A Continuum on the Why's and How's on the Covid Vaccine for Children: Guidance for a Health Care Professional Approach

Mandie Tibball Svatek, MD
Associate Professor, UT Health San Antonio
Department of Pediatrics
Division of Inpatient Pediatrics

UT Health
San Antonio

Objectives

- Discuss key talking points in answering parents' questions about the COVID-19 Vaccine
- Describe ways to talk with parents about the COVID-19 Vaccination including motivational interviewing
- Establish ways to acknowledge and address COVID-19 Vaccine misinformation

- No Disclosures

UT Health San Antonio

Switching Gears

Are these questions sometimes questions you ask yourself?

- I have encountered many covid vaccine hesitant parents and I am frustrated?
- I feel like I have minimal time to have difficult conversations with parents about the covid vaccine?
- My approach to getting my patient's families to receive the Covid vaccine may not be working.

Let's develop a game plan to conquer these concerns

- I can explain the experiences I have had in the past with any vaccines.
- I can develop from those experiences to speak with families about the covid vaccine.
- I do know information about the vaccine and why I believe children should receive.
- I can explain the Covid vaccine to parents in a way that they will understand or even listen.

UT Health San Antonio

US – Why we continue to vaccinate

- 1700's: Smallpox outbreak and Boston
- 1898: Typhoid Fever and the Spanish American War
- 1900's: Infant mortality rate 20%
  - < 5 years of age mortality rate also 20% 1918-1919 Influenza Pandemic
- 1955: Dr, Salk and Sabin create Polio Vaccine
- 1963: Measles and formalin-inactivated vaccine with immunity wane
- 1964: Advisory Committee on Immunization Practices (ACIP)
- 1974–1976: Pertussis cases rose in Japan after rumors of distrust and disease thought to be eradicated
- 1979: Last case of Polio in the US
- 1986–1991: Resurgence of Measles, mumps, diphtheria - Vaccine For Children(VFC) program developed as a result
- 2013: Meningococcal Meningitis sero group B at Princeton and UC Santa Barbara
- 2013: 3983 Pertussis Cases in Texas
- 2015: CA Measles outbreak (45% unvaccinated)
- 2019: 1,282 individual cases of measles were confirmed in 31 states
- 2020: **Covid-19 Pandemic**

UT Health San Antonio

Why is there Vaccine Protest/Hesitancy

Causes

- Side effects
- Misinformation/
  Disinformation (intentional)
  - ie: Autism/MMR, HPV/Infertility
- Vaccine overload
- Philosophical/religious beliefs
- Concern about ingredients
- Personal right/decision
  - Vaccine Coercion
    - Fines, School admission limitations

Historical Instances

- 1830's Intrusion of privacy and bodily integrity
- 1850's irregular medicine/quackery
- Early 1900's
  - Supreme Court Ruling Jacobson v. Massachusetts and small pox
    - Anti Vaccination League of America formed
  - Brazil Revolta da Vacina
- 1986 National Childhood Vaccine Injury Act
  - Safety and neurological problems
- 1999 US FDA removal of thimerosal
- 2020 Mandating flu vaccines in Massachusetts schools

UT Health San Antonio

US Childhood Covid Cases

Cumulative Number of Child COVID-19 Cases as of 7/28/22

- ~14 million (331K added in past week)
  - Texas ~ 1,250,637 cumulative child cases as of 7/28/22
- 18.5% of ALL cases
- 18,732/100,000 children

Change in Child COVID-19 Cases as of 7/28/22

- 95,000 child COVID-19 cases vs 27,521 (back in March)
- =13.7% weekly reported cases (1% increase from previous week)

Cumulative Hospitalizations (25 states and NYC reported) as of 6/16/22

- 0.1%-1.5% of all their child COVID-19 cases resulted in hospitalization

Cumulative Mortality (46 states, NYC, PR and GU reported) as of 6/16/22

- 0%-0.27% COVID-19 deaths

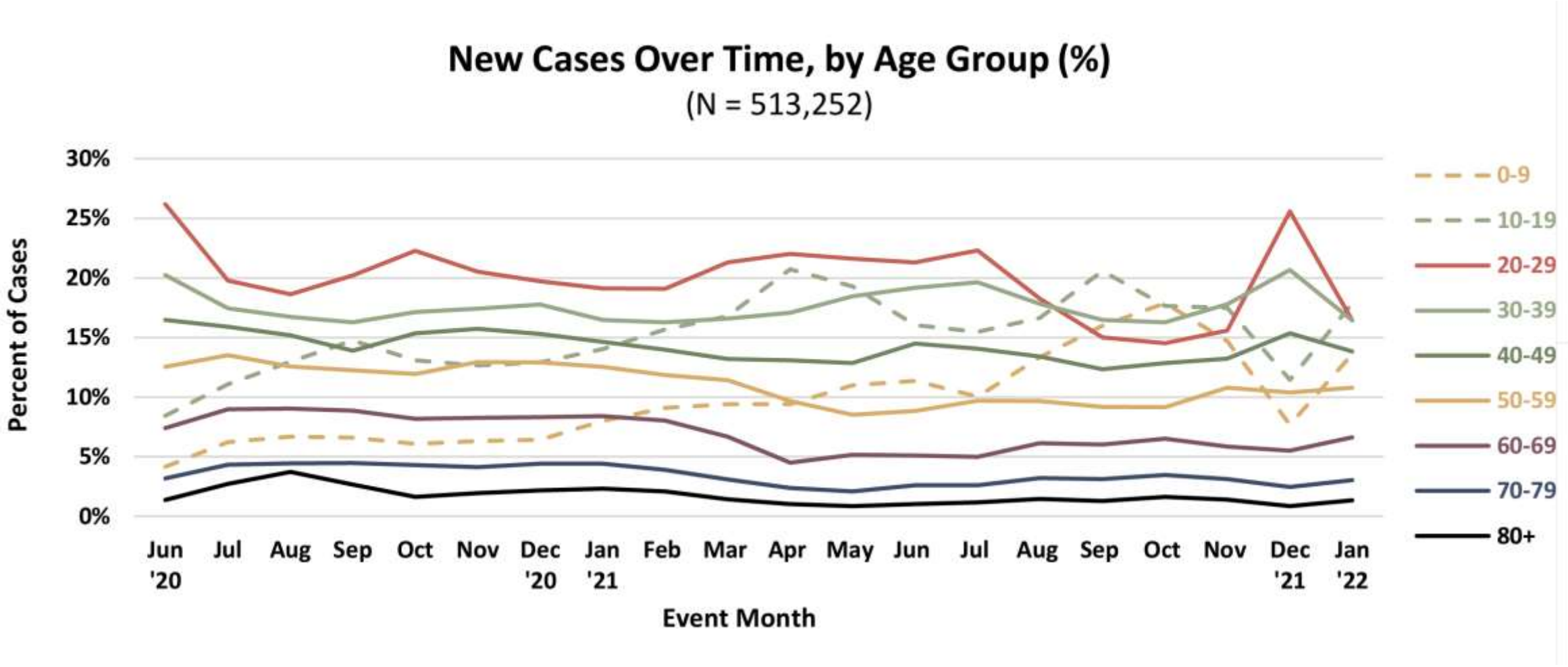
CDC
Centers for Disease Control and Prevention

UT Health San Antonio

CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

COVID-19 Monthly Epidemiological Report
January 2022

*Unless otherwise indicated, this report is based on a combination of data extracted from Texas Health Trace on **11/12/2021** and National Electronic Disease Surveillance System on 02/14/2022, and includes cases with event dates† through **01/31/2022**. Due to the recent surge, some January data is still being obtained and any missing data has not been included in this report (including hospitalization and death comorbidities, average age of death, and vaccination breakthroughs). Results are subject to change.*



School Reported COVID-19 Cases in Texas Public Schools

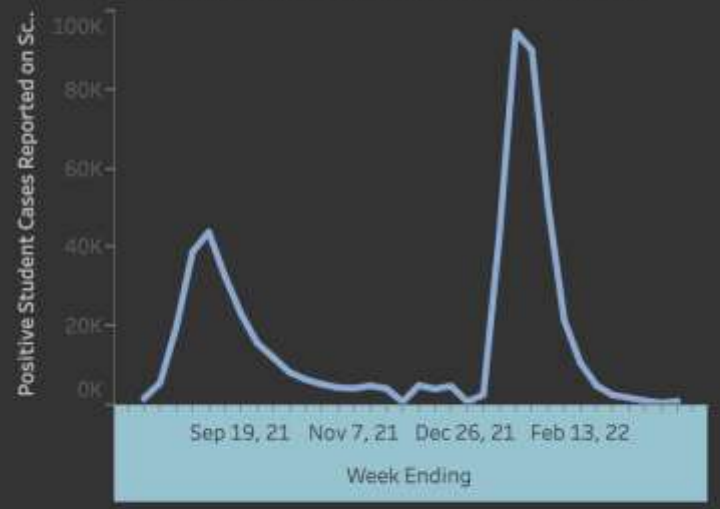
Cumulative positive **student** cases

560,220

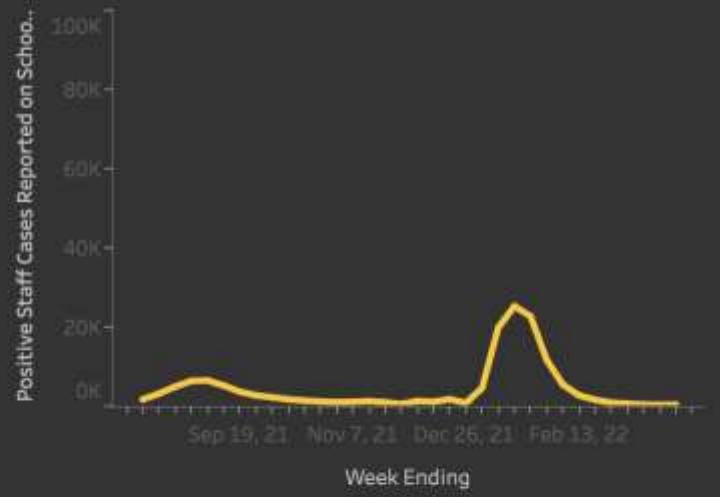
Cumulative positive **staff** cases

139,968

New Weekly COVID-19 positive <u>student</u> cases



New Weekly COVID-19 positive <u>staff</u> cases



5,417,528

Total student enrollment as of September 29,2021

800,078

2020-2021 Staff Count*

*Not updated for the current school year

TEXAS Department of State Health Services

UT Health San Antonio

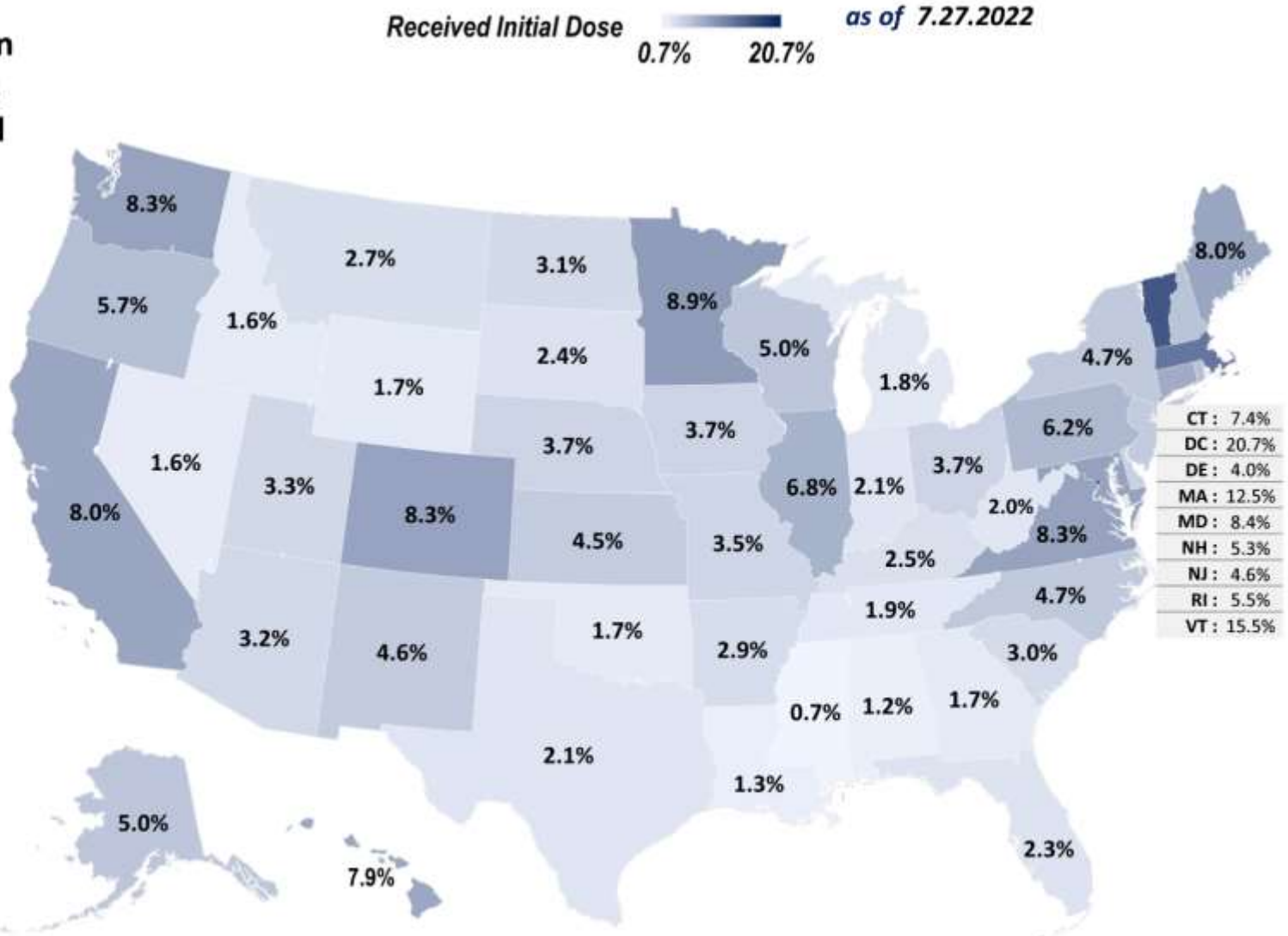
Childhood Covid Vaccine Data as of 7/27/22

Covid vaccine 6 months – 4 yrs	Covid vaccine 5-11 yrs	Covid vaccine 12-17 yrs
• 4.7% first dose • ~17.7 million yet to receive	• 37% first dose • 30% second dose • ~18 million yet to receive	• 69% first dose • 59% second dose • ~7.7 million yet to receive

CDC
Centers for Disease Control and Prevention

UT Health San Antonio

Proportion of US Children Ages 6 Months - 4 Years Who Received the Initial Dose of the COVID-19 Vaccine, by State of Residence



Note: Infants 6 months and older are estimated as half of infant population based on AAP analysis of report published by US Bureau of Census on June 17, 2021, titled "State Population by Characteristics: 2010-2020. Single Year of Age and Sex for the Civilian Population."

Source: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL: https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdi/unsk-b7fc). Check state web sites for additional or more recent information.

UT Health San Antonio

Percent of Total Bexar County Resident Vaccine-Eligible Population by Vaccination Status and Age Group

VA and DOD data† included for Fully Vaccinated and Booster counts

***CDC has capped the percent of population coverage metrics at 99.9%. These metrics could be greater than 99.9% for multiple reasons, including census denominator data not including all individuals that currently reside in the county (e.g., part time residents) or potential data reporting errors.**

	Fully Vaccinated		Boosted		Second Booster Dose	
Age Group	Count	%	Count	%*	Count	%**
5-11	52,131	25.7%	2,345	4.5%	N/A	N/A
12-15	73,868	67.7%	13,936	18.9%	132	0.9%
12-18	132,909	69.9%	29,749	22.4%	301	1.0%
>=18	1,293,211	85.5%	530,866	41.1%	83,678	15.8%
19-29	212,072	64.2%	53,162	25.1%	916	1.7%
30-39	207,712	69.1%	67,232	32.4%	1,654	2.5%
40-49	199,892	80.1%	79,554	39.8%	3,007	3.8%
50-64	284,068	84.3%	147,747	52.0%	26,871	18.2%
65+	231,538	87.4%	152,388	65.8%	51,163	33.6%
Total Eligible Population (5+)	1,458,317	77.8%	557,534	38.2%	83,912	15.1%

* Boosted percentages are calculated against the Fully Vaccinated totals

** Second Booster percentages are calculated against the Boosted totals

Vaccinations of Vaccine Eligible Bexar County Residents by Race/Ethnicity

VA data included for Fully Vaccinated Counts and Boosted; DOD data not included

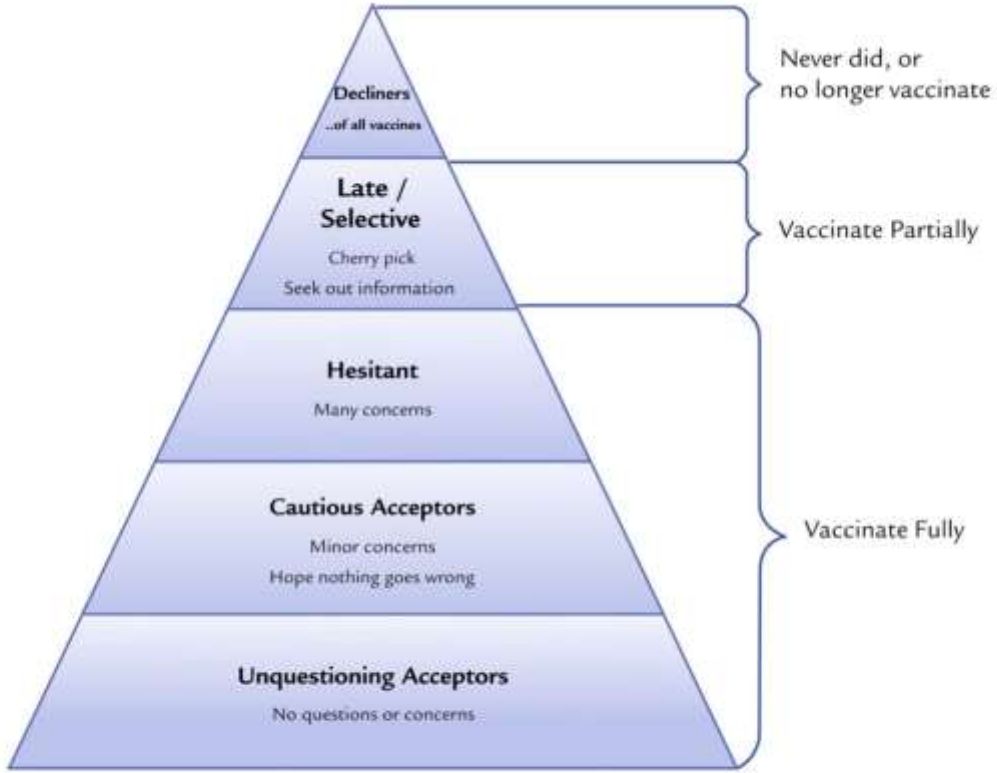
EXCLUDING UNKNOWNS

	Fully Vaccinated		Boosted		Second Booster Dose		General Bexar County Population Percentage
Race/Ethnicity	**Count**	**%**	**Count**	**%**	**Count**	**%**	
HISPANIC	551,736	43.1%	199,867	38.2%	24,677	29.6%	60.2%
NH WHITE	328,755	25.7%	138,324	26.4%	22,552	27.1%	27.7%
NH ASIAN	29,057	2.3%	12,848	2.5%	1,083	1.3%	2.7%
NH BLACK	50,254	3.9%	18,230	3.5%	2,511	3.0%	7.1%
NH OTHER	319,304	25.0%	154,235	29.5%	32,531	39.0%	2.4%

Data Source: Texas Department of State Health Services- Texas Immunization Registry (ImmTrac2)

Report Compiled: 07/06/2022

Bexar County Vaccine Data by Age as of 7/5/22



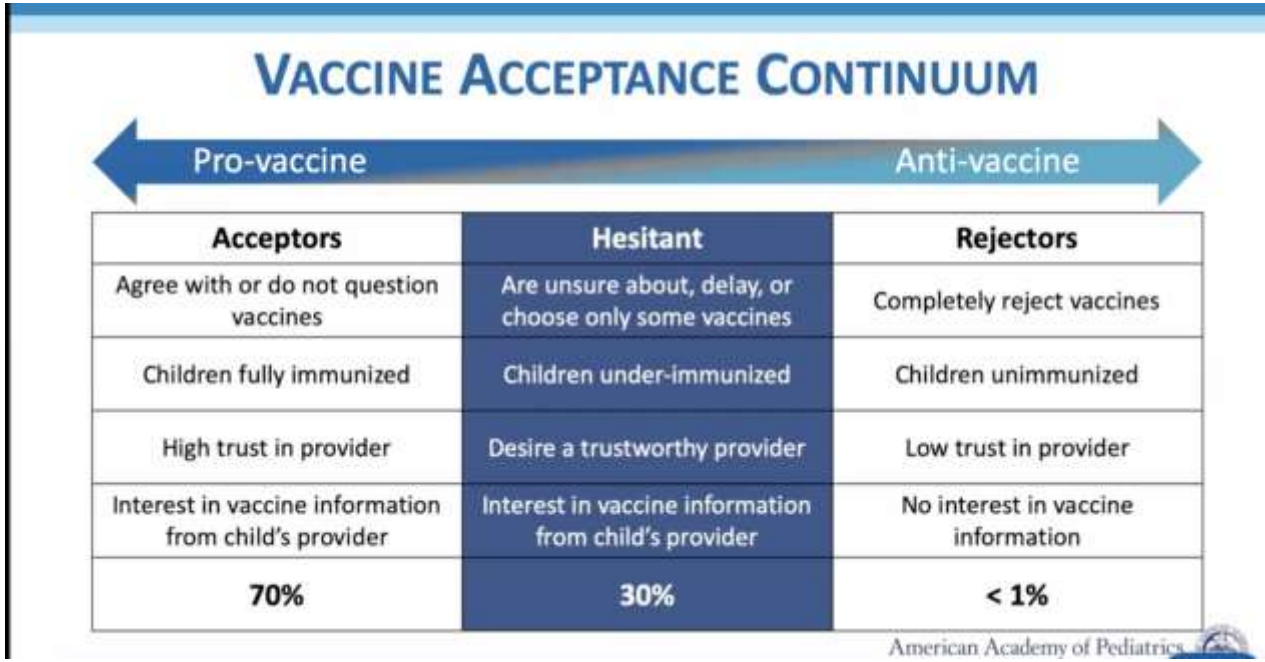


Figure 2. Vaccine acceptance spectrum from Leask et al. 2015. Improving Communication about Vaccination, adapted from Julie Leask's online blog [60].

Understanding the Spectrum

UT Health San Antonio

Multi-component Interventions key

CDC Immunization survey - March 2020 – 1/3 children 19-35mo not following routine schedule

- Start early, build trust
- Taylor to target audience and reasons for hesitancy
- Present vaccines as default approach= social norm
- Develop education materials
- Dialogue-based communication strategies

2019 national survey ~ 1 in 4 parents reported serious concerns towards vaccinating their children

- Tell stories and anecdotes but avoid fear-based messaging
- Choose messenger – HCP as well as their own social platforms
- Center on both child and community
- Use Technology
  - Redivac Trial – RCT for web-based individually tailored approach
- Use caution when addressing misinformation
- Improve Parent's vaccine literacy and critical thinking skills

UT Health San Antonio

Covid-19 and Presumptive vs Participatory

HPV Presumptive: Announcements Versus Conversations to Improve HPV Vaccination Coverage: A Randomized Trial, Pediatrics Jan 2017

- 17,173 adolescents aged 11 or 12 to the 29 clinics: control, announcement training, conversational
- Six-month increase in HPV vaccination coverage were larger for patients in clinics that received announcement training versus those in control clinics (5.4% difference, 95% confidence interval: 1.1%-9.7%).
- No diff in control vs conversational

Covid Vaccine Participatory

- New vaccine so may take some time
- Can still use key features of presumptive approaches
- Strong personal recommendation is still appropriate

UT Health San Antonio

What is your motivation?

Setting the tone

Using plain language

Active listening

Acknowledge different perspectives

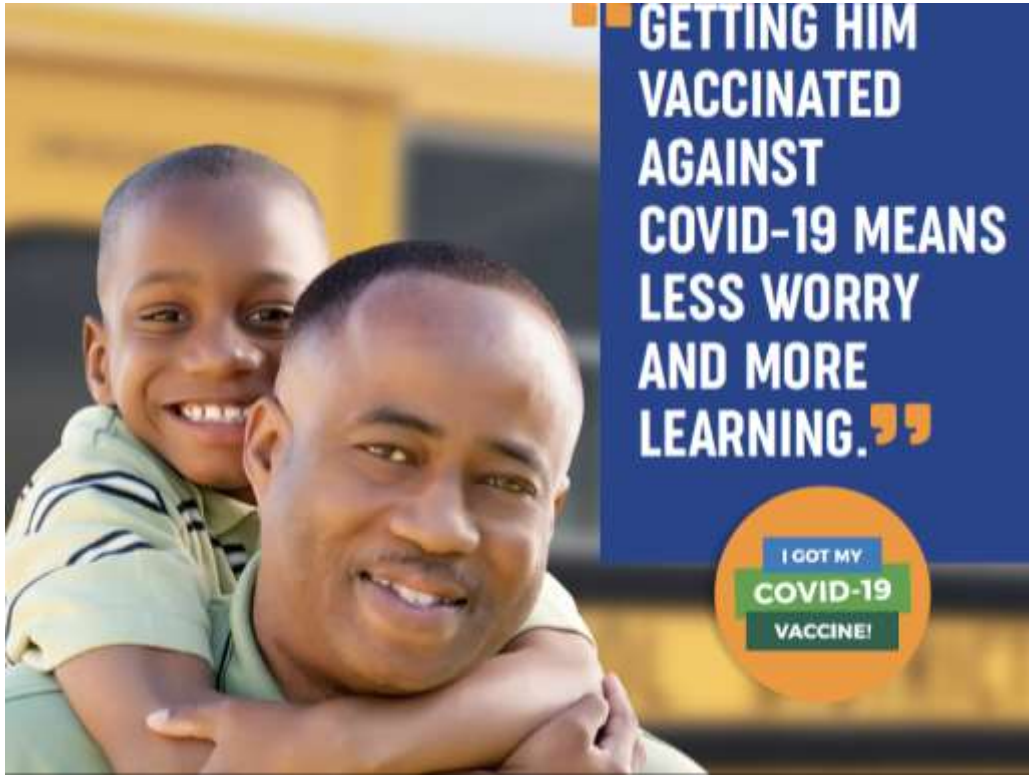
Bridge respectfully from myth to fact

Teach back

UT Health San Antonio

Preparation phase: how you can start before the patient/parent enters the room

- Creation of a letter about the covid vaccine welcoming your patients to receive
  - Tell about your own stories you may have encountered of covid infected children
  - Safe/effective
  - Side effects
- Posters in the office
  - Include not just effectiveness but side effects
- Social Media and websites related to your clinic
  - References to other pertinent sites
  - Frequently asked questions
- Know the covid vaccine sites in your area
  - https://www.vaccines.gov/search/



UT Health San Antonio

Development of Key Talking Points…but use caution in data dumping

- What do we know about the Covid variants and protection from the vaccine?
- Risk of Covid infection and Mis-C vs Covid vaccine
- How long does the vaccine last?
- Side effects and myocarditis
  - Consider terms 99% safe instead of 1% experience side effects
  - The vaccine does note affect fertility or puberty
- Explain your meanings of common, rare, extremely rare
- The risks of herd immunity
  - Individuals exposed are at risk of experiencing complications
    - Immunocompromised, Chronic medical conditions, Infants

UT Health San Antonio

Risk/Limitation

- Side effects including rare adverse events
- Missed day(s) from school/work
- Not protecting against a future variant (false security)
- Loss of personal choice

Covid Vaccine

Benefit

- Proven safety and effectiveness
- Limit of disease in individual including hospitalization, death and long term affects
- Limit of transmission to others
- Less days missed from school/work
- Decrease emergence of variants

UT Health San Antonio

Covid Vaccine, Covid and Myocarditis

Vaccine and Myocarditis

- 1626 confirmed cases
  - Self limited usually (2 deaths still under investigation)
  - 98% are out of hospital (1-2 days avg) - 87% of those hospitalized were resolved upon discharge
- Age 16-31 (median 21)
- Males 82% of cases
- Risk 6 x LOWER than post Covid infection

Covid and Myocarditis

- 2020 increase in all myocarditis cases by 42% = 4560 confirmed cases
  - Myocarditis distribution similar among males and females
  - 40% confirmed covid diagnosis
- Children and older adults most affected
  - Average hospitalization 5 days
- Risk up to 6 x HIGHER than vaccine assoc myocarditis

Mis-C: primary clinical criteria= cardiac

- 8639 cases with 70 deaths
- Median age 9 years (50% btwn age 5 and 13 yrs)
  - 57% hispanic/latino & black/non hispanic

UT Health San Antonio

Motivational Interviewing

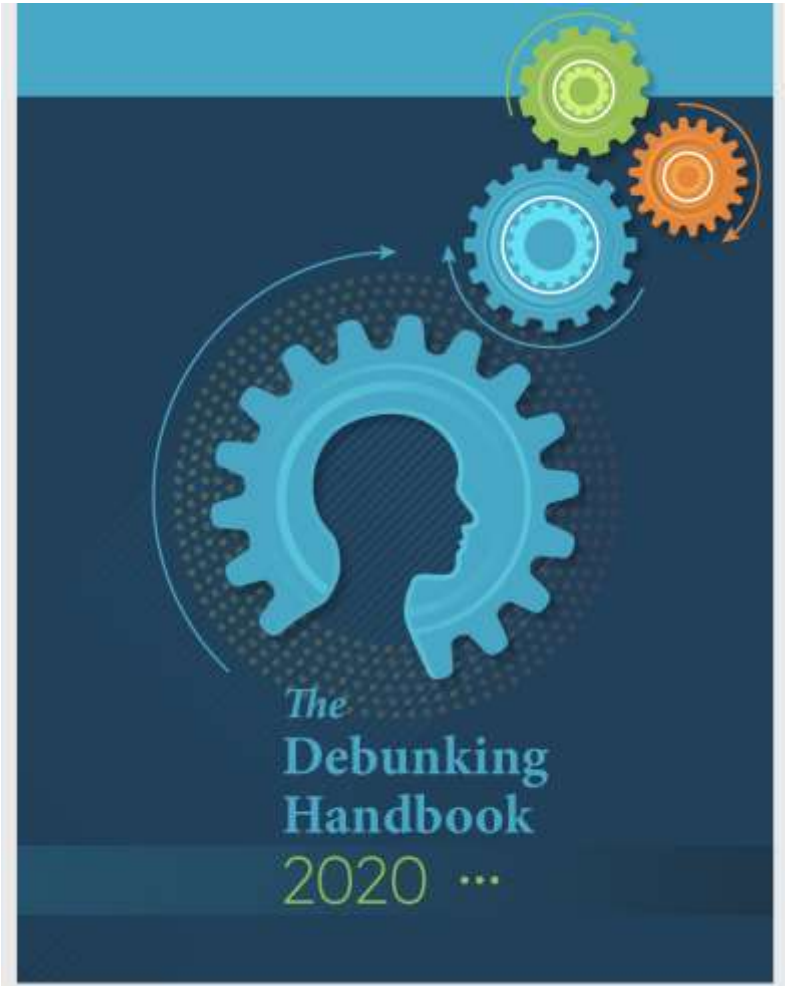
Think 5-10 minutes or less

- **Empathy and collaboration**
  - Set up a comfortable environment
  - People come from different education backgrounds, cultural backgrounds, socioeconomic status
- ***Ask permission to discuss the covid-19 vaccine but be wise about your question (be specific)**
  - May I ask you what concerns you might have about the covid vaccine?
  - May I ask you what have you heard or read about the covid vaccine that is concerning to you?
  - Respect the answer no…..welcome though another time for them to discuss should they want
- **Consider asking a scaled question:**
  - On a scale of 1-10 how likely are you to get the covid vaccine for your child? 1 is never; 10 is signed up
- **Be ready to respond to the questions they ask about vaccines, health, and mental health**
  - ” I understand you might be worried about safety…”
  - Don’t bring in other controversial information into the conversation
  - And if you’re not, it’s ok, be honest and tell them you will follow up
- **Regroup/Repeat, Summarize and Empower (Autonomy support)**
  - Where are they currently at?
  - What are their next steps?

UT Health San Antonio

How to Debunk

- Ask the parent about the resource and what to consider
  - Be careful about social media
    - Encourage to verify claims with valid resources
  - Consider information source, what is their track record and what their motives might be
- Warn and then explain how the myth misleads – one time!
  - Explain why was thought to be correct and why is now wrong
- Lead with the fact and restate
  - Backfire and overkill backfire not as common
  - Why the alternative is correct
    - Important to see inconsistency in order to resolve
- Putting the complicating facts into your own words



UT Health San Antonio

Case Example

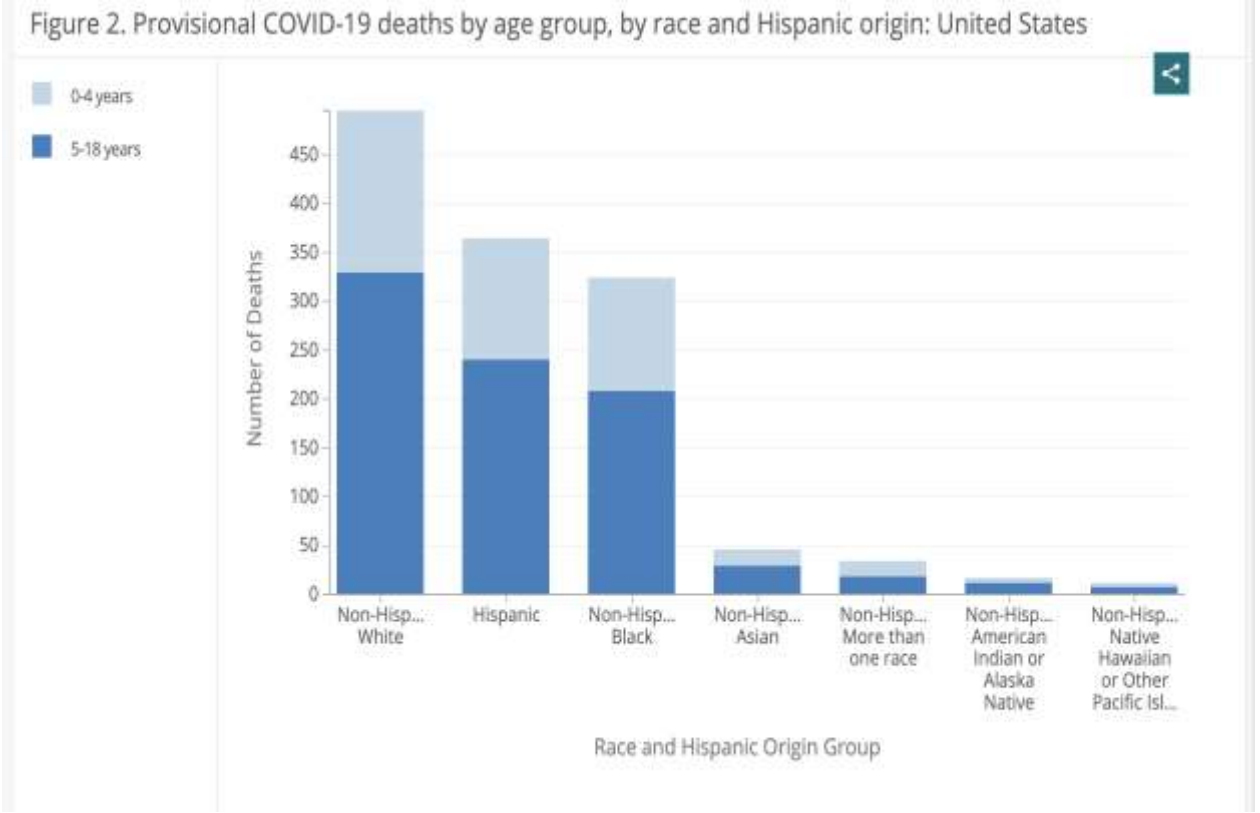
- **13 yo female comes in with mom and they are concerned about ingredients in the covid vaccine that may be "toxic to my child's body"**
- "May I ask what you are concerned about in the ingredients?"
- "I can see you are concerned about the safety of the products in the vaccine. I can understand that you care very much about your daughter and what she receives from an injection."
- "I have put much thought and reading into understanding the safety of the ingredients in the vaccine. Is it ok if I discuss what I found out?"
- "I looked into my resources that I use as a pediatrician and the covid vaccine is held to the same standard as all other vaccines. Over 10 years of research had happened even prior to the start of covid. We now have given over hundreds of millions of doses and they have shown to be safe."
- "The ingredients that were used are there to actually make the vaccine as safe as possible to administer. I feel better by giving the vaccine to my patients and my own children so to protect them from getting covid as well protecting those around them."
- "This is your decision that you can only make with your child. What do you think?"
- "Please as you go out to use resources on the internet, try to stray away from social media. These are the sources I use such as the AAP and the CDC."

UT Health San Antonio

COVID-19 quick facts for the Pediatric Population

National Center for Health Statistics

- Deaths: 1,299 age 0-18yrs (as of July 2022)
  - Includes 202 age 6mo-5yrs (Jan 2022)
- MIS-C: >8600 cases with 70 deaths
  - 1:3000 that are Covid positive **Vs**
  - Vaccinated cases age 12-20 yrs: only 21 out of more than 21 million vaccinated (Lancet study)
- Omicron: 0–4 yrs hospitalized 5 x more than Delta variant spike
- Hospitalization rate 5–11 yrs ~ 2 x higher among unvaccinated over vaccinated children



UT Health San Antonio

Practice Takeaways

- Each visit is an opportunity to discuss vaccine hesitancy
  - Resist dismissing a patient from your practice
- Use open ended questions and stray away from using “but” in your responses
- Tell your stories
  - Vaccine preventable diseases
  - Pertussis in infants you have seen and now covid bronchiolitis
  - Other Covid cases in children you have sent to the hospital including Mis-C cases
- Ask to speak at local schools/organizations around your practice about the Covid vaccine

UT Health San Antonio

Questions?

UT Health San Antonio

Resources

AAP FAQ for covid vaccine:

https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/covid-19-vaccine-for-children/about-the-covid-19-vaccine-frequently-asked-questions/#:~:text=AAP%20recommends%20COVID%2D19%20vaccination,their%20age%20and%20health%20status.

Vaccine Sites in your area

https://www.vaccines.gov/search/

Pedialink course:

https://shop.aap.org/effective-covid-19-vaccine-conversations/?_ga=2.29838911.1810283895.1648597389-639512795.1647870762&_gl=1*1wexy3u*_ga*NjM5NTEyNzk1LjE2NDc4NzA3NjI.*_ga_FD9D3XZVQQ*MTY0ODYwMDQyNy40LjAuMTY0ODYwMDQyNy4w

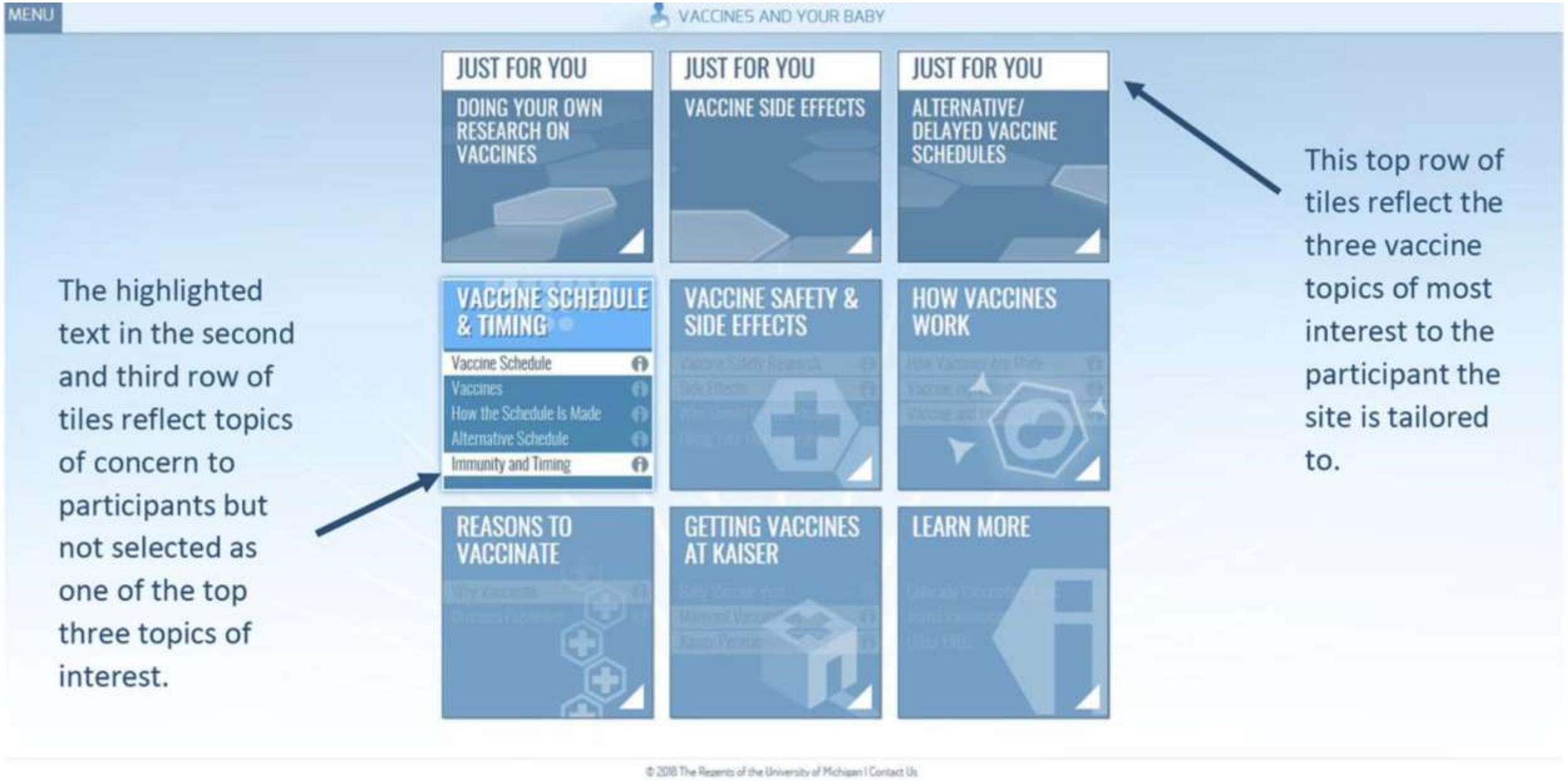
https://www.cdc.gov/vaccines/covid-19/planning/children/resources-promote.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Fhcp%2Fpediatrician.html#customizable-letter

The Debunking Handbook 2020

https://sks.to/db2020

Ways to improve vaccine admin

https://www.thecommunityguide.org/



The highlighted text in the second and third row of tiles reflect topics of concern to participants but not selected as one of the top three topics of interest.

This top row of tiles reflect the three vaccine topics of most interest to the participant the site is tailored to.

B. Untailored Website