



**COVID-19 Health Update #28**

**November 17, 2021**

Please distribute to all providers in the facility

Go to [www.ShastaReady.org](http://www.ShastaReady.org) and click “Medical Professionals” for an electronic version of this Health Update

**COVID-19 Vaccines for Children and Adolescents**

**The purpose of this health update** is to provide healthcare providers with information on the risks and benefits of COVID-19 and COVID-19 vaccine in children and recommendations for use.

*Vaccination against SARS-CoV-2 is recommended for all children ages 5 years and older who are eligible to receive this vaccine.*

**Pediatricians, family physicians and other health care providers are among the most trusted sources when parents are looking for information and guidance on vaccinating their children.** The information below outlines the risks/benefits of COVID-19 vaccine for children.

**The American Academy of Pediatrics (AAP) issued a Policy Statement on November 2, 2021 with recommendations for COVID-19 vaccine in children and adolescents.** Here is a summary:

- The AAP recommends COVID-19 vaccination for all children and adolescents 5 years of age and older who do not have contraindications, using a COVID-19 vaccine authorized for use for their age.
- Any COVID-19 vaccine authorized through Emergency Use Authorization or approved (through a Biologics License Application [BLA]) by the FDA, and which is recommended by the CDC, can be used for COVID-19 vaccination according to CDC guidelines for children and adolescents.
- Children with prior infection or disease with SARS-CoV-2 should still receive COVID-19 vaccination, according to CDC guidelines.
- Given the importance of routine vaccination and the need for rapid uptake of COVID-19 vaccines, the AAP supports coadministration of routine childhood and adolescent immunizations with COVID-19 vaccines (or vaccination in the days before or after) for children and adolescents who are behind on or due for immunizations and/or at increased risk from vaccine-preventable diseases.
- You may administer a COVID-19 vaccine before, at the same visit, or after other vaccines without regard to timing (including live, attenuated vaccines). If a patient is due for more than one vaccine, providers are encouraged to offer all the vaccines at the same visit.

**SARS-COV-2 epidemiology in children aged 5–11 years**

- Children are at least as likely to be infected with SARS-CoV-2 as adults, according to seroprevalence data, but less likely to be reported
  - Over 1.9 million reported cases and seroprevalence estimated to be 38% among 5–11 years (data through September 2021)
- Children 5-11 years of age are at risk of severe illness from COVID-19
  - >8,300 COVID-19 related hospitalizations as of mid-October

- Cumulative hospitalization rate is comparable to pre-pandemic influenza seasons
- Severity comparable among children hospitalized with influenza and COVID-19, with approximately 1/3 of children 5–11 years requiring ICU admission
- Multisystem Inflammatory Syndrome in Children (MIS-C) most frequent among children 5–11 years; 2,316 cases reported among this age group
- Post-COVID conditions have been reported in children with an array of symptoms: respiratory, cardiac, cognitive, loss of taste and smell, fatigue, headache, and neurodevelopmental problems.
- Secondary transmission from young school-aged children occurs in household and school settings

### Reasons to vaccinate children

- Protection from serious illness, hospitalization, and death from COVID-19
  - In the Pfizer Phase 2 / 3 trial, vaccine efficacy against symptomatic lab-confirmed COVID-19 was 90.7%
- Reduced likelihood of infecting their family, classmates, and community, especially considering the holiday season
- Dampened emergence of a new variant
- Return to normal attendance at school, after school activities, and sports
- COVID-19 is one of the top 10 causes of death among children (all ages)

### Side effects of COVID vaccine in children

- Similar to adolescents and adults, with injection site pain, redness and swelling being most common
- One child in the vaccine group had a temperature over 104°
- There were no serious adverse events related to the vaccine reported in the Initial Enrollment Group or the Safety Expansion Group (total of 3309 children)
- There were no deaths or myocarditis

### Myocarditis and the mRNA vaccines

- Pre-COVID-19 baseline
  - In children less than 18 years, the annual incidence of myocarditis is 8 per million
  - In teens aged 15-18 years, the incidence is 18 per million
- COVID-19 infection and myocarditis
  - COVID-19 infection causes more cases of myocarditis than COVID vaccines
  - Rate of myocarditis is 37 times higher in children with COVID-19 infection than in uninfected peers
  - During the first 12 months of the pandemic, males aged 12-17 with COVID infection developed myocarditis at a rate of 450 per million infections
  - Myocarditis after vaccination occurred at a rate of 42.6 – 180 cases per million fully vaccinated males age 12-15 and 71.5 to ~ 200 cases per million fully vaccinated males age 16-17 years
  - Although some cases of vaccine-associated myocarditis/pericarditis have required intensive care support, available data from short-term follow-up suggest that most individuals have had resolution of symptoms with conservative management. Information is not yet available about potential long-term sequelae and outcomes in affected individuals and ongoing follow-up studies are underway.
  - After thorough investigation of reported deaths after COVID-19 vaccination, there have been no myocarditis deaths. The 5 vaccine-related deaths in the US have been linked to thrombosis with thrombocytopenia syndrome (TTS) and the Johnson & Johnson vaccine, which is only approved for those over 18 years old.
- **Summary:** Because children 5-11 years old have the lowest baseline rates of myocarditis (unrelated to any vaccine) and the vaccine dose for them is ½ of the dose for ages 12 and older, it is expected that myocarditis cases will be even less frequent.

## Where children can get vaccinated:

Various pharmacies, including Walgreens, Rite Aid and Safeway (check your store for availability)

AndersonRx, 2940 East St., Anderson

California Family Medical Group, Dr. Solkovits (Patients Only)

Hill County Health and Wellness (Patients Only)

Mayers Memorial Rural Clinic, 20641 Commerce Way, Burney

Mercy Family Health (Patients Only)

Mountain Valley Health Centers (Patients Only)

Pit River Health Services (Patients Only)

Redding Rancheria (Patients Only)

Shasta Community Health Centers (Patients Only)

Shasta County Public Health

Visit [www.myturn.ca.gov](http://www.myturn.ca.gov) for an updated list, as availability changes frequently

## Resources and References

CDC Interim Clinical Considerations for Use of COVID-19 Vaccines

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

FDA Briefing Document from 10/26/2021 EUA Meeting about Pfizer vaccine for ages 5-11

<https://www.fda.gov/media/153447/download>

AAP Policy Statement

<https://www.aap.org/en/pages/covid-19-vaccines-in-children-and-adolescents-policy/>

AAP COVID-19 Vaccine information

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/>

AAP Ask the Pediatrician

<https://healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Ask-the-Pediatrician-COVID-19-Round-Up.aspx>

Mayo Clinic COVID-19 Vaccines for Kids, FAQ

<https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/covid-19-vaccines-for-kids/art-20513332>

AHA Scientific Statement on Myocarditis in Children

<https://newsroom.heart.org/news/viruses-are-the-most-common-cause-of-myocarditis-in-children-experts-offer-guidance>

Risk of Myocarditis from COVID-19 Infection in People Under Age 20: A Population-Based Analysis,

<https://www.medrxiv.org/content/10.1101/2021.07.23.21260998v1>

Boehmer TK, Kompaniyets L, Lavery AM, et al. Association Between COVID-19 and Myocarditis Using Hospital-Based Administrative Data — U.S., March 2020–January 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:1228–1232.

[https://www.cdc.gov/mmwr/volumes/70/wr/mm7035e5.htm?s\\_cid=mm7035e5\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7035e5.htm?s_cid=mm7035e5_w)

Mevorach D, Anis E, et al. (2021) Myocarditis after BNT162b2 mRNA Vaccine against Covid-19 in Israel. *N Engl J Med*.

<https://www.nejm.org/doi/full/10.1056/NEJMoa2110737>

mRNA Vaccine Associated Myocarditis, Dr. Matthew Oster, October 2021

<https://www.fda.gov/media/153514/download>