



## States Vary Widely in Vaccination Success

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The rollout of COVID-19 vaccinations in the United States has picked up momentum after a slower than expected start at the beginning of the year.

By January 22, 39,892,400 vaccines were distributed, according to the [U.S. Centers for Disease Control and Prevention \(CDC\)](#) and 19,107,959 were administered. Of those administered, 2,289,284 vaccines were given to residents in long-term care facilities through the federal government's distribution program.

As of January 21, according to an analysis by [Becker's Hospital Review](#), West Virginia had administered the highest percentage of vaccines at 72 percent, followed by North Dakota (71 percent) and South Dakota (65 percent). At the bottom of the list were California (37 percent), Virginia (36 percent), and Alabama (33 percent). West Virginia.

West Virginia was able to ramp up vaccinations after choosing to opt-out of the federal partnership program run by drug store chains, CVS and Walgreens and instead use local pharmacies, reports [The Conversation](#), on January 14.

An analysis on January 12 by the [Committee to Unleash Prosperity](#) found Florida led the list in vaccinating seniors. Fifty-four percent of all administered COVID-19 vaccines went to people 65 years and older. The CDC does not break down rates by age in the national data set.

### Slow Start

The Trump Administration's Operation Warp Speed task force had set a goal of 20 million inoculations by the end of 2020. By the end of the first week of 2021, fewer than 6.3 million were administered.

Health and Human Services Secretary Alex Azar told reporters on January 6 the holidays were to be blamed and the give and take of the distribution chain.

"There's always going to be a lag between available doses, then the ordering by the providers, then the shipping, then the actual administering of the vaccine, and then importantly, the reporting of those vaccinations," Azar said.

Of the federal agencies involved in the process, Azar stated, "the data aggregation system there is not yet perfect or real-time. There are entities not reporting." Vaccines were being doled out by hospitals and other health care institutions, but pharmacy chains and health clinics have been working to join the list.

The vaccine requires a second dose within several weeks, and [there has been some suggestion](#) to pull back on that time period until more Americans received the first dose.

## **First in Line**

Questions about priority and speed have surfaced after vaccinations began on December 14. Before leaving office, U.S. Rep. Tulsi Gabbard (D-HI), voiced her concern that essential workers are being placed in line before seniors and the elderly, who are at the most risk for serious illness from a COVID-19 infection.

“The mortality rate of our seniors is far higher than it is for anyone in any other age bracket,” stated in a video she posted on [Twitter on January 2](#). “Our seniors need to be protected now.”

The CDC’s Advisory Committee on Immunization Practices (ACIP) issued recommendations for the order in which COVID-19 vaccinations should be offered. Phase 1a includes health care personnel and long-term care facility residents and phase 1b includes persons over the age of 75 and non-health care frontline workers. Individuals who are aged 65-74 are recommended in phase 1c.

Reasonable people can disagree over who should be prioritized for the vaccine, says Jeffrey Singer, M.D., a surgeon and senior fellow with the Cato Institute.

“There are some respected epidemiologists who believe the young and active—those most likely to spread the virus to others—should receive priority over nursing home patients who are relatively sequestered in their normal lifestyle,” Singer said. “Most, however, believe that if the primary goal is to ‘flatten the curve’ so that hospital systems don’t get overwhelmed, then the priority should be given to those who are most likely to need hospitalization.”

Singer says there is agreement among epidemiologists that health care workers should be a top priority.

“All agree that frontline health workers are most at risk of catching and spreading the virus, both within health institutions and by bringing it home to their households,” Singer said.

## **Government Obstacles**

In any case, government micromanaging will make the problem worse, not better, Singer says.

“The problem is that when central planning—as opposed to markets—is the means employed to distribute goods or services to those people to whom they are most valuable, it is very difficult to get it right,” Singer said.

The states must follow ACIP guidelines but are free to institute their own method of distribution.

“Fortunately, with our federalist system, we have 51 different central plans, and in some states, they devolve central planning to even more local governmental agencies,” Singer said. “So when errors are made, at least fewer people get harmed than would be the case if there was a one-size-fits-all central plan administered in Washington, DC. And the decentralized approach also allows local governments to learn from one another about strategies that work and those that don’t.”