



## Pediatricians discuss ways to prepare ahead of COVID-19 vaccination of children

by Trisha Koriath, Staff Writer



While children have not yet been assigned a priority group for the COVID-19 vaccination, pediatricians can take steps to prepare, advised two experts involved with the process.

Three immediate actions that pediatricians can take include learning about the vaccine, **preparing themselves and staff** to be immunized and sharing vaccine communications expertise, according to James Campbell, M.D., M.S., FAAP, AAP Committee on Infectious Diseases member, and Lisa Costello, M.D., M.P.H., FAAP, AAP West Virginia Chapter president and member of the AAP Committee on State Government Affairs.

Drs. Costello and Campbell answered questions about the COVID-19 vaccine at a **virtual** town hall, hosted by the Academy and moderated by Anne Edwards, M.D., FAAP, AAP chief population health officer.

Dr. Costello, who is an adviser to the pandemic response in West Virginia, said pediatricians are "prime immunizers," who are well-versed in ways to communicate with patients about vaccines.

"... We as pediatricians should be getting immunized and our staffs should be getting immunized. It's going to be important to build confidence now, so that can hopefully have a trajectory long term," she said.

Pediatricians are valuable leaders in their communities because they have the most experience of any physician when it comes to navigating vaccine communications, addressing patients' concerns, and promoting follow up on booster doses, Dr. Costello said.

The AAP West Virginia Chapter recently conducted a survey to help determine the best approaches to vaccine communications. Results indicated that people trust their doctor and organizations like the AAP to provide reliable information about vaccines and vaccine safety, she said.

The chapter is working on ways to coordinate communications and educate the community, including via an **open letter** to West Virginians signed by more than 30 medical organizations. The letter emphasizes that health care providers trust the vaccine and urges residents to get immunized when it is their turn.

Dr. Costello planned to use social media to share information with her community. She said serving as a role model has been an effective way to encourage patients, especially those with vaccine hesitancy. "They saw a doctor they trust get it and now they want to get it," she said. "As pediatricians, we would love all these people saying, 'when can I get my shot?'"



Being knowledgeable about how the Pfizer-BioNTech and Moderna messenger ribonucleic acid (mRNA) vaccines work will allay concerns people may have about side effects, contraindications or allergic reactions, said Dr. Campbell, who has been involved with COVID-19 vaccine testing.

The vaccines' ingredients include mRNA, a lipid nanoparticle, sugar and salts. They do not contain preservatives, adjuvants or antibiotics. They are not made in eggs and do not have latex in the membrane, Dr. Campbell said.

The second dose of the Pfizer-BioNTech vaccine should be given at 21 days and the second dose of the Moderna vaccine should be given at 28 days, but Dr. Campbell said pediatricians should not worry if the second dose is not administered exactly 21 or 28 days after their first dose.

There is only one known contraindication, Dr. Campbell said. "The only stated contraindication at this point is known severe allergic reaction to a component of the vaccine. It's unlikely that we're going to have a pre-existing known severe allergy to a component in the vaccine. ... It's not unexpected that we're going to see an occasional allergic reaction when we are vaccinating this many people."

Dr. Campbell said more vaccine trials in children are needed to make sure that there are not any side effects that are pediatric-specific. There is no known biomarker to predict an immune response that leads to multisystem inflammatory syndrome in children (MIS-C). He hypothesized that protection from COVID-19 by vaccination may protect against the sequelae, including MIS-C. He also noted that multisystem inflammatory syndrome in adults (MIS-A) has been common in young adults with COVID-19 disease, but has not been observed in young adults who received the vaccine in clinical trials.

Another area being studied involves transmissibility of the virus by those who are fully immunized. "We currently only know that the vaccine prevents disease. We don't know about preventing infection," Dr. Campbell said, adding that pediatricians should continue to communicate the importance of wearing a mask, physical distancing and hand hygiene.

Right now, pediatricians should focus on making sure their patients are caught up on routine childhood immunizations, Dr. Campbell said. He worries that other highly contagious diseases, like measles, pertussis and influenza, could return once children return to school and families resume traveling and other pre-pandemic routines.

"Do what you can now, while you're waiting for COVID-19 vaccine, to work with your practices, your families ... to get everybody up to date," he said.

Dr. Costello added, "We need to continue what we're already doing to prevent the spread the best we can. ... Being optimistic and hopeful is going to help us continue to push on."

## Resources

- [Connecting with the Experts: A COVID-19 Townhall Series](#)
- [COVID-19 Vaccine: Frequently Asked Questions](#)
- [Food and Drug Administration fact sheet for Pfizer-BioNtech vaccine](#)
- [Food and Drug Administration fact sheet for Moderna vaccine](#)
- [Centers for Disease Control and Prevention COVID-19 Vaccination Communication Toolkit](#)