

COVID-19 Vaccines for 5- to 17-year-olds

With Andrea Kane, MD &
Meredith Volle, MD



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Name and Credentials	Role in Activity	Was there a relevant Financial Disclosure	List of Mitigated Disclosures
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Objectives

01

Summarize current COVID-19 vaccine coverage in 5–17-year-olds

02

Review current clinical guidelines for COVID-19 vaccines in 5–17-year-olds

03

Outline best practices for COVID-19 vaccine programs in primary care spaces

04

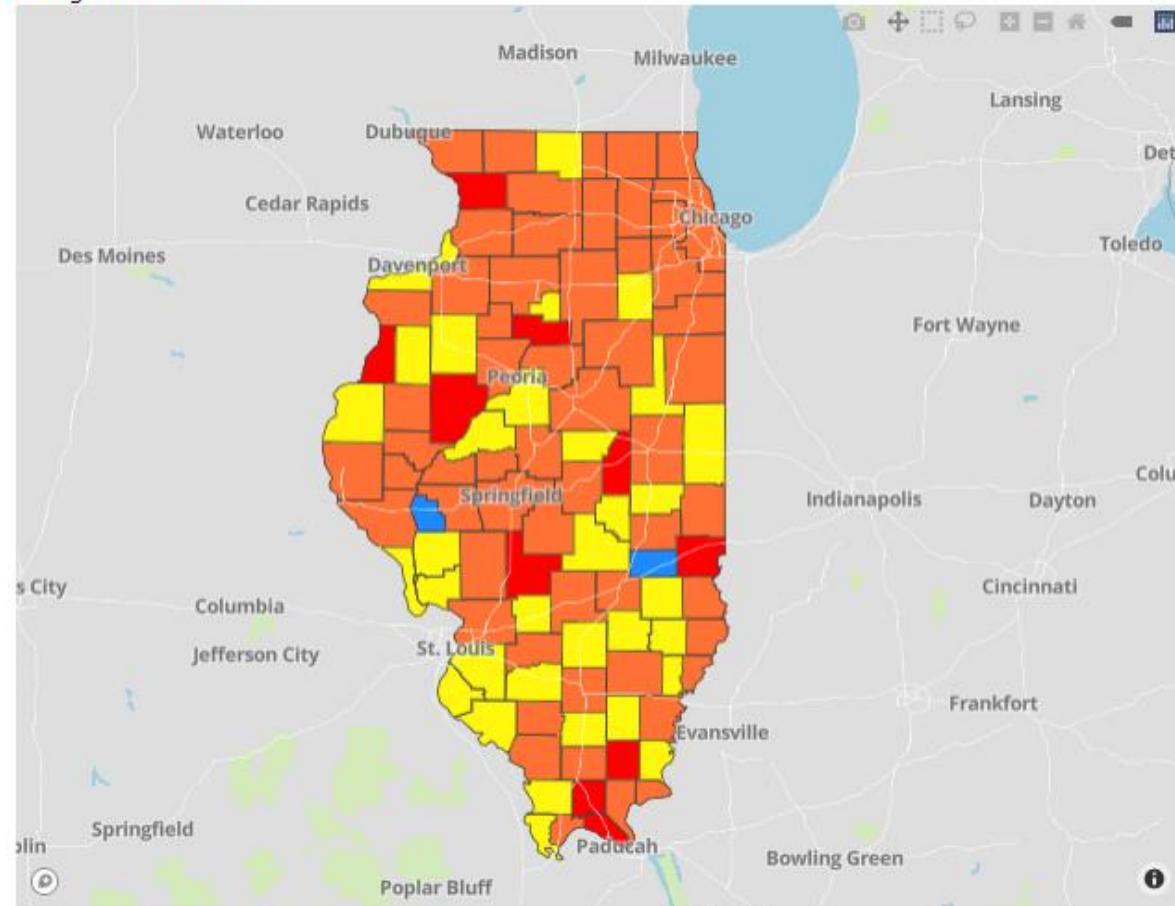
Understand how to enroll as a COVID-19 vaccine administrator in I-CARE



COVID-19 Community Transmission

Data Reported: 3/10/2022

- Low Transmission ■ Moderate Transmission ■ Substantial Transmission
- High Transmission



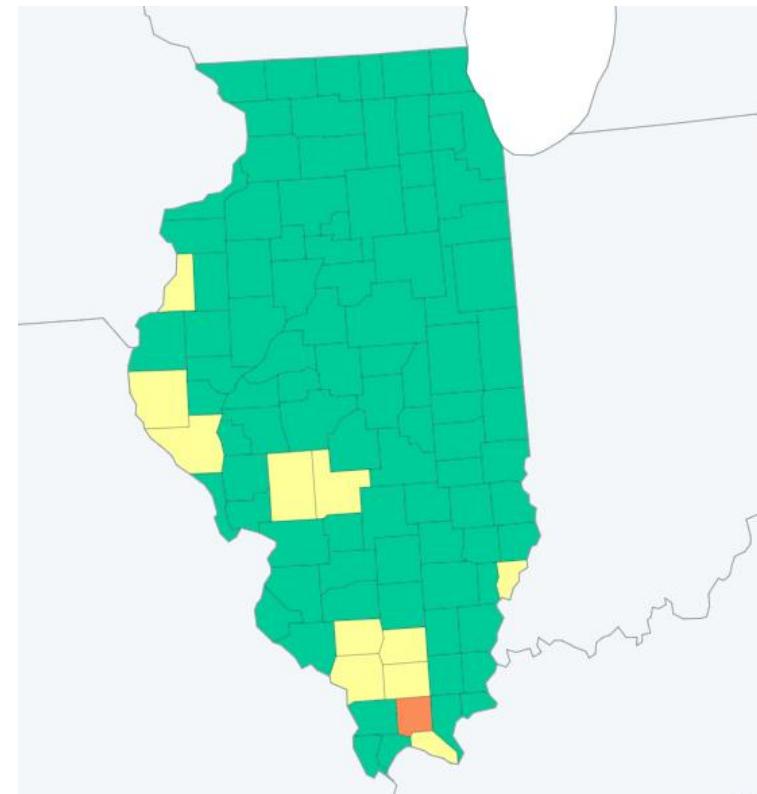
COVID-19 Community Transmission



U.S. COVID-19 Community Levels CDC

Low	Medium	High
<ul style="list-style-type: none">Stay up to date with COVID-19 vaccinesGet tested if you have symptoms	<ul style="list-style-type: none">If you are at high risk for severe illness, talk to your healthcare provider about whether you need to wear a mask and take other precautionsStay up to date with COVID-19 vaccinesGet tested if you have symptoms	<ul style="list-style-type: none">Wear a mask indoors in publicStay up to date with COVID-19 vaccinesGet tested if you have symptomsAdditional precautions may be needed for people at high risk for severe illness

People may choose to mask at any time. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask.



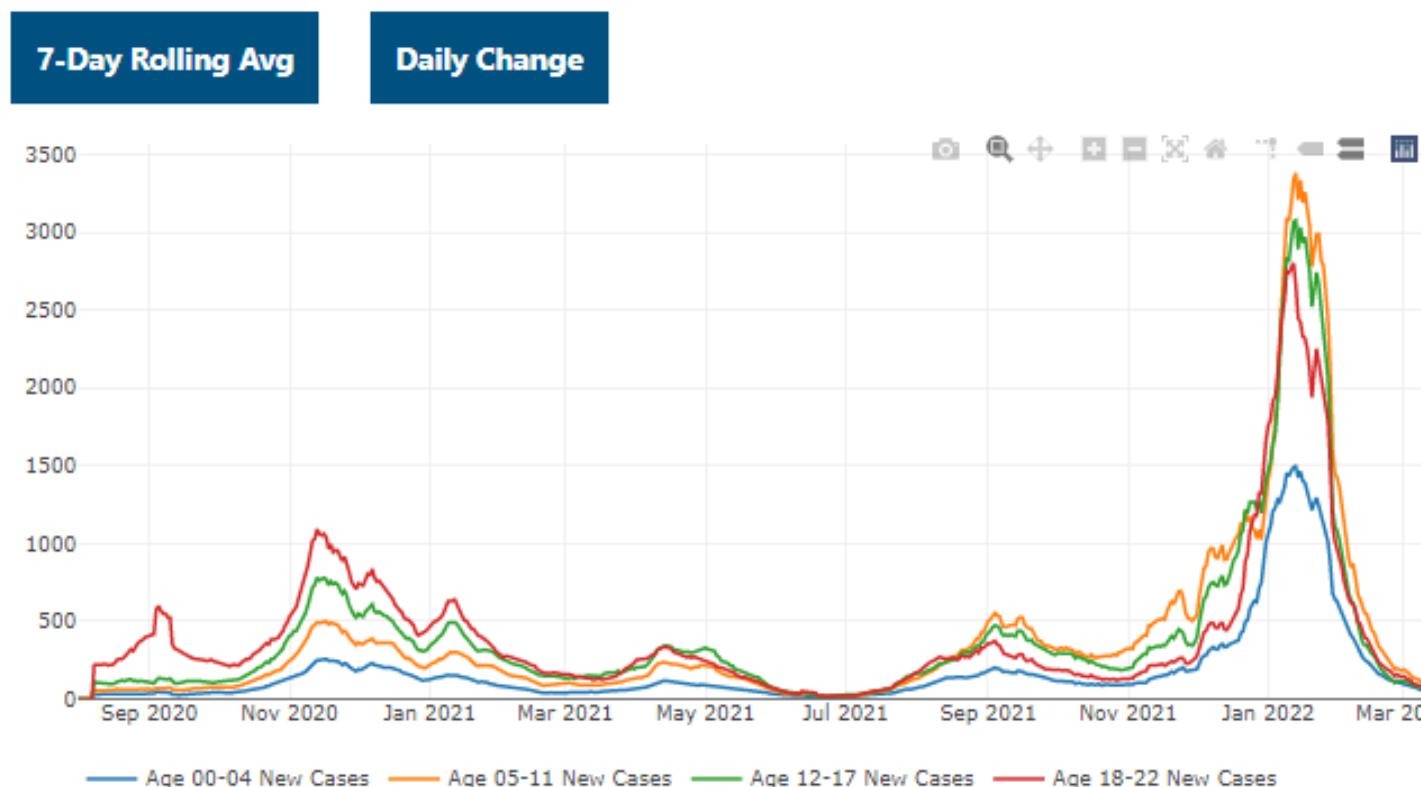
3/10/22



IL Youth Cases Reported as of 3/10/22

Youth Cases Reported

7-Day
rolling
average



IL Youth COVID-19 ED Visits Reported as of 3/10/22

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00-04 ED Visits (%)



Ages

0-4



Ages

5-17

05-17 ED Visits (%)





National Data on COVID-19 in Children

- With increased circulation of COVID-19 (Omicron surge), COVID-19–associated hospitalization rates among children and adolescents aged 0–17 years increased rapidly in late December 2021, **especially among children aged 0–4 years who are not yet eligible for vaccination.**
- Throughout Delta and Omicron surges, hospitalization rates were lower among fully vaccinated adolescents aged 12–17 years than among unvaccinated adolescents.



Multisystem inflammatory syndrome in children (MIS-C)

Last updated with cases reported to CDC on or before March 1, 2022*

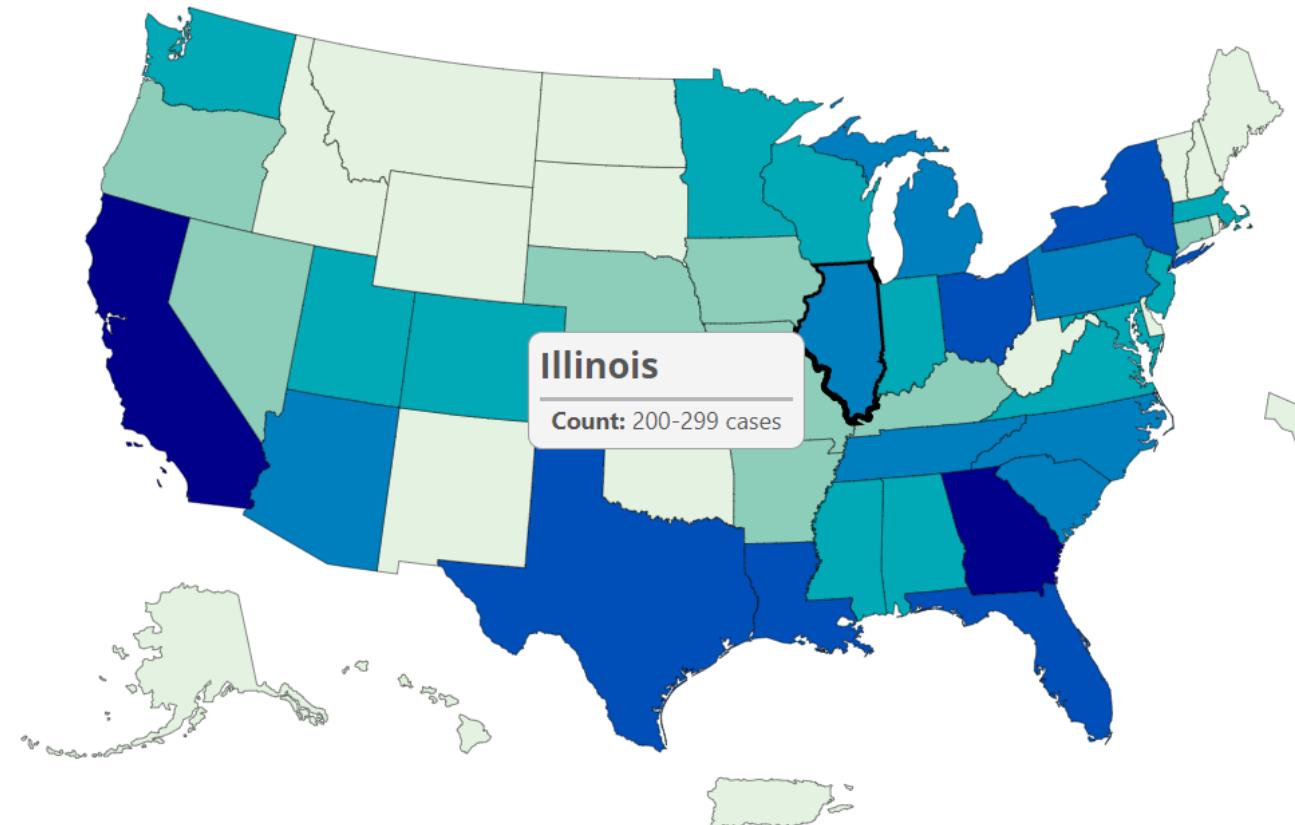
TOTAL MIS-C PATIENTS MEETING CASE DEFINITION*	TOTAL MIS-C DEATHS MEETING CASE DEFINITION
7,459	63

*Additional patients are under investigation. After review of additional clinical data, patients may be excluded if there are alternative diagnoses that explained their illness.

- The median age of patients with MIS-C was 9 years. Half of children with MIS-C were between the ages of 5 and 13 years.
- 58% of the reported patients with race/ethnicity information available occurred in children who are Hispanic/Latino (1,846 patients) or Black, Non-Hispanic (2,206 patients).
- 98% of patients had a positive test result for SARS CoV-2, the virus that causes COVID-19. The remaining 2% of patients had contact with someone with COVID-19.
- 60% of reported patients were male.

Multisystem inflammatory syndrome in children (MIS-C)

Reported MIS-C Case Ranges by Jurisdiction, on or before
March 1, 2022*



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Long COVID

- Anyone who has had COVID-19 can develop long-term symptoms.
- Research suggests that children with both mild and severe COVID-19 have experienced long-term symptoms. The most common symptoms in children include:
 - Tiredness or fatigue
 - Headache
 - Trouble sleeping
 - Trouble concentrating
 - Muscle and joint pain
 - Cough



Disproportionately Impacted Children

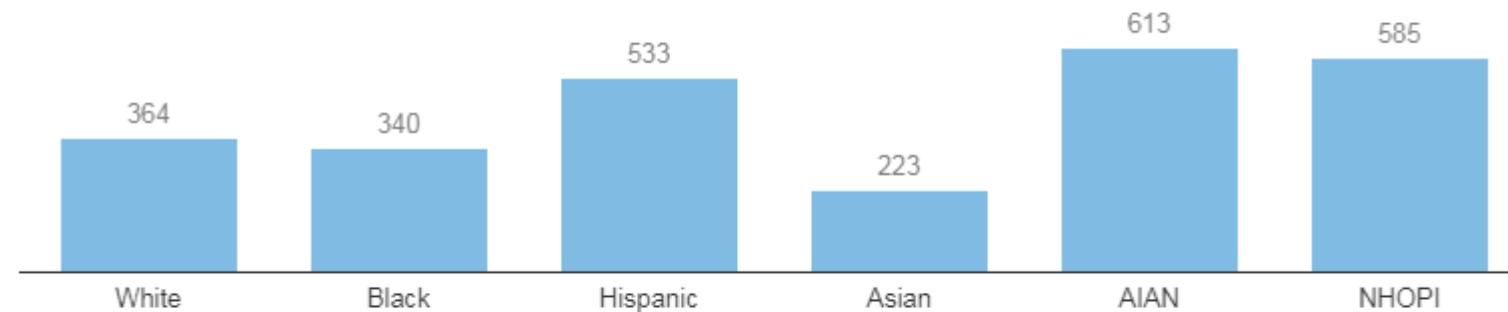
Figure 1

COVID-19 Cases Among Children by Race/Ethnicity, August 31, 2021

Total cases among children ages 0 to 19 per 10,000 population

Click on the buttons below to see data for the different metrics:

Cases Hospitalizations Deaths



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. AIAN refers to American Indian and Alaska Native. NHOPI refers to Native Hawaiian and Other Pacific Islander.

SOURCE: Cases, hospitalization and deaths data based on KFF analysis of Centers for Disease Control and Prevention, COVID-19 Response. COVID-19 Case Surveillance Data Access, Summary, and Limitations (version date: August 31, 2021). The CDC does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented. Total population data used to calculate rates based on KFF analysis of 2019 American Community Survey data. * PNG





Disproportionately Impacted Children

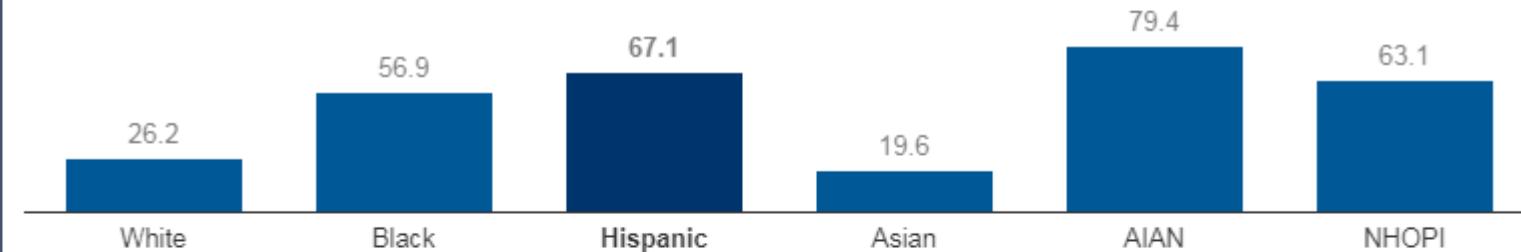
Figure 1

COVID-19 Hospitalization Rates Among Children by Race/Ethnicity, August 31, 2021

Total hospitalizations among children ages 0 to 19 per 10,000 population

Click on the buttons below to see data for the different metrics:

Cases Hospitalizations Deaths



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. AIAN refers to American Indian and Alaska Native. NHOPI refers to Native Hawaiian and Other Pacific Islander.

SOURCE: Cases, hospitalization and deaths data based on KFF analysis of Centers for Disease Control and Prevention, COVID-19 Response. COVID-19 Case Surveillance Data Access, Summary, and Limitations (version date: August 31, 2021). The CDC does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented. Total population data used to calculate rates based on KFF analysis of 2019 American Community Survey data. • [PNG](#)





Disproportionately Impacted Children

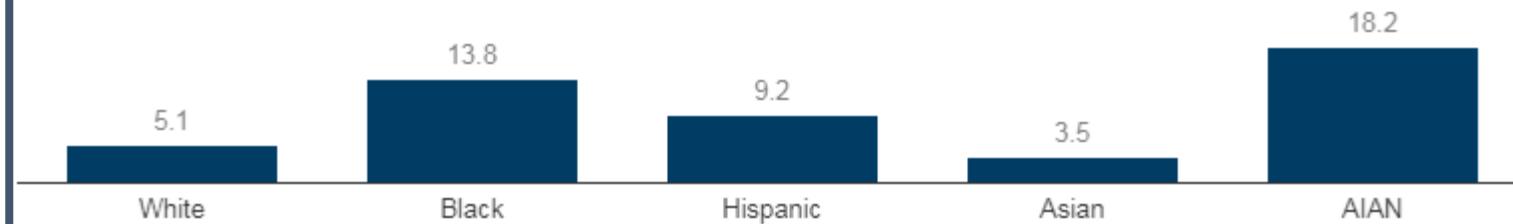
Figure 1

COVID-19 Death Rates Among Children by Race/Ethnicity, August 31, 2021

Total deaths among children ages 0 to 19 per 1,000,000 population

Click on the buttons below to see data for the different metrics:

Cases Hospitalizations Deaths



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. AIAN refers to American Indian and Alaska Native. Native Hawaiian and Other Pacific Islander data not reported due to fewer than 10 observations.

SOURCE: Cases, hospitalization and deaths data based on KFF analysis of Centers for Disease Control and Prevention, COVID-19 Response. COVID-19 Case Surveillance Data Access, Summary, and Limitations (version date: August 31, 2021). The CDC does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented. Total population data used to calculate rates based on KFF analysis of 2019 American Community Survey data. * [PNG](#)





Disproportionately Impacted Children

- Like what we see in adult populations in terms of health outcomes.
- Adversely impacted children's mental, social and academic growth, with Hispanic and Black children bearing the brunt of these impacts.
 - Black and Latinx children have seen more COVID-19-related infection and death in their communities than White children have.
 - Their families have suffered disproportionate economic setbacks, with Hispanic women and immigrants among the groups most affected by job loss during the pandemic, according to the Pew Research Center.



Status of COVID-19 Vaccinations for US Children as of 3.9.22

Children Ages 5-11 Years

- 9.4 million (33%)** US children ages 5-11 have received their initial dose of COVID-19 vaccine.
- 7.4 million (26%)** of these children completed the 2-dose vaccination series.
- Vaccination rates vary highly across states, from **15%** to **65%** of children 5-11 receiving their first vaccine.

Children Ages 12-17 Years

- 16.8 million (67%)** US children ages 12-17 have received their initial dose of COVID-19 vaccine.
- 14.4 million (57%)** of these children completed the 2-dose vaccination series.
- At this time about **8.3** million children 12-17 have yet to receive their initial COVID-19 vaccine dose. This past week about **54,000** received their first vaccine.
- Vaccination rates vary highly across states: In **13** states, over 3 quarters of 12-17 year-olds have received their initial dose; in **10** states, under half have received their first vaccine.

Status of COVID-19 Vaccinations for US Children

11.3.21 to 3.9.2022

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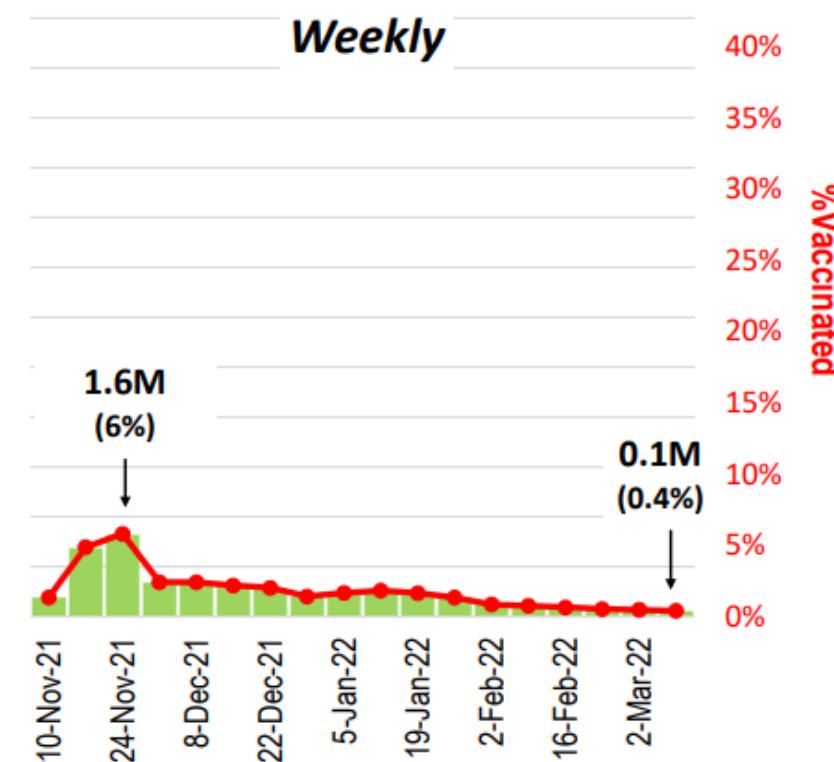
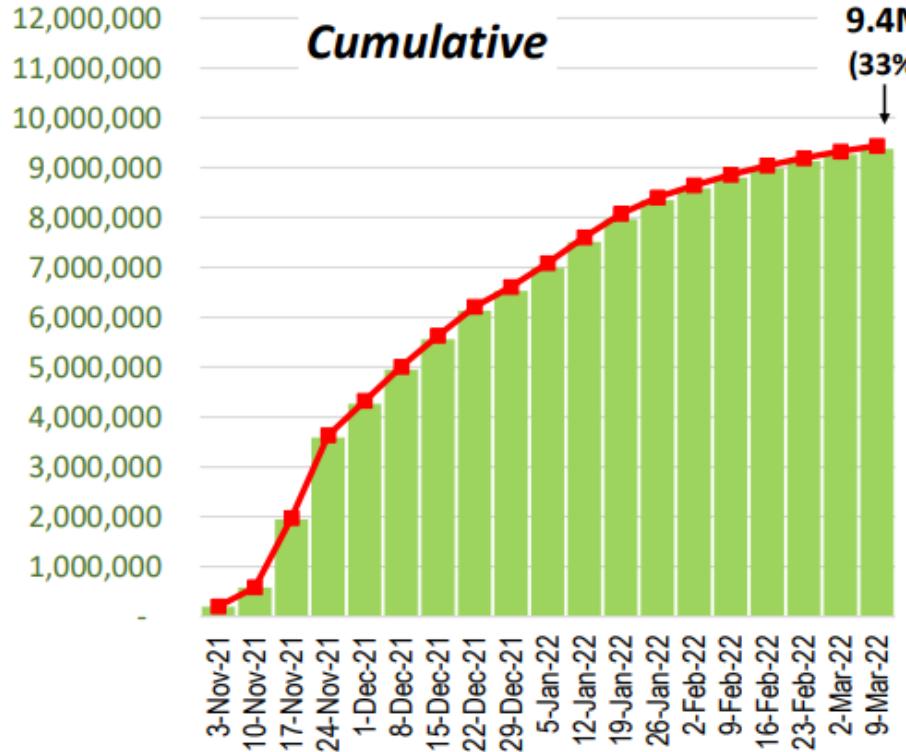
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US Children Ages 5-11 Receiving Their Initial COVID-19 Vaccination



Youth Vaccination Rate in Illinois as of 3/10/22

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At Least 1 Dose

1,121,065 (53.47%)

Fully Vaccinated

993,859 (47.40%)



Enrolling to Vaccinate in I-CARE

- Once you have access to I-CARE, you'll need to request to enroll as a COVID-19 vaccine site
- Locate your site in I-CARE and click on the COVID tab
- Click 'Enrollment' and then select 'Add Covid Enrollment'
 - If you do not see the COVID tab, contact DPH.ICARE@illinois.gov for further support



Training or Core Competency	Healthcare professionals who have administered vaccine in the last 12 months	Healthcare professionals who are licensed to administer COVID-19 vaccine but have not done so in the last 12 months	Vaccination support workers (not licensed to administer vaccine) qualified to prepare, store, handle, or transport vaccine	Administration support staff qualified to store, handle, or transport vaccine
CDC Training Module(s) for the vaccine product(s) in your facility	Required	Required	Required	Required
You Call the Shots: Vaccine Administration or other vaccine administration training completed within the last 12 months.	Required	Required	If preparing vaccine	
You Call the Shots: Vaccine Storage and Handling or other vaccine storage and handling training completed within the last 12 months.	Required	Required	Required	Required
Relevant information contained in the EUA Fact Sheet(s) for Healthcare Providers for the vaccine product(s) in your facility.	Core Competency	Core Competency	Core Competency	Core Competency
Clinical considerations	Core Competency	Core Competency		
Storage and handling requirements	Core Competency	Core Competency	Core Competency	Core Competency
Transport guidance	Core Competency	Core Competency	Core Competency	Core Competency
Preparation requirements	Core Competency	Core Competency	Core Competency	
Administration requirements	Core Competency	Core Competency		
Anaphylaxis guidance	Core Competency	Core Competency		
Vaccination documentation and reporting requirements	Core Competency	Core Competency	Core Competency	Core Competency
Required and additional information for vaccine recipients	Core Competency	Core Competency	Core Competency	Core Competency



I-CARE COVID-19 Enrollment Checklist

- Completed all required fields in Enrollment form
- Signed and attached completed Provider Enrollment form
- Completed, signed, and attached CDC COVID-19 Vaccination Program Provider Agreement
- Completed, signed, and attached CDC Supplemental COVID-19 Vaccine Redistribution Agreement
- Completed, signed, and attached IDPH COVID-19 Vaccine Provider Agreement
- Completed, signed, and attached IDPH COVID-19 Vaccine Provider Pre-Enrollment Checklist
- Attached Certificates of Calibration for data loggers used in your vaccine storage units
- Completed and attached “You Call the Shots” training certificates for both vaccine coordinators listed in your CDC Agreement



Pfizer Vaccines

	Dilute Before Use		Do NOT Dilute before Use
Age Group	5 to 11	12 +	12 +
Vial Cap/label with color border	ORANGE	PURPLE	GREY
Dose	10 mcg	30 mcg	30 mcg
Dose Volume	0.2 mL	0.3 mL	0.3 mL
Amount of diluent per vial	1.3 mL	1.8 mL	NO DILUTION
Doses per vial	10 doses (after dilution)	6 doses (after dilution)	6 doses
ULT-cold freezer (-90°C to -60°C)	9 months	9 months	9 months
Freezer (-25°C to -15°C)	N/A	2 weeks	N/A
Refrigerator (2°C to 8°C)	10 weeks	1 month	10 weeks
Room Temp (8°C to 25°C)	12 hours prior to dilution (including thaw time)	2 hours prior to dilution (including thaw time)	12 hours prior to first puncture (including thaw time)
After first puncture (2°C to 25°C)	12 hours, then discard	6 hours, then discard No longer in production	12 hours, then discard



Pfizer Vaccine

**Pfizer 12+ vaccines
SHOULD NOT be
used in children
ages 5-11**

Delivered in a
product shipper at
-80°C

No expiration date
on vial

Labels have date of
manufacture and
lot number (NOT
expiration date)

QR code on carton
links to EUA

Good for **12 hours**
after dilution



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Interim Clinical Guidance - CDC

Wonderful summary posted March 7th, 2022 [here](#).



Interim Clinical Guidance, continued

as of 2/23/22

Primary Series and Additional Primary Dose

Vaccine Manufacturer	Age Indication, years	Dose	Injection Volume	Number of doses in primary series (interval between doses)	Additional primary dose in immunocompromised persons (interval since second dose)
Pfizer-BioNTech	5 to 11	10 µg	.2 mL	2 (3 weeks)	1 (\geq 4 weeks)
Pfizer-BioNTech	\geq 12	30 µg	.3 mL	2 (3-8 weeks)*	1 (\geq 4 weeks)
Pfizer-BioNTech	\geq 12	30 µg	.3 mL	2 (3-8 weeks)*	1 (\geq 4 weeks)

Boosters

Vaccine Manufacturer	Age Indication, years	Dose	Injection Volume	Number of doses	Interval between last primary (including additional) dose to booster dose	Moderately or severely immunocompromised
Pfizer-BioNTech	\geq 12	30 µg	.3 mL	1	\geq 5 months	\geq 3 months
Pfizer-BioNTech	\geq 12	30 µg	.3 mL	1	\geq 5 months	\geq 3 months

*An 8-week interval may be optimal for people ages 12-64 years, especially for males ages 12-39 who are not moderately or severely immunocompromised.



Vaccine Eligibility

✓ Underlying medical condition

✓ Previous COVID-19 infection

Recommended for everyone ages 5+, regardless of a history of symptomatic or asymptomatic infection

✓ Recent COVID-19 infection

Defer vaccination at least until the person has recovered from the acute illness
AND they have met criteria to discontinue isolation



Vaccine Eligibility, continued



Monoclonal antibodies or convalescent plasma treatment: **Can be vaccinated at any time*** if they previously received antibody products as part of:

- COVID-19 treatment
- Post-exposure prophylaxis or
- Pre-exposure prophylaxis

*People who previously received a COVID-19 vaccine, administration of tixagevimab/cilgavimab (EVUSHELD™) for pre-exposure prophylaxis **should be deferred for at least two weeks** after vaccination.



Vaccine Eligibility, continued



History of MIS-C

- The benefits outweigh a theoretical risk of an MIS-like illness for people who meet all the following criteria:
 - 1) Clinical recovery has been achieved, including return to normal cardiac function;
 - 2) It has been ≥ 90 days since their diagnosis of MIS-C;
 - 3) They are in an area of high or substantial community transmission of COVID, or otherwise have an increased risk for COVID exposure and transmission;
 - 4) Onset of MIS-C occurred before any COVID-19 vaccination

Note: A recent study found that 2 doses of Pfizer-BioNTech vaccine were highly effective in preventing MIS-C in persons ages 12-18. The estimated effectiveness was 91% in fully vaccinated children. All critically ill MIS-C patients were unvaccinated.

Younger children were not included because they were not eligible for the vaccine during the study period.



Clinical Guidelines

Contraindications

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
- History of a known diagnosed allergy to a component of the COVID-19 vaccine

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Appendix-B>

<https://www2.cdc.gov/vaccines/ed/covid19/janssen/30030.asp>



Clinical Guidelines

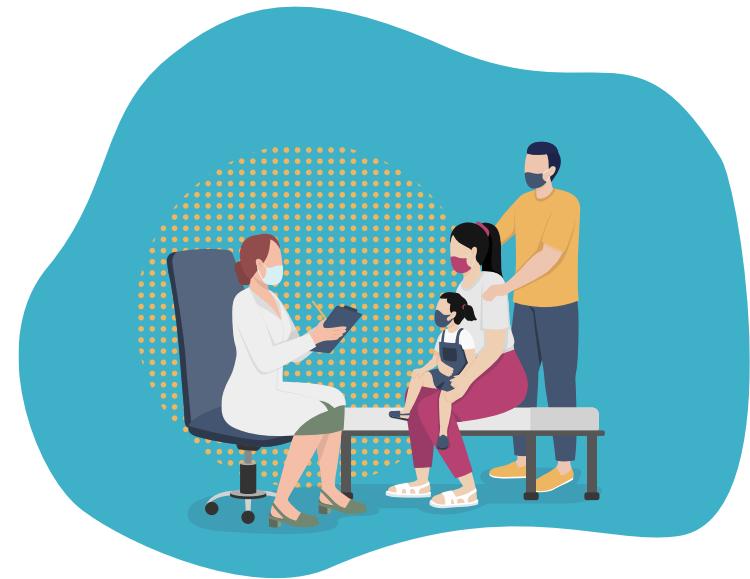
Precautions

- Immediate (within 4 hours exposure) non-severe allergic reaction to a previous dose or known (diagnosed) allergy to a component of the vaccine
- Immediate allergic reaction to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., “allergy shots”])
- For mRNA COVID-19 vaccines, history of myocarditis or pericarditis after a dose of an mRNA COVID-19 vaccine



Expected Side Effects from Pfizer Vaccine

- Children may experience fewer side effects than adolescents or young adults.
 - Children with evidence of prior infection may have fewer side effects than those without evidence of prior infection.
- Routine antipyretic or analgesic medications can be taken if appropriate.
 - In general, Aspirin is not recommended for use in children and adolescents ≤18 years due to risk of Reye's syndrome.
- Additionally, CDC reports that adverse reactions, including myocarditis, in adolescents ages 12-17 were less frequent after a booster dose than a second primary dose.





Co-Administration

- COVID-19 vaccines may be administered with any other vaccines on the same day
- If multiple vaccines are administered at a single visit, administer each injection in a different injection site
- For people ≥ 11 years, the deltoid muscle can be used for more than one intramuscular injection administered at different sites in the muscle
- For children (5–10 years), if more than 2 vaccines are injected in a single limb, the vastus lateralis muscle of the anterolateral thigh is the preferred site because of greater muscle mass



Interchangeability

- Any currently FDA-approved or FDA-authorized COVID-19 vaccine can be used when indicated; CDC now considers mRNA vaccines (Pfizer and Moderna products) the preferred options
- Gray and purple Pfizer products are interchangeable
- In general, primary series and additional primary doses should be with the same vaccine product (i.e., the same manufacturer and same formulation)
- Use of heterologous booster doses is authorized

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#Coadministration

Best Practices for Multiple Injections

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Label	Administer
<ul style="list-style-type: none">• Each syringe with the name and the dosage of the vaccine, lot number, the initials of the preparer, and the exact beyond-use time, if applicable• Separate injection sites by 1 inch or more, if possible give in different limbs	<ul style="list-style-type: none">• Administer each injection in a different injection site• COVID-19 vaccines and vaccines that may be more likely to cause a local reaction in different limbs, if possible

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#Coadministration



Best Practices for Multiple Injections in Children & Adolescents

- For people ≥ 11 years, the deltoid muscle can be used for more than one intramuscular injection administered at different sites in the muscle
- For children (5–10 years), if more than 2 vaccines are injected in a single limb, the vastus lateralis muscle of the anterolateral thigh is the preferred site because of greater muscle mass

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#Coadministration



Post-Vaccine Process

- Always give patient/parent a vaccination card with name of vaccine and date of administration
- Report any adverse events that occurred during the vaccination process in VAERS, even if unsure the vaccine caused it
- Report vaccination in I-CARE within 24 hours

IM – Route, needle size, injection site

The pediatric ancillary kits should only have 1" needles though variation has been reported - if you want to use your own stock of 5/8" that's okay.

Intramuscular (IM) injection

Use a 22–25 gauge needle. Choose the injection site and needle length that is appropriate to the person's age and body mass.

AGE	NEEDLE LENGTH	INJECTION SITE
Newborns (1st 28 days)	5/8" ¹	Anterolateral thigh muscle
Infants (1–12 mos)	1"	Anterolateral thigh muscle
Toddlers (1–2 years)	1–1 1/4"	Anterolateral thigh muscle ²
	5/8–1" ¹	Deltoid muscle of arm
Children (3–10 years)	5/8–1" ¹	Deltoid muscle of arm ²
	1–1 1/4"	Anterolateral thigh muscle
Adolescents and teens (11–18 years)	5/8–1" ¹	Deltoid muscle of arm ²
	1–1 1/2"	Anterolateral thigh muscle
Adults 19 years or older		
Female or male <130 lbs	5/8–1" ¹	Deltoid muscle of arm
Female or male 130–152 lbs	1"	Deltoid muscle of arm
Female 153–200 lbs Male 153–260 lbs	1–1 1/2"	Deltoid muscle of arm
Female 200+ lbs Male 260+ lbs	1 1/2"	Deltoid muscle of arm
Female or male, any weight	1 1/2"	Anterolateral thigh muscle



Expiration Dates - Pfizer



Expiry information for Ages 5 through 11
DILUTE BEFORE USE Orange Cap presentation
and Ages 12 years and older DO NOT DILUTE
Gray Cap presentation

Printed Manufacturing Date	9-Month Expiry Date
06/2021	28-Feb-2022
07/2021	31-Mar-2022
08/2021	30-Apr-2022
09/2021	31-May-2022
10/2021	30-Jun-2022
11/2021	31-Jul-2022
12/2021	31-Aug-2022
01/2022	30-Sep-2022
02/2022	31-Oct-2022



Expiry information for Ages 12 years and older
DILUTE BEFORE USE Purple Cap presentation

Printed Expiry Date	Updated Expiry Date
September 2021	December 2021
October 2021	January 2022
November 2021	February 2022
December 2021	March 2022
January 2022	April 2022
February 2022	May 2022



Educate Healthcare Teams

- Staff play an important role in their communities by sharing vaccine information and building confidence in the vaccines
- Resources for training staff to have conversations about vaccines:
 - CDC resources: [COVID-19 Vaccine Basics: What Healthcare Personnel Need to Know \(PowerPoint\)](#)
 - COVID-19 Vaccine Training: [General Overview of Immunization Best Practices for Healthcare Professionals \(PowerPoint\)](#)
 - Building Confidence in COVID-19 Vaccines Among Your Patients: [Tips for the Healthcare Team \(PowerPoint\)](#)

Make the Decision Visible and Celebrate



Provide “I got my COVID-19 vaccine!” pins, lanyards, masks, bracelets, etc.

Offer a small, sincere token of gratitude

Post a photo gallery in common or break areas as part of a media campaign showing cheerful staff who were just vaccinated.

Record testimonials on why healthcare personnel in your facility decided to get vaccinated and share!

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Talking Points for Parents

- COVID-19 vaccines are the immune system's personal trainer or the dress rehearsal.
- Lower chances of infection
- Much lower chances of being hospitalized or dying
- Engage in all activities
- Avoid multisystem inflammatory syndrome & long-term symptoms



Talking Points for Parents

- COVID-19 is here to stay
- You can still get sick even after being vaccinated*
- Vaccine protects you like a seat belt
 - Doesn't stop a crash
 - Doesn't mean you can't die
 - But makes it much less likely
- COVID-19 is not like chicken pox where you get it and then you're immune
- People can get COVID-19 over and over
- The virus keeps changing, like the flu does every year
- So, we need to keep changing with it and stay aware

COVID-19 Vaccines for Children Under 5 - Pfizer

On February 1, 2022 **Pfizer-BioNTech initiated a rolling submission to expand the Emergency Use Authorization (EUA) of the Pfizer COVID-19 Vaccine** to include children 6 months through 4 years of age (6 months to <5 years of age).

Why did they submit? In response to the public health concerns and a request from the U.S. Food and Drug Administration (FDA).

Data were submitted for two 3 microgram doses of what is anticipated to be a three-dose series.

No significant safety concerns were identified, and two of the 3 microgram dose demonstrated a favorable safety profile in children 6 months to under 5 years of age.

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About the Pfizer Clinical Trials

- The phase 1/2/3 trial initially enrolled **4,500 children ages 6 months to under 12** years of age in the United States, Finland, Poland, and Spain from more than 90 clinical trial sites.
- Additional children have been enrolled in all age groups, currently there are approximately **8,300 children**.
- Study was designed to evaluate the **safety, tolerability, and immunogenicity** of the Pfizer-BioNTech vaccine on a two-dose schedule (approximately 21 days apart) in:
 - Ages 5 to under 12 years;
 - Ages 2 to under 5 years;
 - And ages 6 months to under 2 years
- Children under age 5 received a **3 µg dose for each injection** in the Phase 2/3 study.
- The trial enrolled children with/without prior evidence of SARS-CoV-2 infection.
- Pfizer-BioNTech announced it would test a **third 3 µg dose** given at least two months after the second dose in children under age 5 and a third dose of the 10 µg formulation in children 5 to under 12 years of age.
- Data on a third dose given at least 8 weeks after completion of the second dose are expected in the coming months and will be submitted to the FDA to support a potential expansion of this requested EUA.



COVID-19 Vaccines for Children Under 5

Based on chart from @dr.amnahusain	Pfizer	Moderna
Regimen	Likely 3 doses	2 doses (so far)
Dosing	12-17yo: 30 micrograms 5-11yo: 10 micrograms Under 5: 3 micrograms	12-17yo: 100 micrograms 6-11yo: 50 micrograms Under 6: 25 micrograms
Strength	1/10	1/4

Thinking Ahead: Planning to Vaccinate Children Under 5

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- BE FLEXIBLE – We have not had to “mass vaccinate” little ones before, but you do it all the time (flu shots).
- Make it fun – Access to this vaccine is a BIG deal for many parents in this age group. This is something they have been waiting for.
- Think about logistics, but don’t over-think it! You might not need additional or new equipment to vaccinate these age groups.
- Keep in mind pharmacists cannot vaccinate under 3.



Recent Updates

How to frame new data (e.g. 2.28 NYT article)

<https://www.nytimes.com/2022/02/28/health/pfizer-vaccine-kids.html>



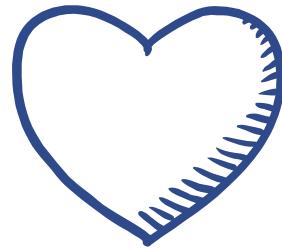
Upcoming Webinars

4/26/2022	National Infant Immunization Week and ACIP 2022 Updates
5/17/2022	Social Determinants of Health and Vaccines
6/21/2022	Where We Are Now with Routine Pediatric Vaccination Coverage
7/19/2022	Maximize Vaccine Uptake in Your Practice
8/16/2022	Back to School
10/18/2022	How to Have Conversations About Vaccines Without Bias

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THANK YOU!