Welcome to
COVID-19 Crucial Conversations Webinar: Back-to-School

August 26, 2022

12:00PM-1:00PM

Vaccinate ALL 58
Together we can end the pandemic.

#THIS IS OUR SHOT #VACUNATE YA

Housekeeping

For Panelists: Please remember to mute yourself when not speaking.

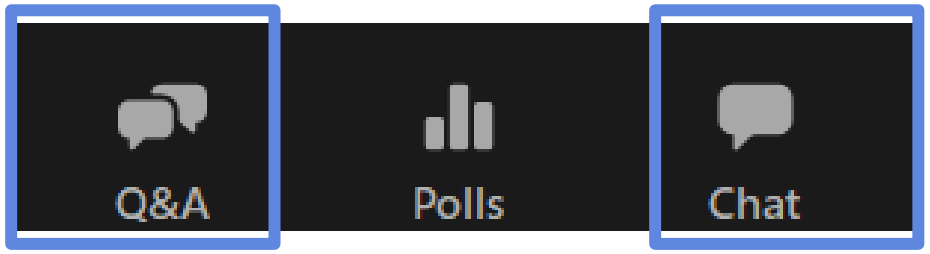
For Attendees: Please access today's slides through the following link: https://eziz.org/covid/crucialconversations

Please use "Q&A" to ask questions.

For post-webinar questions, contact rachel.jacobs@cdph.ca.gov

Questions & Answers and Discussion

During today's session, please use the Q&A panel to ask your questions.

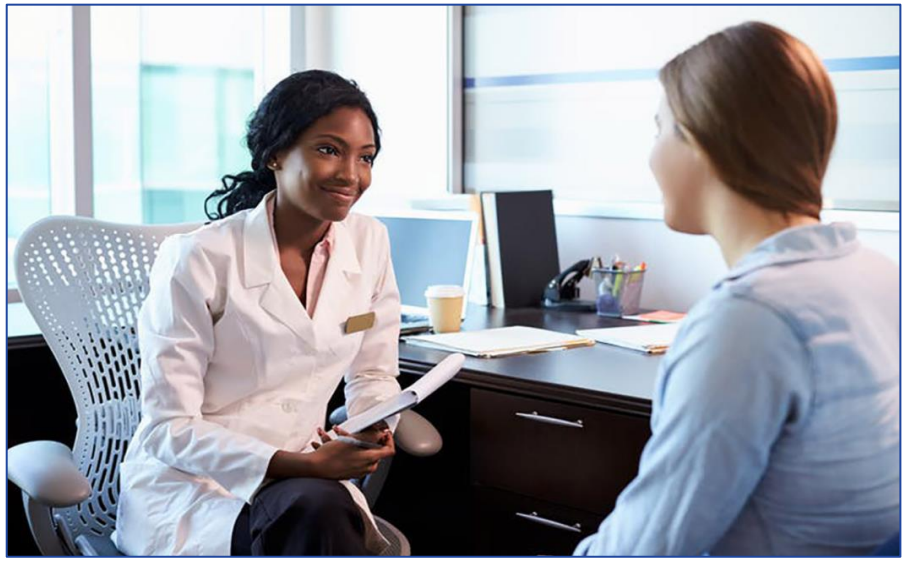


Please use the Chat panel for discussion.

Webinar Objectives

Participants will learn:

- The importance of COVID-19 vaccines in children and adolescents
- When to administer the vaccines during the back-to-school schedule
- Recommendations on vaccines for both Moderna and Pfizer in pediatric patients
- How to improve confidence in having conversations regarding the vaccines
- Resources available for providers and families



Agenda: Friday, August 26, 2022

No.	Item	Speaker(s)	Time (PM)
1	Welcome	Rachel Jacobs (CDPH)	12:00 – 12:05
2	Crucial COVID-19 Conversations Webinar: Back-to-School	Emma Olivera, MD, FAAP	12:05 – 12:40
Questions & Answers			12:40 – 12:55
3	Resources, Poll, and Wrap-Up	Rachel Jacobs (CDPH)	12:55 – 1:00

Poll: CDPH appreciates your feedback!

How confident are you in your ability to effectively discuss COVID-19 vaccination with parents?

- ❑ Very confident
- ❑ Confident
- ❑ Somewhat confident
- ❑ Slightly confident
- ❑ Not confident

COVID-19 Crucial Conversations Webinar: Back-to-School

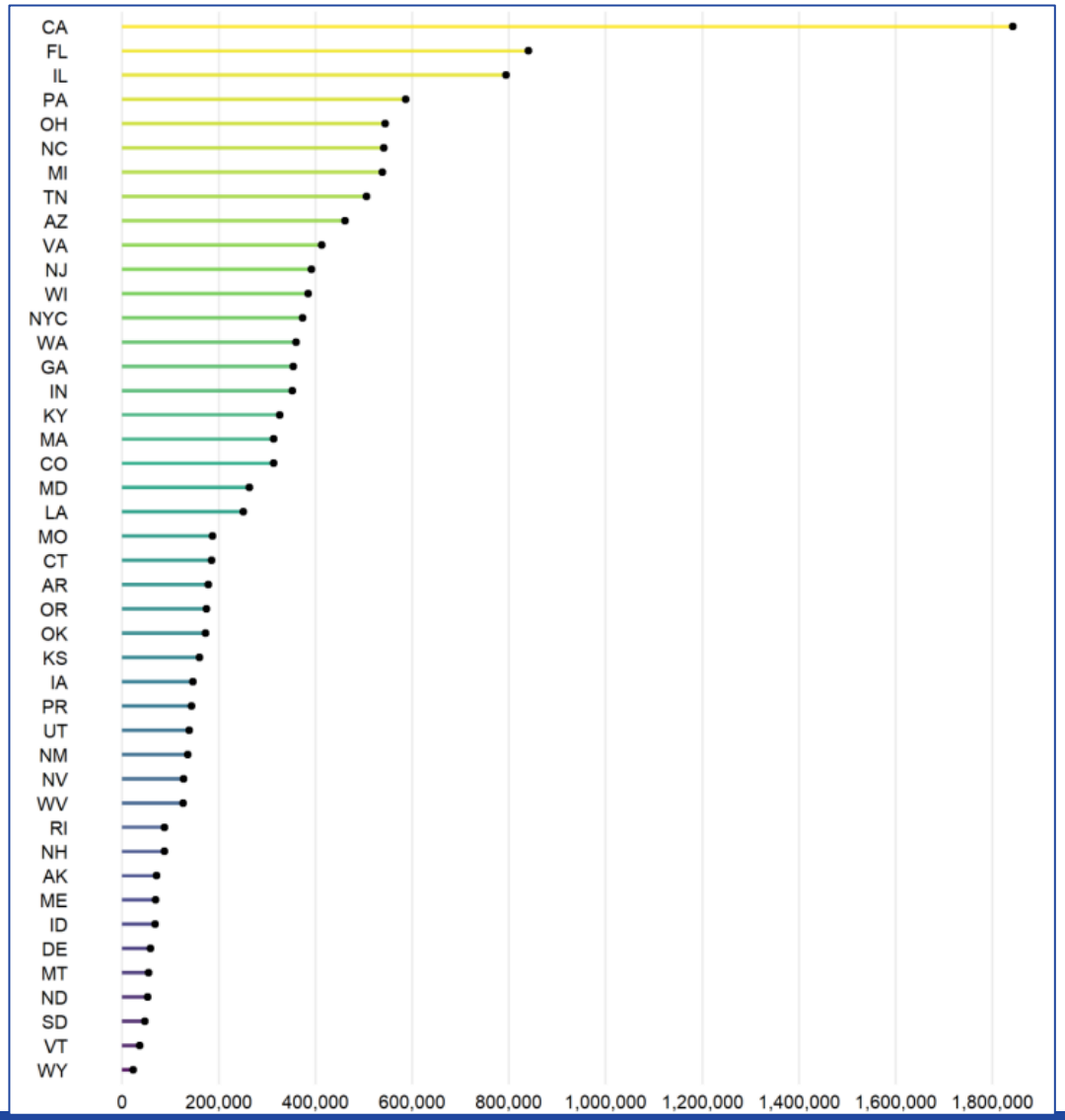
Emma B. Olivera, MD, FAAP

#VacunateYa

Cumulative Number of Pediatric Cases: United States

As of August 18, 2022

- **14,362,007** total pediatric cases
- Eight states reported:
  - over 500,000 pediatric cases
  - 22% or more of cases were in children



See detail in Appendix: Data from 48 states, NYC, DC, PR, and GU (TX excluded from figure)
All data reported by state/local health departments are preliminary and subject to change
Analysis by American Academy of Pediatrics and Children's Hospital Association
For 7 states, due to available data and changes made to dashboards, cumulative child cases and total cases for all ages are not current: AL through 7/29/21, HI through 1/13/22, DC through 3/3/22, MS through 3/10/22, SC through 4/28/22, NE through 5/12/22, and MN through 6/30/22. These 7 states, TX, and GU are not included in the figure.
As of 6/9/22, due to available data for FL (case data updated every other week), child and total cases averaged across 2 week period accordingly
On 8/18/22, due to available data and calculations required, MA cumulative child cases and total cases through 8//11/22

CHILDREN'S HOSPITAL ASSOCIATION

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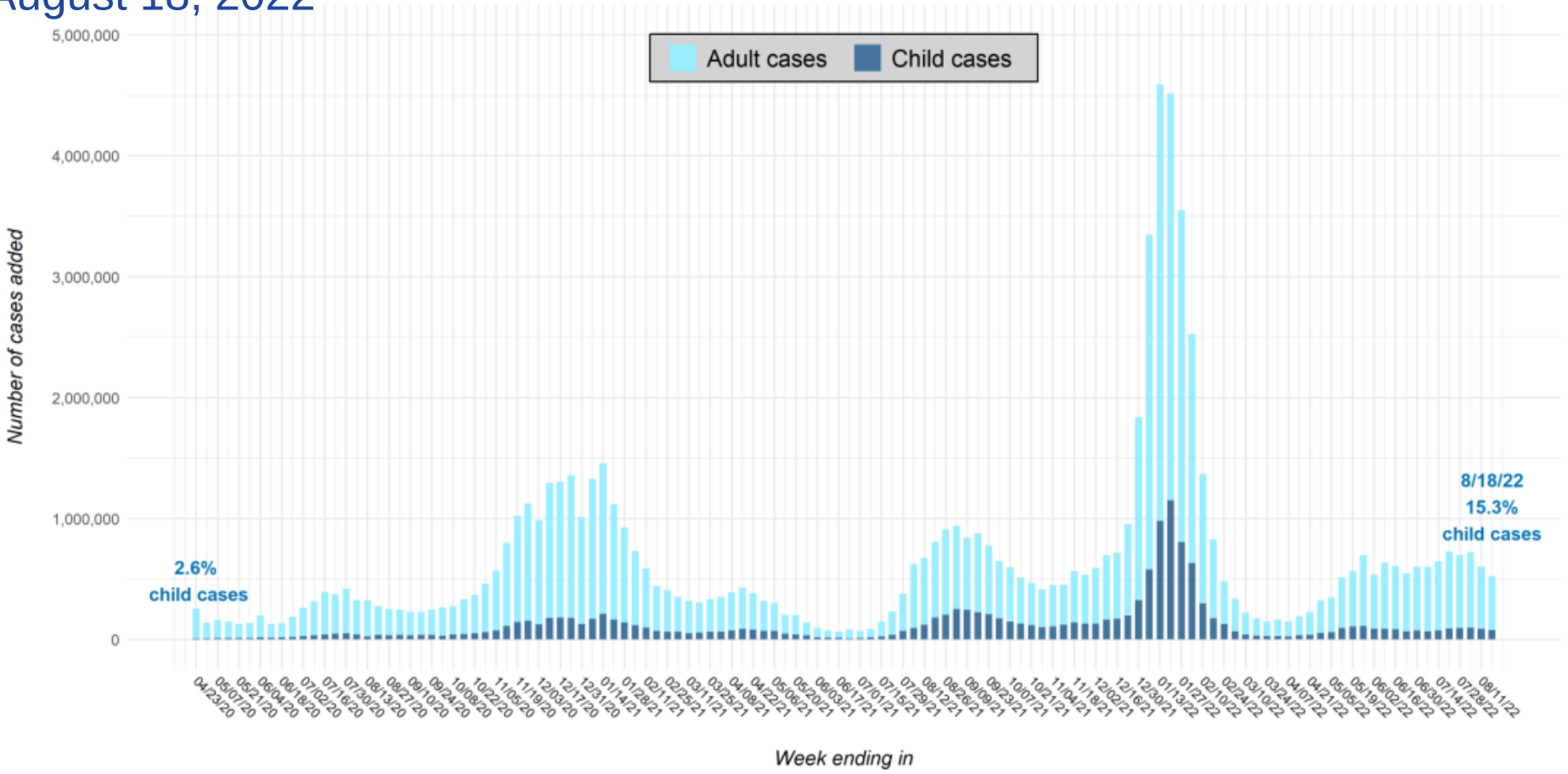
Adult and Pediatric Cases: United States

As of August 18, 2022



** Note: 6 states changed their definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21, WA as of 3/10/22*
On 7/15/22, TX released new data that is NOT included in cumulative case counts or figures but located here and in Appendix 3B of this report (1,250,637 cumulative child cases as of 7/15/22);
TX previously reported age for only a small proportion of total cases each week (eg, 2-20%); these cumulative cases through 8/26/21 are included (7,754)
Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate (eg, on 8/18/22, due to available data, MA cumulative child cases and total cases though 8/11/22)
For 7 states, due to available data and changes made to dashboards, cumulative child cases and total cases for all ages are not current: AL through 7/29/21, HI through 1/13/22, DC through 3/3/22, MS through 3/10/22, SC through 4/28/22, NE through 5/12/22, and MN through 6/30/22
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All data reported by state/local health departments are preliminary and subject to change; Analysis by American Academy of Pediatrics and Children's Hospital Association

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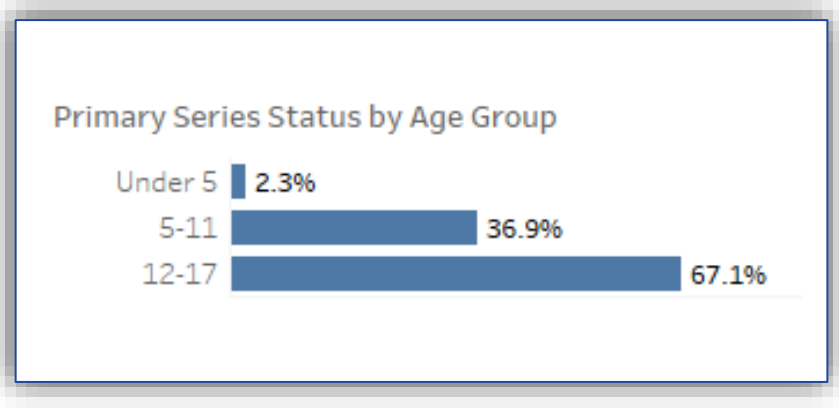
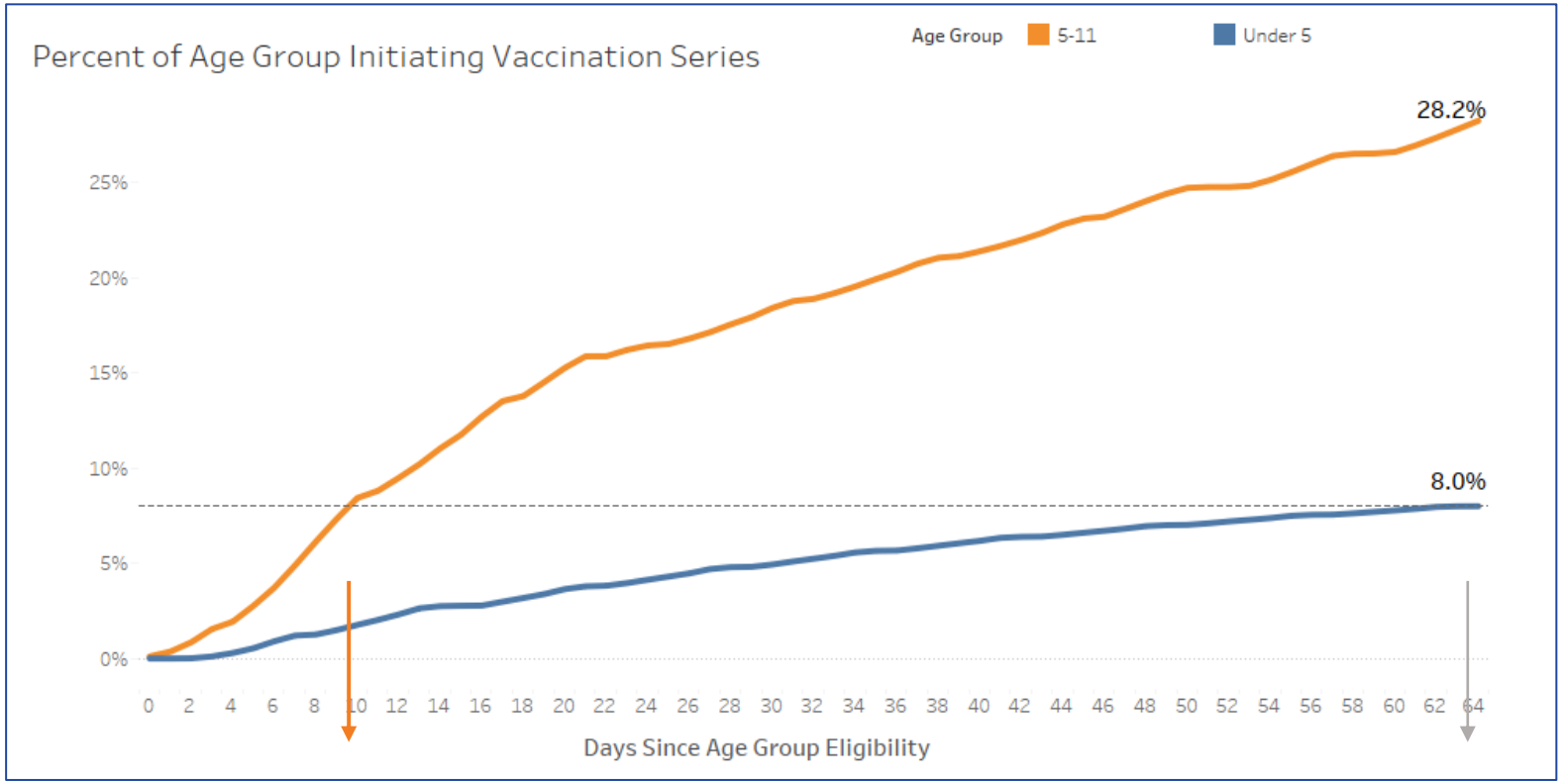
Pediatric Vaccination Trends: California

as of August 22, 2022

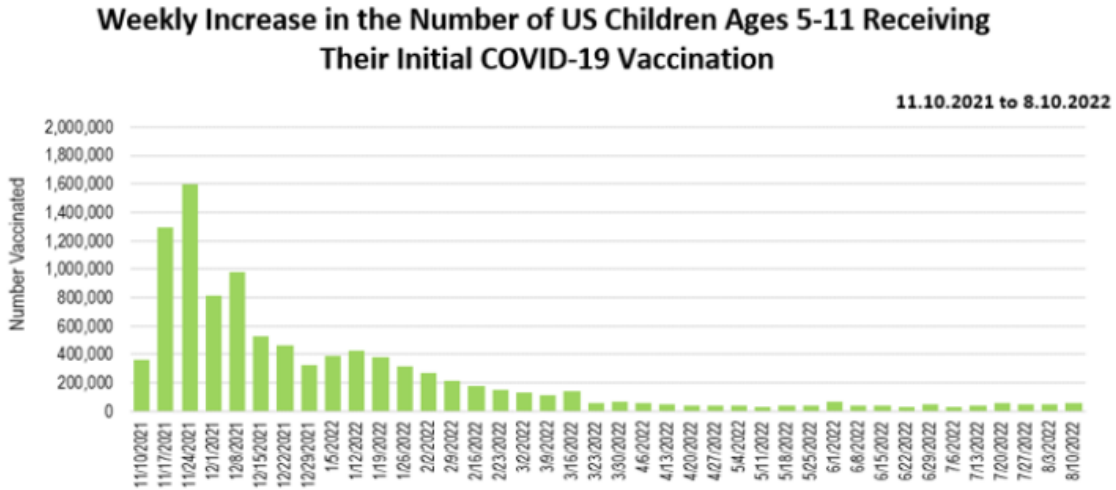
Slower roll out over the first 64 days of eligibility for youngest eligibility group

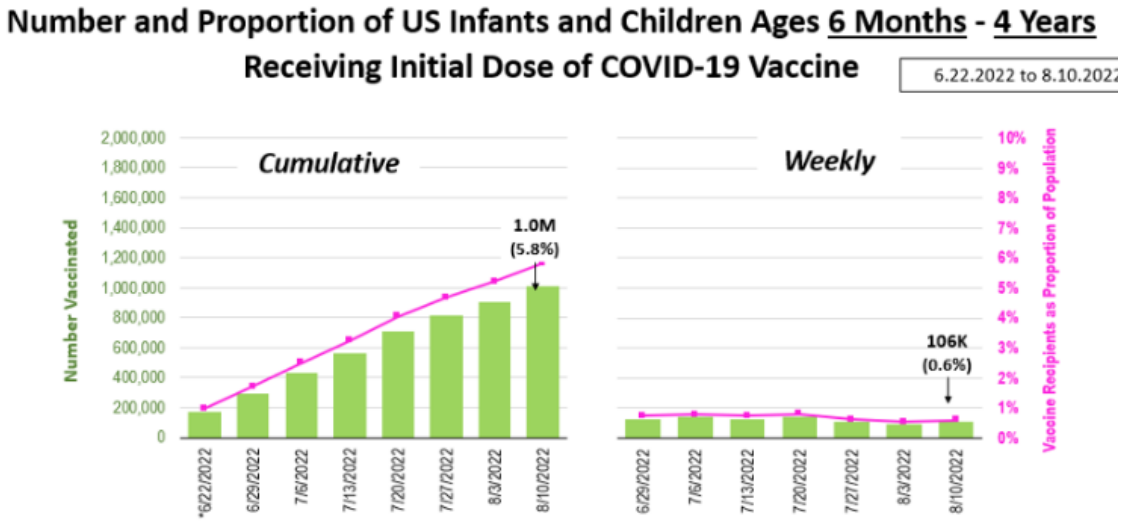


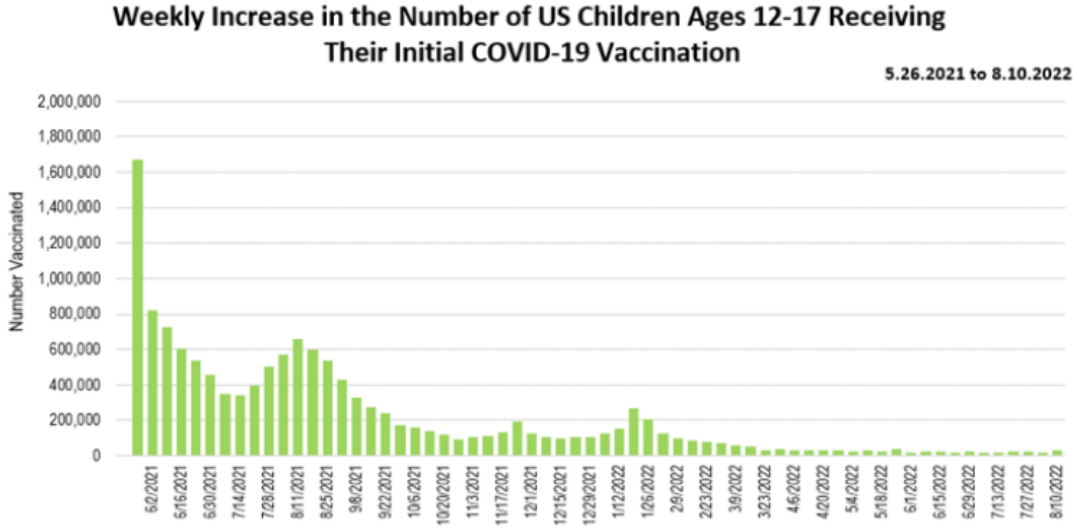


Vaccination Trends

These figures show COVID-19 vaccination trends for each pediatric/adolescent age group.







Vaccination Rates Among Children Ages 6 Months – 4 years

United States Data as of August 17, 2022

As of August 17, 2022, the CDC recorded:

- 1.1 million US children ages 6 months to 4 years have received at least one dose of COVID-19 vaccine
  - Representing 6% of children 6 months to 4 years
- About **16.3 million children** under 5 years had yet to receive their first COVID-19 vaccine dose.
- Child vaccination rates vary widely across states, ranging from **1%** to **25%** receiving their first dose.

Vaccination Rates Among Children Ages 6 months – 4 years

United States Data as of August 17, 2022

- 10.6 million US children ages 5 - 11 have received at least one dose of COVID-19 vaccine
  - Representing 37% of 5-11-year-olds
- 8.5 million US children ages 5-11 completed the 2-dose vaccination series
  - Representing 30% of 5-11-year-olds
- About **17.8 million** children 5-11 had yet to receive their first COVID-19 vaccine dose.
- Child vaccination rates vary widely across states, ranging from **17%** to **69%** receiving their first dose.

Children and COVID-19 Vaccination Trends (aap.org)

Vaccination Rates Among Adolescents Ages 12-17

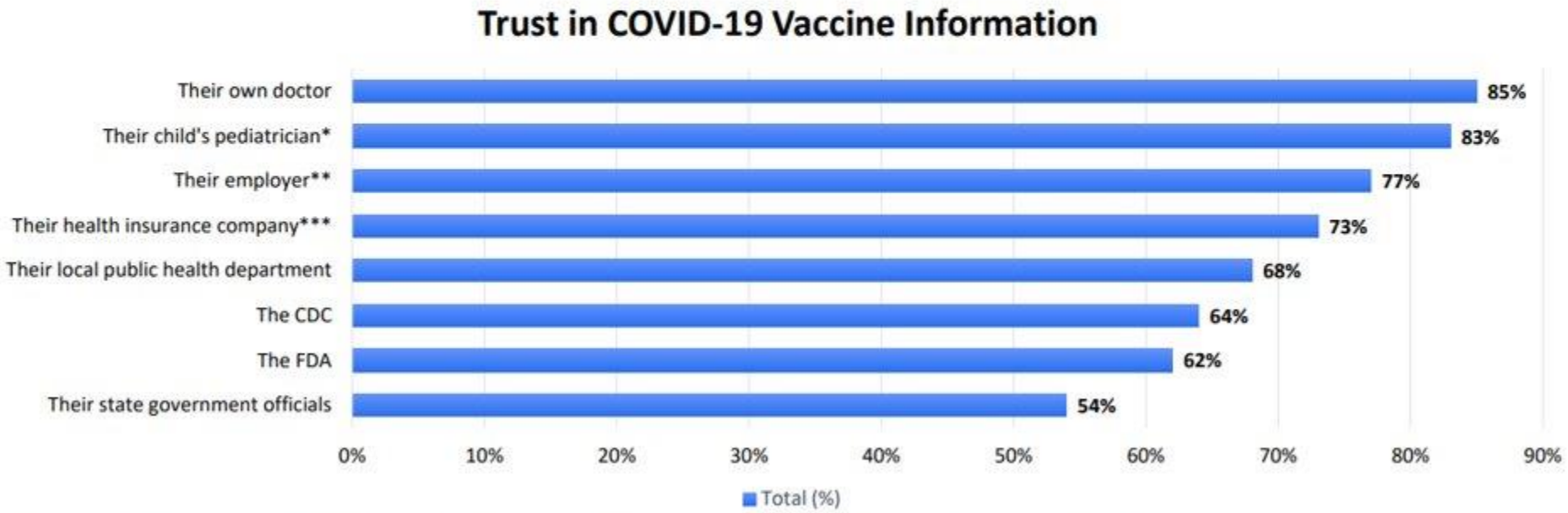
United States Data as of August 17, 2022

- 17.5 million US adolescents ages 12-17 have received at least one dose of COVID-19 vaccine
  - Representing 70% of adolescents ages 12-17
- **15 million** of adolescents ages 12-17 have completed the 2-dose vaccination series
  - Representing 59% of 12-17-year-olds
- About **7.7 million** adolescents ages 12-17 had yet to receive their first COVID-19 vaccine dose. This past week about 28,000 received their first vaccine dose.

Children and COVID-19 Vaccination Trends (aap.org)

Personal Doctors are Most Trusted Source of COVID-19 Vaccine Information

- Percent of adults who say they have a **great deal** or a **fair amount** of trust in the following to provide reliable information about COVID-19 vaccines:



*Among those who are parents or guardians of children under 18. **Among those who are employed and not self-employed. ***Among those who are insured.
The survey was conducted April 13-26, 2022, among a nationally representative random digit dial telephone sample of 1,889 adults ages 18 and older.
KFF COVID-19 Vaccine Monitor (April 13-26, 2022). https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-april-2022/ Accessed July 7, 2022

Back-to-School Conversations

Discuss:

- The layers of protection that exist against COVID-19
- Risk factors in patients' communities
- CDC Guidelines: Quarantine and testing
- Social media: Be aware of what is out there

Our Promise to Our Patients

- The health of the child and their classroom
- The community
- The future health of the community

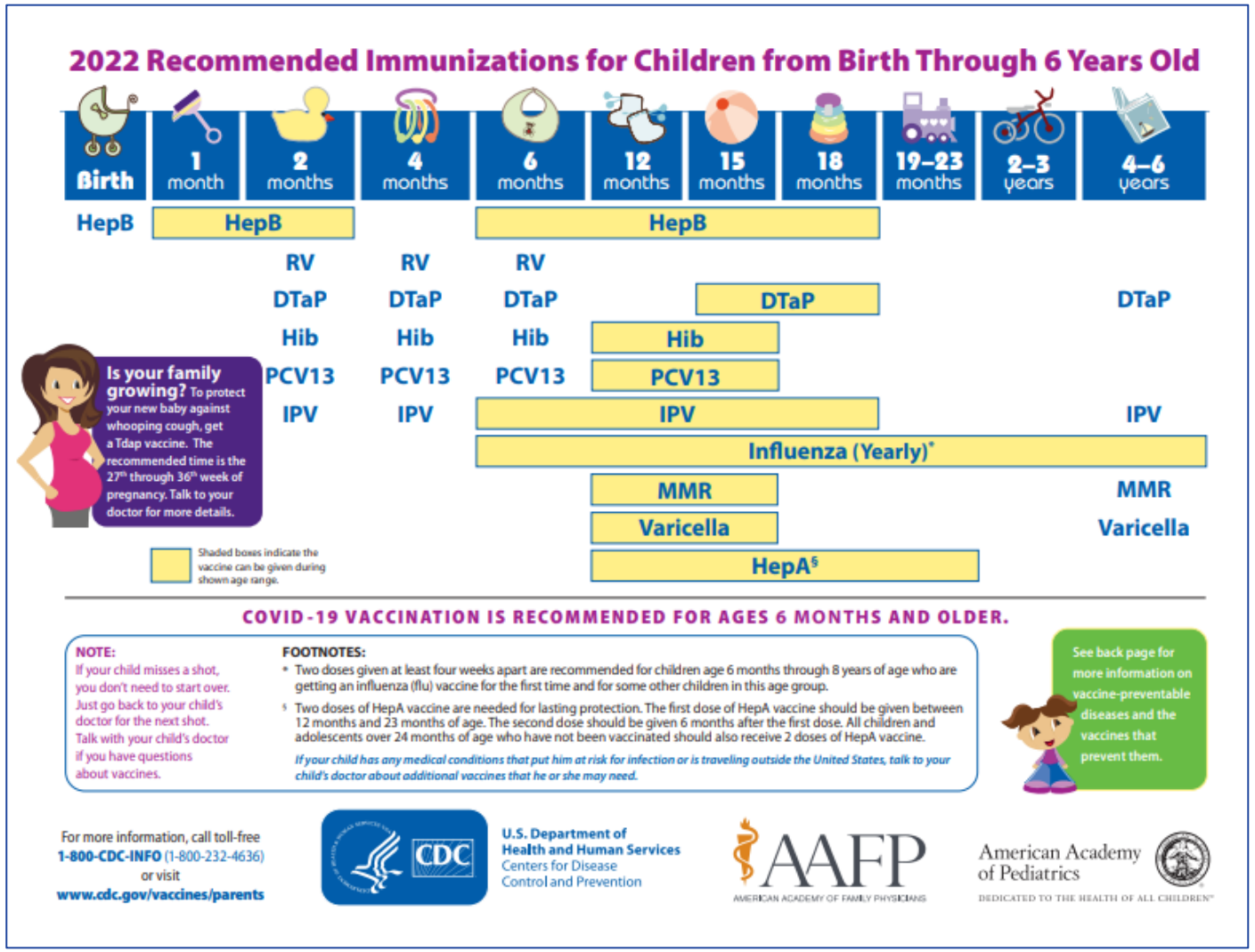
Coadministration of COVID-19 Vaccines with other Vaccines

- COVID-19 vaccines may be administered without regard to timing of other vaccines.
- Extensive experience with non-COVID-19 vaccines has demonstrated that immunogenicity and adverse event profiles are generally similar when vaccines are administered simultaneously as when they are administered alone.
- Data assessing the outcomes of simultaneous administration of COVID-19 vaccines with other vaccines are limited currently

Coadministration of COVID-19 Vaccines with other Vaccines

- In accordance with general best practices, routine administration of all age-appropriate doses of vaccines simultaneously is recommended for children for whom no specific contraindications exist at the time of the healthcare visit.
- When deciding whether to coadminister other vaccine(s) with COVID-19 vaccine, providers and parents/guardians may consider:
    - Whether a child is behind or at risk of becoming behind
    - Likelihood of the child returning for another vaccination
    - Their risk of vaccine-preventable diseases
    - The reactogenicity profile of the vaccines

2022 Recommended Immunizations & Schedule



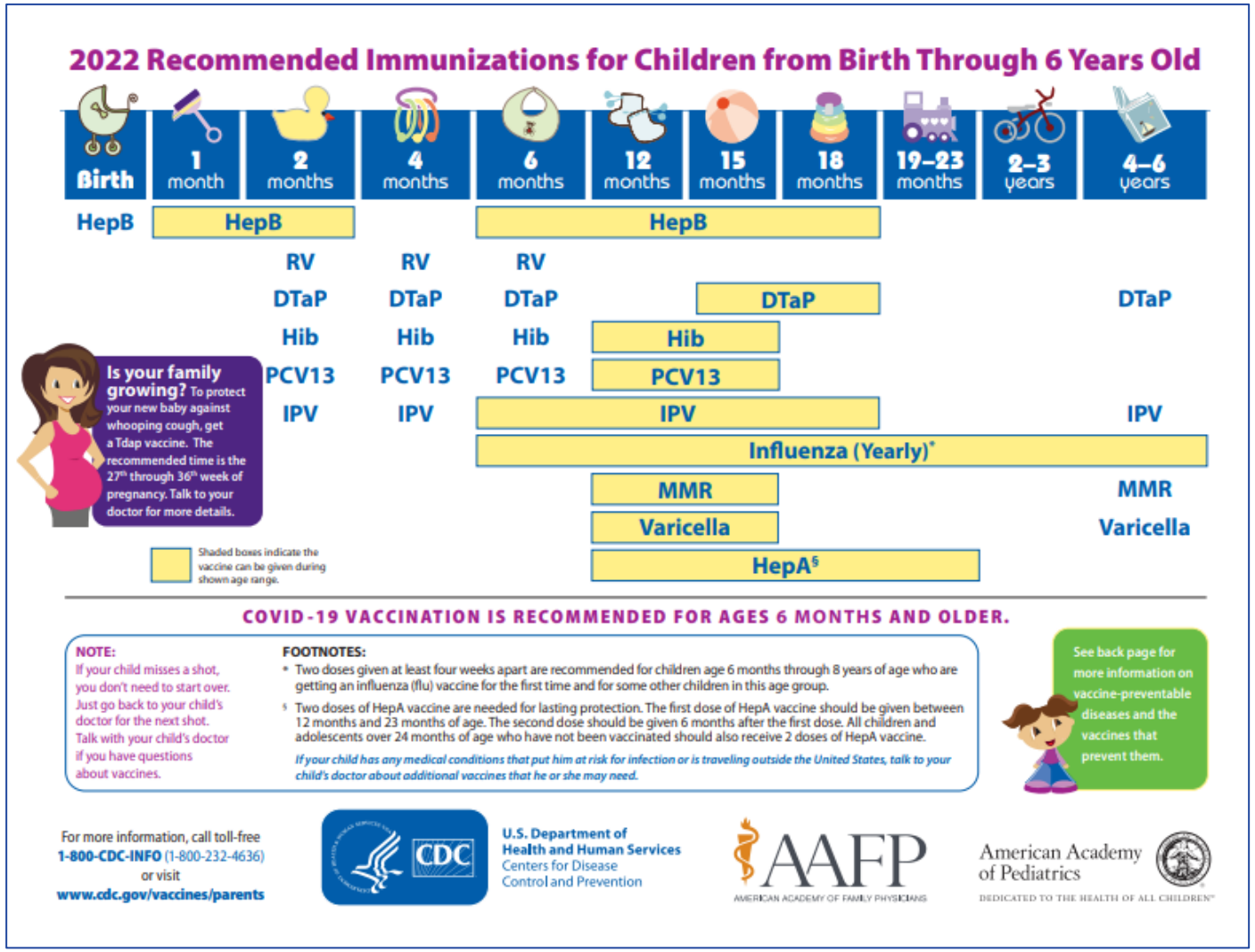
Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against *Haemophilus influenzae* type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR**vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord) , encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.
** MMR combines protection against measles, mumps, and rubella.

Last updated February 2022 • CS322257-A

Vaccination Schedule



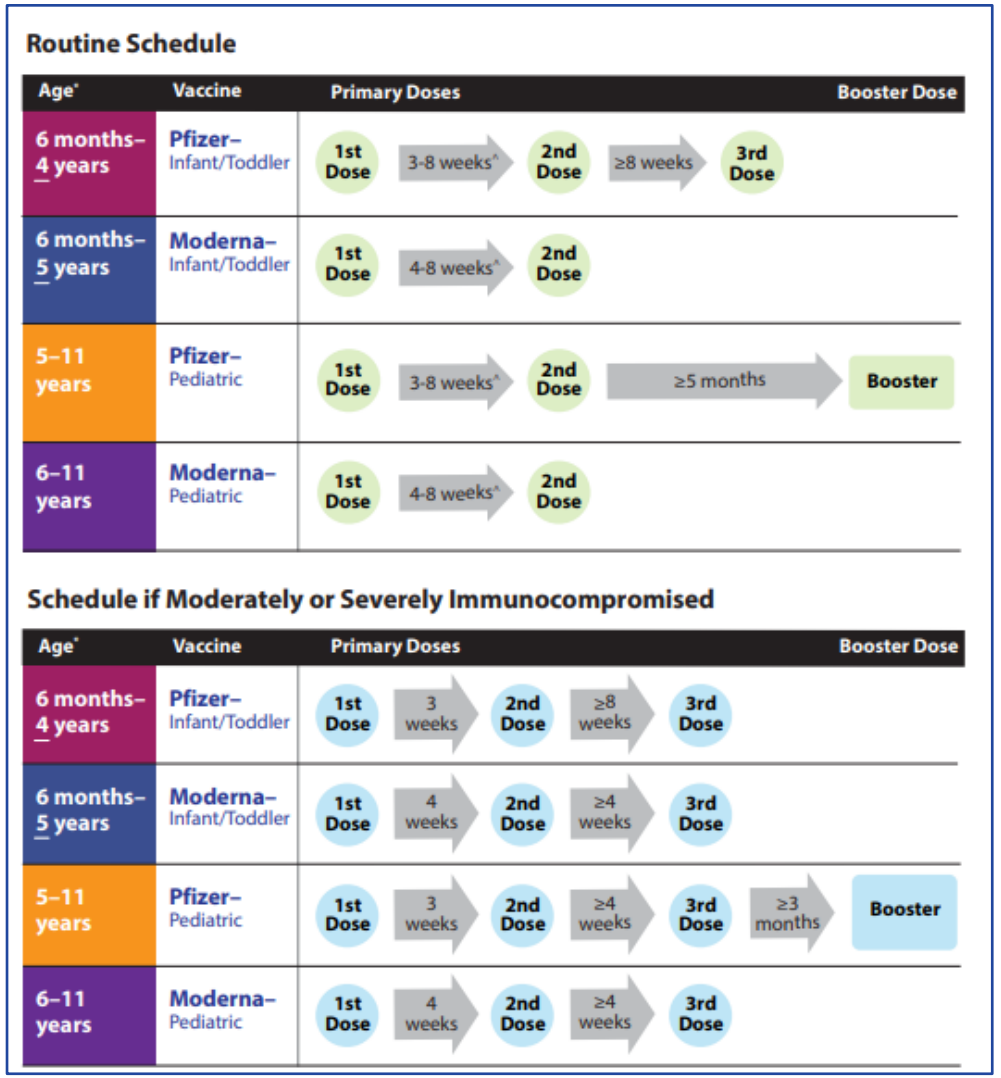
Routine Schedule

Age*	Vaccine	Primary Doses					Booster Dose
6 months–4 years	Pfizer–Infant/Toddler	1st Dose	3-8 weeks^	2nd Dose	≥8 weeks	3rd Dose	
6 months–5 years	Moderna–Infant/Toddler	1st Dose	4-8 weeks^	2nd Dose			
5–11 years	Pfizer–Pediatric	1st Dose	3-8 weeks^	2nd Dose	≥5 months		Booster
6–11 years	Moderna–Pediatric	1st Dose	4-8 weeks^	2nd Dose			

COVID-19 Pediatric Vaccination Schedule

Children/adolescents who **are not** moderately or severely immunocompromised: →

Children/adolescents who **are** moderately or severely immunocompromised: →



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6 months–5 years	Moderna–Infant/Toddler	1st Dose	4-8 weeks*	2nd Dose			
5–11 years	Pfizer–Pediatric	1st Dose	3-8 weeks*	2nd Dose	≥5 months		Booster
6–11 years	Moderna–Pediatric	1st Dose	4-8 weeks*	2nd Dose			

Schedule if Moderately or Severely Immunocompromised

Age*	Vaccine	Primary Doses							Booster Dose
6 months–4 years	Pfizer–Infant/Toddler	1st Dose	3 weeks	2nd Dose	≥8 weeks	3rd Dose			
6 months–5 years	Moderna–Infant/Toddler	1st Dose	4 weeks	2nd Dose	≥4 weeks	3rd Dose			
5–11 years	Pfizer–Pediatric	1st Dose	3 weeks	2nd Dose	≥4 weeks	3rd Dose	≥3 months		Booster
6–11 years	Moderna–Pediatric	1st Dose	4 weeks	2nd Dose	≥4 weeks	3rd Dose			

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Conversation Methodology

3	5	3
Steps to Start the Conversation	Key Messages	Post-Conversation Steps

To address patients concerns related to myths and misinformation, use the 3-5-3 method.

3 Steps to Initiating Conversations

1

Ask and listen to the answer

“What do you think about the vaccine?”

“Why do you feel that way?”

“What concerns do you have about the vaccine?”

2

Create an alignment of safety

"I would be scared too. Let’s do what’s safe here.”

“We both want what's safest for you.”

3

Find common goals

“We all want to be able to safely be with our loved ones again."

“What reasons would motivate you to get vaccinated?”

Find their personally motivating reason.

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5 Key Messages

1. The vaccine will keep you safe.

- The vaccine will protect you from getting very sick. Over 200 million Americans have been safely vaccinated and are now protected.
- **Multisystem Inflammatory Syndrome in Children (MIS-C)** is a serious condition that can happen in children after infection with COVID-19, even if they had mild symptoms or no symptoms at all. The COVID-19 vaccine lowers the risk of MIS-C by 91%, according to data from July-December 2021.
- In California, there have been over 960 cases of MIS-C, many of which were admitted to an ICU (as of 5/9/22).

5 Key Messages

2. Mild side effects are common.

Side effects are a sign your body is activating to protect you. For a few days after vaccination, many people temporarily feel:

- Sore arm (at administration site)
- Tired or fatigue
- Headache
- Muscle pain
- Joint pain

5 Key Messages

2. Mild side effects are common, but serious side effects are rare.

What about the concern of myocarditis?

- For all ages, the average risk of myocarditis from the vaccine is 1 in 200,000, which is 10 times less likely than being struck by lightning.
- Even for older children and adults, the risk of myocarditis is much higher from COVID-19 infection than it is from the vaccine, and myocarditis is usually much more serious after COVID-19 infection than after immunization.
- In a study of children with MIS-C, over 75% had myocarditis.
- One study showed vaccine-associated myocarditis was relatively mild compared with myocarditis from MIS-C and COVID-19 infection.

5 Key Messages

3. Vaccines are very effective.

- Each vaccine is extremely effective at preventing hospitalization and death from COVID-19 and its variants. It will allow us to do the things we love and miss most. Vaccinated individuals can get a mild COVID-19 infection.
- During the Omicron period, 63% of children under 5 years and 30% of children 5-11 years hospitalized with COVID-19 did not have any underlying conditions.

5 Key Messages

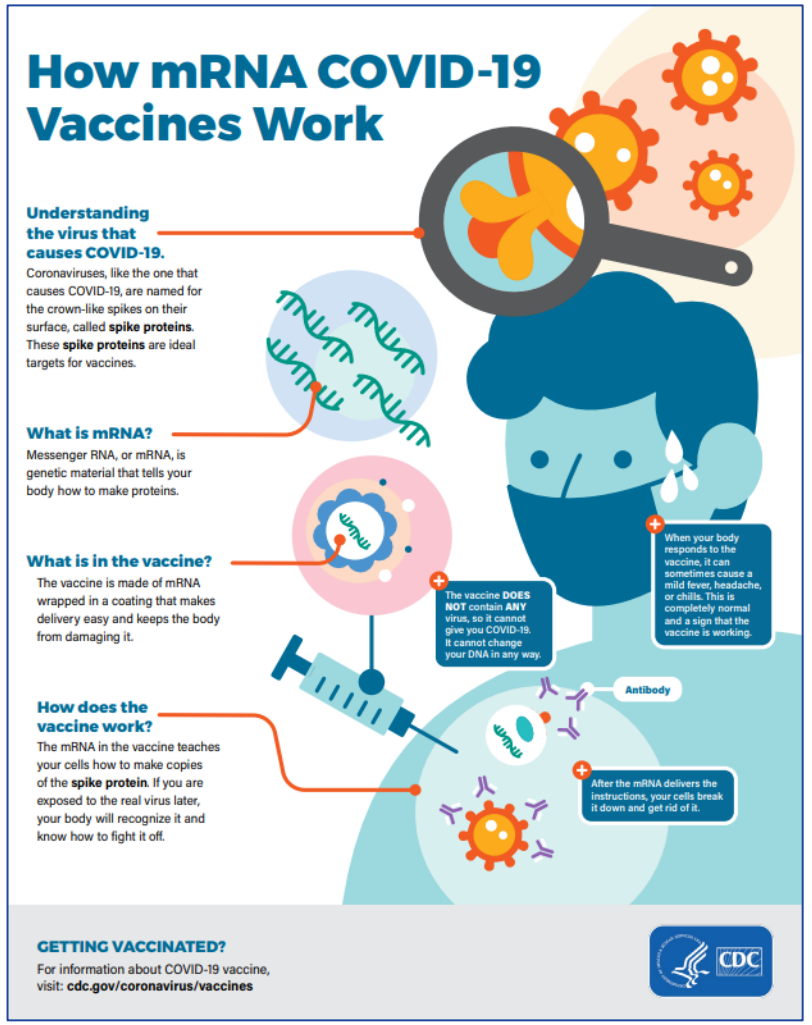
3. Vaccines are very effective.

- During the Omicron period, unvaccinated children ages 5-11 were **twice** as likely to be hospitalized with COVID-19 than vaccinated children.
- During the Omicron period, 1 in 5 children hospitalized with COVID-19 required ICU-level care.
    - Vaccination lowered the risk of critical COVID-19 by 79%.
- Children with pre-existing conditions are at higher risk for severe COVID-19 outcomes. Vaccination is especially recommended to keep children with chronic conditions and disabilities safe and healthy.

5 Key Messages

4. The vaccine is built on 20 years of research and science.

- It is good to be careful when new things come along. Health experts took all the necessary steps to produce a safe vaccine, and it was built on 20 years of research and science.



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CDC How mRNA COVID-19 Vaccines Work

5 Key Messages

5. Have questions? Please ask.

- I’m glad that you want to know more. Ultimately, the choice is yours. If you have questions, talk with your doctor or healthcare provider soon. Go to myturn.ca.gov or text your zip code to GETVAX or VACUNA to get your free vaccine today.

COVID-19 Vaccine Language Tips

Do Say	Don't Say
Vaccination	Injection or shot
A safe and effective vaccine	A vaccine developed quickly
Authorized by FDA based on clinical testing	Approved by FDA; Operation Warp Speed; Emergency Use Authorization*
Get the latest information	There are things we still don't know
Keep your family safe; keep those most vulnerable safe	Keep your country safe
Public Health	Government
Health/medical experts and doctors	Scientists
People who have questions	People who are hesitant, skeptical, resistant, or "anti-vaxxers"

* *The perceived speed of vaccine development is a current barrier among many audiences.*
These recommendations are based partly on research conducted by the de Beaumont Foundation.

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3 Steps Post-Conversation

1

Acknowledge their agency and personal choice

“I want you to get vaccinated today, but ultimately it’s your choice.”

“I'm here as a resource to help you."

2

Keep lines of communication open

Trust is a journey. Give folks a way to reach you that you are comfortable with as they consider their decision.

3

Offer to find a vaccine

Offer myturn.ca.gov or have them text their zip code to GETVAX or VACUNA to find a free vaccine location in their neighborhood.

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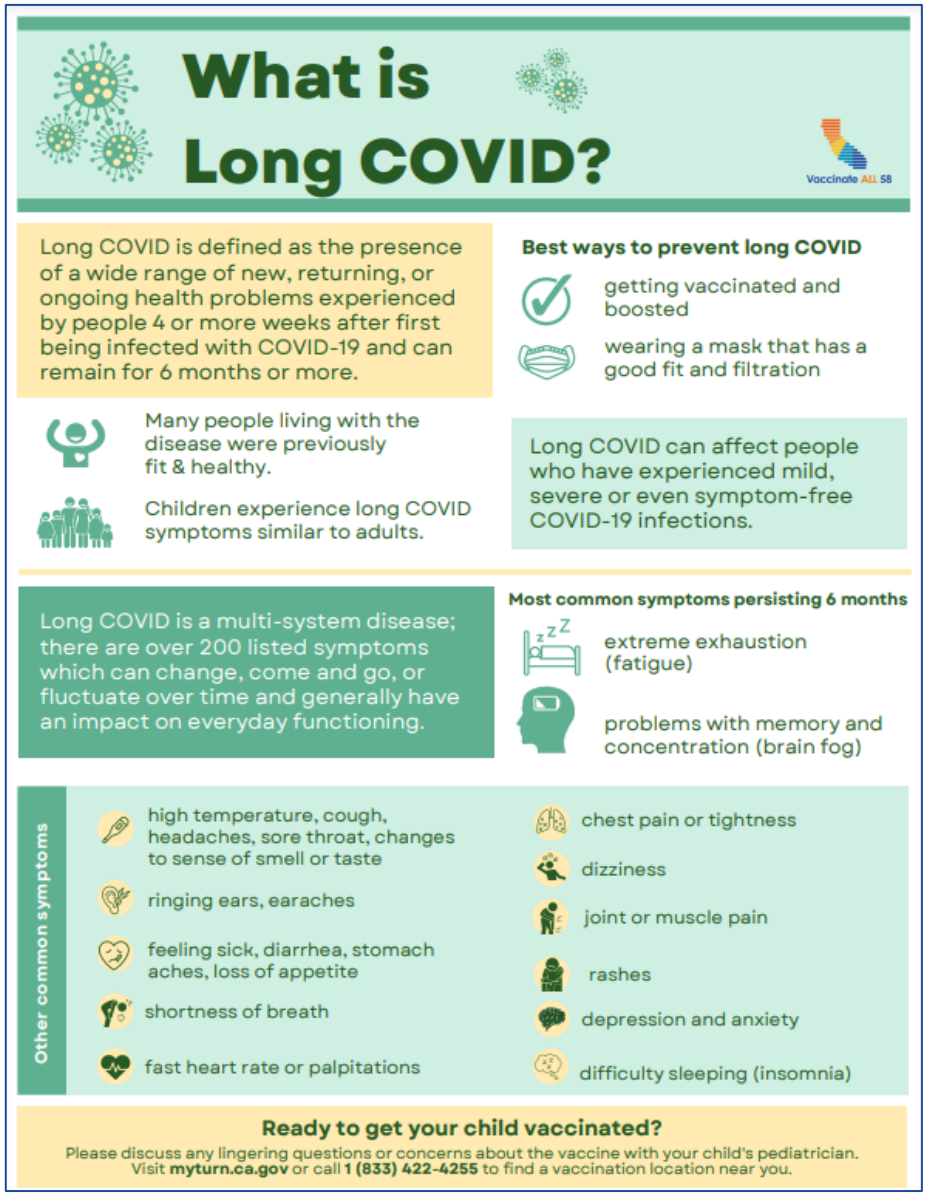
Discussing Long COVID

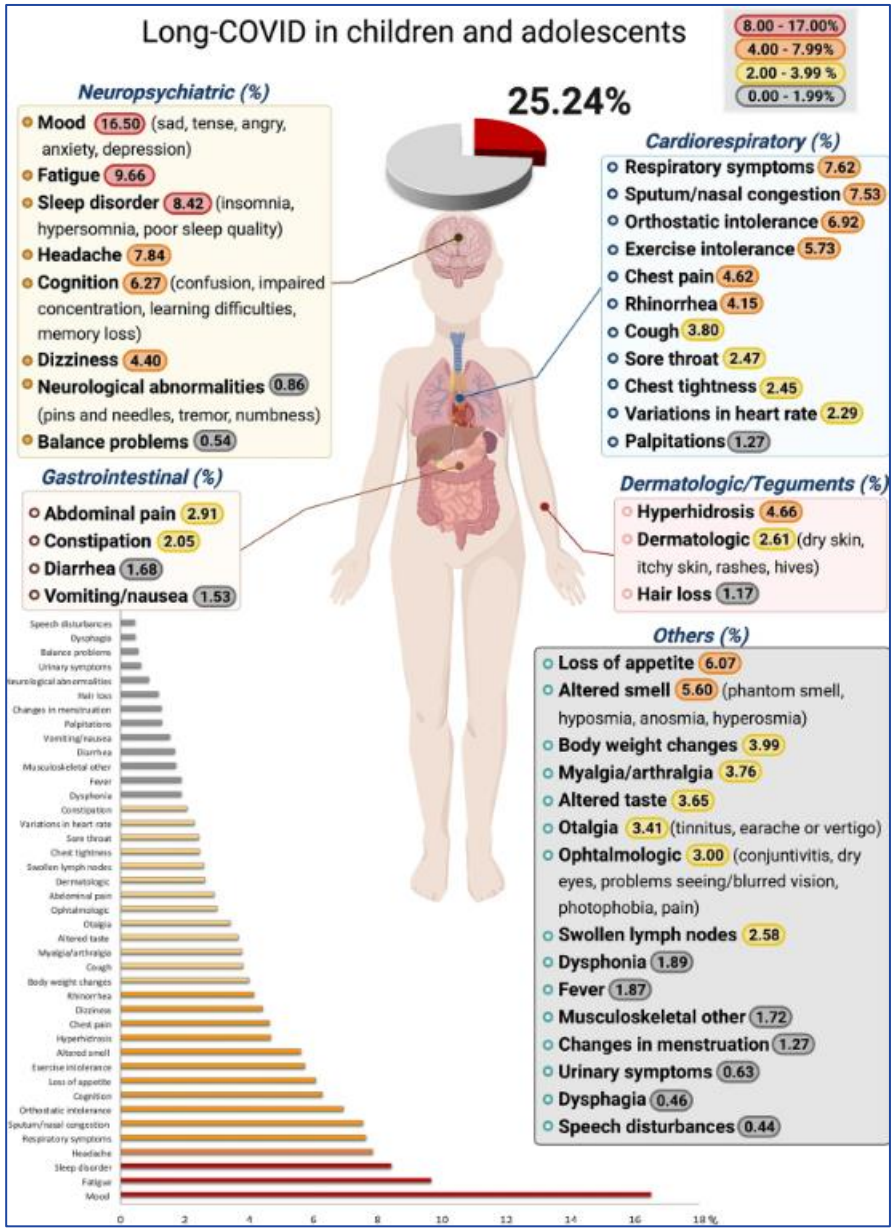
- Children experience long COVID symptoms similar to adults.
- Long COVID can affect people who have experienced mild, severe, or even symptom-free COVID-19 infections.
- The COVID-19 vaccine is far safer than the long-term effects of COVID-19.



Discussing Long COVID

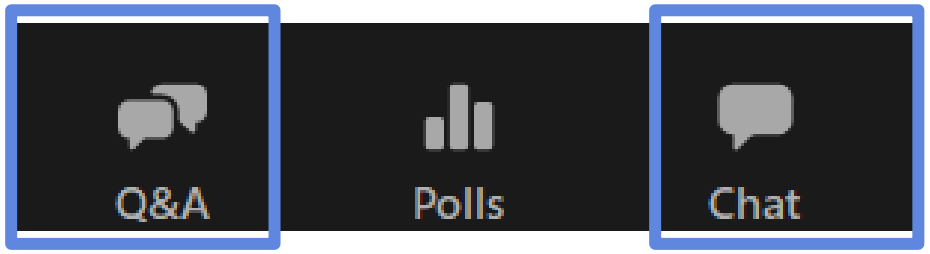
This graphic shows the pooled prevalence of long-COVID by symptoms in children and adolescents:

- Meta-analyses revealed that the prevalence of more than 40 long-COVID symptoms in children and adolescents.
- The presence of one or more symptoms following a SARS-CoV-2 infection was **25.24%.**



Questions & Answers and Discussion

During today's session, please use the Q&A panel to ask your questions.



Please use the Chat panel for discussion.

Poll & Resources

Rachel Jacobs, CDPH

Poll: CPDH appreciates your feedback

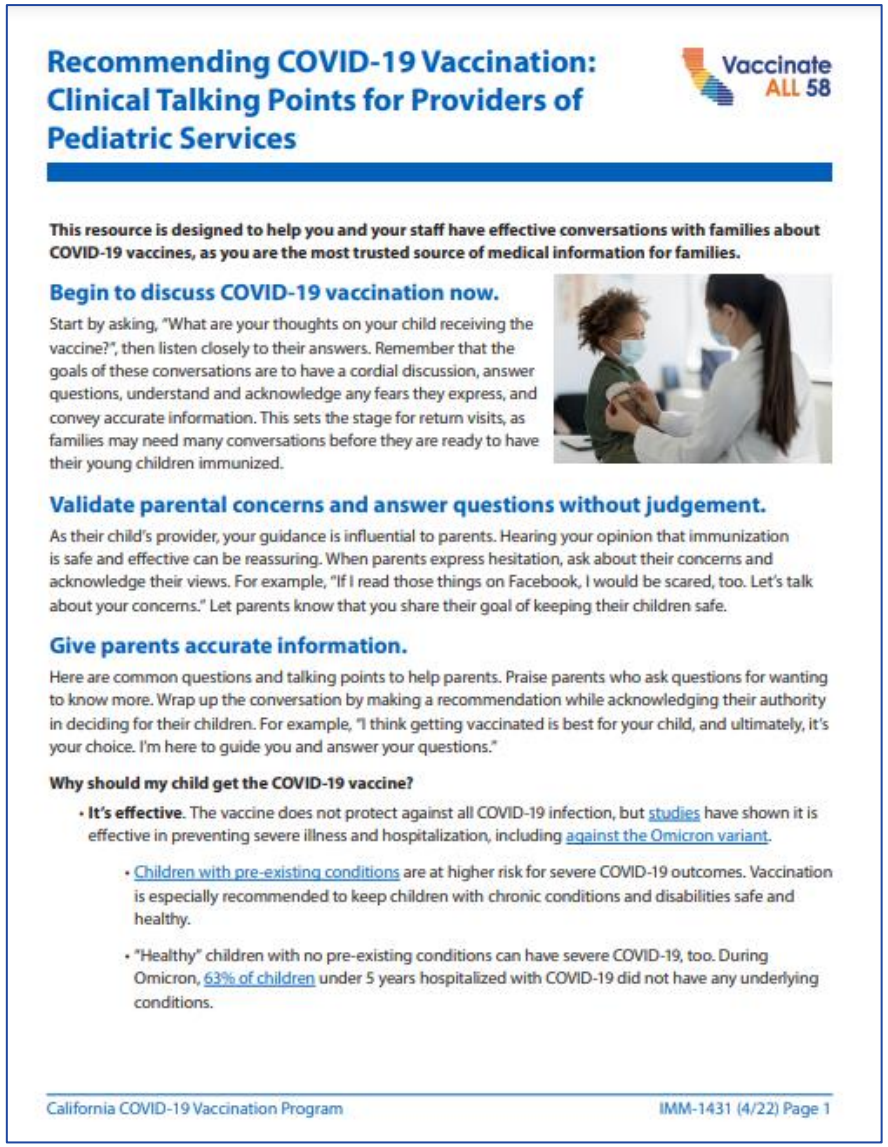
Following this training, how confident are you in your ability to talk with your patients and clients about COVID-19 vaccines?

- ❑ Very confident
- ❑ Confident
- ❑ Somewhat confident
- ❑ Slightly confident
- ❑ Not confident

Clinical Talking Points for Providers of Pediatric Services

A guide to having effective conversations with families about COVID-19 vaccines:

- Start the conversation now
- Validate parental concerns
- Provide accurate information



Recommending COVID-19 Vaccination: Clinical Talking Points for Providers of Pediatric Services

Vaccinate ALL 58

This resource is designed to help you and your staff have effective conversations with families about COVID-19 vaccines, as you are the most trusted source of medical information for families.

Begin to discuss COVID-19 vaccination now.

Start by asking, "What are your thoughts on your child receiving the vaccine?", then listen closely to their answers. Remember that the goals of these conversations are to have a cordial discussion, answer questions, understand and acknowledge any fears they express, and convey accurate information. This sets the stage for return visits, as families may need many conversations before they are ready to have their young children immunized.

Validate parental concerns and answer questions without judgement.

As their child's provider, your guidance is influential to parents. Hearing your opinion that immunization is safe and effective can be reassuring. When parents express hesitation, ask about their concerns and acknowledge their views. For example, "If I read those things on Facebook, I would be scared, too. Let's talk about your concerns." Let parents know that you share their goal of keeping their children safe.

Give parents accurate information.

Here are common questions and talking points to help parents. Praise parents who ask questions for wanting to know more. Wrap up the conversation by making a recommendation while acknowledging their authority in deciding for their children. For example, "I think getting vaccinated is best for your child, and ultimately, it's your choice. I'm here to guide you and answer your questions."

Why should my child get the COVID-19 vaccine?

- **It's effective**. The vaccine does not protect against all COVID-19 infection, but studies have shown it is effective in preventing severe illness and hospitalization, including against the Omicron variant.
  - Children with pre-existing conditions are at higher risk for severe COVID-19 outcomes. Vaccination is especially recommended to keep children with chronic conditions and disabilities safe and healthy.
  - "Healthy" children with no pre-existing conditions can have severe COVID-19, too. During Omicron, 63% of children under 5 years hospitalized with COVID-19 did not have any underlying conditions.

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Back-to-School Toolkit

Toolkit includes:

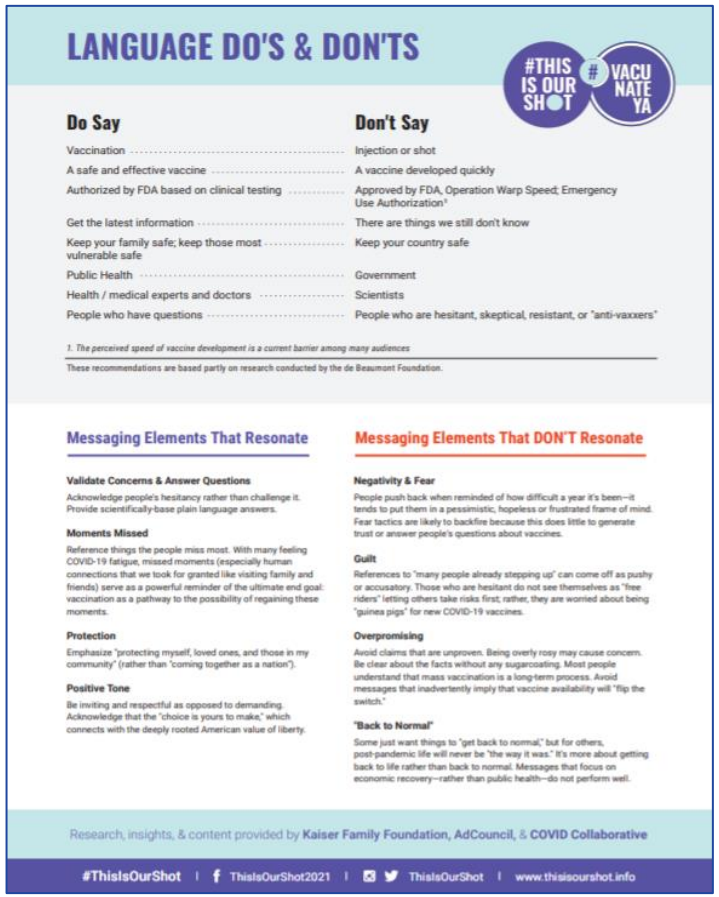
- Fliers
- Fact sheets
- Social media
- Virtual backgrounds

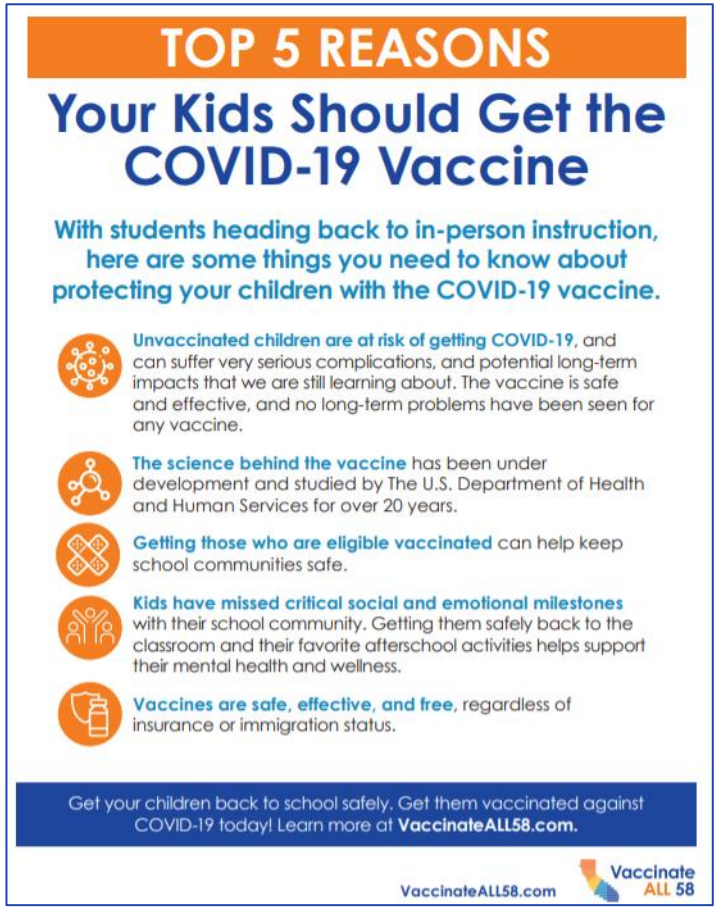
Materials available in English, Spanish, Tagalog, Simplified Chinese, Hmong, and Punjabi

Toolkits, Fliers, Conversation Guides, and Videos

[#ThisIsOurShot Toolkit]

[COVID-19 Crucial Conversations Campaign]





Next Crucial Conversations Webinar: Talking with Parents about COVID-19 Vaccines for Infants and Toddlers

Please join Dr. Eric Ball, primary care pediatrician and leader with American Academy of Pediatrics, California and #ThisIsOurShot, to discuss strategies to proactively discuss COVID-19 vaccination with parents of infants and toddlers.

When: Thursday, September 1 at 12:00PM-1:00PM

Register here!

For California COVID-19 Vaccine Providers

Monday

Provider Therapeutics Webinar

Next session: Monday August 29, 12PM

My Turn and myCAvax Office Hours

Next session: Monday, September 19, 12PM

Friday

Provider Webinar

Next session: Friday, September 2, 9AM

Additional Support

Type of Support	Description	Updated 6.6.22
COVID-19 Provider Call Center	The COVID-19 Call Center for Providers and Local Health Departments is dedicated to medical providers in California and their COVID-19 response, specifically addressing questions about State program requirements, enrollment, and vaccine distribution, including the Vaccine Marketplace. • Email: covidcallcenter@cdph.ca.gov • Phone: (833) 502-1245, Monday through Friday from 8AM–6PM	
Enrollment Support	For Provider enrollment support, please contact myCAvax Clinic Operations at • Email: myCAvaxinfo@cdph.ca.gov	
myCAvax Help Desk	Dedicated staff provide up-to-date information and technical support on the myCAvax system. • Email: myCAvax.HD@Accenture.com • Phone: (833)-502-1245, option 3, Monday through Friday 8AM–6PM For training opportunities: https://eziz.org/covid/education/	
My Turn Clinic Help Desk	For **onboarding support** (those in the process of onboarding): myturnonboarding@cdph.ca.gov For **technical support** with My Turn Clinic for COVID-19 and flu vaccines: MyTurn.Clinic.HD@Accenture.com or (833) 502-1245, option 4: Monday through Friday 8AM–6PM For job aids, demos, and training opportunities: flu at https://eziz.org/covid/myturn/flu/ and COVID at https://eziz.org/covid/myturn/	
Archived Communications	For archived communications from the COVID-19 Provider Call Center about the California COVID-19 Vaccination Program visit • Website: EZIZ Archived Communications	

Special Thanks to

Today's Presenter:

Emma Olivera, MD, FAAP

Webinar Planning & Support:

Rachel Jacobs, Cheri Banks, Leslie Amani, Charles Roberts, and Blanca Corona

Vaccinate ALL 58
Together we can end the pandemic.

#THIS IS OUR SHOT #VACUNATE YA