

# 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.



# 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](mailto:rachel.jacobs@cdph.ca.gov)

# Questions & Answers and Discussion

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

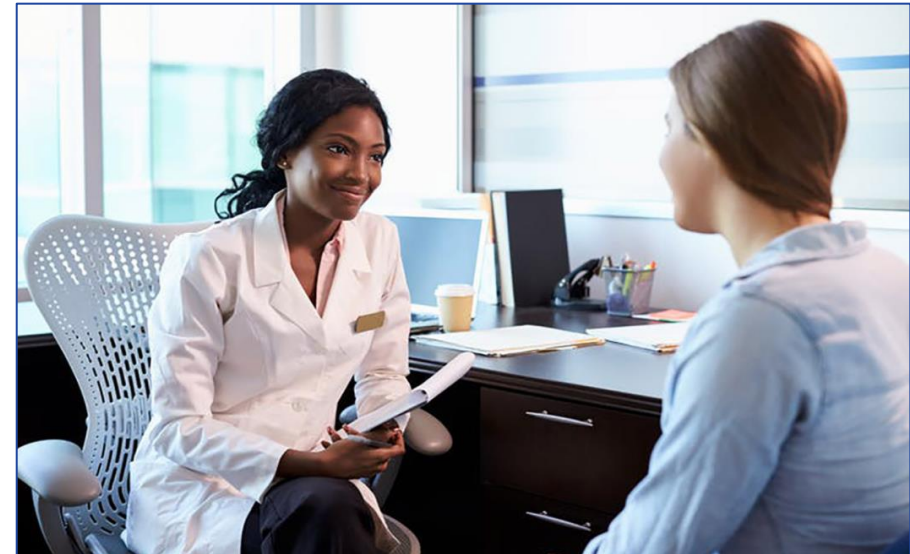


Please use the **Chat** panel for discussion.

# 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
<b>Questions &amp; Answers</b>			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

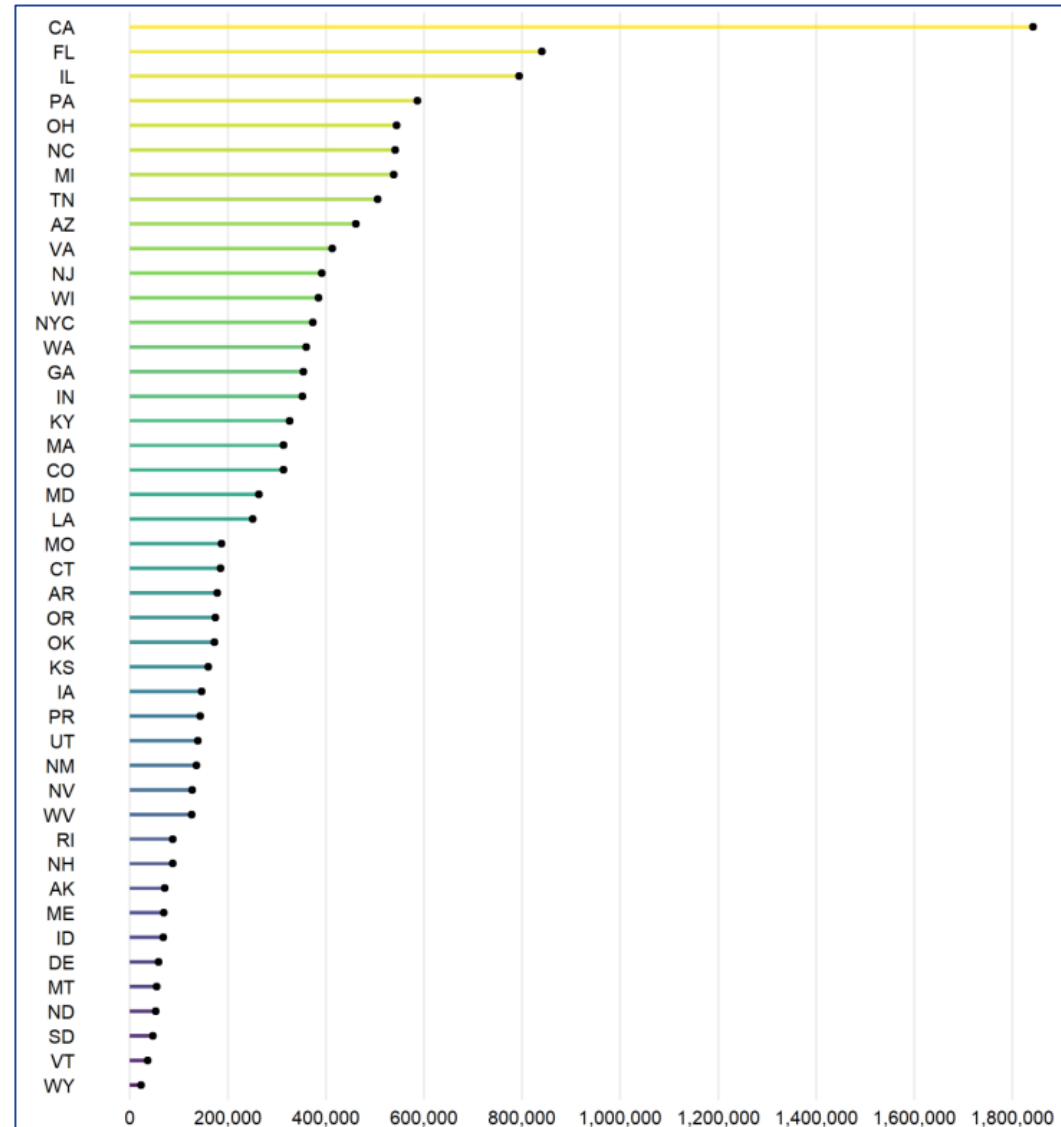
#VacunateYa



# 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



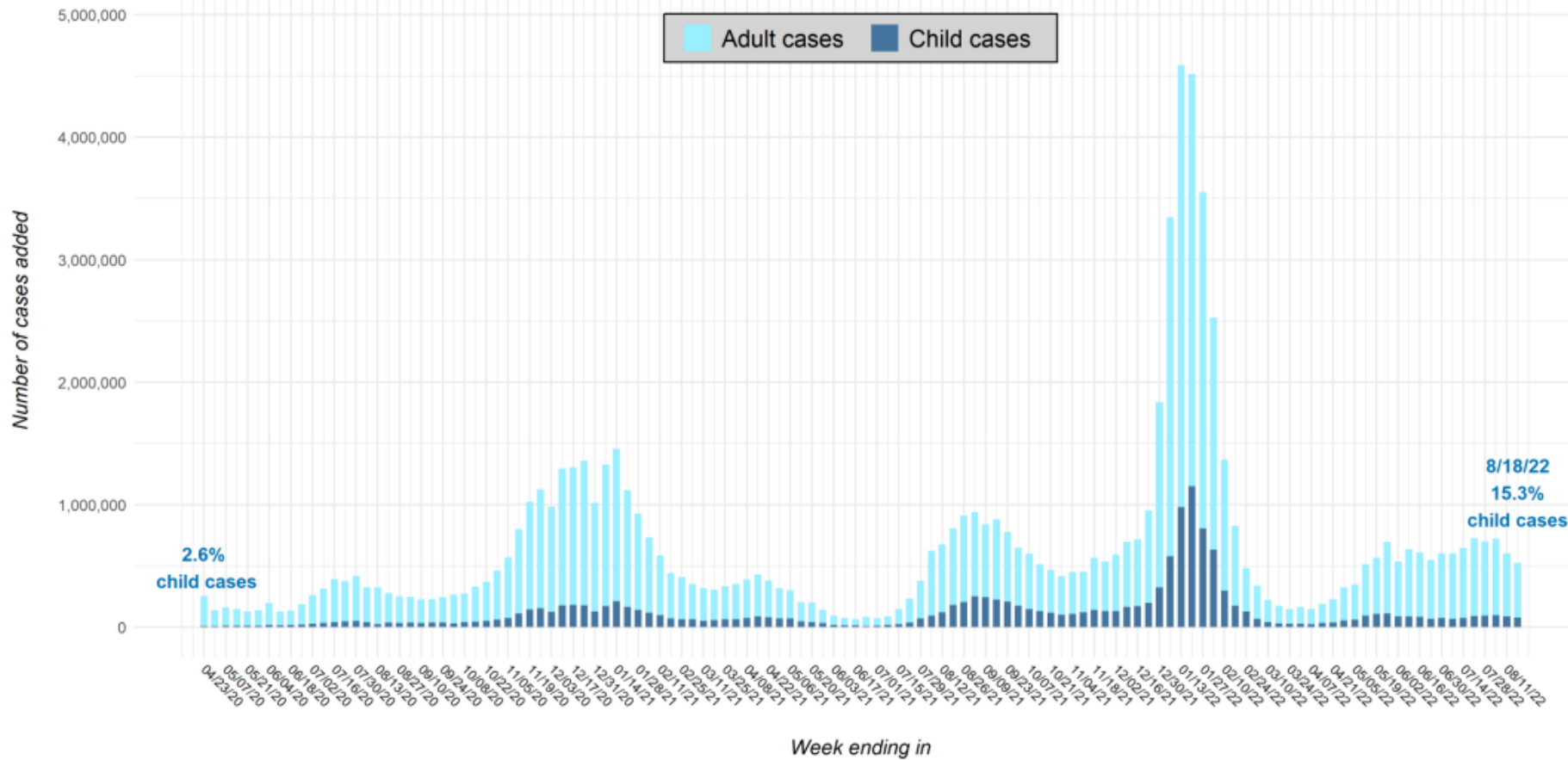
See detail in Appendix: Data from 48 states, NYC, DC, PR, and GU (TX excluded from figure)  
All data reported by state/local health departments are preliminary and subject to change  
Analysis by American Academy of Pediatrics and Children's Hospital Association  
For 7 states, due to available data 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





# 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 through 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

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

See detail in Appendix: Data from 49 states, NYC, DC, PR and GU

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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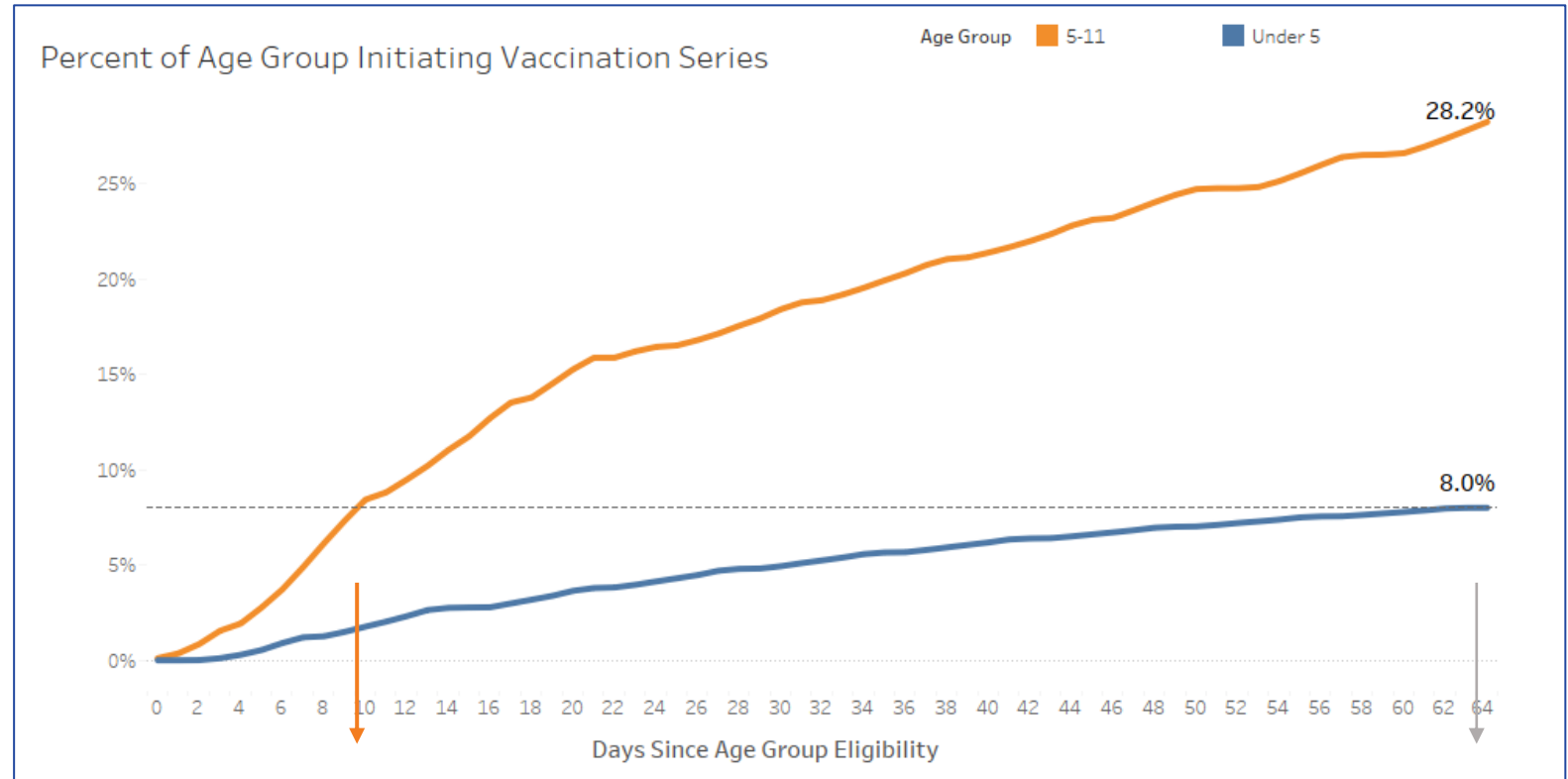
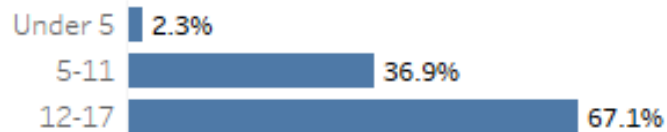


# Pediatric Vaccination Trends: California

as of August 22, 2022

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

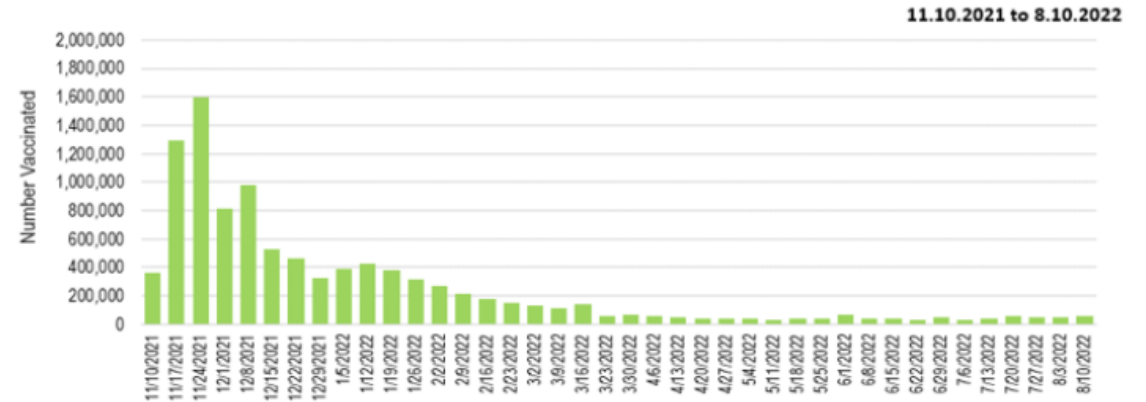
Primary Series Status by Age Group



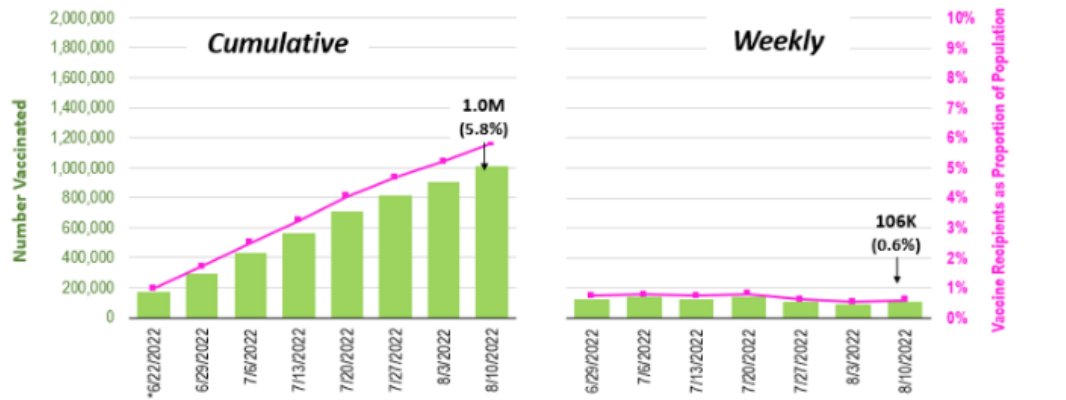
# Vaccination Trends

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

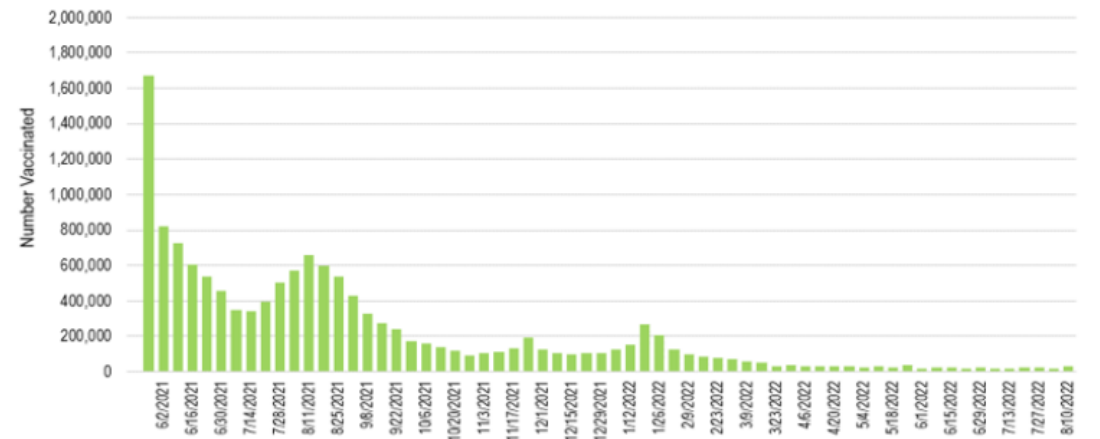
Weekly Increase in the Number of US Children Ages 5-11 Receiving Their Initial COVID-19 Vaccination



Number and Proportion of US Infants and Children Ages 6 Months - 4 Years Receiving Initial Dose of COVID-19 Vaccine



Weekly Increase in the Number of US Children Ages 12-17 Receiving Their Initial COVID-19 Vaccination



# 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.

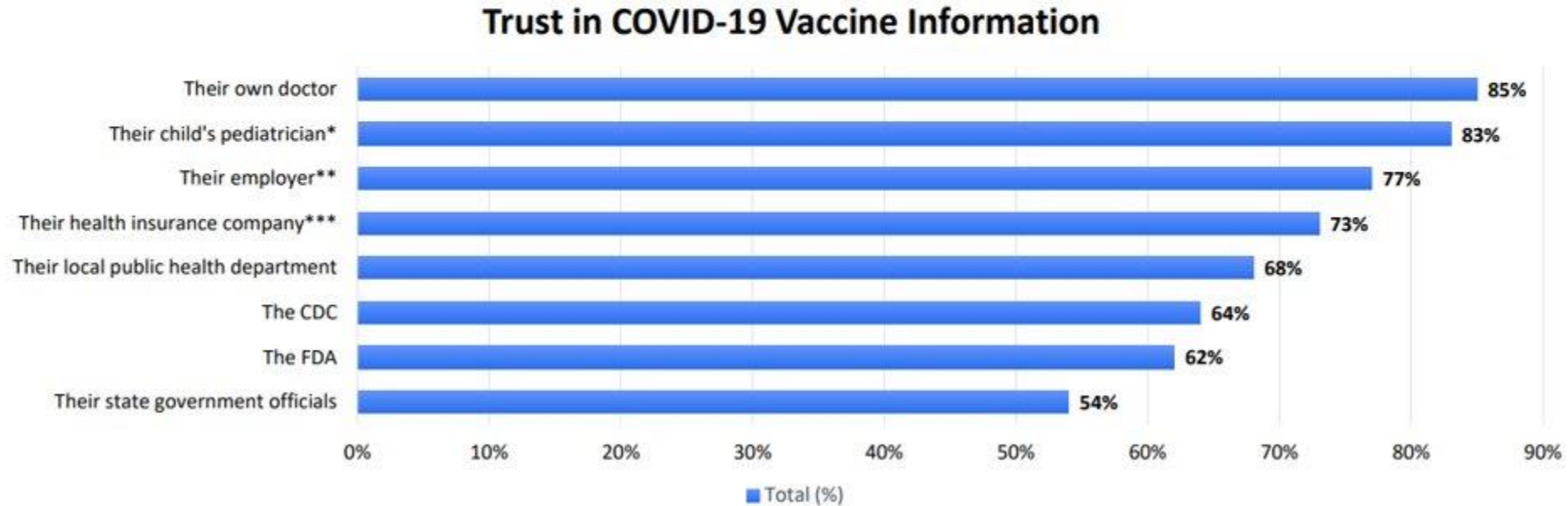
# Vaccination Rates Among Adolescents Ages 12-17

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.

# 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



BACK TO SCHOOL  
**CHECKLIST**

- Stay up to date on immunizations, including COVID-19 vaccines and boosters
- Wear a well-fitted mask with good filtration
- Use at-home COVID-19 tests if you've been exposed or are symptomatic
- Stay home if feeling ill or symptomatic
- Wash your hands regularly and have plenty of hand sanitizer

**KEEPING EACH OTHER SAFE IS SIMPLE.**

Learn more about Safe Schools for All  
<https://schools.covid19.ca.gov/>

 Vaccinate ALL 58

The graphic features a woman in a purple top and patterned skirt holding a megaphone, with three stars above her. The background is white with a dark blue curved border at the top and bottom.



# 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

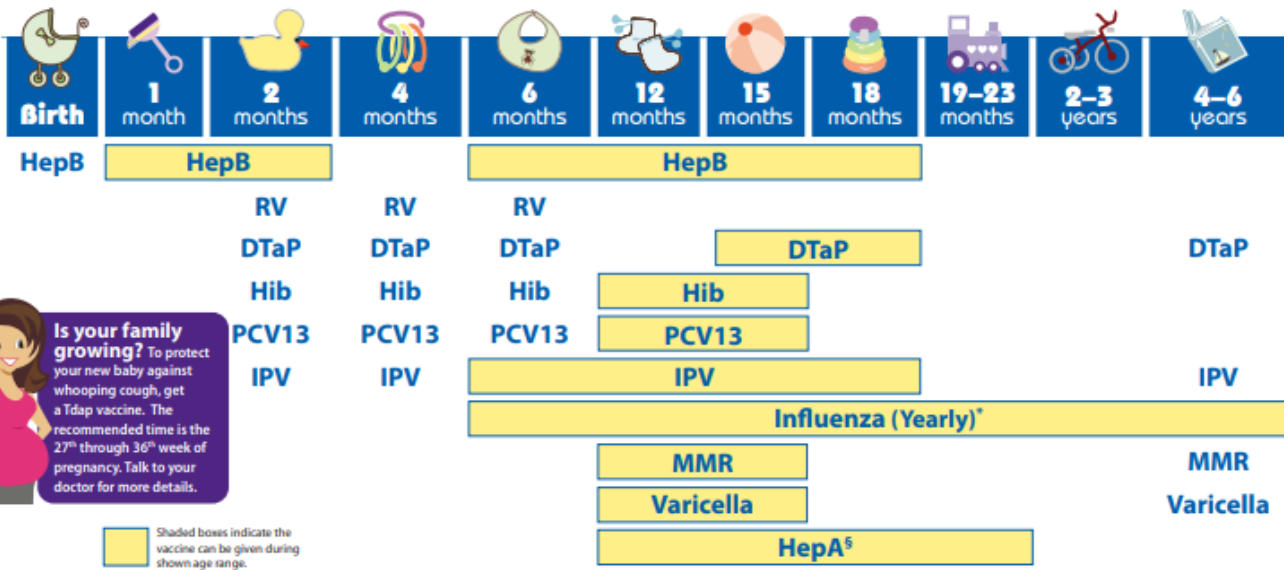
- COVID-19 vaccines may be administered without regard to timing of other vaccines.
- Extensive experience with non-COVID-19 vaccines has demonstrated that immunogenicity and adverse event profiles are generally similar when vaccines are administered simultaneously as when they are administered alone.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

## 2022 Recommended Immunizations for Children from Birth Through 6 Years Old



**Is your family growing?** To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27<sup>th</sup> through 36<sup>th</sup> week of pregnancy. Talk to your doctor for more details.

**NOTE:** If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:**

- \* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- 5 Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.

*If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.*

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free **1-800-CDC-INFO** (1-800-232-4636) or visit [www.cdc.gov/vaccines/parents](http://www.cdc.gov/vaccines/parents)



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



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### Vaccine-Preventable Diseases and the Vaccines that Prevent Them

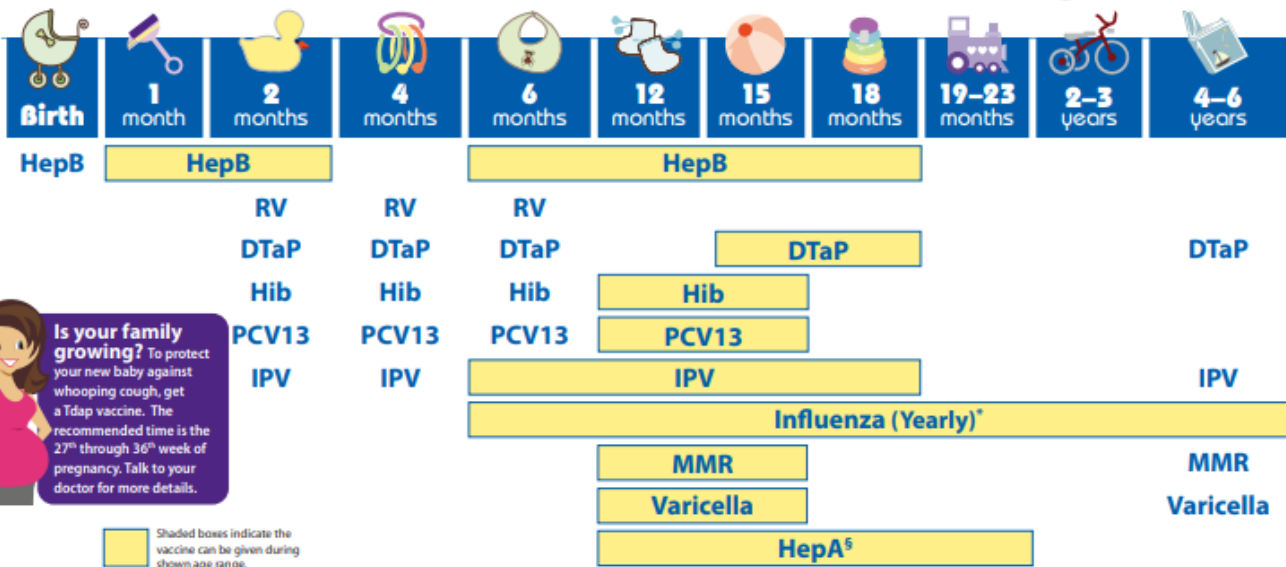
Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
<b>Chickenpox</b>	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Diphtheria</b>	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
<b>Hib</b>	Hib vaccine protects against <i>Haemophilus influenzae</i> 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
<b>Hepatitis A</b>	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
<b>Hepatitis B</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
<b>Influenza (Flu)</b>	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
<b>Measles</b>	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Mumps</b>	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
<b>Pertussis</b>	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
<b>Polio</b>	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Pneumococcal</b>	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
<b>Rotavirus</b>	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
<b>Rubella</b>	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
<b>Tetanus</b>	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 - CS32257-A

# Vaccination Schedule

## 2022 Recommended Immunizations for Children from Birth Through 6 Years Old



**Is your family growing?** To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27<sup>th</sup> through 36<sup>th</sup> week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

**COVID-19 VACCINATION IS RECOMMENDED FOR AGES 6 MONTHS AND OLDER.**

**NOTE:** If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:**  
 \* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.  
<sup>5</sup> Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.  
 If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

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For more information, call toll-free **1-800-CDC-INFO** (1-800-232-4636) or visit [www.cdc.gov/vaccines/parents](http://www.cdc.gov/vaccines/parents)



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



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## Routine Schedule

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

# COVID-19 Pediatric Vaccination Schedule

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

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

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	

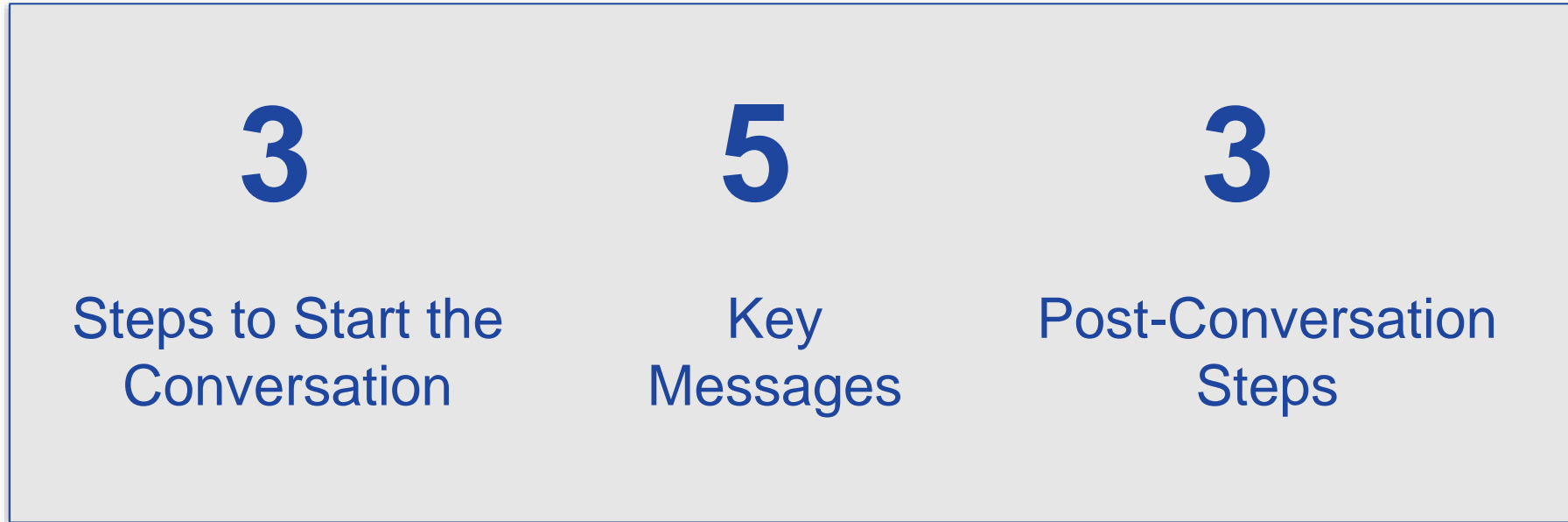
  

Schedule if Moderately or Severely Immunocompromised			
Age*	Vaccine	Primary Doses	Booster Dose
6 months–4 years	Pfizer–Infant/Toddler	1st Dose → 3 weeks → 2nd Dose → ≥8 weeks → 3rd Dose	
6 months–5 years	Moderna–Infant/Toddler	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose	
5–11 years	Pfizer–Pediatric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



# Conversation Methodology

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**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.





# 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.

### How mRNA COVID-19 Vaccines Work

**Understanding the virus that causes COVID-19.**  
Coronaviruses, like the one that causes COVID-19, are named for the crown-like spikes on their surface, called **spike proteins**. These **spike proteins** are ideal targets for vaccines.

**What is mRNA?**  
Messenger RNA, or mRNA, is genetic material that tells your body how to make proteins.

**What is in the vaccine?**  
The vaccine is made of mRNA wrapped in a coating that makes delivery easy and keeps the body from damaging it.

**How does the vaccine work?**  
The mRNA in the vaccine teaches your cells how to make copies of the **spike protein**. If you are exposed to the real virus later, your body will recognize it and know how to fight it off.

**When your body responds to the vaccine, it can sometimes cause a mild fever, headache, or chills. This is completely normal and is sign that the vaccine is working.**

**The vaccine DOES NOT contain ANY virus, so it cannot give you COVID-19. It cannot change your DNA in any way.**

**After the mRNA delivers the instructions, your cells break it down and get rid of it.**

**Antibody**

**GETTING VACCINATED?**  
For information about COVID-19 vaccine, visit: [cdc.gov/coronavirus/vaccines](https://www.cdc.gov/coronavirus/vaccines)



# 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](https://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.





# 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](https://myturn.ca.gov) or have them text their zip code to GETVAX or VACUNA to find a free vaccine location in their neighborhood.



# 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.

## What is Long COVID?

**Long COVID is defined as the presence of a wide range of new, returning, or ongoing health problems experienced by people 4 or more weeks after first being infected with COVID-19 and can remain for 6 months or more.**

**Best ways to prevent long COVID**

- getting vaccinated and boosted
- wearing a mask that has a good fit and filtration

Many people living with the disease were previously fit & healthy.

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.

Long COVID is a multi-system disease; there are over 200 listed symptoms which can change, come and go, or fluctuate over time and generally have an impact on everyday functioning.

**Most common symptoms persisting 6 months**

- extreme exhaustion (fatigue)
- problems with memory and concentration (brain fog)

**Other common symptoms**

- high temperature, cough, headaches, sore throat, changes to sense of smell or taste
- ringing ears, earaches
- feeling sick, diarrhea, stomach aches, loss of appetite
- shortness of breath
- fast heart rate or palpitations
- chest pain or tightness
- dizziness
- joint or muscle pain
- rashes
- depression and anxiety
- difficulty sleeping (insomnia)

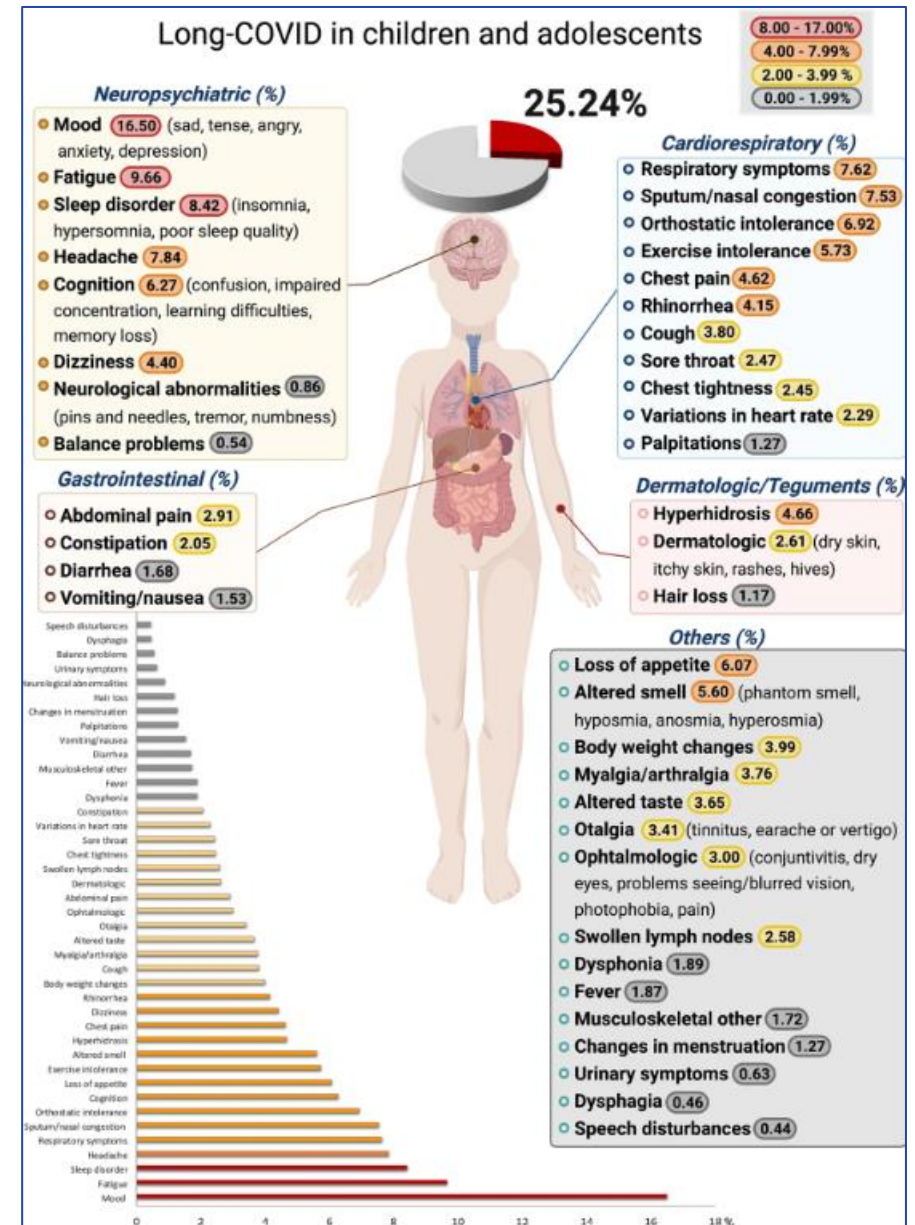
**Ready to get your child vaccinated?**

Please discuss any lingering questions or concerns about the vaccine with your child's pediatrician. Visit [myturn.ca.gov](https://myturn.ca.gov) or call 1 (833) 422-4255 to find a vaccination location near you.

# 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



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.

# 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

#THIS IS OUR SHOT
VACU NATE YA
COVID-19 VACCINE CONVERSATIONS

TOP 5 MESSAGES

**SAFETY**  
The vaccine will protect you from getting very sick from COVID. Over 150 million Americans have been safely vaccinated and are now protected.

**SIDE EFFECTS**  
Side effects are common. They are a sign your body is building up its defenses to protect you. Many people temporarily feel:

1. Sore arm (near site of vaccination)
2. Fatigue
3. Headache
4. Muscle pain
5. Joint pain

**EFFECTIVENESS AND VARIANTS**  
Each vaccine is nearly 100% effective at preventing hospitalization and death from COVID and its variants! It will allow us to do the things we love and miss most. Vaccinated individuals can get a mild COVID infection.

**SPEED**  
It's 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.

**QUESTIONS?**  
I'm glad you want to know more. Ultimately, the choice is yours. If you have questions, talk with your doctor or healthcare provider soon. Text your zip code to **GETVAX** (438829) to get your free vaccine today.

Help spread the truth about COVID vaccines.

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VACU NATE YA

### LANGUAGE DO'S & DON'TS

<p><b>Do Say</b></p> <p>Vaccination ..... Injection or shot</p> <p>A safe and effective vaccine ..... A vaccine developed quickly</p> <p>Authorized by FDA based on clinical testing ..... Approved by FDA, Operation Warp Speed, Emergency Use Authorization<sup>1</sup></p> <p>Get the latest information ..... There are things we still don't know</p> <p>Keep your family safe; keep those most vulnerable safe ..... Keep your country safe</p> <p>Public Health ..... Government</p> <p>Health / medical experts and doctors ..... Scientists</p> <p>People who have questions ..... People who are hesitant, skeptical, resistant, or 'anti-vaxxers'</p>	<p><b>Don't Say</b></p> <p>Injection or shot</p> <p>A vaccine developed quickly</p> <p>Approved by FDA, Operation Warp Speed, Emergency Use Authorization<sup>1</sup></p> <p>There are things we still don't know</p> <p>Keep your country safe</p> <p>Government</p> <p>Scientists</p> <p>People who are hesitant, skeptical, resistant, or 'anti-vaxxers'</p>
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1. 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.

**Messaging Elements That Resonate**

**Validate Concerns & Answer Questions**  
Acknowledge people's hesitancy rather than challenge it. Provide scientifically-based plain language answers.

**Moments Missed**  
Reference things the people miss most. With many feeling COVID-19 fatigue, missed moments (especially human connections that we took for granted like visiting family and friends) serve as a powerful reminder of the ultimate end goal: vaccination as a pathway to the possibility of regaining these moments.

**Protection**  
Emphasize "protecting myself, loved ones, and those in my community" (rather than "coming together as a nation").

**Positive Tone**  
Be inviting and respectful as opposed to demanding. Acknowledge that the "choice is yours to make," which connects with the deeply rooted American value of liberty.

**Messaging Elements That DON'T Resonate**

**Negativity & Fear**  
People push back when reminded of how difficult a year it's been—it tends to put them in a pessimistic, hopeless or frustrated frame of mind. Fear tactics are likely to backfire because this does little to generate trust or answer people's questions about vaccines.

**Guilt**  
References to "many people already stepping up" can come off as pushy or accusatory. Those who are hesitant do not see themselves as "free riders" letting others take risks first, rather, they are worried about being "guinea pigs" for new COVID-19 vaccines.

**Overpromising**  
Avoid claims that are unproven. Being overly rosy may cause concern. Be clear about the facts without any sugarcoating. Most people understand that mass vaccination is a long-term process. Avoid messages that inadvertently imply that vaccine availability will "flip the switch."

**"Back to Normal"**  
Some just want things to "get back to normal," but for others, post-pandemic life will never be "the way it was." It's more about getting back to life rather than back to normal. Messages that focus on economic recovery—rather than public health—do not perform well.

Research, insights, & content provided by Kaiser Family Foundation, AdCouncil, & COVID Collaborative

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## TOP 5 REASONS

### Your Kids Should Get the COVID-19 Vaccine

With students heading back to in-person instruction, here are some things you need to know about protecting your children with the COVID-19 vaccine.

Unvaccinated children are at risk of getting COVID-19, and can suffer very serious complications, and potential long-term impacts that we are still learning about. The vaccine is safe and effective, and no long-term problems have been seen for any vaccine.

The science behind the vaccine has been under development and studied by The U.S. Department of Health and Human Services for over 20 years.

Getting those who are eligible vaccinated can help keep school communities safe.

Kids have missed critical social and emotional milestones with their school community. Getting them safely back to the classroom and their favorite afterschool activities helps support their mental health and wellness.

Vaccines are safe, effective, and free, regardless of insurance or immigration status.

Get your children back to school safely. Get them vaccinated against COVID-19 today! Learn more at [VaccinateALL58.com](https://www.vaccinateall58.com).

VaccinateALL58.com

# 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](mailto: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](mailto: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](mailto: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](mailto:myturnonboarding@cdph.ca.gov)

For **technical support** with My Turn Clinic for COVID-19 and flu vaccines: [MyTurn.Clinic.HD@Accenture.com](mailto: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

