Keeping Kids Healthy This School Year

WEDNESDAY, OCTOBER 12, 2022 | 3:00PM ET / 12:00PM PT

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- Webinar recording will be posted to our CBO Webpage
Agenda

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Sarah Meyer, MD, MPH

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Lauren Smith, MD, MPH

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Robert Boyd, MCRP, MDiv

Protection Measures in Schools
Mark Del Monte, JD

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Cameron Webb, MD, JD

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All Speakers

Key Takeaways and Closing
Lisa F. Waddell, MD, MPH

Speakers

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American Academy of Pediatrics

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Cameron Webb, MD, JD
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White House

Lisa F. Waddell, MD, MPH (moderator)
Chief Medical Officer
CDC Foundation
Current COVID-19 Vaccine Guidance for School Aged Children

Sarah Meyer, MD, MPH
Chief Medical Officer
CDC, Immunization Services Division
Updated (Bivalent) COVID-19 Vaccine Boosters

Sarah Meyer, MD MPH
October 12, 2022
Coronavirus (COVID-19) Update: FDA Authorizes Moderna and Pfizer-BioNTech Bivalent COVID-19 Vaccines for Use as a Booster Dose in Younger Age Groups

For Immediate Release: October 12, 2022

Today, the U.S. Food and Drug Administration amended the emergency use authorizations (EUAs) of the Moderna COVID-19 Vaccine, Bivalent and the Pfizer-BioNTech COVID-19 Vaccine, Bivalent to authorize their use as a single booster dose in younger age groups. The Moderna COVID-19 Vaccine, Bivalent is authorized for administration at least two months following completion of primary or booster vaccination in children down to six years of age. The Pfizer-BioNTech COVID-19 Vaccine, Bivalent is authorized for administration at least two months following completion of primary or booster vaccination in children down to five years of age.

These bivalent COVID-19 vaccines include an mRNA component of the original strain to provide an immune response that is broadly protective against COVID-19 and an mRNA
Bivalent Booster Recommendations

- Everyone ages 5 years and older is recommended to receive 1 age-appropriate bivalent mRNA booster dose after completion of any FDA-approved or FDA-authorized monovalent primary series or last monovalent booster dose.
  - People cannot get a bivalent booster without first completing at least a primary series
  - Age-appropriate homologous and heterologous boosters allowed; there is no preference
- At this time, no changes to schedules for children ages <5 years.
**Fall Booster “Reset”**

- Recommendations are simplified
- Change from dose counting to 1 bivalent booster for everyone eligible
- If eligible, a bivalent should not be denied based on total number of doses

<table>
<thead>
<tr>
<th>Vaccination history</th>
<th>Next dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary series</td>
<td>At least 2 months</td>
</tr>
<tr>
<td>Primary series + 1 booster</td>
<td>At least 2 months</td>
</tr>
<tr>
<td>Primary series + 2 booster</td>
<td>At least 2 months</td>
</tr>
</tbody>
</table>
Ages 5 years
(Primary Series: Moderna or Pfizer-BioNTech)

Ages 6–11 years
(Primary Series: Moderna or Pfizer-BioNTech)

Pediatric Schedule: Ages 5–11 Years

* 3-8 week interval for Pfizer-BioNTech; 4-8 week interval for Moderna
Pediatric Schedule: Ages 12-17 Years

Ages 12–17 years
(Primary Series: Moderna, Novavax, or Pfizer-BioNTech)

- Primary
- 3-8 or 4-8 weeks*
- At least 2 months
- Regardless of previous monovalent booster doses given

*3-8 week interval for Novavax or Pfizer-BioNTech; 4-8 week interval for Moderna
Adult Schedule: Ages 18 Years and Older

**Ages 18 years and older**
(Primary Series: Moderna, Novavax, or Pfizer-BioNTech)

1. Primary
2. 3-8 or 4-8 weeks*
3. Primary
4. At least 2 months
5. Pfizer or Moderna Bivalent Booster†

Regardless of previous monovalent booster doses given

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**Ages 18 years and older**
(Primary Series: Janssen)

1. Primary
2. At least 2 months
3. Pfizer or Moderna Bivalent Booster†

Regardless of previous monovalent booster doses given

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*3-8 week interval for Novavax and Pfizer-BioNTech; 4-8 week interval for Moderna
† A monovalent Novavax booster dose (instead of a bivalent mRNA booster dose) may be used in limited situations in people ages 18 years and older who are unable to receive an mRNA vaccine (i.e., contraindicated) or unwilling to receive an mRNA vaccine and would otherwise remain unvaccinated
Booster Recommendations, continued

- **Homologous** (the same) and **heterologous** ("mix and match") boosters are allowed*; no preference

*Only Pfizer-BioNTech bivalent booster is authorized for people age 5 years. Both Pfizer-BioNTech and Moderna bivalent boosters are authorized for people ages 6 years and older.
Timing Considerations for People with Current or Prior SARS-CoV-2 Infection

- At a minimum, defer any COVID-19 vaccination, including bivalent booster vaccination, at least until recovery from the acute illness (if symptoms were present) and criteria to discontinue isolation have been met.

- In addition, people who recently had SARS-CoV-2 infection may consider delaying any COVID-19 vaccination, including bivalent booster vaccination, by 3 months from symptom onset or positive test (if infection was asymptomatic).

- Individual factors such as risk of COVID-19 severe disease, COVID-19 community level, or characteristics of the predominant SARS-CoV-2 strain should be taken into account when determining whether to delay getting a COVID-19 vaccination after infection.
Coadministration of Influenza with COVID-19 Vaccines

- Providers should offer influenza and COVID-19 vaccines at the same visit, if eligible.
  - This includes adjuvanted or high-dose influenza vaccines; administer in separate limbs.

- With both influenza and SARS-CoV-2 circulating, getting **both vaccines** is important for prevention of severe disease, hospitalization, and death.

- Getting both vaccines at the same visit increases the chance that a person will be up to date with their vaccinations.
Staying Up To Date

- CDC encourages people to “Stay up to date with your COVID-19 vaccines”.

- Staying up to date keeps people current with COVID-19 vaccine recommendations.

- You are up to date if you have completed a primary series and received the most recent booster dose recommended for you by CDC.
COVID-19 Hospitalization and Vaccination among Children

Lauren Smith, MD, MPH
Chief Health Equity and Strategy Officer
CDC Foundation
COVID 19 Hospitalization and Vaccination among Children

October 12, 2022
40,000 new pediatric cases, down from 90,000 a month before
New Admissions of Patients with Confirmed COVID-19, United States
Aug 01, 2020 - Oct 09, 2022

**Total Admissions**
5,393,425
Aug 01, 2020 - Oct 09, 2022

**Current 7-Day Average**
3,279
Oct 03, 2022 - Oct 09, 2022

**Prior 7-Day Average**
3,453
Sep 22, 2022 - Oct 02, 2022

**Peak 7-Day Average**
21,525
Jan 09, 2022 - Jan 15, 2022

**Percent change from prior 7-day avg. of Sep 26, 2022 - Oct 02, 2022**
-5.0%

**Percent change from peak 7-day avg. of Jan 09, 2022 - Jan 15, 2022**
-84.8%

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**Age Group**

- 0 - 17 Years
- 18 - 29 Years
- 30 - 39 Years
- 40 - 49 Years
- 50 - 59 Years
- 60 - 69 Years
- 70+ Years
- All Ages

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Based on reporting from all hospitals (N=5,393). Due to potential reporting delays, data reported in the most recent 7 days (as represented by the shaded bar) should be interpreted with caution.

Small shifts in historic data may occur due to changes in the CMS Provider of Services file, which is used to identify the cohort of included hospitals. Data since December 1, 2020 have had error correction methodology applied. Data prior to this date may have anomalies that are still being resolved. Note that the above graphs are often shown on different scales. Data prior to August 1, 2020 are unavailable.

**Last Updated:** Oct 11, 2022
COVID hospitalizations in kids, as of 10.6.22
COVID 19 severity among hospitalized kids

Study of 400 kids, aged 5-11 years, hospitalized during Omicron wave

• 3 in 10 had NO underlying conditions
• 9 in 10 were unvaccinated
• 2 in 10 needed ICU care
• NO vaccinated children required higher level oxygen support

Documented inequities

• Black children made up the largest proportion (34%) within unvaccinated children
• Black (44%) and Latino (26%) children were more likely to have severe disease compared to white peers (22%)

MMWR April 22, 2022
### Percent of People Receiving COVID-19 Vaccine by Age and Date Administered, United States

**December 14, 2020 – October 05, 2022**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>At Least One Dose</th>
<th>Completed Primary Series</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;2 yrs</td>
<td>5.0%</td>
<td>1.6%</td>
</tr>
<tr>
<td>2-4 yrs</td>
<td>7.8%</td>
<td>3.0%</td>
</tr>
<tr>
<td>5-11 yrs</td>
<td>38.6%</td>
<td>31.5%</td>
</tr>
<tr>
<td>12-17 yrs</td>
<td>71.0%</td>
<td>60.8%</td>
</tr>
<tr>
<td>18-24 yrs</td>
<td>80.4%</td>
<td>65.4%</td>
</tr>
<tr>
<td>25-49 yrs</td>
<td>83.8%</td>
<td>71.0%</td>
</tr>
<tr>
<td>50-64 yrs</td>
<td>94.4%</td>
<td>82.6%</td>
</tr>
<tr>
<td>+65 yrs</td>
<td>95.0%</td>
<td>92.6%</td>
</tr>
</tbody>
</table>

**Vaccinations**

- **Sex**
- **Age**
- Females by Age
- Males by Age

**Date Administered**

- **At Least One Dose**: Capped at 95.0%
- **Completed Primary Series**: Capped at 95.0%

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People receiving at least one dose: total count represents the total number of people who received at least one dose of COVID-19 vaccine. Completed Primary Series: total count represents the number of people who have received a dose of a single-shot COVID-19 vaccine or the second dose of a 2-dose COVID-19 vaccine series. Due to the time between vaccine administration and when reported to CDC, vaccinations administered during the last 5 days may not yet be reported. This reporting lag is represented by the gray shaded box.

Last Updated: Oct 05, 2022

COVID 19 Vaccination Status, as of 10.5.22

6 months – 4 years
- 1.5 million (9%) have received 1 dose
- 15.6 million have NOT received 1st dose
- 40,000 received 1st dose in prior week

5 - 11 years
- 10.8 million (38%) have received 1 dose
- 8.8 million (31%) completed 2 dose series
- 17.8 million have NOT received 1st dose
- 21,000 received 1st dose in prior week

12 - 17 years
- 17.6 million (67%) have received 1 dose
- 15.1 million (58%) completed 2 dose series
- 8.5 million have NOT received 1st dose
- 20,000 received 1st dose in prior week

42 million kids under 18 (58%) have received NO vaccine

Source: AAP analysis of CDC data tracker
At current vaccination pace, it will take years to reach unvaccinated kids

- **6mon – 4 years:** 390 weeks (7.5 years) to reach 15.6 million kids with 1\textsuperscript{st} dose

- **5-11 years:** 890 weeks (17 years) to reach 17.8 million kids

- **12-17 years:** 425 weeks (8.2 years) to reach 8.5 million kids
Equitable COVID vaccination in kids: Key Themes

• Promote vaccination in medical homes – where kids receive routine immunizations

• School-based efforts can be crucial bridge for children who lack medical home

• Support local and state public health departments to foster connections between schools and medical homes and coordinate outreach and education

• Maximize use of Vaccines for Children program

• Ensure local trusted community members are equipped with clear consistent communication and are engaged in planning for effective outreach

• Foster “no wrong door” approach to ensure whole families are vaccinated

CDC resources: Equity in Childhood COVID 19 Vaccination
Vaccine Equity Cooperative: Advancing Children’s Health: Promoting COVID 19 Vaccination and Mitigation Measures
Healthy Kids Learn Better

Robert Boyd, MCRP, MDiv
President/CEO
School-Based Health Alliance
Healthy Kids Learn Better

Robert Boyd, CEO, SBHA
School-Based Health Services

Types of Health Services Providers

- School nurses
- School psychologists
- School counselors
- School social workers
- Health educators
- Nutritionists
- School-based health center personnel
Simply put, a brand is a promise. By identifying and authenticating a product or service it delivers a pledge of satisfaction and quality.

Walter Landor

A school-based health center (SBHC) is a shared commitment between a school, community, and health care organizations to support students' health, well-being, and academic success by providing preventative, early intervention, and treatment services where students are: in school.

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School-Based Health Services

Types of Services

Traditional School Health examples:

- School nursing services
- Speech therapy
- Counseling
- Nutrition related services
- Occupational therapy
- Chronic care management, such as diabetes and asthma

Includes services required to meet Free and Appropriate Public Education (FAPE)

School-Based Health Care Prevention and Intervention examples:

- Medical care
- Mental/behavioral health care
- Oral health care
- Vision care
- Health Education
- Nutrition

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Health Equity
School-Based Health Centers: recommends the implementation and maintenance of School-Based Health Centers in low-income communities to improve educational and health outcomes.

Vaccination Programs
Schools and Organized Child Care Centers: strong evidence of effectiveness in increasing vaccination rates and decreasing rates of vaccine-preventable disease and associated morbidity and mortality.

https://www.thecommunityguide.org/
From the Field – Responses to Covid-19

- Increase childhood immunizations (and boosters) along with flu vaccine and well child visits
- Host immunization events
- Drive-up/parking lot immunization clinics
- Pair immunization health center hours with food box distribution
- Build relationships and trust so SBHC is seen as future source of COVID vaccine
Misinformation about vaccine safety drives reluctance to vaccinate children, study finds

• **Date:** October 3, 2022

• **Source:** Annenberg Public Policy Center of the University of Pennsylvania

• **Summary:** As of late September 2022, nearly 78 percent of U.S. adults but only 31 percent of children ages 5 to 11 had completed the primary set of vaccinations against COVID-19, according to health authorities. In a new study, researchers attribute that dramatic discrepancy in part to the acceptance of misinformation about the safety of vaccines in general and the COVID-19 vaccines in particular.
Protection Measures Needed to Keep Kids Healthy in Schools

Mark Del Monte, JD
CEO/Executive Vice President
American Academy of Pediatrics
Federal Government Initiatives to Increase Uptake of Vaccines in Kids

Cameron Webb, MD, JD
Senior Policy Advisor for Equity
COVID-19 Response Team, White House
Thank You

• Today’s slides and a recording of this webinar will be posted online; a link will be provided

• Please take the brief evaluation poll that will appear on your screen shortly

• Let us know your feedback and thoughts for future webinar topics in the post-webinar survey

• Thank you for your time and participation!