

# Keeping Kids Healthy This School Year

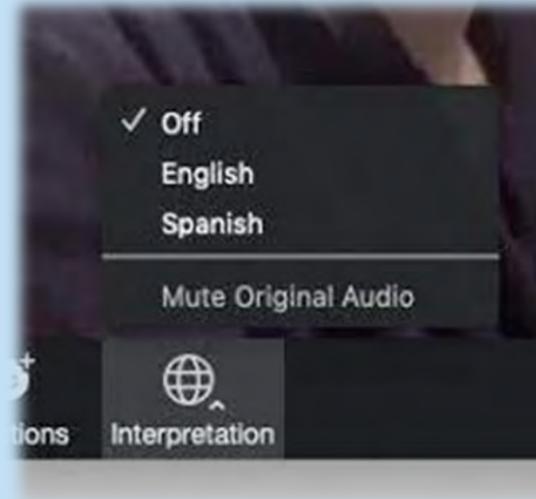
WEDNESDAY, OCTOBER 12, 2022 | 3:00PM ET / 12:00PM PT

*Featuring Speakers From:*

# Language Interpretation

## Interpretación del Idioma

To listen to this presentation in Spanish, click the globe interpretation icon and select your language.



Para escuchar esta presentación en español, hacer clic en el ícono del mundo de interpretación y seleccionar su idioma.

# Closed Captioning

To enable close captioning, please click on the closed captioning icon and select "Show Subtitles"



# Housekeeping



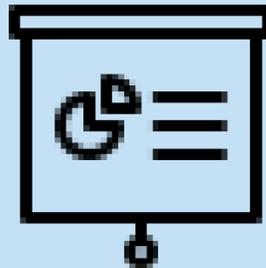
Use Zoom chat feature for comments/reactions/links



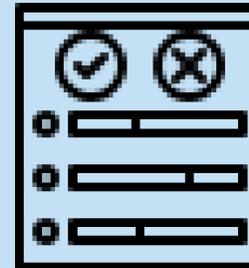
Click the "Live Transcript" button to enable closed captioning



Use Zoom Q&A to ask a question



Slides will be posted to our CBO Webpage



Poll and survey will be shown at the end of the webinar



Webinar recording will be posted to our CBO Webpage

# Agenda

## Welcome & Introductions

Lisa F. Waddell, MD, MPH

## Current COVID-19 Vaccine Guidance

Sarah Meyer, MD, MPH

## Hospitalization and Vaccination in Children

Lauren Smith, MD, MPH

## Healthy Kids Learn Better

Robert Boyd, MCRP, MDiv

## Protection Measures in Schools

Mark Del Monte, JD

## Federal Government Initiatives

Cameron Webb, MD, JD

## Audience Q&A

All Speakers

## Key Takeaways and Closing

Lisa F. Waddell, MD, MPH

# Speakers



**Robert Boyd, MCRP, MDiv**  
President/CEO  
School-Based Health Alliance



**Mark Del Monte, JD**  
CEO/Executive Vice President  
American Academy of Pediatrics



**Sarah Meyer, MD, MPH**  
Chief Medical Officer  
CDC, Immunization Services Division



**Lauren Smith, MD, MPH**  
Chief Health Equity and Strategy Officer  
CDC Foundation



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



**Lisa F. Waddell, MD, MPH (moderator)**  
Chief Medical Officer  
CDC Foundation

# Current COVID-19 Vaccine Guidance for School Aged Children

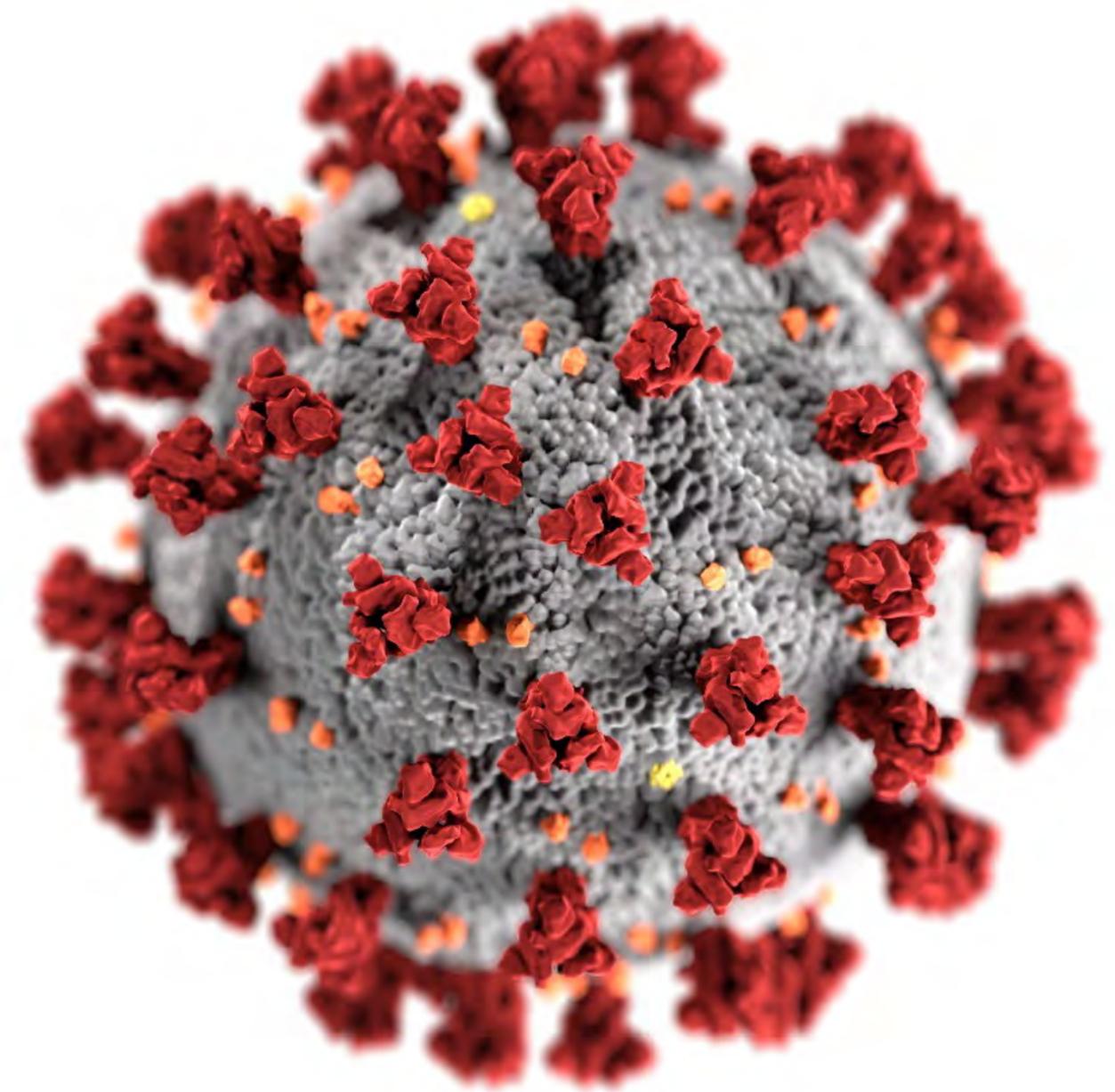


**Sarah Meyer, MD, MPH**

Chief Medical Officer  
**CDC, Immunization Services Division**

# Updated (Bivalent) COVID-19 Vaccine Boosters

Sarah Meyer, MD MPH  
October 12, 2022



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# Coronavirus (COVID-19) Update: FDA Authorizes Moderna and Pfizer-BioNTech Bivalent COVID-19 Vaccines for Use as a Booster Dose in Younger Age Groups

[f Share](#) [t Tweet](#) [in LinkedIn](#) [✉ Email](#) [🖨 Print](#)

**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”

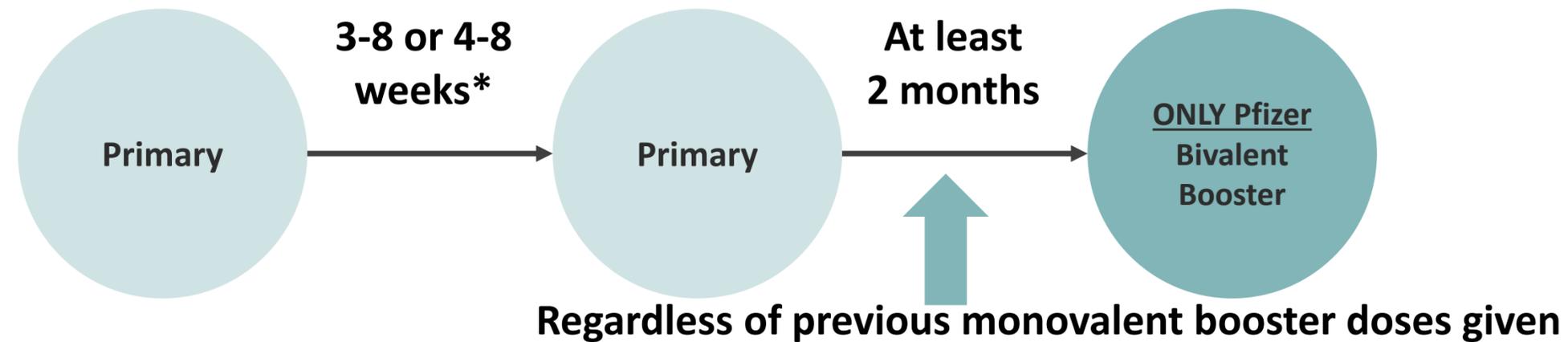
- Recommendations are simplified
- Change from dose counting to 1 bivalent booster for everyone eligible
- If eligible, a bivalent should not be denied based on total number of doses

Vaccination history	→	Next dose
Primary series	At least 2 months →	1 bivalent booster dose
Primary series + 1 booster	At least 2 months →	1 bivalent booster dose
Primary series + 2 booster	At least 2 months →	1 bivalent booster dose

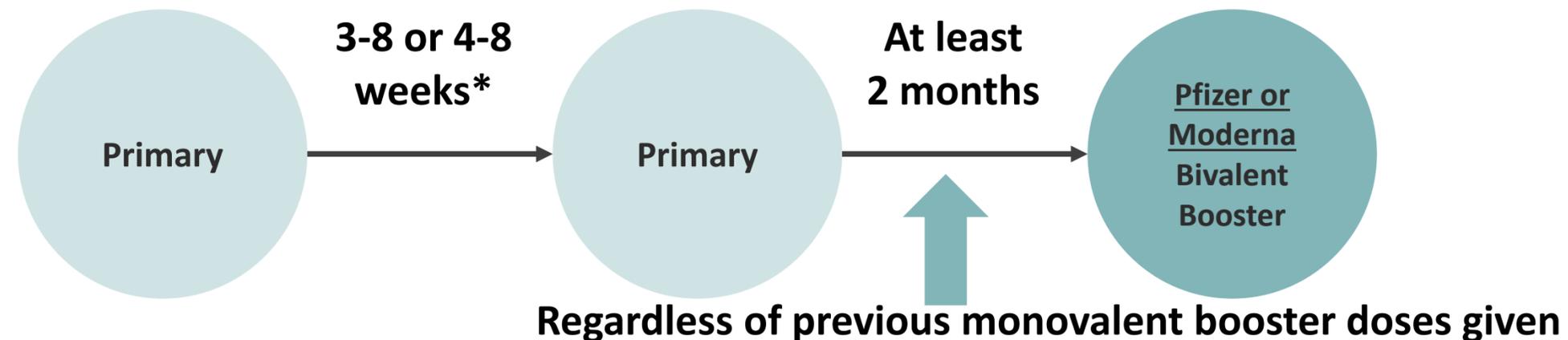


# Pediatric Schedule: Ages 5–11 Years

**Ages 5 years**  
(Primary Series:  
Moderna or  
Pfizer-BioNTech)



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

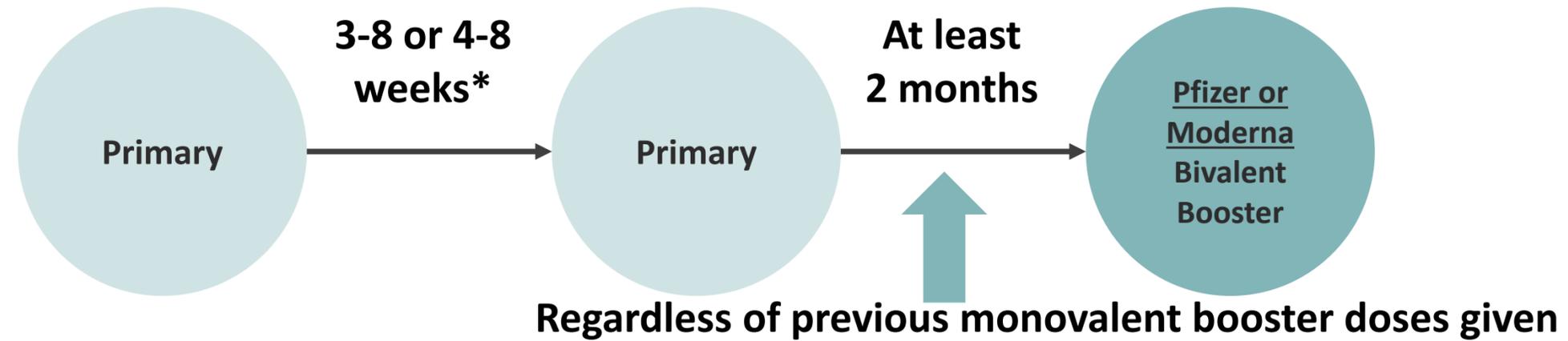


\*3-8 week interval for Pfizer-BioNTech; 4-8 week interval for Moderna



# Pediatric Schedule: Ages 12-17 Years

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



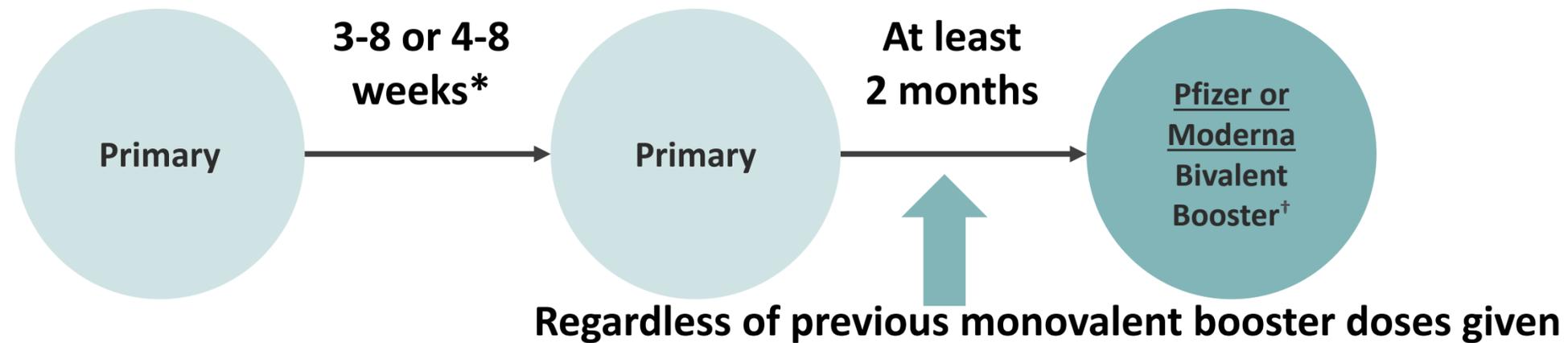
\*3-8 week interval for Novavax or Pfizer-BioNTech; 4-8 week interval for Moderna



# Adult Schedule: Ages 18 Years and Older

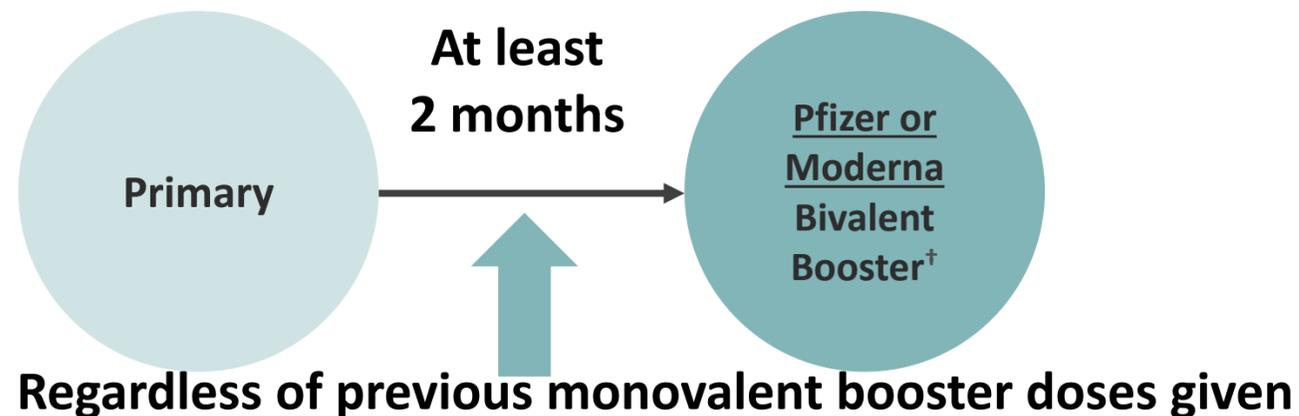
## Ages 18 years and older

(Primary Series: Moderna, Novavax, or Pfizer-BioNTech)



## Ages 18 years and older

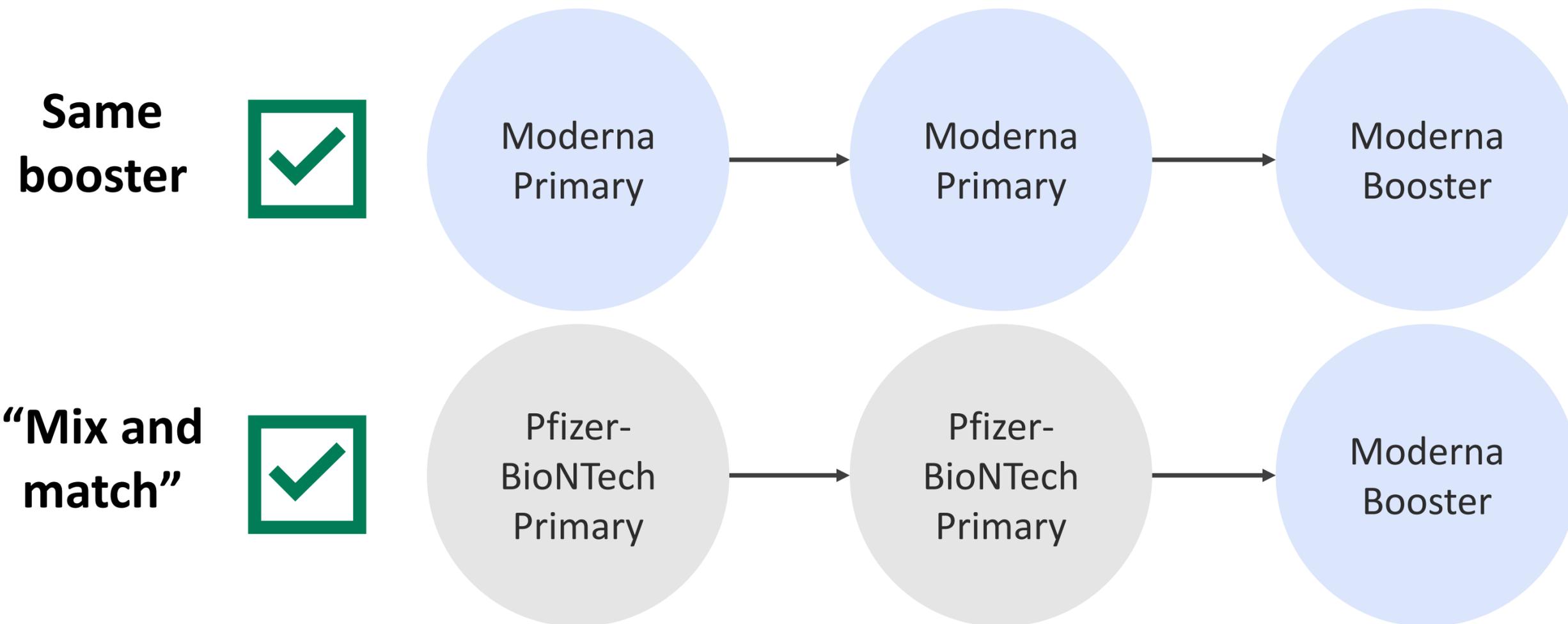
(Primary Series: Janssen)



\*3-8 week interval for Novavax and Pfizer-BioNTech; 4-8 week interval for Moderna  
<sup>†</sup> 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





# COVID-19 Weekly Cases per 100,000 Population by Age Group & Race/Ethnicity, United States



March 01, 2020 - October 01, 2022\*

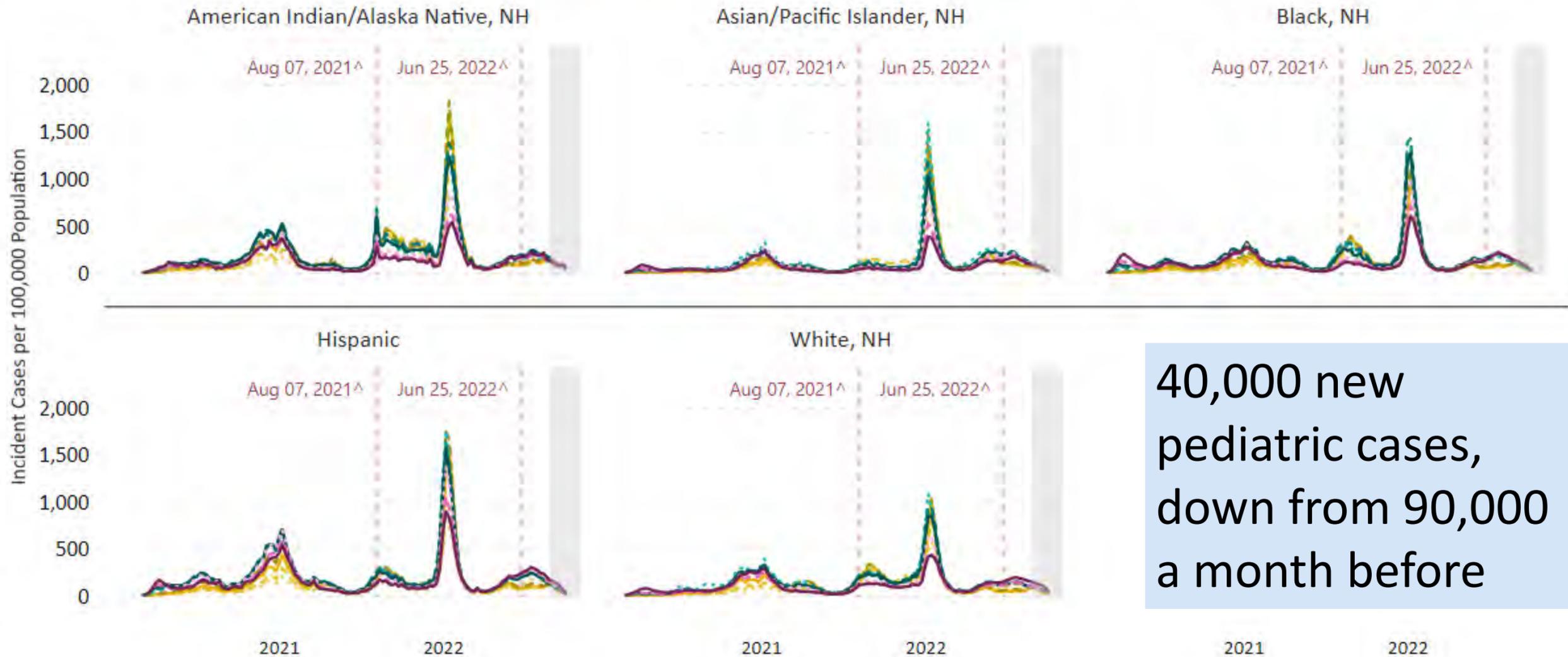
Age Group 0 - 4 5 - 11 12 - 15 16 - 17 18 - 29 30 - 39 40 - 49 50 - 64 65 - 74 75+

Jurisdiction  
US

3/7/2020 10/1/2022

Cases  
Sex  
Age - All Groups  
**Age by Race/Ethnicity**  
Pediatric Case Proportions  
Race/Ethnicity  
Race/Ethnicity by Age

Deaths  
Sex  
Age - All Groups  
Age by Race/Ethnicity  
Race/Ethnicity  
Race/Ethnicity by Age



40,000 new pediatric cases, down from 90,000 a month before

Case Earliest Date by End of Week\*

US: Includes data up to the week ending on Oct 01, 2022. Percentage of cases reporting race and age by date - 62.55%. US territories are included in case and death counts but not in population counts. Potential six-week delay in case reporting to CDC denoted by gray bars. Weekly data with five or less cases have been suppressed. NH = Non-Hispanic. Excludes cases with unknown or multiple races. \*Case Earliest Date is the earliest of the clinical date (related to illness or specimen collection and chosen by a defined hierarchy) and the Date Received by CDC. The date for the current week extends through Saturday. ^Case rates for South Dakota during the week ending Aug 07, 2021, and Texas during the week ending Jun 25, 2022, are reflective of a data reporting artifact. Surveillance data are provisional, and as additional clinical date data becomes available, the case rates over time are subject to change.

# 5,393,425

Total Admissions

Aug 01, 2020 - Oct 09, 2022

# 3,279

Current 7-Day Average

Oct 03, 2022 - Oct 09, 2022

# 3,453

Prior 7-Day Average

Sep 26, 2022 - Oct 02, 2022

# 21,525

Peak 7-Day Average

Jan 09, 2022 - Jan 15, 2022

# -5.0%

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

# -84.8%

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

## New Admissions of Patients with Confirmed COVID-19, United States

### Aug 01, 2020 - Oct 09, 2022

By Jurisdiction and Age Group

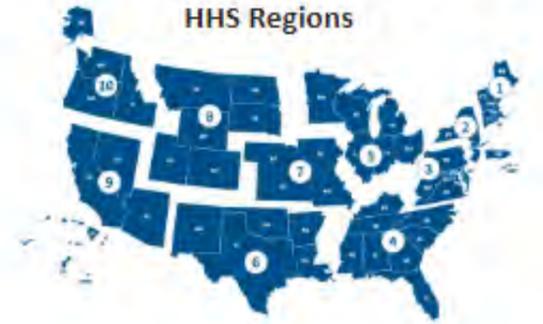
By Jurisdiction

Select a Jurisdiction

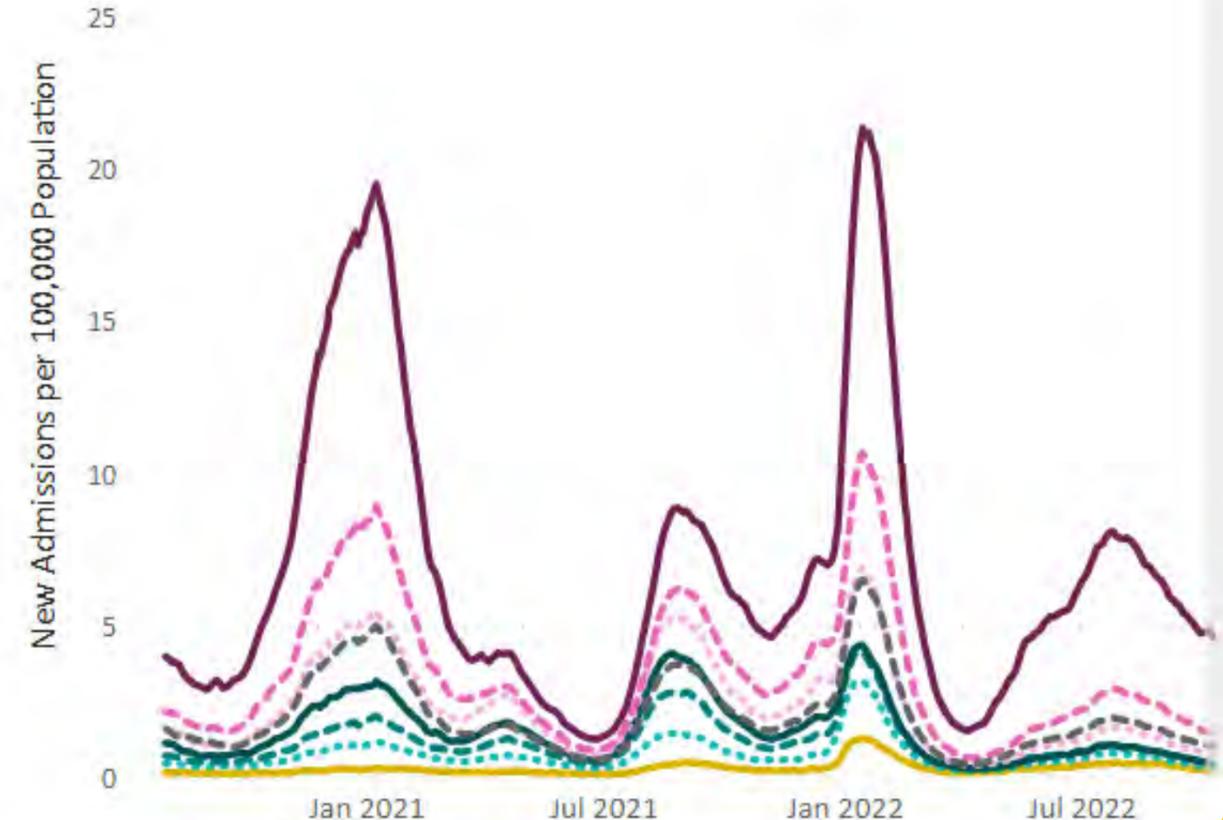
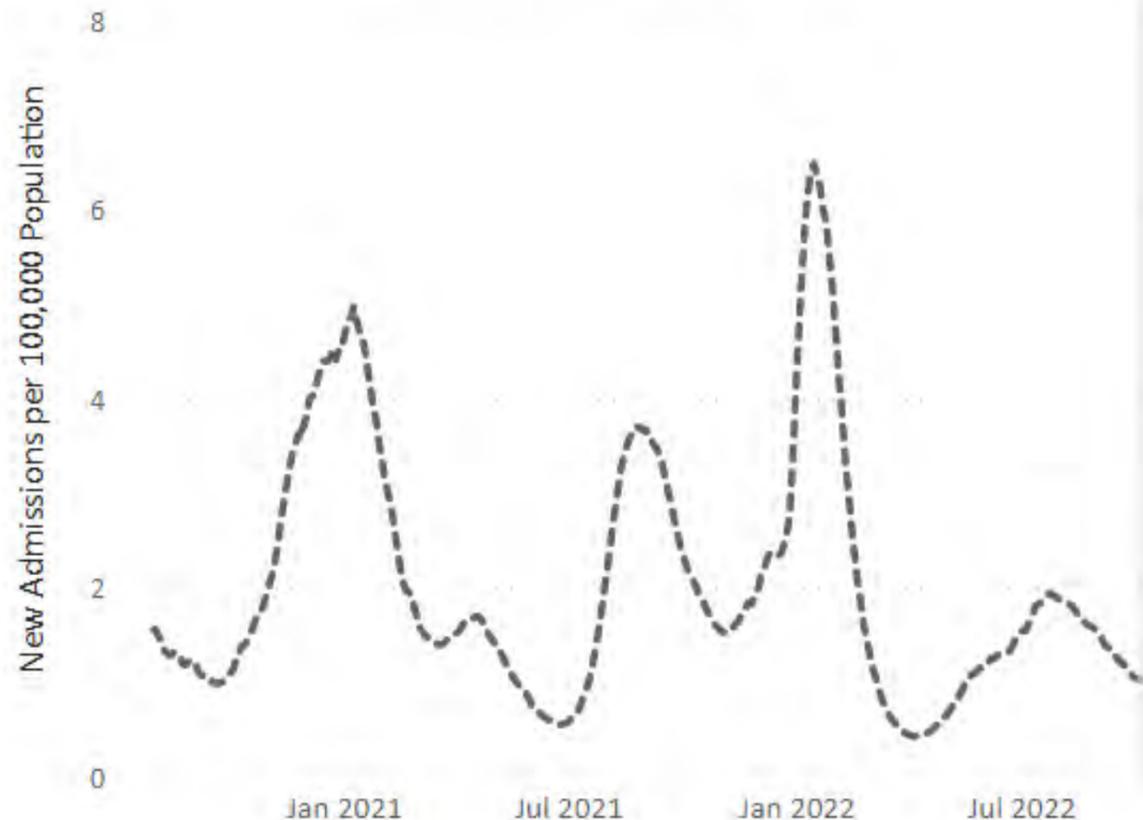
Select an Age Group

United States

All Ages



United States | All Ages



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

Based on reporting from all hospitals (N=5,309). 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

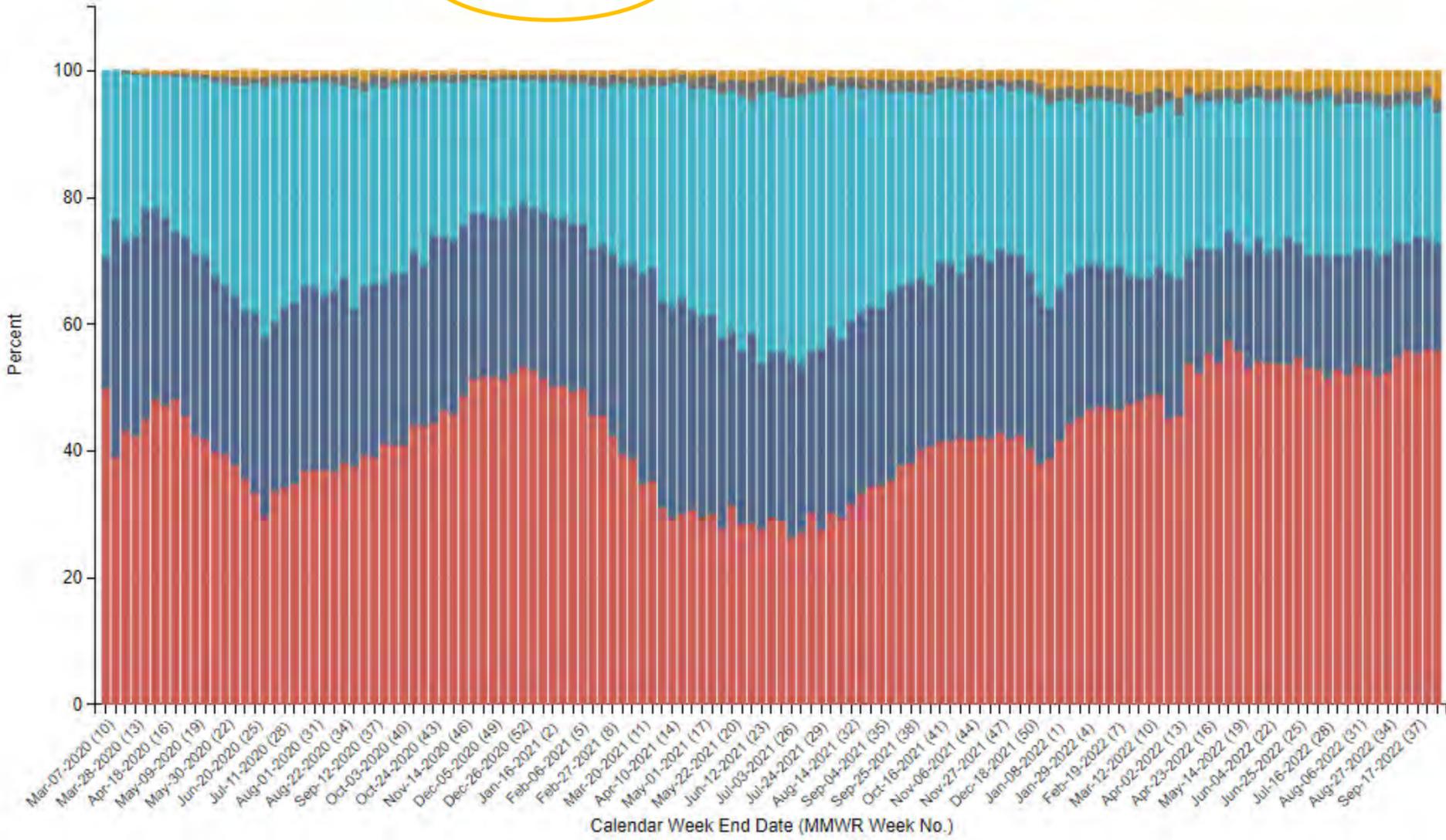
Unified Hospital Dataset. White House COVID-19 Team. Data Strategy and Execution Workgroup



# COVID hospitalizations in kids, as of 10.6.22

## COVID-19-Associated Hospitalizations by Age Preliminary data as of Oct 01, 2022

Display:  Number  Percent



The Coronavirus Disease 2019 (COVID-19)-Associated Hospitalization Surveillance Network (COVID-NET) hospitalization data are preliminary and subject to change as more data become available. In particular, case counts and rates for recent hospital admissions are subject to lag. Lag for COVID-NET case identification and reporting might increase around holidays or during periods of increased hospital utilization. As data are received each week, prior case counts and rates are updated accordingly.

# 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%)

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



December 14, 2020 – October 05, 2022



	<2 yrs	2-4 yrs	5-11 yrs	12-17 yrs	18-24 yrs	25-49 yrs	50-64 yrs	+65 yrs
At Least One Dose	5.0%	7.8%	38.6%	71.0%	80.4%	83.8%	94.4%	95.0%
Completed Primary Series	1.6%	3.0%	31.5%	60.8%	65.4%	71.0%	82.6%	92.6%

Location  
United States

12/14/2020 10/5/2022

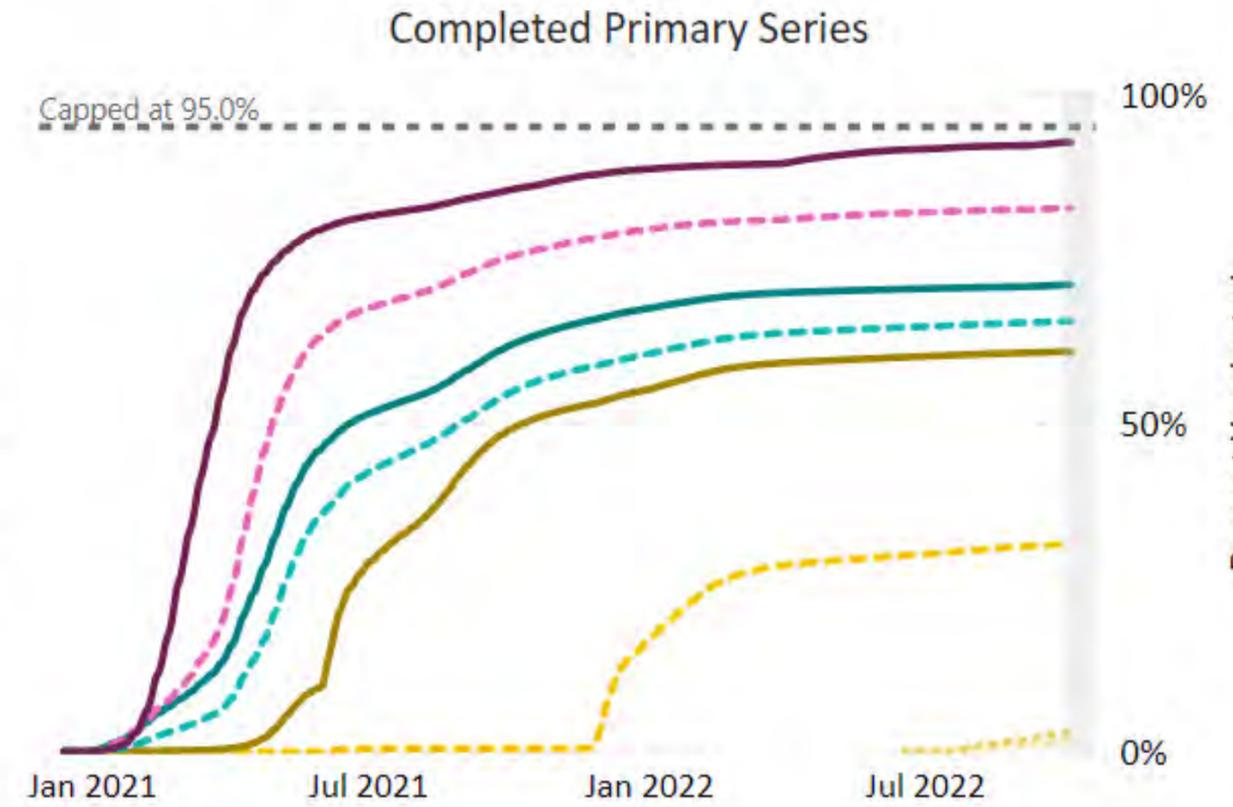
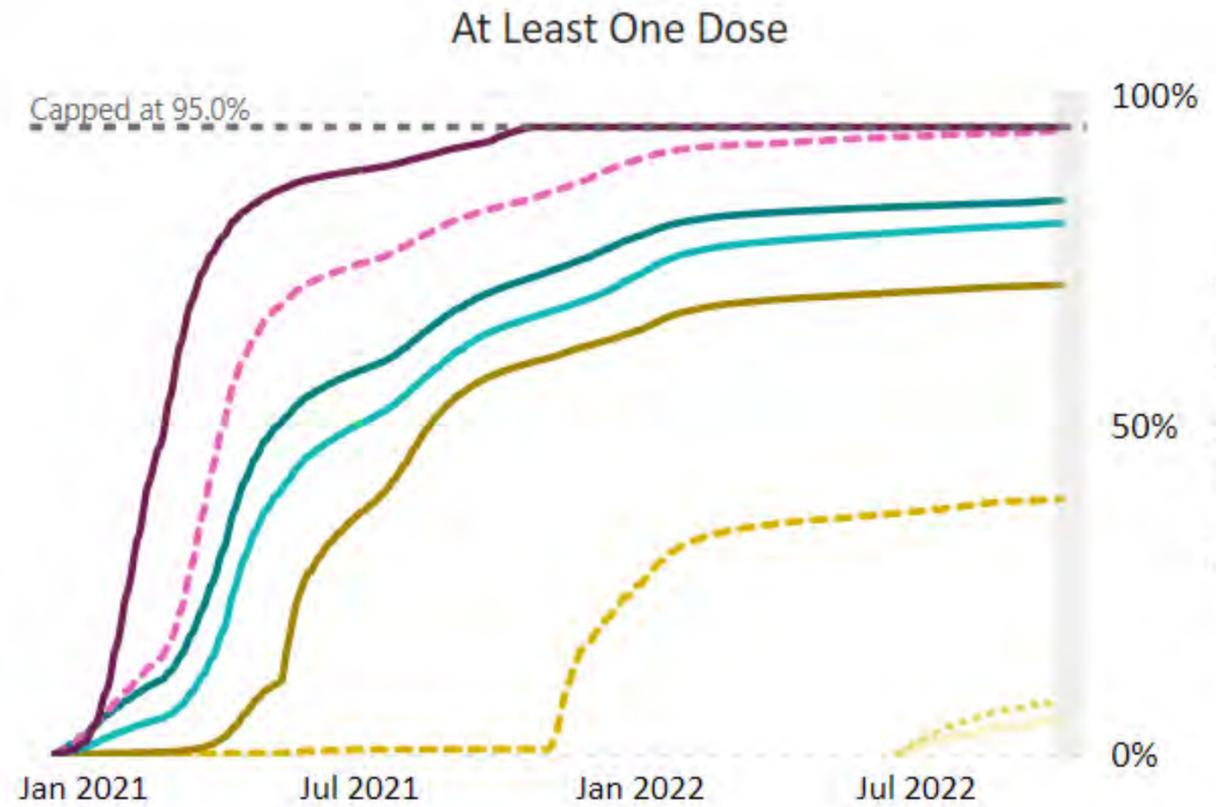
**Vaccinations**

Sex

**Age**

Females by Age

Males by Age



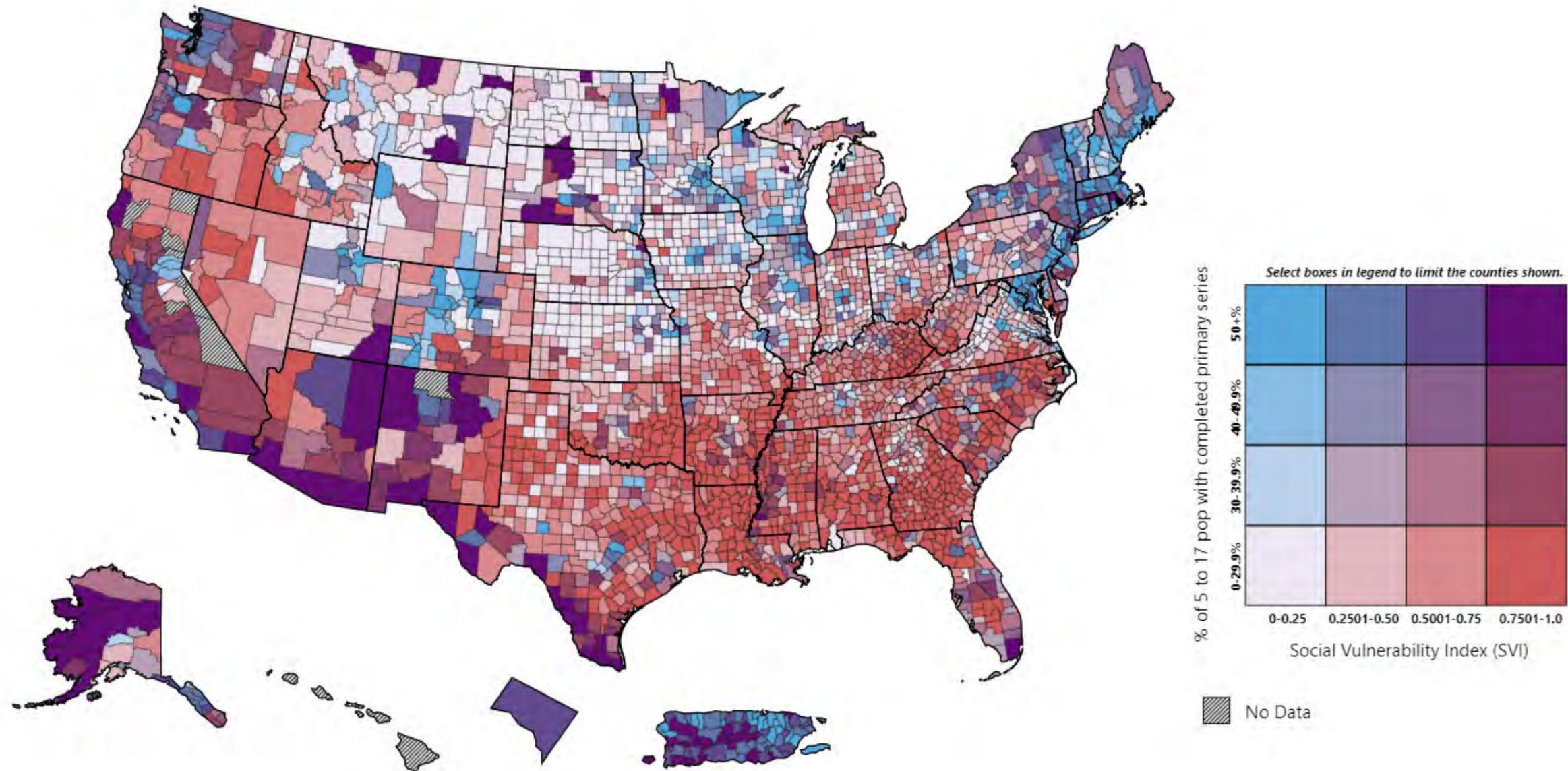
Date Administered

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 in 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

Data source: VTrcks, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10-year July 2019 National Population Estimates; Visualization: CDC CPR DEO Situational Awareness Public Health Science Team

### Percentage of People with a Completed Primary Series for the Population 5-17 Years of Age and Older by SVI



# 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 1<sup>st</sup> dose
- 40,000 received 1<sup>st</sup> 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 1<sup>st</sup> dose
- 21,000 received 1<sup>st</sup> dose in prior week

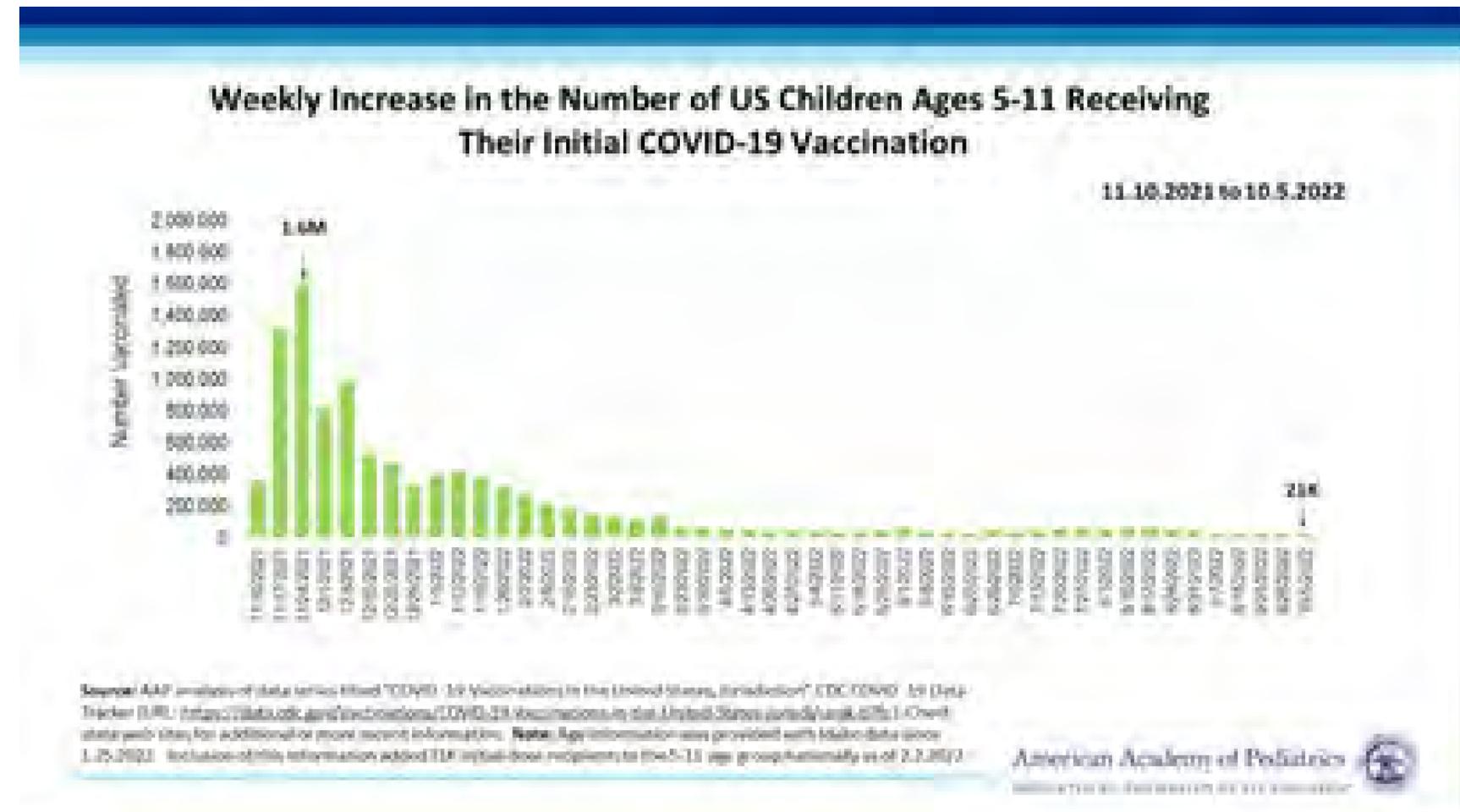
12 - 17 years

- 17.6 million (67%) have received 1 dose
- 15.1 million (58%) completed 2 dose series
- 8.5 million have NOT received 1<sup>st</sup> dose
- 20,000 received 1<sup>st</sup> dose in prior week

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

# 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<sup>st</sup> 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**



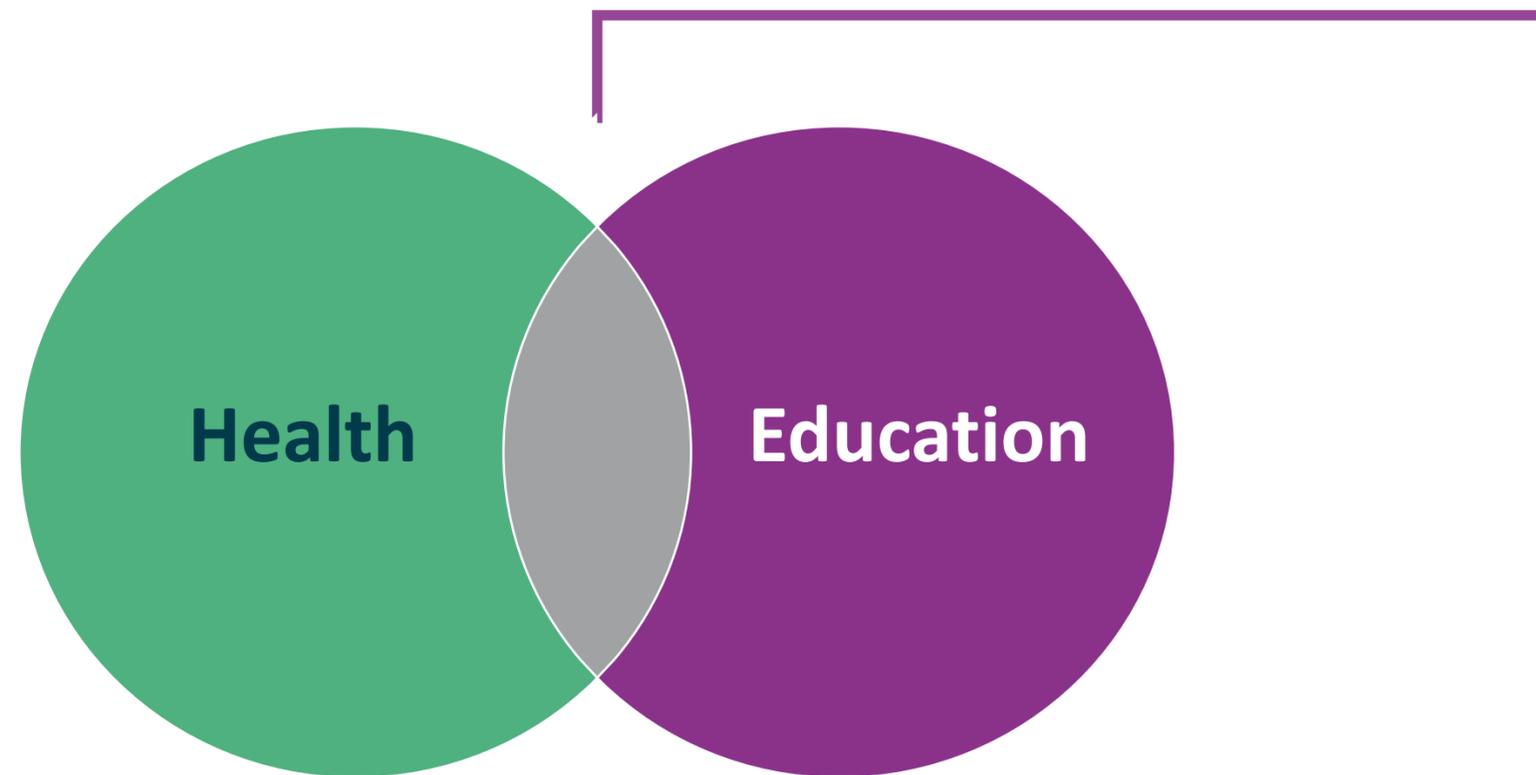
## Healthy Kids Learn Better

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**





**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.

# 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



The Guide to Community Preventive Services  
**THE COMMUNITY GUIDE**  
What Works to Promote Health

## School-Based Health Centers



### Community Preventive Services Task Force Recommendation

The Community Preventive Services Task Force recommends the implementation and maintenance of school-based health centers (SBHCs) in low-income communities to improve educational and health outcomes.

### Facts about Health and Racial and Ethnic Minority Children

Children from low-income and racial and ethnic minority populations in the United States commonly experience worse health, are less likely to have a usual place of health care, and

miss more days of school because of illness than do children from less economically and socially disadvantaged populations.<sup>1</sup>

They are also more likely to be hungry and have problems with vision, oral health, or hearing.<sup>1</sup> SBHCs can help address these obstacles, which can be critical to students' education and long-term health.

### ➤ Health Equity

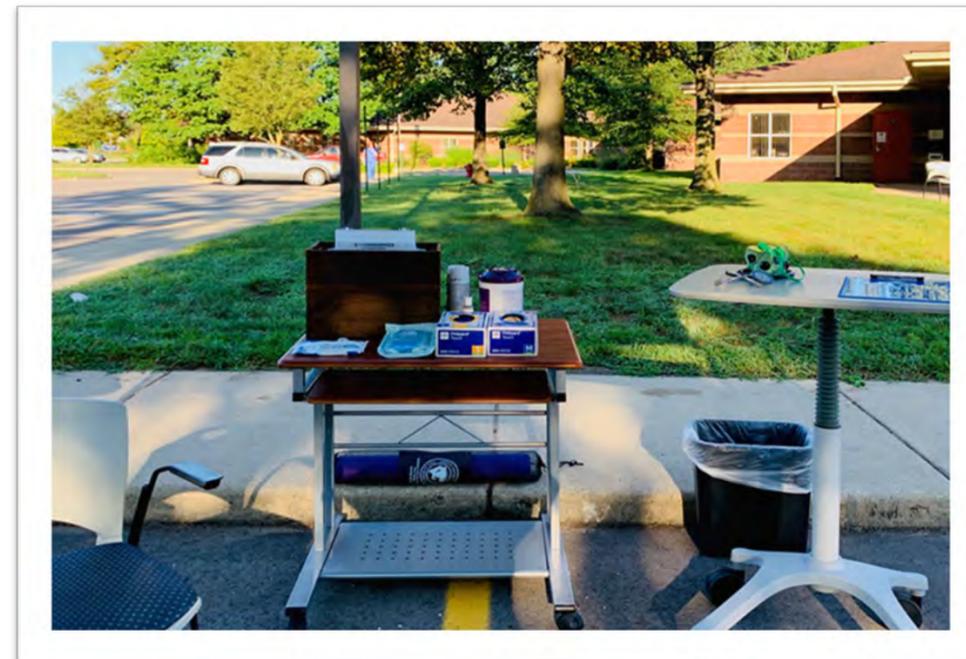
School-Based Health Centers: recommends the implementation and maintenance of School-Based Health Centers in low-income communities to improve educational and health outcomes.

### ➤ 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



**Lisa F. Waddell, MD, MPH**  
Chief Medical Officer  
CDC Foundation

- 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!