



OLIVER BROOKS, MD

Chief Medical Officer
@Watts HealthCare Corporation

Register Today.

COVID CONVERSATION

UPDATES ON COVID-19 VACCINATION FOR CHILDREN

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Pediatrics
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Incorporated in California



GRACE LEE, MD, MPH

Associate Chief Medical Officer for Practice
Innovation @Stanford Children's Health



Welcome to COVID Conversations

- All lines are automatically muted during program
- Question-and-Answer box can be utilized to communicate with the moderators
- The webinar will be recorded and posted to the California Immunization Coalition website (<https://www.immunizeca.org/>) as well as the CIC YouTube page (<https://www.youtube.com/channel/UClkZ1SZQNQLcpmNpeQpDAg>)



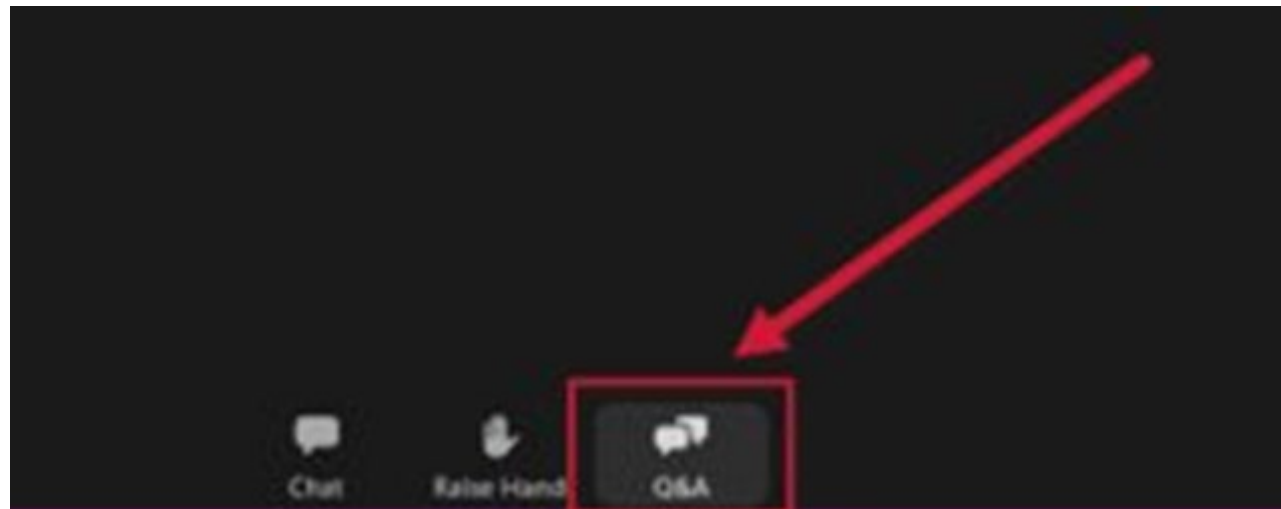
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Questions for Presenter?

To ask a question or leave a comment use the question window





The California Immunization Coalition (CIC) is a 501(c)(3) non-profit public-private partnership dedicated to achieving and maintaining full immunization protection for all Californians to promote health and prevent serious illness, disability and death.

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- The AAP-CA is a partnership of the three local California AAP Chapters
- AAP-CA is committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults living in California.



Today's Hosts and Moderators

Dr. Pia Pannaraj



- Associate Professor of Pediatrics, Molecular Microbiology and Immunology, Keck School of Medicine, University Southern California
- Director, Pediatric Immunization Advancement Laboratory, Division of Infectious Diseases, Children's Hospital Los Angeles
- Co-Chair, Emerging Issues Committee, California Immunization Coalition

Dr. Eric Ball



- Primary Care Pediatrician, CHOC Primary Care Network
- Board of Directors, American Academy of Pediatrics, California
- Co-Chair, Emerging Issues Committee, California Immunization Coalition



Today's Presenter

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Grace Lee, MD, MPH

**Associate Chief Medical Officer for Practice Innovation,
Stanford Children's Health**

- Dr. Grace Lee is Professor of Pediatrics at Stanford University School of Medicine
- Dr. Lee primarily serves as a clinical and administrative leader for the health system focused on bridging quality, research, and implementation for the organization
- She previously served as the Principal Investigator (PI) on the CDC-funded Vaccine Safety Datalink project
- She is currently the Chair of the U.S. Advisory Committee on Immunization Practices (ACIP) that sets recommendations for the use of vaccines in the U.S. population, including COVID-19 vaccines



Today's Presenter

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Oliver Brooks, MD, **Chief Medical Officer,** **Watts HealthCare Corporation**

- Dr. Brooks is Chief Medical Officer and past Chief of Pediatric and Adolescent Medicine at Watts Healthcare Corporation in Los Angeles
- He is a Medical Director for L.A. Care Health Plan, one of the nation's largest Medicaid managed care plans
- Dr. Brooks is a present Board member and Past President of the California Immunization Coalition
- Chairman of the Immunize LA Families Coalition
- Dr. Brooks is the immediate Past President of the National Medical Association (NMA), which represents the nation's 55,000 African-American physicians
- Dr. Brooks was recently appointed as a member of U.S. Advisory Committee on Immunization Practices (ACIP) that sets recommendations for the use of vaccines in the U.S. population, including COVID-19 vaccines



COVID CONVERSATIONS #9

COVID-19 VACCINE IN CHILDREN 5-11 YEARS OLD

OLIVER T. BROOKS, MD

MEMBER ACIP

GRACE LEE, MD

CHAIR, ACIP

ACIP METING NOV. 2, 2021

- On NOV. 2, 2021 the ACIP voted unanimously to recommend the Pfizer vaccine for children aged 5-11 years old

OVERVIEW

- By vaccinating children age 5 and older, we can help protect them from getting COVID-19 and protect them from severe disease, hospitalizations, or developing long-term COVID-19 complications. While children infected with COVID-19 are less likely to develop severe illness compared with adults, children are still at risk of developing severe illness and complications from COVID-19.
 - Getting children ages 5 and older vaccinated can also reduce disruptions to in-person learning and activities by helping curb community spread and help protect others who are at high risk of having severe complications from COVID-19.

INDICATIONS

- Children ages 5 through 11 will receive 2 doses of the pediatric Pfizer-BioNTech COVID-19 Vaccine, 3 weeks apart and will be considered fully vaccinated 2 weeks after their second dose, just like adults.
- The vaccine can be administered with other vaccines, and providers should offer and recommend flu and other vaccines at the same time, when feasible.

IMPORTANCE OF VACCINATING CHILDREN

- There are about 28 million children ages 5 through 11 in the United States, and there have been at least 1.5 million cases of COVID-19 within this age group during the pandemic (data from March 7, 2020 – September 13, 2021). For more information on the impact of COVID-19 in children, visit [Children and COVID-19: State Level Data Report](#).
- The impact of COVID-19 on children is significant, with a disproportionate number of children in racial and ethnic minority communities experiencing infection and hospitalization.
- While children infected with COVID-19 are less likely to develop severe illness compared with adults, children are still at risk of developing severe illness and complications from COVID-19.
 - While fewer children have been sick with COVID-19 compared to adults, [children can be infected with the virus](#), and there is no way to tell in advance if your child will get a severe or mild case.
 - Some children have developed a rare but serious disease that is linked to COVID-19 infection called [multisystem inflammatory syndrome \(MIS-C\)](#).

SAFETY OF VACCINATING CHILDREN

- COVID-19 vaccines have undergone – and will continue to undergo – the most intensive safety monitoring in U.S. history.
 - Robust clinical trials including thousands of children are happening to evaluate the safety and immune response to a COVID-19 vaccine (Pfizer-BioNTech) in children aged 6 months to 11 years.
 - The FDA is reviewing a request for an Emergency Use Authorization (EUA) for use of the Pfizer-BioNTech COVID-19 Vaccine in children aged 5 through 11 years. FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) will meet on October 26, 2021.
 - Through these clinical trials in younger children, researchers assessed the need for different doses and versions of the vaccine already used for adolescents and adults. A lower dose of 10 µg of the Pfizer-BioNTech Vaccine was selected for children ages 5 through 11 (adult dose is 30 µg).

SAFETY OF VACCINATING CHILDREN (CONT'D)

- Cases of myocarditis and pericarditis in adolescents and young adults have been reported more often after getting the second dose than after the first dose of one of the two mRNA COVID-19 vaccines (Pfizer-BioNTech and Moderna). Again, these reports are rare, and it is not known if a similar risk will be seen in younger children.
 - **Myocarditis** is inflammation of the heart muscle. **Pericarditis** is inflammation of the outer lining of the heart. In both cases, the body's immune system causes inflammation in response to an infection or some other trigger.
 - According to Vaccine Adverse Event Reporting System (VAERS) data (current as of October 6, 2021) from confirmed cases of myocarditis, for every 1 million second doses of Pfizer-BioNTech's COVID-19 vaccine given, there have been about 40 reported cases in males aged 12-15 years (4 in females), 69 reported cases in males aged 16-17 years (8 in females), 37 cases in males aged 18-24 years (3 in females), and 11 cases in males aged 25-29 years (1 in females).

VACCINE PRODUCT

- The current Pfizer-BioNTech COVID-19 Vaccine authorized for adults and adolescents should not be used in children ages 5 through 11.
- The Pfizer-BioNTech COVID-19 Vaccine for children ages 5 through 11 will be one-third of the adult dose (30% less of the volume), with new packaging and a new national drug code (NDC).
 - The new NDC will require additional coding and information technology accommodations, which are underway.
 - *Note that when talking with a non-clinical audience, we will not be using “formulation” as that is not a term that is plain language. Potential language for consumer audiences: “Because children are still growing and developing, the Pfizer-BioNTech COVID-19 Vaccine for children ages 5 through 11 will be the same vaccine proven safe and effective for adults but given in a smaller dose which showed it can safely and effectively protect children ages 5 through 11 in clinical trials.”*
- The packaging configuration will be 10-dose vials, in packages of 10 vials (100 dose total) pending FDA authorization.
 - The product will be delivered in a newly updated product shipper at -80°C.
 - Once the product arrives at the provider site, it can be stored for up to 10 weeks at 2 to 8°C and 6 months at ultracold temperatures of -90 to -60°C.

VACCINATION ADMINISTRATION

- COVID-19 vaccine can be given with other vaccines.
 - Giving all vaccines for which a person is eligible at the same visit is considered a best practice as it increases the probability people will be up to date on recommended vaccines.
 - It also is an important part of immunization practice, especially if a healthcare provider is uncertain that a patient will return for additional doses of vaccine.
- COVID-19 vaccines and other vaccines may now be given at the same time. This includes receiving COVID-19 vaccines and other vaccines on the same day, as well as other vaccines within 14 days.
- Both flu and COVID-19 vaccines can be safely given during the same visit, as recommended by CDC and ACIP.

VACCINE EQUITY

- To effectively address equitable vaccine administration, CDC plans to ensure broad and convenient access; monitor vaccine administration trends early and often; and disseminate culturally and linguistically appropriate messaging through trusted channels.
- Ensuring equity in vaccination coverage is a high priority for CDC, and there are some groups of children ages 5 and older who may need additional consideration for COVID-19 vaccination, including:
 - Children who may be at increased risk for severe COVID-19.
 - Children with limited access to routine vaccination services, such as those who are experiencing homelessness, or who live in rural areas.
 - Children who experience systemic health or social inequities, such as racial and ethnic minority groups, or households with lower income.
 - Children with disabilities.
 - Children who have special healthcare needs.
 - Children living in congregate settings.
 - Children who are non-English speakers, immigrants, or undocumented.

VACCINE CONFIDENCE

- Strong confidence in the COVID-19 vaccines within communities leads to more people getting vaccinated, which leads to fewer COVID-19 illnesses, hospitalizations, and deaths.
 - In protecting children age 5 and older through vaccination, we can also reduce disruptions to in-person learning and activities by helping curb community transmission.
 - Vaccinating children age 5 and older can help protect others who are at high risk of having severe complications from COVID-19.
- **Vaccine confidence** is the belief that vaccines work, are safe, and are part of a trustworthy medical system.
- According to the [Kaiser Family Foundation's September 2021 COVID-19 Vaccine Monitor](#):
 - 34% of parents of children ages 5 through 11 say they will get their children vaccinated right away
 - 32% will wait and see
 - 7% will only vaccinate their children if required
 - 24% will definitely not vaccinate their children
 - Parents' intentions to vaccinate their children align closely with their own vaccination status
- CDC is currently gathering and analyzing data from the National Immunization Survey – Child COVID Module, which will provide additional insights about parents' vaccination intentions. This data will be shared in the coming weeks.
- Right now, families may be wading through a lot of information—and mis- or disinformation—to make decisions about COVID-19 vaccinations.
 - **Misinformation** is false information shared by people who do not intend to mislead others.
 - **Disinformation** is false information purposely created and spread with harmful intent.

VACCINE ORDERING AND SUPPLY

- The U.S. government will continue to provide the COVID-19 vaccine free-of-cost, including ancillary kits.
- FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) is scheduled to meet on October 26, 2021. The CDC's Advisory Committee on Immunization Practices (ACIP) is scheduled to meet on November 2 and 3, 2021. Jurisdictions should be ready to vaccinate children ages 5 through 11 shortly thereafter, pending FDA authorization and CDC recommendations.
- To prepare for the potential Emergency Use Authorization (EUA) of a Pfizer-BioNTech COVID-19 vaccine for children ages 5 through 11, jurisdictions will be able to pre-order vaccine. This will ensure that the launch of the distribution of pediatric formulation is equitable, timely, and efficient.
 - To ensure efficient rollout of vaccine supply, jurisdictions should plan their ordering strategy now and identify the priority locations and sequence of activating these priority locations during the initial weeks of the pediatric vaccination efforts.
 - Vaccination providers that are most likely to vaccinate pediatric populations should be prioritized for initial dose availability, with provider types likely varying across communities (e.g., pediatric clinics, federally qualified health centers [FQHC], pharmacies, rural health clinics [RHC]).
- Shipment for pediatric vaccines can begin once FDA issues the EUA, and vaccine administration can begin once the CDC Director makes a recommendation.

SUMMARY

- With many children back in school and participating in extracurricular activities, COVID-19 vaccination of children ages 5 through 11 is critical to preventing infection and possible severe disease, as well as reducing spread of COVID-19, especially the widely circulating Delta variant.
 - Widespread vaccination is critical to helping us end this unprecedented pandemic.
 - Vaccinating children age 5 and older can help protect them from getting COVID-19, as well as protect them from severe disease, hospitalizations, or developing long-term COVID-19 complications.
 - In protecting children age 5 and older through vaccination, we can also reduce disruptions to in-person learning and activities by helping slow community spread.
 - Vaccinating children age 5 and older can help protect others who are at high risk of having severe complications from COVID-19.



Evaluation

- At the end of this webinar an Evaluation will pop up on your screen.
- The evaluation should take approximately 5 minutes to complete.
- CIC and CA-AAP utilizes the evaluation from our COVID Conversations to guide us in future endeavors.

For information contact: calvaxgrant@phcdocs.org



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QUICK LINKS: [Application](#) | [FAQs](#) | [Grant Guidelines](#)



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COVID Conversations



Thank you for your support and your participation!

You can find all previous Covid Conversations on our YouTube channel

<https://www.youtube.com/channel/UcklkZ1SZQNQLcpmNpeQpDAg>

www.ImmunizeCA.org/Covid-19-Updates