

U.S. House Select Subcommittee on the Coronavirus Crisis
Vaccine Hesitancy Field Hearing

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Testimony of
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Congressman Krishnamoorthi and Congressman Foster, thank you for inviting me here today to speak about our vaccination efforts to protect all of Illinois from COVID-19. As of November 9, 2021, more than 16 million vaccine doses have been administered in Illinois, leading to about 62% of the population with at least one dose and roughly 57% of the population fully vaccinated against COVID-19. By age, the share of Illinoisans who are fully vaccinated is about 84% for older adults aged 65 years and older, about 66% for adults aged 18 to 64 years, and 54% for youth aged 12-17 years. Following authorization of vaccine for children aged 5-11 years on October 29, 2021, younger children are also beginning to be vaccinated. As of November 7, 2021, 15,470 doses have been administered to children aged 5-11 years. We are currently averaging more than 53,000 doses administered per day statewide and the seven-day rolling average of vaccine doses administered in Illinois is more than twice as high as our most recent lull at roughly 19,000 doses per day in mid-September.

There is no doubt that the local health departments, health care providers, retail pharmacy partners, employers, and so many other partners across Illinois have worked together to implement a successful statewide vaccination effort. We are celebrating the achievements thus far but know we have so more work to do.

We know there is wide variance in vaccination rates across the state. For example, about 95% of older adults are fully vaccinated in Kendall County, compared to 34% in Alexander County. For youth aged 12-17 years, 70% are fully vaccinated in DuPage County while 2% are fully vaccinated in Hardin County. Racial differences have also persisted, including for young children just beginning to be vaccinated. Among the 15,470 doses administered through November 7, 2021, 67% were administered to White children but only 12% to Hispanic children and 3% to Black children. As we prepare to accelerate the next wave of vaccinations for children aged 5-11 years, now is a good time to take stock of what we've learned about strategies to increase vaccination rates.

There was an incredibly high demand for the COVID-19 vaccines when the first doses were administered in December 2020. Since April 2021 when the rate of vaccination began to slow in Illinois, the population of individuals left to be vaccinated is increasingly composed of people hesitant to the COVID-19 vaccine, in addition to the minority of Illinoisans who could be described as "anti-vaccine" or opposed to any form of vaccination. In Illinois, those that are most likely to report vaccine hesitancy have primarily been younger people, people of color, and rural residents. Importantly, we also know that vaccine hesitancy and refusal can serve to reinforce

social identities, in this case often tied to political and religious identities polarized throughout the pandemic. Research also reveals some of the reasons vaccine-hesitant people share for not receiving the vaccine, including concerns with the speed of vaccine development, lower trust in “experts,” and fears about the safety and effectiveness of the vaccine.

Our continuing vaccination efforts will rely, in part, on acknowledging and understanding vaccine hesitancy to best target remaining vaccine-eligible individuals. Every day we are vaccinating individuals who are likely to have expressed some hesitancy, otherwise they would have already been vaccinated. These individuals are “hesitant adopters,” people who are both vaccinated and report some degree of hesitancy. In the current phase of the pandemic, addressing vaccine hesitancy should focus on creating more hesitant adopters by implementing interventions that are tailored to the specific concerns of specific populations. This has been our approach in Illinois where, to date, we have spent a total of \$225.3 million on the vaccination effort.

Since August 2020, we have organized vaccination clinics in targeted populations by collaborating with groups closest to the local community, including local health departments, community health centers, and community-based organizations. IDPH has launched mobile vaccination clinics with the Illinois Emergency Management Agency to directly target unvaccinated or under-vaccinated populations and improve convenience and access to vaccine, particularly in rural and other underserved communities.

There is need for urgent action on this issue. The highest rates of COVID-19 vaccine hesitancy are found in the demographic groups that have been most severely affected by the pandemic. In Chicago and Cook County, for example, COVID-19 vaccine hesitancy for children was nearly 3 times higher among Black parents compared to White parents, while Black Chicagoans comprise a disproportionately greater number of COVID-19 deaths compared to others. Attitudinal hesitancy may not be the only issue, however. Communities with lower rates of COVID-19 vaccination are also those with structural inequities in access to health care resources. For example, retail pharmacies have been a major source of testing and COVID-19 vaccination, but recent research found persistently fewer pharmacies located in Black and Hispanic neighborhoods than in White communities from 2007 through 2015, with an increasing number of so-called “pharmacy deserts” in Black and Hispanic neighborhoods from 2015 through 2020, including in Chicago. Preliminary research has also found communities with more Black residents were more likely to have to drive long distances to the closest COVID-19 vaccination site.

All that we’ve learned to date will inform how Illinois implements our upcoming efforts to vaccinate children aged 5-11 years. Efforts to reach school-aged young children will focus on pediatricians, family doctors, and community health centers where parents can receive trusted information about the vaccine that can reduce hesitancy. Research identifies health care providers as the most trustworthy messengers of vaccine information for parents. Evidence on vaccinations for other illnesses found that a recommendation from one’s provider increased vaccination rates and, when coupled with offering the vaccination during office visits, nearly doubled the likelihood of vaccine uptake. To date, approximately 2,200 providers in Illinois have registered to administer the vaccine to young patients. We plan to continue registering those

providers, to best target communities where vaccination rates have lagged. Focusing on pediatric primary care settings also offers an opportunity to address a growing issue exacerbated by the pandemic: compared to previous years, many children are behind on their routine vaccinations, especially Black and Hispanic children most risk for under-immunization. IDPH also continues to work with schools to establish vaccination clinics. COVID-19 vaccinations will also be available across Illinois at local health departments and retail pharmacies.

Federal support could significantly aid Illinois in our efforts to facilitate vaccination among hesitant individuals. To start, the federal government should help mitigate and counter misinformation in the ongoing “infodemic,” which fuels hesitancy and public confusion through the rapid and widespread dissemination of inaccurate messages about the pandemic and the vaccines. Illinois would benefit from federal support for real-time monitoring of health-related conversations that perpetuate misinformation and initiatives to better understand how the misinformation evolves and spreads. Knowing what’s being spread and catching it early could allow IDPH and our partners in communities across the state to respond swiftly to misinformation with simple, consistent, repetitive, and accurate counter-messaging. Unfortunately, current federal funding is often too restrictive and lacks the ability to rapidly reallocate funds to address emerging needs and crisis situations as they arise, including the fast-moving elements of the “infodemic.” Reorganizing public health funding is one way the federal government could help us implement the kinds of interventions necessary to refute misinformation and continue vaccinating hesitant individuals and populations.

Thank you for the opportunity to share Illinois’ experience, I am happy to answer any questions you may have.