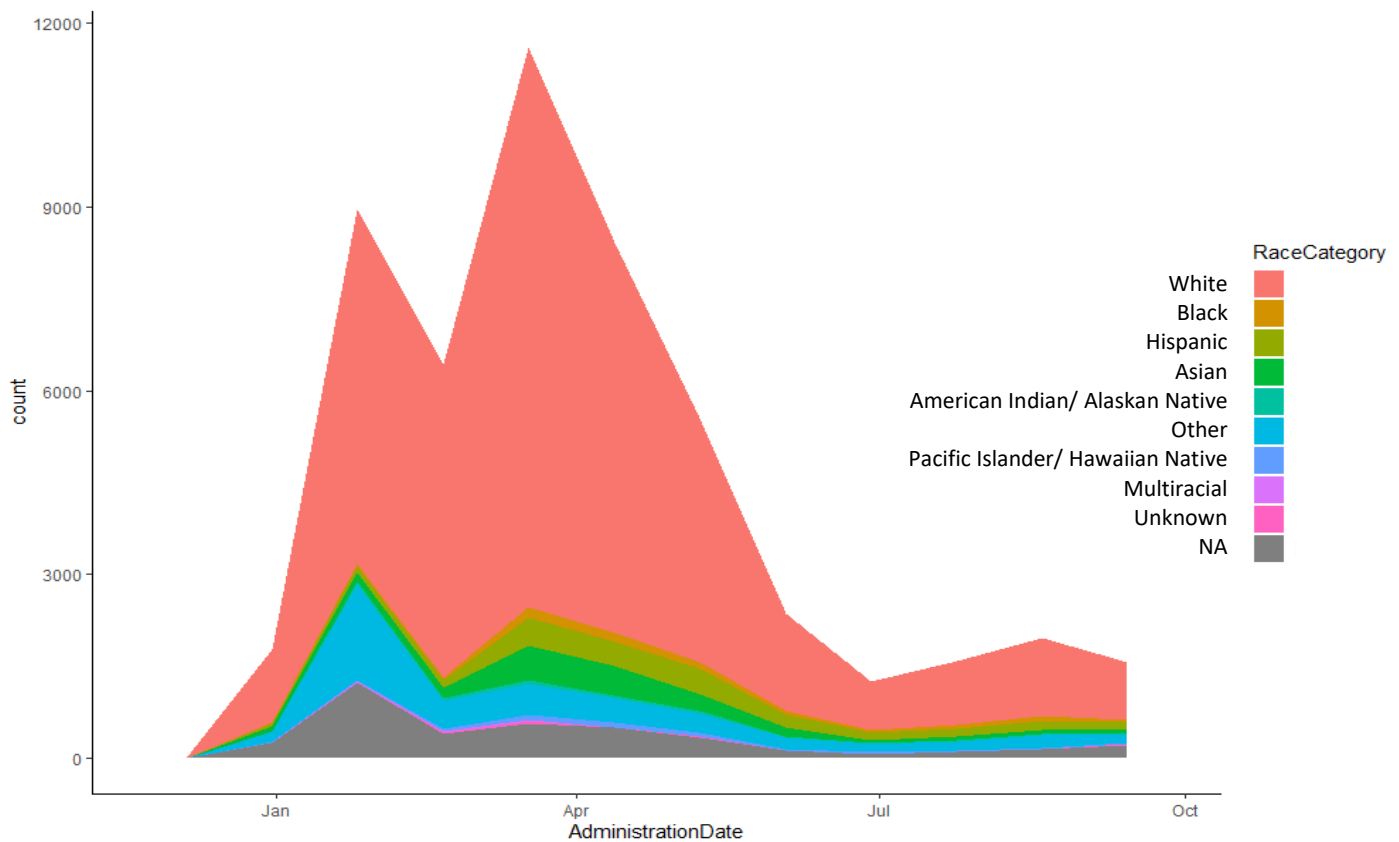


Race and ethnicity data of vaccine seekers is not as strong as location or age data. This is due primarily to failure to collect that data at the time of vaccination. Also important is long-standing difficulties in the ways that race and ethnicity are tracked and tallied more generally, which is itself a result of bias and an historical failure to prioritize this type of information. Missing data in our vaccine data set complicates 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 the WAIS vaccination initiation data is clear. The data show Black and Hispanic residents in particular have been underserved in this respect. Chart 3.2 shows total vaccination initiation by race over the course of the pandemic. It displays changing counts of those seeking vaccination by race as well as visualizing how missing race data has decreased considerably from highs during the chaotic early months of the vaccination campaign. 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.

Chart 3.2



A Note on Vaccines and Variants

Full FDA approval was granted for the Pfizer/BioNTech vaccine (trade named Comirnaty) for use among those aged 16 and older on August 23rd, clearing the way for a number of companies and institutions (including the United States Department of Defense) that were waiting on full approval to mandate vaccination for their workforces. Moderna submitted its final application materials for full approval of its vaccine (trade named Spikevax) on September 1st. On June 10th Moderna had requested expansion of emergency authorized use in adolescents aged 12-17, mirroring Pfizer's approved request. Both applications are still pending. Pfizer submitted full trial data for children aged 5 to 11 years old on September 29th, with trial data measuring safety and efficacy in children as young as 6 months old expected by the end of the year. An EUA for Comirnaty's use in children aged 5-11 years old is tentatively expected to come between late October and late November. Johnson and Johnson, makers of the third vaccine approved for use in the United States (a single dose adenovirus vaccine) report that they will apply for full FDA approval by the end of the year.

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 20% 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 variant has come to predominate among sequenced positive samples; currently more than 95% of the in-state total and roughly 99% of cases sequenced here in Island County. While the delta variant is associated with increased spread and appears to cause increased illness, vaccination is still very effective at preventing moderate and severe illness, hospitalization and death from COVID-19. The same basic infection prevention tools that we have been using like masking, social distancing and most importantly vaccination, are still the best ways to combat delta and other variants. Our public health response will keep evolving as our circumstances and the virus itself continue to change.