



THE OFFICIAL NEWSMAGAZINE OF THE AMERICAN ACADEMY OF PEDIATRICS

# AAP News

## Town hall panelists discuss COVID-19 vaccine hesitancy, concomitant use

by Trisha Koriath, Staff Writer



**Editor's note:**For the latest news on COVID-19, visit <http://bit.ly/AAPNewsCOVID19>.

As COVID-19 vaccines inch closer to being authorized for use in children under 16 years old, AAP experts explored what is on the horizon for pediatricians during a **virtual town hall** session.

Moderator Anne R. Edwards, M.D., FAAP, AAP chief population health officer, posed questions about vaccine access, hesitancy, concomitant administration with other pediatric vaccines, variants and immunity to David W. Kimberlin, M.D., FAAP, AAP *Red Book* editor, Yvonne A. Maldonado, M.D., FAAP, AAP Committee on Infectious Diseases (COID) chair, and Sean T. O'Leary, M.D., M.P.H., FAAP, COID vice chair.

### Concomitant administration

An informal poll of those attending the town hall showed about 60% have enrolled as vaccine providers and 20% are administering COVID-19 vaccines in their clinics.

One dilemma pediatricians face is whether to administer COVID-19 vaccines concomitantly with other vaccines.

**Interim guidance** from the Centers for Disease Control and Prevention (CDC) calls for administering COVID-19 vaccines alone, with a minimum interval of 14 days before or after administration of any other vaccine. The CDC made that decision to ensure the safety of the new vaccines is well-monitored, Dr. O'Leary said.

The Food and Drug Administration (FDA) emergency use authorization (EUA) for the Pfizer-BioNTech vaccine, which can be given to those ages 16 and older, does not include a recommendation to avoid other vaccines.

The AAP Committee on Infectious Diseases (COID) has discussed concomitant administration of the COVID-19 vaccine with other pediatric vaccines and recognizes the "very real risks of vaccine-preventable diseases that



we know are out there," Dr. O'Leary said. However, the AAP has not yet issued guidance on concomitant use.

The FDA is evaluating a request to amend the EUA for the Pfizer-BioNTech vaccine to include 12- to 15-year-olds. Dr. Kimberlin said he anticipates the CDC Advisory Committee on Immunization Practices may address concomitant use of other vaccines when it discusses messenger RNA COVID-19 vaccine use in 12- to 15-year-olds.

## Addressing vaccine hesitancy

In order to reach herd immunity, vaccine hesitancy must be addressed, the panelists said.

About 54% the U.S. population ages 18 years and older has received at least one dose of vaccine.

"Maybe, ironically, that was the easy part," Dr. Kimberlin said. "... Now, we need to find people that maybe are hesitant but also may be just a bit indifferent. They're fine to get the vaccine, they just don't want to ... go to the trouble to do so."

To address hesitancy, Drs. Kimberlin, O'Leary and Maldonado said pediatricians should learn as much as possible about the vaccines, how they work and potential side effects.

Pediatricians should avoid responding to concerns by telling parents everything they know about the topic, something Dr. O'Leary calls a "data dump." That approach puts people on the defensive.

Instead, motivational interviewing is an effective communication framework for conversations about COVID-19 vaccines. When parents are hesitant about the vaccine, Dr. O'Leary said he listens to their concerns. Then, he asks, "Can I share with you what I found out about that?" and succinctly explains what he knows to address their concern.

Other issues the panelists are following include:

- How variants affect test accuracy. Most of the polymerase chain reaction (PCR) tests have been adapted to look for variants, Dr. Maldonado said. For PCR tests and rapid antigen tests, false positives are more likely than false negatives. She said positive rapid test results should be confirmed through PCR testing.
- How variants of SARS-CoV-2 affect disease transmissibility and severity and vaccine-induced immunity. "Immunity induced by the vaccine appears to be able, at least at the current time, to contain the viral variants relatively well," Dr. Kimberlin said. He added that studies of the Johnson & Johnson (Janssen) vaccine in South Africa where the B. 1.3.5.1. variant was the predominant strain were promising (around 60% vaccine efficacy).

The panelists urged pediatricians to reach out to trusted messengers in their communities to help ensure vaccine access.

"A lot of these relationships already exist, they just don't exist in the space of vaccination," Dr. O'Leary said. "This is an all day, every day effort."

## Resource

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