

# Vermont COVID-19 Vaccination Rates by County, Race and Ethnicity



Date Published: February 24, 2023. This summary will be updated quarterly.



# Recent Changes: Bivalent Boosters

On October 25, the Health Department updated its [dashboard](#) to include data on the new updated (bivalent) boosters. This data brief now also focuses on updated boosters.

This change ensures consistency and maintains our focus on encouraging Vermonters to get the highest level of protection against serious illness from COVID-19.

Learn more about [how to stay up to date on COVID-19 vaccines](#) and the [timing for these vaccinations](#).

# Key Terms and Data Sources

This data brief shows the rate at which Vermonters ages 5 and older have received an updated (bivalent) booster dose.

**Updated booster** includes people who received an updated (bivalent) booster dose of Pfizer or Moderna since September 1, 2022.

## Data Sources

### [Vermont Immunization Registry \(IMR\)](#)

- Race/ethnicity information is missing for 4% of people vaccinated in the IMR.

### [Vermont Department of Health Population estimates \(2019\)](#)

- Population estimates, in some cases, may underestimate or overestimate the true population number.

## Population estimates for Vermonters aged 5 and older by race and ethnicity

Race and Ethnicity	Aged 5+ Population Estimate
White	561,799
Black or African American	8,134
Asian	11,327
Two or more races	11,137
Native American, Indigenous, or First Nations	2,316
Pacific Islander	233
Hispanic	11,830
Non-Hispanic	583,116

# Table of Contents

**Click on a box below to jump to that section**

**Key Points**

**Comparing updated boosters rates between BIPOC and white, non-Hispanic Vermonters**

**Updated booster rates by race and ethnicity across counties**

**Updated booster rates by race and ethnicity**

# Key Points

Inequities based on race and ethnicity in updated booster rates are larger in some age groups and in some parts of the state.

Vermonters aged 5+ who identify as white and/or with two or more races have the highest updated booster rates. Vermonters who identify as Native Americans, Indigenous or First Nations have the lowest updated booster rates.

The conditions in which we live, work, and play, known as the social determinants of health, affect a wide range of health outcomes. Systems of structural oppression and racism greatly impact social determinants of health. BIPOC Vermonters are at disproportionate risk for poor health outcomes and may lack access to information and resources.

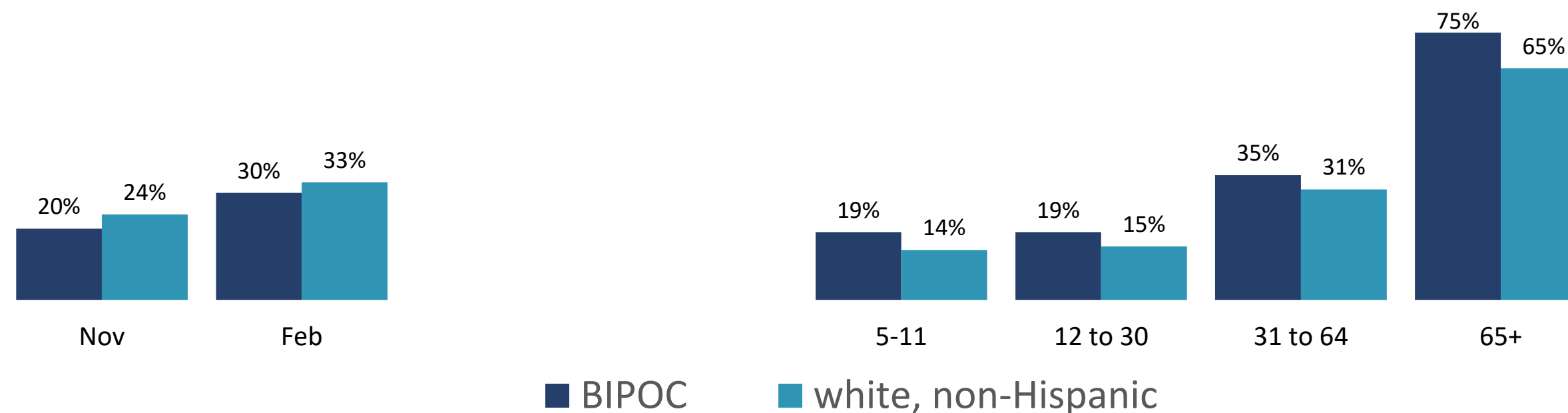
## **COVID-19 Vaccination patterns:**

**Comparing vaccination rates for updated boosters between BIPOC and white, non-Hispanic Vermonters**

## Updated booster rates are higher for BIPOC Vermonters within individual age groups, but overall lower statewide.

The vaccination rate for updated boosters is lower statewide for BIPOC Vermonters compared to white, non-Hispanic Vermonters. See the [appendix](#) for more information about why there appears to be a slightly lower vaccination rate for BIPOC Vermonters statewide.

Within various age groups, a higher percentage of BIPOC Vermonters have received an updated booster in each age group.



Data sources: Vermont Immunization Registry (IMR); Vermont Department of Health Population estimates (2019)

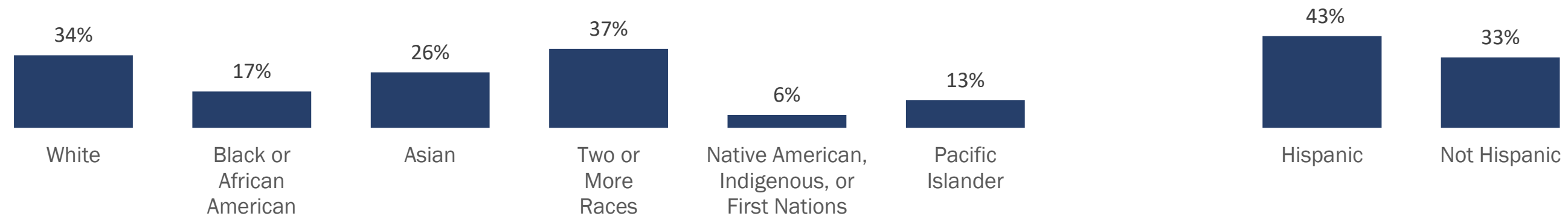
Data note: Race/ethnicity information is missing for 4% of people vaccinated. Population estimates, in some cases, may underestimate or overestimate the true population number.

# **COVID-19 Vaccination patterns:** **Updated booster rates by race and ethnicity**



**Vermonters aged 5+ who identify as white and/or with two or more races have the highest updated booster rates. Vermonters who identify as Native Americans, Indigenous or First Nations have the lowest updated booster rates.**

A higher proportion of Hispanic Vermonters have received a bivalent booster than non-Hispanic Vermonters.



COVID-19 vaccination rates for Vermonters who identify as Native American, Indigenous, or First Nations and Pacific Islanders have been substantially lower than rates for other Vermonters. In addition, the number of people in the IMR who identify as Native American, Indigenous, or First Nations and Pacific Islanders are much lower than our VDH population estimates. These findings could be due to one or more of the following:

- 1) Native American, Indigenous, or First and Nations and Pacific Islanders may be less likely to report their race,
- 2) Native American, Indigenous, or First Nations and Pacific Islanders may be receiving fewer vaccinations,
- 3) the VDH population estimates may be overestimating the true population, and/or
- 4) the way race and ethnicity are collected by providers may not align with how people identify.

**Data sources:** Vermont Immunization Registry (IMR); Vermont Department of Health Population estimates (2019).

*Data note: Race/ethnicity information is missing for 4% of people vaccinated. Population estimates, in some cases, may underestimate or overestimate the true population number.*

Race and ethnicity are analyzed separately above.

# Estimated COVID-19 updated booster rates vary by race and age group.

Population estimates, in some cases, may underestimate or overestimate the true population.

- For both the 5-11 and 12-30 age groups, fewer than 25% of individuals in each racial group have received a bivalent booster.
- Of those 31-64 years old, those who identify as white, Asian, or multiracial have higher bivalent booster rates than those who identify as Black, Pacific Islander, Native American, Indigenous, or First Nations.
- Among those 65 years or older, those identifying as multiracial have the highest bivalent booster rate where data are not suppressed.

Age	White	Black or African American	Asian	Two or More Races	Native American, Indigenous, or First Nations	Pacific Islander
5-11	<=25%	<=25%	<=25%	<=25%	*	*
12-30	<=25%	<=25%	<=25%	<=25%	<=25%	<=25%
31-64	26-50%	<=25%	26-50%	26-50%	<=25%	<=25%
65+	51-75%	26-50%	26-50%	>75%	**	*
Total	26-50%	<=25%	26-50%	26-50%	<=25%	<=25%

**Data sources: Vermont Immunization Registry (IMR); Vermont Department of Health Population estimates (2019).**

*Data note: Race/ethnicity information is missing for 4% of people vaccinated. Population estimates, in some cases, may underestimate or overestimate the true population.*

\* Value is suppressed, or not shown, due to small numbers to protect individuals' health information. Data are suppressed when there are fewer than six people vaccinated in a subgroup, or there are fewer than 50 people in the population.

\*\* An additional value is suppressed since the statewide values include the true totals.

(See the [data suppression rules](#) to learn more about this).

## **COVID-19 Vaccination patterns:**

**Updated booster rates by race and ethnicity across counties**

## Estimated COVID-19 updated booster rates by race and ethnicity vary across counties.

- Those who identify as Native American, Indigenous, or First Nations, Black or African American, or Pacific Islander have <=25% vaccination rates in all Vermont counties, where data are not suppressed.
- The majority of racial and ethnic groups in within all counties have no more than 50% of people receiving an updated booster.
- Those who identify as multiracial in Chittenden county, as well as those who identify as Hispanic in Addison, Franklin, and Grand Isle counties have 51-75% of people receiving an updated booster.

County	White	Black or African American	Asian	Two or More Races	Native American, Indigenous, or First Nations	Pacific Islander	Hispanic	Not Hispanic
<b>Addison</b>	26%-50%	<=25%	26%-50%	26%-50%	<=25%	*	51%-75%	26%-50%
<b>Bennington</b>	26%-50%	<=25%	<=25%	<=25%	*	*	26%-50%	26%-50%
<b>Caledonia</b>	26%-50%	<=25%	<=25%	26%-50%	<=25%	*	<=25%	26%-50%
<b>Chittenden</b>	26%-50%	<=25%	26%-50%	51%-75%	<=25%	<=25%	26%-50%	26%-50%
<b>Essex</b>	<=25%	*	*	<=25%	*	*	<=25%	<=25%
<b>Franklin</b>	26%-50%	<=25%	<=25%	26%-50%	<=25%	*	51%-75%	26%-50%
<b>Grand Isle</b>	26%-50%	**	*	<=25%	*	*	51%-75%	26%-50%
<b>Lamoille</b>	26%-50%	<=25%	26%-50%	26%-50%	*	*	26%-50%	26%-50%
<b>Orange</b>	26%-50%	<=25%	26%-50%	<=25%	<=25%	*	26%-50%	26%-50%
<b>Orleans</b>	<=25%	<=25%	<=25%	26%-50%	*	*	26%-50%	<=25%
<b>Rutland</b>	26%-50%	<=25%	<=25%	26%-50%	<=25%	*	26%-50%	26%-50%
<b>Washington</b>	26%-50%	<=25%	26%-50%	26%-50%	<=25%	*	26%-50%	26%-50%
<b>Windham</b>	26%-50%	<=25%	26%-50%	<=25%	<=25%	*	26%-50%	26%-50%
<b>Windsor</b>	26%-50%	<=25%	26%-50%	<=25%	<=25%	*	26%-50%	26%-50%

Data sources: Vermont Immunization Registry (IMR); Vermont Department of Health Population estimates (2019).

Data note: Race/ethnicity information is missing for 4% of people vaccinated. Population estimates, in some cases, may underestimate or overestimate the true population number.

\* Value is suppressed, or not shown, due to small numbers to protect individuals' health information. Data are suppressed when there are fewer than six people vaccinated in a subgroup, or there are fewer than 50 people in the population.

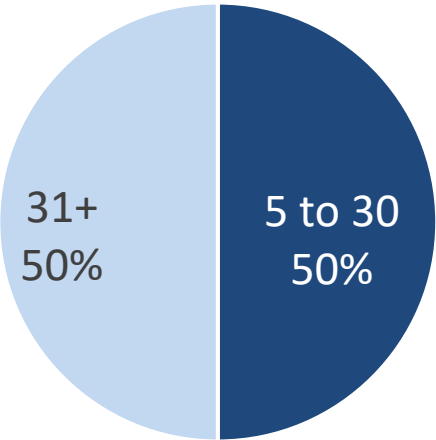
\*\* An additional value is suppressed since the statewide values include the true totals. (See the [data suppression rules](#) to learn more about this).

# Why are updated booster rates higher for BIPOC Vermonters within individual age groups, but overall lower statewide?

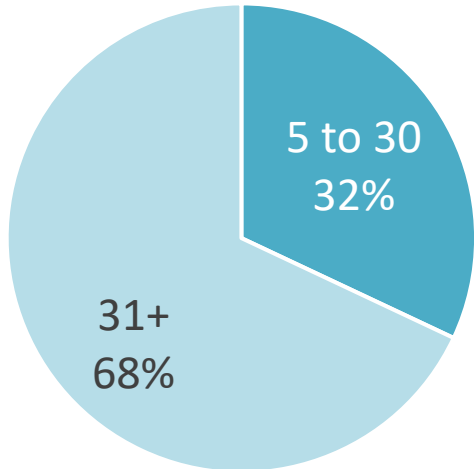
The 1) difference in age distributions and 2) difference in vaccination rates within these age groups leads to an overall rate that appears to be inconsistent with the age group rates but is not.

1) Compared to white, non-Hispanic Vermonters, BIPOC Vermonters are younger.

BIPOC distribution



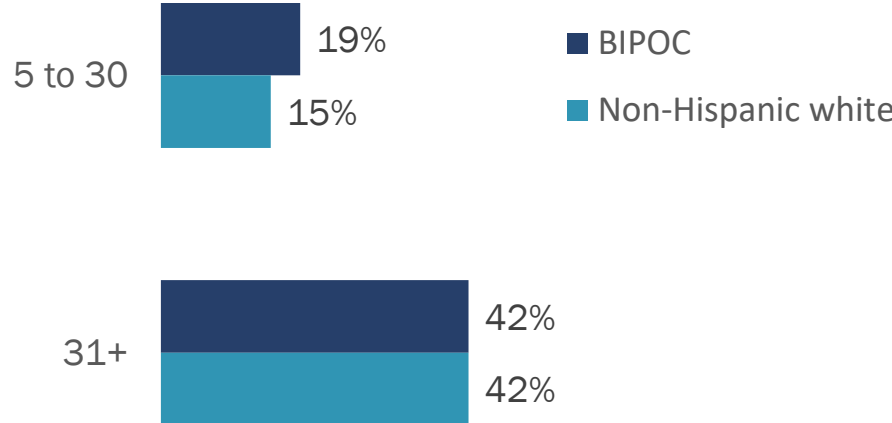
White, non-Hispanic age distribution



Half of all BIPOC Vermonters are within the age group of 5-30, where their updated booster rates are lower (19%) than for BIPOC Vermonters age 31 and older (42%).

2) Younger people have lower COVID-19 vaccination

Vaccination rates by age and race/ethnicity



About 68% of non-Hispanic whites are age 31+; the updated booster rate among this group is 42%.

Data sources: Vermont Immunization Registry (IMR); Vermont Department of Health Population estimates (2019).

Data note: Race/ethnicity information is missing for 4% of people vaccinated. Population estimates, in some cases, may underestimate or overestimate the true population number.